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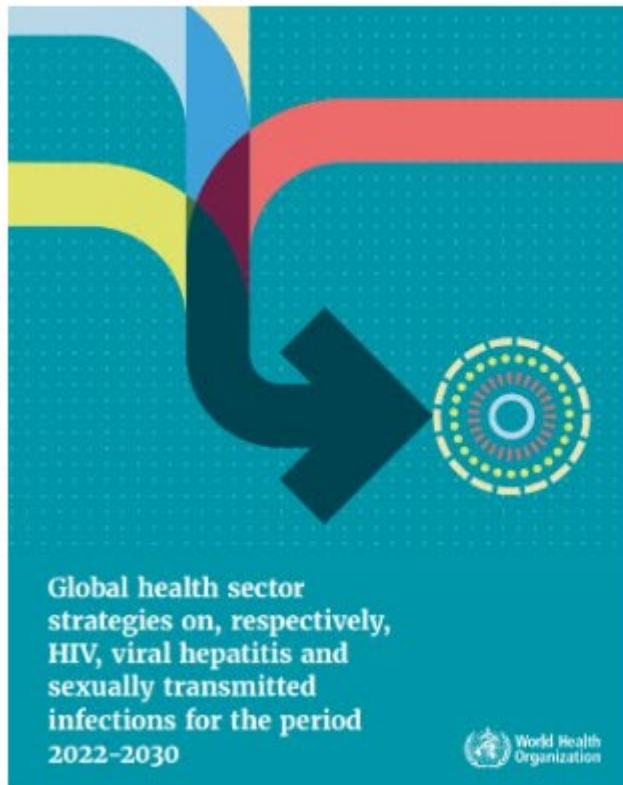
Main expertise (1-2 lines): Provides support to countries in the European Union and European Economic Area in relation to hepatitis surveillance, monitoring, prevention, and control.

Monitoring of progress towards elimination of hepatitis and C in the EU/EEA, focus on HBV vaccination

Dr Erika Duffell
European Centre for Disease Prevention and Control (ECDC)
Viral Hepatitis Prevention Board meeting, Antwerp
27th March 2025

Global health sector strategies on HIV, viral hepatitis and STIs for 2022-2030; WHO Europe Regional action plan 2022-2030

“End viral hepatitis as a major public health threat by 2030”



Regional Committee for Europe
72nd session

Tel Aviv, Israel, 12-14 September 2022

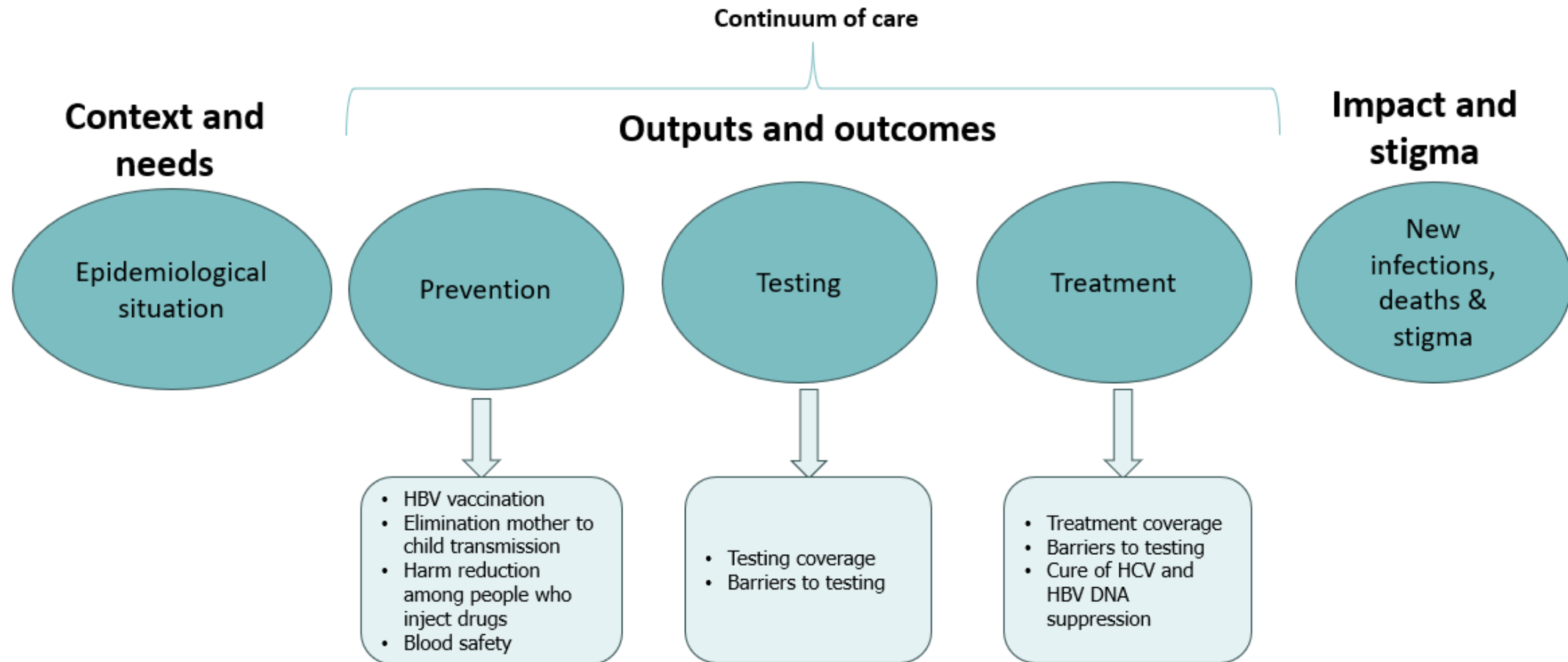
EUR/RC72/9
Provisional agenda item 7

11 August 2022 | 220605

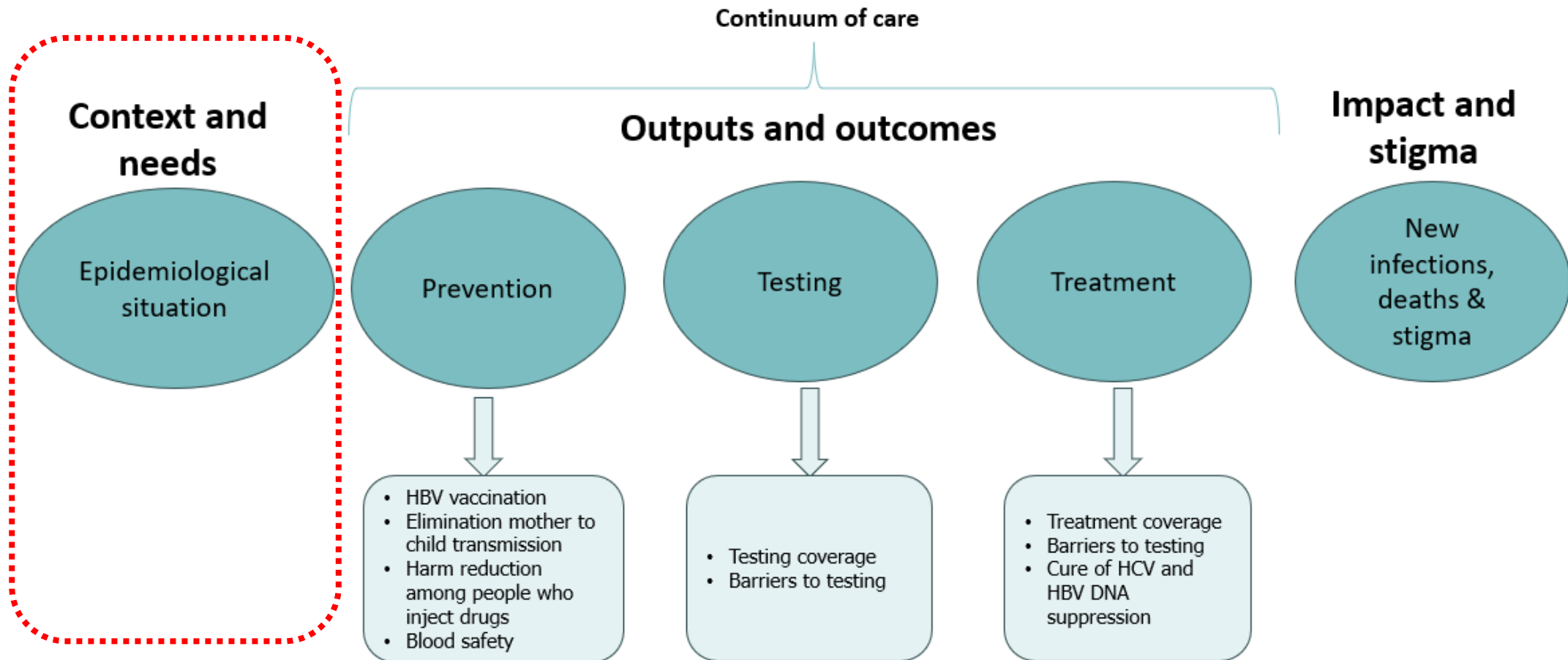
ORIGINAL: ENGLISH

**Regional action plans for ending AIDS and
the epidemics of viral hepatitis and sexually transmitted
infections 2022-2030**

Monitoring progress towards hepatitis elimination



Monitoring progress towards hepatitis elimination



The burden of viral hepatitis B and C in the EU/EEA

3.2 million people living
with chronic HBV
(2024 estimate)

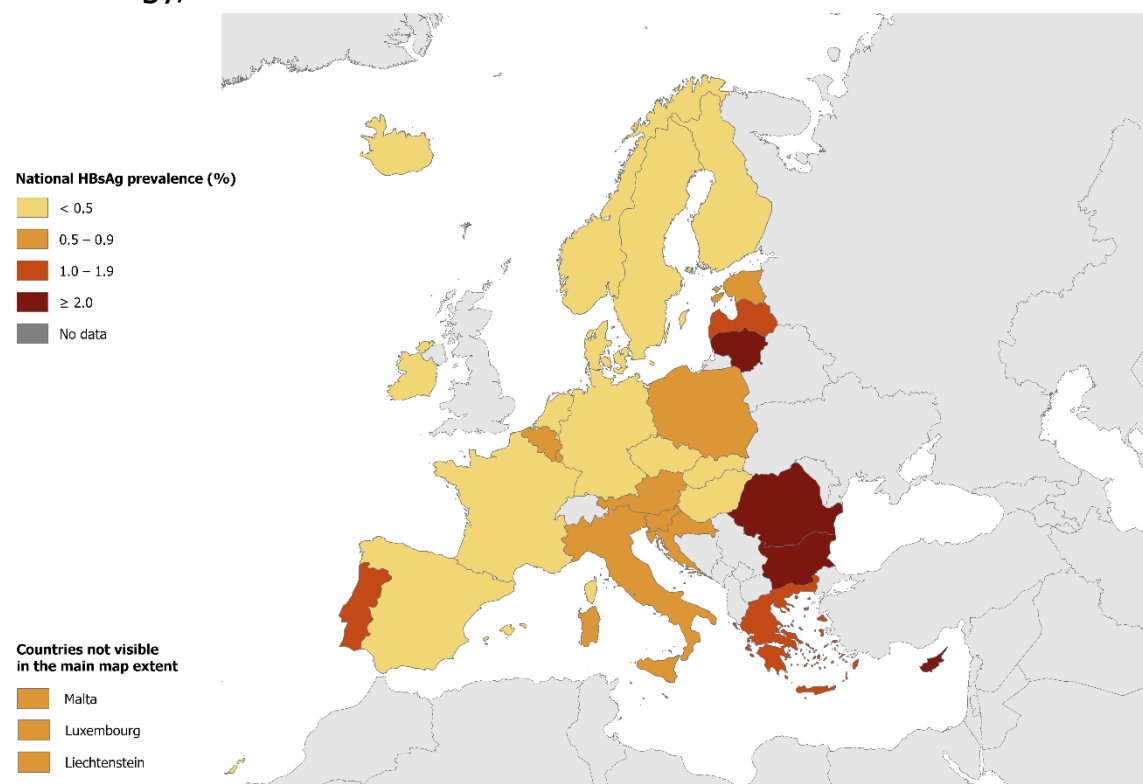
1.8 million people living
with chronic HCV
(2022 estimate)

Fall in viraemic HCV prevalence in 22 EU/EEA countries based on recent modelling

Prevalence of hepatitis B and C in EU/EEA countries

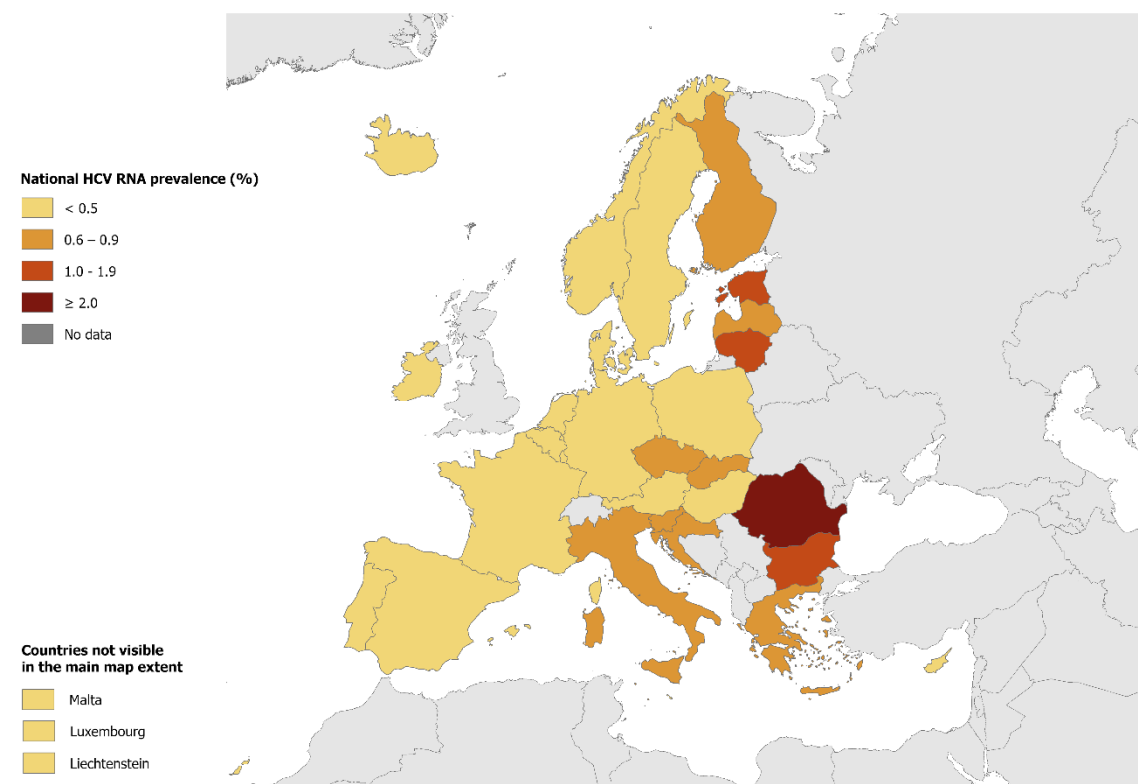
Hepatitis B

National hepatitis B (HBsAg) prevalence estimated through workbook methodology, 2024

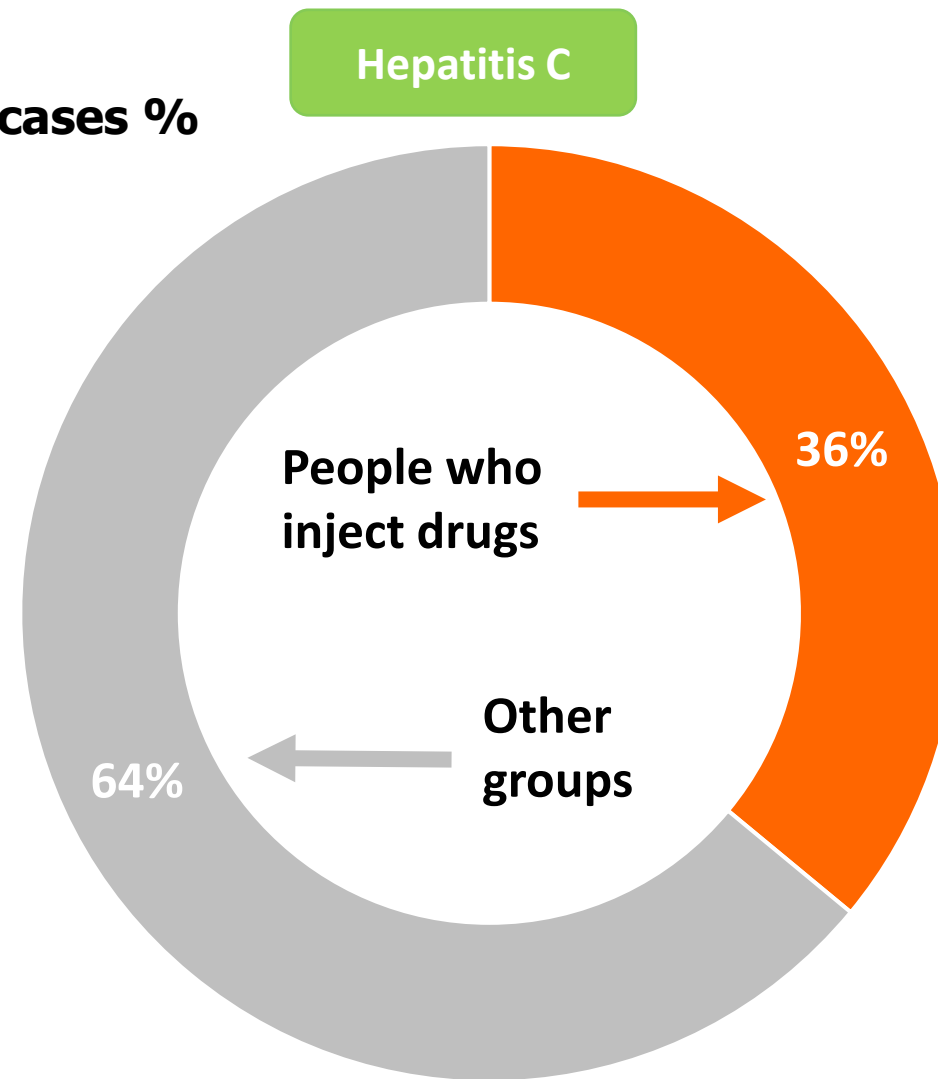
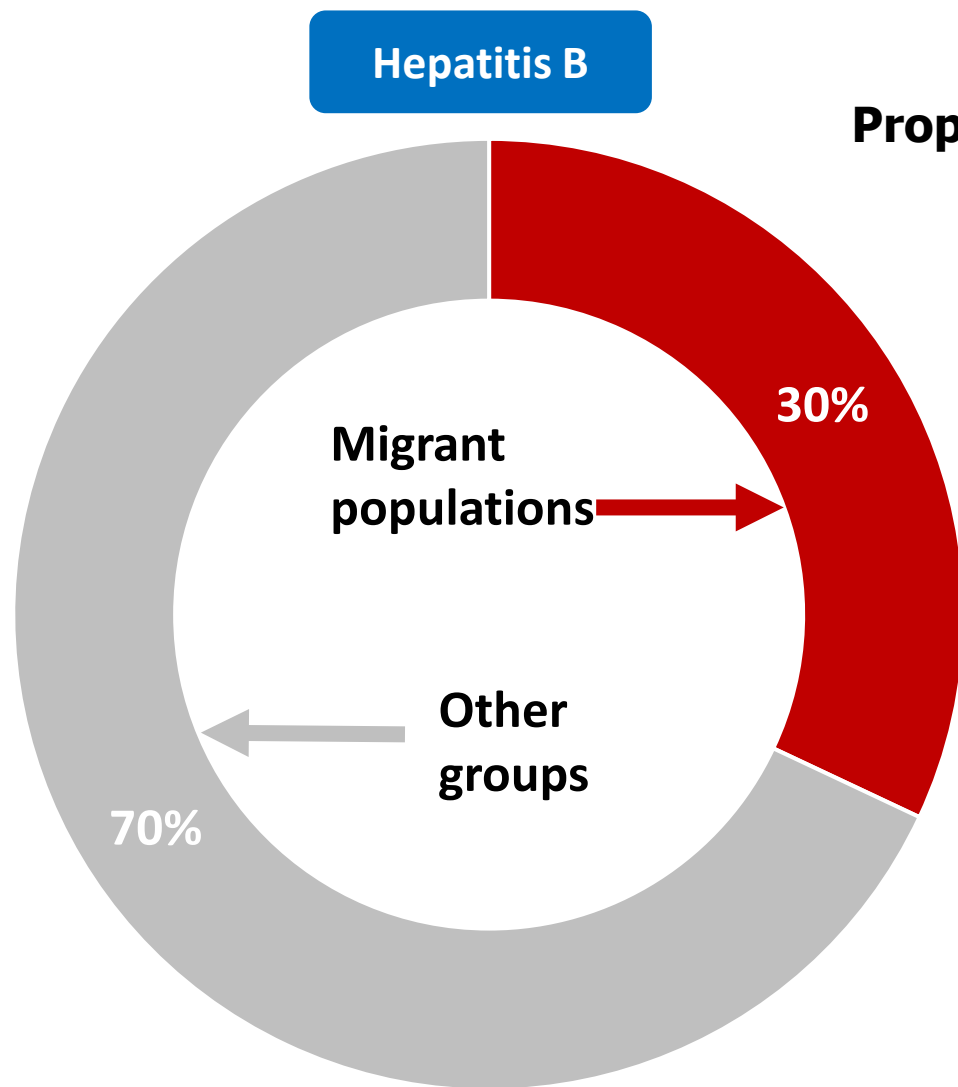


Hepatitis C

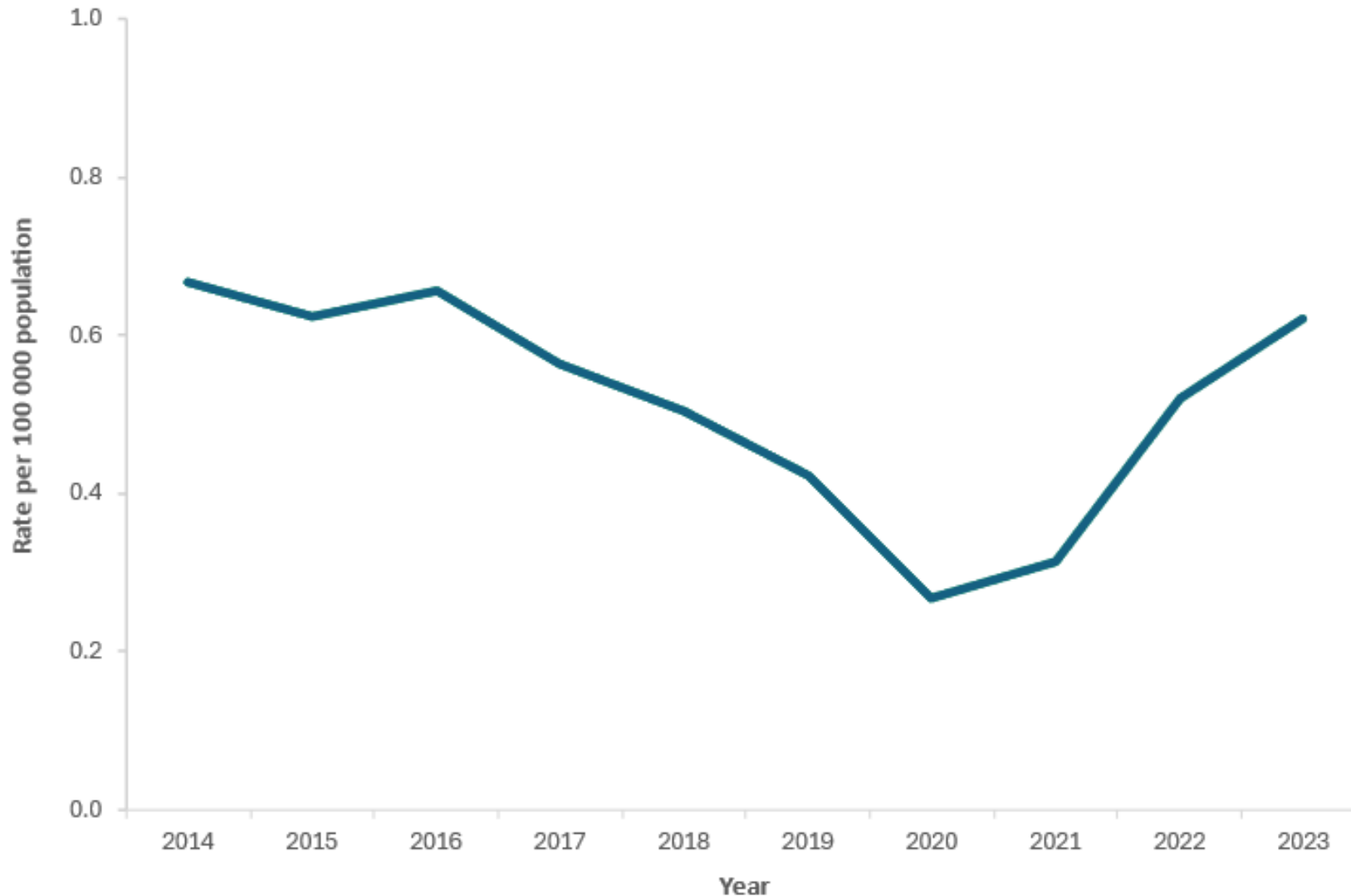
National estimates of hepatitis C RNA prevalence, 2022



Key populations affected by hepatitis B and C across EU/EEA countries



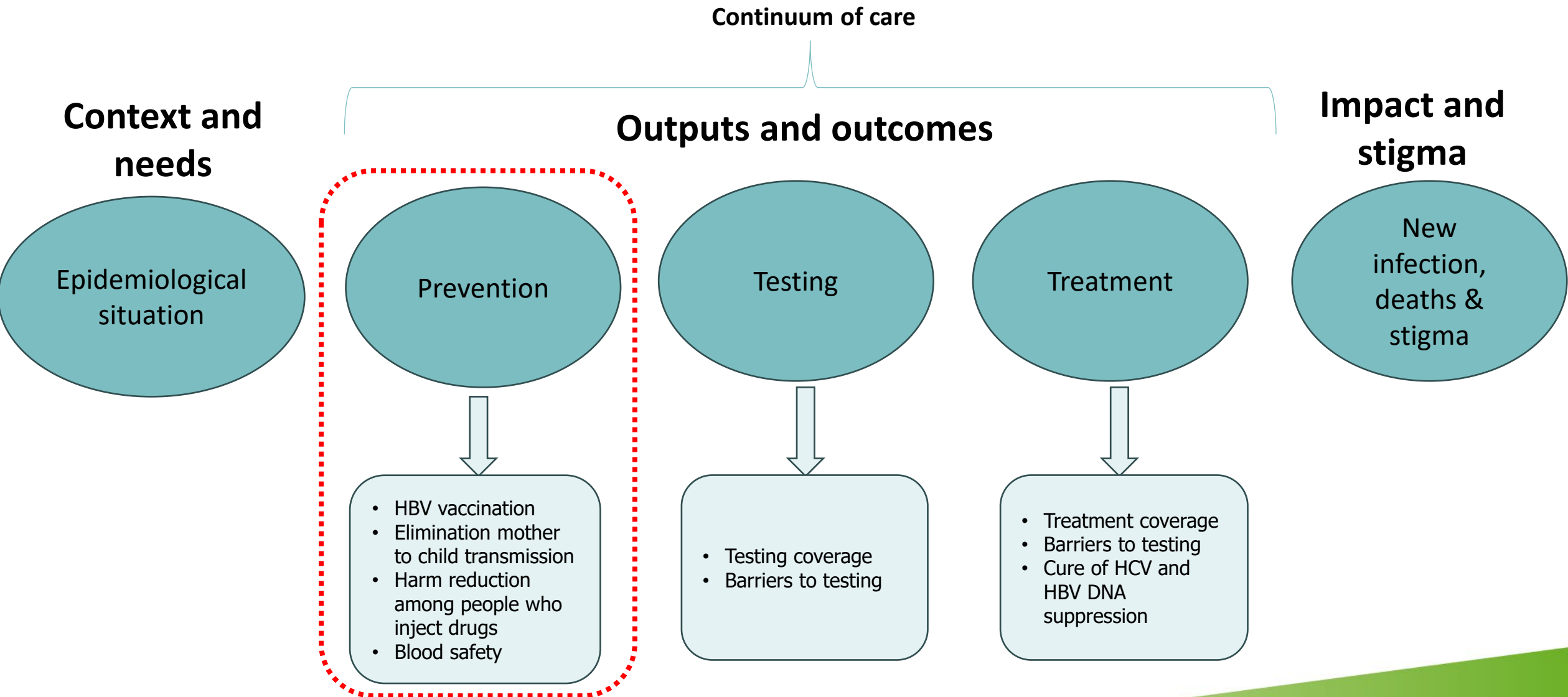
Notification rate of acute hepatitis B among EU/EEA countries with consistent reporting*, 2014 - 2023



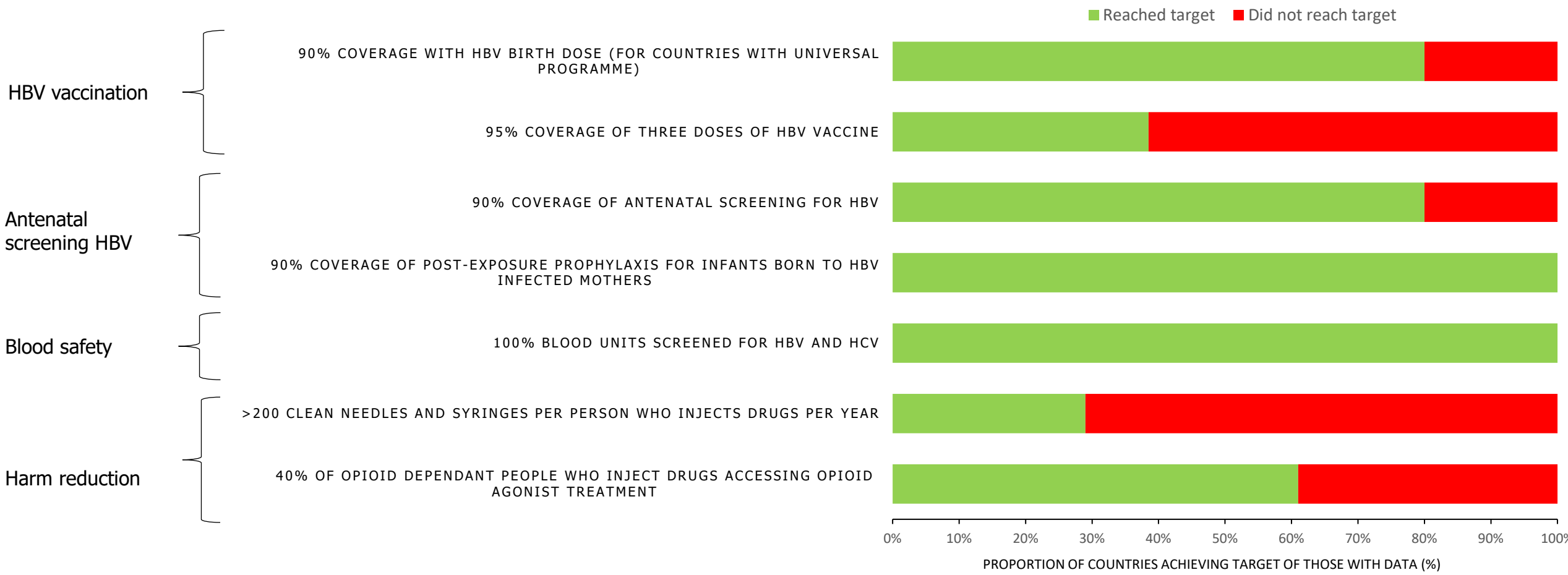
**Country reports from Austria, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Latvia, Lithuania, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden.*

Source: ECDC. Hepatitis B: Annual Epidemiological Report for 2023 (awaiting publication)

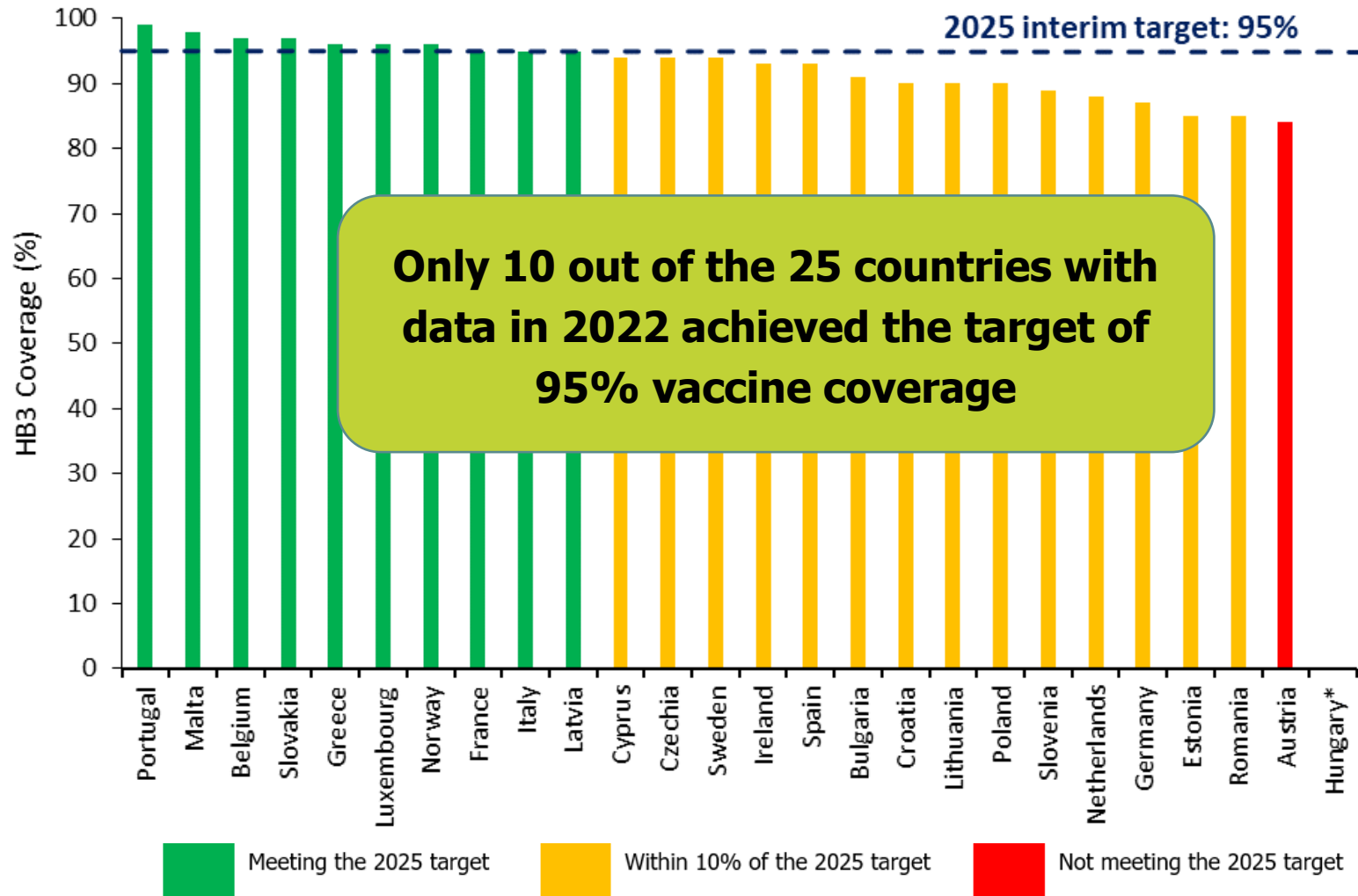
Monitoring progress towards hepatitis elimination



Progress towards the WHO elimination targets for prevention across the EU/EEA countries, 2022



Coverage (%) of three doses of hepatitis B vaccine (HB3) in EU/EEA countries that implement universal HBV vaccination, 2022

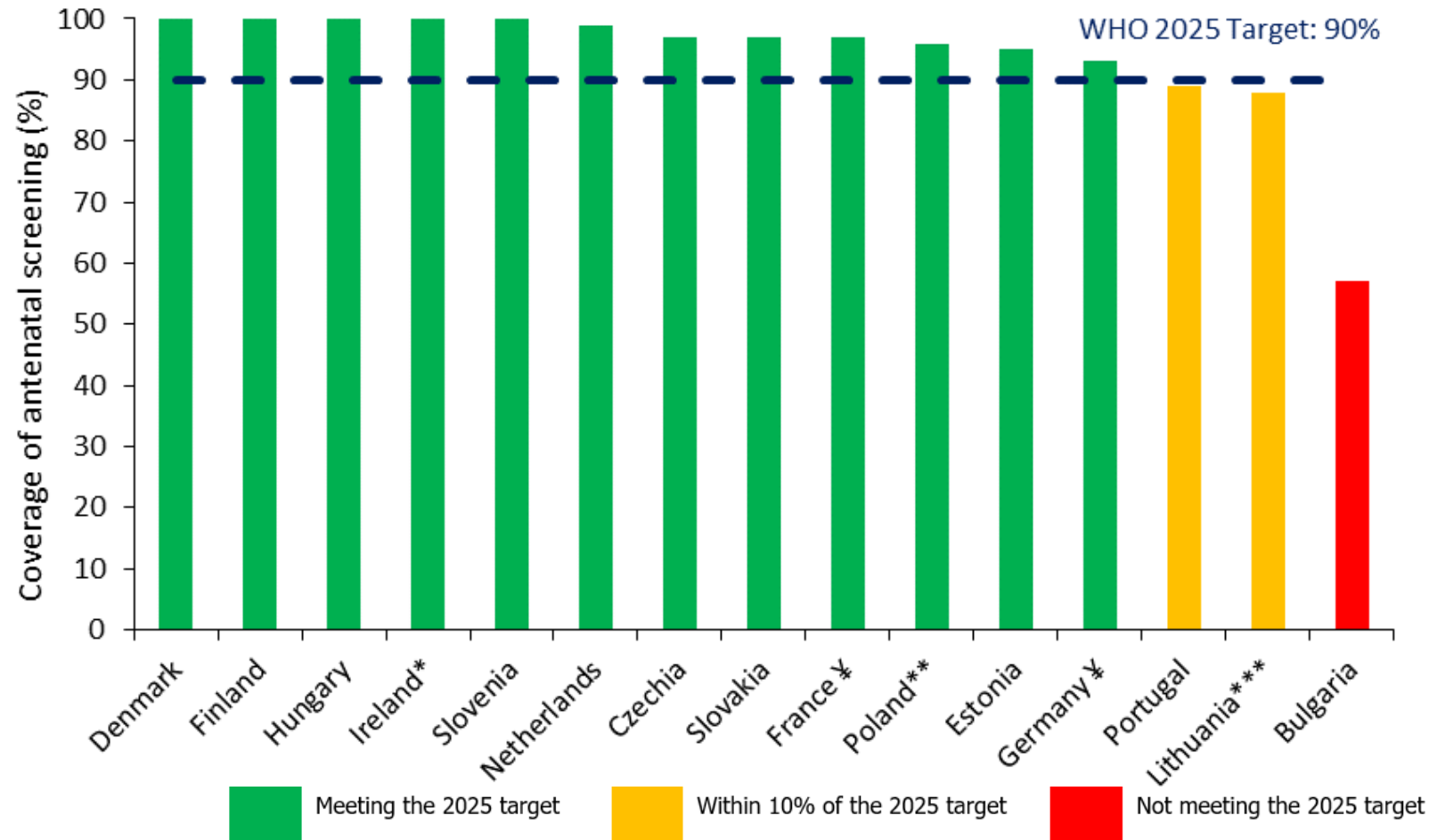


*No data.

NB. Denmark, Finland and Iceland do not have a national policy for universal childhood vaccination against hepatitis B and Hungary has a universal vaccination programme targeting school aged children.

Source: World Health Organization

Prevention of mother-to-child transmission, antenatal screening, 2022



- All EU/EEA countries reported a universal antenatal screening programme for HBV
- 12 of 15 countries with data reached the 90% target

* Clinic-level data

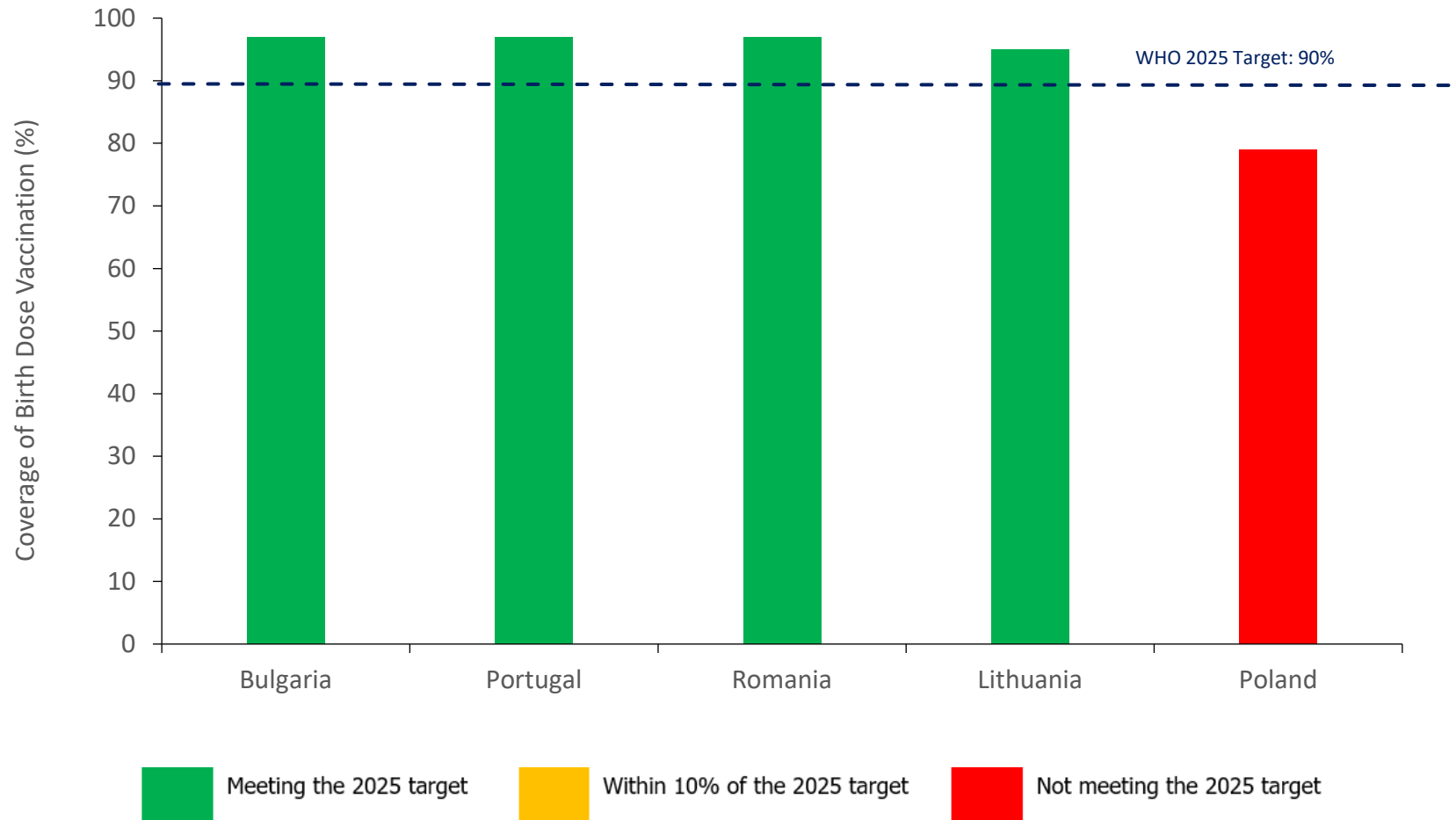
** Poland: data from one region (over five years old)

*** Lithuania: data correspond to 2021 and were specially collected

‡ France and Germany: data over five years old

Source: European Centre for Disease Prevention and Control. Evidence brief: Prevention of Hepatitis B and C in the EU/EEA. Stockholm: ECDC; 2024.

Prevention of mother-to-child transmission, provision of timely HBV birth dose for countries with universal policy 2022

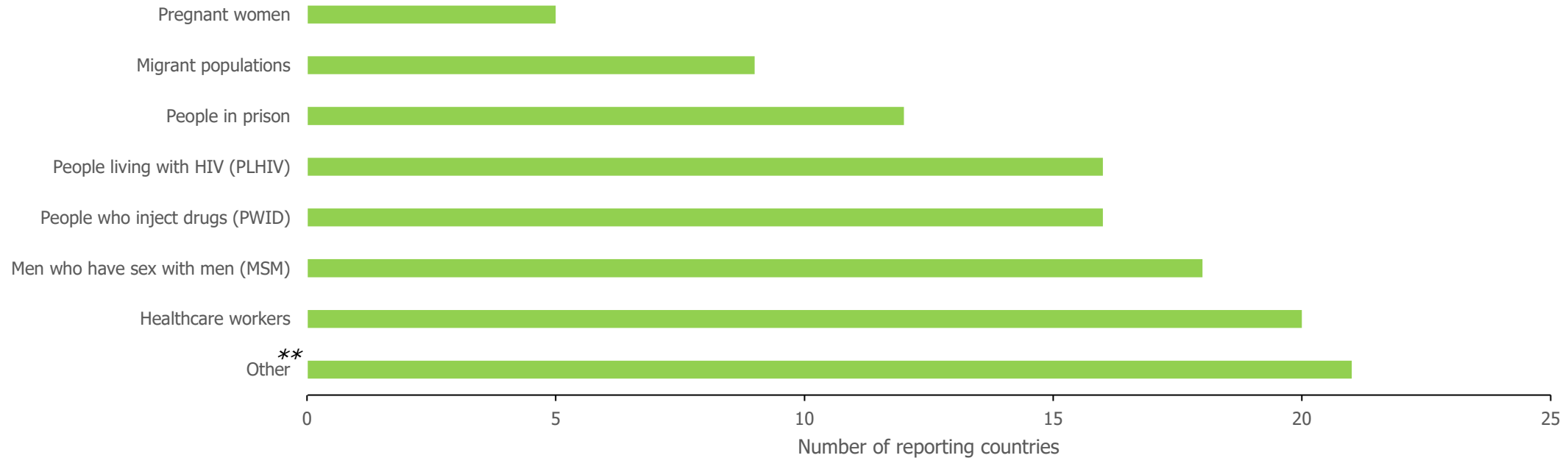


All countries with a targeted birth dose policy achieved target of vaccinating 90% infants born to mothers with HBV

Data on vertical transmission rate available from ten countries ranging from <0.1 – 0.9%

HBV vaccination of key populations

EU/EEA countries with a national policy for HBV vaccination, 2022 (n=29*)



Coverage estimates:

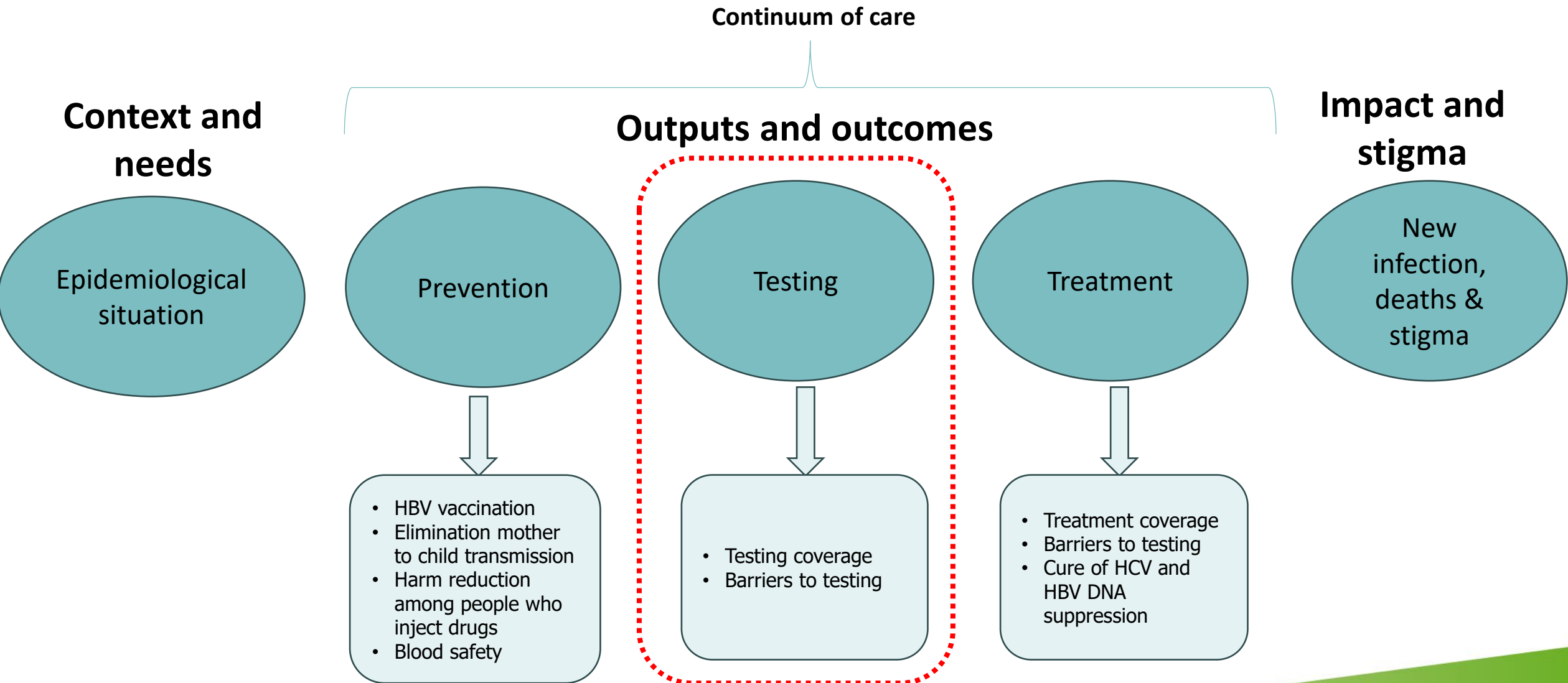
- People who inject drugs: 18 – 54%
- Men who have sex with men: 53%

*No report from Portugal.

** Other includes contacts of people living with HBV, people undertaking haemodialysis; coinfection with HCV, sex workers.

Source: European Centre for Disease Prevention and Control. Evidence brief: Prevention of Hepatitis B and C in the EU/EEA. Stockholm: ECDC; 2024 and Brandl M, Schmidt AJ, Marcus U, Duffell E, Severi E, Mozalevskis A, Kivite-Urtane A, An der Heiden M, Dudareva S. Self-reported hepatitis A and B vaccination coverage among men who have sex with men (MSM), associated factors and vaccination recommendations in 43 countries of the WHO European Region: results from the European MSM Internet Survey, EMIS-2017. Euro Surveill. 2024 Nov;29(45):2400100. .

Monitoring progress towards hepatitis elimination



Progress towards the diagnosis targets in EU/EEA countries, 2022

Hepatitis B

WHO 2025 diagnosis target: 60% of people living with chronic HBV infection are diagnosed

No country with sufficient data had reached the target

Hepatitis C

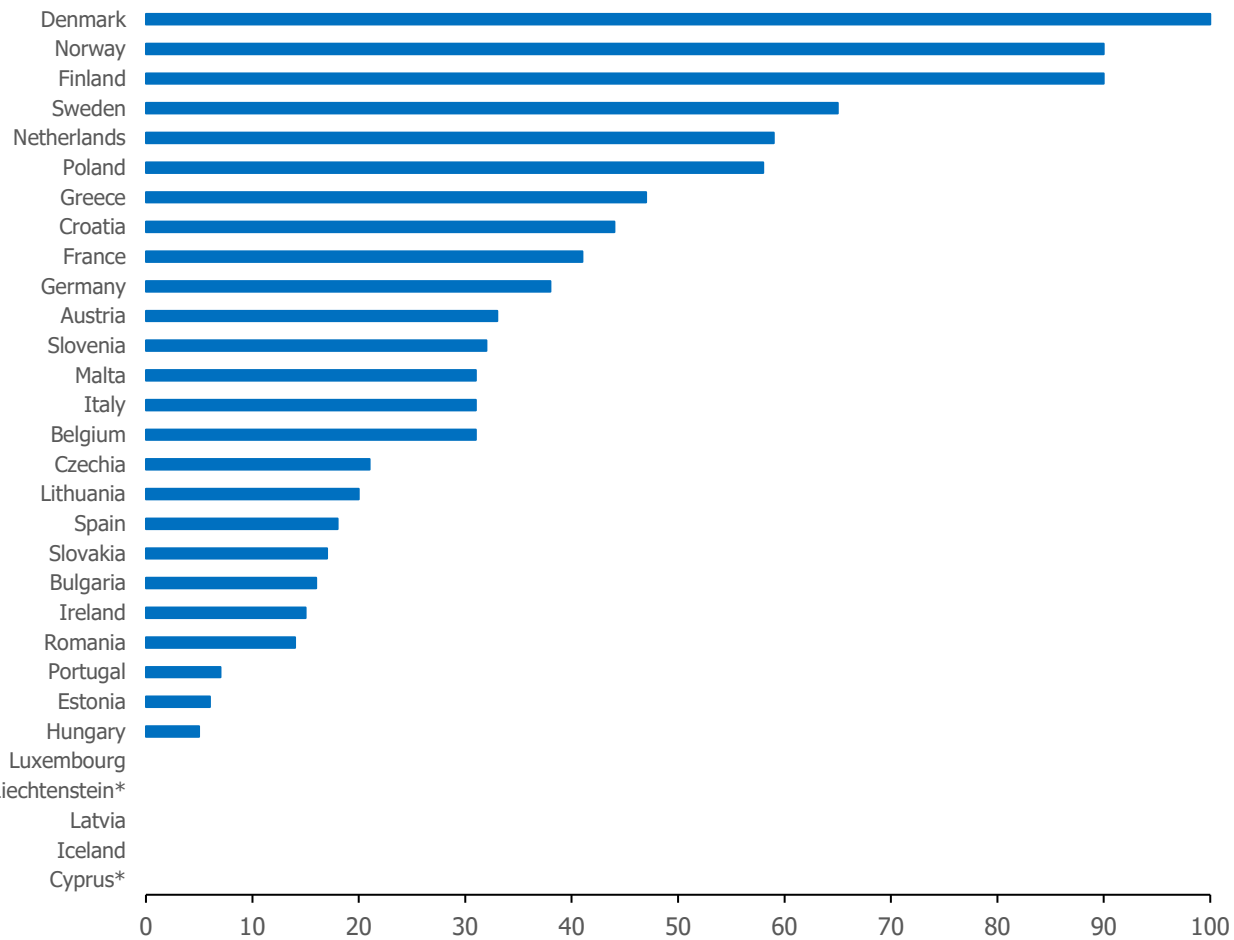
WHO diagnosis 2025 target: 60% of people living with chronic HBV infection are diagnosed

Three of the four countries with sufficient data had reached the target

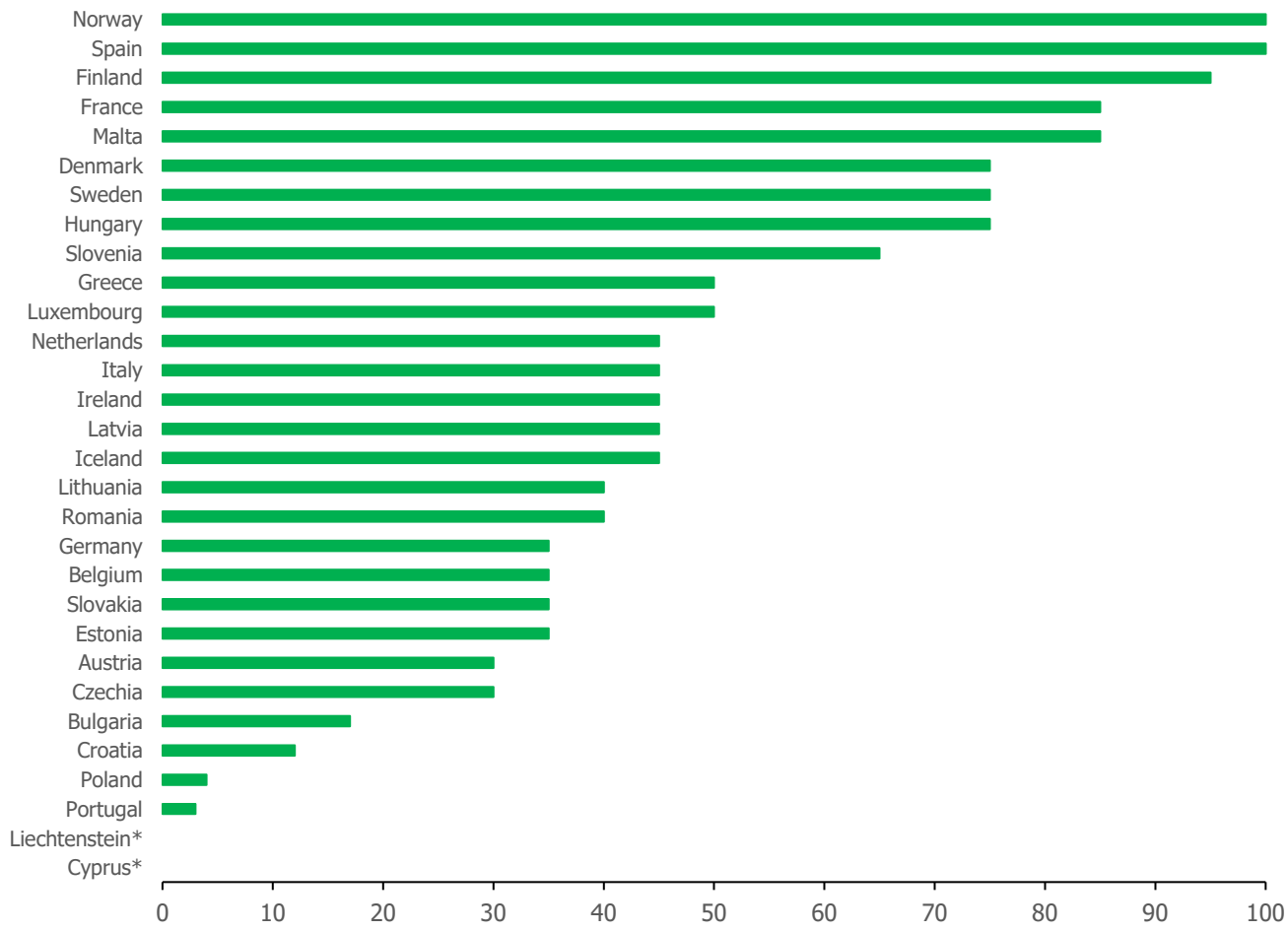
Modelled data relating to proportion of hepatitis B and C cases diagnosed



Hepatitis B

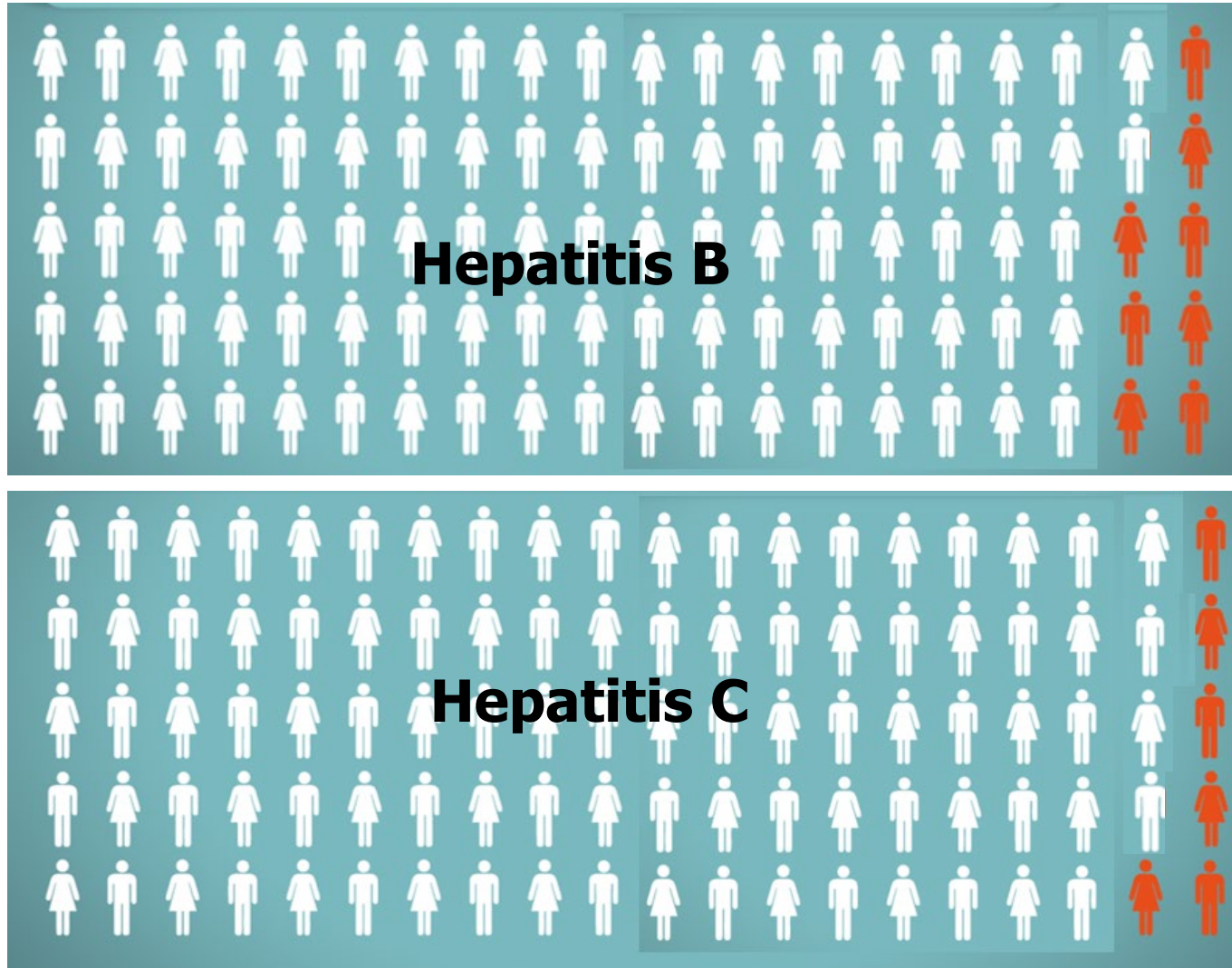


Hepatitis C



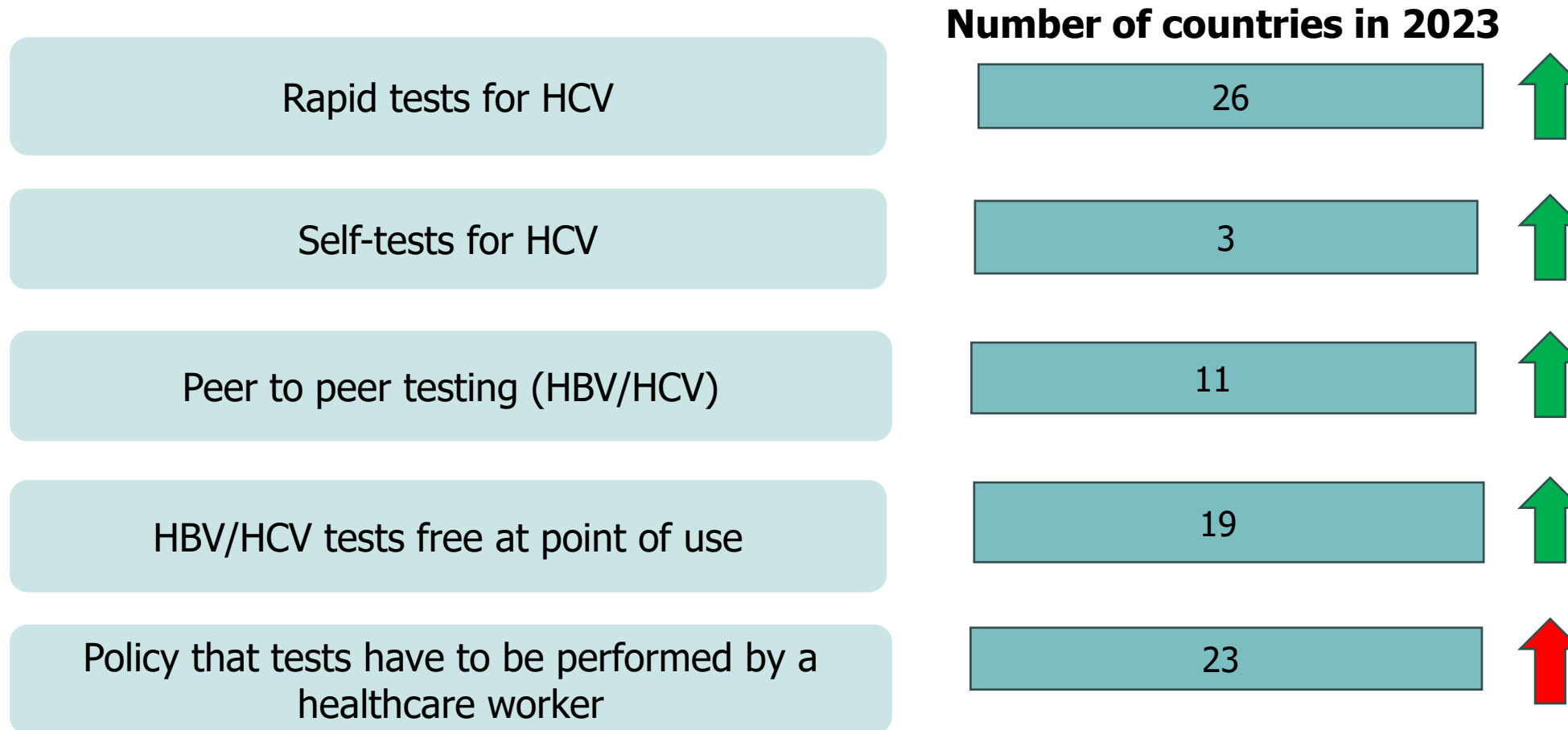
*No data
Source: The Polaris Observatory Collaborators. [https://doi.org/10.1016/S2468-1253\(23\)00233-9](https://doi.org/10.1016/S2468-1253(23)00233-9)

Late diagnosis of hepatitis B and C in 2022, EU/EEA

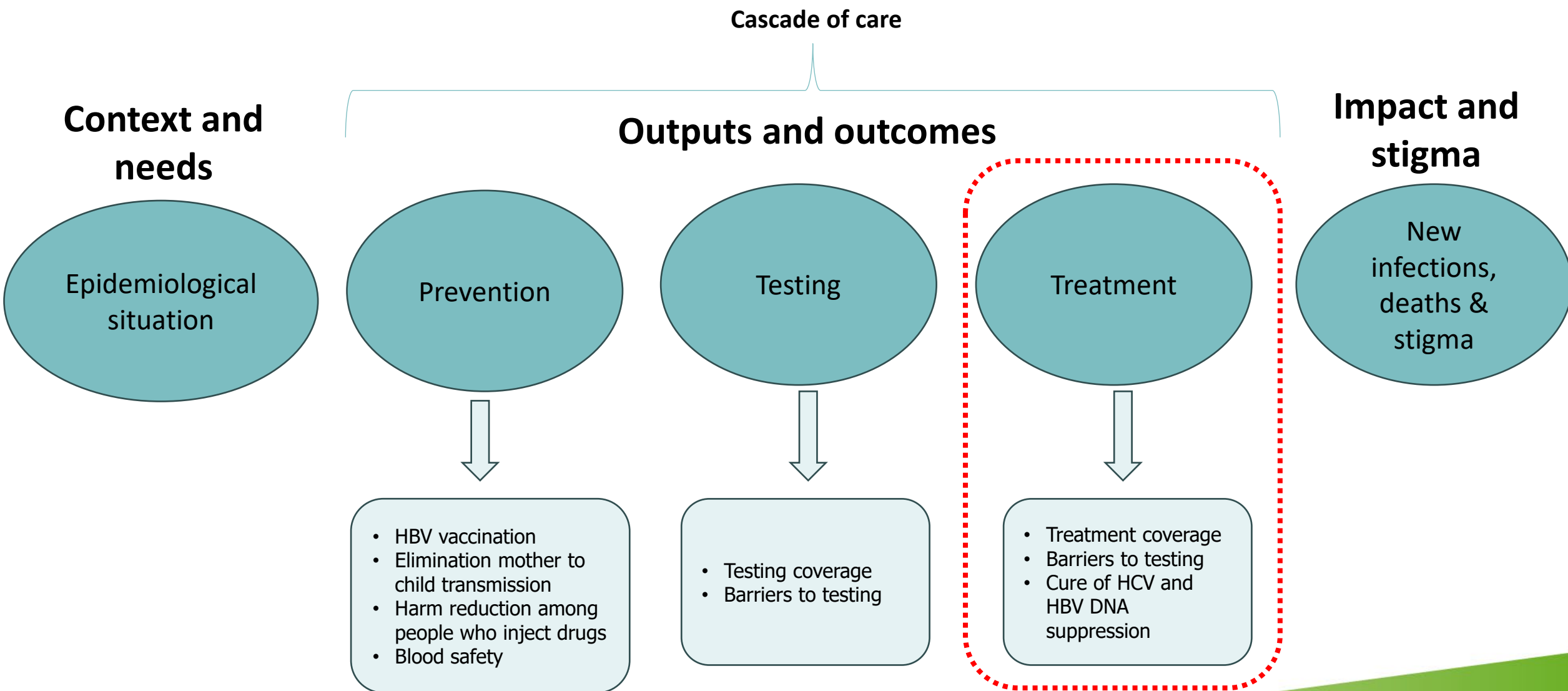


- Late diagnosis = “**decompensated cirrhosis** or **hepatocellular carcinoma** at time of HBV/HCV diagnosis”
- Median estimates indicate 8% of HBV cases and 6% HCV cases **are diagnosed late**
- General **downward trend** in reported proportion cases diagnosed late - but in some countries **1 in 6 HBV/HCV cases diagnosed late**

Progress over time in relation to testing



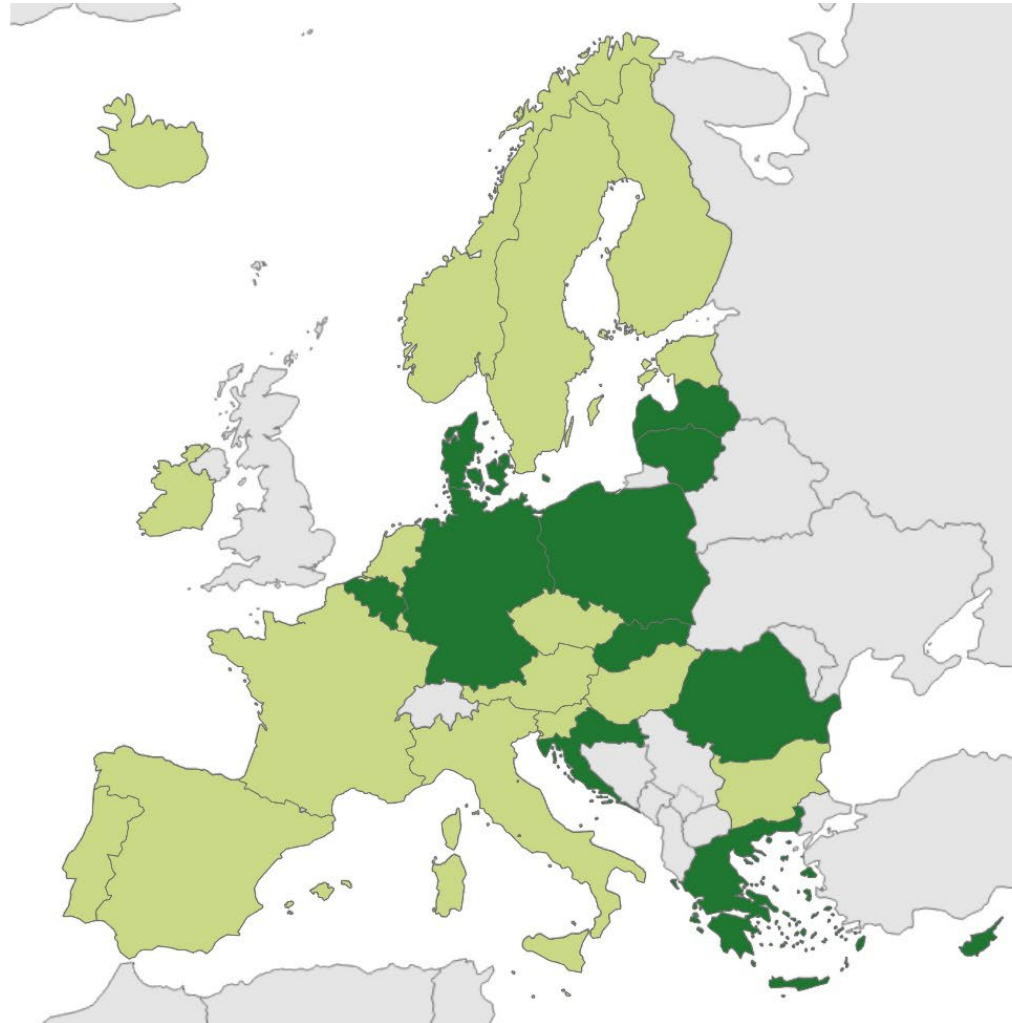
Monitoring progress towards hepatitis elimination



Existence of restrictions on access to HBV/HCV treatment in EU/EEA countries, 2023

Restrictions/limitations on access to HBV/HCV treatment

- No restrictions/limitations
- Restrictions exist



Countries not visible in the main map extent

- Malta
- Luxembourg
- Liechtenstein

11 of 30 countries reported restrictions on access to treatment for:

- Undocumented migrants (9 countries)
- Current/former injectors (1 country)

Progress towards the treatment targets in EU/EEA countries*, 2022

Hepatitis B

WHO 2025 treatment target: 50% of people living with chronic hepatitis B infection on treatment in 2022

No country with data reached the target

Viral suppression: 72 to 100% based on data from three countries

Hepatitis C

WHO 2025 treatment target: 50% of people living with chronic hepatitis C infection cured

No country with data reached the target

Between 5 to 22% of cases ever diagnosed with chronic HCV (excluding any resolved/cured infections) **were treated in 2022.**

Sustained viral response: 90 to 100% based on data from nine countries

**Only four countries reporting data for HBV and five for HCV.*

Progress towards the treatment targets in EU/EEA countries*, 2022

Hepatitis B

WHO 2025 treatment target: 50% of people living with chronic hepatitis B infection on treatment in 2022

No country with

Focusing on targets alone fails to highlight the huge efforts in scaling up treatment across the region for both infections – especially for hepatitis C

Viral suppression: 72 to 100% based on data from three countries

Hepatitis C

WHO 2025 treatment target: 50% of people living with chronic hepatitis C infection cured

ed the target

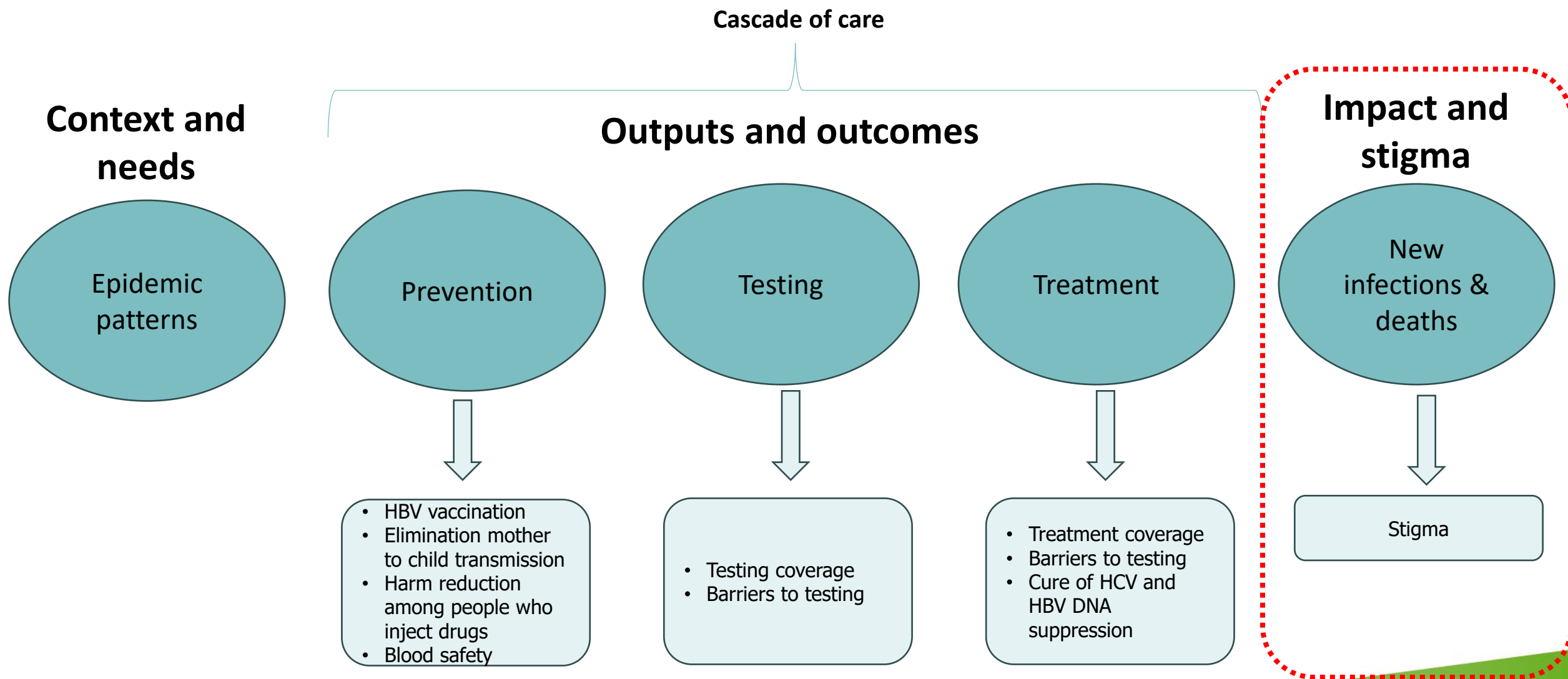
ever diagnosed with resolved/cured infections)

Sustained viral response: 90 to 100% based on data from nine countries

**Only four countries reporting data for HBV and five for HCV.*

Source: European Centre for Disease Prevention and Control. Monitoring of responses to the hepatitis B and C epidemics in EU/EEA countries – 2022 data. Stockholm: ECDC; 2024.

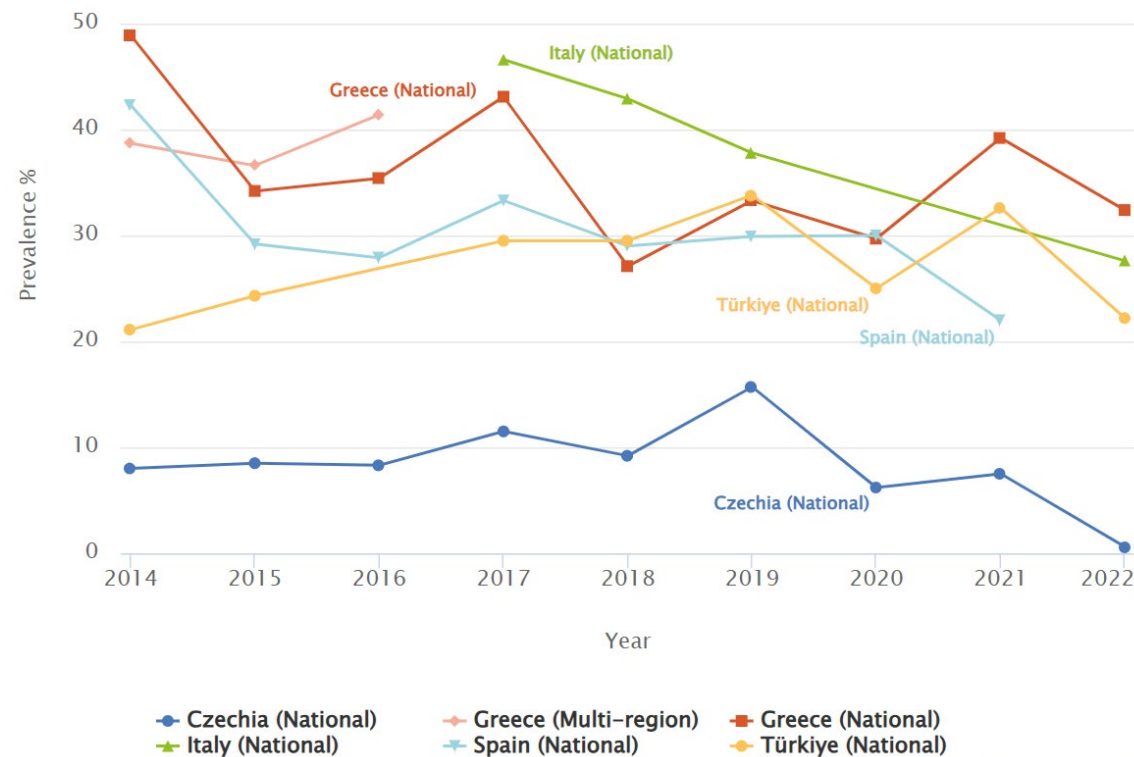
Monitoring progress towards hepatitis elimination



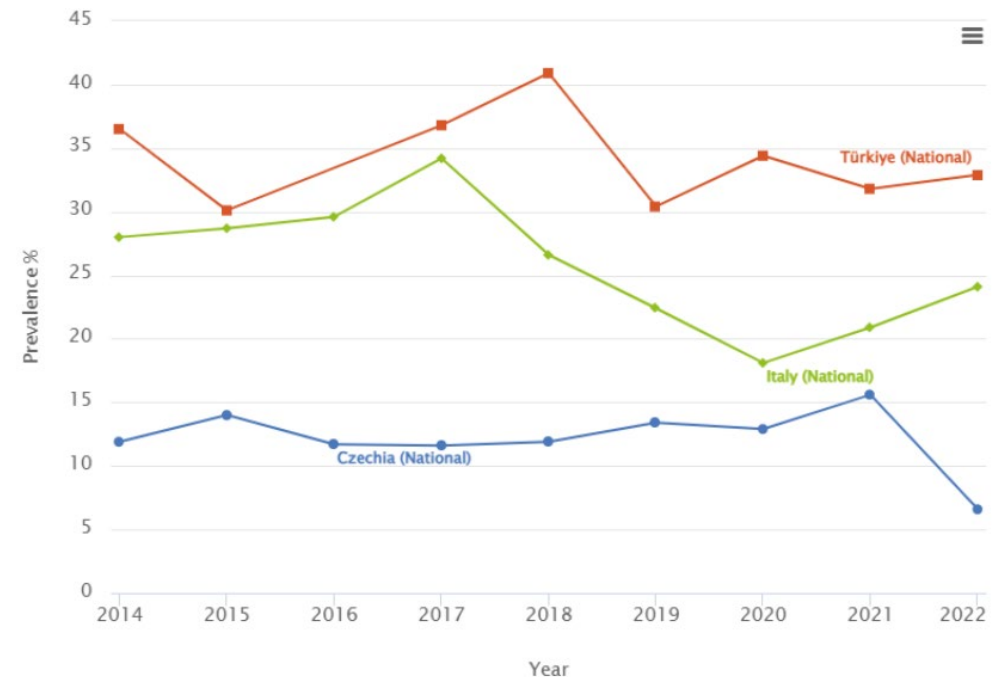
Hepatitis C incidence

Proxies for incidence: trends in anti-HCV prevalence among new PWID (injected <2 years) and young PWID (<25 years)

Trends in Anti-HCV prevalence among **PWID injecting <2 years**: results from diagnostic tests and seroprevalence studies with national or multi-city coverage, 2014 - 2022



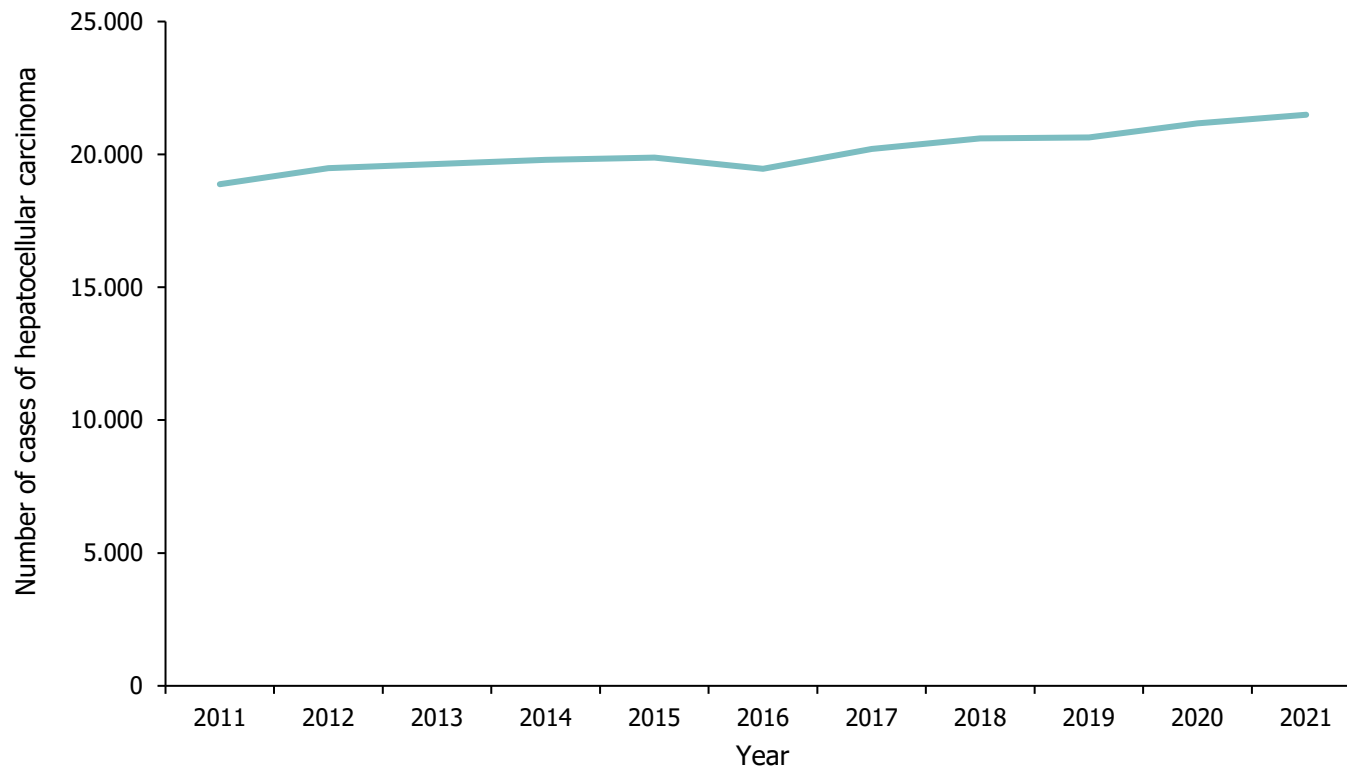
Trends in Anti-HCV prevalence among **PWID aged <25 years**: results from diagnostic tests and seroprevalence studies with national or multi-city coverage, 2014 - 2022



Progress towards a reduction in hepatitis B and C related mortality



Numbers of hepatocellular carcinoma cases attributed to hepatitis B and C in the EU/EEA, 2011 - 2021



Deaths from hepatocellular carcinoma show no convincing downward trend

Based on the latest Global Burden of Disease data for 2021, **seven countries in the EU/EEA** achieved the impact target of a combined hepatitis B and C mortality rate of **≤6 per 100 000 per year**

Combined **hepatitis B and C mortality rate across the EU** was **11.3 per 100 000**

Stigma and viral hepatitis



10% <

***of people living [...] hepatitis [...] and key
populations experience stigma***



Break the silence around hepatitis stigma and discrimination.

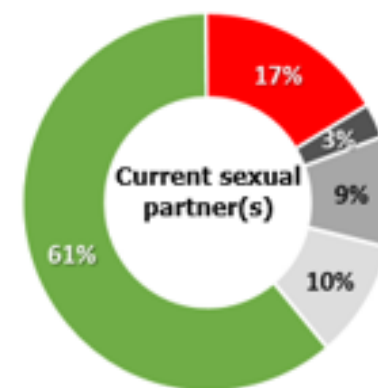
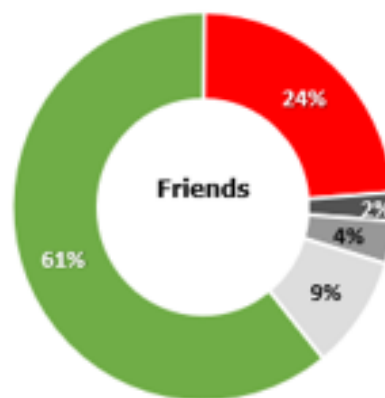
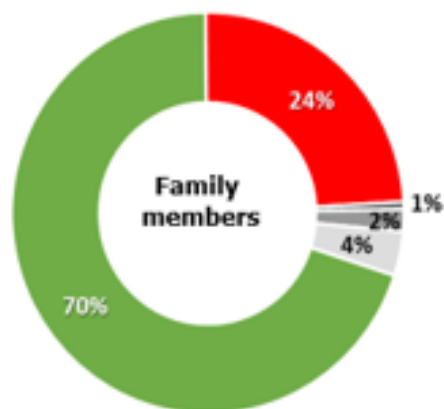
Please take this survey



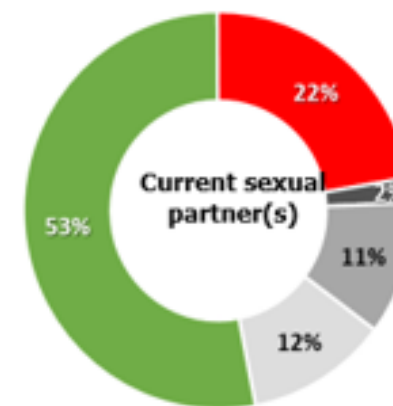
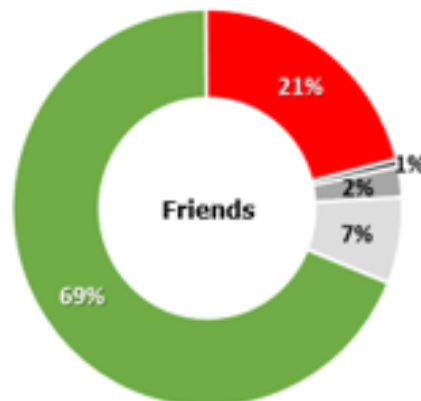
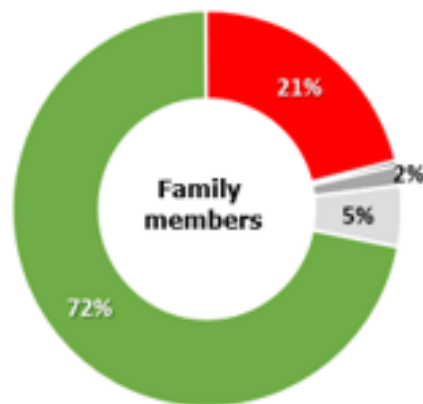
<https://www.worldhepatitisalliance.org/stigma/>

Results from the European pilot study 2024: Who have you told you are/were living with hepatitis?

Hepatitis B (n = 169)

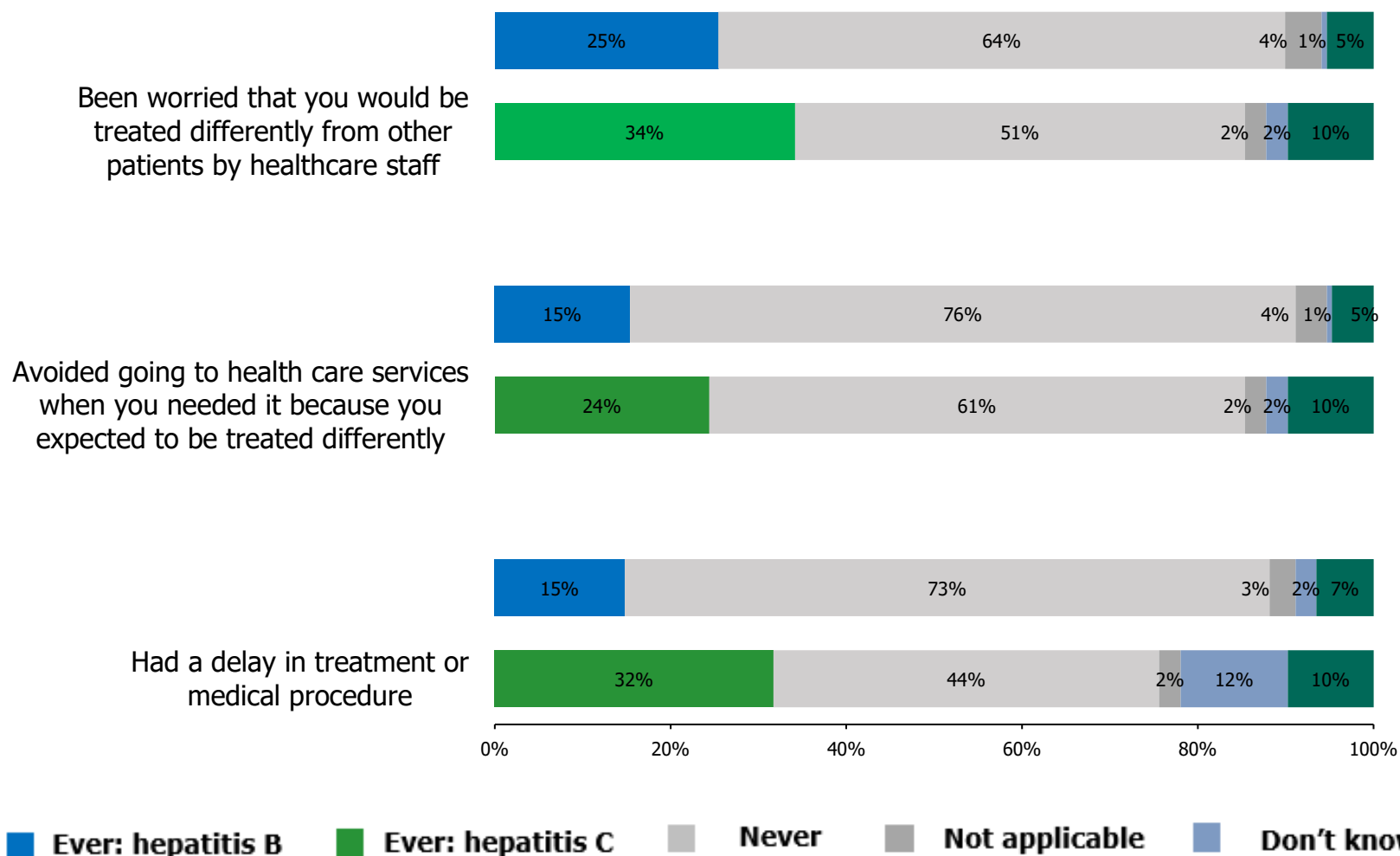


Hepatitis C – active or cured (n = 487)



■ Told someone ■ Told no one ■ Not applicable ■ Preferred not to say ■ Missing data

Results from the European pilot study 2024: Experiences of stigma at healthcare settings



What is needed to achieve elimination?

Prevention

- Eliminate vertical transmission through development of robust and well-monitored mother to child transmission programmes
- Increase HBV vaccine coverage

Testing

- Development and implementation of local testing strategies tailored to the local epidemiological situation
- Removal of any barriers to testing such as policies around healthcare workers testing
- Scaling up of evidence based approaches that are effective at increasing testing e.g. self-testing

Treatment

- Reduction in barriers to treatment for all those in need
- Greater linkage to care for diagnosed cases
- Scaling up of test and treat initiatives in key settings e.g. prisons
- Consideration around how costs in treatment could be reduced

Stigma

- Further work to understand the stigma and discrimination in community and in healthcare settings
- Strong community engagement to identify solutions

Acknowledgements



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Thank you!

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