

The Amsterdam ABC: Action plan Hepatitis B and C

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Viral hepatitis B and C

Can cause liver cirrhosis and hepatocellular carcinoma

In the Netherlands (± 17 million):

- 500 deaths per year ¹

- Prevalence 0.34% for chronic hepatitis B (HBsAg) ²
0.16% for chronic hepatitis C (HCV-RNA) ²

- Hepatitis B: vaccination for risk groups and newborns since 2011



- Hepatitis C: no vaccine, effective treatment with DAA's since 2014



1. Hofman, Ned. Tijdschr. Geneesk, 2016

2. Koopsen, Epidem & Infect, 2019



Risk groups for HBV and HCV

- Health Council Netherlands (2016): focus on migrants, MSM and PWID

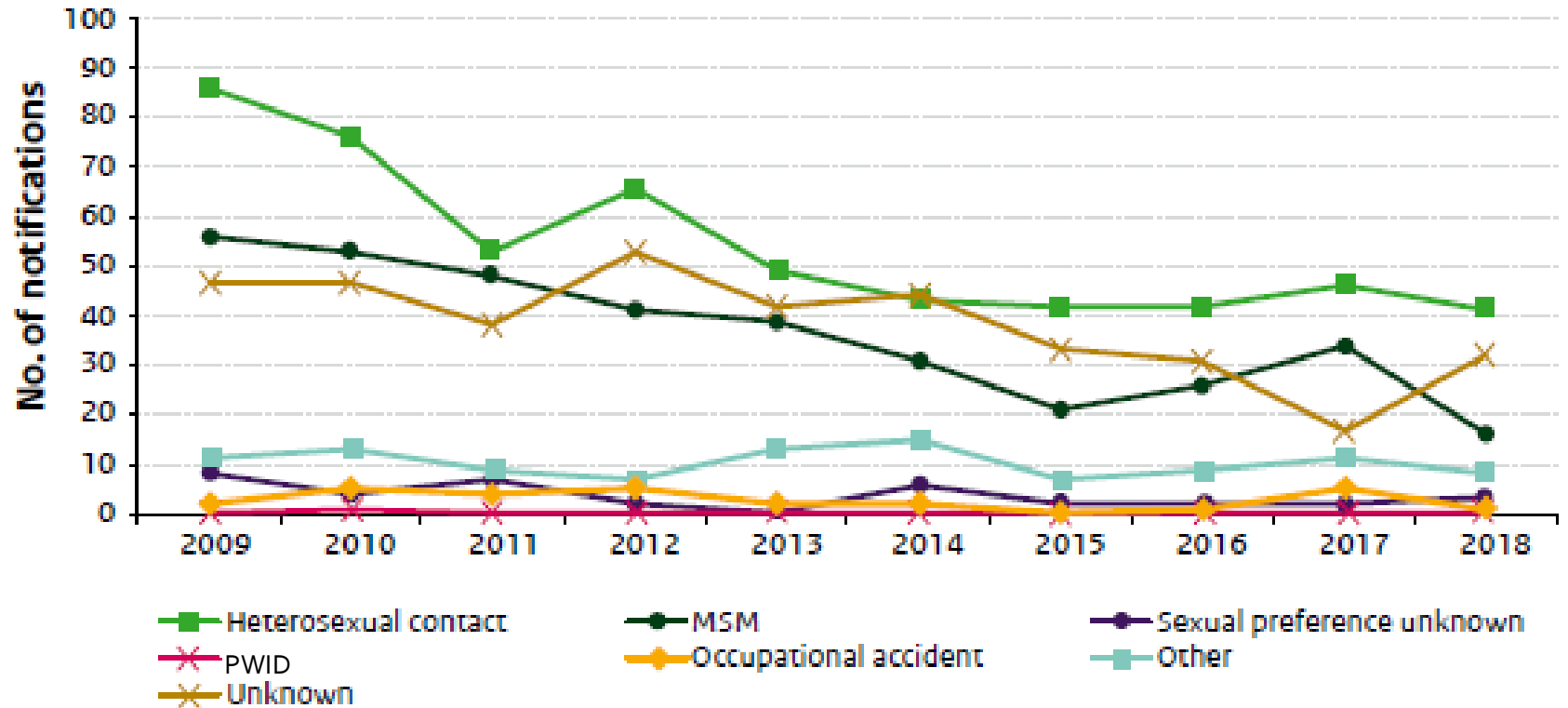
Estimated prevalence and incidence of chronic Hepatitis B (HBV) and chronic Hepatitis C (HCV) infections in the Netherlands in 2016

Risk groups		Population size (N)	Prevalence of chronic HBV % (cases)	Prevalence of chronic HCV % (cases)
1. First generation migrants from endemic countries		1,284,654 (HBV) 1,528,032 (HCV)	3.1% (39,521)	0.9% (13,819)
2. Men who have sex with men (MSM)	HIV-	190,265	0.7% (1,237)	not available
	HIV+	13,650	3.5% (474)	4.9% (672)
3. People who inject(ed) drugs (PWID)	HIV-	5,276	3.5% (185)	59% (3,131)
	HIV+	511	4.2% (21)	59% (303)



Incidence HBV

Figure 9.3 Number of acute hepatitis B infections by route of transmission, 2009-2018



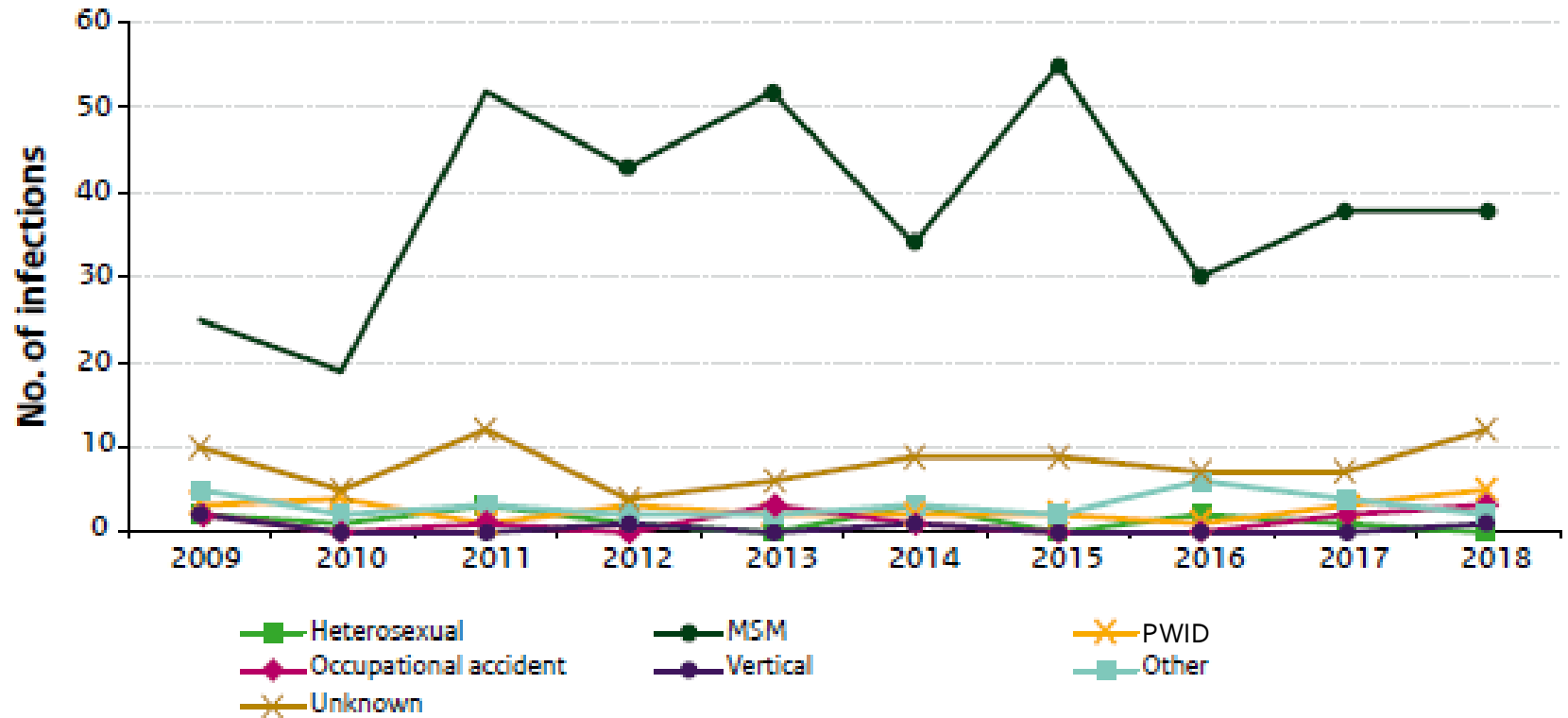
Source: RIVM-OSIRIS, notification data

Footnote: Data of 2018 might be incomplete, because of reporting delay (data were collected on 11 March 2019)



Incidence HCV

Figure 10.2 Number of acute hepatitis C infections by route of transmission, 2009-2018



Source: RIVM-OSIRIS, notification data

Footnote: Data of 2018 might be incomplete, because of reporting delay (data were collected on 20 March 2019).



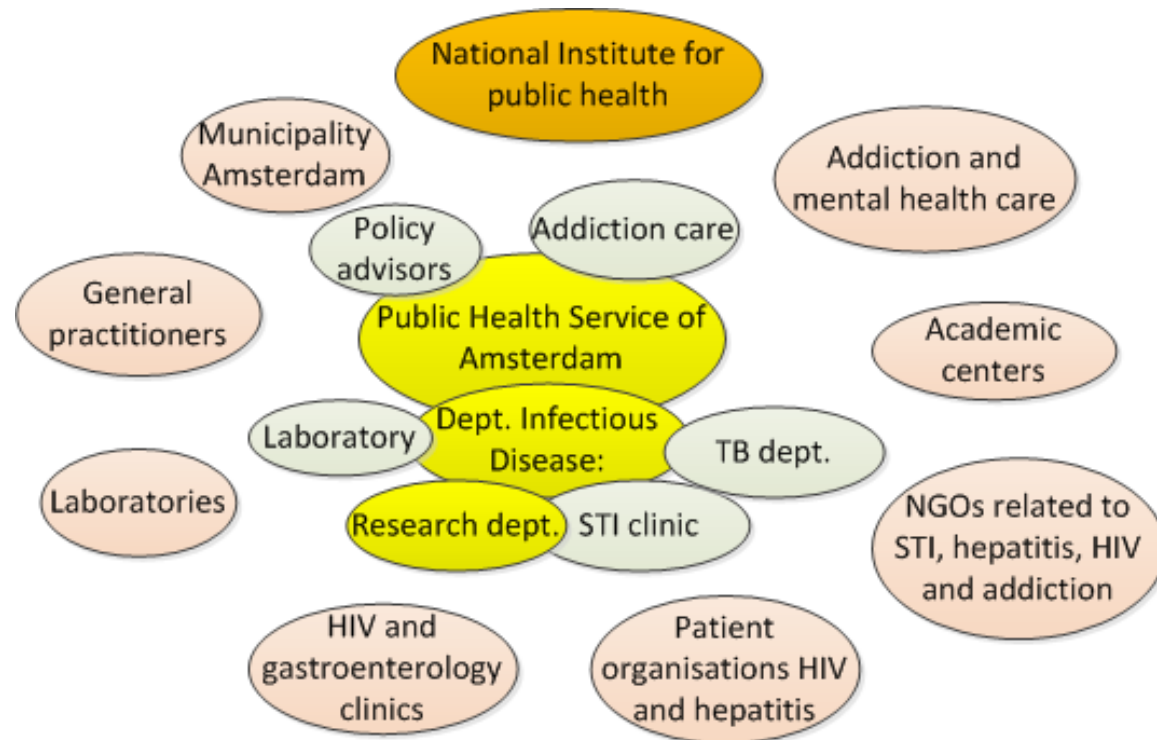
The Amsterdam ABC

SINCE 2016



Aim: coordinate and stimulate the HBV/HCV response at the city-level

- Collaborative network:

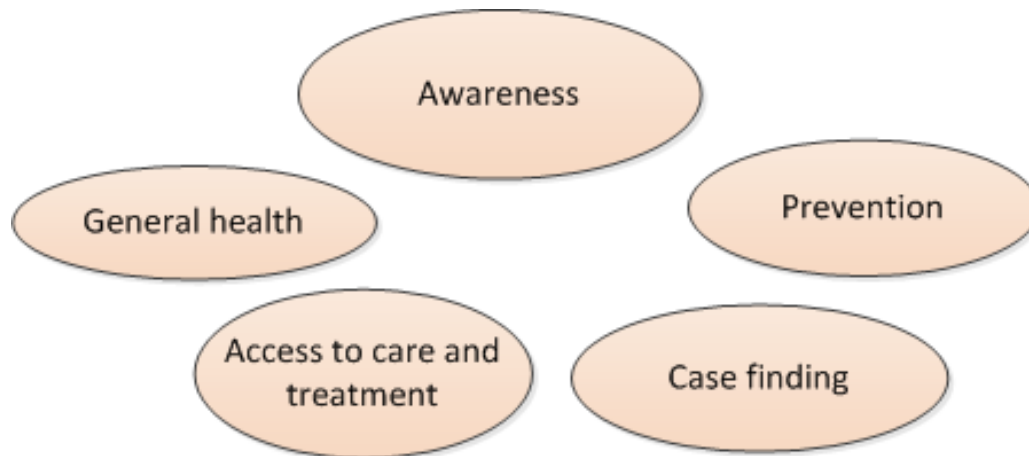




Step 1: Develop goals and mindmaps

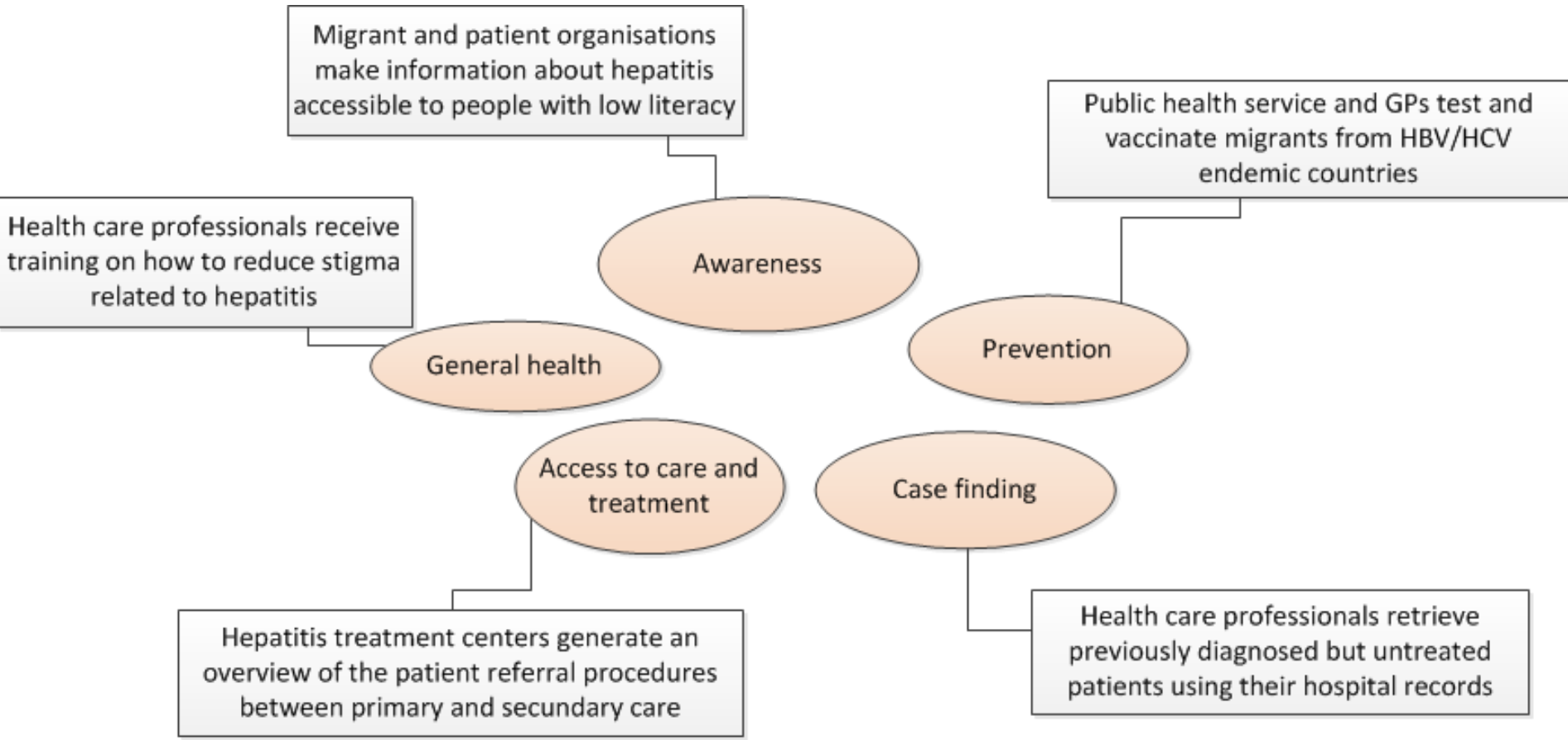


We aim to improve the following 5 domains for HBV+HCV:





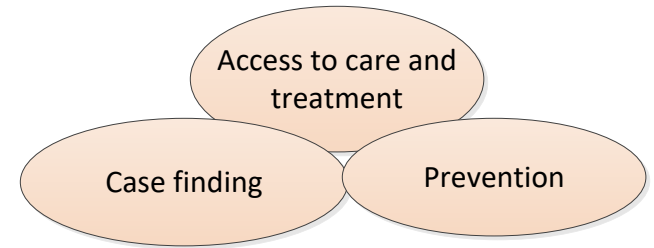
Step 1: Develop goals and mindmaps



Selection of goals for migrants



Current projects



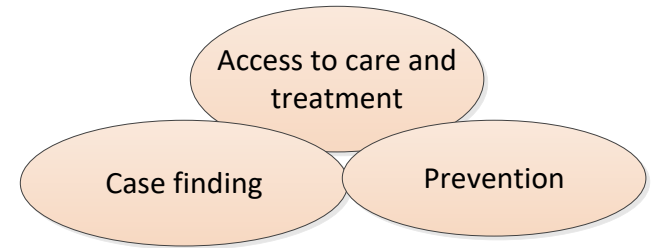
- Migrants: 'Kruispost' HBV, HCV and HIV case finding in GP center for undocumented persons and linkage to care





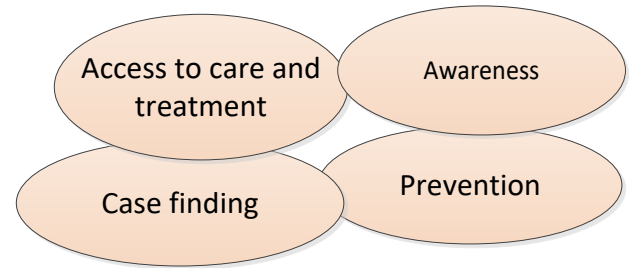
Current projects

- PWID: HCV case finding in supervised injection facilities
> outreaching staff and onsite RNA testing service

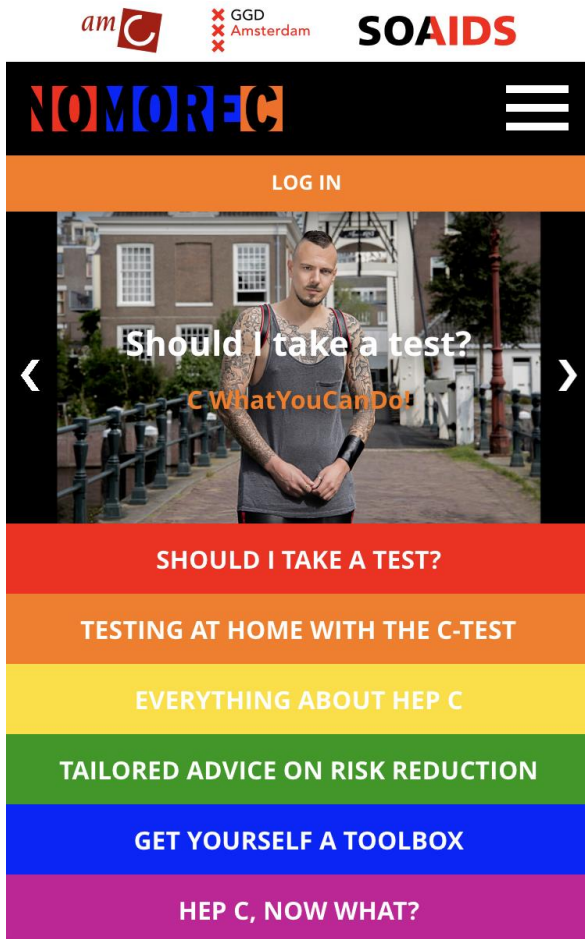




Current projects



- MSM: 'NoMoreC' risk reduction and awareness program including toolbox and online testing service to prevent and diagnose HCV

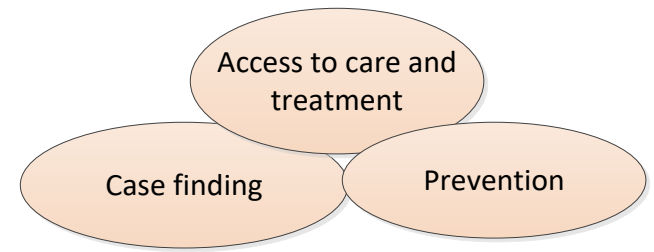


Community engagement: Paul Zantkuijl

Uptake, tomorrow: Tamara Prinsenbergh

nomorec.nl

XXX Current projects



- 'CELINE': National HCV retrieval project using hospital records and relink patients to care





Current projects

- Qualitative study on barriers and facilitating factors of GPs to test for HBV/HCV



> Barriers: unawareness, insufficient time, costs for patient

- Next step
 - Better serve migrants via GPs

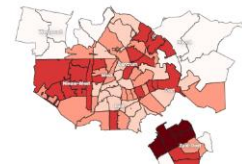


Lessons learned

- Setting up a **collaborative network** resulted in city-wide goals and commitment to the Amsterdam ABC
- It is more challenging to implement the Amsterdam ABC for PWID and migrants. MSM programs made great progress.
 - PWID: outreach testing and treatment, involve volunteers to assist HBV/HCV positive PWID to clinical care
 - Migrants: improve awareness and financial resources, GP trainings, hotspot approach
- Financial resources and political commitment are key

Future plan:

- **Routine screening** of HBV/HCV and other infections (HIV, TB) in health care facilities (e.g. GP center) in geographical **hotspot** areas





Questions?



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