



Viral Hepatitis Prevention Board Meeting

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HIGHLIGHT UNDERSERVED GROUPS FOR SCREENING, PREVENTION
AND TREATMENT OF VIRAL HEPATITIS B AND C IN EUROPE



Hepatitis B: are at-risk individuals vaccinated if screened and found negative for HBV? Results of an online survey conducted in six EU countries

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HEPscreen
SCREENING FOR HEPATITIS B AND C
AMONG MIGRANTS IN THE EUROPEAN UNION



Background

- Vaccination against hepatitis B was introduced in 1982
- 181 countries implemented routine hepatitis B vaccination compared with 31 countries in 1992
- Currently, 95% of new infections are estimated to occur among unvaccinated adults
- Universal vaccination approach determined a decline in the number of acute cases and a reduction in the carrier rate
- Six European countries - DK, FIN, I, N, S and the UK- adopt a targeted risk-group based vaccination approach



Aims and objectives

- To understand current hepatitis B vaccination practices in migrants from endemic areas and in specific at-risk groups in DE, HU, IT, NL, ES and the UK while assessing the implementation of existing national or international recommendations
 - People who inject drugs (PWID)
 - Sex workers
 - HIV positive patients
 - HCV positive patients
 - Household and/or sexual contacts of hepatitis B positive patients
 - Health care workers (HCWs)
 - Asylum seekers
 - Pregnant women

Materials and methods (I)

Six semi-qualitative online surveys developed:

1. General screening (**GS** survey)
 2. GP/Primary care pathway (**GP** survey)
 3. Antenatal screening pathway (**ANC** survey)
 4. Care for asylum seekers pathway (**ASC** survey)
 5. Sexual health services/GUM pathway (**SHS** survey)
 6. Specialist care pathway (**SP** survey)
- Some were contacted directly by the research team
 - Membership lists of the EASL, ELPA and WHA
 - ECDC surveillance focal points
 - Members of European/national public health associations
 - A snowballing recruitment method was applied
 - Rather than to reach a large representative sample of practising clinicians, the aim in each professional group was to reach 5-10 experts able to reflect on the practice within their specialism in general

Materials and methods (II)

- Professionals in all surveys were asked:
 - **If screened for hepatitis B, are individuals with negative screening results vaccinated?**
 - **If found to be positive for hepatitis B, are their negative household and/or sexual contacts vaccinated?**
- Possible answer options: Yes / Sometimes / No / Unsure
- Lime Survey (July - September 2012)
- The analysis of the responses restricted to the answers of those who had previously reported in the survey that screening of the subgroups considered for hepatitis B is very commonly/sometimes practiced

Population subgroups considered in each survey

Population subgroups	Expert survey					
	GS	ANC	ASC	GPs	SHS	SP
People who inject drugs	X			X	X	
Sex workers	X			X	X	
HIV + patients	X			X	X	
HCV + patients	X			X	X	X
Asylum seekers	X		X			
Migrants	X			X	X	
Contacts of hep B + patients	X	X	X	X	X	X
Health care workers	X					
Pregnant women	X	X				

Materials and methods (III)

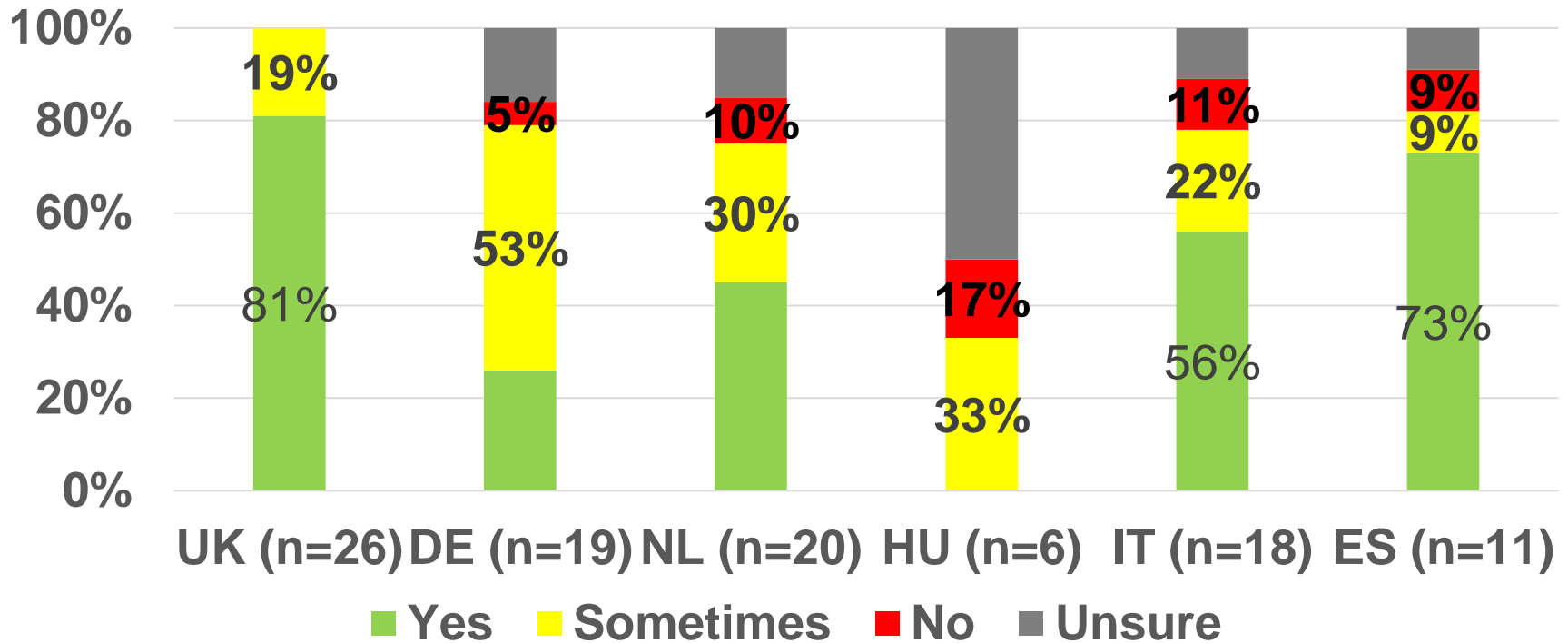
- If at-risk individuals are vaccinated, is personal copayment/contribution required for the vaccination?
 - ❑ GP and SHS surveys: PWID, sex workers, HCV and HIV positive patients, migrants
 - ❑ GS and ASC surveys: Asylum seekers
 - ❑ ANC survey: Pregnant women

Results: invites sent and response by country

	GS	GP	ANC	ASC	SHS	SP	Total (per country)
UK	28%	12%	22%	11%	23%	24%	19%
	9/32	10/81	8/37	4/35	10/43	10/41	51/269
DE	23%	3%	21%	14%	36%	11%	15%
	14/60	4/129	36/175	3/22	5/14	9/80	71/480
NL	64%	45%	100%	57%	57%	48%	54%
	7/11	9/20	6/6	4/7	8/14	22/46	56/104
HU	22%	17%	29%	38%	33%*	27%	28%
	2/9	1/6	4/14	3/8	3/9	10/37	23/83
IT	50%	31%	40%	18%	8%	60%	36%
	8/16	14/45	25/63	3/17	1/12	9/15	60/168
ES	30%	13%	200%*	14%	25%*	50%	32%
	8/27	2/15	8/4	1/7	2/8	4/8	25/77
Total (per survey)	31%	14%	29%	19%	29%	27%	24%
	48/155	40/296	87/299	18/96	29/100	64/235	286/1181

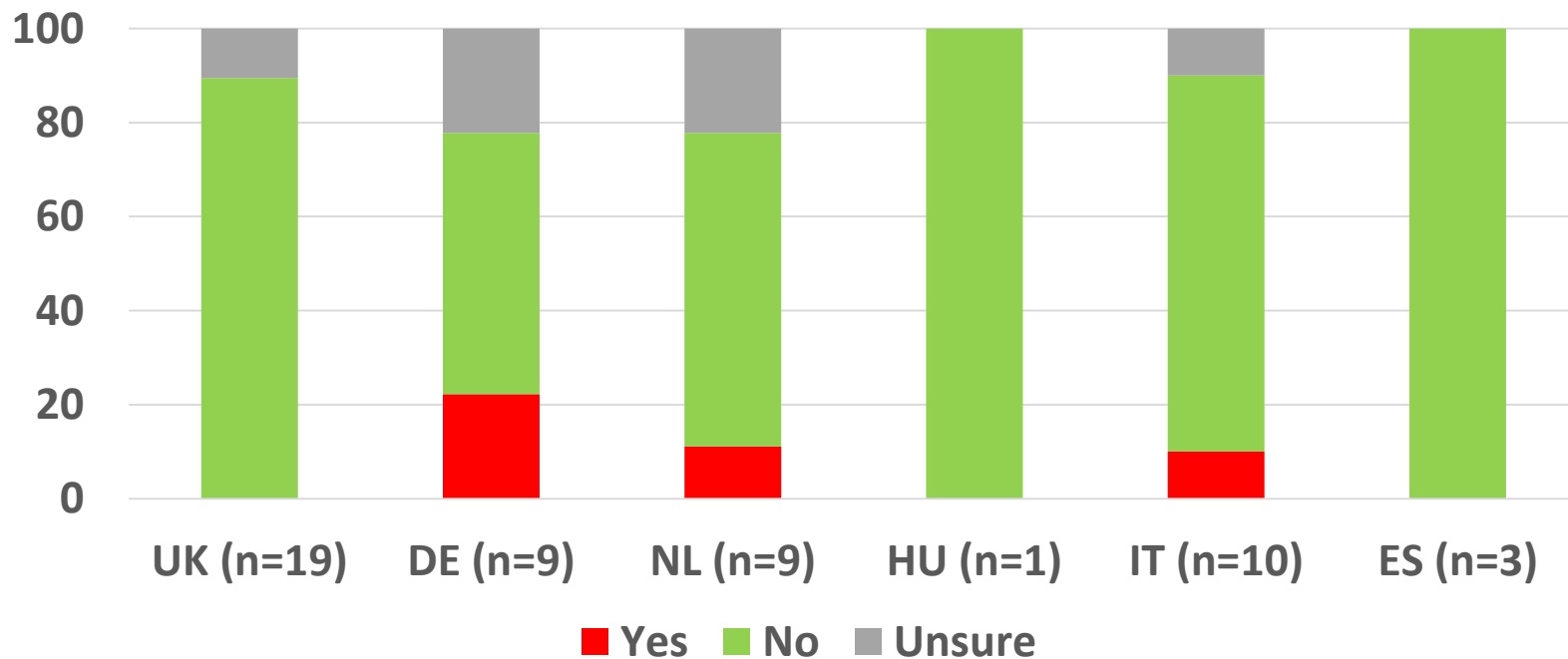
Results: People who inject drugs

In all countries hepatitis B vaccination is recommended and provided for PWID



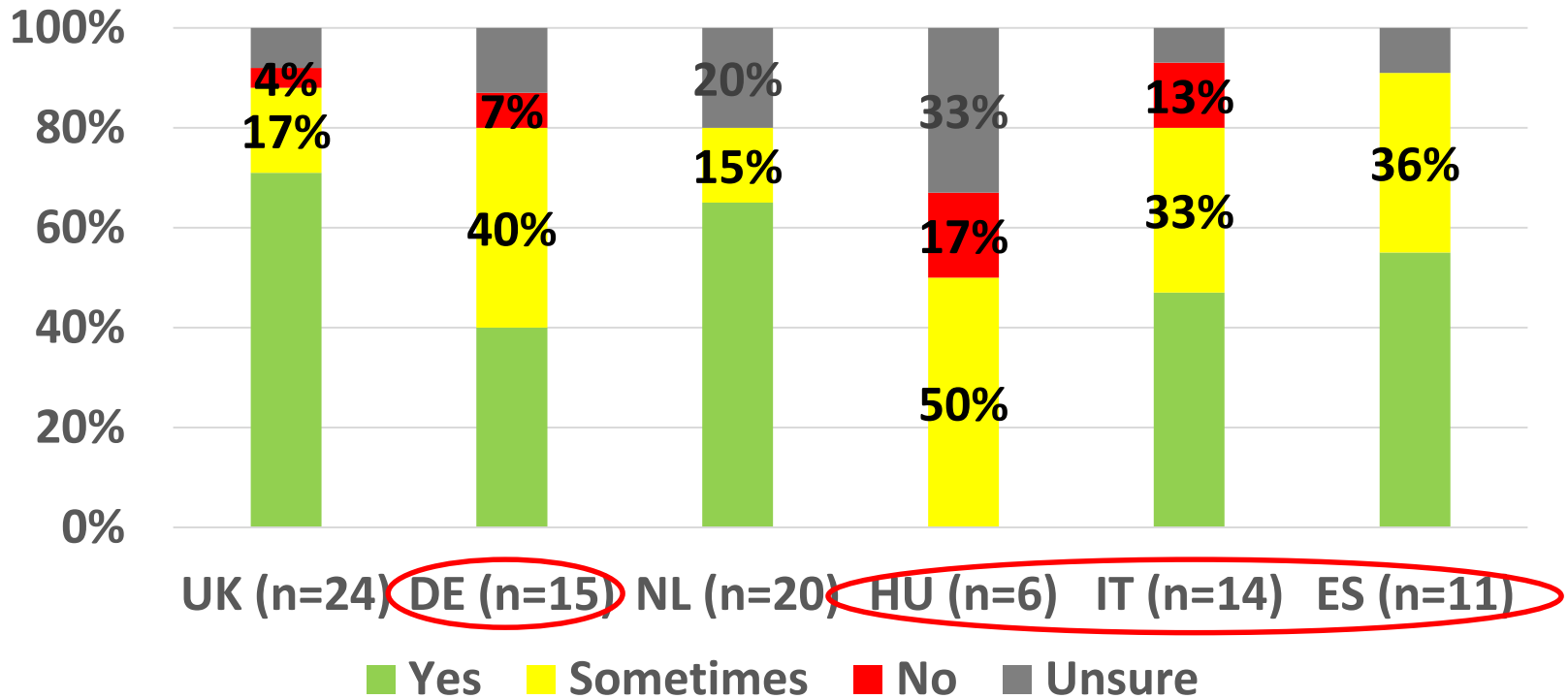
In DE, NL, HU and IT, notable proportions of respondents reported that vaccination is offered intermittently or not offered at all

Copayment for people who inject drugs

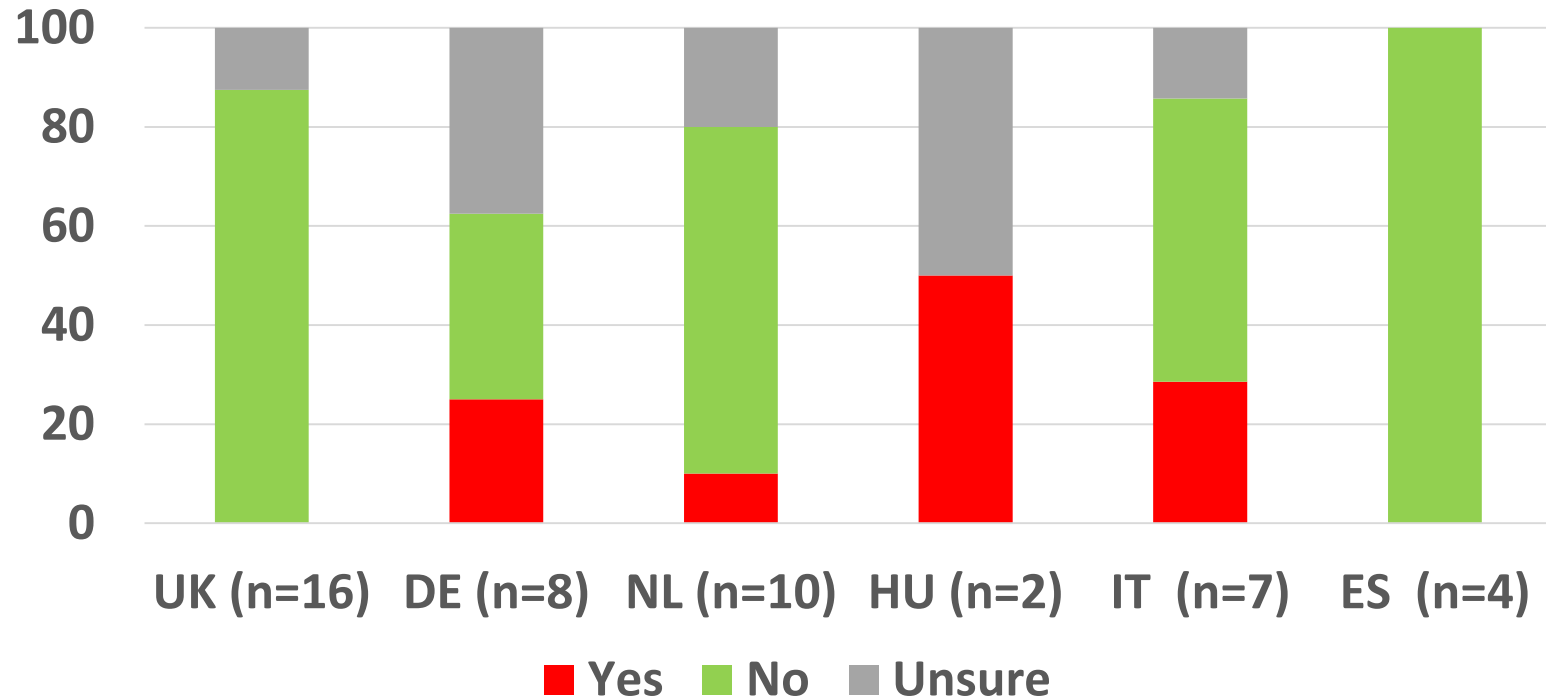


Results: Sex workers

In all six countries hepatitis B vaccination is recommended and provided for sex workers

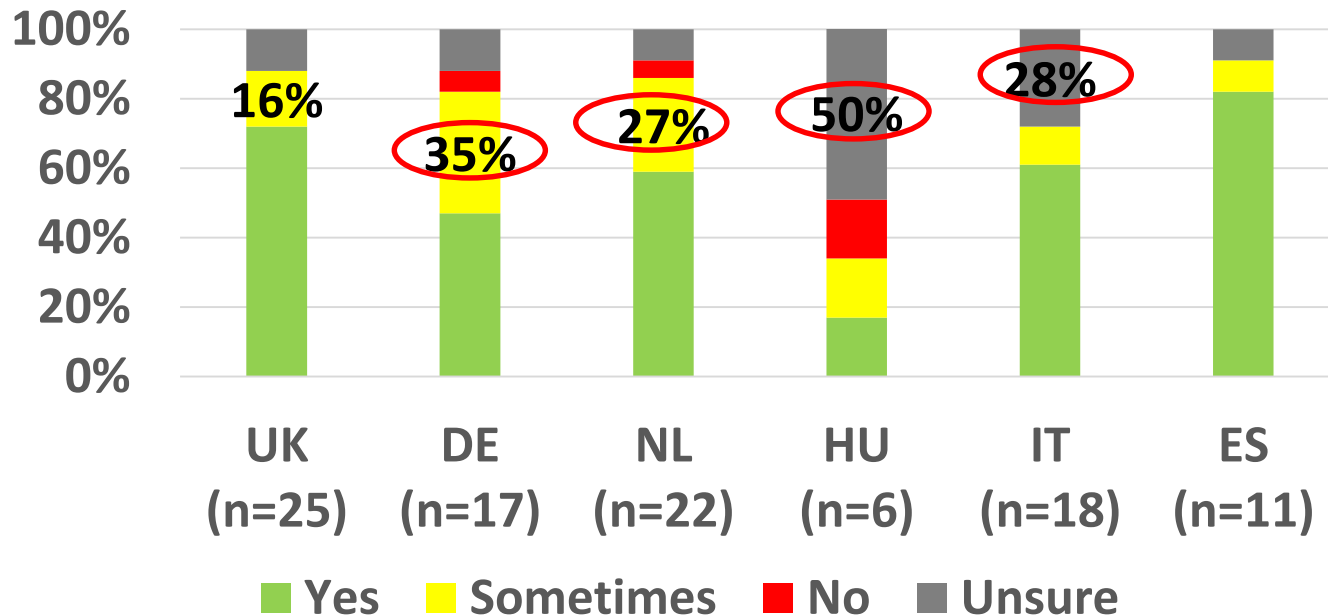


Copayment for sex workers

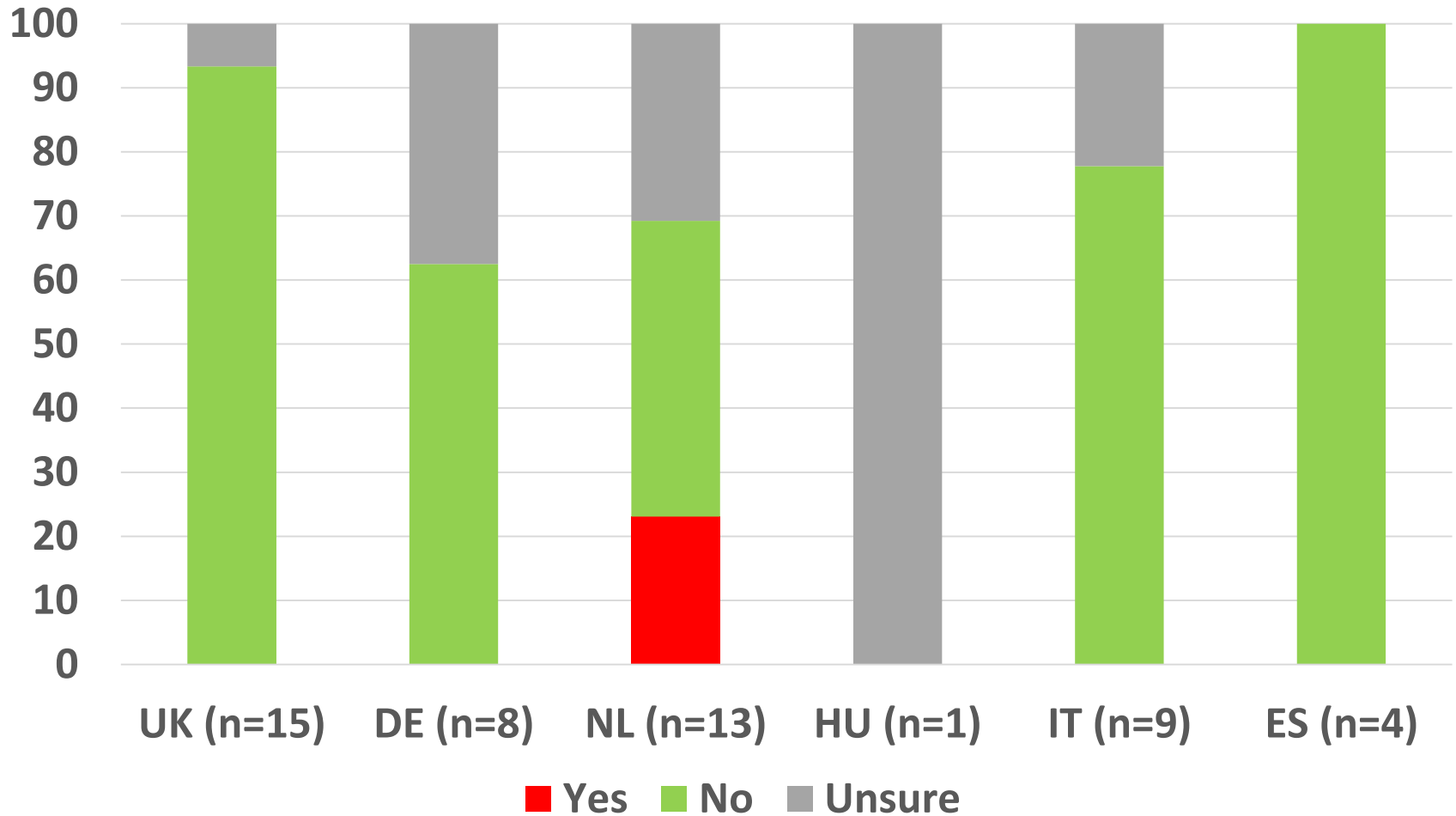


Results: HIV positive patients

According to the updated 2013 European AIDS Clinical Society guidelines, HIV-positive individuals lacking anti-HBs antibodies should be offered vaccination to prevent HBV infection

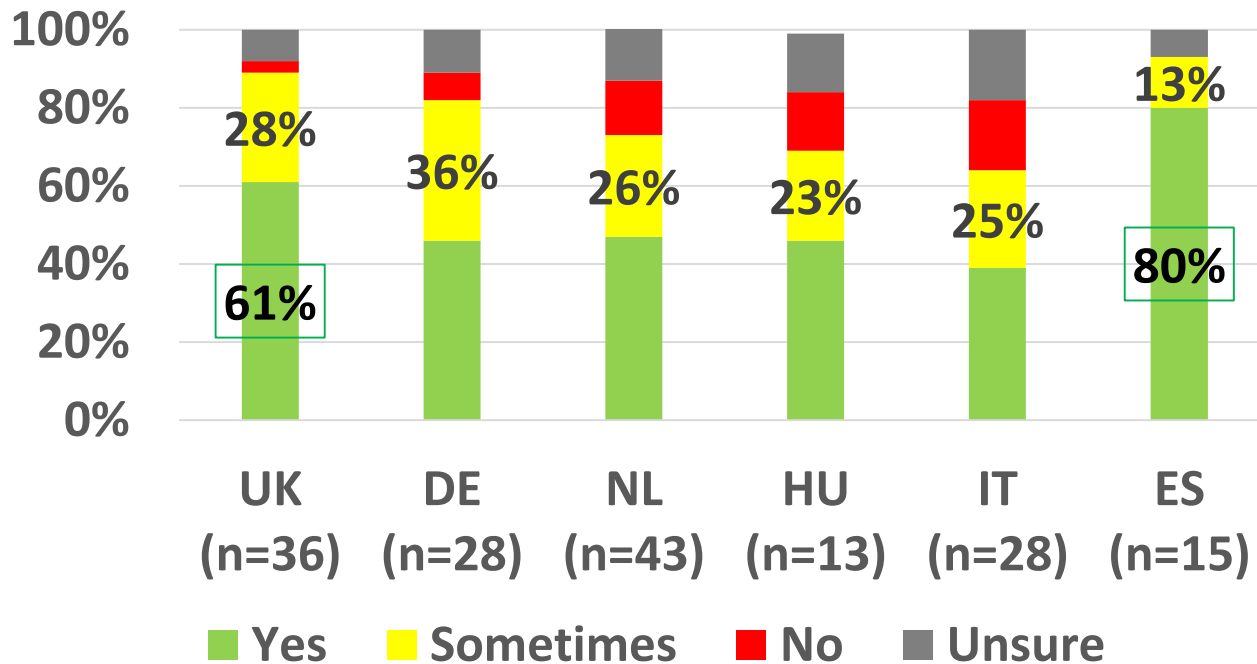


Copayment for HIV positive patients

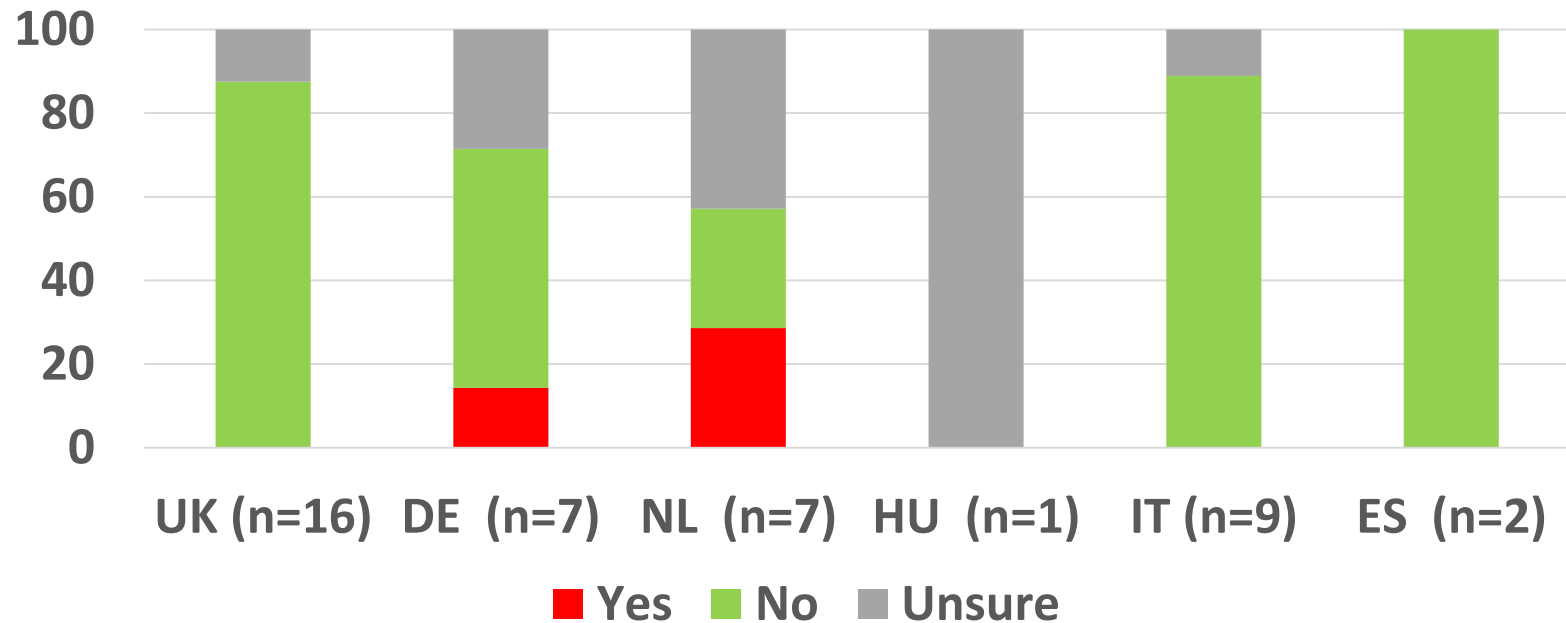


Results: HCV positive patients

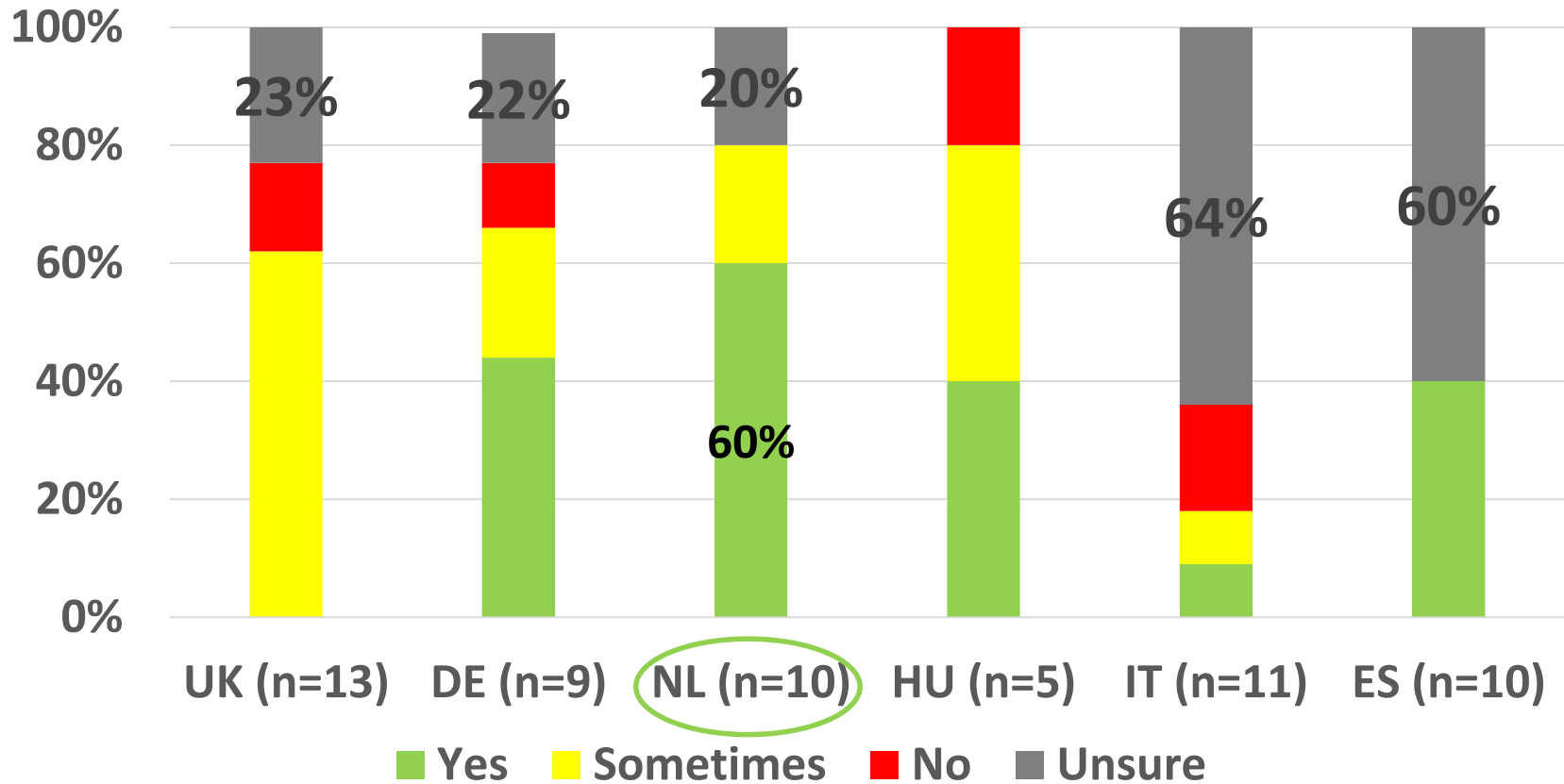
Patients with chronic liver diseases should undergo hepatitis A and B vaccination early in the natural history of the disease



Copayment for HCV positive patients

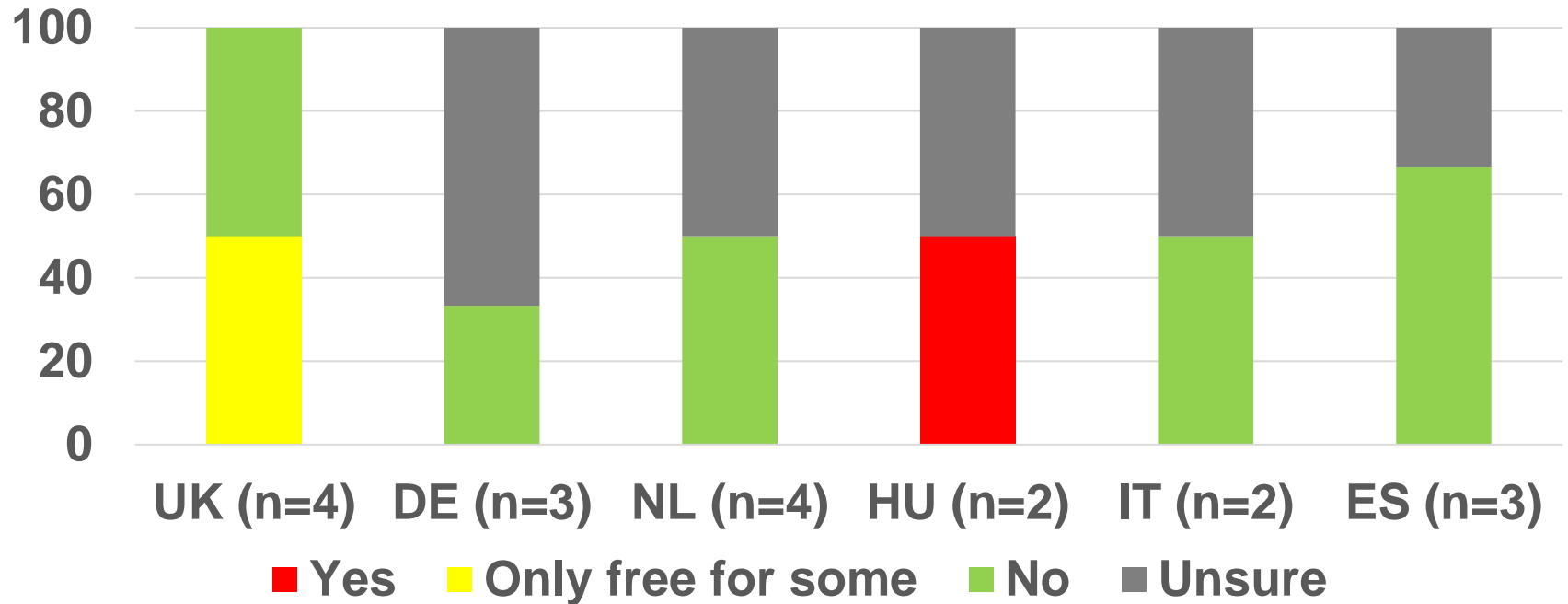


Results: Asylum seekers

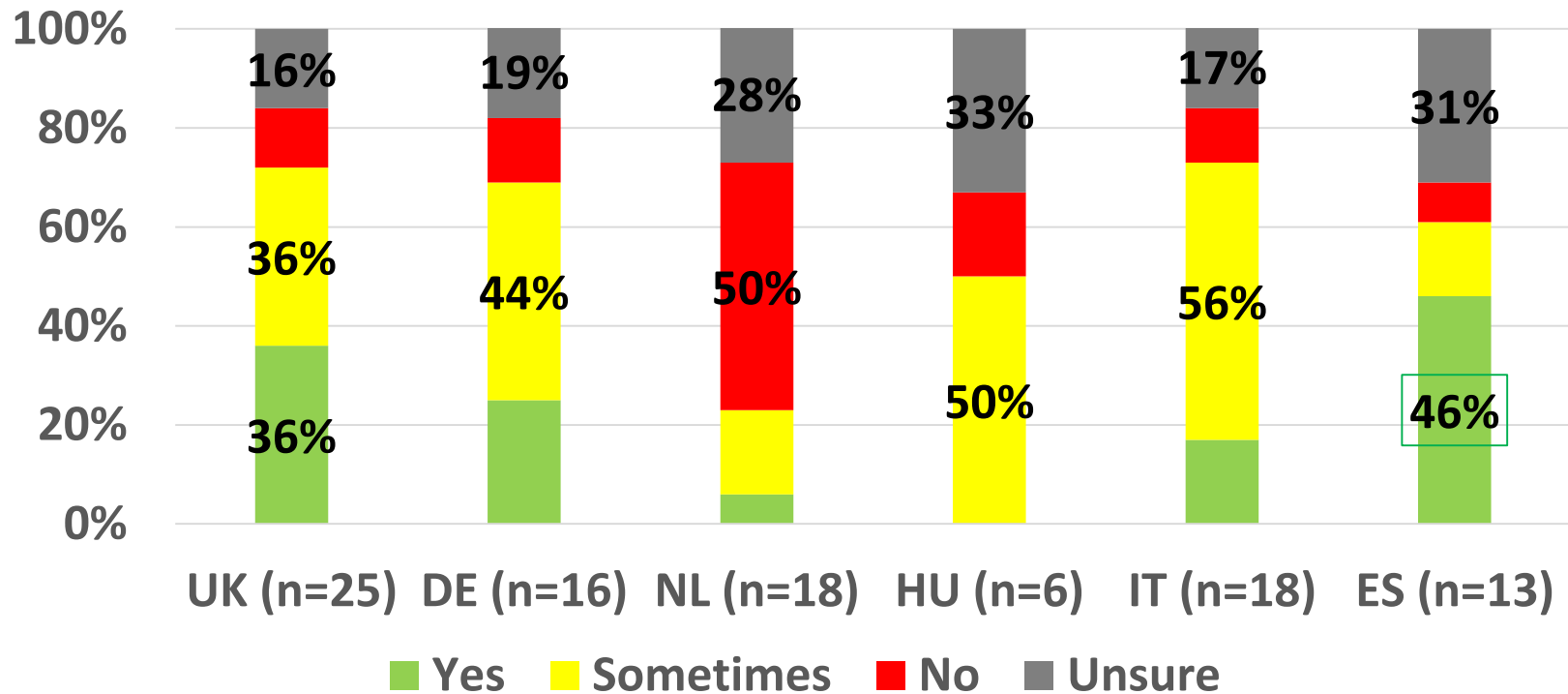


Widespread uncertainty was reported

Copayment for asylum seekers

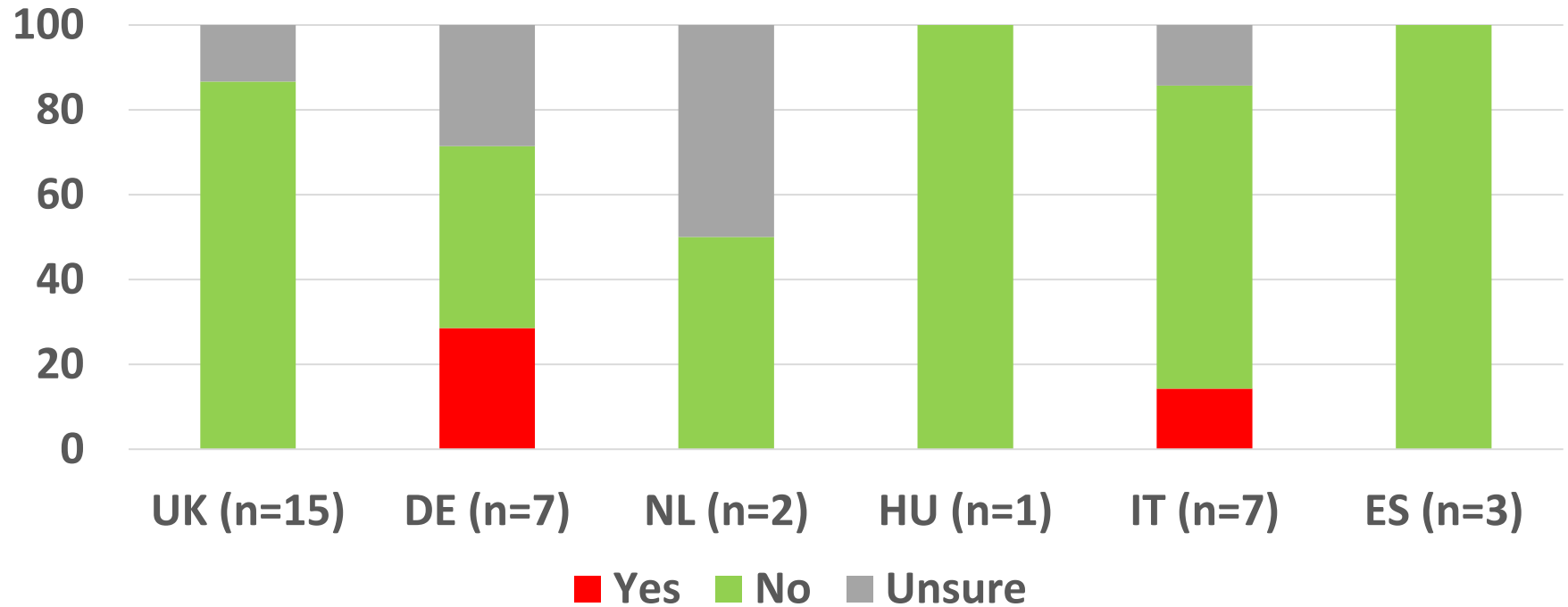


Results: Migrants



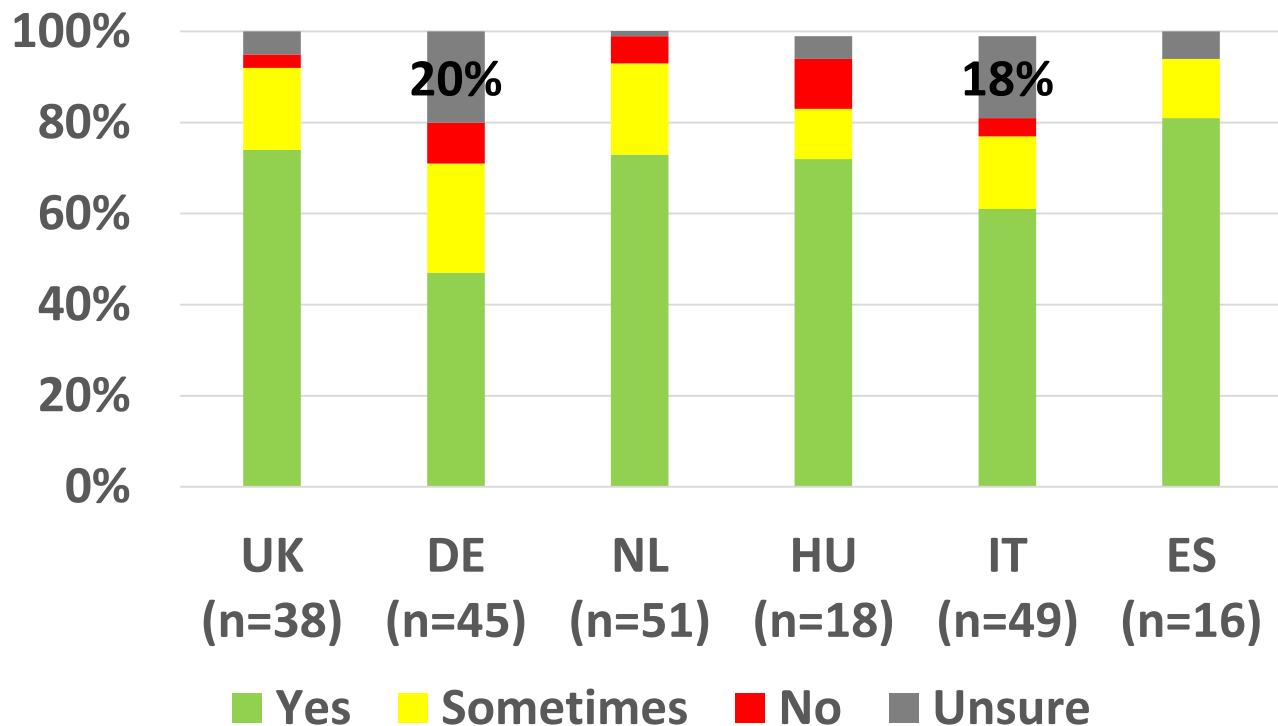
A lack of awareness identified among high proportions of experts in all countries

Copayment for migrants

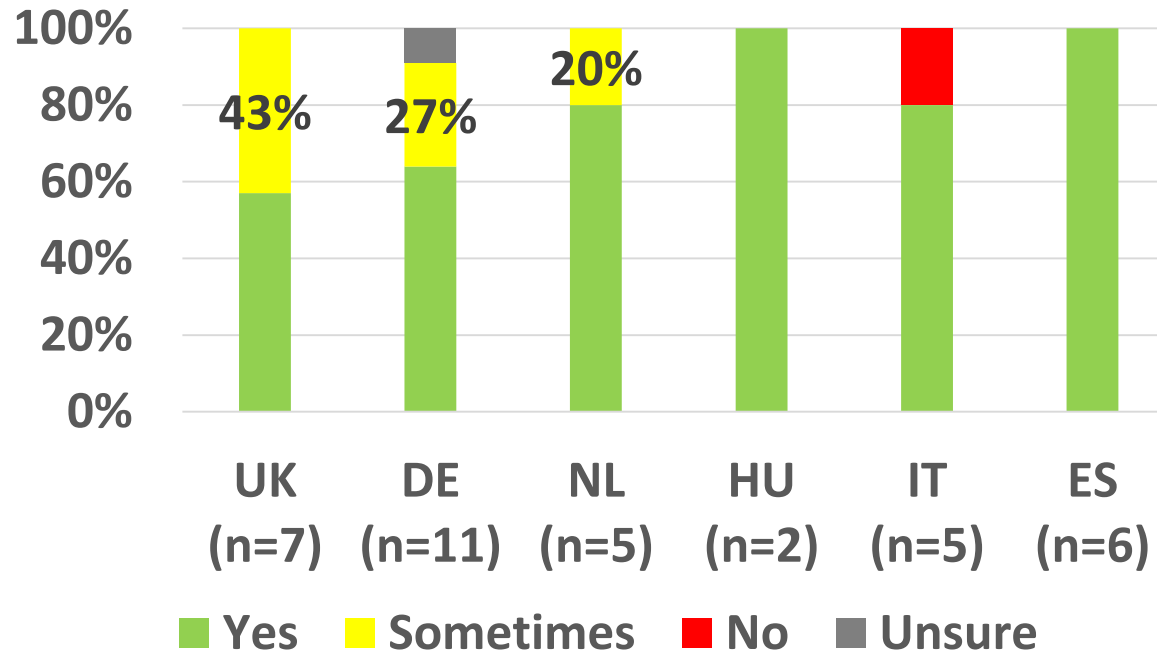


Results: Contacts of chronic hepatitis B patients

All countries recommend vaccination for contacts



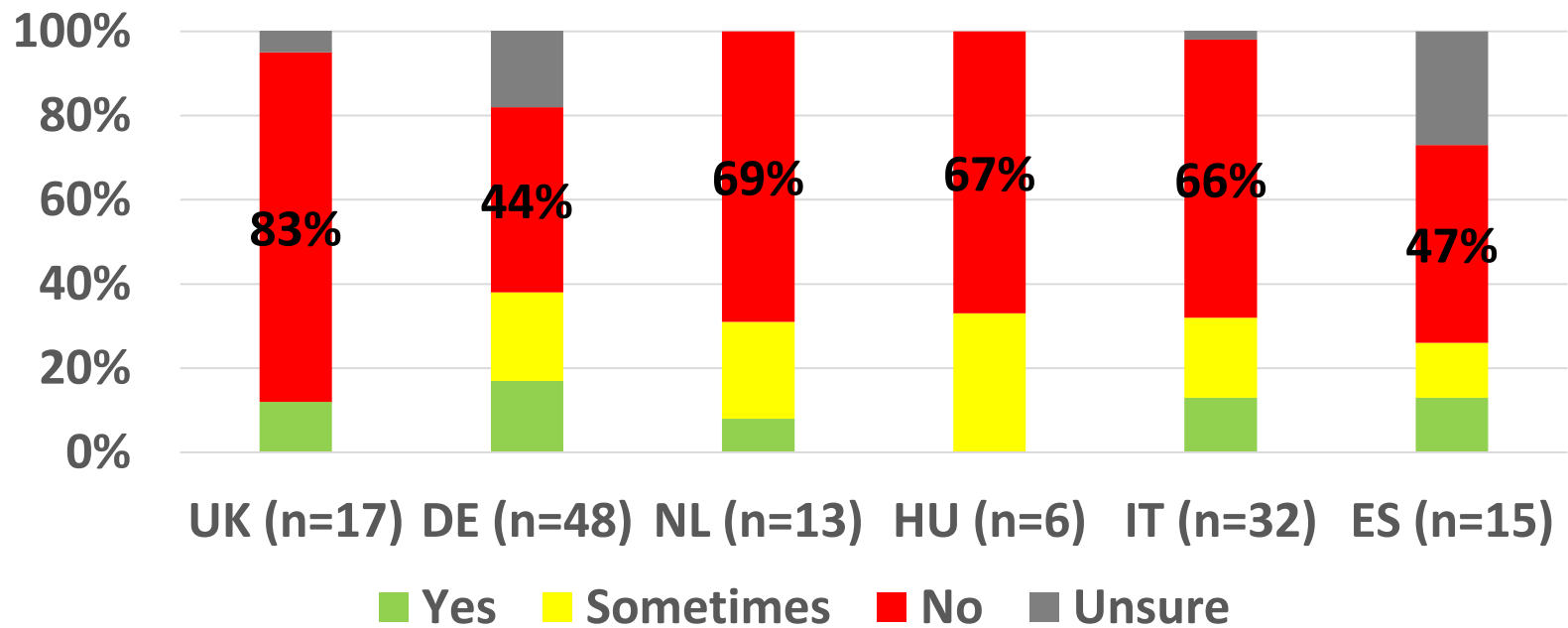
Results: Health care workers



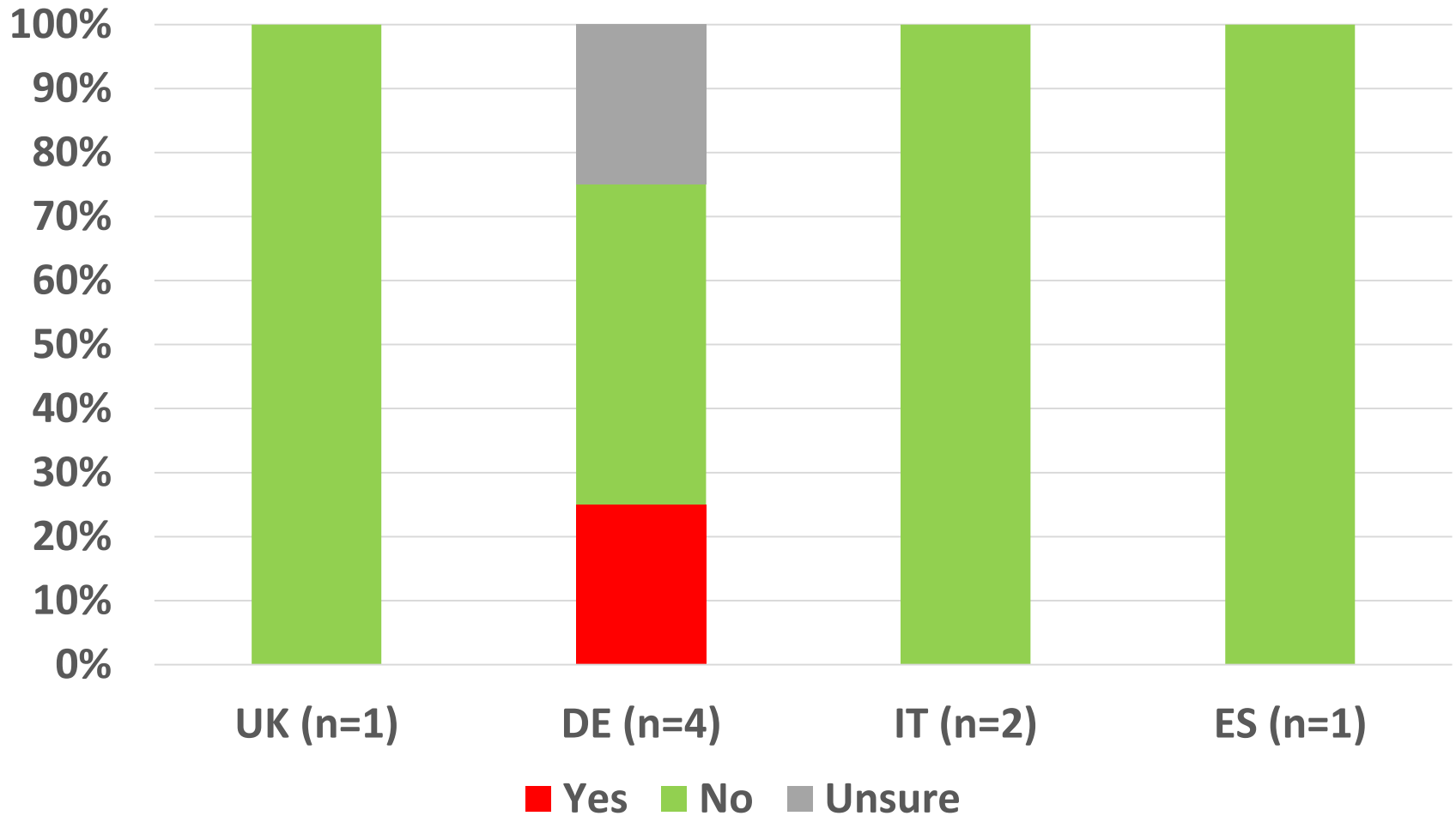
Current practices are in line with current policies

Results: Pregnant women

- To prevent newborns from HBV infection, all pregnant women should be screened for HBsAg, this is the case in all six countries.
- European guidelines recommending the post-partum vaccination of women identified as at-risk for HBV infection during pregnancy have not been issued.



Copayment for pregnant women



Conclusions (I)

- Not always vaccination is offered commonly to at-risk groups prioritized by national policies
- Subjective, non-uniform vaccination practices are likely to exacerbate health inequalities
- There is a need for clear and precise hepatitis B vaccination policies developed specifically for different professional groups (specifying who is responsible for screening and vaccinating)
- Important to tackle the barriers
- Vaccination has to be free for the at-risk groups
- Adequate compensation

Conclusions (II)

- A better understanding and application of the recommendations could be ensured through the implementation of education and training of HCW
- One method would be by strengthening the vaccinology content and introducing vaccination policy courses in the medical and paramedical curriculum of future cohorts of doctors and nurses
- The only sure eliminate hepatitis B is through universal childhood immunization
- Targeted programmes for hard-to-reach subgroups, including undocumented migrants



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Hepatitis B: Are at-risk individuals vaccinated if screened and found negative for HBV? Results of an online survey conducted in six EU countries[☆]



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