Hepatitis B & Vaccination Serostatus and Associated Factors among People Who Inject Drugs and People Experiencing Liver Disease in Yangon, **Myanmar**

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*No disclosures of interest are associated with this study

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At Burnet Institute, we proudly acknowledge the Boon Wurrung people of the Kulin Nations as the Traditional Custodians of the land on which our office is located. We pay our respect to Elders past and present, and extend that respect to all First Nations people.

I would like to acknowledge all those who generously participated in this research. This research starts and ends with a desire to represent the best interests of people living with hepatitis and to keep that at the forefront of every stage of the research process.

WHY HAVE WE DONE THIS RESEARCH?

6.5%
active general population

Hepatitis B
is endemic
in Myanmar

Large scale
vaccination
began in 2016

National
vaccination
coverage is low

IMMUNITY - INTERPRETING HBV SEROLOGY

Surface antigen

Point of care test

Can indicate **active infection**

Core antibody

Surface antibody

Laboratory tests

Can indicate **prior infection & vaccination**

INTERPRETING HBV SEROLOGY

Surface antigen

Point of care test

Can indicate **active infection**

Priority Population **Vaccination**

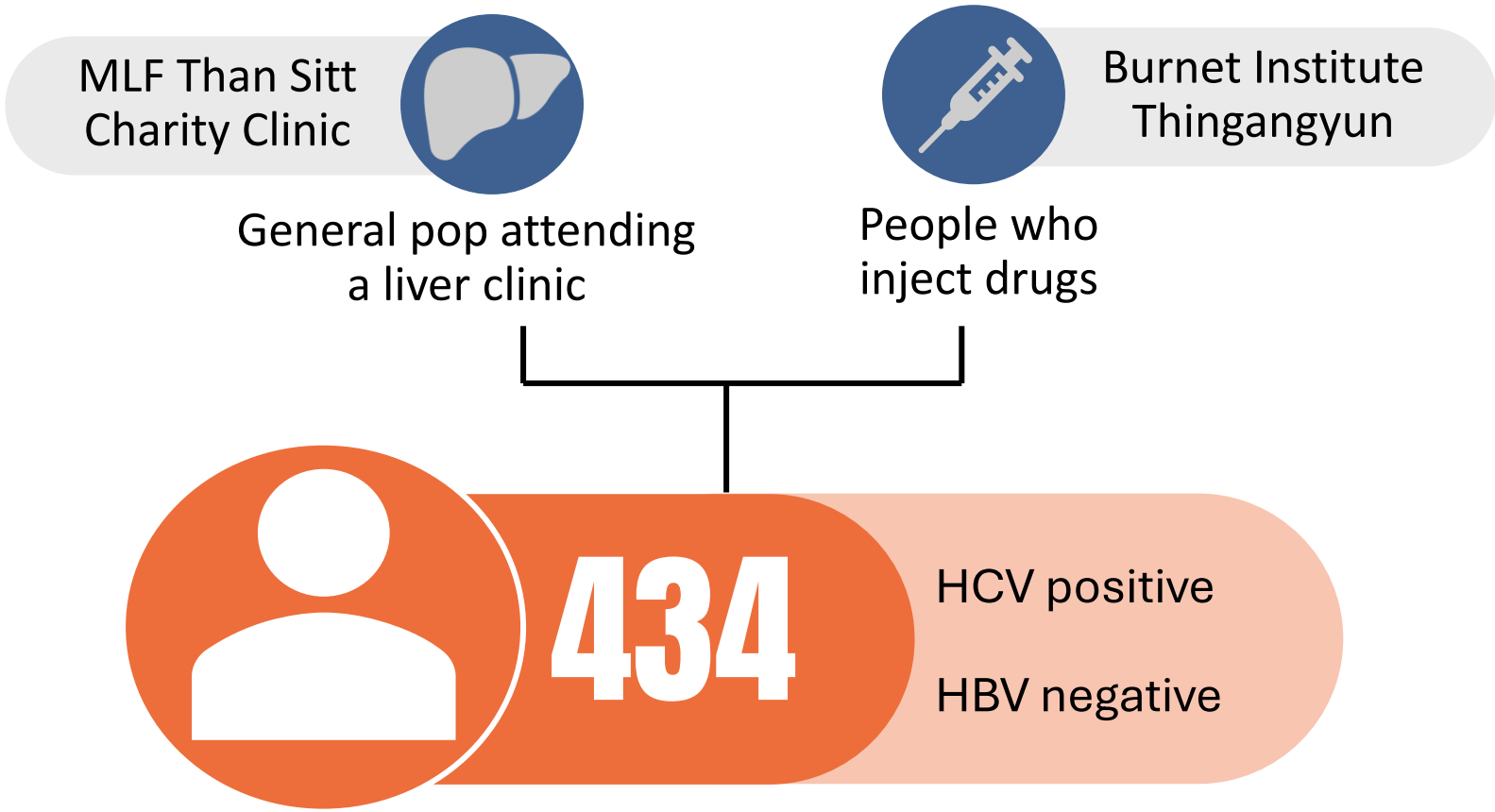
Core antibody

Surface antibody

Laboratory tests

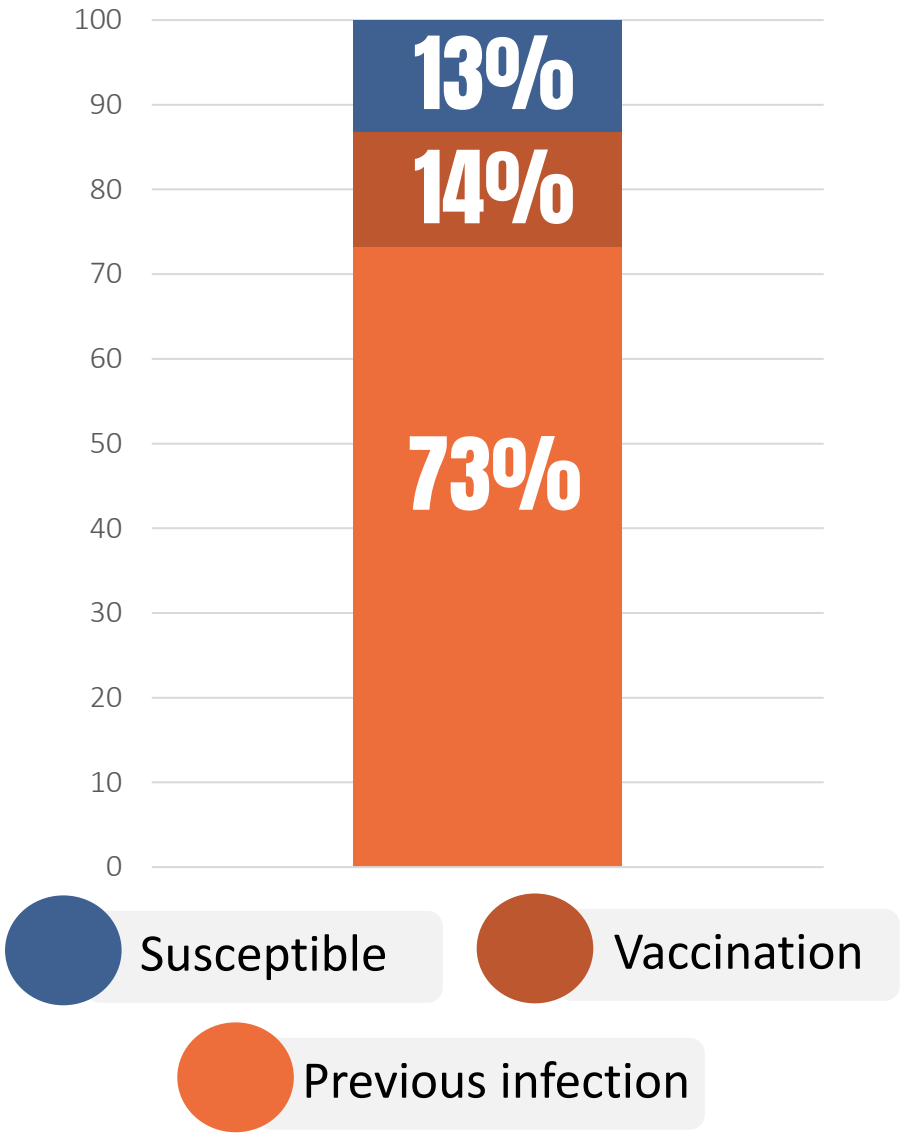
Can indicate **prior infection & vaccination**

POPULATION



*Hepatitis C: Community Testing and Treatment (CT2) Study – 2019-2020

RESULTS



Taiwan – Lu, 2018

- **7.9%** general population prevalence
- **26%** general population **previous infection**
- **55%** people who inject drugs **previous infection**

Similar results found in:

China
(Hou, 2019)

Japan
(Kiyosawa, 1989)

Vietnam
(Nadol, 2015)
(Sereno, 2012)

WHY DOES THIS MATTER?

KEY TAKEAWAYS

ONE

Investigate vaccination approaches which are more specific for priority populations

TWO

Critically analyse policies

THREE

Challenge the view that high income country health approaches suit all contexts

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