The EASL Role in Viral Hepatitis Elimination

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There are 15 million HBV-infected persons in Europe, and 80% of them live in only 8 countries.

Undiagnosed >85%

Treatment uptake: unknown
~450,000 HDV infections in Europe: a neglected epidemic, awaiting for effective medicines
Distribution of HCV in the EU

Viremic prevalence
0.64%

Total viremic pool
3,238,000

New yearly infections
57,900
(plus ~30,000 from immigration)
# Viral hepatitis-related mortality

(WHO European Region, 2015)

<table>
<thead>
<tr>
<th></th>
<th>Acute</th>
<th>Cirrhosis</th>
<th>HCC</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>2,826</td>
<td>28,016</td>
<td>15,926</td>
<td>46,768</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>140</td>
<td>37,543</td>
<td>29,021</td>
<td>66,704</td>
</tr>
</tbody>
</table>

### Viral hepatitis elimination in Europe: baseline and WHO targets

<table>
<thead>
<tr>
<th>Interventions</th>
<th>Indicator</th>
<th>2015</th>
<th>Target 2020</th>
<th>Target 2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B vaccination</td>
<td>HEPB3 coverage</td>
<td>81%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>Prevention of MoTC transmission</td>
<td>Birth dose coverage</td>
<td>39%</td>
<td>50%</td>
<td>90%</td>
</tr>
<tr>
<td>Blood safety</td>
<td>Donations screened with quality assurance</td>
<td>99.9%</td>
<td>95%</td>
<td>100%</td>
</tr>
<tr>
<td>Injection safety</td>
<td>% of unsafe injections</td>
<td>4.6%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Harm reduction</td>
<td>Syringes + needles distributed/PWID/year</td>
<td>59</td>
<td>200</td>
<td>300</td>
</tr>
<tr>
<td>Testing services</td>
<td>% diagnosed</td>
<td>HBV : 13%</td>
<td>30%</td>
<td>HBV: 5M M</td>
</tr>
<tr>
<td>Treatment</td>
<td>% diagnosed and treated</td>
<td>HCV: 31%</td>
<td>90%</td>
<td>80% of  eligible</td>
</tr>
</tbody>
</table>

WHO Global Hepatitis Report 2017
% infants receiving birth dose of HBV vaccine

- Ukraine
- Bosnia and Herzegovina
- Poland
- Georgia
- Romania
- Moldova
- Portugal
- Lithuania
- Bulgaria
- Macedonia
- Belarus
- Armenia
- Turkey
- Serbia
- Azerbaijan
- Albania

% infants receiving 3 doses of HBV vaccine

- Ukraine
- Sweden
- Montenegro
- Bosnia and Herzegovina
- France
- Moldova
- Germany
- Romania
- Estonia
- Macedonia
- Bulgaria
- Italy
- Serbia
- Netherlands
- Lithuania
- Latvia
- Georgia
- Croatia
- Armenia
- Ireland
- Turkey
- Slovakia
- Poland
- Greece
- Azerbaijan
- Spain
- Russia
- Czech Republic
- Cyprus
- Portugal
- Belgium
- Austria
- Albania
- Luxembourg
- Belarus

Source: WHO (2015)
How the Anti-Vaxxers Are Winning

By PETER J. NOVIZ
FEB. 8, 2017

HOUSTON — It’s looking as if 2017 could become the year when the anti-vaccination movement gains ascendancy in the United States and we begin to see a reversal of several decades in steady public health gains. The first blow will be measles outbreaks in America.

Measles is one of the most contagious and most lethal of all human diseases. A single person infected with the virus can infect more than a dozen unvaccinated people, typically infants too young to have received their first measles shot. Such high levels of transmissibility mean that when the percentage of children in a community who have received the measles vaccine falls below 90 percent to 95 percent, we can start to see major outbreaks, as in the 1950s when four million Americans a year were infected and 450 died. Worldwide, measles still kills around 100,000 children each year.
New drivers of the epidemic
The new drivers of the HCV epidemic: HCV incidence is exploding among HIV+ MSM

Shaded: 95% credible intervals

Migrants
Persons living in a country other than that where they were born

On 1 January 2015, 34,300,000 people living in the EU28 were born outside of the EU (6.7%)

1 to 2 million are HBV-infected (25% of all chronic HBV cases)

~2.1 million are HCV-infected (14% of all chronic HCV cases) with ~30,000 yearly input

Lancet Gastroenterol Hepatol 2016
Summary: strengths and weaknesses
Hepatitis B in Europe

• Yearly incidence and prevalence are decreasing, due to effective vaccination campaigns (but opposition to vaccines is growing)
• Lack of data on continuum of care
• Current impact of immigrants undefined but significant
• Potent nucleoside/nucleotide analogues available and reimbursed throughout Europe and prescribed according to EASL guidelines, mostly by specialists
Hepatitis C in Europe

- Epidemiology and continuum of care better characterized than for HBV
- Current impact of immigrants significant
- Direct-acting antivirals are now available without restrictions in some major Western countries, and prescribed by specialists according to EASL guidelines, but restrictions still apply to the majority of countries

![Bar chart showing the number of individuals (in millions) affected by HCV in Europe, with categories for viraemic infections, diagnosed, newly treated, and cured.]
Treatment of HCV in the EU has increased, but....

To achieve WHO targets, unrestricted treatment needs to increase from 150,000 patients in 2015 to 187,000 patients in 2025 and diagnosis needs to increase from 88,800 new cases annually in 2015 to 180,000 in 2025.
Eliminating viral hepatitis in Eastern Europe: a long and winding road

• Epidemic exploding driven by drug use
• Lack of awareness, also at the political level
• No surveillance systems, no national strategies
• Management guidelines often obsolete
• Limited or no funding for hepatitis programs
• Increasing need in affordable and quality-assured medicines (e.g. public health oriented licensing through MPP)
The EASL Commitment
EASL commitment on viral hepatitis - 1

General educational activities

- International Liver Congress, yearly attended by ~9,500 delegates from 124 countries
- Monothematic and special conferences
- Schools of hepatology (basic and clinical)
- Masterclass

Scholarships / mentorships

Mobile applications (iLiver, HCV Advisor, J Hep)

Online resources (LiverTree™) (more at www.easl.eu)

Clinical Practice Guidelines
Policy and policy-oriented conferences

EU policy office in Bruxelles (Mrs Fiona Godfrey), leading to the issuance of official policy statements
High-level contact with Friends of the liver MEP
Collaborations with patients’ groups (ELPA)
Member of EU Civil Society Forum on HIV, TB and Hepatitis (advising the EC)

International Liver Congress (Paris, 11-14 April 2018):
  • Workshop organized jointly with the International Network on Hepatitis in Substance Users (INHSU)
  • Symposium on access to care (EC, WHO, ECDC, EMCDDA, WHA, ELPA, Medicines Patent Pool, MSF, ...)
Monothemetic conference: “Striving towards the elimination of HCV infection” (Berlin, February 2-3, 2018)
Cooperation between patients and hepatologists in the European region

• EASL works closely with ELPA on hepatitis (and other topics) advocacy at EU level to call for an EU strategy in viral hepatitis

• The MEP Friends of the Liver Group in the European Parliament is an example

• EASL attends ELPA policy and strategic planning meetings annually
STRIVING TOWARDS THE ELIMINATION OF HCV INFECTION

02 - 03 FEBRUARY 2018
BERLIN, GERMANY

Scientific Organising Committee
Prof. Alessio Aghemo, Italy
Prof. Jason Grebely, Australia
Prof. Francesco Negro, Switzerland

KEY DEADLINES:
Abstract submission: 06 November 2017
Early registration: 04 December 2017
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Health burden: fostering evidence-based policy

HEPAHEALTH project on incidence, prevalence, mortality (UK Health Forum): report to be released at the International Liver Congress, Paris, April 11-15, 2018
Viral hepatitis attributable fraction of cirrhosis, hepatocellular carcinoma, and liver-related mortality (project run by Dr Y. Hutin, WHO)
Collaboration with ECDC
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Equitable and effective access to care

EASL Concerted Action Group on Eastern Europe: development of national programs and clinical practice guidelines; policy actions
Developing models for special patients’ subgroups (thalassemia, hemophilia, chronic kidney disease) and marginal groups, via the micro-elimination approach (EASL International Liver Foundation)
Breaking Down National Goals Into Smaller Goals for Individual Population Segments

Micro-elimination – A path to global elimination of hepatitis C

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Differentiation rather than prioritization!