National Viral Hepatitis Control Program

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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

- **NPMU**
  - Guideline and Policy Formulation
  - M & E, Surveillance, Research
  - Central Procurement
  - Coordination

- **SPMU**
  - Annual PIP and targets, State level planning & scaleup, intersectoral coordination, M & E

- **Labs and Treatment sites**
  - Diagnosis, Treatment, Referral, Quality Control
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

*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

- Medical colleges and tertiary centers
- District Hospitals / Secondary care
- Sub District level

Phased scale up

Model Treatment centers for Treatment of Hepatitis B & C for complicated cases & management of other hepatitis;

Treatment centers for Treatment of Hepatitis B & C; Refer complicated cases to Model Treatment Centers

Dispensation
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, 000 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
<table>
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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