Epidemiology of different hepatides (B & C) in Estonia

Kristi Huik

Department of Microbiology, University of Tartu, 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

Personal communication with dr K. Kase
Acute HBV is decreasing

Estonian Health Board
Acute HBV is more prevalent among younger people
Drug abuse is the main factor for HBV

Acute HBV

Chronic HBV

Estonian Health Board
Acute HCV is decreasing and chronic HCV is increasing.
Increase of males in chronic HCV

Acute HCV

Chronic HCV

Estonian Health Board
Drug abuse is the main factor for HCV

Acute HCV

Chronic HCV

Estonian Health Board
Ib is prevailing among HCV monoinfected

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<tbody>
<tr>
<td>Blood donors</td>
<td>-</td>
<td>59%</td>
<td>47%</td>
<td>34%</td>
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<tr>
<td>Persons who inject drugs</td>
<td>30%</td>
<td>7%</td>
<td>34%</td>
<td>1.6%</td>
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<td>Medical intervention</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>28%</td>
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Tallo et al 2007
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

Personal communication with dr K. Kase
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