HEPATITIS CONTROL IN ALBANIA – public health challenges

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“Life can only be understood backwards; but it must be lived forwards.”

Kierkegaard
Decades of a dark journey

➲ Before 1990

- Low testing rates and lack of tests
- Lack of continuous blood screening
- Reusable syringes and needles
- Lack of disposable syringes
- Lack of disinfectants and no infection control programs in hospitals
- Lack of vaccination program
- Lack of awareness
FEAR OF HIV/AIDS AND NEW PUBLIC HEALTH PROGRAMS

- Introduction of mandatory blood screening in 1990 (*first case of HIV – 1993*)


- Establish the first infection control program in 1993 in Tirana University Hospital Centre.

- Establish community support program for MSM
Acknowledging Hepatitis B epidemic

- Data from migrants in Italy and Greece
- Documenting Hepatitis B in Albania
- Albanian seroprevalence studies
Acknowledging Hepatitis B epidemic

Documenting Unspecified Viral Acute Hepatitis in Hospital Based National Surveillance System in 1995.

- All suspected unspecified hepatitis cases had to be reported at DPH and monthly to IPH.
The introduction challenges of Hepatitis B vaccination

- 1993 – Vaccination of risk groups - health care workers (not regular)
- 1994 - 1996 - Introduction of Hepatitis B vaccine in newborns from a donation of Rotary Club International
- 1997 - 1998 – Lack of funding to maintain Hepatitis B vaccination.
- 1999 – First funding of Hepatitis B vaccination from Albanian Government
- The challenge to maintain the funding
GAVI and Hepatitis B prevention (2001 -2005)

- 2000 – GAVI application for Hepatitis B funding
- 2001 – 2005 – GAVI funding of Hepatitis B vaccines and improving of vaccination
- Introduction of AD syringes in vaccination program in 2000.
- A newborn vaccination policy and guidelines
- Documenting vaccination at birth and within 24 hours
- Documenting newborn and infant Hepatitis B vaccination at every district.
- Preparation of the first Hepatitis Control Plan of Action - 2003
Hepatitis B vaccination

- Since 2005 fully funded by Albanian Government

- Documenting Hepatitis B vaccination within 24 hours of newborn and infants at every commune

- Maintain high coverage starting from 95% in every commune

- Introduction of Hepatitis B vaccines in private market
Hepatitis B vaccination strategy 2005 until 2008

- Mandatory vaccination at birth
- Vaccination of risk groups:
  - health care workers,
  - injecting drug users,
  - MSM, and
  - Roma population
**Vaccination strategy beyond 2008**

- Mandatory vaccination at birth

- **Mandatory vaccination of adolescents**
  2008 – Mopping up campaign of all adolescents all over the country (National coverage 85%)

- **Mandatory vaccination of health care workers** and all health sciences students
Vaccination strategy beyond 2008

- Vaccination free of charge of Roma population and MSM and other vulnerable groups near GP practices

- Mandatory vaccination of multiple blood transfusions and dialysis and before other important interventions.
Documenting the change and the epidemic

- Seroprevalence studies in children, pregnant women, general population and health care workers

- Introduction of Hepatitis case based surveillance at main districts hospitals and Tirana University Hospital Center

- BioBSS in risk groups and general population
Hepatitis C a new burden

- Dramatic increase of Hepatitis C in risk groups
- Increase of Hepatitis C in general population (preliminary data 2.8 %)
- Establishing the chain of services and continuos treatment
Hepatitis Action Plan and profiting from HIV action plan

- Availability of rapid testing all over the country in main public health laboratories.

- Promotion of testing from Voluntary Counseling and Testing Centers established in all public health directories since 2010

- Testing campaigns

- Mandatory reporting of Hepatitis A, B,C,D,E from all facilities public and private
Hepatitis Action Plan and profiting from HIV action plan

- Mandatory surveillance of polytrasfusion and dialysis subjects

Other

- Improving blood safety

- Establish DDR program and methadone clinics in collaboration with civil society (since 1996) and later with Ministry of Health and local government.

- Improving infection control in hospitals

- New guidelines and practices for sterilisation and dialysis units

Check up program (40-65 years old) 8521 with high ALT and AST. Proposal to the
Other

- New guidelines and program for infectious agents screening of pregnant women (HIV, Hepatitis B and C, Syphilis, Rubella)

- Check up program (40 - 65 years old) 8521 with high ALT and AST. *Proposal to the government to include VH testing*

- New law on communicable diseases
  New case definitions and reporting system
  - Reporting of Viral Hepatitis cases
  - Reporting of HBsAg cases form each laboratory (public and private)
  - Reporting viral load
- Continuous introduction of different drugs into health insurance always for a certain number of people.
Viral Hepatitis Strategic Plan

- A core group
- Situation analysis
- Preparation of the first draft
- Revision and discussion – round tables
- Approval by MoH