



Institutul National de Sănătate Publică Romania



Romania's current trends in hepatitis C Prevention, care, and treatment

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Reporting legislation

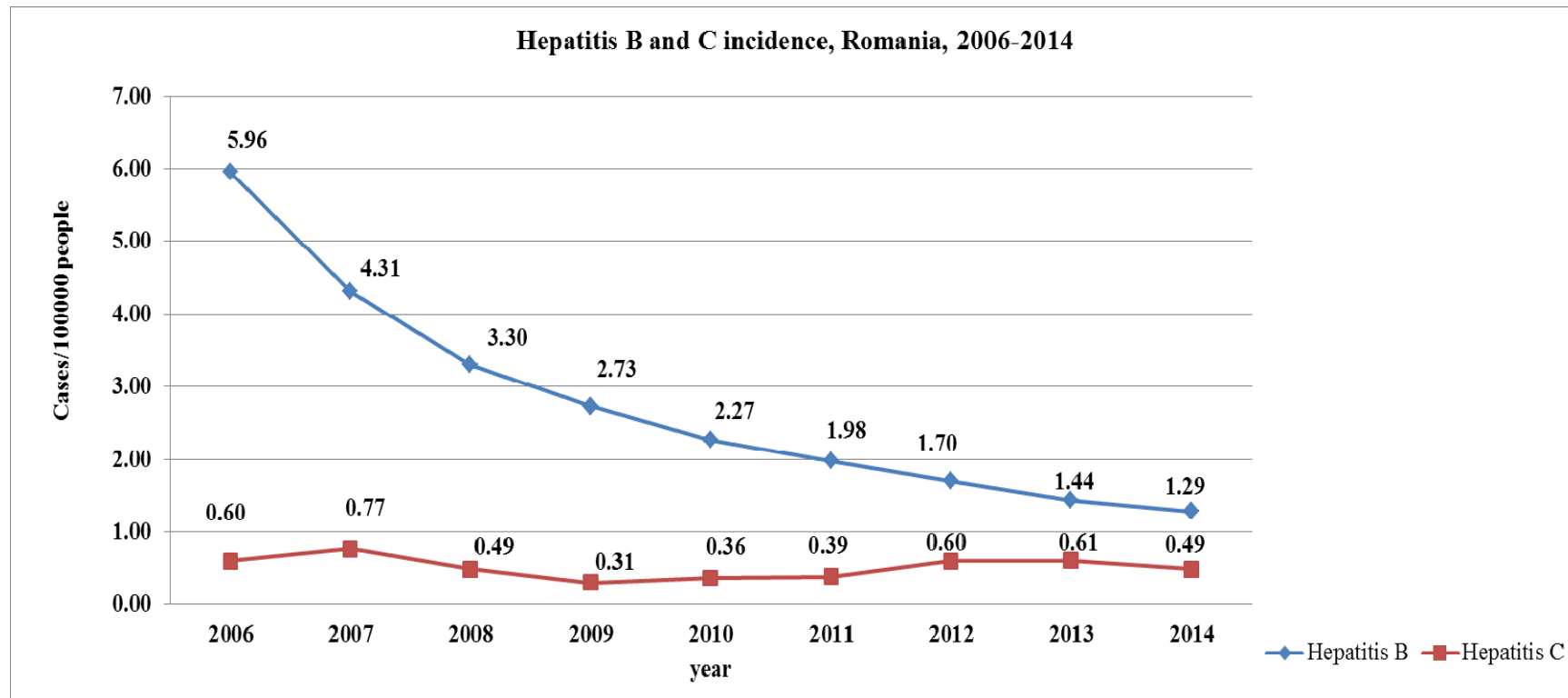
- **Government Decision no 589/2007** establishing reporting methodology and data collection for surveillance of communicable diseases
- Acute Viral Hepatitis type A
- Acute Viral Hepatitis type B
- **Acute Viral Hepatitis type C**
- Other Acute Viral Hepatitis



Surveillance

- Methodology for surveillance – 2012
- Includes:
 - ✓ Acute Viral Hepatitis B and C
 - ✓ **Chronic Viral Hepatitis B and C**
 - ✓ Perinatal hepatitis B
 - ✓ Prevalence data from monthly reports on the testing of initial blood donors

Surveillance results



Source: NIPH Romania, National Centre for Communicable Diseases Surveillance and Control

- Notification rate for HCV in 2012 in EU/EEA countries: **7.8‰**



Surveillance results – possible risk factors

- 54% unspecified
- 39% - nosocomial transmission (including dental maneuvers)



Sero-epidemiological prevalence study - 2013

Aim

- To obtain age group specific estimates of Hepatitis B and C prevalence in the general population of Romania, in order
- To recommend public health measures/interventions

Results

- Prevalence of HCV infection:
 - ✓ % persons with positive HCV Ab = 5.6% (1190000 people)
 - ✓ statistical significant higher prevalence in F ≥ 65 years, compared to F 45-64 years

- Prevalence of HBV and HCV infection:
 - ✓ % persons with positive HBc Ab and positive HCV Ab
= 2.8%



Recommendations

- **The National Hepatitis Strategy** – recommendation to MoH
- Improve HEP B and C surveillance
- Intensify health promotion (HP) activities
- Mobilize efforts to increase the HEP B vaccination coverage
- Analyze the opportunity of a HEP B booster at school-age
- Control the possible ways of HBV transmission (HP, surveillance and control of HCAI)
- Epidemiological study to identify risk factors for HEP C in F ≥ 65 years – explain the higher statistical significant prevalence compared to F 45-64 years



Screening

- **Implementation of a National Register for Viral Hepatitis** - Order of Minister of Health - 2014 - The National Institute for Infectious Diseases
- **12500** eligible persons will be tested
- Eligibility:
 - born before 1989
 - multiple admissions in hospitals
 - injections at home
 - received blood/blood products
 - multiple dental interventions
- If the answer to any criteria = Yes, then laboratory tests for HEPB, C and D are recommended
- If positive result - the family doctor enters the patient's data in the National Registry
 - the patient is sent to clinician (gastro-enterology/ infectious diseases) to establish the stage of infection



Diagnosis

- Hospital laboratories
- Public Health Authorities', Regional Public Health Centers' laboratories
- Private laboratories

Genotyping:

- In private laboratories
- In 99% of HCV cases: genotype **1b** - related to **transfusion**

Treatment

<p>National guidelines for clinicians available</p> <p>Hepatitis B</p> <p>Hepatitis C</p>	<p>Yes (2003)-treatment protocol of the National Health Insurance House</p> <p>Yes (2003) treatment protocol of the National Health Insurance House</p>
<p>Drugs available for hepatitis C treatment*</p> <p>Ribavirin</p> <p>Pegylated interferon</p> <p>Interferon alpha</p> <p>Telaprevir</p> <p>Boceprevir</p> <p>Simeprevir</p> <p>Sofosbuvir</p> <p>Others: (specify)</p>	<p>Yes</p> <p>Yes</p> <p>Yes, but not used anymore</p> <p>Yes, but not yet subsidized by the National Health Insurance House (NHIH) / free</p> <p>Idem</p> <p>NA</p>
<p>Number of patients treated for chronic hepatitis B</p> <p>Number of patients treated for chronic hepatitis C</p>	<p>7282 (2013)</p> <p>9104 (2013)</p>

*included on the national essential medicines list or subsidized by the government

Treatment (2)

- **The innovative treatment** - interferon - free - introduced in 2015
- Free for **5000** beneficiaries with health insurance