strategy

Burden of disease

vaccine

systematic review and model

Front page

STATUS OF HEPATITIS B TITLE

FIRST FIVE YEARS OF LIFE – A CRITICAL TIME TO PREVENT CHRONIC HEPATITIS B INFECTION

Goal

In May 2016, the World Health Assembly endorsed the Global Health Sector Strategy (GHSS) on viral hepatitis 2016–2021. The GHSS calls for the elimination of viral hepatitis as a public health threat by 2030 (reducing new infections by 90% and mortality by 65%).

Most of the burden of disease from hepatitis B virus (HBV) infection comes from infections acquired before the age of 5 years. Therefore, prevention of HBV infection focuses on children under 5 years of age. The United Nations selected the cumulative incidence of chronic HBV infection at 5 years of age as an indicator of the Sustainable Development Goal target for "combating hepatitis" . This indicator is measured indirectly through the proportion of children 5 years of age who have developed chronic HBV infection (i.e. the proportion that tests positive for a marker of infection called hepatitis B surface antigen [HBsAg]).

Hepatitis B HBsAg estimates, a baseline towards the elimination targets.

This dashboard shows the HBsAg prevalence estimates at global, regional and country level and how they have changed since hepatitis B vaccination was introduced.

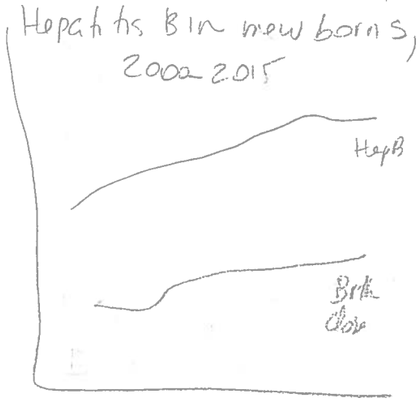
This dataset represents the best estimates for the hepatitis B surface antigen indicator and aims to facilitate comparability across countries and over time.
The estimates are not always the same as the official national estimates, because of the use of different methodologies and data sources. Estimates are provided for 194 WHO Member States. The analysis was carried out for the age groups 0-5 years and for the general population. Due to scarcity of data from some countries, the estimates are more robust at global and regional level than at country level, therefore, we suggest countries focus on the 95% Credible Intervals and not only on the reported point estimates.

WHO's estimates uses a methodology reviewed by the Immunization and Vaccines Related Implementation Research Advisory Committee (IVIR-AC) and presented to the Strategic Advisory Group of Experts (SAGE). These estimates have been documented following the Guidelines for Accurate and Transparent Health Estimates Reporting (GATHER). More detailed information on quality of data sources and methods, as well as estimated uncertainty intervals, is provided in the Global Hepatitis Report 2017, the WHO Immunization surveillance, assessment and monitoring system and in other referenced sources.
WHO provided Member States the opportunity to review and comment on data and estimates as part of the so called country consultation process.

The database last update was 23 March 2017.
Estimates will be updated as more recent or revised data become available, or when there are changes to the methodology being used. Next scheduled update will be in Q1 2018. Member States, civil society, country and regional offices that wish to contribute to improve the seroprevalence database can send their potential eligible published and unpublished reports on surface antigen prevalence to the following email: VaccineResearch@who.int **until October 15, 2017**. They will be screened according to the inclusion criteria of the review . Potential contributions received after this date will be considered in the next update exercise.

Interactive map here
End of front page

3rd dose of Hepatitis B Vaccine coverage in infants and Birth dose of Hepatitis B in new borns, 2002-2015



Estimated HBsAg prevalence (%, 95CI)

Estimated number of carriers

Estimated number of carriers prevented

Hepatitis B surface antigen estimates in 2015 and the pre-vaccination era and number of carriers ...

WORLD MAP HERE