

Prevention and control of hepatitis B and C in the European Region of WHO

Viral Hepatitis Prevention Board

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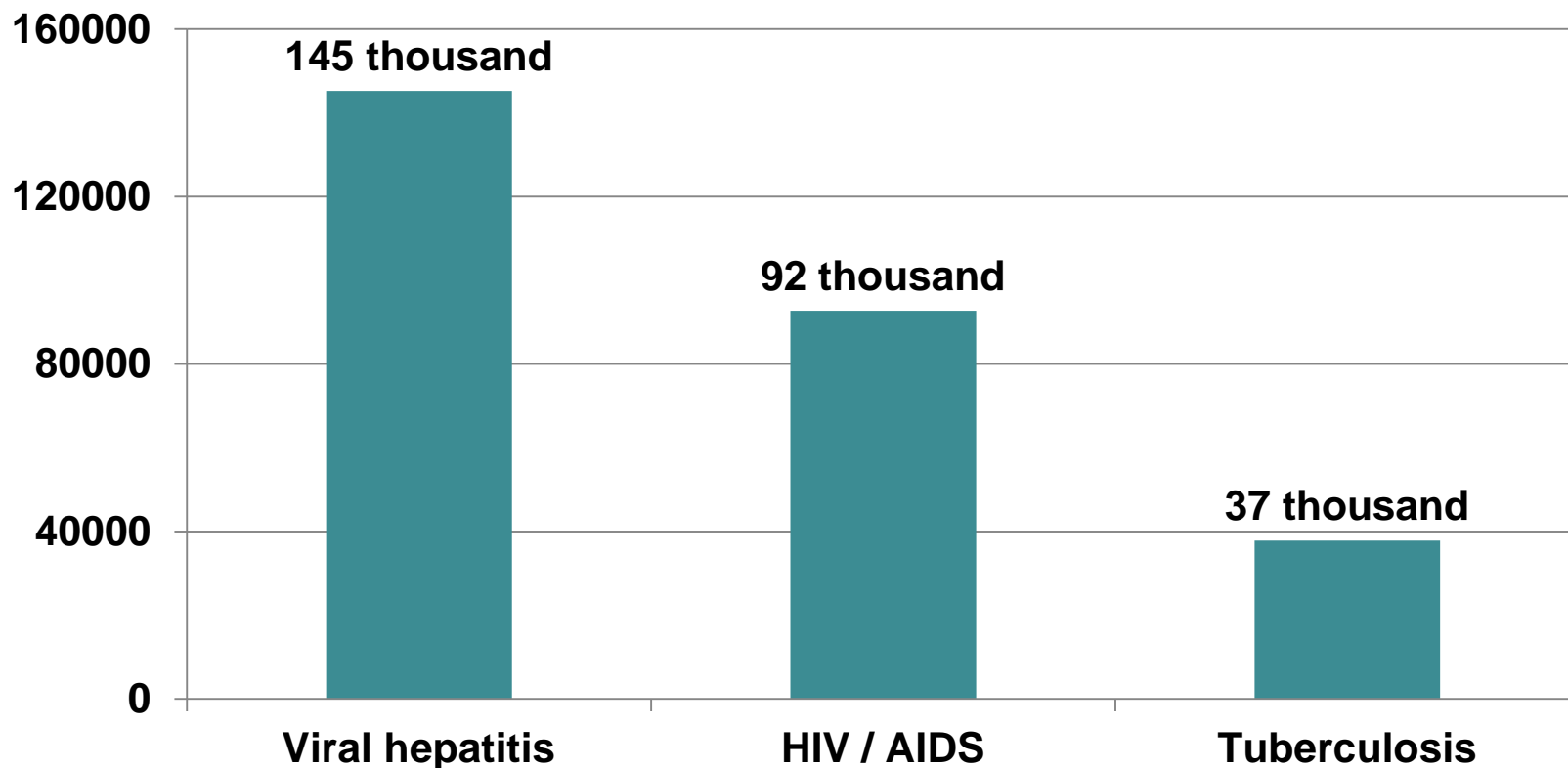
Burden of viral hepatitis in the European Region of WHO

- Estimated number of people living with infection¹:
 - Hepatitis B - 13.3 million
 - Hepatitis C - 14 million
 - Over 60% infected live in eastern European and central Asian countries
- Estimated number of deaths due to viral hepatitis²:
 - 60 000 deaths due to Hep B annually
 - 84 000 death due to Hep C annually

¹ V.D. Hope et al. / Epidemiol. Infect (2013) 1-17

² Global Disease Burden Estimate

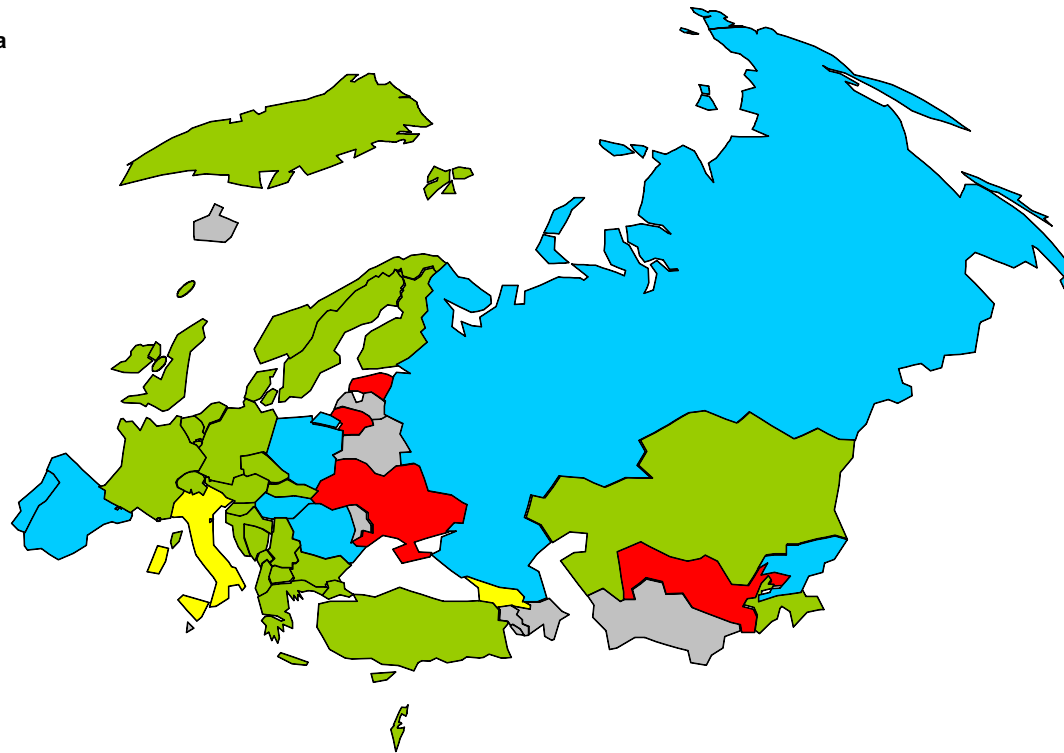
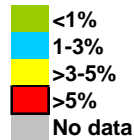
Comparison of deaths by major communicable diseases in the European Region, 2012*



* Viral hepatitis - 2010

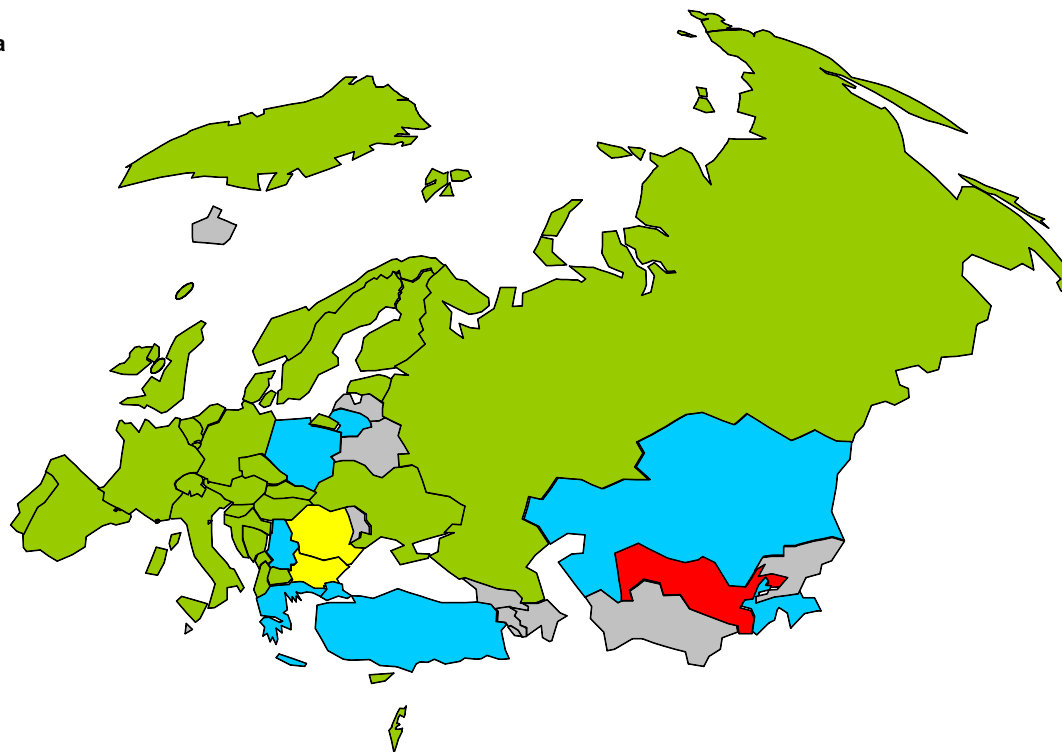
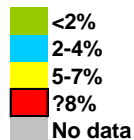
Global Disease Burden Estimate 2010, 2012

Estimated prevalence of chronic HCV, WHO European Region



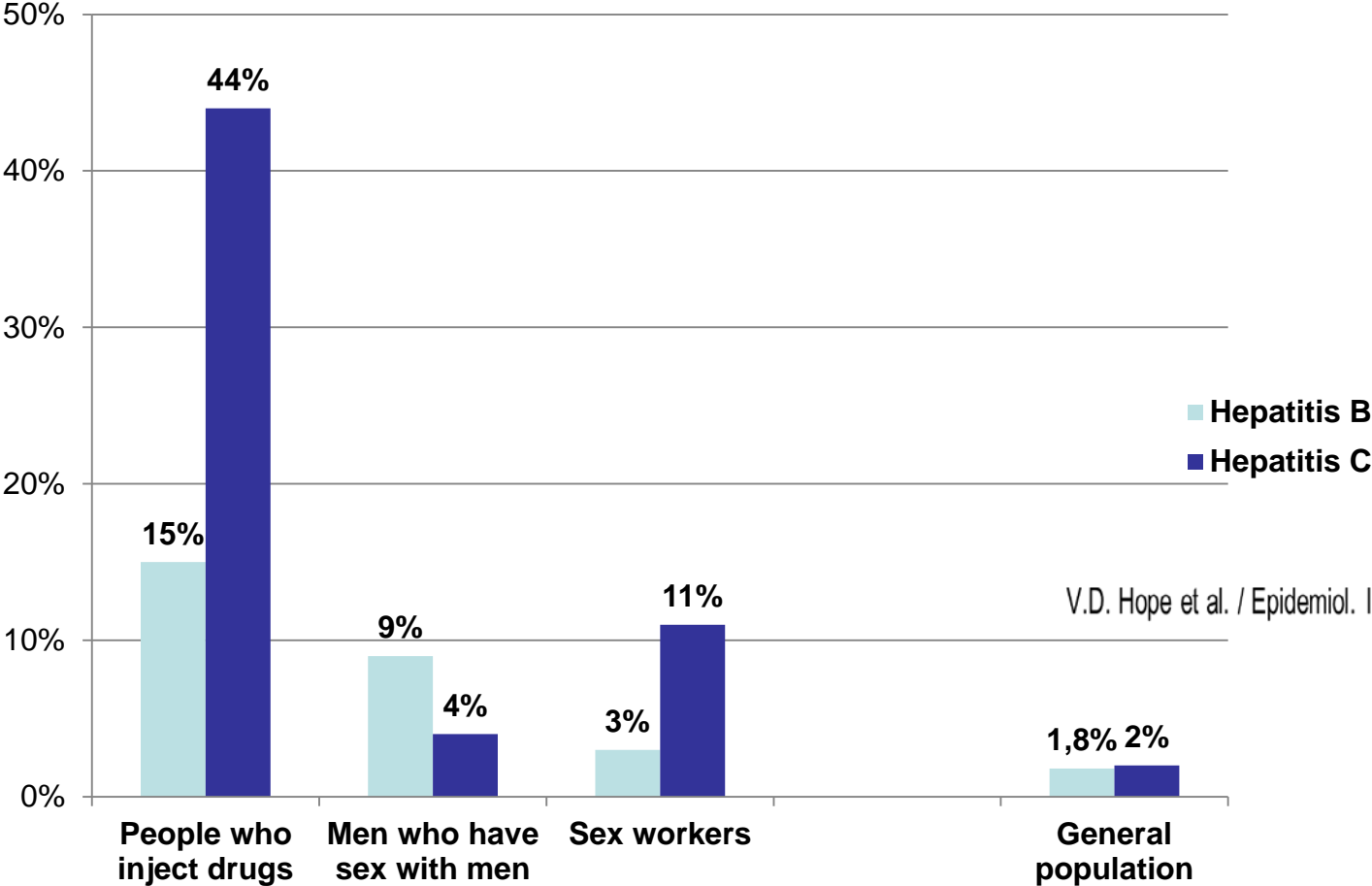
V.D. Hope et al. / Epidemiol. Infect (2013) 1-17

Estimated prevalence of chronic hepatitis B, WHO European Region



V.D. Hope et al. / Epidemiol. Infect (2013) 1-17

Hepatitis B and C among “most affected population groups” WHO European Region, 2008



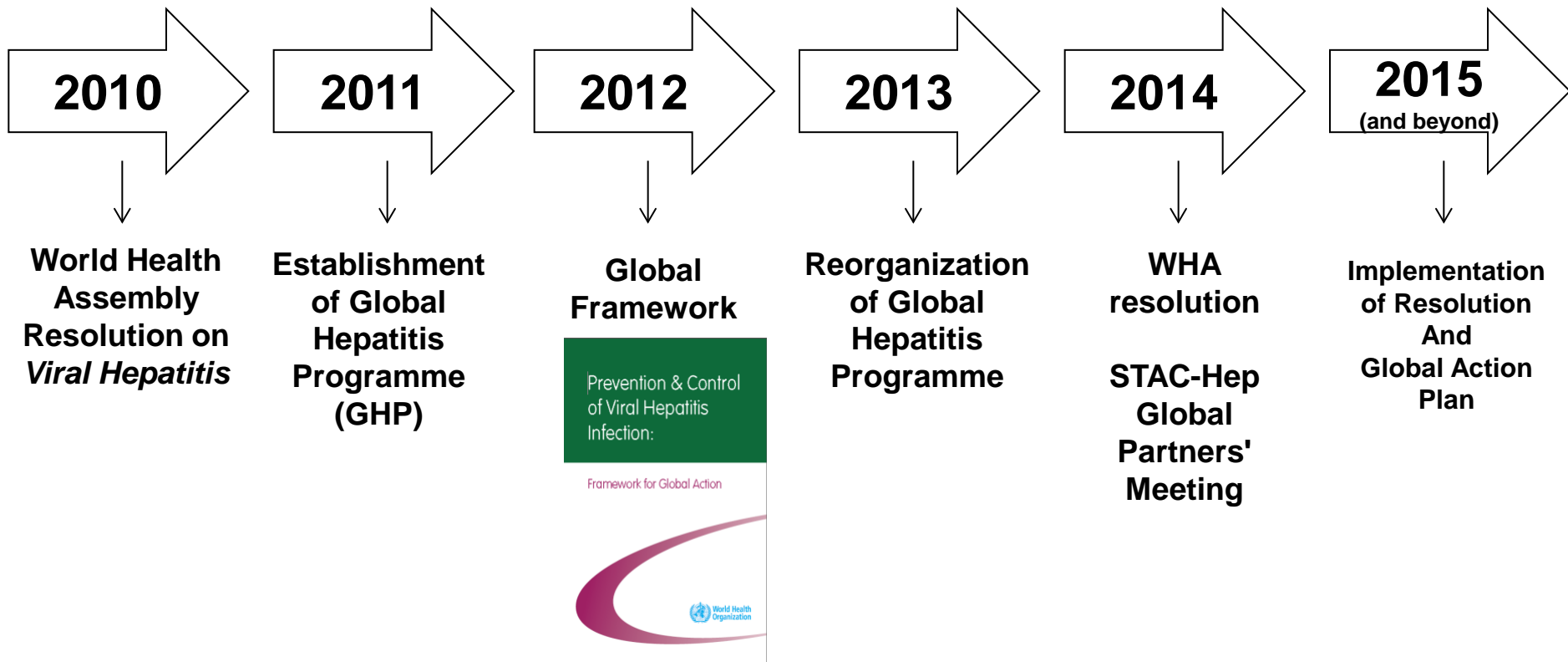
V.D. Hope et al. / Epidemiol. Infect (2013) 1-17

HIV / viral hepatitis co-infection in the European Region of WHO

- ***Proportion of HCV co-infection among HIV positive individuals (2006):***
 - ***Eastern European countries: 28 – 80%***
 - ***Central European countries: 2% - 35%***
 - ***Western European countries: 3% - 40%***
- ***WHO guidelines on coinfection management***
 - ***Protocols on management of hepatitis B and C and HIV coinfection (2007, 2012)***



Viral Hepatitis recognized as a global public health problem



- ✓ Hep B immunization
- ✓ Blood/injection safety
- ✓ Outbreak control
- ✓ Water and sanitation



World Health Assembly Resolution 2104

- Develop comprehensive strategy for viral hepatitis prevention and control
- Designate 28 July as World Hepatitis Day
- Support integrated, cost-effective approach to Viral Hepatitis, considering linkages with HIV co-infection
- Promote access to preventive, diagnostic and treatment technologies against viral hepatitis
- Promote injection safety at all levels of national healthcare system
- Monitor progress and evaluate implementation
- Support scientific research

Global strategy for viral hepatitis prevention and control

- Goal: To develop a strategy that identifies priorities and sets global targets for a coordinated global response
- Will cover 2016-2020; to be presented at WHA in May 2016
- Regional consultation and stakeholder engagement as critical components
 - Discussion with Member States at the Regional Committees in 2014
- World Health Assembly discussion in May 2016
- Discussion at the Regional Committee to define the regional context (possibly in 2015 / 2016)

Regional approach to viral hepatitis: comprehensive and integrated

- HBV/HCV prevention, treatment and care integrated into existing programmes:
 - HIV/AIDS prevention and control
 - Hepatitis B immunization
 - Safe injections
 - Blood safety
 - Cancer prevention and control

Global Hepatitis Framework: Four Axes



Axis 1: Partnerships, resource mobilization and communication

Strategic axis 1. Building partnerships, raising awareness and mobilizing resources



Axis 2: Data for policy and action

Strategic axis 2. Data for policy and action

Axis 3: Prevention of virus transmission



Strategic axis 3. Prevention of transmission



Axis 4: Screening, care and treatment

Axis 1: Partnerships, resource mobilization and communication; regional initiatives

World Hepatitis Day in WHO/Europe



World Health Organization
REGIONAL OFFICE FOR **Europe**

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World Hepatitis Day

28 July

Every year on 28 July, WHO and partners mark World Hepatitis Day to increase awareness and understanding of viral hepatitis and the diseases that it causes. This date honours of the birthday of Nobel Laureate Professor Baruch Samuel Blumberg, discoverer of the hepatitis B virus.

There are five main strains of viral hepatitis - types A, B, C, D and E. All hepatitis viruses can cause acute and chronic infection and inflammation of the liver that can lead to cirrhosis and liver cancer.

Hepatitis B and C together constitute a major burden of disease in the WHO European Region, with 13.3 million people estimated to live with chronic hepatitis B and 15 million people with hepatitis C. Most of these people are

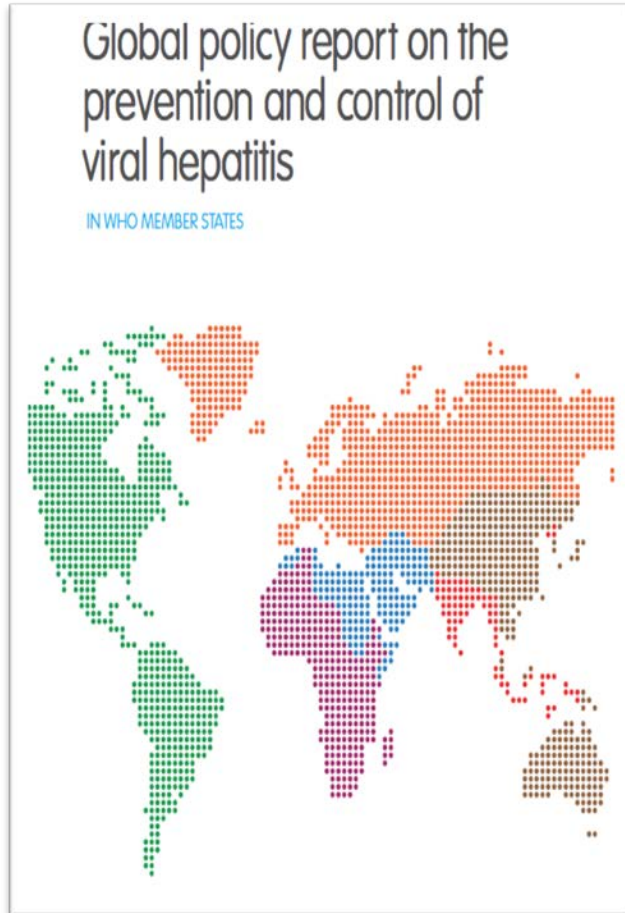


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Regional strategic partnership

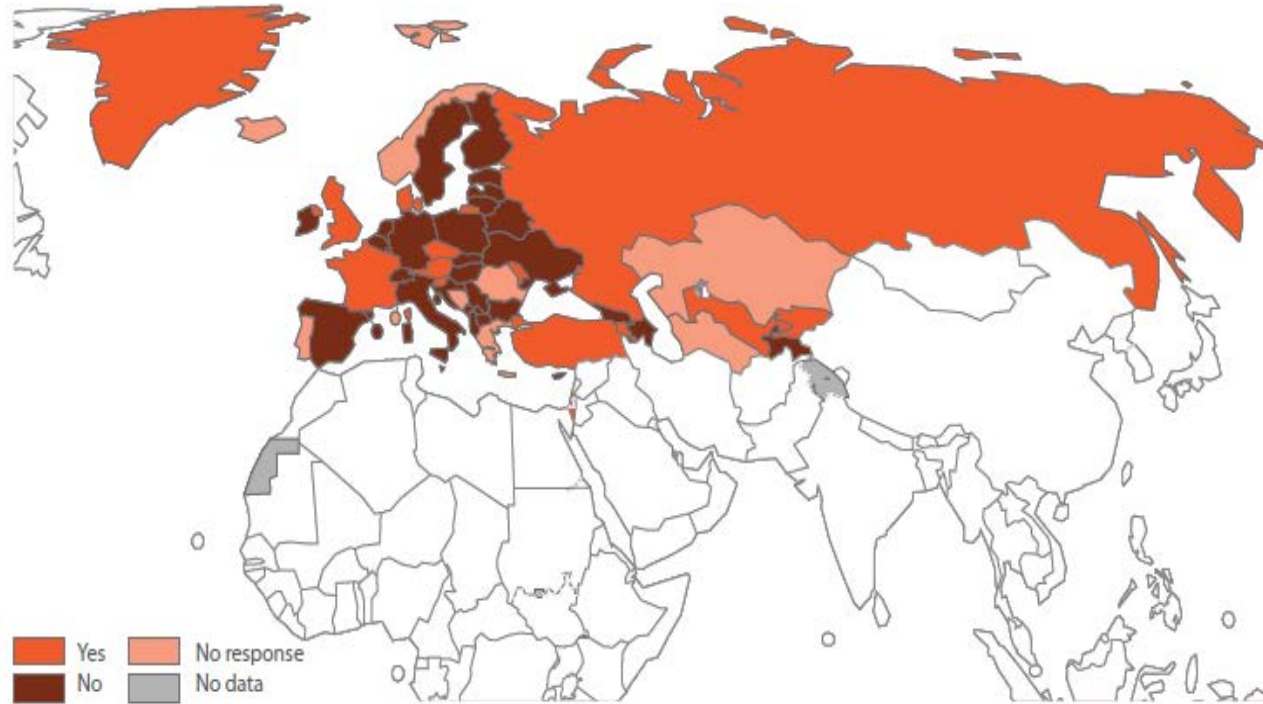
- Facilitate broad network of hepatitis partners at regional and national levels:
 - Technical agencies and institutions
 - VHPB - leading partner in the area of prevention and control of viral hepatitis
 - Civil Society Organizations and Associations
 - WHO Collaborating Centers
 - University of Antwerp
 - University of Copenhagen

Axis 2: Data for policy and action; regional implications



- Input to the Global Policy Report 2013
- Regional estimate of hepatitis B and C burden, 2013
- Routine Viral hepatitis surveillance:
 - Acute hepatitis surveillance is weak in many countries
 - Chronic hepatitis surveillance does not exist in the majority of low and middle-income countries

Member States reporting national strategy or plan on prevention and control of viral hepatitis



Global policy report on the prevention and control of viral hepatitis 2013

Axis 3: Prevention of virus transmission

Hepatitis B immunization

- European Vaccine Action Plan 2015-2020 endorsed by Regional Committee in September 2014:
 - *“a European Region free of vaccine preventable diseases, where all countries provide equitable access to high quality, safe, affordable vaccines and immunization services through the life course”*
- Successful prevention of HBV transmission through immunization programmes, however challenges remain
- Regional Hepatitis B Control Goal 2015-2020 (being developed)

WHO position paper on hepatitis A vaccines, 2012

- WHO recommends that vaccination against HAV be integrated into the national immunization schedule for children aged ≥ 1 year if indicated on the basis of:
 - incidence of acute hepatitis A
 - change in the endemicity from high to intermediate
 - consideration of cost-effectiveness
- Vaccination against hepatitis A should be part of a comprehensive plan for the prevention and control of viral hepatitis

Prevention of virus transmission

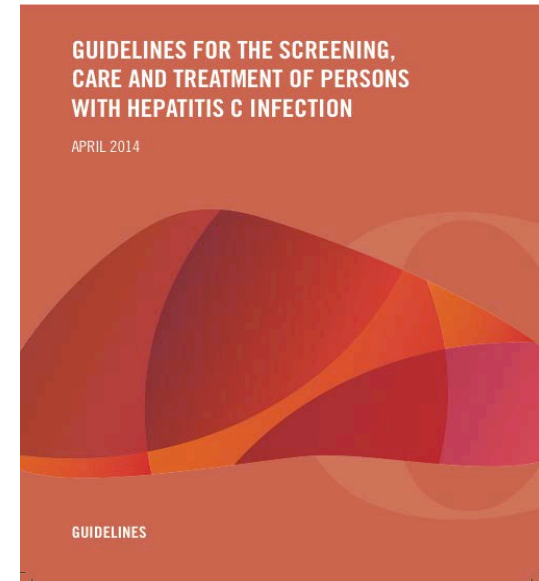
Blood safety and injection safety

- Policy guidance and technical assistance for;
 - universal access to safe blood and blood products
 - self-sufficiency in safe blood and blood products based on voluntary unpaid blood donation
- European Action Plan for HIV/AIDS, 2012-2015: to reduce HIV and viral hepatitis co-infection
- Promotion of harm-reduction guidance and services



Axis 4: Screening, care and treatment

- Major advances in treatment options
- Address pricing issues:
 - WHO Expert Committee will review HCV related medicines in April 2015
 - Analysis of patents situation (published in September 2014)
 - Evaluation of pharmaceutical products to treat HIV / HCV coinfection



Conclusions

- Successful prevention of HBV transmission through implementation of immunization programmes, however challenges remain to be addressed
- Using critical momentum to reinforce and scale up actions for prevention and control of viral hepatitis
 - World Health Assembly discussion on global viral hepatitis strategy (May 2015/2016)
 - Discussion at the Regional Committee to define the regional context (possibly in 2015 / 2016)
- Political commitment and resources for hepatitis prevention and control
- Increasing engagement through awareness and partnerships
- Supporting countries in development and implementation of coordinated multisectoral national strategies for prevention, diagnosis and treatment

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Thank you...