Technical considerations and case definitions for

VIRAL HEPATITIS SURVEILLANCE

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01 | FOUR MAIN HEPATITIS VIRUSES

A. Fecal oral route
B. Exposure to blood / body fluids
C. Acute hepatitis

Chronic infections
Sequelae
02 | FIVE STRATEGIC DIRECTIONS FOR VIRAL HEPATITIS

THE GLOBAL HEALTH SECTOR STRATEGY ON VIRAL HEPATITIS

1. Information for focused action
2. Interventions for impact
3. Delivering for equity
4. Financing for sustainability
5. Innovation for acceleration

7th leading cause of death globally

Mostly chronic HBV and HCV infections
03 | NEW WHO DOCUMENT ON SURVEILLANCE

TECHNICAL CONSIDERATIONS AND CASE DEFINITIONS TO IMPROVE SURVEILLANCE FOR VIRAL HEPATITIS

TECHNICAL REPORT
03 | NEW WHO DOCUMENT ON SURVEILLANCE

**Audience**

- National staff working on surveillance
- Low / middle income country focus
- Principles relevant to all settings

**Objectives**

- Develop or strengthen viral hepatitis surveillance
- Identify an approach adapted to a national context
05 | CHALLENGES IN VIRAL HEPATITIS SURVEILLANCE

- Multiple disease outcomes
  - Consider acute hepatitis, chronic infection and sequelae
- Similar clinical presentation
  - Use in-vitro diagnostics
- Asymptomatic nature of most infections
  - Plan biomarker surveys
- Multiple modes of transmission / persons at risk
  - Tailor response to national situation
1. Detect outbreaks, monitor trends in incidence and identify risk factors for new, incident infections

2. Estimate the prevalence of chronic infections and monitor trends in sentinel groups

3. Estimate the burden of sequelae

- Surveillance for acute hepatitis
- Surveillance for chronic infections
- Surveillance for cirrhosis and HCC

HCC: Hepatocellular carcinoma
# THREE TECHNICAL APPROACHES

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<tr>
<td>Prevention of new infections</td>
<td>Persons with acute hepatitis in health care setting</td>
<td>Management of chronic hepatitis</td>
<td>Mortality reduction</td>
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<td>Vital registration</td>
<td>Persons without acute symptoms</td>
<td>Persons diagnosed with HCC in tertiary centres</td>
<td>Vital registration</td>
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HCC: Hepatocellular carcinoma
08 | NEW WHO CASE DEFINITIONS FOR HEPATITIS

ACUTE HEPATITIS

• Unspecified acute hepatitis
  • Signs and symptoms
• Type specific acute hepatitis
  • Signs and symptoms + in vitro diagnosis

CHRONIC INFECTIONS

• Absence of acute hepatitis
• In vitro diagnosis
09 | STEPS TO IMPROVE VIRAL HEPATITIS SURVEILLANCE

A | Make an inventory of what is already there
   • Acute hepatitis surveillance
   • Surveys that estimated prevalence of HBV / HCV infection

B | Obtain estimates of HBV and HCV prevalence
   • Identify opportunities to coordinate surveys

C | Optimize surveillance for acute hepatitis
   • Syndromic surveillance
   • Sentinel surveillance

D | Examine options to obtain data on sequelae
10 | INTEGRATION OF VIRAL HEPATITIS SURVEILLANCE

ACUTE HEPATITIS
• Unspecified: Communicable disease surveillance
• Type-specific: Sentinel sites, hepatology centres

CHRONIC INFECTIONS
• EPI biomarker surveys to evaluate hepatitis B immunization
• HIV surveys
• Others surveys

SEQUELAE
• Hepatology centres, vital registration and cancer registries
### 11 | USING SURVEILLANCE TO EVALUATE PROGRAMMES

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<thead>
<tr>
<th>Levels</th>
<th>Interventions</th>
<th>Domain</th>
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<td>1. Prevention of new infections</td>
<td>Vaccination</td>
<td>Surveillance for acute hepatitis that reflect new infections</td>
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<td>Harm reduction</td>
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<td>Infection control</td>
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<td>3. Reduction of mortality</td>
<td>Hepatocellular carcinoma screening</td>
<td>Surveillance for sequelae</td>
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- **Interventions**: Vaccination, Food water safety, Blood safety, Condoms, Harm reduction, Infection control, Testing and treating, Hepatocellular carcinoma screening.
12 | IMPLEMENTATION PLANS

• Toolbox for practical use
• Pilot implementation in countries
• Feedback from field use
• Integration to future consolidated strategic information guidelines