

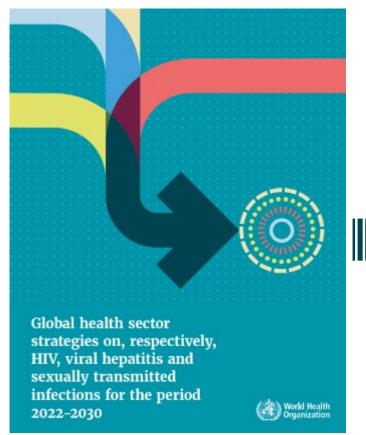
Hepatitis B and C virus infection and screening among migrants in EU/EEA countries

Ndeindo Ndeikoundam, ECDC Viral Hepatitis Prevention Board, 26-27 March 2024

Global health sector strategies on HIV, viral hepatitis and STIs for 2022-2030; WHO Europe Regional action plan 2022-2030



"End viral hepatitis as a major public health threat by 2030"





Regional Committee for Europe

72nd session

Tel Aviv, Israel, 12-14 September 2022

EUR/RC72/9 Provisional agenda item 7 11 August 2022 | 220605

ORIGINAL: ENGLISH

Regional action plans for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections 2022–2030

The burden of viral hepatitis B and C in the EU/EEA



Estimated numbers with chronic infection

3.6 million people living with chronic HBV(2016 estimate)

1.8 million people living with chronic HCV (2022 estimate)

Hepatitis B and C among migrant populations



ECDC report in 2016 to estimate burden of hepatitis B and C among migrant populations in Europe

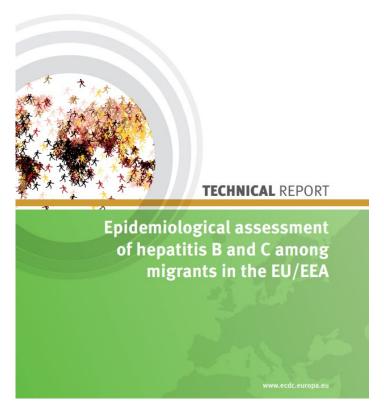
Based on:

- Number of migrants in EU countries
- Prevalence in country of origin

Estimated 25% of the chronic hepatitis B burden in the EU/EEA was among migrant populations and for hepatitis C this was 14%

Proportion of migrants (5%) in the total population in 2016 was considerably lower than in 2022 (8%: 5% from a non-EU country and 3% from of another EU country





Prevalence of hepatitis B and C in different population groups



Hepatitis B (HBsAg prevalence)	Hepatitis C (anti-HCV)
Migrant populations 0.9 - 31.7%	People who inject drugs 15.4 – 96.8% (RNA prevalence 15.0 – 64.2%)
People who inject drugs 0 - 16.9%	People in prison 2.3 – 82.6%
People in prison 0.3 - 8.3%	Migrant populations 0 – 16.8%
Men who have sex with men 2.3 - 4.3%	Men who have sex with men 0.6 – 4.8%



Workbook estimates of prevalence for chronic hepatitis B

	Non-key pop		Immigrant			PWID		MSM		Global				
	Population size	HBV	Population size	HBV point	HBV low	HBV high	Populatio n size	HBV	Populatio n size	HBV	Population size	HBV point	HBV low	HBV high
N	398,967,862	2,219,192	47,819,219	1,012,343	810,112	1,254,969	2,133,666	61,510	3,044,108	42,506	451,964,855	3,335,551	2,547,403	4,284,228
%	0.56		2.3	12	1.69	2.62	2.88		1.40		0.74		0.56	0.95

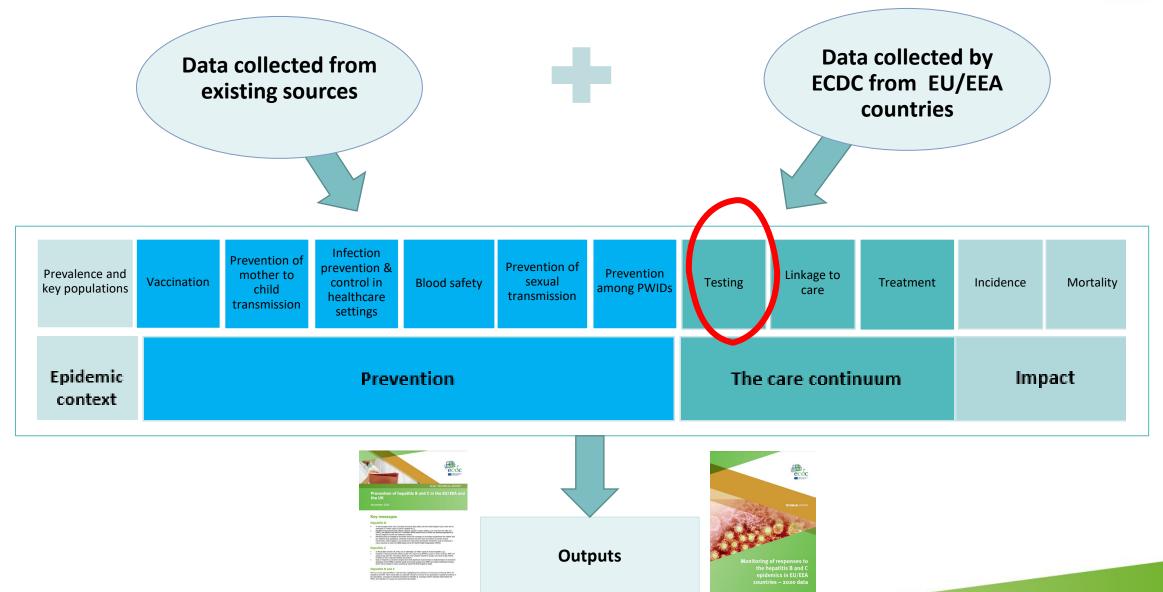
Source: Ana Paula Finatto-Canabaro, preliminary analysis, ECDC

Workbook estimates: proportion of Hepatitis B cases by population group 30% 70% 80% 40% 50% 60% 90% 100% Austria (2022) Belgium (2022) Bulgaria (2022) Croatia (2021) Cyprus (2022) Czech (2022) Denmark (2022) Estonia (2020) Finland (2022) France (2020) Germany Greece (2021) Hungary (2022) ■ Non-key population Iceland (2022) Immigrant Ireland PWID Italy (2022) MSM Latvia (2022) Liechtenstein (2022) Lithuania (2022) Luxembourg (2022) Malta (2021) Netherlands (2022) Norway (2022) Poland (2022?) Portugal (2021) Romania (2022) Slovakia (2022) Slovenia (2022) Spain (2022) Sweden (2021)

Source: Ana Paula Finatto-Canabaro, preliminary analysis, ECDC

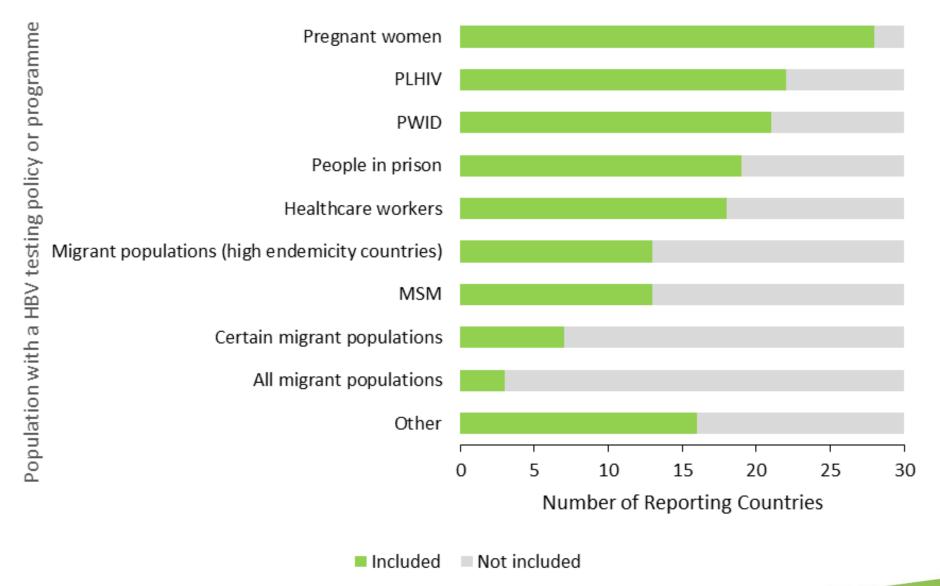
The EU hepatitis B and C monitoring system





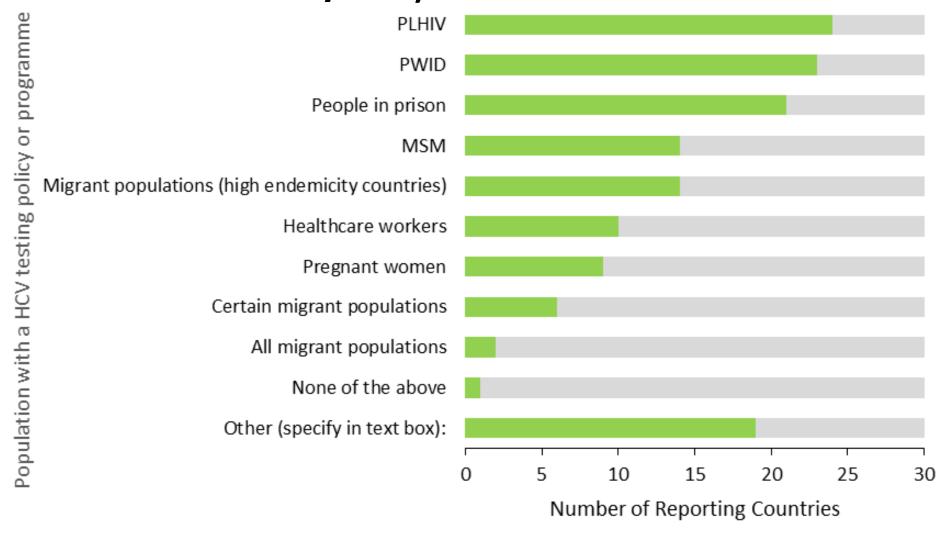
HBV testing policy or programme for key populations in countries in the EU/EEA, 2023





HCV testing policy or programme for key populations in countries in the EU/EEA, 2023

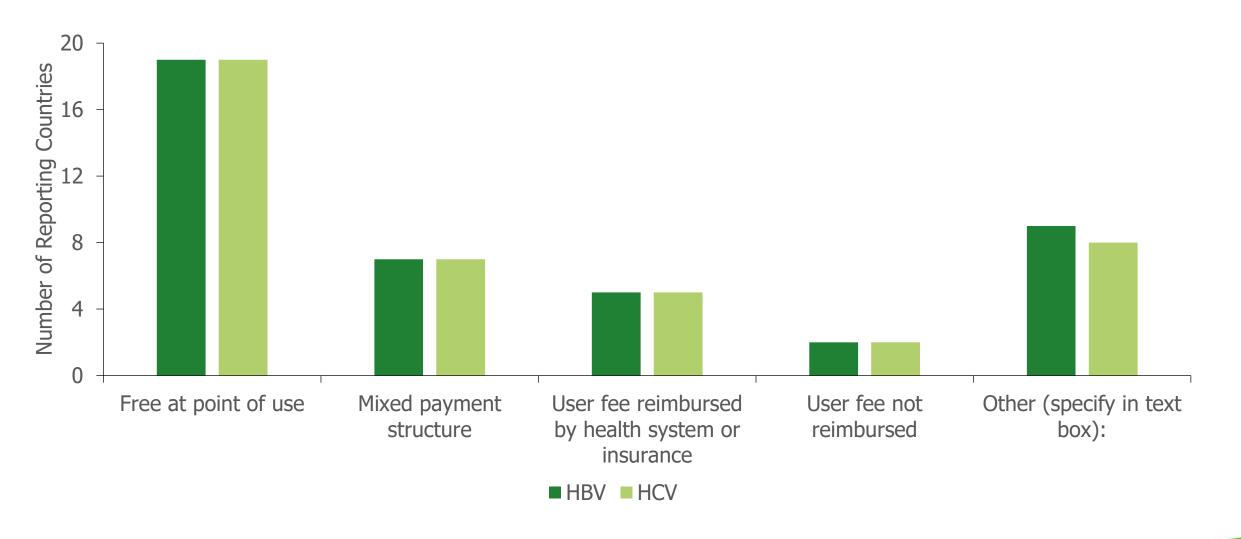




■ Included ■ Not included

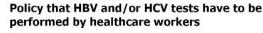
Coverage of HBV and HCV tests by the individual, in the EU/EEA, 2023





Countries where HBV/HCV tests must be administered by health care workers, 2023









7/30 reporting countries reported that HBV and HCV tests did not need to be administered by a healthcare worker

Countries not visible in the main map extent



Luxembourg

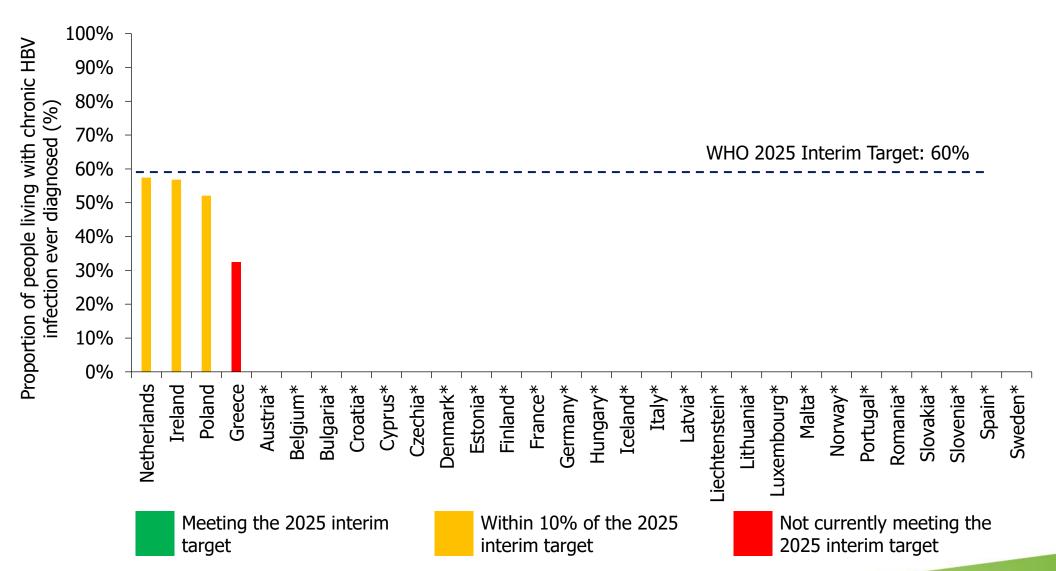


Liechtenstein

Source: ECDC. Monitoring of the responses to the hepatitis B and C epidemics in EU/EEA Member States, 2023. Unpublished data

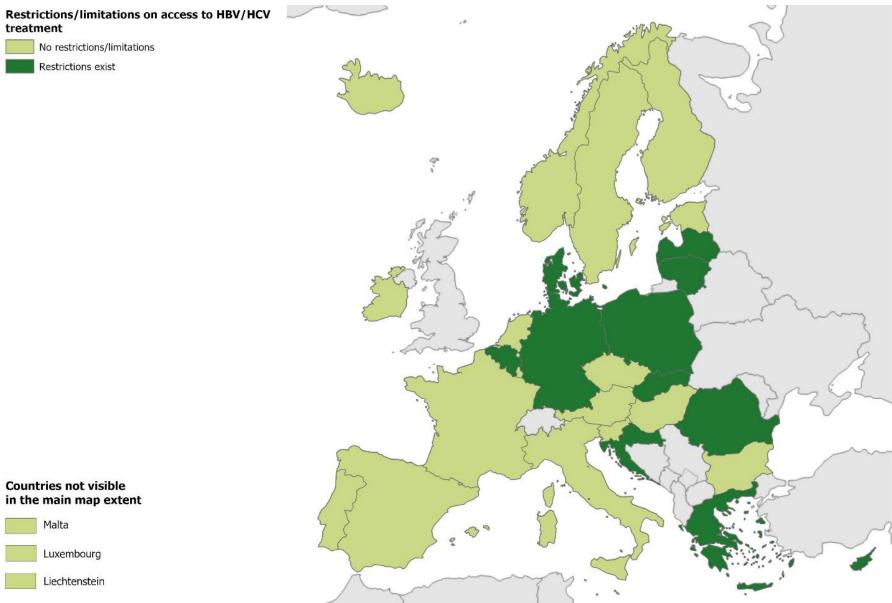
Proportion of all people living with chronic HBV infection ever diagnosed by the end of 2022 in the EU/EEA





Existence of restrictions on access to HBV/HCV treatment, in the EU/EEA, 2023





19/30 countries (63%) reported no restrictions on access to HBV and HCV treatment

Source: ECDC. Monitoring of the responses to the hepatitis B and C epidemics in EU/EEA Member States, 2023. Unpublished data

Types of HBV/HCV treatment restrictions, by country, 2023



HBV/HCV Treatment Restrictions							
Belgium	HBV/HCV: Undocumented migrants; Prisoners						
Croatia	HBV/HCV: People who inject drugs - current injectors						
Cyprus	HBV/HCV: Undocumented migrants						
Denmark	HBV/HCV: Undocumented migrants (excluding those with acute HBV/HCV)						
Germany HBV: Undocumented migrants							
	HCV: Undocumented migrants; people in prisons (prison dependent; treatment						
	usually not provided to people with short term sentences)						
Greece	HBV/HCV: Undocumented migrants						
Latvia	HBV: Undocumented migrants, patients with liver fibrosis (F)<2						
	HCV: Undocumented migrants						
Lithuania	HBV/HCV: Undocumented migrants, patients with liver fibrosis (F)<2						
Poland	HBV/HCV: Undocumented migrants; specialistic prescription only						
Romania	HBV/HCV: Uninsured persons, except foreign/stateless persons in special						
	situations and migrants from Ukraine						
Slovakia	HBV: Undocumented migrants; Clinical restrictions						
	HCV: Undocumented migrants						

Migrant related variables collected through The European Surveillance System (TESSy)

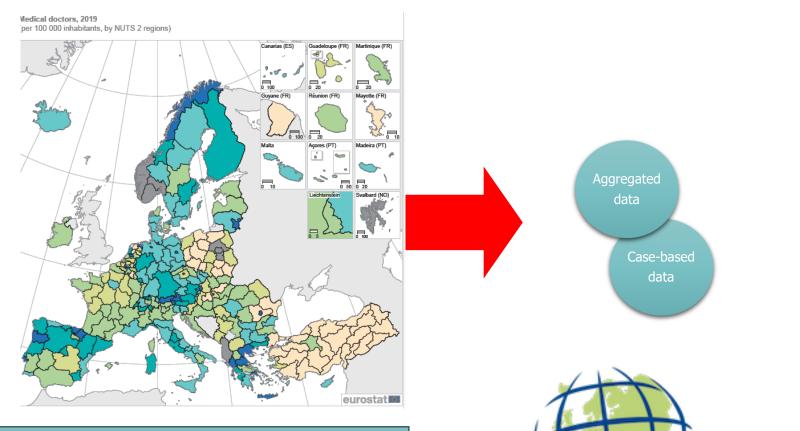


Variable	HIV	ТВ	нву	HCV	Gonorrhoea	Syphilis	Measles	Rubella	Malaria	Chagas disease*
Country of birth										
Country of nationality										
Probable country of infection										
Imported										
Region of origin										

^{*}Not under EU surveillance

European Network for Hepatitis B and C Surveillance : 30 EU/EEA countries provide data through TESSy

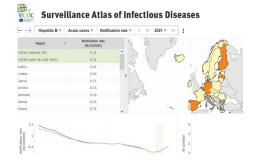




National focal points & National operational points From 30 EU/EEA countries





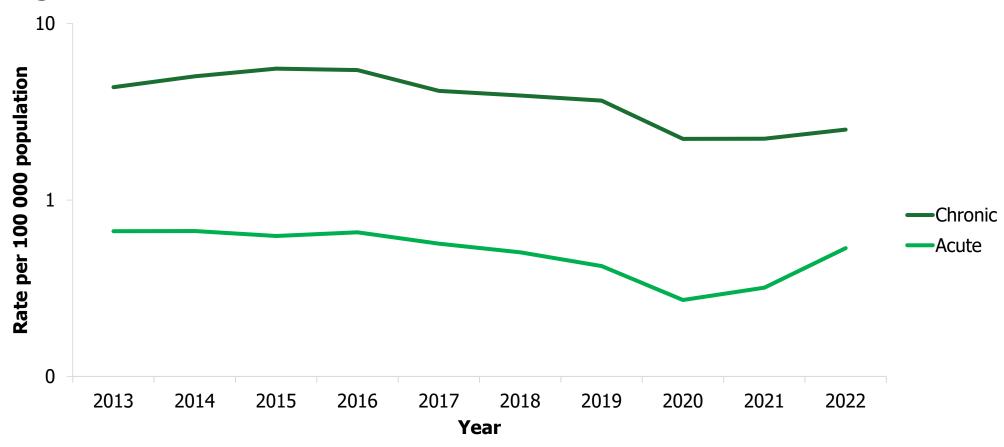




Notification rates of acute and chronic hepatitis B per 100 000 population by year in EU/EEA countries reporting consistently, 2013–2022



Logarithmic scale



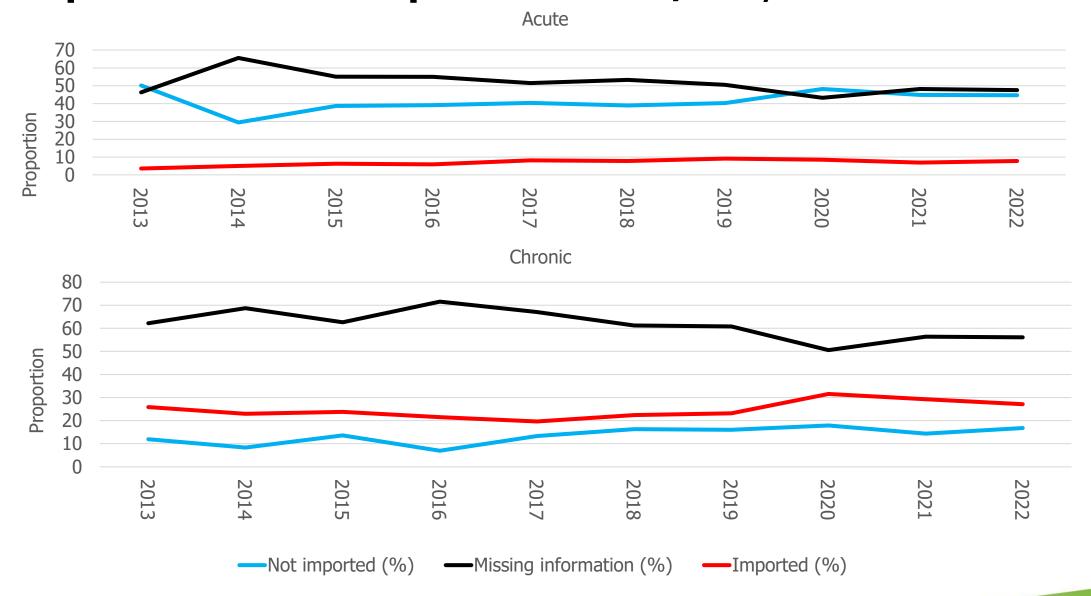
Source: Country reports.

Acute cases: Country reports from Austria, Cyprus, Czechia, Denmark, Estonia, Finland, France*, Germany, Greece, Hungary, Iceland, Ireland, Latvia, Lithuania, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden.

Chronic cases: Country reports from Austria, Cyprus, Denmark, Estonia, Finland, Ireland, Latvia, Luxembourg, Malta, the Netherlands, Norway, Portugal, Romania, Slovakia, Slovenia and Sweden

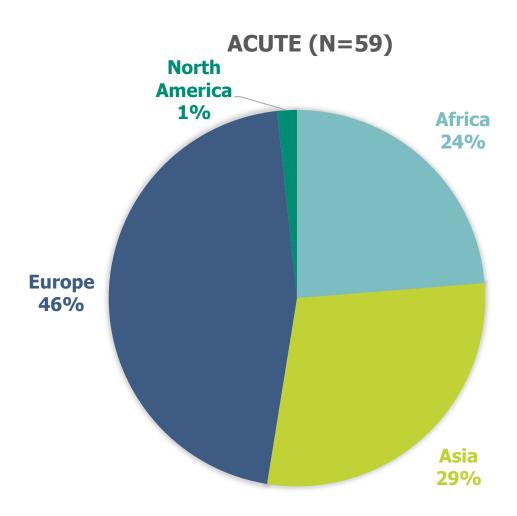
Imported cases of hepatitis B in EU/EEA, 2013-2022

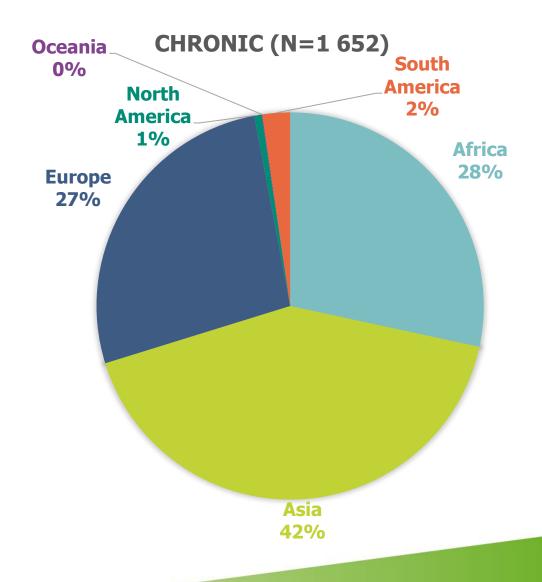




Continent of birth for imported cases of hepatitis B in EU/EEA, 2022

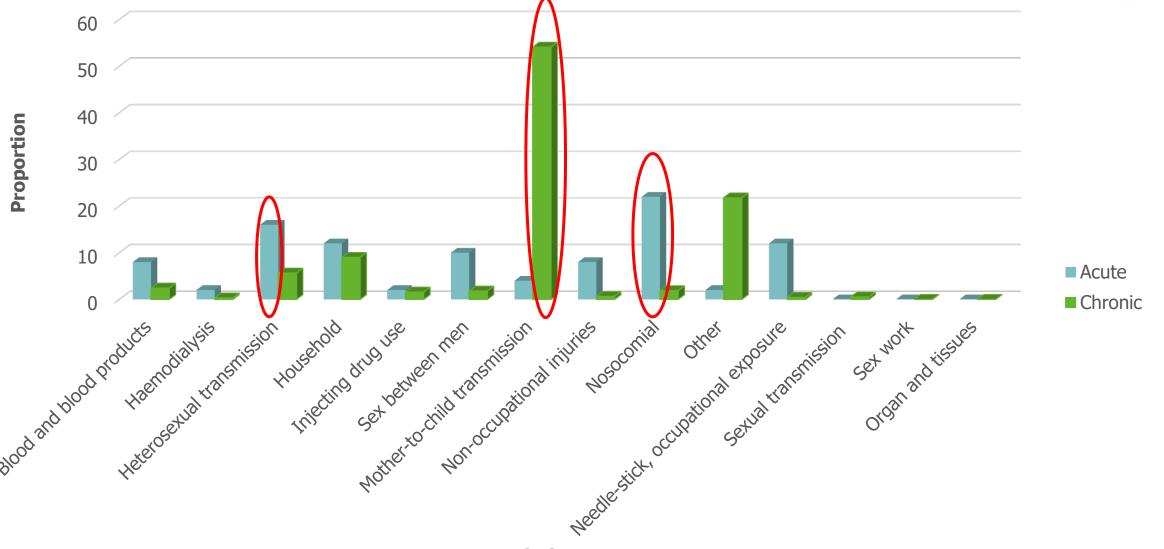






Routes of transmission among imported hepatitis B (n=50 acute and n=956 chronic cases), 2022





Transmission category

Routes of transmission among imported hepatitis B by continent of birth, 2022



Africa: 7 acute and 262 chronic cases

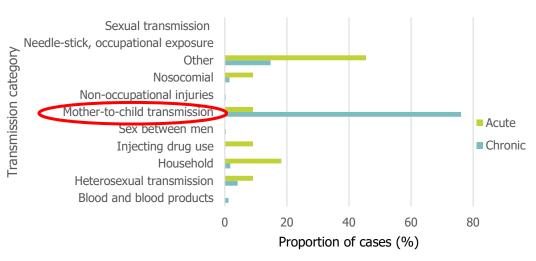


Europe: 13 acute and 172 chronic cases

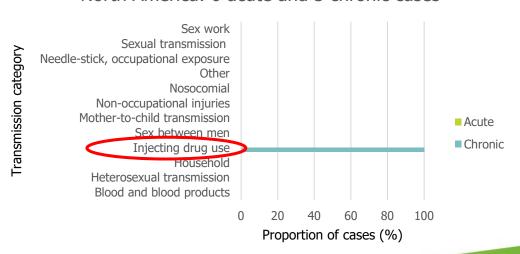
Transmission category



Asia: 11 acute and 339 chronic cases

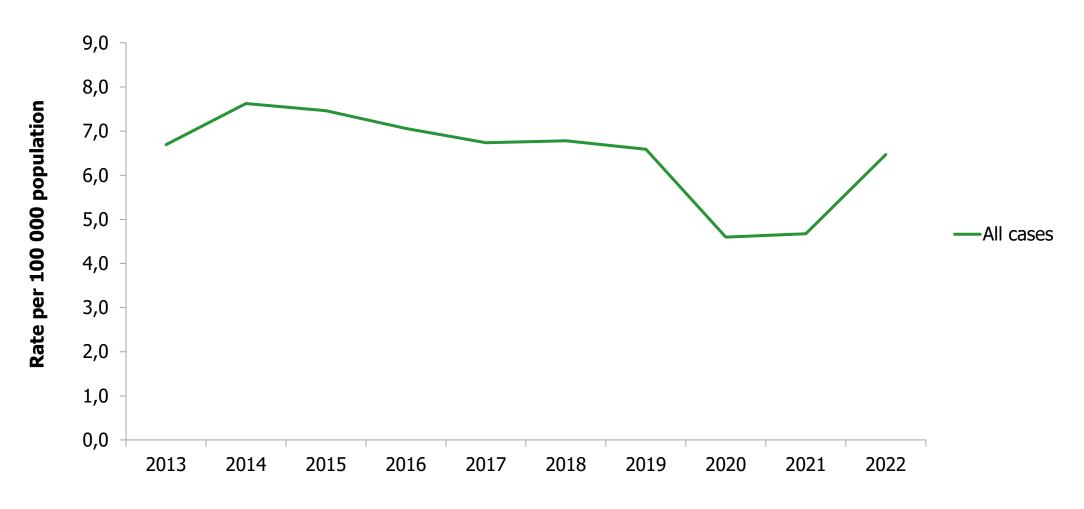


North America: 0 acute and 3 chronic cases



Notification rates of acute and chronic hepatitis C per 100 000 population by year in EU/EEA countries reporting consistently, 2013–2022

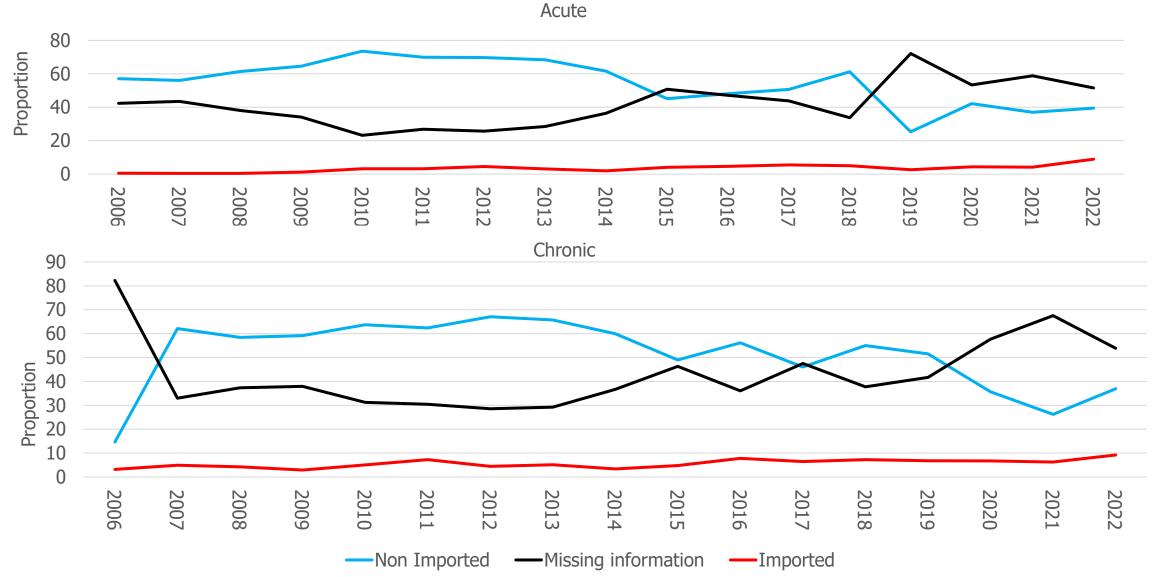




Source: Country reports from Austria, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, Germany, Greece, Iceland, Ireland, Italy, Latvia, Luxembourg, Malta, Norway, Poland, Portugal, Slovakia, Slovenia, and Sweden.

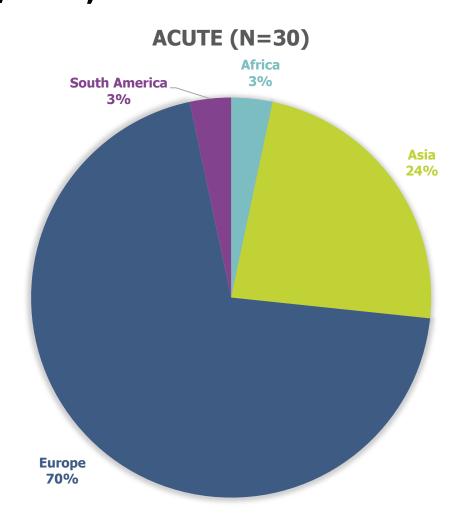
Imported cases of hepatitis C in EU/EEA, 2013-2022

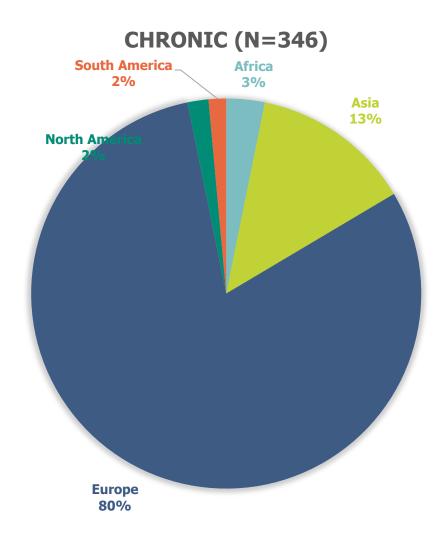




Continent of birth for imported cases of hepatitis C in EU/EEA, 2022

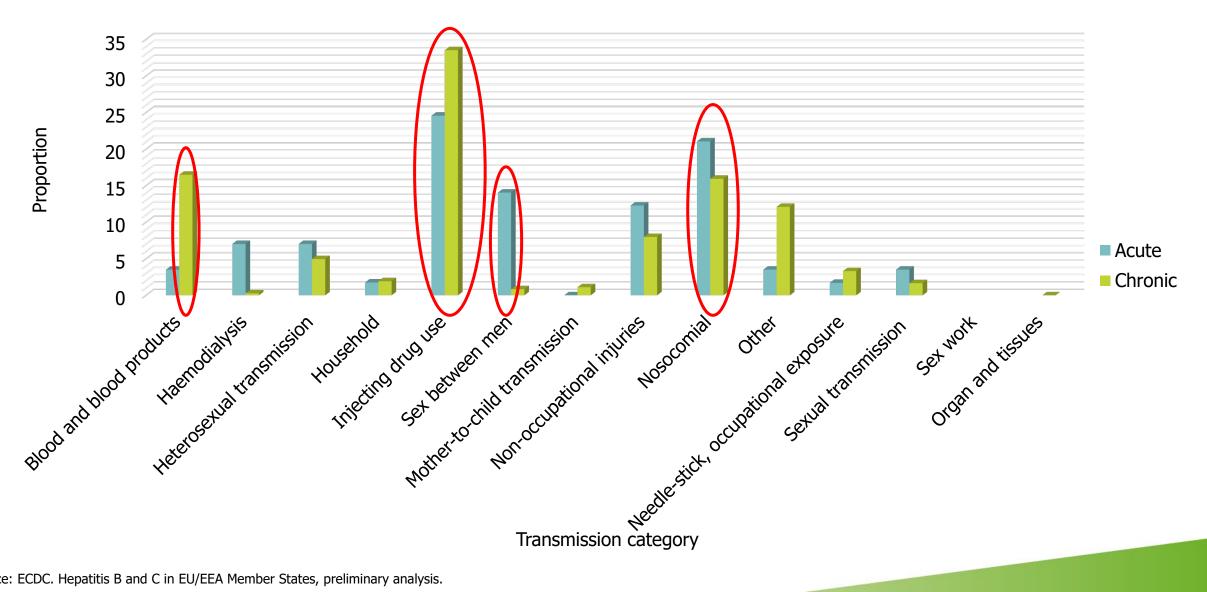






Routes of transmission among imported hepatitis C (n=57) acute and n=364 chronic cases), 2022





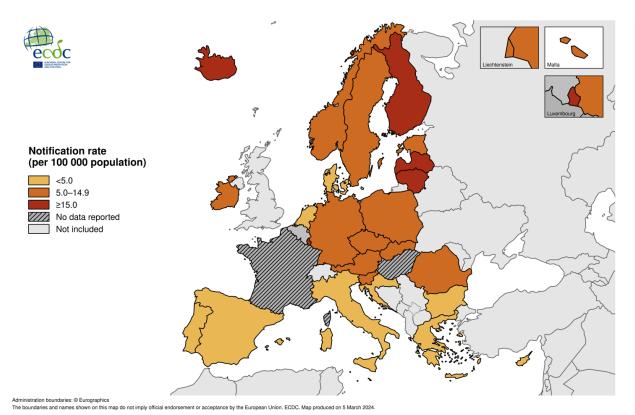
Limitations of European surveillance data through TESSy

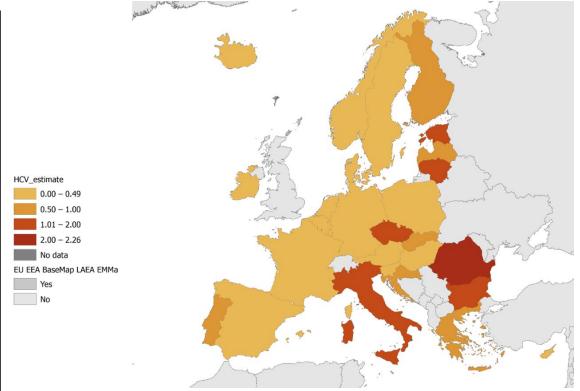


Representativeness, coverage, comprehensiveness, completeness...

Notification rate of newly diagnosed hepatitis C cases per 100 000 population by country*, EU/EEA, 2022

Hepatitis C (RNA) **prevalence** (%) in the overall population in EU/EEA countries, 2022





Source: ECDC HCV prevalence estimates (collected as part of the HCV modelling project – work currently unpublished)

Conclusions



- Gaps in national and European data surveillance systems
 - Need to work with European Member States to better collect the 'country of birth' variable
- In 2016, estimated burden is higher in (some) migrant populations than in general population in the EU/EEA:
 - 25% of the chronic hepatitis B among migrant populations
 - 14% of hepatitis C
 - Proportion of migrants in the total population at that time was lower (5%)
- Need to upscale prevention and control intervention for key populations, including migrants to achieve elimination of viral hepatitis B and C in EU/EEA



Thank you!

ECDC hepatitis surveillance and monitoring focal points

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