

Workshop Middle Europe

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What still needs to be done in the prevention and control of hepatitis

- Maintain attention for primary prevention while discussing screening/treatment/cure
- Attention for defined risk groups
- Solve the price issue for access to treatment (even for rich countries)
- Comprehensive strategy for HCV screening
- Surveillance data quality
- Sustainability of programmes



What still needs to be done in the prevention and control of hepatitis

- Maintain attention for primary prevention while discussing screening/treatment/cure
 - Treating patients does not offer immunity to population (HBV)
 - Harm reduction
 - Prevent transmission to susceptibles from infected persons
! Not only viral hepatitis related
 - Health promotion approach
 - Importance of primary prevention → lifestyle changes
 - Better distribution of risk in the population → will have any beneficial effects for many “vertical” programmes
 - Better control comorbidity issue



What still needs to be done in the prevention and control of hepatitis

- Attention for defined risk groups
 - Prisoners
 - IV drug users (PWID)
 - Migrants (eg Roma population)

Need for a comprehensive strategy to offer health care services (access), including prevention/screening



What still needs to be done in the prevention and control of hepatitis

- Solve the price issue for access to treatment (even for rich countries)
 - Need for prioritization
 - What about HIV coinfection? Treatment effectiveness not affected
 - Awareness for (in)equity → access to treatment
 - Those in clinical trials are the “happy few”
 - Drugs are (theoretically) available, but not reimbursed
 - Patients to “show their dedication/good will” to start treatment?



What still needs to be done in the prevention and control of hepatitis

- Comprehensive strategy for HCV screening
 - What can you offer to the newly discovered patients?
 - Treatment? To whom (not)???
 - Counselling / information → inform them beforehand that this may be all they will get
 - HBV vaccine?



What still needs to be done in the prevention and control of hepatitis

- Surveillance data quality
 - Case definitions
 - Surveillance for chronic hepatitis
- Sustainability of programmes
 - Continuous availability of vaccines/drugs/syringes/...



What do you expect from the international organisations (1)

- Coordination of data collection (serosurveys)
 - ESEN III (VPD + hepC) → coordinate the timing/funding
- Set standards / define minimal requirements / develop tools to assist countries
 - Indicators → monitoring
- Focus on the implementation/functioning rather than on the planning/writing



What do you expect from the international organisations (2)

- Flexibility to deal with the complexity of the “contextual differences” between/within countries
- Organise communication and collaboration
 - “interdisciplinary” and “inter-agency”
 - concerted action/no duplication
 - Bring together stakeholders (assist doing so within countries)
 - E.g. role of ELPA → availability “on call”
 - bring infectious diseases under the attention of other agencies dealing with e.g. drug users, harm reduction, ...
 - Collect and share “good practices”

