SUMMARY

The International Expert Meeting on hepatitis B control was held in Seoul, Republic of Korea, from 24 to 25 November 2008, co-sponsored by the Korea Centers for Disease Control and Prevention (KCDC) and the World Health Organization (WHO) Western Pacific Region. The specific objectives of the International Expert Meeting on Hepatitis B included the review of progress made and constraints faced and strategies followed for achieving hepatitis B control goal and come out with recommendations including certification process, prevention of mother-to-child transmission of infection and the need to set another target date for the final hepatitis B control goal.

Dr Jong-Koo Lee, Director General of KCDC, opened the meeting and Dr Yang Baoping, EPI Regional Adviser, provided the introductory remarks on behalf of Dr Shigeru Omi, WHO Regional Director for the Western Pacific. The first day of the meeting included presentations from the WHO Western Pacific Region, the Republic of Korea, USA, Japan, China, Philippines and Viet Nam. The second day of the meeting focused on group discussion on four specific issues—namely, regional plan of action, certification guidelines and procedures, prevention of mother-to-child transmission of hepatitis B and the need for setting another target date for the final hepatitis B control goal.

The participants concluded that hepatitis B is a very important public health problem in the Western Pacific; however, substantial progress has been made in its control with 26 countries and areas expected to have achieved less than 2% HBsAg seroprevalence based on their vaccine coverage levels. Challenges remain in about ten countries and areas in achieving optimal levels of coverage with HepB3 and timely birth dose mainly due to weak overall primary health care system. The current regional plan of action for hepatitis B finalized in March 2007 is very comprehensive and articulates eight major strategies with programmatic activities and indicators for each. The current certification guidelines hold valid. It was suggested to share the expert resource panel constituted for this purpose with all the countries. The issue of establishing less than 2% HBsAg seroprevalence in sub-populations should be explored in the countries where aggregate national HBsAg prevalence may be lower than 1% but some of the indigenous or other disadvantaged population groups may have much higher seroprevalence. Universal hepatitis B vaccination within 24 hours of birth is still the most appropriate policy in the absence of feasibility of universal antenatal screening in most of the developing countries. Catch-up campaigns for older children should be prioritized after high coverage level in infancy.

The key recommendations included clarification of target date of 2012 and on strategies for perinatal transmission of infection. The target date of 2012 means that countries have to reach the certification level vaccine coverage levels by 2012. This group of countries that reach the vaccine coverage levels (both HepB3 and timely birth dose) at certification level only in 2011 and 2012 will be provisionally certified to have achieved the goal, but will have to demonstrate the reduced seroprevalence levels to <2% when these cohorts become at least 5 years old. Efforts for perinatal transmission of infection need to be enhanced by strengthening of linkages between maternal health and EPI programmes, facilitation of implementation of 'out of cold chain' policy, facilitating countries to scale up activities from lessons learnt from various demonstration projects. The group recommended that it is more appropriate to consider setting another target date for less than 1% goal near 2011 to 2012 rather than now based on detailed review of the data generated by that time. Finally, more efforts should be made to increase engagement of WHO regional and country offices and the ministries of health with non-governmental
groups at global (e.g. World Hepatitis Alliance), regional (e.g. APASL) and at country level (liver/hepatitis foundations) and to streamline their objectives/goals and strategies to achieve maximum impact on hepatitis B problem.

CONCLUSIONS AND RECOMMENDATIONS

The key conclusions and recommendations that emerged from the meeting are:

(1) Hepatitis B is a very important public health problem in the Western Pacific; however, substantial progress has been made in its control with 26 countries and areas expected to have achieved less than 2% HBsAg seroprevalence based on their vaccine coverage levels. The data presented by the Republic of Korea and China during the meeting confirmed that nationwide immunization programmes can lead to a substantial decline in chronic HBV infections rates over time.

(2) Review of regional plan of action for hepatitis B: The meeting participants concluded that the current regional plan of action for hepatitis B is very comprehensive and still holds good and no revision is necessary at this stage.

(3) Certification guidelines and procedures: The current guidelines hold valid. The expert resource panel constituted for this purpose should be shared with all the countries. The issue of establishing less than 2% HBsAg seroprevalence should be explored in the countries where aggregate national HBsAg prevalence may be lower than 1% but some of the indigenous or other disadvantaged population groups may have much higher seroprevalence.

(4) Preventing perinatal transmission: Universal hepatitis B vaccination within 24 hours of birth is still the most appropriate policy in the absence of feasibility of universal antenatal screening in most of the developing countries. HBIG should be administered where feasible and affordable. Efforts should be made to foster and strengthen the linkages between maternal health and EPI programmes.

(5) Catch-up campaigns for older children have some value in countries that have already achieved high coverage with HepB3 in infancy and can conduct the catch-up campaigns for the older children without distracting the efforts for routine immunization in infancy. However, these should not be prioritized over improving coverage with HepB3 in infancy and providing timely birth dose.

Key recommendations:

(1) Interpretation of certification criteria and target date:

The target date of 2012 means that countries have to reach certification-level vaccine coverage rates by 2012 (even though the achievement of the goal cannot be validated in 2012 itself by a serosurvey showing less than 2% HBsAg among children at least 5 years old by 2012). This group of countries that reach the vaccine coverage levels (both HepB3 and timely birth dose) at certification level only in 2011 and 2012 will be provisionally certified to have achieved the goal, but will have to demonstrate the reduced seroprevalence levels to <2% when these cohorts become at least 5 years old.

(2) Preventing mother-to-child transmission:

- Universal birth dose for all newborn infants within 24 hours of birth should continue to be recommended for all the countries with strengthening of linkages between maternal health and EPI programmes.
• The manufacturers should further promote the out-of-cold-chain policy with inclusion of these guidelines in the national immunization programme guidelines with simultaneous efforts at global level to include OCC use in the package insert.

• Demonstrations projects in many countries have already demonstrated pros and cons of using Uniject, and rather than again promoting them in the demonstration projects, these should either be rather formally introduced in national programmes for home births after evaluating the financial, supply and procurement issues. Pilots projects may be implemented to deal with specific issues, but countries need to prepare comprehensive strategies to increase birth dose coverage nationwide, and results from the pilot projects should not delay the implementation of nationwide strategies.

(3) Need to set-up target date for <1% goal:

Countries that will yet to achieve the 1% goal in 2009 and 2010 are the same ones that are struggling to achieve 2% goal by 2012. Hence, it is more appropriate to consider setting another target date for less than 1% goal near 2011 and 2012 rather than now. It should be based on a detailed review of country data on the progress made towards 2% goal before setting the timeline for 1% goal. The certification guidelines already include indicators for certification for achieving less than 1% goal, and majority of the countries are likely to be certified in 2009 and 2010, are estimated to achieve less than 1% goal.

(4) Effective linkages with other advocacy groups:

More efforts should be made to increase engagement of WHO regional and country offices and the ministries of health with non-government groups at global (e.g. WHA), regional (e.g. APASL), and at country level (liver/hepatitis foundations) and to streamline their objectives/goals and strategies to achieve maximum impact on hepatitis B problem.