



Hepatitis B and C in Europe: Where ECDC hopes to make a difference in the next 5 years

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European Centre for Disease Prevention and Control

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What is the mission of ECDC?



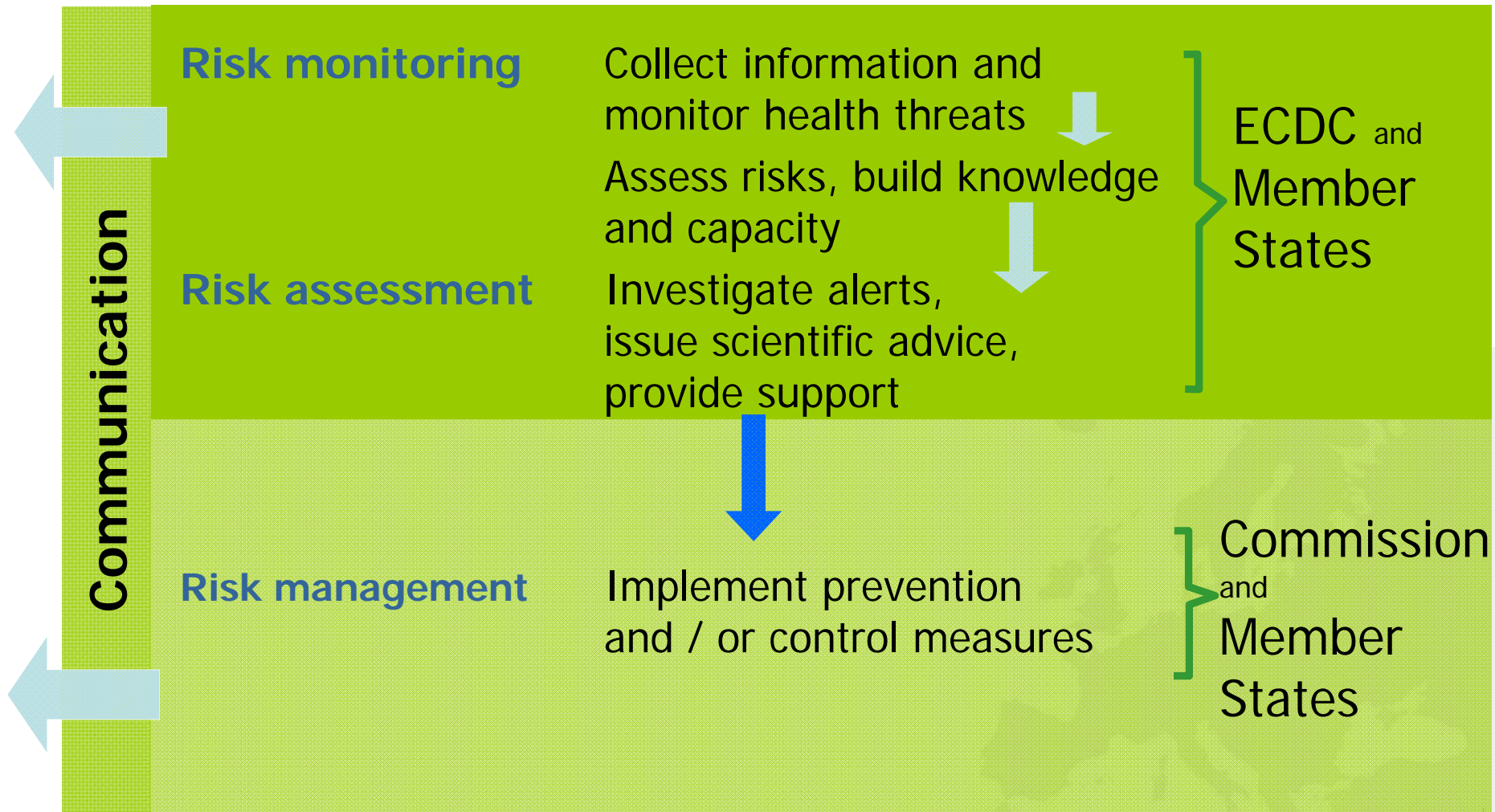
Identify, assess and communicate current and emerging threats to human health from communicable diseases.

— ECDC Founding Regulation (851/2004), Article 3

- Scientific opinions and studies
- Early Warning and Response System
- Technical assistance and training
- Communication to scientific community
- Communication to the public



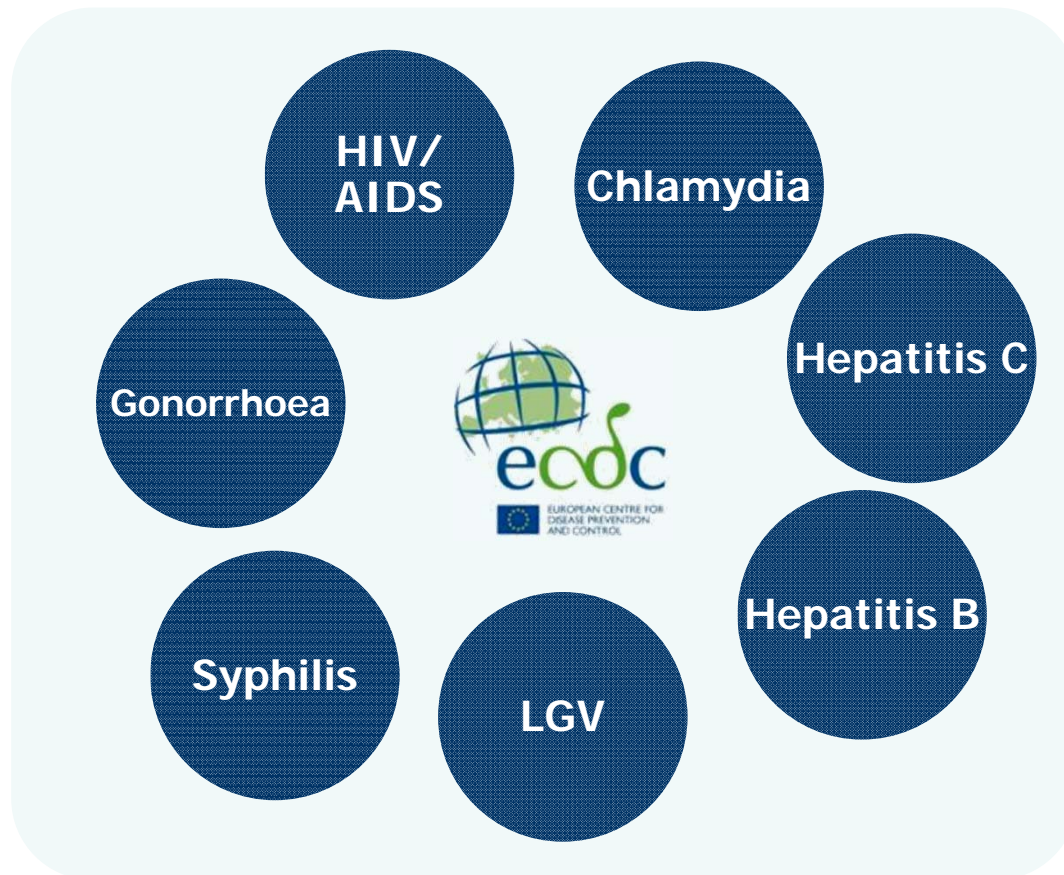
Disease prevention and control in the European Union



The HIV/AIDS, Sexually Transmitted Infections and Viral Hepatitis (HSH) Programme



Seven diseases:



Current priorities:

Surveillance

Scientific advice

Monitoring prevention and control

Communication and networking



Where ECDC will make a difference over the next five years



Why ECDC can make a difference

- Hepatitis is now recognised as a priority at the EU level
- Supported by an engaged network of hepatitis experts from 31 EU/EEA countries
- Synergising efforts across communicable disease programmes
- Developing strong collaboration with key partners to ensure:
 - Standardisation of methods
 - Harmonisation of outputs
 - Effective use of resources

Where ECDC will make a difference

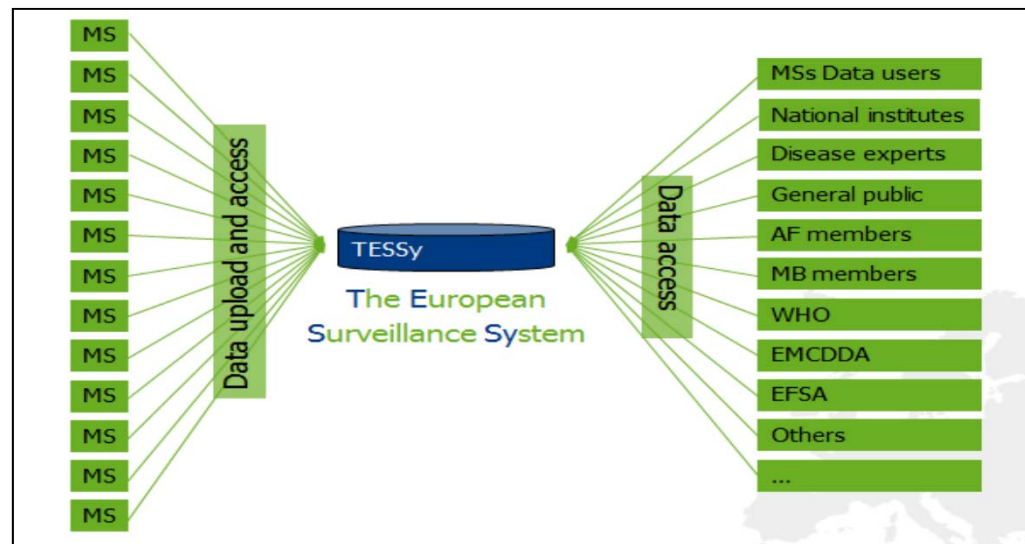


- Lead the production of robust European epidemiological evidence
- Support development of regional prevention and control initiatives
- Technical help to countries in their prevention and control activities
- Coordinate a dynamic network of hepatitis experts from across Europe



1. Improving routine surveillance data

- Enhanced surveillance of hepatitis B and C coordinated by ECDC
- Network of European experts to help guide the programme
- Programme aims to provide comparable data through standardised case definitions
- Ongoing projects to refine case definitions and dataset
- Enhancing availability of surveillance outputs through online 'Atlas'



2. Collating relevant sources of data to better understand the epidemiology



- Increasing data utility through integration of data sources:
 - programme coverage (continuum of care)
 - morbidity data
 - risk group estimates (PWID, MSM, migrants)
 - denominator testing data
- Epidemiological studies to determine the attributable fraction for cirrhosis and hepatocellular carcinoma
- Sentinel methods to explore nosocomial transmission of hepatitis in select countries



3. Supporting countries to produce up to date prevalence estimates



- Sero-prevalence studies have been conducted in many EU/EEA countries but:
 - few recent surveys amongst the general population
 - incomplete geographical coverage
- A sero-prevalence survey using a standardised methodology across EU/EEA MS has been identified as the favoured approach to understanding epidemiological burden
- Work will be undertaken in partnership with partner organisations to ensure objectives are relevant



4. Regional prevention and control plans



- ECDC to bridge gap between WHO regional strategy and any future developments from European Commission:
 - Maximise synergy
 - Promote alignment
- ECDC would be expected to monitor the implementation of any EU wide initiative



5. & 6. Development of European evidence based guidance and direct support to Member States



Antenatal screening for HIV, syphilis, hepatitis B and rubella

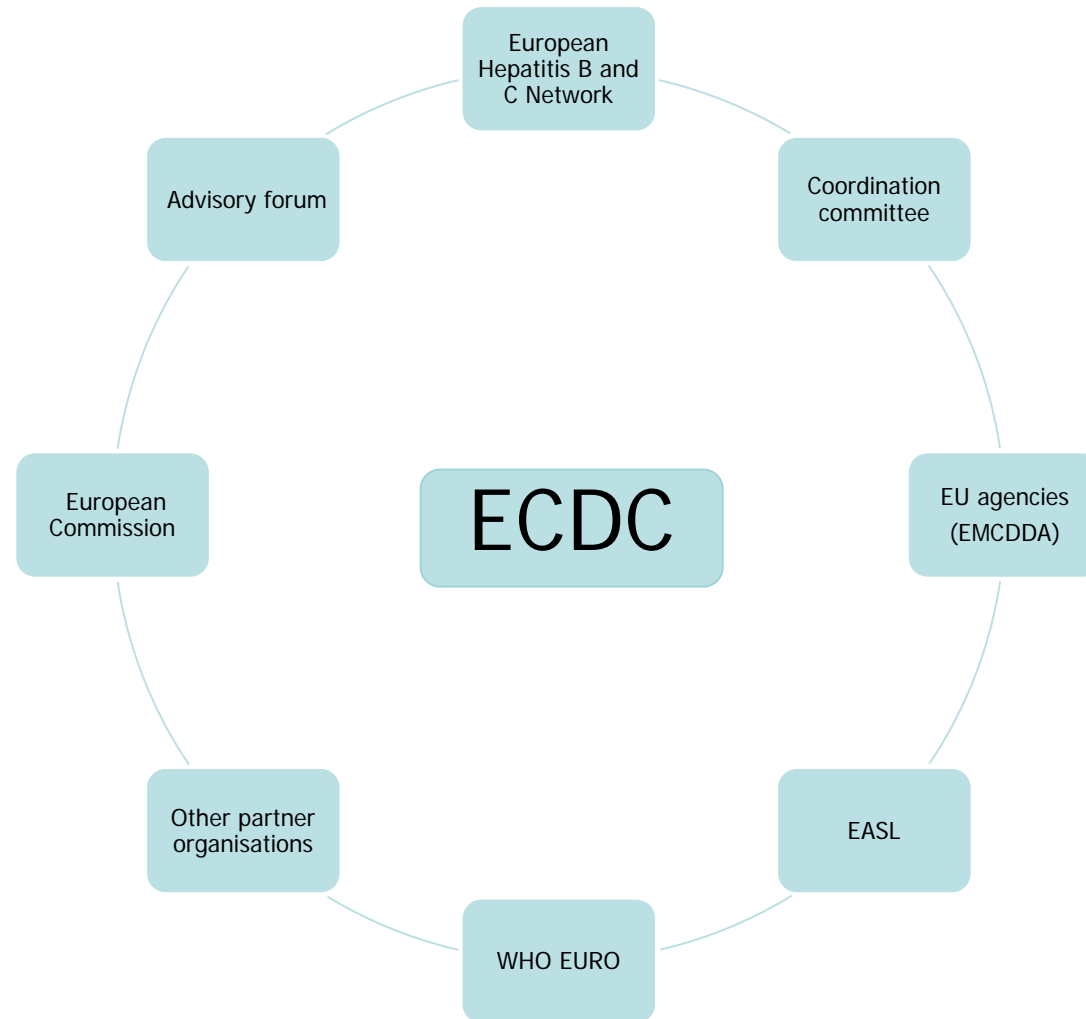
Screening for infectious diseases among migrant groups

Direct technical assistance to Member States through country visits

Prevention of infectious diseases among men who have sex with men

Prevention of infectious diseases in prison setting

ECDC within the European public health context





Thank you