National hepatitis strategy - the Dutch approach

A call for action

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Disclosure speaker interests

Disclosure of speaker interest

No (potential) conflicts to report
How it all started....

- In past 10 years we gained more insight in the epidemiology of HBV and HCV in the Netherlands.
Epidemiology

- HBV: 0.2% chronic HBV infections (0.1% - 0.4 %) (~40,000 persons of total pop.)
- HCV: 0.22% (0.07% - 0.37 %) anti-HCV + (~28,000 of adult pop.)

- Notifiable disease: acute and chronic HBV and acute HCV

- Yearly 150 – 250 notifications of acute hepatitis
  - 2015: 84 aHBV and 64 aHCV
  - 2014: 150 aHBV and 54 aHCV
HBV risk groups

Figure 9.3

- Eerstegeneratiemigranten uit endemische gebieden
- Kinderen van HBV- of HCV-positieve moeders
- Mannen die seks hebben met mannen (MSM) (hivpositieve)
- (Ooit) injectorende drugsgebruikers
- Sekswerkers

(Source: RIVM
Footnote: Data 2016).
HCV riskgroups

**Fig. 1.** Estimated number of adults living with HCV in the Netherlands using a mortality model or the incidence formula per risk group.

HCV antibodies in The...
Figure 1: Total HBV and HCV mortality in the Netherlands
In 2015:

- 630 died of traffic accidents
- 207 died of cervical cancer
- 104 died of murder
Summary

- Mortality: 500 per year
- Prevalence: 0.2% HBV and 0.22% HCV infected
- Unknown number of persons is identified
- Improved treatment options (Free HCV treatment since 2015)
- Fragmented approach in healthcare

We need a national plan!
The plan

• Multidisciplinary commission representing all relevant stakeholders involved in research, treatment, prevention and control

• Scope: enhance initiatives regarding hepatitis control according to five themes

• Awareness and vaccination
• Identification
• Diagnostics and treatment
• Improved organization of chain of care
• Improved surveillance and monitoring

Health Council advices on routine screening programs for riskgroups
Awareness and vaccination
HBV

Goal: reduce transmission

- Primary prevention
  - Selection and screening of blood donors/donations, organs and blood products
  - Harmreduction programs (since the ’80’s: i.e. needle exchange programs, free condoms for risk groups like MSM)
  - Routine screening of pregnant women
  - Free HBV vaccination: medical risk groups, universal immunisation program (since 2011), MSM, sex workers and till 2011 also IDU and heterosexuals with multiple sexual contacts

HCV

- Primary prevention
  - No vaccin available
  - Selection and screening of blood donors/donations, organs and blood products
  - Harmreduction strategies (needle exchange programs)
  - Raising awareness among risk groups and professionals

Scaling up of HCV treatment
Identification

- Identification of already diagnosed patients (reassessment)
- Identify new infections (advice Health Council)
- Improve knowledge and awareness among healthcare professionals
Diagnostics and treatment

- Improved treatment options available
- Uniform and multidisciplinary guideline
- Treatment in early phase of infection
Chain of care

- Improve cooperation and coordination between 1st line and public health
Surveillance and monitoring

- Development and implementation of one national registration system
- Coördinate research
- Share data and information
Implementation

- Steering committee is responsible for implementing NHP
  - Workgroups with goals (e.g., by the end of 2017 x number of regions have initiated projects concerning reassessment)

- Advice Health council:

  The Committee has concluded that screening the general population is not indicated for either HBV or HCV for several reasons. The key reason is that both infections are quite rare in the Netherlands: the prevalence in the general population is estimated at between 0.1 and 0.4 per cent for both chronic HBV and chronic HCV infections. A second reason is that 80 per cent of people chronically infected with HBV or HCV do not develop an illness. Screening would therefore not lead to improvement in the health of these individuals.
Finally... the flyer!
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