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Czech Republic:

national plans, good practice/successful programs, challenges and the way forward

Dr Petr Husa Jr

Department of Infectious Diseases, University Hospital Brno

Faculty of Medicine, Masaryk University, Brno

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Conflict of Interest

- Consultant for: AbbVie, Gilead Sciences, MSD Czech Republic
- I have no actual or potential conflict of interest in relation for this presentation

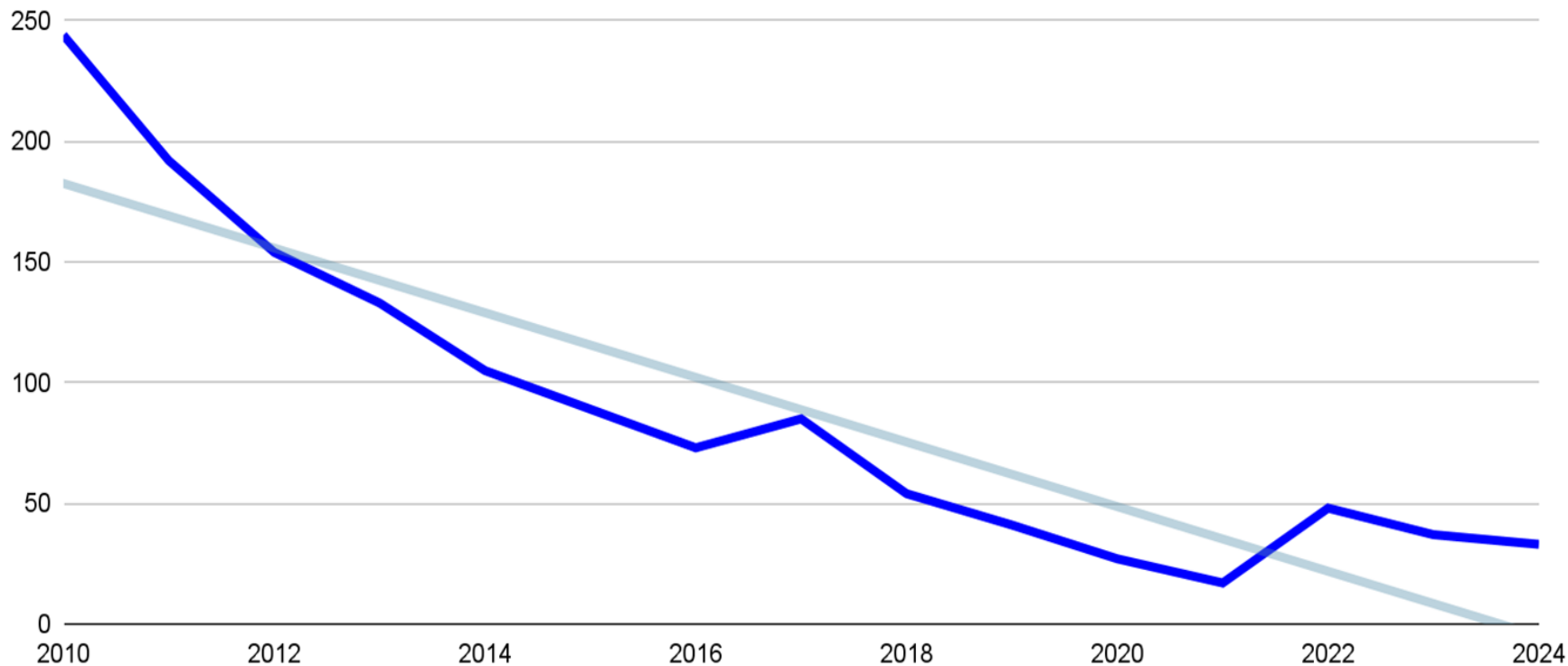
National Plan

- No national plan for elimination viral hepatitis

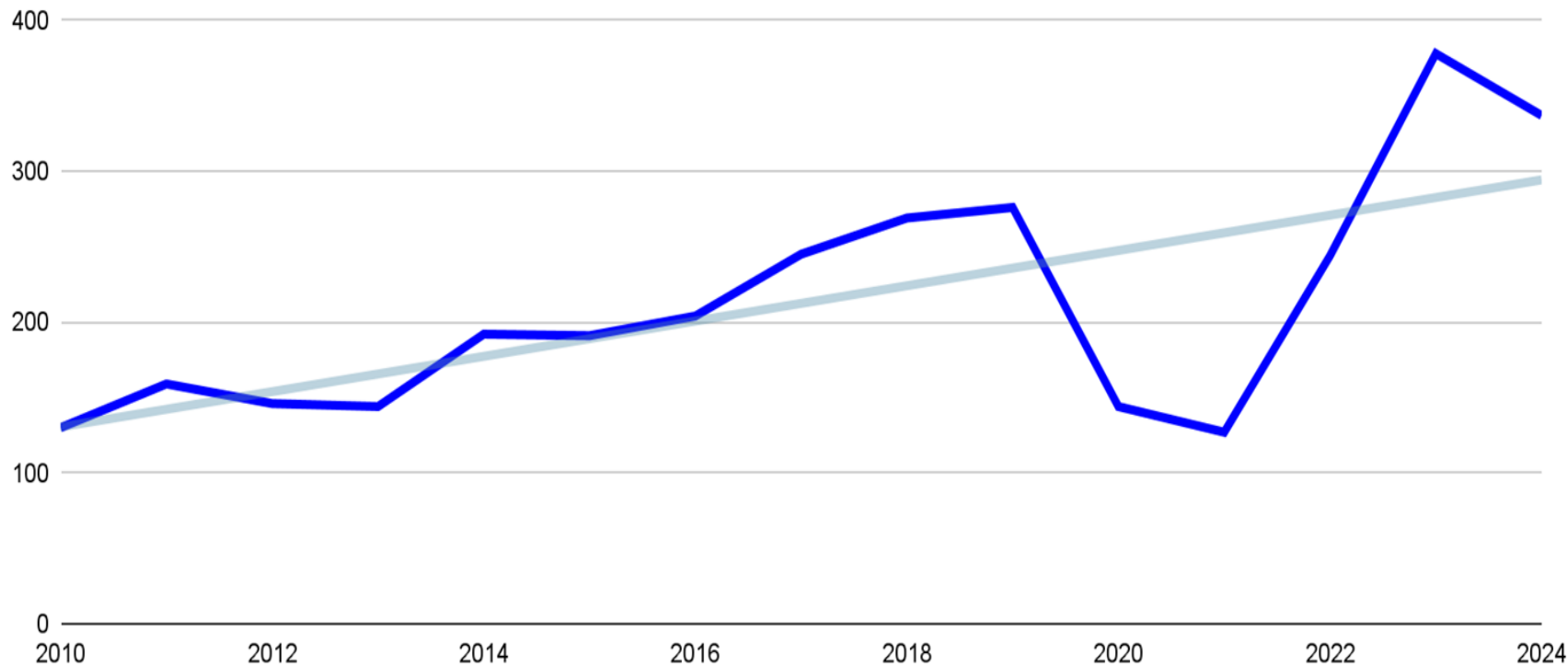
Good practice/successful programs HBV

- Mandatory vaccination against HBV
 - started in 2001
 - all newborns and all people born in 1990 and later at age 12
 - sharp and steady decline in incidence till March 2022
- HBV screening in pregnancy
 - every pregnancy together with HIV a syphilis
 - tenofovir/entecavir treatment for pregnant with high viral load
 - vaccination of newborn born to HBV-positive mother
 - HBV positive children are extremely rare in the Czech Republic

Incidence of acute hepatitis B in the Czech Republic 2008-9/2024



Incidence of chronic hepatitis B in the Czech Republic 2010-9/2024



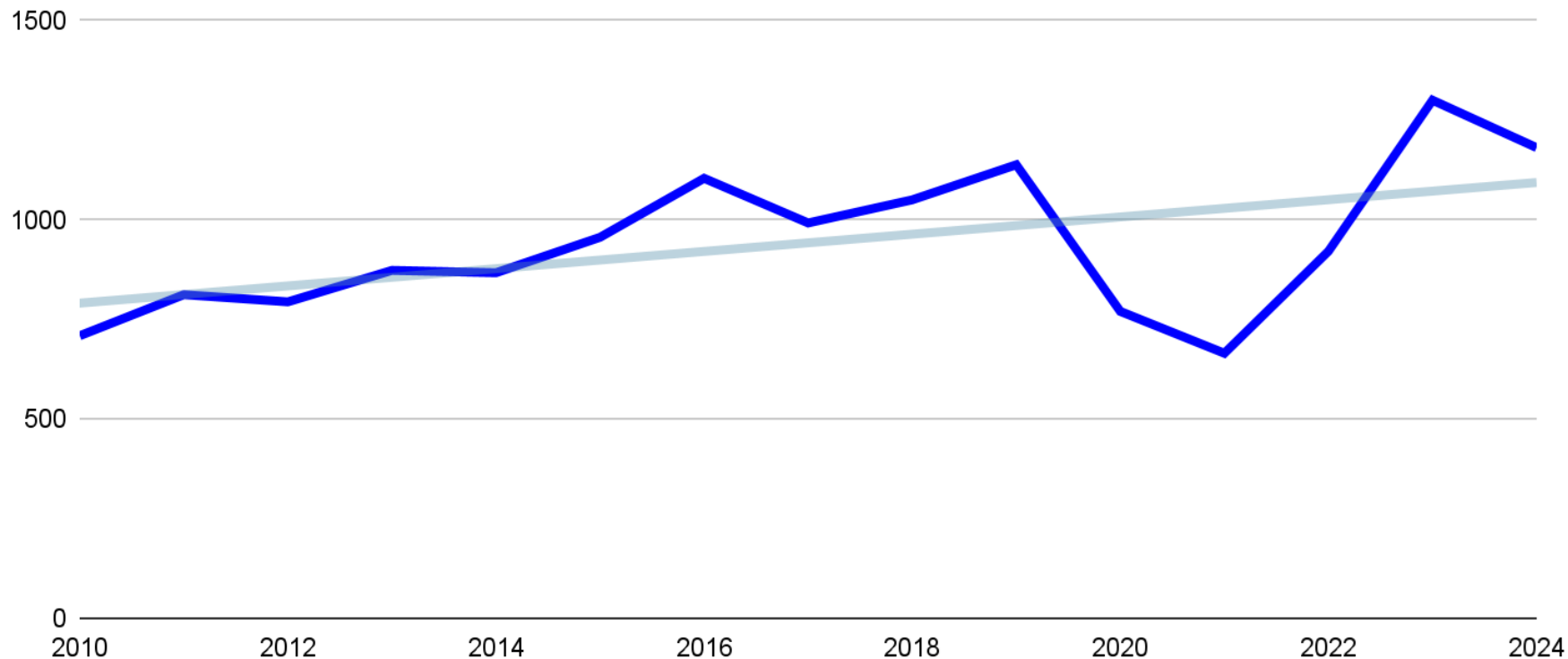
Good practice/successful practice HCV

- Routine testing of blood/plasma donors
 - started in 1992 for HCV, in seventies for HBV
- Routine testing of prisoners
 - treatment during their sentence
- Testing of psychiatric wards/addiction clinic and facilities clients
 - collaboration with clinicians who will treat patients
- Checkpoint/HIV testing
 - anonymous testing for HIV, HBV, HCV and syphilis
 - several testing points around the Czech Republic even mobile one (testing van)
- Early screening of hepatitis C in PWID

Keys to success

- Personal initiative
- Cooperation/networking between hepatologist/infectologist and other medical specialists and other professionals working with risk populations
 - general practitioners
 - psychiatrist and addictologist
 - opioid substitution clinics
 - social terrain workers
 - organisation working with PWID
 - immigration facilities
 - pharmaceutical sales representative

Incidence of hepatitis C in the Czech Republic 2008-9/2024



Challenges

- Prevalence of HBV is slightly rising
 - mostly due to migration from Ukraine and Vietnam
 - testing before start of biological therapy
 - affecting well-controlled populations
 - we would rather see turning point and decline than sharp rise
- Incidence of HCV is reaching new high every year
 - uncontrolled spreading between PWID
 - rising number of reinfections
 - budget cuts !!!

The way forward

- HCV screening in pregnancy
 - no approved treatment during pregnancy and breastfeeding
- Keep therapy accessible
 - bigger budget or cheaper drugs
- Broader screening testing
 - POCT tests of saliva or capillary blood
- Anti-drug policy focus

Thank you for your attention

Dr Petr Husa Jr, Ph.D.
husa.petr2@fnbrno.cz
532232223/2267