

Workshop Nord

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

- Hepatitis A:
 - Broader collaboration in Europe, to identify the circulation of different strains.
 - Better implementation of the recommendation of prevention in risk groups.
 - Most cases occur in Risk groups, Immigrants, IDU, co-infection, ...
 - Improve the implementation of guidelines
 - Disseminate the recommendation
 - Follow up implementation



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

- Hepatitis E:
 - There is a need for more information
 - e.g. more studies, better diagnostic test, what with blood transfusion positives
 - There is not enough knowledge to do communication



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

- General hepatitis prevention
- HEPATITIS B
 - What primary health care need to know?
 - Disseminate of recommendation is needed
 - hepatitis is complicated,
 - Should patient be refer to secondary care/ Does GP's know enough:
(in some countries GP knows what to do in
 - Sweden, Latvia, Estonia, Finland (there is a practical website)
 - Norway theydon't know,
 - The Netherlands start working on a national plan on prevention and control including inform GP
 - There should be a comprehensive plan for primary care : When to screen, and how to screen, what to do when positives
 - Plan must be practical, implementable, concise



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

- General hepatitis prevention

- Migrants should be looked at - How to reach Immigrants and what to do: this should be worked out
 - Especially economic migrant and illegal
- Patient should also be informed about the disease and
- There should be a separate budget for public health (prevention) and budget for treatment (care)
 - To avoid changes when government change
- Patient groups are extremely important and should be on the team to create action plan



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

- Hepatitis C:
 - New cases are most in Migrants case and drug users therefore there is a need for
 - low threshold services for IDU
 - needle exchange – substitutes
 - there are no more Blood transfusion issues for new infections – old infection need to be find
 - Screening (case finding) is needed, hep C is still hidden in the population
 - Public need to be informed but try not to stigmatize and use different languages
 - National guidelines are a must above regional guidelines
 - If you start “case finding” (>< screening) you need to be sure that there is treatment
 - How we will afford it
 - Use treatment as prevention (something to consider and discussed in the national plan)
 - How important is re-infection in the modelling?



What do you expect from the international organisation

- Infectious diseases doesn't respect borders
 - At the moment all recommendation and decisions are taken on National level (member state Level)
 - Policies on European level are needed
- Facilitate the creation of National actions plans- planning process
- Bringing people together
- There are a lot of plans, but the implementation is not followed up.
- What is coming from a above will not work it has to come from the country (because they pay)
 - So create a road map
 - Need a lot of pressure
 - It will help if WHO says it is important



What do you expect from the international organisation

- ECDC is maybe more important than WHO in our region
 - More supportive
- SUPPORT is the most important the international organisation have to deliver
- European Union should put pressure on local politicians to create national plan (especially for smaller countries)
- Databases - e.g. vaccination data, surveillance make them complementary so that they can be merged – including the methodology.

