

**Viral Hepatitis Prevention Board Meeting:  
can the UK control viral hepatitis?  
17<sup>th</sup> – 18<sup>th</sup> November 2005**

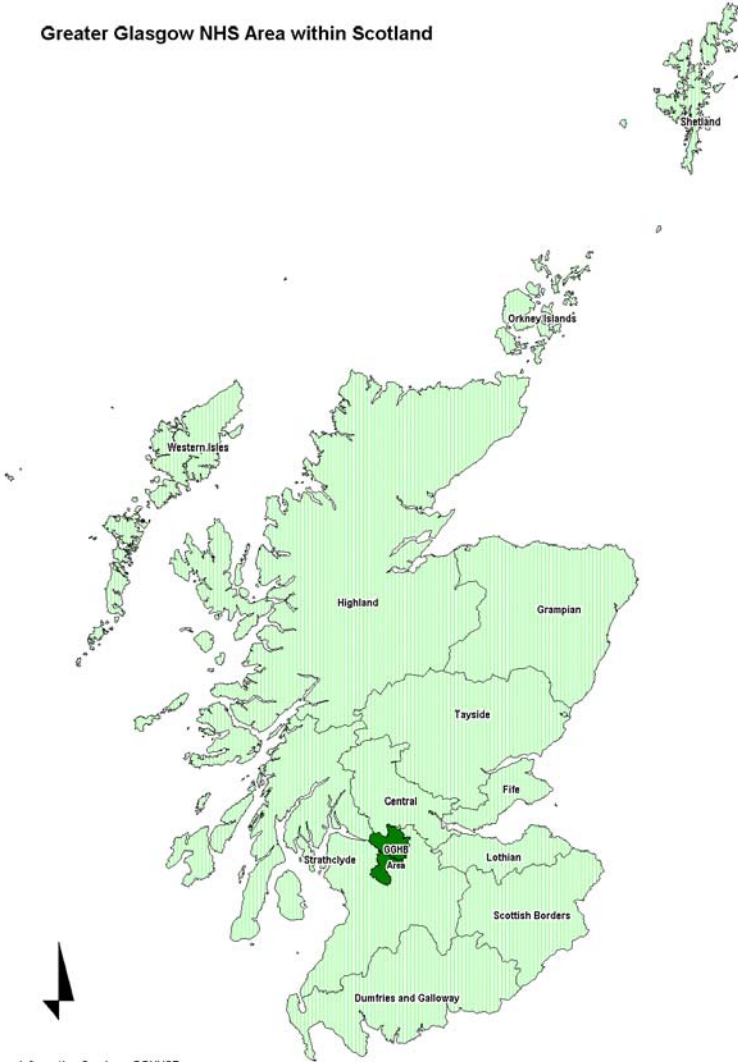
**Hepatitis B: public health aspects – Glasgow**

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# GGNHSB compared to Scotland

	<b>GGNHSB</b>	<b>Scotland</b>
Population	870,000	5.06 x 10 <sup>6</sup>
Asian and Chinese ethnic origin	4%	1.4%
Deprivation Category 6 and 7	48%	18%
Prevalence of problem drug use (estimated in 2003)	13,228 (2.64%)	51,582 (1.84%)

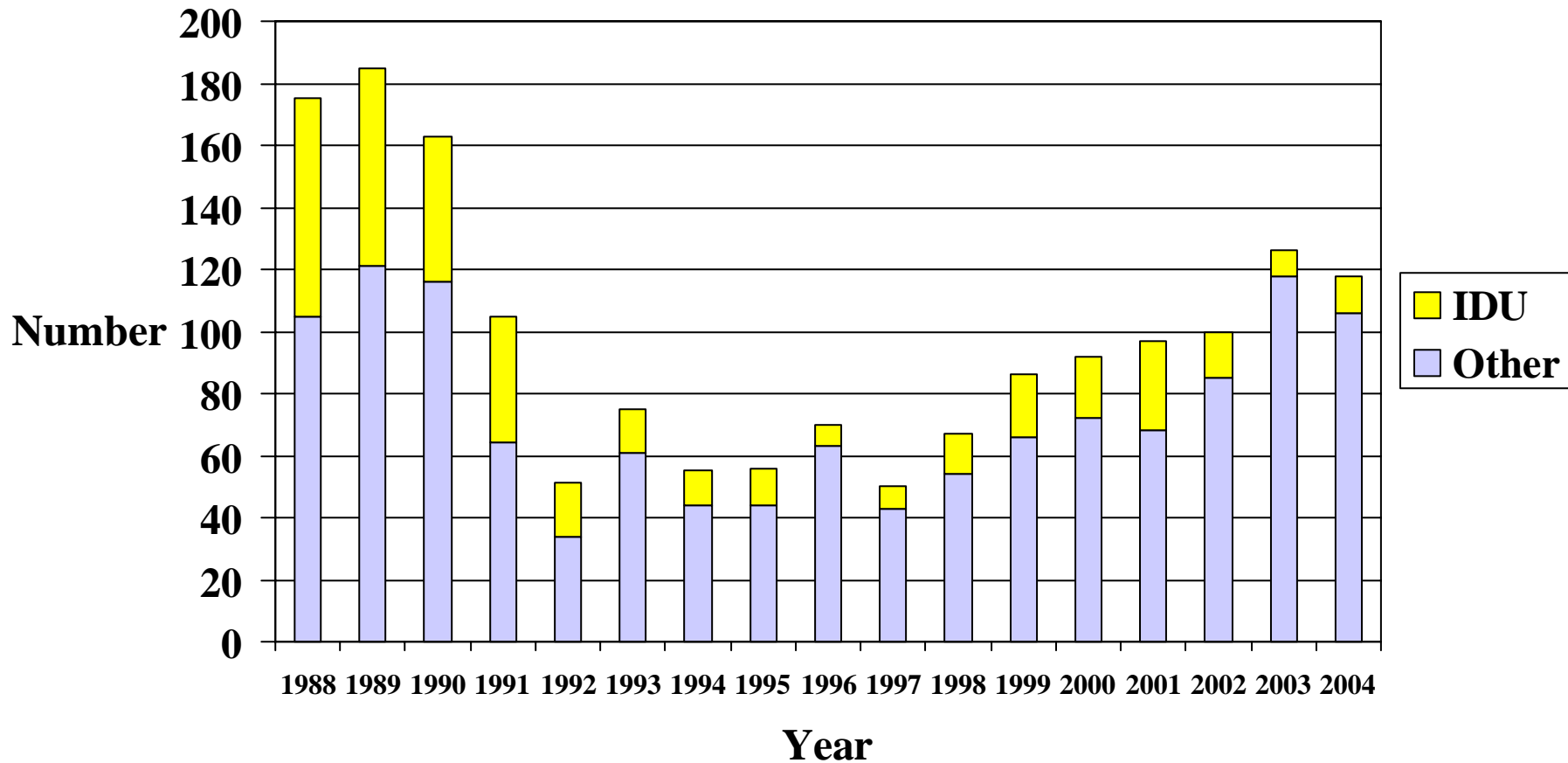
# Glasgow: good news

- Friendliest city in the UK
- 4<sup>th</sup> most popular shopping venue in the world
- Has one of the highest immunisation uptake rates in the UK

% completed primary course at 24 months (1<sup>st</sup> April to 30<sup>th</sup> June 2005)

	<b>D</b>	<b>T</b>	<b>P</b>	<b>Pol</b>	<b>MMR</b>
<b>GGNHSB</b>	97.5	97.5	97.1	97.5	90.3
<b>Scotland</b>	97.4	97.4	97.0	97.4	89.5

# Lab reports of hepatitis B in Greater Glasgow NHS Board area



# Lab reports of hepatitis B in Greater Glasgow NHS Board area by age group: 2004 (provisional data)

<b>Age Group</b>	<b>Number</b>
0-14	3
15-24	17
25-34	43
35-44	26
>45 years	27
Not known	2
<b>TOTAL</b>	<b>118</b>

# Current UK Hep B immunisation policy (1): targetable groups

- Babies born to infected mothers
- Haemophiliacs
- Patients with chronic renal failure
- Health care workers
- Other occupational groups
- Prison population?

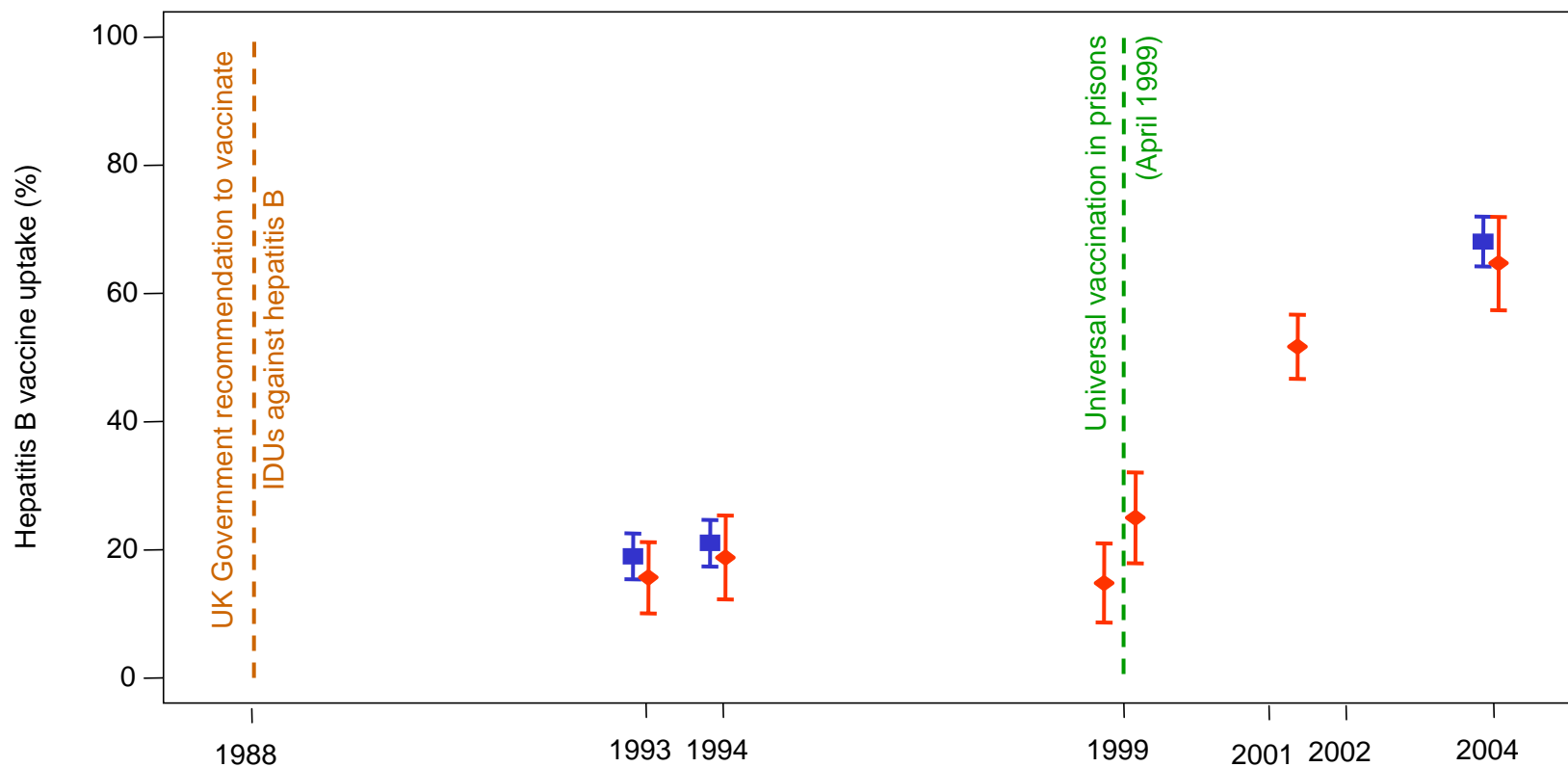
# Current UK Hep B immunisation policy (2): difficult to target groups

- Injecting drug users
- Individuals who change sexual partners frequently (not well defined)
- Men having sex with men
- Sex workers
- Travellers to areas of high prevalence
- Close family contacts of a carrier

# Selective Hep B immunisation programme in Glasgow

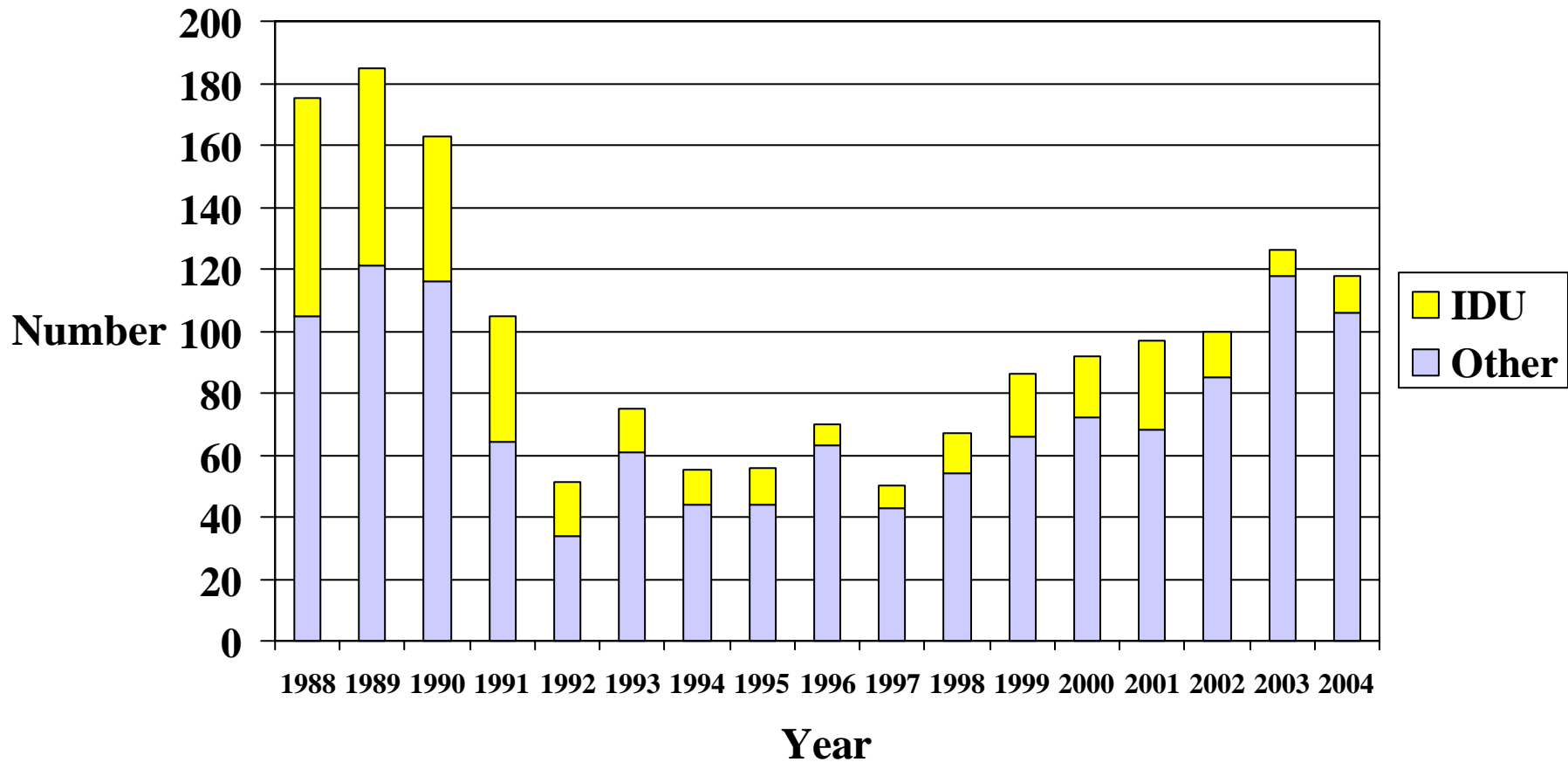
- Antenatal universal Hep B screening since 1993
- Special IDU programmes in the community including Item of Service fee to GPs
- Special Hep B programme in clinics for homosexual men
- Special clinics for female sex workers
- Others (health care workers, travel clinics, contacts etc.)
- Routine immunisation of prison population since 1999

Figure 1: Self-reported uptake of (at least one dose of) hepatitis B vaccination among current injecting drug users (IDUs), who had injected in the previous two months, recruited in five cross-sectional surveys in Glasgow during 1993, 1994, 1999, 2001-02 and 2004



Timing in relation to introduction of prison vaccine programme in April 1999:	Pre			Early	Post	
	1993	1994	Jan-March 1999	April-July 1999	2001-02	2004
Current IDUs who had begun injecting within the previous five years	16% (26/166)	19% (26/138)	15% (19/128)	25% (36/144)	52% (200/387)	65% (108/167)
All current IDUs	19% (88/463)	21% (102/484)	-	-	-	68% (372/546)

# Lab reports of hepatitis B in Greater Glasgow NHS Board area



# Sexual Behaviour in the UK: Natsal

2000: The Lancet vol 358, Dec1, 2001

- 34.6% of men aged 16-44 and 19.4% of women reported at least ten lifetime partners
- 14.1% of men aged 16-24 and 9.2% of women had more than ten partners in the previous 5 years
- 5.4% of 16-44 year olds ever had homosexual partners
- 19.6% of men aged 16-24 and 12.3% of women had new sexual partners from outside the UK in the past 5 years

# Selective Vaccination Programme – limitations (1)

- Not well resourced or co-ordinated
- Remuneration issues for GPs
- Vaccine coverage not recorded systematically
- Success often depends on enthusiasm and/or resources available

# Selective Vaccination

## Programme – limitations (2)

- Target population not always well defined group
- Target groups not aware of the risk
- A proportion do not fall into any defined risk group and do not perceive themselves as being at risk
- Many young people are not registered with GPs

# Selective Vaccination Programme – limitations (3)

- Often not a “captive” group
- Target group not identified before exposure to infection
- Need to educate much wider group of HCWs compared to universal programme
- Programme based on ethnic risk does not often work

# Hepatitis B vaccination policy: future strategy

- JCVI looking into this
- Possible options
  - Status quo
  - Universal infant
  - Universal adolescent
  - Both (for a limited period)

# The adolescent hepatitis B vaccination study in Glasgow: Sept 2001 to May 2002

- Two stage study to assess feasibility and acceptability
  - Focus group study
  - Vaccination campaign
- 11,000 school children age 11-12 years targeted
- Vaccine administered at school by nurses
- 81 schools (state, independent and special schools)

# Hep B Vaccination: Focus Group Study

- Most pupils and parents knew very little about Hep B Infection
- Risk factors for acquiring Hep B were not irrelevant to them/their children
- Wanted more information about vaccine side-effects
- Most pupils and nearly all parents favour vaccination

*Glasgow leads way in fight against Hepatitis B*

*Kids offered vaccinations in £200,000 programme*

**Thousands of  
pupils get jab  
to beat Hep B**

**Glasgow is the pioneer to set the example for the rest of Britain**

# The adolescent hepatitis B vaccination campaign in Glasgow: summary

- 91.3% received at least one dose
- 89.3% received at least two doses
- 80.2% received three doses
- Drop off greatest between 2<sup>nd</sup> and 3<sup>rd</sup> schools visit

*Bramley J C et al; CDPH 2002; 5(4) 318-20*

# Acknowledgements

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