VHPB BALKAN MEETING

INTRODUCTION IN THE HEALTH CARE SYSTEM AND INFECTIOUS DISEASE SERVICE

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KOSOVO COUNTRY PROFILE

- Population of 1,773,971, estimation 2021
- (61.7% rural, 38.3% urban)
- Density: 159/km²
- GDP per capita in 2021, 4,986$
- Kosovo is estimated to have health expenditures per capita of 158 euros/annually per capita (2017)
- In 2020, life expectancy at birth for women was about 73.7 years
- Life expectancy at birth for men was about 68.6 years on average.
The National Institute of Public Health was formed on June 5th, 1925. It is the highest health, professional and scientific institution of Kosovo. It is a Health Institution that prepares and implements the public health strategy (hygienic-sanitary measures, prophylactic-counter-epidemic, social-medical measures, health promotion, health education, water, air, food quality control, EPI (the extended program of immunization), health policy and health economics, health information) throughout the territory of Kosovo.

- Epidemiology
- Microbiology
- Environmental Health
- Social Medicine
- Testing Laboratory Center
- Department of Statistics
EPIDEMIOLOGY DEPARTMENT

- Surveillance system unit
- Immunization & Vaccine preventable diseases
- Waterborne and food-born diseases
- Zoonoses, transmissive diseases
- STI/HIV-AIDS
- Sanitary control & Nosocomial infections
The surveillance unit is primarily responsible for the implementation of the notification system within the framework of the

**Law on Population Protection of Communicable Diseases, Law no. 02/L-109**

It also coordinates the new and further development of surveillance methods and instruments and is responsible for the organization of the EOC, NIPH.

The unit is the contact for the Public health services at the regional and national level in Kosovo and for the international health authorities (WHO, ECDC, CDC).
SURVEILLANCE OF VIRAL HEPATITIS

- Mandatory reportable disease
- Indicator Based Surveillance System (6 regions), individual case report form for acute viral hepatitis B and C

Syndromic surveillance system
- Weekly mandatory reporting of infectious syndrome “jaundice” VHA
- Programmatic Mapping and size estimation of key population in Kosovo, 2016
- IBBSS – Integrated bio-behavior surveillance study, 2018
- There is no surveillance system for chronic viral hepatitis
The Flow of Information Surveillance System

**Central level**
- MOH
  - Routine surv.
  - outbreaks
  - Specific disease
- NIPH
- FVA (Food and Veterinary Agency)
- WHO, ECDC

**Regional level**
- Regional IPH
- Feedback
- Regional hospitals
- DLD regional

**Peripheral level**
- Family Medicine
- Private Health Institutions (e.g., private labs etc.)

Programs:
- National TB program
- National HIV/AIDS program

Disease Outbreaks:
- Specific disease

Routine Surveillance:
- Routine surv.
VHPB BALKAN MEETING
CURRENT SITUATION: EPIDEMIOLOGY, BURDEN OF DISEASE, SCREENING & PREVENTION, CASCADE OF CARE
Reports on the characteristics of donors are performed every 3, 6, 9 and 12 months. These reports comprise segregated figures for several indicators required for a successful blood transfusion and others related to blood safety, such as test results for HBV, HCV.

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<tbody>
<tr>
<td>HBV(%)</td>
<td>2.680</td>
<td>3.080</td>
<td>1.690</td>
<td>1.660</td>
<td>1.340</td>
<td>1.300</td>
<td>1.220</td>
<td>0.890</td>
<td>0.870</td>
<td>0.760</td>
<td>0.560</td>
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<tr>
<td>Anti HCV(%)</td>
<td>0.340</td>
<td>0.550</td>
<td>0.210</td>
<td>0.110</td>
<td>0.080</td>
<td>0.050</td>
<td>0.030</td>
<td>0.049</td>
<td>0.030</td>
<td>0.046</td>
<td>0.000</td>
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<tr>
<td></td>
<td>Anti HAV (2017-2021)</td>
<td>No. of cases VHA (2017-2021)</td>
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<tr>
<td>Anti HAV</td>
<td>13</td>
<td>275</td>
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<td>Anti HEV</td>
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Lack of seroprevalence studies for HAV
Lack of laboratory capacities in districts
# VACCINATION PROGRAM

<table>
<thead>
<tr>
<th>Hepatitis A</th>
<th>Y/N</th>
<th>population + Schedule</th>
<th>Since/period</th>
</tr>
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<tbody>
<tr>
<td>Universal</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Risk group</td>
<td>--</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Hepatitis B</th>
<th>Y/N</th>
<th>population + Schedule</th>
<th>Since/period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal</td>
<td>Y</td>
<td>Population at birth/ 30,106 (Year 2021)</td>
<td>2003</td>
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<tr>
<td>Catch-up</td>
<td>N</td>
<td></td>
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<tr>
<td>Risk Group</td>
<td>Y</td>
<td>Health care workers, police, KSF, students and others</td>
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</tr>
<tr>
<td>Disease</td>
<td>Birth cohort</td>
<td></td>
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<td>------------------------------------------------------------------------</td>
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<td></td>
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<tr>
<td>TBC, Hepatitis B</td>
<td>BCG, HepB</td>
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</table>
# Vaccination Coverage

<table>
<thead>
<tr>
<th>Antigen vaccines</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
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</thead>
<tbody>
<tr>
<td>BCG/HepB</td>
<td>98%</td>
<td>98%</td>
<td>97%</td>
<td>94%</td>
<td>92%</td>
</tr>
<tr>
<td>DTP1/HepB1/Hib1</td>
<td>99%</td>
<td>98%</td>
<td>96%</td>
<td>94%</td>
<td>92%</td>
</tr>
<tr>
<td>DTP2/HepB2/Hib2</td>
<td>99%</td>
<td>96%</td>
<td>96%</td>
<td>91%</td>
<td>89%</td>
</tr>
<tr>
<td>DTP3/HepB3/Hib3</td>
<td>99%</td>
<td>95%</td>
<td>97%</td>
<td>92%</td>
<td>87%</td>
</tr>
</tbody>
</table>
## ADDITIONAL DATA

<table>
<thead>
<tr>
<th>Vaccination in HepB/Years (2017-2021)</th>
<th>First dose</th>
<th>Second dose</th>
<th>Third dose</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Groups</td>
<td>2,398</td>
<td>1,192</td>
<td>1,059</td>
<td>4,649</td>
</tr>
<tr>
<td>Healthcare Workers</td>
<td>3,195</td>
<td>1,557</td>
<td>1,160</td>
<td>5,912</td>
</tr>
<tr>
<td>Vaccines &amp; International travel</td>
<td>16</td>
<td>13</td>
<td>8</td>
<td>37</td>
</tr>
<tr>
<td>Total</td>
<td>5,609</td>
<td>2,762</td>
<td>2,227</td>
<td>10,598</td>
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</tbody>
</table>
Recommended for following groups: | Hep B | Hep C |
---|---|---|
General population | | |
Birth cohorts | | |
Blood and organ donors | √ | √ |
Pregnant women | | |
PWID | √ | √ |
STI clinic patients | | |
Haemodialysis patients | √ | √ |
Healthcare workers | | |
Men having sex with men | √ | √ |
Prison population | √ | √ |
Migrants | - | - |
Others | | |
KOSOVO NATIONAL PLAN

CARE AND TREATMENT OF PERSONS DIAGNOSED WITH HEPATITIS C


ASSESSMENT OF VIRAL HEPATITIS IN KOSOVO

VHPB BALKAN MEETING
LESSONS LEARNT, BEST PRACTICES AND FUTURE CHALLENGES

KOSOVO
SURVEILLANCE SYSTEM, GAPS AND FUTURE CHALLENGES

- The existing system does not meet the needs of matching data-regional/NIPH, percentage of obliged units to report, generating reports which can reflect on timely response and control
- Capacity building
- The lack of financial resources
- The need for more specific viral hepatitis studies
- Build a functioning hepatitis surveillance system to improve data quantity and quality – in line with new WHO recommendations
- Establish an electronic health information system to monitor the hepatitis response
- Consider the usefulness of integrating reporting from the private sector
Although coverage of childhood immunization for hepatitis B has been reported to be high, the preventive measures are not implemented for all healthcare workers and other population groups at higher risk of acquiring the infection, raising concerns about transmission for those not vaccinated during early childhood.

However, regardless of the level of engagement, it is also clear that the hepatitis response is fragmented.

There is no baseline scenario, plan or focal point for the coordination of policies dedicated to the prevention and control of viral hepatitis in Kosovo. Individual efforts in blood safety, maternal health, immunization, health in prisons and infection prevention and control (IPC) are not synchronized, leading to poor interaction between health policies and information systems.
THANK YOU FOR YOUR ATTENTION!