



WHO Regional Office for Europe

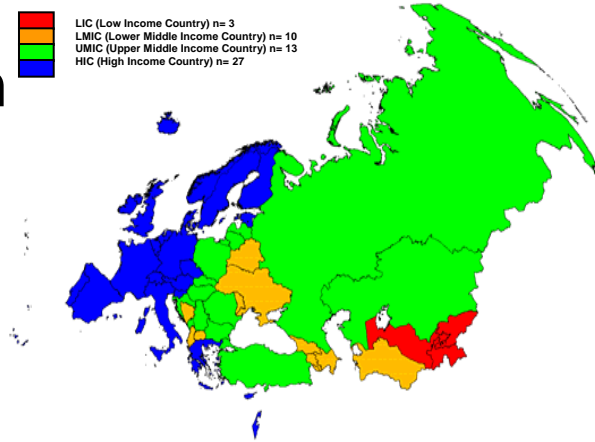
Vaccine-preventable diseases and Immunization programme

Update on Prevention and Control of Hepatitis B in the WHO European Region

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WHO European Region main priorities

- Strengthen immunization in the context of health system
- Eliminate measles and rubella by 2010
- Sustain polio-free status
- Accelerate introducing new and underutilized vaccines
- Enhance capacity for surveillance, including laboratory
- Ensure immunization quality and safety
- Advocate-communicate on immunization
 - European Immunization Week



WHO European Region Disease Control Strategy

*To provide leadership, guidance, and assurance of technical excellence at the regional level in the health sector's response to vaccine preventable diseases
and*

To assist and support Member States in their efforts to provide universal access to the highest possible level of prevention, treatment, and care...



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Areas of Work

- Formulation of Regional policy, strategy, norms and standards
- Support Member States for adaptation and implementation of regional policy and strategies
- Advocacy efforts at regional and country level to increase political commitment and involvement of civil society in addressing major public health problems



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Areas of Work

- Strengthening surveillance at national and regional levels for hepatitis related morbidity, mortality
- Expansion of prevention programmes (targeted interventions for populations most at risk, through vaccination, safe blood transfusion and safe injection practices in health care settings)
- Capacity building; a strategic and comprehensive approach, targeting policy makers, health care workers, and civil society
- Facilitation of partnerships and communication

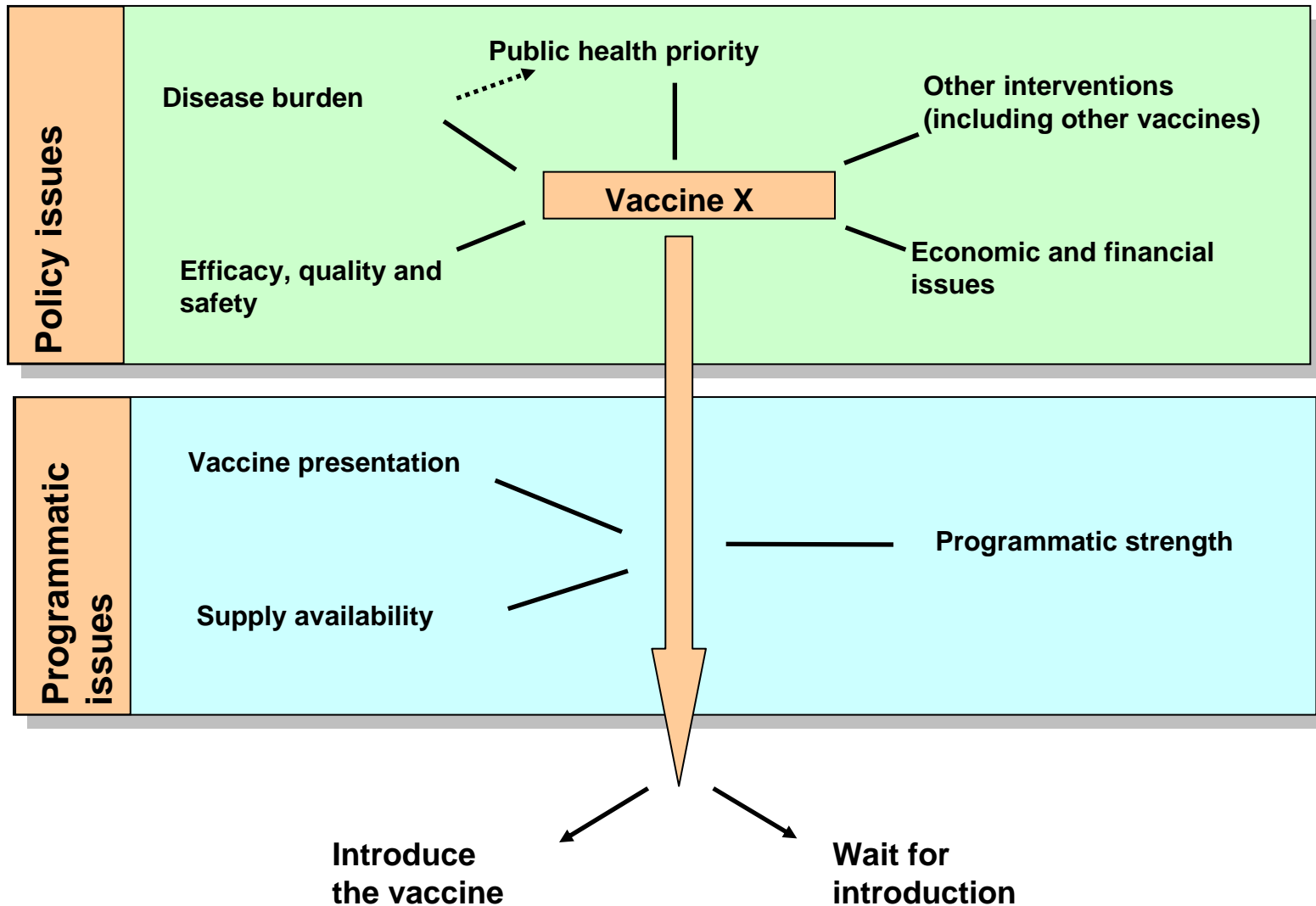


Main tools for decision-making and policy development

- Vaccine Introduction Guidelines. Adding a Vaccine to the National Immunization Programme: Decision and Implementation
- Plan of action for the introduction of new and underutilized vaccines in the WHO European Region
- Regional strategy note on HPV vaccine



Country level decision-making process



New vaccines introduction “achievements”

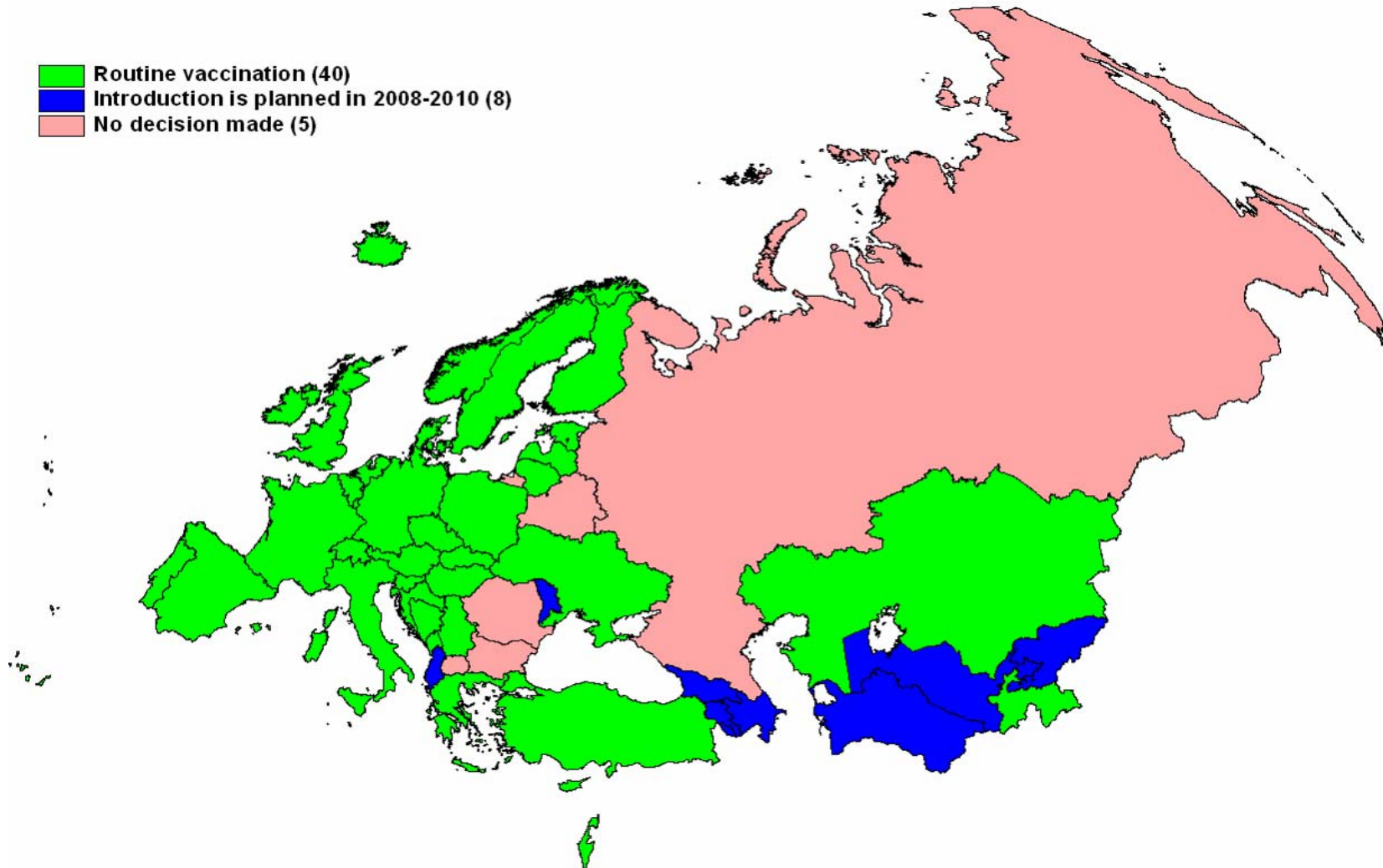
- Hib: 40/53 countries introduced
- Pneumococcal: 11/53 countries
- Meningococcal: 13/53 countries
- HPV: 13/53 countries
- Rotavirus: 6/53 countries

- Capacity building within immunization programmes
 - Regional strategic papers and guidelines
 - Surveillance and laboratory networks for NUVI
 - Support for GAVI application process
 - Sub regional meetings






Introduction of Hib-containing vaccines in EURO, Oct. 2008

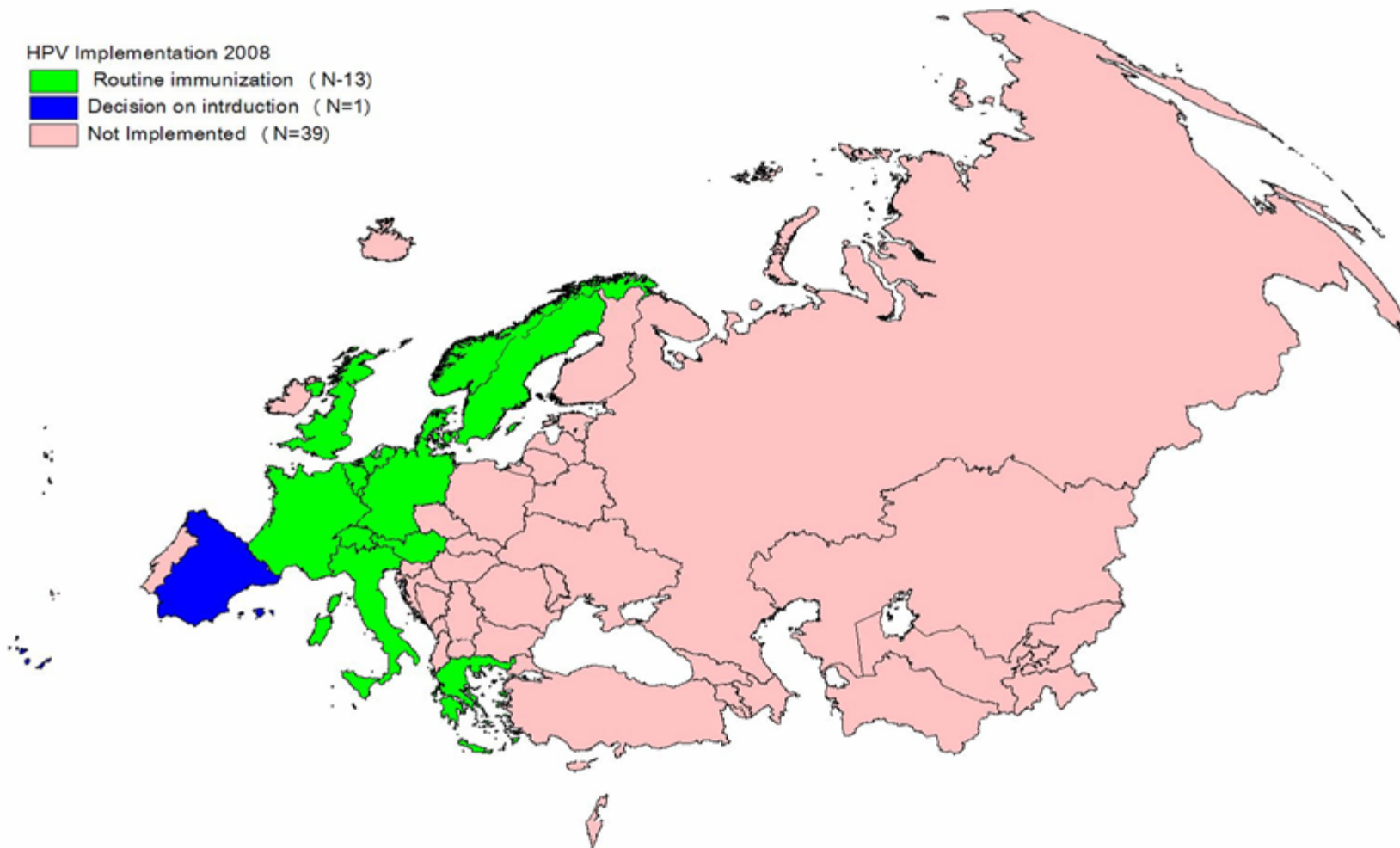
- Routine vaccination (40)
- Introduction is planned in 2008-2010 (8)
- No decision made (5)



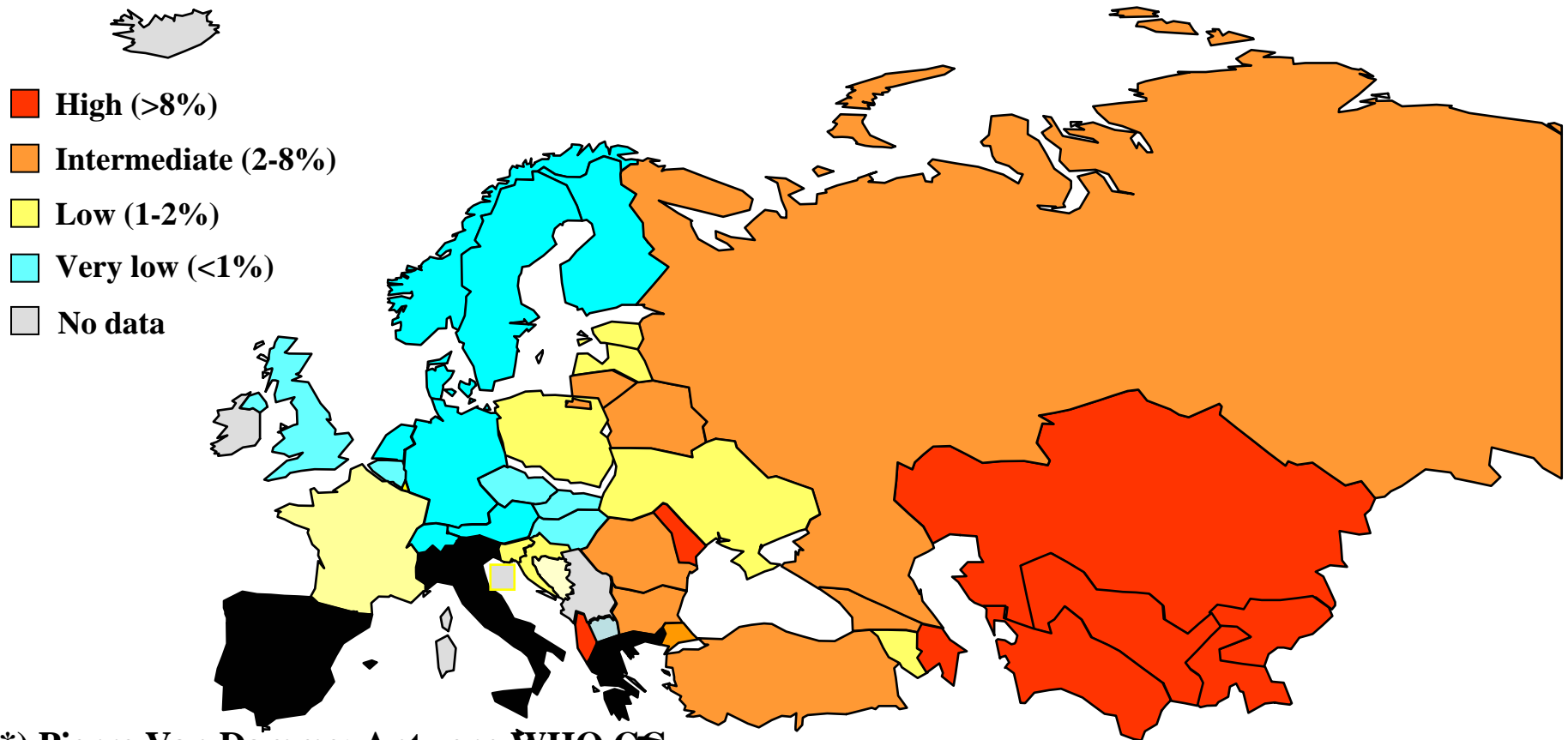
Status of HPV vaccine introduction in EURO, Oct. 2008

HPV Implementation 2008

-  Routine immunization (N=13)
-  Decision on introduction (N=1)
-  Not Implemented (N=39)



Viral Hepatitis B endemicity: Estimated prevalence of HBsAg carriers (*)



(*) Pierre Van Damme: Antwerp WHO CC
Survey + WHO data review for 1995-2003 +
EU Eurohepnet survey 2004 (data 2002)



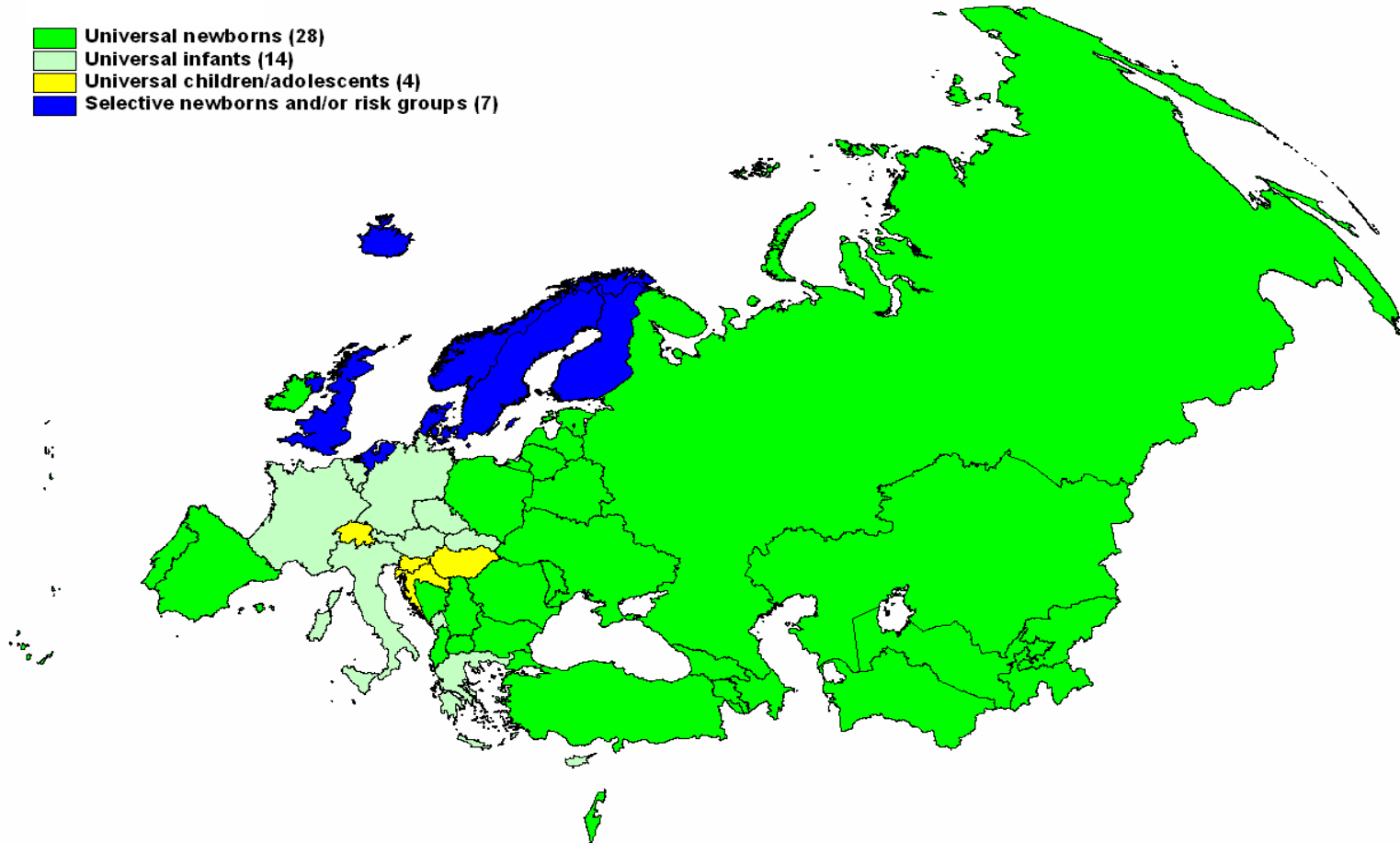
WHO Hepatitis Position Paper (2004)

- Routine vaccination of all infants against HBV infection
- High coverage has the greatest overall impact on the prevalence of chronic HBV infection and should be the highest priority
- *Catch-up strategies targeted at older age groups or groups with risk factors should be considered as a supplement to routine infant vaccination in countries of intermediate or low hepatitis B endemicity*

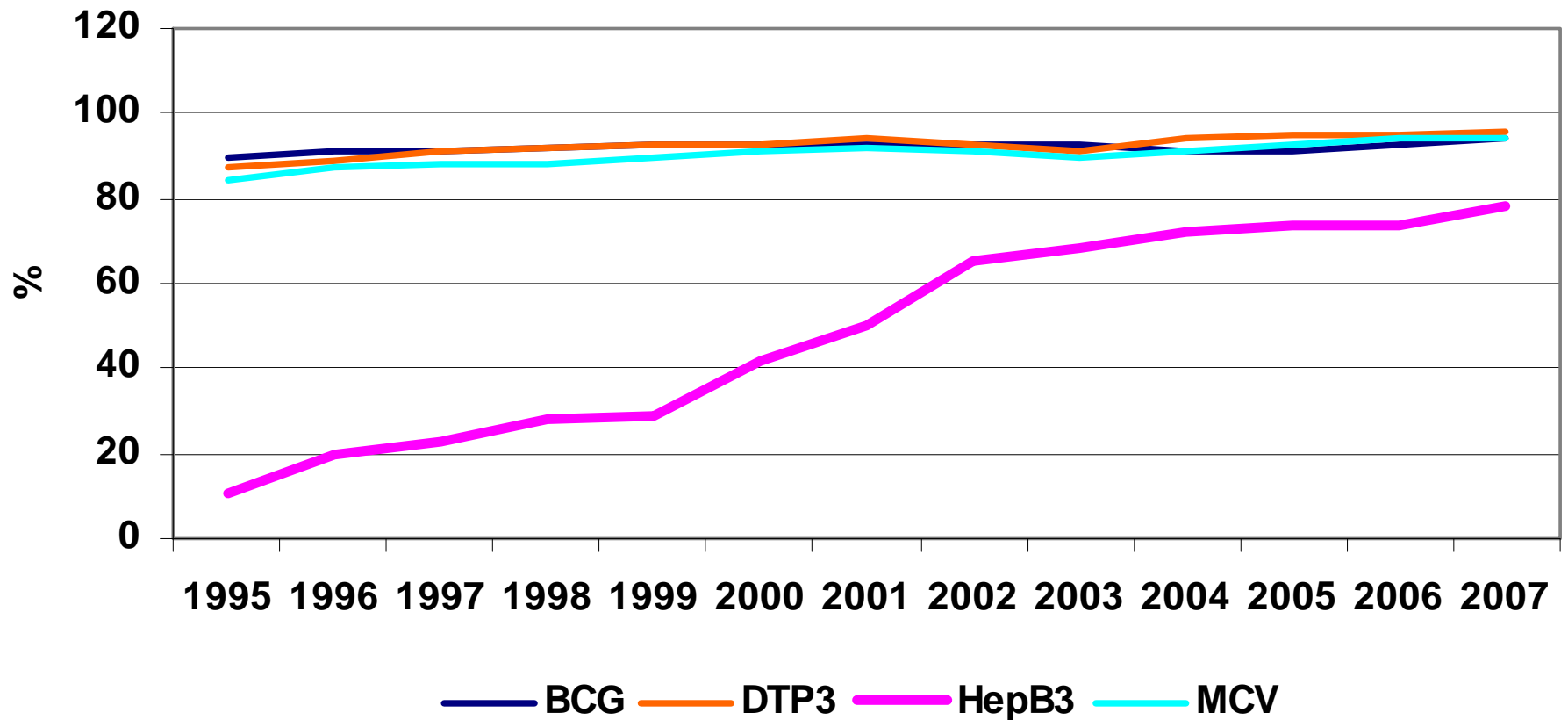


Hepatitis B Immunization Policy WHO European Region, 2008

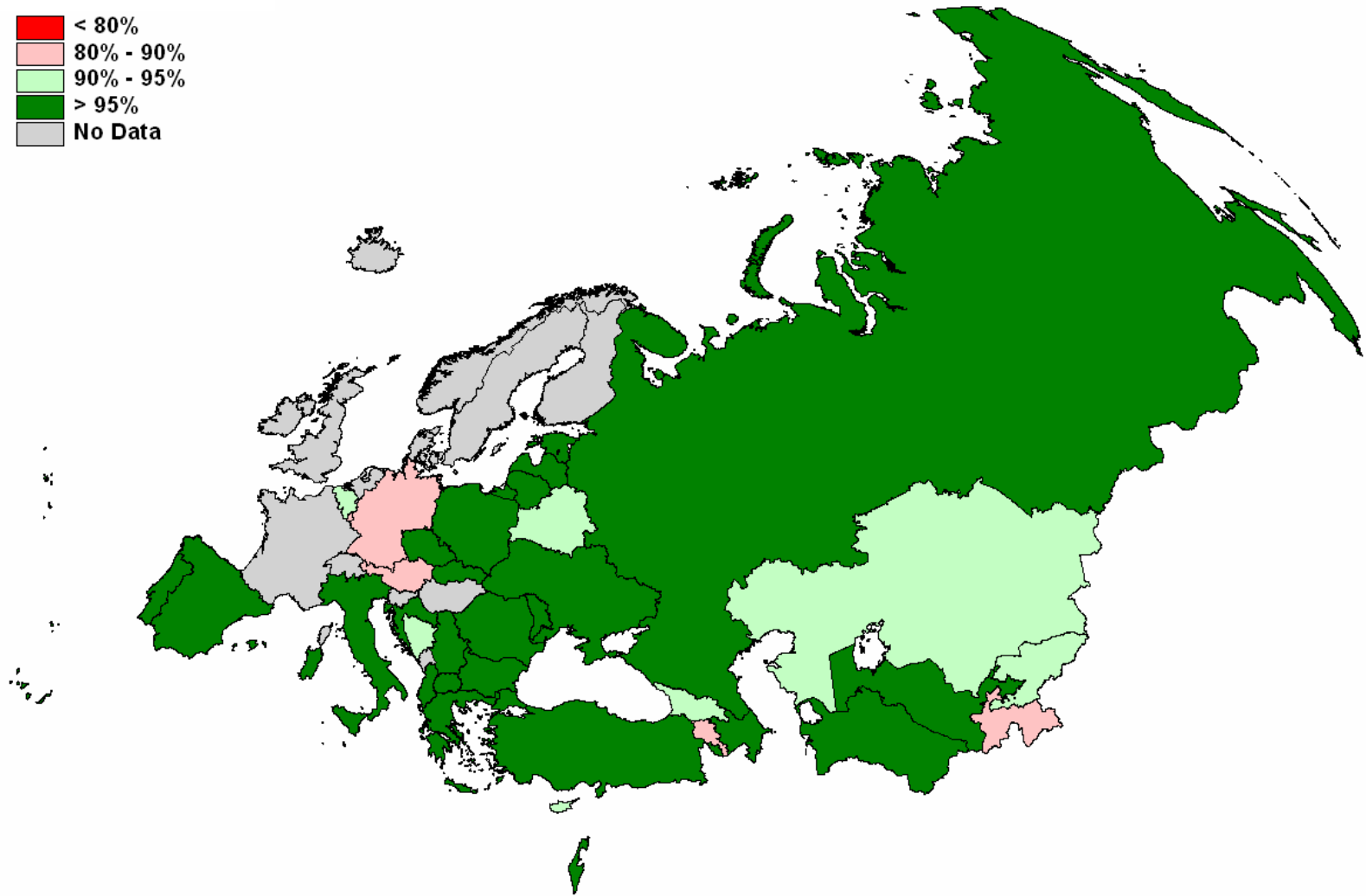
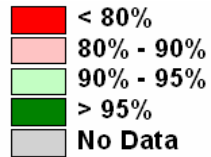
- Universal newborns (28)
- Universal infants (14)
- Universal children/adolescents (4)
- Selective newborns and/or risk groups (7)



Immunization coverage rates, WHO European Region, 1995-2007



Hep B3 immunization coverage, 2007



Impact of Hepatitis B Vaccination

- Reduction in incidence of acute hepatitis B infections
- Decrease of carrier rate in immunized cohorts
- Reduction in hepatitis-B–related mortality



Italy

- Acute hepatitis B cases reduced from 11/100,000 in 1987 to 1.6/100,000 in 2006
- Generation of young adults (27-year age cohorts) is emerging with almost no markers of HBV
- In South Italy the rate of HBsAg dropped from 13.4% before vaccination to 0.9% 20 years after implementation of vaccination
- The prevalence of anti-HBc antibody in the same population decreased from 66.9% to 7.6%



HBV and HCV Surveillance

WHO European Region

Lack of standardization:

- Populations being tested
- Mandatory or voluntary reporting
- Case definition (varies within the region)
- Case reporting (differs in acute and/or chronic, confirmed or not confirmed)
- Sources of case reports differ or unclear (clinics and/or laboratories, govt and/or private sector or other)



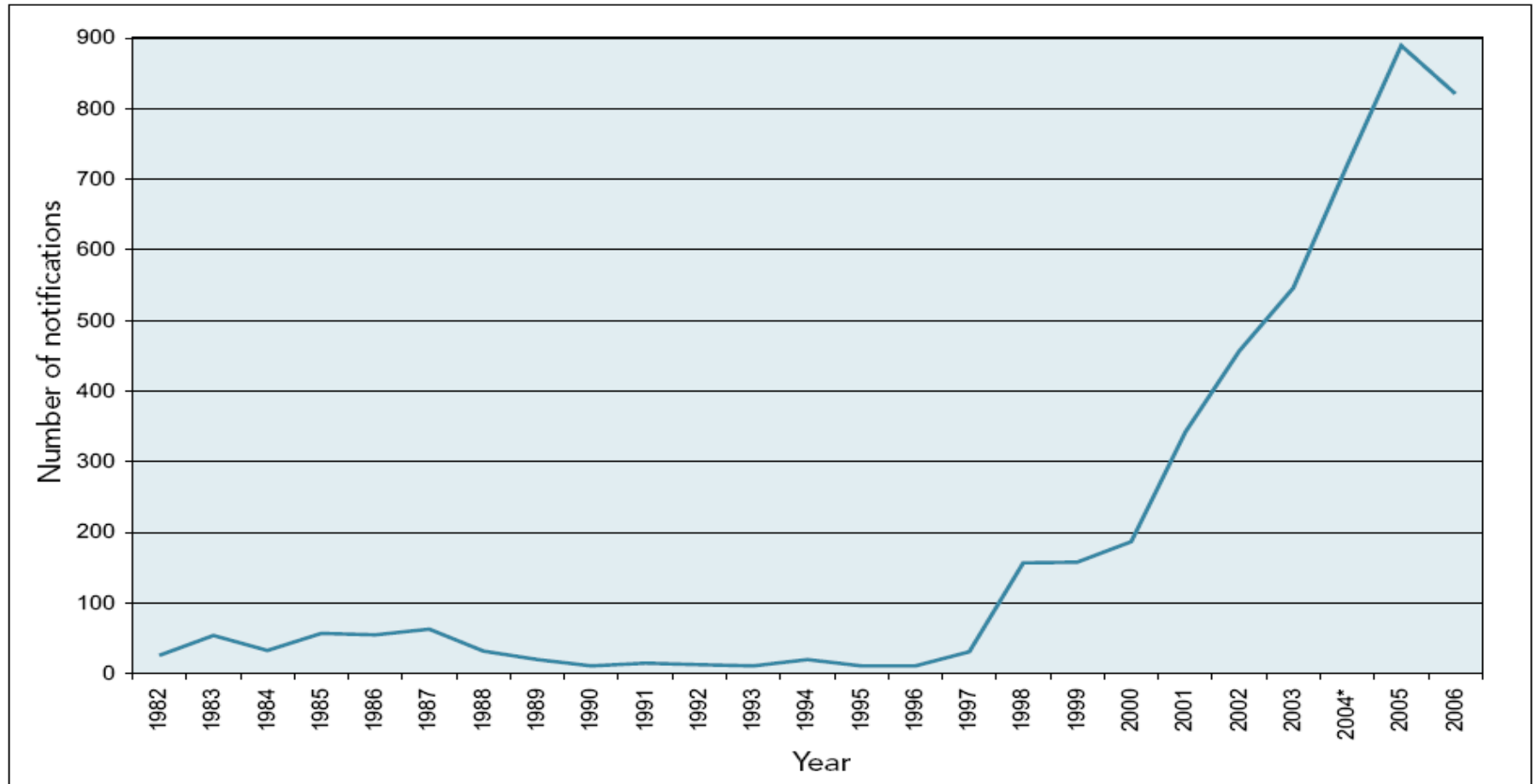
Immunization of High-Risk Groups

Initial focus of immunization programmes in industrialized countries. The strategy was at best only partially successful.

- Increasing migration and travel from and to highly endemic regions exposing more individuals to infection
- High-risk individuals are difficult to target and reach and are often infected before vaccination
- Coverage with 3-dose hepatitis B vaccine remains low in most risk groups due to low compliance and operational reasons
- More than 30% people with acute hepatitis B infection do not have identifiable risk factors and would therefore be missed by a high-risk group approach



Number of notifications of hepatitis B, Ireland, 1982-2006



Source: Immunization Guidelines for Ireland, 2008 Edition



Major Achievements

- Hep B vaccine was introduced in routine immunization programmes in most countries
- The poorest countries successfully introduced HepB vaccine with GAVI support
- All high endemic countries provide birth dose
- HepB vaccine was combined with existing successful programmes
- Impact of universal childhood immunization on Hepatitis B diseases burden was demonstrated
- Hepatitis B vaccine introduction was used as a model for introduction of other underutilized and new vaccines



Challenges

- Seven countries do not implement universal Hep B immunization
- Timeliness and validity of reported birth dose coverage in high endemic countries
- Validity of high HepB3 coverage rate in some countries (discrepancies between reported and survey data)
- National data often reveals under-performing districts; and collection of data at sub-national level can be poor

