

Extending antenatal HBV screening to include HCV:

a pilot among women from endemic countries in Hungary

Who are you?

My name is Ágnes Csohán and I am a medical doctor and epidemiologist based in the National Center for Epidemiology (OEK) in Hungary. I was the coordinator of the HEPscreen pilot and supported by Zsuzsanna Molnár, Epidemiologist and Emese Kozma, assistant Epidemiologist and Paulius Gradeckas, an EPIET fellow. Our project was a partnership between the National Center for Epidemiology (Department of Epidemiology, Division of Virology), the State Government Office of Budapest and Pest County, the Health Visitor Network (945 nurses), and the gynaecology and obstetric outpatient clinics and hospitals.



Where was the project based?

Our pilot project took place in the region of Central Hungary, the most populous region in the country that includes Budapest, the capital city of Hungary, and Pest county. This area of more than 2.9 million inhabitants has many international population links. In 2012, there were 29,337 pregnant women registered.

Which population did you hope to reach? Why was this group targeted?

We set out to determine whether improving access to prenatal screening programme and offering testing for HCV in addition to HBV screening is an effective approach to identify HBV and HCV carriers in migrant pregnant women coming from Romania, former Yugoslavia, former USSR and South-East Asia. We also aimed to enhance the efficacy of the prenatal hepatitis B screening program in the Central Region of Hungary and integrate HCV screening of migrant pregnant women into the programme. We aimed to reach foreign-born pregnant women who migrated mainly from countries with a medium/high viral hepatitis endemicity. In our area, the most common higher prevalence countries of origin are Romania, countries of the former Yugoslavia, countries of former USSR, China

and Vietnam. We also included pregnant women whose mothers were born abroad.

What did you do?

During the prenatal visit/prenatal counselling with health visitors, pregnant women with a migration background were given oral and written information about viral hepatitis, the study and HCV screening. A blood sample was then taken by the physician responsible for prenatal care for existing HBV screening. In women who consented to participating in the study, this was also screened for HCV. A public health specialist from the State Government Office provided post-test counselling, including contact tracing and HBV vaccination, to women testing positive. Women were also referred to the specialist secondary care services for further assessment and possible treatment.

Did you provide language support to people offered testing?

Information leaflets about viral hepatitis screening and pregnancy were available in Hungarian, English, Arabic, Chinese, Romanian, Russian, Serbian, Vietnamese, and Turkish.

What training did you offer to workers involved in raising awareness or offering testing?

In spring of 2013 the Budapest HEPSCREEN coordinators along with the health visitors took part in a one day accredited training course entitled 'Pregnant women: screening tests, the diagnosis of vertically transmitted infections and their prevention'. This focused on the running of the project, the importance of HBV/HCV screening among migrants, counselling, and testing methods. To enhance the theoretical knowledge of the audience about prenatal screening and vertically transmitted diseases, eight expert lecturers were invited, all of whom gave excellent presentations on the subject. The programme was accredited by the National Institute for Training Mid-HCW-s. It was free of charge for the participants, and a certificate was issued for each of them. The course fee and the lecturers' fee was financed by the project. Altogether, three training sessions were delivered to 450 participants. A similar course is planned for general practitioners with a slightly modified programme in 2015.

When did this intervention take place?

October 2011 – September 2014

How many people benefited from the intervention?

Of all the health visitors in the region, 358 (76%) in Budapest and 120 (25%) in Pest County agreed to participate in the enhanced screening programme. This number covers approximately half of the population of the Central Region. In the study period, health visitors saw 401 pregnant migrant women of whom 331 gave informed consent to take part in the study. More than half were born in Romania (55.6%), 12% from China, 6.6% from Ukraine, 6.0% from Vietnam, 4.2% from Slovakia, 3% from Russian Federation, 2.1% from Serbia. Eight women were second generation migrants. From the 317 tested, 299 proved to be HBsAg negative, 18 of them were HBsAg positive (5.7%). Their countries of birth were: Vietnam (n=4), China (n=4), Roma-

nia (n=4), Mongolia (n=1), Afghanistan (n=1), Russia (n=1), Thailand (n=1), Ukraine (n=1) and Hungary (one second generation migrant whose mother was born in the Czech Republic). Among the 280 women tested for anti-HCV, one case of hepatitis C was identified (0.4% prevalence), in a woman who migrated from Afghanistan.

What are the key lessons learnt?

During prenatal counselling seems to be a good time to offer viral hepatitis testing, both for HBV and HCV, to women from endemic countries. It also is an effective way to detect viral hepatitis as we found a prevalence of 6% in the women in our pilot. In Hungary, health workers are well-trained in health promotion and specialised in prevention. They are therefore knowledgeable, well-trusted and well-placed professionals to offer viral hepatitis testing to pregnant women. Feedback from the women involved in the pilot also indicated high levels of trust. Having said this, the large network in the region made it quite challenging to communicate the existence of the project and the tasks that were expected of the health visitors. We were able to offer training to nearly half of these in the duration of the project. Language barriers, especially among women of Chinese or Vietnamese origin, presented some challenges and the use of more interpreters is suggested.



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