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Current State of Viral Hepatitis Healthcare in Central and Eastern Europe: Data from the Euroguidelines in Central and Eastern Europe (ECEE) Network Group

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Background

- Euroguidelines in Central and Eastern Europe (ECEE) initiative was established in 2016 to promote dissemination of European standards of care in HIV and viral hepatitis in Central and Eastern Europe (CEE).
- National representative survey was conducted to assess state of viral hepatitis care within in CEE countries.

Methods

- Representatives of 16 countries (Albania, Armenia, Bosnia and Herzegovina, Bulgaria, Croatia, Estonia, Georgia, Greece, Hungary, Poland, Republic of Moldova, Romania, Serbia, Slovenia, Turkey, Ukraine) completed on-line survey in April-May 2017.
- Survey collected information on basic epidemiology and availability of key services for HCV and HBV infections. Sources of information provided ranged from national surveillance to expert opinion

Results

- The burden of viral hepatitis varied between countries with estimated number of 6500 to 2 million individuals with HCV and from 10000 to 3 million HBV infections (Table 1).
- HCV dominated among people who inject drugs, while HBV was associated with medical procedures.
- Blood and organ donors are screened for both infection in all countries. Screening policies for other populations varied by country (Figure 1)
- Not all countries provide routine access to molecular diagnostic methods such as HBV DNA testing, HCV RNA testing and genotyping (Figure 2)
- Direct acting antivirals (DAAs) for HCV infection were available in 13 countries. Ten countries reported availability of treatment with Tenofovir for HBV infection (Table 2).

Conclusions

- Findings indicate that there are gaps in viral hepatitis testing and treatment care in CEE. Despite the availability of registered modern drugs for HCV and HBV, the access to treatment in CEE is limited, especially among non-European Union countries.
- Ensuring quality healthcare is essential to reduce the epidemic and achieve the WHO's goal of tackling viral hepatitis as a major public health challenge

Table 2. Availability of HCV and HBV Treatment in Public Healthcare

Country	SOF	SOF/LDV	DCV	OMB/PTV/r + DAS	EBR/GZR	SMV	BCV	TDF	ETV	IFN
Albania	Y	Y		Y				Y		
Bosnia and Herzegovina				Y				Y		
Bulgaria	Y	Y						Y		
Croatia	Y	Y		Y	Y	Y	Y	Y		
Estonia				Y		Y	Y			Y
Georgia	Y	Y						Y		
Greece	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Hungary	Y	Y		Y	Y					
Poland	Y	Y	Y					Y		
Republic of Moldova	Y	Y	Y							Y
Romania	Y	Y		Y					Y	
Serbia								Y		Y
Slovenia	Y	Y		Y	Y	Y		Y	Y	Y
Turkey	Y	Y		Y						Y
Ukraine	Y	Y						Y		

SOF = Sofosbuvir; SOF/LDV = Sofosbuvir/ledipasvir; DCV = Daclatasvir; OMB/PTV/r + DAS = Ombitasvir/paritaprevir/ritonavir + dasabuvir; EBR/GZR = Elbasvir/grazoprevir; SMV = Simeprevir; BCV = Boceprevir; TDF = Tenofovir; ETV = Entecavir; IFN = Interferon

Table 1. Estimated Number of HBV and HCV Infected Persons

Country	HBV	HCV
Bosnia and Herzegovina	50 000	40 000
Bulgaria		110 000
Croatia		30 000
Georgia	80 700	150 300
Hungary	500 000	70 000
Poland	80 000	200 000
Republic of Moldova	120 000	140 000
Romania	862 400	633 080
Serbia		70 000
Slovenia	10 000	6 500
Turkey	3 200 000	300 000
Ukraine	100 000	2 000 000

Albania reported HBV prevalence of 7-9% and HCV prevalence of 0.5-1.5%;
Greece reported HBV prevalence of 2.58% and HCV prevalence of 1.5-2%;
No data was available for Armenia and Estonia.

Figure 1. HBV and HCV Screening Policies

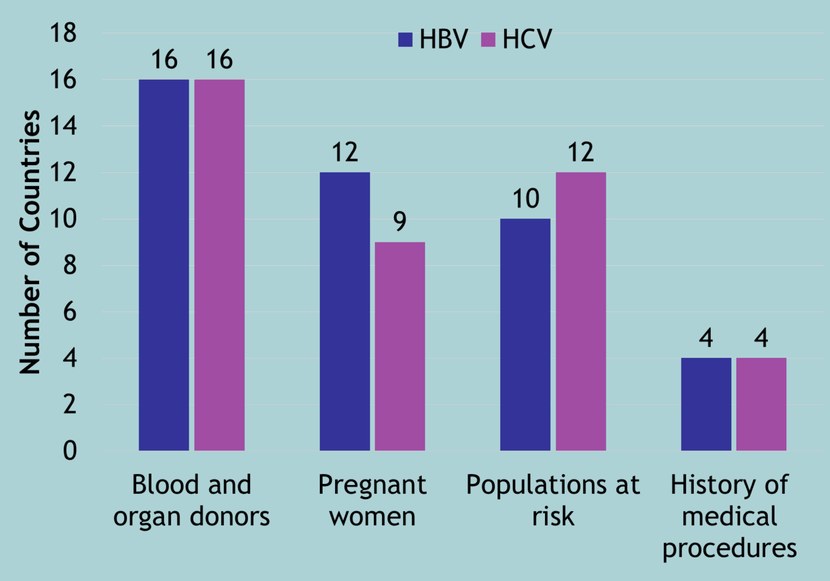
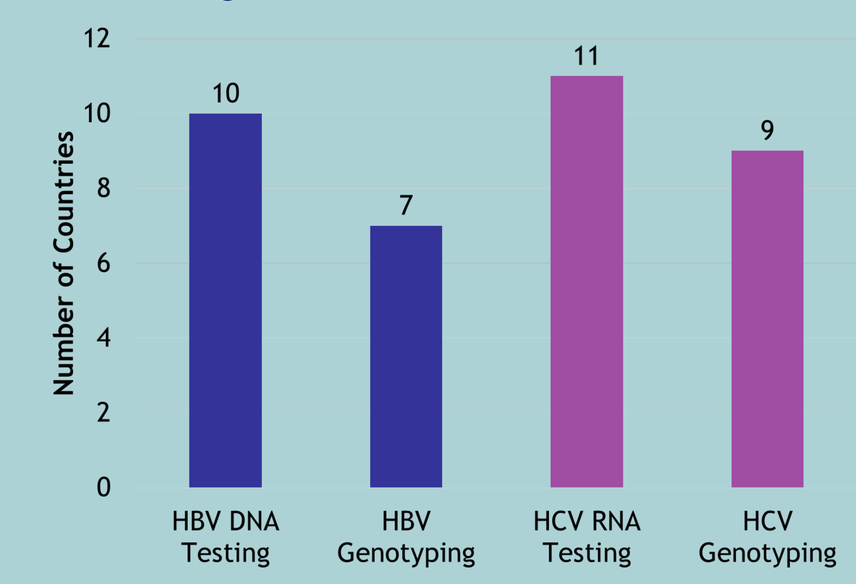


Figure 2. Routine Availability of HBV and HCV Molecular Diagnostics



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