

Workshop: Swiss National Strategy to Combat Chronic Viral Hepatitis

Factsheet

Global Development: The World Health Organization (WHO) compares the hepatitis epidemic with a “viral time bomb”¹. Chronic hepatitis infections are a pressing public health issue. One in twelve people worldwide are infected with either the hepatitis B virus (HBV) or the hepatitis C virus (HCV). Furthermore, the ageing of the infected population will in the near future be responsible for a considerable increase in patients who suffer from an advanced stage of liver cirrhosis or liver cancer. Worldwide, HBV and HCV together account for the death of approximately one million people every year.

The zenith of the prevalence of these secondary diseases will be reached between 2020 and 2025. It is widely assumed that the majority of HBV or HCV infected people are not aware of their illness because chronic HBV and HCV infections produce almost no symptoms before the secondary diseases break out².

Situation Europe: In order to reduce morbidity and mortality among infected people, it is paramount to identify and treat them as soon as possible. However, according to the “Euro Hepatitis Index 2012 Report”, even many of the European countries, which in general have effective prevention, screening and treatment instruments in place, are still lacking concrete measures and strategies to ensure selective screening and treatment. This is despite the fact that an estimated 23 million people are affected by chronic hepatitis infections in Europe and 125’000 Europeans die of a hepatitis-related secondary illness every year. The report, which extensively analysed 30 European countries, concludes that only France and Scotland have a well-functioning national screening strategy in place³.

Case Study France: Prevention and control of viral hepatitis has been the main focus of French health policies since the early nineties⁴. Since then, several measures have been put into practice in the context of a national strategy⁵. Among them: Firstly, a widespread media campaign informing about so-called at-risk situations and raising awareness for the need for screening measures; secondly, with financial support from the government, implementation

¹ World Health Organization: State of the art of vaccine research and development. Initiative for Vaccine Research. Department of Immunization, Vaccines and Biologicals. Geneva, January 2005. This publication is available on the Internet at: www.who.int/vaccines-documents/. Page 83.

² Note: Francesco Negro: Der Kampf gegen Hepatitis B und C: ein Notfall für die öffentliche Gesundheit in der Schweiz. Schweizerische Ärztezeitung | Bulletin des médecins suisses | Bollettino dei medici svizzeri | 2013;94. Page 27-28.

³ Note: Bjornberg, A. and Cebolla, B.: Euro Hepatitis Index 2012 Report. Health Consumer Powerhouse AB, 2012. This publication is available on the Internet at: <http://www.hep-index.eu>

⁴ Bjornberg, A. and Cebolla, B.: Euro Hepatitis Index 2012 Report. Health Consumer Powerhouse AB, 2012. This publication is available on the Internet at: <http://www.hep-index.eu>

⁵ Siehe dazu: Prevention and control of viral hepatitis in France. VHPB Symposium Report. In: Viral Hepatitis. Published by the Viral Hepatitis Prevention Board. Vol. 13 - 2, March 2005. Pages 2 and 17.

of free-of-charge programmes for tests and diagnoses for large groups of patients; also, easier access to therapies in hospitals and reimbursing the patients the cost for treatment plus authorizing doctors to prescribe a first course of treatment, saving the patient having to be examined at a hospital first; and lastly, the building of a nationwide network between so-called Hepatology Reference Centers, which collect anonymous data from screening centres and blood donation agencies and make it available to research institutes.

Situation in Switzerland: According to the Euro Hepatitis Index Report, Switzerland is ranked 12th immediately behind Ireland but before Belgium. In the area of Case Finding/Screening Switzerland is ranked 17th⁶. Prevalence of infections is estimated to be approx. 0,3 % for HBV and approx. 0,7–1 % for HCV. The costs incurred by HCV alone amount to over 100 million Swiss francs per year. In view of the negative impact of the above-mentioned age structure and the increasing numbers of illnesses among new risk groups such as migrants, the numbers are likely to deteriorate further. The increased number of cases of advanced liver disease, the impending market launch of highly effective and well-tolerated medicines as well as the comparatively bad score of Switzerland in the European ranking indicate a need for concrete measures to improve the recording of hepatitis data⁷. The largest Swiss association for public health sees the biggest obstacles for the development and implementation of such measures in the lack of a balanced and credible disclosure policy, poor coordination between the relevant authorities on cantonal and federal level, the smouldering conflict between individual health care and health policy interests and finally the lack of a national screening strategy⁸.

⁶ Bjornberg, A. and Cebolla, B.: Euro Hepatitis Index 2012 Report. Health Consumer Powerhouse AB, 2012. This publication is available on the Internet at: <http://www.hep-index.eu>

⁷ Note: Francesco Negro: Der Kampf gegen Hepatitis B und C: ein Notfall für die öffentliche Gesundheit in der Schweiz. Schweizerische Ärztezeitung | Bulletin des médecins suisses | Bollettino dei medici svizzeri | 2013;94. Page27-28.

⁸ Kessler, C. and Zemp Stutz, E.: Screening Programs in Switzerland. Situation Report 2012. The Swiss Society for Public Health 2012.