



Всемирная организация
здравоохранения

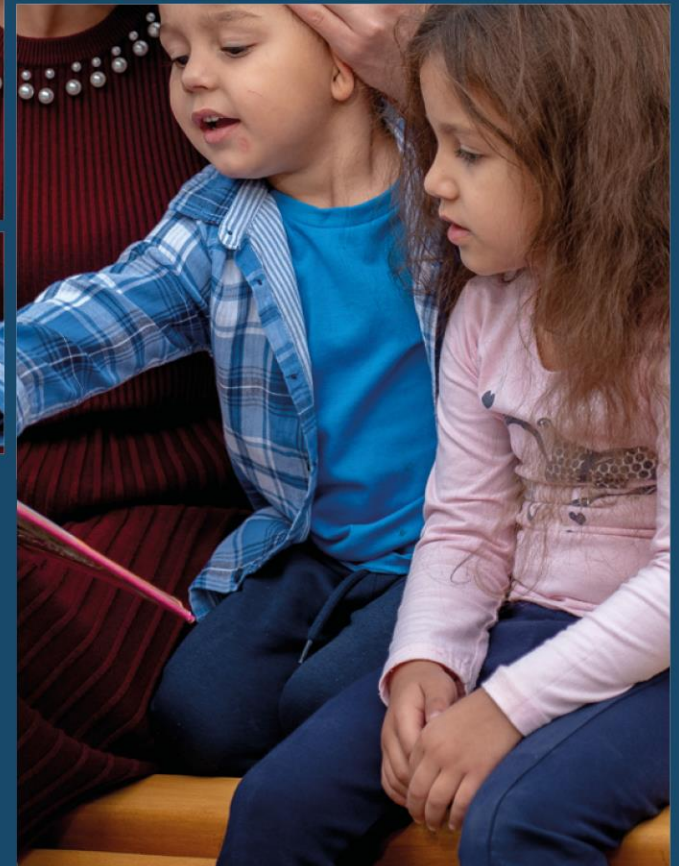
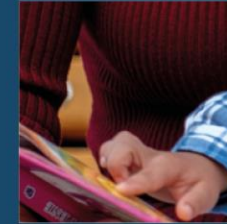
Европейский Регион



Европейская повестка дня
в области иммунизации
на период до 2030 г.

Boosting vaccines uptake towards control and elimination of hepatitis B in the WHO European Region

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preventable diseases & Immunization,
WHO Regional Office for Europe



Hepatitis B disease burden, WHO European Region, 2022

10,600,000 people live with chronic HBV infection
(6,159,859 – 19,600,070)

18,000 new chronic infections in 2022

32,000 death in 2022 due to cirrhosis or liver cancer

Global hepatitis report 2024: <https://www.who.int/publications/i/item/9789240091672> -

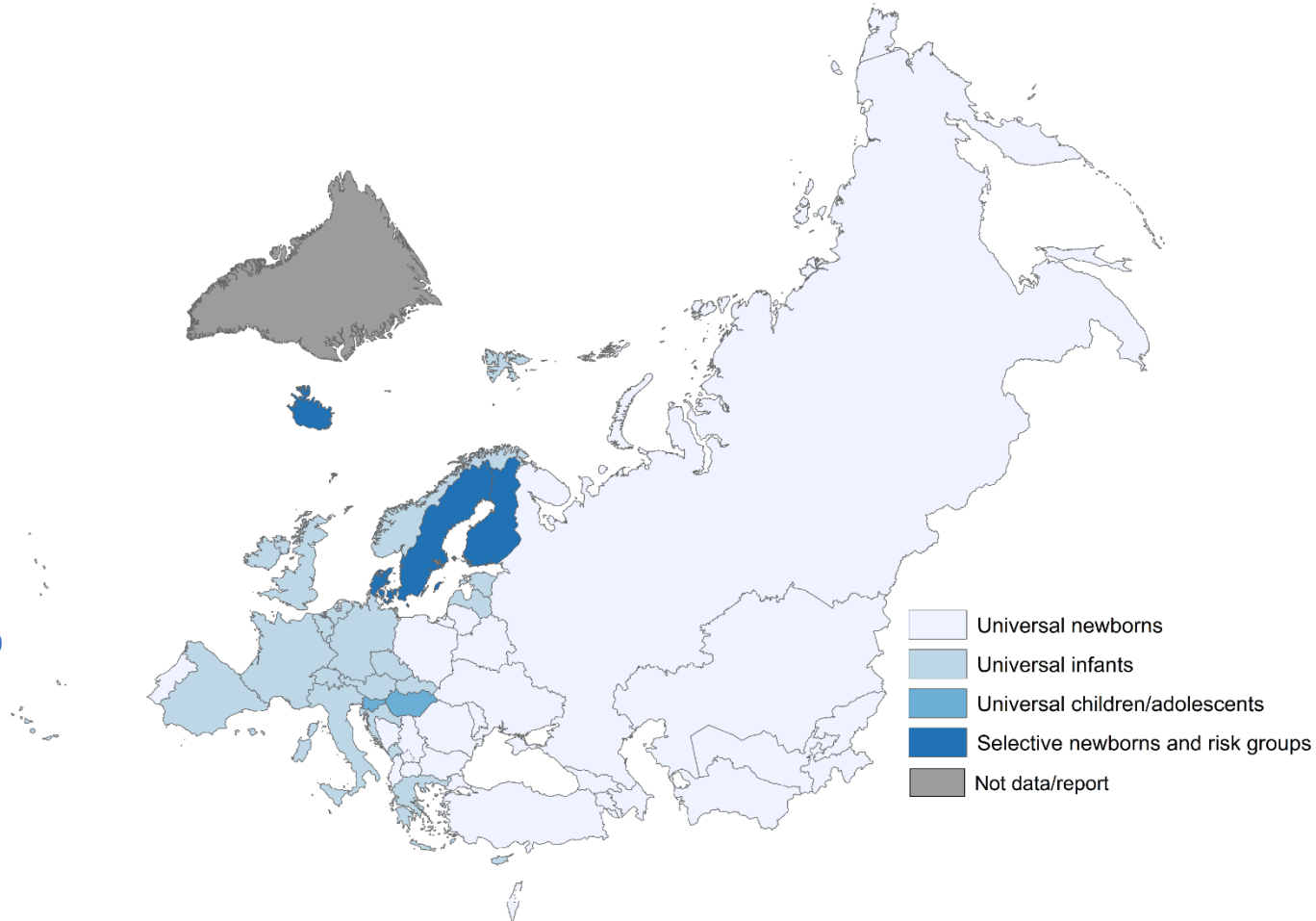


Hepatitis B vaccination, WHO European Region, 2024

First countries to
introduce universal
vaccination of
infants:

1990: Cyprus

1991: Bulgaria, Italy,
Spain and San Marino



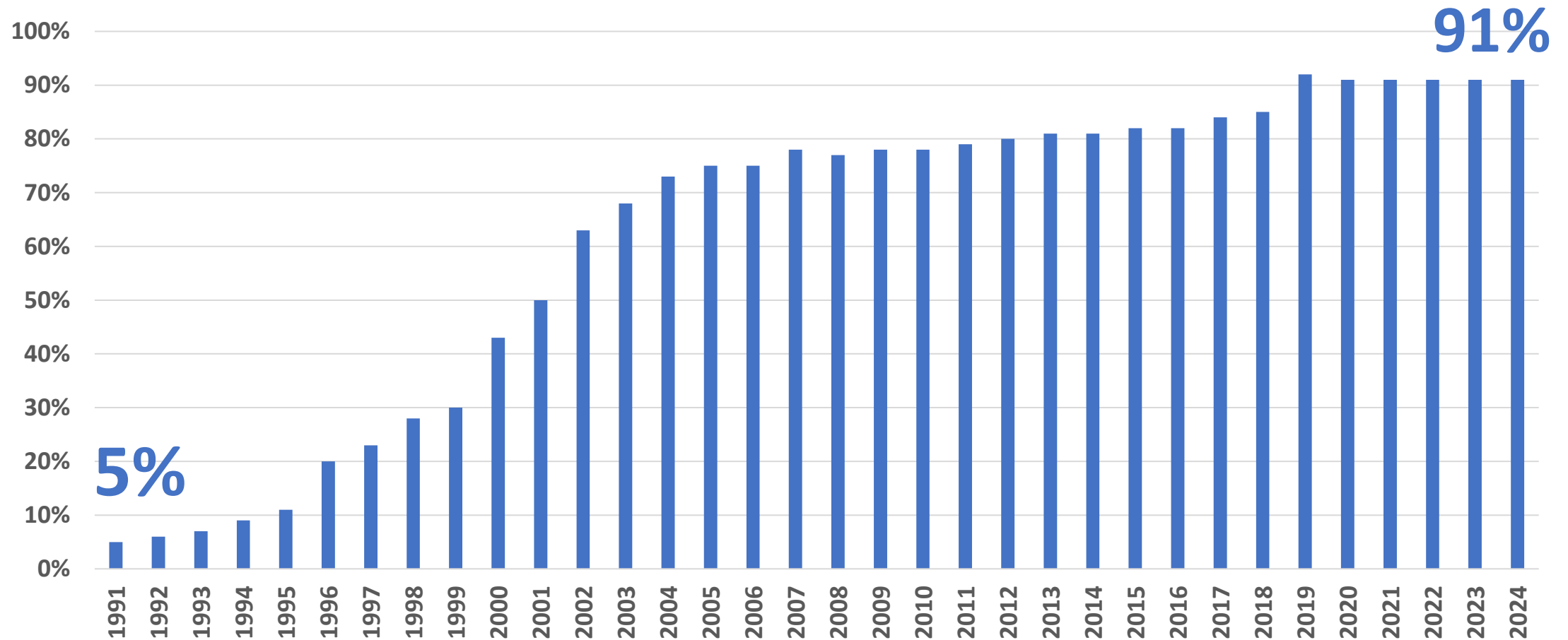
The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.
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Source: WHO Database
Updated on: 26 July 2021
Map Production: Vaccine-Preventable Diseases and Immunization (VIF),
Division of Country Health Programmes (CHP),
World Health Organization Regional Office for Europe.

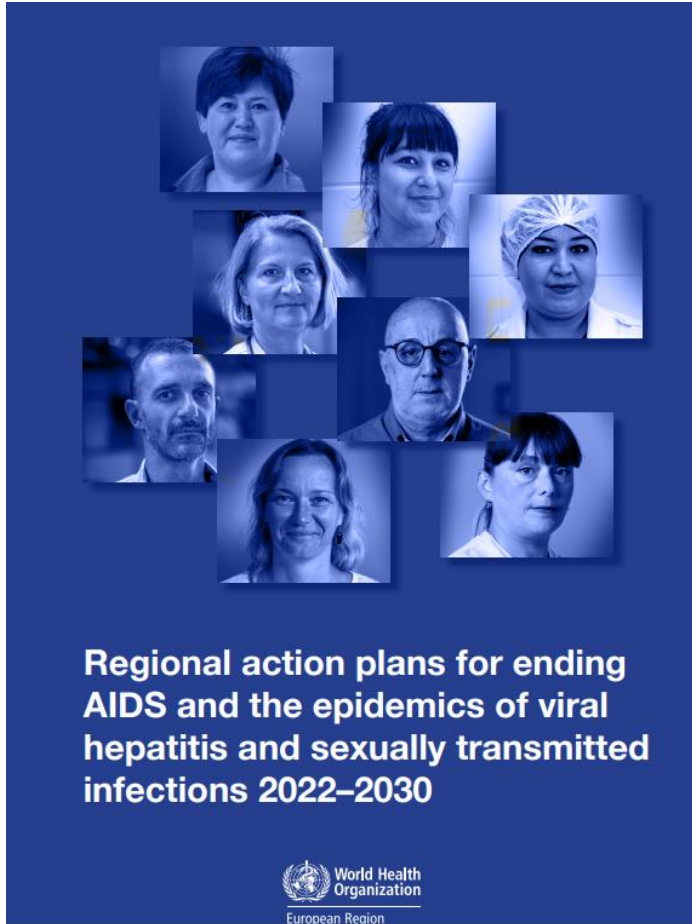


[WHO Immunization
Data portal - Global](#)

Coverage with 3 doses of hepatitis B vaccine, WHO European Region, 1991-2024



Hepatitis B control (2025) and elimination (2030) targets (immunization)



Hepatitis B elimination targets (2025/2030):

- 90% / 95% with three doses of vaccine
- 90% / 90% coverage with interventions to prevent perinatal transmission
- $\leq 0.5\%$ / $\leq 0.1\%$ HBsAg prevalence in cohorts born after introduction of universal vaccination



Validation of the achievement of hepatitis B control targets

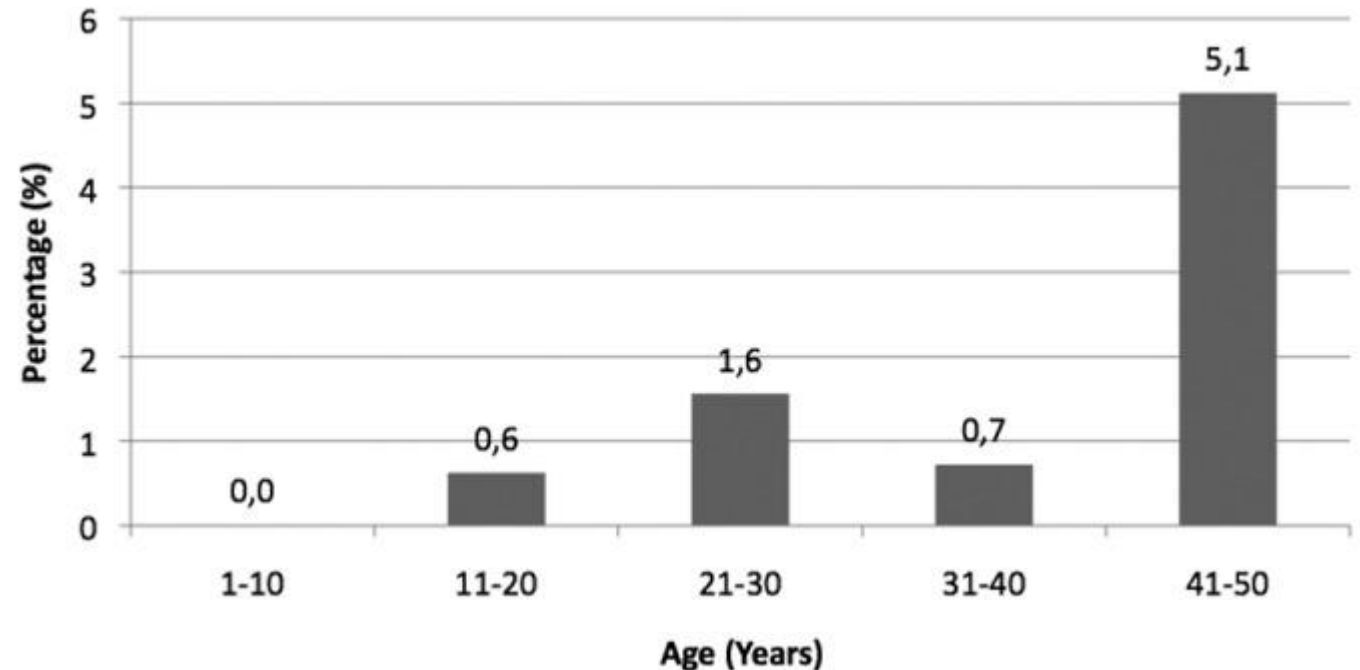
- Albania
- Armenia
- Georgia
- Belarus
- Italy
- Kyrgyzstan
- Republic of Moldova
- Netherlands
- Turkmenistan
- United Kingdom
- Uzbekistan



Italy

- **34 years** of hepatitis B vaccination programme
- Population protected up to **46 years of** age
- Consistently high(>90%) coverage:
 - Routine infant hepatitis B vaccination
 - Antenatal screening and vaccination at birth of newborns at risk

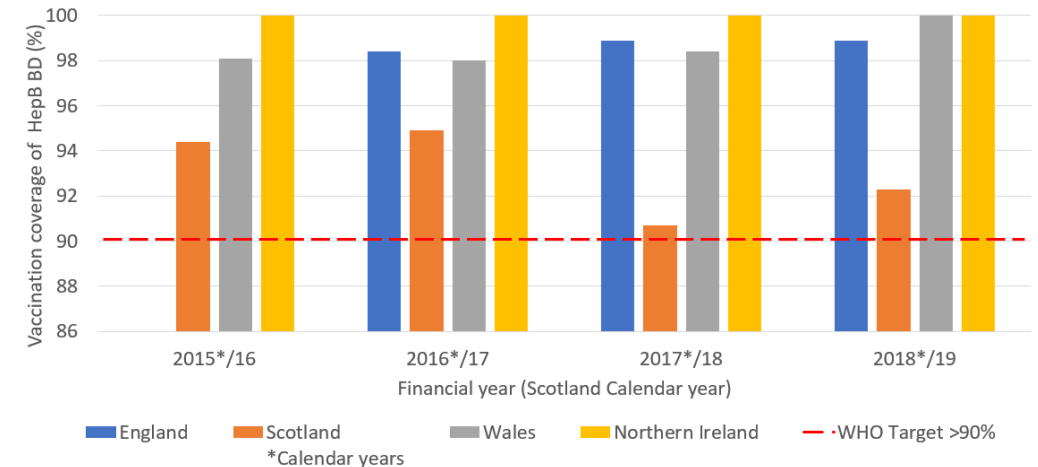
Impact of 20 years of hepatitis B vaccination: HBsAg prevalence by age, Tuscany, Italy, 2009



The Netherlands, United Kingdom

- >98% of pregnant women are tested yearly for hepatitis B
- >90% of children born to infected mothers receive hepatitis B birth dose and HBIG
- $\leq 0.3\%$ prevalence of chronic hepatitis B among pregnant women

Figure 3 Vaccine coverage of hepatitis B birth dose (HepB BD) in babies born to HBV infected mothers



Madal et al, 2022 IASL Conference



Albania, Armenia, Belarus, Georgia, Republic of Moldova, Kyrgyzstan, Turkmenistan, Uzbekistan

Prevalence of chronic hepatitis B infection

(general population pre-vaccine; vaccinated cohorts post-introduction)

Pre-vaccination era

3-8%



20+ years of vaccination

0-0.2%

Vysotskaya et al, 2025, Khetsuriani et al, 2025, Brandl et al, 2023, Brandl et al, 2022, Khetsuriani et al, 2021



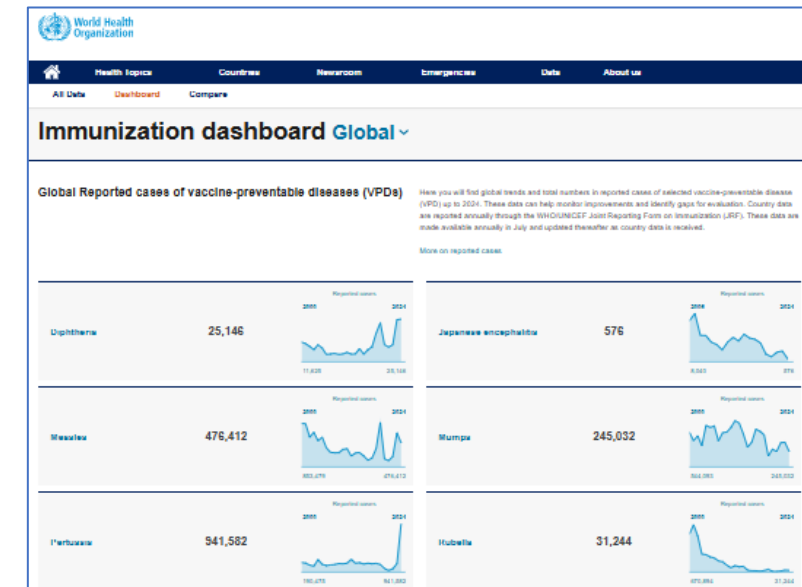
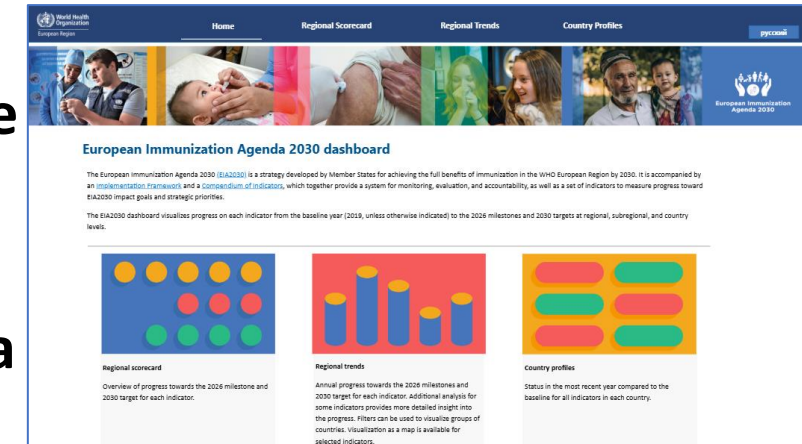
Next steps to achieve hepatitis B elimination (immunization)

- Increase hepatitis B vaccination coverage among infants ($\geq 95\%$)
- For countries with universal newborn vaccination: sustain high hepatitis B birth dose coverage
- Strengthen prevention of perinatal transmission:
 - Universal screening of pregnant women and treatment of those who found infected;
 - Hepatitis B birth dose and HBIG (if necessary) for newborns at risk
- Continue vaccination of medical workers/students and key populations at increased risk



Monitoring of EIA2030 implementation

- Annual reporting of immunization programme performance data through eJRF: 500+ indicators, including coverage at national and subnational level
- Dissemination of data through the WHO immunization data portal <https://immunizationdata.who.int/>
- Monitoring progress to EIA2030 objectives: technical progress report and publication of data through [EIA2030 dashboards](#)



Identifying and addressing inequities is core to the success of immunization programmes

Regional Guidance

- ❑ ***A practical guide to identify, address and track inequities in immunization***
- ❑ ***Programmatic considerations on identifying, addressing and monitoring immunization inequities in the WHO European Region***

1. Builds on existing guidance & best practices implemented in the Member States/territories
2. **Practical and pragmatic** (step-by-step local level focused) rather than theoretical
3. **Primarily aimed for subnational managers & health care professionals**
4. Seeks to engage all levels of the healthcare system
5. **Addresses diversity in health systems across the WHO European Region**



A practical guide to identifying, addressing and tracking inequities in immunization



<https://www.who.int/europe/publications/i/item/WHO-EURO-2024-9917-49689-74446>



Programmatic considerations on identifying, addressing and monitoring immunization inequities in the WHO European Region



<https://www.who.int/europe/publications/i/item/WHO-EURO-2025-11873-51645-78958>



WHO guidelines for catch-up vaccination

Leave no one behind:
guidance for planning and
implementing
catch-up vaccination



<https://www.who.int/publications/i/item/9789240016514>



Operational considerations for
planning and implementing catch-up
vaccination in the WHO European
Region



<https://www.who.int/europe/publications/i/item/WHO-EURO-2022-4751-44514-63005>

Global guidelines and operational consideration guidance in WHO/Europe

1. Most countries in WHO/Europe region experienced backsliding of coverage for key vaccines in 2020-2021
2. Recovery has been slow, and several countries have not yet reached pre-pandemic levels
3. Catch-up vaccination to fill the immunity gap accumulated over time is paramount
4. Guidelines were developed and support provided to their implementation to:
 1. Develop catch-up vaccination policy and schedule
 2. Define suitable catch-up strategies
 3. Implement and monitor catch-up vaccination



Technical support to countries

- **Immunization policy and catch-up:** Support development of National Immunization Policies and strategies (**ARM, CZE, KGZ, TJK, UKR**), support development of national catch-up plans and implementation monitoring (**KGZ, TJK**)
- **Country support** to identify and address immunization inequities and improve coverage and service delivery(**13 MS**)
 - **Facility-level assessments** to identify causes of under-vaccination in low coverage areas (ARM, AZE, GEO, KGZ)
 - **Behavioral insights studies** to inform tailored interventions for vulnerable populations (ARM, AZE, BUL, HUN, KAZ)
 - **Training of use of data for action**, with triangulation of multiple data sources and focus on identifying inequities (KAZ, KGZ, TJK, ARM, GEO)
 - **Equity improvement plans involving tailored interventions** based on assessments and studies developed (AZE, GEO, ROM, UKR)
 - **Health worker communication trainings** (ARM, AZE, CZE, GEO, HUN, KGZ, LTU,ROM)
 - Supporting further rollout & evaluation of **Immune Patrol** (ARM, GEO, KAZ, TKM)