



Viral Hepatitis Prevention Board (VHPB)





VHPB

**In 2022, 30 years active in the control and prevention of
viral hepatitis in Europe**

History

Long long time ago in 1992



- The VHPB was set up in 1992, under the auspices of the Society for Occupational Medicine, with the aim to eliminate transmission of hepatitis B in all workers at risk in the industrialised world. From 1993 onwards, the scope was progressively extended, first to hepatitis B as a community health risk (under the auspices of the European Public Health Association)

Context

- In Western Europe
- Knowledge about safe blood supply and exposure prevention
- Since 1981 safe and effective vaccine was licensed and available; sustained vaccine supply in place; vaccine is affordable; delivery system in place
- Recommendation for vaccination for people at risk



What happened

- This strategy failed. No impact on morbidity and mortality of hepatitis in spite of all available compounds
- VHPB became driving force to change the strategy towards infant universal vaccination
- Monitoring of compliance
- Addressing constraints and hazards



Advocacy through Viral Hepatitis

HIGH-RISK STRATEGY IS FAILING

Dr Mark Kane outlines the inadequacies of selective hepatitis B vaccination programmes

The epidemiology of hepatitis B in Europe, North America, and Australia is similar. Most infections occur in adult groups definable by lifestyle or occupation.

This was the historical basis for the 'high-risk strategy' in areas of low and intermediate hepatitis endemicity, aimed at groups such as those who might become infected sexually (including homosexual men and prostitutes), injecting/intravenous drug users (IVDUs), healthcare and other occupationally at-risk workers, and travellers.

This strategy has failed for several reasons. At-risk workers represent a minority of total infections, yet most



Dr Mark Kane,
Programme for Control of
Hepatitis,
Division of Communicable
Diseases, WHO,
Geneva, Switzerland

effort and most vaccine was directed at this group.

In many low endemicity countries sexual activity is the dominant means of hepatitis B transmission. It has proved difficult to target the homosex-

ual community successfully, and similarly efforts to deliver vaccine comprehensively to heterosexuals attending STD clinics have failed.

Attempts to reach IVDUs have been the least effective for many of the reasons discussed on page 7. IVDUs are often infected before they become aware of the hepatitis B risk.

The last reason for the failure of the high-risk strategy is that a substantial minority of those infected fall outside the known risk factors. These 'unknowns' are a very difficult group to target and unless a high-risk strategy can reach them hepatitis B infection will continue to be a serious public health problem.

VIRAL HEPATITIS

PUBLISHED BY THE VIRAL HEPATITIS PREVENTION BOARD

FACTS SHEET - 1 - January 1996

THE CLOCK IS RUNNING,

1997: DEADLINE FOR INTEGRATING HEPATITIS B VACCINATIONS INTO ALL NATIONAL IMMUNISATION PROGRAMMES

VHPB CONSENSUS STATEMENTS

Recommendations for universal vaccination policies for infants and young adolescents, the use of maternal screening and combined vaccines, and the need for education

Viral Hepatitis Vol 2 N° 1, 1994

1. Universal vaccination: the need for early cover

Universal childhood and early adolescent vaccination protects individuals from infection later in life, whether because of occupational risk, sexual activity or other behaviour such as intravenous drug use which poses a hepatitis B risk.

The sooner individuals are vaccinated against hepatitis B the better. Early vaccination protects individuals from childhood infection which results in high carrier rates and chronic disease. Chronic disease is associated with serious and fatal liver diseases such as cirrhosis and liver cancer.

Infant vaccination programmes: The Viral Hepatitis Prevention Board (VHPB) endorses the 1991 statement of the World Health Organisation's (WHO) Working Group on the Control of Viral Hepatitis in Europe which stated: 'The routine immunisation of infants and adolescents should receive the highest priority. Hepatitis B vaccination should be integrated into the routine infant immunisation programme in all countries.'

Adolescent vaccination programmes: The Board also supports recommendations made by the WHO Global Advisory Group of the Expanded Programme on Immunisation endorsed by the World Health Assembly in 1992: 'Hepatitis B vaccine should be integrated into the national immunisation programmes ... in all countries by 1997. Countries with a [low] prevalence may consider immunisation of all adolescents as an addition or alternative to infant immunisation.'

Adolescent programmes should be directed at young adolescents before the age of 13, and are appropriate in countries where there are structures and resources for delivery of vaccines to

'The routine immunisation of infants and adolescents should receive the highest priority'

young adolescents such as school health services.

Infant plus adolescent vaccination programmes: Combined universal early adolescent and infant vaccination programmes have been shown to have the fastest impact on reducing levels of hepatitis B infection. Vaccination of young adolescents can of course stop once the first group of individuals vaccinated as infants reach early adolescence.

High-risk strategies plus universal vaccination: High-risk group approaches have failed to control hepatitis B infection in the general population. But it is good medical practice to protect individuals in these groups. Strategies aimed at vaccinating and changing behaviour in high-risk groups should therefore continue.

However, universal vaccination programmes are also needed to eliminate hepatitis B infection, even in areas of low endemicity, because high-risk strategies alone are clearly failing. Public health officials, healthcare providers and the public need to be aware of this and take action.

2. Recommendations for maternal screening

Where screening of pregnant women for hepatitis B markers exists, it should

continue, but any screening programme should cover all women rather than selected groups. Selective screening has been shown to miss many cases of hepatitis B.

The VHPB recommends that, within 12 hours of birth, babies born to carrier mothers should receive specific hepatitis B immunoglobulin (HBIG) and the first dose of vaccine at another injection site.

Where effective maternal screening programmes do not exist, the VHPB feels that resources may be better directed towards a universal vaccination programme aimed at adolescents or infants, or both.

3. Combined vaccines

The VHPB supports efforts to add hepatitis B vaccine to existing childhood vaccines in combinations. However, it believes that universal hepatitis B vaccination of infants should not be delayed until such combined vaccines are available. The introduction of these combined vaccines may take some years.

4. Raising awareness about the dangers of hepatitis B

The VHPB recognises the importance of raising the awareness of healthcare providers, health policy makers and the general public (especially parents) about the dangers of hepatitis B as a community health risk and the need for preventive measures – the most important of which is universal vaccination. It aims to produce and support educational initiatives targeted at these groups.

1. World Health Organisation. Control of Viral Hepatitis in Europe. Report on a WHO Working Group, Munich, Germany, 22-25 April, 1991.
2. Expanded Programme on Immunisation, World Health Organisation, Report on the 14th Global Advisory Group, Antalya, Turkey, 14-18 October, 1991.

Repeated messages in scientific papers

Ped]



CMI
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AND INFECTION



Review

A cohesive European policy for hepatitis B vaccination, are we there yet ?



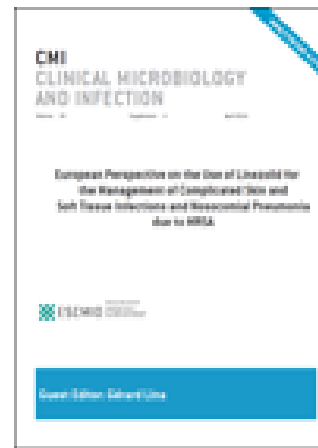
T. Lernout^{1,2,*}, G. Hendrickx^{1,2}, A. Vorsters^{1,2}, L. Mosina³, N. Emiroglu^{2,3}, P. Van Damme^{1,2}

Issue

Article first published online: 7 MAR 2014

DOI: 10.1111/1469-0691.12535

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Clinical Microbiology and Infection


Early View (Online Version of Record published before inclusion in an issue)

in countries with medium and low prevalence, is a priority. There is no reason why hepatitis B should not follow the success of smallpox, polio, diphtheria and measles vaccination.

Keywords: Hepatitis B; Viral Hepatitis Board; North America



Use of press releases



PR Newswire
A UBM plc company

December 12, 1999

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THE VIRAL HEPATITIS PREVENTION BOARD (VHPB) RECOMMENDS UNIVERSAL CHILDHOOD VACCINATION AGAINST HEPATITIS A BE CONSIDERED FOR EUROPEAN COMMUNITIES WITH REPEATED OUTBREAKS



Erasmus MC Persbericht Rotterdam, 13 november 2008

Aanpak hepatitis in Nederland loopt achter

Kopstukken uit de wereld bespreken Nederlandse situatie

Nederland loopt achter in het voorkómen van hepatitis als gevolg van virusinfecties, zoals Hepatitis B en C. Ook de opsporing van hepatitis kan beter. Op donderdag 13 november komen kopstukken uit de wereld bijeen in Rotterdam om te praten over de Nederlandse situatie. Volgens deskundigen moet er vooral meer aandacht komen voor vaccinatie tegen Hepatitis B en moet de opsporing van hepatitis aanzienlijk worden verbeterd. De bedoeling is het aantal patiënten met hepatitis drastisch te verlagen.



Change of Scope

- Up to 2013, activities mainly targeted primary prevention of viral hepatitis, and more specifically hepatitis B vaccination. In line with WHO's Framework for Global Action for the Prevention and Control of Viral Hepatitis Infection, the VHPB wishes to address also secondary and tertiary prevention (care and treatment), necessary to achieve a meaningful degree of prevention and protection.



Current VHPB mission

■ Mission statement

The objective of VHPB is to contribute to the **control** and **prevention** of **viral hepatitides**:

- by drawing the attention to this important public health problem
- by issuing prevention and control guidance and catalyse the development of recommendations,
- by encouraging actions to improve control, prevention and elimination.

All activities are in line with **viral hepatitis elimination goals**
defined by **WHO** Global strategy

Focus audiences are, in first instance, opinion leaders, policymakers, public health and health care professionals



Way of Working

VHPB advisors

Intern. organisation



Antons Mozalevskis
WHO-Euro



Erika Duffell
ECDC



Marko Korenjak
ELPA



John Ward
Global task force



Maria Buti
EASL



CDC

Public Health



David Goldberg
Scotland



Mira Kojouharova
Bulgaria



Silvia Bino
Albania



Sema Mandal
UK

VHPB advisors

Academic/University



Paolo Bonanni
Italy



Vladimir Chulanov
Russia



Angela Dominguez
Spain



Helène Norder
Sweden



Vana Papaevangelou
Greece



Mojca Maticic
Slovenia



Rui Tato Morinho
Portugal



Daniel Shouval
Israel



Pierre Van Damme
Belgium



Thomas Van Wolleghe
Belgium/The Netherlands



Board members

- Experts in the different fields of Hepatitis/representing different regions
 - Epidemiology, Burden of disease, Blood safety, prevention (Mother to child transmission), Clinical practice, Harm reduction, HBV and HCV diagnosis screening, HBV and HCV treatment, other hepatides, Public Health, Molecular biology
- Assigned for 3 years
- Honorary members/renewal

VHPB Honorary Advisors

- Prof. Dr. Selim Badur
- Dr. Hans Blystad
- Dr. Claire Cameron
- Prof. Dr. Pietro Crovari
- Dr. Nedret Emiroglu
- Prof. Dr. Alain Goudeau
- Prof. Dr. Peter Grob
- Dr. Nicole Guérin
- Priv.Doiz. Dr. Med. Habil. Johannes F. Hallauer †
- Prof. Dr. Med. Wolfgang Jilg
- Dr. Mark Kane
- Dr. Daniel Lavanchy
- Dr. Harold Margolis
- Dr. Eric Mast
- Dr. Elisabeth McCloy
- Prof. Dr. André Meheus †
- MSc. Tatjana Reic
- Prof. Dr. Lars Rombo
- Dr. Françoise Roudot-Thoraval
- Dr. Colette Roure
- Dr. Craig Shapiro
- Dr. Steven Wiersma
- Dr. Alessandro Zanetti

These honorary members are elected for a lifelong term and are invited to VHPB meetings on an ad hoc basis.

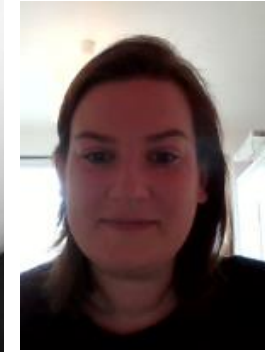
VHPB secretariat

Executive secretary

- Pierre Van Damme

Personnel involved

- Greet Hendrickx
- Sara Valckx
- Brenda Janssens
- Xenia Mikulla
- Ricardo Burdier
- Dur-e-Nayab Waheed
- Alex Vorsters



All secretariat members have additional tasks in the VAXINFECTIO department of the University of Antwerp

Located within the facilities of the Centre for the Evaluation of Vaccination (CEV), University of Antwerp

HPV prevention and control board is embedded in the same facilities.



Funding

- VHPB is supported by *unrestricted* grants from the vaccine industry (GlaxoSmithKline Biologicals, Sanofi Pasteur MSD, Sanofi Pasteur, Merck, Gilead, Abbvie), several universities in Europe and other institutions.
- All funds are collected by the University of Antwerp
- For the VHPB and its advisors **strict operational and scientific independence is essential**. VHPB advisers and invited experts get only travel and subsistence reimbursed according to the University Rules, no honorary or other forms of remuneration are provided
- **In-kind supports** from the advisors

VHPB modus operandi



Two meetings per year

1. Technical meeting

- Discuss, review and issue guidelines or recommendations for critical issues in viral hepatitis focusing on public health impact

2. Country meeting

- Understand strategies and programs to control viral hepatitis in the country
- Monitor progress of countries in control of viral hepatitis, verify the WHO elimination goals
- Create a platform where people of the country involved in viral hepatitis can discuss and can start future initiatives
- Initiate or accelerate the development of a National viral hepatitis plan
- Draft guidelines to support countries based on lessons learned from other countries

Meetings - Way of working



Meeting topics- countries
Objectives – meeting outcome

Literature –web review



Draft agenda

Potential speakers

Potential participants





VHPB TECHNICAL MEETING
 +++Online+++

The impact of COVID-19 on the
(1) prevention of viral hepatitis
(2) 2030 WHO elimination goals

18 & 25 March 2021 – 16h30 until 20h00
 Draft MEETING agenda

MEETING OBJECTIVES

The impact of COVID-19 on the prevention of viral hepatitis

- Evaluate the impact of the COVID-19 pandemic on National/regional vaccination and prevention programs for viral hepatitis
- Discuss how increasing vaccine hesitancy due to the pandemic may endanger the high coverage rates of hepatitis B vaccination
- Evaluate lessons learnt from existing catch up programmes
- Discuss the scale up of the public health needs to improve prevention and immunization of viral hepatitis which were negatively influenced by the pandemic

The impact of COVID-19 on the viral hepatitis elimination goals

- Evaluate the impact of the COVID-19 pandemic on viral hepatitis, screening, control & treatment in Europe
- What is the influence of the COVID-19 pandemic on the elimination goals, regionally and on country level
- Review the possible implementation of control measures, new prevention strategies and monitoring systems during and after a pandemic, lessons learnt,
- Assess the (extra) needs to achieve the goal of eliminating viral hepatitis as a major public health threat in Europe by 2030 as defined by WHO's Regional office for Europe. Discuss successes, issues and the new challenges

part1 The impact of COVID-19 on the prevention and vaccination of viral hepatitis

Thursday 18 March 2021

Introduction of the participants

Chair: Greet Hendrickx

16:30-17:00

- Welcome and opening of the meeting
- Welcome and opening
- Introduction of the participants

Session 1.1: COVID-19 impact on hepatitis prevention in risk groups

Chair: Monika Korenčič

17:00-17:40

How is the pandemic affecting harm reduction services working on HIV, hepatitis and STIs

Pre-recorded

[Discussion in HIV, hepatitis and STI services due to Covid](#)

Nicole **Sepp** (WHO)

EMCDDA

Impact of COVID-19 on harm reduction services

Live

Jane Mountney (head of public health EMCDDA)

Correlation Network

How harm reduction must go on – focusing on hepatitis

Pre-recorded

Eberhard Schutz (C-CHRN)

This is a draft version of the VHPB meeting agenda, not all proposed speakers confirmed yet

Broad range of topics covered in 30 years

- Hepatitis B vaccination
 - Universal Immunisation programs
(transition from risk group strategy to universal immunization)
 - Adolescent and new-born programmes
 - Safety issues
 - long term efficacy Surveillance best practice
 - Vaccine shortage
 - Non-responders
 - Occult hepatitis
 - Long term (+25y) HBV vaccination and treatment (2022)
- Hepatitis B and C asymptomatic infection and chronic carriage
 - Surveillance activities
 - Identification and management
 - Treatment of hepatitis C a public health challenge
 - Impact of treatment non-responders on public health
 - Perinatal transmission
- Treatment as Prevention (2020)
 - Of HCV in risk groups
 - Of HBV to prevent MTCT & progression of liver disease
- Injection safety and safe blood supply
 - Realization that ~50% injections unsafe in developing world
- HBV mutants and variants
 - Prediction “Escape mutants” would negate gains of immunization.
- Prevention and control of hepatitis in migrants and refugees
 - Increasingly important issue
- How to reach risk groups
- Hepatitis A and E
 - Hepatitis A: one dose (2020)
- Hepatitis D (2021)
- Economical analysis
 - A viral hepatitis free future: how to make it affordable
- The impact of COVID-19 on the prevention and control of viral hepatitis (2021)



Countries covered

- Italy (2002)
- Germany and the Nordic Countries (2003)
- France (2004)
- UK (2005)
- Spain (2006)
- Greece (2007)
- The Netherlands (2008)
- Turkey (2009)
- Portugal (2010)
- Bulgaria (2011)
- Arctic Region (2012)
- Israel (2013)
- Brazil (2014)
- Baltic states (2015)
- Albania (2016)
- Belgium – Luxembourg (2017)
- The Russian Federation (2018)
- Hungary (2019)
- Balkan (2022)



VHPB meeting out European region

Hepatitis A – Miami 2007



Objectives of the meeting:

- review the changing epidemiology of HAV and its impact on burden of disease and prevention strategies
- share country experiences and effectiveness of different hepatitis A vaccination strategies
- review diagnostic and surveillance issues
- assess and examine different outbreak control measures
- discuss the economics of universal hepatitis A vaccination in children compared to other health care interventions
- position HAV burden of disease and prevention options vis-à-vis other vaccine-preventable infections
- assess and discuss vaccine efficiency and long term immunogenicity data
- assess the future of global prevention and control of hepatitis A infection.

Brazil 2014



Hanoi – Vietnam 2018





VHPB output

Scientific publication and meeting reports

Peer reviewed publications

For all see: <https://www.vhpb.org/vhpb-publications>

Viral hepatitis related publications of advisers A selection of VH related publications of advisers by year of publication is enlisted on the VHPB website:
<http://www.vhpb.org/reference-list-board-members>.

- Last update list: May 2022

HEAD TO HEAD

Should Europe have a universal hepatitis B vaccination programme?

WHO recommends that hepatitis B virus should be included in childhood vaccination programmes. **Pierre Van Damme and colleagues** argue that universal immunisation is essential to stop people becoming carriers but **Tuija Leino and colleagues** think that a targeted approach is a better use of resources in countries with low endemicity

Pierre Van Damme *professor*¹, Elke Leuridan *postdoctoral researcher*¹, Greet Hendrickx *project manager*¹, Alex Vorsters *researcher*¹, Heidi Theeten *assistant professor*¹, Tuija Leino *senior medical officer*², Mika Salminen *research professor*³, Markku Kuusi *senior medical officer*³

Over 90 peer reviewed publications



Conference report

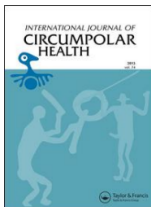
Incentives and barriers regarding immunization against influenza and hepatitis of health care workers

ARTICLE INFO

Keywords:
Vaccination
Immunization
Health care workers
HCW
Viral hepatitis
Influenza

ABSTRACT

A meeting of the Viral Hepatitis Prevention Board in Barcelona in November 2012 brought together health care professionals concerned with viral hepatitis and those concerned with other vaccine-preventable diseases (especially influenza) in order to share experiences and find ways to increase the protection of health care workers through vaccination. Despite the existence of numerous intergovernmental and national resolutions, recommendations or published guidelines, vaccine uptake rates in health care workers are often shockingly low and campaigns to increase those rates have been generally unsuccessful.



International Journal of Circumpolar Health

ISSN: (Print) 2242-3982 (Online) Journal homepage: <https://www.tandfonline.com/loi/zich20>

Burden and prevention of viral hepatitis in the Arctic region, Copenhagen, Denmark, 22–23 March 2012

David FitzSimons, Brian McMahon, Greet Hendrickx, Alex Vorsters & Pierre Van Damme

To cite this article: David FitzSimons, Brian McMahon, Greet Hendrickx, Alex Vorsters & Pierre Van Damme (2013) Burden and prevention of viral hepatitis in the Arctic region, Copenhagen, Denmark, 22–23 March 2012, International Journal of Circumpolar Health, 72:1, 21163, DOI: [10.3402/ijch.v72i0.21163](https://doi.org/10.3402/ijch.v72i0.21163)

To link to this article: <https://doi.org/10.3402/ijch.v72i0.21163>

FitzSimons et al. *Hepatology, Medicine and Policy* (2016) 1:16
DOI 10.1186/s41124-016-0022-8

Hepatology, Medicine and Policy

ROUNDTABLE DISCUSSION

Open Access

Innovative sources for funding of viral hepatitis prevention and treatment in low- and middle-income countries: a roundtable meeting report

David FitzSimons¹, Greet Hendrickx^{2*}, Johannes Hallauer³, Heidi Larson^{4,5}, Daniel Lavanchy⁶, Ina Lodewyckx², Daniel Shouval⁷, John Ward⁸ and Pierre Van Damme²



CrossMark



Advances in hepatitis immunization (A, B, E): public health policy and novel vaccine delivery

Greet Hendrickx, Alex Vorsters, and Pierre Van Damme

Purpose of review

This review offers an update on hepatitis A, B and E vaccines based on relevant literature published in 2011–2012. Hepatitis A and B vaccines have been commercially available for years; however, the development of the hepatitis E vaccine is still facing some challenges.

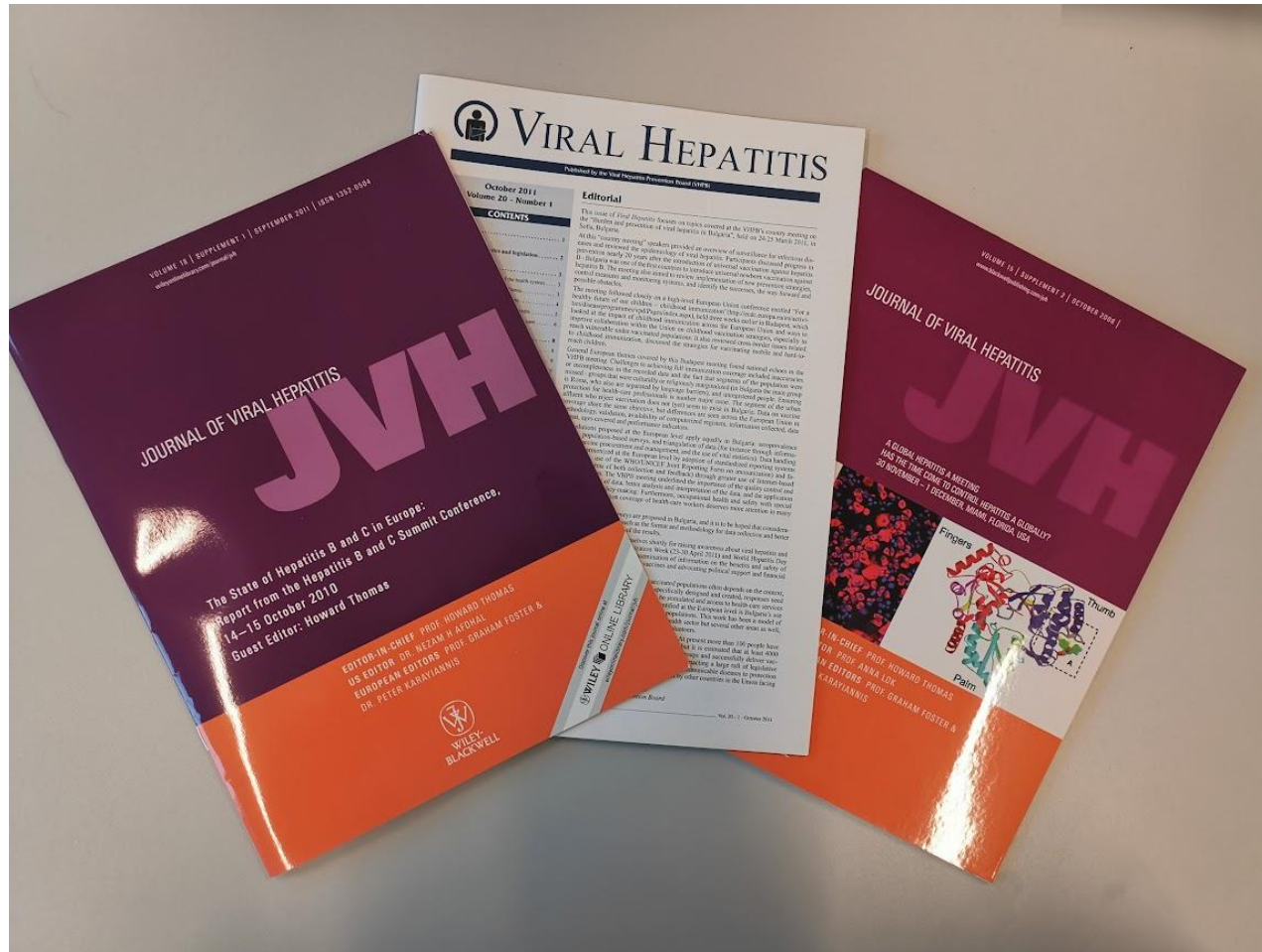
Recent findings

Current scientific evidence shows that both hepatitis A and B vaccines confer long-term protection. These data supported the updated recommendations from the WHO on hepatitis A and B vaccines and the respective booster policy. In addition, a single-dose hepatitis A vaccination programme may be an option for some intermediate endemic countries, as far as the epidemiological situation is further monitored. Recent data illustrate the co-administration of hepatitis A with infant vaccines, as well as the interchangeability with other hepatitis A vaccines. Two genetically engineered hepatitis E vaccines are currently in development, showing more than 95% protective efficacy.

Summary

Follow-up of vaccinated individuals confirms the long-term protection offered by the hepatitis A as well as hepatitis B vaccines. Data confirm the safety and immunogenicity profile of both vaccines, also when used in patient groups. The first data on the hepatitis E vaccine look promising, but questions on cross-protection, long-term efficacy and safety and immunogenicity in pregnant women and children less than 2 years

Meeting reports – Newsletters



VHPB Update 1/2021

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Dear subscriber,

2020 has been a challenging year. Due to the COVID-19 pandemic, the VHPB board decided to proceed with online meetings, instead of the usual technical and country meeting.

All materials, consisting of background documents, the meeting agendas, pre-recorded presentations and slides of the presentations are available on the website www.vhpb.org, in compliance with the author's permission. Reports are available or being finalised.

In this newsletter

1. Hepatitis A vaccination: one dose, 11 JUN 2020
2. Viral Hepatitis Treatment as Prevention
 - In risk groups, 15 OCT 2020
 - To prevent mother-to-child-transmission and to prevent the progression of liver disease, 22 OCT 2020
3. Report Viral Hepatitis Treatment as Prevention in Risk Groups
4. Upcoming meetings, 18 & 25 March 2021



Viral Hepatitis Prevention Board

[VHPB News](#) | [About us](#) | [Meetings](#) | [Publications](#) | [Resources](#) | [Links](#) | [Contact us](#)

Recent meetings

- ▶ 2022 March, Online VHPB meetings
- ▶ 2021 October, Online VHPB meetings
- ▶ 2021 March, Online VHPB meetings

Recent publications

- ▶ [Developing and Piloting a Standardized European Protocol for Hepatitis C Prevalence Surveys in the General Population \(2016-2019\).](#)
Sperle I, Nielsen S, Bremer V, Gassowski M, Brummer-Korvenkontio H, Bruni R, Ciccaglione AR, Kaneva E, Liitsola K, Naneva Z, Parchemlieva T, Spada E, Toikkanen SE, Amato-Gauci AJ, Duffell E, Zimmerman R on behalf of the .
Front. Public Health, 28 May 2021; doi: 10.3389/fpubh.2021.568524

News - 2022 The VHPB endorses the World Hepatitis Summit 2022 statement which urges for action to eliminate viral hepatitis

The VHPB endorses the World Hepatitis Summit 2022 statement, which urges for action to eliminate viral hepatitis.

[Read more](#)

News - 2022 WHO Final global health sector strategies on respectively, HIV, viral hepatitis and sexually transmitted infections, 2022-2030

The Seventy-Fifth World Health Assembly noted with appreciation the new **Global Health Sector Strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022-2030 (GHSS)** and approved its implementation for the next 8

[Read more](#)

News - 2022 VHPB meeting: Long term HBV vaccination and treatment

The VHPB organised a technical meeting: Long-term HBV vaccination and treatment on the 29-30th of March 2022.

[2022 March, Online VHPB meetings](#) | [Viral Hepatitis Prevention Board](#)

All meetings' presentations – conclusions



The screenshot shows the VHPB website with a header featuring a stylized liver and the text 'Viral Hepatitis Prevention Board'. A navigation bar includes links for 'VHPB News', 'About us', 'Meetings' (highlighted), 'Publications', 'Resources', 'Links', and 'Contact us', along with a search bar. The main content area is titled 'VHPB Meetings' and lists several technical meetings with their dates and formats. A sidebar on the left contains links for 'Pre-meeting documents', 'Presentations', and 'Meeting output'.

VHPB Meetings

[Home » Meetings » VHPB Meetings](#)

Meetings

- VHPB Technical meeting: Long term HBV vaccination and treatment
▶ 2022 March, Online VHPB meetings
- VHPB Technical meeting: The changing context of Hepatitis Delta
▶ 2021 October, Online VHPB meetings
- VHPB technical meeting: The impact of COVID-19
▶ 2021 March, Online VHPB meetings
- VHPB technical meeting: Viral hepatitis treatment as prevention (TAP)
▶ 2020 October, Online VHPB meetings
- VHPB technical meeting: Hepatitis A vaccination: One dose
▶ 2020 June, Virtual VHPB meeting

Pre-meeting documents

Presentations

Meeting output

VHPB Output –social media

Social media and other channels

- Newsletters
- Continued member of the Vaccine Safety Network
- Twitter



VHPB Update 1/2021

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4. Upcoming meetings, 18 & 25 March 2021

News and endorsements



Endorsement of the World Hepatitis Day (annually)



Promotional material: video with statements from our advisors on why 'hepatitis can't wait', available on www.vhpb.org





VHPB networking activities

Example of VHPB networking activities

- *HepBCPPA* Hepatitis B&C Public Policy Association's member of general board
- ACHIEVE activities
 - Achieve event on cancer prevention & hepatitis elimination has been confirmed for October 12th 2021
 - ACHIEVE Event: 'Setting the course for Hepatitis elimination – what the EU can do to help reach the WHO 2030 goal' 7 December 2021
 - Input in several ACHIEVE activities
- WHO
 - Hepatitis A working group – on going
 - WHO Regional Consultation for Developing Global Health Sector Strategies on HIV, Viral Hepatitis and STIs
- ECDC
 - ECDC hepatitis B/C Network meeting
- ELPA stakeholders meeting: 2nd December 2021
- [IVEM 2021](#) 3-4 December in Amsterdam, the Netherlands (VHPB endorse the meeting)



Europe





Summary

Summary - What does the VHPB offer

- **Two very high level scientific meetings per year**
 - One Technical meeting
 - One Country meeting
 - *High level, very actual presentations*
 - *Open discussion*
 - *Informal contact with all hepatitis experts*
- **Participating in a specific viral hepatitis network, focusing on public health and health care providers**
- **Keep Hepatitis on the public health agenda (beating cancer plan)**
- **Regular output on scientific platforms, website and other (social) media**
- **VHPB keeps an eye on what's happening in the field and if needed the expert panel that can be consulted when required**



VHPB - After 30 years still very active and needed !!



Hepatitis Elimination

