Group discussions 15:20 – 16:45 Working group 1 Surveillance

What is needed in Albania and neighbouring countries to achieve the proposed targets and milestones of the WHO Action plan for the health sector response to viral hepatitis in the WHO European Region?



Working group 1

| 2018 MILESTONES | 2020 TARGETS |
|---|--|
| SURVEILLANCE AND DATA | |
| Harmonized surveillance objectives and case definitions aligned with current WHO technical considerations and adopted National disease burden estimate and investment case | Member States to have a national hepatitis infection surveillance programme (strategic information framework) that can detect outbreaks in a timely manner, assess trends in incidence, inform disease burden estimates and effectively track "in real time" the viral hepatitis diagnosis, treatment and care cascade, including in specific vulnerable populations |



SURVEILLANCE AND DATA

• Identified problems:

- Two surveillance systems exist: disease surveillance system and syndrome surveillance system. Both are paperwork based;
- Reporting forms are outdated;
- Case definitions are in place, but
 - many clinicians don't follow the definitions;
 - Not all case definitions are aligned with WHO recommendations;
- Availability of required laboratory tests (anti-HAV IgM, anti-HBc IgM) are limited;
- Acute and chronic cases of HepB and HepC are not correctly discriminated in part due to the lack of laboratory tests;
- Water quality monitoring doesn't include testing for viral pathogens;
- Data on seroprevalence of anti-HAV in different age groups are insufficient;
- Data on seroprevalence of HBsAg and anti-HCV are insufficient for recent years;
- There is no chronic hepatitis B and C patient registry at the national level;
- Data on rates of HCC and cirrhosis morbidity and mortality related to chronic hepatitis B and C are insufficient;
- There is no documented viral hepatitis surveillance program.

SURVEILLANCE AND DATA

What is needed:

- Implementation of electronic-based surveillance systems;
- Revision of reporting forms;
- Case definitions need to be aligned with current WHO recommendations;
- Training materials for clinicians on infectious disease surveillance need to be developed;
- Laboratory capacity need to be strengthened (to ensure the availability of anti-HAV IgM, anti-HBc IgM and other tests required for surveillance);
- Special attention should be paid on acute and chronic cases of HepB and HepC discrimination;
- Testing for viral pathogens should be included in water quality monitoring;
- Anti-HAV seroprevalance survey in different age groups (especially among children) needs to be done;
- HBsAg and anti-HCV seroprevalence survey in general population and risk groups needs to be done;
- Registry of chronic hepatitis B and C patients should be implemented at the national level;
- Collect and analyze data on HCC and cirrhosis morbidity and mortality from available sources (vital registration system, centers of excellence, cancer registry etc.); estimate HepB and HepC attributable fraction of HCC and cirrhosis;
- Systematic viral hepatitis surveillance program as a part of national viral hepatitis strategy needs to be developed and implemented.

Working group 1

| 2018 MILESTONES | 2020 TARGETS |
|---|--|
| AWARENESS | |
| World Hepatitis Day marked in all Member States | National viral hepatitis communication and awareness strategy adopted in a majority of Member States |



AWARENESS

- Identified problems and actions needed
 - World Hepatitis Day marked in Albania, however its visibility is insufficient
 - MoH, key opinion leaders and other stakeholders need to be more involved;
 - Joined actions with national patient advocacy groups, ELPA and WHA should be planed;
 - Closer cooperation with mass media is recommended;
 - Systematic viral hepatitis communication and awareness strategy is absent
 - Communication and awareness strategy should be developed and included as a part in the national viral hepatitis strategy.