WESTERN PACIFIC REGIONAL PLAN FOR HEPATITIS B CONTROL THROUGH IMMUNIZATION (2007)

SUMMARY

Worldwide, an estimated 350 million people have chronic HBV infections. In spite of having only 28% of the global population, the Western Pacific Region bears a disproportionate burden of hepatitis B-related mortality and morbidity, accounting for almost half of all chronic HBV infections worldwide. With an estimated 160 million chronic HBV carriers living in the Region, hepatitis B is responsible for almost 890 deaths per day, a mortality rate comparable to that of tuberculosis. With few exceptions, most countries were estimated to have a chronic HBV infection rate of more than 8% before the introduction of vaccination. Of the 278 000 estimated deaths caused by HBV infection in the Region, nearly all are from the consequences of chronic infection, mostly decades after the initial infection at birth or early childhood. Hepatitis B is, therefore, an important regional public health priority.

Universal childhood immunization with three doses of hepatitis B vaccine in the first year of life has proven to be the most effective strategy for prevention and control of hepatitis B. In 2002, the Western Pacific became the first WHO Region to achieve the distinction of having infant hepatitis B immunization included in the national immunization programmes (NIPs) of all its Member States. Striving to build upon the gains achieved in immunization systems during the poliomyelitis eradication initiative, the Region has adopted hepatitis B control through universal childhood immunization as one of the pillars for strengthening immunization service delivery systems. In September 2005, the Western Pacific became the first WHO Region to set a time-bound goal of reducing chronic HBV infection rates to less than 2% among five-year-old children by 2012.

For countries to achieve the goal, the key programmatic strategies will be:

• Strengthen routine immunization services to achieve and sustain at least 85% coverage (preferably 90%) with three doses of hepatitis B vaccine by one year of age in each birth cohort. At least 80% coverage to be achieved in each district.

• Establish a system to deliver a timely scheduled birth dose (within 24 hours of birth) with a target to reach at least 80% of births at each subnational level and at the national level.

• Instituting catch-up immunization of the older children with first priority for under-5 year old children, followed by 6-15 years old born before start of vaccination, where resources allow and where infant immunization programs including timely birth dose are relatively mature.

• Instituting immunization for high-risk population groups, as the next priority after infant and younger children immunization. However, immunization for the health workers, among the high-risk population groups can be taken on priority along with infant immunization programs because of operational ease of identifying and accessing this population group.
• Achieving predictable financing for hepatitis B vaccine for at least next three years on continuous rolling basis to avoid any disruptions in the program.

• Advocacy and social mobilization.

• Including hepatitis B control plan as an integral part of multiyear plan for immunization programs.

Monitoring of hepatitis B immunization programmes is carried out primarily through coverage assessment, including monitoring the percentage of newborn infants that receive a timely birth dose. The impact of vaccination programs on hepatitis B related disease cannot be monitored as with other vaccine-preventable diseases through regular surveillance of disease, because of large number of asymptomatic infections especially among children and the long time lag before complications develop from chronic infection and because those complications are not exclusively caused by HBV. Therefore, impact should be assessed through seroprevalence surveys of HBsAg along with regular monitoring of vaccine coverage rates. Countries should undertake at least one serosurvey in vaccinated cohorts to validate the impact expected from reported vaccine coverage rates.