Joint statement EASL, WHO Euro and ECDC: Ensuring high-quality viral hepatitis care for refugees from Ukraine

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Disclosures

Maria Buti, MD, FAASLD, has a financial interest/relationship or affiliation in the form of:

Speakers Bureau participant with AbbVie Inc. and Gilead Sciences, Inc.

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About EASL

EASL, the European Association for the Study of the Liver, founded in 1966, is a medical association dedicated to pursuing excellence in liver research, to the clinical practice of liver disorders, and to providing education to all those interested in hepatology. As of 2023, EASL serves 5,300 members from 112 countries.

EASL engages globally with all stakeholders in the field of hepatology, worldwide. Our aim is to spread knowledge and expertise in best practices and the latest scientific breakthroughs in this field. We advocate for the benefit of patients and advise European and national health authorities. EASL runs topical conferences, schools, and related educational meetings. Our journals, the Journal of Hepatology and JHEP Reports, provide an international forum for the publication of original articles, reviews, and letters to the Editor, describing the latest science in hepatology. Our eLearning hub, EASL Campus, offers more than 6,200 resources on hepatology and liver research.

2019 | **Topic:** General hepatology

Liver Disease and Migrant Health

POLICY STATEMENT

Liver Disease and Migrant Health

The current system of providing healthcare to asylum seekers and migrants is failing, resulting in unnecessary prevalence of liver disease, infection with hepatitis viruses and alcohol abuse.

The aim of this statement is to inform policy makers about the importance of liver disease, infection with hepatitis viruses and alcohol abuse in migrant, asylum seeker and refugee communities and to identify effective policies that prevent liver disease from occurring or that help to screen, treat and follow- up migrants who have or who go on to develop liver disease after migration

https://easl.eu/wp-content/uploads/2019/04/EASL-Position-Statement-on-Liver-Disease-and-Migrant-Health.pdf

Main messages

- European governments should adopt a public health- and human rights-based approach to migrant health
- Asylum seekers and migrants must have knowledge of their rights in health related-matters and be granted access to affordable and timely healthcare treatment in patient friendly, non-discriminatory settings
- Linkage and retention in care should be warranted in a comparable setting for the migrants who need prolonged or lifetime treatments
- Neither the migrants nor the health care personnel caring for them should be criminalised or put at risk of being criminalised for seeking treatment or providing i.

The adoption of these measures will not only benefit the migrants, but also the hosting populations. In fact, policy measures that protect vulnerable groups in general tend to result in an improvement in the population health as an all.

We stand in support of those affected by the Russian invasion of Ukraine

Update: 4 May 2022

EASL is deeply concerned about the situation in Ukraine. To this end, we have **published a joint statement, together with the World Health Organization Regional Office for Europe, and the European Centre for Disease Prevention and Control (ECDC)**: *EASL, WHO, and ECDC Joint statement: Ensuring high-quality viral hepatitis care for refugees from Ukraine.*

The statement focuses on vulnerabilities associated with viral hepatitis of refugees from Ukraine and providing suggestions for responses to the needs of this group. The measures described in the statement should be integrated into general health measures provided in support of refugees.

Joint Statement

Ensuring high-quality viral hepatitis care for refugees from Ukraine

This joint statement by the European Association for the Study of the Liver (EASL), the WHO Regional Office for Europe and the European Centre for Disease Prevention and Control (ECDC) focuses on vulnerabilities associated with viral hepatitis of refugees from Ukraine and provides suggestions for responses to the needs of this group. It is important to note, however, that the measures described in the statement should be part of more generalized health measures provided in support of refugees.

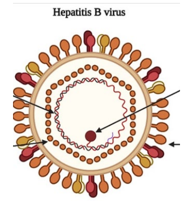
Background

- Large numbers of people have left Ukraine since the onset of Russia's aggression towards Ukraine on 24 February 2022
- As of February 2024, more than 14 million people had fled Ukraine, primarily to Hungary, Poland, Romania, Slovakia and the Republic of Moldova, and from there people have dispersed further into other European countries
- The Council of the European Union has adopted a Decision on temporary protection for displaced persons from Ukraine fleeing to EU States (1). This Decision provides immediate protection and rights, including residency rights, and access to the labour market, schools, housing, social support and health care
- Similar provisions have been adopted in other non EU countries belonging to the WHO EURO region.
- Access to health-care services in European countries should be the same as for citizens of those countries.

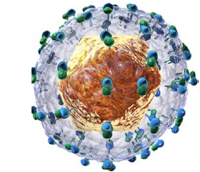
1.- Council Implementing Decision (EU) 2022/382 of 4 March 2022 establishing the existence of a mass influx of displaced persons from Ukraine within the meaning of Article 5 of Directive 2001/55/EC, and having the effect of introducing temporary protection (ST/6846/2022/INIT). O. J. E. U. 2022, L 71:1–6 (https://eur-lex.europa.eu/eli/dec_impl/2022/382/oj).

Viral Hepatitis are key public health issues in Ukraine

Epidemiology 2020



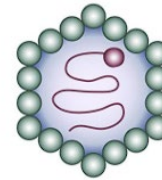
HBsAg 1% (men, older ages) PWDS 8.5%



Anti-HCV 5% (PWIDs 56%)

HCV RNA 3%

Hepatitis A virus



Urban areas low endemicity
Rural areas Intermediate

Prevention

3rd dose HBV vaccine coverage in infants was 80.9%

Opioid agonist therapy 5.3%

Therapy

- **Treatment coverage very low levels**
- **Very few have started therapy**

https://cdafound.org/polaris-countries-dashboard/). (https://www.phc.org.ua/kontrolzakhvoryuvan/zalezhnist-vid-psikhoaktivnikh-rechovin/zamisna-pidtrimuvalna-terapiyazpt/statistika-zpt) Vitek CR et al. PLoSOne.2014;9(9):e103657;(https://msfaccess.org/hivhepatitis-c-co-infection-mykolaiv-ukraine). Immunization dashboard [online database]. Geneva: World Health Organization; 2022 (https://immunizationdata.who.int/ 7.

Ensuring high-quality hepatitis care for refugees

- To ensure that the needs of refugees in relation to viral hepatitis are appropriately met, for all stages along the continuum of care from prevention through to treatment, it is critical for countries across Europe to consider the following actions

  - Vaccination

  - Testing Considerations

  - Linkage to care and Treatment

Ensuring high-quality hepatitis care for migrants and refugees. Vaccination

Hepatitis B vaccination should be offered for children and adolescents with unknown vaccination status or known delayed or missing vaccines, and others with risk factors who do not have official records or evidence of immunity

Hepatitis A vaccination should be considered according to local guidelines

Close contacts of acute cases of HAV infection should be traced, provided with information and offered HAV vaccination. In the case of an outbreak, rapid and widespread vaccination should be considered to help control the outbreak, supplemented with health education and measures to improve sanitation

. www.ecdc.europa.eu/en/publications-data/infographic-vaccinationsoffered-absence-documented-prior-vaccination), https://apps.who.int/iris/handle/10665/154590). Kelly D et al.. Epidemiol Infect. 2022;150:e57

Ensuring high-quality hepatitis care for Migrants and refugees. Testing considerations

- Hepatitis A
  Surveillance of hepatitis A should be strengthened by informing clinicians and health-care workers of the need to consider timely testing for any suspected cases of HAV infection. When clusters of infections are identified, samples from a proportion of cases should be considered for genome sequencing (1)

• Hepatitis B and C testing should be voluntary offered to all adult refugees in a non-discriminatory manner in the host country (2)

1 Riess M, et al. Euro Surveill. 2021;26(9 .-2 Public health guidance on screening and vaccination for infectious diseases in newly arrived migrants within the EU/EEA. Stockholm: ECDC; 2018 (https://www.ecdc.europa.eu/en/publications-data/public-health-guidance-screening-andvaccination-infectious-diseases-newly).

Ensuring high-quality hepatitis care for Migrants and refugees. Linkage to care and treatment

- Governments should provide free and accessible hepatitis B and hepatitis C care, including diagnosis and antiviral therapy, as well as harm-reduction services

- These services can be provided by a network of designated health-care settings that take into account the language, culture and mental health needs of refugees and may be best provided for refugees when settled in the host country.

Ensuring high-quality hepatitis care for Migrants and refugees. Linkage to care and treatment

Linkage to care with local services for further clinical evaluation and assessment for treatment should be ensured for all HBsAg-positive and/or HCV RNA-positive individuals.

It is essential that patients already on **treatment** for hepatitis B and/or hepatitis C should continue treatment.

Therapy for hepatitis B and hepatitis C should be newly initiated for all individuals who meet the criteria for therapy, in accordance with clinical practice guidelines

Timely initiation of treatment is a priority for individuals with advanced liver disease, hepatocelullar carcinoma, HIV coinfection and clinically significant extrahepatic manifestations

Ensuring high-quality hepatitis care for Migrants and refugees. Linkage to care and treatment

Patients with chronic hepatitis B and/or hepatitis C should be followed-up according to clinical practice guidelines

Antiviral therapy for the total course of hepatitis C treatment with DAAs and/or at least 90 days of hepatitis B therapy should be provided in cases of onward transit to other countries

Documentation confirming the presence of HBV and/or HCV infection and further clinical details of hepatitis B and/or hepatitis C, including any antiviral therapy provided, should be given to refugees who are in transit by the clinical services involved in their care.

EASL clinical practice guidelines on the management of hepatitis B virus infection. J Hepatol. 2017;66:153–94. EASL recommendations on treatment of hepatitis C: final update of the series. J Hepatol. 2020;73:1170–218

2024 Update the Policy Statement on Migrant Health

- Recent Global Challenges
  - Covid 19
  - Ukraine war
  - Conflict in Israel and the occupied Palestinian territory

- Action plan for refugee and migrant health in the WHO European Region 2023–2030

- Collaboration with European CDC and WHO