



## Screening for viral hepatitis among immigrants in Barcelona: Comparison of two recruitment strategies. A pilot study of the HEPscreen Project

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The logo for HEPscreen features the word "HEP" in a large, bold, teal font, with "screen" in a smaller, teal font to its right. The "HEP" is partially enclosed by several overlapping, curved lines in shades of teal and yellow. Below the main text, the full name "SCREENING FOR HEPATITIS B AND C AMONG MIGRANTS IN THE EUROPEAN UNION" is written in a smaller, teal, sans-serif font.

# HEPscreen

SCREENING FOR HEPATITIS B AND C  
AMONG MIGRANTS IN THE EUROPEAN UNION

- Viral hepatitis: high prevalence, and morbidity and mortality
- Asymptomatic evolution disease
- High variability of prevalence in Europa
- Migration to Europa of people from endemic zones
- Difficulties to access Health system, risk of social exclusion.

# HEPscreen is a collaborative project made up of the following organisations

## Lead organisation:



Erasmus MC,  
University Medical Center Rotterdam  
The Netherlands



## From Spain

Public Health Agency Barcelona  
University of Las Palmas de Gran Canaria

## From the United Kingdom



Queen Mary's University London  
National Health Service (NHS) Grampian  
The Hepatitis C Trust

## Associated partners:

### From the Netherlands



Municipal Public Health Service Rotterdam  
National Institute for Public Health

### From Germany



Hamburg University of Applied Sciences

### From Hungary



National Centre for Epidemiology

### From Italy



University of Florence  
European Genetics Foundation

## Collaborating partner:



Health Protection Scotland



SCREENING FOR HEPATITIS B AND C  
AMONG MIGRANTS IN THE EUROPEAN UNION



# Project Objective



- **General objective:**

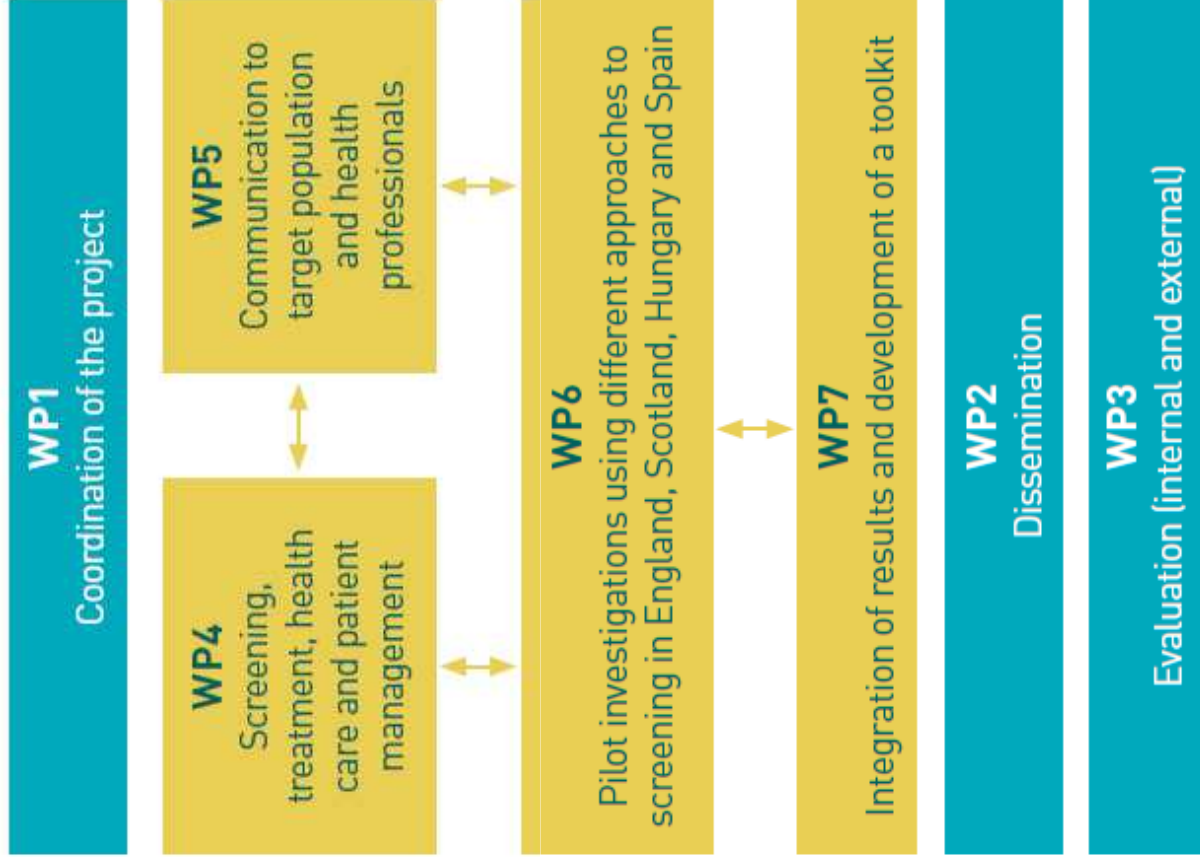
To assess, describe and communicate to Public Health professionals the necessary conditions to implement screening programmes for hepatitis B and C, cost-effectiveness, in a successful way for migrants in the EU.

- **Specific objectives:**

- To integrate epidemiological information, about Health Systems and patients managements with hepatitis B and C in the EU
- To analyse, gather knowledge about different strategies of screening and vaccination
- To identify methods and conditions for a effective communication tailored to target populations and health professionals
- To integrate results, develop concrete strategies, to implement screening programmes.



# Work packages



## Prevalencia de la hepatitis B y C en España: se necesitan más datos

Tabla I. Prevalencia de los marcadores serológicos del VHC y VHB en España

Región	n casos	Anti-VHC (%)	AgHBs (%)	Publicación
Rioja	890	2		1996 (8)
Madrid	1.109	2,5		1997 (15)
Gijón	453	1,76	1,2	1997 (16)
Asturias*	1.170	1,6		2001 (17)
Cataluña	2.194	2,6	1,69	2002 (9)
Zamora	675	0,74		2002 (18)
Granada (gestantes)	381	0,5	0,8	2005 (12)
Madrid**	651	46		2006 (19)
Castilla y León	364	1,1	< 0,27; 8,2***	2007 (20)
Cataluña	2.620		0,7; 8,7***	2007 (21)
Andalucía**	1.468	16		2009 (22)
Madrid/Murcia*	5.017	0,6	0,7	2013 (4)

\*Población sana trabajadora; \*\*Pacientes VIH positivos; \*\*\*Anti-HBc.

# Seroprevalencia de marcadores de hepatitis crónica vírica en 791 inmigrantes recientes en Cataluña, España. Recomendaciones de cribado y de vacunación contra la hepatitis B\*

Ll. Valerio<sup>a</sup>, S. Barro<sup>b</sup>, B. Pérez<sup>c</sup>, C. Roca<sup>d</sup>, J. Fernández<sup>e</sup>, L. Solsona<sup>f</sup>, A. Aguilar<sup>g</sup> y J. M. Escribà<sup>h</sup>

Europa Oriental	25 (41%)	(28,7-52,3)		
Sudeste asiático*	32 (57,1%)	(44,2-70)		
África subsahariana*	68 (77,3%)	(68,6-86)		
			Sudeste asiático	4 (7,1%)
			Europa Oriental	8 (13,1%)
			África subsahariana*	16 (18,2%)
				(0,4-13,8)
				(4,6-21,6)
				(10,1-26,3)

Prevalencia muestral: 33%; (IC 95% 29,56-36,13)  
\* p<0,0001

Prevalencia muestral: 5,9%; (IC 95% 3-8,7).  
\* p<0,0001

TABLA 4  
**Prevalencia del anticuerpo contra el virus  
de la hepatitis C (HCac+) según origen (n=710)**

Origen	HCac +	IC 95%
Sudeste asiático	0	0
Latinoamérica*	4 (1,4%)	(0,007-2,1)
Magreb y Oriente Próximo	2 (2,6%)	(0,01-6,1)
África subsahariana	3 (3,5%)	(0,004-7,4)
Indostán*	23 (14,9%)	(9,4-20,6)
Europa Oriental*	11 (19,1%)	(9,3-29,9)

Prevalencia muestral: 6,05%; IC: intervalo de confianza (95% 4,3-7,8).  
\* p<0,0001

Rev Clin Esp. 2008;208(9):426-31

## Communicable diseases in the immigrant population attended to in a tropical medicine unit: Epidemiological aspects and public health issues

Christian Manzano<sup>a,\*</sup>, Begoña Treviño<sup>a</sup>, Jordi Gómez i Prat<sup>a</sup>, Juan Cabezas<sup>a</sup>, Eliana Mongui<sup>a</sup>, Isabel Clavería<sup>a</sup>, José Luis Del Val<sup>a</sup>, Edurne Zabaleta<sup>b</sup>, Francesc Zarzuela<sup>a</sup>, Roser Navarro<sup>a</sup>

**Table 2** Results of HBV serology by geographical area and HBV infection status (see text for definitions and further details).

	HBsAg carriers	Previous HBV infection	Negative HBV serology	Total
Sub-Saharan Africa	134 (12.0%)	606 (54.1%)	380 (33.9%)	1120
Latin America	2 (0.6%)	32 (9.3%)	309 (90.1%)	343
Asia	5 (1.9%)	41 (15.3%)	222 (82.8%)	268
Northern Africa and ME	3 (3%)	14 (14%)	83 (83%)	100
Eastern Europe	2 (2.7%)	14 (18.9%)	58 (78.4%)	74
Total	146 (7.7%)	707 (37.1%)	1052 (55.2%)	1905

HBsAg, surface antigen of hepatitis B virus; HBV, hepatitis B virus; ME, Middle East.

# Immigration to Spain and Catalonia

Población extranjera en España		
Año	Extranjeros censados	% total
1981	198.042	0,52%
1986	241.971	0,63%
1991	360.655	0,91%
1996	542.314	1,37%
1998	637.085	1,60%
2000	923.879	2,28%
2001	1.370.657	3,33%
2002	1.977.946	4,73%
2003	2.664.168	6,24%
2004	3.034.326	7,02%
2005	3.730.610	8,46%
2006	4.144.166	9,27%
2007	4.519.554	10,0%
2008	5.220.600	11,3%
2009	5.598.691	12,0%
2010	5.747.734	12,2%
2011	5.730.667	12,2%
2012	5.711.040	12,1%
2013	5.546.238	11,7%
2014*	5.000.028	10,7%

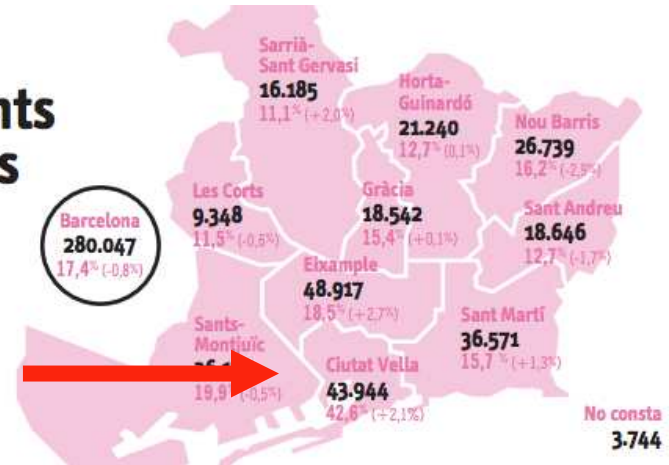
## Evolución de la población total y extranjera. 2000-2013 Cataluña

	Población ex		
	(1) Población	total	% sobre (1)
2013 →	7.553.650	<b>1.158.472</b>	15,34
2012 →	7.570.908	<b>1.186.779</b>	15,68
2011 →	7.539.618	<b>1.185.852</b>	15,73
2010 →	7.512.381	<b>1.198.538</b>	15,95
2009 →	7.475.420	<b>1.189.279</b>	15,91
2008 →	7.364.078	<b>1.103.790</b>	14,99
2007 →	7.210.508	<b>972.507</b>	13,49
2006 →	7.134.697	<b>913.757</b>	12,81
2005 →	6.995.206	<b>798.904</b>	11,42
2004 →	6.813.319	<b>642.846</b>	9,44
2003 →	6.704.146	<b>543.008</b>	8,10
2002 →	6.506.440	<b>382.020</b>	5,87
2001 →	6.361.365	<b>257.320</b>	4,05
2000 →	6.261.999	<b>181.590</b>	2,90

Fuente: Idescat. Padrón municipal de habitantes.

## Nombre de residents estrangers

PER DISTRICTES  
EN NOMBRES ABSOLUTS



PERCENTATGE D'ESTRANGERS  
SOBRE EL TOTAL DE LA POBLACIÓ  
RESIDENT A CADA DISTRICTE  
(ENTRE PARENTESIS,  
VARIACIÓ RESPECTE AL 2012)

	Paràsits en femta <sup>1</sup>	Sediment d'orina <sup>2</sup>	VHB <sup>3</sup>	VHC <sup>4</sup>	VIH <sup>5</sup>	Lues <sup>6</sup>	Malària <sup>7</sup>
<b>ÀFRICA DEL NORD</b>	Valorar	Sí	Sí	Valorar	No	No	No
<b>ÀFRICA SUBSAHARIANA</b>	Valorar	Sí	Sí	Sí	Sí	Valorar	Valorar
<b>EUROPA DE L'EST</b>	No	No	Valorar	Valorar	No	No	No
<b>ÀSIA</b>	Valorar	Sí	Sí	Valorar	Valorar	No	No
<b>AMÈRICA LLATINA</b>	Valorar	No	Valorar	Valorar	No	No	No

## EXPLORACIONES COMPLEMENTARIAS QUE SOLICITAR A LOS INMIGRANTES SEGÚN LUGAR DE PROCEDENCIA

	EUROPA DEL ESTE	ASIA	LATINOAMÉRICA Y CARIBE	ÁFRICA DEL NORTE	ÁFRICA SUBSAHARIANA
HEMOGRAMA Y BIOQUÍMICA <sup>1</sup>	SÍ	SÍ	SÍ	SÍ	SÍ
SISTEMÁTICO DE ORINA	SÍ	SÍ	SÍ	SÍ	SÍ
SEROLOGÍA VHB	No	SÍ	No	No	SÍ
SEROLOGÍA VHC	No	No	No	No	SÍ
SEROLOGÍA VIH	No	No	No	No	SÍ
SEROLOGÍA LÚES	SÍ	SÍ	SÍ	No	SÍ
MANTOUX	SÍ	SÍ	SÍ	SÍ	SÍ
RX DE TÓRAX	SÍ	SÍ	SÍ	SÍ	SÍ
PARÁSITOS EN HECES	No	SÍ	SÍ	SÍ	SÍ
PARÁSITOS EN ORINA	No	No	No	No	SÍ
MALARIA <sup>2</sup>	No	No	No	No	SÍ
FILARIASIS <sup>3</sup>	No	No	No	No	SÍ

## Annex 9

### Hepatitis C

Àfrica subsahariana VHC 3-17%  
Sud-est asiàtic VHC 2%  
Llatinoamèrica VHC 1%

#### Es recomana el cribratge a:

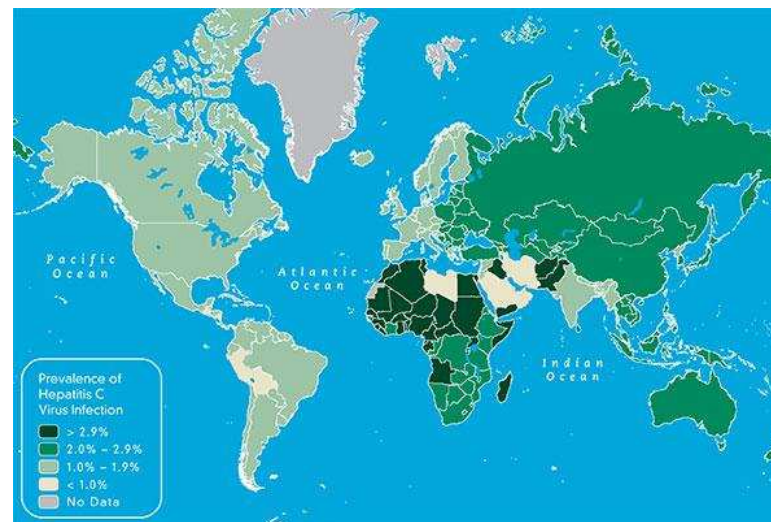
- Fills de mares amb VHC
- Nens adoptats en que es desconeix l'estat serològic de la mare biològica
- Parelles o convivents de persones amb VHC
- Persones nascudes en àrees geogràfiques amb altes prevalències >2%
- UDVP
- Exposició accidental a sang o fluids que poden suposar un risc (punxades, relacions sexuals...)
- Transfusions o transplantaments realitzats abans que es realitzés cribratge per VHC
- VIH+, agHBs+
- Prèviament a l'administració de tractaments citotòxics o immunosupressors
- Alteració persistent dels enzims hepàtics (AST i ALT)
- Persones en hemodiàlisi
- Personal sanitari

#### Derivar a l'hepatòleg per estudi i tractament

Els països amb més alta incidència són: Egipte (15%), Pakistan (4,8%) i Xina (3,2%).

#### Bibliografia

- Hepatitis C. WHO. <http://www.who.int/mediacentre/factsheets/fs164/en/>
- Travelers' health. CDC. Hepatitis C. <http://wwwnc.cdc.gov/travel/yellowbook/2012/chapter-3-infectious-diseases-related-to-travel/hepatitis-c.htm>



## Annex 8 HEPATITIS B

**Àfrica subsahariana AgHBs 8-10%,  
Llatinoamèrica AgHBs 3-13%,  
Sud-est asiàtic AgHBs 11-15%,**

### 1. Es recomana cribratge d'AgHBs a:

- Embarassades
- Fills de mares amb AgHBs +
- Nens adoptats en que es desconeix l'estat serològic de la mare biològica
- Parelles o convivents de persones amb AgHBs +
- Persones nascudes en àrees geogràfiques amb prevalences  $\geq 2\%$
- Homosexuals
- UDVP
- Exposició accidental a sang o fluids que poden suposar un risc (punxades, relacions sexuals...)
- Transfusions o transplantaments realitzats abans que es realitzés cribratge per VHB
- VIH+, VHC+
- Prèviament a l'administració de tractaments citotòxics o immunosupressors
- Alteració persistent dels enzims hepàtics (AST i ALT)

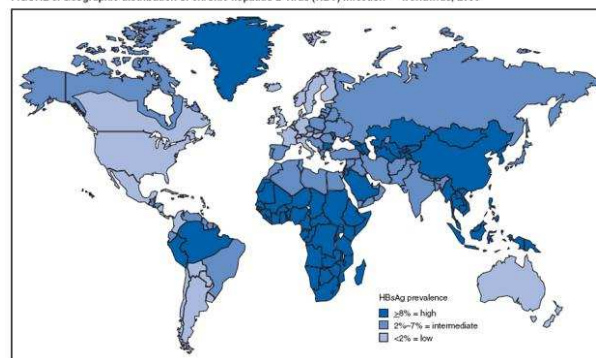
### 2. En cas de vacunació prèvia pel VHB, el cribratge (AgHBs) es recomana en:

- Persones nascudes en àrees geogràfiques amb prevalences  $\geq 2\%$ , perquè una bona part dels casos es dona en el període perinatal (abans de la vacunació)
- Fills de persones nascudes en zones amb prevalences  $\geq 2\%$  i que no van rebre la vacunació quan van néixer (encara que l'hagin rebut a l'adolescència)
- Vacunats després d'iniciar les conductes de risc

### 3. Vacunació: (en els casos de l'apartat 1, s'ha de disposar de AgHBs- i AchBc total-)

- <18 anys no vacunats
- Persones amb comportaments sexuals de risc
- Parelles i convivents de persones amb AgHBs+
- UDVP
- Pacients que precisen transfusions de sang o productes sanguinis
- Receptors de trasplantaments
- Professionals amb risc de contagi (sanitaris...)
- Viatgers a zones d'alta prevalença ( $>2\%$ )

FIGURE 3. Geographic distribution of chronic hepatitis B virus (HBV) infection — worldwide, 2006\*



\* For multiple countries, estimates of prevalence of hepatitis B surface antigen (HBsAg), a marker of chronic HBV infection, are based on limited data and might not reflect current prevalence in countries that have implemented childhood hepatitis B vaccination. In addition, HBsAg prevalence might vary within countries by subpopulation and locality.  
Source: CDC. Travelers' health, yellow book, Atlanta, GA: US Department of Health and Human Services, CDC, 2008. Available at <http://www.cdc.gov/travel/yellowbook4-HepB.aspx>.

### 4. Avaluació inicial AgHBs+ (derivar a hepatòleg o infectòleg per estudi):

- Història clínica i exploració física
- Laboratori:
  - Funció hepàtica,
  - HBeAg, anti-HBe
  - VHC, VIH, IgG VHA
- Ecografia hepàtica

### Bibliografia

- CDC. Recommendations for Identification and Public Health Management of Persons with Chronic Hepatitis B Virus Infection. Disponible en: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5708a1.htm>
- Ott JJ, Stevens GA, Groeger J, Wiersma ST. Global epidemiology of hepatitis B virus infections: new estimates of age-specific HBsAg seroprevalence and endemicity. [\[Vaccine\]](#). 2012 Mar 9;30(12):2212-9.
- OMS. Hepatitis B. Disponible en: <http://www.who.int/mediacentre/factsheets/fs204/es/index.html>

## Objectives

To explore two different approaches for viral hepatitis screening among migrants:

an outreach or **active strategy (AS)** through educational sessions (ES) provided by outreach community health workers (CHW)

and a **passive strategy (PS)**, based in opportunistic screening.

Secondary objectives:

- to determinate the number of individuals who attend ES and factors associated with not going to the screening
- to know the number of people infected and the prevalence of hepatitis C/B, by region of origin and strategy
- to analyse factors associated with become infected.

# AS

Public Health Agency of Barcelona (ASPB)

Tropical Medicine and International Health Unit of Drassanes (UMTSID)

# PS

Primary Health Care Center Raval Sud (PHCCRS)

Tropical Medicine and International Health Unit of Drassanes (UMTSID)

## Nombre de residents estrangers

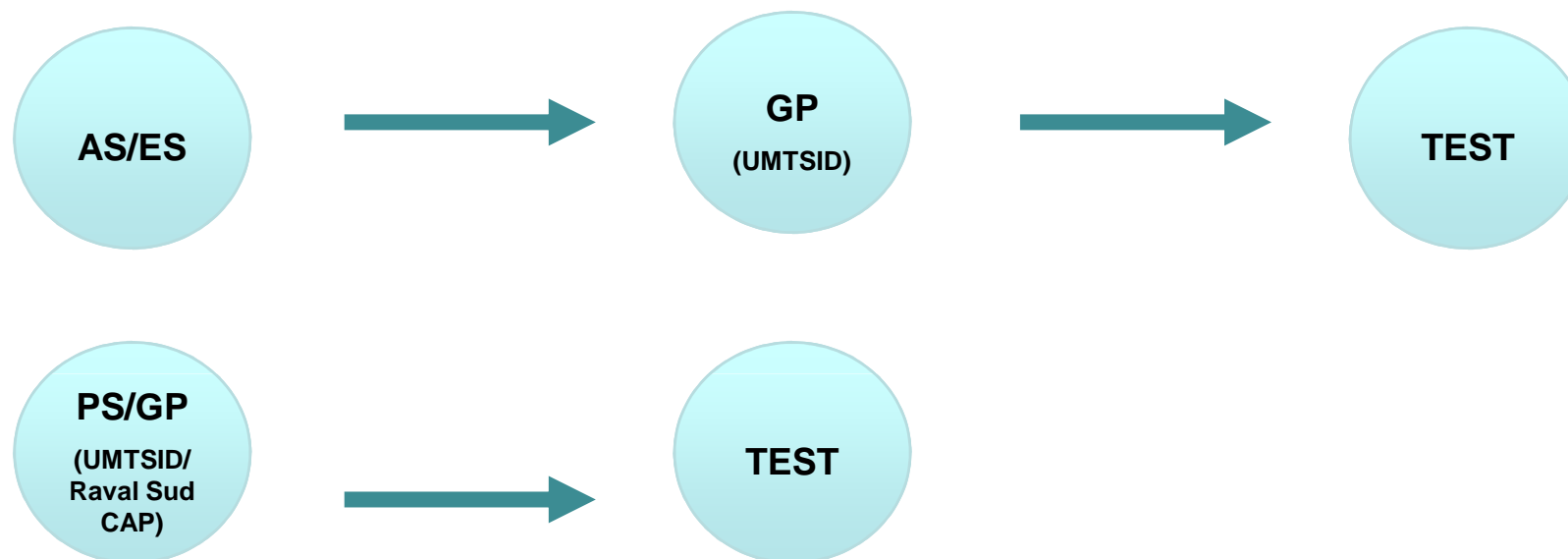
PER DISTRICTES  
EN NOMBRES ABSOLUTS

PERCENTATGE D'ESTRANGERS  
SOBRE EL TOTAL DE LA POBLACIÓ  
RESIDENT A CADA DISTRICTE  
(ENTRE PARENTESIS,  
VARIACIÓ RESPECTE AL 2012)



## Methods

Migrants from **Latin America (LA)** and Central and **Eastern Europe (ECE)** aged 18 or more

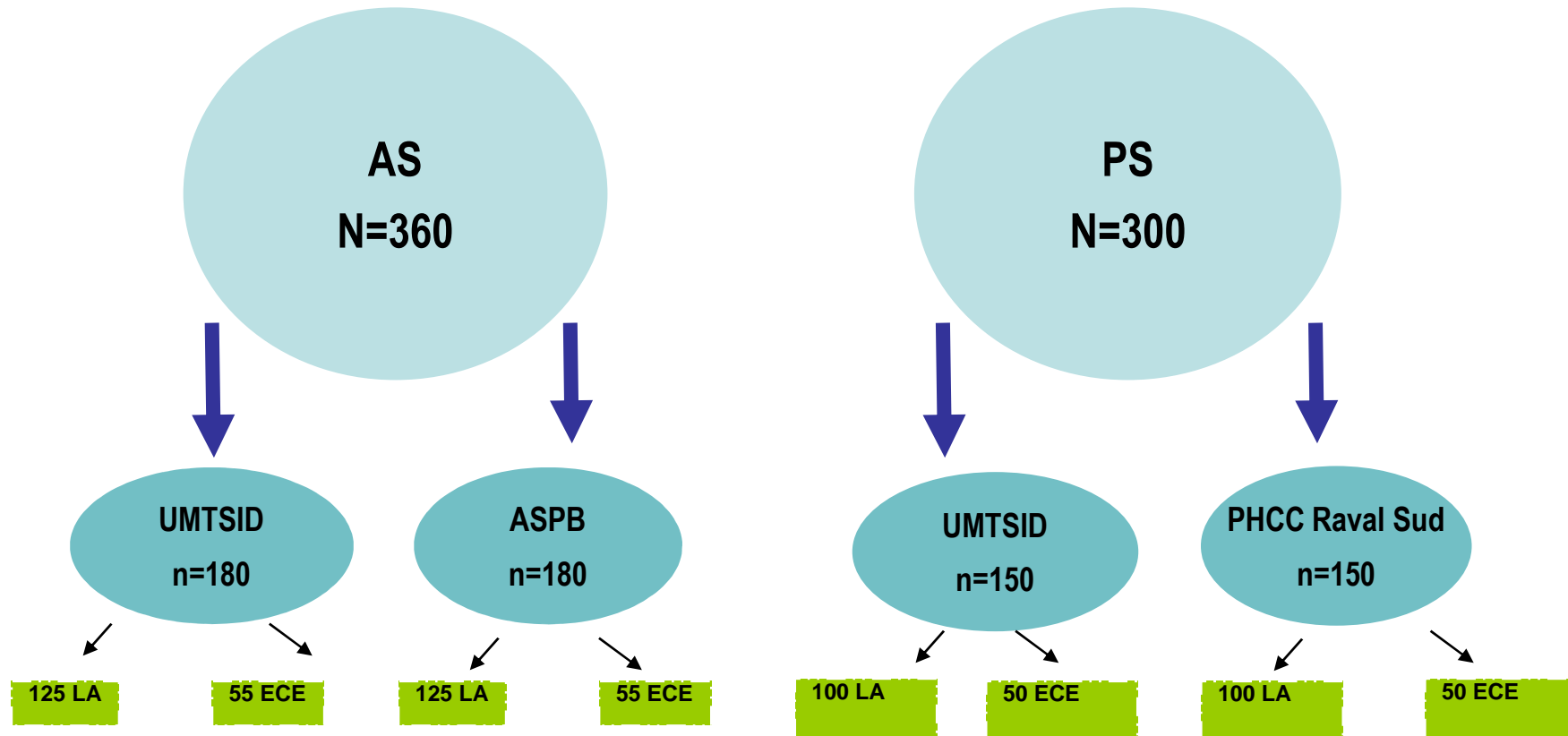


A health survey and tests for hepatitis

Mean & percentages /Chi-square & t-test/OR & 95% CI by multivariate logistic models

# HEPscreen

SCREENING FOR HEPATITIS B AND C  
AMONG MIGRANTS IN THE EUROPEAN UNION



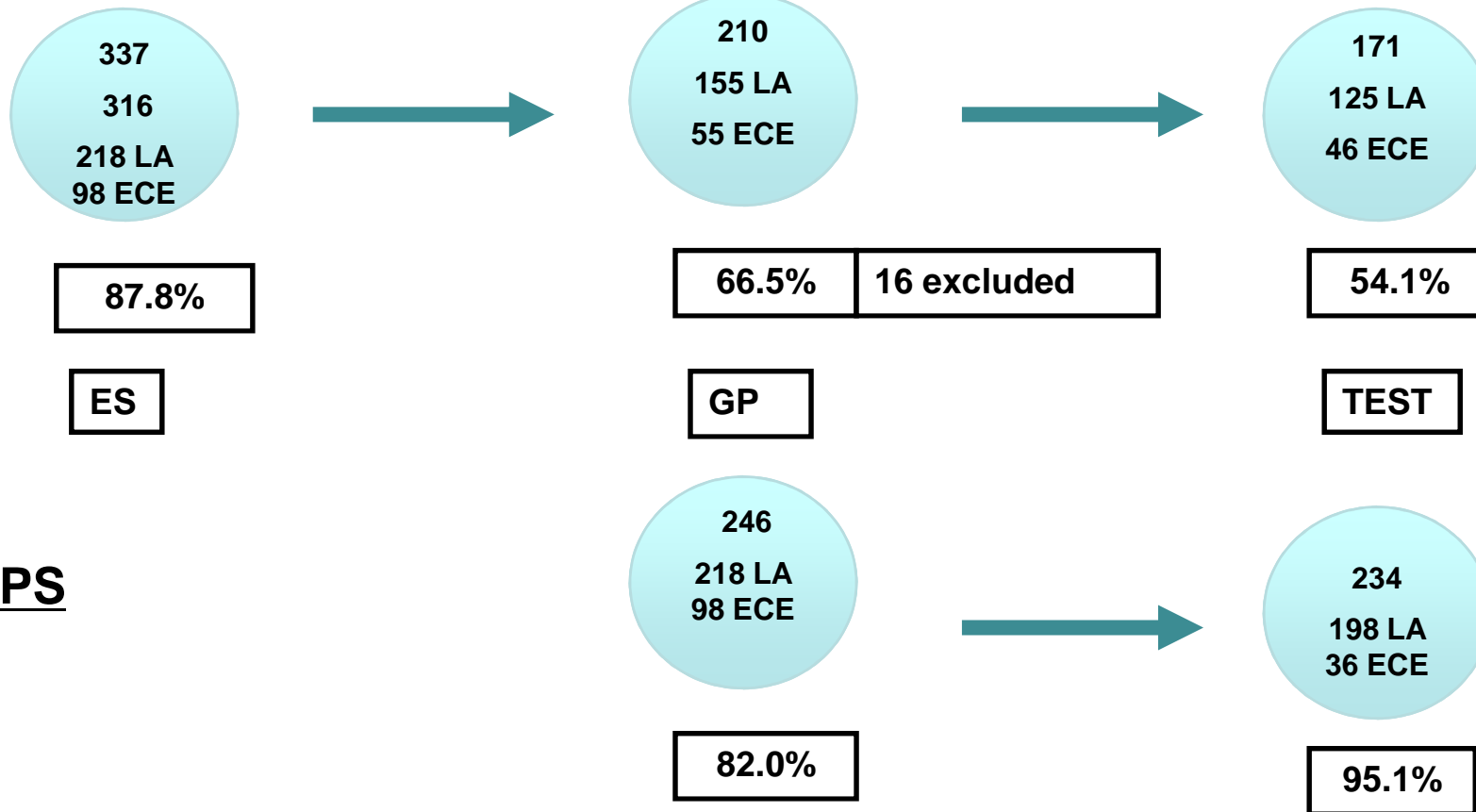
216 (60%)



# Results

## AS

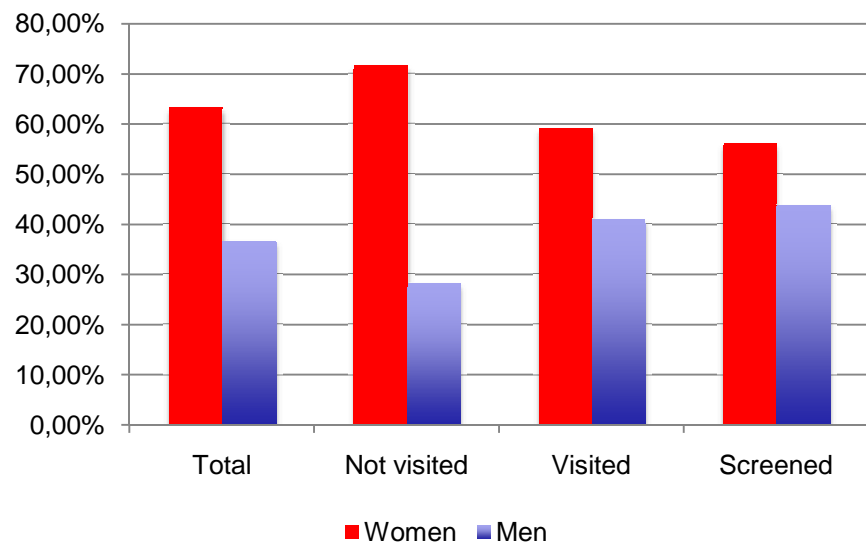
45 ES (Median 10, Range 4-28)



## PS

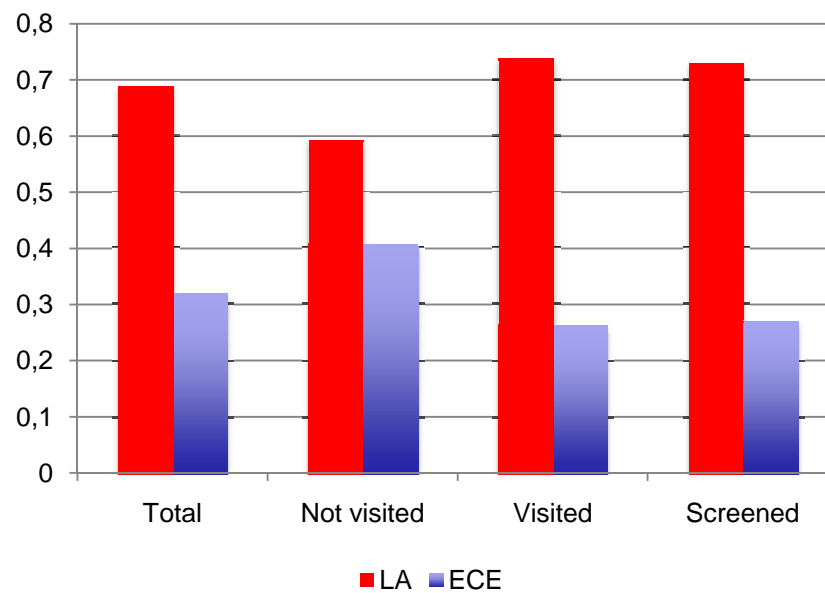
# Results

## Gender



P<0.05

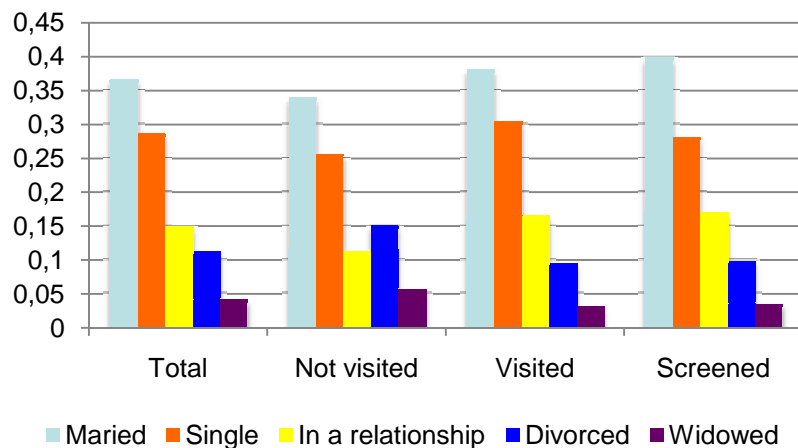
## Region



P<0.05

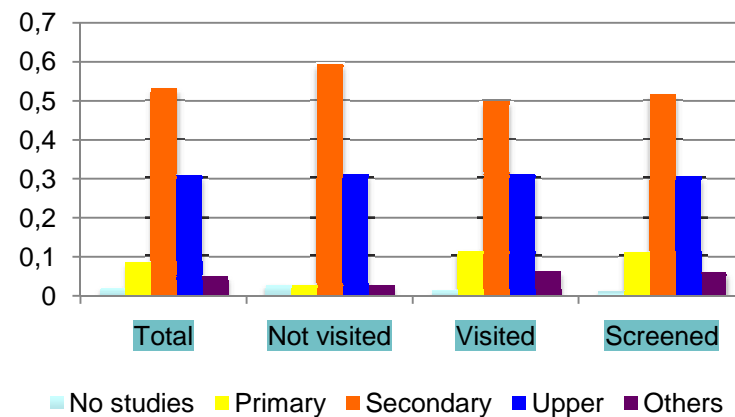
# Results

## Civil Status



P<0.05

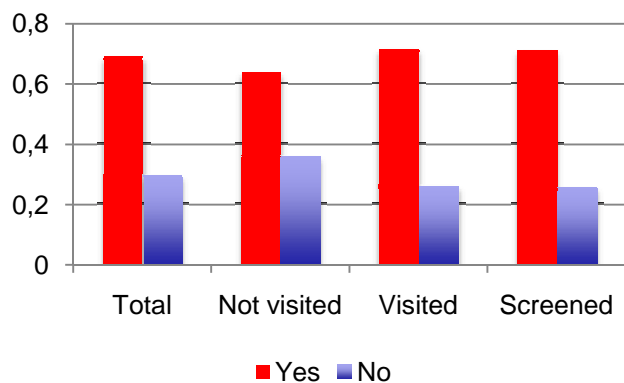
## Educational level



P<0.05

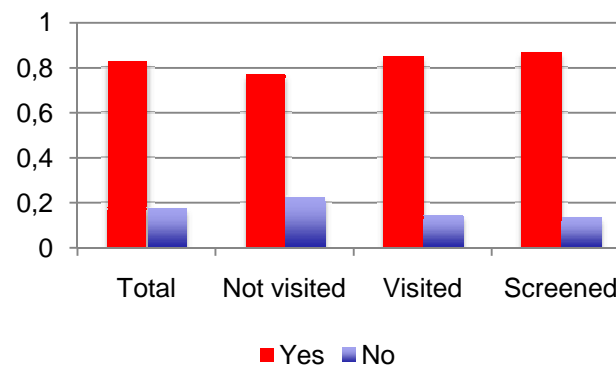
# Results

## Residence permit

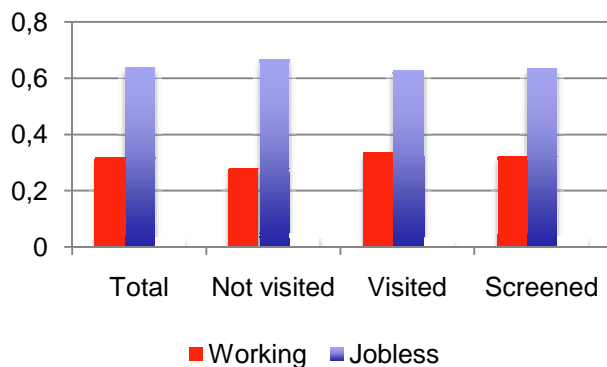


P<0.05

## Health card

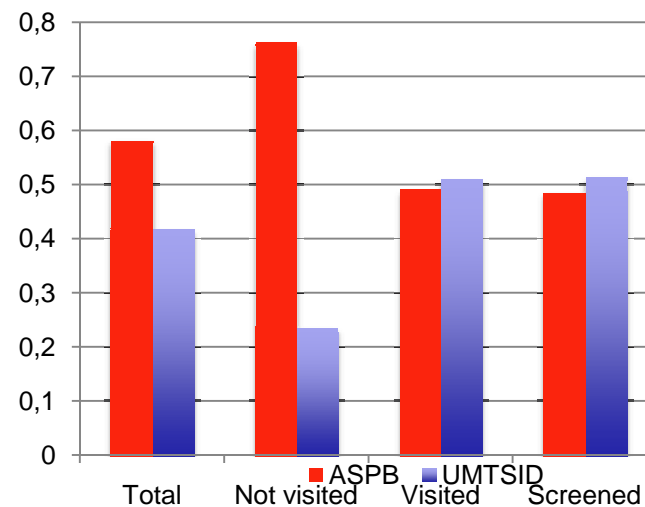


## Occupational status



P=,546

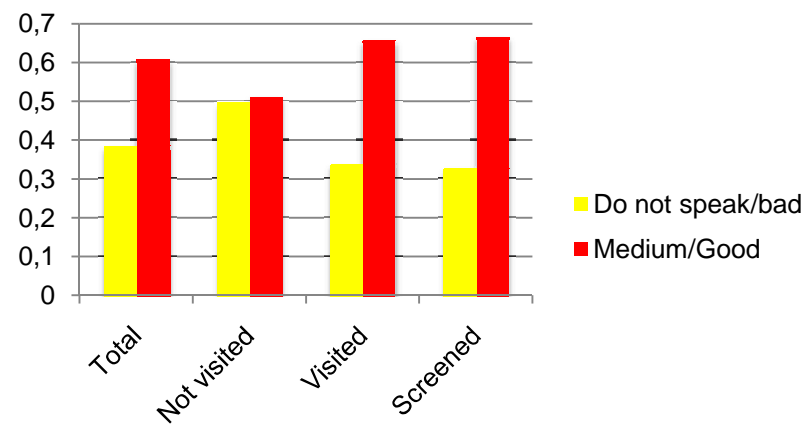
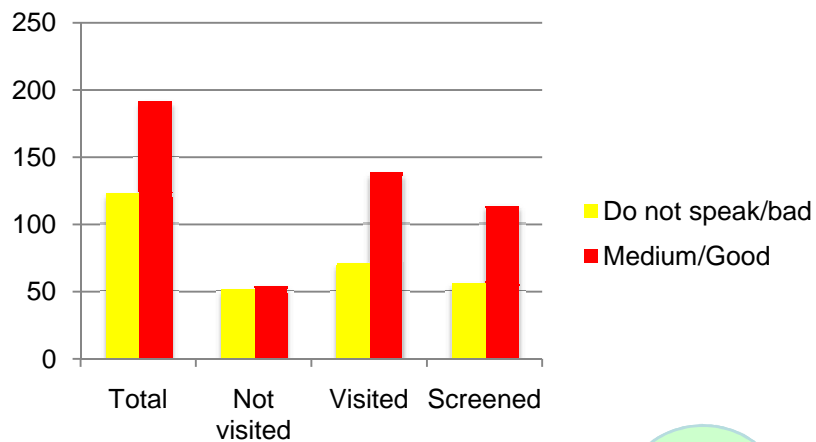
## Research Centre



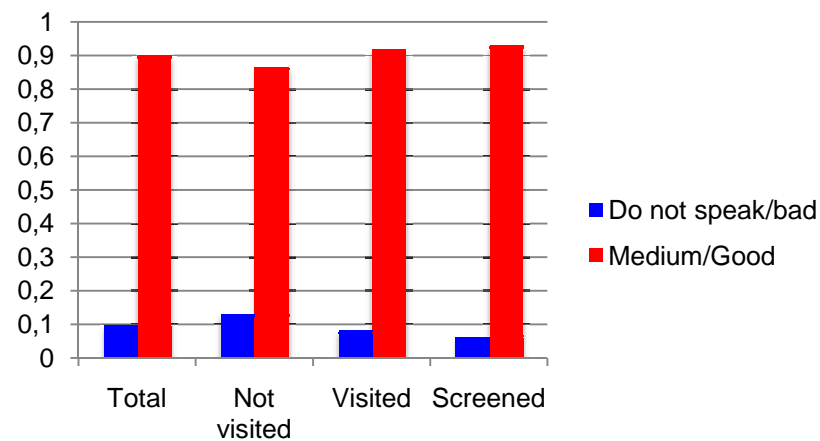
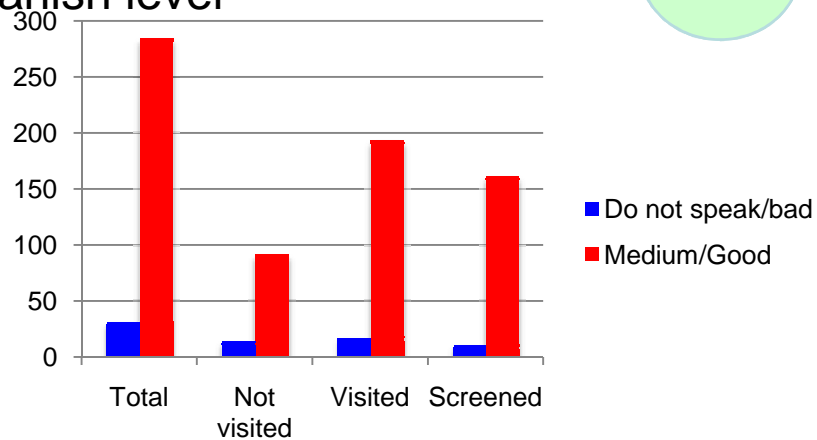
P<0.05

# Results

## Catalan Level



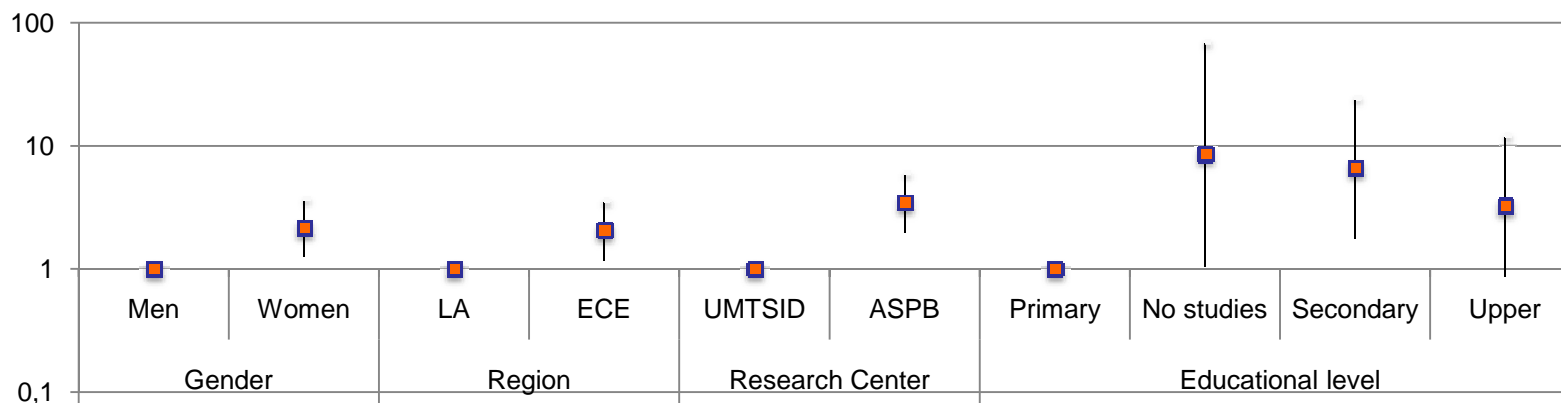
## Spanish level



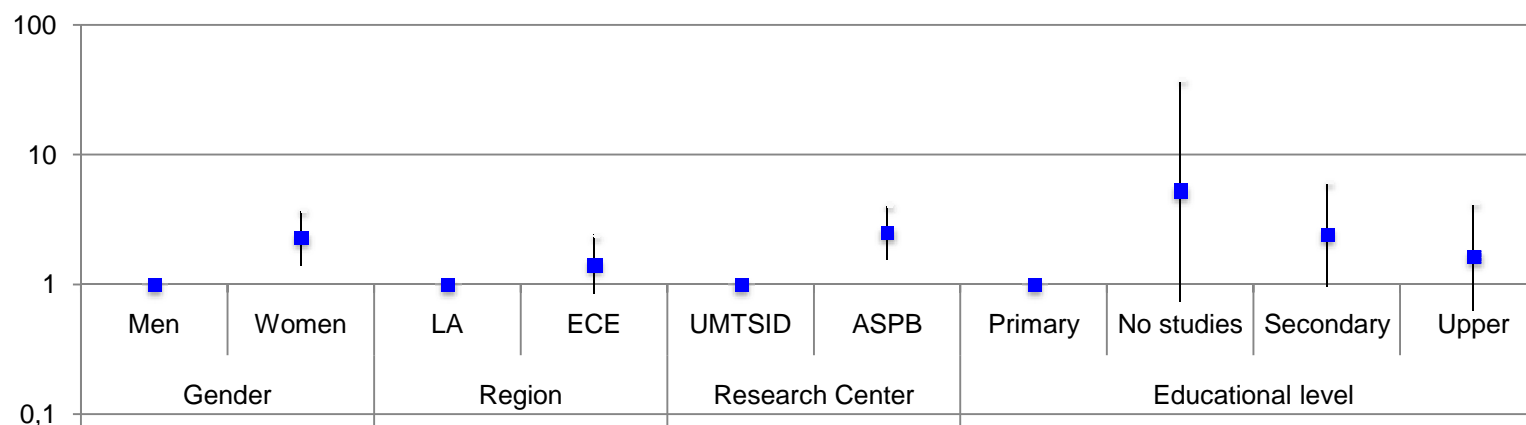
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# Results

## Factors related to not going to the GP appointment (adjusted OR)



## Factors related to not going to the screening (adjusted OR)



# Results

Participants screened:

PS 234 (198 LA / 36 ECE)

AS 171 (125 LA / 46 ECE)

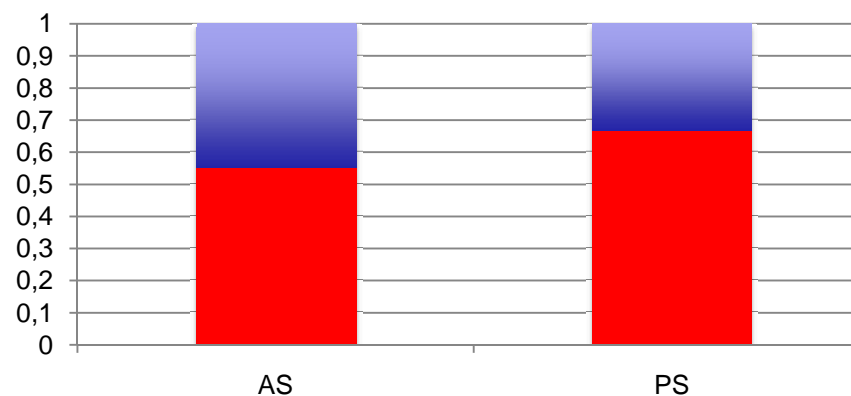
P<0.05

Median age and IQR

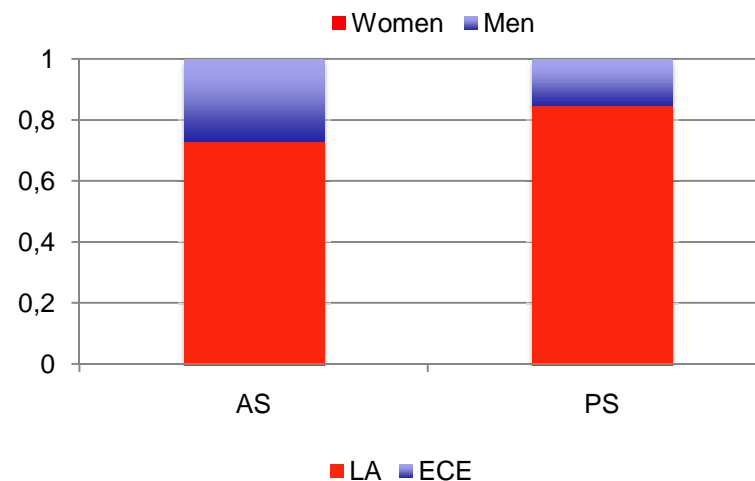
PS 41.49 (31-51)

AS 40.47 (32.50)

Gender

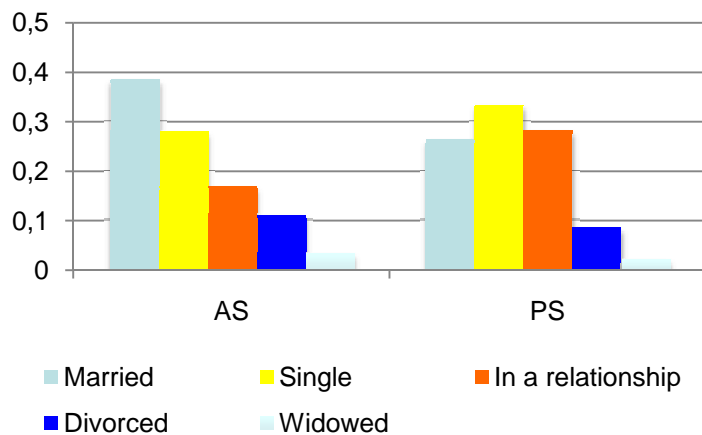


Region

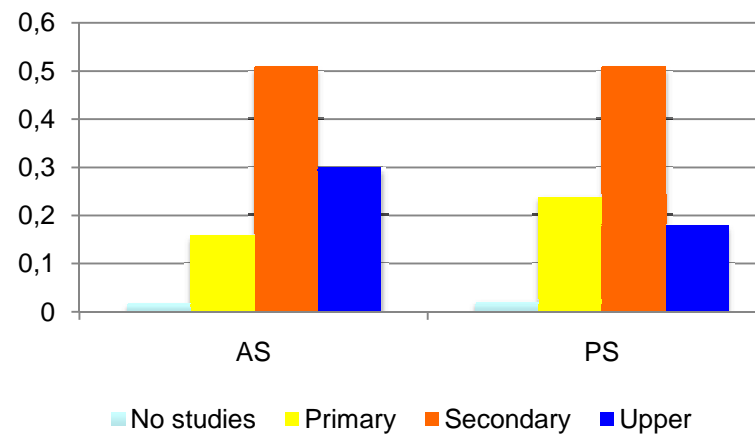


# Results

## Civil status

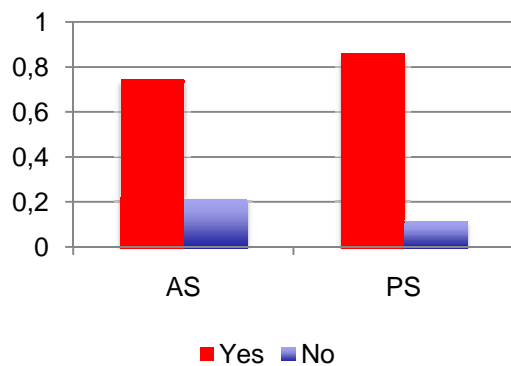


## Educational level

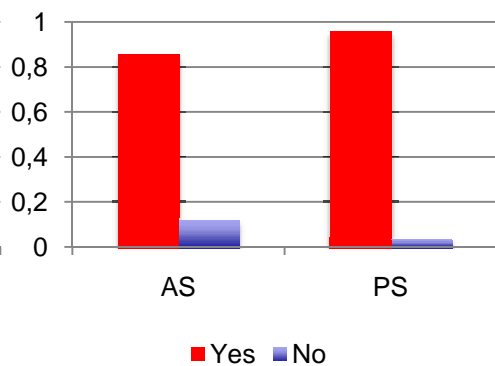


P<0.05

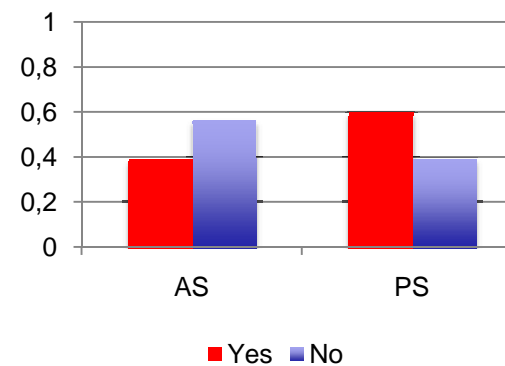
## Residence permit



## Health Card

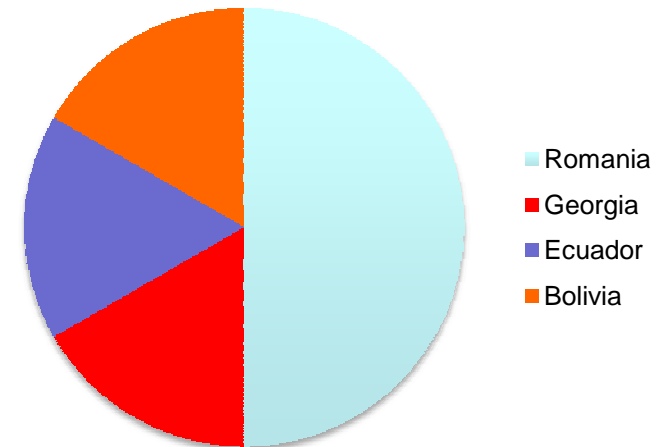


## Occupational status



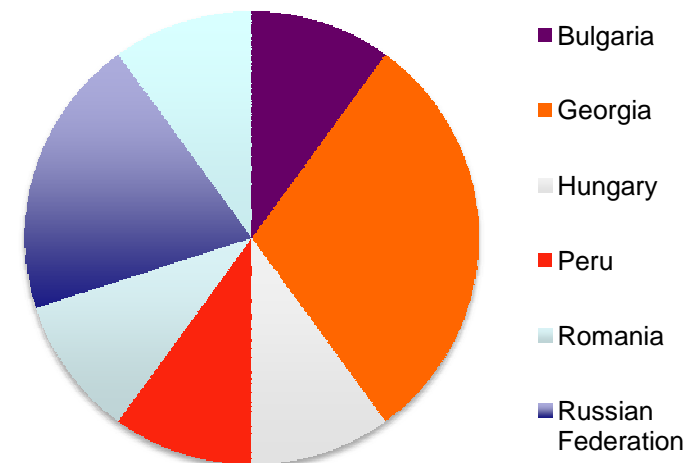
## Chronic HBV infection by strategy and region of origin

	Total	AS	PS	p value
<b>Region of origin</b>	6 (1.52%)	3 (1.82%)	3 (1.31%)	0.684
LA	2 (0.64%)	1 (0.84%)	1 (0.52%)	0.729
ECE	4 (4.68%)	2 (45%)	2 (5.56%)	0.801



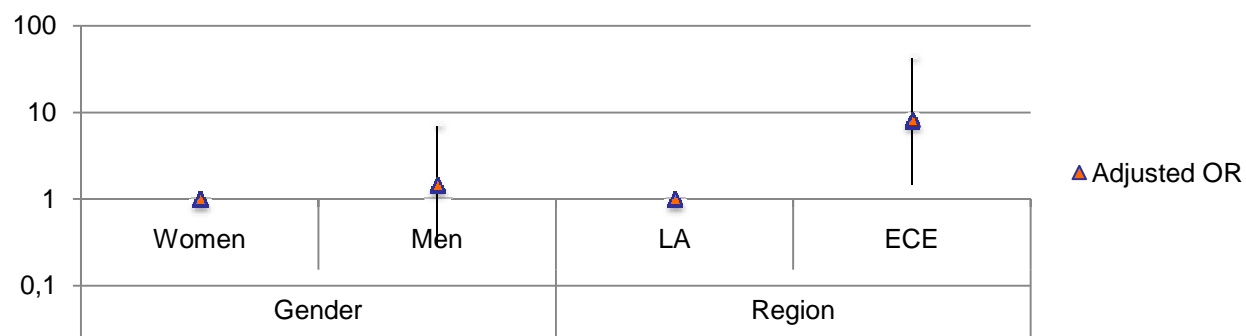
## HCV infection by strategy and region of origin

	Total	AS	PS	p value
<b>Region of origin</b>	10 (2.53%)	6 (3.61%)	4 (1.78%)	0.243
LA	1(0.32%)	0 (0.00%)	1(0.52%)	0.431
ECE	9(11.11%)	6 (13.04%)	3 (8.575)	0.526

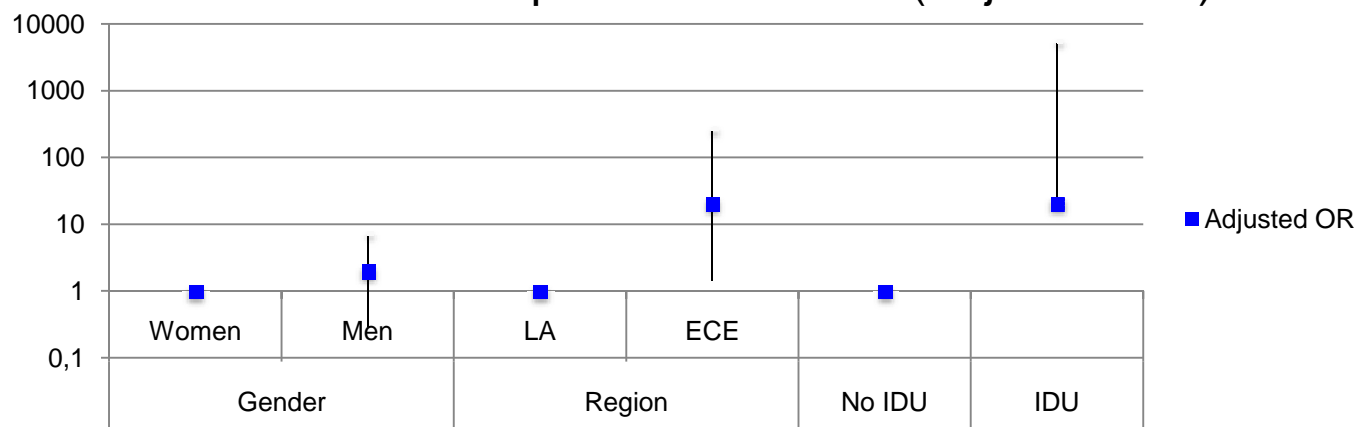


# Results

## Risk factors related to chronic hepatitis B infection (adjusted OR)



## Risk factors related to hepatitis C infection (Adjusted OR)



## Chronic HBV infection: region, specialist assessment and indication to treat

	HBsAgs+	Region	Assessed by specialist		Treatment indication	
	N	N	N	%	N	%
<b>AS</b>	3	1 LA / 2 ECE	0	0	0	0%
<b>PS</b>	3	1 LA / 2 ECE	2	66,6	0	0%
<b>Total</b>	6	2 LA / 4 ECE	2	33,3	0	0%

## HCV infection: region, IDU, specialist assessment and indication to treat

	Anti-HCV+	IDUs	Region	HCV-PCR test	Assessed by specialist	
	N	N		N	N	%
<b>AS</b>	6	3/6 (50%)	6 ECE	1	1	16.67%
<b>PS</b>	4	3/4 (75%)	1 LA / 3 ECE	1	1	16.67%
<b>Total</b>	10	6/10 (67%)	1 LA / 9 ECE	2	2	20%

## Vaccination coverage

	<b>Vaccination coverage</b>	<b>p-value</b>
<b>Total</b>	237/324 (73.15%)	
<b>Active Strategy</b>	97/141 (68.79%)	0.121
<b>Passive strategy</b>	140/183 (75.50%)	
<i>UMTSID</i>	121/134 (90.30%)	<0.001
<i>RSPCC</i>	19/49 (38.78%)	

## Conclusions

Higher percentage of screening through PS (234/245 vs 171/316)

AS contact with populations with high social vulnerability

No differences in the percentage of HBV+ and HCV+ by strategy.

Low prevalence of hepatitis B/C in LA people

Medium for hepatitis B and high for hepatitis C in ECE people (IDU)

Low number of participants have reached the specialist (4/16).

## Recommendations

Screening in situ in the ES to improve adherence and prevent losses

Consider both risk factors for hepatitis and the country of origin

Tailored strategies to solve specific problems of migrant populations

CHW could improve adherence, and prevent the loss of participants

Importance of HBV vaccination

Improve guidelines and recommendations

Knowledge dissemination and awareness of health professionals

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VIRAL HEPATITIS – A PUBLIC HEALTH CHALLENGE WHAT CAN WE DO ABOUT IT? ABOUT THE PROJECT

## Welcome to the HEPscreen Toolkit

The Toolkit has been developed through research including pilot studies and aims to motivate and enable others to respond to the public health challenge of viral hepatitis through the implementation of effective screening.

A video player interface for a video titled 'The importance of screening for hepatitis B and...'. The video thumbnail shows a stylized illustration of a person in a blue suit pointing upwards. The 'HEPscreen TOOLKIT' logo is overlaid on the video. The player controls at the bottom include a play button, a progress bar showing 0:00 / 1:27, a volume icon, a YouTube logo, and a close button. A back arrow and an information icon are visible in the top right corner of the player area.