

Press release

New consensus definition of late presentation for viral hepatitis

The number of people living with viral hepatitis is increasing – a better understanding of the testing policies and strategies is needed.

Thursday 22 October 2015, Barcelona: Today, EASL and HIV in Europe announce a consensus definition of late presentation for viral hepatitis. The announcement coincides with the European AIDS Conference in Barcelona and aims to encourage policy makers, health professionals, public health institutions and civil society organisations to implement this definition to improve the European surveillance of and response to the viral hepatitis epidemic.

Over 13 million adults are living with hepatitis B and 15 million with hepatitis C in the WHO European Region and most of the people remain undiagnosed. Effective treatments for both HBV and HCV are available with great impact on the possibility to treat people if they are diagnosed timely. However, it remains unknown whether current testing policies and strategies are successful in reaching the undiagnosed population at the right time. Further, linkage to the health care system and their ability to provide comprehensive care is also unknown.

As a consequence, a large proportion of the chronically infected population enters care only after they have developed clinical symptoms and others after the initiation of treatment would have provided them with an optimal treatment response.

A consensus definition on late presentation for viral hepatitis is essential in order for public health authorities in Europe and elsewhere to be able to understand and respond to the issues around late presentation of viral hepatitis. The consensus definition will contribute in both improving surveillance of viral hepatitis as well as testing policies and strategies.

In early 2015 a group of viral hepatitis experts within the HIV Europe Initiative formed a working group to develop a consensus definition for viral hepatitis. After discussions,

meetings and several reviews the final two agreed upon definitions were approved by the EASL GB in early October 2015:

Definition 1:

Advanced HBV, HCV or HDV associated liver disease is clinically defined by presence of hepatocellular carcinoma or decompensated cirrhosis (jaundice, hepatic encephalopathy, clinically detectable ascites, variceal bleeding).

Definition 2:

Late presentation of HBV or HCV associated liver disease is defined as a patient with chronic hepatitis B or C and significant fibrosis ($\geq F3$ assessed by APRI score >1.5 , FIB-4 >3.25 , Fibrotest >0.59 or alternatively a FibroScan >9.5 kPa) with no previous antiviral treatment.

Stefan Mauss, HIV in Europe Steering Committee Member, says: ‘this is an important milestone for the public health response to viral hepatitis. A key step will be to convince policy makers, health authorities and researchers to implement the definition to contribute to understanding the magnitude of the proportion of late presenters and monitor and evaluate changes in these numbers.’

In 2011 a consensus definition for late presentation for HIV was presented and has since then been widely implemented in Europe. It has contributed to shed light on the number of people diagnosed late for HIV and has been used to evaluate current testing policies and strategies.

Jürgen Rockstroh, co-chair of the HIV in Europe Steering Committee, continues: ‘the HIV late presentation definition has been a valuable tool in assessing current HIV testing strategies and dealing more effectively with HIV testing. I am excited to see improvements in viral hepatitis surveillance and testing as a result of this new definition and hope that it will be well received and widely implemented in Europe and elsewhere as we have seen with the HIV definition.’

Visit the HIV in Europe website for more information www.hiveurope.eu.

-ENDS-

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Notes to editor

The situation in Europe

Over 13 million adults are living with hepatitis B and 15 million with hepatitis C in the WHO European Region – indicating a huge burden of treatment and care (WHO 2013 estimated numbers). Hepatitis B and C are both widely underestimated and underreported. Due to the lack of symptoms these infectious diseases are often referred to as the *silent epidemic*.

This means that many people are not being tested prior to symptoms emerging which delays access to the available effective treatments for hepatitis B and hepatitis C.

When people are diagnosed late in the course of their disease they are more likely to suffer with health complications and more likely to pass on the viruses to others. In contrast, the majority of those who are diagnosed early (soon after infection) and are prescribed treatment in a timely manner can live healthy lives and also become completely virus free if infected with hepatitis C.

The consensus definition on late presentation for viral hepatitis provides an opportunity to make visible the magnitude of the problem of people being diagnosed late, to improve surveillance systems and to improve the testing policies and strategies in Europe.

The HIV in Europe Initiative

HIV in Europe is a pan-European initiative initiated in Brussels in 2007. The initiative provides a European platform for exchange and activities to improve early diagnosis and earlier care of HIV across Europe. The initiative is directed by an independent group of experts with representation from civil society, policy makers, health professionals and European public health institutions.

HIV in Europe is not an organisation, but an initiative formed to inform processes, share knowledge and improve the evidence base around important issues of earlier testing and care. It is unique in its collaboration between stakeholders at a clinical, advocacy and public health level.