



VHPB Newsletter

Prevention and control of viral hepatitis in the Baltic States: lessons learnt and the way forward

When the three Baltic States, Estonia, Latvia and Lithuania re-established their independence in 1991, their public health systems were weak. Both the public and professionals were largely unaware of viral hepatitis, which under the inherited Soviet health system had not been considered a major public health problem.

In the past two decades not only the epidemiological situation but the prospects for prevention and control have greatly improved in each of the three countries. Public health reforms have evolved in diverse directions, with new perceptions of public health, new structures and functions and innovative approaches. The countries' parliaments have enacted new legislation for activities such as immunization, surveillance and reporting of infectious diseases, and ensuring the safety of the blood supply.

The countries have also gained direct access to intergovernmental and international agencies (especially with accession to the European Union (EU) in 2003). The WHO's Regional Office for Europe has developed a regional plan with a goal of eliminating viral hepatitis in Europe by 2030, and is working with the three countries to develop and harmonize their national health plans in that direction.

In that context, the Viral Hepatitis Prevention Board (VHPB) organized a meeting in Riga, Latvia (19-20 November 2015)¹, to bring together national and international experts to look at the three countries' current health care systems; to review the surveillance systems for infectious diseases, current prevention and control measures, and the possibilities for implementing new prevention strategies, control measures and monitoring systems; to examine links with the European Commission's projects and calls; to consider the economic impact of hepatitis control; to review regional or national viral hepatitis plans or programmes; and to identify the lessons learnt, remaining issues and barriers to successful prevention and control of viral hepatitis.

Public Health Reforms

Reforms in the three countries (current total population about 6.2 million) have resulted in broadly similar health care systems. In each, vaccines for routine immunization are provided free of charge. Total health expenditure as a percentage of gross domestic product (around 4% for each country) lags behind the EU average. The share of household spending on health varies from 19% in Estonia to 36%

in Latvia, where patients pay fees or co-payments for some services or treatments. Treatment of hepatitis C with the currently expensive, direct-acting antivirals is not widespread, and the issue of the cost of introducing these new, oral, interferon-free medicines on a larger scale is troubling public health programme managers and politicians (as it does in wealthier countries).

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Slides of the presentations at
the meetings are available on
www.vhpb.org

¹ Meeting presentations are available on:
<http://www.vhpb.org/2015-november-riga-latvia>



Epidemiology

The reforms after independence included creating the legislative base for surveillance of infectious diseases. Good use is being made of electronic information systems and linked databases, including population registers and geographical information systems. Nevertheless, the epidemiological picture is still limited by the lack of national surveys and data. Data on people with specific risks for transmission (e.g. prisoners and men who have sex with men) are patchy and inadequate. Genotyping of viruses is being increasingly used to identify routes of transmission and weaknesses in health care facilities that allow viral transmission.

The incidence of hepatitis A has declined with improved hygiene and socio-economic conditions, but the pool of susceptible people is growing. Outbreaks – some large – have occurred in all three countries in the past 8-9 years.

Rates of both acute and chronic hepatitis B are falling. Although sex and injecting drug use accounted for most acute cases, in about one third of cases the route of transmission was unknown. In Latvia one in five cases was acquired nosocomially. People who inject drugs also have high rates of co-infections (hepatitis B and C viruses and HIV). Reported hepatitis C prevalence rates are among highest in Europe (at around 2-3% in the general population, and up to about 90% in people who inject drugs). Cases of acute hepatitis C are less frequently seen, but co-infections (especially with HIV) are a serious problem. The incidence of chronic hepatitis C is rising, causing concern at many levels about the future management and care of a potentially large number of people with chronic liver disease.

Prevention and control: successes and areas of concern

The epidemiological situation appears to be easing with better health promotion, sound prevention and control strategies, increased access to care and improved disease prevention services. A cadre of young and enthusiastic public health professionals and researchers provides energy and drive to support prevention and control measures. National disease control and prevention bodies are in place and functioning well. All three countries have effective infant and adolescent immunization programmes with high coverage rates. Successful policies to protect health care workers include vaccination of medical students against hepatitis B. Societal and professional awareness is being raised through activities, for instance those undertaken around World Hepatitis Day. Public health and social measures are being taken to ensure the safety of the blood supply, although some donors are still remunerated in Lithuania.

On the down side, awareness needs to be raised further among both professionals and the general population about the seriousness and impact of viral hepatitis, and indeed about the value of vaccination in general, given the

activities of anti-vaccine groups. Although universal newborn hepatitis B vaccination is included in the routine immunization schedule, policies on vaccines and scheduling need further discussion, and existing recommendations for vaccination against hepatitis B need to be clarified and fully implemented. Concerns emerged about the persistence of significant risks of infection in health care settings, underlining the need for stronger infection control policies and practices.

Policy-makers often view viral hepatitis from the perspective of HIV/AIDS, not recognizing the distinguishing specificities of viral hepatitis. This focus is reflected in national health plans; thus far the countries do not have a national plan specific for viral hepatitis prevention and control, although Latvia's national public health strategy includes a specific action plan for limiting the spread of hepatitis B and C. Disagreements on approaches to harm reduction, echoing the debates in the HIV/AIDS field, beset prevention and resocialization work with people who inject drugs, whose stigmatization continues to limit access to care.



The way forward

Participants identified several specific areas for action, such as the elaboration of national plans and strategies for prevention and control of viral hepatitis, including the strengthening of infection control. Another area for continued work was strengthening education of, and awareness raising for, both the general population and health professionals about viral hepatitis and the value of vaccines and vaccination generally. Lessons from other countries and programmes could be easily learnt and applied. The countries are encouraged to increase efforts to promote hepatitis B vaccination among unvaccinated people who inject drugs and others with risky behaviours, and to sharpen the focus on prevention at the primary health care level. Extra needle-exchange programmes could be introduced to reduce transmission among people who inject drugs. With the exception of one small group in Latvia, the engagement of civil society is rather invisible, whether at the level of support and care of patients, advocacy or policy formulation.

Better surveillance, especially with national surveys, with strengthened data collection and analysis is essential. Clarity is needed on the extent of chronic infection and disease, without which data the likely future disease burden cannot be defined and the costs of treatment, especially with the new, direct-acting antivirals for hepatitis C, cannot be estimated.

The high cost of the new antivirals as well as policies on reimbursement of treatment costs demand urgent attention and action; most health insurance expenditure on pharmaceuticals in Lithuania is spent on treatments for hepatitis B and C that predate the new antivirals. Suggested approaches include cooperation between the three countries in terms of identification of need, joint procurement and negotiation with pharmaceutical companies, and exploration of innovative mechanisms for financing purchase of medicines and payment for treatment.

The opportunities for and benefits of cooperation between the three countries were emphasized; not only could they reduce the financial burden of viral hepatitis but also optimize the use of resources in other such as liver transplantation and reference centres. The economic crises of the past few years and the continuing policies of austerity add urgency to making the best use of limited resources. The existence of several sources of technical support and guidance, ranging from the WHO's Regional Office for Europe and the European Centre for Disease Prevention and Control to professional societies such as the European Liver Patients Association and the European Association for the Study of the Liver as well as the VHPB itself, provides encouragement and optimism for future progress in the prevention and control of viral hepatitis in the three countries.

References

http://apps.who.int/nha/database/Country_Profile/Index/en
<http://www.vhpb.org/2015-november-riga-latvia>