



# Overview of ECDC's existing guidelines and activities to prevent mother-to-child transmission of hepatitis B and C

Erika Duffell  
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# ECDC activities relating to MTCT



1. Collection of data:
  - Notification based surveillance data
  - Estimates of prevalence among pregnant women
2. Two surveys which included issues related to antenatal screening in EU/EEA countries (2009, 2013)
3. Publication of scientific advice relating to antenatal screening, 2017
4. Future plans

# Collection of data: notification data

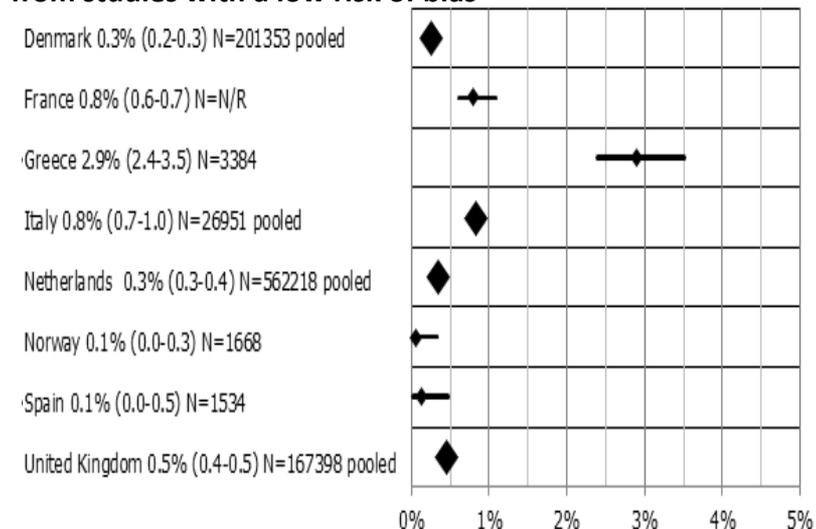


- ECDC collects data on newly diagnosed cases of acute and chronic HBV and HCV across EU/EEA countries
- Countries requested to report data on most likely route of transmission
- Completeness of 2015 data on reported route of transmission was low:
  - HBV – 30% acute; 9% chronic
  - HCV – 67% acute; 26% chronic
- Among cases with known route of transmission in 2015, cases attributed to MTCT:
  - HBV: <1% acute; 65% chronic
  - HCV: 0% acute; 1% chronic

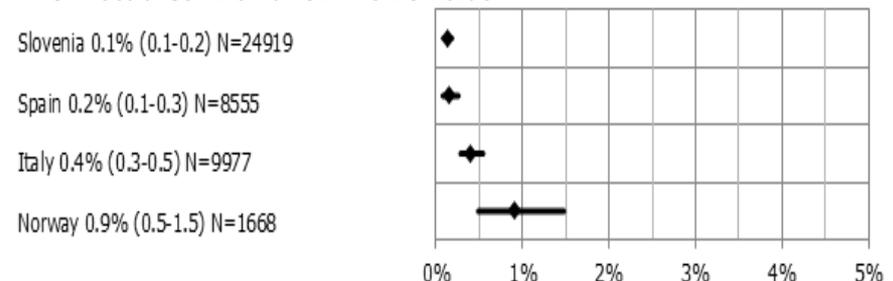
# Collection of data: prevalence estimates

- Systematic review conducted for estimates of prevalence for HBV and HCV in EU/EEA countries published between 2005 and 2015 in general population and key risk groups
- 32 eligible studies among pregnant women identified: 8 countries with high quality estimates for HBV; 4 for HCV
- Estimates among pregnant women higher than those in general population

**HBsAg in pregnant women: Prevalence estimates and CIs from studies with a low risk of bias**

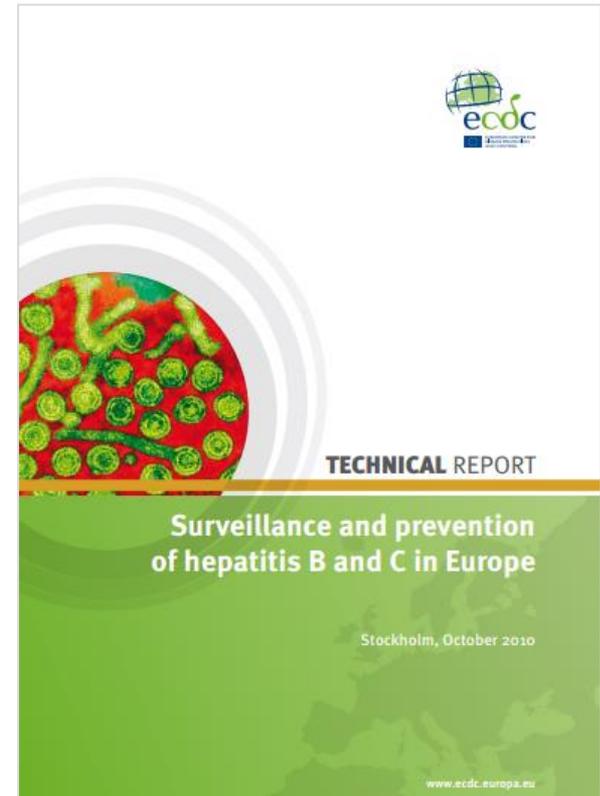


**Anti-HCV in pregnant women: Prevalence estimates and CIs from studies with a low risk of bias**



# Survey of hepatitis B and C screening and prevention programmes in EU/EEA countries, 2009

- Survey of HBV/HCV surveillance and prevention programmes in EU/EEA countries undertaken in 2009
- 24/29 responding countries reported ANS programme for HBV
  - In one country the programme was not implemented at national level
- 2/29 responding countries reported ANS for HCV
  - One of these programmes was reported to be 'selective'



# Survey of antenatal screening for HIV, hepatitis B, syphilis and rubella in EU/EEA countries, 2013



- Survey undertaken in 2013 of antenatal screening programmes for HIV, HBV, syphilis and rubella in EU/EEA countries
- Survey had the following objectives:
  1. To describe current practice and map existing policies for antenatal screening;
  2. To define the effectiveness of screening in terms of proportion screened, positive results and prevention measures
  3. To identify vulnerable populations
  4. To understand the challenges to effective screening.

# Survey of antenatal screening for HIV, hepatitis B, syphilis and rubella in EU/EEA countries, 2013



- 23/26 responding countries reported a national HBV ANS programme
- Differences in the reported screening strategies, timing of testing and the tests used for mother and baby
  - 2 countries reported opt-in strategy for screening
  - Screening recommended in different trimesters (14/20 1<sup>st</sup> trimester, 1/20 2<sup>nd</sup> trimester 5/20 3<sup>rd</sup> trimester)
  - Variety of different serological and molecular tests used for testing for mother
  - Variation in number of tests for children born to HBV infected mothers and the age at which tests are undertaken

# ECDC survey of EU/EEA countries: key results



- 8 countries reported collecting national data on HBV ANS programme; 7 had performed programme evaluations
- Coverage of screening ranged from 50 -100% (>95% in 8/13 countries\*)
- Strategies for the prevention of HBV MTCT:
  - vaccination and HBIG in 18/21 countries; vaccine only in 3/21 countries
  - ART to pregnant women in specific circumstances reported by 2 countries
- No data collected on follow up of babies born to HBV infected mothers (vaccinated/tested/results)
- Populations most at risk of HBV MTCT: migrant women; PWID; women 'reached late' for antenatal care
- Key challenges for effective screening included: a lack of data; insufficient capacity to reach at risk populations; lack of resources

# Scientific advice on antenatal screening programmes



- ECDC published scientific advice in 2017 to help strengthen ANS programmes for HIV, HBV, syphilis and rubella
- Guidance focused on general population and vulnerable populations considered at high risk of HIV, HBV, syphilis or rubella, and hard to reach:
  - i. Migrant populations
  - ii. Women engaging in high-risk behaviour
  - iii. Women belonging to minority groups refusing vaccination
- Guidance developed based on the survey results and review of the evidence base by a multi-disciplinary expert panel

# Scientific advice on antenatal screening programmes



General considerations for the effective implementation of national antenatal screening programmes covered the following areas:

- Overall organisation of the programmes
- The testing of pregnant women (timing, repeat testing, refusals to testing)
- Evaluation of the programme including the collection of data
- More effective targeting of vulnerable populations
  - Raising awareness
  - Increasing access through outreach and informal networks
  - Addressing communication barriers

# Future plans



1. Project to obtain better estimates of MTCT for HBV/HCV
2. Development of scientific advice for the organisation of a HBV MTCT prevention programme identified by the European Hepatitis B and C Network as a priority for ECDC
3. Development of a monitoring system to support EU/EEA MS in evaluating their responses to hepatitis B and C
  - Possible adaption of the existing platform for monitoring the Dublin Declaration for HIV
  - Discussions around monitoring to be held with Think Tank and Civil Society forum in June 2017
  - Meeting planned for December to kick off discussions with an expert panel



[www.ecdc.europa.eu](http://www.ecdc.europa.eu)

Contact: [stihivhep@ecdc.europa.eu](mailto:stihivhep@ecdc.europa.eu)