



EPIDEMIOLOGY OF HEPATITS B AND VACCINATION PROGRAMMES IN THE EUROPEAN REGION WHO

**Strengthening immunization systems and introduction of hepatitis
B vaccine in Central and Eastern Europe and the Newly
Independent States, 3rd meeting, Kiev, Ukraine, 25-28 May 2004**

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Meetings on “Prevention and control of hepatitis B in CCEE and NIS”

Siofok, HUNGARY 1996

- First opportunity to raise awareness and put Hepatitis B on the political agenda

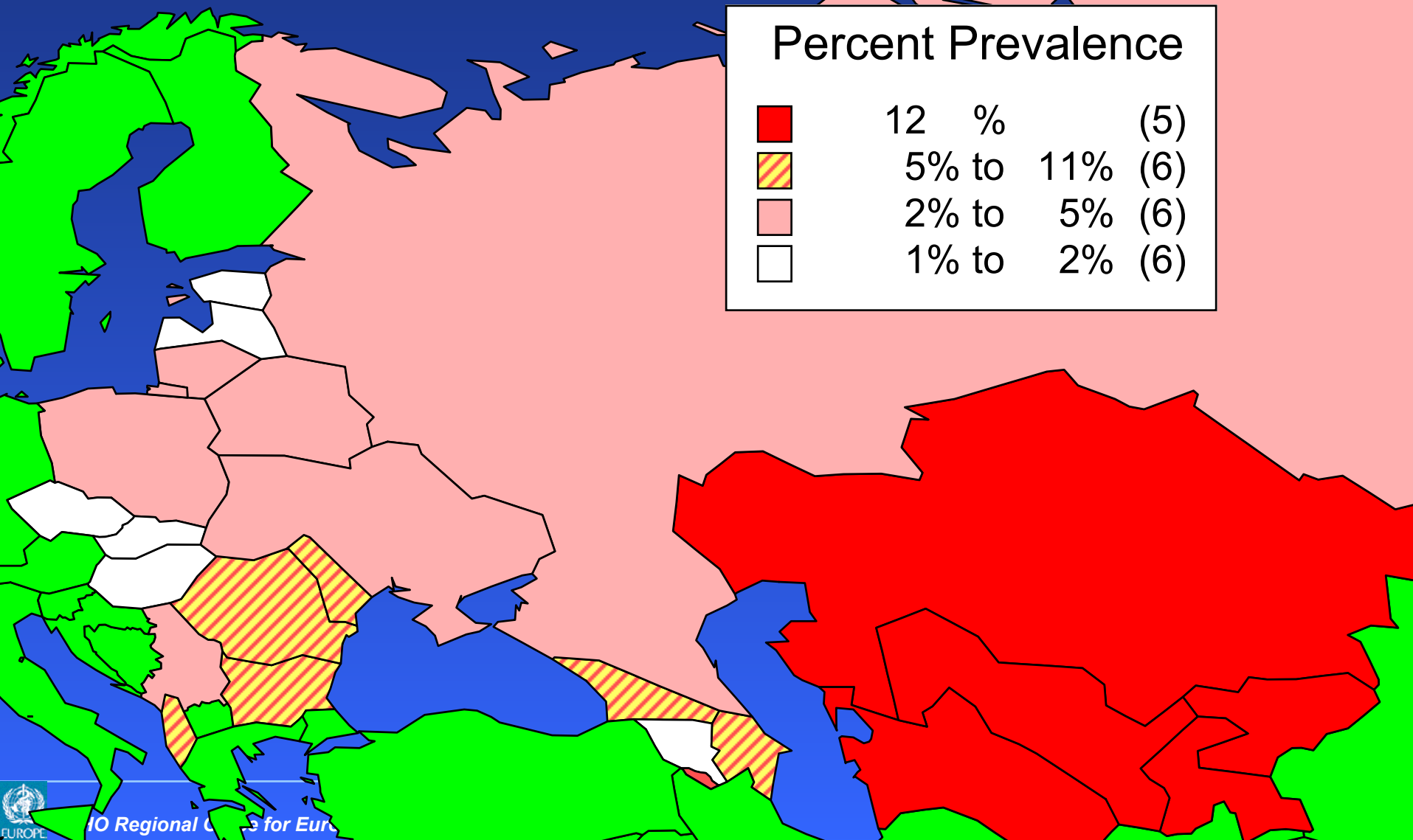
St Petersburg, RUSSIAN FEDERATION 2001

- Substantial progress achieved
- Major constraints and future actions identified

Kiev, UKRAINE 2004

- **PROGRESS, PROGRESS, PROGRESS!!!**

Estimated baseline prevalence rates of hepatitis B surface antigen, WHO/EURO, 1996

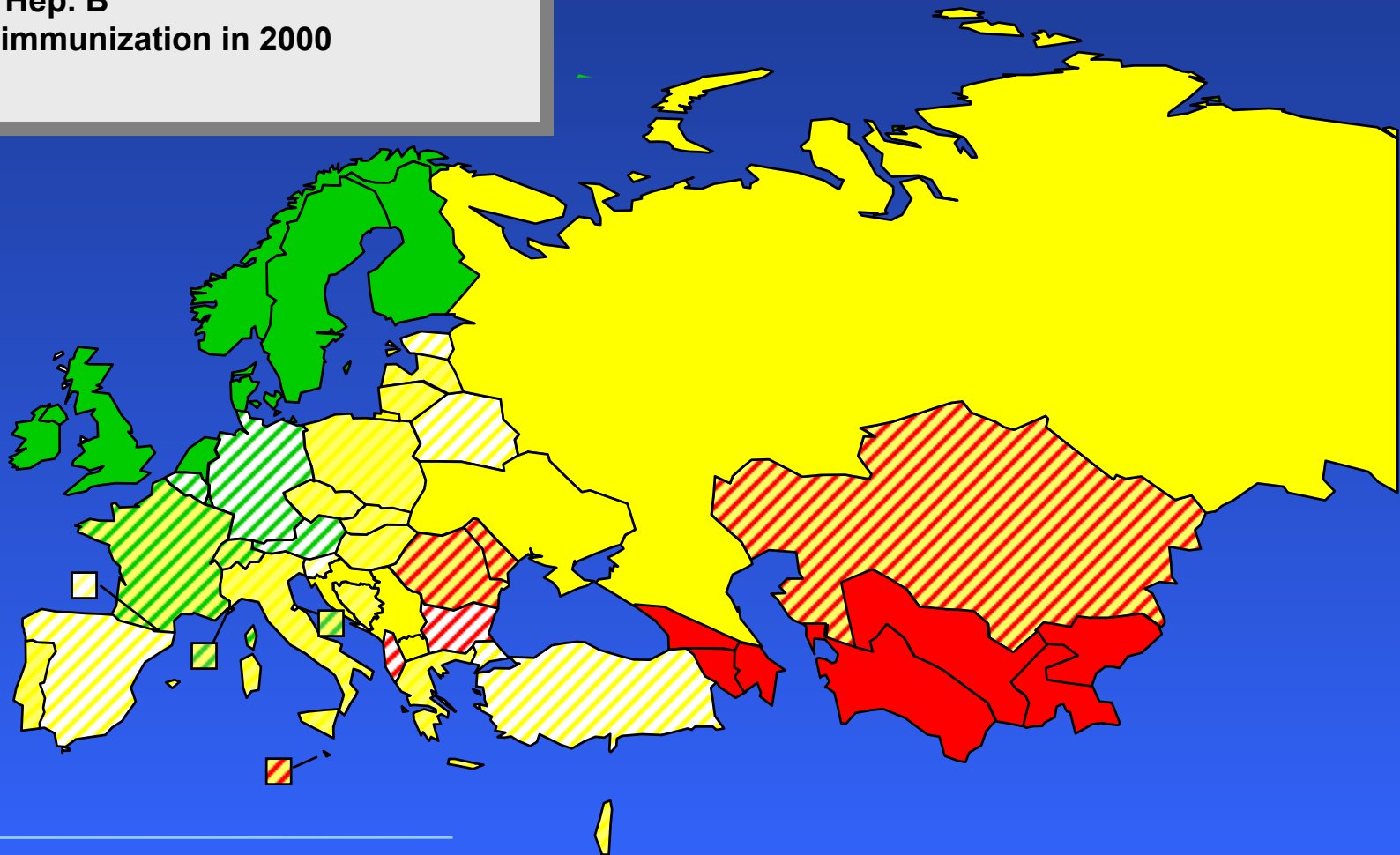


Hepatitis B immunization in 1996

only 5 of the 25 countries

in Central and Eastern Europe and the Newly
Independent States introduced,
mainly because of economic constraints.

Estimated baseline prevalence rates of hepatitis B surface antigen and routine hepatitis B immunization policy WHO/EURO, 2000



Countries implementing HepB WHO/EURO, 2000 (30)

- High endemicity (4)
 - Albania
 - Kazakhstan
 - Kyrgyzstan
 - Moldova
- Intermediate (5)
 - Belarus
 - Bosnia & Herzegovina
 - Bulgaria
 - (FYRO Macedonia)
 - Lithuania
 - Romania
- Low endemicity (21)
 - Andorra
 - Austria
 - Belgium
 - Czech Republic
 - -Malta
 - France
 - Germany
 - Greece
 - Israel
 - Slovakia
 - Switzerland
 - Italy
 - Latvia
 - Luxembourg
 - Estonia
 - Monaco
 - Poland
 - Portugal
 - San Marino
 - Spain
 - Turkey

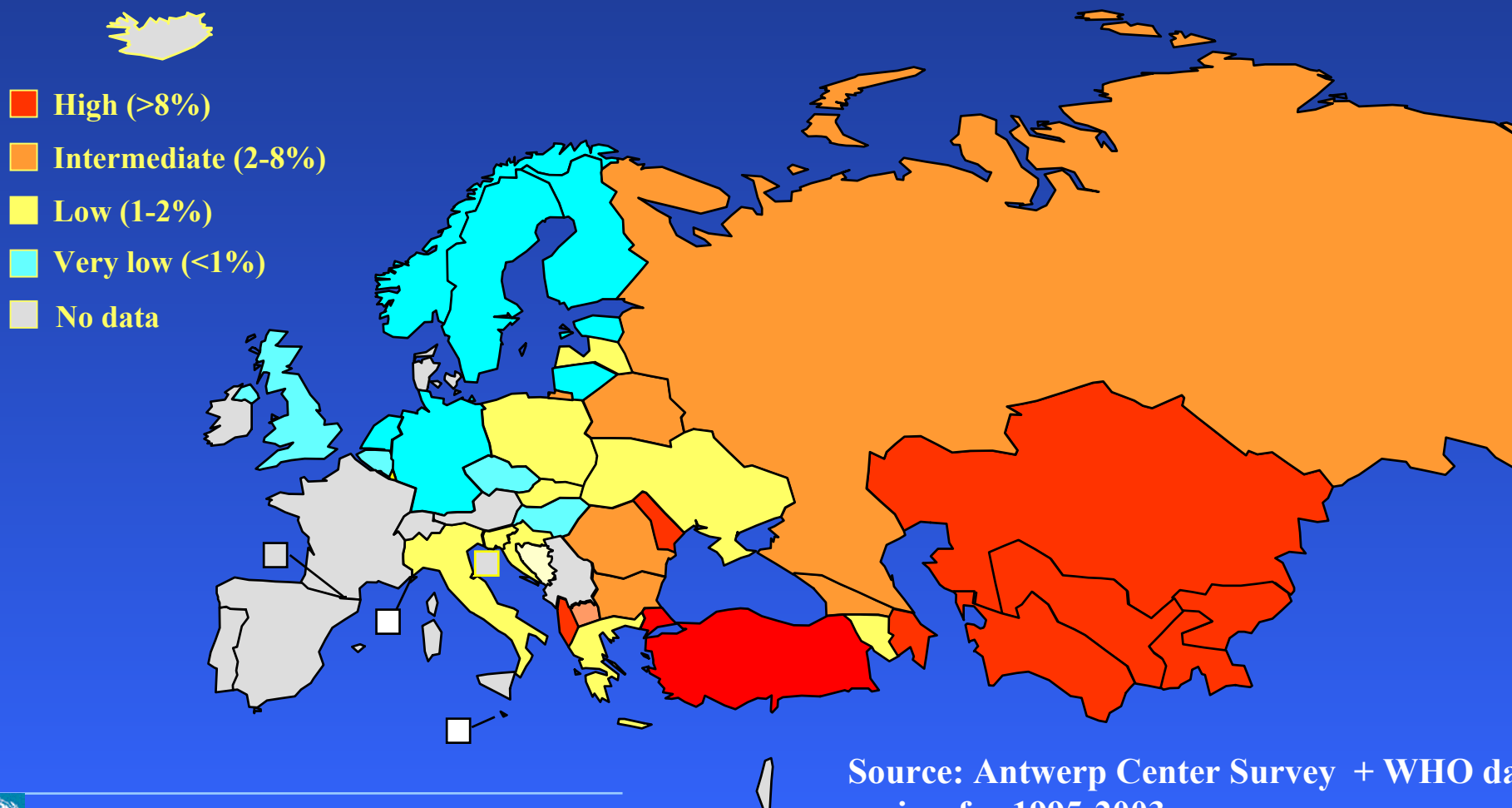
Countries with no universal programme WHO/EURO, 2000 (18)

- High endemicity (5)
 - Azerbaijan
 - Georgia
 - Tajikistan
 - Turkmenistan
 - Uzbekistan
- Intermediate (1)
 - FYROMacedonia
- Low endemicity (12)
 - Croatia
 - Denmark
 - Ukraine
 - Finland
 - Iceland
 - Ireland
 - Netherlands
 - Norway
 - Slovenia
 - Sweden
 - Unit.
Kingdom
 - Yugoslavia

Progress since 2001

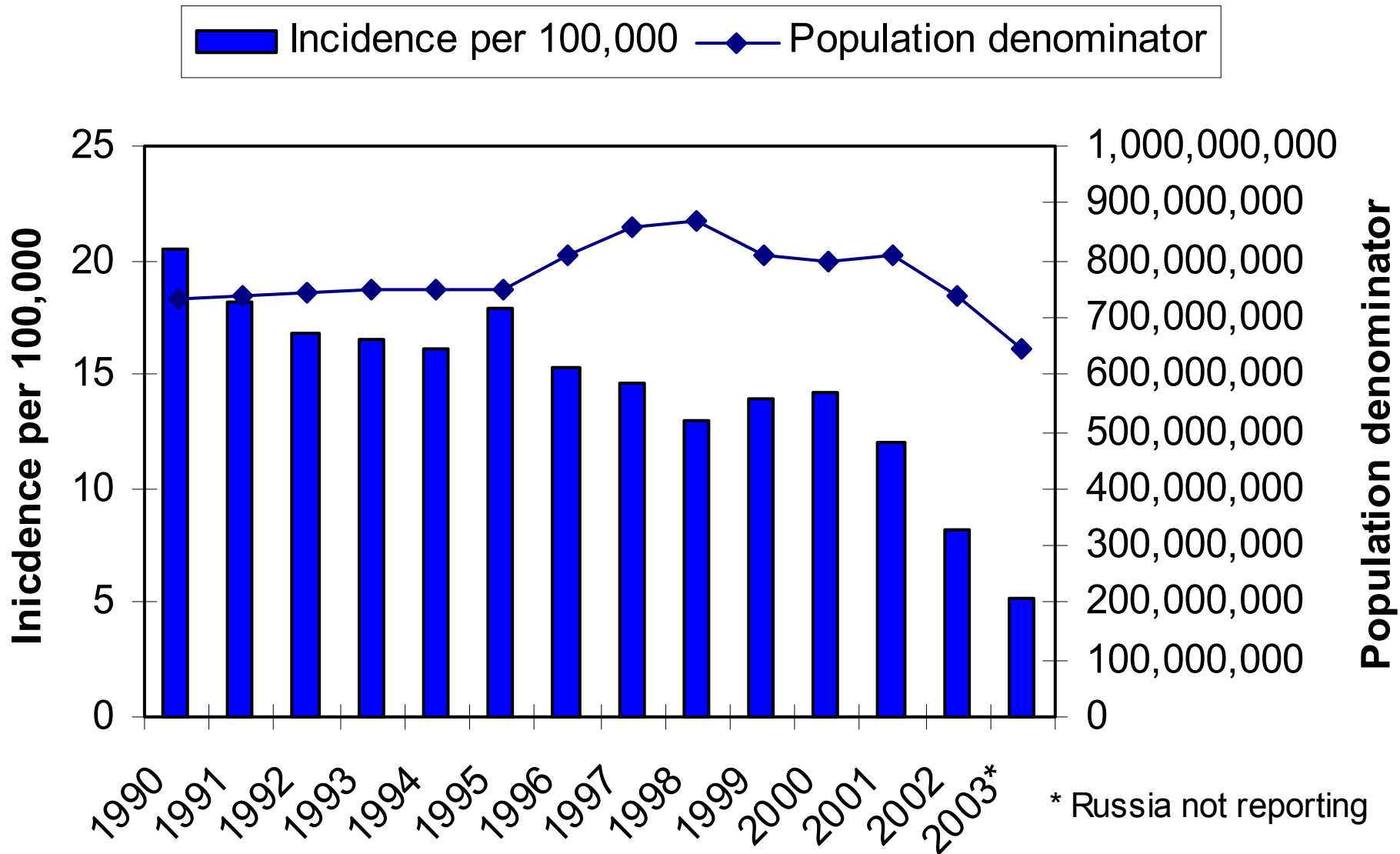
Where are we now ?

Estimated baseline prevalence rates of hepatitis B surface antigen WHO/EURO, 1995-2003

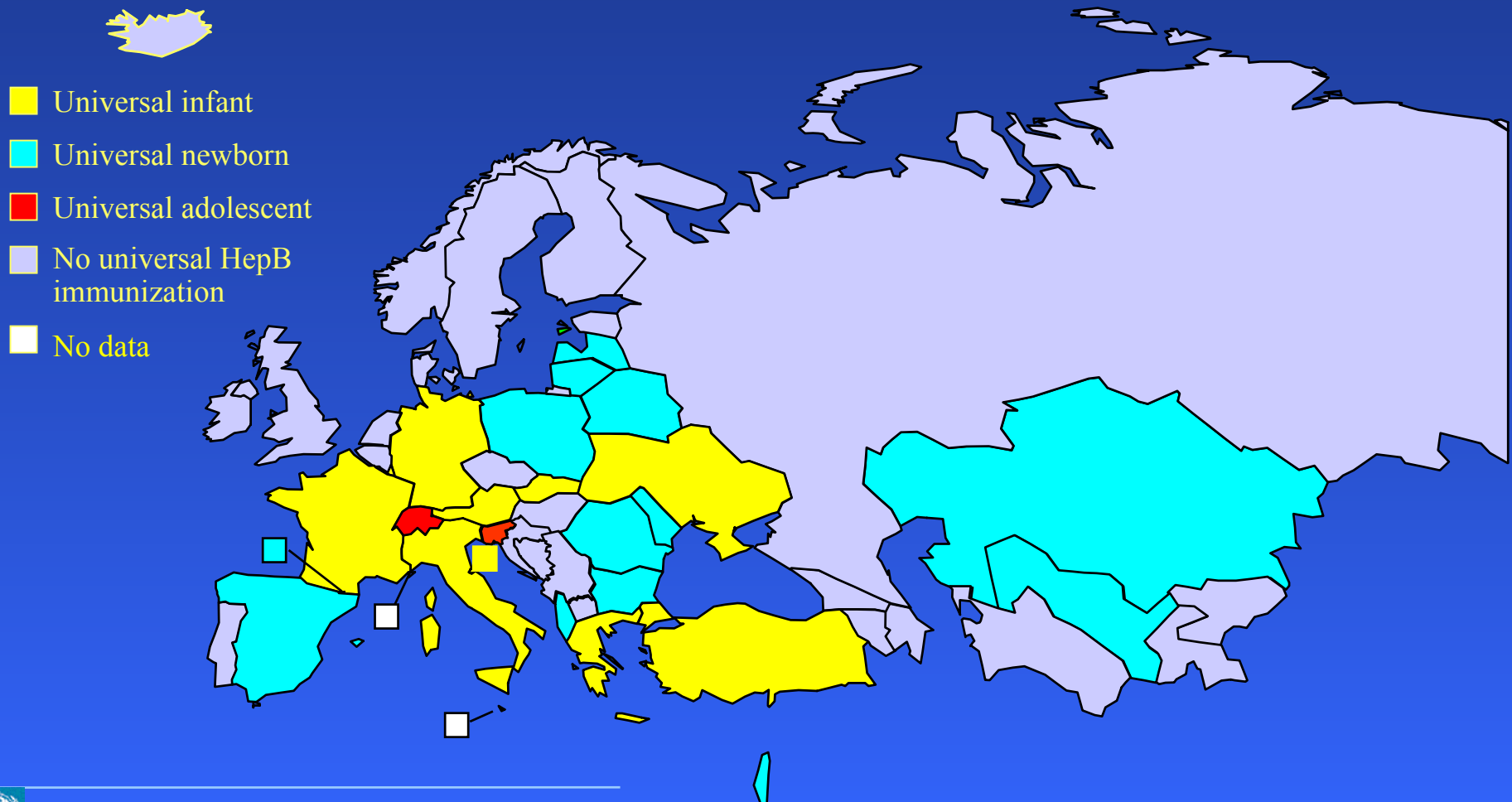


Source: Antwerp Center Survey + WHO data
review for 1995-2003

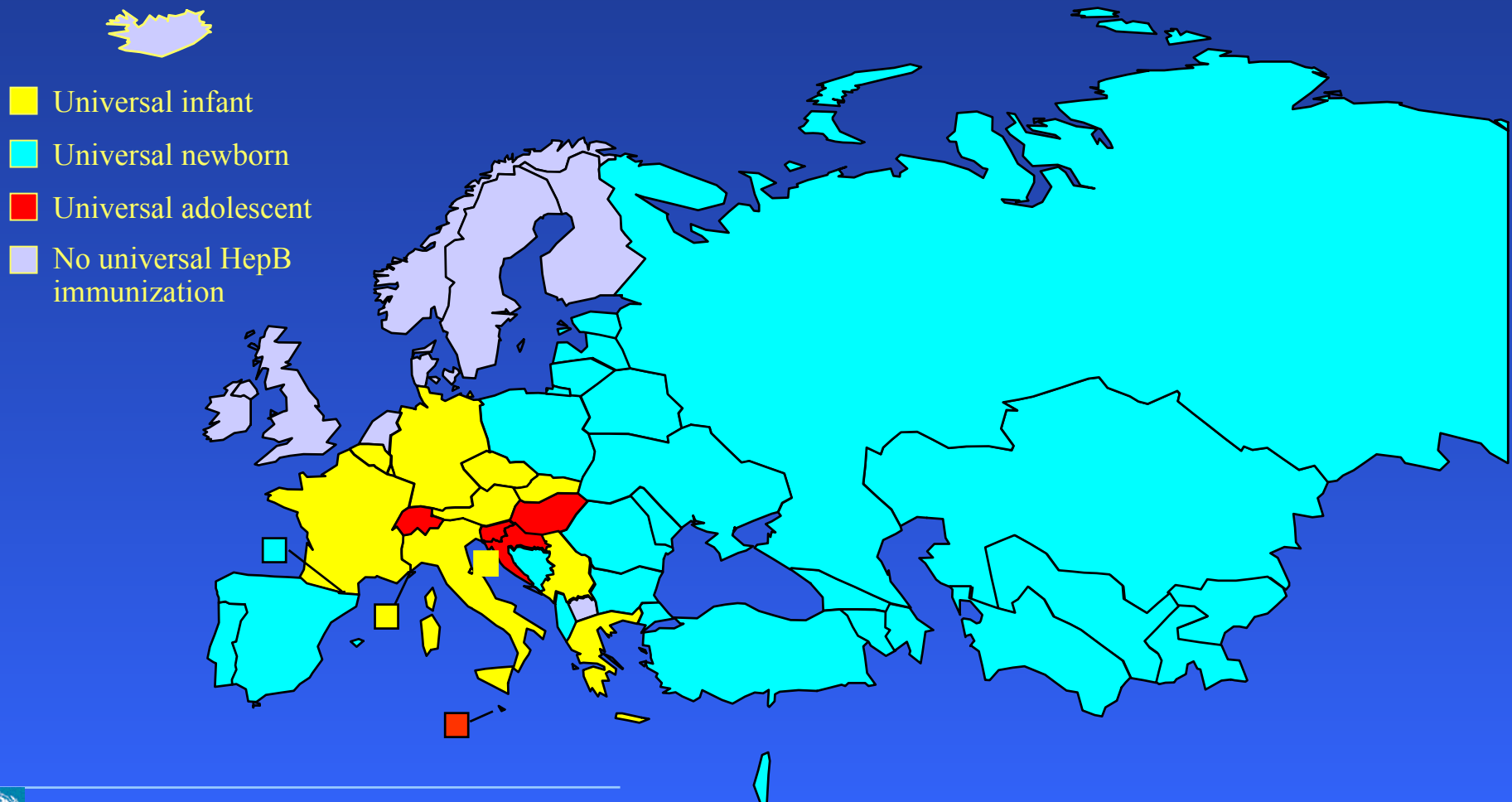
Incidence of Hepatitis B in the European Region 1990-2003



Hep B immunization policy WHO European Region, 1998



Hep B immunization policy WHO European Region, 2004



HepB immunization schedules in CCEE and NIS, 2004

Newborn/infants 14:

Albania

Armenia

Azerbaijan

Bosnia & Herz.(RS)

Bulgaria

Georgia

Kyrgyzstan

Latvia

Lithuania

Moldova

Tajikistan

Turkey

Turkmenistan

Uzbekistan

Newborn/infants + older children and adolescents 8:

Belarus

Bosnia & Herz. (Federation)

Estonia

Kazakhstan

Poland

Romania

Russian Fed.

Ukraine

Infants 3:

Macedonia

Serbia & Montenegro

Slovakia

Infants + adolescents 1:

Czech Rep.

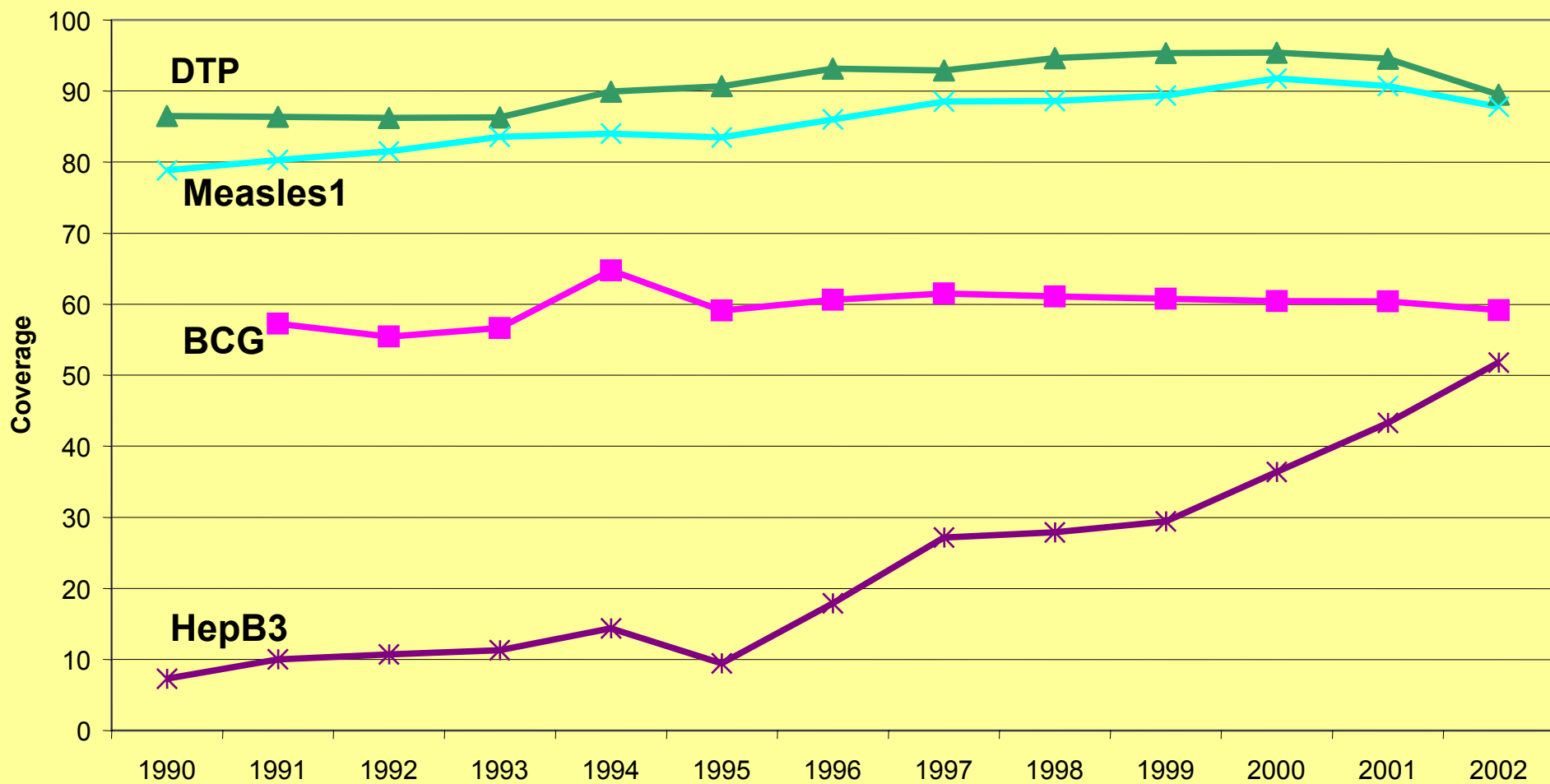
Adolescents 3:

Croatia

Hungary

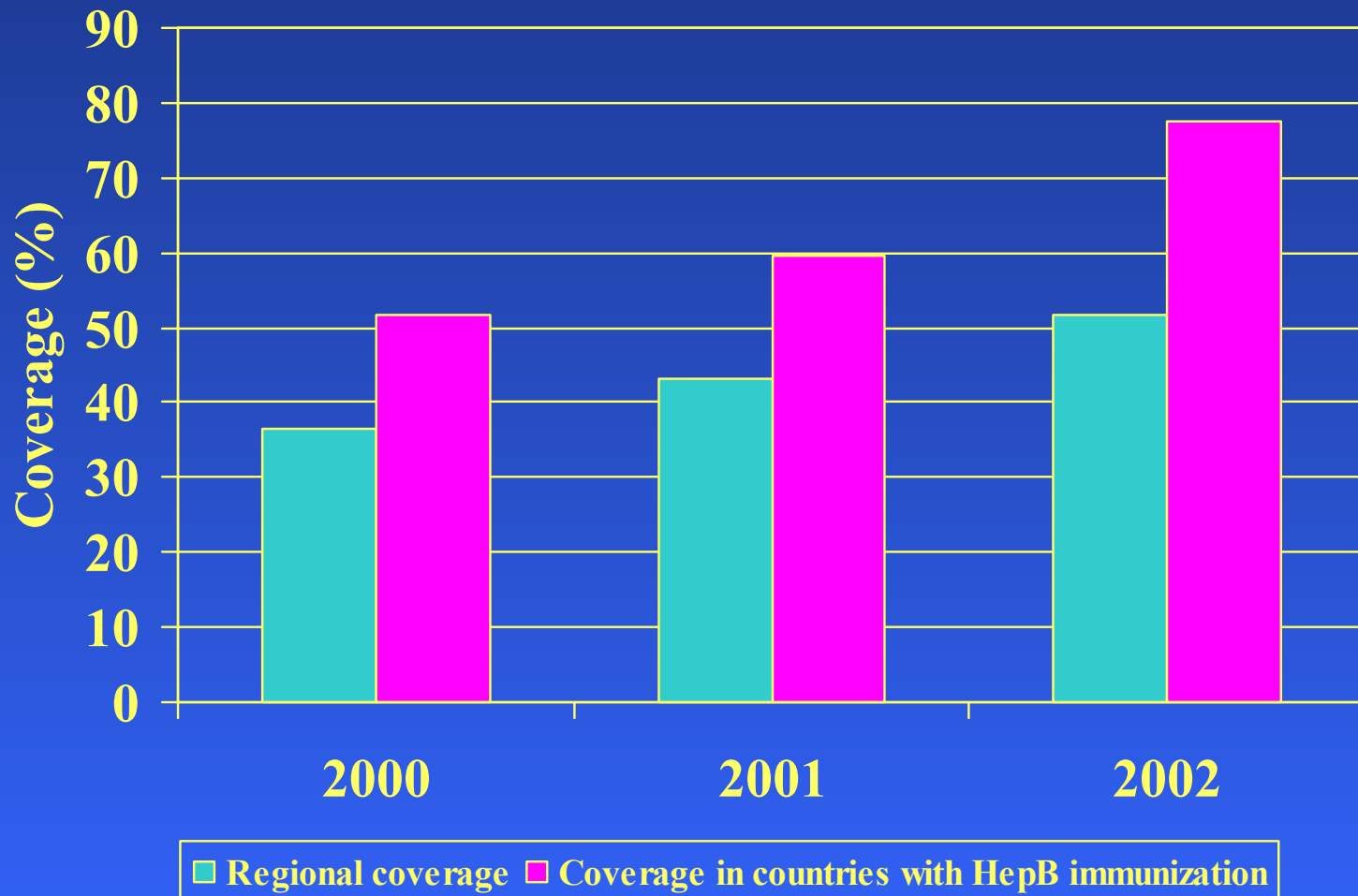
Slovenia

Immunization coverage rates in the European Region, 1990-2002

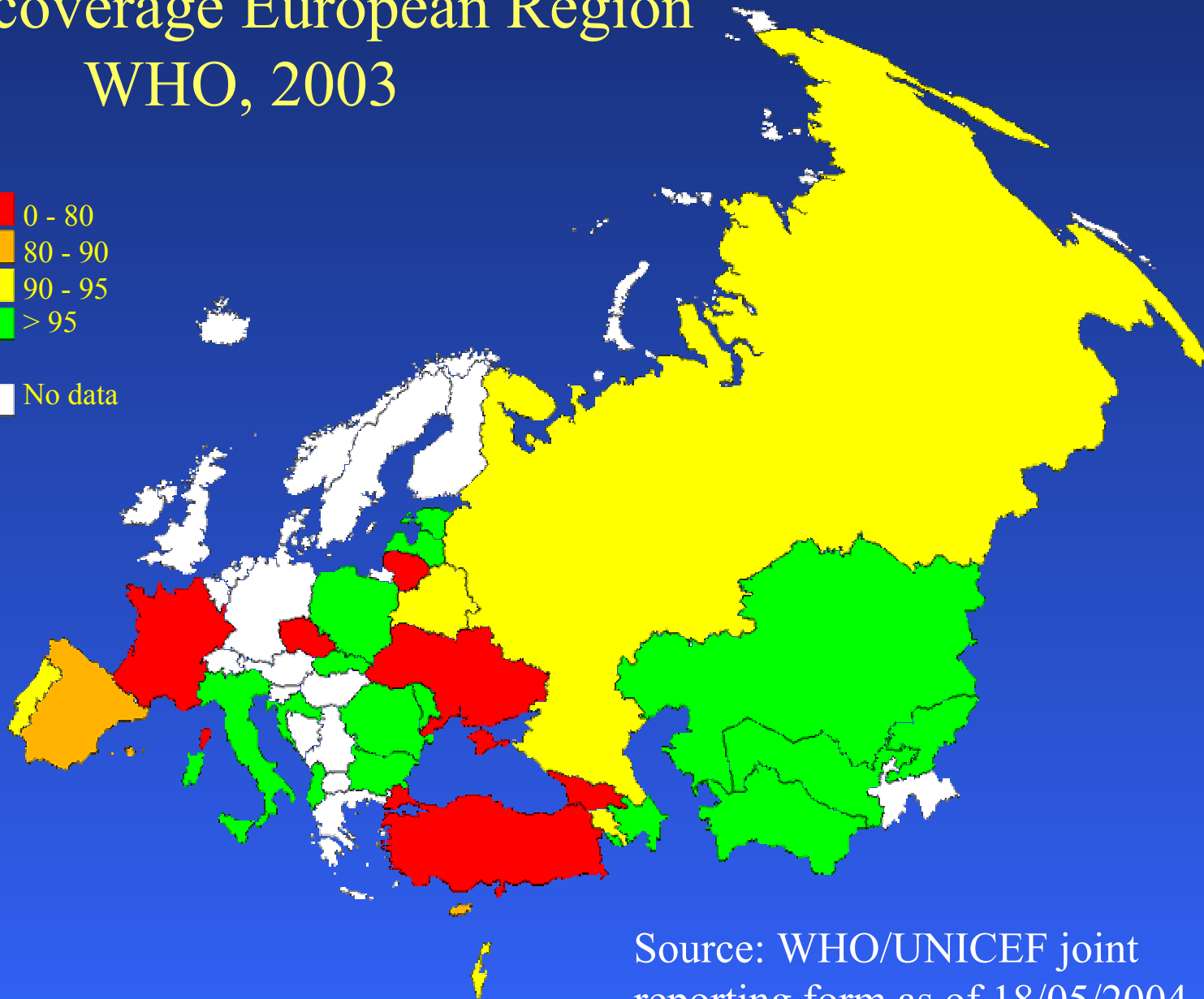
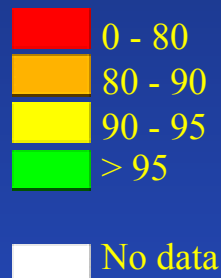


HepB3 coverage

WHO European Region, 2000-2002

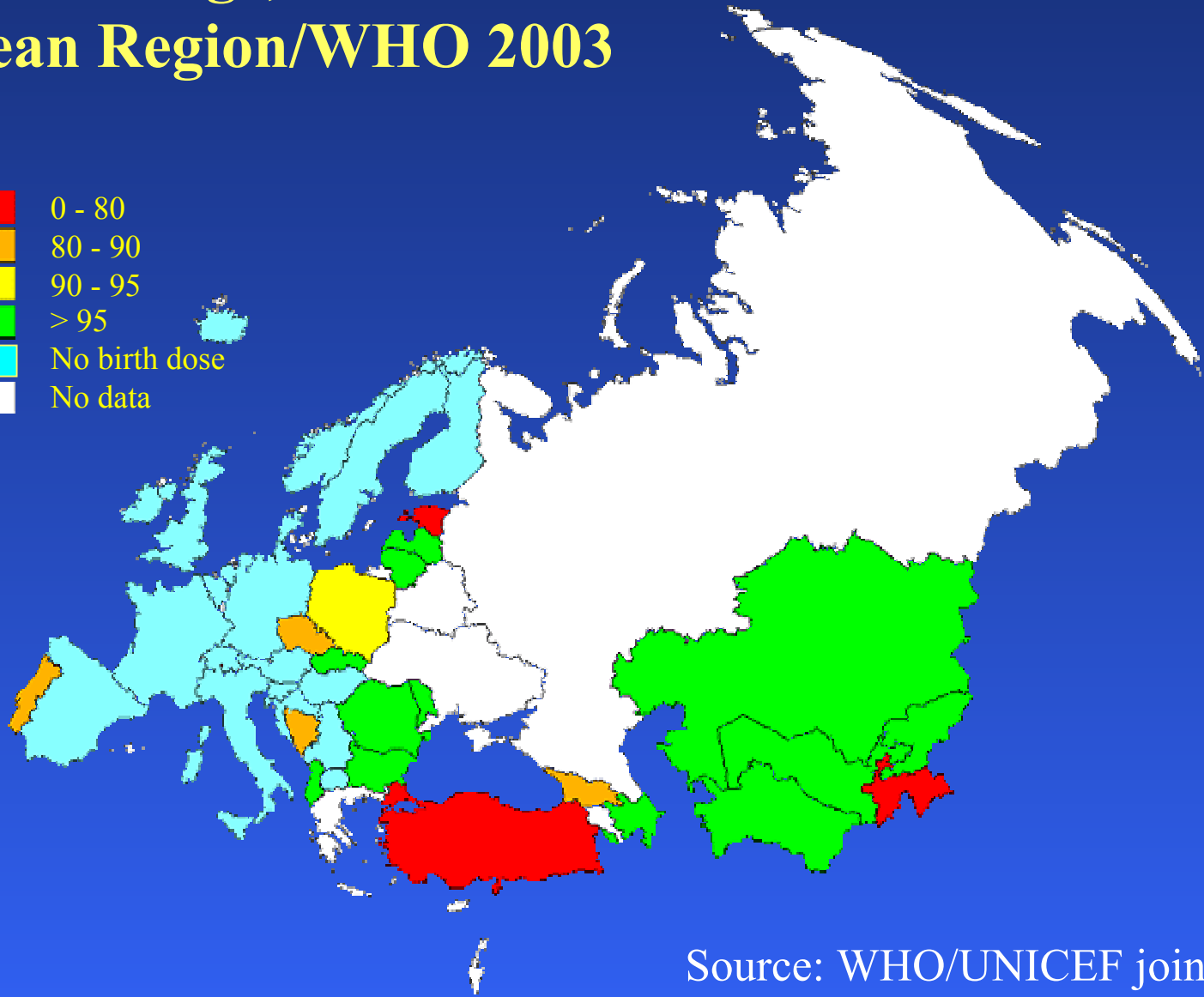


HepB3 coverage European Region WHO, 2003



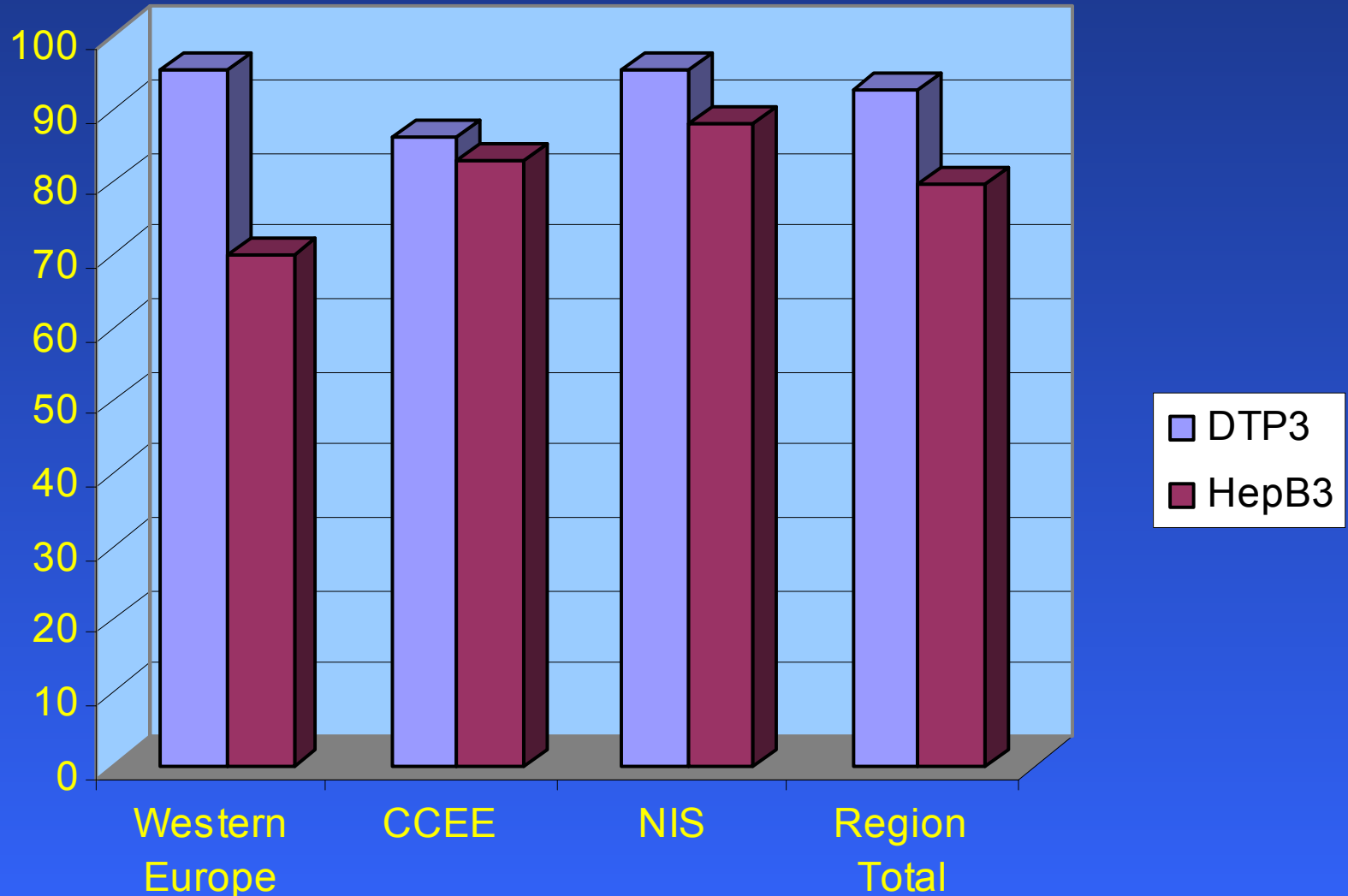
Source: WHO/UNICEF joint
reporting form as of 18/05/2004

HepB coverage, birth dose European Region/WHO 2003

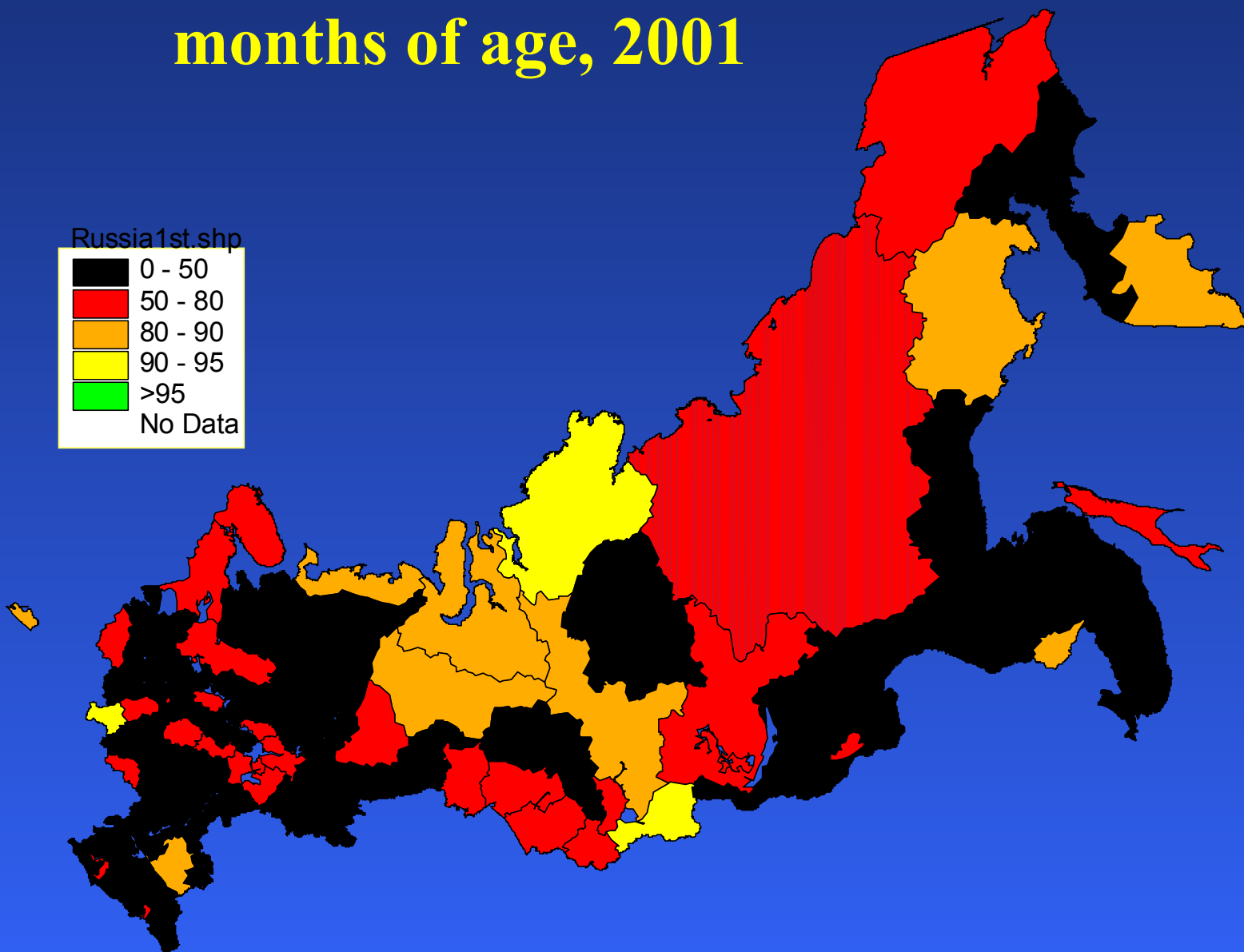


Source: WHO/UNICEF joint
reporting form as of 18/05/2004

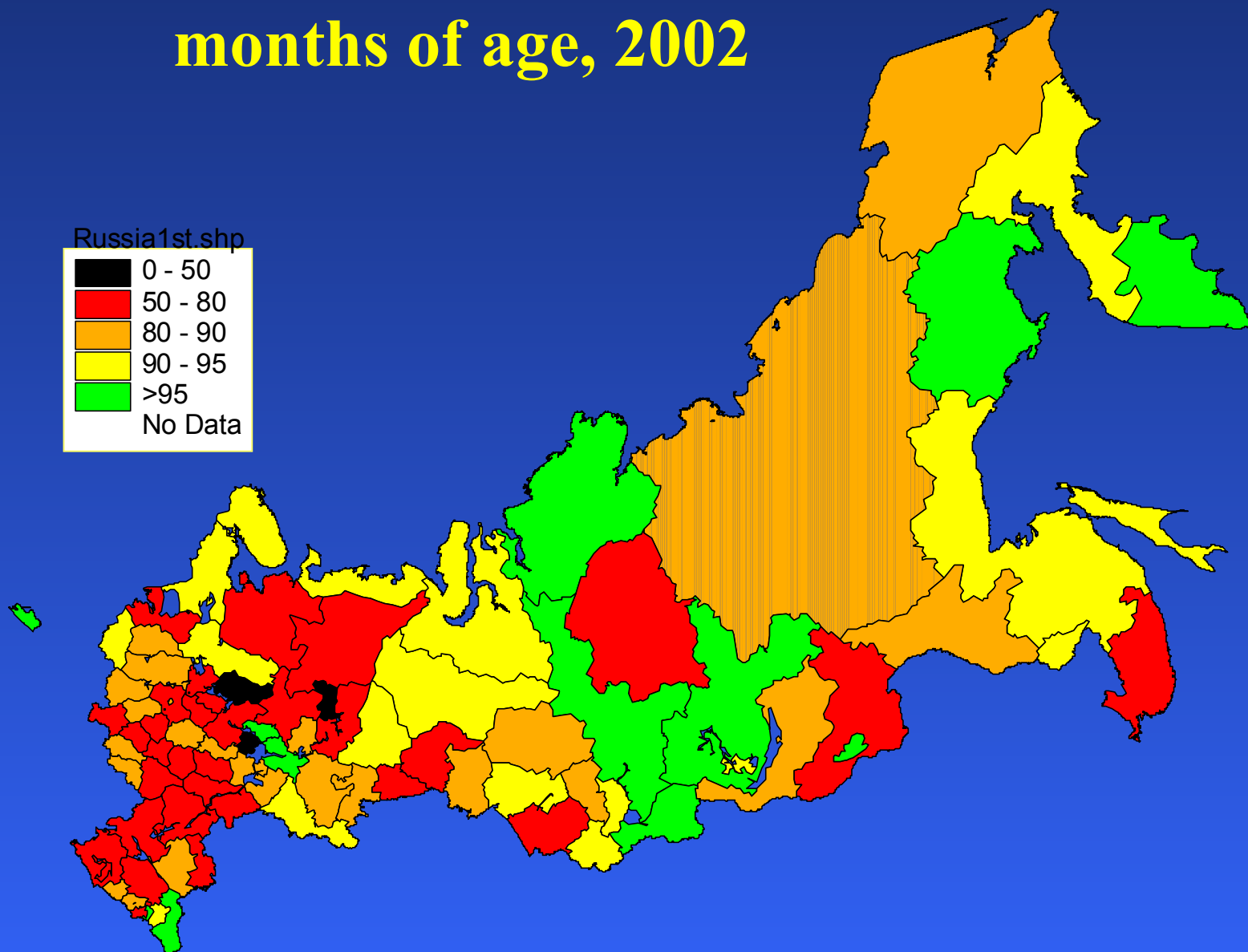
HepB3 coverage European Region/WHO by subregions, 2003



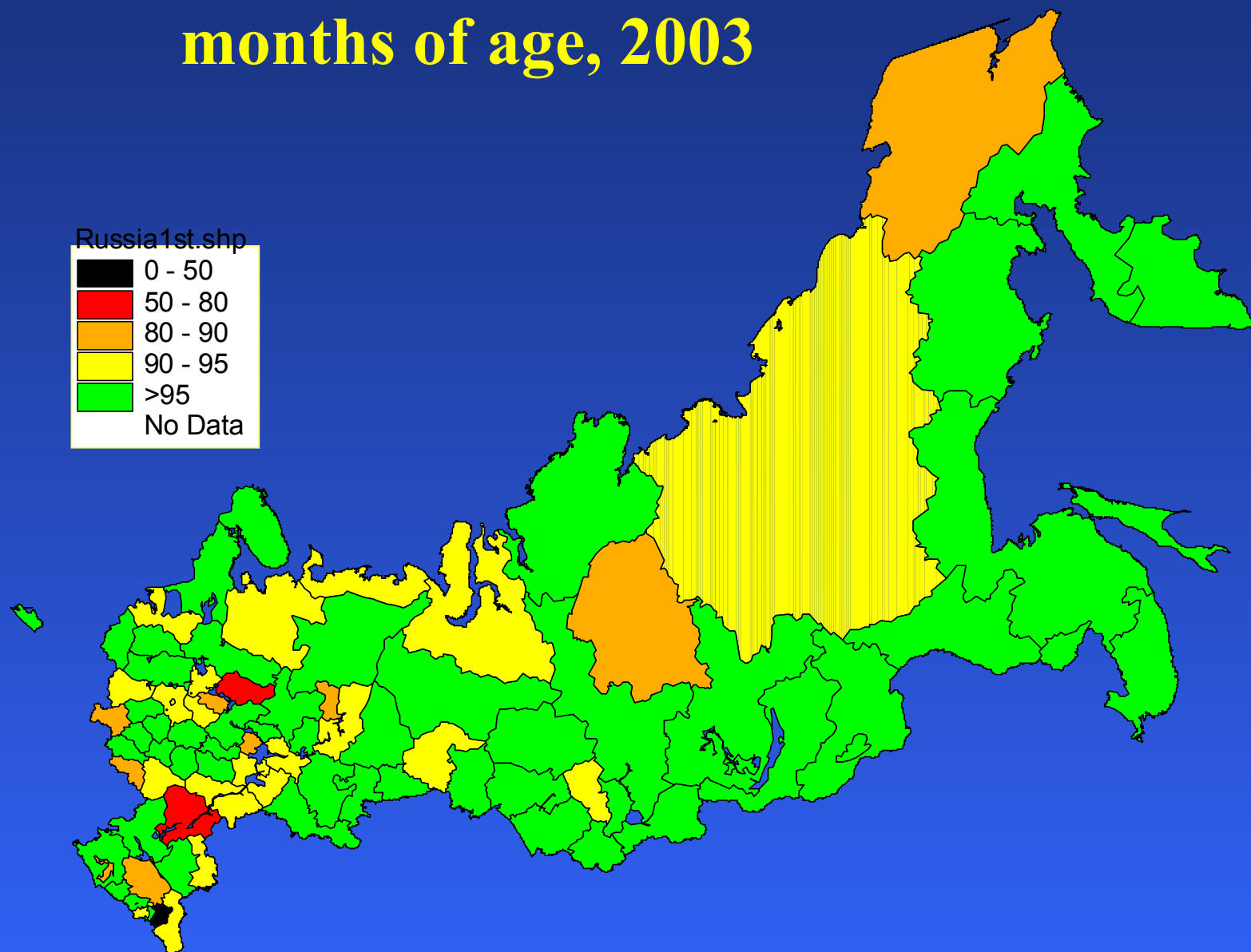
Hepatitis B3 coverage in Russia by 12 months of age, 2001



Hepatitis B3 coverage in Russia by 12 months of age, 2002



Hepatitis B3 coverage in Russia by 12 months of age, 2003



Major achievements -1

- Hepatitis recognized among health priorities
- Hep B vaccine routinely used in most countries of the Region (43/52)
- All CCEE and NIS have HepB in immunization schedules (26/29 target newborn and infants)
- All high endemic countries provide birth dose
- Immunization is free of charge
- Staff well trained, capable and motivated

Major achievements -2

- Increased political commitment and support
- High demand from public for HepB immunization
- Better partnership and collaboration between MoHs and partners
- Strengthened surveillance systems
 - notification of acute hepatitis B is mandatory
 - some countries do have very complete data
- Increased understanding of the need for monitoring progress

Major challenges

- Economic and political instability in some countries
- Inadequate allocation of resources from State funds
- Unequal economic development of regions and districts within countries
- Accuracy of data collected (esp.birth dose)
- Surveillance systems
 - not well established or weak in some countries
 - methods used vary
- Limited monitoring and impact assessment
- Lack of integration and interaction between highly-developed private sector and PHC
- **SUSTAINABILITY!!!!**

Priorities and future actions

- Advocacy to ensure political commitment and continued funding
- Technical support to sustain progress and improve implementation
- Building management capacity for monitoring performance at district level, with timely and adequate response
- Strengthening surveillance systems, improving quality of data
- Assessment of the programme and monitoring impact
- Communication and advocacy with all stakeholders through provision of evidence and information

Thank you...