

MONTENEGRO

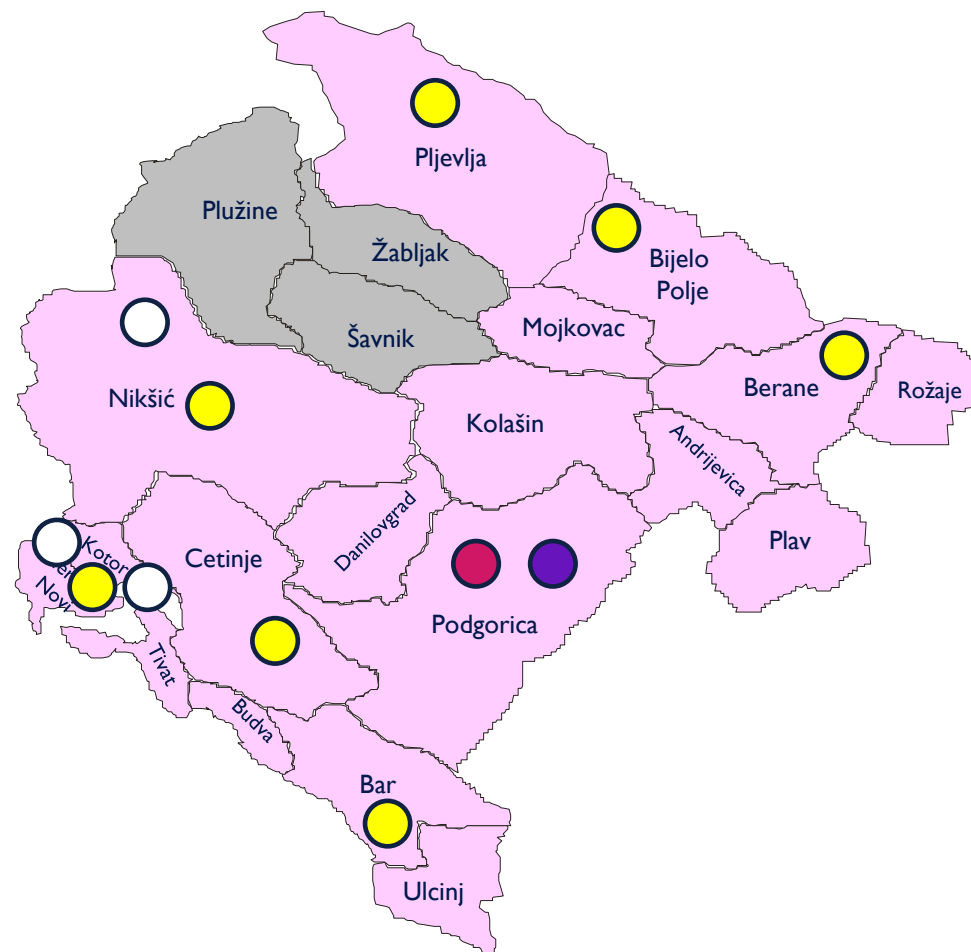
VHPB BALKAN MEETING

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



MONTENEGRO – COUNTRY OVERVIEW

- Area: 13.812 km²
- Population: 620.739
- 25 municipalities



- Health station - 3
- Primary healthcare center - 18
- General hospital - 7
- Clinical centre - 1
- Institute of Public Health
- Special hospital - 3

HEPATITIS SURVEILLANCE SYSTEM

Mandatory hepatitis case reporting (the passive receiving of case reports form)

- Case based (acute disease and chronic disease)
- Only confirmed cases are included in surveillance (any person meeting the clinical and laboratory criteria - in accordance with EU case definitions)
- Sources:
 - Physicians (outpatients and inpatient facilities) from public and private health facilities
 - Laboratories (reporting of positive HBsAg and anti-HCV Ab)
- No Hepatitis Registry

HEPATITIS SURVEILLANCE SYSTEM

- **Surveys:**

- There are no sero-surveys conducted exclusively for Hep B and Hep C
- Bio-behavioural surveys among PWID, MSM, FSW and prisoners (as part of HIV surveillance in Montenegro)

MONTENEGRO EPIDEMIOLOGY

	HBsAg (2019)	Anti-HCV (2019)
General population	Estimated 2200 (0.2 – 0.7%)	estimated 2000 people (0.2%)
Blood donors (first time)	0.06%	0.02%
Pregnant women	No data	No data
Risk Groups		
PWID	1.4% (2020)	62.8% (2020) (47.0% positive PCR)
MSM	1.8% (2011)	1.8% (2011)
Prisoners	2.4% (2021)	20.2% (2021)
FSWs	3.2% (2021)	17.2% (2021)
Healthcare workers	No data	No data

	In risk-population (MSM)	Prevalence
Anti HAV	42.3% (2011)	No data
Anti HEV	No data	No data

MONTENEGRO VACCINATION PROGRAM

Hepatitis A	Y/N	population + Schedule	Since/period
Universal	N		
Risk group	Y	Epidemiological indications One dose and booster dose 6 – 18 months (36 months) after first dose	
Hepatitis B	Y/N	population + Schedule	Since/period
Universal	Y	Infants <ul style="list-style-type: none"> • 3 doses (the first dose should be administrated two months upon birth) • immunization schedule should be completed by the end of 9 months of age 	2003
Catch-up	N		
Risk Group	Y	Health care workers, PWID, MSM... <ul style="list-style-type: none"> • 3 doses (0, 1, 6 months) 	1994

MONTENEGRO SCREENING

Recommended for following groups:	Hep B	Hep C
General population	No	No
Birth cohorts	No	No
Blood and organ donors	Yes	Yes
Pregnant women	Yes	Yes
PWID	Yes	Yes
STI clinic patients	Yes	Yes
Haemodialysis patients	Yes	Yes
Health care workers	Yes	Yes
Men having sex with men	Yes	Yes
Prison population	Yes	Yes
Migrants	Yes	Yes
Others		

Testing is free of charge for all individuals covered by national health insurance

Screening:

- All blood donations are screened for hepatitis B virus, hepatitis C virus, HIV, syphilis
- All pregnant women should be screened for Hepatitis B
- Testing is recommended for people who are at greater risk for hepatitis

Testing in specific situations:
accidental exposure

MONTENEGRO TREATMENT

National guidelines available	Y/N (year)
Hepatitis B	No
Hepatitis C	No
EASL Guidelines	Y

- Publicly funded treatment for Hepatitis B and Hepatitis C is available for all individuals covered by national health insurance (plus clinical criteria)
- Drugs included in the national essential medicines list or drugs that are subsidized:
 - lamivudine; tenofovir
 - sofosbuvir/velpatasvir; glecaprevir/pibrentasvir; elbasvir/grazoprevir, ladipasvir/sofosbuvir
- Clinical management based on Clinical Practice Guidelines of EASL (European Association for the Study of the Liver)
- Number of patient currently on therapy: HCV 30 patients have been treated during 2022
HBV around 60

CONCLUSIONS

- Improve data quality – in progress
- Integrate HIV, HBV and HCV rapid testing
- Develop national guidelines for testing and treatment (especially for risk groups)

- Availability of diagnostic procedures and therapy is sufficient

THANK YOU

