

KOSOVO



**INSTITUTI KOMBËTAR I
SHËNDETËSISË PUBLIKE TË
KOSOVËS**

Departamenti i Epidemiologjisë

**NATIONAL INSTITUTE OF PUBLIC
HEALTH OF KOSOVA**
Department of Epidemiology

VHPB BALKAN MEETING

*INTRODUCTION IN THE HEALTH
CARE SYSTEM AND INFECTIOUS
DISEASE SERVICE*

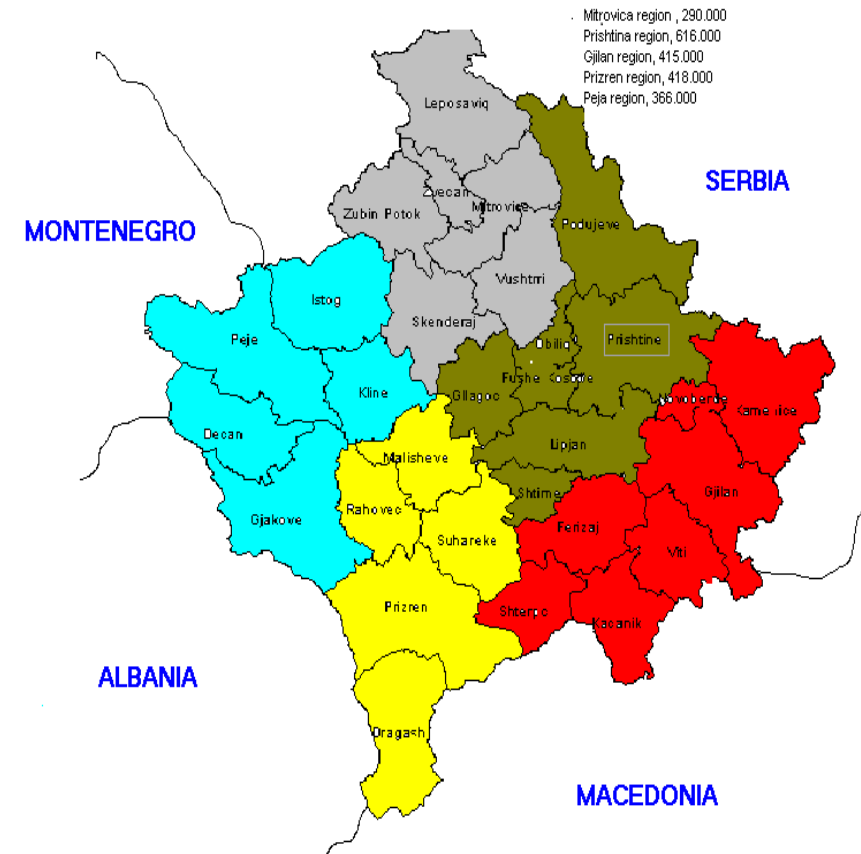
TEUTA MUSLIJA

EPIDEMIOLOGIST, NATIONAL INSTITUTE OF PUBLIC HEALTH OF KOSOVO



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.



NATIONAL INSTITUTE OF PUBLIC HEALTH OF KOSOVO

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-borne diseases
- Zoonoses, transmissible diseases
- STI/HIV-AIDS
- Sanitary control & Nosocomial infections

SURVEILLANCE

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

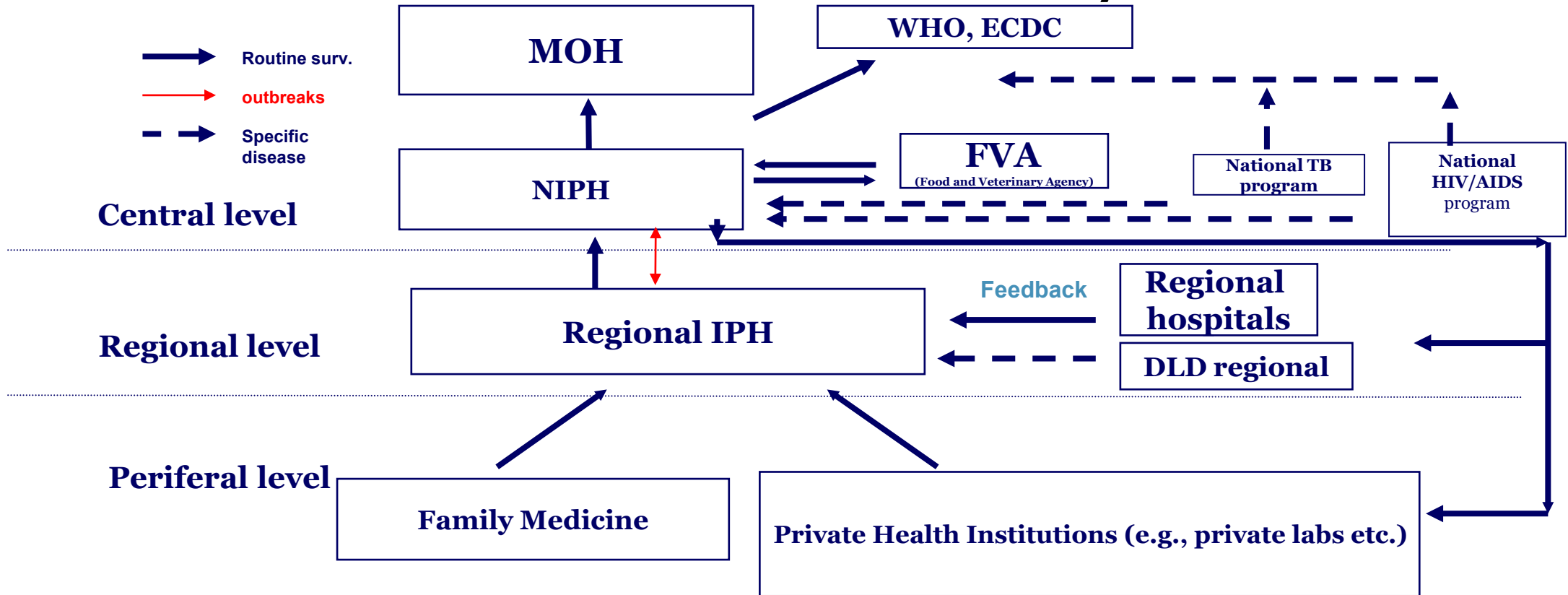
- Mandatory reportable disease
- Indicator Based Surveillance System (6 regions), individual case report form for acute viral hepatitis B and C

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

SURVEILLANCE

The Flow of Information Surveillance System



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*CURRENT SITUATION:
EPIDEMIOLOGY, BURDEN OF
DISEASE, SCREENING &
PREVENTION, CASCADE OF
CARE*



KOSOVO EPIDEMIOLOGY

Prevalence of transfusion transmitted infection in blood donors in Pristina, 2008–2018

Test/year	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
HBV(%)	2.680	3.080	1.690	1.660	1.340	1.300	1.220	0.890	0.870	0.760	0.560
Anti HCV(%)	0.340	0.550	0.210	0.110	0.080	0.050	0.030	0.049	0.030	0.046	0.000

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.

KOSOVO EPIDEMIOLOGY

	Anti HAV (2017-2021)	No. of cases VHA (2017-2021)
Anti HAV	13	275
Anti HEV	---	---

Lack of seroprevalence studies for HAV
Lack of laboratory capacities in districts

VACCINATION PROGRAM

Hepatitis A	Y/N	population + Schedule	Since/period
Universal	--	--	--
Risk group	--	--	--

Hepatitis B	Y/N	population + Schedule	Since/period
Universal	Y	Population at birth/ 30,106 (Year 2021)	2003
Catch-up	N		
Risk Group	Y	Health care workers, police, KSF, students and others	

VACCINATION SCHEDULE

Disease	Birth cohort			
	Birth	2 months	3 months	4 months
TBC, Hepatitis B	BCG, HepB			
Diphtheria, Tetanus, Pertussis, Hepatitis B, Haemophilus Influenzae type B		DTP, HepB, Hib	DTP, HepB, Hib	DTP, HepB, Hib

VACCINATION COVERAGE

Antigen vaccines	2017	2018	2019	2020	2021
BCG/HepB	98%	98%	97%	94%	92%
DTP1/HepB1/Hib1	99%	98%	96%	94%	92%
DTP2/HepB2/Hib2	99%	96%	96%	91%	89%
DTP3/HepB3/Hib3	99%	95%	97%	92%	87%

ADDITIONAL DATA

Vaccination in HepB/Years (2017-2021)	First dose	Second dose	Third dose	Total
Risk Groups	2,398	1,192	1,059	4,649
Healthcare Workers	3,195	1,557	1,160	5,912
Vaccines & International travel	16	13	8	37
Total	5,609	2,762	2,227	10,598

SCREENING

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

- <https://msh.rks-gov.net/wp-content/uploads/2020/11/16.-KUJDESI-DHE-TRAJTIMI-I-PERSONAVE-TE-DIAGNOSTIKUAR-ME-HEPATIT-C-28.09.2020.pdf>

ASSESSMENT OF VIRAL HEPATITIS IN KOSOVO

- <https://apps.who.int/iris/bitstream/handle/10665/346058/WHO-EURO-2019-3542-43301-60693-eng.pdf?sequence=1&isAllowed=y>



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*LESSONS LEARNT, BEST
PRACTICES AND
FUTURE CHALLENGES*



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

SPECIFIC VIRAL HEPATITIS ISSUES AND FUTURE CHALLENGES

- 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!

