

Global Hepatitis Prevention: WHO Update

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World Health
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WHO Governance Initiatives

- WHO Executive Board (Jan 2009)
 - Brazil requests WHA action of viral hepatitis
- EMRO Regional Committee Resolution (Oct 2009)
- WHO Executive Board (Jan 2010)
 - Comprehensive approach to viral hepatitis, new focus on screening and treatment for chronic viral hepatitis
 - Resolution introduced by Brazil, Columbia, Indonesia and adopted by EB Members
- WHO World Health Assembly (May 2010)



EMR (RC56) Resolution

- Established regional target for HBV control
- Called for comprehensive national strategies for viral hepatitis control, including improved screening, treatment and surveillance
- Requests that WHO provide increased technical support to countries, support national studies/surveillance activities, and facilitate technology transfer and increased access to lower priced medicines.





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Executive Board Actions

- Recognized that WHO prevention and control efforts successful but fragmented, no comprehensive strategy
- Resolution adopted setting direction, priorities, resources for WHO programme of work
- Calls for increasing education and promotes screening and treatment of 500 million people infected with hepatitis B and C viruses



EB126.R16: Screening and Treatment

- "strengthen national health systems ... through provision of national surveillance, including tools for prevention, diagnosis and treatment for viral hepatitis ..."
- "strengthen capacity in developing countries for increasing the use of reliable diagnostic and treatment methods suitable to local epidemiological situations and health systems"
- "enhancing access to affordable treatments in developing countries"



Ongoing Activities

- Consultation on Treatment of HBV for Resource-Constrained Settings (Feb, 2009)
- Guidelines on ART Initiation
 - Calls for increased HBV screening in HIV + persons
- Develop position on HCV treatment (of coinfecting)
 - Call for action on HCV by partners
- Hepatitis Atlas of Country Policy and Activities



HBV Treatment Consultation

- WHO should engage in providing advocacy, leadership and coordination on global issue of treatment of chronic HBV infection in resource-constrained settings
- Currently available drugs for HBV can be used to treat chronic HBV in the developing world
- Serology for hepatitis markers, liver enzymes and common chemistry tests can be used to identify candidates for and guide treatment
- Additional affordable and standardized laboratory tools need to be developed/made available



Screening and Treatment Guidelines

- In resource limited settings, HBsAg is appropriate tool, target populations need better definition, link to other existing programs,
- All HIV-positive persons should be screened for HBV
- All HBV-positive persons should be screened for HIV
- Persons HBsAg + should be referred for management
- Management should include patient education, contact follow-up, further diagnostic measures, and/or treatment



Recommendations—Resource-Limited Settings

- Prioritize treatment of persons with cirrhosis (decompensated or compensated cirrhosis) and certain persons with HIV/HBV co-infection
- HBV DNA assays should be robust, reliable, sensitive, quantified, standardized, regularly quality controlled affordable and available to guide management
- Liver biopsy may be useful if available, provided it can be performed safely and interpreted appropriately.
- Alternatively, non-invasive tests of liver fibrosis, may be considered when available.



Research Recommendations

- Burden of disease (esp. through disease and death registries)
- Prevalence HBV in HIV-infected persons
- HBsAg carriage in persons with cirrhosis and HCC
- HBV prevalence, treatment and outcomes in a region of Africa and Asia
- Effectiveness of screening programs
- Liver related mortality including HCC
- Best practices for surveillance of hepatitis B outcomes
- Laboratory QC panels for testing HBV DNA
- Replacement for liver biopsy



Proposed Criteria for ART Initiation (adults and adolescents, Oct 2009)

Clinical Situation	ART initiation Recommendations	Quality of Evidence	Strength of Recommendation
WHO clinical stage 3 or 4	Start ART irrespective of CD4	Moderate to High	Strong
WHO clinical stage 1 or 2	Need CD4 to decide	Very Low	Strong
CD4 < 350 cells/mm ³	Start ART irrespective of WHO stage	Moderate	Strong
Active chronic hepatitis B	Start ART irrespective of CD4	Low	Strong

Proposed Case Definition: Active chronic hepatitis B

- Clinical: Persons with chronic HBV infection may be asymptomatic. They may have no evidence of liver disease or may have a spectrum of disease ranging from chronic hepatitis to cirrhosis or liver cancer. Stigmata of end-stage liver disease (ESLD) including spider angiomas, splenomegaly, caput medusae, ascites, jaundice, asterixis and encephalopathy.
- Laboratory:
 - anti-HBc positive AND HBsAg positive, plus:
 - HBV DNA positive OR ALT elevation (either > 30 (male), > 19 (female))
- Classification:
 - Confirmed: a case that meets the laboratory criteria or has stigmata of ESLD



Hepatitis Atlas

- Review of WHO Member State policies
- Led by World Hepatitis Alliance in collaboration with WHO
- Launch scheduled for April at EASL 2010



Opportunities for Advocacy

- Provide input to official delegations to WHA:
http://apps.who.int/gb/ebwha/pdf_files/A62/A62_DIV1Rev1.pdf



Thanks

