<table>
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<tr>
<th>Name</th>
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<tr>
<td>Blystad</td>
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<td>Norway</td>
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<td>Norder</td>
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<td>Nikiforova</td>
<td>Raina</td>
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<td>Houweling</td>
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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 they don’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.