Strengthening immunization systems and introduction of hepatitis B vaccine in Central and Eastern Europe and the Newly Independent States, 3rd meeting, Kiev, Ukraine, 25-28 May 2004

Dr Nedret Emiroglu
Regional Adviser, Vaccine Preventable Diseases and Immunization, WHO Regional Office for Europe
Meetings on “Prevention and control of hepatitis B in CCEE and NIS”

Siofok, HUNGARY 1996
• First opportunity to raise awareness and put Hepatitis B on the political agenda

St Petersburg, RUSSIAN FEDERATION 2001
• Substantial progress achieved
• Major constraints and future actions identified

Kiev, UKRAINE 2004
• PROGRESS, PROGRESS, PROGRESS!!!
Estimated baseline prevalence rates of hepatitis B surface antigen, WHO/EURO, 1996
Hepatitis B immunization in 1996

only 5 of the 25 countries in Central and Eastern Europe and the Newly Independent States introduced, mainly because of economic constraints.
Estimated baseline prevalence rates of hepatitis B surface antigen and routine hepatitis B immunization policy

WHO/EURO, 2000

Prevalence
- <1%
- 1-5%
- >5%
- no data

Hatching denotes routine Hep. B immunization in 2000
Countries implementing HepB
WHO/EURO, 2000 (30)

- **High endemicity (4)**
  - Albania
  - Kazakhstan
  - Kyrgyzstan
  - Moldova

- **Intermediate (5)**
  - Belarus
  - Bosnia & Herzegovina
  - Bulgaria
  - (FYRO Macedonia)
  - Lithuania
  - Romania

- **Low endemicity (21)**
  - Andorra
  - Austria
  - Belgium
  - Czech Republic
  - -Malta
  - France
  - Germany
  - Greece
  - Israel
  - Slovakia
  - Switzerland
  - -Italy
  - -Latvia
  - -Luxembourg
  - -Estonia
  - -Monaco
  - -Poland
  - -Portugal
  - -San Marino
  - -Spain
  - -Turkey
Countries with no universal programme
WHO/EURO, 2000 (18)

• High endemicity (5)
  – Azerbaijan
  – Georgia
  – Tajikistan
  – Turkmenistan
  – Uzbekistan

• Intermediate (1)
  – FYROMacedonia

• Low endemicity (12)
  – Croatia
  – Denmark
  – Ukraine
  – Finland
  – Iceland
  – Ireland
  – Netherlands
  – Norway
  – Slovenia
  – Sweden
  – Unit. Kingdom
  – Yugoslavia
Progress since 2001
Where are we now?
Estimated baseline prevalence rates of hepatitis B surface antigen

WHO/EURO, 1995-2003

Source: Antwerp Center Survey + WHO data review for 1995-2003
Incidence of Hepatitis B in the European Region
1990-2003

*Russia not reporting*
Hep B immunization policy
WHO European Region, 2004

- Universal infant
- Universal newborn
- Universal adolescent
- No universal HepB immunization
### HepB Immunization Schedules in CCEE and NIS, 2004

#### Newborn/Infants 14:
- Albania
- Armenia
- Azerbaijan
- Bosnia & Herz. (RS)
- Bulgaria

#### Newborn/Infants + Older Children and Adolescents 8:
- Belarus
- Bosnia & Herz. (Federation)
- Estonia
- Kazakhstan

#### Infants 3:
- Macedonia
- Serbia & Montenegro
- Slovakia

#### Infants + Adolescents 1:
- Czech Rep.

#### Adolescents 3:
- Croatia
- Hungary
- Slovenia
Immunization coverage rates in the European Region, 1990-2002

Coverage rates for DTP, Measles1, BCG, and HepB3 from 1990 to 2002.
HepB3 coverage
WHO European Region, 2000-2002

Coverage (%)

Regional coverage
Coverage in countries with HepB immunization
HepB3 coverage European Region
WHO, 2003

Source: WHO/UNICEF joint reporting form as of 18/05/2004
HepB coverage, birth dose
European Region/WHO 2003

Source: WHO/UNICEF joint reporting form as of 18/05/2004
HepB3 coverage European Region/WHO by subregions, 2003
Hepatitis B3 coverage in Russia by 12 months of age, 2001
Hepatitis B3 coverage in Russia by 12 months of age, 2002
Hepatitis B3 coverage in Russia by 12 months of age, 2003
Major achievements -1

• Hepatitis recognized among health priorities
• Hep B vaccine routinely used in most countries of the Region (43/52)
• All CCEE and NIS have HepB in immunization schedules (26/29 target newborn and infants)
• All high endemic countries provide birth dose
• Immunization is free of charge
• Staff well trained, capable and motivated
Major achievements -2

• Increased political commitment and support
• High demand from public for HepB immunization
• Better partnership and collaboration between MoHs and partners
• Strengthened surveillance systems
  – notification of acute hepatitis B is mandatory
  – some countries do have very complete data
• Increased understanding of the need for monitoring progress
Major challenges

• Economic and political instability in some countries
• Inadequate allocation of resources from State funds
• Unequal economic development of regions and districts within countries
• Accuracy of data collected (esp. birth dose)
• Surveillance systems
  – not well established or weak in some countries
  – methods used vary
• Limited monitoring and impact assessment
• Lack of integration and interaction between highly-developed private sector and PHC

• SUSTAINABILITY!!!!
Priorities and future actions

• Advocacy to ensure political commitment and continued funding
• Technical support to sustain progress and improve implementation
• Building management capacity for monitoring performance at district level, with timely and adequate response
• Strengthening surveillance systems, improving quality of data
• Assessment of the programme and monitoring impact
• Communication and advocacy with all stakeholders through provision of evidence and information
Thank you...