Country and Regional Examples of Hepatitis A Prevention
China

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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

- **1990-2000**
  - <5: 6%
  - 5~14: 19%
  - 15~39: 57%
  - 40+: 18%

- **2001-2006**
  - <5: 6%
  - 5~14: 20%
  - 15~39: 45%
  - 40+: 29%
Incidence of Hepatitis A by provinces
1990〜2006
Incidence of Hepatitis A by Age Group
1991～2006
Average Incidence of Hepatitis A by Province (1/100,000) 2001～2006
Age Specific Incidence of Hepatitis A in Different Incidence Areas 2004~2006

Incidence (1/100,000)

High: >10/100,000  Intermediate: 5~10/100,000  Low: <5/100,000
Case Diagnosis of Reported Hepatitis A 2006

- Clinical diagnosis: 57%
- Lab confirmed: 43%

Legend:
- □ 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

![Bar chart showing the distribution of Hepatitis A vaccine by year, with live attenuated and inactive doses distinguished.](chart.png)
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!