Country and Regional Examples of Hepatitis A Prevention China

National Immunization Programme, China Center for Disease Control and Prevention December 1, 2007 Miami, USA

Background

- Hepatitis reportable to National Notifiable
 Disease Reporting System since 1959
- Hepatitis reported separately by virus type since 1990
- Largest hepatitis A outbreak in the world occurred in Shanghai in 1988
 - More than 310,000 persons infected
- Incidence is 5/100,000 in 2006
- A public health issue in China

Incidence of Reported Hepatitis from 1990 to 2006 by Virus Type – China



Source: China Center for Disease Control and Prevention

Annual Incidence of Hepatitis A in China 1990~2006



The proportion of Hepatitis A by Age group, 1990-2006



Incidence of Hepatitis A by provinces 1990~2006



Incidence of Hepatitis A by Age Group 1991~2006



 $--0 \sim 9 - 10 \sim 29 - 30 \sim 59 - 60 +$

Average Incidence of Hepatitis A by Province (1/100,000) 2001~2006



Age Specific Incidence of Hepatitis A in Different Incidence Areas 2004~2006



Case Diagnosis of Reported Hepatitis A 2006



□ Clinical diagnosis ■ Lab confirmed

Vaccination

- Live Attenuated Hepatitis A Vaccine available since 1992
 - Live Attenuated Hepatitis A Vaccine , freeze-dried available since 2005
- Hepatitis A Vaccine Inactivated, available since 2002
- Hepatitis A is recommended
 - Parents and users charged for vaccination
- 60 million doses administered in past 15 years
 - 16 million doses distributed during 2004 and 2005
 - Has been mostly used in school-aged children

Hepatitis A Vaccine Distributed by Year



Challenges Remaining

- 43% cases not confirmed by laboratory
 - Test costly
 - No lab at lower level
- Specificity of hepatitis A diagnosis not well defined
- Risk factors of hepatitis A cases not well defined
- Overall cost associated with Hepatitis A not known
- Immunization coverage is not available
- Survey of Seroprevalence will be conducted next year
- Plan to evaluate the economic cost

Action Plans

- MOH has decided to integrate Hepatitis A vaccine into routine immunization
 - 18 months age for live Attenuated Vaccine
 - 18 and 24 months for Inactivated vaccine
 - Plan to start next year
 - 20% in most provinces
 - 100% for Xinjiang with high incidence for one cohort
 - Beijing and Shanghai funded by provincial government cover 100% cohort
- Need laboratory based case reporting system
 - Ideally, high sensitivity and specificity of case reporting
- Need to monitor the impact of vaccination

Thanks so much!