Hepatitis B is a liver infection that can cause liver cancer and cirrhosis. Hepatitis B can be largely prevented by safe and effective vaccines.¹

Although immunization programmes have prevented over 7 million hepatitis B-related deaths in the Western Pacific Region since 1990, 180 000 babies in the Region are still infected every year with hepatitis B primarily passed from their mother at birth.

Eliminating mother-to-child transmission requires high vaccine coverage plus other interventions offered to infected mothers and exposed newborns. Immunization and Maternal, Newborn and Child Health programmes must coordinate their services to ensure these infected mothers and exposed babies receive necessary interventions to prevent hepatitis B transmission.

Hepatitis B is a viral infection that attacks the liver. Most people do not experience any symptoms when they are first infected and less than 5% of exposed adults will develop chronic infection, but up to 90% of exposed newborns may develop chronic infection if they are not vaccinated. The virus is transmitted from person to person through blood or other body fluids and can live on surfaces for at least 7 days.

In highly endemic areas, hepatitis B commonly spreads from an infected mother to her child at birth and less commonly between family members (such as from father to children or between sisters and brothers). Chronic infection can be largely prevented by vaccinating every newborn within 24 hours of birth, followed by two more doses within the first year of life.

Chronic hepatitis B used to be very common in the Western Pacific Region – in 1990, more than 8% of 5 year olds were infected. In 2003, all Member States in the Western Pacific Region agreed to introduce hepatitis B vaccine in their national immunization programmes. Large reductions have been seen since immunization programmes have pushed for high hepatitis B vaccine coverage. As of August 2018, the Region as a whole and most countries and areas have achieved their regional goal of less than 1% of children infected.

Since 1990, immunization programmes across the Region have prevented more than 37 million chronic hepatitis B infections in children – saving over 7 million lives.

Despite this great decline in the number of children infected with hepatitis B, 180 000 babies in this Region are still infected every year with hepatitis B, increasing their risk of developing liver cancer and cirrhosis later in life. With a quarter of the world’s population, the Region bears almost half the global death toll from hepatitis B.

WHO response

With a global goal to reduce hepatitis B prevalence to less than 0.1% among children by 2030, Member States in 2017 endorsed the Regional Framework for the Triple Elimination of Mother-to-Child Transmission of HIV, Hepatitis B and Syphilis in Asia and the Pacific 2018–2030:² This Framework focuses on coordinating traditional vertical programmes for these specific health conditions through the shared Maternal, Newborn and Child Health platform to ensure high hepatitis B vaccine coverage plus other possible interventions are offered to hepatitis B infected mothers and exposed babies.

WHO and partners are working with countries to increase vaccine coverage, raise community awareness and demand for hepatitis B birth dose vaccination, and encourage coordination among programmes to provide interventions outside of vaccination.

To eliminate mother-to-child transmission of hepatitis B, interventions outside of immunization are needed and require partnering with other programmes such as Maternal, Newborn and Child Health programming. Partnered services include administering antivirals to infected mothers and giving exposed babies hepatitis B immunoglobulin in addition to a timely birth dose shortly after delivery.