Joint Statement

Ensuring high-quality viral hepatitis care for refugees from Ukraine

This joint statement by the European Association for the Study of the Liver (EASL), the WHO Regional Office for Europe and the European Centre for Disease Prevention and Control (ECDC) focuses on vulnerabilities associated with viral hepatitis of refugees from Ukraine and provides suggestions for responses to the needs of this group. It is important to note, however, that the measures described in the statement should be part of more generalized health measures provided in support of refugees.

Background

Large numbers of people have left Ukraine since the onset of Russia's aggression towards Ukraine **on** 24 February 2022. As of 10 April 2022, more than 4.5 million people had fled Ukraine, primarily to Hungary, Poland, Romania, Slovakia and the Republic of Moldova, and from there people have dispersed further into other European countries.

The Council of the European Union has adopted a Decision on temporary protection for displaced persons from Ukraine fleeing to neighbouring European Union (EU) Member States *(1)*. This Decision provides immediate protection and rights, including residency rights, and access to the labour market, schools, housing, social support and health care. Similar provisions have been adopted in other non-EU countries belonging to the WHO EURO region. Access to health-care services (including testing and treatment for viral hepatitis) in European countries should be the same as for citizens of those countries.

Epidemiological situation of viral hepatitis in Ukraine

Hepatitis B virus (HBV) and hepatitis C virus (HCV) infections are key public health issues in Ukraine. Among adults, the prevalence of hepatitis B surface antigen (HBsAg) was estimated in 2020 at 1% and hepatitis C (HCV-RNA positive) infection at 3% *(2)*, with prevalence being higher in men and in older ages. Prevalence was also higher among risk groups such as people who inject drugs (PWIDs) (HBsAg 8.5% and anti-HCV 56.3%) *(3)* and people living with HIV *(4,5)*.

In terms of prevention and therapy, the coverage of the third dose of hepatitis B vaccine among infants in Ukraine was 80.9% in 2020 *(6)*, which was lower than the coverage in most EU countries and below the recommended coverage target for elimination *(7)*. In terms of preventative harm reduction measures for injecting drug use, the proportion of PWID on opioid agonist maintenance therapy was low, at only 5.3% *(3)*. The latest data from 2019 for HBV and HCV indicate treatment coverage has also been at low levels, with only a small proportion of those infected having received treatment *(8)*.

Hepatitis A virus (HAV) in Ukraine has "low" endemicity[1] *(9)* in urban areas and "intermediate" endemicity in rural areas *(10)*. The current movement of refugees, coupled with the high number of susceptible individuals in the Ukrainian population among children and adolescents and the possibility of imperfect sanitary conditions while in transit, pose a risk for transmission of HAV.

Ensuring high-quality hepatitis care for refugees

To ensure that the needs of refugees in relation to viral hepatitis are appropriately met, for all stages along the continuum of care from prevention through to treatment, it is critical for countries across Europe to consider the following actions.

Vaccination

- Hepatitis B vaccination should be offered for children and adolescents with unknown vaccination status or known delayed or missing vaccines, and others with risk factors who do not have official records or evidence of immunity *(11–13).*
- Hepatitis A vaccination should be considered according to local guidelines. Close contacts of acute cases of HAV infection should be traced, provided with information and offered HAV vaccination *(14)*. In the case of an outbreak, rapid and widespread vaccination should be considered to help control the outbreak, supplemented with health education and measures to improve sanitation *(9)*.

Testing considerations

- Surveillance of hepatitis A should be strengthened by informing clinicians and health-care workers of the need to consider timely testing for any suspected cases of HAV infection. When clusters of infections are identified, samples from a proportion of cases should be considered for genome sequencing *(15)*.
- When settled in the host country, testing for HBV and HCV should be voluntary and offered to all adult refugees in a non-discriminatory manner *(16).*

Linkage to care and treatment

- Governments should provide **free and accessible** hepatitis B and hepatitis C care, including diagnosis and antiviral therapy, as well as harm-reduction services where needed. These services can be provided by a network of designated health-care settings that take into account the language, culture and mental health needs of refugees and may be best provided for refugees when settled in the host country.
- **Linkage to care** with local services for further clinical evaluation and assessment for treatment should be ensured for all HBsAg-positive and/or HCV RNA-positive individuals.
- It is essential that patients already on treatment for hepatitis B and/or hepatitis C should **continue treatment**. Therapy for hepatitis B and hepatitis C should be newly **initiated** for all individuals who meet the criteria for therapy, in accordance with EASL clinical practice guidelines *(17,18)* or local clinical guidelines. Timely initiation of treatment is a priority for individuals with advanced liver

[1] WHO classifies endemicity based on seroprevalence as: high (≥ 90% by age 10 years); intermediate (≥ 50% by age 15 years, with < 90% by age 10 years); low (≥ 50% by age 30 years, with < 50% by age 15); and very low (< 50% by age 30 years) *(9)*.

disease, hepatocelullar carcinoma, those with HIV coinfection and clinically significant extrahepatic manifestations. Patients with chronic hepatitis B and/or hepatitis C should be followed-up according to clinical practice guidelines.

- **Antiviral therapy** for the total course of hepatitis C treatment with direct-acting antiviral agents and/or at least 90 days of hepatitis B antiviral therapy should be provided in cases of onward transit to other countries.
- **Documentation** confirming the presence of HBV and/or HCV infection and further clinical details of hepatitis B and/or hepatitis C, including any antiviral therapy provided, should be given to refugees who are in transit by the clinical services involved in their care.

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