

# Introduction to the VHPB



## Viral Hepatitis Prevention Board VHPB

# The Viral Hepatitis Prevention Board

21 years of support to the control and prevention of viral hepatitis in Europe.



- Mission statement

The objective of VHPB is to contribute to the **control** and **prevention** of **viral hepatitis**:

- by drawing the attention to this important public health problem
- by issuing guidance and catalyse the development of recommendations, and
- by encouraging actions to improve control and prevention.

**Focus audiences** are, in first instance, opinion leaders, policymakers, and health care professionals.



# Future Involvement of VHPB

In line with WHO's Framework\* for Global Action for the Prevention and Control of Viral Hepatitis Infection, the VHPB wants to expand its scope to secondary and tertiary prevention (care and treatment), necessary to achieve a meaningful degree of prevention and protection.

\*<http://www.who.int/csr/disease/hepatitis/Framework/en/>



# VHPB Structure

- **VHPB advisory board** is composed of independent experts in the field of viral hepatitis
- Honorary members
- Executive secretariat based at the VAXINFECTIO unit of the University of Antwerp
  - Emmy Engelen
  - Tinne Lernout
  - Greet Hendrickx
  - Alex Vorsters
  - Pierre Van Damme



# Composition of the advisors board

## VHPB Advisors

WHO			Academic/University	
Nedret Emiroğlu	WHO Regional Office for Europe		Selim Badur	Istanbul, Turkey
Stefan Wiktor	WHO Headquarters		Paolo Bonanni	Florence, Italy
ECDC			Angela Dominguez	Barcelona, Spain
Marita Van de Laar (will be replaced)	ECDC, Sweden		Wolfgang Jilg	Regensburg, Germany
CDC			Helène Norder	Stockholm, Sweden
John Ward	CDC, USA		Françoise Roudot-Thoraval	Paris, France
ELPA (European Liver Patient Association)			Rui Tato Marinho	Lisbon, Portugal
Tatjana Reic	European Liver Patient Association (ELPA)		Daniel Shouval	Jerusalem, Israel
Public Health Institute			Koen Van Herck	Antwerp, Belgium
Hans Blystad	Norway		Alessandro Zanetti	Milan, Italy
David Goldberg	Scotland		Vana Papaevangelou	Goudi, Greece
Mira Kojouharova	Sofia, Bulgaria			
Johannes Hallauer	Germany			

## Honorary Members

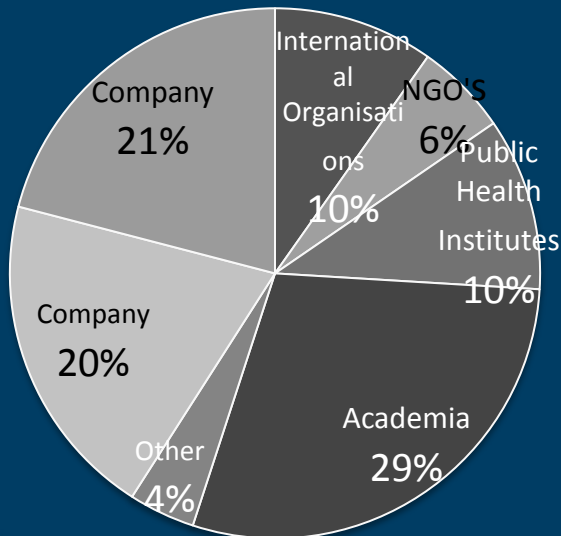
Pietro Crovari	Italy	Eric Mast	USA
Alain Goudeau	France	Elisabeth McCloy	USA
Nicole Guérin	France	André Meheus	Belgium
Peter Grob	Swiss	Lars Rombo	Sweden
Mark Kane	USA	Colette Roure	France
Harold Margolis	Korea	Daniel Lavanchy	Switzerland
Steven Wiersma	USA		

These honorary members are elected for a lifelong term and are invited to VHPB meetings on an ad hoc basis.



# Support and Grants

- supported by
  - **unrestricted** grants from the vaccine industry **GlaxoSmithKline Biologicals, Sanofi Pasteur MSD, Sanofi Pasteur, Crucell** and **Merck**
  - several universities and other institutions in Europe
  - VHPB received in the past for their activities in CEE and NIS funds from GAVI fund, CVP at PATH, Unicef, CDC, WHO
  - Extra unrestricted support from **Bristol Meyer Squibb (BMS)** and **Gilead** was received





# VHPB ACTIVITIES



# 2-3 meetings/year

(technical - country)



# VHPB Meetings

## Country – March

- 2014: 20-21 March  
Brazil
- 2015: 19-20 March (TBC)

## Technical – November

- 2013: 14-15 Nov  
Croatia  
public health aspects of hepatitis C
- 2014: 13-14 Nov (TBC)  
20 years VHPB
- 2015: 19-20 Nov (TBC)



# The VHPB has already covered a broad range of control and prevention strategies for all forms of viral hepatitis

- Surveillance
- Universal Immunisation programs
- Injection safety and safe blood supply
- HBV mutants and variants
- Prevention and control of viral hepatitis in migrants and refugees
- Behavioural issues in hepatitis B vaccination
- How to reach risk groups
- Combined vaccines
- Economic evaluations
- Hepatitis B vaccination safety issues
- Hepatitis B vaccine and long term efficacy
- Hepatitis infections in health care workers
- Perinatal transmission
- Adolescent programmes
- Patient and advocacy groups
- Hepatitis A and E
- Identification and management of persons with chronic viral hepatitis
- Hepatitis B booster policy
- **Vaccination of HCW**



# Country meetings

- Italy 2002
- Germany and the Nordic Countries 2003
- France 2004
- UK 2005
- Spain 2006
- Greece 2007
- The Netherlands 2008
- Turkey 2009
- Portugal 2010
- Bulgaria 2011
- Arctic 2012
- Israel 2013



# Publications Viral hepatitis

- 2 issues/ Year
- Distributed :
  - PDF on website
  - Mailing to  $\pm$  3600 readers

## VIRAL HEPATITIS

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This edition of *Viral Hepatitis* is based on material presented at the Viral Hepatitis Prevention Board meeting on Burden and Prevention of Viral Hepatitis in Portugal, Lisbon, Portugal, November 18-19, 2010.

### Editorial

This issue of *Viral Hepatitis* reports the topics covered at the VHPB's Country Meeting, held on November 18-19th, 2010 in Lisbon, Portugal.

The main objective of this report is to provide an overview of the current situation regarding prevention and control of viral hepatitis in Portugal. An overview is presented of the Portuguese health care system and of the revised national surveillance and notification system of infectious diseases, which includes notifications for viral and other types of hepatitis. The epidemiological situation of viral hepatitis is reviewed. The treatment and follow-up strategies for patients with chronic hepatitis B (HBV) and chronic hepatitis C (HCV), including liver transplant patients, is also discussed. An evaluation of the economic aspects of viral hepatitis and liver disease is presented. Data are also presented for specific populations at risk, such as drug users, haemodialysis patients and pregnant women. An overview of current prevention and control measures is provided, including an assessment of the progress achieved in HBV prevention ten years after the introduction of universal HBV vaccination, targeting newborns, adolescents and risk groups. The possible implementation of new prevention strategies, control measures and monitoring systems is discussed. The report also covers the discussions held during the meeting among participants, including national health authorities, addressing successes, challenges, and barriers that need to be overcome in order to clarify the way forward for an effective prevention and control strategy in Portugal.

Although Portugal has 40 national health programmes, not one is specifically focussed on viral hepatitis. When the number of deaths due to hepatocellular carcinoma (HCC) and liver diseases in HIV patients are included, liver disease is the 8th cause of death in Portugal. In light of this, the need for a comprehensive, coordinated strategy and a specific national public health programme for viral hepatitis is discussed in this report. In the prevention and control of viral hepatitis, there are many pockets of excellence in Portugal. However, Public Health authorities should involve all specialist groups, including liver disease specialists. There is a need for a coordinating body that can liaise between the specialist groups and Health authorities. Public opinion also has an important part to play in this debate.

A new, improved electronic web-based health information system combining clinical and laboratory data, with automated bidirectional data transfer (anonymizing and un-linking of data at higher level), has been developed and will be implemented in 2011.

Epidemiology of hepatitis A (HAV) has changed. As socioeconomic conditions have improved, Portugal has become a country of intermediate HAV endemicity, with two thirds of the younger population becoming susceptible to HAV infection. This makes implementation of an adapted HAV vaccination policy an important challenge.

Progress has been achieved in HBV prevention 10 years after the successful introduction of universal HBV vaccination. The vaccination coverage in newborns, infants and adolescents is high (> 94%). The successful prevention and control strategies for HBV mean that Portugal is no longer a country of intermediate HBV prevalence, and needs to be re-categorized as a country of low HBV prevalence, with the percentage of HBsAg carriers around 1%.

HCV has an important role in mortality from liver disease, and HCC has been increasing. Efforts should be made to amplify the screening and improve the diagnosis of HCV. There is an increasing burden of HCV, mostly in intravenous drug users (HCV prevalence 60 – 70%), who are often coinfected with HIV (14%), data from The National Institute for Drugs and Drug Addiction, IDT). Therefore, public health strategies, such as needle exchange programmes, could be focussed towards viral hepatitis, in addition to HIV.

A successful liver transplantation programme, with high survival rates (at least 73% after 10 years), is conducted at the Transplantation Center in Lisbon (Hospital Curry Cabral), where about 25% of patients transplanted are infected with HCV or HBV.

Alcoholism is an increasing public health problem in Portugal with a significant role in development of cirrhosis in patients with viral hepatitis. Therefore, public campaigns to raise awareness about harmful consumption of alcohol amongst the general population should be initiated. These campaigns and other awareness activities would be supported by the very active Portuguese liver patients association SOS Hepatitis, which also supports patients by providing information and enabling links between patients.

Finally, this meeting report reviews the impact of the viral hepatitis resolution adopted by the World Health Assembly (WHA 63.18) in 2010 and the progress made in developing a comprehensive strategy in follow-up of the resolution. The need to start implementing comprehensive national prevention and control programmes for liver diseases is emphasized.

Rui Tato Marinho and Daniel Lavanchy,  
on behalf of the Viral Hepatitis Prevention Board



# Publications Scientific publications

*Journal of Viral Hepatitis*, 2008, 15 (Suppl. 2), 1–15

## Has the time come to control hepatitis A globally? Matching prevention to the changing epidemiology

G. Hendrickx,<sup>1</sup> K. Van Herck,<sup>1,2</sup> A. Vorsters,<sup>1</sup> S. Wiersma,<sup>3</sup> C. Shapiro,<sup>4</sup> J. K. Andrus,<sup>5</sup> A. M. Roper,<sup>5</sup> D. Shouval,<sup>6</sup> W. Ward<sup>3</sup> and P. Van Damme<sup>1</sup> <sup>1</sup>Centre for the Evaluation of Vaccination, Vaccine and Infectious Disease Institute, University of Antwerp, Antwerp, Belgium; <sup>2</sup>Postdoctoral Fellow, Research Foundation – Flanders (FWO), Brussels, Belgium; <sup>3</sup>Division of Viral Hepatitis, Centers for Disease Control and Prevention, Atlanta, GA, USA; <sup>4</sup>Department of Immunizations, Vaccines & Biologicals, World Health Organization, HQ, Geneva, Switzerland; <sup>5</sup>Pan American Health Organization, Washington, DC, USA; and <sup>6</sup>Liver Unit, Hadassah-Hebrew University Hospital, Jerusalem, Israel

**SUMMARY.** For the first time a global meeting on hepatitis A virus (HAV) infection as vaccine preventable disease was organized at the end of 2007. More than 200 experts from 46 countries gathered to investigate the changing global HAV epidemiology reflecting the increasing numbers of persons at risk for severe clinical disease and mortality from HAV infection. The benefits of childhood and adult hepatitis A (HepA) vaccination strategies and the data needed by individual countries and international health organizations to assess current HepA prevention strategies were discussed. New approaches in preventing HAV infection including universal HepA vaccination were considered. This introductory paper summarizes the major findings of the meeting and describes the changing epidemiology of HAV infections and the impact of HepA vaccination strategies in various countries. Implementation of HepA vaccination strategies

should take into account the level of endemicity, the level of the socio-economic development and sanitation, and the risk of outbreaks. A stepwise strategy for introduction of HepA universal immunisation of children was recommended. This strategy should be based on accurate surveillance of cases and qualitative documentation of outbreaks and their control, secure political support on the basis of high-quality results, and comprehensive cost-effectiveness studies. The recognition of the need for increased global attention towards HepA prevention is an important outcome of this meeting.

**Keywords:** Global hepatitis A meeting, hepatitis A, hepatitis A vaccination, infectious disease control, public health, surveillance.

VACCINES

INVITED ARTICLE

Stanley Plotkin, Section Editor

## Hepatitis B and the Need for a Booster Dose

Elke Leuridan and Pierre Van Damme

Centre for the Evaluation of Vaccination, Vaccine and Infectious Disease Institute, World Health Organization Collaborating Centre for the Prevention and Control of Infectious Diseases, Faculty of Medicine, University of Antwerp, Edgem, Belgium

*Digestive and Liver Disease* 43S (2011) S2–S7

Contents lists available at ScienceDirect

*Digestive and Liver Disease*

journal homepage: [www.elsevier.com/locate/dld](http://www.elsevier.com/locate/dld)



## The worldwide impact of vaccination on the control and protection of viral hepatitis B

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3 – 4 peer reviewed  
publications/ year



# Web site [www.vhpb.org](http://www.vhpb.org)

- Web site
  - Overview of the VHPB
  - Shows all previous recommendations, guidelines and consensus statements
  - All *Viral Hepatitis* issues as of 1996 can be downloaded
  - Presentations of VHPB meetings are on-line since 2001 (>527 presentations of in total >645 documents)
  - Formally approved by WHO Global Advisory Committee on Vaccine Safety







# VIRAL HEPATITIS PREVENTION BOARD

## VHPB news



VHPB news

Overview of the VHPB

Meetings and publications

Meeting Conclusions

Links

Contact address

**VHPB endorses the first official World Hepatitis Day (28 July) of the World Health Organization (WHO).**

In May 2010 the World Health Assembly adopted the virus... 63.18, calling for an official WHO sponsored World Hepatitis Day. The first WHO sponsored World Hepatitis Day will take place Thursday 28 July 2010, the birthday of Dr. Jonas Salk. This date is very appropriate as Professor Blumberg received in 1972 a chaired... discovery of the hepatitis B virus and all...

...increasing awareness... policy makers and opinion leaders, the VHPB... relevance of this initiative and fully supports the overall... Hepatitis Day. We hope that the campaign "Hepatitis affects everyone, everyone can protect themselves" will have a major global impact on the general... Viral Hepatitis.

...information... in different languages is accessible on [www.worldhepatitisday.info](http://www.worldhepatitisday.info)

**WEBSITE**

**UNDER CONSTRUCTION**

### VHPB e-mail service

Receive a short message on VHPB web site updates

### Document search

Retrieve documents

[Viral Hepatitis, Volume 19, Number 2, prepared from material presented at](#)

Web site [www.vhpb.org](http://www.vhpb.org)



**Renewed Website  
Launch  
December 2013**



# Involvement in other meetings

- Participation **ETAGE** meetings (European Technical Advisory Group of Experts on Immunization)
- Participation Strategic Advisory Group of Experts on Immunization (**SAGE**), WHO meeting
- Advisory board “Hepatitis B and C Public Policy Association”
- Participation Public Health Group of EASL (CAG)
- And in other scientific meetings

# VHPB History

- Since 1992, 21 years of experience
- 37 issues of Viral Hepatitis
- Meetings: 37 VHPB meetings, 3 EE/NIS meetings, 1 global HAV meeting
- Board members: 35 representing 17 different countries
- Peer reviewed publications: more than 80



VHPB Meeting  
14-15 November 2013  
Split, Croatia

**A NEW ERA FOR SCREENING AND TREATMENT  
OF HEPATITIS C:  
A PUBLIC HEALTH CHALLENGE.**



# Meeting Objectives

- Give an overview of the current and future hepatitis C therapy developments and their use in controlling of hepatitis C.
- Provide an overview of the status of the development of prophylactic and therapeutic hepatitis C vaccine;
- Review of country examples of the current screenings strategies and their impact on the public health;
- Identify barriers to identification and treatment of patients with hepatitis C, and discuss equal access to treatment, and point of view of the different stakeholders (hepatologist, patients, public health);
- Examine the impact of the increasing amount of patients looking for help on the public health resources (financial and human resources).

