PORTUGAL CAN ELIMINATE HEPATITIS
NATIONAL HEPATITIS ELIMINATION PROFILE

Hepatitis B virus (HBV)

YES
HBV elimination goal

YES
Elimination of HBV mother to child transmission goal

Hepatitis C virus (HCV)

2030
HCV elimination goal

THE HEALTH BURDEN OF VIRAL HEPATITIS

0.4%  
Prevalence of HBsAg, 2016
Based on national survey

0.3 (0.1-0.6)%
Prevalence of anti-HCV, 2016
Based on national survey

60-80%
Prevalence of anti-HCV, Persons who inject drugs, 2016
175 Number of new infections reported among blood donors, 2018  
1.12 per 100,000, 2018  
Based on data from the Instituto Português do Sangue e da Transplantação

277 Number of new HCV infections reported among blood donors, 2018  
1.68 per 100,000, 2018  
Based on data from the Instituto Português do Sangue e da Transplantação

258 (199–333) HBV deaths, 2019  
2.42 (1.87–3.13) Deaths per 100,000, 2019

769 (611–939) HCV deaths, 2019  
7.22 (5.74–8.81) Deaths per 100,000, 2019

**PROGRESS TOWARDS 2020 WHO ELIMINATION GOALS**

**PREVENTION OF NEW INFECTIONS AND MORTALITY**

**HBV** Percentage change in new infections, 2016-2018  
-58%  
WHO 2020 Target -30%

**HBV** Percentage change in deaths, 2015-2019  
-3%  
WHO 2020 Target -10%

**HCV** Percentage change in new infections, 2016-2018  
-21%  
WHO 2020 Target -30%

**HCV** Percentage change in deaths, 2015-2019  
-4%  
WHO 2020 Target -10%

Prevalence of HBsAg in children < 5 years (%)  
0.04% (0.02–0.05%)  
SDG 2020 Target 1%
PORTUGAL • HEPATITIS ELIMINATION PROFILE

ACCESS TO RECOMMENDED VACCINATION, TESTING AND TREATMENT

**97%**
Hepatitis B vaccination coverage for newborns, 2019

WHO 2020 Target 50%

**98%**
HepB 3 dose vaccine coverage for infants, 2019

WHO 2020 Target 90%

Proportion of diagnosed HBV persons receiving appropriate treatment

NO DATA

Proportion of persons living with HBV diagnosed

NO DATA

**136**
For persons who inject drugs (PWID), number of sterile needles per year

WHO 2020 Target 200

**425,486**
Number of persons tested for HBsAg, 2020

2016: 230,000  
2017: 438,300  
2020: 425,486
NO DATA

Proportion of persons living with HCV diagnosed

WHO 2020 Target 30%

NO DATA

335,693
Number of persons tested for HCV, 2020

~4,500
Number of persons on treatment for HBV, 2020

23,111
Number of persons treated for HCV, 2015-2019

2,331
Number of persons treated for HCV, 2020

Proportion of diagnosed persons who have been cured

NO DATA
**Policy Environment for the Elimination of Hepatitis**

### Strategic Information

**Routine official reports to monitor HBV and HCV**  
Partially Adopted  

**Mortality**  
National Institute of Statistics collects cause of death data but deaths related to HBV and HCV are not routinely aggregated

**Incidence**  
Government or government-related institution has a national disease register for HCV infection but only collects information on accurate information. No system exists for HBV

**Prevalence**  
Last national survey conducted in 2016. Updated estimates are needed.

**Estimates of HBV and/or HCV economic burden**  
Partially Adopted

**Monitoring of HBV and HCV diagnosis and treatment**  
Partially Adopted

### Achievements

The Ministry of Health has established an independent hepatitis program for the first time and first nomination of gastroenterologist as a director of the national program for viral hepatitis

Hepatitis is one of 12 National Priority Programs for the first time

### Prevention of Mother to Children Transmission

Policy for hepatitis B vaccination of newborns  
Adopted  
Introduced in 2000
Recommendations for:

- **HBV testing of pregnant women** ²
  - Adopted: All pregnant women are tested for HBV at their first obstetric appointment and at 32 weeks pregnant

- **HCV testing of pregnant women** ²
  - Partially Adopted: HCV screening of pregnant women is recommended in high risk settings, including among PWID, recipients of transfusions or transplants, hemodialysis patients, patients living with HIV, women with risky sexual behavior, and women with persistently high AST/ALT. Many doctors routinely test for HCV despite no official universal antenatal screening policy.

**ACHIEVEMENTS**

- Portugal is only 1 of 5 EU/EEA countries with universal hepatitis B birth dose vaccine

**ACCESS AND REGISTRATION OF MEDICINES AND TESTS**

- **HCV**: Registration of originator medicines
  - Adopted

- **HCV**: Eligible for generic medicines
  - Not Eligible

- Licensed point-of-care PCR testing to detect HBV and HCV
  - Adopted: GeneXpert recently introduced

**TESTING TO DIAGNOSE HBV AND HCV INFECTION**

Testing recommendations for:

- **HBV**: Risk-based ⁸
  - Adopted

- **HBV**: Universal
  - Not Adopted

- **HCV**: Risk-based ⁸
  - Adopted

- **HCV**: Universal
  - Not Adopted

Ministry of Health HCV testing strategy includes establishing access points at hospitals, blood donation units, dialysis units, primary care units, and NGOs. Risk-based testing is recommended for persons who inject drugs, sex workers, persons who are incarcerated, persons experiencing homelessness, immigrants, patients on hemodialysis, patients with a history of blood transfusion, and persons with hepatic markers.
No patient co-pays for HBsAg and anti-HCV testing \(^{21}\)  
Cost of testing is less than 1 EURO

### Achievements

**Regional Health Administration of Lisbon and Tagus Valley and the Treatment Activists Group (TAG) collaborated to provide hepatitis services through community-based testing centers and mobile health units**

### Access to HBV and HCV Treatment

#### HBV:
- National treatment guidelines \(^{8}\)  
  - Simplified care: Simplified treatment and monitoring algorithm for primary care providers  
  - Simplified care: No patient treatment co-pays \(^{11}\)  
- Developed in 2017

#### HCV:
- National treatment guidelines \(^{13}\)
  - Simplified care algorithm: Less than 2 clinic visits during treatment  
  - Simplified care algorithm: Non-specialists can prescribe treatment \(^{8}\)  
  - Simplified care algorithm: No patient treatment co-pays \(^{8}\)
  - No fibrosis restrictions \(^{8}\)
  - No sobriety restrictions \(^{8}\)
  - No genotyping \(^{12}\)
- Only hepatologists, infectious disease physicians, gastroenterologists, internists, and HIV/AIDS physicians can prescribe direct-acting antivirals
- Drugs available for free to patients diagnosed with HCV

#### Roadblocks

- Non-specialists cannot prescribe HCV treatment
- Doctors’ reduced autonomy to prescribe HCV treatment (dependence on hospital directory approval)
- Lack of health services decentralization (Limited point-of-care testing and treatment)
## ACHIEVEMENTS

**Wait times for HCV treatment have been substantially reduced from an average of 9 weeks in 2017**

By 2017, expansion of access to HCV treatment saved the health system 271.4 M euros

**Portugal was one of first countries in Europe to remove all restrictions for HCV treatment**

## INNOVATIONS

*Development of peer-led programs and strong outreach and advocacy campaigns by community-based organizations*

## HEALTH EQUITY AND ADDRESSING DISPARITIES

<table>
<thead>
<tr>
<th>National strategy addresses populations most affected</th>
<th>Partially Adopted</th>
<th>National strategy addresses HCV prevention for PWID.</th>
</tr>
</thead>
<tbody>
<tr>
<td>National anti-discrimination laws against persons living with hepatitis B and/or C</td>
<td>Adopted</td>
<td></td>
</tr>
<tr>
<td>National policy for adult hepatitis B vaccination</td>
<td>Not Adopted</td>
<td></td>
</tr>
</tbody>
</table>

National policy for:

- **Harm reduction for persons who inject drugs (PWID)**
- **Syringe exchange in federal prisons**
- **Number of needles/syringes per PWID per year**
- **Number of opioid substitution therapy recipients per 100 PWID**
- **Decriminalization of possession of syringes & paraphernalia**
- **Decriminalization of drug use**

<table>
<thead>
<tr>
<th><strong>WHO DDDD Target DDD; D,D84, D9D</strong></th>
<th><strong>136</strong></th>
<th><strong>WHO Target 200; 1,284,092 syringes distributed by the Ministry of Health by 2017</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHO Target 40 Partial progress defined by &gt;20 Recipients</strong></td>
<td>45</td>
<td></td>
</tr>
</tbody>
</table>

### Innovations
- Needle-syringe exchange and opioid substitution therapy available in all parts of the country
- National strategy addresses HDV prevention for PWID.
**ACHIEVEMENTS**

The government has strong relationships with NGOs to provide community-based services to reach vulnerable populations. Since January 2015, the government has funded NGOs to conduct a national campaign promoting safer sex as an HBV/HCV prevention strategy among MSM, transgender persons, and sex workers.

The first national supervised consumption site has opened, run by (Ares-do-Pinhal)

National program exists for HCV, HBV, and HIV treatment in prisons

In July 2017, governmental order 6542/2017 determined that the design and implementation of prevention, diagnosis and treatment of infectious diseases, such as HIV and viral hepatitis among the prisoner population should be equivalent to other users of the national health system. Following this, a referral network for HIV and viral hepatitis care for the inmate population was established per governmental order 283/2018 in January 2018.

**ROADBLOCKS**

People most disconnected from mainstream services – hard-to-reach populations like people who use drugs, experience homelessness, migrants, and sexual workers – remain unscreened for viral hepatitis

Limited financial support to improve the screening of hard-to-reach populations through outreach workers

Access to testing and treatment remains unequal despite policy initiatives

**INNOVATIONS**

Pilot project of point-of-care screening combined with nursing and peer-based outreach work to enhance testing and treatment for HCV among people who use drugs, people who experience homelessness, and migrants. This project meets people in their own environment, performing on-site testing (HCV antibody and RNA), and delivering treatment to people who refuse to leave their neighborhoods to access care and do not adhere to other health services

**FINANCING**

Public budget line for HBV and HCV testing and treatment

Adopted
NEXT STEPS TOWARD ELIMINATION

- Develop and publish a national action plan for the elimination of HBV and HCV
- Improve strategic information, including prevalence and mortality, and tracking of number of persons tested and treated
- Establish expanded testing policies such as universal testing for HBV and HCV and integrated testing of HIV and hepatitis
- Develop and disseminate HBV clinical guidance
- Decentralize HCV treatment and update guidance to allow general practitioners to prescribe HCV treatment
- Continue to invest in and expand community-based and microelimination HCV testing and treatment programs for persons most affected
- Decentralization of Health services (widespread of point-of-care testing and treatment)
- Scale-up of community-based and peer-led services
- Promote Health education and awareness
- Ramp up financial support to improve outreach teams’ capacity of testing and treatment
- Make HBV vaccination available to community-based organizations which work with hard-to-reach populations for greater vaccine equity
- Expand ALT as a routine test

SOURCES

7. Communication with Dr. Rui Marinho, Director of the Gastroenterology and Haepatology Department at Santa Maria Hospital and Ministry of Health


20. Direção-Geral de Saúde/National Institute of Statistics


22. Report EMCDDA 2021


---

**WORKING TOGETHER, WE WILL ACHIEVE ELIMINATION.**

This National Hepatitis Elimination Profile (N-HEP) was developed by the Coalition for Global Hepatitis Elimination. Funding for this N-HEP was provided by Gilead Sciences. The Coalition for Global Hepatitis Elimination retained final control over the content.

The Coalition thanks Dr. Rui Marinho, the Ministry of Health, and Rotary Club for their review and feedback.