

AWARENESS OF HEPATITIS B AND C SCREENING AND PATIENT MANAGEMENT GUIDELINES AMONG HEALTH PROFESSIONALS IN SIX EUROPEAN COUNTRIES

M. Levi¹, P. Bonanni¹, A. Falla², I. Veldhuijzen³, A. Ahmad⁴, A. Bechini¹.

¹ Department of Health Sciences, University of Florence, Florence, Italy; ² Department of Public Health, Erasmus MC, University Medical Center Rotterdam, Rotterdam, The Netherlands; ³ Division of Infectious Disease Control, Municipal Public Health Service Rotterdam-Rijnmond, Rotterdam, The Netherlands; ⁴ Department of Health Sciences, Hamburg University of Applied Sciences, Hamburg, Germany

Background

As part of the European project “HEPscreen”, the aim of this study is to identify the hepatitis B and C screening and patient management guidelines in place in 6 European countries (Germany, Italy, The Netherlands, United Kingdom, Spain, Hungary) and to assess the awareness of these guidelines among health professionals.

Methods

A systematic search of the scientific and grey literature was done to retrieve hepatitis B and C screening and patients management guidelines. Additionally an online survey was conducted both to identify additional guidelines and to verify whether different groups health professionals are aware of these guidelines (e.g. those working in public health, antenatal care, primary care, care for asylum seekers/refugees, sexual health, and gastroenterology/hepatology).

Response rate

The overall response rate to the online survey was 24% on the total of invited experts (286/1180). The analysis of the questionnaires was performed only for experts who completed the surveys.

Results Part 1 – Literature search

The systematic literature search revealed 10 national guidelines: Scotland (1); the UK (3); Italy (2); Germany (2); and the Netherlands (2). Identified guidelines are showed in Table 1.

Table 1 – National guidelines on Hepatitis B and C screening and patient management identified by means of literature search

	Authors / Source	Country	Type of publication (Journal)	Year of publication
Scotland Management of hepatitis C - A national clinical guideline	SIGN	Scotland	National guideline	2006
Needle and syringe programmes	NICE	The United Kingdom	Guidance	2009
Interferon alfa (pegylated and non-pegylated) and ribavirin for the treatment of chronic hepatitis C	NICE	The United Kingdom	Guidance	2004
Clinical guidelines on the management of hepatitis C	Booth JCL et al. RCPL BSG	The United Kingdom	Guidance	2001
Treatment of chronic hepatitis B: Update of the recommendations from the 2007 Italian Workshop	Carosi G et al.	Italy	Review article (Dig Liv Dis)	2011
Practice guidelines for the treatment of hepatitis C: recommendations from an AISF/SIMIT/SIMAST Expert Opinion Meeting.	AISF SIMIT SIMAST	Italy	Progress Report (Dig Liv Dis)	2010
Prophylaxis, diagnosis and therapy of hepatitis B virus infection - the German guideline	Cornberg M et al.	Germany	National Guideline (Z Gastroenterol)	2011
Prophylaxis, diagnosis and therapy of hepatitis C virus (HCV) infection: the German guidelines on the management of HCV infection	Sarrazin C et al.	Germany	National Guideline (Z Gastroenterol)	2010
Treatment of chronic hepatitis B virus infection- Dutch national guidelines	Buster EH et al.	The Netherlands	National Guideline (Neth J Med)	2008
Treatment of chronic hepatitis C virus infection – Dutch national guidelines	de Bruijne J et al.	The Netherlands	National Guideline (Neth J Med)	2008

Legend - SIGN: Scottish Intercollegiate Guidelines Network; NICE: National Institute for Health and Care Excellence; RCPL: The Royal College of Physicians of London; BSG: The British Society of Gastroenterology; AISF: Italian Association for the Study of the Liver; SIMIT: Italian Society of Tropical and Infectious Diseases; SIMAST: Interdisciplinary Society for the Study of Sexually Transmitted Diseases.

Results Part 2 – Results from the survey

Results from the online survey revealed that 80% (215) of the 268 participating experts who completed the survey were aware of hepatitis B guidelines and 73% (196) were aware about hepatitis C guidelines in their respective country.

Ten major national guidelines were identified through the literature search and an additional 63 hepatitis B/C related guidance documents were retrieved through the online survey: Germany (10); Spain (9); Hungary (14); Italy (7); the Netherlands (6); the UK (17).

However the major national guidelines previously identified through the literature search were specifically mentioned by 1/3 of British and German experts participating in the survey.

Similarly only 13% and 14% of experts, respectively in the Netherlands and in Italy, and 4% in Spain specified these national guidelines. (Table 2)

Table 2 . Experts mentioned guidelines previously identified by means of literature search

	UK	DE	NL	HU	IT	ES
Mentioned previously identified Guidelines	16	21	7	0	8	1
Total of completed surveys	47	64	55	21	58	23
%	34%	33%	13%	0%	14%	4%

Results Part 3 – Awareness about hepatitis B and C management guidelines for specific professional groups

Table 3. HBV Guidelines known by respondents. General screening survey compared to 4 specific pathways (analysis on completed questionnaires)

HBV Guidelines	UK	DE	NL	IT	ES	HU	Total
	%	%	%	%	%	%	%
GP guidelines							
Public Health Experts	67%	31%	100%	25%	33%	0%	45%
General Practitioners	13%	0%	78%	21%	0%	0%	29%
Total	41%	24%	87%	23%	25%	0%	38%
Antenatal guidelines							
Public Health Experts	78%	8%	67%	25%	67%	50%	43%
Antenatal care Experts	75%	38%	67%	39%	88%	100%	52%
Total	76%	29%	67%	35%	79%	83%	49%
Asylum seekers guidelines							
Public Health Experts	33%	0%	17%	13%	0%	0%	11%
Asylum seekers Experts	0%	0%	0%	0%	0%	0%	0%
Total	23%	0%	10%	9%	0%	0%	8%
Specialists guidelines							
Public Health Experts	78%	38%	50%	25%	33%	50%	45%
Specialists	44%	43%	86%	33%	75%	50%	61%
Total	61%	40%	79%	29%	50%	50%	54%
Specific migrants Guidelines							
Migrants care Experts	33%	0%	17%	25%	67%	0%	23%

General Practitioners: 29% mentioned HBV and 21% HCV guidelines .

Antenatal care experts: 52% mentioned HBV and 26% HCV guidelines.

Asylum seeker care experts: No HBV and HCV guidelines mentioned.

Hepatologists/Gastroenterologists: 61% mentioned HBV and 56% HCV guidelines.

Of national public health experts participating in the General screening survey, 45% mentioned the existence of GP guidelines for HBV and 39% for HCV, and specific guidelines for migrants were mentioned by 23% for HBV and 14% for HCV.

Detailed results are displayed in Table 3 and Table 4.

Table 4 HCV Guidelines known by respondents. General screening survey compared to 4 specific pathways (analysis on completed questionnaires)

HCV Guidelines	UK	DE	NL	IT	ES	HU	Total
	%	%	%	%	%	%	%
GP guidelines							
Public Health Experts	67%	23%	50%	38%	33%	0%	39%
General Practitioners	0%	0%	56%	21%	0%	0%	21%
Total	35%	18%	53%	27%	25%	0%	30%
Antenatal guidelines							
Public Health Experts	33%	0%	0%	25%	0%	0%	11%
Antenatal care experts	25%	13%	0%	35%	75%	25%	26%
Total	29%	9%	0%	32%	43%	17%	21%
Asylum seekers guidelines							
Public Health Experts	11%	0%	0%	13%	0%	0%	5%
Asylum seekers Experts	0%	0%	0%	0%	0%	0%	0%
Total	8%	0%	0%	9%	0%	0%	3%
Specialists guidelines							
Public Health Experts	56%	23%	17%	25%	0%	0%	25%
Specialists	44%	43%	73%	44%	50%	50%	56%
Total	50%	30%	61%	35%	20%	40%	43%
Specific migrants guidelines							
Migrants care Experts	33%	0%	0%	13%	33%	0%	14%

Discussion and Conclusions

A lot of information is not published and using only published guidelines will not elicit all ‘best practice’. The online survey was developed in response to the gaps in published literature on guidelines and the need to gather insight into best and current practices from experts.

The significant proportion of health professionals, especially GPs (>70%) and antenatal care providers (48% for HBV), who didn't mention HBV/HCV guidelines may indicate that specific professional guidelines are either lacking or that awareness is low. It is however striking that more public health officials mention specific GP guidelines than GPs themselves.

To ensure that screening, management and treatment is consistent with the best available evidence, best practice guidelines for specific professional groups need to be developed. To achieve wide application of best practice guidelines at national and European level, these guidelines need to be tailored to the needs of different professional groups and actively promoted.

