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Country and regional exemples of hepatitis A prevention: The experience of Catalonia (Spain)

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RECOMMENDATIONS FOR HEPATITIS A VACCINATION IN CATALONIA

- 1995 Vaccination of risk groups
- International travellers to regions of endemic disease
- Homosexual men
- Users of intravenous drugs
- Sewage workers
- Patients receiving factor VIII concentrates
- Exposed to non-human primates
- Staff of day-care centres
- Staff of institutions for developmentally disabled persons
- People >30 years old with chronic liver disease
- People infected by hepatitis C virus

REPORTED MORBIDITY OF HEPATITIS A. CATALONIA, 1992-1998



Rate per 100,000 persons-year

EVOLUTION OF REPORTED VIRAL HEPATITIS. CATALONIA, 1992-1998



RECOMMENDATIONS FOR HEPATITIS A VACCINATION IN CATALONIA

1995 — Vaccination of risk groups

1998 — Universal vaccination of preadolescents

RATIONALE FOR HEPATITIS A UNIVERSAL VACCINATION

- Limited impact of selective vaccination of risk groups
- Immediate impact of universal vaccination on clinical cases
- Potential of mass vaccination to eliminate the disease
- Combined A+B vaccine available
- Well-established hepatitis B vaccination program of preadolescents in schools
- Low cost of the program
- Acceptable cost-effectiveness and cost-benefit ratios of the program

NET PRESENT VALUE AND COST-BENEFIT RATIO*



Cost of vaccination program	336,567 €
Cost of hepatitis A without vaccination	995,096 €
Cost of hepatitis A with vaccination	124,821 €
Benefit of vaccination program	870,275 €
Net present value	+533,708 €
Cost-benefit ratio	2.58

*Cost of hepatitis A vaccine= 1.98 euros

[cost of combined hepatitis A+B vaccine] - [cost of hepatitis B vaccine] Navas et al. Vaccine 2005, 23: 2185-9

SENSITIVITY ANALYSIS OF THE MAIN VARIABLES INFLUENCING THE RESULTS

Variations in the variables	Cost per case avoided	Cost per year of life gained	Cost per year of life adjusted for disability gained	Benefit/Cost Ratio
BASE CASE	<0 (saving)	<0 (saving)	<0 (saving)	2.58
INCREMENTAL PRICE OF A+B VACCINE				
3.31 euros/dose	<0 (saving)	<0 (saving)	<0 (saving)	1.54
5.05 euros/dose	<0 (saving)	<0 (saving)	<0 (saving)	1.0
11.12 euros/dose	3,229	37,152	31,478	0.45
15 euros/dose	5,219	60,047	50,875	0.34
INCIDENCE RATE OF HEPATITIS A				
7.5 per 100,000	<0 (saving)	<0 (saving)	<0 (saving)	1.01
22.5 per 100,000	<0 (saving)	<0 (saving)	<0 (saving)	3.87
30 per 100,000	<0 (saving)	<0 (saving)	<0 (saving)	5.17
37.5 per 100,000	<0 (saving)	<0 (saving)	<0 (saving)	6.45

Navas E et al. Vaccine 2005; 23: 2185-9.

IMPACT OF ROUTINE HEPATITIS A VACCINATION ON THE GLOBAL INCIDENCE OF THE DISEASE



VACCINATION EFFECTIVENESS (I)

Vaccination effectiveness (VE) VE = 1- RR

Incidence rate in vaccinated cohorts RR = Incidence rate in non vaccinated cohorts

95% CI of VE were calculated using Taylor series

DISTRIBUTION OF HEPATITIS A CASES IN NON VACCINATED AND VACCINATED COHORTS

BORN YEAR	CASES YEAR 1997	CASES YEAR 1998	CASES YEAR 1999	CASES YEAR 2000	CASES YEAR 2001
1984	Children 13 years old 10	Children 14 years old 13			
1985	Children 12 years old 5	Children 13 years old 1	Children 14 years old 1		
1986	Children 11 years old 6	Children 12 years old 4	Children 13 years old 1	Children 14 years old 1	
1987		Children 11 years old 3*	Children 12 years old 2***	Children 13 years old 2 **	Children 14 years old 0
1988			Children 11 years old 0	Children 12 years old 0	Children 13 years old 0
1989				Children 11 years old 0	Children 12 years old 1**

* All three cases occurred before the beginning of vaccination ** The cases had not been vaccinated *** Vaccination status unknown in one case; the other had not been vaccinated.

VACCINATION EFFECTIVENESS (II)

Cases in vaccinated cohorts1Pers-yr in vaccinated cohorts446Incidence rate in vaccinated cohorts0.2>

446,995 pers-yr 0.2x10⁻⁵ pers-yr

Cases in non vaccinated cohorts49Pers-yr in non vaccinated cohorts648,591 pers-yrIncidence rate in non vaccinated cohorts 7.55x10-5 pers-yr

RR = 0.0296 VE = 97.0% 95% CI = 78.5%-99.6%

Domínguez et al. Vaccine 2003; 21: 698-701

HOW HAS THE SITUATION EVOLVED?

IMPACT OF ROUTINE HEPATITIS A VACCINATION ON THE GLOBAL INCIDENCE OF THE DISEASE



Rate per 100.000 persons-year

REPORTED HEP A+B IMMUNIZATION COVERAGES (THREE DOSES). CATALONIA 1999-2005



DISTRIBUTION OF REPORTED RATES* OF HEPATITIS A BEFORE AND AFTER ROUTINE VACCINATION

Age group	Before 19	Before vaccination 1992 – 1998		vaccination 99 – 2005	Rate de	ecline
	Rate	Cases	Rate	Cases	% (95% CI)	Р
< 5	11.4	219	6.7	146	41.0 (27.3-52.2)	<0.001
5 - 9	17.4	353	9.4	192	45.9 (35.6-54.7)	<0.001
10 - 19	9.0	511	2.5	113	72.5 (66.3-77.6)	<0.001
20 - 29	10.0	695	5.1	377	49.0 (42.2-55.0)	<0.001
30 - 39	6.5	416	5.2	396	19.5 (7.7-29.9)	0.002
40 - 49	1.6	92	1.3	81	21.9 (5.3-42.0)	0.104
50 - 59	0.8	38	0.5	28	37.0 (2.6-61.4)	0.060
≥ 60	0.3	32	0.3	34	1.3 (-59.9-39.1)	0.957
TOTAL	5.5	2356	3.0	1367	45.9 (42.1-49.3)	<0.001

*Per 100,000 pers-yr

DISTRIBUTION OF REPORTED INCIDENCE RATES OF HEPATITIS A INCIDENCE BEFORE AND AFTER ROUTINE VACCINATION



VACCINATION EFECTIVENESS

Cases in vaccinated cohorts (born in 1987-1993)1Pers-yr in vaccinated cohorts1,591,366 pers-yrIncidence rate in vaccinated cohorts0.06x10-5 pers-yr

Cases in nonvaccinated cohorts (born in 1984-1986) 131 Pers-yr in vaccinated cohorts 2,023,121 pers-yr Incidence rate in non vaccinated cohorts 6.2x10⁻⁵ pers-yr RR: 0.0096 VE= 99.04%

95% CI= 93.11%- 99.88%

PREVENTED FRACTION (PF)

Proportion of the hypothetical load of disease (in the 12-19 years age group) that has been prevented by vaccination

PF = Coverage x (1 - RR)PF = 0.91 x 0.990 = 90.13%

CONCLUSIONS

1. The incidence rate of hepatitis A in the general population has fallen by 46 % in the seven years following introduction of vaccination compared with the seven previous years.

2. By age group, the greatest fall in hepatitis A incidence (73%) occurred in the 10-19 years age group (corresponding to the vaccinated cohorts) followed by the 20-29 years age group (49%)

3. The efectiveness of the vaccination programme 7 years after the beginning was 99% and the prevented fraction of hepatitis A in children 12-19 years old is estimated at 90%

4. The reduction in the incidence in non vaccinated age groups supports the indirect effects of the vaccination program suggested by other authors

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