

ECDC Director's Speech

Office of the Director

European Parliament ENVI Committee exchange of views with European Commission and ECDC on "Current initiatives in the fight against Hepatitis B and C and future proposals" 24 May 2011, Brussels

Opening statement from Marc Sprenger, Director of ECDC

Chairman, thank you for inviting me to contribute to this discussion. I very much welcome the fact that the ENVI Committee is focusing its attention on Hepatitis B and C. Both of are serious public health problems. I know that some of your members have been active on this issue for some time.

Let me immediately address **ECDC's role in responding to the Declaration on Hepatitis C that Parliament made in March 2007**. The Declaration calls for a Council Recommendation on Hepatitis C screening. Of course, such a Recommendation would have to start with a proposal from the Commission. But the Commission wants a solid EU-wide evidence base for such a proposal. This is where ECDC comes in. Hepatitis B and C are diseases about which Member States are obliged to share data. ECDC has therefore been collecting data, and building up the evidence base, on these diseases since we started up in 2005. In 2007, ECDC published its first Annual Epidemiological Report. This included an analysis of the trend in cases of Hepatitis B and C reported in EU countries between 1995 and 2004. Since then, we have published data every year on the incidence of Hepatitis B and C in the EU.

But there is a limit to what we can tell from this data. Hepatitis B and C infections can remain undiagnosed for many years, due to the lack of symptoms. So the number of cases being reported does not tell us the total number of Europeans infected with these viruses. And we need to be careful in interpreting trends. Is the rise in Hepatitis C over the past few years due to an increase in testing? Or an increase in infection? It could be either – or both.

This is why ECDC has been working with hepatitis experts across the EU to build a more comprehensive picture of:

- the threat posed by these diseases; and
- options for addressing that threat.

This is an ongoing task. But in October 2010 we published two compendiums of evidence on Hepatitis B and C in the EU. The Secretariat has very kindly distributed an ECDC fact sheet summarising these reports, along with a set of graphs and maps on Hepatitis B and C. I am happy to answer questions on this information, but I do not propose going through it now.

I would like to make just two key points:

- Firstly, Hepatitis B and C are significant health challenges for the EU:
 - Hundreds of thousands of Europeans are infected with these viruses;
 - Many thousands of these people will develop cirrhosis or liver cancer in the coming years.
- Secondly, the burden of these diseases is spread unevenly

This Committee is, quite rightly, concerned by health inequalities. Well, there are plenty of inequalities relating to Hepatitis B and C. There are big differences between the Member States – as you can see in the maps in your information pack. Also, in nearly all countries, certain vulnerable groups tend to be the most affected. For example, the Hepatitis C epidemic is heavily concentrated among injecting drug users. And migrants tend to be at higher risk for both Hepatitis B and C.

Chairman, I would like to end with a few comments on what ECDC is doing about these diseases.

Hepatitis B can be prevented by vaccination. Since the 1990s, the Hepatitis B vaccine has been widely used in EU countries. ECDC has produced evidence showing the effectiveness of these vaccination programmes:

- rates of infection have dropped from nearly 10 cases of Hepatitis B per 100,000 people in 1994,
- to just over 1 per 100,000 in 2008.

Across the EU, injecting drug users are one of the key risk groups for both Hepatitis B and C. If we can reduce infection risks among this group, we can prevent many cases. So this autumn, ECDC in collaboration with the EMCDDA in Lisbon will produce a joint guidance document on how to do this.

Secondary prevention – i.e. screening and treating people with Hepatitis B and C – can and does save lives. If identified early enough, many people with Hepatitis C can be cured. Those with Hepatitis B can be treated. But setting up national screening programmes – even those that target specific risk groups – is a major investment. So too is providing treatment when you find cases.

This is one of the reasons why ECDC is running a project to develop an evidence-based model to evaluate screening strategies. Linked to this, we will develop a “tool kit” on cost / benefit analysis for national Hepatitis B and C screening programmes. This will make it easier for public health authorities across the EU to analyse the economics of introducing these. We plan to start piloting this methodology with countries during 2012. ECDC will then build up EU-wide evidence on cost effectiveness. This could eventually provide the evidence base needed for a Council Recommendation.

But I also see a wider role for ECDC in facilitating cooperation against these diseases. In 2012 and beyond we will be working with our network of experts in the Member States on the development of a **Framework for prevention and control of Hepatitis B and C in the EU**.

This will focus on the concrete actions. One issue ECDC has already identified as a priority is prevention of mother to child transmission of Hepatitis B. This can be done cheaply and simply, if you know the mother is infected.

I was therefore rather shocked to learn that there are still a few Member States that do not routinely screen pregnant women for Hepatitis B. That is something we can and should work together to change.

Thank you chairman.