22 Years of VHPB

Achievements and Impact
Major functions

• Organization of meetings with experts on viral hepatitis topics of current interest
• Dissemination of discussion/conclusions of meetings, through website, newsletters, scientific papers, consensus statements....
• Advocacy for viral hepatitis control: lobbying amongst public health authorities to put viral hepatitis on the agenda
• Alert and rapid response role
TECHNICAL MEETINGS
Objectives

• Review and issue guidelines for critical issues in viral hepatitis

• Review long term follow-up studies of vaccines for A and B every few years
Broad range of topics covered

– Surveillance best practice
– Universal Immunisation programs (transition from risk groups)
– Injection safety and safe blood supply
– HBV mutants and variants
– Prevention and control of viral hepatitis in migrants and refugees
– Behavioural issues in hepatitis B vaccination
– How to reach risk groups
– Combined vaccines
– Economic evaluations (caution)
Broad range of topics covered

- Hepatitis B vaccination safety issues
- Hepatitis B vaccine and long term efficacy
- Hepatitis infections and immunization strategies in HCW
- Prevention of perinatal transmission
- Adolescent programmes
- Patient and advocacy groups
- Hepatitis A and E
- Identification and management of persons with HCV
- Treatment of hepatitis B and C
• Fact sheets
• Viral Hepatitis
• Scientific publications
Dear Editor,

Microbe, the news magazine of the American Society of Microbiology, recently published a summary (1) based on the paper of Bian et al., entitled “Change in hepatitis B virus large surface antigen variant prevalence 13 years after implementation of a universal vaccination program in China”, published in the Journal of Virology (2): *Universal Hepatitis B Vaccination in China Boosts Breakthrough Mutant Viruses*

The above-mentioned summary as well as the content of the Bian paper was discussed at our recent Viral Hepatitis Prevention Board meeting (Split, November 2013). On behalf of this group of experts we would like to reply with some major comments on both publications.

Wolfgang Jilg, Helen Norder, Alex Vorsters
On behalf of the Viral Hepatitis Prevention Board
COUNTRY MEETINGS
Objectives

• Understand strategies and programs to control viral hepatitis
• Monitor progress of countries in control of viral hepatitis
• Bring together people involved in viral hepatitis
• Draft guidelines to support countries - based on lessons learned of other countries
Topics covered

• Surveillance systems
• Epidemiology
• Prevention and control measures
• Successes, issues and barriers to overcome
• Possible implementation of new strategies
• Health technology assessments
Countries covered

• Italy (2002)
• Germany and the Nordic Countries (2003)
• France (2004)
• UK (2005)
• Spain (2006)
• Greece (2007)
• The Netherlands (2008)
• Turkey (2009)
• Portugal (2010)
• Bulgaria (2011)
• Arctic Region (2012)
• Israel (2013)
• Meeting report
INVOLVEMENT IN SPECIAL MEETINGS
Objective

• Bring together all countries in a region to offer expert neutral (not company) advice on important issues
Topics covered

• Immunization
• Nosocomial transmission
• Adoption and institutional transmission
• Drug use
• Sexual health
• Blood bank, dialysis
• Clinical best practice
Meetings

• Prevention and control of hepatitis B in Central and Eastern Europe and the Newly Independent States (Siofok, Hungary, 1996)

Outcomes:
- consensus statement
- recommendations for action
• Strengthening immunisation systems and introduction of hepatitis B vaccine in Central and Eastern Europe and the Newly Independent States (St Petersburg, Russian Federation, 2001)

• Strengthening immunisation systems and introduction of hepatitis B vaccine in Central and Eastern Europe and the Newly Independent States (Kiev, Ukraine, 2004)
WHO INFORMAL CONSULTATION WITH VHPB
GENEVA, SWITZERLAND, MAY 13-14, 2002

-MEETING PROGRAMME-

PUBLIC HEALTH CHALLENGES
FOR CONTROLLING HCV INFECTION
Objectives of the meeting:
- review the changing epidemiology of HAV and its impact on burden of disease and prevention strategies
- share country experiences and effectiveness of different hepatitis A vaccination strategies
- review diagnostic and surveillance issues
- assess and examine different outbreak control measures
- discuss the economics of universal hepatitis A vaccination in children compared to other health care interventions
- position HAV burden of disease and prevention options vis-à-vis other vaccine-preventable infections
- assess and discuss vaccine efficiency and long term immunogenicity data
- assess the future of global prevention and control of hepatitis A infection.
Thank You!
FUTURE CHALLENGES FOR THE VHPB
• Remain alert to changing epidemiology
• Support existing control and prevention programs and assess sustainability
• Convince remaining countries to implement universal hepatitis B vaccination
• Integrate vaccination programs into larger programs, including screening and treatment
• Collaborate with all other stakeholders in the fight against viral hepatitis
WAY OF WORKING
Advisors meetings 2-3 year

Agenda setting:
- Selection of technical meeting topics
- Selection of country meetings
- Composition of the board/members

Permanent scientific secretariat at CEV, University of Antwerp
Independent from
- International organisations like WHO/ECDC/EU
- Ministries of health
- Professional and scientific societies
- Industry
Secretariat implements:

• Preparation and organisation of meetings
• Publications
• Media activities
• Website
• Participation in third party meetings

Permanent intensive communication between VHPB board members and secretariat
Advisors

• Act in their personal capacity, and not as representatives of their main institutions
• Are often affiliated with stakeholding partners

This provides open and honest discussions

Advisors and speakers at VHPB meetings are not paid

No formal organisation with president, vice-president etc: minimal bureaucracy structure
Methodology
Identifying and analyzing

• Upcoming discussions and responds with technical topic meetings
• Foreseeing needs for advice on unresolved issues, gaps in guidelines
• Formulate support and targets to facilitate progress in prevention and control
• Proposing contributions to meetings or countries
• Uncertainties and how to interpret new findings
• Consequences and adaptations of guidelines or strategies
Starting in Western Europe

- Knowledge about safe blood supply and exposure prevention
- Since 1981 safe and effective vaccine was licensed and available; sustained vaccine supply in place; vaccine is affordable; delivery system in place
- Recommendation for vaccination of people at risk
What happened

- This strategy failed. No impact on morbidity and mortality of hepatitis in spite of all available compounds
- VHPB became driving force to change the strategy towards infant universal vaccination
- Monitoring of compliance
- Adressing constraints and hazards
VHPB Support to the introduction of hepatitis B vaccination in Europe

Meetings:

• Prevention and control of hepatitis B in Central and Eastern Europe and the Newly Independent States (Siofok, Hungary, 1996)


• Strengthening immunisation systems and introduction of hepatitis B vaccine in Central and Eastern Europe and the Newly Independent States (St Petersburg, Russian Federation, 2001)

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Advocacy through Viral Hepatitis

HIGH-RISK STRATEGY IS FAILING

Dr Mark Kane outlines the inadequacies of selective hepatitis B vaccination programmes

The epidemiology of hepatitis B in Europe, North America, and Australia is similar. Most infections occur in adults and it is notable that the majority of those infected fall outside the known risk factors. These 'unknowns' are very difficult to target and unless a high-risk strategy can reach them hepatitis B infection will continue to be a serious public health problem.

The routine immunisation of infants and adolescents should receive the highest priority

1. Universal vaccination: the need for early cover

Universal childhood and early adolescent vaccination protects individuals from infection later in life, whatever the age at which they become aware of the hepatitis B risk.

2. Adherent programme

The Board also supports recommendations made by the WHO Global Advisory Group of the Expanded Programme on Immunisation endorsed by the World Health Assembly in 1992: Hepatitis B vaccine should be integrated into the national immunisation programme in all countries by 1997. Countries with a low prevalence may consider immunisation of all adolescents as an addition or alternative to infant immunisation.

3. Combined vaccines

The VHPB supports efforts to add hepatitis B vaccine to existing childhood vaccines in combinations. However, it believes that universal hepatitis B vaccination of infants should not be delayed until such combined vaccines are available. The introduction of these combined vaccines may take some years.

4. Raising awareness of the dangers of hepatitis B

The VHPB recognises the importance of raising the awareness of healthcare providers, health policy makers and the general public (especially parents) about the dangers of hepatitis B as a community health risk and the need for preventive measures – the most important of which is universal vaccination. It aims to produce and support educational initiatives targeted at these groups.

References

in countries with medium and low prevalence, is a priority. There is no reason why hepatitis B should not follow the success of smallpox, polio, diphtheria and measles vaccination.

Keywords: Hepatitis B; Viral Hepatitis Board; North America
THE VIRAL HEPATITIS PREVENTION BOARD (VHPB) RECOMMENDS UNIVERSAL CHILDHOOD VACCINATION AGAINST HEPATITIS A BE CONSIDERED FOR EUROPEAN COMMUNITIES WITH REPEATED OUTBREAKS
Hep B immunization programmes in WHO/EURO region, 1993

- **European Union (EU) Map**:
  - **Legend**:
    - Green: Universal immunization
    - Pale Blue: No universal immunization

- **Countries** shown in the map include:
  - Spain
  - Portugal
  - Italy
  - Malta

- **Note**: The map highlights regions where Hep B immunization programmes were implemented in 1993.
Hep B immunization programmes in WHO/EURO region, 1996
Hep B immunization programmes in WHO/EURO region, 1998
Hep B immunization programmes in WHO/EURO region, 2002
Hep B immunization programmes in WHO/EURO region, 2013

47/53 (89%) universal programme remaining 6: risk group vaccination
Promoting and supporting viral hepatitis surveillance:

**Eurohep.net**: multi-country European project 2002-2005, coordinated by VHPB

- Survey: overview of surveillance systems in participating countries, hep A and B prevention programmes and burden of disease
- Collection of data for 1990-2001 for 22 European countries
- Elaboration of guidelines for harmonised surveillance and prevention of vaccine preventable viral hepatitis in Europe
SIMILARITIES WITH LATIN AMERICA
Why might the VHPB concept be of interest to the LA context?

• Many different countries like in Europe
• Tremendous range of socio-economic levels
• In principle capable health care systems
• Science-based medical education and performance
• Excellent expertise in the region
• States in charge of public health
• Learning from best practices of neighbouring countries
• Same target groups across borders like newborns, infants, migrants, minorities, risk behavior groups, health care workers
• Same tools for epidemiological surveillance of acute and chronic viral hepatitis, liver cirrhosis and HCC
• Same tools for measuring burden of disease
• Advantage of only two major languages spoken
Sharing experience and working together contributes to people’s health and personal satisfaction

THANK YOU FOR YOUR ATTENTION