

# TAG RECOMMENDATIONS FOR HEPATITIS B

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## 1999 Recommendations

- Routine universal infant immunization should be the primary strategy to prevent HBV transmission.
- In highly endemic areas (hepatitis B surface antigen [HbsAg] prevalence >7%), an area-wide vaccination campaign should be conducted.
- Healthcare workers who are at risk of being exposed to blood or other body fluids should be routinely vaccinated.
- Vaccination coverage should be monitored on a regular basis.
- The feasibility of establishing an “integrated” surveillance system for patients presenting with fever and jaundice should be explored. The purpose of such a surveillance system would be to detect cases of hepatitis B, yellow fever and other tropical diseases, such as leptospirosis and malaria.
- Countries that have introduced hepatitis B (HB) vaccine should consider using combined tetravalent (DTP+HB) or pentavalent (DTP/HB+Hib) vaccines. These vaccines have a similar cost to the monovalent vaccines purchased separately and are easier to administer, thereby reducing the number of injections and visits to health establishments.

## 2000 Recommendations

1. Routine universal infant immunization should be the primary strategy to prevent HBV transmission.
2. Healthcare workers who are at risk of being exposed to blood or other body fluids should be routinely vaccinated.
3. Vaccination coverage should be monitored on a regular basis and the impact of hepatitis B vaccination measured through surveillance. Coverage levels for HepB3 should equal that of DPT3 by the year 2003.
4. Countries that have introduced hepatitis B (HepB) vaccine should consider using combined tetravalent (DTP+HepB) or pentavalent (DTP/HepB+Hib) vaccines. These vaccines have a similar cost to the monovalent vaccines purchased separately and are easier to administer.

## 2011 Recommendations

- All countries are encouraged to maintain high Hepatitis B (Hep-B) vaccine coverage and adhere to the 2009 WHO recommendation of using a Hep-B birth dose of the vaccine.
- Countries are encouraged to conduct epidemiological and cost-effectiveness studies for the introduction of hepatitis A vaccine to support evidence-based decisions in light of existing public health priorities.
- Countries in the Americas are urged to join the celebration of the Global Hepatitis Day on 28 July as a day to commemorate the accomplishments in the control of hepatitis and to advocate for further efforts.

## 2015 Recommendations

### Coordination

- PAHO should continue the inter-programmatic work that brings together the maternal and child health services units, the Latin American Center for Perinatology (CLAP), the Comprehensive Family Immunization Unit, HIV/AIDS/STI/TB and Hepatitis Unit, Occupational Health Unit, Legal Office, among others, in order to support Member States in their evaluation of the feasibility of HBV elimination as a public health problem. PAHO should also support developing strategies, and identifying gaps that need to be addressed in order to achieve this goal by 2030.

### Vaccination and monitoring

- TAG reminds countries to introduce the birth dose of the hepatitis B vaccine, i.e., the first dose within 24 hours after birth, in countries that have not already introduced it.
- Countries should monitor the administration of the birth dose within 24 hours of birth and reach at least 80% coverage, in all countries.
- Countries should document prevalence of hepatitis B infection among pregnant women and strengthen hepatitis surveillance.
- TAG reiterates previous recommendations on hepatitis B vaccination for children, healthcare workers, and other high-risk groups.
- PAHO and countries should evaluate the current status of hepatitis B control and the feasibility of hepatitis B elimination, so that TAG can assess their progress and the feasibility of eliminating hepatitis B at the regional level.