

Hepatitis B and C

World Hepatitis Day 2010

Key aspects

- Hepatitis B and C affect a large number of people in Europe, both in their acute or chronic forms. The acute infection can be serious, with fatal outcome in some cases; the chronic infection damages the liver and can lead to cirrhosis, and even liver cancer.
- Hepatitis B is a vaccine-preventable disease for which a safe and efficient vaccine exists. For hepatitis C there is no vaccine available at present.
- Chronic hepatitis B and C can be treated, thus avoiding long-term complications. The cost of treatment and care is high.
- Epidemiologically, the trend is decreasing for hepatitis B, and increasing for hepatitis C. Today, both diseases mainly affect certain risk groups within the economically active population.
- In EU Member States the occurrence of hepatitis B and C varies, and there are differences in reporting.
- Various prevention measures have been implemented by all Member States; so far there is evidence of success in controlling hepatitis B, but challenges remain in controlling hepatitis C.
- ECDC is currently conducting a survey among Member States on surveillance systems and prevention programmes for further activities in this area.

The European Centre for Disease Prevention and Control (ECDC) considers that prevention, surveillance and control of hepatitis B and C are of high importance, as these two forms of hepatitis place a heavy burden of disease on the EU population. Hepatitis B and C affect a very high number of people – especially among youths and economically active groups. Certain groups are at higher risk for infection. Hepatitis also places a burden on the health and social systems, due to an increasing demand of often expensive interventions. In order to tailor appropriate future measures, accurate data on the current infection situation are needed, as well as concise risk assessments, and additional information on effective interventions. These three elements represent the basis on which evidence-based policy-making capacity can be established, along with strong political commitment.

Hepatitis B (HBV) and C (HCV) are viral infections which frequently cause acute and chronic hepatitis. They are the leading causes for hepatic cirrhosis and cancer, thus causing a significant burden to healthcare systems due to the high morbidity and mortality and costs of treatment. Viral hepatitis infections do not respect national boundaries and remain an important challenge to international health.

Both hepatitis B and C affect mainly economically active adults and young people. The two most affected age groups were people aged between 22 and 44 years and between 15 and 24. Men are twice as likely to be infected as women. As reporting systems vary in different countries, trends and comparisons between countries need to be done with caution. Interpretation is further hampered by the asymptomatic nature of the infection, as reported numbers may reflect testing practices rather than true incidence.

Hepatitis B can effectively be prevented by vaccination. A safe and effective HBV vaccine has been available since the 1980s and it is 95% effective in preventing chronic infection. There is no vaccine against hepatitis C.

Surveillance data [1, 2]

Hepatitis B

Although there is a general decreasing trend, each year there are between 7,000 and 8,000 new cases diagnosed with hepatitis B in the EU/EEA. The downward trend in hepatitis B can be explained by efficient vaccination programmes, as well as by safer sexual practices adopted for preventing HIV transmission, which also work for hepatitis B. The number of newly reported cases per 100,000 population has declined over the past ten years from 6.7 cases per 100,000 population in 1995 to 1.5 cases per 100,000 population in 2007.

The total percentage of people infected with hepatitis B varies in different countries, with higher rates in the southern part of Europe. Countries of high prevalence (6–8%) include Romania. Medium prevalence (2–4%) is reported from Bulgaria, Latvia, and Greece. Medium-low prevalence (1–1.5%) is reported from the Slovak Republic and Poland. Countries with a low prevalence (0.5–1%) include the Czech Republic, Belgium, Lithuania, Italy, and Germany. A very low rate (less than 0.5%) is reported from the Netherlands, Hungary, Slovenia, and Norway.

The most affected population groups are injecting drug users, sex workers, men who have sex with men, people living with HIV, inmates, and immigrants from high endemic regions. In some countries, sexual transmission is more common than transmission through household contacts or injecting drug use.

Hepatitis C

In the European Union, hepatitis C shows a significant increasing trend in incidence, with a slight decrease in 2006. Every year there are 27,000 to 29,000 new cases diagnosed with hepatitis C in the EU/EEA. The number of newly reported cases per 100,000 population has increased over the past ten years from 4.3 cases per 100,000 population in 1995 to 6.9 cases per 100,000 population in 2007.

Total percentage of people infected with hepatitis C varies in different countries, with a higher prevalence in the southern part of Europe. Countries with high prevalence (more than 3%) include Bulgaria, Greece, Italy, and Romania. Countries with low prevalence (under 0.5%) include the Scandinavian countries, Austria, and the Netherlands.

The most affected population groups are injecting drug users, haemodialysis patients, people living with HIV, inmates, and immigrants from high endemic regions.

ECDC survey

Accurate and comparable data from across the EU as well as evidence on effective interventions represent the basis for an evidence-based policy process.

Currently, ECDC is conducting a survey to collect and validate detailed information on existing surveillance systems and prevention programmes in the EU to obtain a profound base for further activities in this field. Based on the results which will be available in the second half of 2010, ECDC plans to:

- establish a network for HBV/HCV surveillance at the European level in order to get reliable, comparable data;
- assess the evidence base for successful prevention and intervention in this area; and
- issue guidance for reducing the transmission of communicable diseases among injecting drug users, a relevant risk group for hepatitis B and C, but also for HIV.

The first preliminary results show that all Member States implement various strategies aimed at prevention, surveillance or controlling hepatitis B and C. For example, universal vaccination programmes for infant and adolescents were implemented in 22 countries of the EU. In addition, seven countries have implemented selective vaccination programmes targeting risk groups. Prevention programmes for different risk groups were usually targeted at those at increased risk for hepatitis B (HBV) via occupational exposure and those with at-risk behaviour.

ECDC works hard to ensure that accurate, comparable data are collected throughout Europe and that successful strategies for the prevention and control of viral hepatitis are communicated, while any policy decision on the implementation of measures remains entirely with the Member States.

Contact

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References

1. European Centre for Disease Prevention and Control. Annual Epidemiological Report on Communicable Diseases in Europe 2007. Pages 3–4, 8–9, 26–28, 104–116.
2. European Centre for Disease Prevention and Control. Annual Epidemiological Report on Communicable Diseases in Europe 2008. Pages 3–7, 76–85, 146–150.