



CURRENT HBV TESTING STRATEGIES AND IMPACT OF WHO UPDATED GUIDELINES

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Outline

01.

Background and status
of hepatitis program

02.

HBV testing, elimination
and progress

03.

New HBV guidelines and
impact

04.

Conclusion and next steps

Hepatitis B management history

2002

HBV vaccination
in children
(pentavalent
vaccine)

2014

Publication of
first guidelines

2015-2021

Vaccination and
screening campaigns
and initiation of
treatment

2022-2030

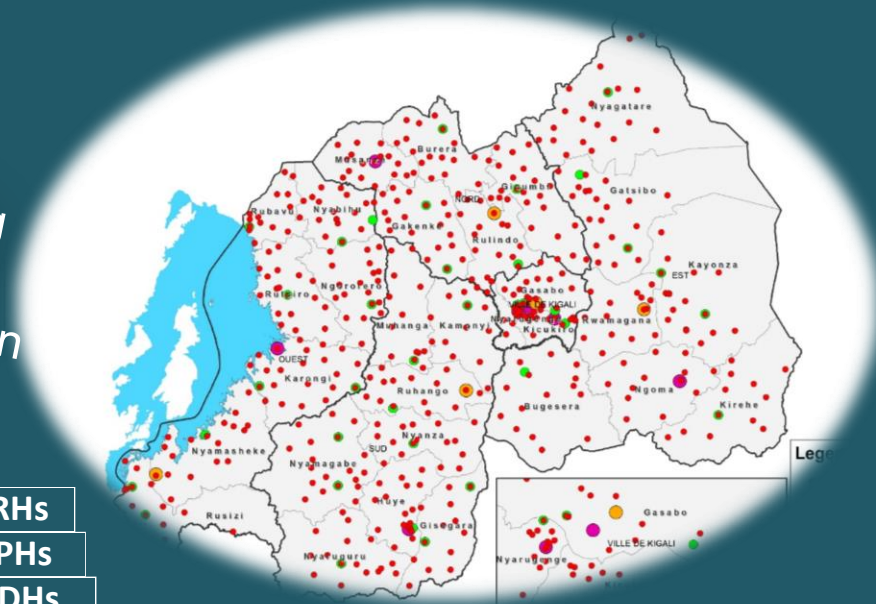
HBV
elimination
phase (EMTCT)

2. HBV testing: Implementation phases



Screening of high-risk groups

Task shifting and Decentralization



- 8 RHs
- 4 PHs
- 40 DHs
- 510 HCs
- 471 HPs
- 45,516 CHWs



Mass screening campaigns



Hepatitis routine services

Hepatitis elimination plan and progress

Launch of HCV Elimination Plan, December 2018



Launch of HCV Elimination Plan, Dec 2018



Strong government commitment and support:
HE the First Lady of Rwanda championed the initiative

HBV viral hepatitis services

PREVENTION

Awareness , Vaccination,
PMTCT, PEP,
Communication for behavior
change, Infection control

1

TESTING

- Screening (RDT)
- Molecular testing (confirmatory)
- Pre-treatment exams
- Follow-up on treatment (

3

TREATMENT

-**HBV**: Lifelong treatment
(TDF, Antecavir)

4

VACCINATION

- Babies born to infected mothers (24h).
- Infants at 6,10, 14weeks (pentavalent vaccine)
- Unvaccinated adults including high risk groups

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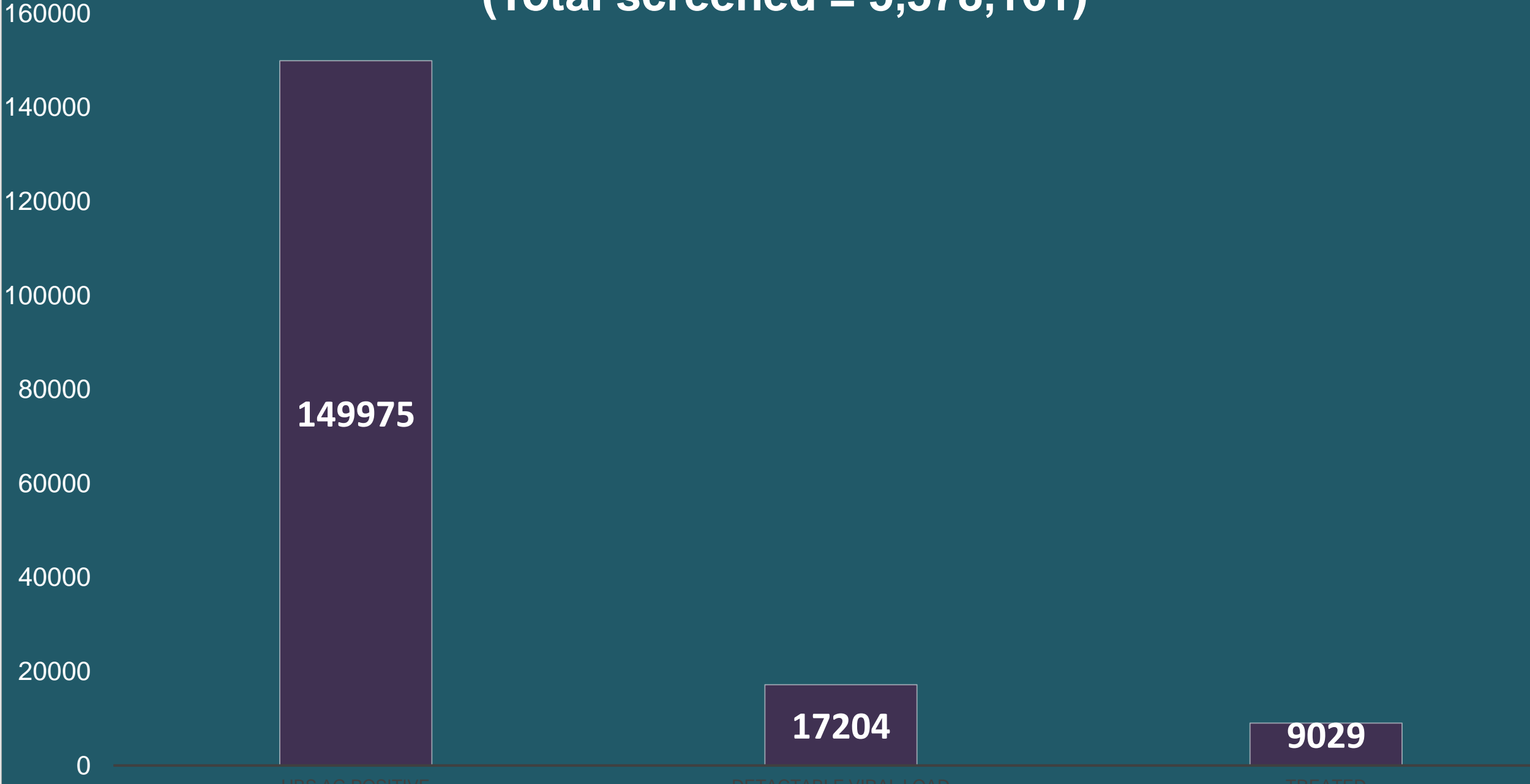
POST-EXPOSURE PROPHYLAXIS,HBV

- Cleaning exposed area
- Vaccination
- HB Ig

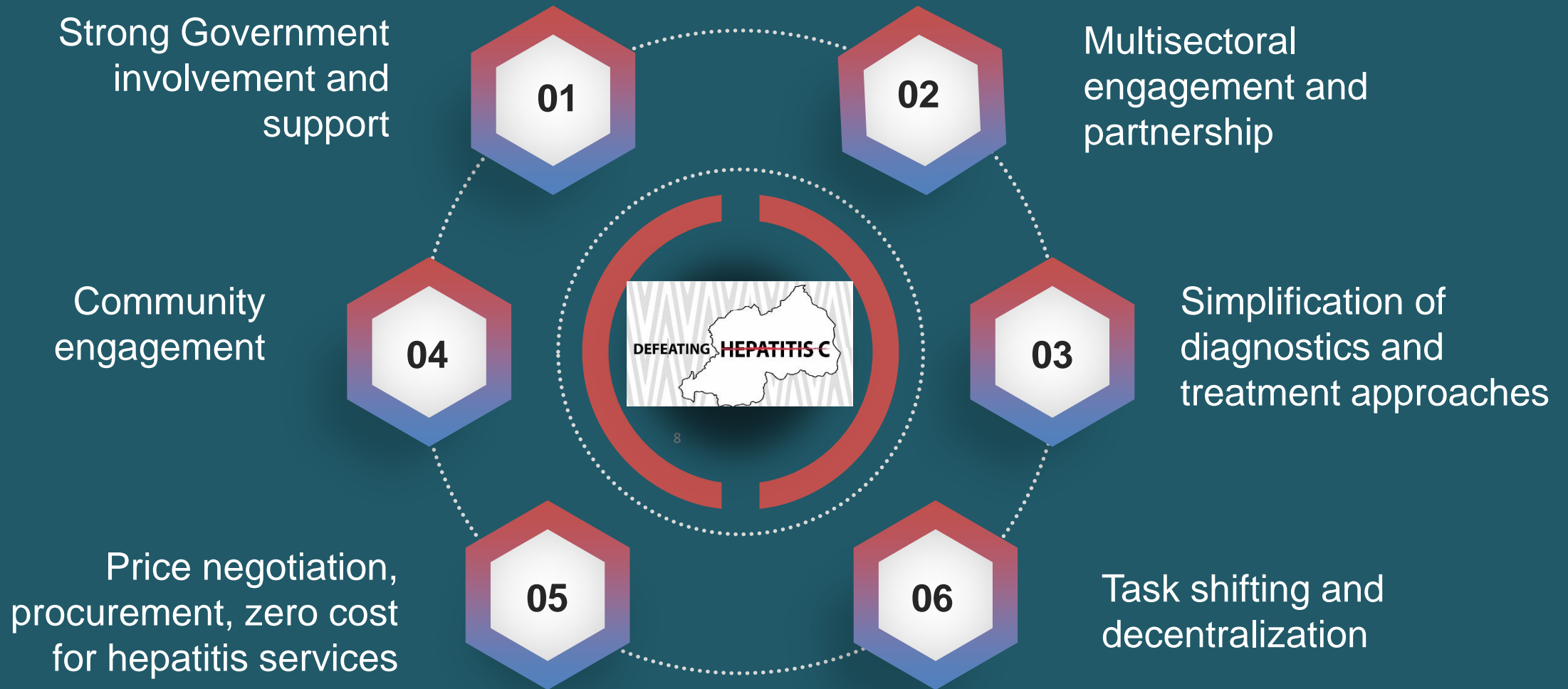
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HBV cumulative cascade of care 2015-2024

(Total screened = 5,378,161)



Drivers of Hepatitis B testing and elimination in Rwanda





3. New guidelines (HBV)

Section		New guidelines (V.2024)	
HBV			
	Prevention	Child vaccination	Universal birth dose
		Post exposure prophylaxis	<i>PLUS</i> Immunoglobulin
	Testing	HBV DNA testing	The use of POC HBV DNA nucleic acid test (NAT) assay for quantitative DNA tests
		Pregnant women	Systematic screening at first contact then at delivery (2 times)
		Exposed infants	Vaccinated during 24h of birth, Given HB Immunoglobulin < 14 days, Tested at 12 and 24 months, Treated if infected from 2 years of age.



New guidelines (HBV)

Section		New guidelines (V.2024)
HBV	Co-infection	<i>PLUS</i> hepatitis D virus
	Treatment eligibility	Treatment indicated from 2,000 IU/ml HBV DNA and higher.
		APRI score > 0.5
	Follow-up of people with detectable VL but not eligible to treatment	6 months monitoring interval for HBV DNA levels and serum ALT & AST to determine any persistent abnormal ALT



Impact of the update of HBV guidelines

- Increase in testing uptake (use POC machines)
- Better accessibility (use POC, reflex testing, decentralization, task shifting,
- Reduction of result turnaround time
- Quicker initiation of patients to treatment
- Pregnant women and new borns (testing of pregnant women, universal birth dose, Vaccinated during 24h of birth, HB Immunoglobulin < 14 days, Tested at 12 and 24 months, treated if infected from 2 years of age)

4. Conclusion and next steps



A lot was achieved in terms HBV program management

Sustain HBV elimination achievements & address the remaining gaps

Strengthen information systems for external validation by WHO

Thank you!

