



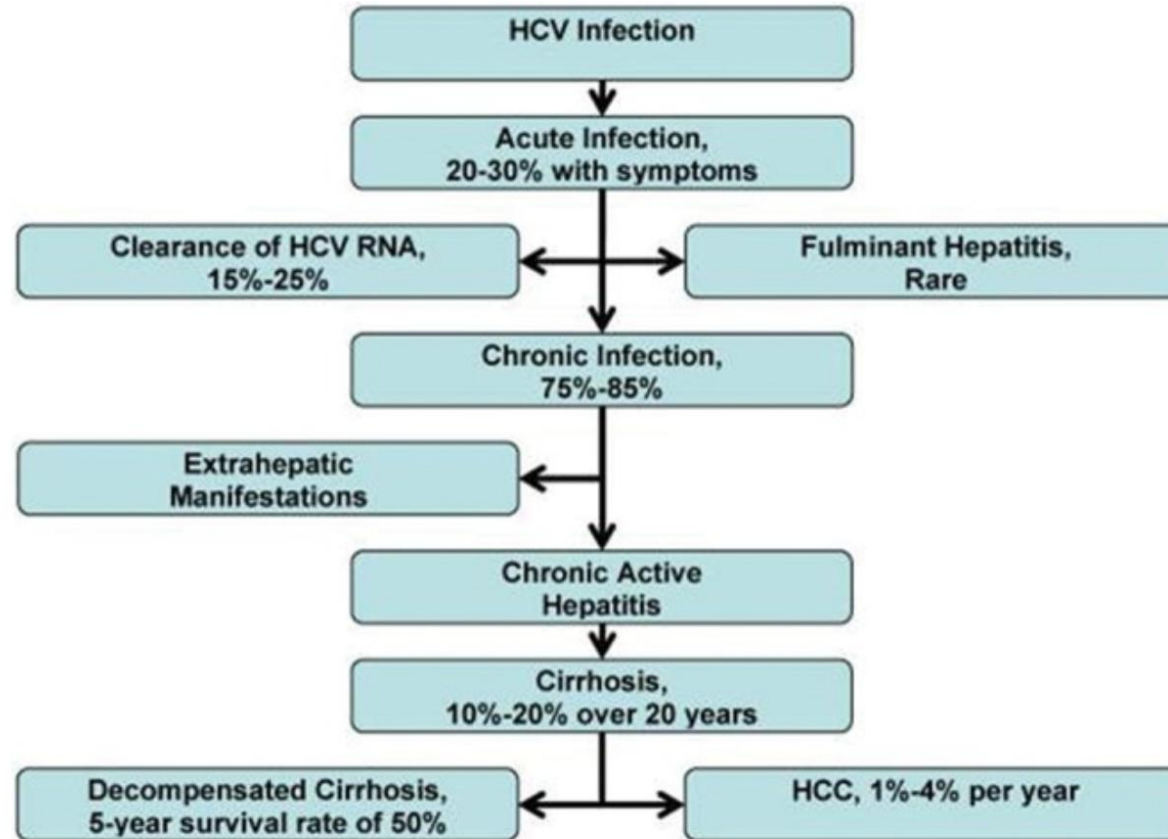
National HCV screening and elimination programme in Lithuania – successes and challenges

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Riga, October 7, 2026

Natural history of hepatitis C (HCV) infection

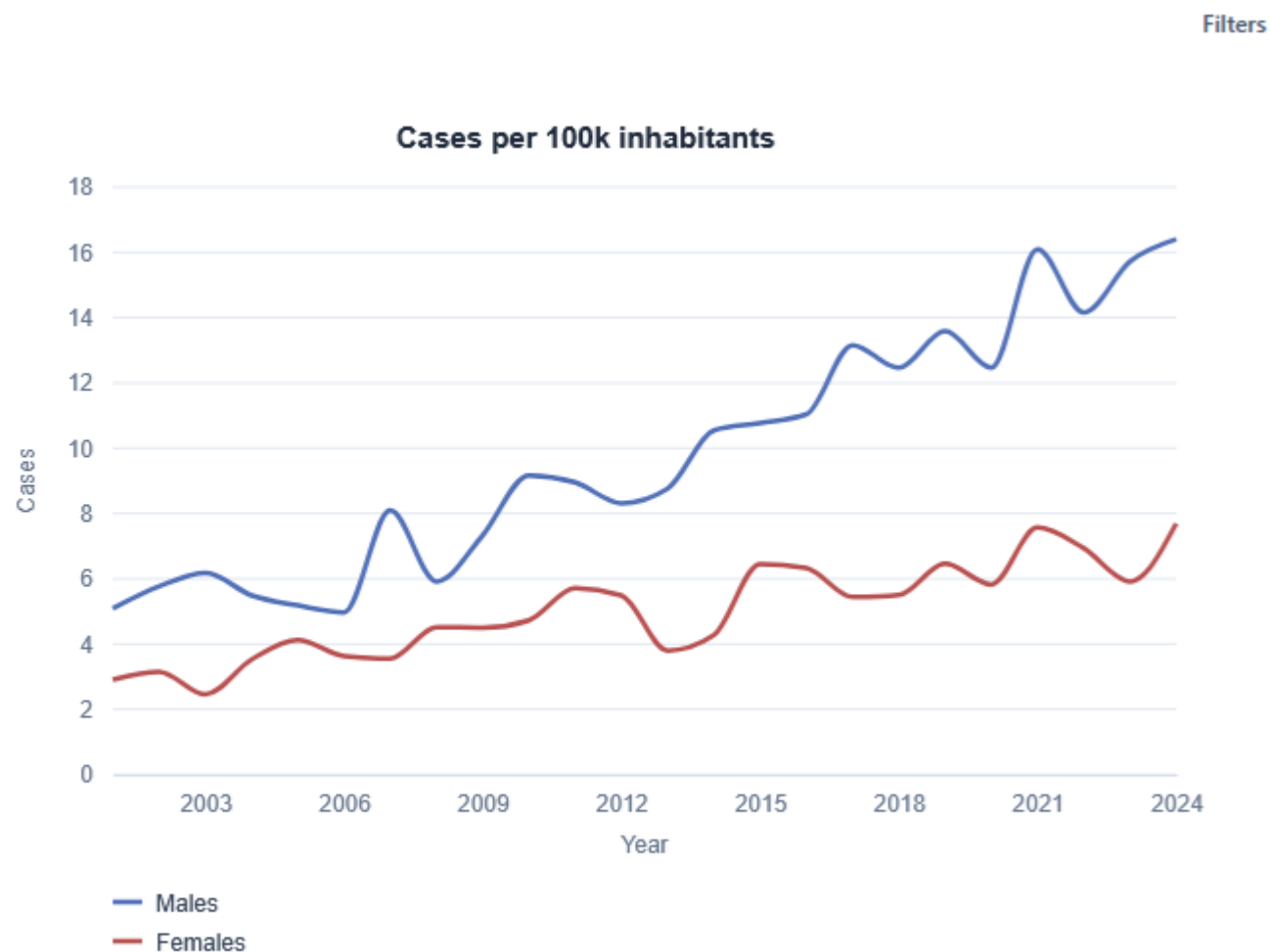


Prevalence of chronic hepatitis C virus infection among patients with liver cirrhosis, hepatocellular carcinoma and liver transplant patients, according to gender and age (data of LUHS hospital Kauno Klinikos)

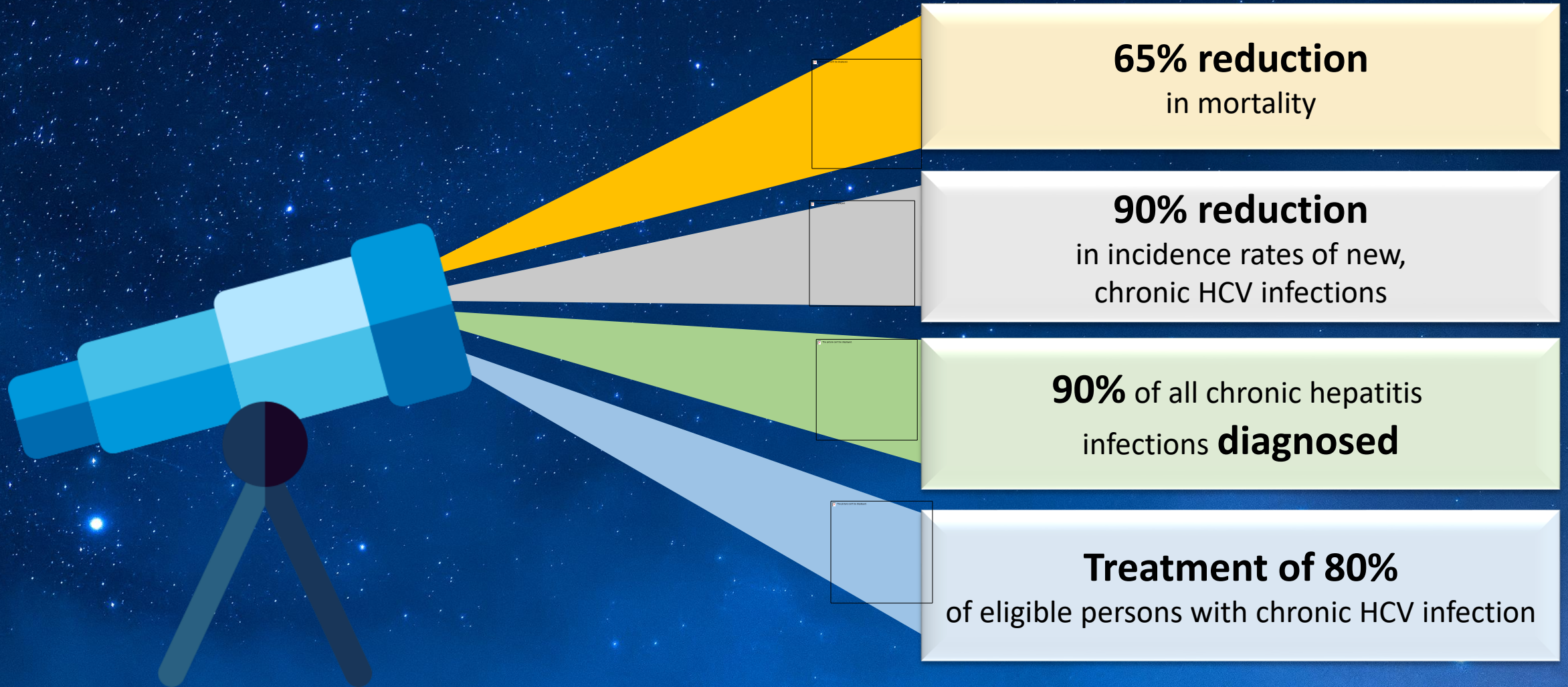
Gender	Age Groups (Years)				<i>p</i> -Value between Age Groups	
	Under 50	50–59	60–69	70 and More		
Liver cirrhosis (n = 262)						
Men n (%)	17 (37.0)	33 (57.9) **	7 (23.3)	2 (15.4)	59 (40.4)	0.002
Women n (%)	5 (21.7) *	17 (37.0)	12 (46.2)	13 (61.9) *	47 (40.5)	0.047
Total n (%)	22 (31.9) *	50 (48.5) *	19 (33.9)	15 (44.1)	106 (40.5)	0.108
Hepatocellular carcinoma (n = 197)						
Men n (%)	7 (70.0)	32 (76.2) *	16 (30.2)	9 (20.9) *	64 (43.2)	<0.001
Women n (%)	2 (66.7)	10 (76.9)	10 (66.7)	12 (66.7)	34 (69.4)	0.925
Total n (%)	9 (69.2)	42 (76.4) *	26 (38.2) *	21 (34.4)	98 (49.7)	<0.001
Liver transplantation (n = 107)						
Men n (%)	12 (40)	16 (43.2)	1 (33.3)	0	29 (41.4)	0.925
Women n (%)	2 (15.4)	4 (33.3)	3 (42.9)	0	9 (27.3)	0.701
Total n (%)	14 (32.6)	20 (40.8)	4 (40.0)	0	38 (36.9)	0.790

* $p < 0.05$ between marked groups (z test with Bonferroni correction), ** $p < 0.05$ compared to other age groups (z test with Bonferroni correction).

Liver cancer cases per 100.000 inhabitants in Lithuania



2030 WHO Goals for HCV Elimination



Lithuania – West Europe differences in HCV infection

	West Europe	Lithuania
Serprevalence:	Low (0.3-0.6%)	Moderate (1,0 – 2,0%)
Highest risk groups:	I/v drug users Prisoners, AIDS	Blood donors Blood transfusion Tattoo i/v drug users prisoners, AIDS

..... In 1991-1993, Lithuania 7.9% of commercial blood donors, and 13.9% of commercial blood plasma donors were infected with HCV...

Hepatitis C in Lithuania: incidence, prevalence, risk factors and viral genotypes

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Table 5

Prevalence of anti-HCV among blood donors in different geographic areas of Lithuania (1991–1993)

No.	Areas	First-time blood donors			Commercial blood donors		
		No. tested	Seropositive		No. tested	Seropositive	
			<i>n</i>	%		<i>n</i>	%
1	Vilnius	178	9	5.1	159	17	10.7
2	Kaunas	152	2	1.3	57	6	10.5
3	Klaipeda	202	2	1.0	82	2	2.4
4	Siauliai	174	2	1.2	23	2	8.7
5	Panevezys	32	1	3.1	23	0	—
Total		738	16	2.2 ^a	344	27	7.9 ^a

^a $P < 0.0001$.

Prevalence of potential risk factors for hepatitis C (%) depending on whether antibodies to the hepatitis C virus have been detected

Risk factors	Men (N = 219)			Women (N = 201)			Total (N = 420)		
	Anti-HCV+	Anti-HCV-	p	Anti-HCV+	Anti-HCV-	p	Anti-HCV+	Anti-HCV -	p
	N = 73	N = 146		N = 67	N = 134		N = 140	N = 280	
Blood transfusion until 1993	13,7	2,1	0,001	20,9	4,5	0,001	17,1	3,2	<0,001
Blood donation until 1993	46,6	15,1	<0,001	29,9	7,5	<0,001	38,6	11,4	<0,001
Tattoo	52,1	8,2	<0,001	18,2	6,7	0,010	36,0	7,5	<0,001
Endoscopy	41,7	50,7	0,210	59,7	56,7	0,686	50,4	53,6	0,535
Surgical interventions	65,8	71,2	0,407	50,7	67,3	0,024	58,6	69,3	0,029

**Pilot study in Klaipeda Seamen's Health Care Centre:
Incidence of injecting drug use and prison stay (%) among subjects with
anti-HCV +**

Risk factors	Men (N = 73)	Women (N = 67)	Total (N = 140)
Injecting drugs	30,1*	6,1	18,8
Prison for more than 3 months.	39,0*	8,2	25,0

*p<0.001 compared to women

Beating Cancer

Home > How we make it ha... > Working Groups > WG Economy and E... > Beating Cancer



We can beat cancer together

Cancer kills about 9 million people a year in the world. In the European Union alone, 1.3 million people die of cancer every year and 3.5 million new cases are diagnosed.

While a majority of responsibilities for health remains within the Member States, the EU can and must play its part. Cancer is not just a national problem therefore the solution cannot be national either. That is why, under the EPP Group's leadership, the European Parliament set up a special Committee to see what Europe can do to help Europeans fight and beat cancer.

There are four main areas the Cancer Committee's work is based on: prevention, early diagnosis, treatment and care. Those areas represent the strategic approach the EU has taken in order to beat cancer. Knowing that 40% of all cancer cases are preventable means we can work towards the goal of preventing them and securing a better and



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National HCV screening initiation at family doctors level, reimbursed by National Health Insurance Fund under the Ministry of Health (May, 2022)

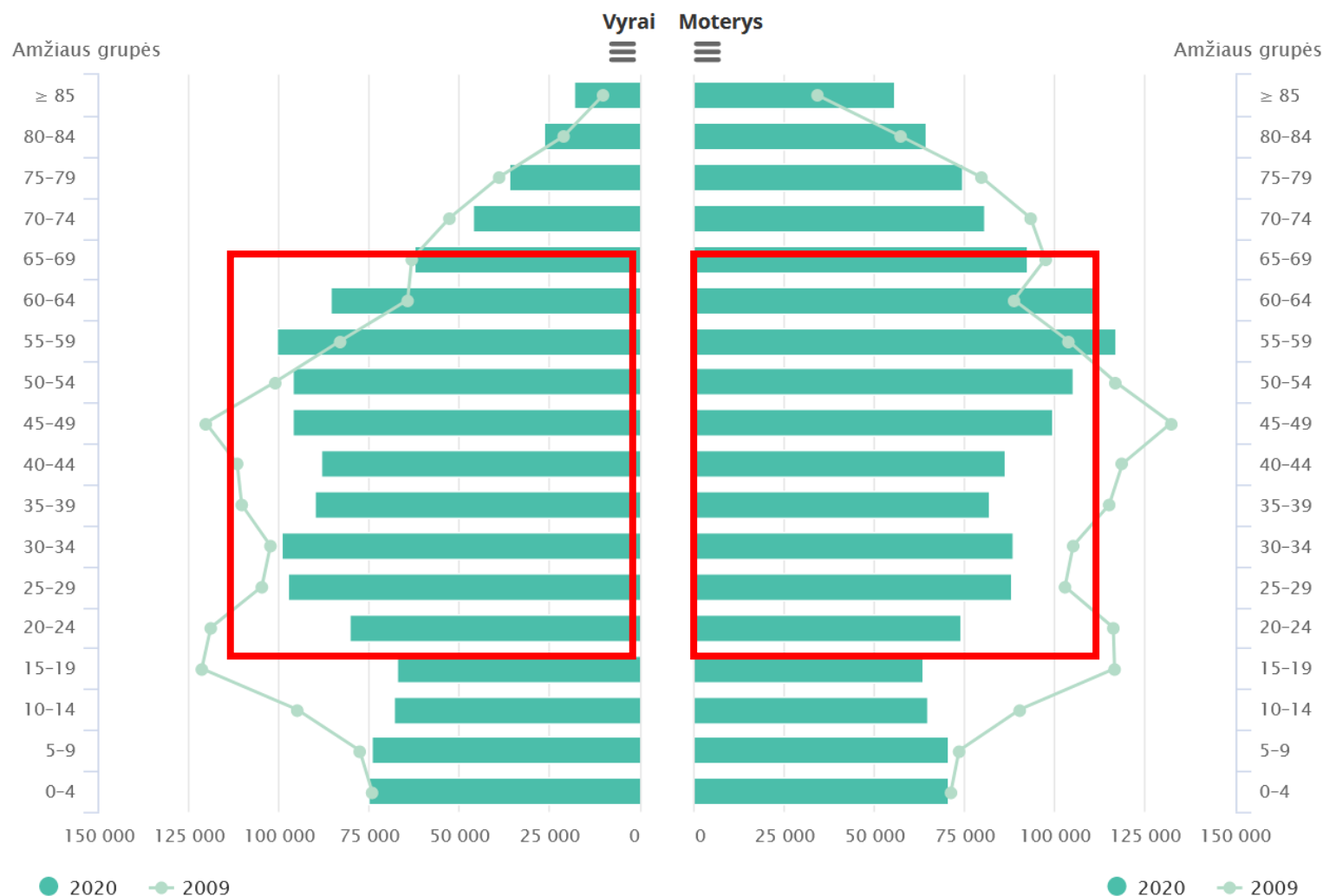
Purpose of the service:

- HCV diagnosis at early stage by screening anti-HCV antibodies at primary care level by family doctors
- Patient referral to the specialist (gastroenterologist or infectologist) for further diagnosis and treatment

The target group for the service:

- Patients, born from 1945-1994 year, and patients whos' family members have been diagnosed with HCV disregarding the age or gender (**once per life**),
- Risk group: Intravenous drug users, or persons who are being treated in addiction centers, HIV patients, etc. (**annually**)

Demographics of Lithuanian population: 2009 and 2020



The main screening group consists of persons born between 1945 and 1994,

In 2022 these persons would be between the ages of 28 and 77

Total: 1,8 milion

HCV screening program financing by National Health Insurance Fund under the Ministry of Health

DIAGNOSIS:

Since May 5, 2022 to January 6, 2026 - **€16.86** promotion fee to family physicians for HCV testing;

Since January 6, 2026 **€ 8.43** promotion fee to family physicians for HCV testing;

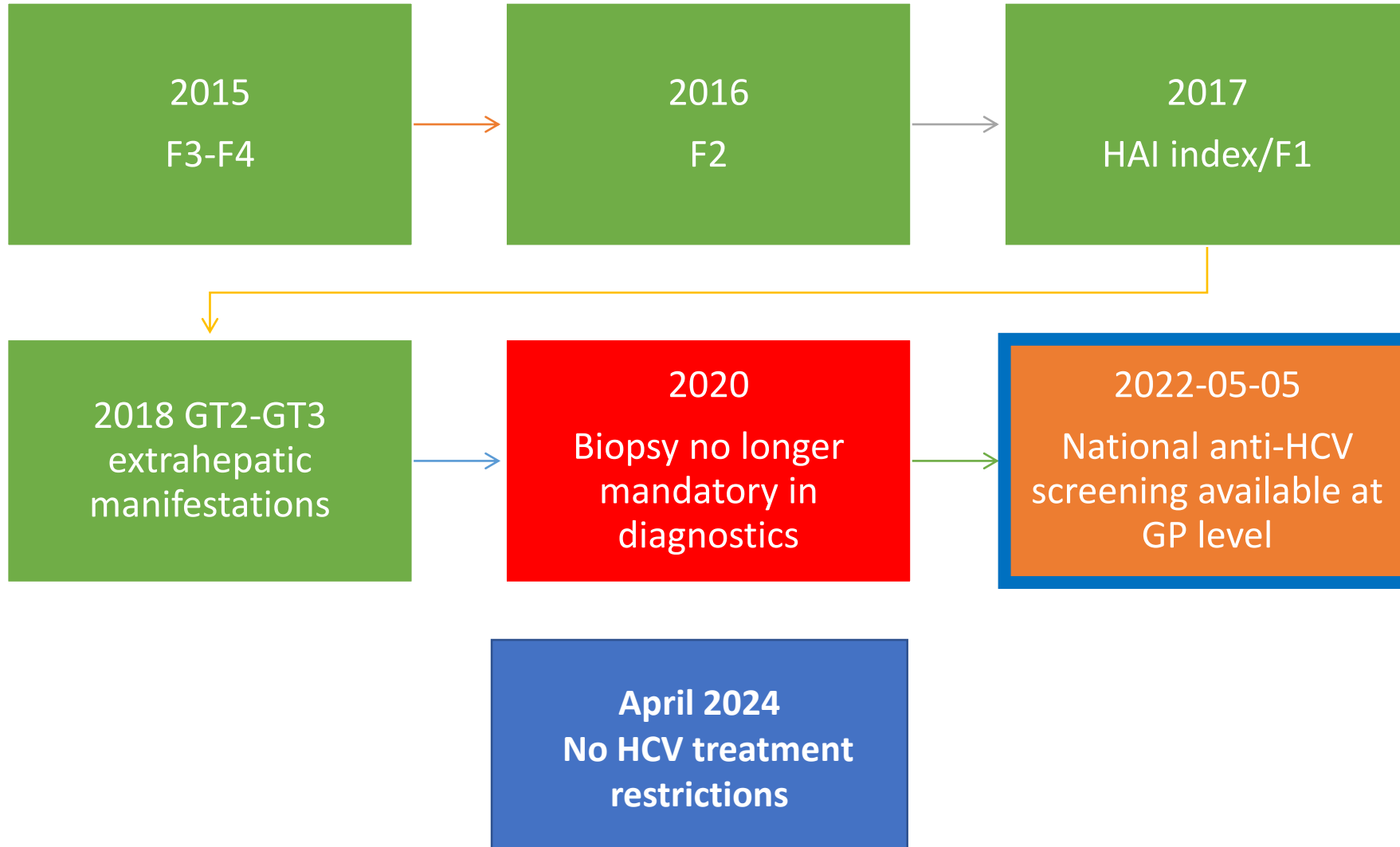
HCV-RNR testing made by gastroenterologist or infectologist

Treatment by DAA:

Till April 1, 2024 - Fibrosis 2-4 or HAI >3

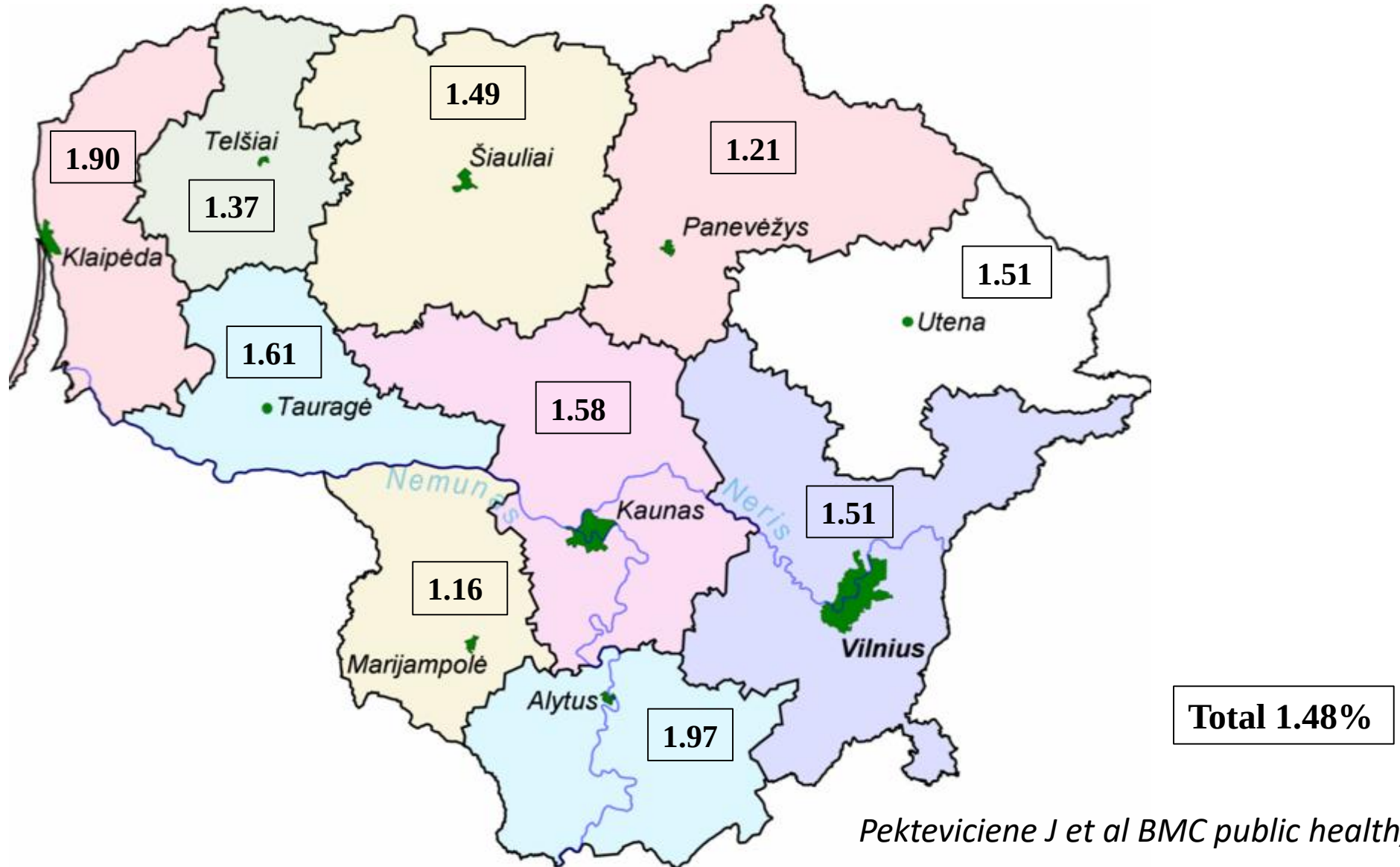
Since April 1, 2024 **No Fibrosis restrictions**

HCV care cascade milestones in Lithuania*

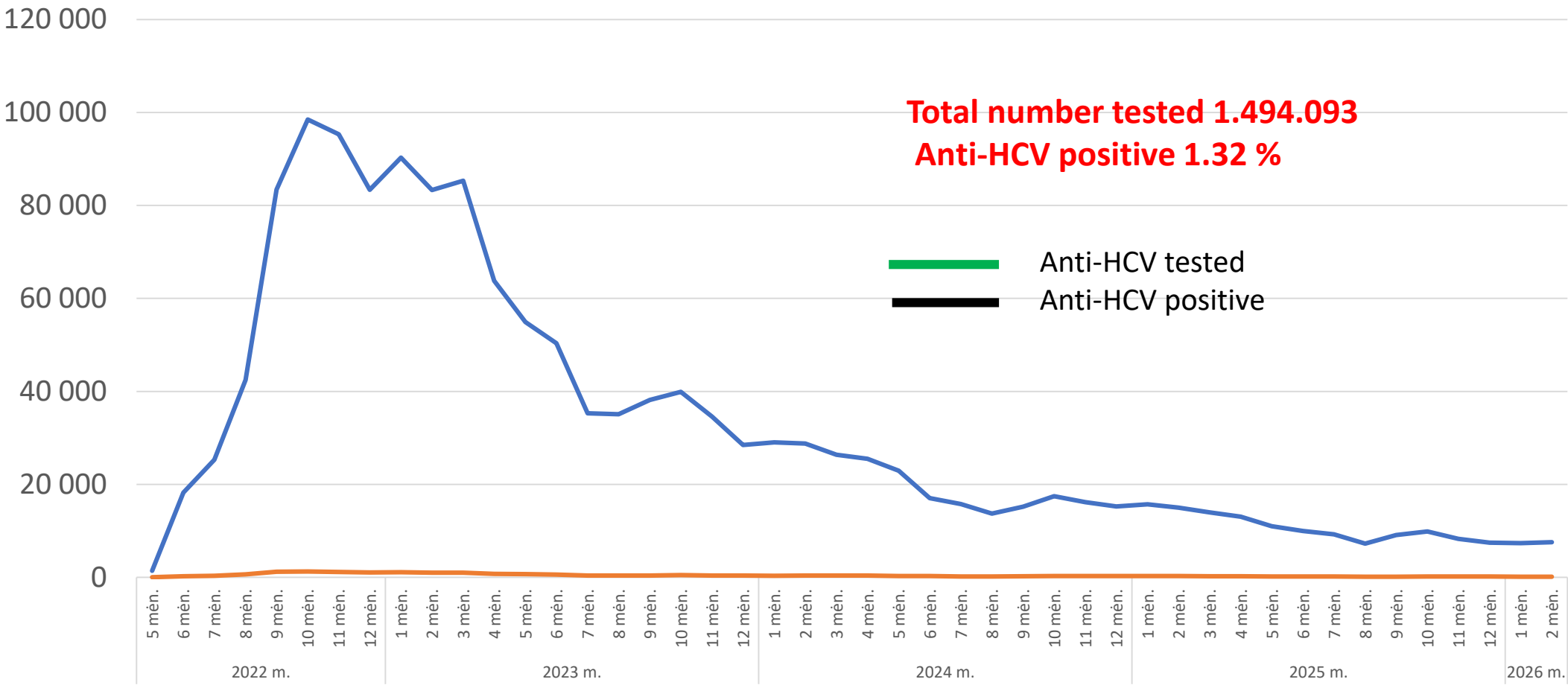


*Health care Ministry data on reimbursement

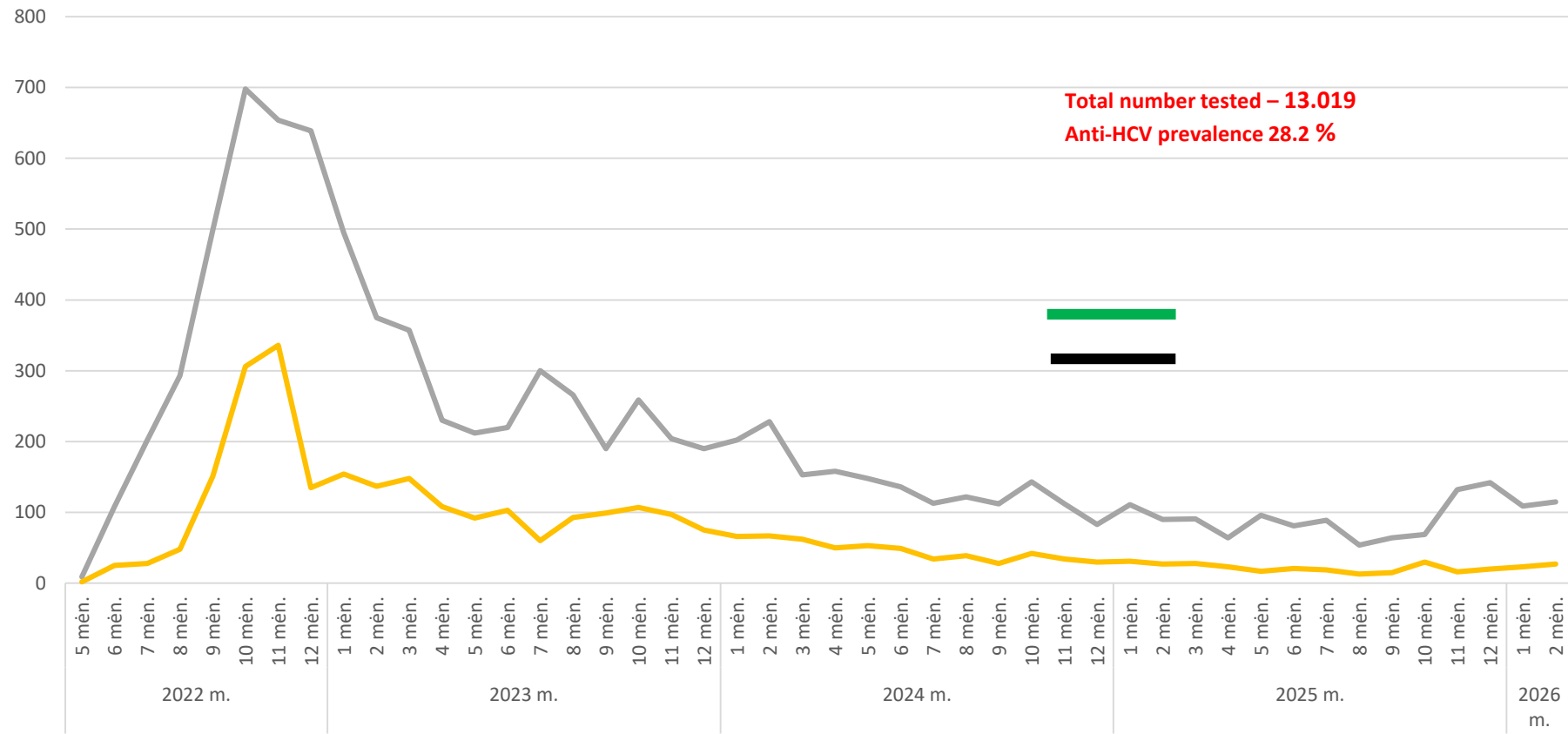
Seroprevalence (%) of HCV antibodies in Lithuanian population: data from HCV screening



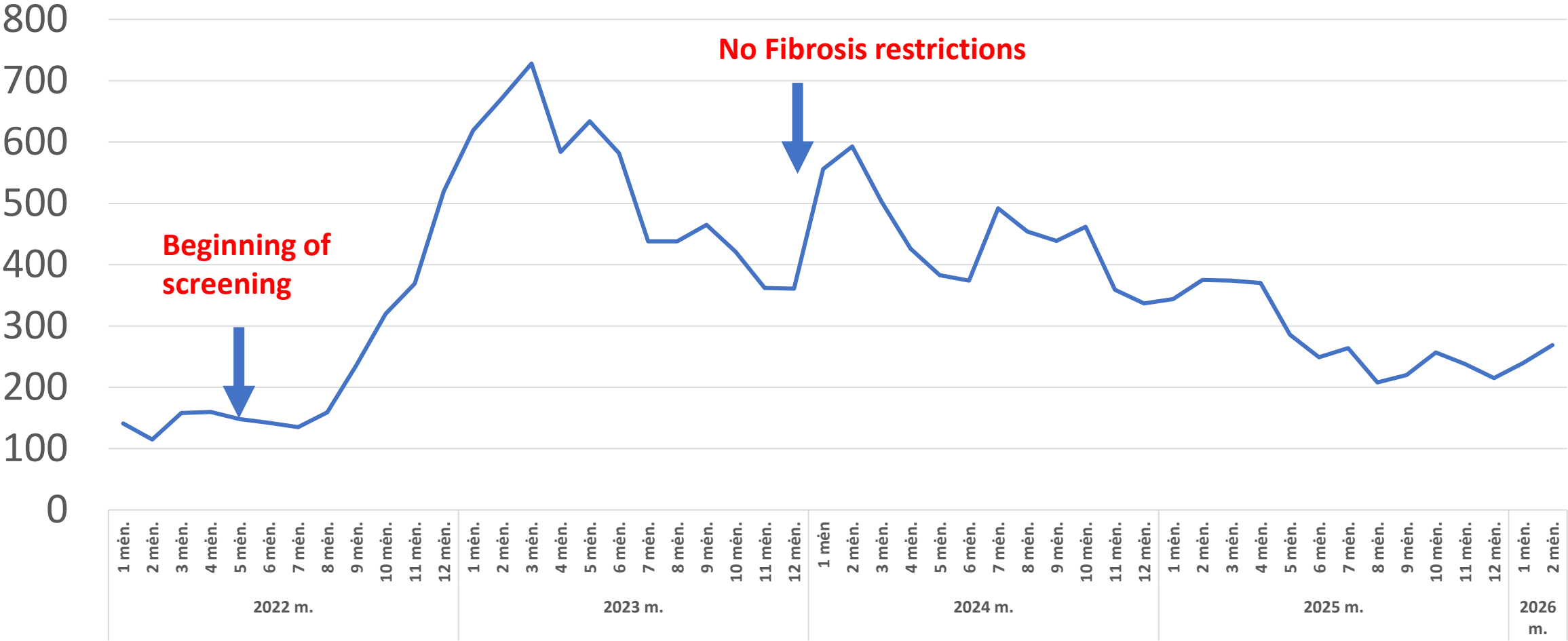
A total of 1,495,203 (83,7%) people were tested in the general population, of whom 1.3% were anti-HCV positive



**A total of 13,085 individuals in the risk group were examined;
28.3% were HCV-positive**



Number of patients treated for HCV over 46 months of the program (May 2022 - Feb 2026; 9,534 patients in total)



Comparison of number of HCV treated persons during 46 month of the program to treated during previous 46 month before program

During 46 month of screening (May 2022- Feb 2026)	9534
During previous 46 month before program (July 2018 - April 2022)	3261
Increase	3 times

The Markov disease progression model to assess HCV elimination progress showed the following scenarios:

Scenario 1: if the same number of patients are treated as before the screening, the WHO targets will not be reached.

Scenario 2: treating 70% of infected patients will meet most but not all WHO targets.

Scenario 3: by treating all infected patients by 2030, the WHO target will be met by saving **150 lives and preventing 90 new cases of decompensated cirrhosis and 120 cases of hepatocellular carcinoma.**

RESEARCH

Open Access



Hepatitis C screening in Lithuania: first-year results and scenarios for achieving WHO elimination targets

Janina Petkevičienė^{1,2*}, Alexis Voeller³, Eglė Čiupkevičienė¹, Devin Razavi-Shearer³, Valentina Liakina^{4,5}, Ligita Jančorienė⁶, Edita Kazėnaitė^{4,7}, Viačeslavas Zaksas⁸, Gediminas Urbonas⁹ and Limas Kupčinskas¹⁰

Abstract

Background The World Health Organization (WHO) has outlined a set of targets to achieve eliminating hepatitis C by 2030. In May 2022, Lithuanian health authorities initiated a hepatitis C virus (HCV) screening program to start working towards elimination. In the program, bonus was given to general practitioners (GPs) to promote and conduct

What we can achieve by the program?

In case all HCV patients would be treated Lithuania until 2030 years will prevent:

- 120 new liver cancers cases,
- 90 case of decompensated cirrhosis,
- 150 deaths

What we have achieved during the first 4 years of the program?

- **Family physicians very actively participated in the program.**
- **We have screened 83.7% of the population born between 1945 and 1994**
- **There are no restrictions for treatment**
- **We have treated 9,454 new patients- 3 times more, than before program**
- **The prestigious European political magazine “Politico” (Brussels, Belgium) wrote about the Lithuanian program; on March 24, 2026, it was presented at an EP event in Brussels.**



Infected blood scandal: Surge in hepatitis C tests

2 days ago

By Aurelia Foster, Chloe Hayward and Hugh Pym, BBC health team

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Charlotte Dickens

Charlotte Dickens, who had a blood transfusion in 1980, ordered a home kit after reading a BBC story

Infected blood victims could get £2m compensation

2 hours ago

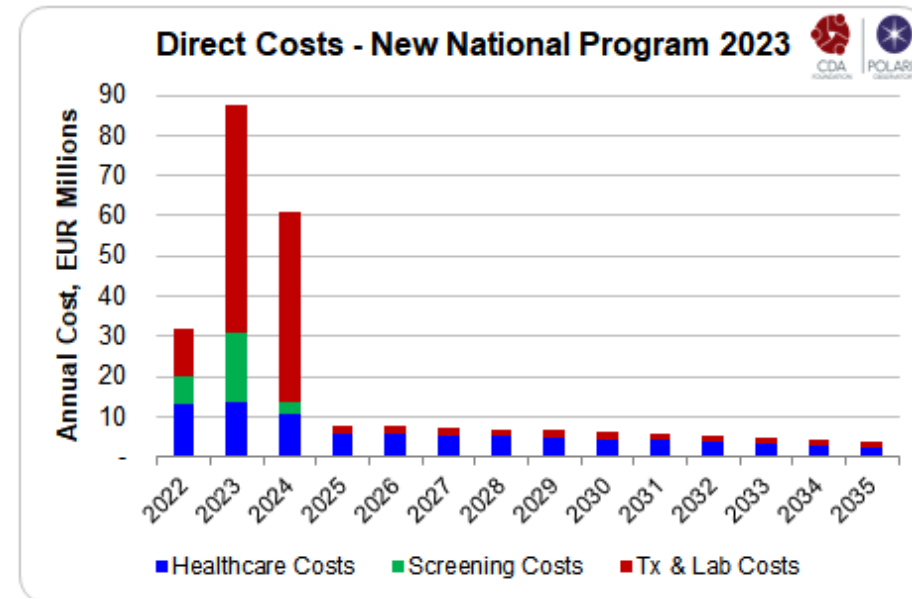
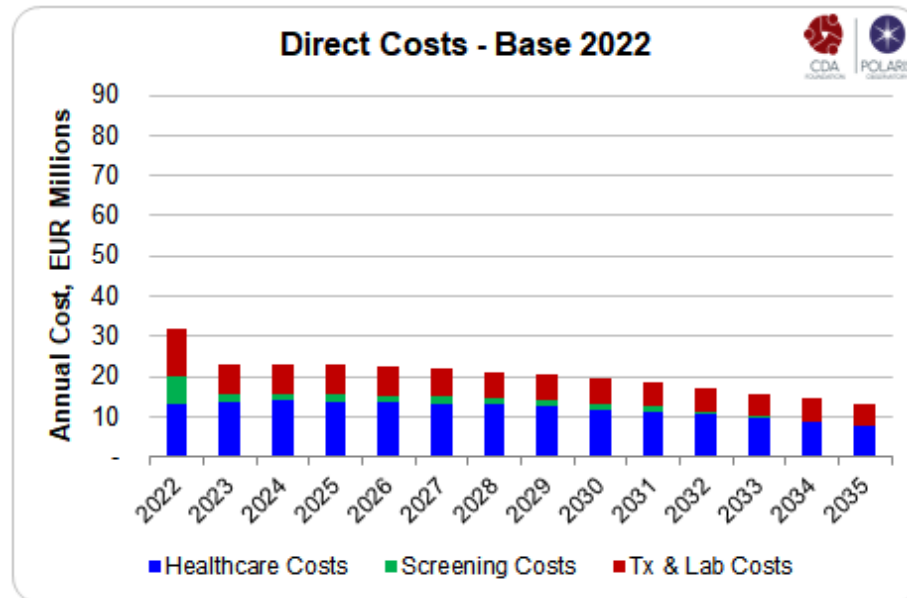
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By Nick Trigg, Health correspondent

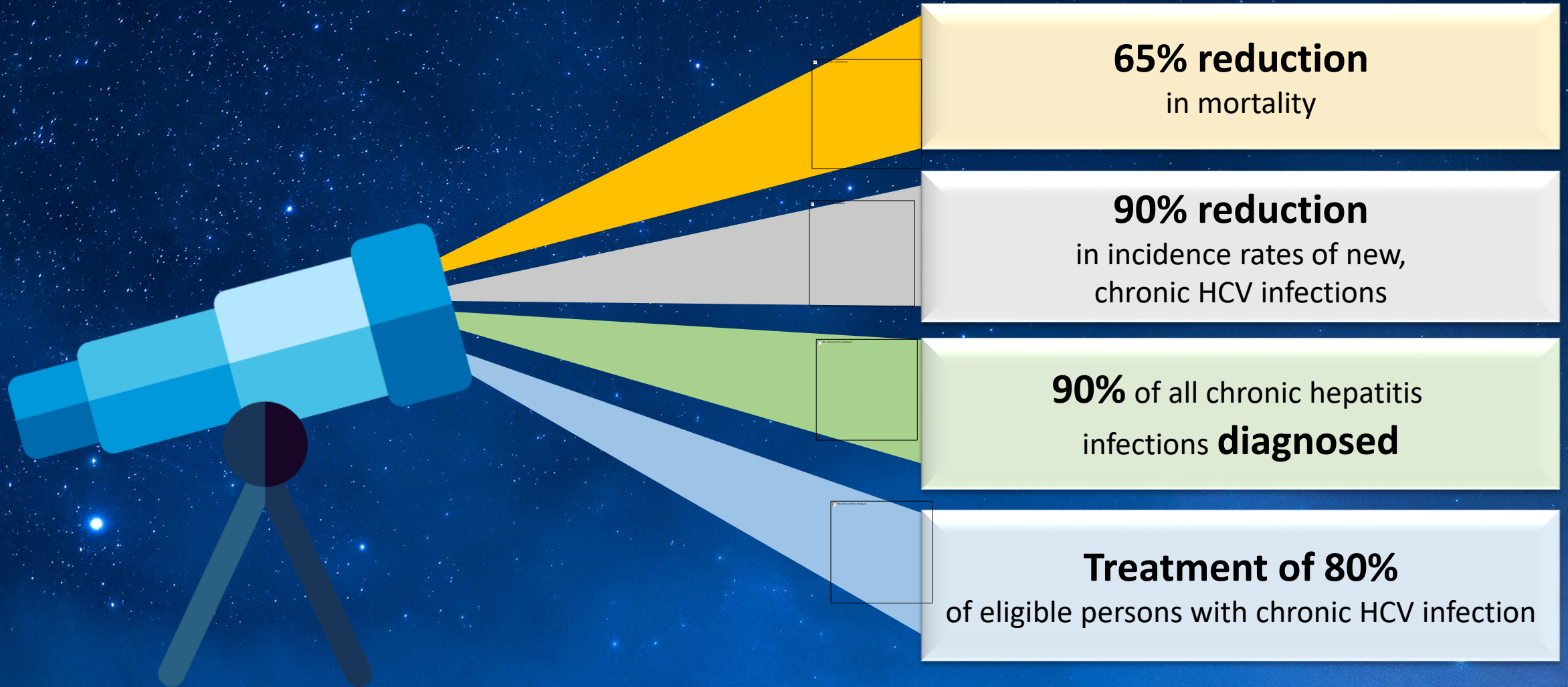


Infected blood victims could each receive payments of more than £2 million under a compensation scheme announced by the government.

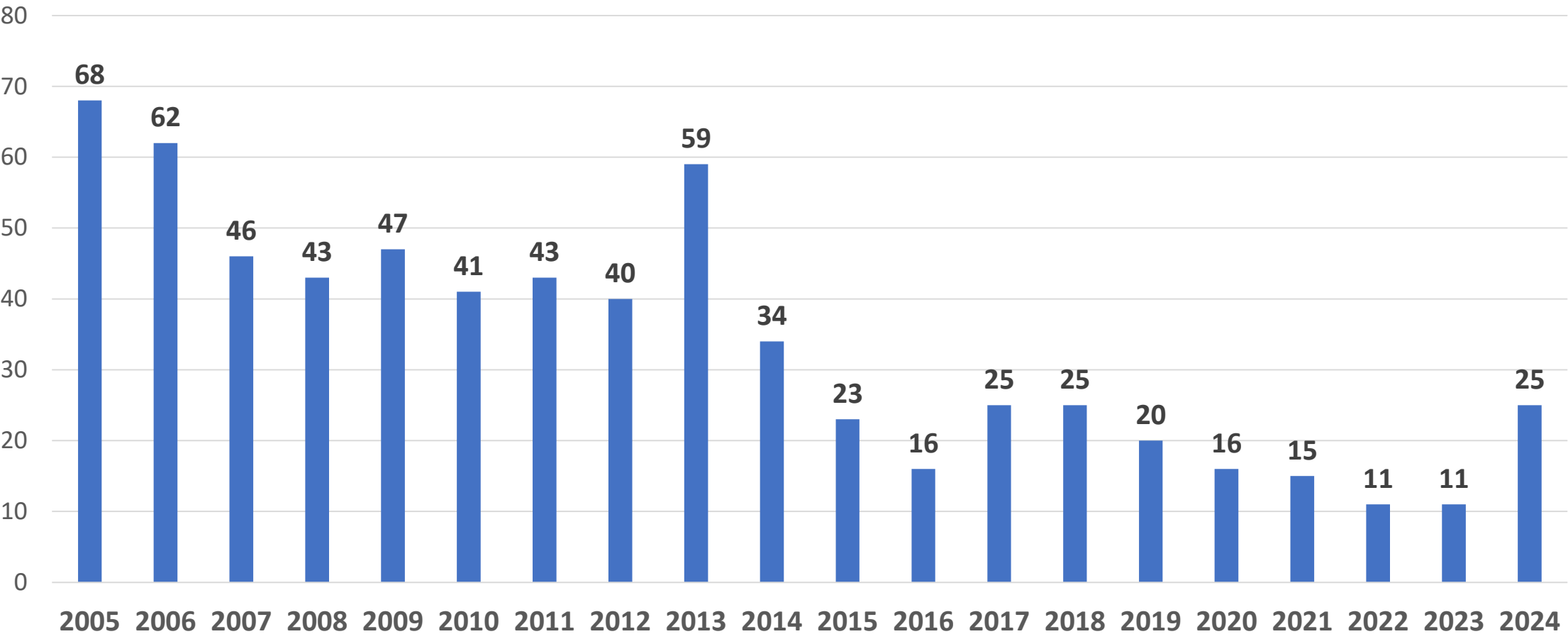
Most of spending will be on treatment and screening costs (under the national program) but this is offset by lower healthcare costs once patients are cured



2030 WHO Goals for HCV Elimination



Number of acute HCV cases in Lithuania (2005-2024)



Data provided the national surveillance system, Lithuania, 2005–2024

Our further challenges:

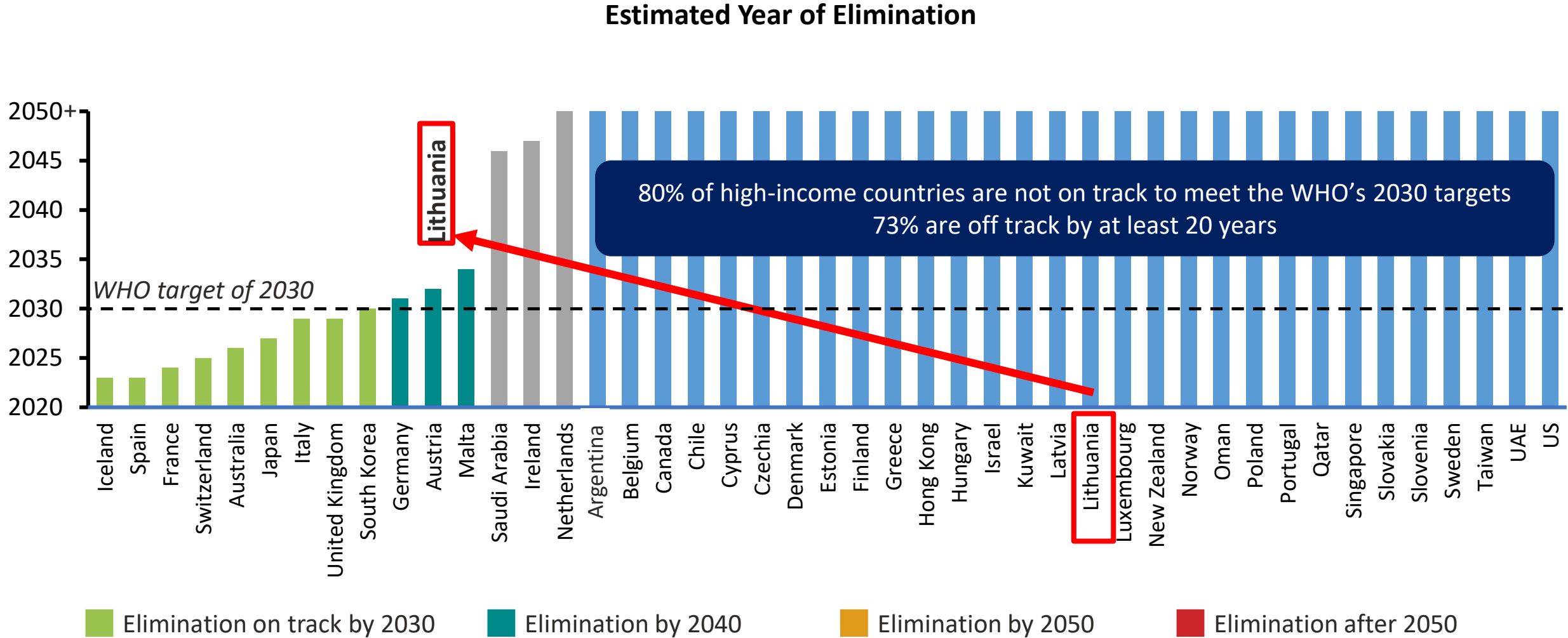
Among anti-HCV(+) persons from population family physicians referred to specialist 63%, but only 33% from risk group ($p < 0.001$).

We must urge family doctors to review their patient databases and refer all anti-HCV-positive patients to specialists

We must also use the mass media to encourage people to find out whether their anti-HCV test was positive or negative during screening

Special attention should be paid for risk group and prisoners...

Progress toward eliminating HCV in 45 high-income countries



• Razavi H, Sanchez Gonzalez Y, Yuen C, Cornberg M. Global timing of hepatitis C virus elimination in high-income countries. *Liver Int.* 2019;00:1–8. <https://doi.org/10.1111/liv.14324>

Thanks and warm regards from Lithuanian HCV
screening and elimination working group

