

# Meeting Report

## INFORMAL CONSULTATION ON THE QUALITY IMPROVEMENT OF LABORATORY SERVICES FOR VIRAL HEPATITIS IN THE WESTERN PACIFIC REGION



26–27 June 2018  
Manila, Philippines



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WORLD HEALTH ORGANIZATION  
REGIONAL OFFICE FOR THE WESTERN PACIFIC

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MEETING REPORT

INFORMAL CONSULTATION ON THE QUALITY IMPROVEMENT OF  
LABORATORY SERVICES FOR VIRAL HEPATITIS  
IN THE WESTERN PACIFIC REGION

Convened by:

WORLD HEALTH ORGANIZATION  
REGIONAL OFFICE FOR THE WESTERN PACIFIC

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26-27 June 2018

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## NOTE

The views expressed in this report are those of the participants of the Informal Consultation on the Quality Improvement of Laboratory Services for Viral Hepatitis in the Western Pacific Region and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Informal Consultation on the Quality Improvement of Laboratory Services for Viral Hepatitis in the Western Pacific Region in Manila, Philippines from 26 to 27 June 2018.

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## ABBREVIATIONS

CLIA	chemiluminescent immunoassay
DTS	dried tube specimens
ELISA	enzyme-linked immunosorbent assay
EQA	external quality assessment
EQAS	External Quality Assessment Scheme
FDA	Food and Drug Administration
G6PD	glucose-6-phosphate dehydrogenase
HAV	hepatitis A virus
HBsAg	hepatitis B surface antigen
HBV	hepatitis B virus
HCV	hepatitis C virus
HDV	hepatitis D virus
HEV	hepatitis E virus
HPV	human papillomavirus
ISO	International Organization for Standardization
IVD	in vitro diagnostic
NCCL	National Center for Clinical Laboratories
NRL	National Serology Reference Laboratory
PPTC	Pacific Paramedical Training Centre
RPR	rapid plasma reagin
SPC	Pacific Community
STI	sexually transmitted infection
TPPA	Treponema pallidum particle agglutination
US CDC	United States Centers for Disease Control and Prevention
VIDRL	Victorian Infectious Diseases Reference Laboratory
WHO	World Health Organization

## SUMMARY

Viral hepatitis is a major public health burden. Compared with other World Health Organization (WHO) regions, the Western Pacific Region has the highest numbers of people living with hepatitis B virus (HBV) and hepatitis C virus (HCV), accounting for 40% of the world's burden. An estimated 14 million people with chronic HCV and 115 million with chronic HBV live in the Western Pacific Region. Cirrhosis and liver cancer, consequences of chronic HBV and HCV infection, are responsible for 99% of deaths associated with hepatitis infections in the Region. Liver cancer is the second most common cause of cancer deaths in Asia and the Pacific, with approximately 60% of liver cancer cases resulting from chronic HBV or HCV infection. Thirty-three per cent of all viral hepatitis-related deaths occur in the Western Pacific Region, translating to more than 1200 deaths every day.

The Informal Consultation on the Quality Improvement of Laboratory Services for Viral Hepatitis in the Western Pacific Region was held from 26 to 27 June 2018 in Manila, Philippines. The meeting was attended by experts from national reference laboratories in the Region, WHO collaborating centres that provide laboratory support and key partners supporting work on laboratory quality assurance and capacity-building.

The following conclusions were proposed for the quality improvement of laboratory services for viral hepatitis in the Western Pacific Region.

1. Lessons learnt from HIV testing services, including quality assurance, can be applied to enhance the quality of laboratory services for viral hepatitis and other infections through close collaboration with country stakeholders and regional partners.
2. Establishing close collaboration and networks between laboratories in countries and partner institutions in the Region using existing systems can facilitate the enhancement of viral hepatitis laboratory services.
3. National laboratories that facilitate external quality assessment (EQA) in country should have the capacity to prepare proficiency test panels using panel samples received from regional laboratories (or create panels on their own), distribute them to subnational laboratories within the country, and provide feedback and training.
4. The EQA programme can be implemented more efficiently and sustained by using new technology (for example, dried tube specimens [DTS] for easier sample transportation and lower costs), by avoiding duplication of EQA by multiple institutions, and by providing support to key national laboratories.

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