The Amsterdam ABC: Action plan Hepatitis B and C

Ellen Generaal, Postdoc
Dept. of Infectious Disease
Public Health Service of Amsterdam
The Netherlands
Viral hepatitis B and C

Can cause liver cirrhosis and hepatocellular carcinoma

In the Netherlands (±17 million):
- 500 deaths per year

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

- Hepatitis B: vaccination for risk groups and newborns since 2011
- Hepatitis C: no vaccine, effective treatment with DAA’s since 2014

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

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

Koopsen et al., Epidem & Infect, 2019
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)
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:

- Awareness
- General health
- Access to care and treatment
- Prevention
- Case finding
Step 1: Develop goals and mindmaps

- Migrant and patient organisations make information about hepatitis accessible to people with low literacy
- Public health service and GPs test and vaccinate migrants from HBV/HCV endemic countries
- Health care professionals receive training on how to reduce stigma related to hepatitis
- Hepatitis treatment centers generate an overview of the patient referral procedures between primary and secondary care
- Health care professionals retrieve previously diagnosed but untreated patients using their hospital records
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 Prinsenberg

nomorec.nl
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
Acknowledgements and contributions
Maria Prins, Yvonne van Duijnhoven, Eline van Dulm, Evelien Siedenburg, Godelieve de Bree, Tamara Prinsenberg, Paul Zantkuijl, Cas Isfordink, Marc van der Valk, Freke Zuure, Anouk Urbanus, Sarineke Klok, Jan van Bergen, Frans Thomas, Hilje Logtenberg, Eberhard Schatz

Organisations: Gemeente Amsterdam, Jellinek, Trimbos Instituut, Soa Aids Nederland, OLVG, Amsterdam UMC (AMC and VUmc), UMC Utrecht, Radboud UMC, RIVM, Pharos, De Regenboog, Mainline, HIV Vereniging Nederland, AdFab, Deventer Ziekenhuis, DJI, Huisartsen 1e lijn Amsterdam, Mentrum, Nederlands Leverpatiënten vereniging, Dokters van de Wereld, Stichting Correlation, PIOA, DC Klinieken, Jan van Gooyen

Email contact:
Ellen Generaal
egeneraal@ggd.amsterdam.nl