VIRAL HEPATITIS SITUATION AND RESPONSE IN KIRIBATI

2015

World Health Organization
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ABBREVIATIONS

anti-HBs	hepatitis B surface antibody
anti-HBc	hepatitis B core antibody (Total)
APRI	aspartate aminotransferase-to-platelet ratio index
AST	aspartate aminotransferase
CI	95% Confidence interval
DHS	Demographic and Health Survey
EPI	Expanded Programme on Immunization
FBC	full blood count (haemoglobin, white blood cells and platelets)
HBcAb	hepatitis B core antibody
HBeAG	hepatitis B e-antigen
HBeAG	hepatitis B e-antigen
HBsAg	hepatitis B surface antigen
HBV	hepatitis B virus
HCV	hepatitis C virus
HDV	hepatitis D virus
HDV RNA	hepatitis D RNA viral load
HIS	Health Information Service
KFHA	Kiribati Family Health Association
MSM	men who have sex with men
MTC	Marine Training Centre
NCD	noncommunicable disease
NMTC	National Medicines and Therapeutics Committee
PEN	WHO Package of Essential Noncommunicable Disease Interventions for Primary Health Care in Low-Resource Settings
STEPS	STEPwise approach to surveillance
STI	sexually transmitted infection
TCH	Tungaru Central Hospital
VCCT	voluntary confidential counselling and testing
VH	viral hepatitis
VIDRL	Victorian Infectious Diseases Reference Laboratory
WHO	World Health Organization

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The report was written by Julia Scott, consultant, and Nick Walsh, former Medical Officer (Viral Hepatitis), WHO Regional Office for the Western Pacific.

EXECUTIVE SUMMARY

A review of the viral hepatitis situation and response in Kiribati was carried out by a team from the World Health Organization (WHO) Regional Office for the Western Pacific in collaboration with the WHO Kiribati Country Liaison Office and the Kiribati Ministry of Health and Medical Services. The review took place from 24 August to 3 September 2015. The review team visited public hospitals, clinics and other services involved in viral hepatitis in South Tarawa and North Tarawa. The team reviewed infection control policies and practices in these settings, and met with health-care workers and community members. A technical meeting of key stakeholders was held on 26 August 2015 to discuss the burden of viral hepatitis and related liver disease, and strategies to achieve access to hepatitis B treatment in Kiribati.

Hepatitis B is highly endemic in Kiribati. Studies from past decades and recent laboratory data have indicated an adult prevalence of at least 15%. Hepatitis B immunization has resulted in a much lower childhood prevalence of hepatitis B surface antigen (HBsAg) at 3.3% among children 5–9 years old. However, this remains above the regional target. Hepatitis C prevalence in Kiribati is low, and as is incidence of hepatitis A and E and prevalence of hepatitis D, although data from the 1990s indicate that hepatitis D virus (HDV) is present. Transmission of hepatitis B has been predominantly mother-to-child and early horizontal, but other possible mechanisms for transmission exist, including sexual transmission and transmission in health-care settings.

There is low community awareness of hepatitis, and there is neither a specific national policy nor focal point for hepatitis. Data collection is very limited and the hepatitis treatment burden is unknown. There are limited data on cirrhosis and hepatocellular carcinoma. The hepatitis B infant immunization programme has shown success, though birth-dose coverage remains insufficient, and there have been limited catch-up vaccination initiatives to older groups. Policies for vaccinating close contacts of people with hepatitis B virus (HBV) and health-care workers do exist, though implementation is limited. Adult HBV vaccination is provided to some health-care workers and seafarers during vocational training. Infection prevention and control policies exist, but a lack of training and implementation have hampered the effectiveness of these policies.