



UNIVERSITY OF TARTU

Epidemiology of different hepatides (B & C) in Estonia

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Outline

- HBV and HCV in Estonia (with demographics)
- HCV genotypes in Estonia
- HCV treatment

- Data from
 - Estonian Health Board
 - Literature
 - Personal communication

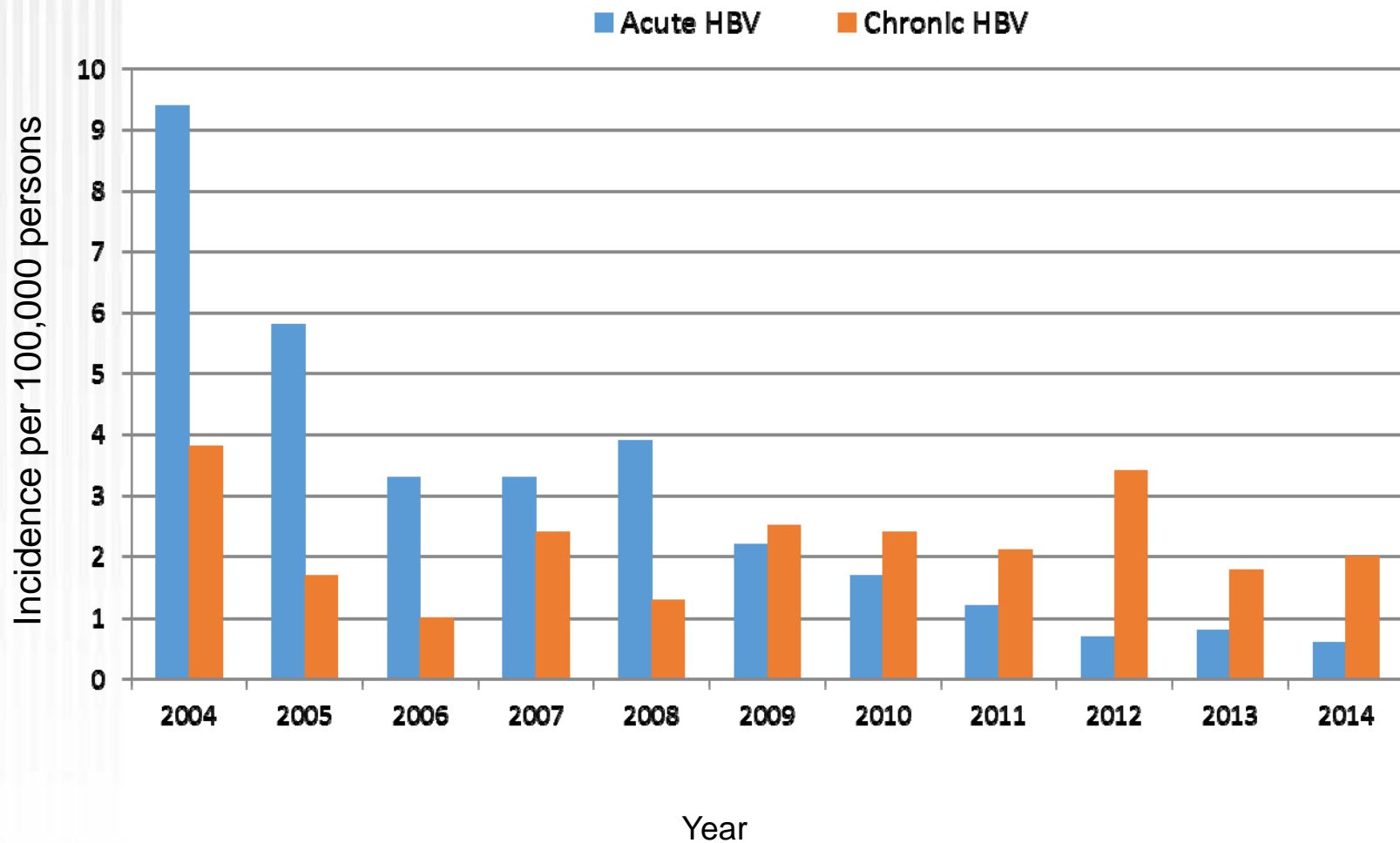
HBV and HCV reported to the Health Board



- Acute HBV – the increase in the level of transaminase and/or bilirubin, HBsAg+ and/or HBeAg (sometimes HBc IgM+)
- Chronic HBV – HBsAg+ & HBV DNA+ > 6 months
- Acute HCV – rare, HCV RNA+ or HCV Ab+ & HCV RNA+ and the increase in the level of transaminase and/or bilirubin
- Chronic HCV – HCV RNA+ > 6 months

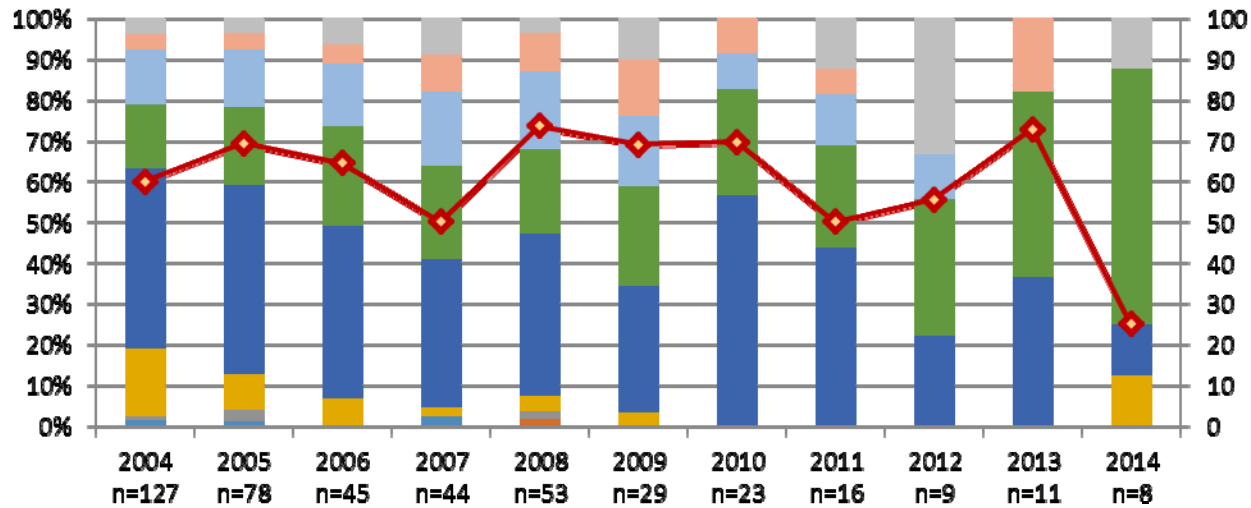


Acute HBV is decreasing

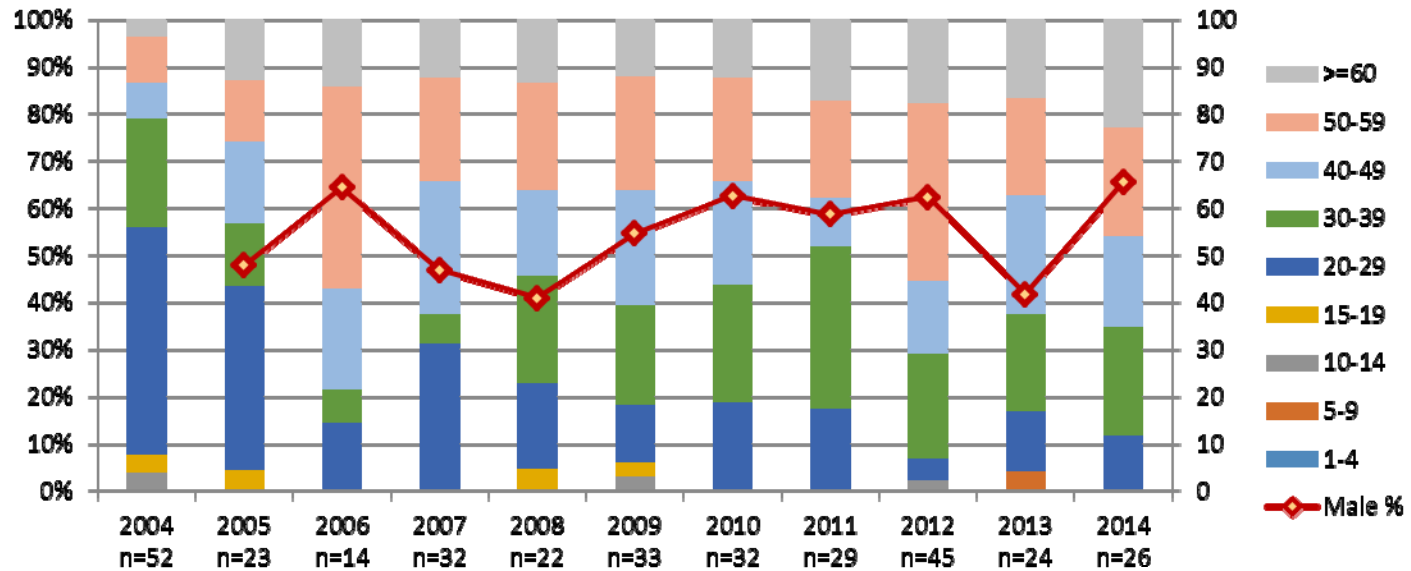


Acute HBV is more prevalent among younger people

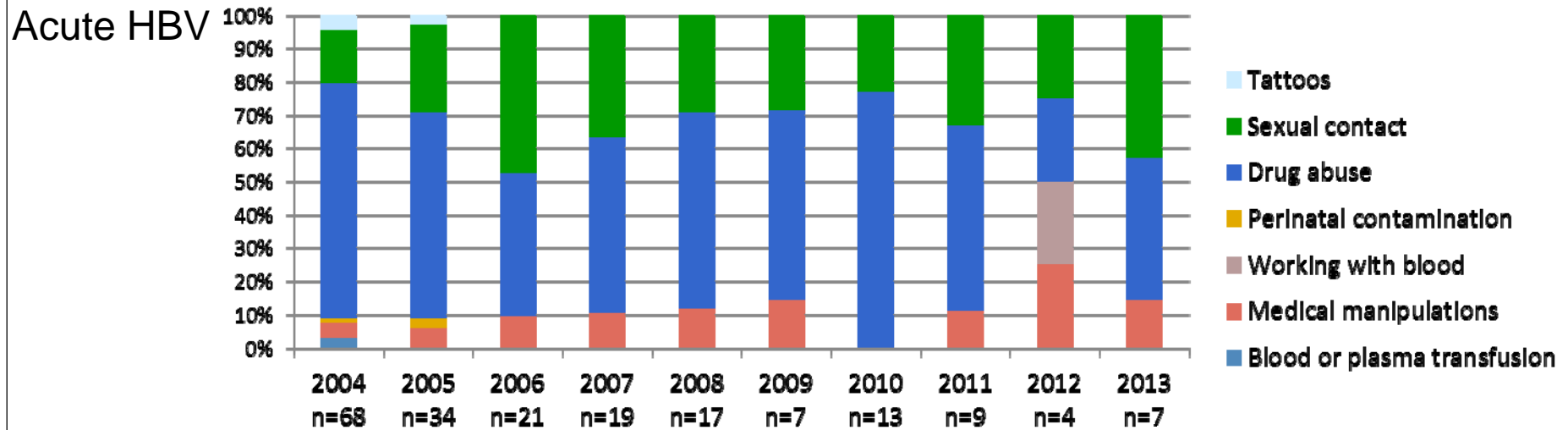
Acute HBV



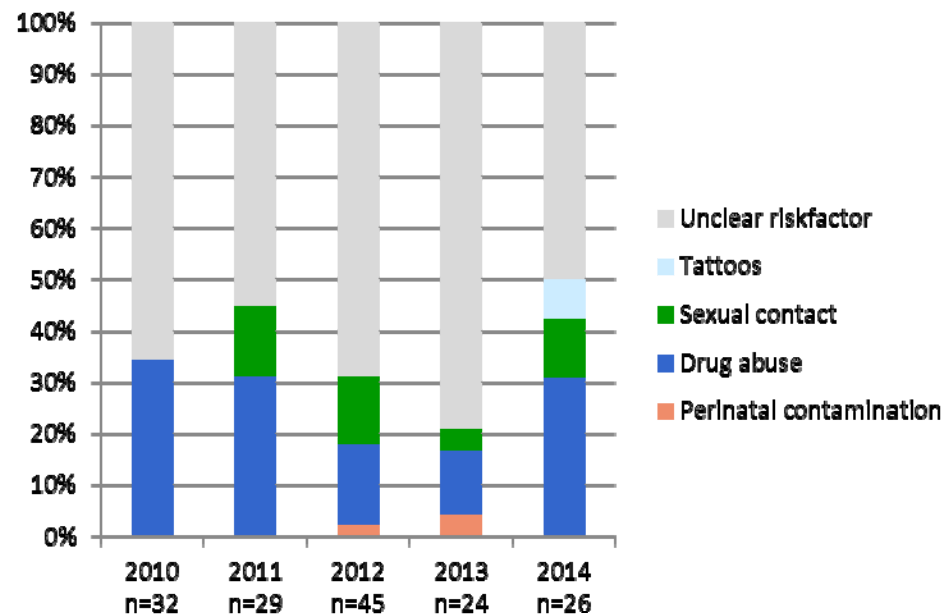
Chronic HBV



Drug abuse is the main factor for HBV

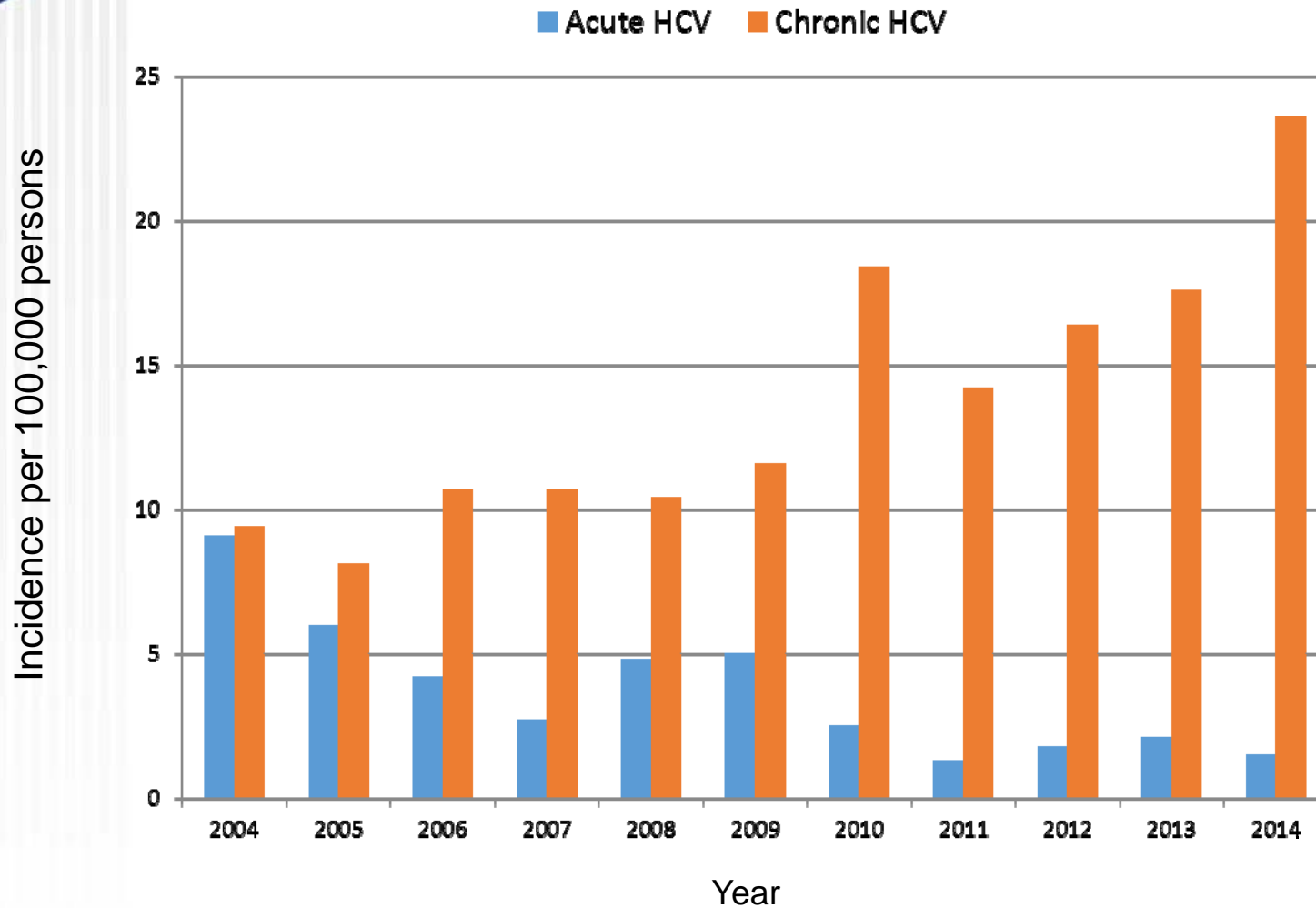


Chronic HBV



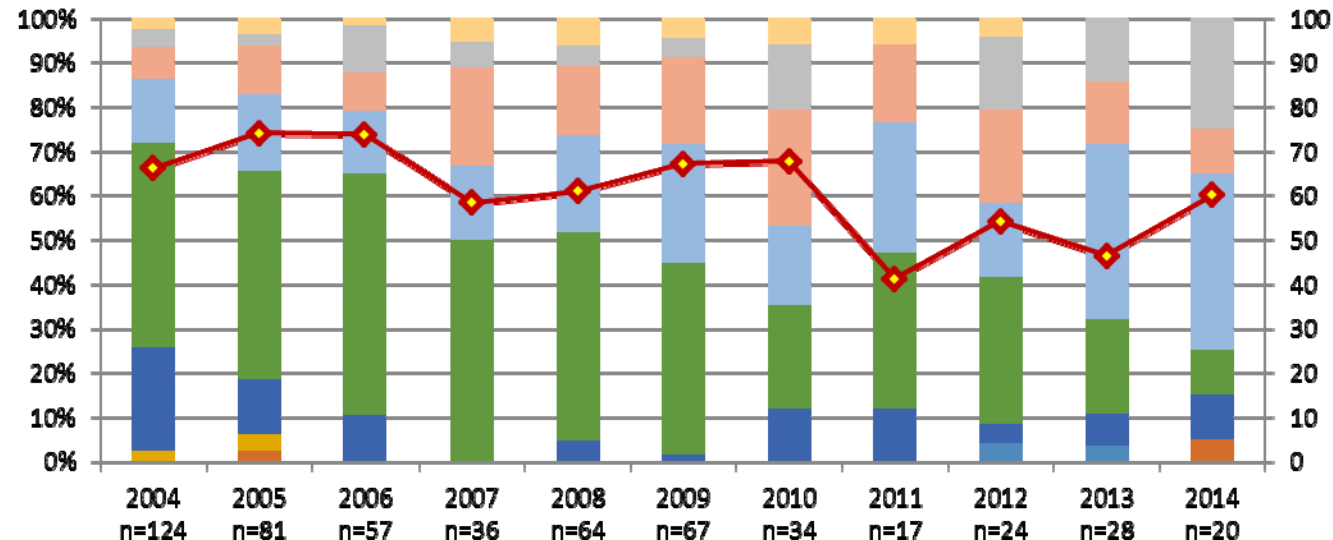


Acute HCV is decreasing and chronic HCV is increasing

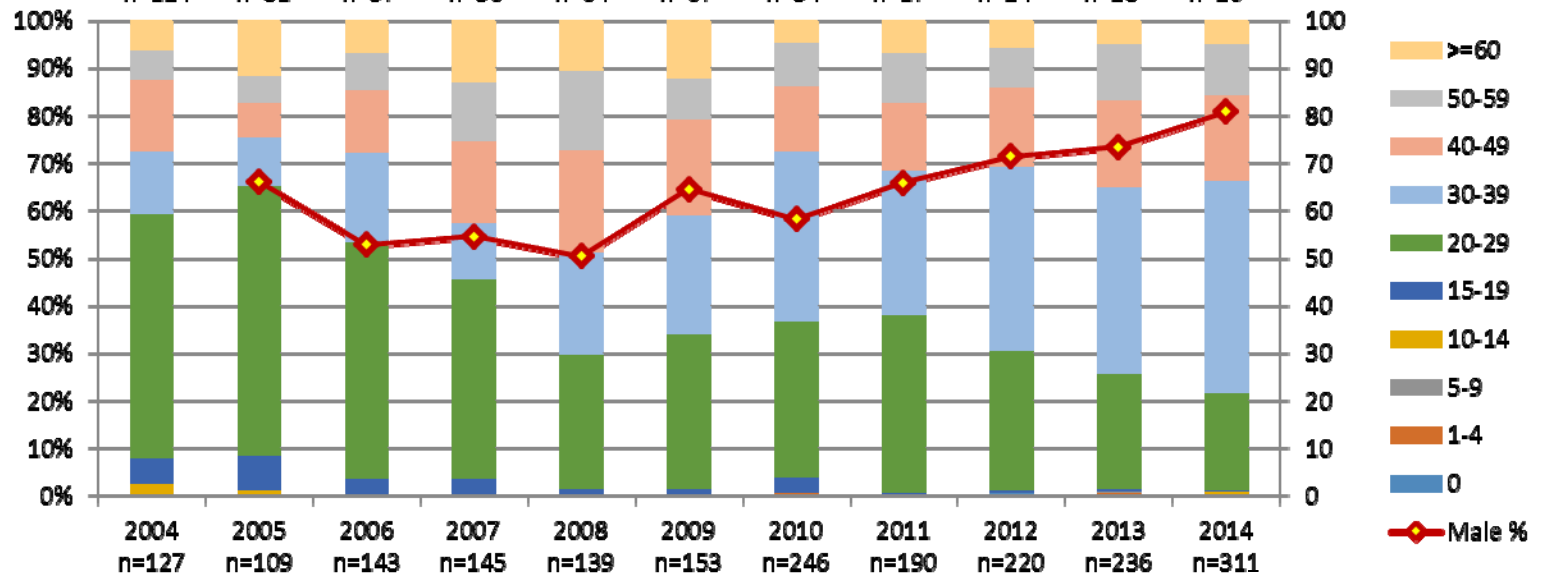


Increase of males in chronic HCV

Acute HCV

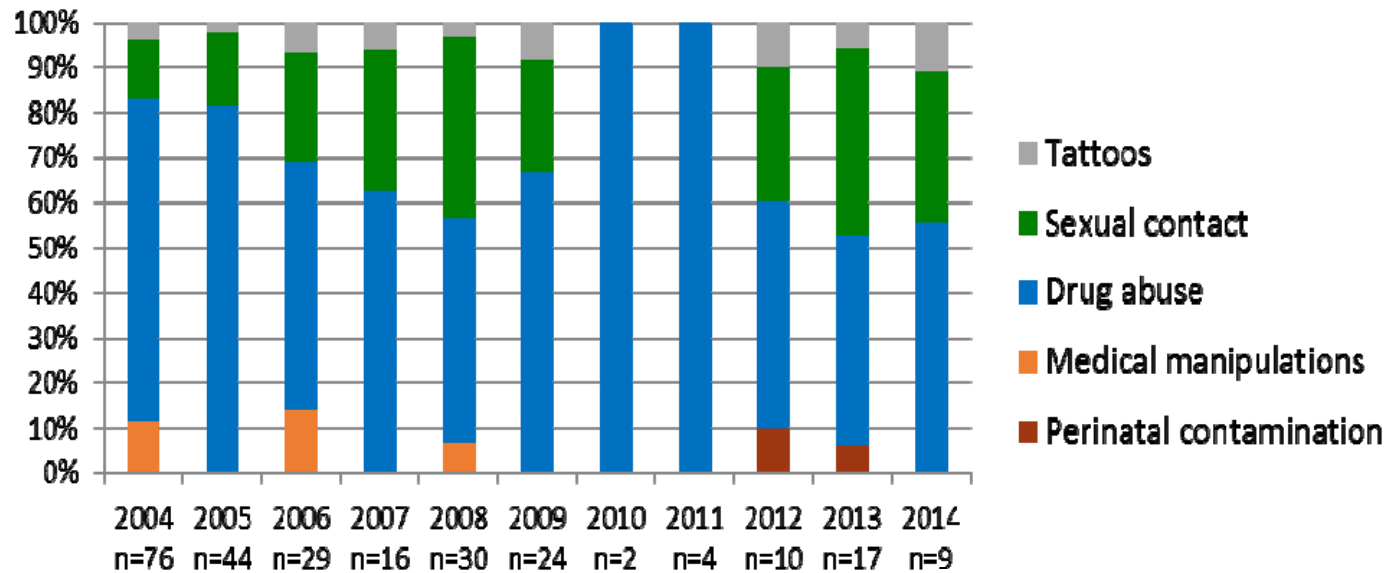


Chronic HCV

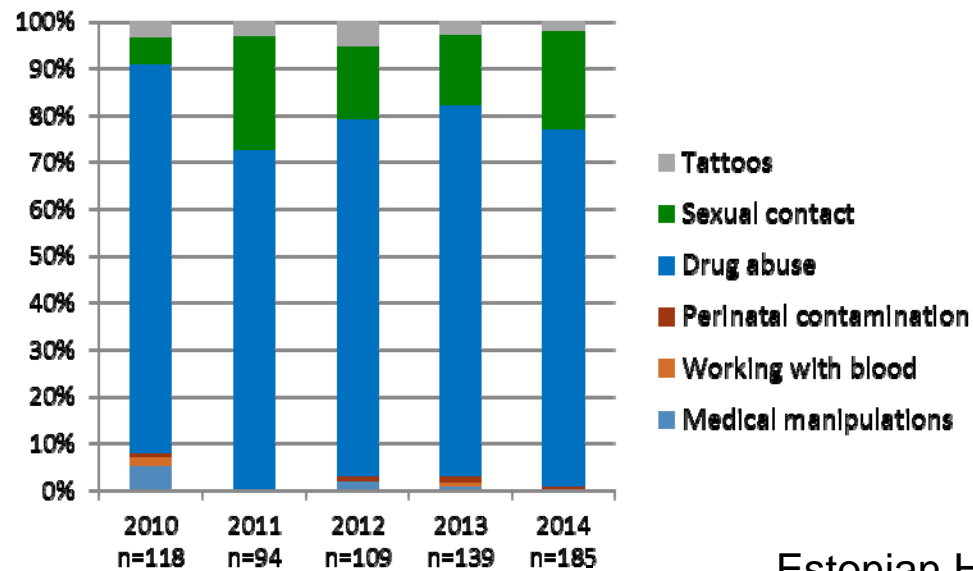


Drug abuse is the main factor for HCV

Acute HCV

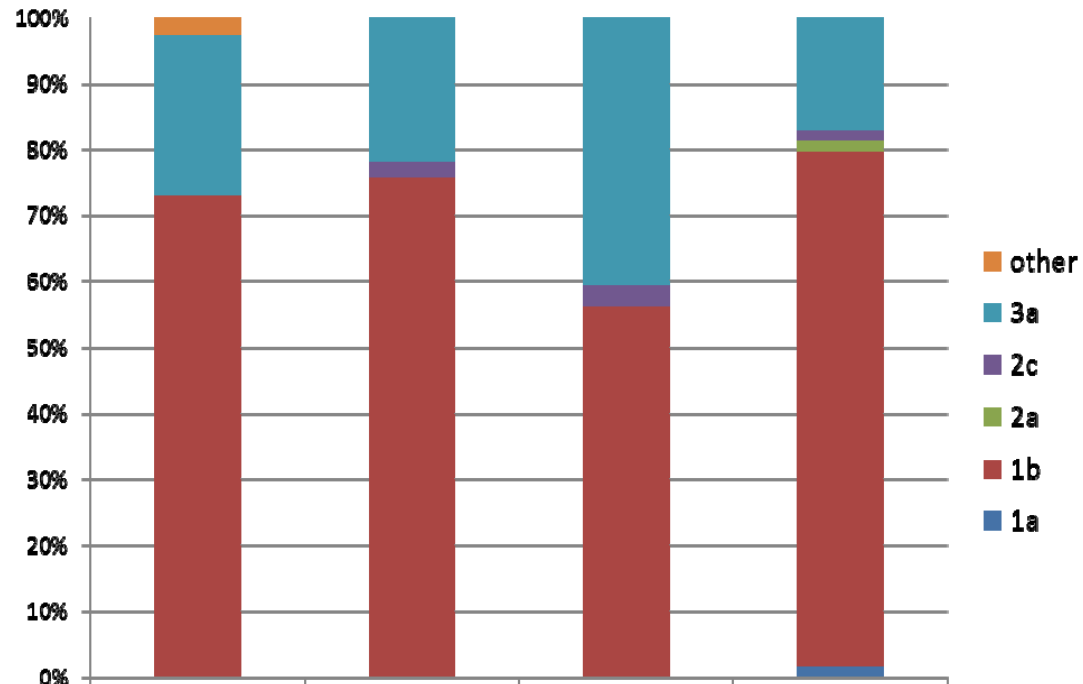


Chronic HCV





Ib is prevailing among HCV monoinfected

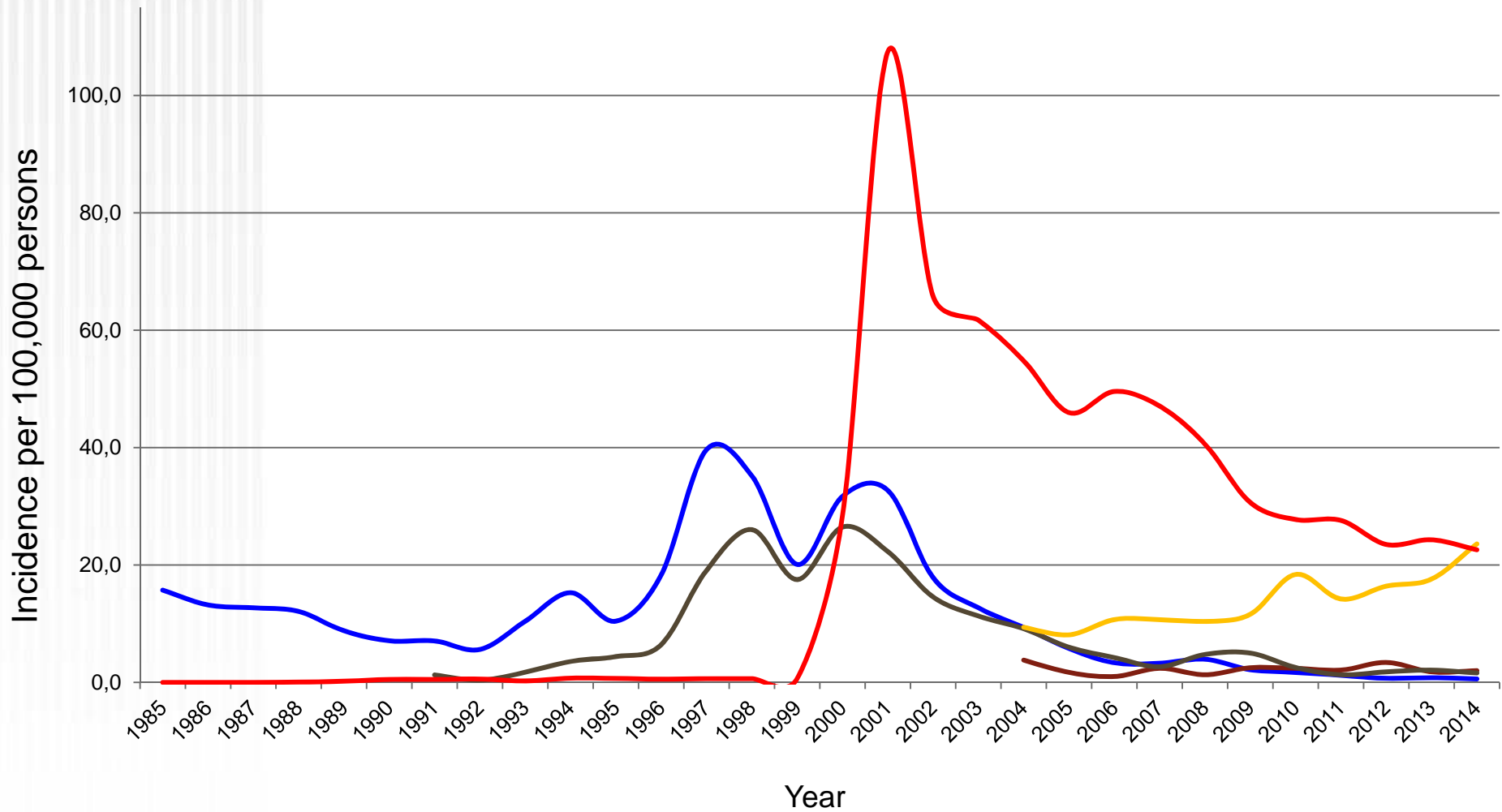


	1995-1998 n=37	1999 n=41	2000 n=32	2001-2004 n=64
Blood donors	-	59%	47%	34%
Persons who inject drugs	30%	7%	34%	1.6%
Medical intervention	-	-	-	28%



HBV, HCV and HIV

— Acute HBV — Chronic HBV — Acute HCV — Chronic HCV — HIV





HCV treatment

- Genotypes 2 and 3:
Peg-interferon+ribavirin
- Genotype 1:
Peg-interferon+ribavirin+simeprevir or
boceprevir or telaprevir (no longer in use)
- Without health insurance coverage:
ombitasvir/paritaprevir/ritonavir+dasabuvir+
ribavirin



Conclusions

- Over time HBV and acute HCV is decreasing but chronic HCV is increasing
- HCV is decreasing among HIV positive subjects
- The main risk factor for HBV and HCV is drug abuse
- Ib and IIIa are the most prevalent HCV genotypes