

O091

Oral Session

Hepatitis B treatment and management

DIFFERENT FACILITIES AND TRENDS IN THE MANAGEMENT OF CHRONIC HEPATITIS B VIRUS INFECTION IN EUROPE

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Objectives:

The prevalence and the management of chronic HBV infection differ among European countries. The availability and reimbursement of both diagnostics and drugs may also vary, so limiting possibilities for clinicians. Therefore, we aimed to determine the differences of facilities and the trends of physicians in the management of chronic HBV infection in Europe.

Methods:

In May 2013, a survey has been sent to the members of the ESCMID Study Group for Viral Hepatitis who are experts in chronic HBV infection management (3 from Italy, 2 from France, 2 from Turkey, 1 from the Netherlands, 1 from Romania, and 1 from UK). The survey asked for the prevalence of HBsAg, availability of diagnostics and drugs, and also behaviors in the management of chronic HBV infection.

Results:

With 11 expert physicians responding, HBsAg prevalence was <1% in Italy, France, UK, and the Netherlands, where it was higher in Turkey (1-5%) and Romania (5-10%). HBV-DNA is commonly available and reimbursed without restrictions in all countries except for Romania, where it is available but reimbursed with some restrictions (baseline, 2-3 times in a year, etc.). Liver stiffness measurement (Fibroscan®) was available in all countries but only reimbursed in France and partially Romania.

With regards to HBV therapy, tenofovir and entecavir were available and reimbursed for HBV in all countries though treatment duration is subject to local restrictions despite European guidelines. For example, the duration of treatment in HBeAg (-) patients continued as long as HBsAg is (+) in Turkey, Romania, UK, and France (one expert), whereas it is given till anti-HBs development in Italy and France. It is given as long as HBsAg (+), and also up to physician's decision after HBsAg loss or HBsAb seroconversion (for an indefinite duration) in the Netherlands and Italy (one expert).

(Pegylated) interferons were freely available for HBV patients in Italy, France, UK, and the Netherlands, while there were some restrictions (measurement of ALT and/or HBV-DNA level, results of liver biopsy or Fibromax© in Romania) in Romania and Turkey. In the case of HBV prophylaxis (i.e. for those given immunosuppressive drugs), all antivirals were freely reimbursed in Italy, France, UK, and the Netherlands, only lamivudine was reimbursed in Turkey, and none was reimbursed in Romania.

Conclusion:

The prevalence of chronic HBV infection is much higher in Southern-Eastern than in Western European countries. Despite availability of European guidelines, the policies for diagnostics and management of

chronic HBV infection vary significantly among European countries. The main discrepancy is that countries with higher prevalence have limited access to the facilities, so leading to continuous burden and transmission of HBV on their inhabitants.