

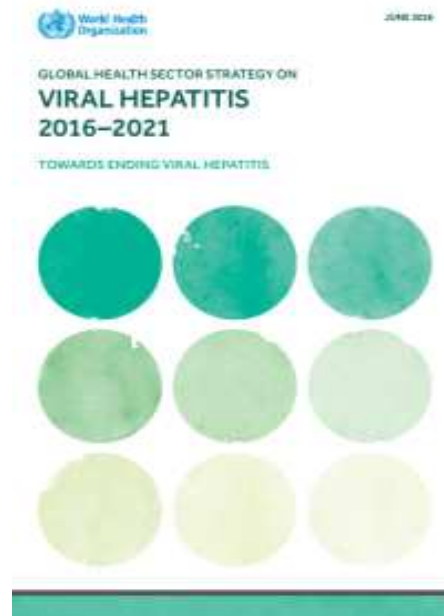
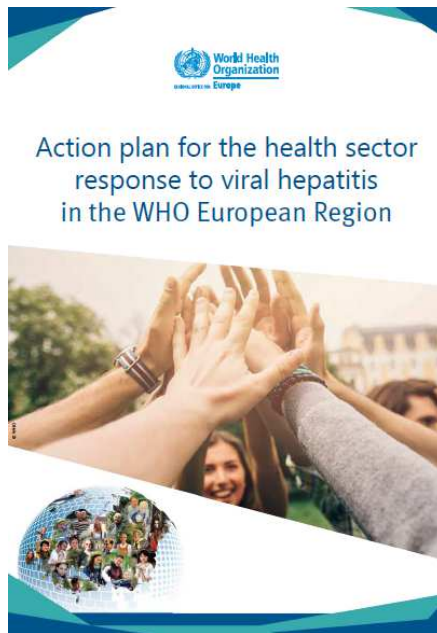


Monitoring the elimination of hepatitis B and C across EU/EEA countries

Erika Duffell, ECDC

DRID meeting, EMCDDA, 24 September 2018

The political context



“The Commission will contribute by monitoring, reporting and reviewing progress towards the Sustainable Development Goals in an EU context”



WHO Global reporting system for hepatitis



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Global reporting system for hepatitis

10 July 2018 – Ahead of World Hepatitis Day 2018, WHO is launching a new online Global reporting system for hepatitis (GRSH). The system is designed to support monitoring progress towards the 2016 agreed targets towards elimination of viral hepatitis as a public health threat by 2030. The GRSH includes indicators for (a) selected data elements from the monitoring and evaluation framework not already captured by other systems; and (b) critical policy uptake indicators.

To convey the data to the GRSH, WHO set up a web-based District Health Information System (DHIS2) module located on the WHO integrated data platform.

WHO Member States will be provided with unique login credentials to access the DHIS2 online reporting system and enter data for each reporting year. Following the launch of the GRSH, WHO will continue working with partners to improve capacity for routine reporting of the viral hepatitis cascade data from health-care facilities to the national level.

Access

GRSH on DHIS2

Useful documents

- Project description pdf, 1.14Mb
- Data entry manual pdf, 1.16Mb
- Data approval manual pdf, 947kb
- Job aid data entry pdf, 713kb Presentation
- Introduction pdf, 2.23Mb Presentation

Related links

- Global health sector strategy on viral hepatitis 2016-2021
- Health data collaborative website

Hepatitis

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Aims in developing an EU monitoring platform for hepatitis B and C




1. To support EU/EEA countries in monitoring their responses to tackling the epidemics of hepatitis B and C
2. To collect robust information to guide the European Commission, European Agencies and other organisations in working together to support countries achieve the goal of elimination

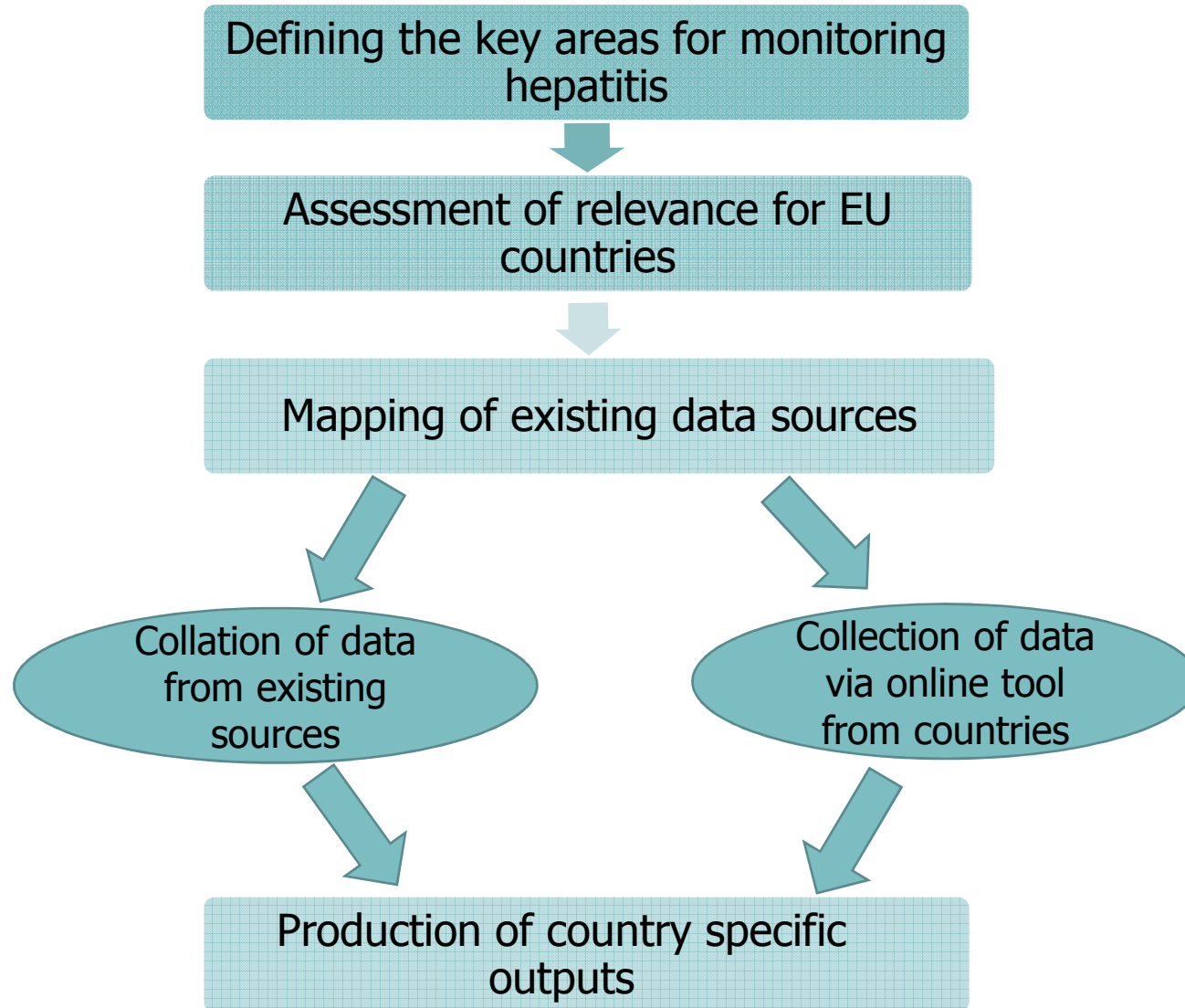


Guiding principles

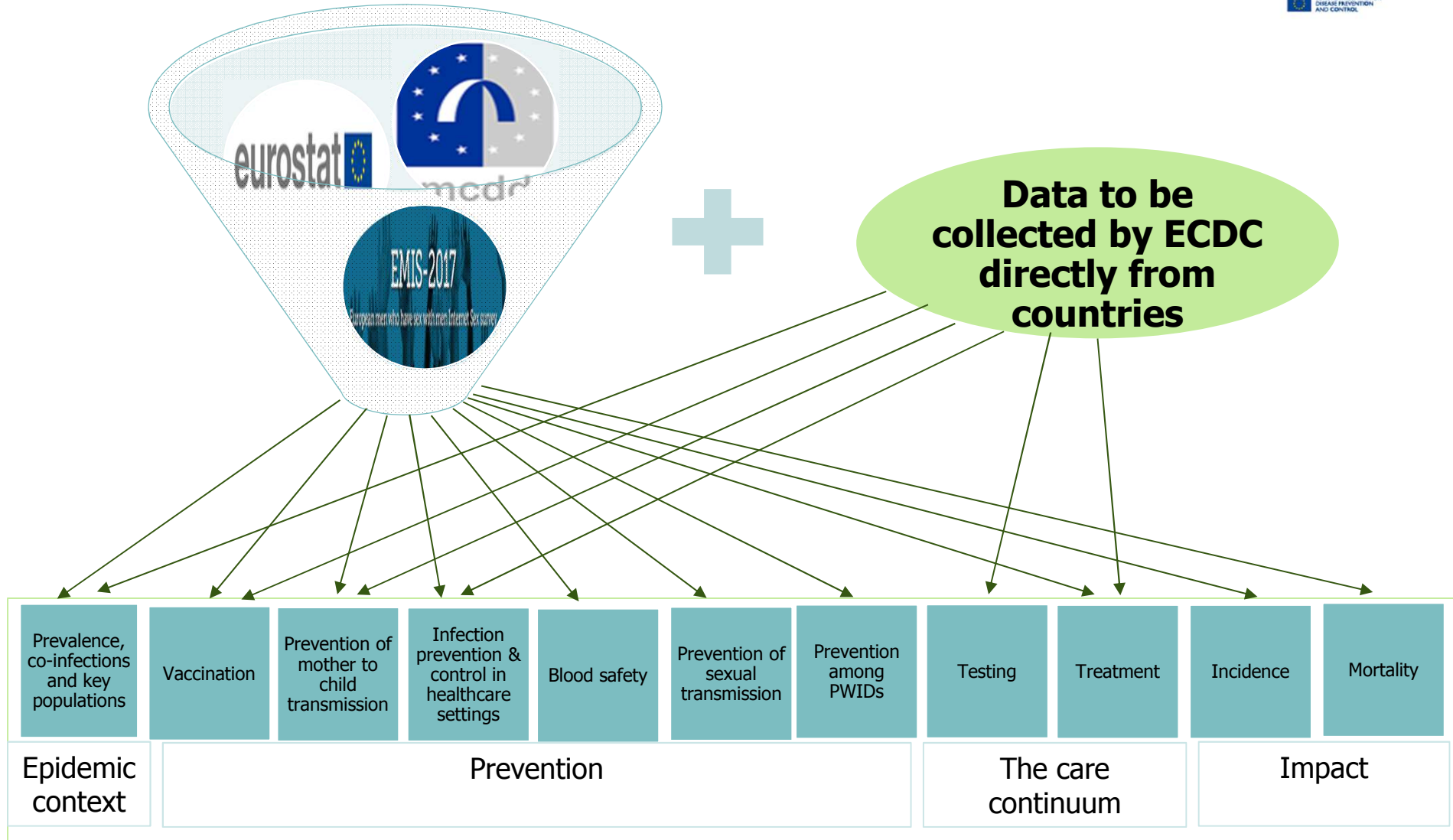


- 1. Produce useful and robust information** for action for EU/EEA Member States
 - 2. Collaboration** with key stakeholders on the information to be collected and how to minimise the reporting burden
 - 3. Keeping the system simple** and wherever possible **use existing data**
 4. Focus on indicators relevant to the **EU context**
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The development of a system for monitoring viral hepatitis at the EU level



The model for monitoring hepatitis B and C



Summary of indicators




	Number of indicators	Data collected by ECDC	Data collated from existing sources (Data source)
SECTION I: EPIDEMIC CONTEXT			
EPIDEMIC CONTEXT	4	1	3 (ECDC, UNAIDS GAM, EMCDDA, EUROSTAT)
SECTION II: PREVENTION			
VACCINATION	5	1	4 (WHO/UNICEF, EMIS, ECDC)
PREVENTION OF MOTHER TO CHILD TRANSMISSION	2	1	1 (ECDC, WHO EURO)
INFECTION PREVENTION AND CONTROL IN HEALTHCARE SETTINGS	3	2	1 (ECDC)
BLOOD SAFETY	2		2 (Council of Europe)
PREVENTION OF SEXUAL TRANSMISSION	1		1 (EMIS, UNAIDS GAM)
PREVENTION AMONG PEOPLE WHO INJECT DRUGS	2		2 (EMCDDA)
SECTION III: THE CARE CASCADE			
TESTING	6	3	3 (ECDC, EMCDDA)
TREATMENT	8	8	
SECTION IV: IMPACT			
INCIDENCE	2		2 (ECDC, WHO)
MORTALITY	1		1 (EUROSTAT)



Challenges and potential barriers



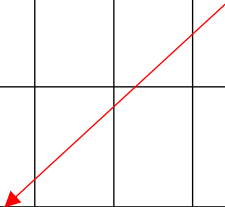
1. Resources available to collect and collate data at MS level
 2. Lack of data across the monitoring framework
 3. The tension between collecting political versus scientific data
 4. Effective collaborations between key partners to synergise efforts and achieve optimal outcomes
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Process and timeline



	2017		2018												2019				
	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M
1 st advisory group meeting	█																		
ECDC Advisory Forum consultation				█															
Data collection tool developed					█	█	█	█											
Data collection tool piloted								█	█										
Data collection tool refined									█	█									
Data collection											█								
Country validation													█						
Data analysis and draft reports/on-line													█	█	█	█			
2 nd advisory group meeting																			█

Currently revising data collection tool in light of piloting and feedback from stakeholders





Results from pilot study

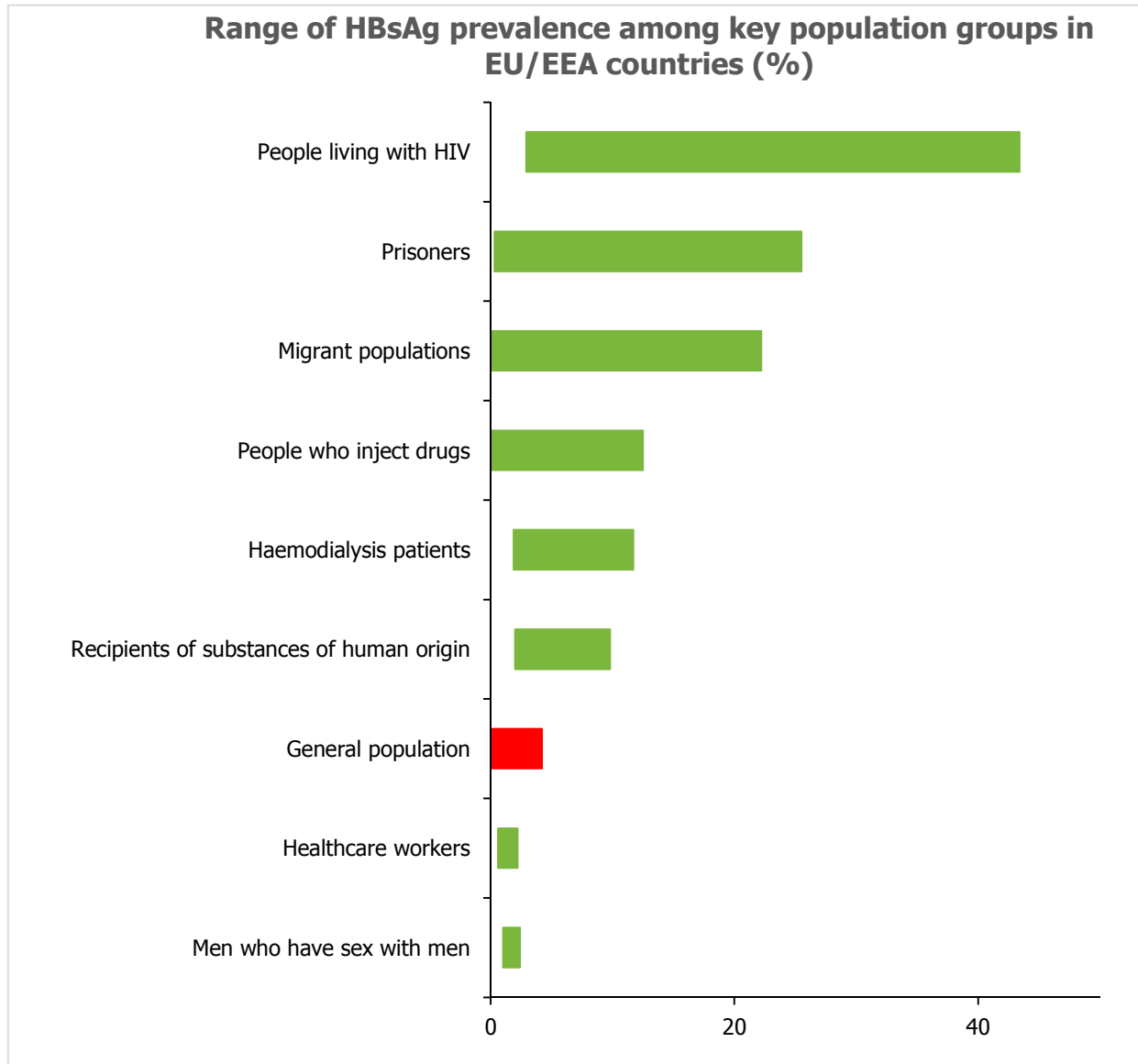


1. Study piloted in four countries (Cyprus, Estonia, Romania, Sweden)
2. Survey tool considered acceptable and user friendly
3. Data unavailable for some data points along the care continuum, especially for HBV
4. Only subnational data reported to be available for some data points
5. Data provided along the care continuum relates to different points in time
6. General consensus around the importance of disaggregation of data on treatment for PWIDs



Preliminary results based on data from existing sources

The epidemiological context: hepatitis B



Impact of migration

Around 10% of the EU population are foreign born

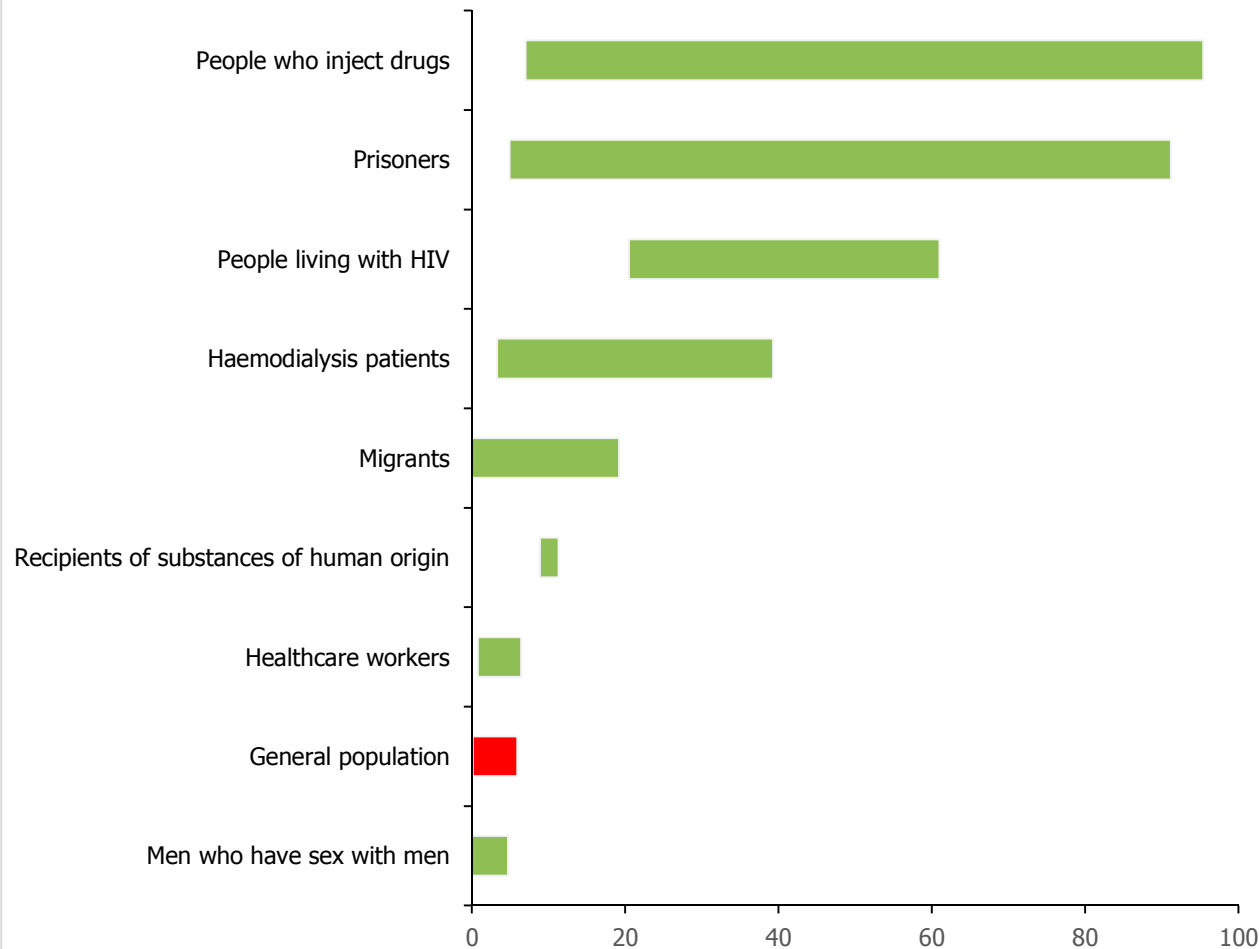


53% of this population are born in countries of intermediate/high endemicity (>2% HBsAg)

The epidemiological context: hepatitis C



Range of anti-HCV prevalence among key population groups in EU/EEA countries (%)



Dynamic impact of drug use in Europe

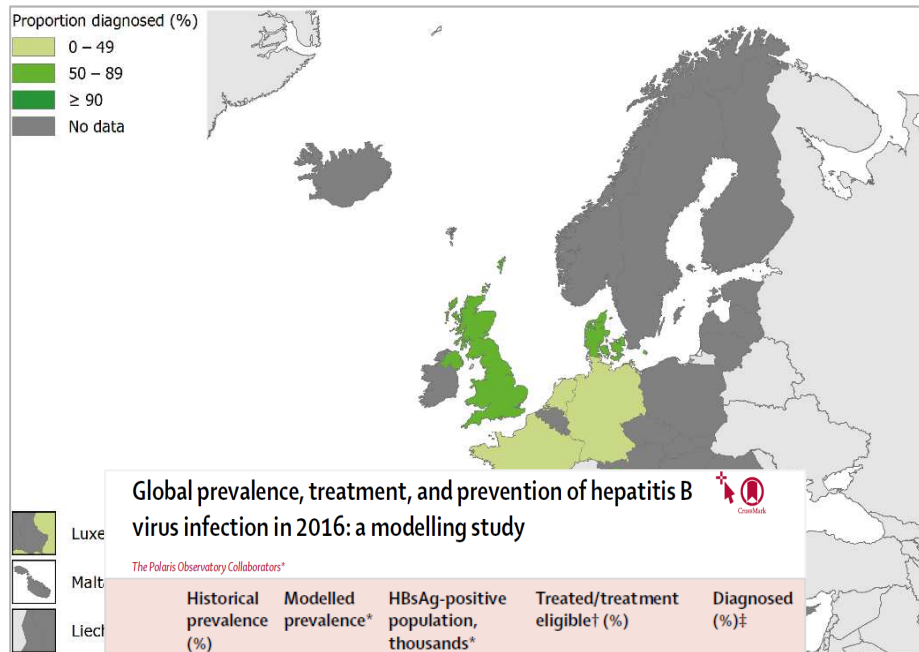


Declines in injecting among heroin users - but recent outbreaks of HIV among users who are injecting stimulants and new psychoactive substances

Testing in the EU

Estimates of the proportion diagnosed

Hepatitis B

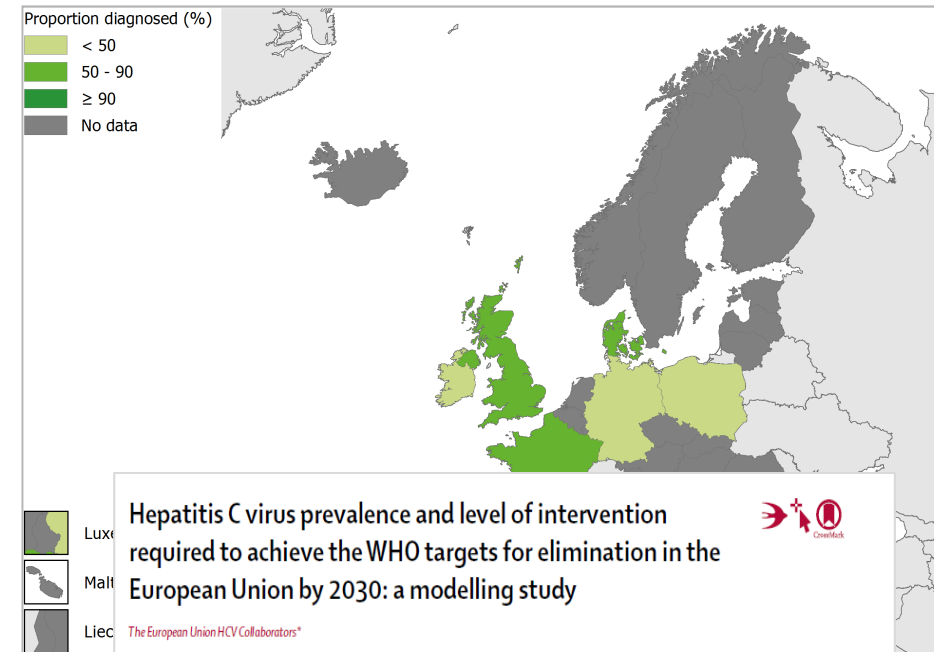


Global prevalence, treatment, and prevention of hepatitis B virus infection in 2016: a modelling study

*The Polaris Observatory Collaborators**

	Historical prevalence (%)	Modelled prevalence*	HBsAg-positive population, thousands*	Treated/treatment eligible† (%)	Diagnosed (%)‡
EURO	2.0%	1.6% (1.1-2.1)	14 426 (9590-19965)	268 000/3940 000 (7%)	2274 000 (16%)

Hepatitis C



Hepatitis C virus prevalence and level of intervention required to achieve the WHO targets for elimination in the European Union by 2030: a modelling study

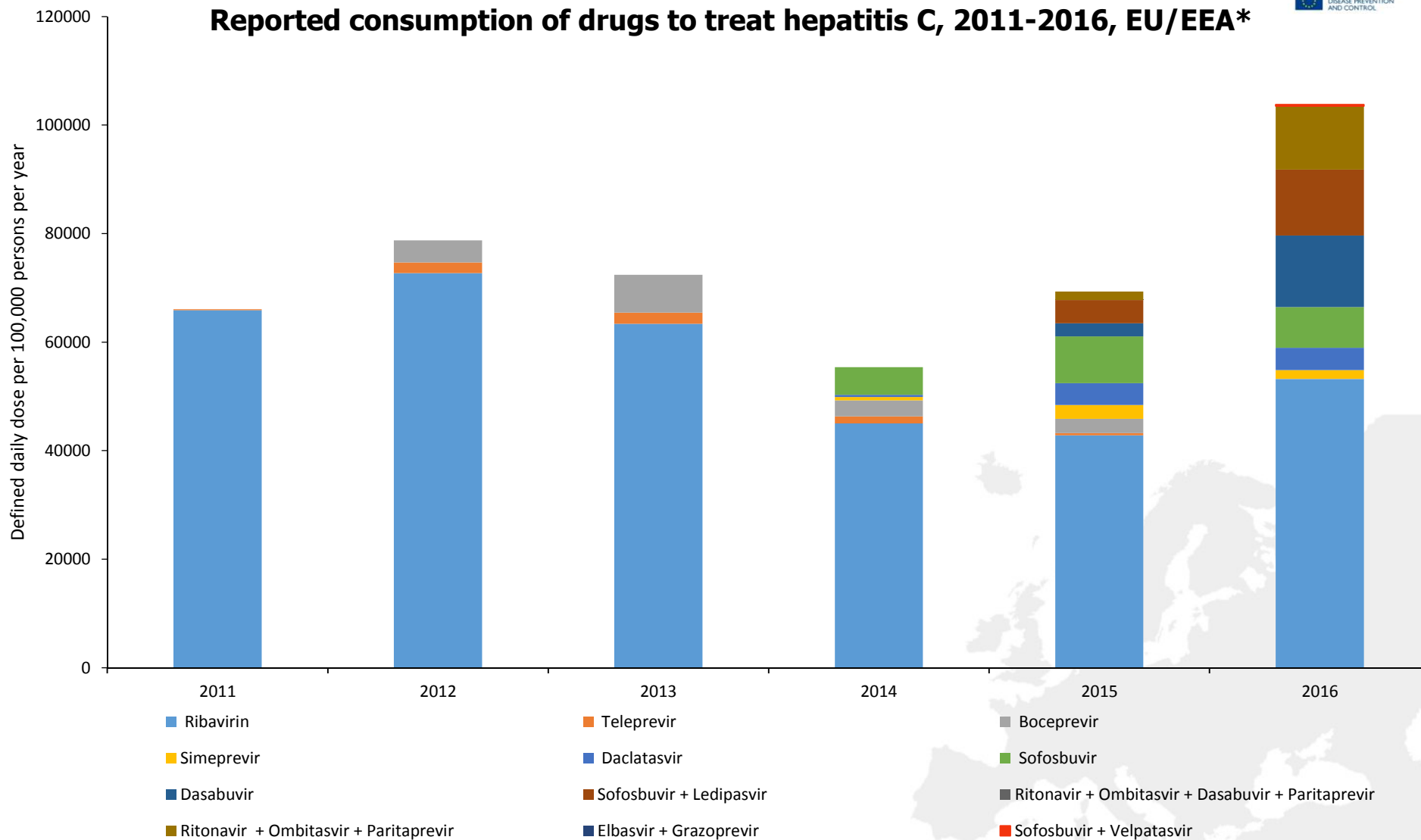
*The European Union HCV Collaborators**

	2015 viraemic infections	2015 viraemic prevalence (%)	2015 total diagnosed*†	2015 newly diagnosed*‡
EU	3238 000 (2106 000-3795 000)	0.64% (0.41-0.74)	1180 000 (36.7%)	88 800 (7.5%)

Treatment in the EU



Reported consumption of drugs to treat hepatitis C, 2011-2016, EU/EEA*

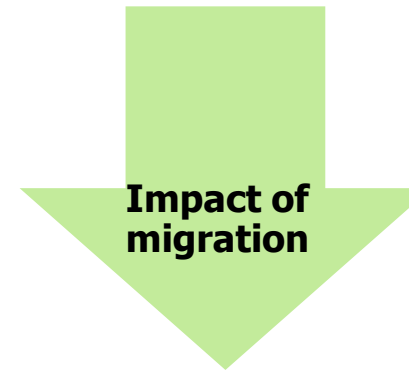
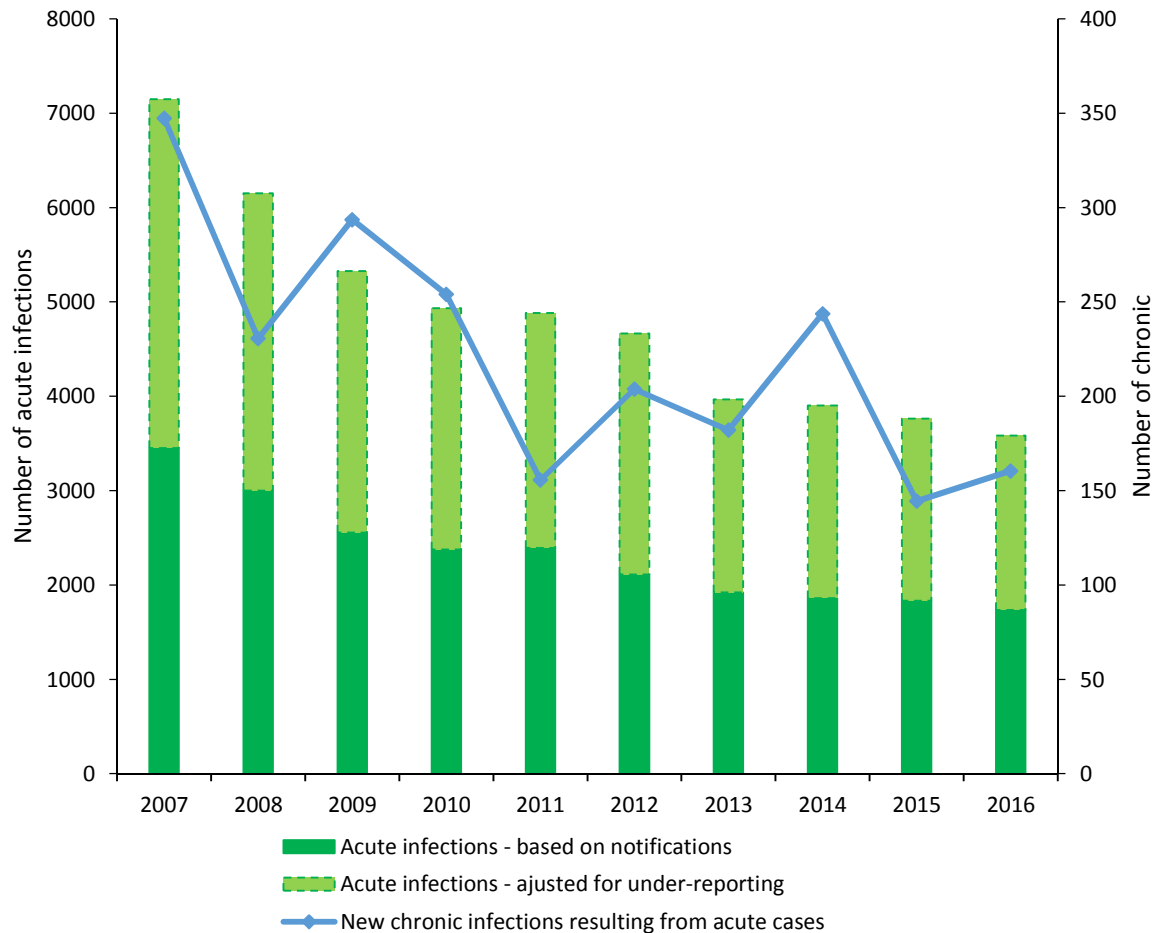


Source: Data reported to ESAC-NET <https://ecdc.europa.eu/en/antimicrobial-consumption/database/distribution-by-antimicrobial-group>

*Reporting countries: Austria, Belgium, Bulgaria, Croatia, Cyprus, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovenia, Slovakia, Sweden.

Incidence in the EU

Downward trend in the incidence of new chronic hepatitis B cases arising in EU/EEA countries

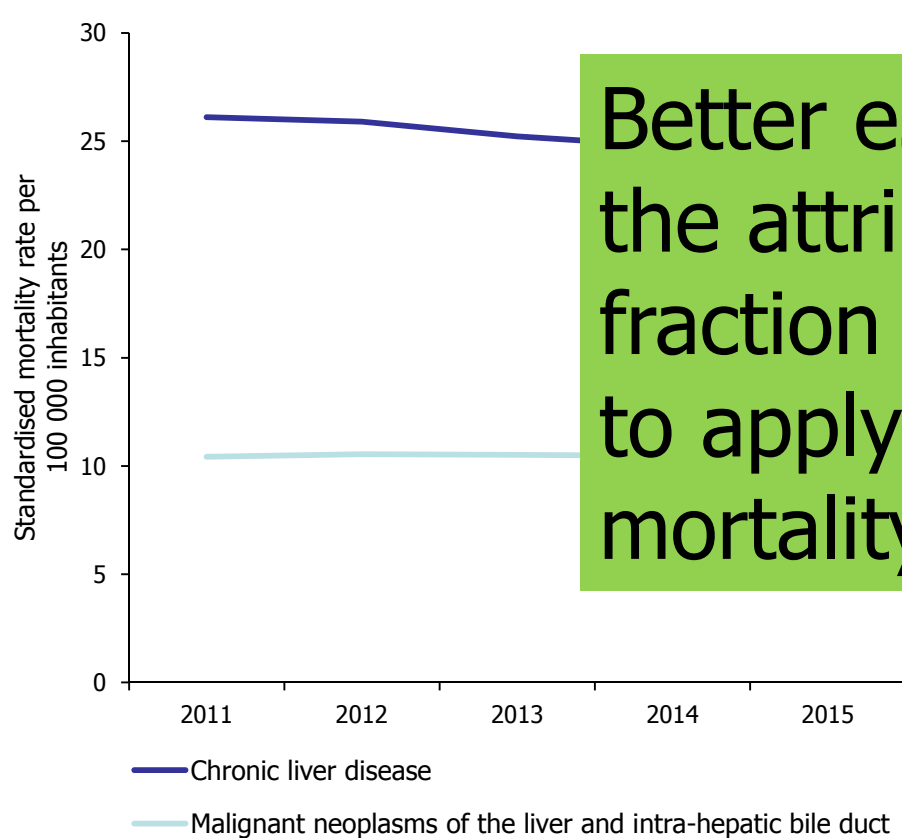


Recent estimate from Finland* suggesting chronic infections resulting from acute infections acquired in Finland account for only 1.2% of the total incidence of chronic infections

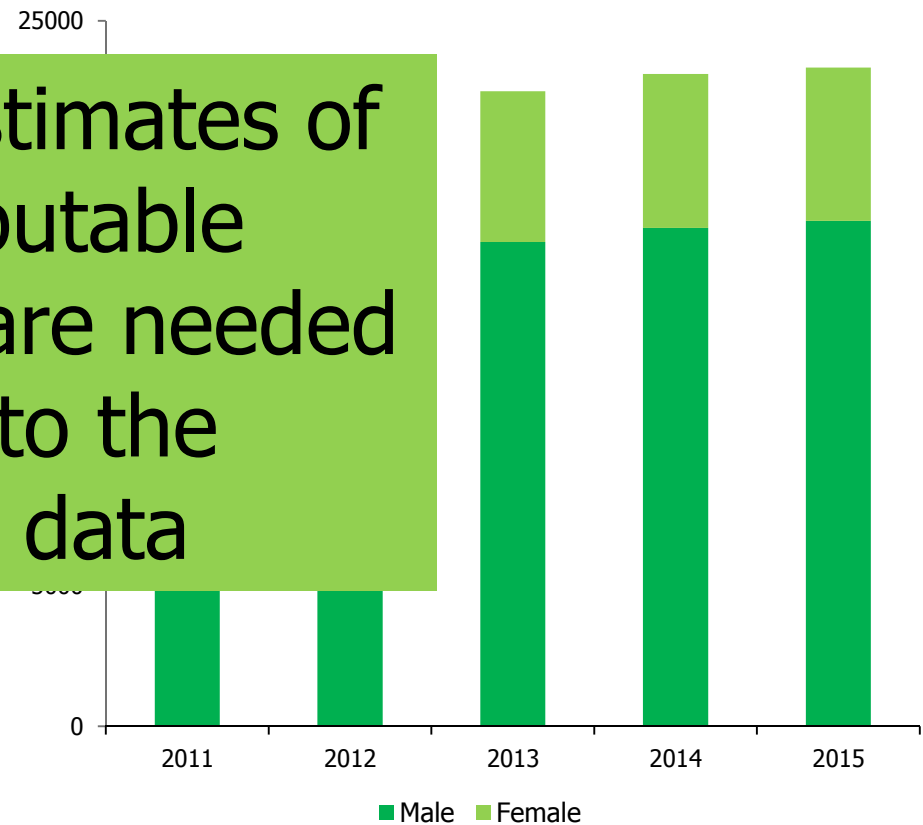
Mortality in the EU

Around 70,000 deaths from cirrhosis, hepatocellular carcinoma, chronic viral hepatitis reported in 2015 from EU/EEA countries

Standardised mortality rate EU countries for chronic liver disease and primary liver cancer



Deaths from hepatocellular carcinoma across EU/EEA countries




Better estimates of the attributable fraction are needed to apply to the mortality data



Conclusions



- The epidemiological, demographic and socio-political situation relating to hepatitis B and C in European countries is complex
 - Many European countries lack a comprehensive overview of their local situation to inform an effective response
 - ECDC, in collaboration with WHO and EMCDDA, aims to support EU countries in monitoring their responses to elimination
 - The next steps are for ECDC to further refine the data collection tool prior to collecting data from all EU/EEA countries during October 2018
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Acknowledgements



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