Webinar on testing and care of viral hepatitis among migrant populations in the EU/EEA

18 October 2022, Online
ECDC webinar on “testing and care of viral hepatitis among migrant populations in the EU/EEA”

Aim and objectives

The overall aim of this online webinar is to strengthen EU/EEA countries’ capacities and capabilities to prevent and control viral hepatitis among migrant populations. At the end of the webinar, participants should:

• Be familiar with the epidemiological situation specific to HBV and HCV infection among migrant populations in EU/EEA countries;

• Have an understanding of the identified viral hepatitis service gaps, barriers, opportunities, challenges and lessons learned in EU/EEA countries;

• Have practical ideas about how to improve viral hepatitis testing and care among migrants in their countries.

Target audience

i. Representatives from public health and/or governmental institutions responsible for viral hepatitis programming and policy

ii. Viral hepatitis specialist clinicians

iii. Representatives from the viral hepatitis community
## Agenda

### 18 October 2022, 14:00 – 15:30 CEST

<table>
<thead>
<tr>
<th>Time</th>
<th>Purpose and activity</th>
<th>Facilitator(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:00-14:02</td>
<td>Opening, introduction and house rules</td>
<td>Anne Raahauge, CHIP</td>
</tr>
<tr>
<td>14:02-14:05</td>
<td>Welcome and opening remarks</td>
<td>Erika Duffell (ECDC); Jürgen Rockstroh, Germany (EACS)</td>
</tr>
<tr>
<td>14:05-14:15</td>
<td>An epidemiological overview of the hepatitis B situation in migrant populations</td>
<td>Miłosz Parczewski, Poland (EACS)</td>
</tr>
<tr>
<td></td>
<td>across the EU/EEA</td>
<td></td>
</tr>
<tr>
<td>14:15-14:35</td>
<td>A novel model of care for simplified testing of HBV in African communities during</td>
<td>Camila Picchio, Spain</td>
</tr>
<tr>
<td></td>
<td>the COVID-19 pandemic in Spain</td>
<td></td>
</tr>
<tr>
<td>14:35-14:55</td>
<td>Testing and management of viral hepatitis for refugees from Ukraine</td>
<td>Mojca Matičič, Slovenia</td>
</tr>
<tr>
<td>14:55-15:25</td>
<td>Panel discussion</td>
<td>All speakers and Co-Chairs</td>
</tr>
<tr>
<td>15:25-15:30</td>
<td>Conclusion, evaluation and take-home messages</td>
<td>Co-Chairs</td>
</tr>
</tbody>
</table>

EACS: European AIDS Clinical Society, ECDC: European Centre of Disease Prevention and Control.
An epidemiological overview of hepatitis B situation in migrant populations across the EU/EEA

Miłosz Parczewski
Dept. of Infectious Tropical Diseases and Immune Deficiency,
Pomeranian Medical University in Szczecin, Poland
Countries most affected by hepatitis B

HBV in the European context

<table>
<thead>
<tr>
<th>WHO region</th>
<th>Map key</th>
<th>Best</th>
<th>Lower</th>
<th>Higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>African Region</td>
<td></td>
<td>3.0</td>
<td>2.0</td>
<td>4.7</td>
</tr>
<tr>
<td>Region of the Americas</td>
<td></td>
<td>0.2</td>
<td>0.1</td>
<td>0.5</td>
</tr>
<tr>
<td>Eastern Mediterranean Region</td>
<td></td>
<td>1.6</td>
<td>1.2</td>
<td>2.1</td>
</tr>
<tr>
<td><strong>European Region</strong></td>
<td></td>
<td>0.4</td>
<td>0.2</td>
<td>0.8</td>
</tr>
<tr>
<td>South-East Asia Region</td>
<td></td>
<td>0.7</td>
<td>0.5</td>
<td>1.6</td>
</tr>
<tr>
<td>Western Pacific Region</td>
<td></td>
<td>0.9</td>
<td>0.6</td>
<td>1.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>1.3</td>
<td>0.9</td>
<td>2.2</td>
</tr>
</tbody>
</table>

Global hepatitis report, WHO, 2017
HBV seroprevalence across Europe

- Belgium 0.7% (0.5–0.8) N=1830 Standardised
- Croatia 0.7% (0.4–1.2) N=2009
- Czech Republic 0.6% N=2644 Standardised
- France 0.7% (0.5–0.9) N=18230
- Germany 0.4% (0.3–0.5) N=9303 Pooled
- Greece 3.3% (2.2–4.7) N=876
- Hungary 0.4% (0.1–1.0) N=1066
- Ireland 0.1% (0.0–0.4) N=1478
- Italy 0.7% (0.4–1.0) N=3982 Pooled
- Netherlands 0.2% (0.1–0.4) N=6246
- Romania 4.4% (4.0–4.8) N=13127
- Slovakia 1.1% (0.7–1.6) N=1946
- Spain 0.8% (0.6–1.1) N=5355 Pooled

*Global hepatitis report, WHO, 2017*
Acute HBV across Europe (2019)
Estimated chronic HCV/HBV in European migrant populations

Figure 1. Estimated number of CHB and CHC cases among migrants in the EU/EEA and the size of the migrant population

* low-endemic country for HBV (HBsAg prevalence <2%)
* low-endemic country for HCV (anti-HCV prevalence <1%)
* data sources: demographic data on migrants – Table 1; estimated number of CHB and CHC cases – Annex 5.5 and 5.7.

Chronic HBV among migrants vs. Total chronic HBV numbers

Relative contribution % to total number of chronic HBV in EU: 25% (estimate range 14-47%)

Estimated chronic HCV/HBV in European migrant populations

Table 5. Estimated number of CHB cases among migrants from endemic countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Foreign-born pop. from endemic countries</th>
<th>CHB infected cases</th>
<th>Average CHB prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Central estimate</td>
<td>Lower estimate</td>
<td>Higher estimate</td>
</tr>
<tr>
<td>Austria</td>
<td>768 773</td>
<td>33 456</td>
<td>25 757</td>
</tr>
<tr>
<td>Belgium</td>
<td>622 206</td>
<td>42 330</td>
<td>32 218</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>62 755</td>
<td>2 436</td>
<td>1 880</td>
</tr>
<tr>
<td>Croatia</td>
<td>523 470</td>
<td>18 673</td>
<td>11 966</td>
</tr>
<tr>
<td>Cyprus</td>
<td>139 689</td>
<td>6 770</td>
<td>5 141</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>234 291</td>
<td>12 185</td>
<td>9 637</td>
</tr>
<tr>
<td>Denmark</td>
<td>224 384</td>
<td>12 352</td>
<td>9 605</td>
</tr>
<tr>
<td>Estonia</td>
<td>184 042</td>
<td>5 432</td>
<td>3 822</td>
</tr>
<tr>
<td>Finland</td>
<td>141 953</td>
<td>8 136</td>
<td>6 206</td>
</tr>
<tr>
<td>France</td>
<td>3 591 002</td>
<td>212 538</td>
<td>131 238</td>
</tr>
<tr>
<td>Germany</td>
<td>5 398 700</td>
<td>234 792</td>
<td>180 867</td>
</tr>
<tr>
<td>Greece</td>
<td>615 986</td>
<td>43 163</td>
<td>36 363</td>
</tr>
<tr>
<td>Hungary</td>
<td>302 781</td>
<td>15 286</td>
<td>13 649</td>
</tr>
<tr>
<td>Iceland</td>
<td>7 857</td>
<td>421</td>
<td>349</td>
</tr>
<tr>
<td>Ireland</td>
<td>205 071</td>
<td>13 196</td>
<td>10 935</td>
</tr>
<tr>
<td>Italy</td>
<td>3 443 409</td>
<td>213 063</td>
<td>174 632</td>
</tr>
<tr>
<td>Latvia</td>
<td>267 617</td>
<td>7 866</td>
<td>5 269</td>
</tr>
<tr>
<td>Liechtenstein</td>
<td>2 140</td>
<td>97</td>
<td>74</td>
</tr>
<tr>
<td>Lithuania</td>
<td>121 992</td>
<td>3 765</td>
<td>2 469</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>28 085</td>
<td>1 450</td>
<td>913</td>
</tr>
<tr>
<td>Malta</td>
<td>9 629</td>
<td>637</td>
<td>429</td>
</tr>
<tr>
<td>Netherlands</td>
<td>1 052 695</td>
<td>56 650</td>
<td>40 335</td>
</tr>
<tr>
<td>Norway</td>
<td>277 047</td>
<td>17 021</td>
<td>12 252</td>
</tr>
<tr>
<td>Poland</td>
<td>438 446</td>
<td>11 679</td>
<td>7 018</td>
</tr>
<tr>
<td>Portugal</td>
<td>475 155</td>
<td>42 688</td>
<td>29 595</td>
</tr>
<tr>
<td>Romania</td>
<td>103 240</td>
<td>7 531</td>
<td>5 453</td>
</tr>
<tr>
<td>Slovakia</td>
<td>25 170</td>
<td>1 073</td>
<td>846</td>
</tr>
<tr>
<td>Slovenia</td>
<td>160 220</td>
<td>5 713</td>
<td>3 756</td>
</tr>
<tr>
<td>Spain</td>
<td>1 909 343</td>
<td>118 316</td>
<td>92 282</td>
</tr>
<tr>
<td>Sweden</td>
<td>596 303</td>
<td>33 850</td>
<td>23 728</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>3 976 870</td>
<td>244 409</td>
<td>195 342</td>
</tr>
<tr>
<td>EU/EEA</td>
<td>25 911 421</td>
<td>1 427 174</td>
<td>1 074 152</td>
</tr>
</tbody>
</table>

Average estimate: 5.5%

Highest estimate: Portugal - 9%

Lowest estimate: Latvia - 2.9%

UK: Opt-out screening for HIV/HBV/Syphilis

Figure 19: Country of birth of antenatal women testing positive for hepatitis B, London 2008-2012

(Source: PHE London Enhanced surveillance of antenatal hepatitis B) Cases where country of birth was unknown have been excluded.
Syrian refugees in Turkey

• Hepatitis serology (n=473)

Median age 34 (range 17-82) years
Anti Hbc total: 23.9%

Table 4: Distribution of Syrian refugees according to HBsAg, Anti-HBs, Anti-HBc total and Anti-HCV status

<table>
<thead>
<tr>
<th></th>
<th>Positive</th>
<th></th>
<th>Negative</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>%</td>
<td>Number</td>
<td>%</td>
</tr>
<tr>
<td>HBsAg</td>
<td>8</td>
<td>1.7</td>
<td>465</td>
<td>98.3</td>
</tr>
<tr>
<td>Anti-HBs</td>
<td>119</td>
<td>25.2</td>
<td>354</td>
<td>74.8</td>
</tr>
<tr>
<td>Anti-HBc total</td>
<td>113</td>
<td>23.9</td>
<td>360</td>
<td>76.1</td>
</tr>
<tr>
<td>Anti-HCV</td>
<td>2</td>
<td>0.4</td>
<td>471</td>
<td>99.6</td>
</tr>
<tr>
<td>Immunized with the vaccine</td>
<td>34</td>
<td>7.1</td>
<td>439</td>
<td>92.9</td>
</tr>
</tbody>
</table>
Germany: hepatitis markers in immigrant populations (n=1313)

Mean age 49.1± 15.8 years. 45.7% male
87.3% migrated to Germany from Eastern Mediterranean area, 12.0% EE
32.5% positive for hepatitis B core antibodies.
HBsA positive in 3.6% of patients.
HBV-DNA detected in 2.2% of patients.
Elimination of HIV/HBV/HCV among PWID: Harm reduction programmes in CEE

• Opioid substitution widely available except in Russian Federation, Turkmenistan and Uzbekistan.
• Coverage was low - 5.3% in Belarus, 4.9% in Kyrgyzstan, 3.5% in Ukraine and 0.2% in Kazakhstan.
• Sterile injecting equipment distribution: needle–syringe programmes often insufficient except Kyrgyzstan, where 241 needles were provided per client per year (target is 200).

2016 prevention gap report, UNAIDS
Next level: test and treat: testing availability across European Countries

Summary

• Urgent need to collect for the current data
• Vaccination (not only HBV) status among refugee population to be updated
• Outreach testing programmes needed
• Necessity to review HBV national treatment programmes for the refugee inclusion
• Antenatal screening
COMMUNITY-BASED SCREENING INCREASES HEPATITIS B VIRUS (HBV) LINKAGE TO CARE AMONG AFRICAN MIGRANTS IN SPAIN

CAMILA A PICCHIO, MPH
Barcelona Institute for Global Health (ISGlobal)
Camila.picchio@isglobal.org

ECDC/EACS Webinar on testing & care of hepatitis B and C among migrants

18 October 2022
Hepatitis B Virus COMMunity Screening And Vaccination in Africans (HBV-COMSAVA)

A novel model of care for simplified testing of HBV in African communities during the COVID-19 pandemic in Spain

Camila A. Picchio, Daniel K. Nomah, Silvia G. Araujo, Ariadna Rando-Segura, Emma Fernández, Maria Buti, Sergio Rodríguez-Tajes, Sabela Llans. Francisco Rodríguez-Frias & Jeffrey V. Lazarus

Chronic hepatitis B virus (HBV) infection is a major public health threat for migrant populations in Spain and efforts to scale up testing are needed to reach the WHO elimination targets. The Hepatitis B Virus Community Screening and Vaccination in Africans (HBV-COMSAVA) study aims to use point-of-care testing and simplified diagnostic tools to identify, link to care, or vaccinate African migrants in Barcelona during the COVID-19 pandemic. From 21/01/20 to 03/07/2021, 334 study participants were offered HBV screening in a community clinic. Rapid tests for HBsAg screening were used and blood samples were collected with plasma separation cards. Patients received results and were offered: linkage to specialist care, post-test counselling, or HBV vaccination in situ. Sociodemographic and clinical history were collected and descriptive statistics were utilized. 274 patients were included and 210 (76.6%) returned to receive results. The HBsAg prevalence was 5.9% and 33.2% of people had evidence of past resolved infection. Overall, 333 required vaccination, followed by post-test counselling (n = 114), and linkage to a specialist (n = 27). Despite the COVID-19 pandemic, by employing a community-based model of care utilising simplified diagnostic tools, HBV...
257,000,000


Eliminate viral hepatitis as a public health problem by 2030
Reduction in incidence by 90% and mortality by 65%
Fig. 1. ASRs for primary liver cancer per 100,000 people in 2020, by country. (A) Age-standardised incidence rate. (B) Age-standardised mortality rate. ASR(W), age-standardised rate.

Migration on the rise

The international migrant population globally has increased in size but remained relatively stable as a proportion of the world’s population.

<table>
<thead>
<tr>
<th>Year</th>
<th>Resident Migrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>174 Million</td>
</tr>
<tr>
<td>2000</td>
<td>192 Million</td>
</tr>
<tr>
<td>2005</td>
<td>221 Million</td>
</tr>
<tr>
<td>2010</td>
<td>249 Million</td>
</tr>
<tr>
<td>2015</td>
<td>258 Million</td>
</tr>
<tr>
<td>2019</td>
<td>272 Million</td>
</tr>
</tbody>
</table>

Migration on the rise

16.1%

Targeted screening of migrants from countries of intermediate or high endemicity is recommended

Objectives

The objective of this study is to use point-of-care diagnostics in community and faith-based settings to identify and link to care west African migrants living with HBV.

- Report the HBsAg prevalence
- Report the prevalence of past resolved infection (anti-HBc+/HBsAg-)
- Offer the first dose of the HBV vaccine (three total)
- Report the linkage to care rate
## Types of biomarkers used in the project

<table>
<thead>
<tr>
<th>Antigen</th>
<th>Antibody</th>
<th>Nucleic acid</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hepatitis B Surface Antigen (HBsAg)</strong></td>
<td>Anti-HBs</td>
<td>✗</td>
</tr>
<tr>
<td><strong>Hepatitis B Core Antigen (HBcAg)</strong></td>
<td>✗</td>
<td>Anti-HBc (Total) IgM anti-HBc</td>
</tr>
<tr>
<td><strong>Hepatitis B e Antigen (HBeAg)</strong></td>
<td>✗</td>
<td>✗</td>
</tr>
</tbody>
</table>

The Model of Care (MoC)

Each intervention consists of two field visits:

VISIT 1
- Use of the *HeparJoc* tool and provide information about hepatitis B by a community coordinator
- Screening for HBV using an RDT (Abbott® DETERMINE HBsAg II) and blood extraction collected with the plasma separation card (PSC) (Roche Diagnostics, CA)
- Referral of reactive cases to a collaborating hospital
- Process CatSalut card request through an expedited circuit

VISIT 2
- Inform participants on their blood results, in the instance their RDT was negative
- Offer the first dose of the HBV Vaccination series *in situ*
- Provide post-test counselling to those with past-resolved infection or prior vaccination


**LINKAGE TO CARE DEFINITIONS**

1. First documented visit with a liver specialist
2. Post-test counselling
3. HBV vaccination

The Model of Care (MoC)

- **42 visits**
- 21 Nov 2020-22 Jan 2022
- Barcelona, Sabadell, Terrassa, Polinyà, Sant Andreu de la Barca, Manresa, Igualada, Martorell, Vilafranca del Penedès, Vic, Torelló, Girona/Salt.

Intervention in Martorell, October 2021
Results

GENERAL DESCRIPTION

N = 453

273 yrs (SD = 10)

Recently arrived

≤5 = 98 (22%)
6-12 = 91 (20%)
13-20 = 194 (43%)
21+ = 62 (15%)

Recently arrived

82% had never been tested before

Results
PREVALENCE

9.1% HBsAg+
90.9% HBsAg-
41.5% anti-HBc+
46.7% with evidence of current or past resolved infection

N = 453

## Results

### INTERVENTION TYPE

<table>
<thead>
<tr>
<th>Intervention Type</th>
<th>Count (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral to a Specialist</td>
<td>41 (9.05%)</td>
</tr>
<tr>
<td>HBV Vaccination Required</td>
<td>213 (47.02%)</td>
</tr>
<tr>
<td>Post-Test Counselling*</td>
<td>199 (43.93%)</td>
</tr>
</tbody>
</table>

*Could include past resolved infection or reported correct HBV vaccination

**Total: 453**
Results
CASCADE OF CARE

Males more frequently linked to care, in comparison to females (77% vs 65%; p=0.006)

Limitations

- Not looking at anti-HBs
- Sensitivity/specificity of PSC is high, but not 100%
- Loss to follow-up across the cascade
- No economic evaluation done yet
Take away messages

This community-based HBV screening program provides an effective model for identifying and providing care to migrant populations at high risk of HBV infection, who may otherwise not engage in care.

- Identify **barriers to linkage to care** to increase the overall rate of linkage, particularly for those requiring vaccination.
- Additional research & focus needed to increase linkage to care for females across the care cascade.
- Tools to **address vaccine hesitancy** among this population are needed.
Acknowledgements

Thank you to the entire HBV-COMSAVA team, in particular:

• Emma Fernández, ISGlobal & Hospital Clínic
• Daniel K Nomah, ISGlobal & CEEISCAT
• Omar Diatta, ISGlobal
• Ariadna Rando-Segura, VHIR Laboratorio
• Silvia Gómez, ISGlobal
• Marina MacKinnon, ISGlobal
• Dra Sabela Lens, Hospital Clínic
• Dr Xavier Forns, Hospital Clínic
• Dr Sergio Rodriguez, Hospital Clínic
• Dr Francisco Rodriguez Frías, VHIR Laboratorio
• Dra Maria Buti, HUVH
• Isabel Vera, SAVI- Hospital Clínic
• Montse Roldan, SAVI- Hospital Clínic
• Hakima Essadek Ourab, Drassanes-Salut Internacional
• Jordi Gomez, Drassanes-Salut Internacional

and the African migrant community!
Testing and management of viral hepatitis for refugees from Ukraine

Prof. Mojca Matičič, MD, PhD

University Medical Centre Ljubljana
Faculty of Medicine, University of Ljubljana
Slovenia

ECDC-EACS-CHIP Webinar: October 18, 2022
Declaration of conflict of interest

• Lecturer: Abbvie, Bayer, Gilead, Merck, Sandoz
• Manuscript preparation: Abbvie, Gilead, Merck
• Travel/accommodational meeting expences: Abbvie, Gilead, Merck

No conflict of interest regarding this presentation
Europe: HBV, HCV

HBV in 2019:
15 million infected
19,000 new infections
43,000 deaths

HCV in 2019:
14 million infected
300,000 new infections
64,000 deaths

Europe: HBV, HCV

HBV in 2019:
- 15 million infected
- 19,000 new infections
- 43,000 deaths

HCV in 2019:
- 14 million infected
- 300,000 new infections
- 64,000 deaths

Prevalence in PWID

<table>
<thead>
<tr>
<th></th>
<th>Eastern Europe</th>
<th>Western Europe</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCV</td>
<td>65%</td>
<td>53%</td>
</tr>
<tr>
<td>HBV</td>
<td>8%</td>
<td>3%</td>
</tr>
</tbody>
</table>


https://apps.who.int/iris/bitstream/handle/10665/341412/9789240027077-eng.pdf
UKRAINE
A pre-war ID health burden

Est. population of Ukraine: 41,130,432 (01 Feb 2022)

Marchese V, et al. Examining the pre-war health burden of Ukraine for prioritisation by European countries receiving Ukrainian refugees. The Lancet Regional Health – Europe 2022;00: 100369 Published online xxx https://doi.org/10.1016/j.
UKRAINE
A pre-war ID health burden

Est. population of Ukraine: **41,130,432** (01 Feb 2022)

- 2nd largest **HIV epidemic** in the WHO EU Region (37.5 per 100,000 in 2020)
  - treatment coverage of 57% (in EU 82%)
- 2nd highest prevalence of **HIV/TB coinfection** (26%)
- 4th highest **TB incidence** rate among WHO EU Region countries
  - drug-resistant TB (29% of new diagnoses)
- **COVID-19** epidemic situation: a concern
  - a significant increase in Jan-Feb 2022 (555%)
  - a fatality rate of 2.2%
  - low vaccination coverage (35%)

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HBV and HCV infections: key public health issues in Ukraine

Marchese V, et al. Examining the pre-war health burden of Ukraine for prioritisation by European countries receiving Ukrainian refugees. The Lancet Regional Health – Europe 2022;00: 100369 Published online xxx [https://doi.org/10.1016/j.laneue.2022.100369](https://doi.org/10.1016/j.laneue.2022.100369)
UKRAINE

HBV and HCV infections: Epidemiological situation

HBV and HCV est. prevalence in adults, in 2020:

- HBsAg 1%
- HCV-RNA 3%

PLWH (HBV: 8.4%; HCV: 25%) (M : F = 55% : 45%)

Risk groups: PWID, sex workers, MSM, healthcare procedures

- PWID: est. 317,000 - proportion of PWID on OAT: 5.3% (M : F = 84% : 16%)
- prevalence in those on OAT: HBsAg 8.5% anti-HCV 56.3%


Data provided by Mozalevskis A. WHO Europe. March 2022. Центр громадського здоров’я України.
HBV and HCV infections: Epidemiological situation

HBV and HCV est. prevalence in adults, in 2020:

- HBsAg 1%
- HCV-RNA 3%

- Prevalence higher in: men, >50 years, variations among regions

  PLWH (HBV: 8.4%; HCV: 25%) (M : F = 55% : 45%)

risk groups: PWID
  - sex workers
  - MSM
  - healthcare procedures


Data provided by Mozalevskis A. WHO Europe. March 2022. Центр громадського здоров'я України.
UKRAINE

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HBV and HCV est. prevalence in adults, in 2020:

• HBsAg 1%
  HCV-RNA 3%

• Prevalence higher in: men, >50 years, variations among regions
  PLWH (HBV: 8.4%; HCV: 25%) (M : F = 55% : 45%)
  risk groups: PWID
  sex workers
  MSM
  healthcare procedures

• PWID: est. 317,000
  - proportion of PWID on OAT: 5.3% (M : F = 84% : 16%)
  - prevalence in those on OAT: HBsAg 8.5%

anti-HCV 56.3%

**HepB vaccination** in infants, in 2020:

- coverage of 3rd dose: **80.9%**
  - lower than the coverage in most EU countries
  - below the recommended coverage target for elimination
UKRAINE
Treatment of hepatitis B and hepatitis C

HBV and HCV treatment, in 2020:

• Low HBV and HCV treatment coverage
Treated:
- 1,483 started (as of Jan 2021)

### Number of HBV patients treated within the local or state budget

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>203</td>
</tr>
<tr>
<td>2014</td>
<td>718</td>
</tr>
<tr>
<td>2015</td>
<td>877</td>
</tr>
<tr>
<td>2016</td>
<td>771</td>
</tr>
<tr>
<td>2017</td>
<td>942</td>
</tr>
<tr>
<td>Overall</td>
<td>3,511</td>
</tr>
</tbody>
</table>

### Nucleoside and nucleotide analogues availability in Ukraine

<table>
<thead>
<tr>
<th>Nucleoside and nucleotide analogues</th>
<th>Availability in Ukraine</th>
</tr>
</thead>
<tbody>
<tr>
<td>3TC</td>
<td>+</td>
</tr>
<tr>
<td>3TC generic</td>
<td>+</td>
</tr>
<tr>
<td>LdT</td>
<td>+</td>
</tr>
<tr>
<td>LdT generic</td>
<td>+</td>
</tr>
<tr>
<td>ETV</td>
<td>+</td>
</tr>
<tr>
<td>ETV generic</td>
<td>+</td>
</tr>
<tr>
<td>TDF</td>
<td>+</td>
</tr>
<tr>
<td>TDF generic</td>
<td>+</td>
</tr>
<tr>
<td>ADV</td>
<td>+</td>
</tr>
<tr>
<td>ADV generic</td>
<td>+</td>
</tr>
<tr>
<td>FTC</td>
<td>+</td>
</tr>
<tr>
<td>FTC generic</td>
<td>+</td>
</tr>
<tr>
<td>TAF</td>
<td>+</td>
</tr>
</tbody>
</table>
UKRAINE
Treatment of hepatitis C

Treated:
• 8,565 started
• 7,229 completed (Jan 2021)

DAAs:
• SOF/LED
• SOF/DAC

Late presenters:
28% of primary diagnosed HCV presented cirrhosis

UKRAINE
HAV infection: Epidemiological situation

• Endemicity of HAV infection:
  - “low” in urban areas
  - “intermediate” in rural areas

• A risk for HAV infection outbreaks:
  - the current movement of refugees
  - high number of susceptible children and adolescents
  - possibility of imperfect sanitary conditions while in transit

4,4 million refugees from Ukraine (wk 6)

Poland, Romania, Slovakia, Republic of Moldova – from there dispersed further into other European countries
7,7 million refugees from Ukraine recorded in Europe (wk 33)

Countries in Europe: Protection for displaced persons from Ukraine

• The Council of the EU has adopted decision on: “Temporary protection for displaced persons from Ukraine fleeing to neighbouring EU Member States”

• Decision provides immediate protection and rights:
  - residency rights
  - access to: labour market
  - schools
  - housing
  - social support
  - health care

• Similar provisions have been adopted in other non-EU countries belonging to the WHO EURO region

• Access to health-care services (including testing and treatment for viral hepatitis) in European countries should be the same as for citizens of those countries

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  - social support
  - health care

Similar provisions have been adopted in other non-EU countries belonging to the WHO EURO region.

Access to health-care services (including testing and treatment for viral hepatitis) in European countries should be the same as for citizens of those countries.

By October 11, 2022:

4,350,995 refugees from Ukraine registered for Temporary Protection (or similar national protection schemes in Europe)

<table>
<thead>
<tr>
<th>Country</th>
<th>Data Date</th>
<th>Refugees from Ukraine registered for Temporary Protection or similar national protection schemes</th>
<th>Refugees from Ukraine recorded in country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albania</td>
<td>10/11/2022</td>
<td>Not applicable</td>
<td>2,622</td>
</tr>
<tr>
<td>Armenia</td>
<td>10/11/2022</td>
<td>Not applicable</td>
<td>489</td>
</tr>
<tr>
<td>Austria</td>
<td>10/10/2022</td>
<td>83,684</td>
<td>83,684</td>
</tr>
<tr>
<td>Azerbaijan</td>
<td>10/11/2022</td>
<td>Not applicable</td>
<td>3,925</td>
</tr>
<tr>
<td>Belgium</td>
<td>10/11/2022</td>
<td>57,423</td>
<td>57,423</td>
</tr>
<tr>
<td>Bosnia and Herzegovina</td>
<td>10/9/2022</td>
<td>Not applicable</td>
<td>211</td>
</tr>
<tr>
<td>Croatia</td>
<td>10/11/2022</td>
<td>18,619</td>
<td>18,619</td>
</tr>
<tr>
<td>Cyprus</td>
<td>10/11/2022</td>
<td>13,946</td>
<td>13,946</td>
</tr>
<tr>
<td>Denmark</td>
<td>10/11/2022</td>
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<td>35,650</td>
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<tr>
<td>Estonia</td>
<td>10/10/2022</td>
<td>60,002</td>
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<tr>
<td>Finland</td>
<td>10/9/2022</td>
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<td>13,946</td>
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<tr>
<td>France</td>
<td>9/26/2022</td>
<td>105,000</td>
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<td>Georgia</td>
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<td>25,793</td>
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<tr>
<td>Germany</td>
<td>10/8/2022</td>
<td>1,002,668</td>
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<tr>
<td>Greece</td>
<td>10/11/2022</td>
<td>13,946</td>
<td>13,946</td>
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<td>Iceland</td>
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<td>Ireland</td>
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<td>Italy</td>
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<td>Latvia</td>
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<tr>
<td>Liechtenstein</td>
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<td>325</td>
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<td>Lithuania</td>
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<td>Luxembourg</td>
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<td>Malta</td>
<td>9/13/2022</td>
<td>1,518</td>
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<tr>
<td>Montenegro</td>
<td>10/4/2022</td>
<td>27,576</td>
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<tr>
<td>Netherlands</td>
<td>9/10/2022</td>
<td>79,290</td>
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<tr>
<td>North Macedonia</td>
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<td>5,681</td>
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<td>Norway</td>
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<td>29,208</td>
<td>29,208</td>
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<td>Portugal</td>
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<td>52,970</td>
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<tr>
<td>Slovenia</td>
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<td>1,848</td>
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<tr>
<td>Spain</td>
<td>10/10/2022</td>
<td>147,113</td>
<td>147,113</td>
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<tr>
<td>Sweden</td>
<td>10/7/2022</td>
<td>46,579</td>
<td>46,579</td>
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<tr>
<td>Switzerland</td>
<td>10/10/2022</td>
<td>66,262</td>
<td>66,262</td>
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<tr>
<td>Turkey</td>
<td>5/9/2022</td>
<td>140,000</td>
<td>140,000</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>10/10/2022</td>
<td>Not applicable</td>
<td>135,600</td>
</tr>
</tbody>
</table>

**Total**

2,184,598
2,571,263
### Countries featured in the Refugee Response Plan


<table>
<thead>
<tr>
<th>Country</th>
<th>Data Date</th>
<th>Refugees from Ukraine registered for Temporary Protection or similar national protection schemes</th>
<th>Refugees from Ukraine recorded in country</th>
<th>Border crossings from Ukraine*</th>
<th>Border crossings to Ukraine**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bulgaria</td>
<td>10/11/2022</td>
<td>138,406</td>
<td>53,057</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>10/11/2022</td>
<td>442,259</td>
<td>442,440</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Hungary</td>
<td>10/11/2022</td>
<td>30,000</td>
<td>30,000</td>
<td>1,549,304</td>
<td>Data not available</td>
</tr>
<tr>
<td>Poland</td>
<td>10/11/2022</td>
<td>1,436,558</td>
<td>1,436,558</td>
<td>6,782,275</td>
<td>4,798,663</td>
</tr>
<tr>
<td>Republic of Moldova</td>
<td>10/11/2022</td>
<td>Not applicable</td>
<td>94,252</td>
<td>654,357</td>
<td>295,752</td>
</tr>
<tr>
<td>Romania</td>
<td>10/9/2022</td>
<td>72,285</td>
<td>82,127</td>
<td>1,324,244</td>
<td>1,031,434</td>
</tr>
<tr>
<td>Slovakia</td>
<td>10/11/2022</td>
<td>96,889</td>
<td>97,085</td>
<td>851,847</td>
<td>589,528</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>2,216,397</strong></td>
<td><strong>2,235,519</strong></td>
<td><strong>11,162,027</strong></td>
<td><strong>6,715,377</strong></td>
</tr>
</tbody>
</table>
Operational public health considerations for the prevention and control of infectious diseases in the context of Russia’s aggression towards Ukraine
8 March 2022
Key messages

- A very large number of people from Ukraine are fleeing the country and entering the European Union (EU) countries bordering Ukraine (Hungary, Poland, Romania, Slovakia) and the EU-neighbourhood country of the Republic of Moldova. Those fleeing Ukraine - mainly women and children - are currently dispersing into communities, but as more people congregate at border crossings it is likely that they will also need to be housed in reception centres.
- This operational document focuses on infectious disease vulnerabilities of those fleeing from Ukraine, and the associated requirements for infection prevention and control. It is important to note, however, that these are just few of the risks to the health and well-being of the displaced people, and that the measures described in this document should be part of more generalised health measures provided in support of those who have been displaced.
- Public health authorities should increase awareness among their community healthcare providers regarding the need to ensure access to services and continuity of vaccination programmes, and to be aware of the vulnerability of displaced people to infectious diseases. Doctors should be informed so that they can adjust their diagnostic and reporting algorithms accordingly. This should be an integral part of the overall provision of healthcare to those fleeing Ukraine, as should the diagnosis and treatment of chronic disease and mental and psychosocial health.
- Ensuring continuity of routine vaccinations and addressing gaps in prior vaccination histories is an essential element of the public health support for displaced people. In this context, ensuring vaccination coverage against poliomyelitis, measles and COVID-19 should be a priority. Vaccination acceptance also needs to be assessed and addressed among those fleeing Ukraine.
- Surveillance systems should be enhanced by increasing awareness among health professionals taking care of displaced people, to ensure that vaccine-preventable diseases and other communicable diseases are appropriately detected.
- Syndromic surveillance should be considered for those accommodated in reception centres.
- In people presenting with traumatic wounds, healthcare providers should be made aware that infections associated with these injuries can often include infection due to multidrug-resistant organisms. Diagnostic and treatment procedures should therefore be appropriate for identifying and managing such organisms.
- Health risk communication activities should follow the standard principles of consistency and clarity and attempt to acknowledge and clear up any uncertainties that may exist.
Vaccination to be offered in the absence of the documented evidence of prior vaccination

<table>
<thead>
<tr>
<th>Disease</th>
<th>Children and adolescents (&lt;18 years)</th>
<th>Adults (&gt; 18 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Priority vaccinations</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COVID-19</td>
<td>Offer primary vaccination course with an mRNA vaccine to eligible children and adolescents according to guidelines in host country (Comirnaty in ≥5 years of age and Spikevax ≥6 years of age are authorised in EU/EEA) [30]. Offer a booster dose to adolescents ≥12 years of age according to guidelines in host country (only Comirnaty authorised in EU/EEA) [31,32].</td>
<td>Offer primary vaccination and booster dose(s) to all adults according to guidelines in the host country. The use of a one-dose primary course vaccine (e.g. Janssen COVID-19 vaccine) may be considered, especially if the administration of a second dose to complete the primary series could be challenging. Offer either one dose or in accordance with the guidelines in the host country.*</td>
</tr>
<tr>
<td>Measles, mumps, rubella</td>
<td>Offer MMR to individuals ≥9 months of age. Two doses of MMR† should be administered at least one month apart, but preferably longer in accordance with the guidelines of the host country. Measles vaccine provided before 12 months of age does not induce protection in all and should be repeated after 12 months of age. Offer to individuals ≥2 months, three doses of DTPa-IPV-Hib (Hib-component only for children &lt;6 years unless other country-specific recommendations) containing vaccines at least one month apart, followed by a booster dose in accordance with the guidelines in the host country. Pentavalent and hexavalent combination vaccines are authorised up to six years of age.</td>
<td>Offer to all adults, a primary series of diphtheria, tetanus, and polio vaccines according to the guidelines in the host country.</td>
</tr>
<tr>
<td>Diphtheria, tetanus, pertussis, poliomyelitis, Hib</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>To be considered</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Offer to individuals ≥2 months, three doses according to the guidelines in the host country.*** Offer to newborn infants of HBsAg-positive mothers within 24 hours of birth, according to the guidelines in the host country.</td>
<td>Offer to all adults, with or without previous screening, according to the guidelines in the host country.</td>
</tr>
</tbody>
</table>
Joint Statement

Ensuring high-quality viral hepatitis care for refugees from Ukraine

This joint statement by the European Association for the Study of the Liver (EASL), the WHO Regional Office for Europe and the European Centre for Disease Prevention and Control (ECDC) focuses on vulnerabilities associated with viral hepatitis of refugees from Ukraine and provides suggestions for responses to the needs of this group. It is important to note, however, that the measures described in the statement should be part of more generalized health measures provided in support of refugees.

- Background
- Ensuring high-quality hepatitis care for refugees
- Vaccination
- Testing considerations
- Linkage to care and treatment

All stages along the continuum of care from prevention through to treatment need to be included

Countries across Europe to consider the following actions:

• Vaccination
• Testing considerations
• Linkage to care
• Treatment
Joint statement
Ensuring high-quality viral hepatitis care for refugees from Ukraine

VACCINATION

Hepatitis B vaccination should be offered for:

- children and adolescents with unknown vaccination status / known delayed / missing vaccines
- others with risk factors who do not have official records / evidence of immunity

Hepatitis A vaccination should be considered for:

- close contacts - should be traced, provided with information and offered HAV vaccination
- in case of outbreak: rapid and widespread vaccination & health education & measures to improve sanitation

TESTING

• **testing for HBV and HCV:** voluntary and offered to all adult refugees in a non-discriminatory manner

• **surveillance of hepatitis A:** inform health-care workers to consider timely testing for any suspected cases of HAV infection. When clusters of infections are identified, samples from a proportion of cases should be considered for genome sequencing

Joint statement
Ensuring high-quality viral hepatitis care for refugees from Ukraine

LINKAGE TO CARE

• Provide free and accessible HBV and HCV care: diagnosis
  antiviral therapy
  harm-reduction services

• Services provided by a network of designated health-care settings:
take into account the language, culture and mental health needs of
refugees and may be best provided for refugees when settled in the host
country.

• Linkage to care at local services: for further clinical evaluation
  assessment for treatment
  (ensured for all HBsAg-positive and/or HCV RNA-positive)

TREATMENT

• Patients already on treatment for hepatitis B and/or hepatitis C: continue treatment!

• Therapy for hepatitis B and hepatitis C should be newly initiated: all who meet the criteria for therapy (EASL CPG or local clinical guidelines)

• Timely initiation of treatment is a priority for individuals with: advanced liver disease, hepatocellular carcinoma, HIV co-infected and clinically significant extrahepatic manifestations

• Patients with chronic hepatitis B and/or hepatitis C should be followed-up according to CPG

• In cases of onward transit to other countries therapy should be provided:
  - for the total course of HCV treatment with DAAs
  - for at least 90 days of HBV antiviral therapy

• Documentation confirming the presence of HBV and/or HCV infection and further clinical details of hepatitis B and/or hepatitis C, including any antiviral therapy provided, should be given to refugees who are in transit by the clinical services involved in their care

Harm reduction services across Europe for refugees from UKRAINE

UKRAINE SNAPSHOTs
Harm reduction services in action during the war in Ukraine


Recommendations regarding access to harm reduction services, treatment (OST). Coverage of OST in Ukraine is very low – only 5% are receiving OST in 2021. The Eurasian Harm Reduction association services available for refugees – including harm reduction and.
SLOVENIA
Refugees from Ukraine

April 8, 2022 (wk 6):
Recorded in country: 5,200 (app 2,000 children)

October 11, 2022 (wk 33):
Registered for Temporary protection: 7,848
Recorded in country: 8,255

Refugees:
- mostly spread throughout the country
- own settings (female & children; families)
- a minority in refugee centers

SLOVENIA
Refugees from Ukraine

• The Government has adopted decision on: “Temporary protection for displaced persons from Ukraine”

• Decision provides also immediate protection / rights / access to health care

• The Ministry of Health founded: an interdisciplinaty Coordination Board covering the health care of HIV, TB and viral hepatitis

• National Institute of Public Health: prepared information and practical guidelines on vaccination for HepB (HepA)

• National Viral Hepatitis Expert Board: prepared Clinical Pathway for the management of HBV and HCV in refugees from Ukraine

• Active search for HBV, HCV, HIV infected


Coordination Board at the Ministry of Health for providing healthcare for Refugees from Ukraine. March/April 2022.
All stages along the continuum of care are included in accordance to the National CPG:

- Vaccination
- Testing considerations – ACTIVE SEARCH
- Linkage to care
- Treatment and follow up

Special populations:

- Pregnant women
- Children

To overcome a language barrier:

- Translation service provided 24/7

SLOVENIA
Ensuring high-quality viral hepatitis care for refugees from Ukraine

Coordination Board at the Ministry of Health for providing healthcare for Refugees from Ukraine. March/April 2022.
A QUESTIONNAIRE on possible HBV, HCV, HIV infections for personal use only in refugees from UKRAINE (Engl/Ukr)

Accessible

On-line:
• Ministry of health RS
• National Institute of Public Health
• University Medical Centers
• General Hospitals
• Centers for Refugees

In paper:
• When applying for a Temporary Protection
• Centers for Refugees

Clinic for Infectious Diseases and Febrile Illnesses, University Medical Centre Ljubljana:

Infections with HIV, hepatitis B virus, hepatitis C virus

Infections with HIV, hepatitis B virus (HBV) and hepatitis C virus (HCV) may present no signs and symptoms for several years, thus infected individuals are unaware of chronic infection and may eventually develop various life threatening conditions. Persons that were exposed to different risk factors for infection during their lifetime could get infected; HIV, HBV and HCV infections are particularly common in individuals with a high-risk behaviour. In Slovenia, the infected persons are managed according to the highest standards of care and all the recommended medications are available and accessible.

In Ukraine, HIV, HBV and HCV infections represent a considerable public health problem. In all persons with already known diagnosis of chronic HIV infection or/and chronic hepatitis B or/and chronic hepatitis C, the treatment that has been introduced in Ukraine should be continued in accordance to the clinical practical guidelines. In those who have so far been unaware of infection and potentially exposed to any risk factor, it is of utmost importance to actively screen for HIV, HBV and HCV and in case of confirmed infection offer an appropriate medical care.

To help displaced people from Ukraine detect any risk factors for getting infected with HIV, HBV or HCV, a person-friendly questionnaire was prepared. It is ment only for personal use as a guide based on personal responses for possible future actions, such as testing and acquiring appropriate medical care and treatment in case needed.

Appendix:
- A Questionnaire

A QUESTIONNAIRE on possible HBV, HCV, HIV infections for personal use only in refugees from UKRAINE (Engl/Ukr)

A QUESTIONNAIRE for displaced persons from Ukraine regarding infections with HIV, hepatitis B virus, hepatitis C virus

(OONLY FOR PERSONAL USE)

By answering to the following questions, you may importantly affect your health and receive appropriate medical care in Slovenia if needed.

1. Are you infected with HIV? NO YES Not sure
2. Do you have hepatitis B? NO YES Not sure
3. Do you have hepatitis C? NO YES Not sure

If answered to any of the questions with "YES", you can get medical care at one of the following centers for managing these diseases:

Ljubljana: Clinica de Infectious Diseases and Febrile Illnesses, Ljubljana 2
Tel: 01 522 44 54 Email: narcologija@zdravilo.si
Maribor: University Clinical Centre, Maribor
Tel: 02 222 27 40 Email: intereliza@ambulanta@ukr.mkb.si
Celje: Spitalska bolnica Celje
Tel: 05 423 50 08 Email: cnucnaro@ibf-cellcei.
Murska Sobota: Spitalska bolnica Murska Sobota
Tel: 02 512 34 75 Email: info@kb-murska.
Novo mesto: Spitalska bolnica Novo mesto
Tel: 07 391 65 82 Email: info@kb-nm.si

Please continue if you answered to the questions above with "NO".

4. Is there any possibility that you are infected with HIV, hepatitis B virus or hepatitis C virus? NO YES I don’t know
5. Have you had a sexually transmitted infection (HPV, gonorrhea, chlamydia, etc.)? NO YES I don’t know
6. Have you or any of your family members had tuberculosis (now or in the past)? NO YES I don’t know
7. Have you ever injected drugs? NO YES
8. Have you had unprotected sex with multiple partners? NO YES
9. Are you male? NO YES
10. Are you a sexual women? NO YES
11. Have you been sexually abused? NO YES
12. Have you ever been incarcerated? NO YES
13. Do you have a sexual partner, close family member, joint household member who has HIV infection or/and hepatitis B or/and hepatitis C? NO YES I don’t know
14. Have you received a blood transfusion? NO YES I don’t know
15. Have you been treated with hemodialysis? NO YES I don’t know
16. Are you taking medications that weaken your immune system? NO YES I don’t know
17. Do you have abnormal liver test results? NO YES I don’t know

If you answered to any of the questions with "YES" or "I don’t know", you are advised to test for infections with HIV, hepatitis B virus and hepatitis C virus.

You can get tested at general practitioners or you can be tested anonymously and free of charge at Clinica de Infectious Diseases and Febrile Illnesses, Poljski nasip 58, Ljubljana on Mondays between 12:30-14:00 or at Blood Transfusion Centers (www.zns.si/testcentar).

If you are an active drug users, you can get tested at one of 22 Centers for Prevention and Treatment of Drug Addiction (ZSDDG) where you can also get a medical care for drug addicts (https://www. vendors.si/kem-po-narvest/roznem-centrov.zsddg/).

In case the result of your test is positive, you will be provided with the necessary medical care at one of five centers for managing HIV, viral hepatitis B and C infections.

A QUESTIONNAIRE on possible HBV, HCV, HIV infections for personal use only in refugees from UKRAINE (Engl/Ukr)

Aнкета

Для визначення можливості інфікації на
СНН, ВІЛ, з інфекції В і С вірусами С
(навіть для власного використання)

1. Ви СНН/ВІЛ (є так)? ІНД/ТАК.
2. Маєте В і С віруси? ІНД/ТАК.
3. Маєте інфекції В і С? ІНД/ТАК.

Якщо ви не вказаєте НІ на попередні питання, то бути мусите завантажити:

1. Якщо ви навіть не вказуєте НІ на попередні питання, то маєте лише варіанти:
   ТАК/НІ

2. Якщо маєте вірусні інфекції В і С вірусами С? НІ/ТАК.

3. Якщо маєте вірусні інфекції В і С вірусами С? НІ/ТАК.

4. Якщо маєте вірусні інфекції В і С вірусами С? НІ/ТАК.

5. Якщо маєте вірусні інфекції В і С вірусами С? НІ/ТАК.

6. Якщо маєте вірусні інфекції В і С вірусами С? НІ/ТАК.

7. Якщо маєте вірусні інфекції В і С вірусами С? НІ/ТАК.

8. Якщо маєте вірусні інфекції В і С вірусами С? НІ/ТАК.

9. Якщо маєте вірусні інфекції В і С вірусами С? НІ/ТАК.

10. Якщо маєте вірусні інфекції В і С вірусами С? НІ/ТАК.

11. Якщо маєте вірусні інфекції В і С вірусами С? НІ/ТАК.

12. Якщо маєте вірусні інфекції В і С вірусами С? НІ/ТАK.

13. Якщо маєте вірусні інфекції В і С вірусами С? НІ/ТАК.

14. Якщо маєте вірусні інфекції В і С вірусами С? НІ/ТАK.

15. Якщо маєте вірусні інфекції В і С вірусами С? НІ/ТАK.

16. Якщо маєте вірусні інфекції В і С вірусами С? НІ/ТАK.

17. Якщо маєте вірусні інфекції В і С вірусами С? НІ/ТАK.

18. Якщо маєте вірусні інфекції В і С вірусами С? НІ/ТАK.

Якщо ви хочете відповідати самостійно НІ/ТАK, то маєте варіанти:

Якщо ви хочете відповідати самостійно НІ/ТАK, то маєте варіанти:

Якщо ви хочете відповідати самостійно НІ/ТАK, то маєте варіанти:

A QUESTIONNAIRE on possible HBV, HCV, HIV infections for personal use only in refugees from UKRAINE (Engl/Ukr)

If you answered to any of the questions with “YES” or “I don't know”, you are advised to test for infections with HIV, hepatitis B virus and hepatitis C virus.

You can get tested at general practitioners or you can be tested anonymously and free-of-charge at: Clinic for Infectious Diseases and Febrile Illnesses, Poljanski nasip 58, Ljubljana (on Mondays between 12.00-14.00) or at Blood Transfusion Centers (http://www.ztm.si/testiranje/).

If you are an active drug user, you can get tested at one of 22 Centers for Prevention and Treatment of Drug Addiction (CPZOPD) where you can also get a medical care for drug addiction (https://www.infodroga.si/kam-po-nasvet/seznam-centrov-cpzopd/).

In case the result of your test is POSITIVE, you will be provided with the necessary medical care at one of five centers for managing HIV, viral hepatitis B and C infections.
A QUESTIONNAIRE on possible HBV, HCV, HIV infections
To be used by HCW in hospitals, outpatient clinics, GPs (Engl/Ukr)

Анкета
Дана розроблена відомості і Центрами міжнародного медіаохорони з СНІДу/ВІЛ,
(лікарня) B в м. Львові та С.
Україна.

1. Ви СЧІДУ ВІЛ і ВІЛ-насінниця?
Так
Ні
Так
Ні
Так
Ваш вибір: Не забруднені

2. Місця походження?
Так
Ні
Так
Ні
Так
Ваш вибір: Не забруднені

3. Місце походження: С.
Так
Ні
Так
Ні
Так
Ваш вибір: Не забруднені

4. Чи вами вантажили ви продукти і споживачі 
ЕС
Так
Ні
Так
Ні
Так
Ваш вибір: Не забруднені

5. Чи вами вантажили ви продукти і споживачі 
ЕС
Так
Ні
Так
Ні
Так
Ваш вибір: Не забруднені

6. Чи вами вантажили ви продукти і споживачі у вашому підприємстві?
Так
Ні
Так
Ні
Так
Ваш вибір: Не забруднені

7. Ви прокинули? 
Так
Ні
Так
Ні
Так
Ваш вибір: Не забруднені

Вправа вивчає ТАК: у вас був визначений станий або з підозрою на це?
Ні
Так
Ні
Так
Ваш вибір: Не забруднені

Вправа вивчає ТАК: у вас був визначений станий або з підозрою на це?
Ні
Так
Ні
Так
Ваш вибір: Не забруднені

Вправа вивчає ТАК: у вас був визначений станий або з підозрою на це?
Ні
Так
Ні
Так
Ваш вибір: Не забруднені

8. Чи вами вантажили ви продукти і споживачі?
Так
Ні
Так
Ні
Так
Ваш вибір: Не забруднені

9. Чи вами вантажили ви продукти і споживачі?
Так
Ні
Так
Ні
Так
Ваш вибір: Не забруднені

10. Чи вами вантажили ви продукти і споживачі?
Так
Ні
Так
Ні
Так
Ваш вибір: Не забруднені

11. Чи вами вантажили ви продукти і споживачі?
Так
Ні
Так
Ні
Так
Ваш вибір: Не забруднені

12. Чи вами вантажили ви продукти і споживачі?
Так
Ні
Так
Ні
Так
Ваш вибір: Не забруднені

13. Чи вами вантажили ви продукти і споживачі?
Так
Ні
Так
Ні
Так
Ваш вибір: Не забруднені

14. Чи вами вантажили ви продукти і споживачі?
Так
Ні
Так
Ні
Так
Ваш вибір: Не забруднені

15. Чи вами вантажили ви продукти і споживачі?
Так
Ні
Так
Ні
Так
Ваш вибір: Не забруднені
**SLOVENIA**

**Clinical pathways** for the management of refugees from UKRAINE with HBV and/or HCV infections

**With temporary protection**
- Previously undiagnosed:
  - enter a complete continuum of care including diagnosing, treatment and follow-up according to the national guidelines

**With temporary protection**
- Previously HCV/HBV diagnosed, not treated:
  - enter a continuum of care including diagnosing, treatment and follow-up according to the national guidelines

**With temporary protection**
- Already on treatment:
  - enter further continuum of care including treatment and follow-up according to the national guidelines

**In transit**
- Already on treatment, but limited drug supply:
  - get prescription for drug supply (to complete HCV treatment / for 3 mths HBV treatment)
  - and short clinical report

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SLOVENIA
Clinical management of the first refugees from UKRAINE with HCV

- **Female, 39 years:**
  - known HIV-positive for 10 years, ART for 1 mth in Ukraine
  - unknown HBV/HCV status
  
  **Came directly:** shortage of ART– newly diagnosed HCV - got DAAs – cured HCV
  suicidal - psychiatric support

  (SLO: HIV+ immediate ART; all HIV+ tested for HBV, HCV)

- **A child, 13 years:**
  - known HCV for 3 years, not treated
  
  **Referred to the hospital by a pediatrician in Slo – got DAAs**

  (SLO: No HCV+ children; all HCV+ immediately treated)

- **Male, 33 years:**
  - PWID, unknown HCV infection
  - collapsed on the highway, urgently admitted:
    - Hb 46 g/L, nephrotic syndrome (HCV),
    - krioglobulinaemic ulcers (HCV)
    
    **Immediate treatment with DAAs, put on OAT**

  (SLO: all HCV+ PWID treated for HCV)

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Clinical database. Clinic for Infectious Diseases and Febrile Illnesses, University Medical Centre Ljubljana. March 2022.
**SLOVENIA**

**Clinical management of the first refugees from UKRAINE with HCV**

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  (SLO: all HCV+ PWID treated for HCV)
SLOVENIA
Clinical management of the first refugees from UKRAINE with HCV

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• Male, 33 years:
  - PWID, unknown HCV infection
  - collapsed on the highway, urgently admitted:
    
    Hb 46 g/L, nephrotic syndrome (HCV),
    krioglobulinaemic ulcers (HCV)
  
  Immediate treatment with DAAs – cured HCV; put on OAT
  
  (SLO: HCV+ PWID treated for HCV; >60% on OAT)

Clinical database. Clinic for Infectious Diseases and Febrile Illnesses, University Medical Centre Ljubljana. March 2022.
CONCLUSIONS

• HBV and HCV infections are the key public health issues in Ukraine

• The burden of HBV and HCV infected refugees from Ukraine that fled to European countries is huge, but not yet fully recognised

• The hosting countries should ensure high-quality viral hepatitis care for refugees from Ukraine in line with their national guidelines
Thank you
Thank you for participating!

Contact CHIP/EACS Coordination team: countrysupport.rigshospitalet@regionh.dk
Contact ECDC: SBT@ecdc.europa.eu