## **National Viral Hepatitis Control Program**

Dr Sandhya Kabra
Deputy Commissioner, NVHCP





## **National Viral Hepatitis Control Program**

SDG goal 3.3 to ....combat viral hepatitis



#### **Aims**

Elimination of Hepatitis C by 2030

 Reduction in the infected population, morbidity and mortality associated with Hepatitis B and C

• Reduce the risk, morbidity and mortality due to Hepatitis A and E.



## **Key Objectives**

 Enhance community awareness on hepatitis and lay stress on preventive measures

 Provide early diagnosis and management of viral hepatitis at all levels of healthcare

 Develop capacities for implementation of standard diagnostic and treatment protocols



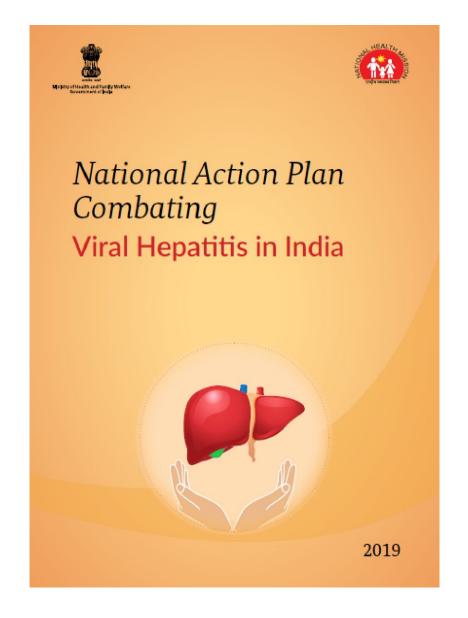
## **Key Objectives**

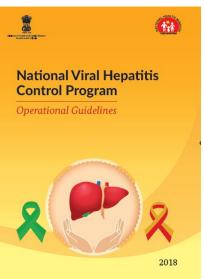
- Strengthen the existing infrastructure facilities
  - build capacities of existing human resource
  - raise additional human resources, only where required

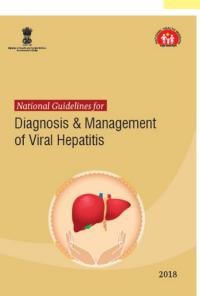
- Develop linkages with the existing programs/ ministerial activities
  - NACP, Immunisation, MH, Mo Drinking water and Sanitation

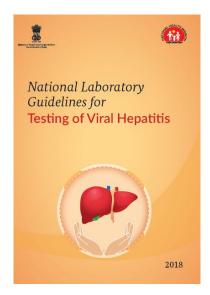


## Five key documents



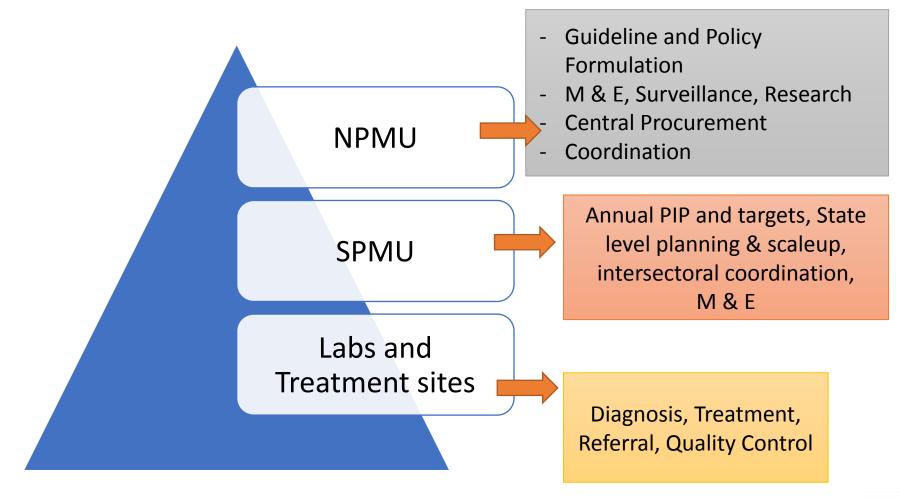








## Overall Framework- Snapshot





## Key interventions-Prevention

- Awareness generation & Behavior Change Communication
- Immunization for hepatitis B birth dose, high risk groups, health care workers

- Provision of safe blood and blood products
- Injection Safety by Use of RUP/AD syringes in all government HCFs
- Safe socio-cultural practices

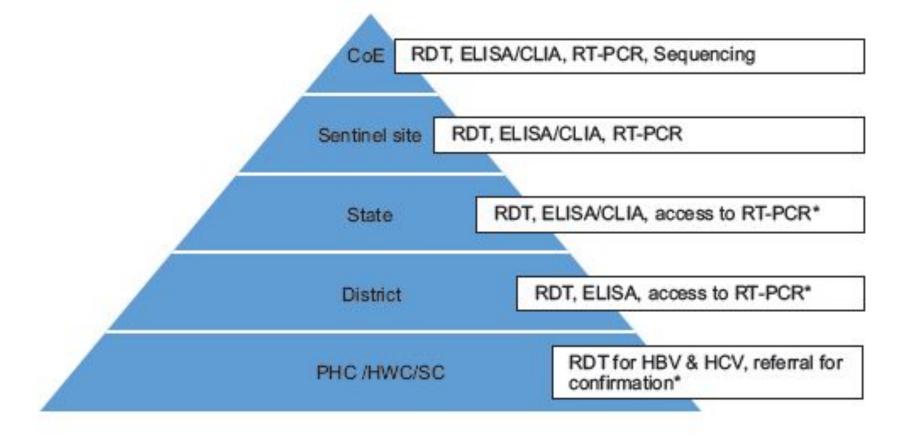


#### Key interventions-Diagnosis & Treatment

- Screening serological tests
- Confirmation molecular tests (where required)
- Treatment of uncomplicated cases at treatment centres, drug dispensation up to HWC
- Treatment of complicated cases at model treatment centres
- Referral and linkages
- Capacity building and quality assurance



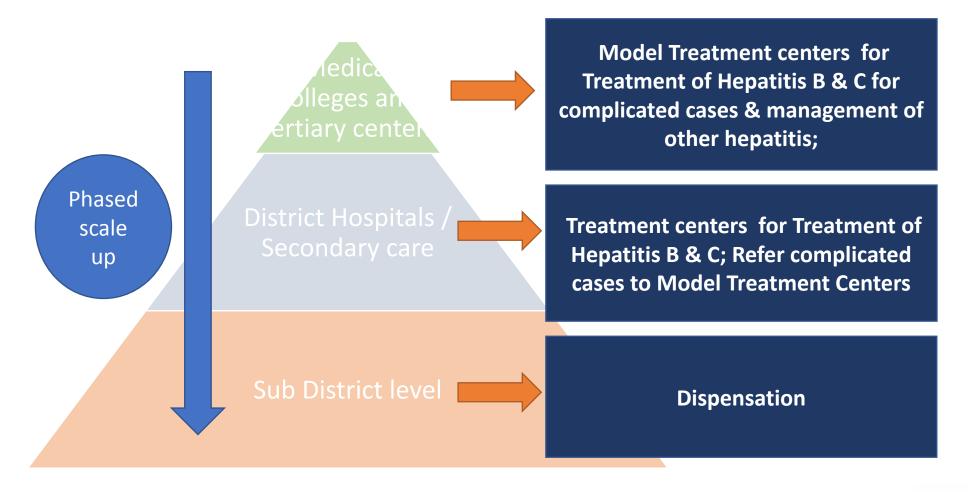
## Model for Diagnosis



<sup>\*</sup>If samples are to be transported, they need to be collected, packaged and transported within six hours of collection under suitable environmental conditions.



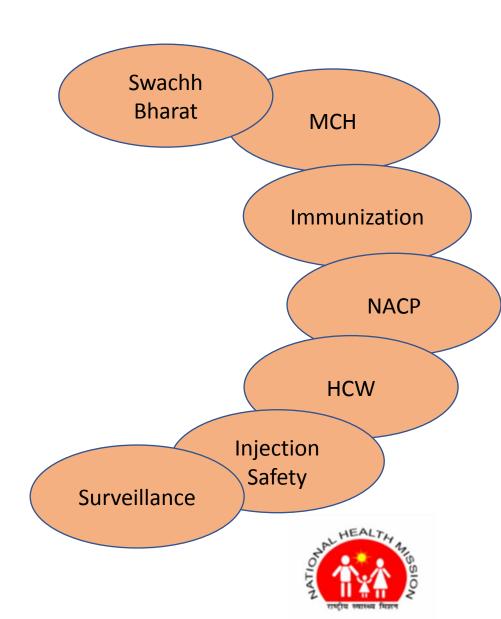
### **Model for Treatment**





#### Intersectoral collaboration

- NVHCP
- (All 5 viruses)
  - Awareness generation
  - Prevention
  - Diagnosis
  - Management



#### **Current Status**

- 710 centers functional in all States/Uts
- 75 lakh patients screened for Hepatitis B and C and 71, 000app.
   patients started treatment (Sept 2018 to March 2021)
- Consolidated the smaller projects and state programs under the National program for harmonization
- Introduction of hepatitis B testing for pregnant women
- Guidance on vaccination for health care workers at risk
- Guidance to shift towards RUP in government sector in a phased manner
- Targeted testing started: vulnerable population groups prioritized

Status Update – NVHCP States wise					
	At least one functional Treatment	Procu	ırement		ectoral ination
State	Sites per district	RDTs	HBIG	RCH	NACP

Yes

**Partial** 

No

Yes

**Partial** 

Yes

Yes

Yes

Yes

Yes

Yes

No

**Partial** 

No

**Partial** 

Yes

Yes

**Partial** 

**Partial** 

Yes

Yes

**Partial** 

No

**Partial** 

**Partial** 

Yes

Yes

Yes

**Partial** 

Yes

S. No.

2

3

4

5

6

8

9

10

**Andhra Pradesh** 

**Arunachal Pradesh** 

**Bihar** 

**Himachal Pradesh** 

**Jharkhand** 

**Mizoram** 

Rajasthan

**Tripura** 

**Uttar Pradesh** 

**West Bengal** 

Yes

No

No

No

No

**Partial** 

Yes

**Partial** 

**Partial** 

Yes

Yes

No

No

**Partial** 

No

**Partial** 

Yes

**Partial** 

**Partial** 

Yes

## Request to States

- Establishment of State Viral Hepatitis Control Management Unit (SVHMU) and State Steering Committee with at-least one positive community representative as member.
- Establishment of at least one Model Treatment Centre (MTC) & State Referral Lab in every state and treatment sites & diagnostic facilities in all districts.
- Master trainers trained in all states/UTs. States to cascade trainings for diagnosis and management of viral hepatitis along with portal entry on MIS in all aspects till facility level.
- Screening of all pregnant women for Hepatitis B Surface Antigen (HBsAg)& referral of all those who screen positive for institutional delivery to ensure that the newborn receives birth dose of hepatitis B along with Hepatitis B Immunoglobulin (HBIG) to prevent mother to child transmission.

# Thank You

