

Prevention and Control of Perinatal Transmission of Hepatitis B Virus: Situation and Country Experience (Georgia)

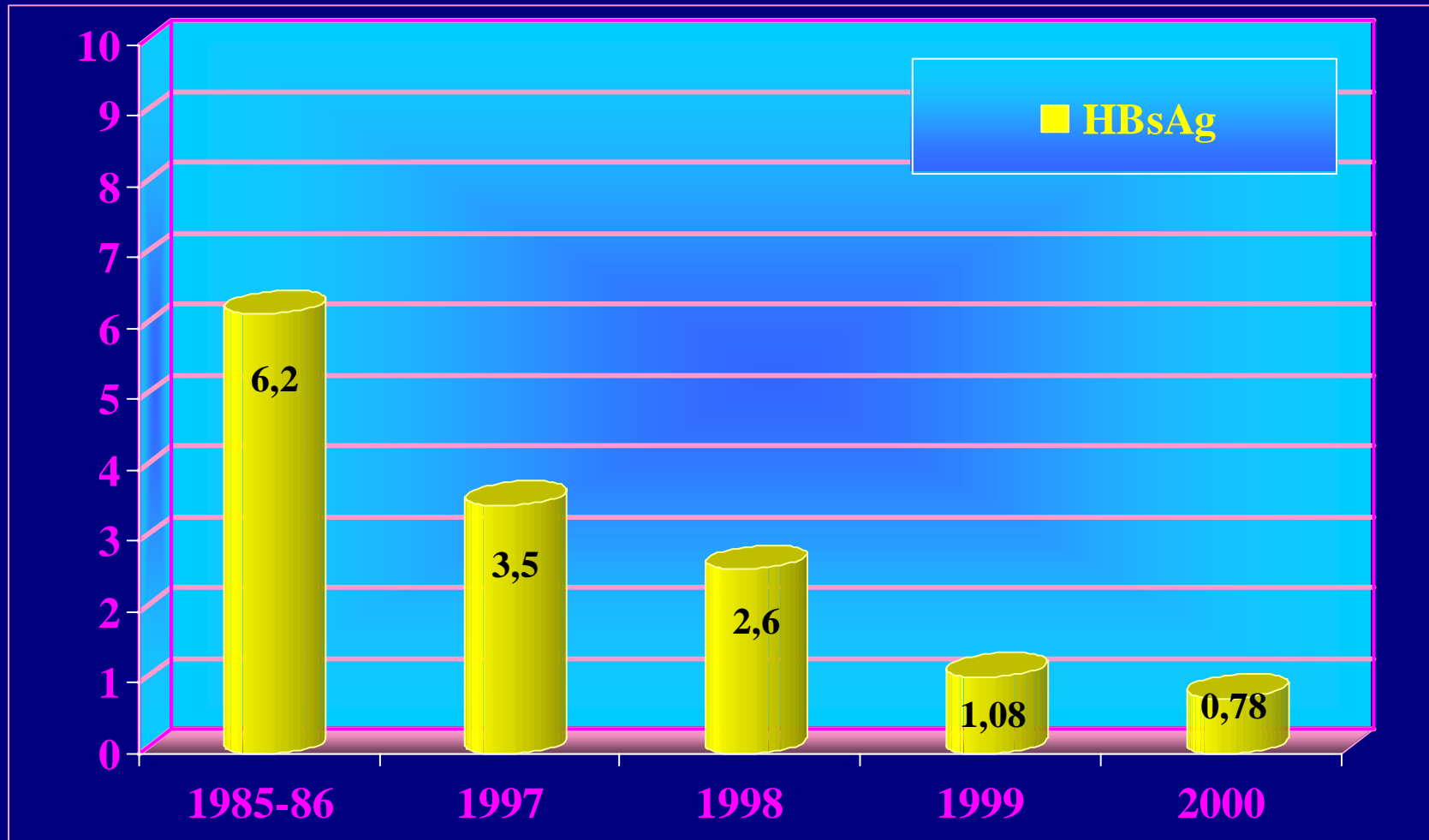
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Director

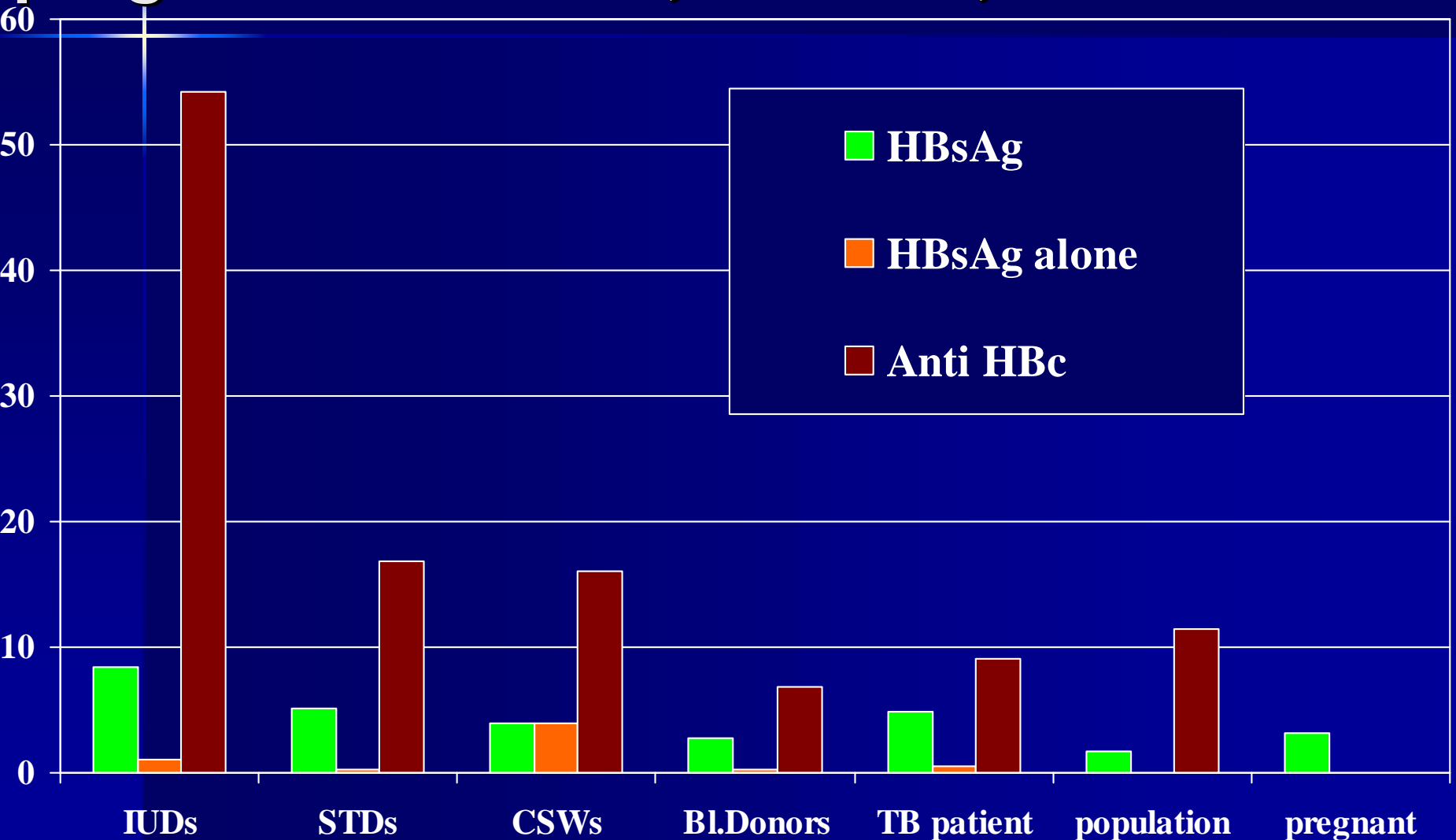
National Center for Disease Control and Medical Statistics

Tbilisi, Georgia

HBsAg Carrier in Blood Donors (State Programme)



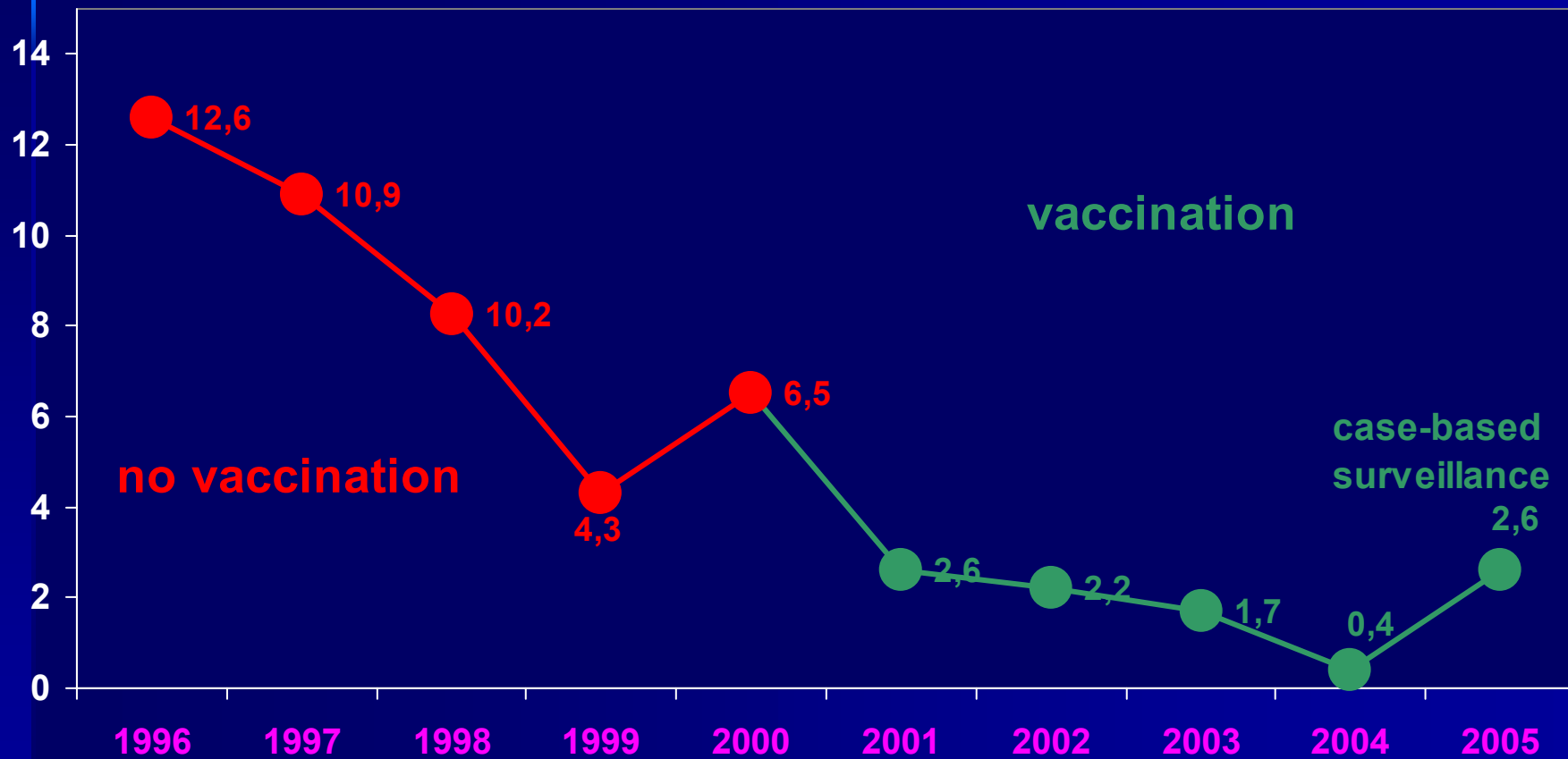
HBV Prevalance Data, High Risk Groups, 2000; population 2002; pregnant 2003-04 (1 district)



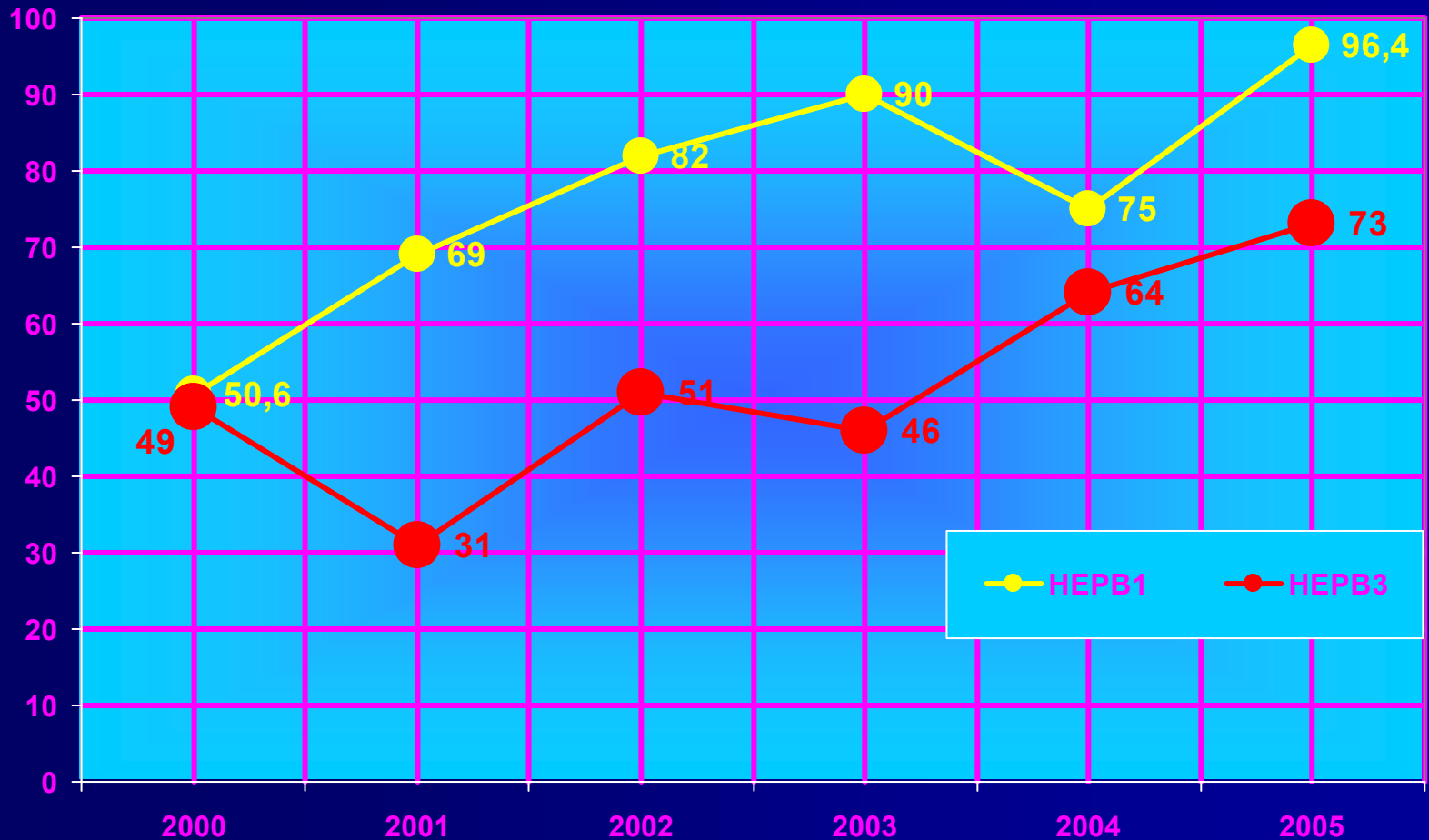
Introduction of HepB Vaccination in Georgia

- ❖ Vaccination against Hepatitis B was introduced in Georgia in 2000 (supported by USAID/UNICEF);
- ❖ Georgia received GAVI support in 2002;
- ❖ At the beginning vaccine was given at 2, 3 and 8 months of age;
- ❖ According to the new vaccination schedule (June 2003), vaccine is given in 0-12 hours, 2 and 4 months of age from September 2003;

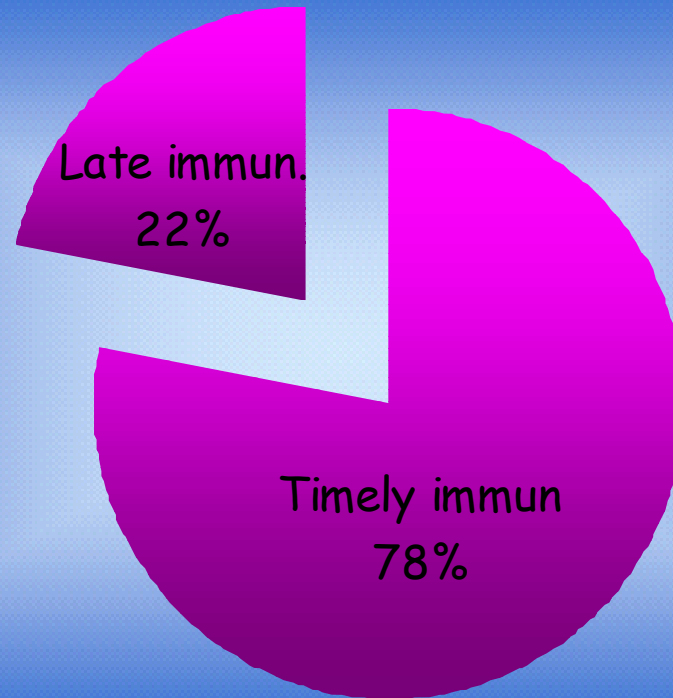
Incidence Rate of Hepatitis B in Children up to 5 years of age Georgia 1996-2005 (per 100 000)



HepB1-HepB3 Vaccination Coverage 2000-2005



Percentage of HepB1 Timely (0-24 hrs) and Late Vaccinated Children, Georgia, 2005



HepB Vaccination Drop-Out Rates Georgia, 2004-2005

	HepB1- HepB3/HepB1	HepB2- HepB3/HepB2
2004	42%	17%
2005	29%	11,7%

Factors Interfering Immunization Process

- ❖ Doctors do not consider Hepatitis B as a serious childhood problem;
- ❖ Doctors (neuropathologists, pediatricians, homoeopaths) and parents distrust the new vaccine and consider it as unsafe;
- ❖ Misinterpretation of contraindications and adverse events;
- ❖ Non-professional “anti-vaccination” publications in newspapers and magazines;
- ❖ Some problems related to the management during the transition period of Health Care from centralized to decentralized system;
- ❖ Imperfect data of target population

BCG and HepB1 Vaccination Monitoring in Maternity Hospitals

- ❖ **In summer of 2005, monitoring of HepB vaccination monitoring was carried out in all maternity hospitals (total 89) in Georgia, supported by UNICEF;**
- ❖ **The data for year 2004 and 6 months of 2005 were collected;**
- ❖ **The evidence for the monitoring was based on the differences between the vaccination coverage of HepB birth dose (75%) and BCG (91%), which are given in maternity hospitals**

Comparison of Observed and Reported Data Related with BCG and HepB1 Vaccination

	Number of newborn in maternity hospitals	HepB	BCG
2004	Observed - 44 876	36 358 81%	39 240 87%
	Reported - 45 193 NCDC	34 844 77%	39 212 87%
2005 (6 month)	Observed - 22 187	18 268 82%	20 483 92%
	Reported - 22 095 NCDC	17 370 78%	20 005 90.5%

Conclusions

- ❖ According to the monitoring data, one of the reasons related with low coverage of HepB vaccination is imperfect data reported from maternity hospitals to the Centers of Public Health;
- ❖ Most doctors do not vaccinate newborns with HepB due to their hospitalization in children's hospitals, although at the same time, this reason does not influence on the BCG coverage in the same maternity hospital

Main Reasons Interfering HepB Vaccination in Maternity Hospitals

Acute disease with clinical symptoms	76%
False contraindications	50%
Refusal from parents	40%
Refusal from doctors	12%
Mass-media influence	17%
Shortage of vaccine (last two months in 2004)	72%

Health Conditions Considered as a Contraindications for HepB Vaccination in Maternity Hospitals

- ❖ **CNS pathology, convulsions, birth injury;**
- ❖ **Low weight, prematurity;**
- ❖ **Asphyxia, pulmonary atelectasis;**
- ❖ **Down's syndrome;**
- ❖ **Harelip, cephalocele;**
- ❖ **Anemia, hemolytic disease, AIDS, syphilis;**
- ❖ **Contact with influenza, use of corticosteroids**

STRATEGY FOR ACTION

- ❖ **Increase the number of training courses for epidemiologists, neuropathologists, pediatricians, neonatologists, and immunization managers of Public Health Centers;**
- ❖ **Convince doctors of the importance of Hepatitis B vaccination, vaccine quality and safety;**
- ❖ **Strengthen social mobilization for Hep B vaccination support;**
- ❖ **Explain to parents the benefits of vaccination, risks for unvaccinated children and other susceptible groups of people, and possible AEFI using mass-media and IEC activities;**
- ❖ **Develop communication strategy for new vaccines and vaccine preventable diseases;**
- ❖ **Strengthen the status, role and participation of ICC in Hepatitis B immunization coordination and support**