

# HCV screening practices

## Country example - Poland



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Medical University of Białystok, Poland**

VHPB REGIONAL MEETING

Elimination of Viral Hepatitis in the Czech Republic, Hungary, Poland and Slovakia: Lessons Learnt and the Way Forward

Prague, 29-30 October 2024

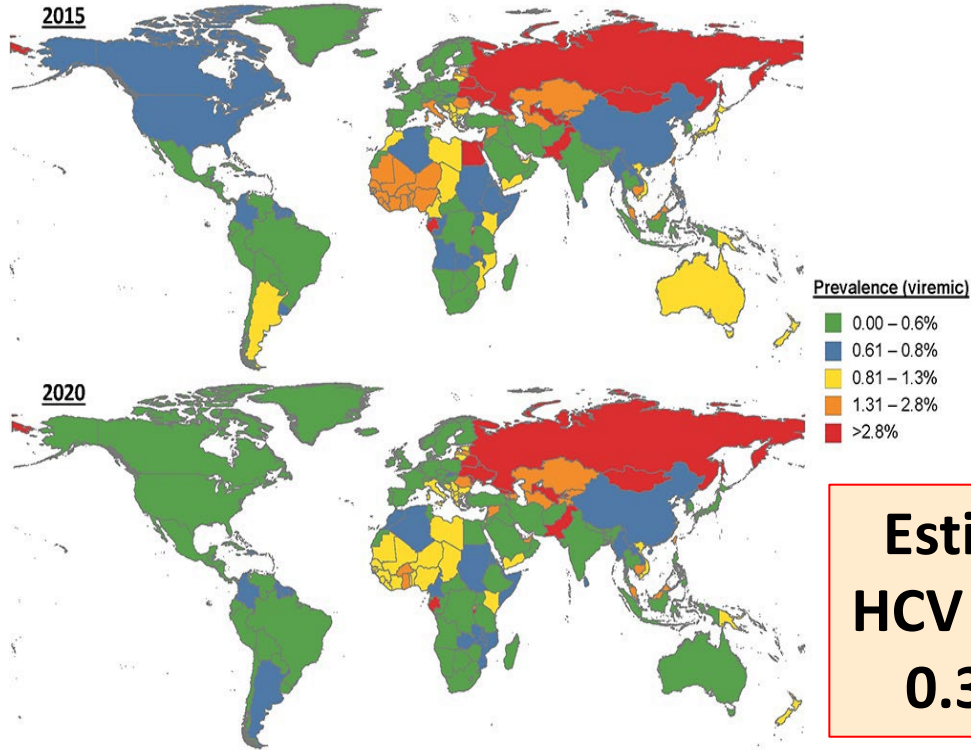
# Disclosures

Grants: AbbVie, Gilead, MSD, Pfizer, Roche.

Advisory: AbbVie, Baush, Gilead, MSD, Moderna, Novo Nordisk, Pfizer.

Honoraria: AbbVie, Baush, Gilead, MSD, Pfizer.

# Poland and worldwide HCV prevalence

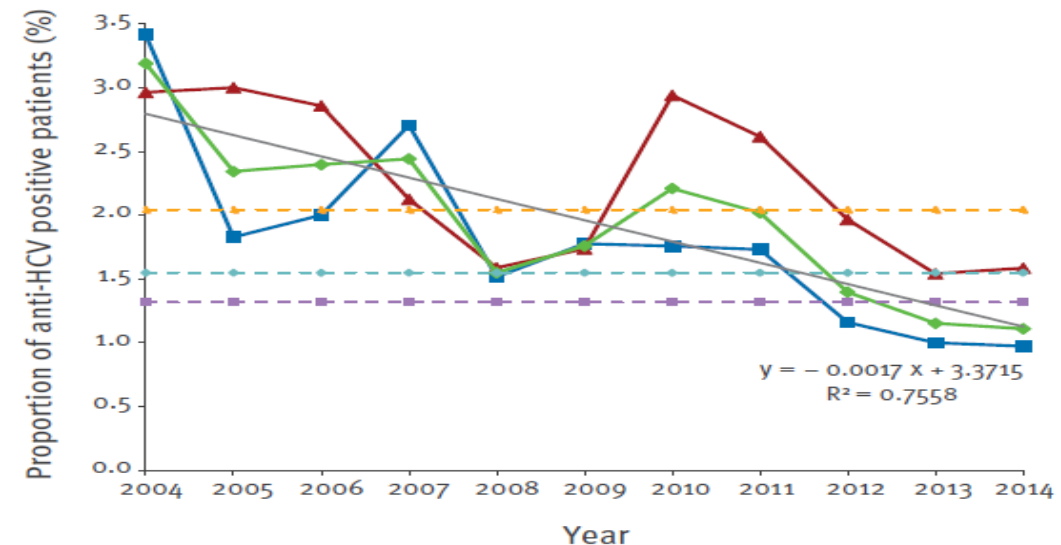


**Estimated current  
HCV RNA+ in Poland  
0.35% ≈ 130 000**

	PGE-HCV 2011	NIZP-PZH 2012	NIZP-PZH 2017
Sample size	26 057	4 822	22 659
HCV-RNA (+)	0,60%	0,60%	0,52%
Population infected	189 192	189 192	163 967

**Table 2.** Prevalence of anti-HCV antibodies among those tested during different initiatives/actions carried out in 2018 and 2019 in Poland

Initiative	Number of people tested	Number of anti-HCV(+)	Prevalence
Diagnostic laboratory	62,305	753	1.2%
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Local activities for seniors	43,074	142	0.3%
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Production companies	40,825	106	0.3%
Sanatoriums	30,335	59	0.2%
General practitioners	91,763	139	0.2%
Other	187,927	554	0.3%
All	720,660	3,248	0.5%



Blach et al., AASLD 2021 ; #100

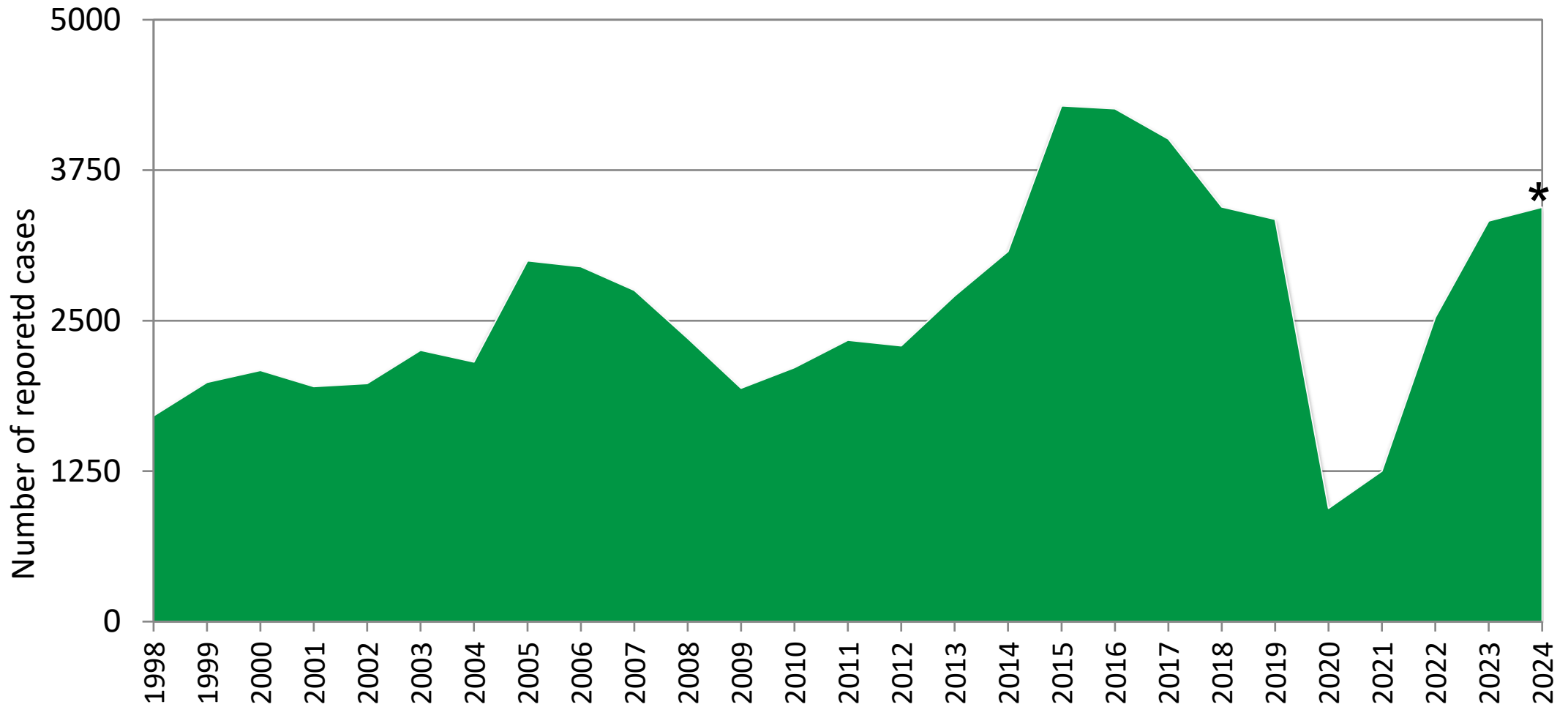
Flisiak R, et al. Eur J Gastroent Hepatol 2011; 23: 1213-1217.

Piekarska A, i in. Clin Exp HEPATOL 2020; 6, 2. 74-76

Walewska-Zielecka B, et al Euro Surveill. 2017;22(2):pii=30441

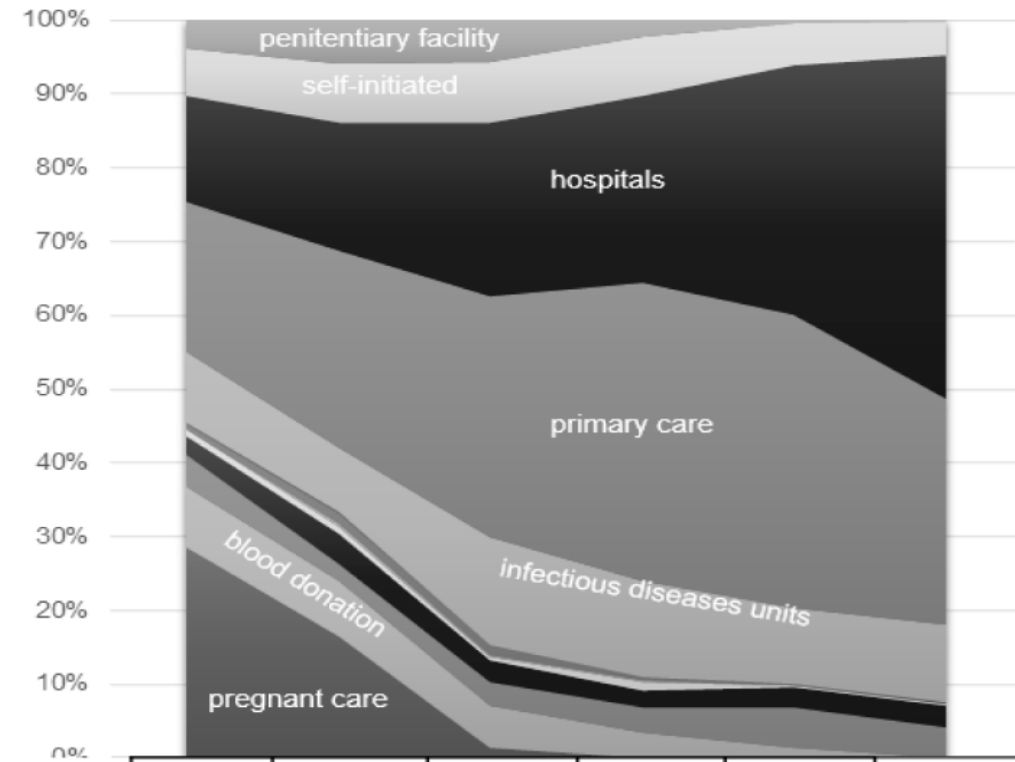
# Number of reported HCV cases in Poland, 1998-2024

National Institute of Public Health – National Institute of Hygiene or NIPH–NIH



\* Estiamtions from 2024 based on 2582 reported cases untill 30 sep 2024.

## Circumstances of HCV infection diagnosis in 2018 by age group.



	20-29	30-39	40-49	50-59	60-69	70+
after contact with a person infected with HBV/HCV	1%	1%	0%	1%	0%	0%
after occupational exposure	0%	0%	0%	0%	0%	0%
blood donation	8%	8%	6%	3%	1%	0%
drug treatment center /opioid substitution treatment center	1%	1%	1%	0%	0%	0%
hospitals	14%	17%	23%	25%	34%	46%
infectious diseases units	10%	9%	14%	13%	10%	10%
other specialist units	4%	2%	3%	3%	6%	4%
penitentiary facility	4%	6%	6%	2%	1%	0%
pregnant care	28%	16%	1%	0%	0%	0%
primary care	20%	27%	33%	40%	40%	30%
refugee center	0%	0%	0%	0%	0%	0%
self-initiated	6%	8%	8%	8%	6%	4%
other	2%	4%	3%	2%	3%	3%

# Scoring for achieving HCV elimination?

Received: 22 February 2021 | Accepted: 22 February 2021  
 DOI: 10.1111/liv.14834

SUPPLEMENT ARTICLE

Liver INTERNATIONAL WILEY

**Is elimination of HCV in 2030 realistic in Central Europe**

Robert Flisiak<sup>1</sup> | Dorota Zarębska-Michaluk<sup>2</sup> | Sona Frankova<sup>3</sup> | Ivica Grgurevic<sup>4</sup> | Bela Hunyady<sup>5</sup> | Peter Jarcuska<sup>6</sup> | Limas Kupčinskas<sup>7</sup> | Michael Makara<sup>8</sup> | Marieta Simonova<sup>9</sup> | Jan Sperl<sup>2</sup> | Ieva Tolmane<sup>10</sup> | Adriana Vince<sup>11</sup>

Clinical and Experimental HEPATOLOGY

Clin Exp HEPATOL 2020; 6, 1: 1–8  
 DOI: https://doi.org/10.5114/ceh.2020.93049  
 Received: 26.01.2020, Accepted: 27.01.2020, Published: 17.02.2020

Original paper

**How close are we to hepatitis C virus elimination in Central Europe?**

Robert Flisiak<sup>1</sup>, Sona Frankova<sup>2</sup>, Ivica Grgurevic<sup>3</sup>, Bela Hunyady<sup>4</sup>, Peter Jarcuska<sup>5</sup>, Limas Kupčinskas<sup>6</sup>, Michael Makara<sup>7</sup>, Marieta Simonova<sup>8</sup>, Jan Sperl<sup>2</sup>, Ieva Tolmane<sup>10</sup>, Adriana Vince<sup>11</sup>, Dorota Zarębska-Michaluk<sup>1</sup>

**Table 5.** How close to HCV elimination? Score for particular factors affecting HCV elimination, from 0 (minimal) to 4 (maximal)

	Bulgaria	Croatia	Czech Rep.	Hungary	Latvia	Lithuania	Poland	Slovakia	Total score
Political will	1	3	3	3	2	2	1	1	16
Financial coverage of therapy	4	4	4	4	4	4	4	3	31
No treatment restrictions	4	3	3	3	3	2	3	1	22
Medical staff capacity	3	3	3	3	2	3	3	3	23
National screening programme	2	2	0	1	2	1	1	2	11
Linkage to care programmes	2	3	3	2	3	2	1	1	17
Is WHO 2030 realistic?	No	Yes	No	Maybe	Yes	Yes	No	No*	

\*WHO 2030 target could be realistic, if DAA therapy were reimbursed for active IVDU CHC patients.

Review paper

## Recommendations of the Polish Group of Experts for HCV for the treatment of hepatitis C in 2023

Krzysztof Tomaszewicz<sup>1</sup>, Robert Flisiak<sup>2</sup>, Jerzy Jaroszewicz<sup>3</sup>, Piotr Małkowski<sup>4</sup>, Małgorzata Pawłowska<sup>5</sup>, Anna Piekarska<sup>6</sup>, Krzysztof Simon<sup>7</sup>, Dorota Zarębska-Michaluk<sup>8</sup>

Screening tests should be carried out primarily in:

- primary health care settings, due to accessibility for patients;
- hospital emergency departments (admission units), due to the high percentage of people who may have been exposed to infection in the past (multiple hospitalizations);
- prisons, due to the particularly high incidence of HCV infections.

# Availability of anti-HCV testing in Poland


**We do not have a national HCV screening program**

- Primary health care „budget entrusted” (limited numbers).
- Specialized clinics and hospital departments (depending on physicians judgement).
- Consultation and Diagnostic Points (offered together with HIV testing).
- Private networks of diagnostic laboratories dependent on sponsorship by pharmaceutical companies.
- Local testing campaigns supported by local governments and non-governmental organizations.
- Blood donation centers.



# Primary health care „budget entrusted” – covered by the National Health Fund

*Anti-HCV free testing available from 1 July 2022 in any family doctor's office*



**DZIENNIK USTAW**  
**RZECZYPOSPOLITEJ POLSKIEJ**

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Warszawa, dnia 21 czerwca 2022 r.

Poz. 1293

**ROZPORZĄDZENIE**  
**MINISTRA ZDROWIA<sup>1)</sup>**

z dnia 17 czerwca 2022 r.

zmieniające rozporządzenie w sprawie świadczeń gwarantowanych z zakresu podstawowej opieki zdrowotnej

## **Badania przewidziane w ramach budżetu powierzonego**

### **Badania biochemiczne i immunochemiczne:**

- 1) ferrytyna;
- 2) witamina B12;
- 3) kwas foliowy;
- 4) anty-CCP;
- 5) CRP - szybki test ilościowy (populacja do końca 6 r.ż.);
- 6) przeciwciała anty-HCV

### **Badania kału:**

- 1) antygen H. pylori w kale.

### **Badania mikrobiologiczne:**

- 1) Strep-test

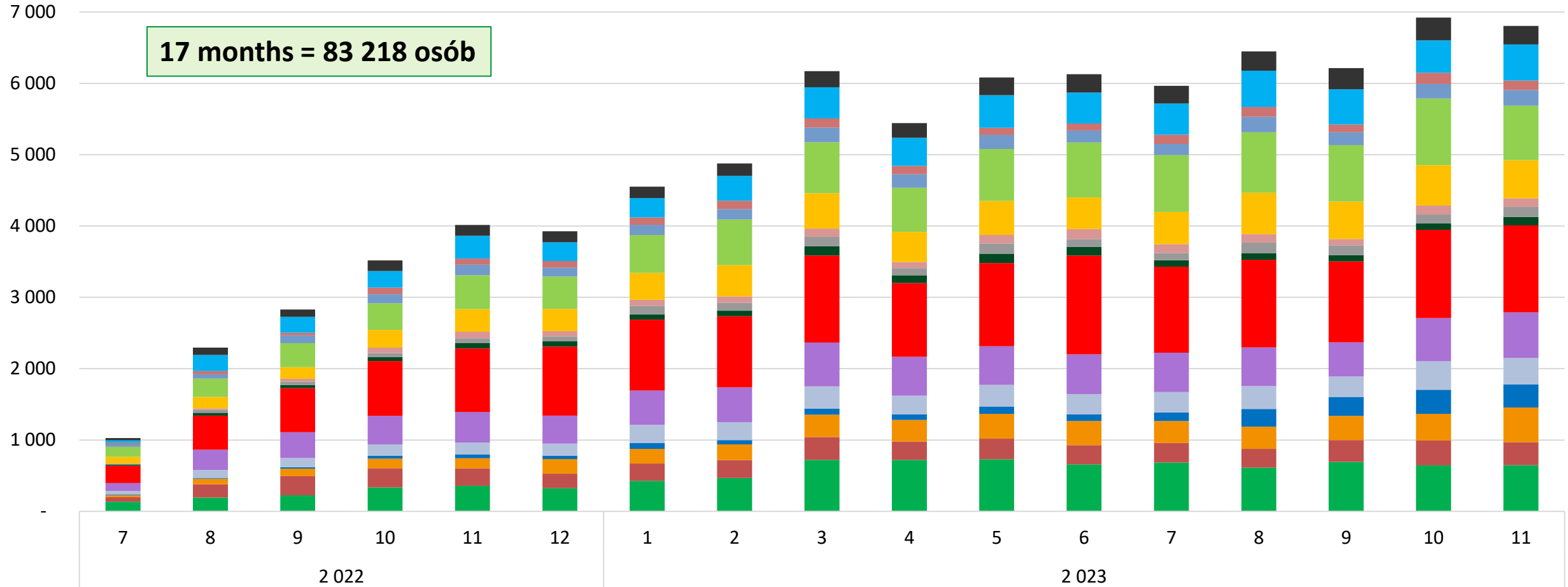
## **Main limitations:**

- necessity to sign a contract with the National Health Fund,
- necessity to sign a contract with a laboratory,
- inability to use rapid cassette tests,
- financially limited number of tests performed in one clinic,
- prohibition of use as a screening test

# Monthly number of anti-HCV tests within the entrusted budget, from July 2022 to November 2023

annually  
6923 x12=83076

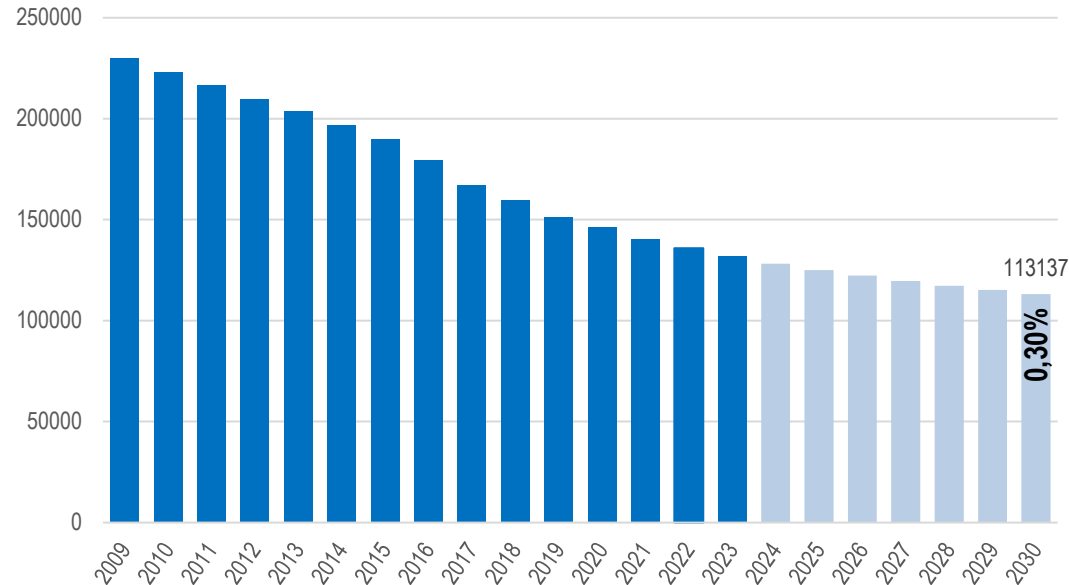
17 months = 83 218 osób



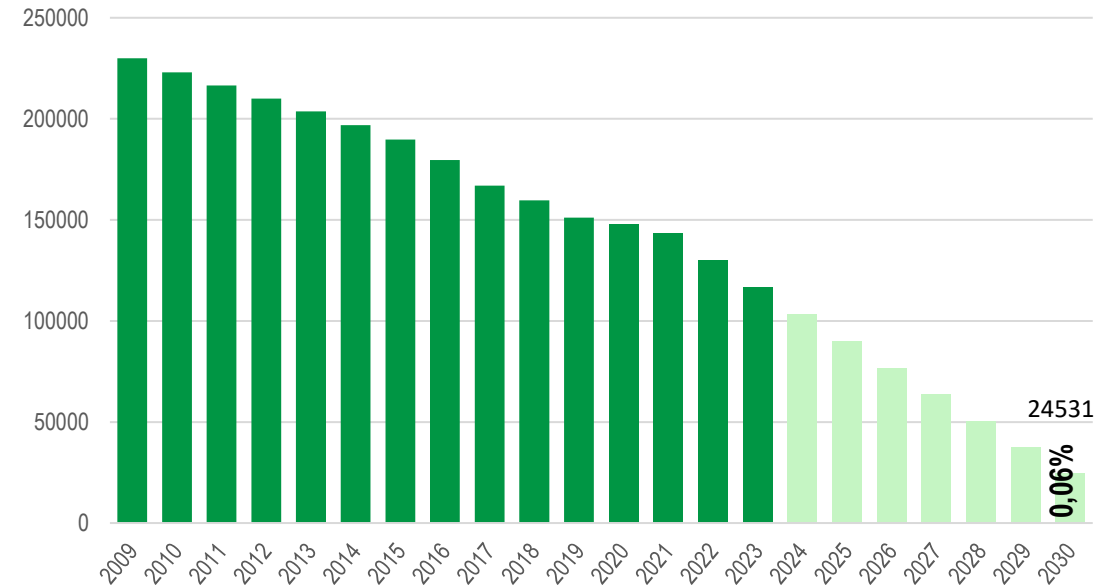
- DOLNOŚLĄSKIE
- KUJAWSKO-POMORSKIE
- LUBELSKIE
- LUBUSKI
- ŁÓDZKIE
- MAŁOPOLSKIE
- MAZOWIECKIE
- OPOLSKIE
- PODKARPACKIE
- PODLASKIE
- POMORSKIE
- ŚLĄSKIE
- ŚWIĘTOKRZYSKIE
- WARMIŃSKO-MAZURSKIE
- WIELKOPOLSKIE
- ZACHODNIOPOMORSKIE

# Estimated screening needs to achieve the WHO 2030 target

## Without screening program



## With screening program

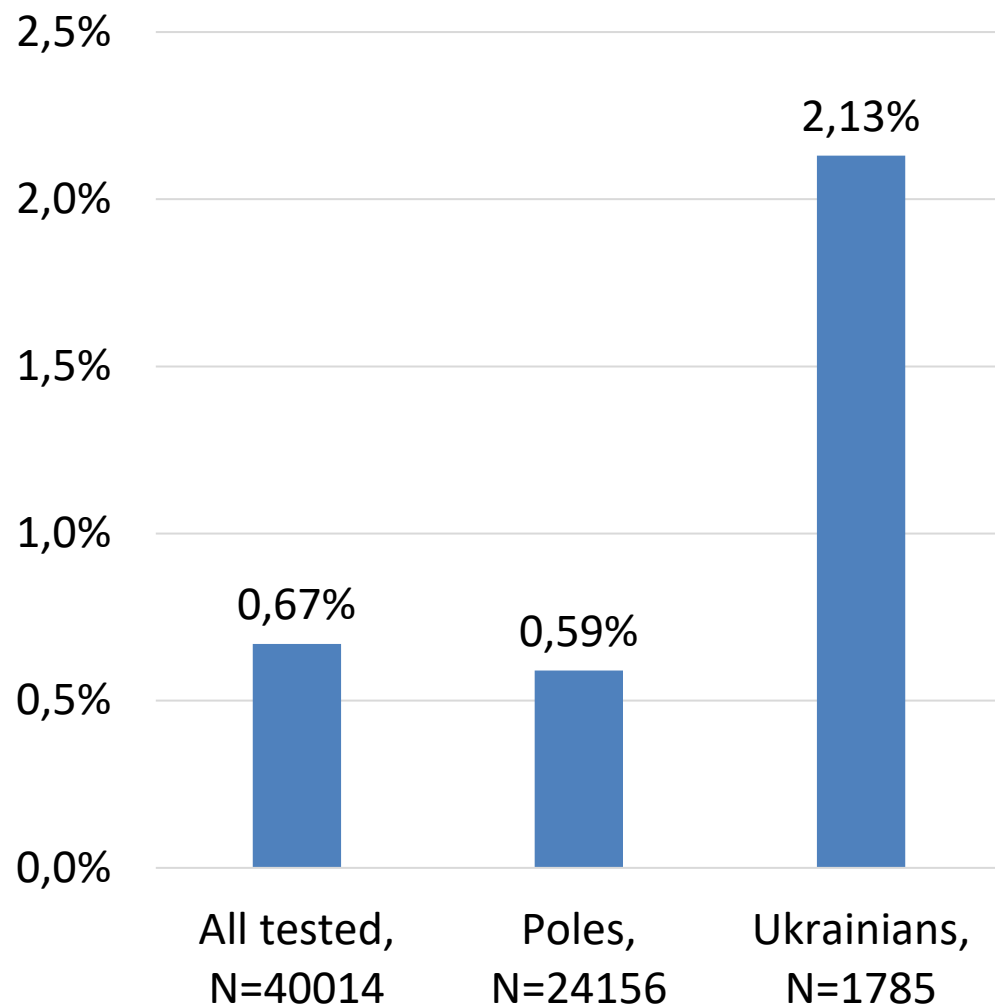


- WHO target achievable provided 14 thousand patients treated per year
- which means 3.5 million tested per year
- **400 tests per one family doctor's office annually = 1-2 test daily**

# Testing for anti-HCV at Consultation and Diagnostic Points

free of charge and anonymous

anti-HCV positive



1. Since the beginning of testing for HCV in Consultation and Diagnostic Points, i.e. from mid-September 2022, a total of 40,014 tests for HCV have been performed, including 267 positive results of screening tests (0.67%).
2. Among 40,014 tests, 4,123 tests for hepatitis C were performed in foreigners (10.3%), 56 (1.36%) were positive.
3. In 2023, among 24,156 clients of Polish nationality tested for HCV, there were 143 positive results (**0.59%**).

Original paper

## Searching for the optimal population for hepatitis C virus screening in Poland

Anna Piekarska<sup>1</sup>, Krzysztof Tomaszewicz<sup>2</sup>, Waldemar Halota<sup>3</sup>, Jerzy Jaroszewicz<sup>4</sup>, Rafał Krygier<sup>5</sup>, Piotr Małkowski<sup>6</sup>, Małgorzata Pawłowska<sup>3</sup>, Krzysztof Simon<sup>7</sup>, Olga Tronina<sup>8</sup>, Dorota Zarębska-Michaluk<sup>9</sup>, Robert Flisiak<sup>10</sup>

- Testing was performed using whole blood samples during the different actions sponsored by „pharma”, using rapid anti-HCV tests.
- Of the 753 (23%) people with anti-HCV detected in laboratories, 502 underwent HCV RNA testing, which showed that 203 (40%) had detectable HCV RNA.

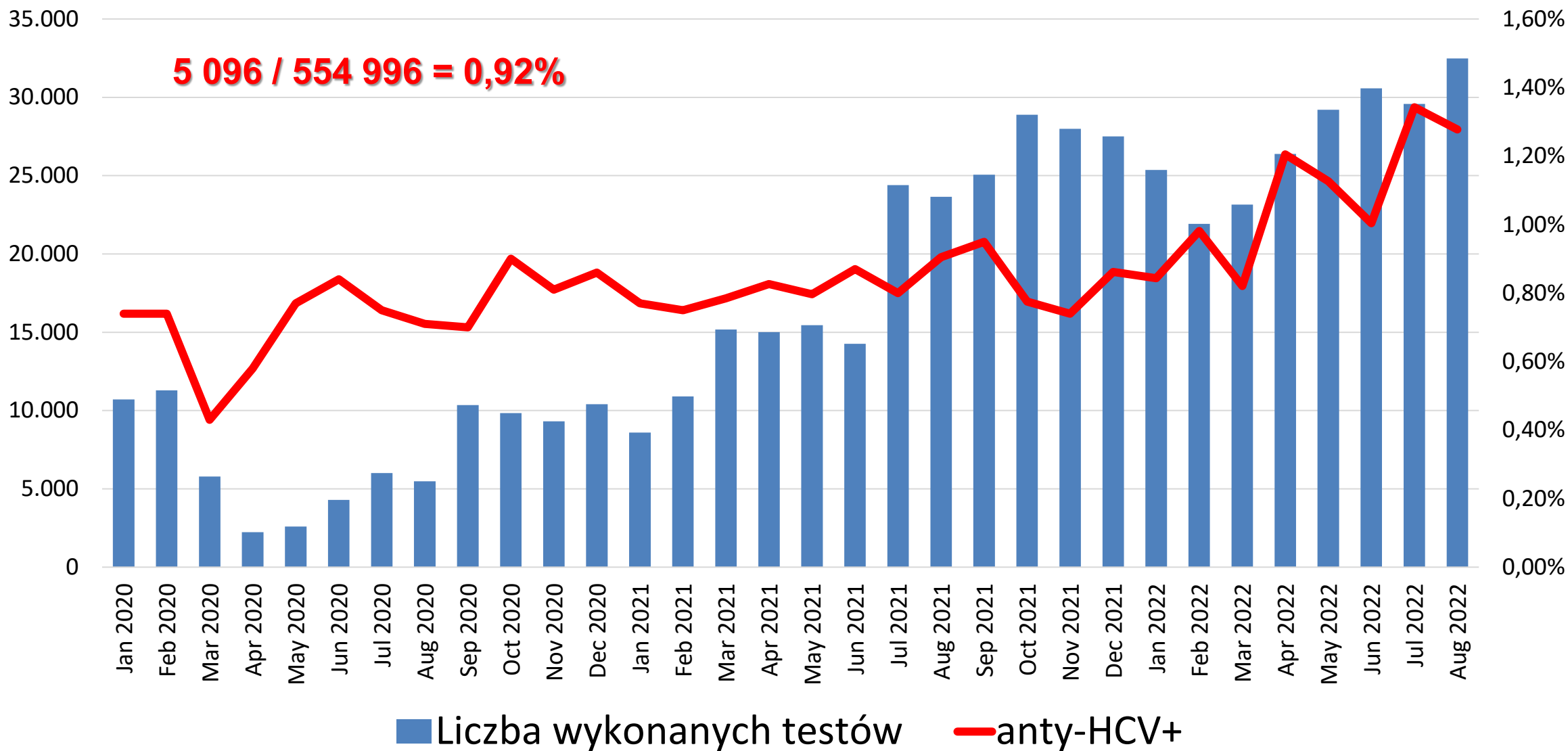
### Recommendations from the study:

- Testing should be focused on places where the highest incidence of anti-HCV antibodies has been observed:
- In hospitals - at the time of patient admission
- in diagnostic laboratories that may offer anti-HCV testing to people who perform other laboratory tests
- in private medical centers

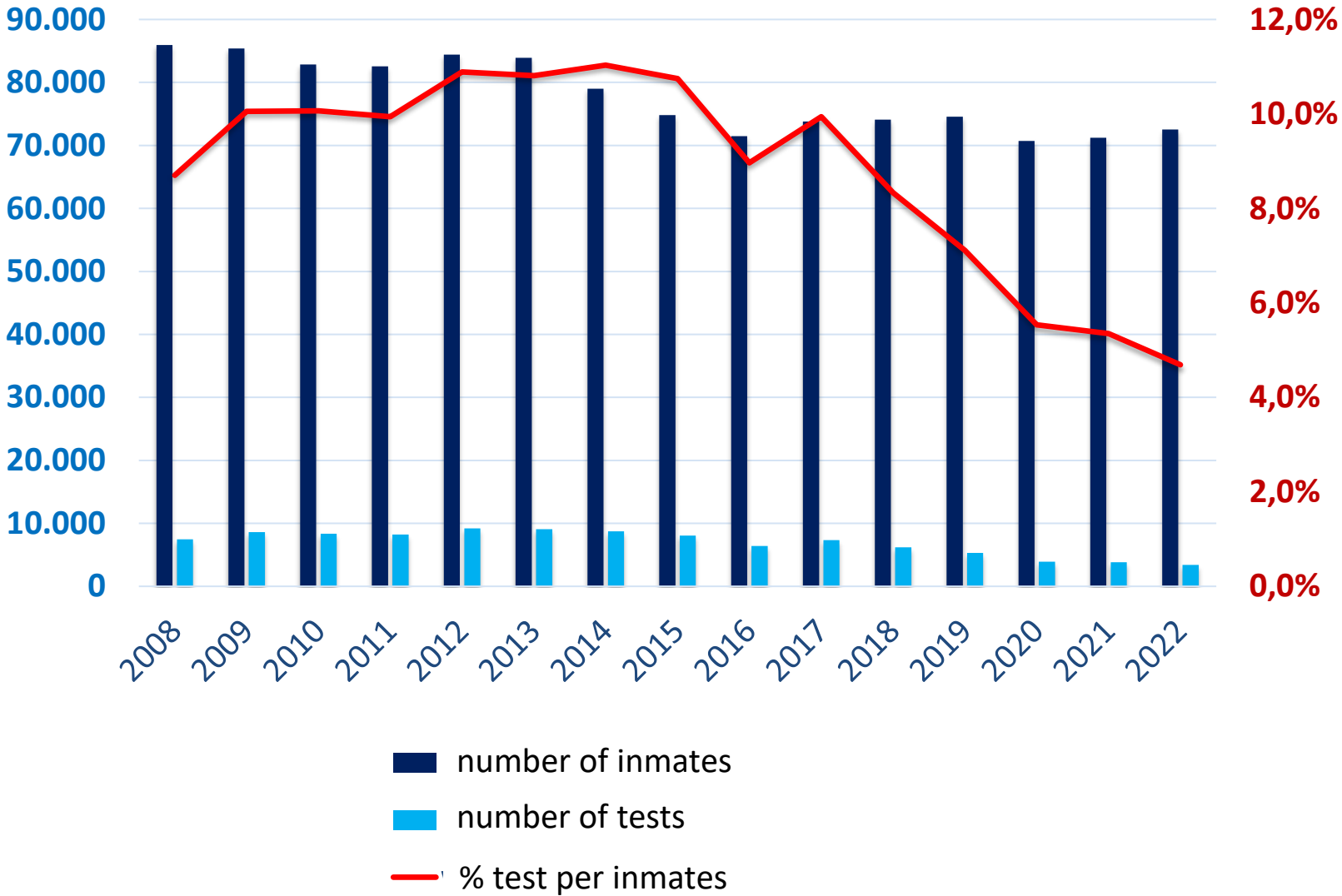
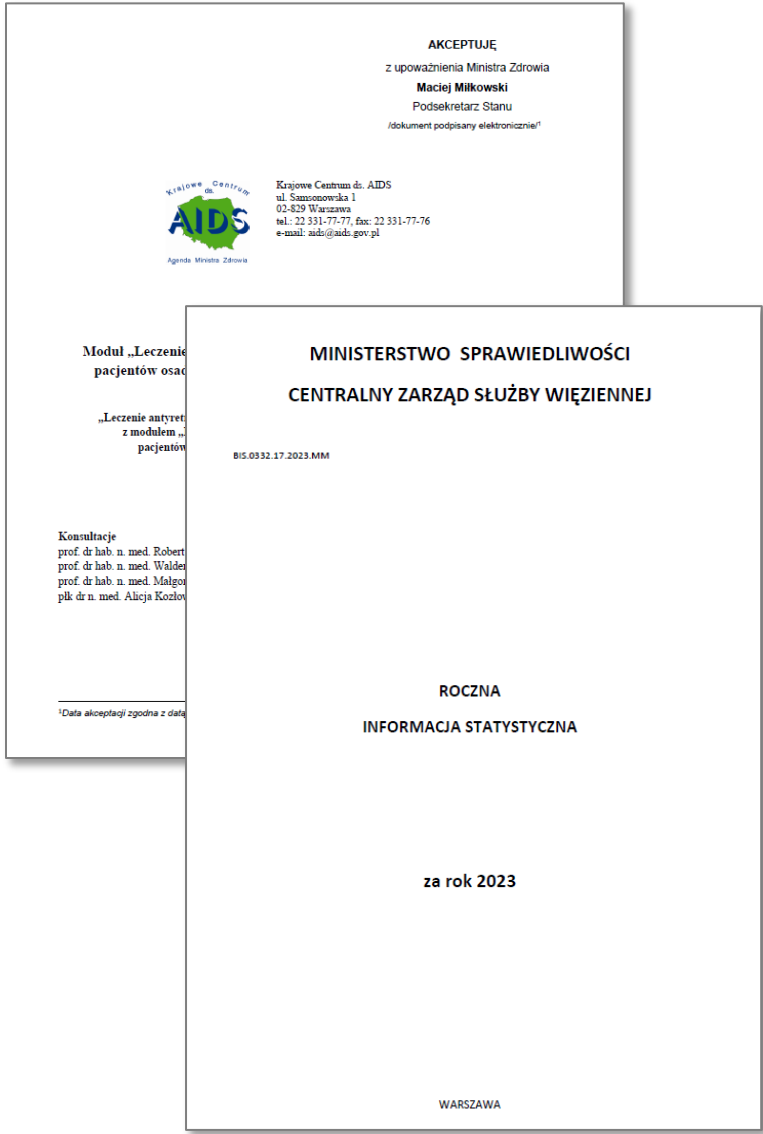
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# Anti-HCV testing and % positivity in the „pharma” program in 2020-2022 period (COVID-19)



# The reality of HCV testing in prisons in Poland





# NWZ

medycznej z innych powodów, lub przy próbie krwiodawstwa. Jednak zdecydowana większość zakażeń pozostaje nie zdiagnozowana.

Przewlekły proces zapalny oraz towarzyszące włóknienie prowadzą z czasem do marskości wątroby i raka wątrobowokomórkowego (HCC, *hepatocellular carcinoma*). Niewydolność wątroby towarzysząca tym stanom pogarsza jakość życia i znacząco skraca czas jego trwania. Powoduje to nie tylko straty ludzkie i tragedie rodzinne, ale również wymierne i





## Ministerstwo Zdrowia

Departament  
Zdrowia Publicznego

ZPŚ.001.1.2024  
Warszawa, 9 luty 2024

### Notatka z pierwszego posiedzenia Zespołu do spraw monitorowania i oceny sytuacji dotyczącej zagrożeń związanych z chorobami zakaźnymi

W dniu 9 lutego 2024 r. w Ministerstwie Zdrowia odbyło się pierwsze posiedzenie Zespołu do spraw monitorowania i oceny sytuacji dotyczącej zagrożeń związanych z chorobami zakaźnymi<sup>1</sup>. W spotkaniu wzięli udział: Izabela Leszczyna, Minister Zdrowia wraz z Wiceministrami Zdrowia, prof. Robert Flisiak, Przewodniczący Zespołu i członkowie Zespołu oraz przedstawiciele Departamentu Zdrowia Publicznego i Departamentu Lecznictwa (lista obecności w załączeniu).

#### I. Otwarcie spotkania

Pani Minister Izabela Leszczyna otworzyła spotkanie i przywitała zebrane osoby. Podziękowała członkom zespołu za chęć uczestnictwa w pracach zespołu i wyraziła nadzieję na owocną współpracę.

#### II. Zadania Zespołu

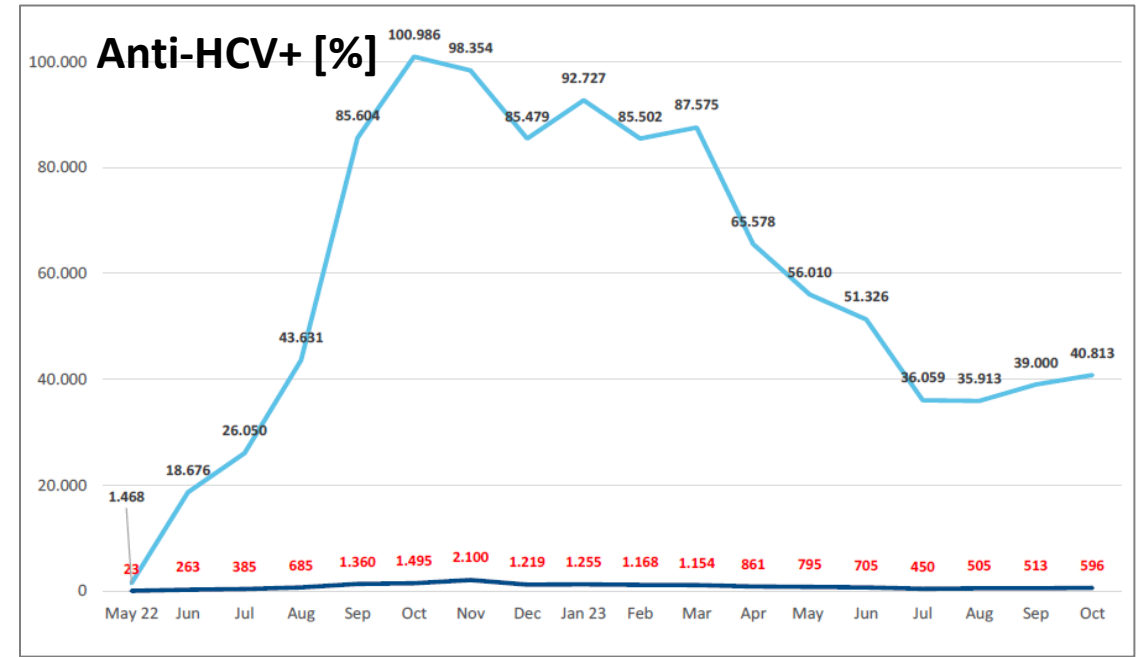
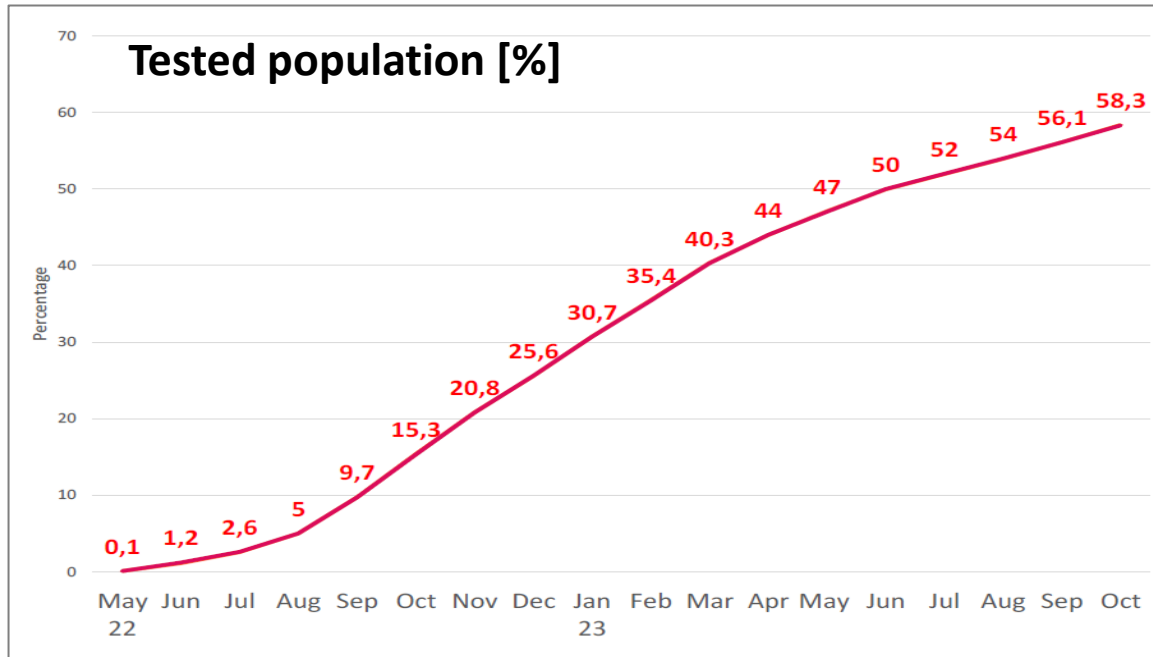
Prof. Robert Flisiak, Przewodniczący zespołu, przedstawił ustalone na roboczo z członkami zespołu zadania (zadania zespołu w załączeniu). Zadania zostały podzielone na: zadania do realizacji bieżącej, zadania do realizacji długoterminowej oraz zagrożenia biologiczne wymagające monitorowania. Omówiono wszystkie zaproponowane zadania. Wśród poruszanych spraw

3. Narodowy Program zwalczania zakażeń hepatotropowych jako profilaktyka marskości i raka wątroby – została podkreślona waga badań przesiewowych i możliwość wykonywania badań w POZ i SOR oraz pełne wdrożenie programu w zakładach penitencjarnych.

5. Monitorowanie zagrożeń biologicznych – został przedstawiony pomysł rozszerzenia obecnie prowadzonego monitoringu ścieków o inne patogeny. Poruszono również temat monitorowania wirusów wywołujących zakażenia układu oddechowego i budowy systemu SENTINEL.
6. Zmiany organizacyjne w klinikach i na oddziałach chorób zakaźnych poprzez

<sup>1</sup> Dalej zespół

# Lithuanian experience



- Target population of approximately 1.8 mln people born between 1945 and 1994 (total 2.8 mln).
- From 5/05/2022 to 31/10/2023, 1 mln people (58%) of this population were tested for anti-HCV.
- Positive anti-HCV results were detected in 12,623 (1.2%) people; viremia 7,321 (58%).
- During the 18-month period, 4,068 (56%) patients were treated with DAA.
- By the end of 2024, anti-HCV testing is expected to be performed in 80% of the target population and treatment for 80% of people with HCV RNA and cure of all infected by 2030.

# Conclusions

1. We have the willingness among doctors, scientists and different organizations.
2. We have epidemiological data.
3. We have effective therapeutic methods.
4. We have ready projects.
5. We have good examples to follow.

We do not have the understanding and will among politicians for the need for HCV screening.

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# Clinical *and* Experimental Hepatology



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### NEW Guidelines for Authors!

\* The current MNISW score is temporary and results from the decision of the Minister of Science and Higher Education to withdraw scores from all journals that received an Increase In score In 2023. The decision is the result of the need to develop a new scoring system. However, all articles published in 2023 are awarded 200 MNISW points, and the actual score for 2024 will be determined at the end of the year.

\* Obecna punktacja MEN ma charakter tymczasowy i wynika z decyzji Ministra Nauki i Szkolnictwa Wyższego o wycofaniu punktacji wszystkim czasopismom, które w 2023 r. uzyskały podwyższenie punktacji. Decyzja ta wynika z konieczności opracowania nowego systemu punktacji. Natomiast wszystkie artykuły opublikowane w roku 2023 otrzymują 200 punktów MNISW, a ostateczna punktacja za rok 2024 zostanie ustalona na koniec roku.

Clinical and Experimental Hepatology, is the official journal of the Polish Association for Study of Liver.

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3/2024  
vol. 10

the latest issue:

Review paper  
Commonly available dietary supplements, herbs and medicines – do they pose a risk for liver health?  
Literature review in the context of the Polish population

Ewa Janczewska, Barbara Janota  
Clin Exp HEPATOL 2024; 10, 3: 145-149  
Online publish date: 2024-09-30

DOI : <https://doi.org/10.5114/ceh.2024.143063>

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