
Viral Hepatitis Prevention Board
Rotterdam, The Netherlands,
November 13-14, 2008
The Viral Hepatitis Prevention Board

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

- Viral Hepatitis Prevention Board (VHPB)
- VHPB activities
- Hepatitis B control in Europe
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

- VHPB is 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
Viral Hepatitis Prevention Board

• members
  – CDC, WHO/HQ, WHO/EURO, ECDC, MOH, Universities

• network of experts
Viral Hepatitis Prevention Board

• Meetings
  – 2 - 3 meetings/year

• *Viral Hepatitis* Newsletter
  – 2 issues/year
  – mailing to apr. 4000 readers

• Web site

• Scientific publications

• Participation at Scientific Meetings
Editorial

This issue of *Viral Hepatitis* reviews the topics covered at the Viral Hepatitis Prevention Board (VHPB) autumn meeting held on November 17-18, 2005 in Edinburgh, United Kingdom (UK). The aim of the meeting was to review the current UK practice relating to the control of viral hepatitis. Health policy, healthcare delivery, decision-making, research, and funding in England, Wales, Scotland, and Northern Ireland were examined, in particular with regards to their implementation at national level. An update on the epidemiological situation of hepatitis A, hepatitis B, and hepatitis C in the UK was provided. Specific aspects of viral hepatitis were discussed, including virological and clinical aspects, control measures, public health perspectives, and economic evaluations. Preventive national and regional strategies for the control of viral hepatitis in the UK were then presented and assessed, including testing, vaccination, and treatment options. The meeting was concluded with lessons learnt from the UK experience and future challenges to be met.

Control of viral hepatitis in the UK - achievements and challenges

With regards to the decision-making process ensuring prevention of viral hepatitis, the need was recognised for a continuous evaluation of the current risk-group vaccination policy, to be compared with results obtained with alternative strategies, such as universal vaccination programmes, in other comparable countries of the European Union. The need to carefully monitor such alternative strategies implemented at the regional level in the UK was recognised. The need to target specific groups, such as immigrant populations, in preventive programmes and treatment was also identified.

In terms of chronic disease management, discussions focused on the need for national strategy and action plan in the case of hepatitis B while the establishment of Managed Clinical Networks (MCNs) should be ensured in the case of hepatitis C.

The control of viral hepatitis in the United Kingdom was also seen to be lacking a reliable surveillance system, based on standard laboratory reporting and case notifications. The need for enhanced epidemiological data was mentioned in or-
Viral Hepatitis Prevention Board

- Meetings
  - 2 - 3 meetings/year
- *Viral Hepatitis* Newsletter
  - 2 issues/year
  - mailing to apr. 4000 readers
- Scientific publications
- Participation at Scientific Meetings
- Web site
Web site www.vhpb.org

- Web site
  - Overview of the VHPB
  - Show all previous recommendations and consensus statements
  - All *Viral Hepatitis* issues as of 1996 can be downloaded
  - Presentations of VHPB meetings are online since 2001 (304 presentations of in total 390 documents)

The Global Advisory Committee on Vaccine Safety (GACVS) considers that the findings from this study do not provide convincing evidence that HB vaccination, or use of any brand of HB vaccine, is associated with an increased risk of MS or an episode of acute CNS inflammatory demyelination. More on the WHO/GACVS web site.

The Agence Française de Sécurité Sanitaire des Produits de Santé (AFSSAPS) has issued a press release stating that the main and major result of this study does not reveal any association between vaccination against hepatitis B and the risk of MS. The National Advisory Board of Pharmacovigilance also pointed to shortcomings in the study and considers that the results of the analysis of the subgroup of children having followed the vaccine recommendations are deemed to be fortuitous. The French Ministry of Health and the High Council of Public Health (HCSP) share this opinion and recommend continuation of the current vaccination policy and reinforcement of the current low vaccination coverage. Full text of this advice (in French) on the HCSP web site.


The Viral Hepatitis Prevention Board, working to increase awareness of viral hepatitis since 1982, fully endorses the world hepatitis day 2008.

There is a clear lack of attention towards prevention and control of viral hepatitis. Major gaps exist towards surveillance of acute cases and data on chronic viral hepatitis is almost non-existing. Although on the level of primary prevention of hepatitis B infection significant achievements can be reported, in 2008 154 of 193 WHO member states had introduced universal vaccination, a lot still needs to be done. The benefit of vaccination against hepatitis B is sometimes perceived as limited, leading to rejection of vaccination. Awareness of the real disease menace is crucial and the value of protection against infection needs continuous promotion. Young chronic hepatitis B patients are testimonies of the breaches in the current prevention programmes.

We hope that this patient driven initiative will have a major global impact on the general awareness of Viral Hepatitis and will increase the political commitment to prevent and control viral hepatitis infection and its consequences.
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
REVIEW

Hepatitis A and B vaccination and public health

F. Blaine Hollinger,1 B. Bell,2 D. Levy-Bruhl,3 D. Shouval,4 S. Wiersma5 and P. Van Damme6

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

Received July 2007; accepted for publication August 2007

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.

INTRODUCTION

Hepatitis 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,1 K. Van Herck,1,2 A. Vorsters,1 S. Wiersma,3 C. Shapiro,4 J. K. Andrus,5 A. M. Ropero,5 D. Shouval,6 W. Ward3 and P. Van Damme1 1Centre for the Evaluation of Vaccination, Vaccine and Infectious Disease Institute, University of Antwerp, Antwerp, Belgium; 2Postdoctoral Fellow, Research Foundation – Flanders (FWO), Brussels, Belgium; 3Division of Viral Hepatitis, Centers for Disease Control and Prevention, Atlanta, GA, USA; 4Department of Immunizations, Vaccines & Biologicals, World Health Organization, HQ, Geneva, Switzerland; 5Pan American Health Organization, Washington, DC, USA; and 6Liver Unit, Hadassah-Hebrew University Hospital, Jerusalem, Israel

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.
Country meetings

• Italy 2002
• Germany and the Nordic Countries 2003
• France 2004
• UK 2005
• Spain 2006
• Greece 2007
• The Netherlands 2008

Viral Hepatitis Prevention Board
Rotterdam, The Netherlands,
November 13-14, 2008
Objectives of the meeting

– Overview of surveillance systems for infectious diseases;
– Update of the epidemiological situation on viral hepatitis;
– Evaluation of current prevention and control measures on viral hepatitis;
– Discussion on possible implementation of new prevention strategies, control measures and monitoring systems.
– Successes, problems and barriers to overcome, and the way forward