Introduction to the VHPB

Viral Hepatitis Prevention Board

VHPB
The Viral Hepatitis Prevention Board

21 years of support to the control and prevention of viral hepatitis in Europe.
• Mission statement

The objective of VHPB is to contribute to the control and prevention of viral hepatitides:
- by drawing the attention to this important public health problem
- by issuing guidance and catalyse the development of recommendations, and
- by encouraging actions to improve control and prevention.

Focus audiences are, in first instance, opinion leaders, policymakers, and health care professionals.
Future Involvement of VHPB

In line with WHO’s Framework* for Global Action for the Prevention and Control of Viral Hepatitis Infection, the VHPB wants to expand its scope to secondary and tertiary prevention (care and treatment), necessary to achieve a meaningful degree of prevention and protection.

VHPB Structure

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

- Honorary members

- Executive secretariat based at the VAXINFECTIO unit of the University of Antwerp
  - Emmy Engelen
  - Tinne Lernout
  - Greet Hendrickx
  - Alex Vorsters
  - Pierre Van Damme
<table>
<thead>
<tr>
<th>WHO</th>
<th>Academic/University</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nedret Emiroğlu</td>
<td>WHO Regional Office for Europe</td>
</tr>
<tr>
<td></td>
<td>Selim Badur</td>
</tr>
<tr>
<td></td>
<td>Istanbul, Turkey</td>
</tr>
<tr>
<td>Stefan Wiktor</td>
<td>WHO Headquarters</td>
</tr>
<tr>
<td></td>
<td>Paolo Bonanni</td>
</tr>
<tr>
<td></td>
<td>Florence, Italy</td>
</tr>
<tr>
<td>ECDC</td>
<td></td>
</tr>
<tr>
<td>Marita Van de Laar (will be replaced)</td>
<td>ECDC, Sweden</td>
</tr>
<tr>
<td></td>
<td>Wolfgang Jilg</td>
</tr>
<tr>
<td></td>
<td>Regensburg, Germany</td>
</tr>
<tr>
<td>CDC</td>
<td></td>
</tr>
<tr>
<td>John Ward</td>
<td>CDC, USA</td>
</tr>
<tr>
<td></td>
<td>Françoise Roudot-Thoraval</td>
</tr>
<tr>
<td></td>
<td>Paris, France</td>
</tr>
<tr>
<td>ELPA (European Liver Patient Association)</td>
<td></td>
</tr>
<tr>
<td>Tatjana Reic</td>
<td>European Liver Patient Association</td>
</tr>
<tr>
<td></td>
<td>Daniel Shouval</td>
</tr>
<tr>
<td></td>
<td>Jerusalem, Israel</td>
</tr>
<tr>
<td>Public Health Institute</td>
<td></td>
</tr>
<tr>
<td>Hans Blystad</td>
<td>Norway</td>
</tr>
<tr>
<td></td>
<td>Alessandro Zanetti</td>
</tr>
<tr>
<td></td>
<td>Milan, Italy</td>
</tr>
<tr>
<td>David Goldberg</td>
<td>Scotland</td>
</tr>
<tr>
<td></td>
<td>Vana Papaevangelou</td>
</tr>
<tr>
<td></td>
<td>Goudi, Greece</td>
</tr>
<tr>
<td>Mira Kojouharova</td>
<td>Sofia, Bulgaria</td>
</tr>
<tr>
<td>Johannes Hallauer</td>
<td>Germany</td>
</tr>
</tbody>
</table>
These honorary members are elected for a lifelong term and are invited to VHPB meetings on an ad hoc basis.

<table>
<thead>
<tr>
<th>Honorary Members</th>
<th>Country</th>
<th>Honorary Members</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pietro Crovari</td>
<td>Italy</td>
<td>Eric Mast</td>
<td>USA</td>
</tr>
<tr>
<td>Alain Goudeau</td>
<td>France</td>
<td>Elisabeth McCloy</td>
<td>USA</td>
</tr>
<tr>
<td>Nicole Guérin</td>
<td>France</td>
<td>André Meheus</td>
<td>Belgium</td>
</tr>
<tr>
<td>Peter Grob</td>
<td>Swiss</td>
<td>Lars Rombo</td>
<td>Sweden</td>
</tr>
<tr>
<td>Mark Kane</td>
<td>USA</td>
<td>Colette Roure</td>
<td>France</td>
</tr>
<tr>
<td>Harold Margolis</td>
<td>Korea</td>
<td>Daniel Lavanchy</td>
<td>Switzerland</td>
</tr>
<tr>
<td>Steven Wiersma</td>
<td>USA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Support and Grants

• supported by
  – **unrestricted** grants from the vaccine industry **GlaxoSmithKline Biologicals, Sanofi Pasteur MSD, Sanofi Pasteur, Crucell** and **Merck**
  – several universities and other institutions in Europe
  – VHPB received in the past for their activities in CEE and NIS funds from GAVI fund, CVP at PATH, Unicef, CDC, WHO
  – Extra unrestricted support from **Bristol Meyer Squibb (BMS)** and **Gilead** was received
2-3 meetings/year
(technical - country)
VHPB Meetings

**Country – March**
- 2014: 20-21 March
  Brazil
- 2015: 19-20 March (TBC)

**Technical – November**
- 2013: 14-15 Nov
  Croatia
  *public health aspects of hepatitis C*
- 2014: 13-14 Nov (TBC)
  *20 years VHPB*
- 2015: 19-20 Nov (TBC)
The VHPB has already covered a broad range of control and prevention strategies for all forms of viral 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 chronic viral hepatitis
- Hepatitis B booster policy
- Vaccination of HCW
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
- Arctic 2012
- Israel 2013
Publications

Viral hepatitis

- 2 issues/Year
- Distributed:
  - PDF on website
  - Mailing to ±3600 readers
Has the time come to control hepatitis A globally? Matching prevention to the changing epidemiology

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 immunization 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.

Digestive and Liver Disease 43S (2011) S2–S7

Contents lists available at ScienceDirect

Digestive and Liver Disease

journal homepage: www.elsevier.com/locate/dld

The worldwide impact of vaccination on the control and protection of viral hepatitis B

Luisa Romano*, Sara Paladini†, Pierre Van Damme‡, Alessandro R. Zanetti*†

* Dipartimento di Sanità Pubblica – Microbiologia – Virologia, Università degli Studi di Milano, Milano, Italy
† Centre for the Evaluation of Vaccination, Vaccine & Infectious Diseases Institute, Faculty of Medicine, University of Antwerp, Antwerp, Belgium

3 – 4 peer reviewed publications/year
Web site www.vhpb.org

- Web site
  - Overview of the VHPB
  - Shows 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 (>527 presentations of in total >645 documents)
  - Formally approved by WHO Global Advisory Committee on Vaccine Safety
VHPB news

VHPB endorses the first official World Hepatitis Day (28 July) of the World Health Organization (WHO).

In May 2010 the World Health Assembly adopted the viral hepatitis resolution, A63/18, calling for an official WHO sponsored World Hepatitis Day. The WHO sponsored World Hepatitis Day will take place Thursday, 28 July, on World Hepatitis Day. This date is very appropriate for this initiative as it also coincides with Professor Blumberg’s birthday. This date is very appropriate for this initiative as it also coincides with Professor Blumberg’s birthday. In 1971 Professor Blumberg received in 1972 a chaired award for the discovery of the hepatitis B virus and all associated hepatitis viruses.

Viral Hepatitis, Volume 19, Number 2, prepared from material presented at

Website under construction.
Web site www.vhpb.org

Renewed Website Launch
December 2013
Involvement in other meetings

- Participation ETAGE meetings (European Technical Advisory Group of Experts on Immunization)
- Participation Strategic Advisory Group of Experts on Immunization (SAGE), WHO meeting
- Advisory board “Hepatitis B and C Public Policy Association”
- Participation Public Health Group of EASL (CAG)
- And in other scientific meetings
VHPB History

- Since 1992, 21 years of experience
- 37 issues of Viral Hepatitis
- Meetings: 37 VHPB meetings, 3 EE/NIS meetings, 1 global HAV meeting
- Board members: 35 representing 17 different countries
- Peer reviewed publications: more than 80
A NEW ERA FOR SCREENING AND TREATMENT OF HEPATITIS C: A PUBLIC HEALTH CHALLENGE.
Meeting Objectives

- Give an overview of the current and future hepatitis C therapy developments and their use in controlling of hepatitis C.
- Provide an overview of the status of the development of prophylactic and therapeutic hepatitis C vaccine;
- Review of country examples of the current screenings strategies and their impact on the public health;
- Identify barriers to identification and treatment of patients with hepatitis C, and discuss equal access to treatment, and point of view of the different stakeholders (hepatologist, patients, public health);
- Examine the impact of the increasing amount of patients looking for help on the public health resources (financial and human resources).