Screening for Hepatitis B and C among migrants in the European Union

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Content

- Overview of epidemiology in Europe
- HEPscreen project
  - Objectives
  - First results survey
- HEPscreen pilot Aberdeen (Maria Rossi)
- Questions
ECDC reports (2010)
Prevalence chronic HBV – HCV in Europe
### Table A6a. Screening programmes for hepatitis B in 29 EU/EEA countries

<table>
<thead>
<tr>
<th>Country</th>
<th>AT</th>
<th>BE</th>
<th>BG</th>
<th>CY</th>
<th>DK</th>
<th>EE</th>
<th>FI</th>
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<td>Healthcare workers</td>
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<td>Workers who are occupationally exposed to the virus</td>
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<td>Blood and organ donors</td>
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</table>
Findings related to migrants

• HBV and HCV prevalence studies in migrants are limited
• In nearly all countries the estimated prevalence of HBV and HCV is higher among migrants compared to the general population
• Large estimated numbers of chronically HBV and HCV infected migrants in Western European countries
• Low prevalence countries have evidence of high prevalence among risk groups, mainly migrants and IDU
• No published studies on screening policies in migrants (2009)
Three year project, started October 2011

- 11 partners from 6 countries (academic, public health organisations, patient association)
- Co-funded by the Health Programme of the European Union
HEPscreen project

• Knowledge on screening of migrants is fragmented
• Integrate available and new knowledge
• Develop tools for screening

General objective
• To assess, describe and communicate to public health professionals the tools and conditions necessary for implementing successful screening programmes for hepatitis B and C among migrants in the European Union
Work Package 1  Coordination of the project

WP4  Screening, treatment, health care and patient management

WP5  Communication to target population and health professionals

WP6  Pilot investigations using different approaches to screening in England, Scotland, Hungary and Spain

WP7  Integration of results and development of a toolkit

WP2  Dissemination

WP3  Evaluation (in- & external)
WP4 Screening, treatment, health care and patient management

Activity 1:

Identify the main migrant and ethnic minority populations in the study countries, classified according to Hepatitis B/C endemicity in the country of origin (birth).

Epidemiological analysis using:

- National statistics
- EUROSTAT
- WHO classification endemicity level
- Kowdley et al (2012) paper (systematic review and meta-analysis of all reliable prevalence data studies)
Chronic Hepatitis B prevalence among main migrant groups in the United Kingdom

Baseline CHB prevalence in the UK: 0.54% 329.022
Total Population (2009)*: 60,930,000 million
Migrant Population (foreign born): 6,899,000 million (11% of the total population)

<table>
<thead>
<tr>
<th>Country of birth of main migrant populations</th>
<th>Population (first generation) living in the UK in 2009 (1000s)</th>
<th>HBV endemicity (WHO classification)</th>
<th>CHB prevalence rate</th>
<th>Estimated number migrants infected with CHB in the UK</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>661.000</td>
<td>intermediate</td>
<td>3,23</td>
<td>21.350</td>
</tr>
<tr>
<td>Poland</td>
<td>540.000</td>
<td>intermediate</td>
<td>1,44</td>
<td>7.776</td>
</tr>
<tr>
<td><strong>Pakistan</strong></td>
<td><strong>427.000</strong></td>
<td><strong>intermediate</strong></td>
<td><strong>4,17</strong></td>
<td><strong>17.806</strong></td>
</tr>
<tr>
<td>Ireland</td>
<td>401.000</td>
<td>low</td>
<td>0,35</td>
<td>1.404</td>
</tr>
<tr>
<td>Germany</td>
<td>296.000</td>
<td>low</td>
<td>0,6</td>
<td>1.776</td>
</tr>
<tr>
<td><strong>South Africa</strong></td>
<td><strong>220.000</strong></td>
<td><strong>high</strong></td>
<td><strong>6,2</strong></td>
<td><strong>13.640</strong></td>
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<tr>
<td>Bangladesh</td>
<td>199.000</td>
<td>intermediate</td>
<td>4,83</td>
<td>9.612</td>
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<td>Nigeria</td>
<td>166.000</td>
<td>high</td>
<td>13,31</td>
<td>22.095</td>
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</tbody>
</table>
WP4 Screening, treatment, health care and patient management

Activity 2:

Identify counselling, referral, clinical management and treatment guidelines

Methods:

- Systematic search of published and grey literature, relevant national websites and websites of expert groups
Summary of findings from literature search relating to migrants

- Scarce information on general screening practices
- HBV and HCV screening, counselling and referral procedures (guidelines and specific recommendations) for migrants are limited
- Only minor differences exist in the clinical practice and treatment guidelines
- Examination of papers on compliance/adherence to guidelines identified in the literature search show:
  - Many patients identified with chronic hepatitis B or C are not evaluated appropriately
  - Potential treatment candidates often don’t receive treatment
Gaps in knowledge identified

- What are the national practices in relation to screening, counselling, referral and treatment?
- Fragmented knowledge on screening/testing of migrants
- Are there any official national/professional guidelines about Hepatitis B/C screening and patient management in place?
- What is the knowledge and use of guidelines among groups of professionals?
- What are the problems, weaknesses and barriers?
- How does care differ for people from a migrant or ethnic minority background?

Development of a survey tool to obtain missing information
Survey tool (questionnaire) – The Six Patient Pathways/Professional groups

1. General Screening (public health experts)
2. GP/Primary Care Pathway
3. Asylum Seeker Pathway
4. Antenatal Screening Pathway
5. Sexual Health Services/GUM Pathway
6. Specialist / Secondary Care Pathway
Specialist Secondary Care Survey – Respondent Results

- Specialists identified through key professional networks and associations
- Online survey
- 64 / 235 – 27% response rate
- 10 UK; 9; Germany; 22 Netherlands; 10 Hungary; 9 Italy; 4 Spain
- Most (60%) are based in a university or teaching hospital
- 95% are involved in the care of patients/have a clinical responsibilities
Referral practices

How common is it for specialists to receive patients from:

• **GPs**
  – Very common in all countries except Italy and Spain, where half indicated that this was not routine practice

• **Midwives/Antenatal Care Providers**
  – Very common in the UK (78%), variable or not routinely in the Netherlands (59%)
  – Rarely or never for Italy (44%), Spain (50%), Germany (56%) and Hungary (50%)

• **IDU clinics/services**
  – Very common for the majority of specialists in the UK and Spain
  – Variable in Hungary (60%) and NL (41%)
  – Rarely or never in Germany (56%)
## Treatment restrictions

<table>
<thead>
<tr>
<th>IDU</th>
<th>UK (n=9)</th>
<th>DE (n=7)</th>
<th>NL (n=22)</th>
<th>HU (n=10)</th>
<th>IT (n=9)</th>
<th>ES (n=4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No/Some</td>
<td>56%</td>
<td>71%</td>
<td>77%</td>
<td>0%</td>
<td>78%</td>
<td>25%</td>
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<tr>
<td>Significant/Complete</td>
<td>22%</td>
<td>14%</td>
<td>18%</td>
<td><strong>50%</strong></td>
<td>11%</td>
<td><strong>50%</strong></td>
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<tr>
<td>Unsure</td>
<td>22%</td>
<td>14%</td>
<td>9%</td>
<td>50%</td>
<td>11%</td>
<td>25%</td>
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</tbody>
</table>

- Although drug use is no contraindication for treatment according to the EASL guidelines, in some countries treatment of IDUs is significant or completely restricted.
**Treatment restrictions**

<table>
<thead>
<tr>
<th>Undocumented migrants</th>
<th>UK (n=9)</th>
<th>DE (n=7)</th>
<th>NL (n=22)</th>
<th>HU (n=10)</th>
<th>IT (n=9)</th>
<th>ES (n=4)</th>
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</thead>
<tbody>
<tr>
<td>No/Some</td>
<td>11%</td>
<td>29%</td>
<td>42%</td>
<td>10%</td>
<td>78%</td>
<td>25%</td>
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<tr>
<td>Significant/Complete</td>
<td>67%</td>
<td>43%</td>
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<td>60%</td>
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<td>Unsure</td>
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<td>29%</td>
<td>9%</td>
<td>30%</td>
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</table>

- Opinion of professionals not always in agreement within each country. This suggests that a lack of clarity about entitlements for these patients exists.
The HEPscreen project launched in October 2011 and will run for three years. The consortium consists of 12 partners from 7 European countries. The partners are well established experts in the field of hepatitis B and C prevention and screening.

Work Packages
Read all about our 7 Work Packages

PROJECT MEMBERS
Username:
Password:

This website arises from the project EU-HEP-SCREEN which has received funding from the European Union, under the Health Programme 2000-2006. The European Commission and the Executive Agency are not responsible for any use that may be made of the information contained on this website.

Website: www.hepscreen.eu
Pilot investigations

Aim:
Test different approaches to screening:

• Information and outreaching, combined with testing through local general practitioners
• Combined information and testing on location
• Opportunistic and systematic case finding in general practice
• Case finding through existing screening programs
Pilot investigation in Grampian

**Aim:**

- Increase HBV, HCV and HIV screening in migrants:
  - university settings
  - workplaces
  - in 500 non-UK individuals to be offered screening

- Providing results to patient and their GP

- Follow-up with referral to specialist services
Pilot investigation in Grampian

Setting:
• Grampian – urban, semi-rural
• Large migrant population in recent years
  – oil industry
  – universities
  – food processing, agricultural, hospitality industry

Migrants:
• Migration wave from mid-to-late 2000s
• Polish, Lithuania, India, Nigeria, etc
• transient students, settled, seasonal
Pilot investigation in Grampian

Phase I

- TB screening of migrants for new entrants, in place through universities in Grampian
- Piggy-back BBV screening onto this
- 2 sessions at each of 2 universities, on site
  - beginning of academic year (Oct) and in Jan
  - BBV screening offered at 2nd visit for Mantoux reading
  - basic demographic/health questionnaire
  - brief pre-test discussion with nurse, with consent
  - blood serology, DBS if needed
  - results within 4 weeks, sent by post or email with agreement
  - results copied to GP, if registered
  - Specialist referral arranged for patients with positive results
Pilot investigation in Grampian

Phase I

- Preliminary results

...will be made available publically in future

(maria.rossi@nhs.net)
Pilot investigation in Grampian

**Phase II** (to be commenced)

- Offer of BBV screening to workers at place of work
- Agreement of management/OH provider
- Briefing session to employees
- Testing on site
- Local employees would not be specifically targeted but would be able to access screening alongside migrant colleagues

- No published literature for this model has been identified
Thank you for your attention

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