New study suggests how to improve life for 25 million Europeans with hepatitis, ranking performance among 30 countries

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Every year 125 000 Europeans die from various hepatitis-related diseases. Around Europe, there are 23 million people with hepatitis, most carrying the disease without knowing it. This makes them a high risk factor for spreading the infection. For the first time a study – the 2012 European Hepatitis Index (EHepI) – has compared the treatments and policies for this group of viral diseases in 30 European countries to locate the most successful examples for a pan-European best practice on hepatitis. France is top of the Index, followed by Slovenia and Germany. Other countries can find successful practice for improving their national action on this spreading disease.

The Index is produced by the Health Consumer Powerhouse Ltd. (HCP), the Sweden-based think tank, working together in a unique information effort with ELPA (European Liver Patient Association) and EASL (European Association for Study of the Liver).

Viral hepatitis is a largely neglected epidemic in Europe. An estimated 14 million people live with chronic hepatitis B (HVB) and a further estimated 9 million people are infected with hepatitis C, but most are unaware of the infection. Early detection allows patients to receive treatment to improve the outcomes and quality of life and a rapid diagnosis prevents the disease from becoming chronic. But because chronic hepatitis is left undetected and often untreated, it is a major cause of liver cirrhosis and primary liver cancer. HVB is responsible for about 36 000 deaths per year in Europe, with hepatitis C (HVC) responsible for around 86 000 deaths annually.

The population exposure to the virus is of very different around Europe, why various approaches are needed to reach all risk categories. High risk groups for acquiring and spreading the disease are not only patients on blood dialysis, injecting drug users (IDU), children of infected mothers, professional sex workers, men having sex with men (MSM) and prison inmates but also healthcare staff and migrant populations.

- Hepatitis infections are “low level” diseases causing major health threats, with human suffering and societal costs. But as the focus often is on marginalized groups, such as prison populations, IDU or migrant workers, there is a risk of ignoring that huge population groups may be affected. High awareness especially about HVC is necessary, says Dr Arne Bjornberg, HCP chairman and heading the Index research.
Better best practice will save lives

To decrease the burden of hepatitis B and C it is necessary to have a well-structured and comprehensive policy and practice. In general, good hepatitis care starts with raising both professional and public awareness as an important component of reducing the burden of undiagnosed infection.

Looking into the design of hepatitis policy and care among successful European healthcare systems, EHepI suggests a number of areas for improvement, forming a best practice for Europe, such as:

- Efficient hepatitis B vaccination programmes for infants, children, adolescents and risk groups. The vaccines must be free of charge or reimbursed, at least for the main risk groups. It is well demonstrated that this improves coverage.

- Easily available and free-of-charge screening programmes for general population and for the main risk groups. Pre- and post-counselling need to be available to ensure that the patient understands and has a free choice to be tested, and in case the result is positive, the different options to be followed.

- Access to high quality treatment and care. Antiviral treatments, which will successfully clear the virus in the majority of patients, are available in most countries. However, for optimal treatment and care three components are necessary;
  - Efficient strategies to increase the share of infected people admitted into medical care, which requires good understanding of the infection and its treatment from the health care provider
  - Subsidized/reimbursed treatment
  - Appropriate patient education to optimize treatment results

- Qualified professionals, to optimize the processes and the management of the disease according to best practice. This includes professionals (such as specialist nurses) dedicated among others to provide patient education.

- Good registries for proper data acquisition to analyse in detail the disease patterns and where to use available resources in the best way possible, to facilitate detection and reviewing areas for improvement.

- A framework or action plan provides an effective and coordinated response from all levels of government, the community, voluntary organizations, the health sector, scientific and research communities. Still, very few European countries have established a publicly funded National Strategy, except for France and Scotland.

- A leadership role for the EU in hepatitis strategy.
Top performers to learn from

Some countries highly ranked by the Euro Hepatitis Index 2012 have already implemented these critical services. The EHePl top performer, France (rewarded 872 Index points out of a maximum possible of 1000), offers the best hepatitis care delivery in Europe.

Prevention and control of viral hepatitis has been considered a public health priority in France since the early 1990s. During the last decade, further progress has been made in reducing morbidity and mortality due to viral hepatitis. The national strategy has made screening campaigns more efficient, enhanced hepatitis surveillance systems and improved the network of thirty-one hepatology reference centres and excellent hepatitis research programmes across the country. Numerous public awareness campaigns adds to the success.

Second in the EHePl ranking is Slovenia at 827 points. The situation in Slovenia is in the hands of very engaged clinicians. A small country, Slovenia succeeds in managing hepatitis care from the hospital level. There are a number of hospitals and drug units around the country coordinating their performance. Reporting is very limited though in Slovenia; health officials are often not aware of the real clinical performance, and base their knowledge on very limited “obligatory” reporting information. Slovenian performance is very good in sub-disciplines such as prevention, case finding or access to treatment and process. Slovenians should thank their very dedicated physicians for this.

Another example for inspiration is no 3 in the EHePl: Germany (797 points), a country performing very well in most sub-disciplines. Germany proves exceptional at prevention and case finding and very good at access to treatment. Germany practices general vaccination of all newborns since 1995 and offers the best programmes for vaccination of risk groups. In addition there are several programs for different vaccination groups and screening programs for a large number of groups of population at risk.

These and many other countries measured by the Euro Hepatitis Index show that significant improvement is within reach with systematic planning and performance, says Dr. Beatriz Cebolla, the EHePl project manager. Good hepatitis policy and care is hardly a matter of money but rather public awareness and government priorities, as indicated by a number of European middle-income countries doing well in this benchmark study.
About the Index

The EHepI compares the hepatitis care performance in the EU 27 member countries and Norway, Switzerland and Croatia. The Index is produced by the Health Consumer Powerhouse Ltd., measuring healthcare performance in 35 countries since 2004, taking a consumer position. The EHepI has been supported by an unrestricted grant from ELPA (European Liver Patient Association).

Unique initiative

The hepatitis project is an effort from the main European organizations working in the liver disease field, ELPA (European Liver Patient Organization) and EASL (European Association for Study of the Liver) together with HCP to compile information about hepatitis care in Europe. It is the first time that so many clinicians participate in a project of this nature.

It is relevant to highlight that hepatitis disease conditions like few others seem to be improving in some countries mainly by the continuous efforts of clinicians who often are taking the initiative, going ahead of any kind of policy established in the country. Presumably without their effort and persistence the situation in Europe would be a lot more alarming.
The EHepI was published at a seminar today in Brussels (http://www.hep-index.eu/Programme.html. ELPA has distributed its own media release)

The full report, Index matrix, illustrations and national media releases are freely available at www.healthpowerhouse.com.

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