PAHO’s Experience preventing HBV in the Healthcare Workforce in LAC

Regional Activities to protect healthcare workers

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VHPV Meeting
Barcelona, Spain - November 15, 2012
Overview

1. Health and safety of healthcare workers
2. Plan of Action on Workers’ Health
3. Collaboration
4. Regional activities
Healthcare Workers


- Women represent 75-85% of the health workforce (Source: Cameron, 2006, Rodriguez-Guzman, 2012)

- 57 countries in the world with a critical shortage of health human resources (Source: WHO, 2006)
High Incidence of Hospital Admissions With Multidrug-Resistant and Extensively Drug-Resistant Tuberculosis Among South African Health Care Workers

Max R. O’Donnell, MD, MPH; Julie Jarand, BSc, DHSM, DPH, MS(Epi); Jennifer Zelnick, MSW, S Garth Osburn, MBChB; Charlotte Kvasnovsky, A Charles R. Horsburgh, MD, MUS; and Keertan D

Table 2. Average Annual Incidence of Hospitalization for Treatment of Drug-Resistant Tuberculosis Among Health Care Workers and General Population Patients Hospitalized at King George V Hospital for Drug-Resistant Tuberculosis, 2003 to 2008*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Incidence in Health Care Workers (per 100 000)</th>
<th>Incidence in General Population Patients (per 100 000)</th>
<th>Hospital Admission Incidence Rate Ratio (95% CI)†</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDR or XDR-TB incidence</td>
<td>71.9</td>
<td>12.9</td>
<td>5.56 (4.87–6.35)</td>
</tr>
<tr>
<td>MDR-TB incidence</td>
<td>64.8</td>
<td>11.9</td>
<td>5.46 (4.75–6.28)</td>
</tr>
<tr>
<td>XDR-TB incidence</td>
<td>7.2</td>
<td>1.1</td>
<td>6.69 (4.38–10.20)</td>
</tr>
</tbody>
</table>

MDR-TB = multidrug-resistant tuberculosis; XDR-TB = extensively drug-resistant tuberculosis.
* Restricted to persons aged ≥20 y.
† P < 0.001 for all.
WHO Global Burden of Disease Study

Attributable fraction of HCV, HBV and HIV infections in healthcare workers due to injuries with contaminated sharps, ages 20-65

**Americas B (All other Latin American Countries)**
- Hepatitis B 83%
- Hepatitis C 55%
- HIV/AIDS 11%

Source: Sharps injuries: Global burden of disease from sharps injuries to health-care workers, WHO
1. Devise national **policy** instruments on workers' health
   - Specific programs for the occupational health and safety of HCWs
   - Immunization of HCWs against HBV

2. **Protect and promote health** at the workplace

3. Improve the performance of and **access** to occupational health services

4. Provide and communicate evidence for **preventive actions**

5. Incorporate workers' health into **other policies**
A holistic framework for action:
A holistic framework for action:
Strategy 1: Inter-sectorial Alliances

**Governmental Organizations**
- OAS inter-ministerial collaboration
- NAFTA, SICA, CARICOM, MERCOSUR, CAN

**Collaborating Centers**
- 15 Collaborating Centers
- 4 in process of designation

**International Organizations**
- ILO, Employers’ and Workers’ Organizations
- Cochrane Collaboration

**Non-governmental organizations**
- International Commission on Occupational Health (ICOH)
- Professional Organizations

**Workers Health**
Regional Milestones on Workers’ Health:

WHO/PAHO COLLABORATING CENTERS NETWORK

15 designated
4 postulated

Collaboration
Coordination
Commitment
Cooperation

Multilateral Networks
Protecting healthcare workers

Emphasis

✓ Policy Development

✓ Building technical capacity
  ✓ Information system
  ✓ Inter-programmatic approach

✓ Reaching the local level for sustainability
  ✓ Formation of health and safety committees
  ✓ Local training: multi-disciplinary approach “institutional culture of prevention”

✓ Participatory approach

✓ Communication

Organización Panamericana de la Salud
Promoting and protecting the health and safety of health-care workers

Activities
- Training
- Immunization of HCWs
- Occupational health Surveillance systems
- OHS National Policy for healthcare workers
Strategy 2: Collaboration within PAHO

Health promotion

Gender

Primary health care

Human rights

Social protection

Indigenous rights

PED (H1N1 EOC & task force)

GEH (Unpaid Workers)

HSS (human resources online course)

HSD (chronic disease)

HA (Core data Indicators)

THR (evidence-based practice)

FCH (VH Immunization HIV)

Healthy Workplace Toolkit

Road safety for all workers

Chemical Emergencies

Community of Practice

Faces, Voices, & Places

Pandemic Preparedness & Response

Workers’ Health

Organización Panamericana de la Salud
Regional Milestones on Workers’ Health:

1994: 3rd Meeting of CCs in LAC

1995: Declaration of Health of Workers of the Americas

1997: Regional Declaration of the Plan Regional of the Health of Workers of the Americas

1999: Resolution CC 41

2000: 22 National Plans

2001: Health Survey of the Workers’ Health

2002: Strategic Health Promotion Strategy

2003: Political Equitability Policy CC 2003

2004: IV Cumbre de la 8 AMÉRICA 8

2005: CMI-CHE-CIMA ALIANZA ESTRATÉGICA RESOLUCIÓN CC 22

2006: ENCUENTRO OP 8 - PR 8T

2007: New Strategic Objectives

2008: Declaration of Health of Workers of the Americas

2009: Collaboration OP 8: AP 8 + GENERO + DER HUM + PROT 8OC + DER INDIGENA 8

2010: 2012

2011: Global Plan
Regional Meeting on Viral Hepatitis

PAHO Collaborative Work
VH and Workers’ Health

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Sustainable Development and Environmental Health SDE

March 1st and 2nd, 2012
Bogota, Colombia

Reunión sobre Hepatitis Virales
Grupo de Trabajo #
Sesión de la tarde
Bogotá, Colombia, 1-2 de marzo del 2012

Hepatitis Vaccination
in the Americas

Alba Maria Ropero Alvarez
FCH/IM

Santa Fe de Bogota, March 1, 2012

Comprehensive Family Immunization Project (FCH/IM)
Hepatitis B Vaccine Introduction in the Americas

39 out of 40 countries and territories using vaccine*
Haiti pending introduction (March 2012)
(*not including French or Dutch territories)
Prevention of occupational transmission of infectious diseases: Initial Pilot Venezuela

Methodology

- Policy Development

- Building technical capacity
  - Information system
  - Human development for human resources
  - Inter-programmatic approach

- Reaching the local level for sustainability
  - Formation of health and safety committees
  - Local training: multi-disciplinary approach
    “institutional culture of prevention”

- Train-the-trainers workshop
  - train leaders from 4 pilot hospitals and state officials with the toolkit
Resources

PAHO/WHO/NIOSH toolkit on preventing needle stick injuries

Exposure Prevention Information Network

Cochrane Occupational Health Field

The reliable source of evidence in occupational health
National immunization initiative for health care workers: achieving decent work in Peru

- Policy Development
  - Presidential Mandate
  - National Plan for preventing NSI among HCWs
- Immunization Campaign Outcomes
  - Over 500,000 health care workers vaccinated HBV
  - Immunization in 34 regions
- Training in Occupational Health & Safety
  - 1,200 HCWs trained and 7,300 HCWs reached with the toolkit
Hepatitis B Immunization of Health Workers

**Checklist**

- Ensure a Successful Vaccination Campaign Targeting Health Workers

**Effective strategies to increase vaccination coverage**

- Demonstrate management commitment towards the health of employees including providing resources needed to prevent exposure
- Plan and promote accessible and free on-site vaccination
- Establish partnerships in vaccination by signing consent or destination
- Educate health workers about the occupational risks associated with HBV; the efficacy of vaccination and other preventive measures
- Require employers to ensure completion of all doses of hepatitis B vaccine
- Integrate immunization into pre-employment orientation for employees and students
- Monitor immunization coverage regularly

**Who should be immunized?**

- Any health worker who performs tasks involving direct patient contact or handles blood-contaminated items at risk
- Physicians, nurses, laboratory workers, dentists, pharmacists, allied, and allied health professionals
- Support staff, such as transporters, cleaners, and waste collectors
- Students training in the field of health care

**Hepatitis B Immunization**

- Recommended schedule: 0, 1, and 6 months
- Dose: 1 ml, intramuscular injection
- Serological testing
- Pre-vaccination: not indicated
- Post-vaccination: not required as part of a routine program

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**AIDE-MEMOIRE**

For an effective approach to the immunization of health workers against hepatitis B

Are health workers at risk of exposure to hepatitis B virus (HBV)?

Yes. HBV is an important occupational hazard for health workers. Approximately 23% of hepatitis B infections among health workers worldwide are the result of occupational exposure.

The World Health Organization (WHO) recommends that health workers be vaccinated against HBV. The WHO Global Plan of Action on Workers' Health calls upon member countries to develop and implement occupational policies and programs for health workers, including hepatitis B immunization.

**What is hepatitis B?**

HBV is a viral infection that attacks the liver and can cause both acute and chronic disease that can be life-threatening. Persons with chronic HBV infection have a 15 to 25% risk of dying prematurely from HBV-related cirrhosis and liver cancer.

Worldwide, an estimated two billion people have been infected with HBV, and more than 350 million have chronic liver infections. Health workers can become infected with HBV by exposure to very small amounts of blood from needle stick injuries or punctures with blood-contaminated equipment.

How can health workers be protected against HBV?

- Immunization
- Adherence to standard precautions
- Teach health workers about mode of transmission and preventive measures
- Ensure access to post-exposure management services
- Record and report exposure to blood and body fluids

Be prepared: addressing commonly asked questions related to the hepatitis B vaccine:

- What is the efficacy and safety of the hepatitis B vaccine?
  - The hepatitis B vaccine is highly effective in preventing HBV infection and its chronic consequences. The hepatitis B vaccine has been used since 1982 and over 1 billion doses have been administered worldwide.

- What are the benefits of being vaccinated against hepatitis B?
  - Hepatitis B vaccination protects and promotes the health of health workers, patients, and families. For employers, vaccinated personnel contributes to the employability of a healthy workforce.

- What are the potential adverse effects of the hepatitis B vaccine?
  - Potential adverse effects include redness, swelling, and pain at the injection site. Serious reactions are very rare, difficulty breathing, rash, and shock have been reported.

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http://new.paho.org/hq/index.php?option=com_content&task=view&id=750&Itemid=834
Other country initiatives

- **Ecuador:** Healthy Hospitals (grant recipient)
  - Strengthening health and safety committees in urban and rural (Amazon)
  - Preventing occupational transmission of infectious diseases among HCWs: more than 400 HCWs trained

- **Trinidad and Tobago:** OH and infection control in health care facilities (grant recipient)
  - Sub-regional training
  - Technical assistance to MOH during the Summit of the Americas, Caribbean Games, Heads of States of Commonwealth meeting
  - Development of resources and tools
    - Online course for health-care workers
    - Workplace assessment tool
Protecting HCWs Globally/Train-the-trainer/Toolkit

Now in: Peru
Venezuela
Colombia
Ecuador
Brazil
Caribbean

Pilot training in South Africa
Tanzania
Vietnam

Adapting/up-dating the WHO tool kit to Latin American HCW
2005 to 2012
Organización Panamericana de la Salud

Promoting and protecting the health and safety of healthcare workers

Activities

- Training 7 countries
- VWA + Immunization HBV of HCWs 11 countries
- Occupational health surveillance systems 5 countries
- OHS National Policy for healthcare workers 4 countries
PERU (2008 – 2010)

Presidential decree to Immunize Health Workers against hepatitis B Campaign
- Over 300,000 health-care workers vaccinated
- Immunization in all 24 regions

Policy Development
- National Plan on OHS in healthcare sector (2008)
- National policy and plan on prevention of HIV and TB among health workers (2010)

Training in OHS
- 1,200 HCW trained and
- 7,300 HCWs reached with toolkit.

VENEZUELA (2007-2010)

- All 23 states
- 6,758 trainers
- 725 Health facilities
- 242 safety committees
- 13 national partners
- 13 OSH and PH curricula
- 1,690 students trained
- 75% HCW Immunized
- 50% reporting NSI
- Surveillance system
- 35,000 HCW reached
**COLOMBIA (2010)**
- April 2010 – Minister of Health creates National Commission for Occupational Health for the health sector workers
  - Regulation for Biological Risk prevention
    - Preliminary steps for implementation of Surveillance for occupational exposure to BBP
    - 150 HCWs trained with EPINet from 16 hospitales and 6 cities
    - Immunization policy against Hep B
- 24 HCWs trained safety devices /tool

**BRAZIL (2010)**
- 30 HCWs from 7 Brazilian states and 11 Brazilian cities were trained safety devices & tool kit.
- NR32 Policy OHS in HC facilities/ MoL
  - Tripartite/implemented in 2010/ include use of safety devices

**The Caribbean (June 2011)**
- 33 participants from 9 Caribbean countries were trained.
Information Dissemination

Publications
- Cochrane systemic reviews
- Regional Contributions to the WHO Code of Practices for regional Recruitment and retention of HCW
- Healthy Hospitals Project in Ecuador, *Pan American Journal of Public Health*
- Protecting the health of HCW from infectious diseases in LAC Newsletter
- Protecting Healthcare Workers Health, *NIOSH*
- Aide Memoire about immunization of HCW
- Facts Sheet on Elimination of Silicosis and OHS and working conditions for HCW

Presentations
- International (5)
- Sub-regional (10)
- Elluminate (10)
**KEEP WASTE SEPARATE**

At the Tobago Regional Health Authority, the procedure for waste disposal dictates that segregation should be carried out at the point of generation and separated according to the following three categories: **Infectious, Sharps** and **Non-Infectious Waste**.

Each category of waste has its own container lined with color-coded plastic bags.

**INFECTION WASTE must be disposed of in containers/bins lined with RED PLASTIC BAGS.**

**DO PUT INFECTIOUS WASTE into a RED BAG:**
- Bulk blood or body fluids, including pourable or drippable amounts of blood or body fluids, or items saturated with blood or body fluids.
- Microbiological laboratory waste, such as cultures derived from clinical specimens and discarded laboratory equipment that has contacted cultures.
- Human tissue
- Body parts

Use the RED BAG for INFECTIOUS WASTE ONLY.
World Day on OHS

- Acknowledges and creates awareness about Workers’ Health in the Americas
- Compromises the PAHO/WHO executive management, other groups and technical areas, CCs, academia, civil society, workers, employers, unions, media and governments.
- Hundreds of participants from more than 25 countries
Reported HepB3 Coverage in Children <1 Year of Age, Latin America and the Caribbean, 2010

Coverage range:
- Green: ≥90%
- Yellow: <90%
- Data not available

2o. ENCUENTRO REGIONAL LATINOAMERICANO Y DEL CARIBE "PROTECCIÓN DE LOS TRABAJADORES DEL SECTOR SALUD"

Bogotá, Colombia - Mayo de 2010
Objective: compile existing guidelines, and new evidence, into a coherent set of recommendations to improve access for health workers to HIV and TB services.

Collaborators: multi-sectoral collaboration

Target audience: policy makers, hospital managers, occupational health and infection control practitioners, representatives of health workers.
GOAL
To reduce the burden of disease from viral hepatitis in LAC

OBJECTIVES

GENERAL OBJECTIVE

SPECIFIC OBJECTIVES

STRATEGIC LINES

WHO Hepatitis strategic axes + Needs in LAC

Line of work 1: Partnership, resource mobilization and communication

Line of work 2: Data collection and analysis for policy and action

Line of work 3: Prevention and control of transmission

Line of work 4: Screening, diagnosis, care, treatment and follow-up

Line of work 5: Research
The 14 recommendations developed through the WHO guideline process have been grouped into:

A. **National Policies**, which include rights, legislation and social protection, prevention of stigma and discrimination (3 recommendations),

B. **Worksite Initiatives**, including Policies, Programmes and Training (9 recommendations), and

C. **Budget as well as Monitoring and Evaluation** which involve coordinated efforts at both the national and workplace levels (2 recommendations).
Thank you

www.paho.org/workershealth

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