



Are EU/EEA countries ready to monitor progress on HCV programmes?

Aspinall EJ ^{1, 2}, Goldberg DJ ^{2, 1}, Duffell E ³, Hutchinson SJ ^{1, 2}, Valerio H ^{1, 2} & Tavoschi L ³

¹ School of Health and Life Sciences, Glasgow Caledonian University, UK

² Health Protection Scotland, NHS National Services Scotland, Glasgow, UK

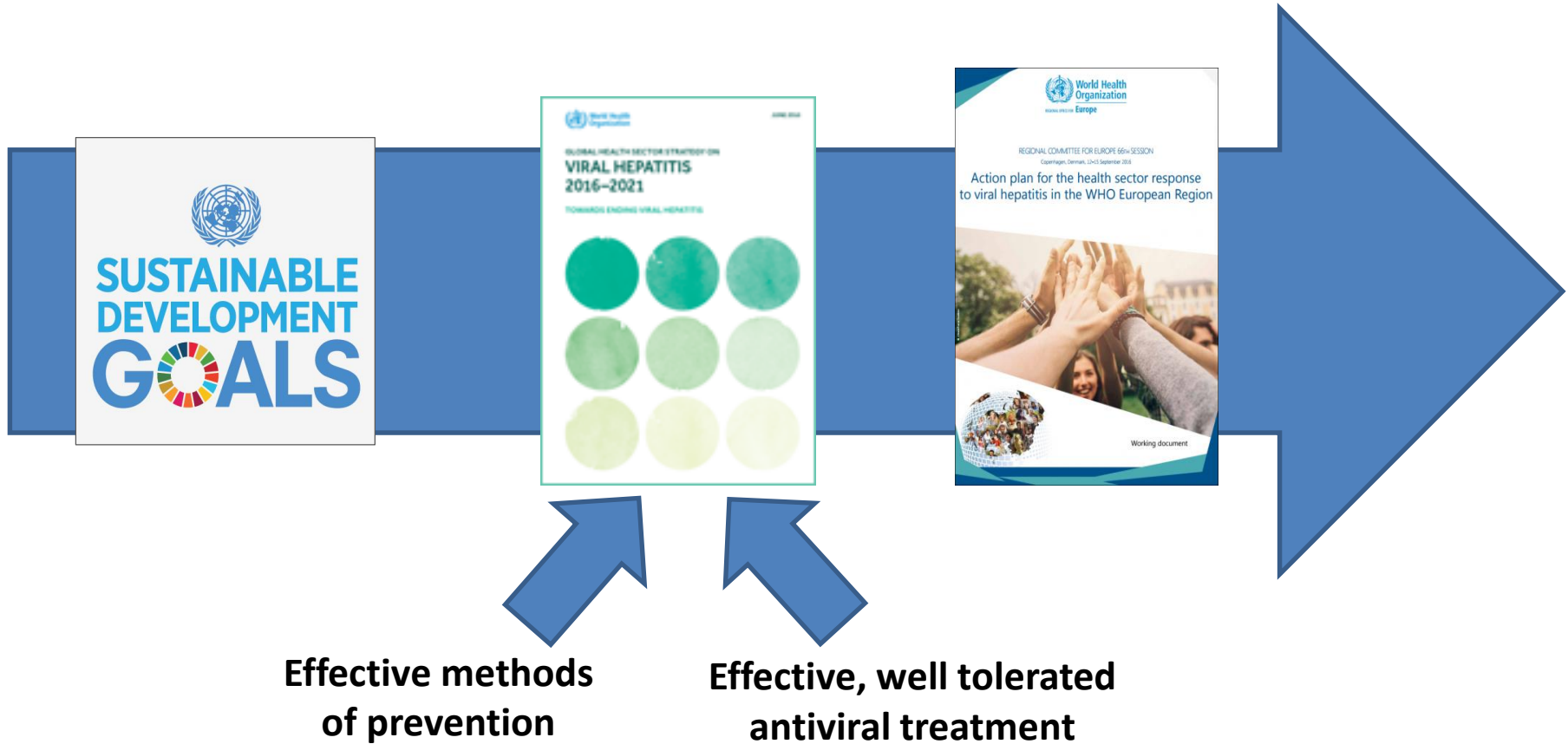
³ European Centre for Disease Prevention and Control, Stockholm, Sweden

The evolving hepatitis C political landscape

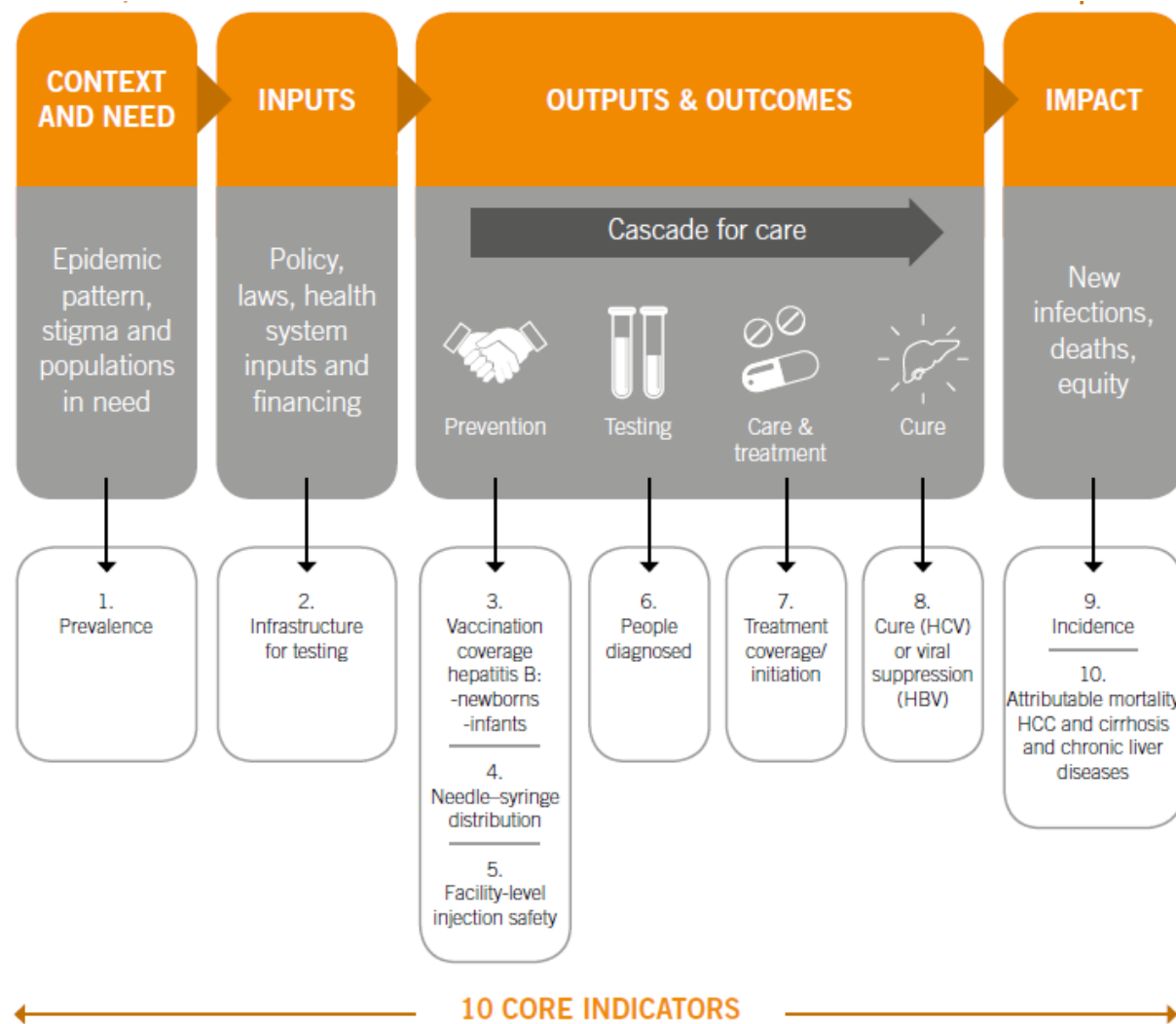


The evolving hepatitis C political landscape

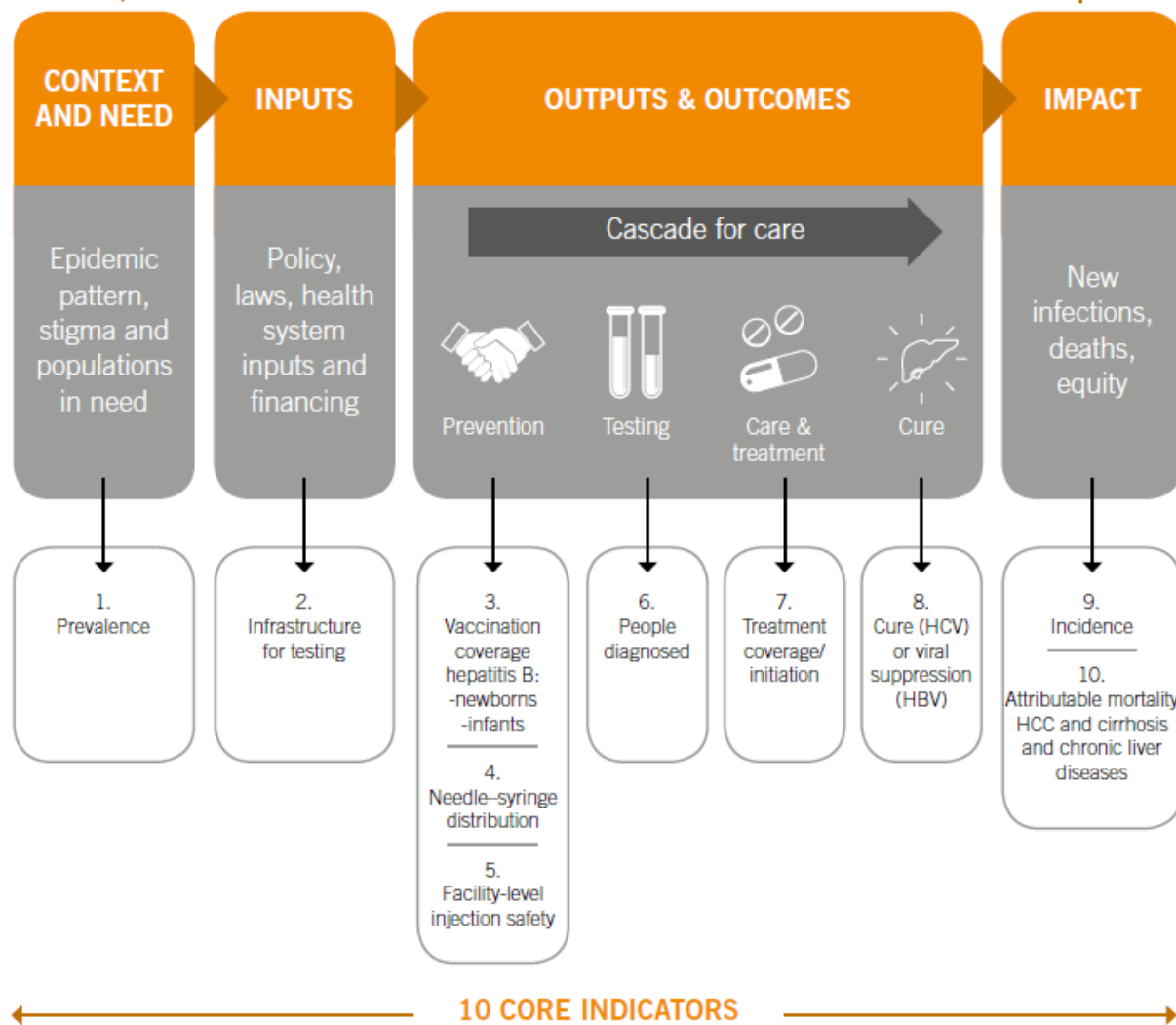
THE ELIMINATION AGENDA



The WHO monitoring and evaluation framework for hepatitis elimination



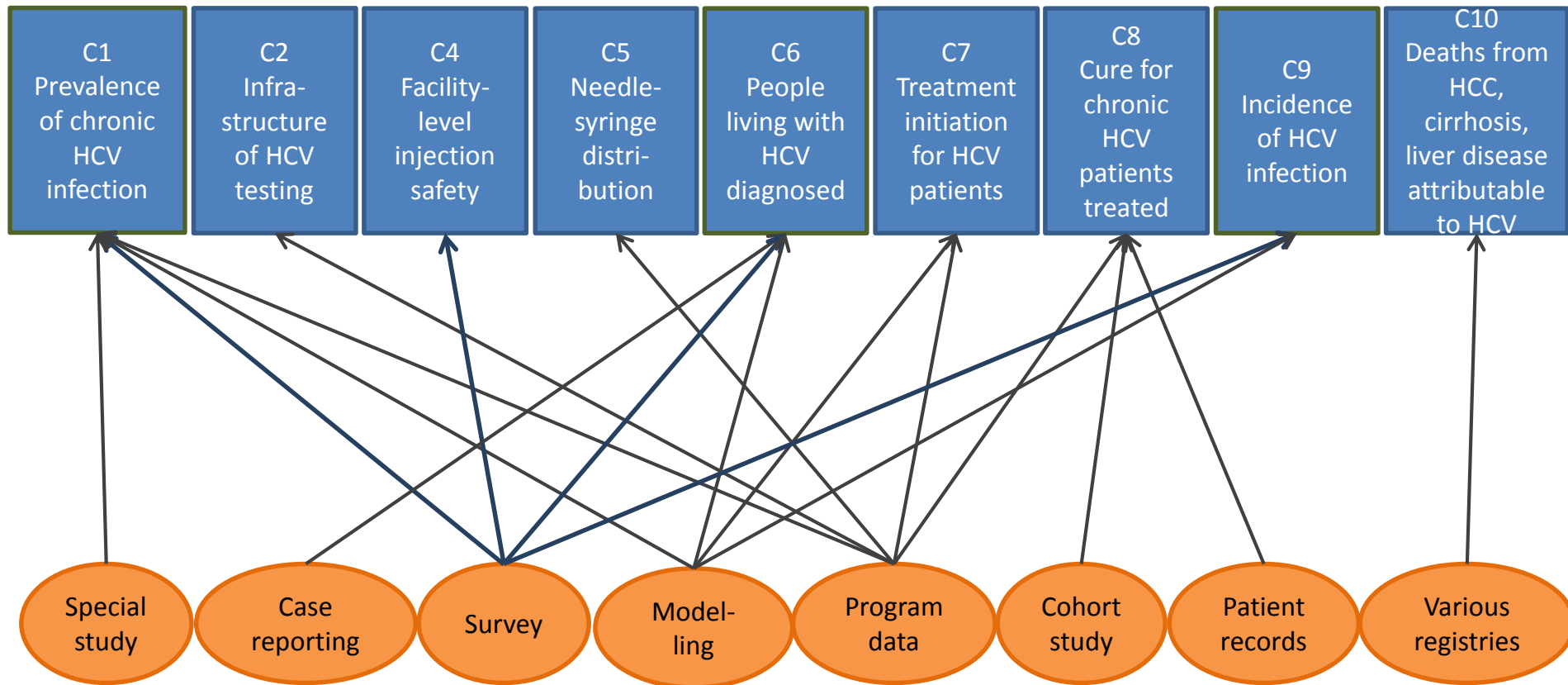
The WHO monitoring and evaluation framework for hepatitis elimination



Additional indicators:

1. HCV coinfection among people with HBV
2. Experience with discrimination
3. Availability of essential medicines
4. National system for viral hepatitis surveillance
5. Hepatitis B testing
6. Hepatitis C testing
7. HCV genotyping
8. Viral hepatitis B and C care coverage
9. Equitable access to hepatitis treatment
10. Documentation of treatment effectiveness

Possible data sources for the HCV core indicators



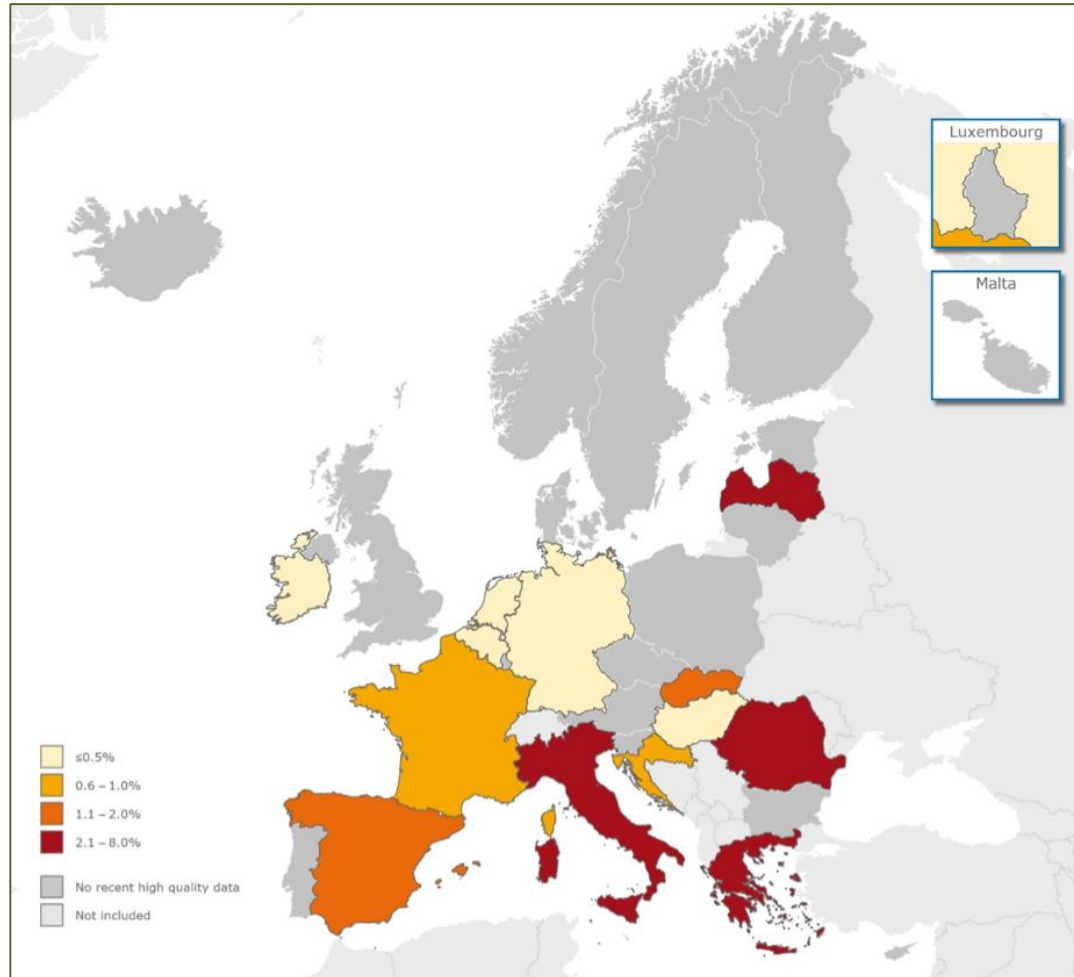
ECDC assessment of available monitoring data across EU/EEA countries



- ECDC survey of the 31 EU/EEA countries on HCV information relating to:
 - Testing
 - Treatment
 - Mortality
- Respondents: 20/31 (65%) Member States
- Survey findings merged with information on regional data sources previously collated by ECDC, WHO and EMCDDA

Context and need: Prevalence

ECDC systematic review: Anti-HCV prevalence in the general population, EU/EEA, 2005–2015



- Review identified estimates of prevalence in the general population from 13 countries
- Further 6 studies identified by MS survey 2016
- Many studies are of weak methodological design:
 - Subnational samples
 - Convenience sampling
 - Variety in study populations

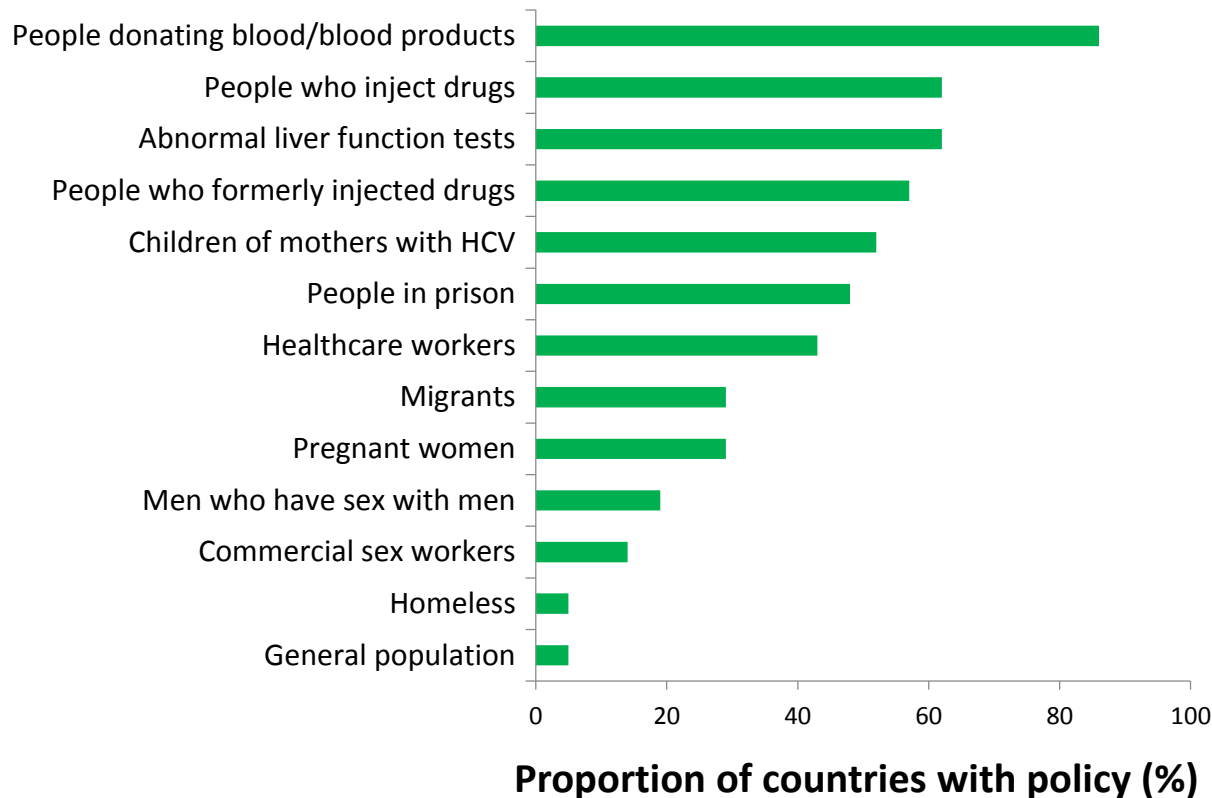
Inputs: Infrastructure for testing



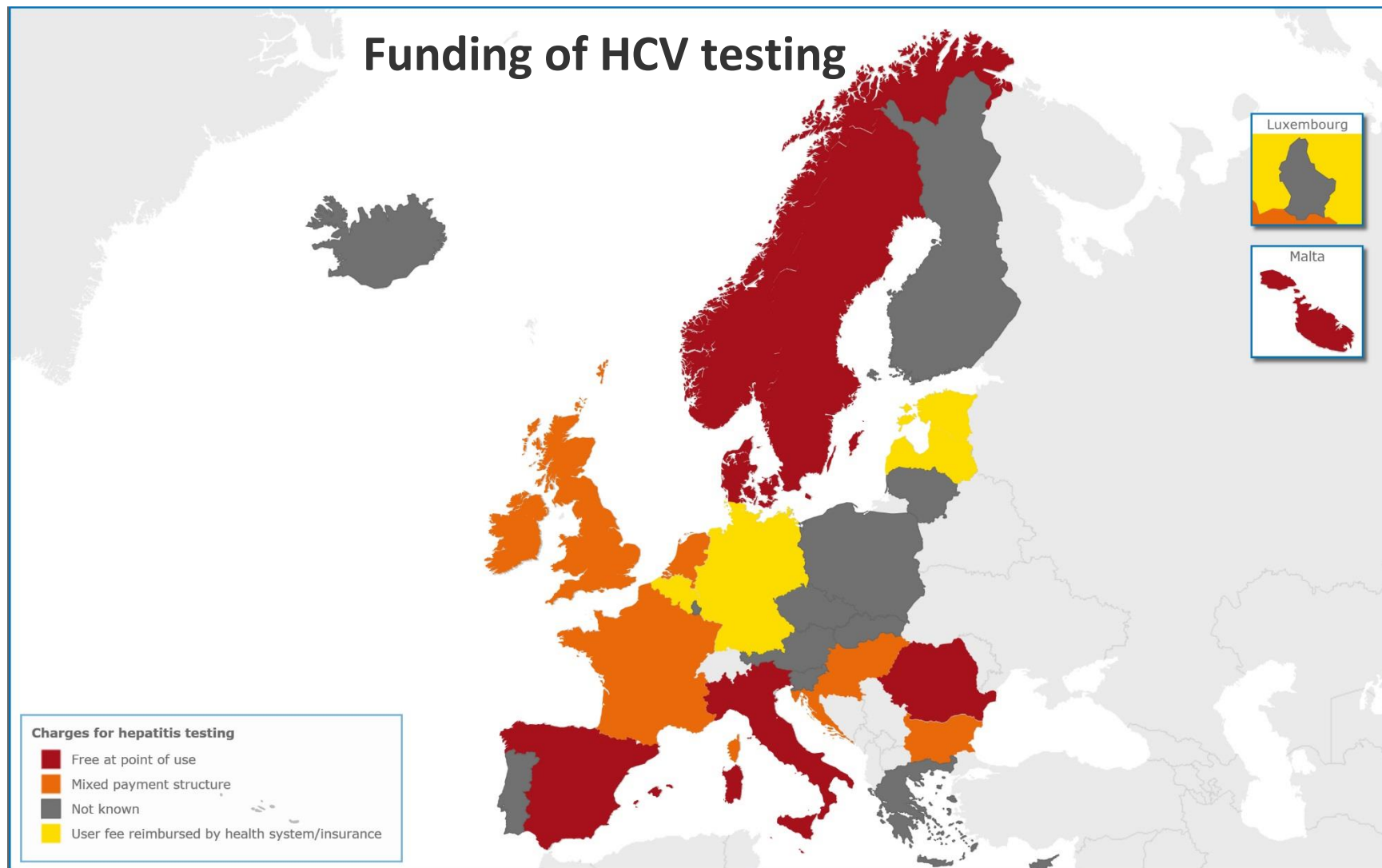
- 10 countries (48%) have dedicated national HCV testing guidance
- Eight (38%) reported routine offer of HCV testing to all prisoners
 - 12 (57%) reported HCV testing offered to prisoners only on basis of risk factors or for medical reasons
 - One country reported no routine testing
- Variation in reported national policies for testing of risk groups

Inputs: Infrastructure for testing

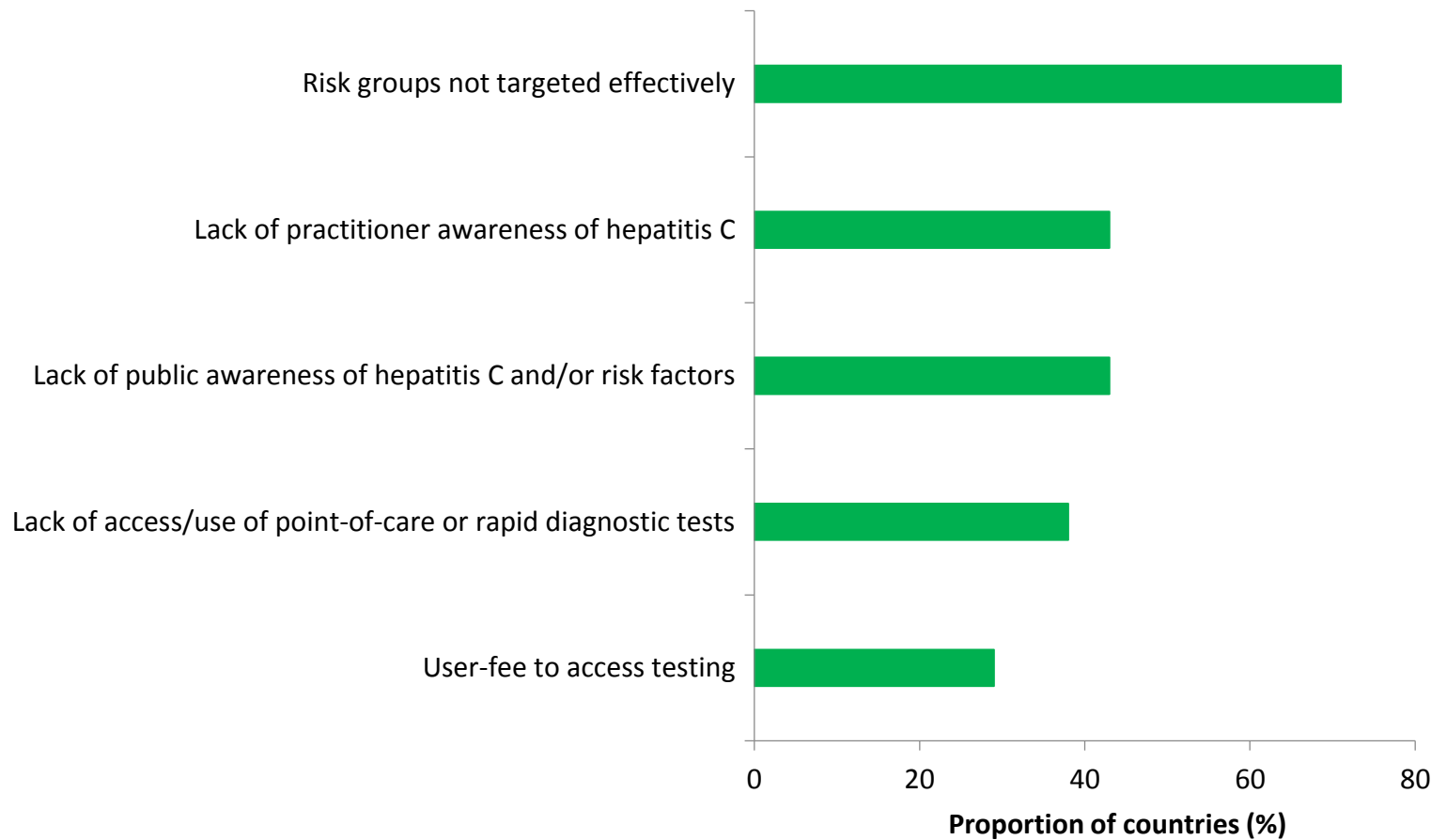
National policies for the testing of key risk groups



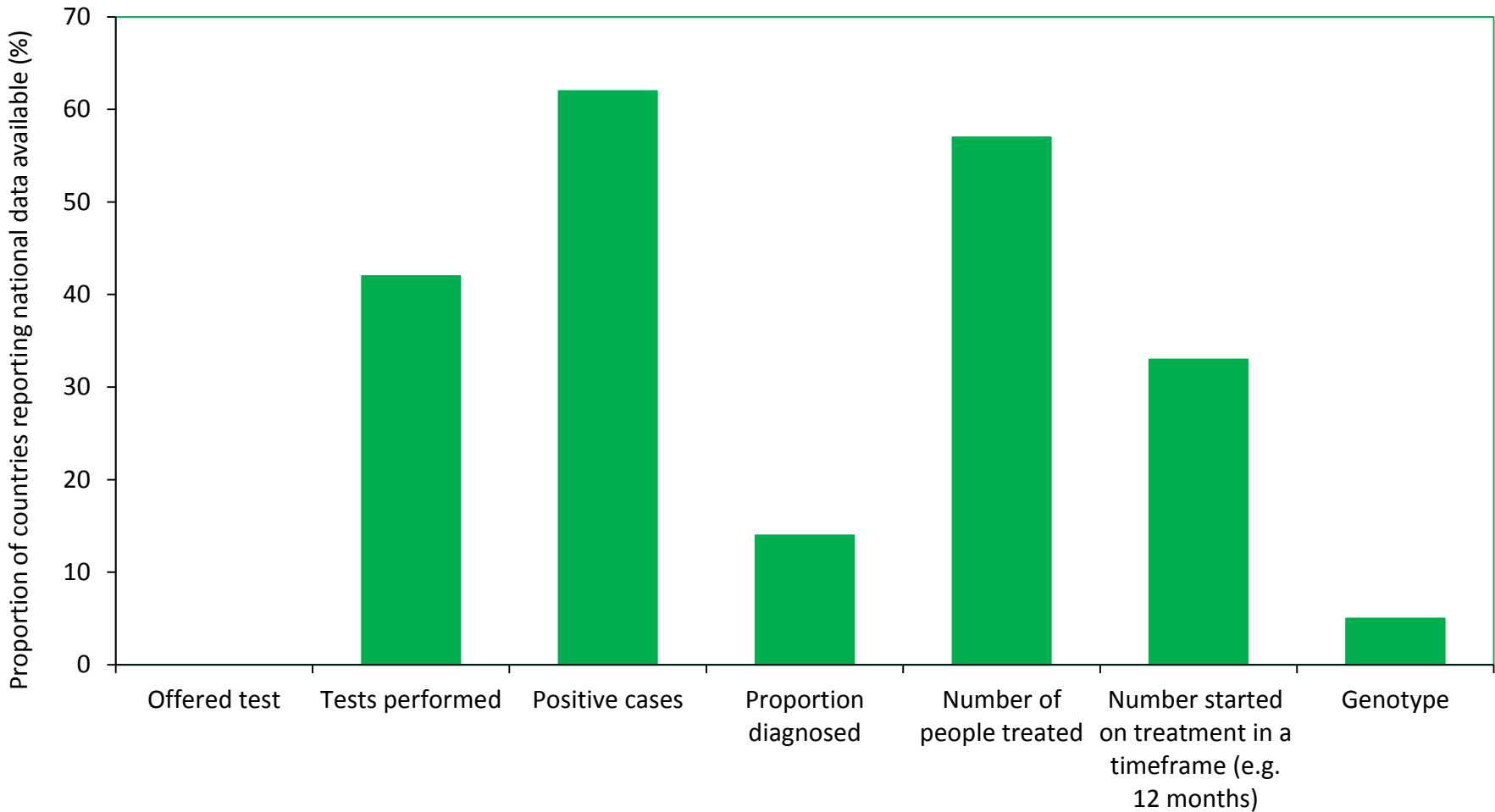
Inputs: Infrastructure for testing



Gaps in testing practice reported by EU/EEA countries



Outputs and outcomes: Testing and treatment

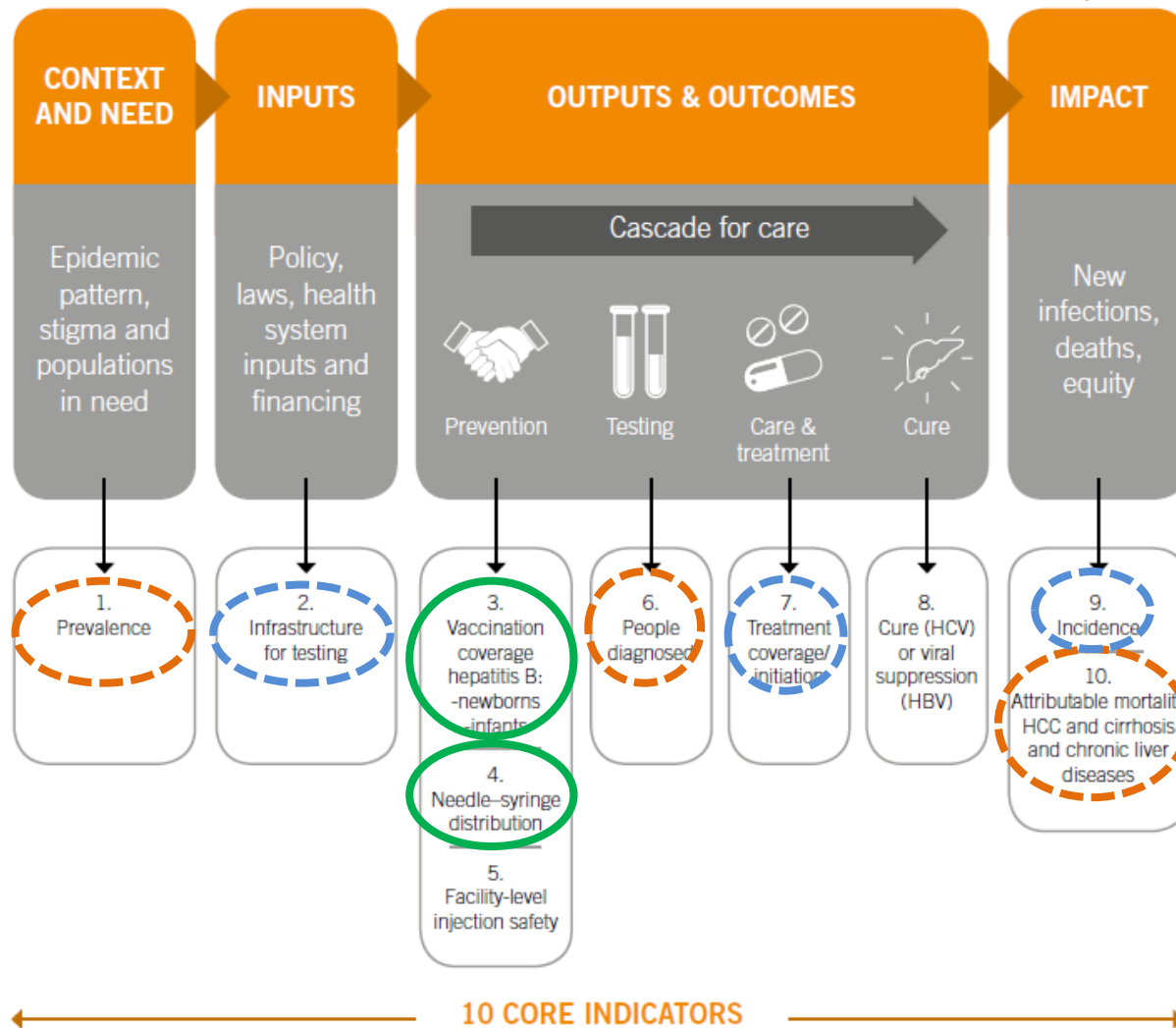


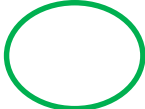
Impact: mortality


- 18 (86%) countries have data available on mortality due to liver cirrhosis
- All countries have data on mortality due to liver cancer


- HCV status only recorded by a few countries:
 - Five countries for cirrhosis
 - Six countries for liver cancer

Regional monitoring systems relating to the WHO framework



Monitoring system already exists 

Additional data collection being set up by ECDC 

Additional data collection being set up WHO 

ECDC's priorities for supporting countries monitoring hepatitis C



- Support to countries to improve existing surveillance systems for hepatitis notifications and antiviral consumption

- Produce accurate estimates of the burden of disease by:
 - Promoting standardised serosurveys
 - Improving estimates of hepatitis related mortality

- Programme to obtain rolling estimates of prevalence
 - Co-infections
 - Proportion diagnosed

Key conclusions



- Gaps exist in the data for monitoring HCV programmes across EU/EEA countries
- The collection of high quality monitoring data is challenging
- Collaboration important to support countries optimise the quality of data collected
- Existing monitoring systems (e.g. HIV) could support the development of data collection systems for hepatitis
- Opportunities exist for sharing best practices and experience from countries with developed monitoring programmes

Acknowledgements



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www.ecdc.europa.eu

Contact: stihivhep@ecdc.europa.eu