

"A PROPÓSITO DO DIA MUNDIAL DAS HEPATITES"

José M D Poças
Diretor do Serviço de Infeciologia do CHS



Em 2010 a OMS escolheu o dia 28 de julho como dia mundial das hepatites, por ser o dia de aniversário de Baruch Blumberg, prêmio Nobel de Medicina em 1976 que identificou o vírus da Hepatite B.

zoom
28 julho 2021
21h30

Dia Mundial das Hepatites

Hepatite Zero

PROJETO MUNDIAL DE ERRADICAÇÃO

"AS HEPATITES NÃO PODEM ESPERAR"

Ajudar os 72 Clubes do Distrito a identificar instituições que trabalhem populações vulneráveis para rastreio, apoio clínico e psicológico nas suas regiões. 20 Clubes Rotários já envolvidos.

Rotary Distrito 1960 Portugal

SERVIR PARA TRANSFORMAR VIDAS

Comemorar é sempre importante ...



 World Health Organization

[Home](#) / [Newsroom](#) / [Events](#) / [Detail](#) / World Hepatitis Day 2021 - Hepatitis can't wait



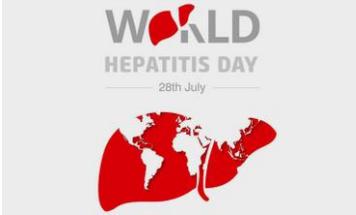
World Hepatitis Day 2021 - Hepatitis can't wait



WORLD HEPATITIS DAY
28th July
HEPATITIS CAN BEAT A GLOBAL PANDEMIC
Know. Prevent. Test. Treat. Eliminate.



Rotary



WORLD HEPATITIS DAY
28th July

Rotary International Global Hepatitis Elimination Programs

Os Programas do Rotary Internacional

<p>Be Free From Hepatitis And Avoid Liver Disease - Nigeria</p> <p>Hepatitis B</p> <p>Hepatitis C</p>	 <p>Chennai Liver Foundation-- India</p> <p>Hepatitis B</p> <p>Hepatitis C</p>	 <p>Clinton Health Access Initiative</p> <p>Hepatitis B</p> <p>Hepatitis C</p>	 <p>Finding the Missing Millions in Rural Communities - Uganda</p> <p>Hepatitis B</p> <p>Hepatitis C</p>	<p>Hepatitis C in blood donors in Uganda (Makerere University College of Health Sciences)</p> <p>Hepatitis C</p>	<p>Hepatitis Free Mongolia</p> <p>Hepatitis B</p> <p>Hepatitis C</p>	<p>HIV/HCV Drug Affordability Project</p> <p>Hepatitis C</p>			
<p>HIV/HCV Drug Affordability Project</p> <p>Hepatitis C</p>	 <p>National Organization for People Living with Hepatitis B (NOPLHB): Advocacy for Persons Living with HBV in Uganda</p> <p>Hepatitis B</p> <p>Hepatitis C</p>	 <p>National Viral Hepatitis Control Program India (National program)</p> <p>Hepatitis B</p> <p>Hepatitis C</p>	 <p>Programa Nacional de Hepatites Virais - Brazil (National program)</p> <p>Hepatitis B</p> <p>Hepatitis C</p>	 <p>Raising awareness on Hepatitis B in Uganda (Project Hope Foundation)</p> <p>Hepatitis B</p>	 <p>South Africa National Viral Hepatitis Technical Working Group (National program)</p> <p>Hepatitis B</p> <p>Hepatitis C</p>	 <p>The Hepatitis Prevention, Control, and Elimination Program in Mongolia - Элэг бүтэн Монгол үндэсний хөтөлбөр (National program)</p> <p>Hepatitis B</p> <p>Hepatitis C</p>	 <p>VHC: PROGRAMA DE ELIMINACION NACIONAL - Mexico (National program)</p> <p>Hepatitis C</p>	 <p>COALITION FOR GLOBAL HEPATITIS ELIMINATION</p>  <p>COALITION FOR GLOBAL HEPATITIS ELIMINATION</p>	<p>A program of THE TASK FORCE FOR GLOBAL HEALTH</p>  <p>A program of THE TASK FORCE FOR GLOBAL HEALTH</p> 

A dimensão do problema a nível mundial por uma Organização Mundial insuspeita...



World Health Organization



Health Topics ▾

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325 million
people globally
live with a hepatitis infection



[Key facts](#)



**WORLD
HEPATITIS
DAY**



OMS
Organização
Mundial
da Saúde

... e de outra ao nível Europeu



Hepatitis B

Annual Epidemiological Report for 2019

Key facts

- For 2019, 30 EU/EEA Member States reported 29 996 cases of hepatitis B virus (HBV) infection. Excluding the five countries that only reported acute cases, the number of cases, 29 518, corresponds to a crude rate of 7.4 cases per 100 000 population.
- Of all cases, 6% were reported as acute, 48% as chronic, 38% as 'unknown' and 7% could not be classified.
- The highest rate of acute infections was observed among 35–44-year-olds, the highest rate of chronic infections among 25–34-year-olds. The overall male-to-female ratio was 1.5:1.
- The rate of acute cases continued to decline over the last few years, which is in accordance with global trends and most likely reflects the impact of national vaccination programmes.
- Among acute cases with complete information, heterosexual transmission was most commonly reported (27%), followed by nosocomial transmission (17%) and transmission among men who have sex with men (13%). Among chronic cases, mother-to-child transmission and nosocomial transmission were the most common routes of transmission reported (36% and 20% respectively).
- Prevention and control programmes need further scaling up if European countries are to achieve the goal of eliminating hepatitis B. Surveillance data are important in monitoring the epidemiological situation, and there is a need to improve their quality.

Methods

This report is based on 2019 data retrieved from The European Surveillance System (TESSy) on 12 April 2021. TESSy is a system for the collection, analysis and dissemination of data on communicable diseases. For a detailed description of methods used to produce this report, refer to the *Methods* chapter [1].

An overview of the national surveillance systems is available on the ECDC website [2].

A subset of the data used for this report is available through ECDC's online *Surveillance atlas of infectious diseases* [3].

This report includes data on newly diagnosed cases of hepatitis B reported to ECDC by EU/EEA countries. Countries were requested to apply the EU 2018 case definition for reporting at the European level, but other case definitions were also accepted [2].

Suggested citation: European Centre for Disease Prevention and Control. Hepatitis B. In: ECDC. Annual epidemiological report for 2019. Stockholm: ECDC; 2021. Stockholm, June 2021. © European Centre for Disease Prevention and Control, 2021. Reproduction is authorised, provided the source is acknowledged.



Hepatitis C

Annual Epidemiological Report for 2019

Key facts

- In 2019, 37 733 cases of hepatitis C were reported in 29 EU/EEA Member States. Excluding countries that only reported acute cases leaves 37 660 cases, which corresponds to a crude rate of 8.9 cases per 100 000 population.
- Of the cases reported, 6% were classified as acute, 22% as chronic and 69% as 'unknown'.
- Hepatitis C was more commonly reported among men than women, with a male-to-female ratio of 2.1:1. The most affected age group among both males and females was between 25–34 years.
- Mode of transmission was reported for just 21% of cases. The most commonly reported mode was injecting drug use, which accounted for 45% of cases with complete information on transmission status.
- The interpretation of hepatitis C notification data across countries remains problematic, with ongoing differences in surveillance systems and difficulties in defining reported cases as acute or chronic. With hepatitis C, a largely asymptomatic disease until the late stages, surveillance based on notification data is challenging, with data reflecting testing practices rather than true occurrence of disease.

Methods

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This report includes data on newly-diagnosed cases of hepatitis C virus (HCV) infection reported to ECDC by EU/EEA countries. Countries were requested to apply the EU 2018 case definition when reporting data to TESSy, but other case definitions were also accepted.

Acute and chronic hepatitis C infections were differentiated by countries using defined criteria (Table 1).

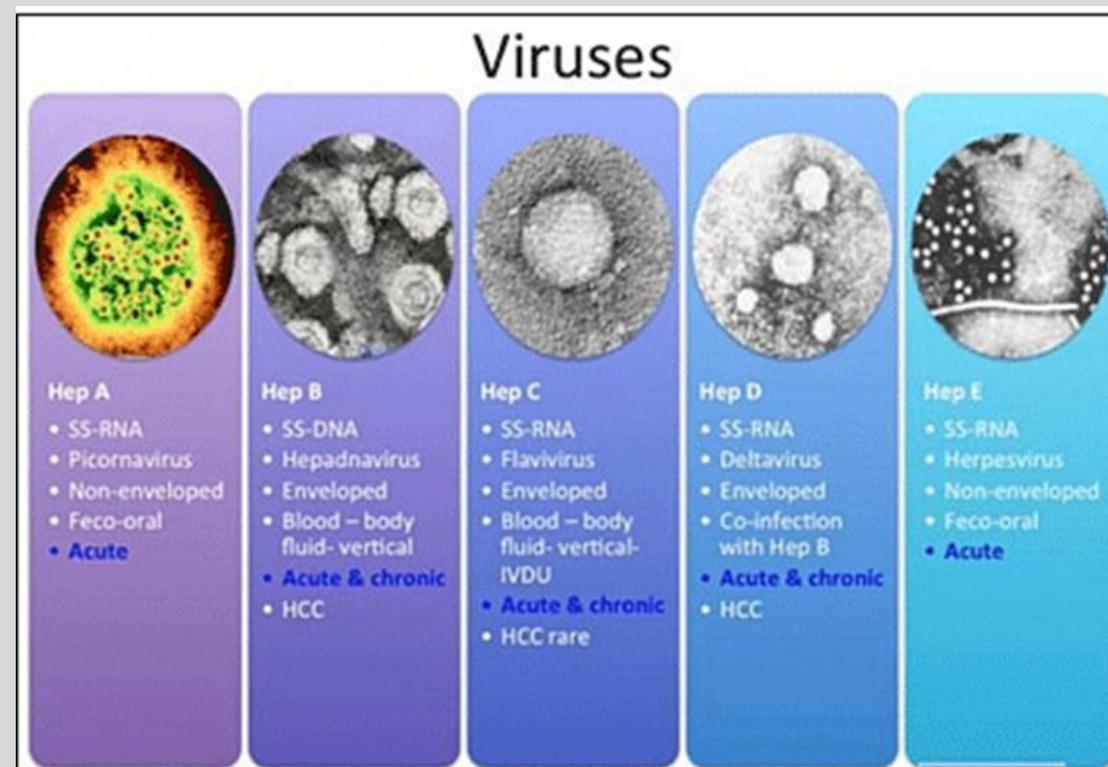
Suggested citation: European Centre for Disease Prevention and Control. Hepatitis C. In: ECDC. Annual epidemiological report for 2019. Stockholm: ECDC; 2021. Stockholm, June 2021. © European Centre for Disease Prevention and Control, 2021. Reproduction is authorised, provided the source is acknowledged.

Os Vírus das Hepatites Virais mais importantes



○ Principais tipos

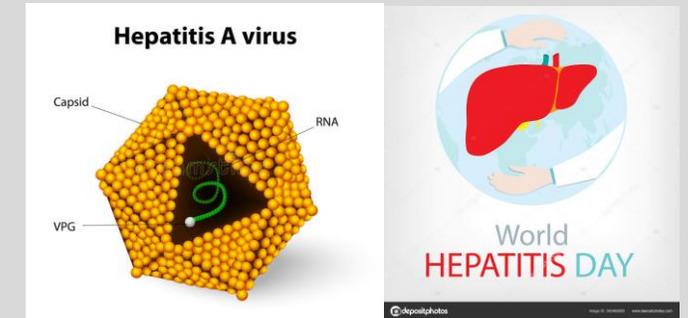
- **1- Hepatite A**
- **2- Hepatite B**
- **3. Hepatite C**
- **4- Hepatite E**
- **5- Hepatite D (Delta)**
- **6- Outros (F, G e outros)**



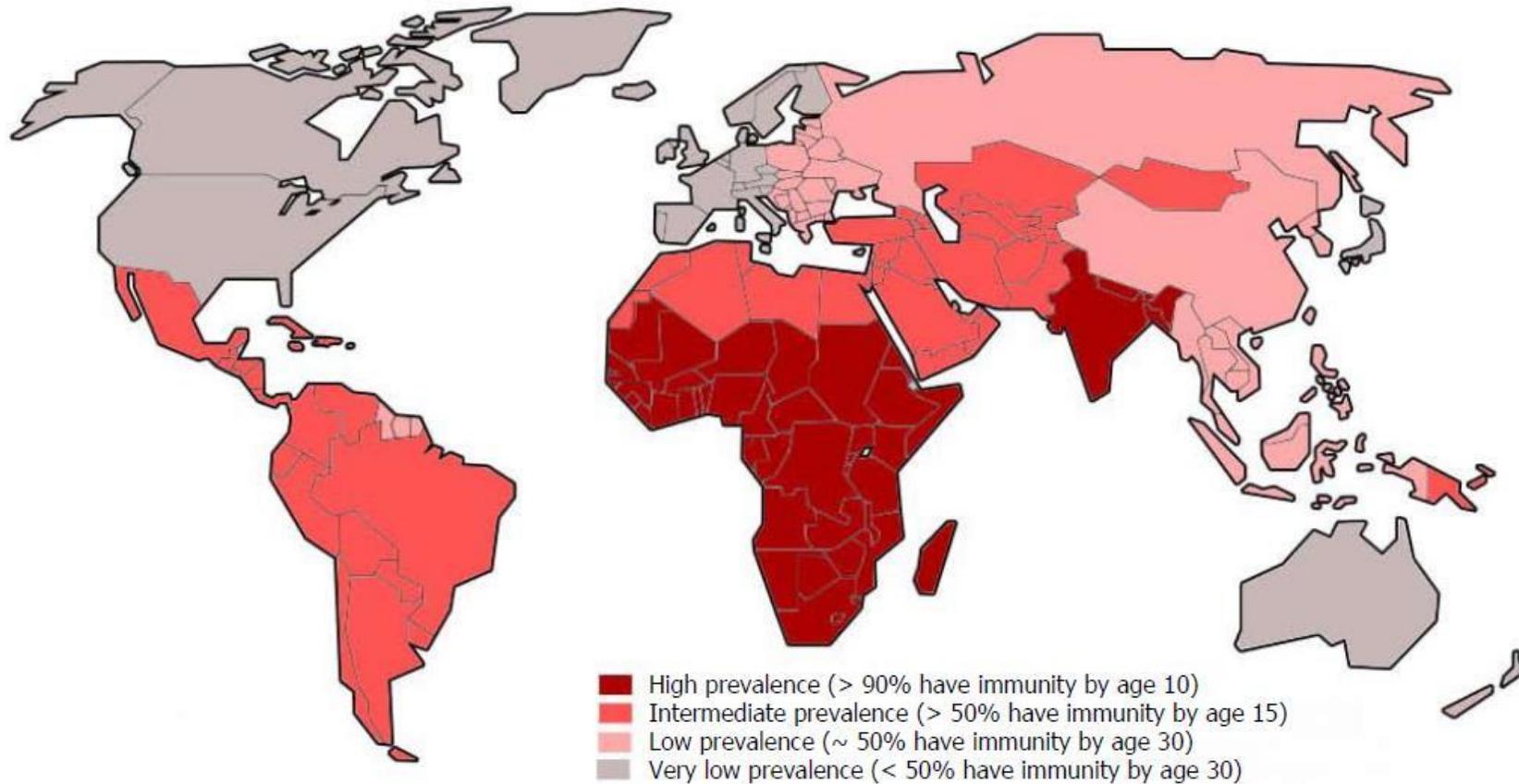
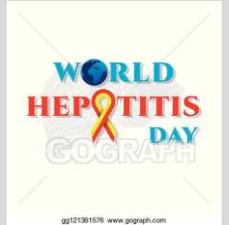
Hepatite A

- - **Principais características**

- - **Transmissão fecal-oral**
- - **Particularmente prevalente nos países com baixos índices de saneamento básico e com contaminação da água e dos alimentos, onde afeta sobretudo as crianças**
- - **Importante causa de hepatite aguda de importação em viajantes, podendo afetar todas as idades**
- - **Reduzida gravidade clínica na idade pediátrica**
- - **Morbi-Mortalidade não completamente despiciente, em particular em doentes mais vulneráveis (idosos, cirrose hepática, etc.)**
- **Sem tratamento específico**
- **Vacina disponível altamente eficaz e bem tolerada, embora não faça parte do calendário vacinal obrigatório. Existe na formulação isolada ou em associação com a da Hepatite B ou com a Febre Tifoide**



Epidemiologia Geral

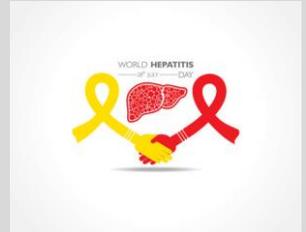


Source: Jacobsen KH. Globalization and the Changing Epidemiology of Hepatitis A Virus. Cold Spring Harb Perspect Med 2018 Mar 2 PMID: 29500305

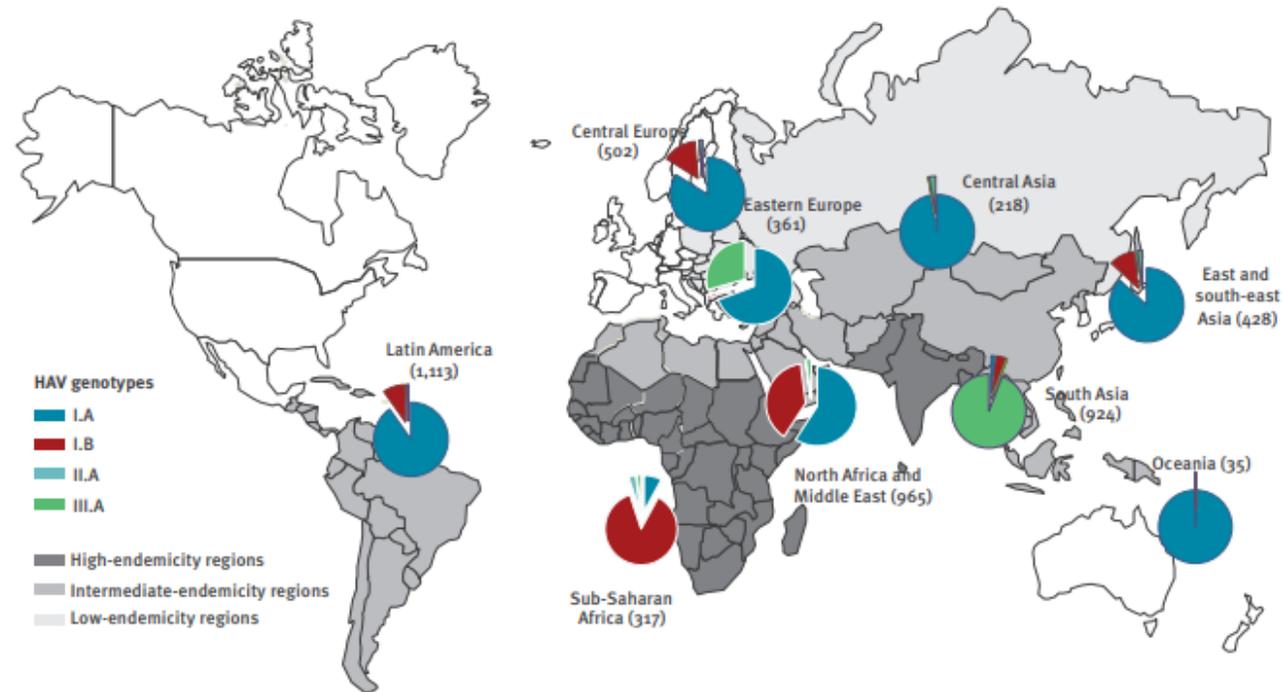
Prevalence of hepatitis A

29/07/2021

Epidemiologia Molecular



Distribution of human hepatitis A virus genotypes over the endemic Global Burden of Disease regions, pre-2010–2017 (n = 4,863)



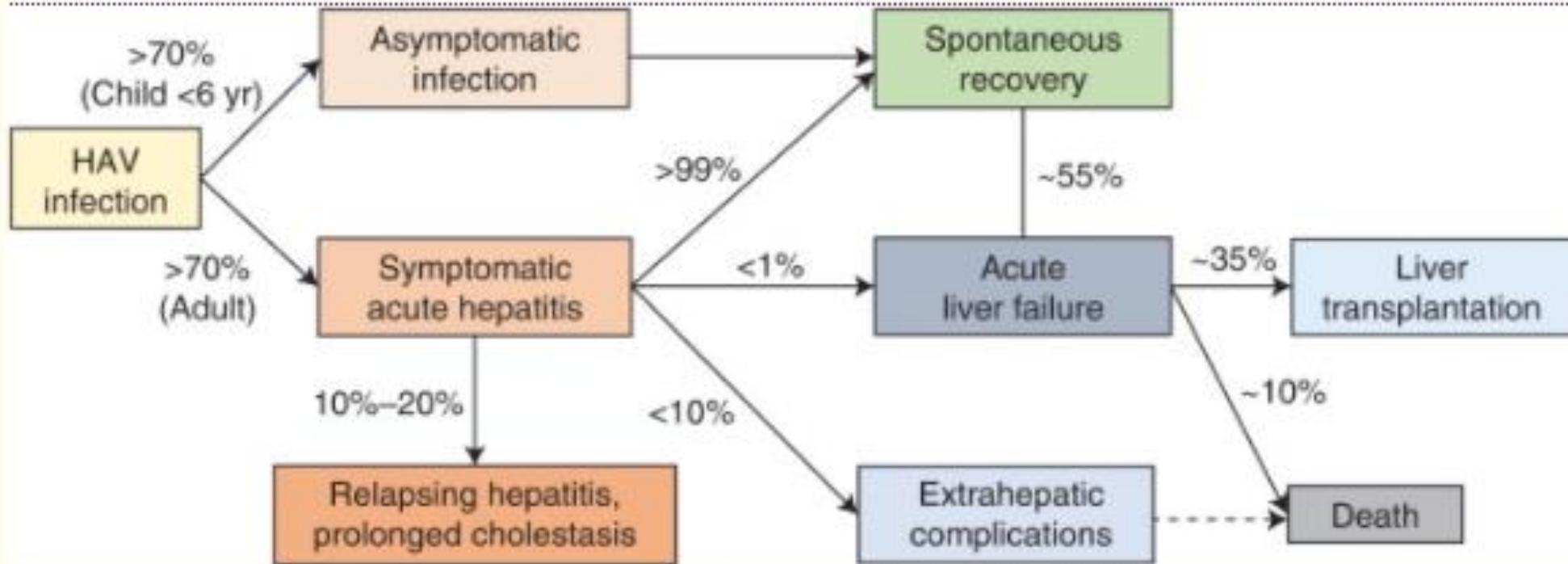
HAVNet: hepatitis A virus Network.

This map is based on the suspected origin of the virus as reported by HAVNet members or determined from the GenBank record or associated publications.

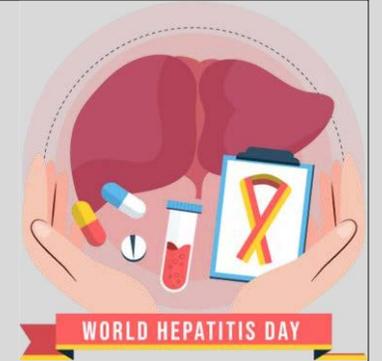
The number of sequences per region are shown in parentheses. Reports from regions of very low endemicity have been omitted.

Maior possível patogenicidade do genótipo IB

A evolução natural da infeção



Uma epidemiologia em transformação



European Centre for Disease Prevention and Control

An agency of the European Union

Epidemiological update: Hepatitis A outbreak in the EU/EEA mostly affecting men who have sex with men Archived

RESEARCH ARTICLE

Travel-associated hepatitis A in Europe, 2009 to 2015

Julien Beauté¹, Therese Westrell¹, Daniela Schmid², Luise Müller³, Jevgenia Epstein⁴, Mia Kontio⁵, Elisabeth Couturier⁶, Mirko Faber⁷, Kassiani Mellou⁸, Maria-Louise Borg⁹, Ingrid Friesema¹⁰, Line Vold¹¹, Ettore Severi^{1,12}

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3. Statens Serum Institut, Copenhagen, Denmark
4. Health Board, Tallinn, Estonia
5. National Institute for Health and Welfare, Helsinki, Finland
6. Santé Publique France, Saint-Maurice, France
7. Robert Koch Institut, Berlin, Germany
8. Hellenic Centre for Disease Control and Prevention, Athens, Greece
9. Infectious Disease Prevention and Control Unit, Msida, Malta
10. National Institute for Public Health and the Environment, Bilthoven, The Netherlands
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Citation style for this article:

Beauté Julien, Westrell Therese, Schmid Daniela, Müller Luise, Epstein Jevgenia, Kontio Mia, Couturier Elisabeth, Faber Mirko, Mellou Kassiani, Borg Maria-Louise, Friesema Ingrid, Vold Line, Severi Ettore. Travel-associated hepatitis A in Europe, 2009 to 2015. *Euro Surveill.* 2018;23(22):pii=1700583. <https://doi.org/10.2807/1560-7917.ES.2018.23.22.1700583>

Article submitted on 22 Aug 2017 / accepted on 25 Jan 2018 / published on 31 May 2018

O exemplo do que ocorreu na Europa no final da década passada



SURVEILLANCE AND OUTBREAK REPORT

Hepatitis A outbreak disproportionately affecting men who have sex with men (MSM) in the European Union and European Economic Area, June 2016 to May 2017

Patricia Ndumbi^{1,4}, Gudrun S Freidl^{1,5}, Christopher J Williams^{1,2}, Otilia Mårdh³, Carmen Varela⁴, Ana Avellón⁴, Ingrid Friesema⁵, Harry Vennema⁵, Kazim Beebejaun⁶, Siew Lin Ngui⁶, Michael Edelstein⁶, Alison Smith-Palmer⁷, Niamh Murphy⁸, Jonathan Dean⁹, Mirko Faber¹⁰, Jürgen Wenzel¹¹, Mia Kontio¹², Luise Müller¹³, Sofie Elisabeth Midgley¹³, Lena Sundqvist¹⁴, Josefine Lundberg Ederth¹⁴, Anne-Marie Roque-Afonso¹⁵, Elisabeth Couturier¹⁶, Sofie Klamer¹⁷, Javiera Rebolledo¹⁷, Vanessa Suin¹⁷, Stephan W. Aberle¹⁸, Daniela Schmid¹⁹, Rita De Sousa²⁰, Gonçalo Figueiredo Augusto²¹, Valeria Alfonsi²², Martina Del Manso²², Anna Rita Ciccaglione²², Kassiani Mellou²³, Christos Hadjichristodoulou²⁴, Alastair Donachie^{1,2,5}, Maria-Louise Borg²⁵, Maja Sočan²⁶, Mario Poljak²⁷, Ettore Severi³, Members of the European Hepatitis A Outbreak Investigation Team²⁸

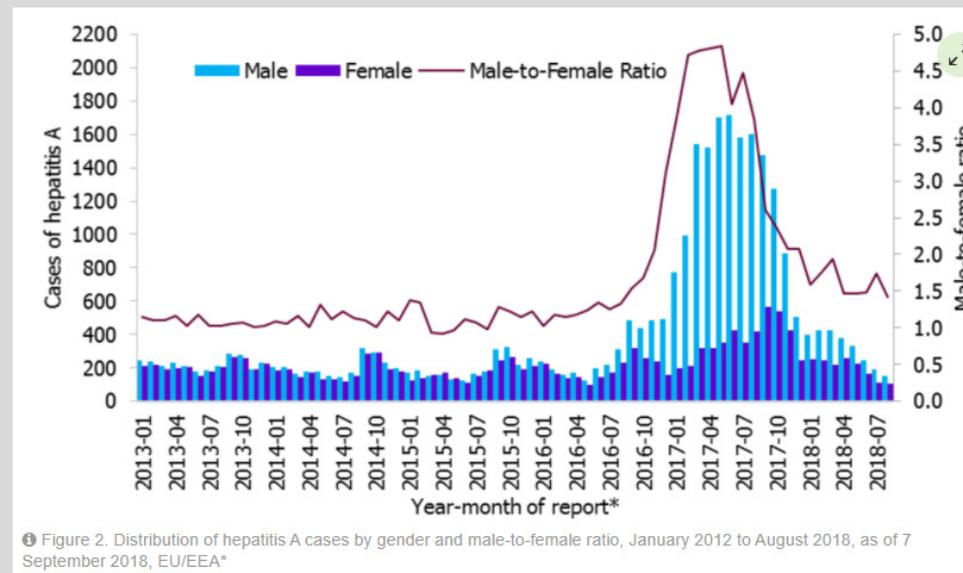
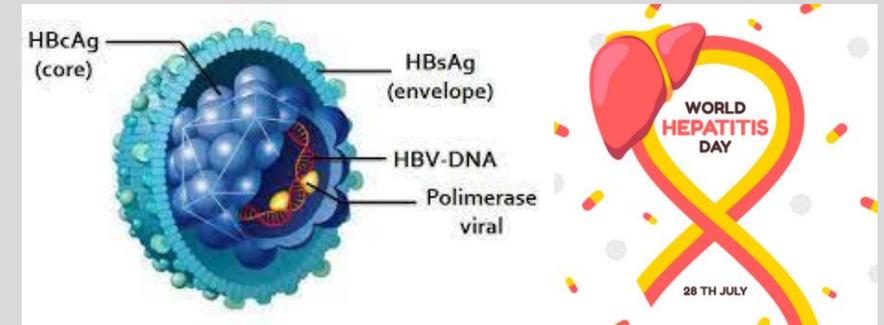


Figure 2. Distribution of hepatitis A cases by gender and male-to-female ratio, January 2012 to August 2018, as of September 2018, EU/EEA*

Hepatite B



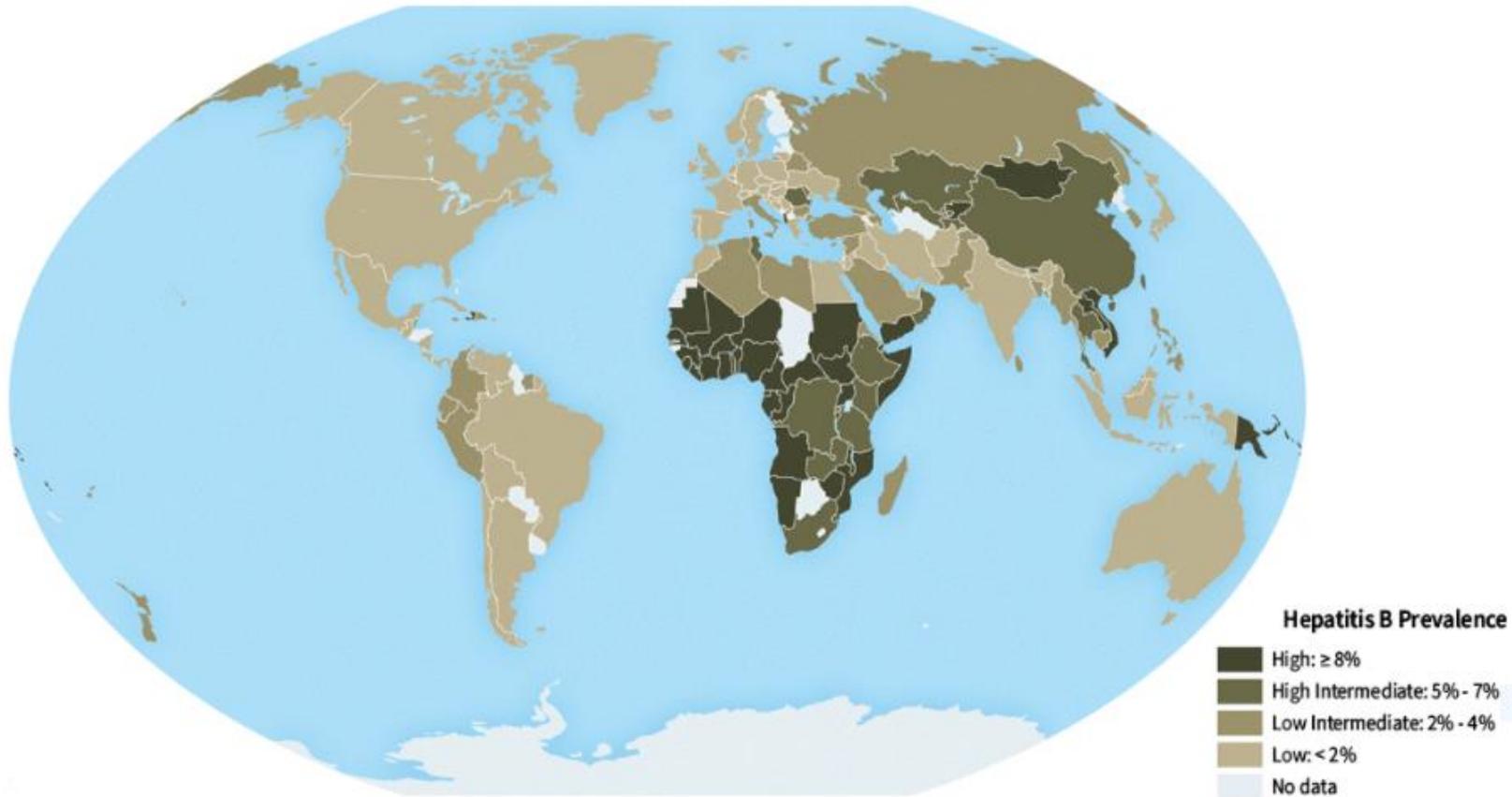
○ Principais características

- - **Transmissão pelo sangue, sexual, mãe-filho, intrafamiliar ou por transplante de órgãos**
- - **Particularmente prevalente nos países com baixos índices de cobertura vacinal ou de segurança transfusional, tal como com elevada prevalência de toxicodependência e sem programas eficazes de redução de danos (África, Extremo Oriente, América Latina)**
- - **Importante causa de hepatite aguda, sobretudo no contexto das doenças de importação**
- - **Morbi-Mortalidade relevante, em particular na fase aguda (hepatite fulminante), ou na fase crónica, em doentes mais vulneráveis (cirrose hepática, imunodeficientes, etc.)**
- **Pode ser uma infeção oculta (ter marcadores serológicos negativos, ou Ac Anti-HBc + isoladamente)**
- **Tratamento específico eficaz com duração de alguns meses até anos**
- **Não é curável, pois o vírus tem integração genómica**
- **Importante causa de cirrose hepática e de tumor maligno primitivo do fígado, tal como, mais raramente, de doenças sistémicas graves (vasculites, etc.)**
- **Vacina disponível, eficaz e bem tolerada, fazendo parte do calendário vacinal obrigatório na infância desde há cerca de três décadas em Portugal. Existe na formulação isolada ou em associação com a da Hepatite A**
- **Coinfeção com frequência variável com os vírus VIH e da Hepatite C e/ou Delta (particularmente em países com baixos índices de segurança transfusional, elevada prevalência de toxicodependência ou sem programas eficazes de redução de danos e sem acesso aos novos tratamentos)**

Epidemiologia Geral



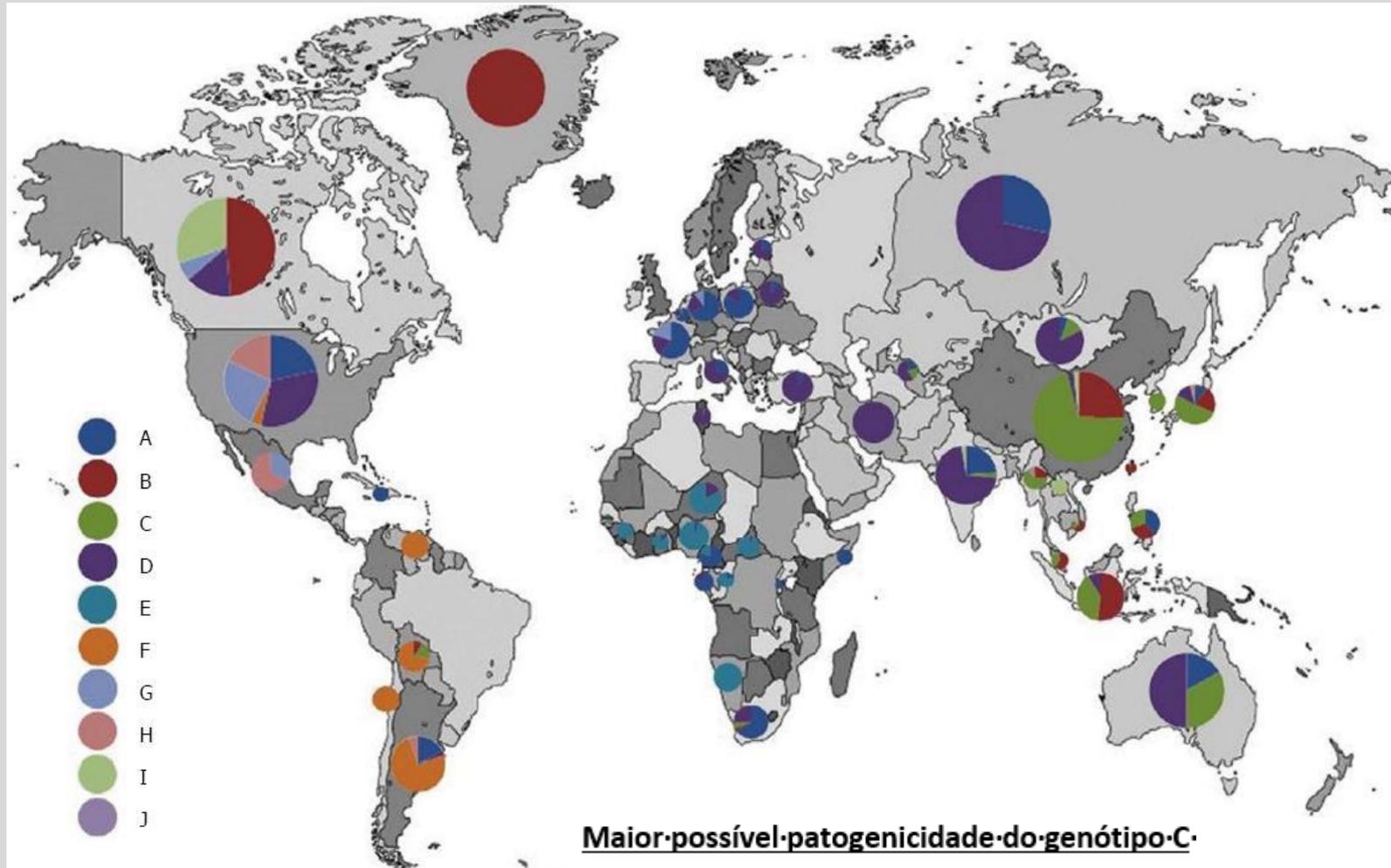
Countries most affected by hepatitis B



Source: Centers for Disease Control and Prevention. [CDC Yellow Book 2020](#): Health Information for International Travel. New York: Oxford University Press; 2019.

29/07/2021

Epidemiologia Molecular



Estatística Mundial



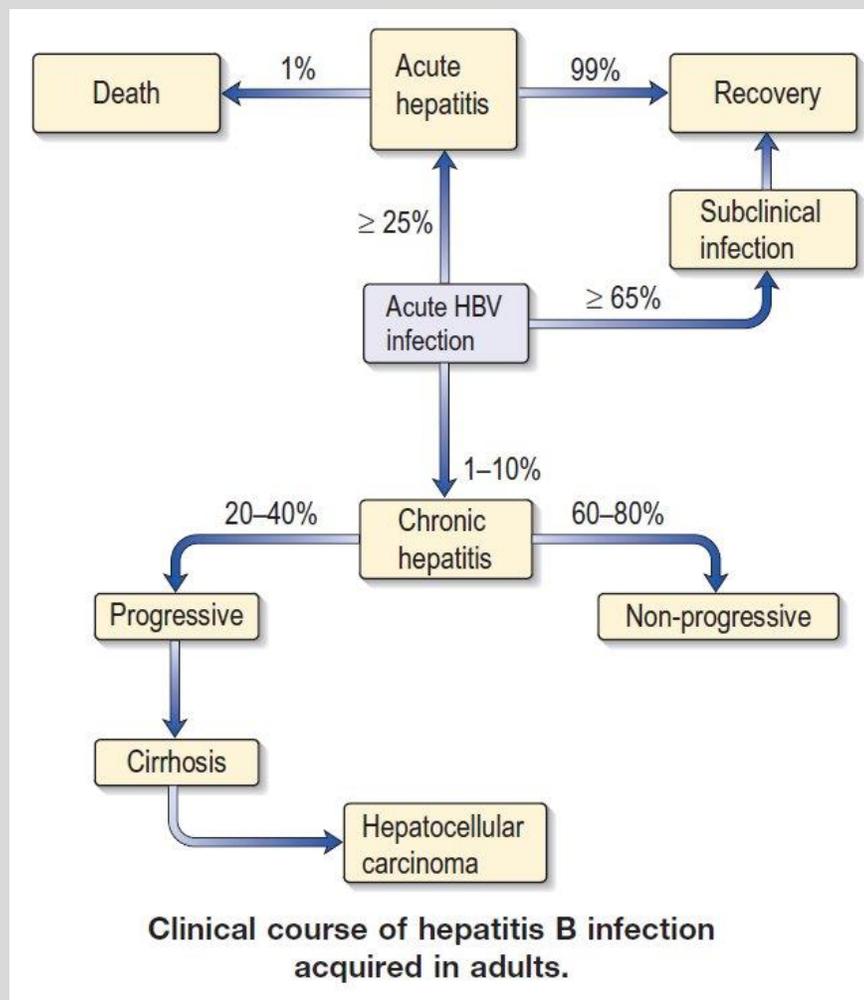
Viral Hepatitis

Key Facts

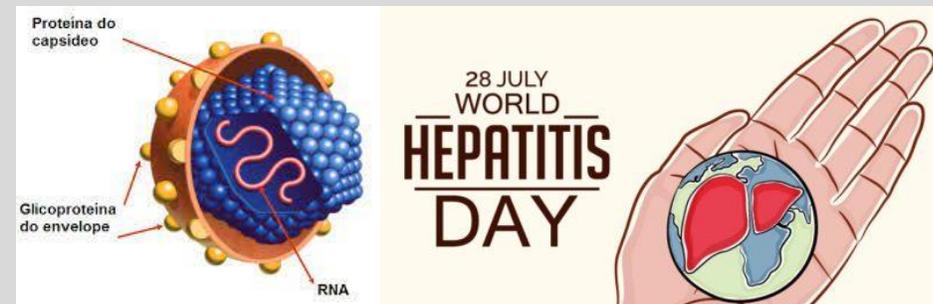
The World Health Organization (WHO) estimates that during 2019(1):

- 296 million people worldwide are living with hepatitis B
- 58 million people worldwide are living with hepatitis C
- 1.5 million people were newly infected with chronic hepatitis B
- 1.5 million people were newly infected with chronic hepatitis C

A evolução natural da infeção



Hepatite C



Principais características

- - **Transmissão pelo sangue (mais raramente, transplante de órgãos, mãe-filho ou sexual)**
- - **Particularmente prevalente nos países com baixos índices de segurança transfusional, com elevada prevalência de toxicod dependência e sem programas eficazes de redução de danos (África, Extremo Oriente, América Latina)**
- - **Importante causa de hepatite aguda, podendo causar reinfeções**
- - **Morbi-Mortalidade relevante. Na fase aguda (hepatite fulminante, não tão frequente como na Hepatite B). Na fase crônica, em doentes mais vulneráveis (cirrose hepática, imunodeficientes, etc.), na população sem acesso aos novos tratamentos**
- **Pode ser oculta (ter marcadores serológicos negativos)**
- **Tratamento específico eficaz e bem tolerado, podendo ser curada em 8 a 12 semanas de tratamento em > 95% dos doentes *naive***
- **O vírus não tem integração genômica, mas pode ter outros reservatórios celulares para além do fígado (tecido linfóide)**
- **Importante causa de cirrose hepática e de tumor maligno primitivo do fígado, tal como, mais raramente, de doenças sistêmicas graves (vasculites, doenças linfoproliferativas, etc.), sobretudo na população sem acesso aos novos tratamentos**
- **Vacina não disponível**
- **Coinfeção frequente com os vírus VIH e da Hepatite B (particularmente em países com baixos índices de segurança transfusional, com elevada prevalência de toxicod dependência ou sem programas eficazes de redução de danos ou acesso aos novos tratamentos)**

Epidemiologia Geral



Countries most affected by hepatitis C



Source: Centers for Disease Control and Prevention. [CDC Yellow Book 2020](#): Health Information for International Travel. New York: Oxford University Press; 2019.

29/07/2021

Epidemiologia Molecular



Daw MA *et al.* Geographical integration of hepatitis C virus

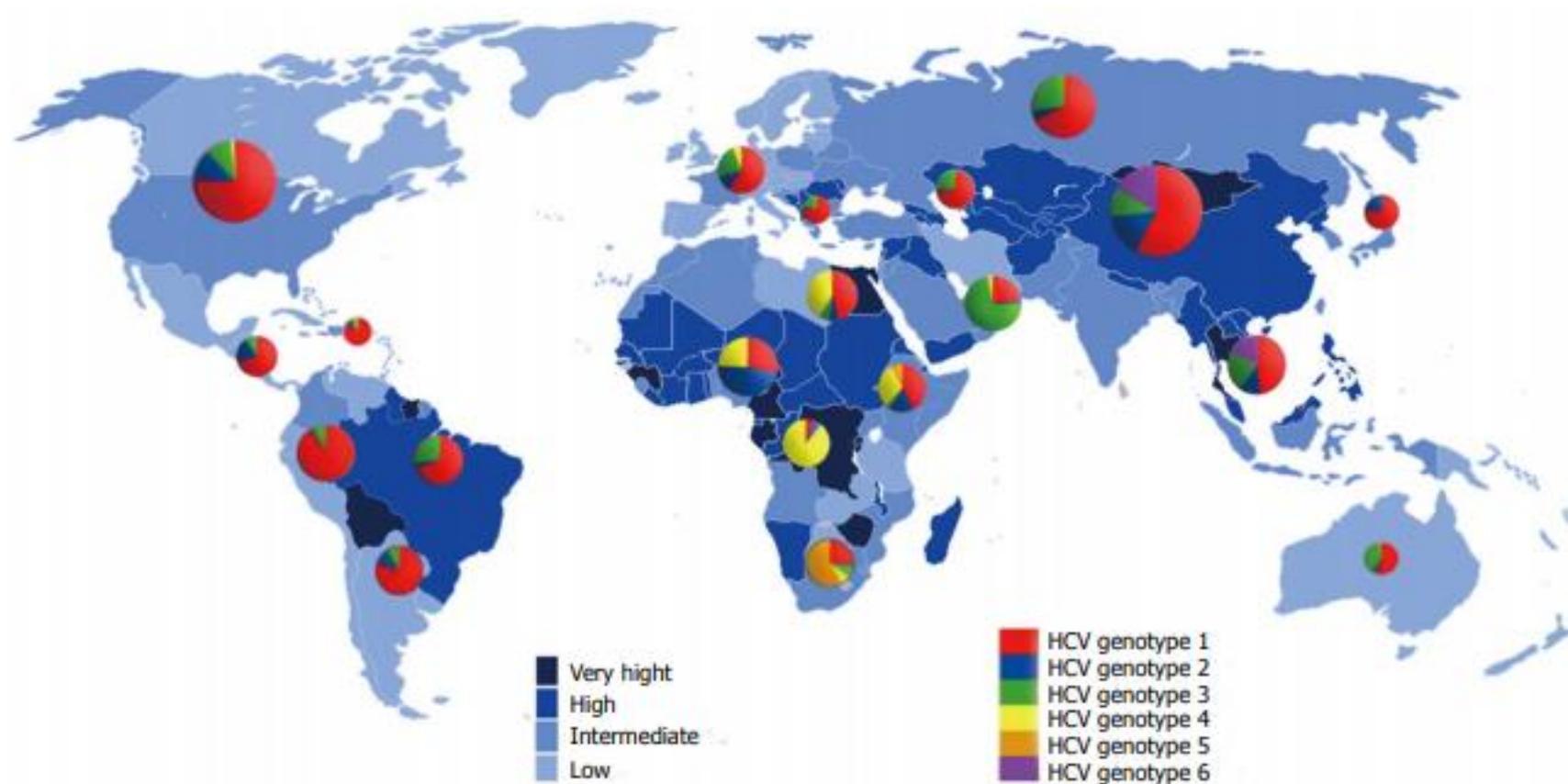
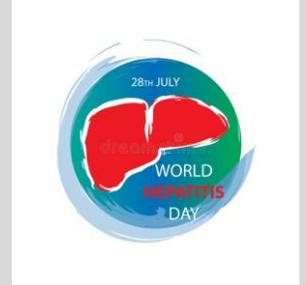


Figure 1 Overall prevalence of hepatitis C virus infections and the distribution of different hepatitis C virus genotypes worldwide. HCV: Hepatitis C virus.

29/07/2021

Estatística Mundial

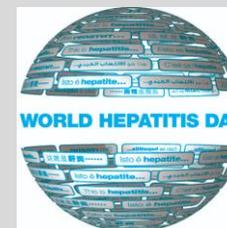


Viral Hepatitis

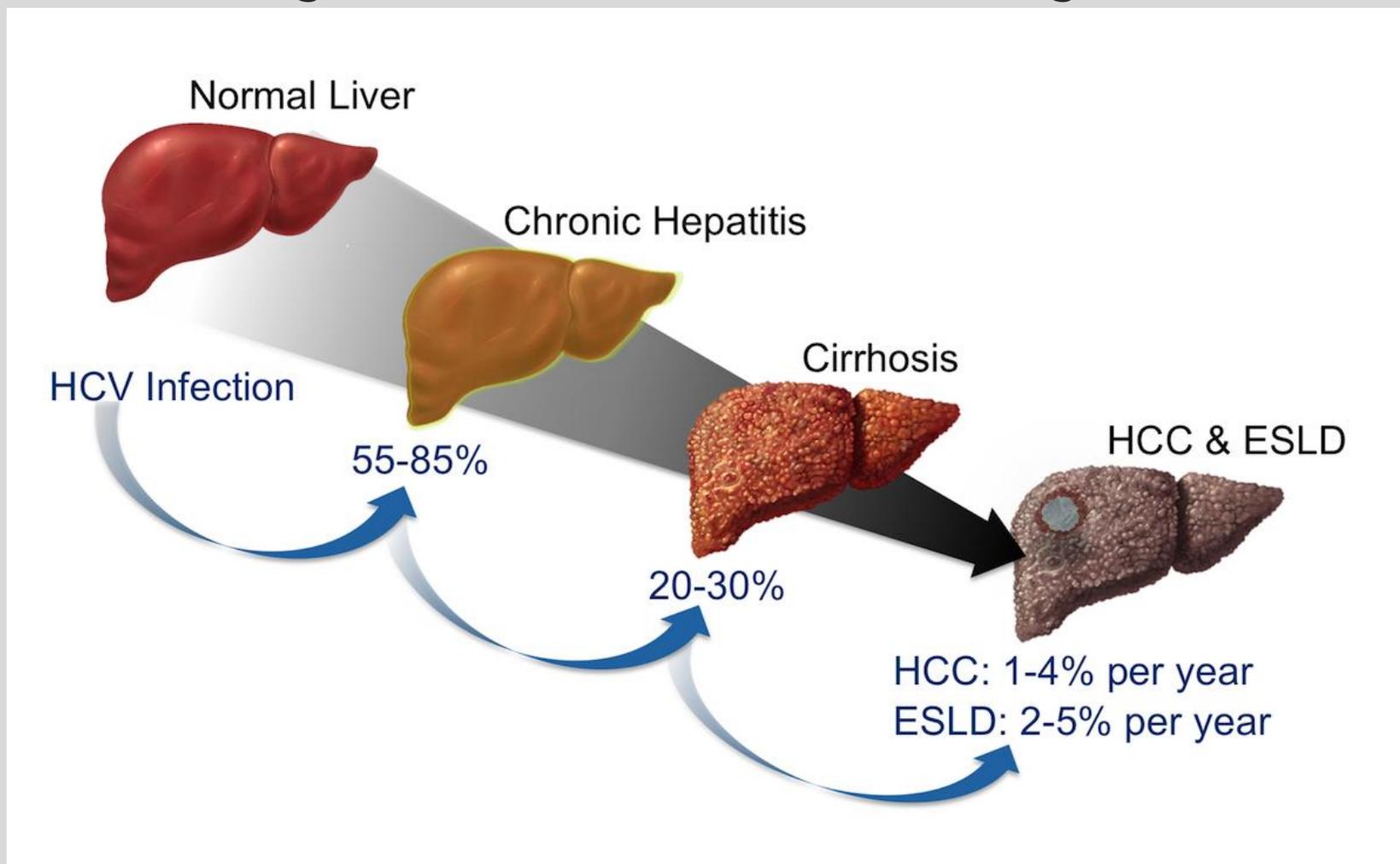
Key Facts

The World Health Organization (WHO) estimates that during 2019(1):

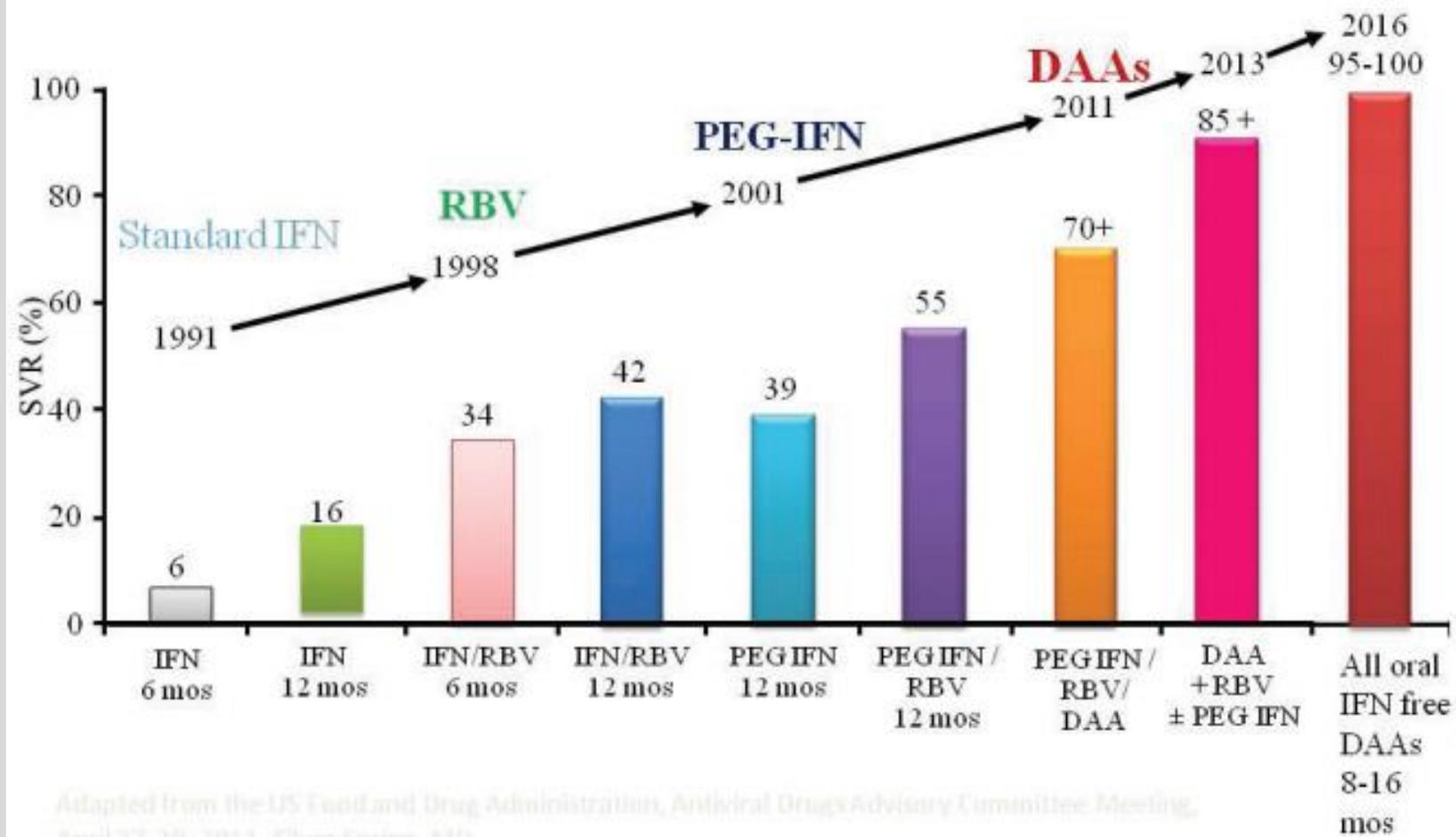
- 296 million people worldwide are living with hepatitis B
- 58 million people worldwide are living with hepatitis C
- 1.5 million people were newly infected with chronic hepatitis B
- 1.5 million people were newly infected with chronic hepatitis C



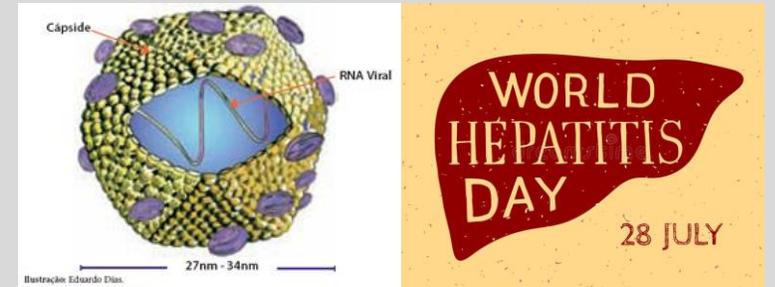
A evolução natural da infecção



A Revolução no Tratamento



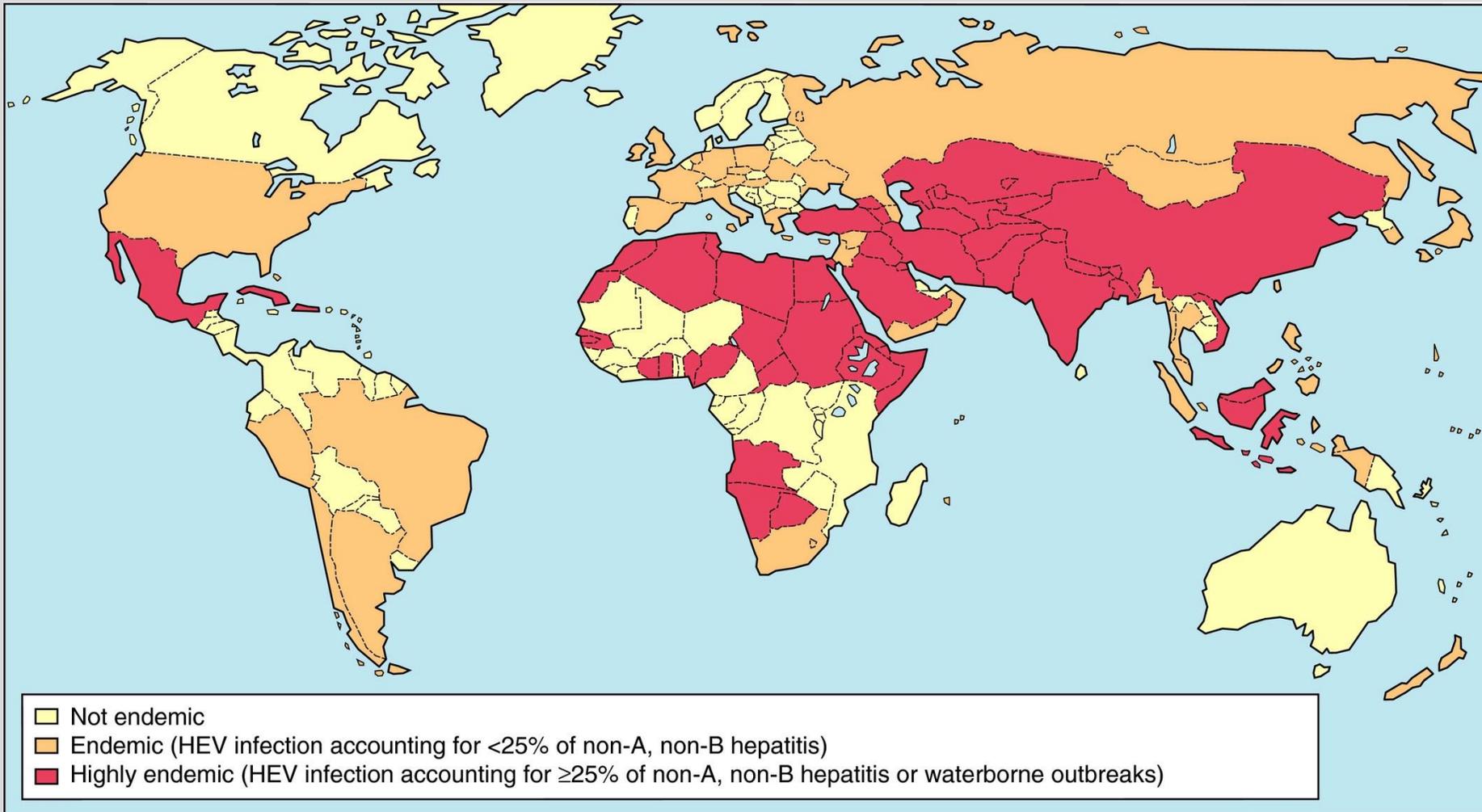
Hepatite E



○ Principais características

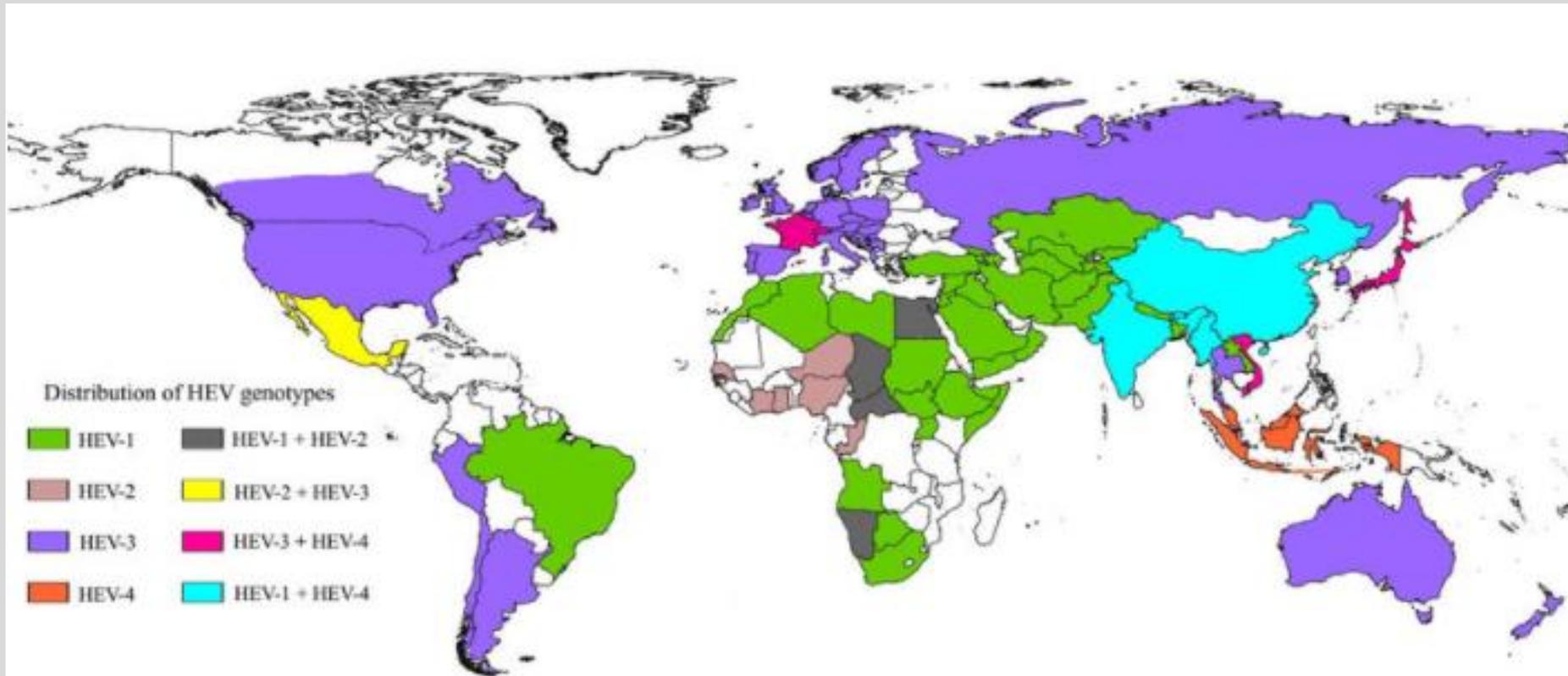
- - **Transmissão fecal-oral**
- - **Particularmente prevalente nos países com baixos índices de saneamento básico, e com contaminação da água e alimentos, onde afeta sobretudo as crianças (sobretudo no extremo oriente e, em particular, na Índia)**
- - **Importante causa de hepatite aguda de importação em viajantes, podendo afetar todas as idades**
- - **Morbi-Mortalidade significativa em subgrupos de doentes (grávidas, cirrose hepática, imunodeficientes, etc.)**
- **Tem tratamento específico relativamente eficaz**
- **Pode apresentar-se com quadros clínicos extra-hepáticos que dificultam o diagnóstico (meningo-encefalites, etc.) ou como doença hepática crónica**
- **Vacina disponível apenas na China, estando ainda em estudo a nível internacional**

Epidemiologia Geral



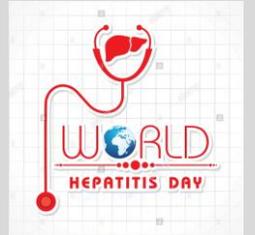
29/07/2021

Epidemiologia Molecular



Global HEV genotype distribution. Different colors on the map indicate the distribution of HEV genotypes (HEV-1 through -4) across the globe. The figure was created using SimpleMapp, an online tool to produce publication-quality point maps [149].

Estatística na Europa



Hepatitis E in the EU/EEA, 2005–2015 SURVEILLANCE REPORT

Figure 3.2. Annual number of confirmed cases of hepatitis E by year of commencement of surveillance, EU/EEA Member States, 2005–2015 *

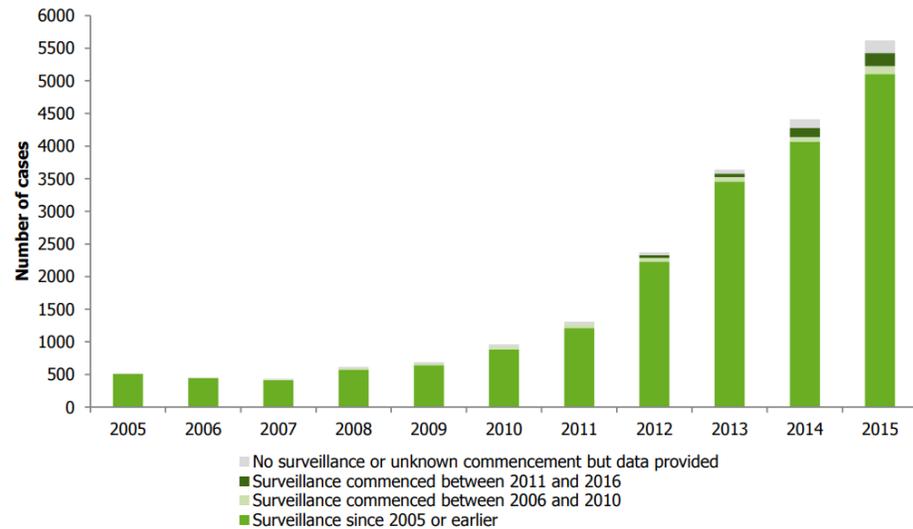
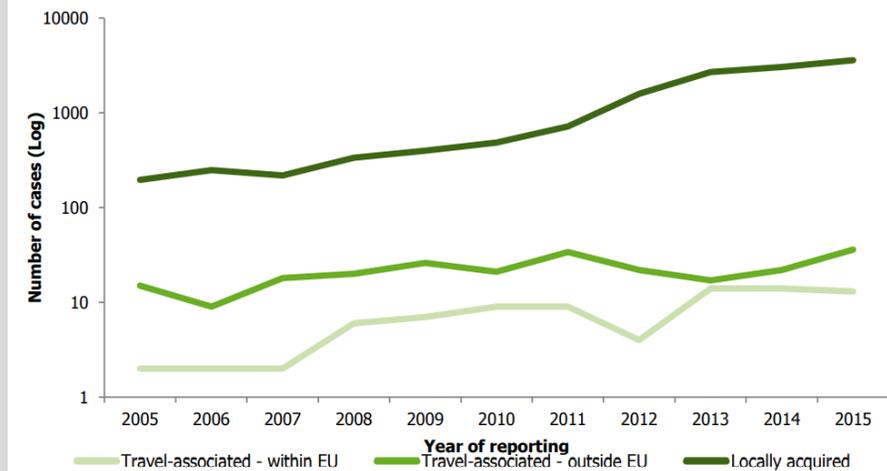
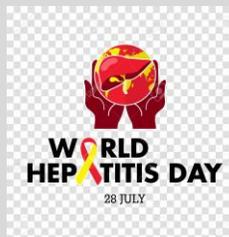


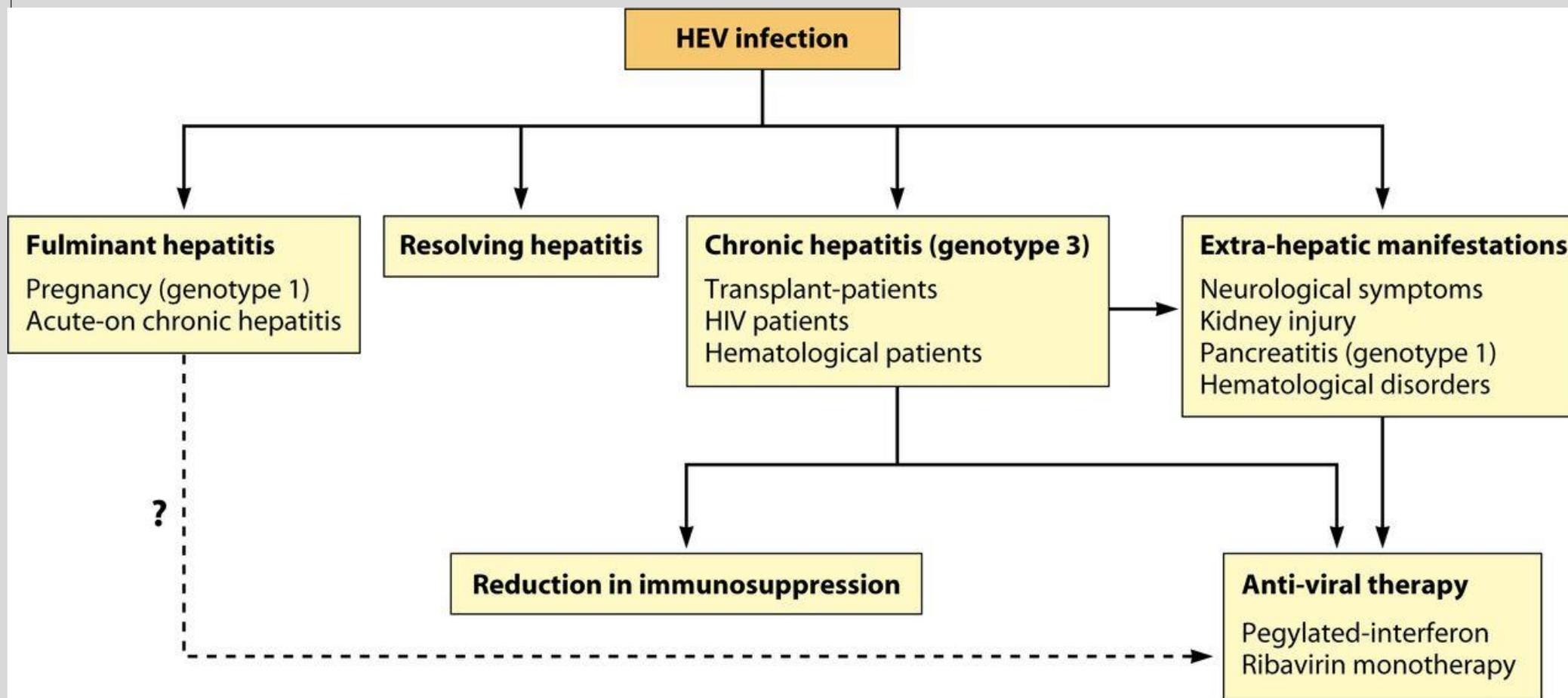
Figure 3.7. Confirmed cases of hepatitis E by travel history and year, EU/EEA Member States, 2005–2015*



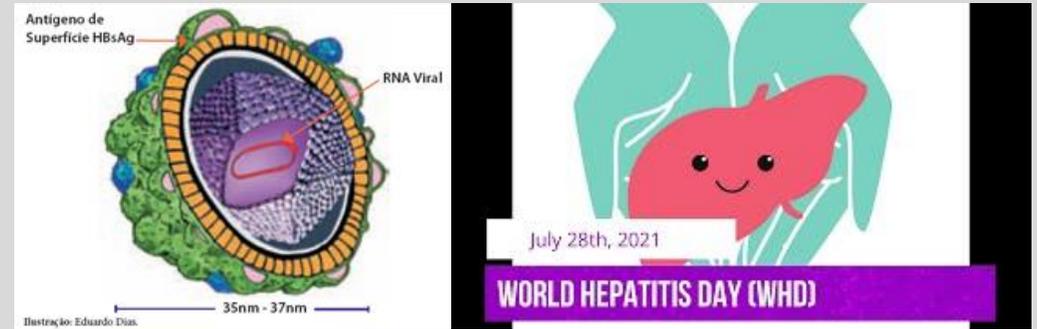
*Data on travel history available for: Austria, Croatia, Czech Republic, Estonia, France, Hungary, Italy, Latvia, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, United Kingdom (England, Wales, Northern Ireland);



A evolução natural da infeção



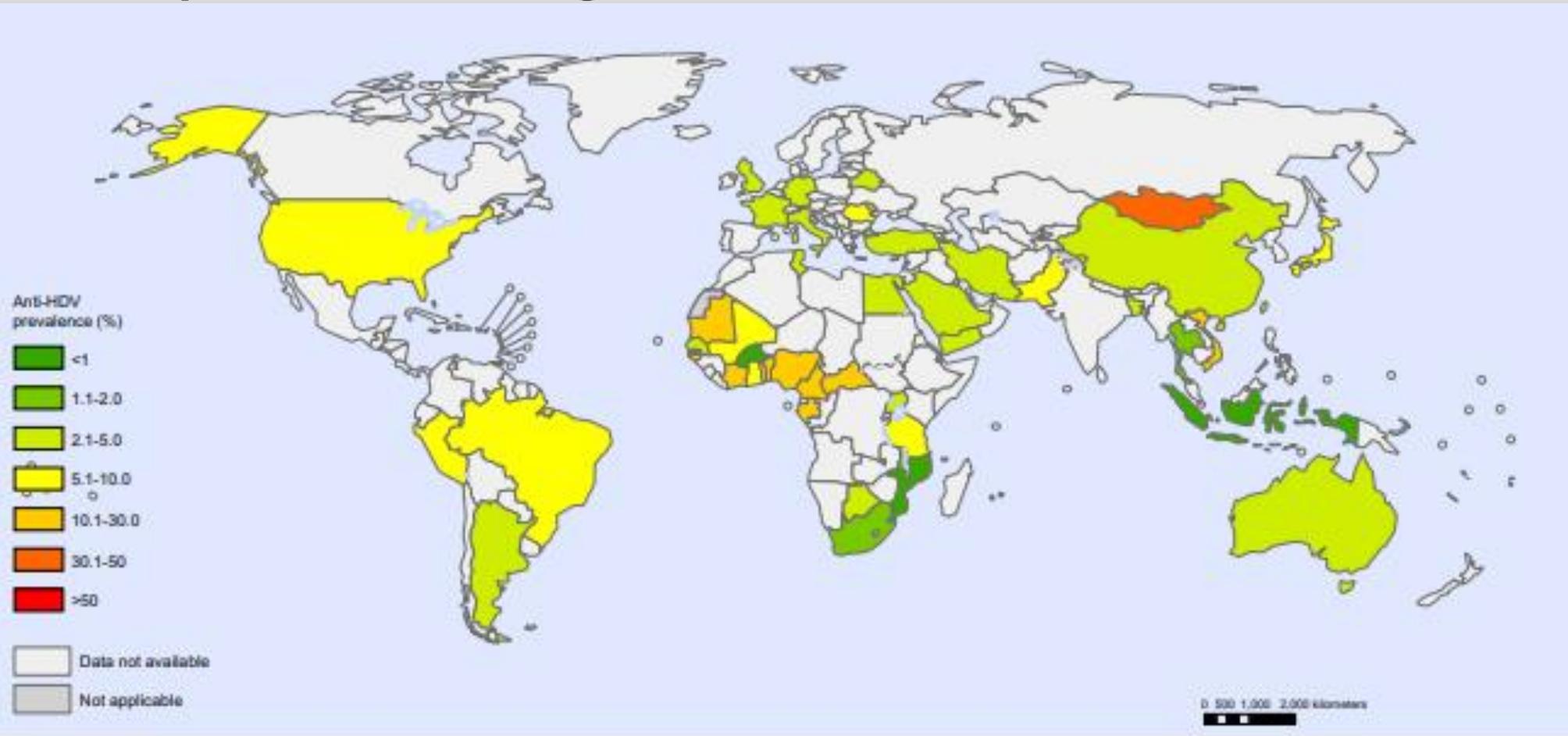
Hepatite Delta (D)



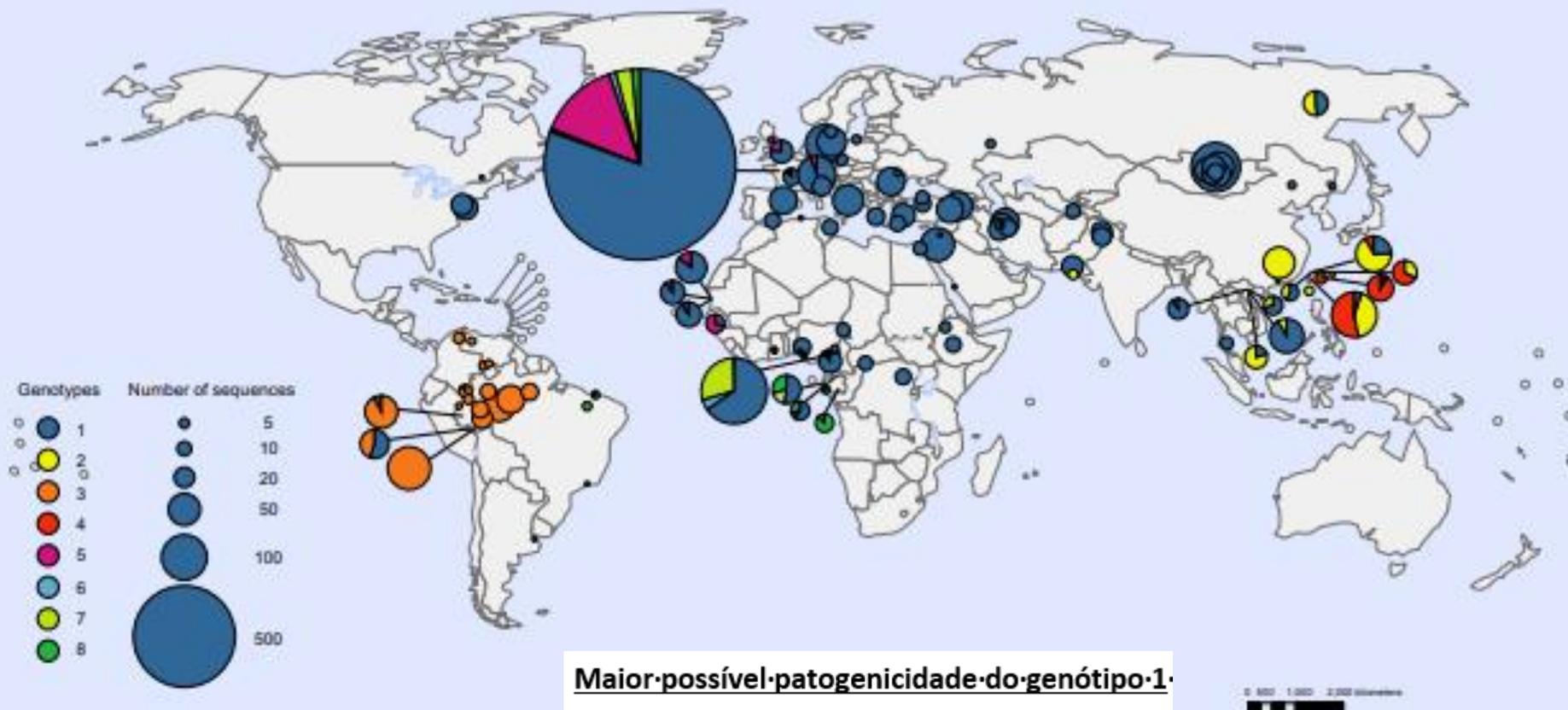
○ Principais características

- - **Transmissão pelo sangue ou por transplante de órgãos, particularmente em países com baixos índices de segurança transfusional, com elevada prevalência de toxicodependência e sem programas eficazes de redução de danos**
- - **Particularmente prevalente nos países com baixos índices de cobertura vacinal da Hepatite B (África, Extremo Oriente, América Latina)**
- - **Possível causa de hepatite aguda, sobretudo no contexto das doenças de importação, mediante exposição de risco**
- - **Morbi-Mortalidade relevante, em particular na fase aguda (hepatite fulminante, em doentes portadores de Hepatite B crónica), ou, na fase crónica, em doentes mais vulneráveis (cirrose hepática, imunodeficientes, etc.)**
- **Só causa infecção e doença na presença simultânea de AgHbs da Hepatite B**
- **Tratamento específico não muito eficaz com duração de alguns meses até anos (PegINH Alfa sc)**
- **Importante causa de cirrose hepática e de tumor maligno primitivo do fígado**
- **Vacina ainda não disponível**
- **Coinfecção com frequência variável com os vírus VIH e da Hepatite C, em doentes com Hepatite B crónica (particularmente em países com baixos índices de segurança transfusional, com elevada prevalência de toxicodependência ou sem programas eficazes de redução de danos)**

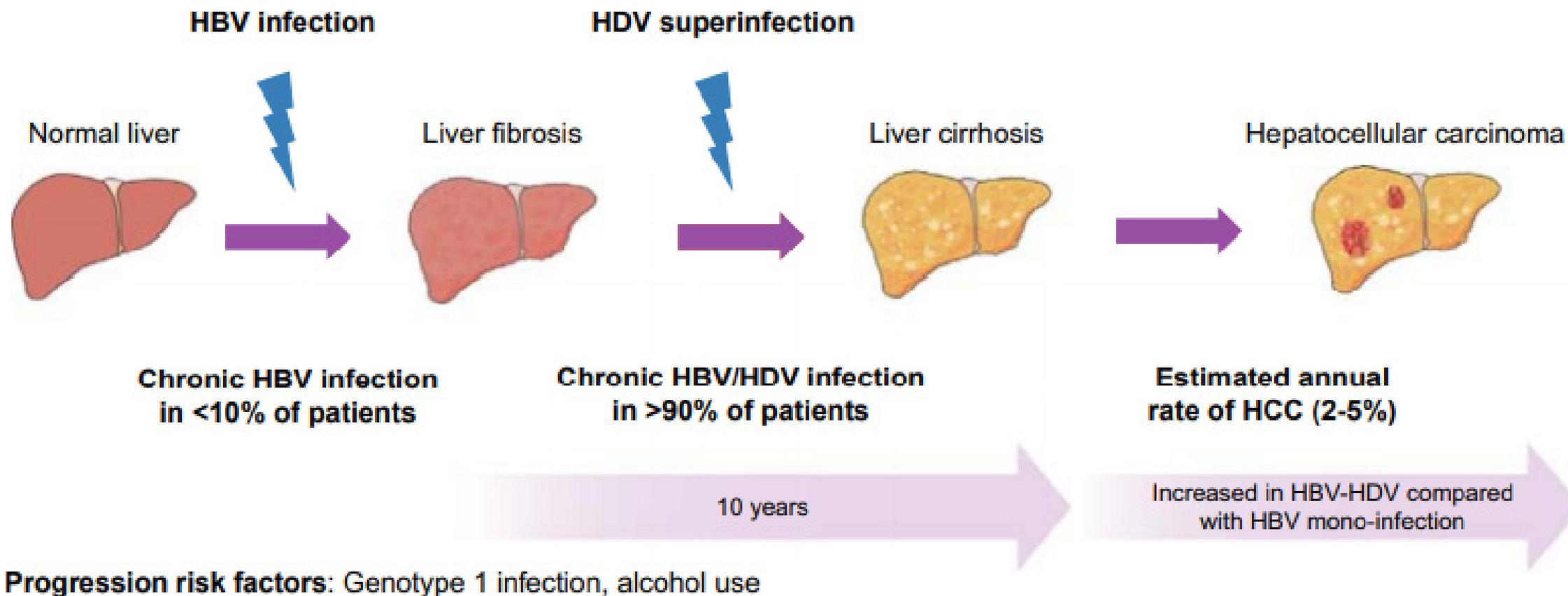
Epidemiologia Geral



Epidemiologia Molecular

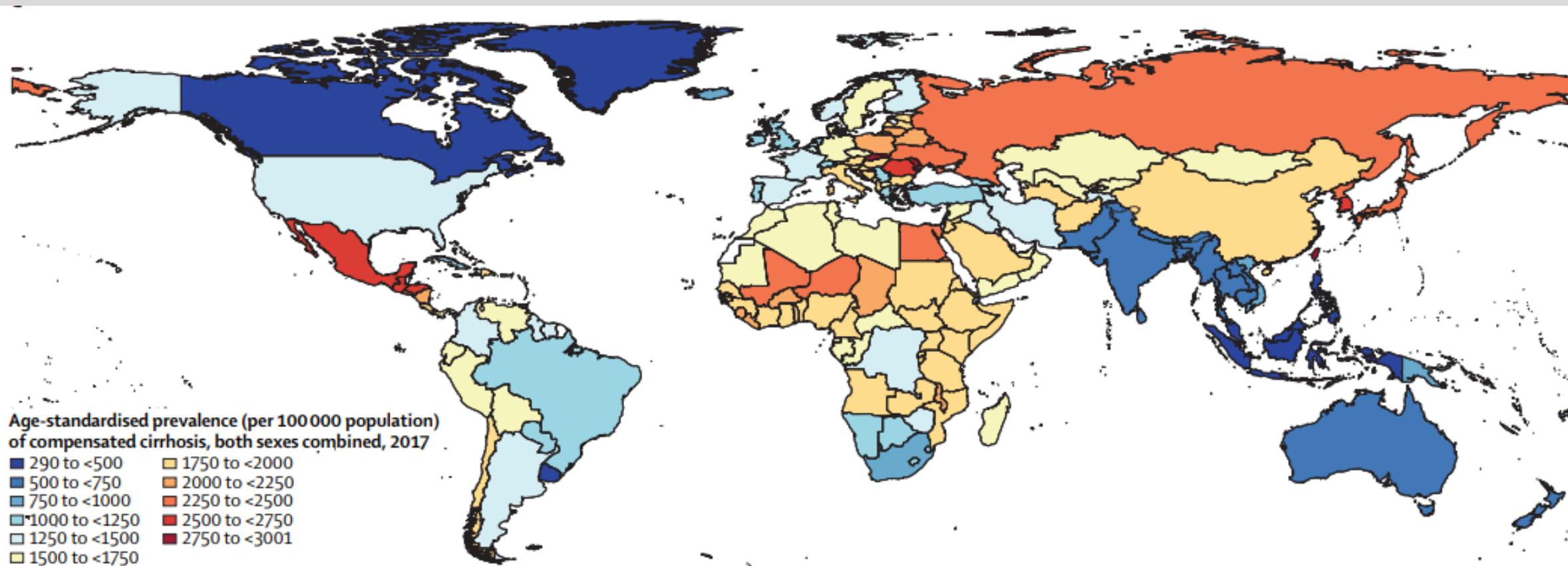


A evolução natural da infeção





Estatística Mundial da Cirrose Hepática





Estatística Mundial do Carcinoma Hepatoceleular

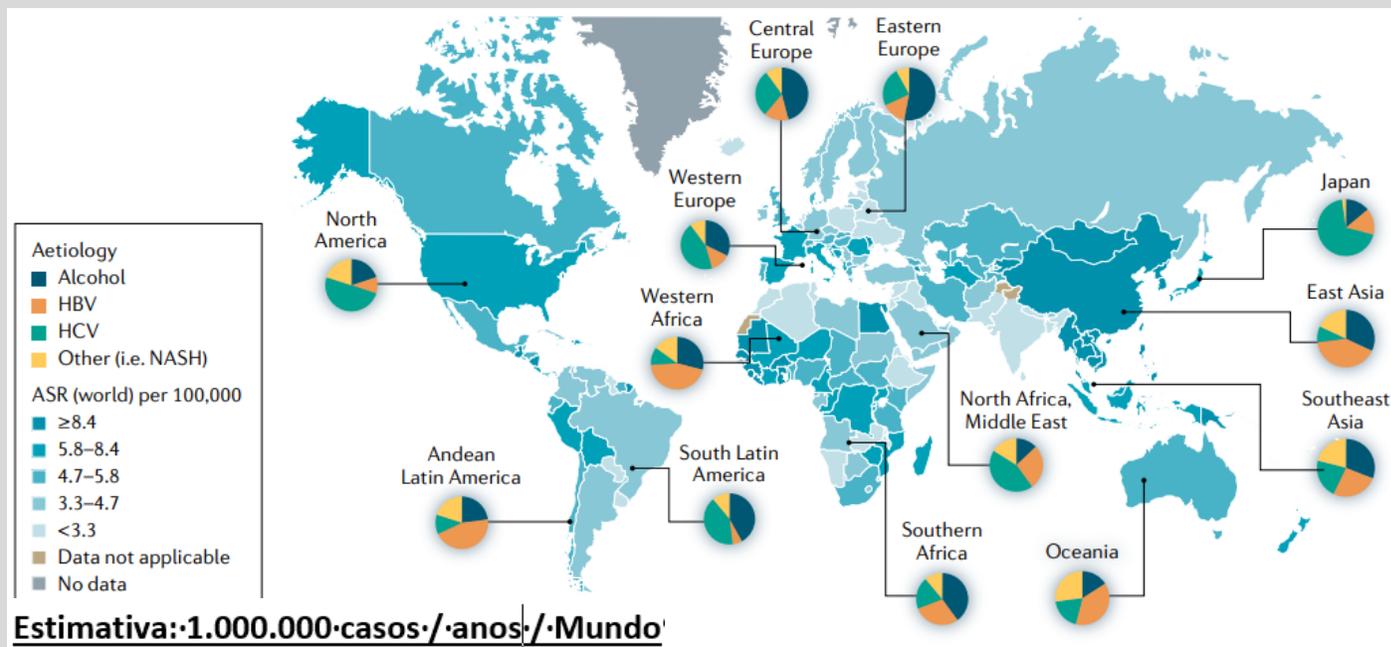
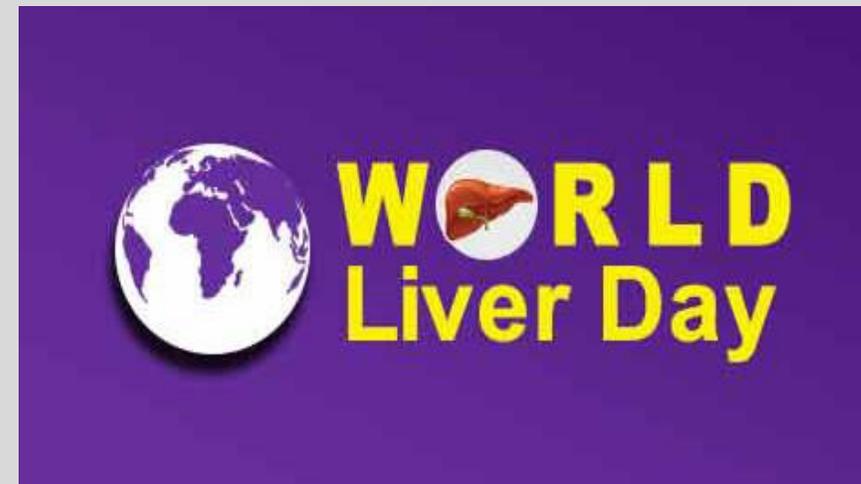
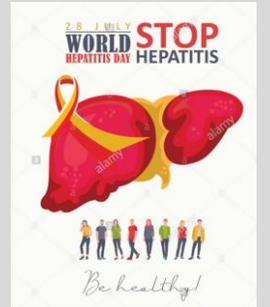


Fig. 1 | **The incidence of HCC according to geographical area and aetiology.** The incidence and major aetiological factors involved in hepatocarcinogenesis are depicted in this figure. The highest incidence of hepatocellular carcinoma (HCC) is observed in East Asia, with Mongolia demonstrating the highest incidence of HCC worldwide. Hepatitis B virus (HBV) is the major aetiological factor in most parts of Asia (except Japan), South America and Africa; Hepatitis C virus (HCV) is the predominant causative factor in Western Europe, North America and Japan, and alcohol intake is the aetiological factor in Central and Eastern Europe. Non-alcoholic steatohepatitis (NASH), the main aetiology included in the category 'Other', is a rapidly increasing risk factor that is expected to become the predominant cause of HCC in high income regions in the near future. ASR, age-standardized incidence rate. Data from REFS^{3,129}. Reprinted from REF.³, Global Cancer Observatory, World Health Organization, Estimated age-standardized incidence rates (World) in 2020, liver, both sexes, all ages, Copyright (2020) (https://gco.iarc.fr/today/online-analysis-map?v=2020&mode=population&mode_population=continents&population=900&populations=9000&key=asr&sex=0&cancer=11&type=0&statistic=5&prevalence=0&population_group=earth&color_palette=default&map_scale=quantile&map_nb_colors=5&continent=0&rotate=%255B10%252C0%255D).

Lemas para a campanha de 2021

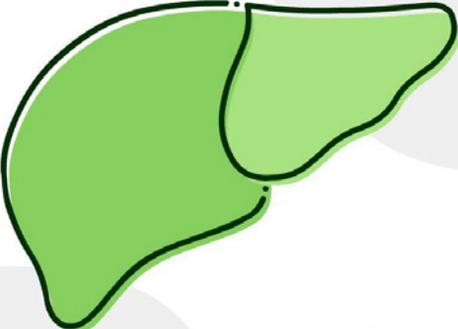


Um compromisso para o Futuro

40 YEARS
OF PROGRESS

It's Time to End the HIV Epidemic

Hepatitis-free future



LET'S ELIMINATE HEPATITIS BY 2030

World Health Organization

ELIMINATE HEPATITIS

World Hepatitis Alliance NOhep

ELIMINATION 2030 = 65% reduction in deaths = 500,000 per year

WHAT'S NOT WORKING

- unsafe injections
- harm reduction inadequate

WHAT IS NEEDED

- surveillance
- birth dose vaccination
- treatment
- diagnosis

WHAT IS WORKING

- infant vaccination
- early adopter countries

HEPATITIS B

257 MILLION PEOPLE = 3.5%

HEPATITIS C

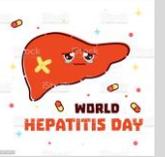
71 MILLION PEOPLE = 1%

1.34 million deaths per year (comparable to TB)

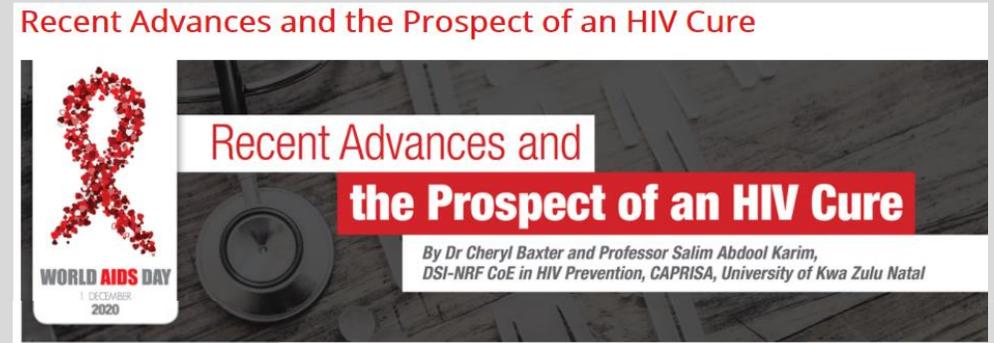
0.8% Hep A, 3.3% Hep E, 30% Hep C, 60% Hep B

mortality increased by 22% since 2000

#Nohep Nohep.org World Health Organization. Global Hepatitis Report, 2017. April 2017



Um último desafio: Que a semelhança do HCV, possamos um dia curar o HIV e o HBV



Towards an HIV Cure
IAS

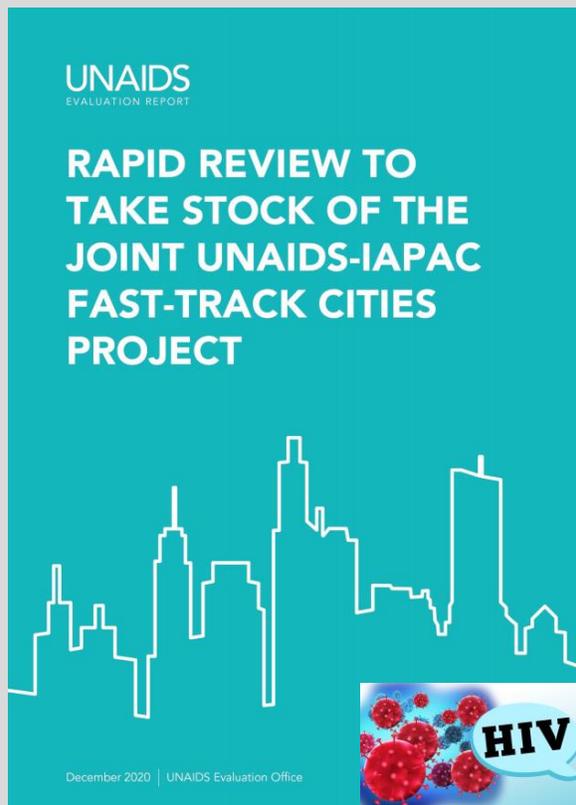
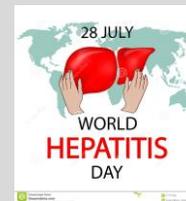
Towards an HIV Cure
IAS



Então o que será necessário, para atingir este importante objetivo mundial?



Fazer o rastreio simultâneo e generalizado das infeções VIH+HCV/HBV...



	How it spreads	Prevention	Treatment
HAV Hepatitis A Virus	From contaminated food and water	-Improved hygiene -Vaccination	No available treatment
HBV Hepatitis B Virus	Contact with infected body fluids	-Blood screening -Improved hygiene -Vaccination	Nucleos(t)ide analogs pegylated interferon
HCV Hepatitis C Virus	Intravenous drug use Not sterilised medical	-Blood screening -Sterile needles for drug injections -Sanitary healthcare settings	Direct-acting antiviral agents (with or without pegylated interferon)
HDV Hepatitis D Virus	spread through contact with infected blood and through unsafe injections or transfusions	-Blood screening -Sterile needles for drug injections	Chronic hepatitis D can be treated with interferon
HEV Hepatitis E Virus	spread through blood-to-blood contact, unsafe sex and during childbirth	-Improved hygiene -Food sanitation -Practice safe sex	Chronic hepatitis E benefit from using ribavirin, an antiviral drug

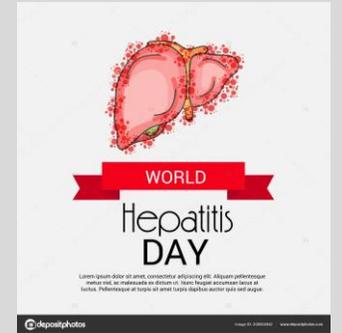
SCIENTIFIC ADVICE

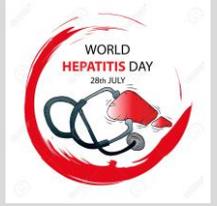
Public health guidance on HIV, hepatitis B and C testing in the EU/EEA

An integrated approach

www.ecdc.europa.eu

... e a massificação da vacinação...



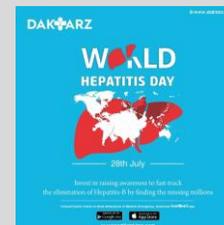


... porque as vacinas são a maior invenção científica com impacto na saúde, de sempre...

A brief history of vaccines and how they changed the world

The image shows the cover of the "Stanford Medicine SCOPE 10K" publication. The text "Stanford MEDICINE" is in red and black, with "SCOPE" in large red letters and "10K" in a smaller red circle. Below it, it says "Published by Stanford Medicine". To the right, a syringe is shown drawing vaccine from a vial.

A discussion of vaccines, "the single most life-saving innovation ever in the history of medicine"



... o que impõe uma justa homenagem a um Português perseguido por ser judeu...

Edward Jenner (1749-1823)



Jacob Castro Sarmiento (1692-1762)



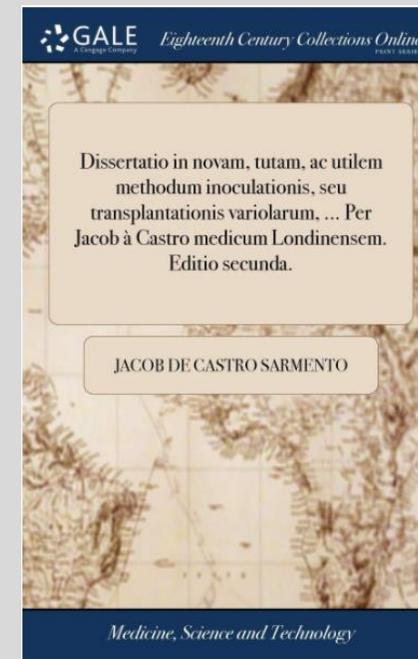
... que utilizou a variolização 74 anos antes de famoso médico inglês!!!



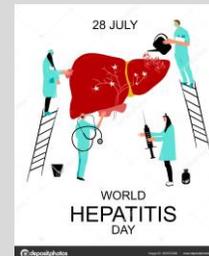
Londres- 1796



Londres- 1722



O desafio da LACPEDI à CMS e ao Rotary



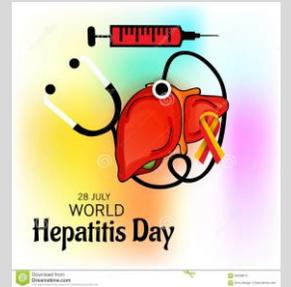
Financiar os Testes



Um ã colaborao tripartida



As consequências previsíveis de assim não proceder para Portugal



ESTUDO DE MODELAÇÃO MATEMÁTICA

HCV Disease Burden and Strategies to Minimize the Future Burden – Portugal

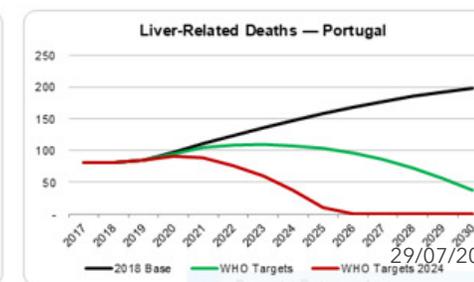
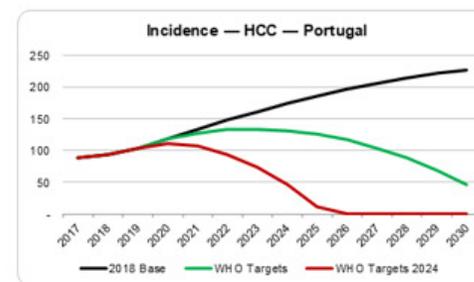
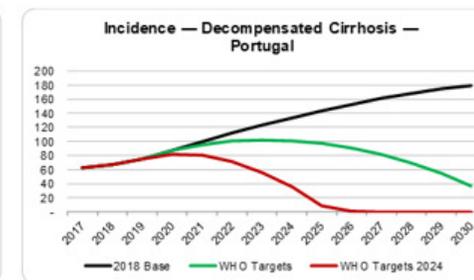
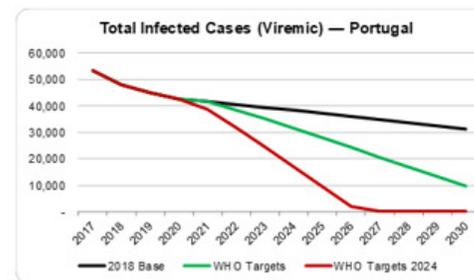
June 2019

Scenario 2: Achieving the Global Health Sector Strategy Targets (WHO Targets) by 2024

- To achieve the WHO Targets of diagnosing 90% of cases, treating 80% of diagnosed and eligible and reducing mortality by 65% by 2024, the number of patients diagnosed and treated annually would need to increase to 7,600 and 7,700, respectively, by 2022. Achieving an 80% reduction in new infections would require additional harm reduction efforts.
- Targeted screening by birth cohort would be more efficient than in all ages.

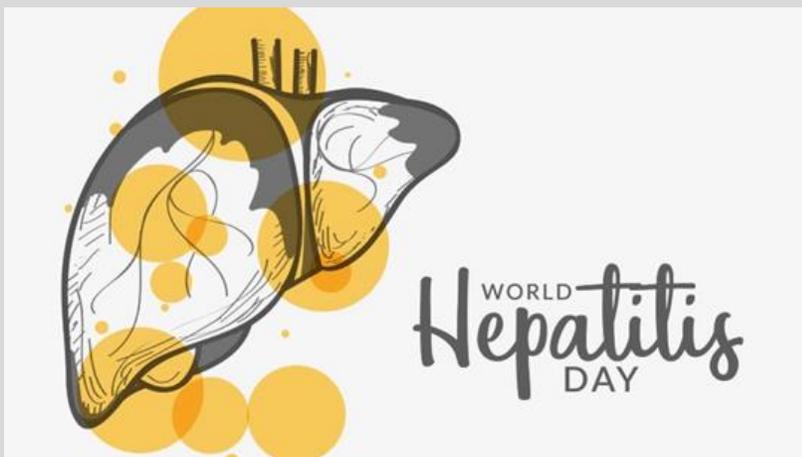
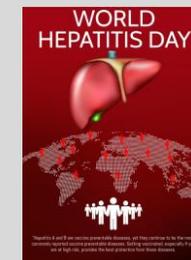
Achieving the WHO Targets by 2024 would save 1,330 lives and prevent 2,310 new infections, 1,200 cases of DC and 1,540 cases of HCC

	2018	2019	2020	2021	2022
Treated	3,100	2,300	4,000	7,000	7,700
Newly Diagnosed	1,000	4,000	7,000	7,400	7,600
Screened (All Ages)	217,100	902,200	1,741,000	2,236,000	2,985,000
Screened (Born 1950-75)	133,600	553,200	1,081,000	1,445,000	2,005,000
Fibrosis Stage	≥F0	≥F0	≥F0	≥F0	≥F0
New Infections	390	360	310	250	150
Treated Age	15-79	15-79	15-85+	15-85+	15-85+
SVR	97%	97%	97%	97%	97%



29/07/2021

... mas, implementar é-o ainda muito mais!!!



Hepatite
NÃO PODE ESPERAR
FAÇA O TESTE

Estima-se que em Portugal existam 40.000 pessoas com hepatite C a necessitar de tratamento. É uma delas? Faça os testes da hepatite B e da hepatite C, pelo menos uma vez na vida!

**Não espere.
Faça o teste.**

HEPATITE
NÃO PODE ESPERAR

Dia Mundial da Hepatite
28 de julho de 2021

#WorldHepatitisDay
worldhepatitisday.org

SECRETARIA DE SAÚDE
SNS
DGS
Programa Nacional para as Hepatites Virais



HEPATITIS B FOUNDATION
30 YEARS

GET TESTED!

HAPPY HEPATITIS TESTING DAY

MAY 19TH, 2021

DO YOU KNOW YOUR HEP B STATUS?



Result	Normal
20.3 *	3.2 - 8.6
295 *	50 - 142
1	0 - 10
45	5 - 80
57	10
489 *	
600 *	



Para se cumprir o mote da campanha da DGS deste ano de 2021: Testar, Vacinar e Tratar

Testar

NÃO PODE ESPERAR

Faça os testes da hepatite B e da hepatite C

Não espere.
Salve a sua vida.



Vacinação

NÃO PODE ESPERAR

A vacina contra a hepatite B previne doenças graves (cirrose e cancro).

Não espere.
Vacine-se!



Tratamento

NÃO PODE ESPERAR

As hepatites crónicas B ou C são silenciosas. A única forma de saber é fazer os testes. O tratamento precoce salva vidas.

Não espere.
Faça os testes.
O tratamento é gratuito no SNS.



#WorldHepatitis Day | 28.07.2021
worldhepatitisday.org



#WorldHepatitis Day | 28.07.2021
worldhepatitisday.org

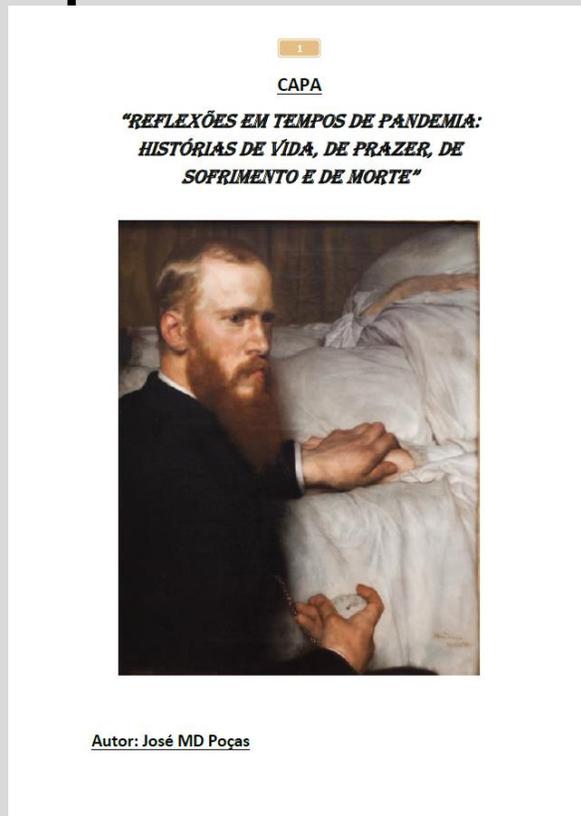


#WorldHepatitis Day | 28.07.2021
worldhepatitisday.org



Um convite a TODOS VÓS

O meu próximo Livro



As cerimónias de apresentação

- **Lisboa**
 - **5 de Novembro**
- **Porto**
 - **12 de Novembro**
- **Setúbal**
 - **19 de Novembro**

QUESTÕES...!!!???

