

# Viral Hepatitis Prevention Board

## Burden and Prevention of Viral Hepatitis in Portugal

Lisbon, Portugal  
November 18-19, 2010



# The Viral Hepatitis Prevention Board

18 years of support to the control and prevention of viral hepatitis in Europe.



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- Viral Hepatitis Prevention Board (VHPB)
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  - Structure
  - Activities
- Portugal Meeting: Burden and prevention of viral hepatitis in Portugal



# Mission Statement

The objective of VHPB is to contribute to the **control** and **prevention** of **viral hepatitis**:

- by drawing the attention to this important public health problem
- by issuing prevention guidance and catalyse the development of recommendations, and
- by encouraging actions to improve control and prevention.

**VHPB target audiences** are, in the first instance, health care professionals, policymakers, and opinion leaders in **Europe**.

**VHPB advisory board** is composed of independent experts in the field of viral hepatitis.



# History

- VHPB was established in 1992. First actions related to hepatitis B as an occupational risk.
- World Health Assembly (1992): Integration of hepatitis B vaccine into national vaccination programmes.
- In 1993, VHPB started a second major initiative and focused on hepatitis B as a community health risk.
- The geographical focus was initially Western Europe, its actions were extended to include all 53 countries in the WHO/EURO, contact are being made with other WHO regions.



# VHPB Support & Structure

- VHPB is supported by unrestricted grants from
  - the vaccine industry :
    - GlaxoSmithKline Biologicals,
    - Sanofi Pasteur MSD, Sanofi Pasteur, Merck Vaccines
  - several universities in Europe
  - The VHPB has also received support from the GAVI, the Children's Vaccine Program at PATH , Unicef, ECDC and CDC for specific activities
- The structure of the VHPB includes
  - Executive secretariat,
  - Advisory board, and
  - Honorary members.

Cont.>>



# VHPB Structure

- The VHPB **Executive Secretariat** is part of the Centre for the Evaluation, Vaxinfectio, of the University of Antwerp
- strict operational and scientific independence is essential
  - VHPB advisers and invited experts get only travel and subsistence reimbursed
  - according to the University Rules
  - no honorary or other forms of remuneration
- Executive Secretariat members:
  - Emmy Engelen
  - Greet Hendrickx
  - Alex Vorsters
  - Pierre Van Damme
- **News:** WHO has designated Vaccine & Infectious Disease institute as Collaborating Centre for the prevention and control of infectious diseases

Cont.>>



# VHPB Structure

- Members
  - WHO/EURO, WHO/HQ, ECDC, CDC, MOH, University experts
- Network of experts





# Composition of the board

## VHPB Advisors

WHO		Academic/University	
Nedret Emiroğlu	WHO Regional Office for Europe	Selim Badur	Istanbul, Turkey
Steven Wiersma	WHO Headquarters	Paolo Bonanni	Florence, Italy
ECDC		Angela Dominguez	Barcelona, Spain
Marita Van de Laar	ECDC, Sweden	Wolfgang Jilg	Regensburg, Germany
CDC		Helène Norder	Stockholm, Sweden
John Ward	CDC, USA	Françoise Roudot-Thoraval	Paris, France
ELPA (European Liver Patient Association)		Rui Tato Marinho	Lisbon, Portugal
Nadine Piorkowsky	European Liver Patient Association (ELPA)	Daniel Shouval	Jerusalem, Israel
Public Health Institute		Koen Van Herck	Antwerp, Belgium
Hans Blystad	Norway	Alessandro Zanetti	Milan, Italy
David Goldberg/Claire Cameron (only one will attend)	Scotland	Vana Papaevangelou	Athens, Greece
Johannes Hallauer	Germany	Others	
		Daniel Lavanchy	WHO consultancy

## Honorary Members

Pietro Crovari	Italy	Eric Mast	USA
Alain Goudeau	France	Elisabeth McCloy	USA
Nicole Guérin	France	André Meheus	Belgium
Peter Grob	Swiss	Lars Rombo	Sweden
Mark Kane	USA	Colette Roure	France
Harold Margolis	Korea		

These honorary members are elected for a lifelong term and will be invited to VHPB meetings on an ad hoc basis.



# VHPB Activities

- **Meetings**
  - 2 - 3 meetings/year (technical – country)
- *Viral Hepatitis Newsletter*
  - 2 issues/year
  - mailing to ± 4000 readers
- Web site
- Scientific publications
- participate and organize scientific activities in the field of viral hepatitis control and prevention



# Meetings and Recommendations

The VHPB has already covered a broad range of control and prevention strategies for all forms of hepatitis

- Surveillance
- Universal Immunisation programs
- 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
- Hepatitis B vaccination safety issues
- Hepatitis B vaccine and long term efficacy
- Hepatitis infections in health care workers
- Perinatal transmission
- Adolescent programmes
- Patient and advocacy groups
- Hepatitis A and E
- Identification and management of persons with CVH



# Country meetings

- 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



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# VIRAL HEPATITIS

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## Editorial

This issue of *Viral Hepatitis* reviews topics covered at the VHPB's autumn meeting focusing on *Burden and Prevention of Viral Hepatitis in Turkey*, held on November 12-13, 2009 in Istanbul, Turkey.

This *country* meeting provided an update on the current status of viral hepatitis prevention in Turkey. The national surveillance and notification system for infectious diseases was presented by the Ministry of Health, with particular focus on significant improvements made since the system was revised in 2005. The specificities of hepatitis A, B, C and D (hereafter known as HAV, HBV, HCV and HDV) epidemiology in Turkey were reviewed, as well as molecular epidemiological approaches. Data were also presented for specific populations at risk, such as victims of human trafficking and health care workers. The management of patients chronically infected with HBV and HCV - including post-liver transplant patients - was also discussed, and an overview was provided of the current prevention and control measures with respect to viral hepatitis. In particular, the progress achieved in hepatitis prevention 10 years after the introduction of universal hepatitis B vaccination was assessed. Also, discussions took place on the introduction of a new preventive intervention such as hepatitis A vaccination and more effective use of existing control measures, strengthening of disease surveillance and coverage monitoring, and better use of data for planning and evaluation of prevention and control strategies. Overall, the meeting was an opportunity to discuss successes achieved in Turkey, problems and barriers still to be overcome, and the way forward.

Presentations and discussions during the meeting highlighted the aspect that Turkey is a large country with a young population that is epidemiologically, geographically and culturally heterogeneous. The epidemiological landscape of the country is characterized by pronounced contrasts between the East and the West, with higher incidences of HAV, HBV, HCV and HDV in the East and South-East.

The need for robust epidemiological data and improved surveillance was stressed, using the new system already in place, but enhancing its capacities in terms of closer monitoring, and identification of risk groups and risk factors. In particular, better access and reporting of collected data should be provided so that they can be used as a basis for the implementation of appropriate prevention strategies.

After 10 years of implementation, HBV vaccination policy has proven successful, with very high vaccine coverage among infants, in particular in the Western part of the country, and has led to significantly decreased HBV prevalence in children in the country. However, implementation of an HAV vaccination policy remains an important challenge, with social obstacles and misconceptions that still need to be overcome. The challenges for HAV are similar to those encountered in the past for HBV, that is, regional differences in seroprevalence. These lead some authorities to believe universal HAV vaccination is not essential whereas others think that improved hygiene and infrastructure in some regions is producing a shift in seropositivity towards older ages, which might indicate a need to switch to universal HAV vaccination in the future. It was recommended to prepare a comprehensive national strategy and plan of action for the prevention and control of viral hepatitis, including the goal of controlling hepatitis B, and implement the plan in coordination with all

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- Web site
  - Overview of the VHPB
  - Show all previous recommendations, guidelines and consensus statements
  - All *Viral Hepatitis* issues as of 1996 can be downloaded
  - Presentations of VHPB meetings are on-line since 2001 (>374 presentations of in total >471 documents)
  - Formally approved by WHO Global Advisory Committee on Vaccine Safety

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VHPB news

Overview of the VHPB

Meetings and publications

Meeting Conclusions

Links

Contact address

## VHPB news



[Viral Hepatitis, Volume 18, Number 2, prepared from material presented at meeting 'Burden and Prevention of viral hepatitis in Turkey' is online.](#) 1,29Kb (.pdf)

This issue of Viral Hepatitis fully focuses on Turkey and reviews the organization of the healthcare system, the epidemiological situation, surveillance system, research activities, and current prevention and control measures of viral hepatitis. And the meeting discussions on the progress achieved in hepatitis prevention 10 years after the introduction of universal hepatitis B vaccination. It also includes an update on WHO strategies and recommendations for viral hepatitis prevention and control in WHO European Region and in WHO Eastern Mediterranean Region.

### **World Health Assembly adopted the "Viral Hepatitis" resolution (WHA.63.18).**

Last May, the member states at the 63<sup>rd</sup> World Health Assembly in Geneva adopted a resolution urging the World Health Organization to strengthen the global approach to the prevention and control of chronic viral hepatitis. This resolution also calls for a WHO sponsored World Hepatitis Day from next year on, on July 28, in order to provide an opportunity for education and awareness campaigns for a greater understanding of viral hepatitis.

This Viral hepatitis resolution WHA63.18 is available on the WHO website:  
[http://apps.who.int/gb/ebwha/pdf\\_files/WHA63/A63\\_R18-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA63/A63_R18-en.pdf)

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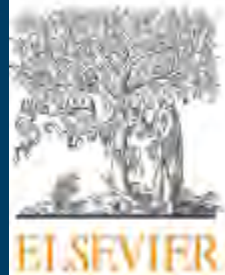
# Hepatitis A and E: Update on prevention and epidemiology

Vaccine 28 (2010) 583–588

Contents lists available at ScienceDirect

## Vaccine

journal homepage: [www.elsevier.com/locate/vaccine](http://www.elsevier.com/locate/vaccine)



### Conference report

#### ARTICLE INFO

*Keywords:*

Hepatitis A  
Hepatitis E  
Prevention  
Epidemiology  
Vaccines

#### ABSTRACT

In March 2009 the Viral Hepatitis Prevention Board (VHPB) organized a meeting in Antwerp, in order to review the status of epidemiology and prevention of both hepatitis A and E. International hepatitis experts from the public health and academic sector provided the state of the art on HAV and emphasized the growing public health importance of the disease, in particular in intermediate endemicity regions, and the need for control at global level. The information shared on HEV showed clearly that it is emerging, but still a lot of efforts are needed to clarify among others the transmission routes, the clinical presentations and the burden of disease. First data on hepatitis E vaccines were discussed, showing a promising safety and efficacy profile. The meeting was concluded with lessons learnt, challenges, needs and proposed step forwards for both diseases.

Hepatitis A and E: Update on prevention and epidemiology

of symptomatic disease is shifting towards adolescents. People at-risk include travellers to endemic countries, men who have sex

VHPB

REVIEW

# Hepatitis A and B vaccination and public health

F. Blaine Hollinger,<sup>1</sup> B. Bell,<sup>2</sup> D. Levy-Bruhl,<sup>3</sup> D. Shouval,<sup>4</sup> S. Wiersma<sup>5</sup> and P. Van Damme<sup>6</sup>

<sup>1</sup>*Baylor College of Medicine, Houston, TX, USA;* <sup>2</sup>*Division of Viral Hepatitis, Centers for Disease Control and Prevention, Atlanta, GA, USA;* <sup>3</sup>*Institut de Veille Sanitaire, Saint-Maurice, France;* <sup>4</sup>*Hadassah University Hospital, Jerusalem, Israel;* <sup>5</sup>*World Health Organization, Geneva, Switzerland;* and <sup>6</sup>*Center for the Evaluation of Vaccination, University of Antwerp, Antwerp, Belgium*

*Received July 2007; accepted for publication August 2007*

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**SUMMARY.** The introduction and implementation of hepatitis B vaccination programmes in areas of high endemicity has been very stressful. However, this initial accomplishment has led to the reassessment of priorities in some countries which could undermine these early successes. Work still remains to be done to support and implement interventions that will bring us closer to the WHO goal and to the control of hepatitis B in the community at large. Hepatitis A vaccine strategy for immunizing toddlers is shifting to those countries with intermediate endemicity where increasing morbidity in adults is being observed. Accumulating evidence

indicates that such programmes can result in impressive reductions in the incidence of hepatitis A by herd immunity. Monitoring of these populations to determine durability of protection will be important to avoid shifting the infection to the older age population, when symptoms are more likely to occur. National policies need to consider hepatitis A vaccination in the context of other public health priorities.

*Keywords:* epidemiology, hepatitis A vaccine, hepatitis B vaccine, vaccine prevention.

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INTRODUCTION

titis B immunization for infants and preschool children, even in low endemicity countries.

# Has the time come to control hepatitis A globally? Matching prevention to the changing epidemiology

G. Hendrickx,<sup>1</sup> K. Van Herck,<sup>1,2</sup> A. Vorsters,<sup>1</sup> S. Wiersma,<sup>3</sup> C. Shapiro,<sup>4</sup> J. K. Andrus,<sup>5</sup> A. M. Roper,<sup>5</sup> D. Shouval,<sup>6</sup> W. Ward<sup>3</sup> and P. Van Damme<sup>1</sup> <sup>1</sup>*Centre for the Evaluation of Vaccination, Vaccine and Infectious Disease Institute, University of Antwerp, Antwerp, Belgium;* <sup>2</sup>*Postdoctoral Fellow, Research Foundation – Flanders (FWO), Brussels, Belgium;* <sup>3</sup>*Division of Viral Hepatitis, Centers for Disease Control and Prevention, Atlanta, GA, USA;* <sup>4</sup>*Department of Immunizations, Vaccines & Biologicals, World Health Organization, HQ, Geneva, Switzerland;* <sup>5</sup>*Pan American Health Organization, Washington, DC, USA;* and <sup>6</sup>*Liver Unit, Hadassah-Hebrew University Hospital, Jerusalem, Israel*

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**SUMMARY.** For the first time a global meeting on hepatitis A virus (HAV) infection as vaccine preventable disease was organized at the end of 2007. More than 200 experts from 46 countries gathered to investigate the changing global HAV epidemiology reflecting the increasing numbers of persons at risk for severe clinical disease and mortality from HAV infection. The benefits of childhood and adult hepatitis A (HepA) vaccination strategies and the data needed by individual countries and international health organizations to assess current HepA prevention strategies were discussed. New approaches in preventing HAV infection including universal HepA vaccination were considered. This introductory paper summarizes the major findings of the meeting and describes the changing epidemiology of HAV infections and the impact of HepA vaccination strategies in various countries. Implementation of HepA vaccination strategies

should take into account the level of endemicity, the level of the socio-economic development and sanitation, and the risk of outbreaks. A stepwise strategy for introduction of HepA universal immunisation of children was recommended. This strategy should be based on accurate surveillance of cases and qualitative documentation of outbreaks and their control, secure political support on the basis of high-quality results, and comprehensive cost-effectiveness studies. The recognition of the need for increased global attention towards HepA prevention is an important outcome of this meeting.

*Keywords:* Global hepatitis A meeting, hepatitis A, hepatitis A vaccination, infectious disease control, public health, surveillance.

# Benefits of Early Hepatitis B Immunization Programs for Newborns and Infants

*Koen Van Herck, MD, PhD,\*† and Pierre Van Damme, MD, PhD\**

**Abstract:** Despite the availability of safe and effective hepatitis B virus (HBV) vaccines for >20 years, strategies targeting risk groups failed to sufficiently control hepatitis B disease at the population level; this is mainly because of difficulties in risk identification and in program implementation. Hence, the global burden of disease of HBV still is substantial.

The World Health Organization recommends universal vaccination against hepatitis B to ultimately eliminate HBV; this recommendation had been progressively implemented to reach 168 countries with a universal program by the end of 2006. However, hepatitis B immunization is currently becoming endangered of losing its place on the agendas of governments, agencies, and international organizations, mainly because of the increasing success of these immunization programs and the interest in newer vaccine-preventable diseases and the related programs.

This publication aims to show that vaccination programs targeting newborns and infants are preferable to achieve this goal. The benefits of universal HBV vaccination for newborns and infants are: higher impact on chronic carrier rate and transmission; established potential of high vaccine coverage in this age group; opportunities to combine HBV vaccination with existing universal vaccination programs for newborns and infants; and impact on perinatal transmission, if vaccination is started shortly after birth. Moreover, the safety, immunogenicity, and long-term efficacy of newborn and infant HBV vaccination

**Key Words:** universal immunization, vaccination programs, hepatitis B vaccination, public health

*(Pediatr Infect Dis J 2008;27: 861–869)*

The success of vaccination programs so far and the interest in other vaccine-preventable diseases have led to hepatitis B virus (HBV) vaccination becoming endangered of losing its place on the agenda of governments, agencies, and international organizations, a topic recently discussed at the Viral Hepatitis Prevention Board meeting in Istanbul, Turkey.<sup>1</sup> Some agencies are downgrading HBV vaccination and have become reluctant to divert resources to HBV immunization programs,<sup>1</sup> while clearly, the burden of HBV disease, compared with vaccine-preventable childhood diseases, is still substantial even in countries with low HBV endemicity.<sup>2–8</sup> HBV infection continues to be a serious global health problem, with 2 billion people infected worldwide, and 350 million suffering from chronic HBV infection.<sup>9</sup>

On the basis of HBV epidemiologic data, a mathematical model was developed to estimate the global hepatitis B disease burden and vaccination impact.<sup>10</sup> During the lifetime of the year 2000 worldwide birth cohort, the model estimates that without vaccination there would be 64,766,000 HBV infections; 9,733,000 chronic infections; and 1,405,000 HBV-related

# BURDEN OF VIRAL HEPATITIS IN PORTUGAL

Lisbon, Portugal  
November 18-19, 2010





# Why this meeting

An important “Portuguese” objective is to put viral hepatitis on the political agenda.

Portugal has 40 health plans but none of them is on liver diseases.



# Objectives of the meeting

- Provide an overview of surveillance systems for infectious diseases;
- Review the epidemiological situation on viral hepatitis;
- Give an overview of the current prevention and control measures on viral hepatitis;
- Discuss the progress achieved in hepatitis B prevention 10 years after the introduction of Universal Hepatitis B vaccination;
- Review the possible implementation of new prevention strategies, control measures and monitoring systems.
- Discuss the successes, problems and barriers to overcome, and the way forward

