

Meeting Report

FIFTH HEPATITIS B IMMUNIZATION EXPERT RESOURCE PANEL CONSULTATION



15–17 February 2017
Manila, Philippines



**Fifth Hepatitis B Immunization Expert Resource Panel Consultation
15-17 February 2017, Manila, Philippines**

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

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MEETING REPORT

THE FIFTH HEPATITIS B IMMUNIZATION EXPERT RESOURCE
PANEL CONSULTATION

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Manila, Philippines
15–17 February 2017

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NOTE

The views expressed in this report are those of the participants of the Fifth Hepatitis B Immunization Expert Resource Panel Consultation and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Fifth Hepatitis B Immunization Expert Resource Panel Consultation in Manila, Philippines from 15 to 17 February 2017.

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Keywords:

Hepatitis B – prevention and control / Vaccination / Immunization

ACRONYMS

AEFI	adverse event following immunization
CCE	cold chain equipment
CTC	controlled temperature chain
DHS	Demographic and Health Survey
EENC	Early Essential Newborn Care
EINC	essential intrapartum and newborn care
EMTCT	elimination of mother-to-child transmission
EPI	Expanded Programme on Immunization
ERP	Hepatitis B Immunization Expert Resource Panel
GHSSVH	Global Health Sector Strategy on Viral Hepatitis 2016–2021
GVAP	Global Vaccine Action Plan 2011–2020
HBeAg	hepatitis B e-antigen
HBIg	hepatitis B immunoglobulin
HBsAg	hepatitis B surface antigen
HBV	hepatitis B virus
HCW	health-care worker
HepB-BD	hepatitis B vaccination birth dose (monovalent vaccination)
HepB3	hepatitis B vaccination third dose (part of vaccine schedule)
IPAC	Immunization Practices Advisory Committee
MICS	Multiple Indicator Cluster Survey
MNCH	maternal, newborn and child health
NGO	nongovernmental organization
OCC	out of the cold chain
PMTCT	prevention of mother-to-child transmission
PVST	post-vaccination serologic testing
SAGE	Strategic Advisory Group of Experts on Immunization
SBA	skilled birth attendant
TBA	traditional birth assistant
US CDC	United States Centers for Disease Control and Prevention
VPD	vaccine-preventable disease

SUMMARY

The Fifth Hepatitis B Immunization Expert Resource Panel Consultation was held in Manila, Philippines on 15–17 February 2017. Representatives from six countries in the Western Pacific Region with previously noted slower immunization progress attended the meeting. Staff from the World Health Organization (WHO) headquarters, Western Pacific Region, South-East Asia Region and European Region presented updates on global and regional progress towards the elimination of hepatitis B in children, as well as data from hepatitis B impact serosurveys and out of the cold chain (OCC) pilot projects implemented in the Western Pacific Region. Country representatives presented programmatic updates and discussed their near- and long-term planned hepatitis B vaccination birth dose (HepB-BD) activities. The Western Pacific Region has made progress in its response to hepatitis B elimination goals through the widespread scale-up of hepatitis B immunization, in particular of HepB-BD, throughout most of the countries and areas. The seroprevalence target of 1% among immunized cohorts of children at least 5 years of age was met in advance of the 2017 goal, and immunization programmes in the Region have averted an estimated 7 million deaths and 37.6 million chronic hepatitis B cases among children born between 1990 and 2014.

The Hepatitis B Immunization Expert Resource Panel (ERP) discussed the *Global Health Sector Strategy on Viral Hepatitis 2016–2021* (GHSSVH) which includes a new process indicator (90% coverage of interventions to prevent perinatal transmission by 2030) and so-called elimination targets (1% hepatitis B surface antigen [HBsAg] prevalence among children by 2020 and 0.1% HBsAg prevalence among children by 2030). In the Western Pacific Region, large disparity exists between countries that have met regional targets and those with relatively low HepB-BD and hepatitis B vaccination third dose (HepB3) coverage that have not yet achieved the 2012 or 2017 regional targets. Discussing ways to achieve and sustain post-2017 hepatitis B control targets for all countries and areas was the main focus of the meeting.

Of the 36 countries and areas in the Western Pacific Region, 19 have serosurvey evidence of <0.5% HBsAg prevalence; while 2 countries have between 0.5% and 1%; and five have >1% hepatitis B surface antigen (HBsAg) prevalence among 5-year-olds. Ten countries have no serosurvey results. Post-2017 targets tentatively include the following:

1. All countries and areas in the Western Pacific should reduce HBsAg prevalence to less than 1% among children at least 5 years of age by 2025.
2. Countries and areas in the Western Pacific that have reduced HBsAg prevalence to less than 1% among children at least 5 years of age should aim to further reduce HBsAg

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