

SWISS HEPATITIS

Annual Report 2022



Foreword

With new momentum



The year 2022 has given momentum to Swiss Hepatitis' projects and efforts, which came to a stop because of the pandemic. Thus, our years of commitment and tireless efforts at all levels for the inclusion of viral hepatitis in the national HIV/STI programme seem to be bearing fruit. The content of the roadmap of the Federal Commission on Sexually Transmitted Infections (FCSTI) for the elimination of HIV and hepatitis, which we co-authored, will become a central element of the NAPS: the integrated, patient-centred approach in the - whenever possible joint - fight against hepatitis B and C as well as HIV.

Furthermore, the implementation of measures already started with our flagship projects is picking up speed again. In particular, SHiPP, our prison project, is now in or close to

implementation after a lengthy preparation and planning phase in various cantons. The Bel Paese project is also being rolled out in various regions and requires correspondingly greater human resources. In the HepCare project, the focus could be extended to psychiatrists in the inpatient setting in addition to primary care providers.

It is important to use the tailwind predicted from the NAPS from 2024 and the momentum achieved after the pandemic, together with the ongoing and still to be developed projects, to achieve the goal of eliminating hepatitis as far as possible by 2030. Intensified collaboration with HIV and other stakeholders will allow us to continue to work with lean, efficient and cost-effective structures.

**Prof. Dr. med. Philip Bruggmann,
President Swiss Hepatitis**

POLICY

Update on the national programme

The national programme we have been calling for and planning for a long time, which is to contain elimination targets on HIV and hepatitis and will replace the expiring HIV programme, now seems to be well on its way.

The programme was supposed to be implemented at the beginning of 2022. After the disappointment over the postponement -- justified by the Federal Council with a lack of resources due to the Corona pandemic -- work on the new programme progressed in 2022. The basis for this new national programme is, on the one hand, a motion passed by parliament in 2020 and, on the other hand, a roadmap drawn up by experts from the Federal Commission on Sexually Transmitted Infections (FCSTI), in the development of which people from our network also participated. The Federal Office of Public Health (FOPH) plans to submit a first draft of the programme for consultation with the cantons and other stake-

holders in the first half of 2023. We expect that elimination targets for viral hepatitis have been included and that effective measures for implementation have been defined. We will of course also comment on the programme



The national programme will show the direction of the hepatitis elimination

Active in the cantons

Time and again, the cantons support our projects, especially the HepCare project, which is aimed at general practitioners and enables them to treat their hepatitis C patients themselves. This year, at the annual meeting of the Association of Cantonal Doctors, we were able to present our work and especially

our flagship projects "HepCare" and "Bel Paese" to those present. The first attempts to draw the attention of family doctors to our activities and services through the channels of the cantonal medical services have already been successful.



Talking about hepatitis C: an information meeting for the Italian community

SYMPOSIUM

Viral Hepatitis and Migration

About a quarter of the Swiss population was born abroad. What does this mean for health care with regard to viral hepatitis and other infectious diseases? These were the questions addressed by the speakers at this year's Swiss Hepatitis Symposium, which was well attended by over 90 participants.

Sarah Blach of the CDA Foundation, Colorado, USA, has taken a closer look at the Swiss resident population born abroad. For hepatitis B and C, this gives a different picture. While for hepatitis C countries such as Italy, Kosovo and Portugal are in the foreground, for hepatitis B these are Turkey, Portugal, Eritrea and the Philippines. However, the composition of nationalities in the cantons is very different. For example, hepatitis C cases among people from Italy are particularly high in Ticino, whereas in western Switzerland hepatitis C mainly affects people from Portugal. Therefore, screening and treatment pro-

grammes need to be adapted to the population structure of the cantons.

No «one size fits all»

and expert on migrant health from Montreal/Canada emphasises the different contexts of the migrants they come from. According to international guidelines, all persons coming from countries of origin with an HIV prevalence of 1% or more and a hepatitis B and C prevalence of 2% or more should be offered tests.

However, there are many barriers to accessing tests and treatments. This is true for patients, health professionals and the health system. Support that takes into account the cultural background of migrants is crucial, for example through the work of so-called "Health System Navigators". These are people who support migrants in finding their way around the health system.

Stigma as barrier

Two such "Health Systems Navigators" were then interviewed. Alex Schneider, who has Russian roots and lived in Ukraine for a long time, gave an impressive account of his work as a volunteer in accompanying people seeking protection with HIV or hepatitis from Ukraine. He builds bridges thanks to his knowledge of both health systems and helps to alleviate fears.

Tesfalem Ghebregiorghis from the Zurich Centre for Sexual Health reports similar stories. He accompanies migrant groups of different origins and educates them about HIV and other infectious diseases. Stigma is a big problem here. There is often a lack of knowledge behind it.

Learnings from the Corona pandemic

Gilles Wandeler, researcher with a focus on Africa at Inselspital, reported on elimination efforts from countries in sub-Saharan Africa. Achieving elimination targets requires prevention, testing and treatment, as well as information and knowledge. Treatment of hepatitis B presents many challenges. Only

very few patients in African countries qualify for treatment. At the same time, severe sequelae are often missed because patients are not treated. This raises the question of whether treatment guidelines should be adapted.

Anna Eichenberger, senior physician at Inselspital, reports on everyday clinical practice in the federal asylum centres. One dilemma is that the treatment chain can be interrupted for people with chronic infectious diseases in the reception centres if those affected are referred to the cantons for treatment. Not all of them then come forward and receive treatment for their infectious disease.

Finally, Thomas Steffen, former cantonal physician of Basel-Stadt and President of the Swiss Society for Public Health brought in the cantons' point of view. Much has been learned from the Corona pandemic, which hit migrants particularly hard. The vaccination rate, for example, could be increased thanks to targeted measures aimed at the migrant communities.



Swiss Hepatitis Symposium: Discussing barriers to reach migrants

Panel: On «Simplification» and Pragmatismus

The panel agreed that there is still a lot to be done, both globally and in Switzerland. Swiss Hepatitis President Philip Bruggmann said that "simplification" is an important approach to closing gaps: tests, diagnostics, but also treatment must be simplified. Those affected should be able to get a test at a low threshold to find out whether they are infected with a hepatitis virus. Gilles Wandeler used an impressive example to show that policies for the care of infectious diseases should be designed pragmatically: Expectant

mothers with hepatitis B should be offered therapy even with a low viral load, as is standard today with HIV, in order to prevent transmission to the newborn.

This afternoon, gaps in the care chain of persons with a migration background could be identified. There are solutions in the form of "Community Health Navigators" and concepts such as "Simplification". All these aspects are needed to achieve the elimination goals.

Network Meetings

Our members met as in previous years two times in 2022, for the 18th and the 19th network meeting.

In spring, the network meeting was used for an update to the members and the new estimates on prevalences of hepatitis B and C in the permanent resident population

with birthplace abroad were presented.

At the 19th network meeting, the elimination targets of the process paper were discussed. It is planned to adapt them on the basis of the new strategy paper of the World Health Organisation (WHO), which will be published in 2023.



SWISS HEPATITIS STRATEGY



Communication

Campaign and media

Campaign "Hepatitis C is deadly but curable"

Our awareness campaign entered its fourth round this year. We ran two waves: a smaller one around World Hepatitis Day on 28 July and a bigger one in September. The ads and postings were displayed 4 million times. This resulted in just under 35,000 clicks and 47,000 page views on hep-check.ch. The average visit duration was just under one minute and was significantly increased compared to the last few years.

The message is getting through and is working: We can see this in the numerous comments on Facebook. (Ex-)patients comment diligently and encourage each other to tackle the therapy.

Another advantage of the campaign is that we can target specific risk groups. Parallel to the launch of our "Bel Paese" project, which is aimed at first-generation migrants from

Italy, we placed targeted ads on platforms frequented by the Italian community. The click rates of this target group were above average, which shows that hepatitis C is an issue there. Depending on the planned projects, the target groups can be adapted online and the successes specifically evaluated.

Website and social media

On our websites hepatitis-schweiz.ch, hepcare.ch, hep-check.ch and shipp.ch, we recorded visits from a total of around 60,000 users in 2022, who made a total of 68,000 sessions. We reached 750,000 people via our Facebook page and 177,000 via Instagram.

Media

Viral hepatitis is still hardly considered a problem by the public, but also by the health care system. This makes our media work all the more

important. In addition, we regularly publish articles in professional journals.

- Radio SRF 3 / Info 3 , 3.1.2022: Fachleute fordern mehr Engagement im Kampf gegen HIV und Hepatitis
- NZZ, 9.2.2022: Schweiz könnte Aids eliminieren — BAG zaudert
- Ars Medici, 28.1.2022 : Verschreibung von Medikamenten jetzt auch in der Hausarztpraxis möglich
- 20 minuti/tio.ch, 28.7.2022: L'epatite uccide 200 persone all'anno, anche se potrebbe essere eliminata
- Pilatus Today, 28.7.2022: Das musst du über die verschiedenen Infektionen wissen
- Corriere dell'italianità, 28.7.2022: Bisogna combattere con decisione l'epatite B e C
- Myhealth TCS, 28.7.2022: Welt-Hepatitis-Tag 2022: Eine Krankheit, die oft unentdeckt bleibt

Specialist press:

- Medical Tribune: 1.4.2022 Erhellen Sie die Dunkelziffer
- GastroMag, 25.2.2022: Viele Personen mit chronischer Hepatitis C sind nicht getestet
- Ars Medici, 6.5.2022: Hepatitis-

- C-Therapie auch beim Hausarzt
- Swiss Medical Forum, 14.9.2022: Screening auf Hepatitis B und C sowie HIV bei Erwachsenen aus der Ukraine
- Schweizerische Ärztezeitung, 4.8.2021: Warum wir an die Italiener denken sollten.

Brochures

Our brochures on hepatitis B and C continue to be in great demand. Around 1,700 copies were ordered and sent out by our distribution partner, the Swiss Aids Federation shop. The brochures are available in German, French and Italian.

We have revised the brochure on hepatitis B: The text is easier to understand without losing depth, and the layout has been modernised. We have updated some information on epidemiology as well as vaccination recommendations. The finished product will be available in 2023.

Ukraine

Information for Protection Seekers

Ukrainians are frequently affected by viral hepatitis. The prevalence in Ukraine is 1% for hepatitis B and 3% for hepatitis C. Together with medical societies, we have therefore drafted and published screening recommendations on HIV, hepatitis B and hepatitis C for people from Ukraine in response to the many people seeking protection in our country (SASL, SSI, Swiss Hepatitis: Screening recommendations for adults from Ukraine). Furthermore, together

with the Swiss Aids Federation, we have written information on hepatitis, which is available online in Ukrainian and Russian and is intended to provide orientation in the Swiss health system. To promote the site, we developed a poster in four languages which was sent to the federal asylum centres and the cantonal reception centres in Switzerland. Some of this information was also passed on to family doctors via the cantonal medical services.



Poster in Ukrainian and Russian to inform about HIV and Hepatitis

Flagship Projects

Study HCV Screening Strategies

The completion of this study on the acceptance and feasibility of screening strategies is still pending. The study is expected to be completed in 2023 and the results published.

HepCare – Hepatitis C therapy at the GP

Last year, we were able to present HepCare in 10 quality circles and events for primary care physicians. In this way, we reached almost 300 GPs. This resulted in 14 file consultations. Fortunately, we were able to register the first file consultations from psychiatric services in French-speaking Switzerland.

We also produced the HepCare film in French. In addition, we wrote two articles on the topic that family doctors can now prescribe hepatitis C therapies themselves. For better visibility, we placed an advertise-

ment in German and French in the second article.

For the first time, we sent a mailing to GPs in the canton of Zurich, drawing their attention to our HepCare services and the Bel Paese project. We believe in the potential of HepCare, as the project has many interfaces with the Bel Paese migrant project and the SHiPP prison project.

Another focus is on inpatient psychiatry. The prevalence of untreated patients is high there. In addition, thanks to the case of the prescribers' list and the fact that hepatitis C drugs are on the supplementary list of charges, there are no longer any obstacles to treatment by a psychiatrist.

Swiss HepFree in Prisons Programme SHiPP

In 2022, we were able to conduct a survey of prisons on the status of hepatitis and HIV care in prisons. The response rate was a very good 85 percent. We were particularly pleased that the SHiPP programme is already well known among the prisons.

We were also able to conclude agreements with three more prisons - two larger and one smaller. Submissions are being prepared in three other cantons. Other prisons are interested in submitting an application. After a long start-up, which was due in particular to the corona pandemic, SHiPP is now well on its way.

Bel Paese

While last year we mainly did groundwork and developed information material, we can now harvest. In 2022, the first three information events took place in the canton of Zurich. All of them were well attended by the target group of older Italians. The infectious disease specialist Claudia Bernardini actively supports us at the events. She gives a technical overview of hepati-

tis C and answers the questions of the participants.

Contacting the Italian organisations requires a certain amount of perseverance. But persistence pays off, as we all know, and further events are already planned in the cantons of Basel-Stadt, Solothurn and Bern.

Since family doctors are often not aware that the elderly Italians among their patients belong to the risk group for hepatitis C, we also inform them. On the one hand, this is done through our contacts with the cantonal doctors. On the other hand, we organise an information mailing to the primary care providers in a canton, ideally around a Bel Paese lecture in the canton. A first mailing with an order form was carried out in the canton of Zurich.

We are also marking our online presence on our social media platforms: With the Bel Paese project, we are present on Youtube and Facebook. This year we also added Instagram, where we posted stories as part of the awareness campaign. We also work with Italian-language online media such as Italoblogger and Corriere Italiana.

Thanks

Our sincere thanks go to the donors and sponsors who financially support our activities and projects. Namely, in 2022 these were:

- Abbvie
- Arud Zentrum für Suchtmedizin
- Federal Office for Public Health FOPH
- Gilead Sciences Switzerland Sàrl
- Swiss Association for the Study of the Liver SASL

Our heartfelt thanks also go to foundations and institutions that support us and do not wish to be

named. Without this commitment, our work would not be possible.

A big thank you is also due to our partner organisations who are part of the Swiss Hepatitis Strategy Network and who also support our work time and again with contributions in kind or communication services. And last but not least, the network members who make up our base, have been instrumental in developing the strategy and are constantly developing it further. They all work unpaid and invested over 500 hours in the strategy in 2022.

The HepCare film is now available as well in French



Team

Board members

Christophe Bösiger (since 2019)

Prof. Dr. med. Philip Bruggmann (President, since 2017)

Prof. Dr. med. Andreas Cerny (since 2017)

Dr. med. Montserrat Fraga Christinet (since 2018)

David Fehr (until 4.5. 2022, treasurer)

Oliver Gut, Zurich (since 5.5. 2022, treasurer)

Dr. med. Daniel Lavanchy, (since 2017)

Dr. Patrizia Künzler-Heule (since 2021)

Dr. med. Catrina Mugglin (since 2021)

Dr. med. Claude Scheidegger, Basel (since 2017)

PD Dr. med. Christine Thurnheer (since 2020)

Petra Wessalowski (since 2021)

Office

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Project Coordinator HepCare

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Project Manager Swiss HepFree in Prisons Program (ShiPP)

Erminia Gagliotta
Project Coordinator Bel Paese

Secretariat (in mandate)

Alexandra Suter

...as well as the 80 members of the Network Swiss Hepatitis Strategy.

Balance Sheet

	31.12.2022	31.12.2021
ASSETS		CHF
Cash	526'406	567'303
Other short-term liabilities	22'120	32'600
Prepayments and accrued income	0	390
Assets	548'526	600'293
LIABILITIES AND EQUITY		
Payables from goods and services	22'401	25'669
Other short-term liabilities	4'914	0
Accrued liabilities and deferred income	14'616	56'106
Current liabilities	41'931	81'775
Fund capital	437'513	448'986
Tied capital	30'000	30'000
Free capital	39'532	39'147
Annual result	-450	385
Organisation capital	69'082	69'532
Liabilities and equity	548'526	600'293

Statement of Operations

	2022	2021
OPERATING INCOME		CHF
Donations received	232'700	269'350
Contributions from public authorities	83'500	50'000
Net sales form goods and services	9'620	0
Operating income	325'820	319'350
OPERATING EXPENSE		
Project expenditure	-278'529	-293'055
Fundraising and general advertising expenses	-2'439	-5'775
Administrative expenses	-56'775	-56'097
Operating expense	-337'743	-354'926
Result before change in fund capital	-11'923	-35'576
Allocation to project funds	-215'500	-216'600
Appropriation of project funds	266'9735	252'561
Change in fund capital	11'473	35'961
Annual result	-450	385

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