

HEPATITIS B IMMUNISATION PROGRAMMES IN THE PACIFIC

INTRODUCTION

Hepatitis B virus infection is highly endemic in the Pacific and a major cause of acute viral hepatitis and chronic hepatitis, as well as cirrhosis and liver cancer in the region. The two principal ways in which Hepatitis B is spread in the Pacific are child-to-child transmission and to a lesser extent perinatal transmission from an infected mother to her newborn baby through contact with infected blood and other bodily fluids.

The infection rate for Hepatitis B in Pacific Island populations is high - over 80 per cent for most groups with over 10 per cent of the population being chronic carriers for the surface antigen (HBsAg) and thus able to infect other people. This hepatitis B virus carrier state is associated with cancer of the liver, especially when infection occurs at an early age. Liver cancer accounts for about 10 per cent of all cancers in Pacific Islanders. Effective and safe immunisation is available against Hepatitis B. Administration of this immunisation to infants and children is the key to the control of hepatitis B and the prevention of liver cancer in the Pacific.

HEPATITIS B IMMUNISATION PROGRAMMES IN THE PACIFIC

Nine Hepatitis B immunisation programmes in the Pacific have been established with additional programmes in the planning stage. One hundred per cent of the established programmes provide immunisation to newborns. Two of these programmes only immunise newborns of Hepatitis B carrier mothers. Thirty per cent of the programmes also provide immunisation for children and sixty per cent provide immunisation to other risk groups (health care workers, etc.).

Working papers from Pacific countries and territories were submitted to a Scientific Meeting on the Control of Hepatitis B Infection in Infants and Children in High Risk Areas of the World. This meeting was co-organised by the South Pacific Commission (SPC) and the Whakatane Hospital and held in Whakatane, New Zealand in November 1987. Working papers from the Pacific Islands countries are summarised below in regards to present and planned Hepatitis B immunisation programmes. More information is currently being collected from SPC member countries in order to assist programme planning and policy making on Hepatitis B prevention.

American Samoa

A comprehensive Hepatitis B control demonstration project was started in March 1985. Ninety-six per cent of the eligible population were serological tested. All newborns and children less than six years old were immunised without serological testing. Pregnant women were screened for HBsAg and 99 per cent of newborns were immunised. School children were immunised in special school clinics.

French Polynesia

Screening in the main public health prenatal clinic of all pregnant women for HBV has begun, in anticipation of the adoption of a proposed project for immunising newborn infants of HBsAg positive mothers against Hepatitis B. A Hepatitis B screening and immunisation project for public health care workers has been approved and will be implemented in 1988.

Guam

A perinatal hepatitis B screening and immunisation pilot project began in March 1985. Currently, because of high vaccine prices, all pregnant women are screened for HBsAg followed by immunisation of all newborns of HBsAg positive mothers with Hepatitis B vaccine and HBIG.

Nauru

Immunisation of all newborns started in 1979. The total Nauruan population was screened and all susceptibles were vaccinated in 1987.

New Caledonia

A perinatal screening and newborn immunisation programme began in 1984. All newborns receive Hepatitis B vaccine. Infants born to HBsAg positive mothers also received HBIG.

Niue

A hepatitis B immunisation programme was established in December 1985. Immunisation has begun on all newborn infants and high-risk workers. The high cost of the vaccine has been a problem and Niue is negotiating with WHO on purchasing inexpensive vaccine from Japan.

Commonwealth of the Northern Mariana Islands

A Hepatitis B immunisation programme will begin in 1988. All newborns will be immunised only with Hepatitis B vaccine because perinatal transmission of HBV in the CNMI is reported to be minor. Other target groups to be included if medical, legal and resource issues are resolved include: pre-schoolers, health providers, the elderly, school age children and the general public.

Papua New Guinea

Limited resources have prevented the Department of Health from implementing a Hepatitis B immunisation programme. The major concern is the high cost of HB vaccine. Studies and programme development are proceeding including: exploring arrangements to collect HBsAg positive plasma from Hepatitis B carriers to be produced into a low cost Hepatitis B vaccine, searching for sources of low cost vaccine and instituting a HBV surveillance system.

Tonga

A Hepatitis B vaccination programme for newborn infants will be implemented in 1988. The Ministry of Health is collecting HBsAg positive plasma from Hepatitis B carriers to be sent to Japan by WHO for manufacture of Hepatitis B vaccine. The Hepatitis B vaccination programme will be a part of Tonga's national expanded programme on immunisation.

Vanuatu

A Hepatitis B vaccination programme is in the planning stage. Highest priority will be mass immunisation at birth. Since in-country surveys report perinatal transmission of Hepatitis B to be minor, HBIG passive immunisation and screening of pregnant women will not be included in the programme.

Wallis and Futuna

A perinatal screening and newborn immunisation programme began in Wallis in 1987. Newborns receive Hepatitis B vaccine. Infants born to HBsAg positive mothers also received HBIG. An immunisation project for health care staff is planned for Futuna.

GUIDELINES FOR HEPATITIS B CONTROL

The Scientific Meeting developed guidelines for Hepatitis B control including:

- Immunisation strategies, with high priority given to immunisation of newborns in conjunction with existing immunisation programmes (EPI). Immunisation of children up to at least age five should be considered after immunisation of neonates has been achieved.
- Screening of pregnant females and administration of HBIG to infants of highly infectious mothers (HBeAg positive); this can be considered if appropriate technology already exists to address perinatal transmission.
- A comprehensive information and education programme on Hepatitis B immunisation; this is essential at the decision makers' level as well as for the health personnel.
- Search for methods for acquiring vaccine at reasonable cost.

SPC HEPATITIS B CONTROL ACTIVITIES

The Eleventh Regional Conference of Permanent Heads of Health Services in 1986 recommended that the SPC, in co-operation with the World Health Organisation, assist countries with developing national strategies for the prevention and control of Hepatitis B, particularly with respect to immunisation and its funding, and distribute information on pilot projects implemented in the region.

To address this recommendation, the following objects were formulated for the Hepatitis Prevention and Control Project of the SPC Epidemiology Work Programme:

- Obtain the necessary epidemiological information on hepatitis so that vaccine can be administered to the appropriate target groups;
- Assist with the implementation and evaluation of vaccination programmes.

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