

The Viral Hepatitis Prevention Board

Viral Hepatitis Prevention Board

- VHPB was established in 1992. First actions related to hepatitis B as an occupational risk.
- World Health Assembly sets in 1992 Hepatitis B Vaccination targets on the integration of hepatitis B vaccine into national childhood 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 are extended to include all 53 countries in the WHO/EURO region

Viral Hepatitis Prevention Board

- 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 guidelines
 - and by encouraging actions to improve control and prevention.
- VHPB focus audiences are, in first instance, opinion leaders, policymakers, and health care professionals.

Viral Hepatitis Prevention Board

- members
 - CDC, WHO/HQ, WHO/EURO, MOH, CVP/PATH, Universities, research institutes
- network of experts
 - Complementary expertise
 - Multi-disciplinarity
 - Group of friends

Viral Hepatitis Prevention Board

- Meetings
 - 2 - 3 meetings/year
- *Viral Hepatitis* Newsletter
 - 2 issues/year
 - mailing to appr. 5000 readers
- Web site
- Scientific publications
- Participation at Scientific Meetings



VIRAL HEPATITIS

PUBLISHED BY THE VIRAL HEPATITIS PREVENTION BOARD (VHPB).

October 2001

Volume 10 - Number 1

CONTENTS

EDITORIAL 1

**'Hepatitis B vaccination:
How to reach risk groups,' Ghent,
Belgium, March 15-16, 2001:
a VHPB Symposium Report**

Hepatitis B and injecting drug users -
a UK perspective 2

Health care workers and other workers at
occupational risk of hepatitis B -
a perspective from France 4

Health care workers and other workers at
occupational risk of hepatitis B -
a Belgian perspective 5

Hepatitis B vaccination for sex workers

EDITORIAL

Hepatitis B virus (HBV) is one of the world's most widespread infectious agents. Approximately 400 million persons worldwide are chronic carriers, with evidence of infection in over two billion people.¹ In 1992, the World Health Organization (WHO) recommended that all countries introduce universal hepatitis B vaccination into their immunisation schedules by December 1997. One hundred and twenty-nine countries have since complied with the recommendation.

The risk of contracting hepatitis B is associated with a number of factors relating to one's lifestyle, living conditions, occupation, and overall health and well-being.² HBV transmission occurs perinatally, i.e. from infected mother to infant, horizontally, sexually, or parenterally. On a worldwide basis, most infections are transmitted from an infected mother to her child, through child-to-child household contacts, and through re-use of unsterilised needles and syringes. In developing countries, the vast majority of children become infected with HBV.

In industrialised countries, HBV is transmitted primarily through parenteral or sexual exposure to HBsAg-positive blood or other body fluids (which contain the highest concentrations of the virus) from persons who are chronic HBV carriers or have acute hepatitis B. Those at highest risk of HBV infection include:

- Injecting drug users (IDUs);
- Persons who engage in unsafe sexual behaviour, such as heterosexuals with

Web site www.vhpb.org

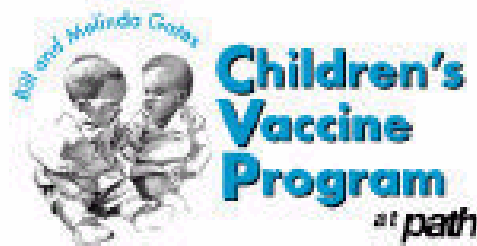
- Web site
 - Overview of the VHPB
 - Shows all previous recommendations and consensus statements
 - All *Viral Hepatitis* issues as of 1996 can be downloaded
 - Presentations of VHPB meetings are online since 2001

Meetings and Recommendations

- The VHPB has already covered a broad range of control and prevention strategies for all forms of viral hepatitis
 - Surveillance
 - Universal programs
 - Injection safety and safe blood supply
 - Vaccine safety
 - 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
- Since a few years the VHPB covers country experiences with control and prevention of viral hepatitis

Support to the Introduction of hepatitis B vaccination in Europe

- Prevention and control of hepatitis B in Central and Eastern Europe and the Newly Independent States. (Siofok, Hungary, 1996)
- Control of hepatitis B in Europe: Where are we in 1997 (Madrid Spain, Nov 1997) (Vaccine 16 (1998) S11-S16)
- Strengthening immunisation systems and introduction of hepatitis B vaccine in Central and Eastern Europe and the Newly Independent States. (St Petersburg, Russian Federation, 2001)



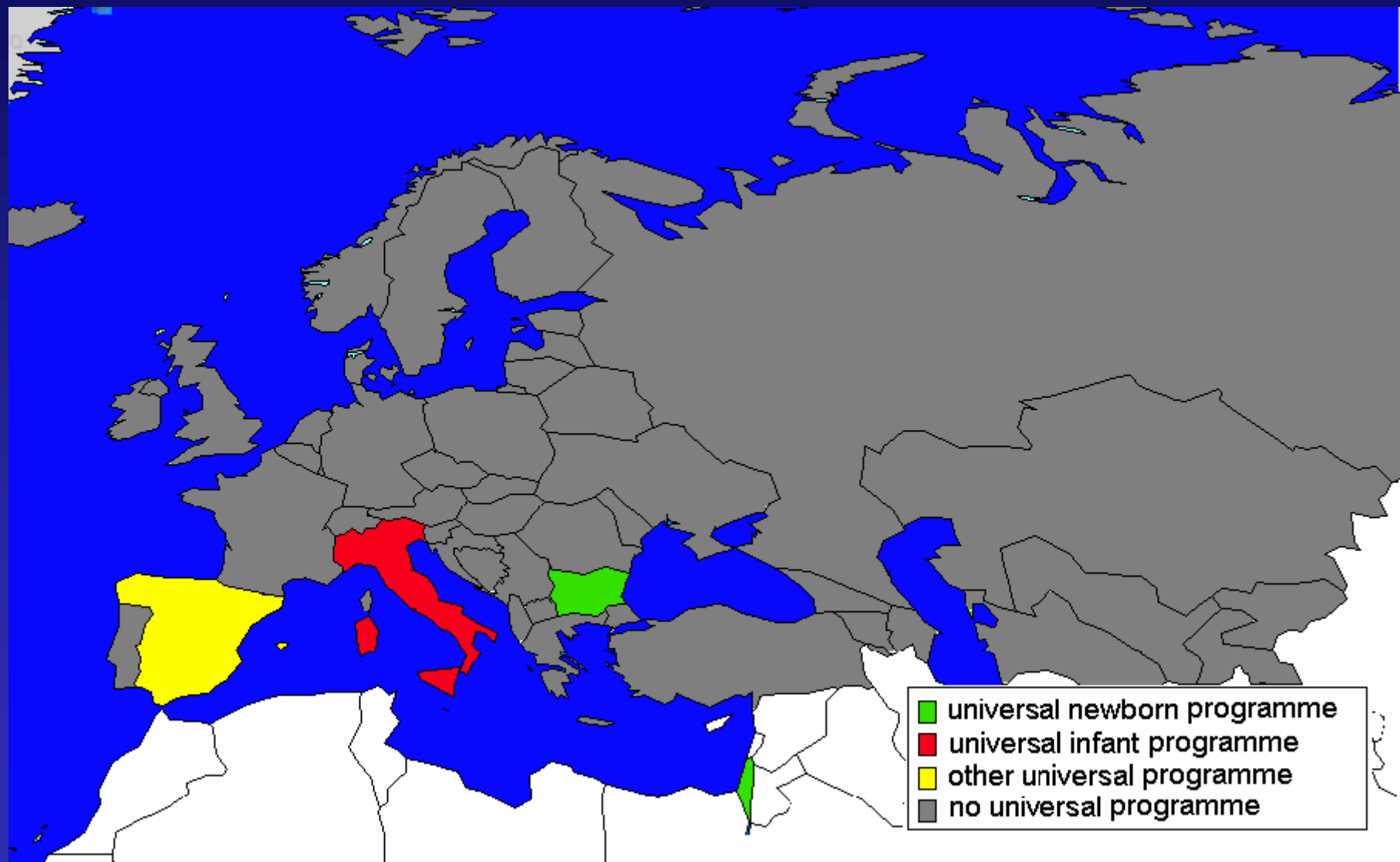
Go to the CVP/PATH web site



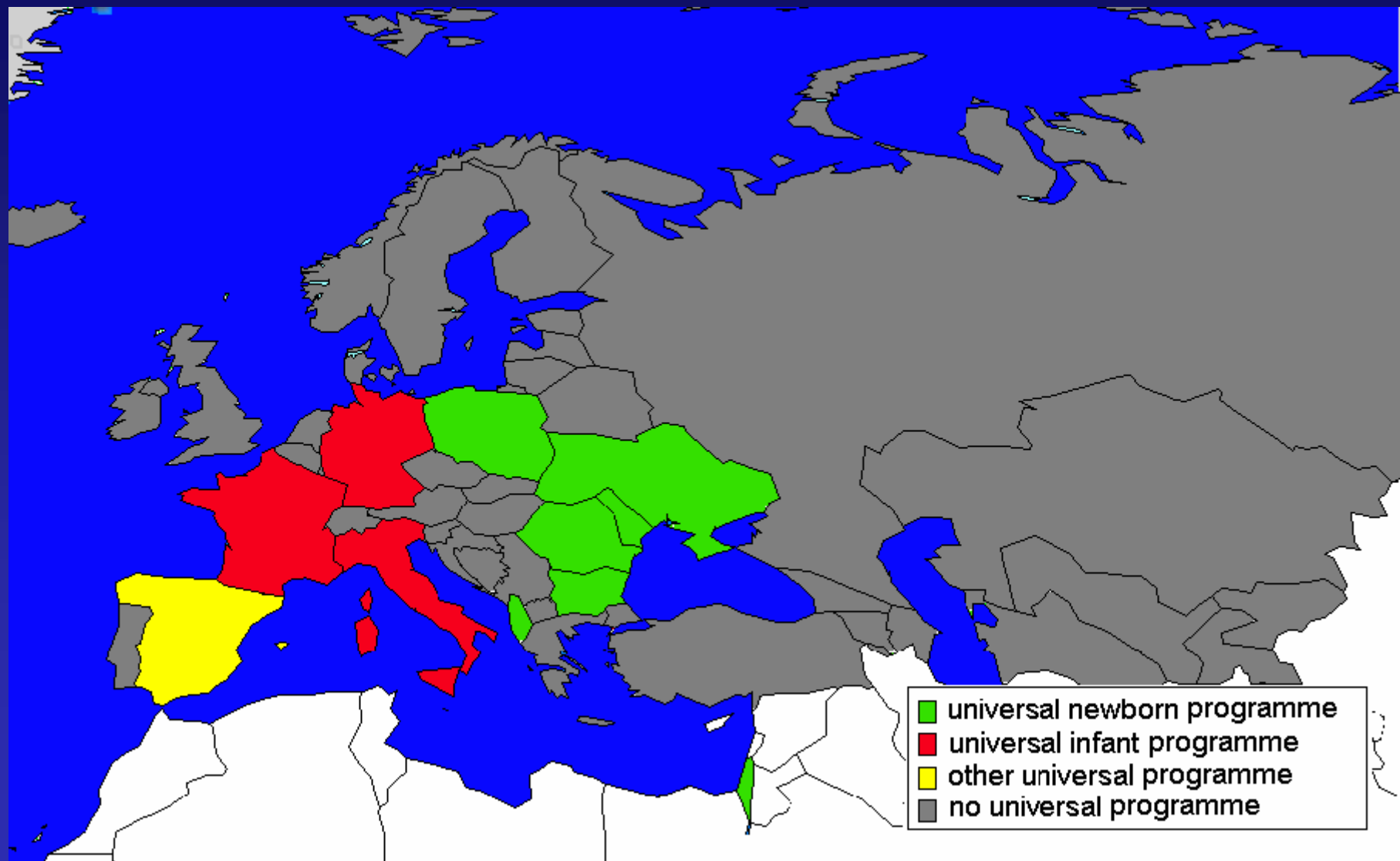
Strengthening immunisation systems and introduction of hepatitis B vaccine in Central and Eastern Europe and the Newly Independent States, St. Petersburg, Russian Federation, June 24-27, 2001

Совещание по улучшению систем иммунизации и применению вакцины против гепатита В в странах Центральной и Восточной Европы и Новых Независимых Государствах. Санкт-Петербург, Российская Федерация, 24-27 июня 2001 года.

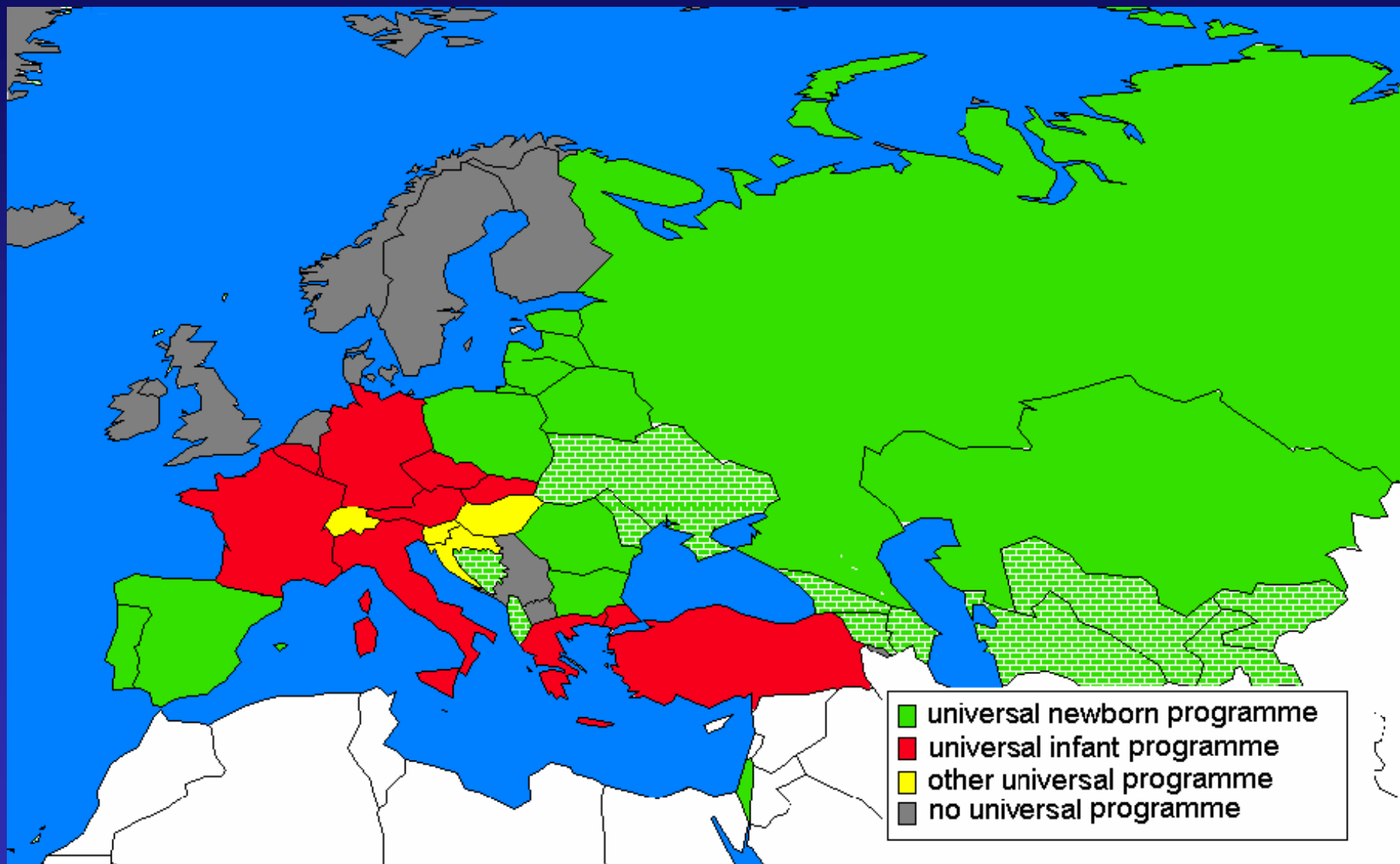
Hep B immunization programmes in WHO/EURO region, 1993



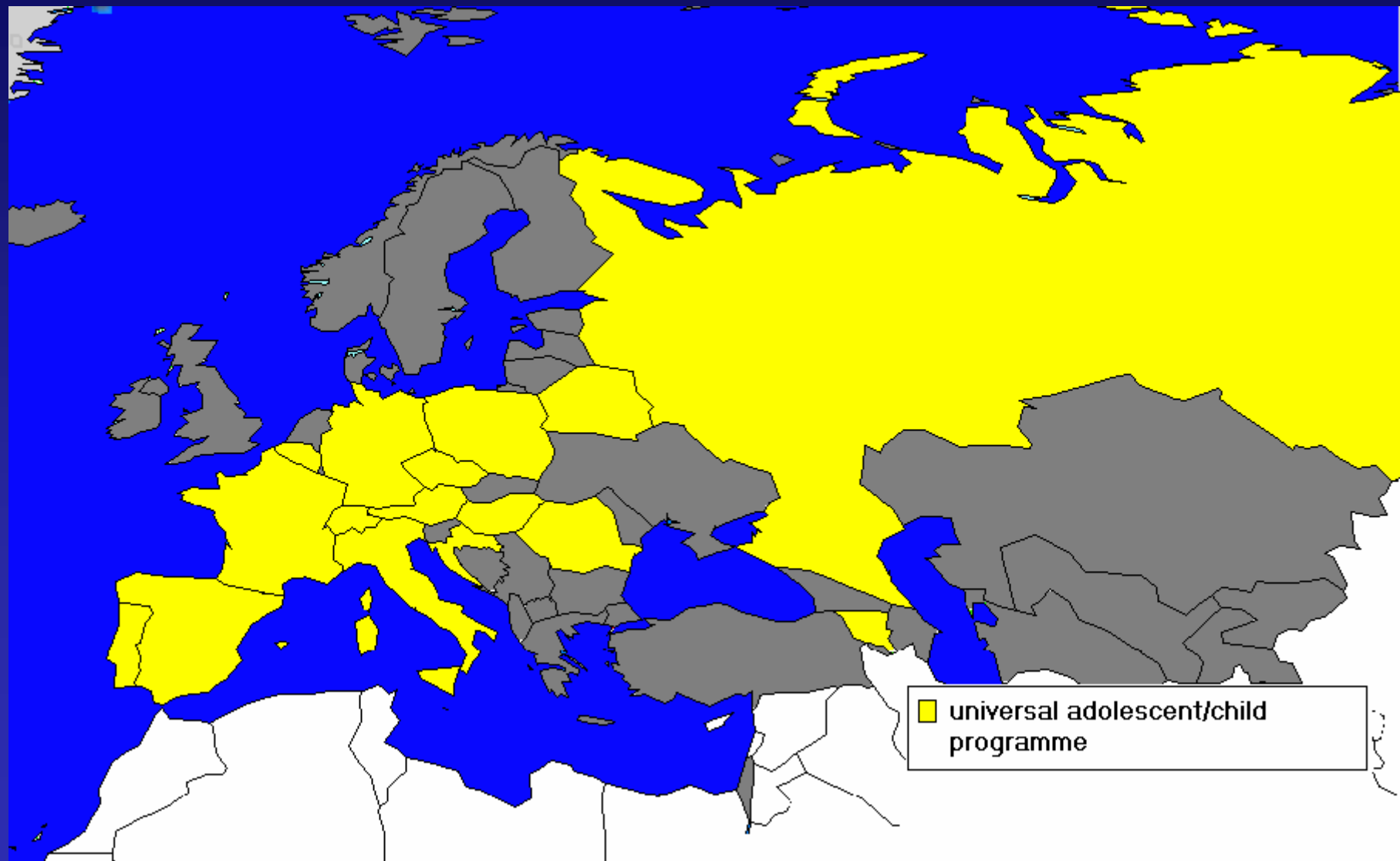
Hep B immunization programmes in WHO/EURO region, 1996



Hep B immunization programmes in WHO/EURO region, 2002



Universal adolescent programmes in WHO/EURO region, 2002



Objectives of this meeting

- Provide participants with an overview of the current youth health systems in Europe.
- Provide participants with an overview of the importance of reaching these cohorts in terms of vaccine-preventable infectious disease prevention.
- Provide an overview of countries in Europe with childhood and adolescent immunization programmes.
- Give an overview of examples and experiences of countries in Europe regarding prevention and control of vaccine-preventable diseases through youth health systems.
- Identify challenges and thresholds experienced while setting up, implementing and evaluating these vaccination programmes for children and adolescents.
- Discuss lessons learnt and opportunities.
- Discuss the role of various partner agencies and organisations.