



SWISS HEPATITIS



# ANNUAL REPORT 2025



# SWISS HEPATITIS





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## Foreword

For Hepatitis Switzerland, the year 2025 was marked by progress, but also by health policy realities. The elimination of viral hepatitis by 2030 is a declared goal and is anchored in the National Program on HIV, Viral Hepatitis, and Other Sexually Transmitted Infections (NAPS). However, a gap remains between strategic commitment and concrete implementation.

In an increasingly tense political and economic environment, financing public health activities is becoming more challenging, especially when it comes to marginalised and often barely visible population groups. Prevention, testing, and treatment of viral hepatitis frequently concern people on the fringes of our healthcare system. Precisely for this reason, these issues must not lose priority.

It is all the more important that, as a specialist organisation, we continue to work on an evidence-based basis, identify gaps in care, and offer practical solutions. With the Swiss Hepatitis Symposium, the initiative to discuss reflex testing, and our projects such as BelPaese, SHiPP, and HepCare, we made concrete contributions to micro-elimination and the strengthening of primary care in 2025. Our information and communication work helps to disseminate knowledge, reduce stigma, and bring those affected into care.

However, the experiences of the past year clearly show that without sustainable structural support and stronger prioritisation at the governmental level, achieving the elimination targets will remain challenging. The technical foundations are in place, the tools have been tested: now, political will is needed to consistently drive implementation forward.

I would like to sincerely thank our network, the executive office, our partners, and our sponsors for their commitment and support. Together, we continue to advocate for the elimination of viral hepatitis in Switzerland- not just on paper, but in reality.



**Prof. Dr. med. Philip Bruggmann**  
President

# 1. Swiss Hepatitis Symposium

On December 8, 2025, the Swiss Hepatitis Symposium was held in Bern on the topic of “Viral Hepatitis: Micro-Elimination Among People in Opioid Agonist Therapy (OAT) and Substance Users”. The event brought together leading experts, healthcare professionals, researchers, and affected individuals to develop innovative solutions to improve hepatitis care for these particularly vulnerable groups.

The program included international and national expert lectures, such as a presentation by Evan Cunningham (Kirby Institute, Australia) on interventions for substance users, as well as current data from the Swiss SAMMSU cohort. Topics ranged from the prevalence and testing of hepatitis B and D to the realities of care in decentralized OAT programs. A World Café facilitated intensive exchanges on central challenges, such as the involvement of patients in primary care, hepatitis care in opioid substitution therapy without a general practitioner, and barriers in GP practices. An interview with an person with lived-experience enriched the discussions with valuable perspectives.

With over 50 participants on-site, the symposium fostered lively discussions and concrete action plans. The results showed that the micro-elimination of viral hepatitis can only succeed through close collaboration between medical professionals, public health authorities, and those affected. Innovative care models and the overcoming of structural barriers were identified as key success factors. The insights gained will feed into the ongoing work of Hepatitis Switzerland to achieve the elimination goals by 2030.

## Swiss Hepatitis Symposium



## Swiss Hepatitis Symposium



Img.: Swiss Hepatitis Symposium 2025



Img: World-Café Swiss Hepatitis Symposium 2025

## 2. Network Meeting

The meeting addressed two central themes to sustainably and significantly improve hepatitis care in Switzerland.

During the network meeting, discussions focused on how reflex testing could be introduced nationwide at the time of initial diagnosis of viral hepatitis to improve both care and data quality in reporting. Two key questions were at the forefront: What is needed to offer reflex testing in laboratories? And what is required for laboratories and primary care providers to implement it?

On the laboratory side, it became clear that infrastructure varies widely: depending on the equipment, laboratories require different sample types (e.g., EDTA or serum) for antibody and PCR tests. It was noted that a uniform standard for all laboratories would not be practical, but this does not mean that reflex testing cannot be implemented everywhere. The requirements for laboratories should be determined individually and integrated into their respective digital order systems.

From a clinical perspective, there are different needs: In outpatient settings, especially in opioid-assisted treatment (OAT), only a single sample collection is often possible, while multiple sample collections are easier to implement in hospitals. Primary care physicians need clear, simple diagnostic pathways in outpatient settings to facilitate implementation in daily practice.

In the second part of the network meeting, the expert group revisited how primary care providers could be better integrated into the elimination strategy, given the often-limited time available in practices. The experts identified clear guidelines, training materials such as videos or podcasts, and simplified processes as effective measures. Professional journals, digital platforms, and regional networks were mentioned as important channels for the repeated dissemination of such guidelines.

## 3. Consultation and Information Platform 2025

In 2025, Hepatitis Switzerland's consultation and information platform continued to establish itself as a point of contact for professionals, affected individuals, and the interested public. Through ongoing knowledge transfer and individual counselling services, we further strengthened health literacy and disseminated expertise. The platform made a significant contribution to making evidence-based information on hepatitis B and C accessible—from prevention and diagnostics to treatment options and linkage to care.

Interactive formats such as the FAQ section, individual consultations, and the website, which recorded over 22'000 visits and high user engagement, were particularly successful. The experiences from 2025 show that target-group-specific education and low-threshold counselling are playing a crucial role in the path to eliminating viral hepatitis by 2030. The platform remains a mainstay of Hepatitis Switzerland for better hepatitis care and will be continued in 2026 as the **HepForum**.

## 4. Communication Campaign

Hepatitis Switzerland continued its comprehensive content campaign, targeting the general public, at-risk groups such as people with a migration background or people who use substances, and healthcare professionals. The goal remained to raise awareness of viral hepatitis, dispel misconceptions and stigma, increase testing willingness, and connect affected individuals with treatment. The campaign was implemented via the social media channels Facebook, Instagram, and LinkedIn, achieving a total reach of over 800,000 impressions with 107 posts between April and December, reaching around 400,000 people.

A central success was the significant increase in organic reach, showing that the content is becoming increasingly visible without paid support and generating strong interest. Interactions with the posts also rose significantly: Clicks increased by 53 percent, and post interactions such as likes, comments, and shares by 50 percent. This underscores the higher relevance and resonance of the campaign content with the target audience.

The strategic reorientation toward high-quality, target group-specific content has proven successful. For the coming year, Hepatitis Switzerland plans to further optimise this approach to reach, inform, and motivate even more people to participate in testing and treatment offers. The campaign thus makes an important contribution to the national elimination strategy.



Img.: Campaign on LinkedIn

# 5. Projects

## Bel Paese

The **BelPaese** project by Hepatitis Switzerland specifically targeted first-generation Italian-speaking migrants in Switzerland, who, due to historical infection routes, are at increased risk for hepatitis C. Through a combination of culturally adapted communication, personal information events, and digital campaigns, the project succeeded in raising awareness, imparting knowledge, and increasing testing willingness.

In 2025, 295 people participated in events, bringing the total to 805 since the project's inception. A central element was the on-site HCV rapid testing, and over 6,000 GP practices were reached with informational materials to raise awareness of the increased risk among the target group.

The campaign used social media, online articles on [Italoblogger.com](http://Italoblogger.com) and [Corriere dell'italianità](http://Corriere dell'italianità), as well as video content to convey complex medical topics in an understandable way. The project demonstrated how migration-sensitive health communication can have a sustainable impact through cultural proximity, trust, and low-threshold offers.

The project was regularly concluded at the end of 2025. The insights gained will be incorporated into other projects of Hepatitis Switzerland.

## SHiPP – Swiss HepFree in Prisons Programme

The program aimed to develop and implement nationally valid standards for care of viral hepatitis and HIV in Swiss prisons. Through a participatory, bottom-up approach, tailored solutions were developed that account for Switzerland's heterogeneous prison landscape. By the end of 2025,



Img.: Newspaper report in *Corriere dell'italianità*, 4.7.2025

projects had been initiated in eleven cantons and sixteen prisons, ten of which were successfully completed. Five additional projects will continue until spring 2026, expanding the program's reach.

In the participating institutions, Hepatitis B, Hepatitis C, and HIV were tested using rapid tests (capillary blood or saliva) or venous blood sampling. Test rates and results varied by institution. Special attention was paid to ensuring that affected individuals receive appropriate treatment. For example, in one prison with a high hepatitis C prevalence, 15 out of 21 chronically infected individuals (71%) were successfully treated. At another institution, 13 of 17 affected individuals (76%) received treatment, while 3 were referred to external healthcare facilities after early release. Early releases were the most common reason for untreated cases.

Committed staff, support from prison management, and clear communication strategies proved to be key factors for the success of SHiPP. At the same time, language barriers, time constraints, and building trust were

## Projects

identified as the greatest challenges. It also became clear that short-term projects lasting less than three months could not achieve sustainable results.

SHiPP will be continued under the name SHiPP26+ with a focus on scaling the tested model.

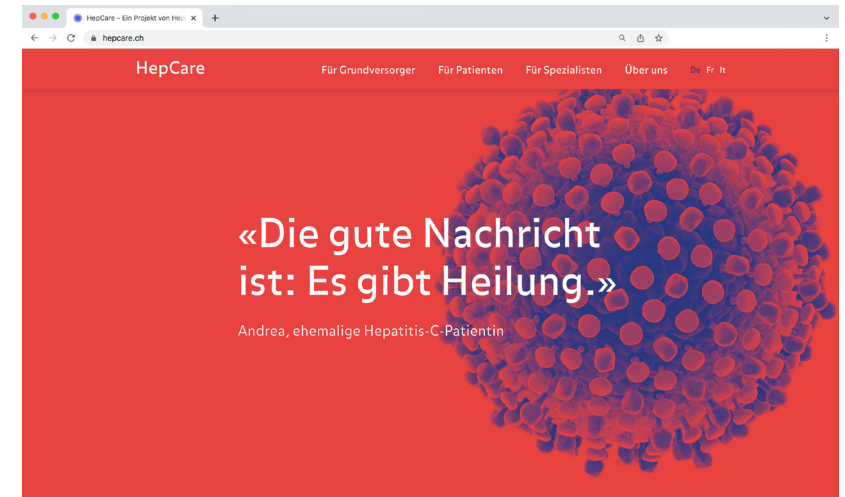
## HepCare

In 2025, Hepatitis Switzerland continued the HepCare project, which aims to strengthen general practitioners' skills in the diagnosis and treatment of hepatitis C, thereby making a decisive contribution to the national elimination strategy. The focus was on the further development and provision of knowledge platforms and the answering of expert inquiries.

Around 2,000 informational brochures were ordered and distributed, while the website [hepcare.ch](https://hepcare.ch) recorded 1,000 visits and 856 unique visitors, indicating high usage. The continuous maintenance of the website and the LinkedIn knowledge campaign ensured regular knowledge transfer to primary care providers. The download numbers for checklists and the use of the APRI score calculator show that the offered tools are actively used in daily practice, even if not all applications are directly reported. A special emphasis was placed on networking with other initiatives such as BelPaese and SHiPP, and the 2025 symposium, with its focus on micro-elimination among people in opioid agonist therapy, also strengthened the role of primary care providers in this area.

HepCare remains an indispensable building block for improving hepatitis C care in Switzerland and will continue to be offered in 2026.

## Projects



Img.: HepCare Website

## 6. Swiss Hepatitis C Association (SHCV)

In 2024, the patient association Swiss Hepatitis C Association (SHCV) became part of Hepatitis Switzerland. SHCV brings its experience in working with specific Hepatitis C patients to Hepatitis Switzerland.

Although Hepatitis C is less present in public perception, SHCV continued to receive inquiries from patients who have difficulty accessing necessary treatment. Those affected are primarily people with a migration background and those living in the cantons of Ticino, Thurgau, or Aarau. These cantons maintain “blacklists” of individuals who have not paid their health insurance contributions and are only treated in emergencies.

To date, SHCV has successfully intervened in all cases, ensuring that those affected either received treatment or gained clarity on why treatment was not necessary (e.g., due to a negative PCR test despite antibody detection).

The website [hepc.ch](http://hepc.ch) was comprehensively renewed and updated technically last year. Simultaneously increasing the frequency of current-topic contributions significantly enhanced visibility. This is reflected in the monthly visitor numbers, which rose from around 300 at the beginning of the year to over 1,500 in December 2025. The improved reach is crucial for reaching more people who can benefit from our support services. This successful strategy will be consistently continued by SHCV in the new year.



Img.: HepC Website

# 7. Financial Report

## Balance Sheet

	31.12.2025	31.12.2024
<b>Assets</b>	<b>CHF</b>	<b>CHF</b>
Cash	102'061	119'562
Receivables from goods and services	0	19'337
Other short-term receivables	55'770	124'938
Prepayments and accrued income	12'000	47'500
<b>Assets</b>	<b>169'831</b>	<b>311'337</b>
<b>Liabilities and equity</b>		
Payables from goods and services	7'785	38'310
Other short-term liabilities	4'031	2'185
Accrued liabilities and deferred income	7'541	76'560
<b>Current liabilities</b>	<b>19'357</b>	<b>117'055</b>
<b>Fund capital</b>	<b>112'548</b>	<b>142'054</b>
Tied capital	0	30'000
Free capital	37'926	22'228
Organisation capital	37'926	52'228
<b>Liabilities and equity</b>	<b>169'831</b>	<b>311'337</b>

## Financial Report

## Income Statement

	2025	2024
<b>OPERATING INCOME</b>	<b>CHF</b>	<b>CHF</b>
Donations received	329'450	281'075
Contributions from public authorities	32'500	90'750
Net sales from goods and services	13'022	19'477
<b>Operating income</b>	<b>374'972</b>	<b>391'303</b>
Project expenditure	-315'866	-397'763
Fundraising and general advertising expenses	-15'150	-15'728
Administrative expenses	-40'158	-43'917
<b>Operating expenses</b>	<b>-371'174</b>	<b>-457'409</b>
<b>Operating result</b>	<b>3'798</b>	<b>-66'106</b>
<b>Extraordinary result</b>	<b>-47'605</b>	<b>0</b>
Result before the change in fund capital	-43'808	-66'106
Allocations of project funds	-334'250	-244'175
Usage of project funds	360'735	295'901
<b>Change in fund capital</b>	<b>29'506</b>	<b>51'726</b>
<b>Annual result</b>	<b>15'698</b>	<b>-14'380</b>

## 8. Acknowledgments

We extend our sincere thanks to the donors and sponsors who financially supported our activities and projects in 2025 (in alphabetical order):

- \* AbbVie
- \* Federal Office of Public Health FOPH
- \* Gilead
- \* Lipomed
- \* Roche
- \* Sandoz
- \* Swiss Society of Addiction Medicine, SSAM
- \* Ursula Wirz Foundation
- \* Canton of Zug

Our work would not be possible without their generous support. We also warmly thank the **dedicated members of our network**, who shape and continuously develop our strategy with their expertise, time, and commitment.

## 9. Team

### Board

Christophe Bösiger (since 2019)  
Prof. Dr. med. Philip Bruggmann (since 2017, President)  
Prof. Dr. med. Andreas Cerny (since 2017)  
Prof. Dr. med. Andreas de Gottardi (since 2024)  
Oliver Gut (since 2022, Treasurer)  
Dr. Daniel Lavanchy (since 2017)  
Dr. Patrizia Künzler-Heule (since 2021)  
Dr. med. Claude Scheidegger (since 2017)  
PD Dr. med. Christine Thurnheer (since 2020)  
Petra Wessalowski (since 2021, Vice President)  
Dr. med. Catrina Mugglin (since 2021) – Resignation as of June 2025  
Annemarie Lagger (since 2025)

### Executive Office

Claudia Bernardini, Infectious Disease Specialist, Bel Paese  
Christophe Bösiger, Coordinator Romandie, HepCare Project  
Nathalie Brunner, Managing Director (from February 2025)  
Erminia Gagliotta, Coordinator BelPaese  
Bettina Maeschli, Managing Director (until February 2025)  
Claude Scheidegger, Project Manager, Swiss HepFree in Prisons Project SHIPP  
Alexandra Suter, Secretariat (on mandate)

# 10. Memberships

AIDS-Hilfe Schweiz  
World Hepatitis Alliance  
Public Health Switzerland



