Position Paper on Hepatitis B

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Cited In:

Issues Related to Hepatitis B Vaccination in India: Systematic Review of Literature

Background Note prepared by Dr. Jacob Pulliyel for National Consultative Meeting on Immunization convened by Indian Medical Association in May, 2006

Background

A systematic review of literature forms the basis of this position document. Experts from all over the country will be invited to review the paper and contribute by enlarging the draft with other references from literature

Objectives

- To assess the prevalence of Hepatitis B in the country, and collect available data on deaths from hepatocellular carcinoma.
- To evaluate what the immunization program will cost the country.
- To look for evidence of the success of the pilot project.
- To collect evidence from worldwide literature on the results of Hepatitis B vaccination starting at 6 weeks.

Search Strategy

Searches were made of the in Medline, Cochrane Library and Best bets and previous reviews, including cross references.

Data Analysis

Done using standard Meta analysis software

Main results

1. The true prevalence of Hepatitis B carrier rate, in non-tribal populations in India is 2.1 (CI 1.8-2.5). Among tribal populations it is 19.4 (15.3-23.5)

2. The death rate from Hepatocellular carcinoma is very low in the country and constitutes 1.6% of all cancer deaths.

3. The pilot project has not been evaluated properly.

4. The proposed schedule of immunization starting at 6 weeks has not been shown to be efficacious (in reducing prevalence) in any country in the world.

5. The cost outlay for universal immunization in India is Rs 500 crores each year.

Author's Conclusions

An evaluation of the pilot project is required before the Government of India decides to incorporate Hepatitis B immunization in the EPI. The data required are:

1. Coverage (with 3 doses of Hepatitis B vaccine) in the pilot area.

2. The fall in carrier rate in the pilot study area

3. Carrier rate among those immunized at 6 weeks compared to those immunized at birth

This is essential because the proposed schedule of immunization starting at 6 weeks, has not been shown to be efficacious (in reducing prevalence) in any country in the world.

Plain Language Summary

The pilot project areas can provide useful data on feasibility, cost and efficacy of the Hepatitis B vaccination program starting at six weeks. It is difficult to defend the incorporation of Hepatitis B vaccine in the EPI without evaluating experience from the pilot project. More research is needed, especially as there is no data in literature that vaccination starting at 6 weeks is efficacious. Costs must be looked at against competing priorities

References;

Tandon BN, Gandhi BM, Joshi YK, Irshad M, Gupta H. Hepatitis virus non-A, non-B: the cause of major public health problem in India. Bull WHO 1985; 63: 931- 934.

Tandon BN, Gandhi BM, Joshi YK. Etiological spectrum of viral hepatitis and prevalence of markers of hepatitis A and B virus infection in north India. Bull WHO 1984; 62: 67- 73.