Hepatitis B priority area for European policy; Call for action by the European Parliament

Charles Gore
Partnership

‘It is with great pleasure that I mention that this is a collaborative effort.’

Dr Thomas Ulmer, MEP

MEPs
Pharmaceutical industry
EASL
VHPB
ELPA
Hepatitis B Recommendations

European orientation towards the Better Management of Hepatitis B in Europe

Recommendations of the Hepatitis B expert group chaired by Dr T. Ulmer, Member of the European Parliament
Process

• Stakeholders’ meeting at European Parliament April 2006
• Thomas Ulmer launches a call for action in the European Parliament 2006
• Preparation of the Recommendations 2006/7
• Stakeholders’ meeting at European Parliament July 2007 to finalise Recommendations
As a politician and a practicing general practitioner, it has struck me that, unlike other infectious diseases like HIV/AIDS or hepatitis C, hepatitis B has not received appropriate political focus in European policy.’ Thomas Ulmer

The purpose of this document is to present key Recommendations that may help build a cohesive European policy on the management of hepatitis B. It is a policy document and aims to raise awareness amongst European as well as national policymakers of the critical importance of hepatitis B in Europe and beyond and encourage all stakeholders to take ownership for the better management of hepatitis B within their respective spheres of activity.

To this end, the Recommendations propose critical areas where policies are needed and offer a practical list of actions that, if implemented, may help pave the way to improving the prevention and management of Hepatitis B across Europe and beyond.
European leadership

Europe must take the lead in recognising chronic hepatitis B as one of the most important blood-borne and sexually transmitted infections and make it a priority area for public health policies and action.

This document as well as the Written Declaration on Hepatitis C should be seen as complementary documents for a comprehensive EU policy on viral Hepatitis.

The European Commission should set clear public health objectives that may be quantified at each country level for the gradual eradication of hepatitis B.

Hepatitis B should be a focal point of Hepatitis Awareness Day 2008.
A holistic European strategy

This comprehensive European strategy should aim to improve the prevention and management of hepatitis B and the *quality of life* of those affected by the hepatitis B virus (HBV) in all European countries.

The European Commission should involve hepatitis B advocacy groups and professional and scientific societies in developing a holistic strategy to improve the prevention, control and clinical management of hepatitis B across Europe.
Social integration of individuals infected with HBV

National policies on hepatitis B must have as an explicit goal the social integration of individuals infected with the hepatitis B virus and seek to actively protect their human rights and combat against stigma and discrimination against them.

National strategies to improve the management of hepatitis B must recognise that, like HIV/AIDS, hepatitis B is a chronic condition that may lead to the stigmatisation of those affected.
Clear and consistent messages to the public

Advocacy groups should work with policymakers, public health departments, health professionals and other stakeholders to ensure that, wherever they access the health system, individuals are offered *the same*, **complete information** on prevention, screening and treatment options for hepatitis B.

Clear and consistent messages related to hepatitis B must be communicated to the general public by governments, NGOs, public health officials and primary care clinicians in order to raise awareness and understanding of the disease and overturn misconceptions about Hepatitis B and to eliminate Hepatitis B and liver cancer as a serious health problem.
A cohesive policy of vaccination across Europe

Given the high levels of immigration within the EU, this lack of uniformity in vaccination policies threatens the potential for EU-wide strategies to contain the spread of HBV. Thus a uniform policy of vaccination is needed across the EU.

Vaccination programmes for immigrants must include full follow-up for all persons vaccinated. In particular, if the response to vaccination is negative in an individual, then he or she should be screened for HBV antibodies and offered all appropriate care, counselling and treatment options as a health services package.
Surveillance

Since 2006, the European Centre for Disease Prevention and Control has responsibility for reporting hepatitis B surveillance across Europe. Their first surveillance report, published in June 2007, found significant heterogeneity in the availability and quality of data on hepatitis B across Europe.

It is essential to develop reliable data collection systems that measure the **full burden posed by hepatitis B**, in terms of acute and chronic disease, so that appropriate public health measures may be taken to reduce this burden.
Screening

Grass-roots outreach and communication initiatives should be funded by national governments to engage local communities with high proportions of immigrants from high-prevalence countries in the prevention of hepatitis B within their communities.

The human rights and civic liberties implications of screening of immigrants must be considered and addressed explicitly in all governing policies.
Conclusions and follow-up

The EU should play a leading role in recognising hepatitis B as a significant public health problem and developing a cohesive strategy to ensure its proper prevention, control and management across Europe.

This strategy should then be implemented at national levels across the EU and beyond.

Meetings in national Parliaments, e.g. Germany, Italy, France.