

Missed Opportunities for Viral Hepatitis Testing in Europe: a 25-Country Analysis

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INTRODUCTION AND OBJECTIVES

The 2016 approval of the WHO Global Health Sector Strategy on Hepatitis, coupled with the advent of better antiviral medications, has underscored the importance of hepatitis B virus (HBV) and hepatitis C virus (HCV) testing. The European Liver Patients Association (ELPA) carried out the Hep-CORE study to collect information regarding numerous aspects of national HBV and HCV policies, including testing-related policies.

Hep-CORE

METHODS

In 2016, we asked patient groups in 27 countries to participate in a cross-sectional survey that asked about their countries' policy responses to HBV and HCV. The 39-item English-language survey, administered online to one patient group or coalition of patient groups per country, included questions about testing/screening sites outside of hospitals, screening of pregnant women, notification of blood donors, risk assessment during routine medical check-ups, and the existence of free and/or anonymous testing services. We present a descriptive analysis of findings from the 25 European countries represented in the study.

RESULTS

Patient groups in many study countries reported an absence of HBV/HCV testing sites outside of hospitals for people who inject drugs and other high-risk populations (**Figure 1**).

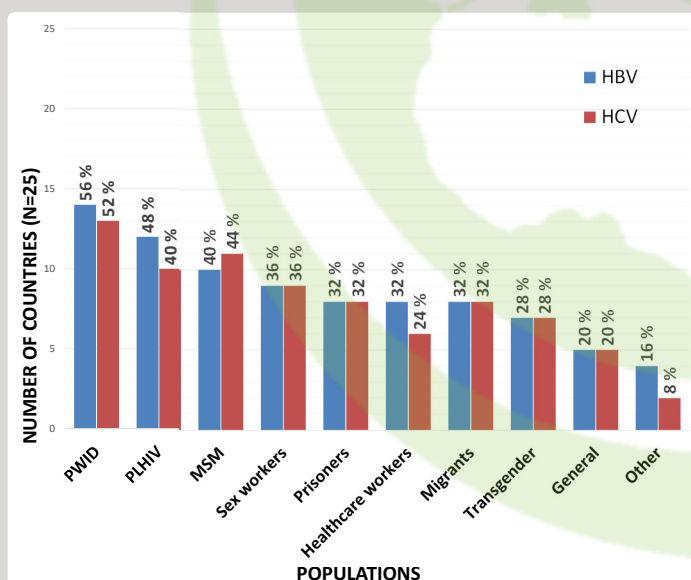
There was reported to be routine HBV/HCV screening for pregnant women in 88% and 44% of countries, respectively. In 23 countries (92%), blood donors were said to be notified if screening indicated infection with HBV/HCV; and of these 23 patient groups, 19 (83%) reported that blood donors in their country who are screened and found to be positive for HBV/HCV are referred to medical care. According to survey respondents, 17 countries (68%) include liver enzyme tests in routine medical check-ups, whereas only five (20%) include HBV/HCV risk assessment (data not shown in tables).

Less than half of countries were reported to have widespread free and anonymous HBV/HCV testing services targeting high-risk populations (**Table 1**).

CONCLUSIONS

European countries must act to reduce missed opportunities to diagnose HBV and HCV, giving particular attention to testing accessibility for high-risk populations and to risk assessment during routine medical check-ups.

Figure 1: Number of countries reported to have HBV and HCV testing/screening sites outside of hospitals for high-risk populations (N=25)



* For this survey question, respondents were advised that testing/screening sites outside of hospitals should be understood to mean "sites that are not within either inpatient or outpatient hospital facilities."

Table 1: Proportions of participating countries where respondents reported the existence of free/anonymous HBV and HCV testing services targeting high-risk populations (N=25)

	n (%)	Free HBV testing	Anonymous HBV testing	Free HCV testing	Anonymous HCV testing
General population	9 (36%)	6 (24%)	9 (36%)	6 (24%)	
PWID	14 (56%)	10 (40%)	13 (52%)	9 (36%)	
MSM	12 (48%)	9 (36%)	11 (44%)	7 (28%)	
Transgender	11 (44%)	7 (28%)	10 (40%)	6 (24%)	
Sex workers	10 (40%)	7 (28%)	9 (36%)	5 (20%)	
Prisoners	14 (56%)	7 (28%)	13 (52%)	7 (28%)	
Migrants	6 (24%)	6 (24%)	6 (24%)	6 (24%)	
PLHIV	13 (52%)	10 (40%)	12 (48%)	9 (36%)	
Other	1 (4%)	0 (0%)	1 (4%)	0 (0%)	

Abbreviations: HBV = hepatitis B virus; HCV = hepatitis C virus; PWID = people who inject drugs; MSM = men who have sex with men; PLHIV = people living with HIV

HEP-CORE EUROPEAN STUDY COUNTRIES:

Austria
Belgium
Bosnia & Herzegovina
Bulgaria
Croatia

Denmark
Finland
France
Germany
Greece
Hungary

Italy
Macedonia
Netherlands
Poland
Portugal
Romania

Serbia
Slovakia
Slovenia
Spain
Sweden
Turkey

Ukraine
United Kingdom