

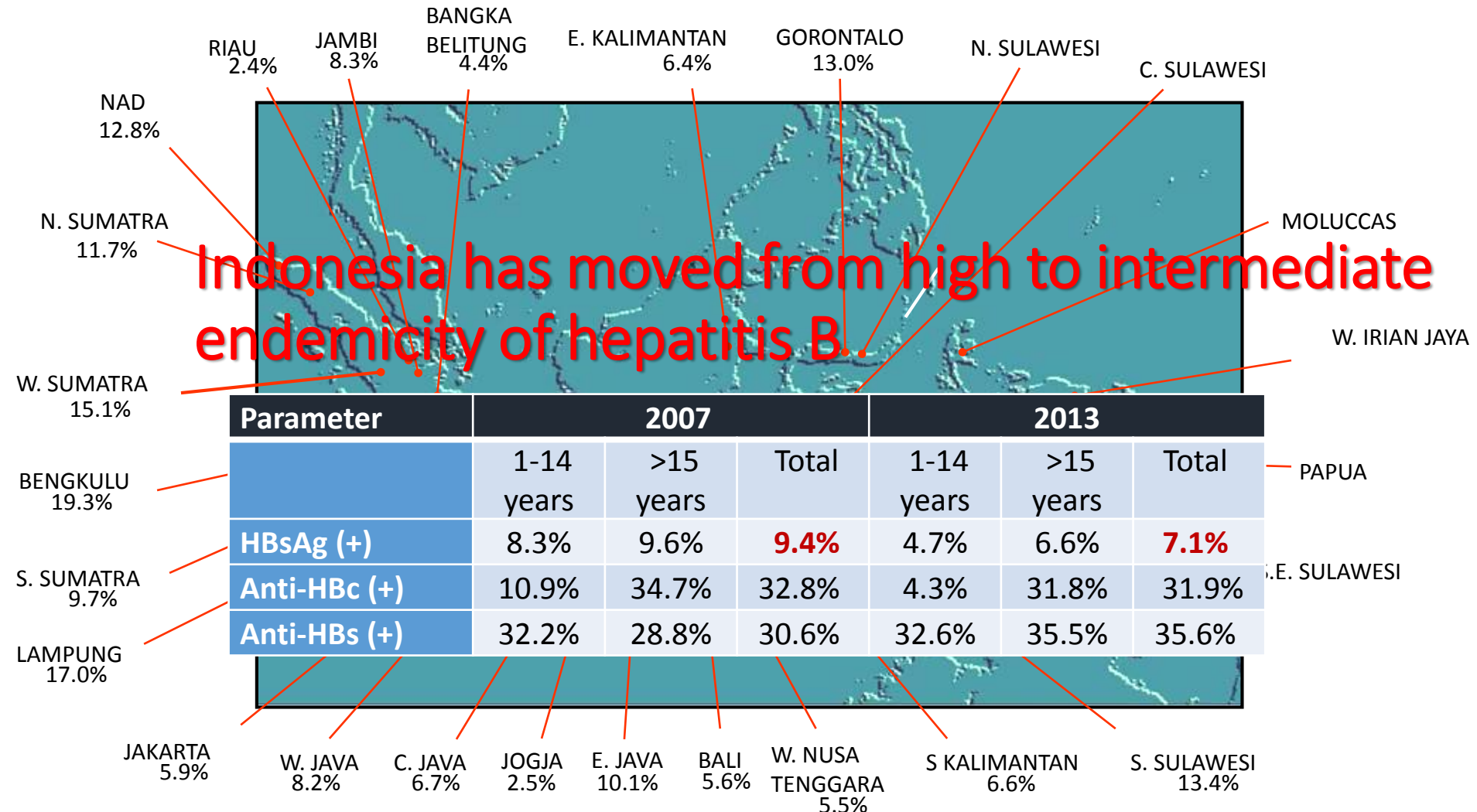
# Hepatitis B prevention in Indonesia

Maisuri T. Chalid

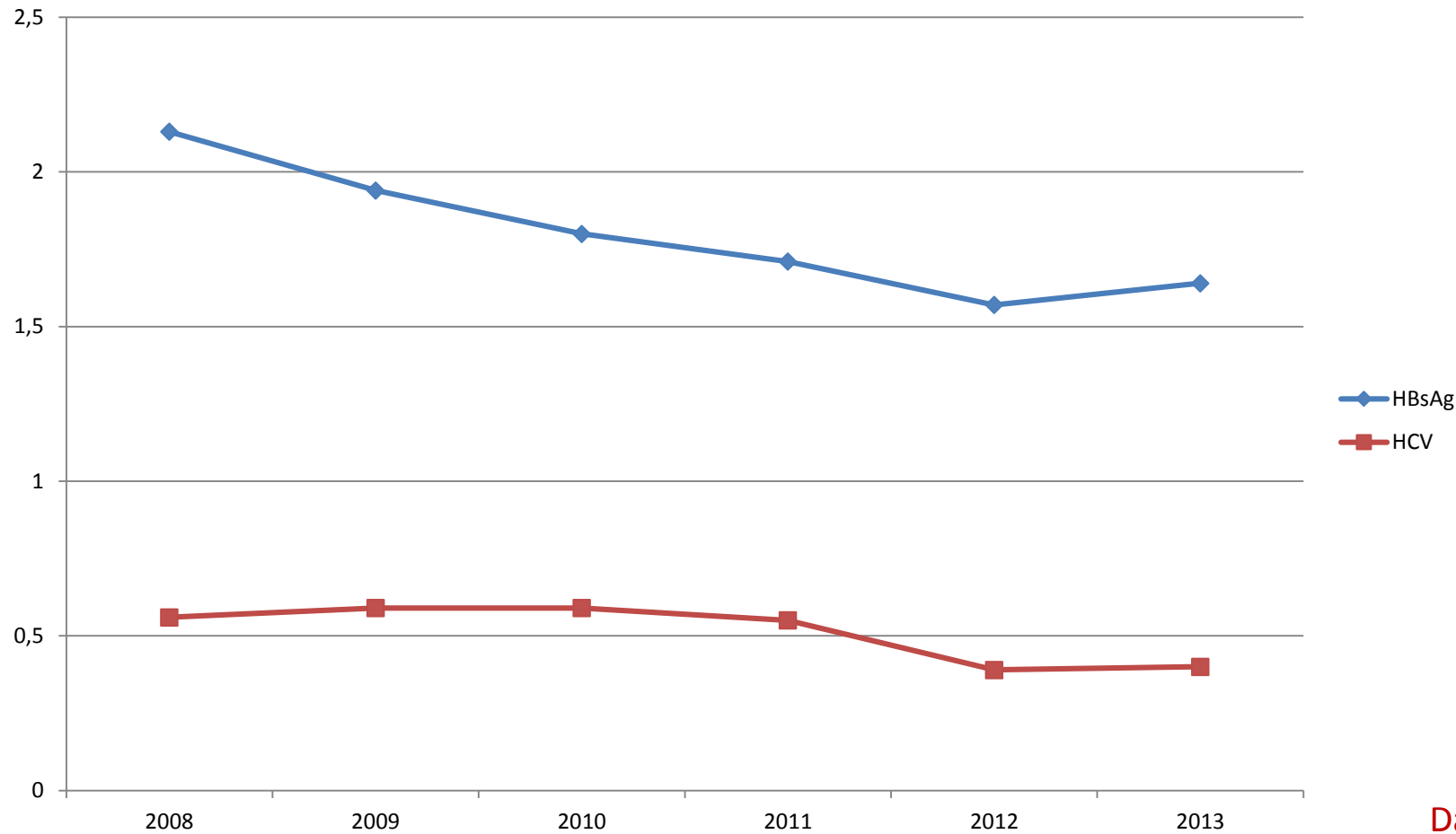
Hasanuddin University, Makassar



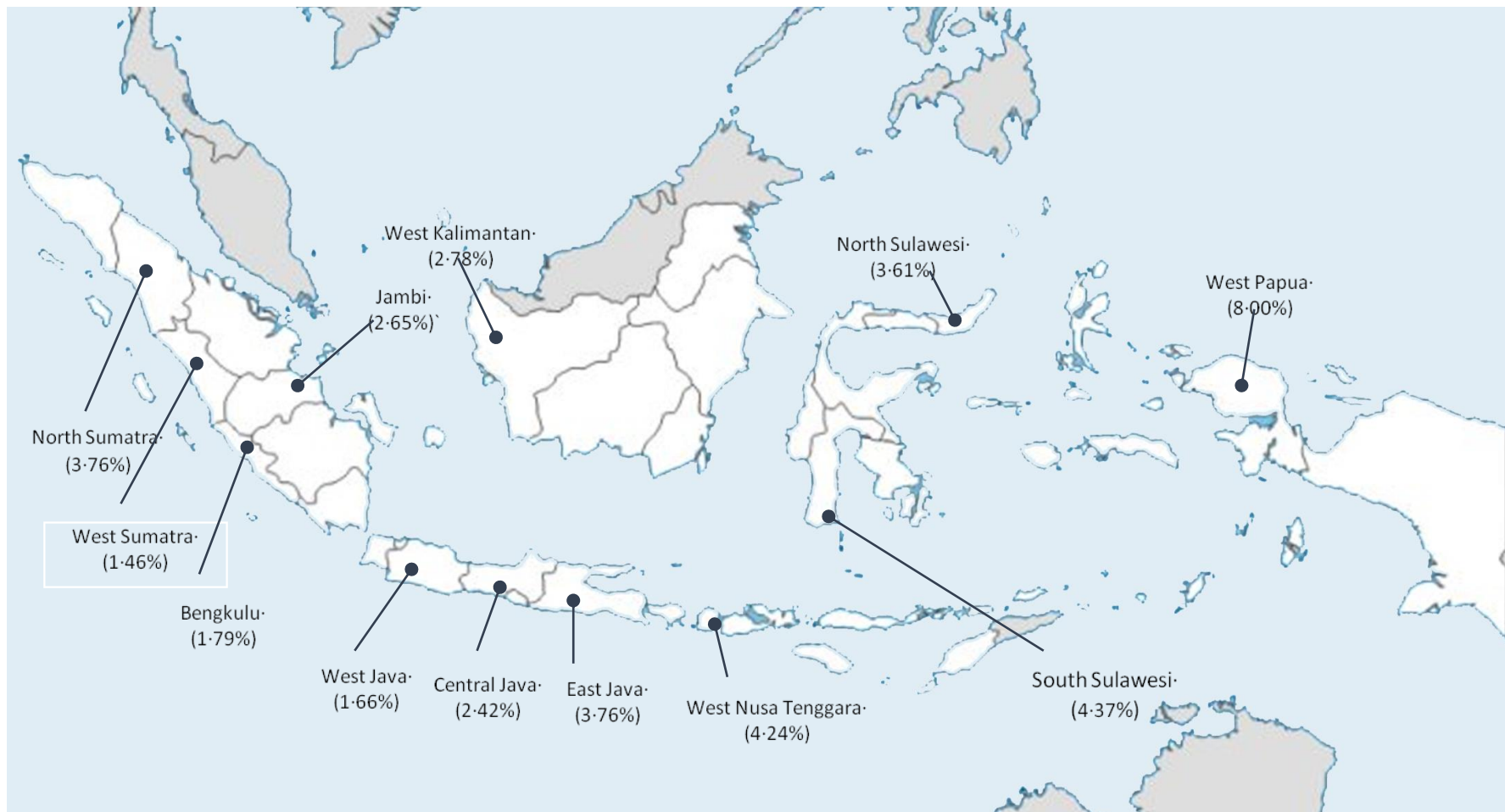
## Prevalence of HBsAg in Indonesia: 3-9.4%



## HBsAg (+) dan HCV (+) PREVALENCE IN BLOOD DONORS IN BLOOD TRANSFUSION UNIT OF INDONESIA RED CROSS (2008-2013)

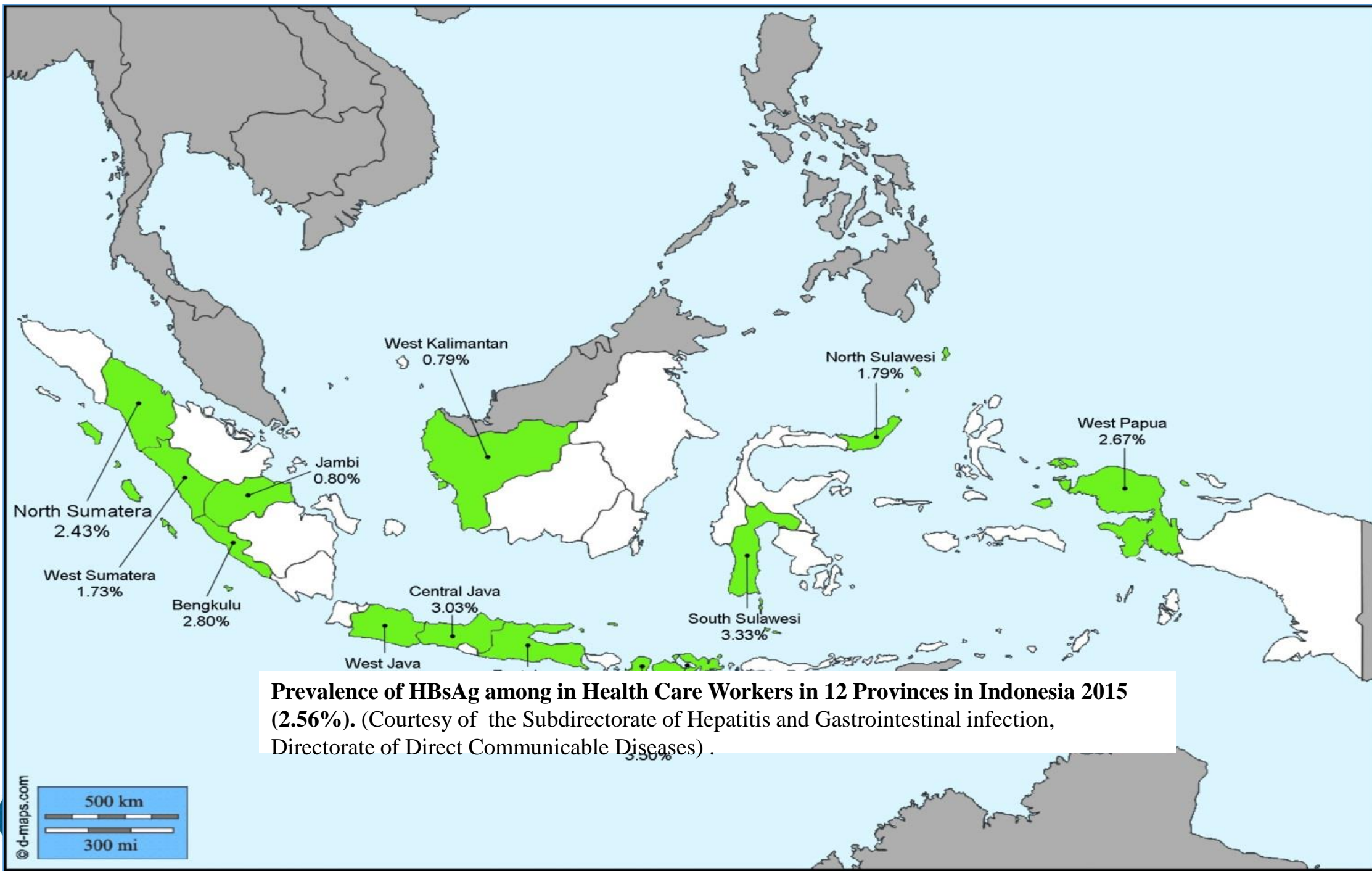


Data resource: UTDP PMI



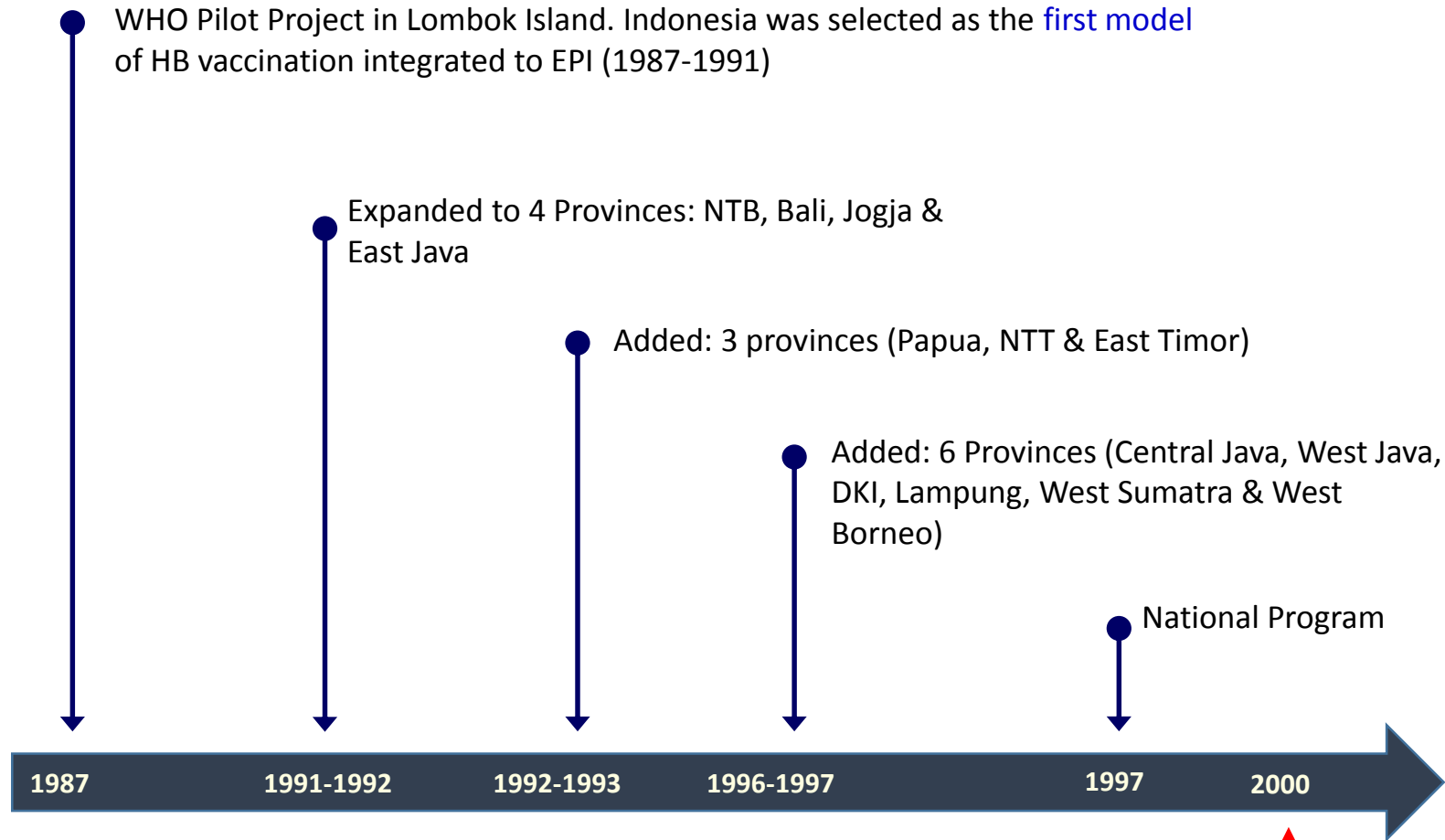
## Distribution of HBsAg in pregnant women in Indonesia.

Overall HBsAg prevalence among 69 891 pregnant women across 12 provinces in 2015 was 2.76%, which was lowest in West Sumatra (1.6%) and highest in West Papua (8.0%)

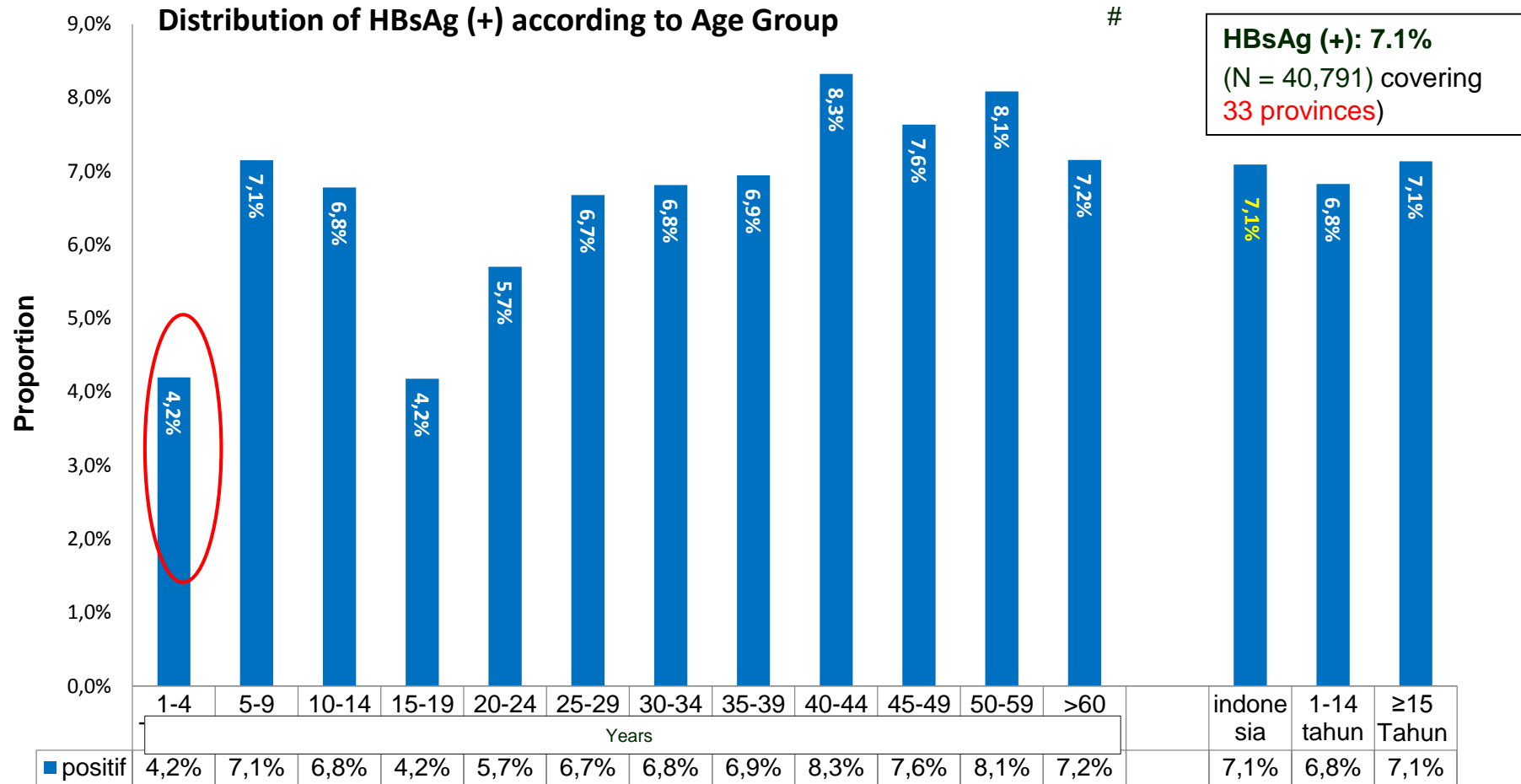


**Prevalence of HBsAg among in Health Care Workers in 12 Provinces in Indonesia 2015 (2.56%).** (Courtesy of the Subdirector of Hepatitis and Gastrointestinal infection, Directorate of Direct Communicable Diseases) .

# HB Vaccination in Indonesia



# National Health Survey 2013



New cases continue to occur in under-five children



Prevention and control of hepatitis B with combined vaccines, and birth dose vaccination

# Provisional data  
Hanoi, Vietnam, July 2018

# Routine National Immunization Schedule

**Health Minister  
Decree  
No.12/2017**

Age (Mo)	Primary Immunization
< 24 hrs	Hep.B birth dose
1	BCG, OPV1
2	DwPT-HB-Hib1, OPV2
3	DwPT-HB-Hib2, OPV3
4	DwPT-HB-Hib3, OPV4, IPV
9	Measles/MR

## Secondary Immunization (Booster Dose)

Measles and  
DwPT-HB-Hib  
(18 month) → Introduced since  
2013 selected prov, 2014  
nationwide



- DT  
- M/MR



Gr 1



- Td



Gr 2



- Td  
- HPV\*



Gr 5



HPV\*



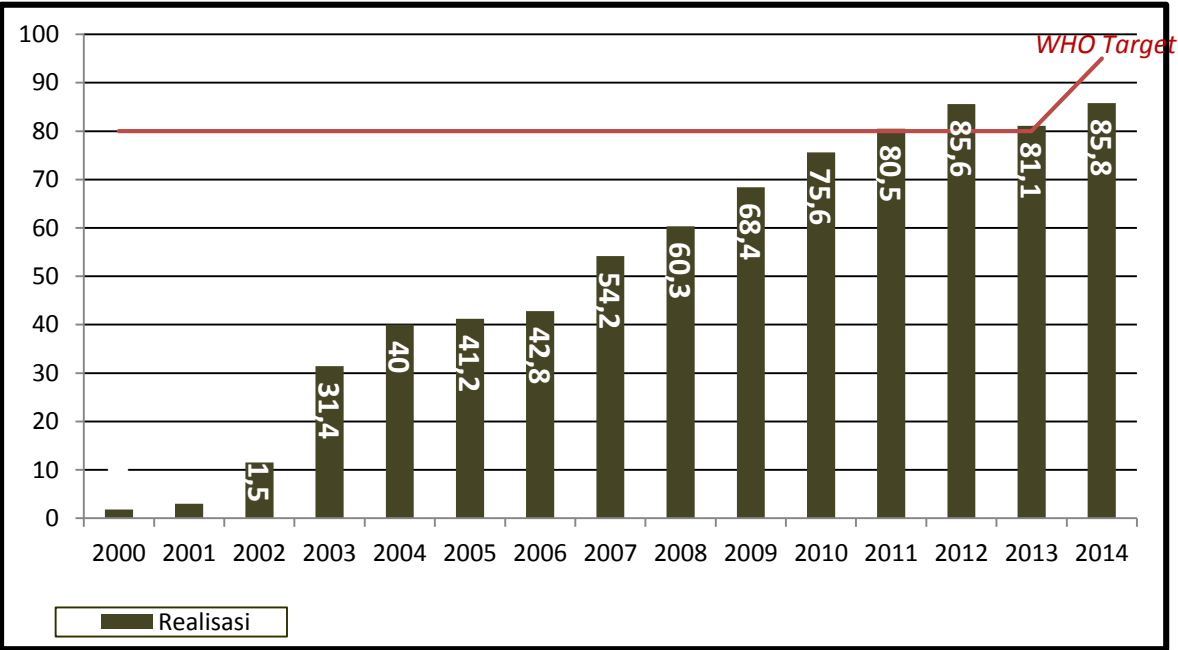
Gr 6



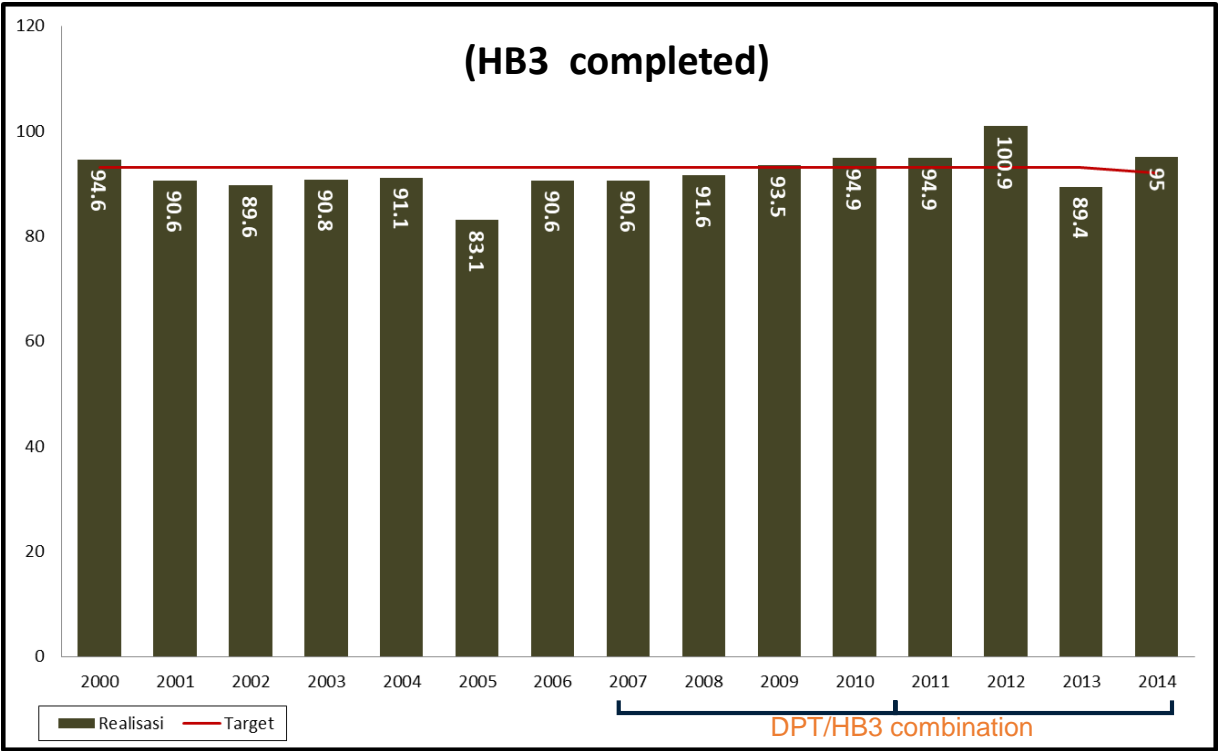
**SCHOOL-BASED IMMUNIZATION  
(ELEMENTARY SCHOOL)**

\* Demonstration Program in selected areas

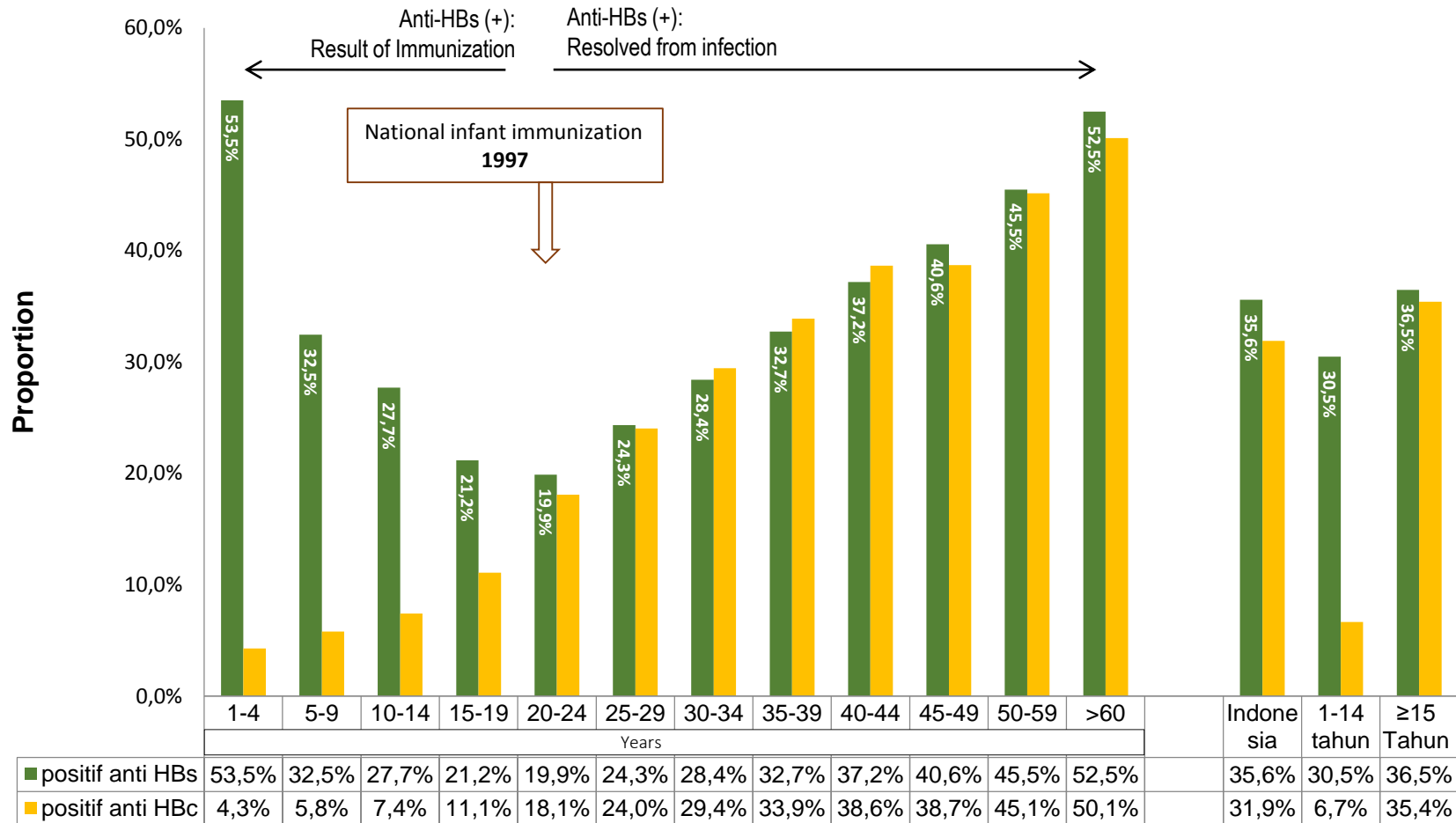
# Coverage of birth-dose hepatitis B immunization in Indonesia (2000-2014)#



# Coverage of hepatitis B immunization in Indonesia (2000-2014)#



# National Health Survey 2013



# Universal vaccination of hepatitis B in your country

Hepatitis B	Yes/no	Target <small>(who is vaccinate + age (if relevant))</small>	Since/period
Universal	YES	0- 9 months	1997
Risk groups	NO	HCW	-

# Hepatitis B prevention- Immunization (combined/mono valent)

Available hepatitis vaccines	Disease	NAME (producer)	Target group
Monovalent	HepB	<b>Uniject HB (prefiled syringe) for HB birth dose vaccination</b> BIOFARMA	neonates
Combined	HepB	Pentavalen (DTP-Hib-HepB) Pentabio vaccine	babies 1-9, 18 mo

## Issues with hepatitis/ Combined vaccination (what are the problems in your country with use of combined Hep B vaccination)

- Coverage various through out the country
- Drop out ( people assumption that thimerosal as a preservative is thought to cause autism)
- Post-immunization side effect=> parental concerns
- Procurement for new vaccines=> High price ; limited national and local budget

## Opportunities (how do you think this issues can be solved)

- Availability
- Socialization (education)
- broad explanation through social media
- Special policy and funding



# Extra information on birth dose(BD)vaccination

## Indonesia

	Yes/no	Since/period	Coverage
Birth dose vaccination in universal vaccination program			

### Issues with BD in your country

- More than 40% of births occur at home(2014), assisted by midwives (68%) and traditional birth attendance (TBA)(12.68%)
- Unfriendly geographical situation and inadequate access to health facilities in some remote areas
- Not recognized as health priority, lack of awareness among populations at risk
- Indonesian culture (some ethnics): before 40 days babies can't accept injections
- Lack of IEC material for HB Birth dose

### Successes with BD in your country

- Integration into:
- mother and child health programs (MCH) - as part of package of maternal and newborn care
- community health service posts (Pos Yandu): a unique community initiated activity assisted by local health care providers to carry out basic health services (MCH, family planning, nutrition, immunization, hygiene and sanitation)
- Involvements of professional associations (pediatricians, hepatologist, obstetricians), private hospitals, family and practicing doctors
- Involvement of traditional and religious leaders
- Development of simplified recording and reporting system on pregnancies and births

