23 Years of VHPB

Achievements and Impact: A model for an HPV Board

VHPB

Major functions

- Organization of technical and country focused meetings with experts on viral hepatitis
- A forum for deep discussion of issues in a setting free of influence from special interests
- Dissemination of discussion/conclusions of meetings, through website, newsletters, scientific papers, consensus statements….
- Advocacy for viral hepatitis control
- Alert and rapid response role

VHPB

TECHNICAL MEETINGS:
-REVIEW AND ISSUE GUIDANCE FOR CRITICAL ISSUES IN VIRAL HEPATITIS
-REVIEW LONG TERM FOLLOW-UP STUDIES OF VACCINES EVERY FEW YEARS

VHPB

Broad range of topics covered

- Surveillance best practice
- Universal Immunisation programs (transition from risk groups)
- 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
- Combined vaccines
- Economic evaluations (caution)

VHPB

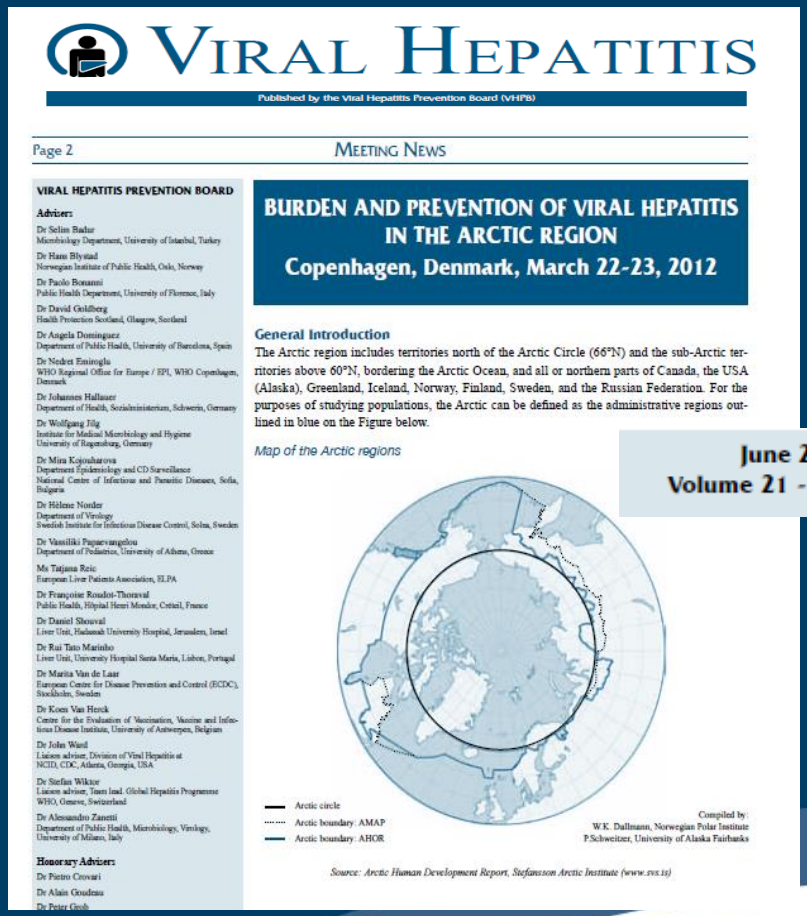
Broad range of topics covered

- Vaccination safety issues (real and perceived)
- long term efficacy and need for booster doses
- Immunization strategies in HCW and other risk groups
- Prevention of perinatal transmission
- Adolescent programmes
- Patient and advocacy groups
- Hepatitis A and E
- Identification and management of persons with HCV
- Treatment of hepatitis B and C

VHPB

Output

- Meeting reports



VIRAL HEPATITIS

Published by the Viral Hepatitis Prevention Board (VHPB)

Page 2 MEETING NEWS

VIRAL HEPATITIS PREVENTION BOARD

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BURDEN AND PREVENTION OF VIRAL HEPATITIS IN THE ARCTIC REGION

Copenhagen, Denmark, March 22-23, 2012

General Introduction

The Arctic region includes territories north of the Arctic Circle (66°N) and the sub-Arctic territories above 60°N, bordering the Arctic Ocean, and all or northern parts of Canada, the USA (Alaska), Greenland, Iceland, Norway, Finland, Sweden, and the Russian Federation. For the purposes of studying populations, the Arctic can be defined as the administrative regions outlined in blue on the Figure below.

Map of the Arctic regions

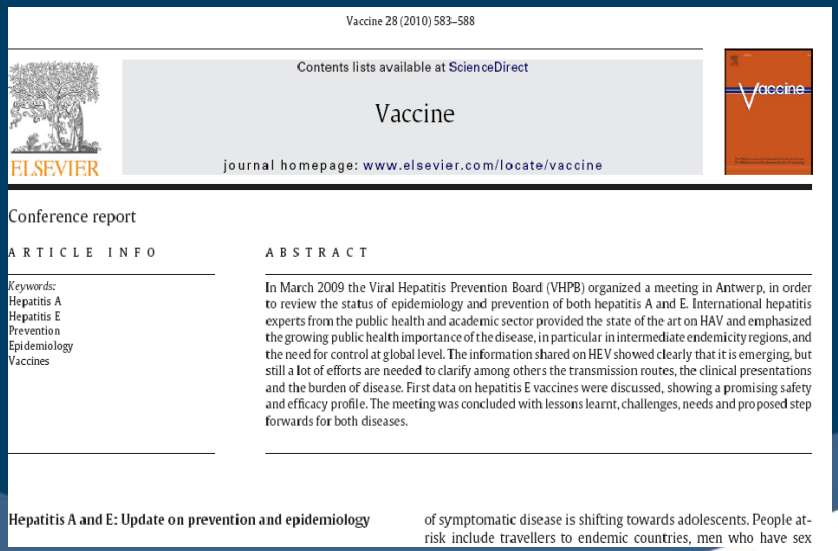
Source: Arctic Human Development Report, Stefansson Arctic Institute (www.svs.is)

June 2013
Volume 21 - Number 1

VHPB

Output

- Fact sheets
- Viral Hepatitis
- Scientific publications



Vaccine 28 (2010) 583–588

Contents lists available at ScienceDirect

Vaccine

journal homepage: www.elsevier.com/locate/vaccine

Conference report

ARTICLE INFO

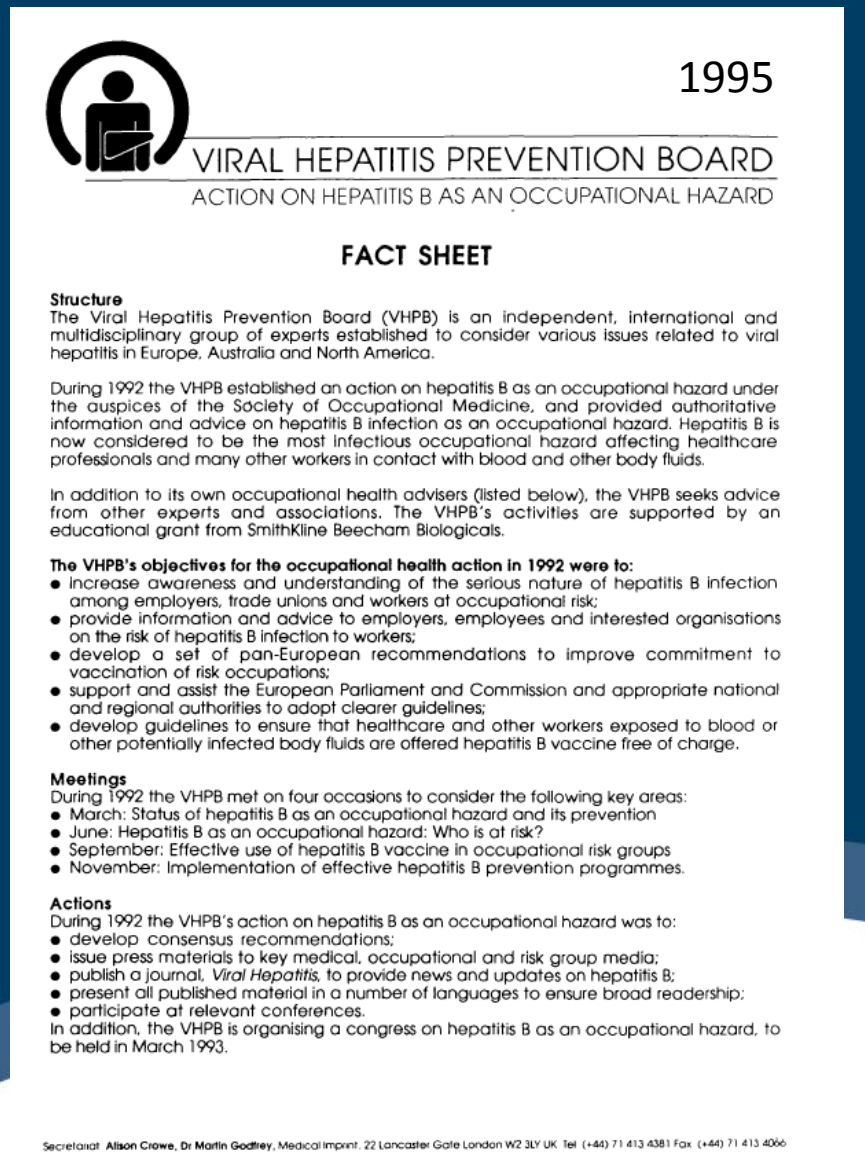
Keywords:
Hepatitis A
Hepatitis E
Prevention
Epidemiology
Vaccines

ABSTRACT

In March 2009 the Viral Hepatitis Prevention Board (VHPB) organized a meeting in Antwerp, in order to review the status of epidemiology and prevention of both hepatitis A and E. International hepatitis experts from the public health and academic sector provided the state of the art on HAV and emphasized the growing public health importance of the disease, in particular in intermediate endemicity regions, and the need for control at global level. The information shared on HEV showed clearly that it is emerging, but still a lot of efforts are needed to clarify among others the transmission routes, the clinical presentations and the burden of disease. First data on hepatitis E vaccines were discussed, showing a promising safety and efficacy profile. The meeting was concluded with lessons learnt, challenges, needs and proposed step forwards for both diseases.

Hepatitis A and E: Update on prevention and epidemiology

of symptomatic disease is shifting towards adolescents. People at-risk include travellers to endemic countries, men who have sex



1995

VIRAL HEPATITIS PREVENTION BOARD

ACTION ON HEPATITIS B AS AN OCCUPATIONAL HAZARD

FACT SHEET

Structure
The Viral Hepatitis Prevention Board (VHPB) is an independent, international and multidisciplinary group of experts established to consider various issues related to viral hepatitis in Europe, Australia and North America.

During 1992 the VHPB established an action on hepatitis B as an occupational hazard under the auspices of the Society of Occupational Medicine, and provided authoritative information and advice on hepatitis B infection as an occupational hazard. Hepatitis B is now considered to be the most infectious occupational hazard affecting healthcare professionals and many other workers in contact with blood and other body fluids.

In addition to its own occupational health advisers (listed below), the VHPB seeks advice from other experts and associations. The VHPB's activities are supported by an educational grant from SmithKline Beecham Biologicals.

The VHPB's objectives for the occupational health action in 1992 were to:
- increase awareness and understanding of the serious nature of hepatitis B infection among employers, trade unions and workers at occupational risk;
- provide information and advice to employers, employees and interested organisations on the risk of hepatitis B infection to workers;
- develop a set of pan-European recommendations to improve commitment to vaccination of risk occupations;
- support and assist the European Parliament and Commission and appropriate national and regional authorities to adopt clearer guidelines;
- develop guidelines to ensure that healthcare and other workers exposed to blood or other potentially infected body fluids are offered hepatitis B vaccine free of charge.

Meetings
During 1992 the VHPB met on four occasions to consider the following key areas:
- March: Status of hepatitis B as an occupational hazard and its prevention
- June: Hepatitis B as an occupational hazard: Who is at risk?
- September: Effective use of hepatitis B vaccine in occupational risk groups
- November: Implementation of effective hepatitis B prevention programmes.

Actions
During 1992 the VHPB's action on hepatitis B as an occupational hazard was to:
- develop consensus recommendations;
- issue press materials to key medical, occupational and risk group media;
- publish a journal, *Viral Hepatitis*, to provide news and updates on hepatitis B;
- present all published material in a number of languages to ensure broad readership;
- participate at relevant conferences.

In addition, the VHPB is organising a congress on hepatitis B as an occupational hazard, to be held in March 1993.

Secretariat **Alison Crowe, Dr Martin Godfrey**, Medical Imprint, 22 Lancaster Gate London W2 3LY UK Tel (+44) 71 413 4381 Fax (+44) 71 413 4066

Vigilance on publications, editorials, …..

Reply to a paper on HBV mutant viruses, to be published in the J of Virology, April, issue 8, by the end of March 2014

Dear Editor,

Microbe, the news magazine of the American Society of Microbiology, recently published a summary (1) based on the paper of Bian et al., entitled "Change in hepatitis B virus large surface antigen variant prevalence 13 years after implementation of a universal vaccination program in China", published in the Journal of Virology (2): ***Universal Hepatitis B Vaccination in China Boosts Breakthrough Mutant Viruses***

The above-mentioned summary as well as the content of the Bian paper was discussed at our recent Viral Hepatitis Prevention Board meeting (Split, November 2013). On behalf of this group of experts we would like to reply with some major comments on both publications.

Wolfgang Jilg, Helen Norder, Alex Vorsters
On behalf of the Viral Hepatitis Prevention Board

COUNTRY MEETINGS

VHPB

Objectives

- Understand strategies and programs to control viral hepatitis
- Monitor progress of countries in control of viral hepatitis
- Bring together people involved in viral hepatitis
- Draft guidelines to support countries - based on lessons learned of other countries

VHPB

Topics covered

- Surveillance systems
- Epidemiology
- Prevention and control measures
- Successes, issues and barriers to overcome
- Possible implementation of new strategies
- Health technology assessments

VHPB

Countries covered

- 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 Region (2012)
- Israel (2013)
- Brazil (2014)
- Baltics (2015)

VHPB

Special Meetings

Bring together all countries in a region to offer expert neutral (not company) advice on important issues

- Immunization
- Nosocomial and institutional transmission
- Adoption
- Drug use
- Sexual health
- Blood bank

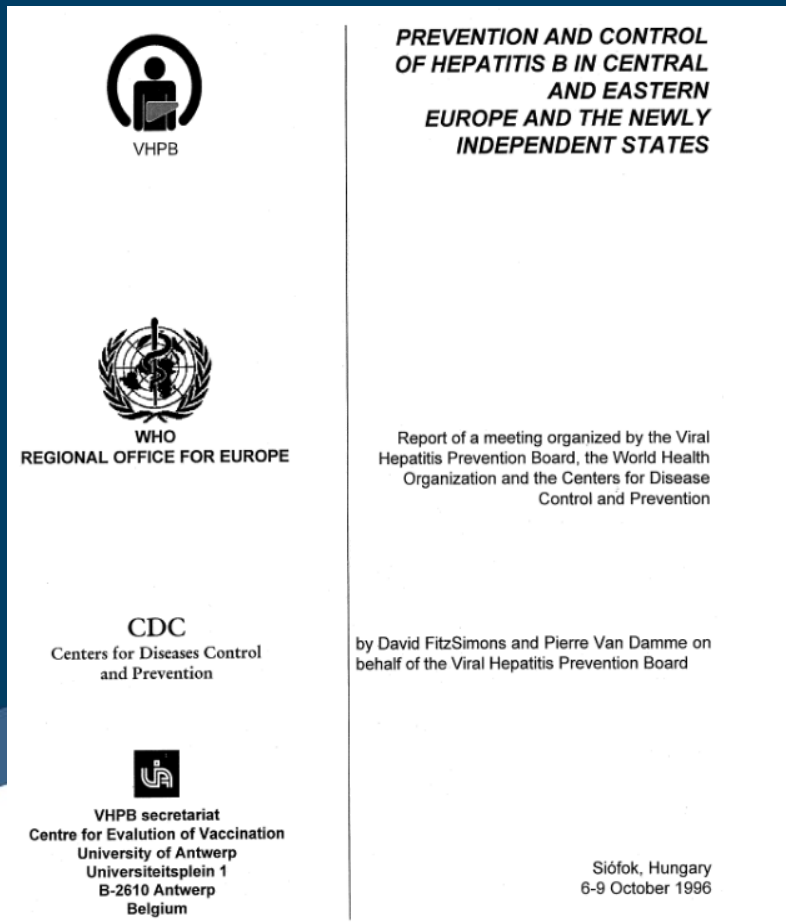
VHPB

Special Meetings

Prevention and control of hepatitis B in Central and Eastern Europe and the Newly Independent States (Siofok, Hungary, 1996)

Outcomes:

- consensus statement
- recommendations for action


VHPB

WHO
REGIONAL OFFICE FOR EUROPE

CDC
Centers for Diseases Control and Prevention

VHPB secretariat
Centre for Evalution of Vaccination
University of Antwerp
Universiteitsplein 1
B-2610 Antwerp
Belgium

PREVENTION AND CONTROL OF HEPATITIS B IN CENTRAL AND EASTERN EUROPE AND THE NEWLY INDEPENDENT STATES

Report of a meeting organized by the Viral Hepatitis Prevention Board, the World Health Organization and the Centers for Disease Control and Prevention

by David FitzSimons and Pierre Van Damme on behalf of the Viral Hepatitis Prevention Board

Siófok, Hungary
6-9 October 1996

- Strengthening immunisation systems and introduction of hepatitis B vaccine in Central and Eastern Europe and the Newly Independent States (St Petersburg, Russian Federation, 2001)

- Strengthening immunisation systems and introduction of hepatitis B vaccine in Central and Eastern Europe and the Newly Independent States (Kiev, Ukraine, 2004)

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- Technical consultations (WHO, ECDC…)

WHO INFORMAL CONSULTATION WITH VHPB

GENEVA, SWITZERLAND, MAY 13-14, 2002

- MEETING PROGRAMME -

PUBLIC HEALTH CHALLENGES

FOR CONTROLLING HCV INFECTION

VHPB

- Global hepatitis A meeting (Miami, USA, 2007)

Objectives of the meeting:

- review the changing epidemiology of HAV and its impact on burden of disease and prevention strategies
- share country experiences and effectiveness of different hepatitis A vaccination strategies
- review diagnostic and surveillance issues
- assess and examine different outbreak control measures
- discuss the economics of universal hepatitis A vaccination in children compared to other health care interventions
- position HAV burden of disease and prevention options vis-à-vis other vaccine-preventable infections
- assess and discuss vaccine efficiency and long term immunogenicity data
- assess the future of global prevention and control of hepatitis A infection.

VHPB

WAY OF WORKING

VHPB

Advisors meetings 2-3 year

Agenda setting:
- Selection of technical meeting topics
- Selection of country meetings
- Composition of the board/members

Permanent scientific secretariat at CEV, University of Antwerp

Independent from
- International organisations like WHO/ECDC/EU
- Ministries of health
- Professional and scientific societies
- Industry

VHPB

Secretariat implements:

- Preparation and organisation of meetings
- Publications
- Media activities
- Website
- Participation in third party meetings
- All financial matters are done by the rules of the University of Antwerp

Permanent intensive communication between VHPB board members and secretariat

VHPB

Advisors

- Act in their personal capacity, and not as representatives of their institutions
- Are often affiliated with stakeholding partners
- This provides open and honest discussions
- Advisors and speakers at VHPB meetings are not paid
- No formal organisation with president, vice-president etc : minimal bureaucratic structure

VHPB

Methodology
Identifying and analyzing

- Upcoming discussions and responds with technical topic meetings
- Foreseeing needs for advice on unresolved issues, gaps in guidelines
- Formulate support and targets to facilitate progress in prevention and control
- Proposing contributions to meetings or countries
- Uncertainties and how to interpret new findings
- Consequences and adaptations of guidelines or strategies

VHPB

Starting in Western Europe

- Knowledge about safe blood supply and exposure prevention
- Since 1981 safe and effective vaccine was licensed and available; sustained vaccine supply in place; vaccine is affordable; delivery system in place
- Recommendation for vaccination of people at risk

VHPB

What happened

- This strategy failed. No impact on morbidity and mortality of hepatitis in spite of all available vaccines
- VHPB became a driving force to change the strategy towards infant universal vaccination
- Monitoring of compliance
- Addressing constraints and hazards

VHPB

Advocacy through Viral Hepatitis

HIGH-RISK STRATEGY IS FAILING

Dr Mark Kane outlines the inadequacies of selective hepatitis B vaccination programmes

The epidemiology of hepatitis B in Europe, North America, and Australia is similar. Most infections occur in adult groups definable by lifestyle or occupation.

This was the historical basis for the 'high-risk strategy' in areas of low and intermediate hepatitis endemicity, aimed at groups such as those who might become infected sexually (including homosexual men and prostitutes), injecting/intravenous drug users (IVDUs), healthcare and other occupationally at-risk workers, and travellers.

This strategy has failed for several reasons. At-risk workers represent a minority of total infections, yet most

Dr Mark Kane, Programme for Control of Hepatitis, Division of Communicable Diseases, WHO, Geneva, Switzerland

effort and most vaccine was directed at this group.

In many low endemicity countries sexual activity is the dominant means of hepatitis B transmission. It has proved difficult to target the homosexual community successfully, and similarly efforts to deliver vaccine comprehensively to heterosexuals attending STD clinics have failed.

Attempts to reach IVDUs have been the least effective for many of the reasons discussed on page 7. IVDUs are often infected before they become aware of the hepatitis B risk.

The last reason for the failure of the high-risk strategy is that a substantial minority of those infected fall outside the known risk factors. These 'unknowns' are a very difficult group to target and unless a high-risk strategy can reach them hepatitis B infection will continue to be a serious public health problem.

VIRAL HEPATITIS

PUBLISHED BY THE VIRAL HEPATITIS PREVENTION BOARD

Facts Sheet - 1 - January 1996

THE CLOCK IS RUNNING, ...

1997: DEADLINE FOR INTEGRATING HEPATITIS B VACCINATIONS INTO ALL NATIONAL IMMUNISATION PROGRAMMES

VHPB CONSENSUS STATEMENTS

Recommendations for universal vaccination policies for infants and young adolescents, the use of maternal screening and combined vaccines, and the need for education

Viral Hepatitis Vol 2 N° 1, 1994

1. Universal vaccination: the need for early cover

Universal childhood and early adolescent vaccination protects individuals from infection later in life, whether because of occupational risk, sexual activity or other behaviour such as intravenous drug use which poses a hepatitis B risk.

The sooner individuals are vaccinated against hepatitis B the better. Early vaccination protects individuals from childhood infection which results in high carrier rates and chronic disease. Chronic disease is associated with serious and fatal liver diseases such as cirrhosis and liver cancer.

Infant vaccination programmes: The Viral Hepatitis Prevention Board (VHPB) endorses the 1991 statement of the World Health Organisation's (WHO) Working Group on the Control of Viral Hepatitis in Europe which stated: 'The routine immunisation of infants and adolescents should receive the highest priority. Hepatitis B vaccination should be integrated into the routine infant immunisation programme in all countries.'[1]

Adolescent vaccination programmes: The Board also supports recommendations made by the WHO Global Advisory Group of the Expanded Programme on Immunisation endorsed by the World Health Assembly in 1992: 'Hepatitis B vaccine should be integrated into the national immunisation programmes ... in all countries by 1997. Countries with a [low] prevalence may consider immunisation of all adolescents as an addition or alternative to infant immunisation.'[2]

Adolescent programmes should be directed at young adolescents before the age of 13, and are appropriate in countries where there are structures and resources for delivery of vaccines to young adolescents such as school health services.

> 'The routine immunisation of infants and adolescents should receive the highest priority'

Infant plus adolescent vaccination programmes: Combined universal early adolescent and infant vaccination programmes have been shown to have the fastest impact on reducing levels of hepatitis B infection. Vaccination of young adolescents can of course stop once the first group of individuals vaccinated as infants reach early adolescence.

High-risk strategies plus universal vaccination: High-risk group approaches have failed to control hepatitis B infection in the general population. But it is good medical practice to protect individuals in these groups. Strategies aimed at vaccinating and changing behaviour in high-risk groups should therefore continue.

However, universal vaccination programmes are also needed to eliminate hepatitis B infection, even in areas of low endemicity, because high-risk strategies alone are clearly failing. Public health officials, healthcare providers and the public need to be aware of this and take action.

2. Recommendations for maternal screening

Where screening of pregnant women for hepatitis B markers exists, it should continue, but any screening programme should cover all women rather than selected groups. Selective screening has been shown to miss many cases of hepatitis B.

The VHPB recommends that, within 12 hours of birth, babies born to carrier mothers should receive specific hepatitis B immunoglobin (HBIG) and the first dose of vaccine at another injection site.

Where effective maternal screening programmes do not exist, the VHPB feels that resources may be better directed towards a universal vaccination programme aimed at adolescents or infants, or both.

3. Combined vaccines

The VHPB supports efforts to add hepatitis B vaccine to existing childhood vaccines in combinations. However, it believes that universal hepatitis B vaccination of infants should not be delayed until such combined vaccines are available. The introduction of these combined vaccines may take some years.

4. Raising awareness about the dangers of hepatitis B

The VHPB recognises the importance of raising the awareness of healthcare providers, health policy makers and the general public (especially parents) about the dangers of hepatitis B as a community health risk and the need for preventive measures – the most important of which is universal vaccination. It aims to produce and support educational initiatives targeted at these groups.

1. World Health Organisation. Control of Viral Hepatitis in Europe. Report on a WHO Working Group, Munich, Germany, 22-25 April, 1991.
2. Expanded Programme on Immunisation, World Health Organisation, Report on the 14th Global Advisory Group, Antalya, Turkey, 14-18 October, 1991.

Repeated messages in scientific papers

Ped

CMI
CLINICAL MICROBIOLOGY
AND INFECTION

Review

A cohesive European policy for hepatitis B vaccination, are we there yet ?

T. Lernout[1,2,*], G. Hendrickx[1,2], A. Vorsters[1,2], L. Mosina[3], N. Emiroglu[2,3], P. Van Damme[1,2]

Article first published online: 7 MAR 2014

DOI: 10.1111/1469-0691.12535

Issue

Clinical Microbiology and Infection

Early View (Online Version of Record published before inclusion in an issue)

in countries with medium and low prevalence, is a priority. There is no reason why hepatitis B should not follow the success of smallpox, polio, diphtheria and measles vaccination.

Keywords: Hepatitis B; Viral Hepatitis Board; North America

VHPB

Use of press releases

PR Newswire
A UBM plc company

December 12, 1999

Send a release
Become a client
For journalists
Global sites

Search Regulatory News Search
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Products & Services | Knowledge Centre | Browse News Releases | Meet the Media | Contact PR Newswire

THE VIRAL HEPATITIS PREVENTION BOARD (VHPB) RECOMMENDS UNIVERSAL CHILDHOOD VACCINATION AGAINST HEPATITIS A BE CONSIDERED FOR EUROPEAN COMMUNITIES WITH REPEATED OUTBREAKS

Erasmus MC Persbericht Rotterdam, 13 november 2008

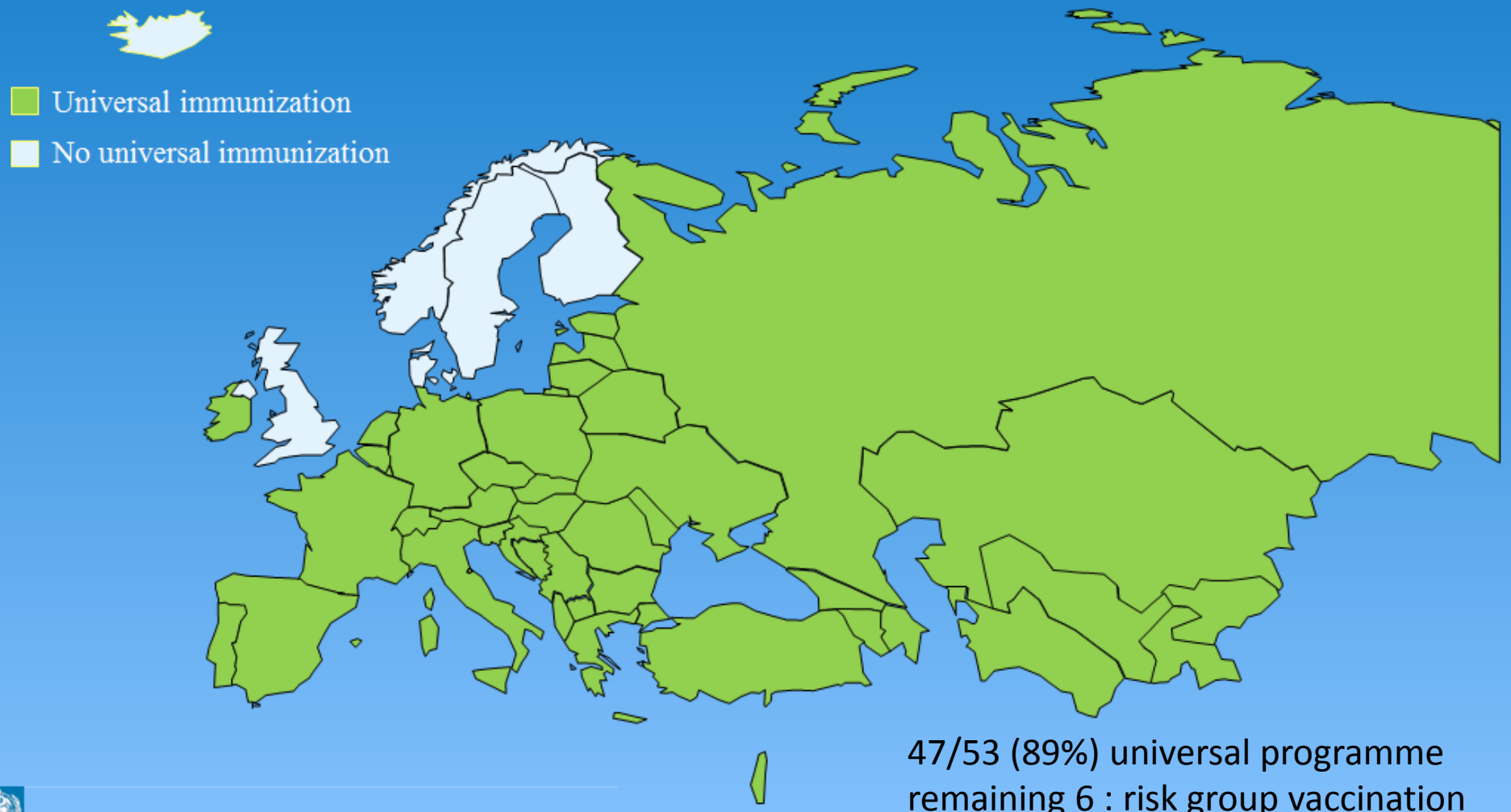
Aanpak hepatitis in Nederland loopt achter

Kopstukken uit de wereld bespreken Nederlandse situatie

Nederland loopt achter in het voorkómen van hepatitis als gevolg van virusinfecties, zoals Hepatitis B en C. Ook de opsporing van hepatitis kan beter. Op donderdag 13 november komen kopstukken uit de wereld bijeen in Rotterdam om te praten over de Nederlandse situatie. Volgens deskundigen moet er vooral meer aandacht komen voor vaccinatie tegen Hepatitis B en moet de opsporing van hepatitis aanzienlijk worden verbeterd. De bedoeling is het aantal patiënten met hepatitis drastisch te verlagen.

Hep B immunization programmes in WHO/EURO region, **1993**

Hep B immunization programmes in WHO/EURO region, 2013



47/53 (89%) universal programme
remaining 6 : risk group vaccination

Thank You!