Viral Hepatitis Prevention Board

VHPB Newsletter

Highlighting underserved groups for screening, prevention and treatment of viral hepatitis B and C in Europe

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

In the 53 Member States of the European Region of the World Health Organization (WHO) an estimated 15 million people live with hepatitis C. Generally, data on HCV infection, however, are sparse and not easily comparable.

Several diverse, hard-to-reach and underserved populations in Europe remain at risk of or have high prevalence rates of chronic hepatitis B and C virus infection or disease. These groups include people who inject drugs (PWIDs), prisoners, migrants, Roma, men who have sex with men (MSM), sex workers and other vulnerable populations.

In March 2016, the Viral Hepatitis Prevention Board organized a meeting in Ljubljana (Slovenia) for European experts and organizations to examine issues surrounding screening, prevention, treatment and access to care for these people[1]*.*

Underserved groups

PWIDs. In Europe, PWIDs probably form the main group at risk for HCV infection and disease. They may number up to one million; Ukraine alone has an estimated 300,000. Among some 22,000 cases of HCV registered in Europe in 2013, about 80% were probably associated with injecting drugs. In the east, mainly the Russian Federation and Ukraine, PWIDs are the main drivers of both the HIV and HCV epidemics. Apart from in eastern Europe and Russian Federation, HIV infections in PWIDs have fallen through preventive interventions, but the rising hepatitis C prevalence in some countries implies a growing risk of a corresponding rise in HIV incidence, as injection of drugs is linked with the rise in HCV prevalence. Prevalence of HCV co-infection in HIV-infected populations varies widely and is highest in PWIDs, then MSM, and pregnant women and lowest in the general population. Many PWIDs, especially migrants, are unaware of their infections.

Prisoners. Europe has about two million people incarcerated in any given year, with about six million people imprisoned every year. Many of those imprisoned are PWIDs, and drug use within prisons is common; imprisonment is a risk factor for HCV infection in PWIDs. HCV prevalence rates are sometimes much higher in prisoners than in the general population. Disparities between the burden of disease and hepatitis service delivery reflect the marginalization of incarcerated patients. A French study identified risks in prison that are not commonly seen as strong risk factors for HCV infection in the general population. Prisons thus contribute to a high risk of further transmission outside prison after a prisoner's release.

[1] *Meeting presentations are available on:*
http://www.vhpb.org/2016-march-ljubljana-slovenia

Refugees and migrants. With the massive influx of refugees, asylum-seekers and migrants in Europe (1.02 million in 2015 and proportionately high numbers in 2016), risks of transmission of viral hepatitis (VH) exist in both refugee camps and susceptible populations in host countries. Hepatitis B and C prevalence rates reflect those in migrants' countries of origin, where vaccination coverage is expected to be good. Besides recent migrants, asylum-seekers and refugees, another underserved group comprises short-term visitors, students and workers, but illegal immigrants, newcomers, asylum-seekers and refugees are numerous and face more barriers, from legal obstacles to fear of authorities.

Roma. Many countries have native nomadic or travelling populations. About 10-12 million Roma live in Europe, with an estimated 4-6 million in the European Union (with 1.8 million in Romania and an estimated 300,000-750,000 in Bulgaria and 150,000-300,000 in Greece). They have high prevalence rates of HBV and HCV infections. Despite various approaches in different countries (for instance, use of a mobile vaccination team in Belgium) the acceptance of immunization by Roma communities and other moving populations is poor owing to different social, behavioural and traditional reasons. Access to health care is, generally, suboptimal.

MSM. Generally, HBV and HCV (as well as HIV) are recognized as risks for MSM. Specific reports included a report from Barcelona of gay men who frequent saunas and other locations; they form a "hidden group" with limited access to health services. MSM have high rates of re-infection after treatment.

Sex workers. Sex workers are a highly mobile population and are extremely divers in language, culture and educational level. Challenges include improving knowledge about VH and other sexually transmitted infections and expanding access to care. Questions arise about medical insurance and payment for treatment, the evolution of sex work in the era of the Internet, reaching clients of sex workers, and hepatitis C.

Adults with diabetes. In the United States of America several outbreaks of hepatitis B have been reported in long-term care institutions, many involving adults with diabetes.

Health systems

As advocated by WHO, Slovenia has an integrated approach to the management of hepatitis C, and other countries have integrated health systems, with centres for prevention and treatment of drug addiction, municipal services and multi-disciplinary teams.

France has taken the lead in Europe in tackling VH, committing itself to treating all patients with chronic hepatitis C with direct-acting antivirals (DAAs). Having negotiated a substantial price discount on the price of treatment, in 2015 it treated 14,000 chronic hepatitis C patients. Introduction of DAAs in other countries is being hindered by their high price or lack of national strategies.

Prevention and treatment

Policies and strategies, even where they existed, varied between countries. Moreover, many discrepancies are seen between practices and policies, with numerous instances of lack of adherence to recommendations. Provision of services for prisoners with HCV in England and Wales, for instance, showed wide variations.

Prevention is suboptimal in many parts of Europe and needs strengthening. Harm-reduction programmes (such as opiate-substitution therapy and needle-exchange programmes) make an essential part of prevention; Slovenia introduced them in the early 1990s, with good results.

Prevention and treatment (cont'd)

Several presentations highlighted the value of using mobile units, not only for screening but provision of other services ranging from immunization to counselling. In general, screening projects are more likely to succeed if all parties dealing with VH collaborate closely and if personal invitations to participate are issued. Rapid diagnostic tests should help to improve access to care. Point-of-care testing, with assays using dried blood spots and saliva samples, are proving useful, with good sensitivity and specificity.

DAAs are crucial for management of HCV. Their use is cost-effective, even though they are expensive. Some national and international clinical guidelines have been issued, although questions remain about when and whom to treat, at what stage of liver disease should treatment start, and whether certain subgroups with HCV be prioritized for treatment. In PWIDs, they are safe and effective, even in those on opiate-substitution therapy; continued injection during treatment does not affect disease progression or outcome. The prices of DAAs are falling as negotiations with pharmaceutical companies yield substantial discounts.

Programmes and projects

Several examples of different agencies and programmes were presented. These include the European Monitoring Centre for Drugs and Drug Addiction, which provides a reliable and objective evidence-base on European drug problems. It offers policy-makers data they need for drawing up drug laws and strategies and provides professionals and practitioners information about best practice and new areas of research. The European network on social inclusion and health (the "Correlation Network) manages the European Initiative on Hepatitis C and Drug Use, which covers research, capacity building, policy and advocacy, and a resource centre. A project of the EpiSouth Network (for countries bordering the Mediterranean) covers issues on migration and barriers to immunization. The EU-funded HEP-SCREEN Project explores community outreach models for VH screening among migrant populations through university and workplace settings, and two projects in Scotland proved the feasibility and value of using these settings for identifying VH infections.

In Ukraine the Alliance for Public Health (a nongovernmental organization (NGO)) runs multiple centres for screening and treatment of VH. It was also instrumental in negotiations for a large price reduction in the price of DAAs for hepatitis C. A hepatitis prevention programme (Hprolipsis) in Greece collects data on migrants and other vulnerable populations like Roma, provides information and raises awareness, and provides vaccination and counselling.

NGOs in Albania offer sentinel surveillance, behavioural surveys, outreach to Roma, and harm-reduction programmes (including methadone maintenance).

In Belgium, the NGO Ghapro offers free and anonymous support to women and men who work as prostitutes in the province of Antwerp and part of Flemish Brabant, including provision of hepatitis B vaccination, prevention, screening for HCV and treatment. In Antwerp (Belgium) a screening project aims to reach the Chinese community to raise awareness about VH and provide linkage to care services. A programme in Copenhagen (Denmark) provides a centralized HCV treatment service based in a municipal drug treatment centre.

In Sweden a WHO-designed toolbox for tailoring communication about immunization for hard-to-reach communities is being successfully deployed. In Arnhem (the Netherlands) several screening projects have been undertaken, for example in Turkish and Chinese communities. Another project used the Internet and mass media to encourage people to complete an online questionnaire for assessment of risk of HCV infection. Those found to be at risk could obtain an online referral letter for testing and results could be obtained online. In France, an innovative peer-based educative intervention resulted in a lower frequency of injection practices that contribute to HCV infection and increased uptake of HCV testing.

Needs and issues

Participants at the meeting identified a series of major needs:

⇒ *governments that have not already done so need to prepare costed national strategies and action plans for dealing with VH, which must include measures to promote testing and treatment within a general policy that covers all those at risk of infection with HCV;*

⇒ *to improve access to VH-related care and services for underserved populations, in particular migrants; access should be easy and free;*

⇒ *to introduce more early interventions, increasing access to new HCV prevention tools and HCV treatment in prison settings;*

⇒ *national data on prevalence and incidence rates of chronic hepatitis B and C virus infections, including rates in under-served groups;*

⇒ *to integrate screening into all relevant parts of the health system;*

⇒ *more comprehensible information and better communication strategies (including consideration of issues such as language, culture, knowledge about health, costs, and time and staff investment);*

⇒ *to repeat successful demonstration projects on a larger operational scale and develop and generalize them into national or regional programmes.*

Elements contributing to success of various programmes and projects included:

⇒ ***enabling legislation for service delivery;***

⇒ ***provision of services through mobile teams;***

⇒ ***education about health;***

⇒ ***early interventions;***

⇒ ***involvement of community leaders and sending personal invitations to target people to participate in projects.***

References

http://www.vhpb.org/2016-march-ljubljana-slovenia