

National Action Plan for the Eradication of Hepatitis C (HCV) in Cyprus (2019-2024)



**Ministry of Health
Republic of Cyprus**

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Eradication of Hepatitis C**

Hepatitis C as an international Public Health issue

- **World Prevalence of Hepatitis C virus (HCV): 1% (71,1 million infected adult population worldwide)**
- **Increase of mortality and morbidity rates of Hepatitis C virus: due to the consequences of the disease, such as liver cirrhosis and hepatocellular carcinoma, resulting mainly by the lack of efficient treatments**
- **There is no available Hepatitis C vaccine**
- **Immediate treatment may avoid the burden of disease and deaths on a short term and midterm basis**

Hepatitis C as a Public Health issue in Cyprus

- **ECDC & WHO Task Mission in Cyprus (January 25-26, 2018) after invitation of the Ministry of Health of Cyprus:** assessment and provision of improvement recommendations regarding the current situation of hepatitis B and C in Cyprus
- **Combating Hepatitis C and Eradication Goal may be achieved through:**
 - **1.** A National Action Plan for the Eradication of Hepatitis C,
 - **2.** A National Coordination Committee

Recommendations and Suggestions on behalf of the Task Mission Team of ECDC & WHO January 25-26th , 2018

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- 1. Introduction, development and implementation of a **National Action Plan for the Eradication of Viral Hepatitis B & C for Cyprus**, based on the WHO EU Region plan for “**Combating hepatitis B and C to reach elimination by 2030**”, adopted by the Republic of Cyprus since 2015.
- 2. **Establishment of a Public Health Unit at the National level** to coordinate hepatitis activities.
- 3. At the national level, **additional resources would likely help further develop the hepatitis B and C surveillance system.**
- 4. Consider **clarifying roles and responsibilities for Hepatitis Surveillance.** This includes the day-to-day tasks such as **processing, upload, validation, communication with ECDC, and supervision of staff carrying out these tasks.** Overall responsibility and authority for hepatitis B/C surveillance also needs clarification.

Recommendations and Suggestions on behalf of the Task Mission

Team of ECDC & WHO January 25-26th , 2018

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- 5. The notification system could be improved through directing the **flow of data on acute and chronic cases from laboratories** (private and public) diagnosing hepatitis B and C.
- 6. Consider **systematic collection of data from existing sources at the national level** (e.g. data on the testing and vaccination of healthcare workers, testing data from the prison and harm reduction services).
- 7. Consider **regular analysis and regular reporting** of programmatic and surveillance data and dissemination of reports among key stakeholders in Cyprus.
- 8. Consider **revising the underlying public health legislation** to mandate the notification of both acute and chronic hepatitis B and C.

Recommendations and Suggestions on behalf of the Task Mission Team of ECDC & WHO January 25-26th , 2018

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- 9. Consider conducting **national sero-epidemiological surveys of hepatitis B (including among vaccinated cohorts – to document the achievement of the regional hepatitis B control target) and C in the general population given the limitations of notification data in determining population prevalence.**
- 10. Consider **adopting the EU 2012 case definitions for hepatitis B and C.** This would allow **reporting to be harmonised with the majority of other EU/EEA countries.**
- 11. **Defining cases appropriately as acute or chronic using the ECDC criteria** which are based on laboratory test results, not clinical judgement, would allow for correct notification of cases to ECDC.
- 12. Consider working to find **ways to improve the quality of data around the chronic consequences and impact of hepatitis B & C (morbidity, mortality rates, liver transplantation etc).**

Recommendations and Suggestions on behalf of the Task Mission Team of ECDC & WHO January 25-26th , 2018

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- 13. Consideration should be given to **scaling up testing and especially access to confirmatory testing.**
- 14. **Updating testing and diagnostic algorithms according to WHO guidance may help reduce costs, save time and improve linkage to care.**
- 15. **Consider working to improve linkage to care of people who use drugs who test positive for hepatitis B, C and HIV.**
- 16. **A national registry for chronic hepatitis B and C cases could be established, similar to the one for HIV. Such a registry shall improve clinical case management, allow monitoring of the cascade of care and resource planning.**
- 17. **Access to viral hepatitis treatment should be scaled up, to ensure all eligible patients receive quality treatment, according to international guidelines (e.g. WHO and EASL).**

Recommendations and Suggestions on behalf of the Task Mission Team of ECDC & WHO January 25-26th , 2018

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- 18. There could be **further expansion of syringe exchange programmes and methadone should be introduced as an option in substitution treatment.**
- 19. Consideration given to **improving and expanding harm reduction (OST, NSP) measures in the prison.**
- 20. Consider offering **hepatitis B vaccination to all people who use drugs that approach treatment centres, as well as individuals in other high risk groups.**
- 21. Consider **collaborating further with HIV services and international organisations (e.g., HIV in Europe, The World Hepatitis Alliance) for European HIV/Hepatitis Testing Week in November to raise awareness among professionals and the public.**

Recommendations and Suggestions on behalf of the Task Mission Team of ECDC & WHO January 25-26th , 2018

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- 22. **More efforts** to be done towards the **identification of hepatitis B and C in the general population**, through **raising awareness in the general population and in in special groups of high risk in contracting and transmitting Hepatitis B and C** and the **scaling up of community based testing throughout-reach activities**.
- 23. **Increase efforts in raising the awareness of hepatitis B and C among physicians across all healthcare services**, but especially those working in **primary care - directly and through the correspondent Scientific Associations**.



Hepatitis C as a Public Health issue in Cyprus



Epidemiologic Data

Hepatitis C as a Public Health issue in Cyprus

- Notified cases of Hepatitis C / 100000 people (incidence) at the Surveillance and Control Unit for Communicable Diseases, Ministry of Health, Cyprus.
- From 2005 to 2018, there have been notified 332 cases Hepatitis C
- In 2017, 21 new cases were notified and in 2018, 36.
- The number of notifications / 100 000 people in 2018 was 5.0.

Trend over time of notified cases of Hepatitis C /year, 2005-2018

Number of notified cases of Hepatitis C/year,
2005-2018



Notified cases of Hepatitis C/100 000 people,
2005-2018



Source: Surveillance and Control Unit for Communicable Diseases , Ministry of Health, Cyprus

Hepatitis C as a Public Health issue in Cyprus

➡ Prevalence

- ➡ The estimates of prevalence for Hepatitis C in the adult population of Cyprus, ages 15 years old and above, is between 0.5-1.9%, with a central estimate of prevalence 0.6% (ECDC)
- ➡ The estimated number of viraemic cases of HCV, ages 15 years old and above is between 2469 - 9383 with a central estimate number of case of 2963 people

ECDC: European Centre for Disease Prevention and Control									
Country	Total adult population (15+)		Anti-HCV prevalence estimate			Estimated no. of viraemic cases			
			%	Low	High	Central	Lower	Upper	
						estimate	estimate	estimate	
Cyprus	705 459		0.6	0.5	1.9	2.963	2.469	9.383	



Prevalence : Hepatitis C as a Public Health issue in Cyprus Estimates of European Centre for Disease Prevention and Control

**Central Estimate of
Prevalence of Hepatitis C in
Cyprus**

0.6%

**Central Estimate Number of
Hepatitis C viraemic patients**

2963

Source: ECDC <https://ecdc.europa.eu/en/publications-data/epidemiological-assessment-hepatitis-b-and-c-among-migrants-eueea>

Hepatitis C as a Public Health issue in Cyprus

➡ High risk groups

➡ Persons Who Inject Drugs (PWID)

- ➡ According to the surveys of της Cyprus National Addictions Authority, the estimated number of People Who Inject Drugs in 2017 in Cyprus was between 499 and 909
- ➡ Estimated number of viraemic cases in Hepatitis C in Persons Who Inject Drugs in 2017: 279-509

People Who Use Drugs Cyprus National Addictions Authority		
People Who Use Drugs	1294	
Persons Who Inject Drugs (PWID)	499-909 (95% CI)	
PWID positive in Hepatitis C	279-509 (95% CI)	
Year of Reference	2017	
Source	Cyprus National Addictions Authority	

NAAC Survey for Communicable Infectious Diseases

NAAC Survey for Communicable Infectious Diseases					
Therapeutic Rehabilitation Centre	Hepatitis C Results				Total
	Negative	Positive	Sample not satisfactory	No blood sampling / Only interview	
ΣΤΟΧΟΣ	1	1	0	1	3
ΚΕΝΤΡΟ ΠΟΛΛΑΠΛΗΣ ΠΑΡΕΜΒΑΣΗΣ	0	1	0	1	2
ΑΓΙΑ ΣΚΕΠΗ-ΚΟΙΝΟΤΗΤΑ	3	16	0	3	22
ΑΓΙΑ ΣΚΕΠΗ-ΚΟΙΝ. ΕΠΑΝΕΝΤΑΞΗ	3	4	0	1	8
ΓΕΦΥΡΑ	9	6	0	0	15
ΙΘΑΚΗ	0	0	0	1	1
ΚΛΙΝΙΚΗ ΒΕΡΕΣΙΕ	5	5	0	3	13
ΣΩΣΣΙΒΙΟ	5	6	0	0	11
ΨΕΜΑ	1	0	0	0	1
ΡΕΤΟ	6	12	1	1	20
TOTAL	33	51	1	11	96

Hepatitis C as a Public Health issue in Cyprus

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➡ High Risk Groups

➡ People in Prisons (Prisoners/Detainees)

- ➡ In 2018, 1066 detainees were examined and **49 resulted positive in Hepatitis C**, that is **4.6 %**

People in Prison – Number of Detainees examined for Hepatitis C and C			
YEAR	BLOOD SAMPLING	HEPATITIS B	HEPATITIS C
2015	797	1 (0.13%)	20 (2.51%)
2016	714	4 (0.5%)	18 (2.26%)
2017	794	9 (1.2%)	10 (1.26%)
2018	1066	5 (0.47%)	49 (4.6%)

Source: Central Prisons of Cyprus, February 2019

Hepatitis C as a Public Health issue in Cyprus

High risk groups

People in Prisons/Detainees

- 2019: 22 detainees resulted positive in Hepatitis C, 27.8 % Cypriots, 72.2% non-Cypriots
- 2019: PWID Cypriots 100%, PWID non-Cypriots 56.25%

Έγκλειστοι σε Σωφρονιστικά Ιδρύματα– Φυλακισθέντες - Κρατούμενοι Θετικοί σε Ηπατίτιδα C HCV(+) Φεβρουάριος 2019

HCV (+) Κύπριοι / Cypriots	HCV (+) Μη-Κύπριοι / Non-Cypriots
Cypriots Total Number: 6	Non Cypriots Total number: 16
Persons Who Inject Drugs	Persons Who Inject Drugs
Χρήστες Ενδοφλέβιων Ναρκωτικών: 6 (100%)	Χρήστες Ενδοφλέβιων Ναρκωτικών: 9 (56.25%)

Source: Central Prisons of Cyprus, February 2019

Hepatitis C as a Public Health issue in Cyprus

➤ High risk groups

➤ Blood Donors

- The annual incidence of Hepatitis C in Blood Donors since **2012-2017** varies from 0.0035% in 2012 up to 0.0076% in 2017
- Since the intensive blood screening controls for Hepatitis B, και C (**1992**), there were no positive cases in Hepatitis B and C from Blood Transfusion, except one case of transmission of Hepatitis C due not in detecting the virus in the blood donation screening, but in the improper management of infected blood derivatives (the plasma derivative was not discarded by mistake).

YEAR	NUMBER OF HCV (+)	TOTAL NUMBER OF BLOOD DONORS	PERCENTAGE % (+)
2012	1	28463	0.0035%
2013	1	29332	0.0034%
2014	1	31309	0.0032%
2015	0	30462	0.0000%
2016	2	30997	0.0065%
2017	3	39261	0.0076%

Hepatitis C as a Public Health issue in Cyprus

➡ High risk groups

- ➡ Transfused people : since 1992 there were no new cases of blood transmission of HCV, HBV & HIV

Recent Data	Transfused patients for Thalassemia α , β , mixed type, Sick cell anemia and other anemias			
HCV positive	4 (0.67%)	0 (0%)	1 (1.82%)	1 (0.67%)
HBV+	2 (0.34%)	3 (1%)	0 (0%)	1(0.67%)
Examined	596	300	55	150
Total	596	300	55	150
Time Period	1990 -2018	1990-2018	1990-2018	Ιαν-Δεκ 2018
Source	Thalassemia Clinic Makarios Hospital Nicosia	Thalassemia Clinic Limassol	Thalassemia Clinic Paphos	Thalassemia Clinic Larnaca

Hepatitis C as a Public Health issue in Cyprus

- High risk groups
- Hemodialysis patients
- Since **1992**, when the **intensive screening for HBV, HCV & HIV** started in **hemodialysis patients** as well as the **single use disposable medical products** in the Dialysis machines, **there were no new cases of Hepatitis B kai C & HIV**

Hepatitis C as a Public Health issue in Cyprus

➤ High risk groups

➤ Migrants

- The estimated prevalence of cases of Hepatitis C (HCV+) in migrants residing in Cyprus originating from high prevalence endemic countries with Hepatitis C (ECDC), is around 2.1% (central estimate).
- The estimated number of viraemic cases of HCV is between 1821 - 3567 with central estimate of viraemic cases of HCV, numbered to 2740.

Hepatitis C as a Public Health issue in Cyprus

High risk group: Migrants

Table 9. Estimated number of CHC cases and prevalence among migrants from endemic countries
Υπολογιζόμενος επιπολασμός περιστατικών με Ηπατίτιδα Γ (HCV+) στους μετανάστες στην Κύπρο από ενδημικές χώρες με ηπατίτιδα C, σύμφωνα με το ECDC

Country	Foreign-born	CHC infected cases			Average
	pop. from	Central	Lower	Upper	CHC
	endemic	estimate	estimate	Estimate	prevalence
	countries				
Cyprus	128 712	2 740	1 821	3 567	2.1%
EU/EEA	36 155 438	578 663	312 539	859 941	1.6%

Hepatitis C as a Public Health issue in Cyprus

➡ High risk groups

➡ Migrants (Burden of Disease - Φορτίο Νοσού)

- ➡ According to the survey of ECDC, the central estimate of prevalence (contribution) among migrants from endemic countries to the total number of adults with Hepatitis C in Cyprus is 92% in Cyprus (19-100%).
- ➡ Estimated number of CHC cases and prevalence among migrants from endemic countries
- ➡ The central estimate of prevalence (contribution) among migrants from endemic countries to the total number of adults with Hepatitis CEU/ EAA is 14% (5-43%)

Hepatitis C as a Public Health issue in Cyprus

High risk group: migrants

► Table 9. Estimated number of CHC cases and prevalence among migrants from endemic countries

Country	Sum total population of adult migrants	Contribution (%) of adult migrants from endemic countries to total adult population in host country	Estimated number of CHC (viraemic) cases among adult migrants from endemic countries selected from the 50 most populous migrant countries			Relative contribution (%) of CHC cases among adult migrants from endemic countries to total number of CHC cases in host country [#]		
			CHC cases	Lower estimate	Upper estimate	%	Lowest estimate	Highest estimate
Cyprus	128 712	18.2%	2 740	1 821	3 567	92%	19%	>100%
EU/EEA	36 155 438	8.4%	578 663	312 539	859 941	14%	5%	43%

Table 12. Relative contribution of CHC cases among migrants from endemic countries to the total number of CHC cases in EU/EEA host countries

* Anti-HCV prevalence $\geq 1\%$, selected from the 50 largest migrant groups in the respective EU/EEA country

[#] >100% is the result when the estimated number of cases among migrants is higher than the estimated number of cases in the total population of the host country.

Hepatitis C as a Public Health issue in Cyprus

➡ High risk groups

➡ Migrants from non EU countries

- ➡ According to the data provided by the **International Organization for Migration Cyprus (IOM)**, **2018**, the central **estimate of prevalence** of non EU migrants positive in Hepatitis C is **0.2%**, with an estimate number of **42** cases in 2017

Hepatitis C as a Public Health issue in Cyprus

➤ High risk groups

➤ Migrants from non – EU countries

International Organization for Migration (IOM)		
Total number of Migrants	1088 (Feb-Dec 2018)	%
Tested	417	
HCV+	1	0.2%
HBV+	1	0.2%
Census report (CySTAT)		
Total Migrants	17350 (Υπηκοότητα ΕΕ και εκτός ΕΕ)	2017
Εκτιμήσεις Αριθμού Μεταναστών		
HCV+	42	2017
HBV+	42	2017

Hepatitis C as a Public Health issue in Cyprus

➤ High risk groups

➤ Men having Sex with other Men (MSM)

- According to the data provided from K.Y.F.A (HIV/AIDS Supporting Center - Κέντρο Υποστήριξης Ατόμων που ζουν με HIV/AIDS (Κ.Υ.Φ.Α)), for the time period of two years (Dec. 2017 to Jan. 2019), from 382 Men having Sex with other Men (MSM), that were tested, 6 resulted positive in Hepatitis C, 1,6%.
- The estimated number of MSM positive with Hepatitis C in the general population is calculated to be 224.

Hepatitis C as a Public Health issue in Cyprus

High risk group- MSM

Κ.Υ.Φ.Α (HIV/AIDS Supporting Center) Κέντρο Υποστήριξης Ατόμων που ζουν με HIV/AIDS (Κ.Υ.Φ.Α)		
Total number of MSM tested	382 (Δεκ 2017-Ιαν 2019)	%
HCV+	6	1.60%
<u>Census report (CySTAT)</u> ³		
Total number of men 15+	349817	2017
Estimated number of MSM		
Total	13993	2017
Estimated HCV+ MSM	224	2017

Pharmaceutical Therapeutic Registry for Hepatitis C patients in Cyprus

Number of patients positive in Hepatitis C, awaiting for treatment

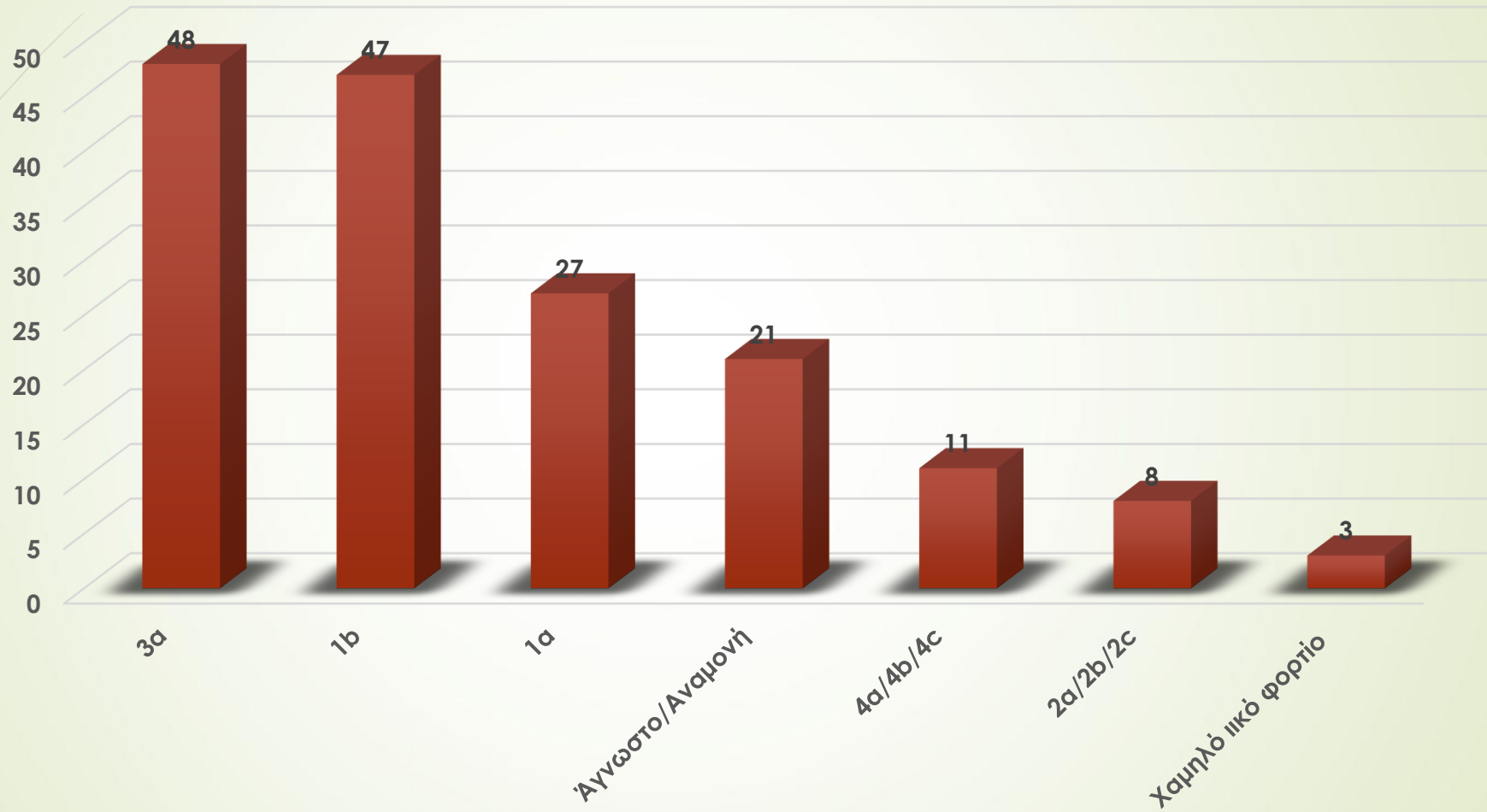
- According to the **Pharmaceutical Therapeutic Registry for Hepatitis C patients in Cyprus** for the provision of medicinal pharmaceutical products for the treatment of Hepatitis C, **165 patients**, are currently in waiting list in order to be approved for treatment **new Direct Acting Antiviral Drugs (DAAs)**.
- Furthermore the Cyprus National Addiction Authority survey reported **51 more patients positive in Hepatitis C eligible for treatment**. Currently we are not certain whether some of the 51 HCV+ cases are included in the Pharmaceutical Therapeutic Registry for Hepatitis C patients .
- More detail data regarding the patients with chronic Hepatitis C are presented I the following tables 3.1 και 3.2:

Number of people positive in HCV+ awaiting for treatment by genotype

Number and percentage of HCV+

Genotypes	Number of Patients	Percentage %
1a	27	16,4%
1b	47	28,5%
2a/2b/2c	8	4,8%
3a	48	29,1%
4a/4b/4c	11	6,7%
Unknoun/Pending	21	12,7%
Low Viral Load	3	1,8%
Total	165	100%

Number of patients awaiting for treatment according to genotype with percentages



Source: Pharmaceutical Services– Ministry of Health Cyprus

WHO Strategy for Viral Hepatitis B and C

The WHO Global Strategy on viral Hepatitis B and C includes the following strategies:

- Information aimed at focused activities and engagement

The first strategy focuses on developing a powerful strategic information system to understand the changing epidemiology of viral hepatitis and responding as a basis for support, political commitment, national planning, mobilization and resource allocation, implementation, evaluation and improvement of the program.

- 2. Interventions aiming at high response capacity healthcare services

It includes the first dimension of universal health coverage as it describes the package of high-response interventions to be provided as a follow-up to hepatitis services in order to meet country and global targets and which should be included in the health care packages.

WHO Strategy on Viral Hepatitis B and C

➡ 3. Ensuring equality

It includes the second dimension of universal health coverage by defining the best methods and approaches for providing hepatitis services to different populations and locations, aiming at achieving fair and equitable coverage, optimization of results and quality assurance.

4. Funding to achieve sustainability

It includes the third dimension of universal health coverage by identifying viable and innovative models to fund the response to hepatitis and approaches to reduce costs, increase efficiency and minimize the risk of economic hardship for those in need of these services.


WHO Strategy for Viral Hepatitis B and C

5. Innovations aimed at accelerating the response of countries to the disease

Identification of the gaps in knowledge and technology and where innovation is needed to shift the trajectory of response to viral hepatitis in order to accelerate this response and achieve the 2020 and 2030 targets.

To achieve the above objectives in hepatitis B and C, it is essential to invest in major areas such as existing vaccination programmes, prevention of mother-to-child transmission, use of sterile syringes and the safety of blood and its derivatives, the risk to persons who inject drugs, as well as the optimal use of therapies, which, for hepatitis C, for example, can now achieve healing rates of over 90-95%, while it is essential a significant increase in the treatment coverage of all patients.

Strategic Planning

- 
- 1. Primary Prevention
 - 2. Secondary Prevention
 - 3. Systematic Epidemiologic Surveillance and analysis of the data to ensure optimal, efficient and sustainable policies
 - 4. Evaluation and assessment of the current infrastructure and recommendations for Reorganisation of Structures and Services to achieve optimal goals
 - 5. Diagnosis and efficient treatment
 - 6. Monitoring, Rehabilitation and Continuity of Care

Principles kai Values of the Strategic Plan

- I. Efficient patient treatment**
- II. Cost-effectiveness of treatments**
- III. Equality and universal access of patients to care**
- IV. Quality of care**
- V. Application of Bioethics**

Strategic Targets of the Action Plan

- I. Creating the appropriate social environment and context**
- II. Development of integrated health services to meet the needs of patients**
- III. Creating a cross-sectoral and international cooperation network**
- IV. Creation of appropriate data and information gathering mechanisms (Registry) as a basis for a documented evidence-based health policy planning**
- V. Creation of an up-to-date, upgraded epidemiological surveillance mechanism, in line with European Legislation, that is an Integrated Competent and Sustainable Public Health Centre**

Strategic Target 1 :

Creation of appropriate social environment and context

- I. Raising awareness, health education, training and promotion by informing the population about prevention and treatment of hepatitis C in order to create favorable conditions for achieving the goal of the National Plan
- II. Address social exclusion and stigma faced by patients,
- III. Provision of equal opportunities in treatment access, and raising awareness in the the general population regarding the availability of screening,



Strategic Target 1 : Creation of appropriate Social environment

IV. Raising awareness in the general population and patients about the availability of treatment options

V. Provide information to healthcare professionals in order to raise awareness in approaching high-risk groups for early diagnosis and existing patients for effective treatment and regular follow-up

Strategic Target 2:

Development of holistic overall healthcare services for the needs of patients with Hepatitis C

- I. Continue the efforts to develop and improve the services involved in healthcare (particularly in primary care) in order to be successful and effective in addressing patients' health needs.
- II. In this context, public health services and first-line doctors are included

Strategic Target 2:

Development of holistic overall healthcare services for the needs of patients with Hepatitis C

- **III. First-line doctors are also included for they may identify and concentrate their efforts on high-risk groups (eg medical doctors in rehabilitation units, haemodialysis physicians (nephrologists), medical in transfusion centres and units etc), molecular control referral centres, and hepatologists both Public and Private Sector.**
- **IV. The process of integration of health services starts with timely and reliable diagnosis, referral to appropriate treatment according to criteria and stages of the disease, as well as recording and certifying successful patient treatment**

Axes and Actions necessary for the implementation of the Action Plan

- Axis 1: Reorganisation of Structures and Services
- Axis 2: Health Education, Prevention and Raising Awareness of the Population
- Axis 3: Screening
- Axis 4: Diagnosis and Treatment
- Axis 5: Monitoring, Rehabilitation and Chronic Care (continuity of care)

Axes and Actions necessary for the implementation of the Action Plan

1st Axis: Reorganisation of Structures and Services

- **Action 1: Assessment and evaluation of the existing healthcare structures related to the diagnosis, monitoring and treatment of patients with hepatitis C**

Axes and Actions necessary for the implementation of the Action Plan

2nd axis: Health Education, Prevention and Raising of Awareness of the population

- Action 1: Raise awareness and provide information regarding harm reduction measures in persons who inject drugs, prisoners and special populations (minorities, migrants, sex workers, men having sex with other men [MSM])
- Action 2: Raise awareness and proceed to information campaigns in the general population with emphasis in informing the youth and young people
- Action 3: Continuing training, education and lifelong learning in medical / nursing and paramedical staff who is employed in healthcare services especially medical doctor and nurses employed at first contact healthcare services and personnel employed at special units

3rd Axis: Screening

- Action 1: Screening programmes in general population
- Action 2: Screening programmes in high risk groups

High risk groups for transmission of Hepatitis C

- • All persons with impaired increased transaminase levels
- • Former and active persons Who Inject Drugs (PWID)
- • All persons transfused with blood or blood derivatives or underwent transplantation before 1992
- • All persons who undergo or underwent hemodialysis
- • All persons exposed to parenterally potential infected medical or paramedical equipment
- • Sexual partners of persons infected with Hepatitis C
- • Persons with multiple sexual partners
- • Children born out of HCV positive mothers
- • HIV positive patients
- • HBV positive patients
- • Prisoners or detainees in correctional facilities
- • Migrants from high prevalence countries in Hepatitis C

4th Axis: Diagnosis and Treatment

- Action 1: Diagnostic Protocols to be applied to people reaching first contact healthcare services that need to undergo screening
- Δράση 2: Improvement of the management of the patients as well as continuity of care and prioritization of treatment options

Axes and Actions necessary for the implementation of the Action Plan

5th Axis: Monitoring, follow up, rehabilitation and continuity of care

- ➡ Action 1: **Monitoring of the patients
and continuity of care**

Implementation Process

Coordination of the National Action Plan

- The organization, implementation and monitoring of the actions of the **National Action Plan** will be entrusted to the **National Coordination Committee for the Eradication of Hepatitis C**, which includes members from all stakeholders such as the **Public Health Centre** of Cyprus Ministry of Health, the **University Institutions**, the **Commissioner for Administration and Human Rights (Ombudsman)**, the **Ministry of Education (Education Secretariat)**, the **National Addictions Authority of Cyprus and the Rehabilitation Centres**, the **International Organization for Migration**, as well as **Non-Governmental Organizations** on subjects which have relevance to the disease.

Implementation Process

Political surveillance and coordination

- The National Coordination Authority of the National Action Plan is the Ministry of Health, which will have the political oversight of the project and will coordinate both the national stakeholders and the relations with the international ones and will also control the financial management of the Plan.
- The National Coordination Committee will be constantly in direct cooperation with all the stakeholders already mentioned. In addition, she will be accountable to the Permanent Secretary of the Ministry of Health and to the Minister of Health for the implementation of the Plan.

Thank you



Thank you