

Is Europe ready to eliminate viral hepatitis?

27 July 2016

increase testing, treatment, and surveillance. Credit: ECDC

World Hepatitis Day 2016

Viral hepatitis

Viral hepatitis is an inflammation of the liver caused by infection with a hepatitis virus.

Hepatitis A virus is highly contagious and usually spreads through contaminated food or water. It can also be transmitted through direct contact with an infectious person.

Hepatitis A frequently shows no symptoms or results in mild illness, particularly in children but severity increases with age. Most people make a full recovery and acquire lifelong immunity.

Safe and effective vaccines against hepatitis A are available.

Hepatitis B virus is spread through bodily fluids or blood products and can result in acute or chronic illness. Many of those who are infected have no symptoms and are unaware of the disease. The virus can cause liver cirrhosis and cancer.

There are safe and effective vaccines, and treatment for chronic hepatitis B is available.

Hepatitis C virus is transmitted when blood from a person infected with the hepatitis C virus enters the body of someone who is not infected, which can cause acute or chronic illness. Many of those who are infected show no symptoms and are unaware of the disease. Hepatitis C infection can cause liver cirrhosis and cancer.

There is no vaccine against hepatitis C but effective treatment is available.

Is Europe ready to eliminate viral hepatitis?

In order to eliminate viral hepatitis as a public health threat by 2030, Europe needs to focus on testing, treatment and surveillance.

Testing
More testing to identify those who might be unknowingly infected with viral hepatitis.

Treatment
More treatment programmes for hepatitis B and C across Europe. Increased coverage of local prevention and control measures to interrupt existing transmission chains and reduce morbidity and mortality.

Disease surveillance
Improved surveillance systems to better understand the local burden of viral hepatitis.

A 90% reduction of new cases of chronic hepatitis

WHO global hepatitis target for 2030

By 2030, the incidence of chronic hepatitis infection will have been reduced by 90% and there will be universal access to key prevention and treatment services

— World Health Organization, Global health sector strategy on viral hepatitis 2016–2021

ECDC, Stockholm, 2016.

ECDC coordinates the surveillance for hepatitis A, B and C to help EU countries assess the hepatitis disease burden, evaluate existing prevention and control strategies, and to define epidemiological trends or transmission patterns. The ECDC Programme for HIV, Sexually Transmitted Infections and viral Hepatitis covers chlamydia, gonorrhoea, syphilis, hepatitis B, hepatitis C and HIV/AIDS. The Programme works together with experts in the EU/EEA Member States, the European Commission, the European Monitoring Centre for Drugs and Drug Addiction, the WHO Regional Office for Europe, UNAIDS and many non-governmental organisations.

The goal for 2030: a world free of hepatitis. Currently, Europe records around 57 000 newly diagnosed acute and chronic cases of hepatitis B and C each year. On top of that, an estimated 10 million Europeans are believed to suffer from chronic hepatitis B and C infection - and most of them do not even know about it as the infection often shows no symptoms. In order to eliminate hepatitis as a public health issue, as set out in a new global strategy, Europe needs to scale-up coverage of testing, prevention interventions and treatment services.

The recently launched global strategy on viral [hepatitis](#) aims at eliminating hepatitis B (HBV) and C (HCV) as [public health](#) threats by 2030. Among the goals: a 90% drop in the number of chronically infected people and reduction of the mortality rate by 65% as untreated chronic [viral hepatitis](#) can cause irreversible liver damage leading to cirrhosis or cancer.

"To eliminate viral hepatitis in Europe, we need to work together to boost testing services, scale up treatment programmes and increase the coverage of [prevention interventions](#) to prevent infections in the first place", says ECDC Acting Director Andrea Ammon on the occasion of World Hepatitis Day. "At the same time, our surveillance systems need to be improved because the current data sources in most countries of the European Union and European Economic Area are insufficient to adequately assess the actual local burden of viral hepatitis."

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ECDC is working closely with the Member States to improve local surveillance systems and develop alternative epidemiological methods to complement routine surveillance for example with seroprevalence and sentinel surveys.

"Our data show on-going transmission of hepatitis

in Europe. If we want to interrupt this chain and prevent further infections, we need to strengthen local prevention and control practices", Ammon explains. "There are now highly effective drugs available for people infected with hepatitis B and C. But we also need to test more for hepatitis to make sure that we are able to identify and diagnose all those who might be unknowingly infected."

Vytenis Andriukaitis, European Commissioner for Health and Food Safety, said: "Viral hepatitis continues to pose a serious health challenge in the European Union. Further efforts are needed to prevent and combat this disease, which is sometimes called the 'silent killer' as symptoms often do not appear until it is too late. Hepatitis is also 'silent' in the way that it affects the most vulnerable groups of our society. We need to increase the volume on this preventable disease, and the Commission is playing its part in supporting national efforts so that we collectively eliminate hepatitis in Europe. For example, the Commission is investing over 1 million euros in a new project to support early diagnosis of viral hepatitis."

HBV and HCV trends across Europe

New data for hepatitis B and hepatitis C infection show a greater disease burden for hepatitis C compared with hepatitis B across Europe. Numbers and notification rates for HCV are nearly twice as high as those of hepatitis B: between 2006 and 2014, around 161 000 newly diagnosed cases of hepatitis B and more than 276 000 hepatitis C infections were recorded. In 2014 alone, 22 442 cases of hepatitis B virus infection were reported from 30 EU/EEA Member States and 28 EU/ EEA Member States recorded 35 321 new cases of hepatitis C.

While the reported rate of acute HBV cases almost halved (54%) since 2006 - most likely a result of national vaccination programmes - rates of chronic cases have constantly gone up over time from 5.7 per 100 000 population in 2006 to 9.8 in 2014. This increase is probably due to changes in reporting methods as well as increases in local testing practices.

Between 2006 and 2014, the overall number of

HCV cases diagnosed and reported across all EU/EEA Member States increased by 28.7%, with most of this increase observed since 2010.

In the EU/EEA as a whole, a new ECDC study estimates that migrants account for around 25% of [chronic hepatitis B](#), and 14% of chronic hepatitis C cases in the EU/EEA. But despite a high burden of chronic viral hepatitis infections among migrants, the risk of onward transmission of infection is likely to be low. The aim of this study was to estimate the chronic viral hepatitis burden in terms of infected cases among first-generation migrants in EU/EEA countries based on best available data sources and to identify those migrant groups with the largest number of cases who would benefit most from targeted screening programmes and early linkage to care.

Four decades of data: hepatitis A in Europe

In order to assess Hepatitis A virus endemicity and overall population susceptibility in the EU/EEA, ECDC published a systematic review [add link] on Hepatitis A virus (HAV) seroprevalence and Hepatitis A incidence in EU/EEA countries from 1975 to 2014. It demonstrates that although while HAV circulation has been decreasing steadily over the past four decades in the region as a whole, a progressively growing part of the EU/EEA population has become susceptible to HAV [infection](#), which leads to a need to reconsider the overall prevention strategy.

Provided by European Centre for Disease Prevention and Control (ECDC)

APA citation: Is Europe ready to eliminate viral hepatitis? (2016, July 27) retrieved 16 June 2019 from <https://medicalxpress.com/news/2016-07-europe-ready-viral-hepatitis.html>

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