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Treatment policies and linkage to care in Hungary

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Background

- No reliable epidemiology data.
- Annually/semi-annually updated HBV and HCV national guidelines since 2006
- Financial protocol for HBV and HCV by NHIF (still containing archaic elements)
- Hepatitis (treatment) Registry (HepReg) for HCV treatment allocation since 2011
- All patients with active social security coverage are eligible for all diagnostic procedures and therapies, free of charge.
 - Serology and molecular biology diagnostic tests are available
 - Non-invasive fibrosis measurements (FIB-4, APRI) are available
 - Elastography capacity is low, insufficient in governmental institutions
 - US, CT, MRI are available
 - Histology is available
- Authorized ID specialist, gastroenterologists, paediatricians; authorized centres

HBV (HDV)

- Low estimated HBV (HBsAg) prevalence (0.1-0.2%?).
- Blood-donor screening from 1991*
- School based vaccination for HBV since 1999/2020 academic year in 8th grade at the beginning, now in the 7th grade
 - After birth for infants born to HBV infected mothers
- Appr. 2.000 patients are treated annually
- National treatment policies follow the international (EASL) guidelines.
 - The majority of patients are treated with nucleoside/nucleotide therapies
 - Peg-IFN-based therapy is also available
- HDV serology is recommended for HBsAg positive patients (not always done...)
 - Treated with Peg-IFN-based therapy if HDV infection confirmed

HCV

- Low estimated HCV (anti-HCV) prevalence of appr. 0.2%(?)
- Blood-donor screening since 1992-1993
- Mandatory screening for certain population
 - Blood donors
 - Plasma donors
 - Organ donors and recipients
 - Haemophiliacs
 - Haemodialyzed patients
 - Patients on biological/immunological/chemotherapies
 - Individuals diagnosed with HBV or HIV infection
 - Participants of in vitro fertilization program
 - Healthcare workers (since 2018)

HCV contd.

- National treatment policies follow the international (EASL) guidelines
 - All HCV-RNA positive patients with social security coverage are eligible for treatment, regardless from fibrosis stage
 - Pangenotypic DAAs are used only (Epclusa, Maviret; Vosevi for DAA-failures only)
 - Scoring system for treatment allocation priority is still in function, but no waiting list
- Logistics:
 - Authorized hepatology centres, authorized prescribing physicians
 - Central registration and authorization of all treatments through Hepatitis Registry based on the recommendation of a central board (Hepatitis Therapeutic Committee)
- Financial aspects
 - Only successful therapies with proved SVR are reimbursed to pharma companies
 - EOT, EOT+12w or EOT+24w <15 IU/ml RNA load is approved as proof of efficacy
- SVR rate: 96% amongst those with available SVR data

Linkage to care is far from optimal

- No national registry for individuals ever screened for HBV/HCV
- No national registry for HBV/HCV infected individuals
- No reflex HBV/HCV serology tests for patients with elevated liver enzymes
- No reflex PCR for HBsAg or anti-HCV antibody positive samples
- GPs can not request government-financed screening HBV/HCV serology tests, even not for individuals with high infection risk behavior
- Individuals screened positive for HBV and/or HCV at ERs or anonym screening programs are typically not reaching hepatitis centres and not receiving therapy

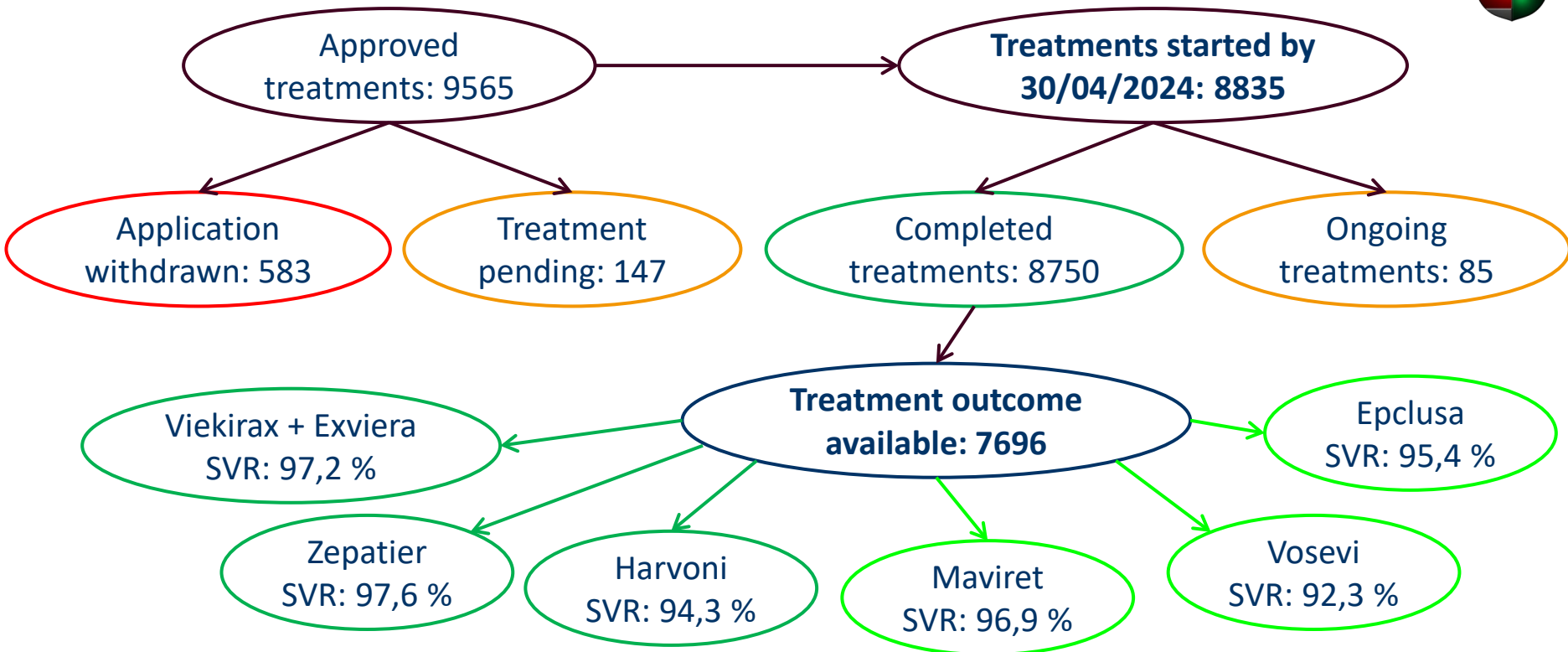
HepReg treatment registry data (HCV, 2019-2024)

| | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | Total |
|---|-------------|-------------|-------------|-------------|-------------|-------------|--------------|
| Approved applications | 1284 | 638 | 479 | 728 | 615 | 433 | 2893 |
| Started treatment | 1411 | 896 | 500 | 748 | 592 | 475 | 3211 |
| Treatment completion documented in HepReg* | | 499 | 430 | 455 | 398 | 434 | 2216 |
| - full duration | | 416 | 343 | 363 | 328 | 364 | 1814 |
| - partial duration | | 71 | 64 | 58 | 60 | 23 | 276 (13%) |

To keep WHO goals, 2.500-3.000 patients to be cured from HCV annually

* Treatment completion is to be recorded in HepReg by treating physician – record missing in 30% of treated patients.

Results of interferon-free treatments in Hungary*



* Source: Gábor Molnár, NHIF based on HepReg

Summary

- Although hepatology experts issued their recommendations for viral hepatitis elimination in Hungary in 2015, there is still no government-approved program
 - Most recently governmental activities towards elimination is remarkable
 - National Hepatitis Board is re-activated to advise government, authorities
- Eligible diagnosed patients are managed and treated according to international standards, fully covered by NHIF
 - Linkage to care is suboptimal
- Number of treated HCV infected patients decreasing
 - The number of newly diagnosed patients is far from WHO-based requirement
 - Main pool of currently treated HCV infected patients: prisoners
- WHO elimination goal is unlikely to be completed in Hungary by 2030

THANK YOU FOR YOUR ATTENTION!