WORLD HEPATITIS DAY 2018:
PRESS STATEMENT ON THE PROGRESS OF IMPLEMENTATION OF HEPATITIS B VACCINATION PROGRAM IN UGANDA.

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28th July 2018
Uganda is one of the highly endemic countries for Hepatitis B, with 52% life time exposure of the population, while 9 out of every 10 people in Uganda do not know their status.

According to the 2016 Uganda Population-based HIV Impact Assessment (UPHIA) Survey, prevalence of Hepatitis B infection among adults stands at 4.3% (5.6% among men and 3.1% among women). The survey indicates that Hepatitis B prevalence is highest in Northern region with 4.6% in mid North, 4.4% in North East and 3.8% in West Nile. Hepatitis B infection was lower in the rest of the country with a range of 0.8% in South West region to 2.7% in East Central region.

Hepatitis B is an infection of the liver caused by Hepatitis B virus. It can be acute and self-resolving, or it can be chronic. The hepatitis B virus (HBV) is found in blood and bodily fluids. It can be transmitted through semen, vaginal fluids, and blood, and it can pass from a mother to a newborn during delivery. Sharing needles and having unprotected sex increase the risk.

Most infections occur during infancy or childhood. They are rarely diagnosed, as there may be few obvious symptoms.

Symptoms of a new infection may not be apparent in children under 5 years of age and adults with a suppressed immune system. Among those aged 5 years and over, between 30 and 50 percent will show initial signs and symptoms. These include: fever, joint pain, fatigue, nausea, vomiting, loss of appetite, abdominal pain, dark urine, clay-colored stools, jaundice, or a yellowing of the skin and whites of the eyes.
Acute symptoms appear from 60 to 120 days after exposure to the virus, and they can last from several weeks to 6 months.

A person with chronic HBV infection may have ongoing episodes of abdominal pain, persistent fatigue, and aching joints.

Some individuals have no symptoms, some experience only the initial infection, but others remain chronically infected, as the virus continues to attack the liver over time without being detected. Irreversible liver damage can result in cirrhosis and liver cancer. There is no cure for HBV, but immunization can prevent initial infection.

Hepatitis B virus is responsible for 80% of liver cancers, reported at Mulago hospital alone, annually. Liver cancers form 2% of the admissions at Uganda Cancer Institute. A report from Uganda Blood Transfusion Services, (UBTS) indicates that the trend of Hepatitis B virus among blood donors has increased from 1.9% in 2012/13 to 2.3% in 2016/17. The highest rates being registered in Arua (4.98%) and 4.21% in Mbale.

Hepatitis has become a disease of great public health concern both politically and socially. The Ministry of Health has since issued two statutory instruments to advance the fight against Hepatitis B.

- *The Public Health (Declaration of Hepatitis B as a Formidable Epidemic Disease) order, 2014 (SI No 104)*

- *The Public Health (Vaccination of Health Workers against Hepatitis B virus) Rules, 2014 (SI No 105)*

In 2015 the Ministry of Health started the vaccination of adolescents and adults
against Hepatitis B virus disease targeting 17,636,153 people who are eligible for vaccination, according to the 2005 Sero Survey.

The Testing and vaccination plan was phased into four stages; comprising of Northern Uganda with 30 districts, Eastern Uganda with 32 districts, Western Uganda with 26 districts and Central Uganda with 24 districts based on the prevalence in these areas.

Because of the high prevalence and proximity to Northern Uganda, Teso Sub Region was included in Phase One making a total of 39 districts. Note that some new districts came up which include Omoro and Pakwach but were already catered for. The 39 districts include; Adjumani, Arua, Koboko, Maracha, Moyo, Nebbi, Yumbe, Zombo, Agago, Amuru, Gulu, Kitgum, Lamwo, Nwoya, Pader, Alebtong, Amolatar, Apac, Dokolo, Lira, Kole, Otuke, Oyam, Abim, Amudat, Kaabong, Kotido, Moroto, Nakapiripirit, Napak, Tororo, Kumi, Ngora, Katakwi, Amuria, Bukedea, Soroti, Serere and Kaberamaido.

Testing and vaccination in the 41 districts of Northern, West Nile, Karmoja and Teso sub regions have been successfully concluded.

Under this program, the Government of Uganda committed 10 billion shillings annually towards addressing the burden of Hepatitis in the country. More funding is expected to be released for the program in a phased manner to cover the entire country.

During this phase, a population of 5,109,280 was targeted, 2,419,950 (47.4%) was screened and a total of 139,505 (5.8%) tested positive and being linked for care and
treatment.
On the other hand, the 2.280,445 (94.2%) people who tested negative were initiated on the vaccination program; Dose 1 turn up was 91.7%, Dose 2 at 68% and Dose 3 at 33%.

In the last Financial Year, the vaccination exercise started in Busoga region covering a total of 12 districts (Namutumba, Luuka, Iganga, Kaliro, Mayuge, Namayingo, Kamuli, Buyende, Busia, Jinja, Bugiri). Screening and vaccination is still ongoing in this region.
This FY 18/19, roll out has been planned for 14 districts of Bugisu, Bukedi and Sebei sub regions (Budaka, Bududa, Bukwo, Bulambuli, Butaleja, Kapchorwa, Kibuku, Manafwa, Mbale, Pallisa, Kwen, Sironko, Namisindwa, Butebo), and selected districts of central region and western Uganda including Buvuma, Butambala, Mubende and Masindi districts.

Sensitization of the general public, dissemination of Information Education and Communication materials, training of health workers in these districts are underway. Vaccination cards are already printed and ready for distribution in the districts. The treatment and laboratory guidelines have been approved and are in the process of finalization and printing. Health Management Information System tools to cover laboratory care and treatment interventions are in the process of being printed and are to be distributed in these districts.

The Ministry of Health through National Medical Stores has availed vaccines, testing kits and consumables for Busoga, Bugisu and selected districts of central and western Uganda. The Ministry has continued to carry out support supervision to all
the implementing districts to assess availability, storage and implementation of the vaccination activity.

In the same vein, all Regional Referral Hospitals and General Hospitals across the country have been prepared as treatment centers.

So far, six treatment centers have been equipped and are providing treatment. These include Mulago National Referral Hospital, Arua Regional Referral Hospital, Soroti RRH, Mbale RRH, Jinja RRH, and Adjumani General Hospital. Arrangements are being made to ensure that care and treatment services for those who are eligible for treatment is carried out up to Health center IV level.

As a means of supporting private clinics that carry out Hepatitis B virus testing, referral of samples using the Hub transport system to the Central Public Health Laboratories for further evaluation for enrolment on Hepatitis B treatment has been adapted. All facilities are requested to utilize the hub system including viral load testing.

Every year Uganda joins the rest of the world to commemorate World Hepatitis Day. The theme for this year is “Test. Treat. Hepatitis” which compliments the World Health Assembly theme of “Finding the missing millions”. This creates a platform for the Government to increase awareness to political leaders and the general population about the key interventions including screening and vaccination, blood and injection safety, harm reduction and care and treatment as part of the journey to eliminate Hepatitis.

The Ministry of Health would like to appeal to the general public to do the following, to prevent Hepatitis;

- Embrace Testing for Hepatitis to know your status.
• Protect yourself from the hepatitis infection. Avoid unsafe injections, avoid getting in contact with blood or fluids from a person infected with hepatitis B and avoid risky sexual behavior.

• When you have yellow eyes, report immediately to a health facility for screening and further medical advice.

• The districts which have received the Hepatitis B vaccines should do social mobilization, screen and vaccinate the population as per the recommended schedule of the three doses.

The Ministry of Health would like to allay the anxiety of the population in those districts where vaccination has not yet started that the whole country shall be covered, according to the set schedule.

I thank You.

FOR GOD AND MY COUNTRY

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