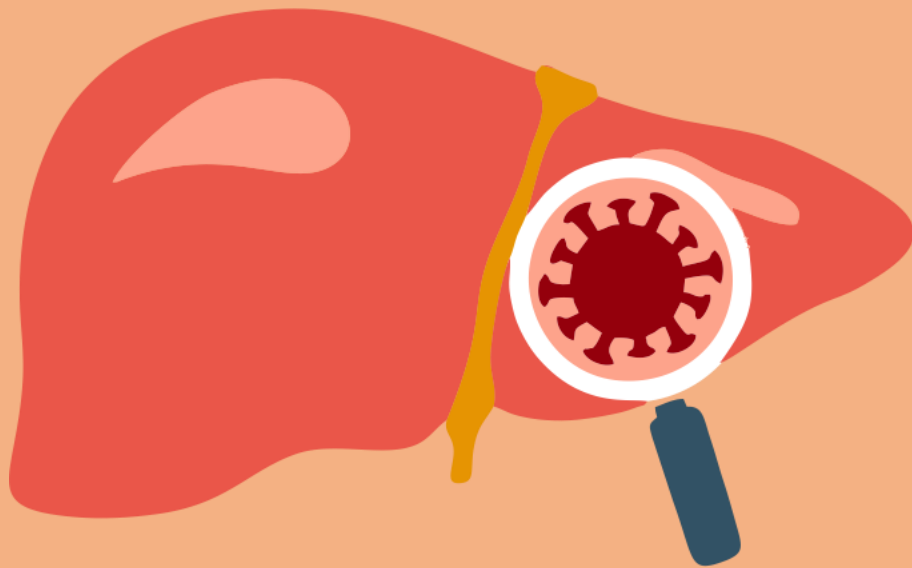


PRAKASH

PRogrammed Approach to Knowledge
And Sensitization on Hepatitis



HEPATITIS INDUCTION PROGRAM

PRogrammed Approach
to Knowledge And
Sensitization on Hepatitis

Ms. Akanksha Bansal,
Senior Manager (Projects),
ECHO, PRAKASH & LEAD
Institute of Liver and Biliary
Sciences, New Delhi



Thumbs Up



Thumbs down

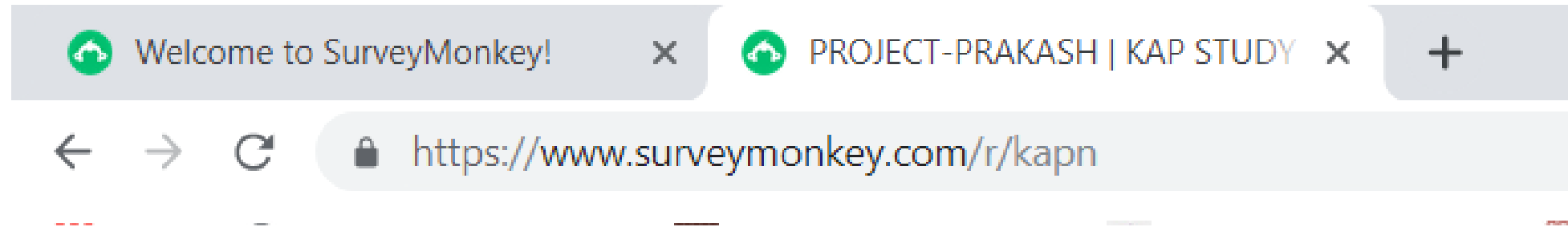
- No Disclosures
- No Conflicts of Interest

To discuss

- Do's & don'ts in a virtual classroom
- Burden of viral hepatitis
- Sustainable development goal 3.3
- WHO mandate of viral hepatitis elimination by 2030
- National viral hepatitis control program
- PRAKASH – a key step towards viral hepatitis elimination

Pre Test Link:

www.surveymonkey.com/r/kapn



To receive the certificate, it is mandatory to submit completely filled pre test

Viral Hepatitis & its Complications

- **08 lectures; 2 days**
- **Session Duration: 09:30 AM till 01:30 PM**



**NO LOGIN
WILL BE
ALLOWED
AFTER
09:50 AM**

Certificate

- **Certificate of Course Completion:** To all participants who **submit pre & post test**, obtain 100% attendance

**The course is accredited with Delhi
Nursing Council**



Participants must score
50% marks in post test to
receive the certificate

Do's & Don'ts in a virtual classroom

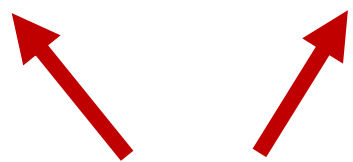
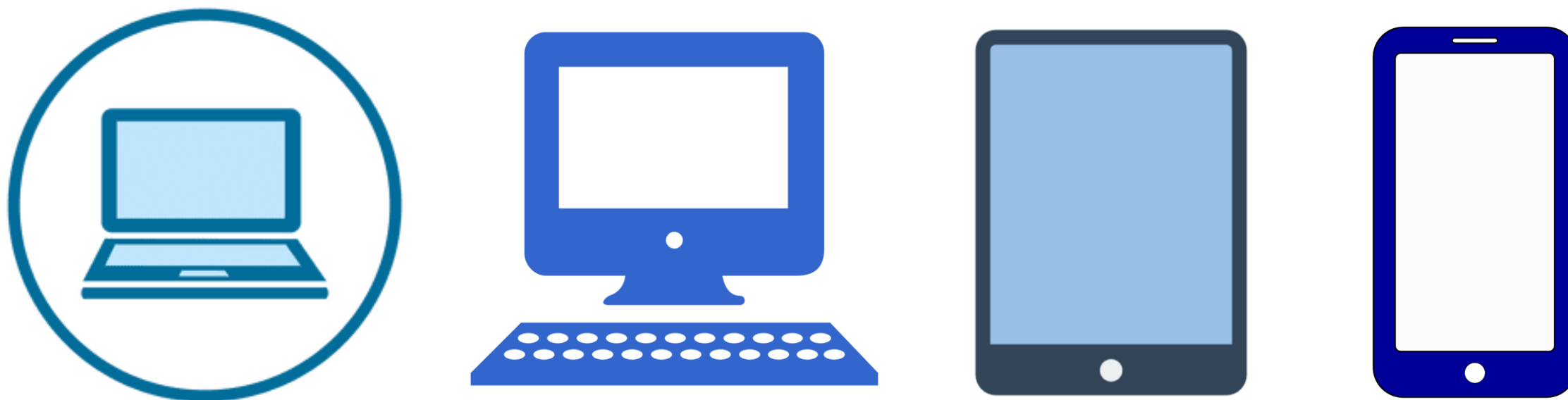
How to connect?



Install latest updated
version of **ZOOM APP**
on your device

Ensure your
internet is stable





Preferable

Keep your device at a fixed spot



Do not roam
around with your
phone in hand

Login with your name

 Zoom



Join Meeting

873 4438 6712



Your Name

akanksha bansal

Remember my name for future meetings

Do not connect to audio


Turn off my video

Join

Cancel


Connect Audio/Video

Video Preview ×



Always show video preview dialog when joining a video meeting

Join with Video Join without Video

 Join Audio ✕

Join with Computer Audio

Test Speaker and Microphone



Automatically join audio by computer when joining a meeting

Keep cameras on at all times

**With
Video**



**Audio
Only**



Virtual Session 'Etiquettes'



'Netiquettes'

Sign in early



BE ON TIME

Check to make sure your technology is working before our class starts.

Test your equipment



Camera Check

Detected



Microphone Check

Detected



Port Check

Ports open



Bandwidth Test

Speeds met



Flash Check

Supported



OS Check

Supported

Test

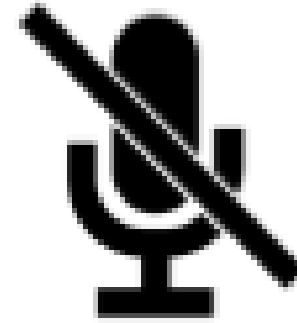
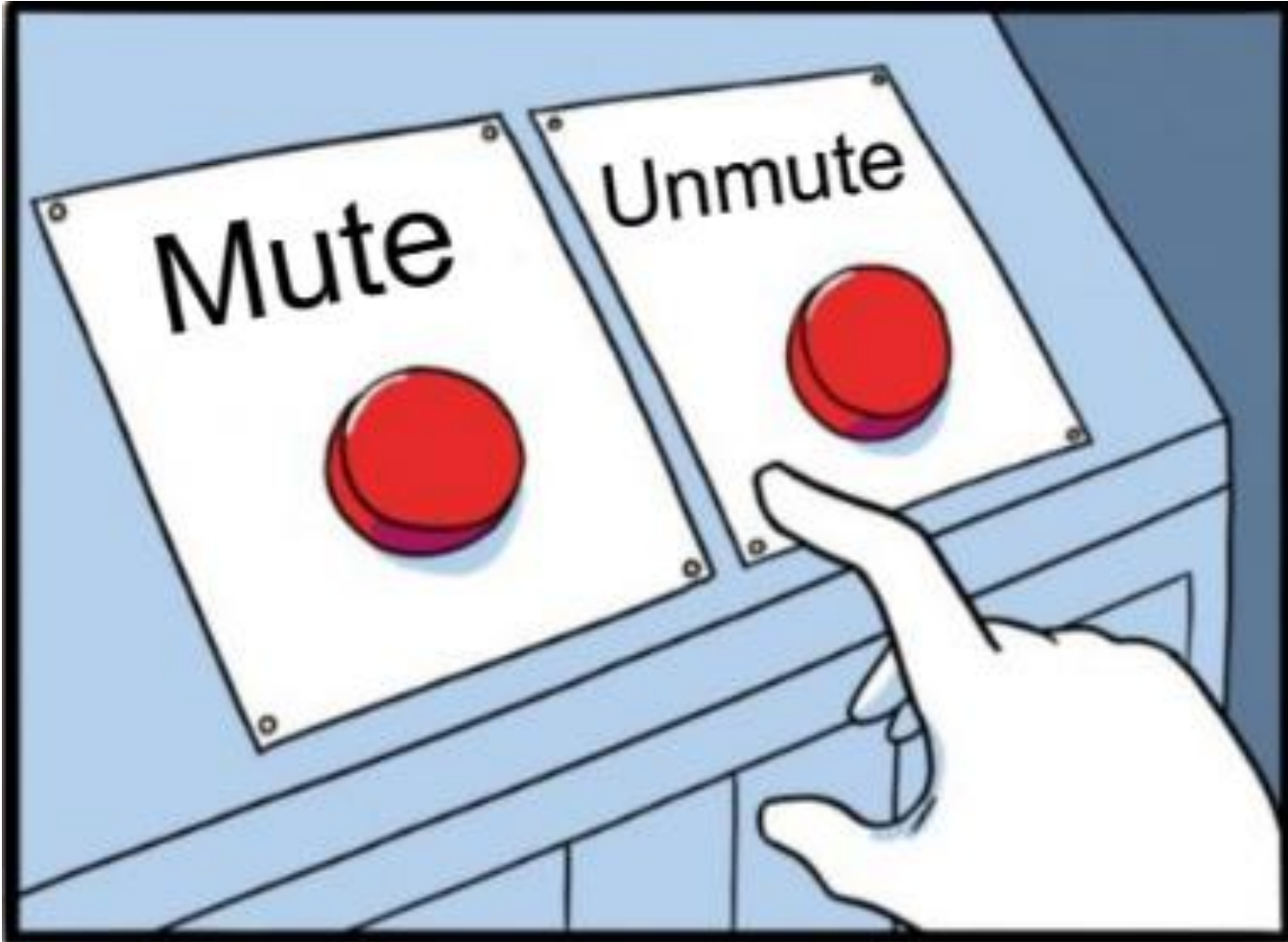
Test

Test

Test

Test

Keep the mute button handy



Mute your mic if
you're not
speaking.

Set up webcam at eye level



This



Not This



Not This

This





Not This



Not This



This



Tait's computer



Do not eat or cook



Do not sleep

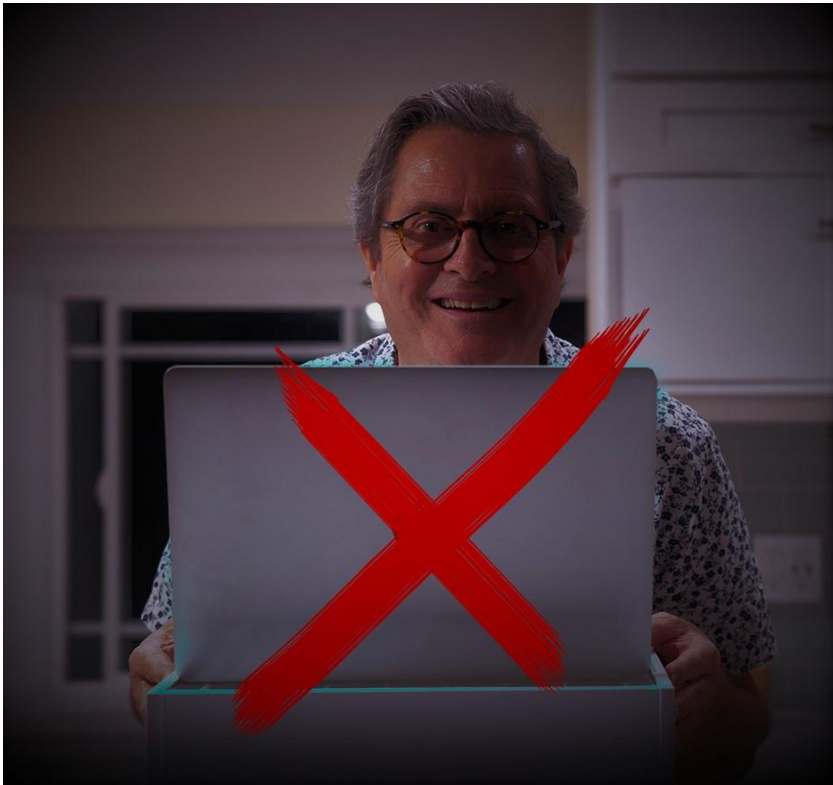


Maintain Proper Appearance

At least from
the waist up



Maintain proper light



YOUR LIGHT SUCKS!

Avoid extraneous noise



Sit in a quiet room or use headphones

Be attentive

Ask
your
query



Use **ZOOM** group
chat to ask your
queries

Participate

Keep the **sessions**
interactive

Join telegram group to get
timely and regular updates on
the upcoming programs



Technical Team

Mr. Vinay Kumar

Senior Executive (Projects)

Mr. Arpit Kumar

Senior Executive (Technical)

Mr. Ashish Kumar

Senior Executive (Projects)

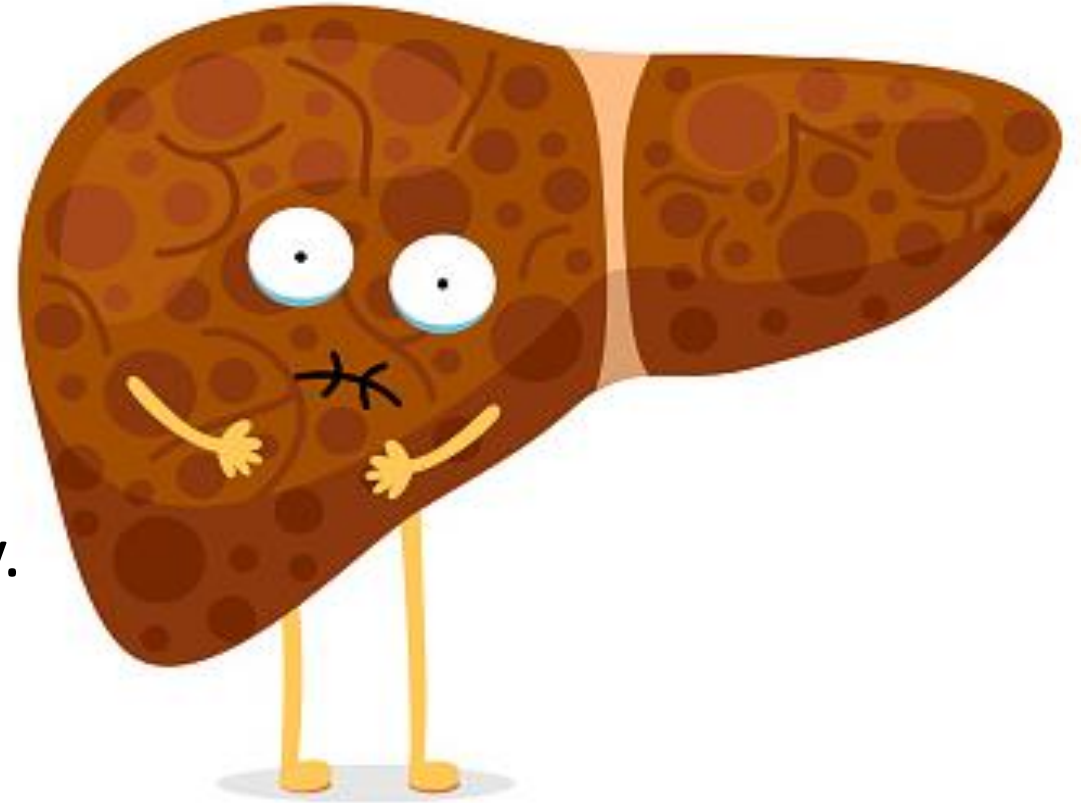
011-46300000, extn: 24206

For any queries, contact team between
official hours only i.e. **09:30 AM till 05:00 PM**
Monday to Saturday

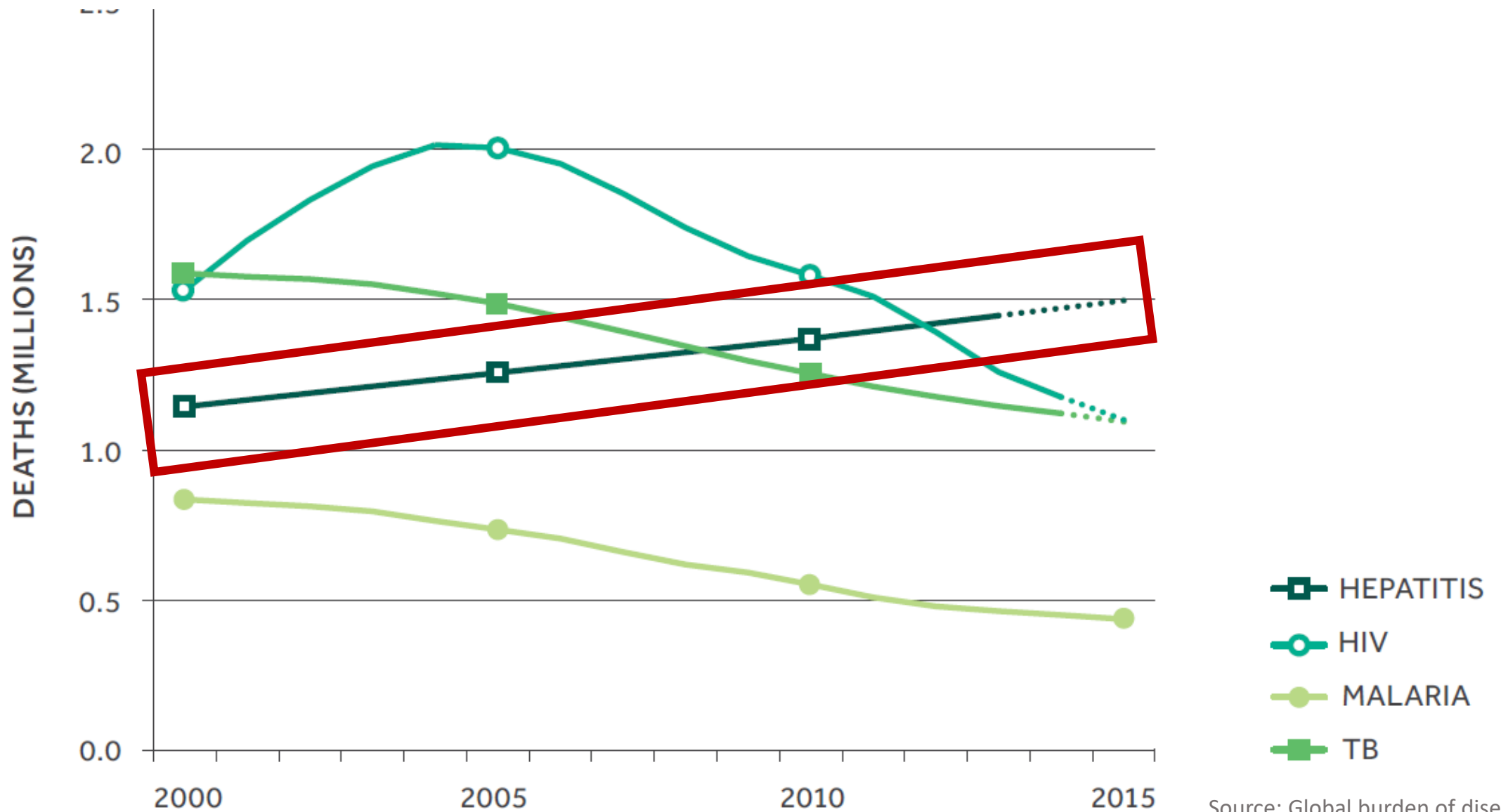
Viral hepatitis

What is hepatitis?

- **Inflammation of liver**
- **5 types:** A, B, C, D & E
- A & E are mostly acute.
- HEV can be fatal in pregnant women.
- B & C – highest morbidity & mortality.



Global Number of deaths due to HIV, Hepatitis, Malaria and TB (2000-2015)

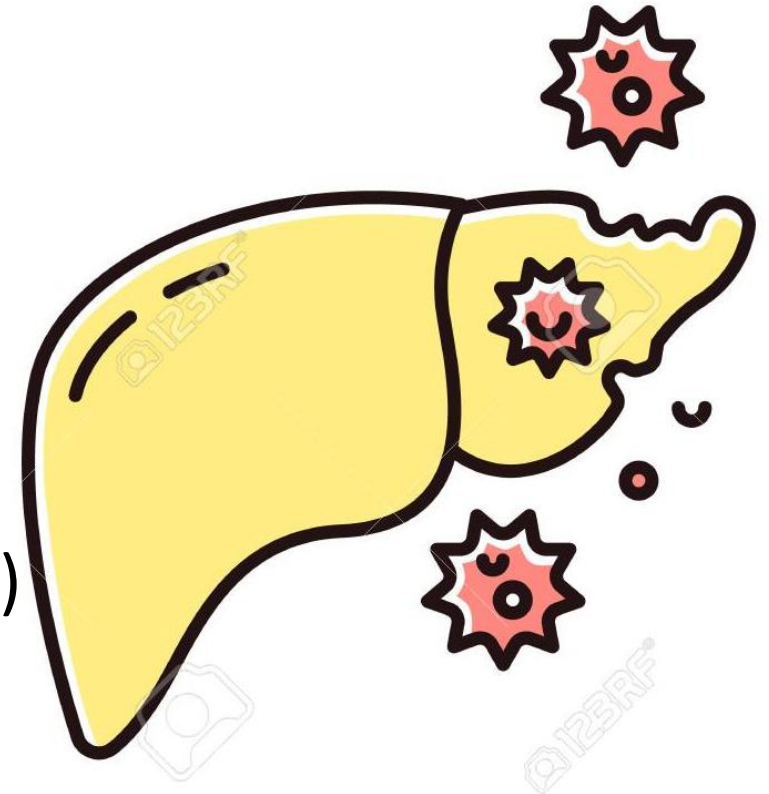


Source: Global burden of disease and WHO/UNAIDS estimates

Viral Hepatitis A – prevalence & mortality

- **WHO data (2019)**

- Caused by contaminated food and water
- Recovery is high with life long immunity
- In few cases it can lead to fulminant hepatitis (ALF)
- in 2016, 7134 persons died from hepatitis A
- Safe & effective vaccination is available for all

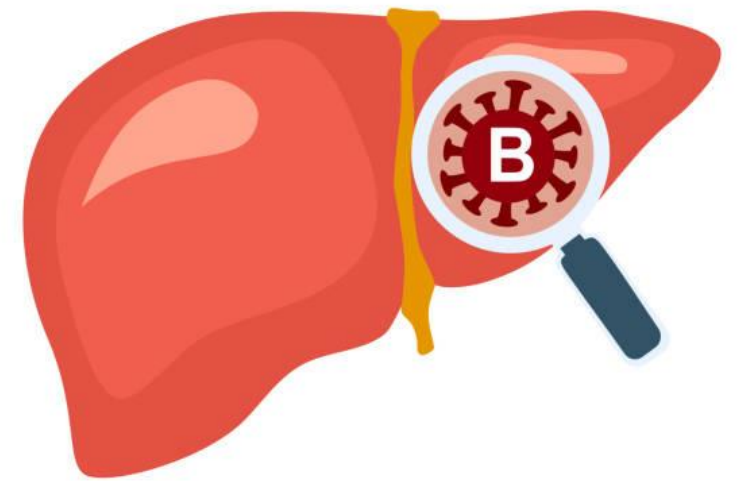


HEPATITIS A

Viral Hepatitis B – prevalence & mortality

- **WHO data (2019)**

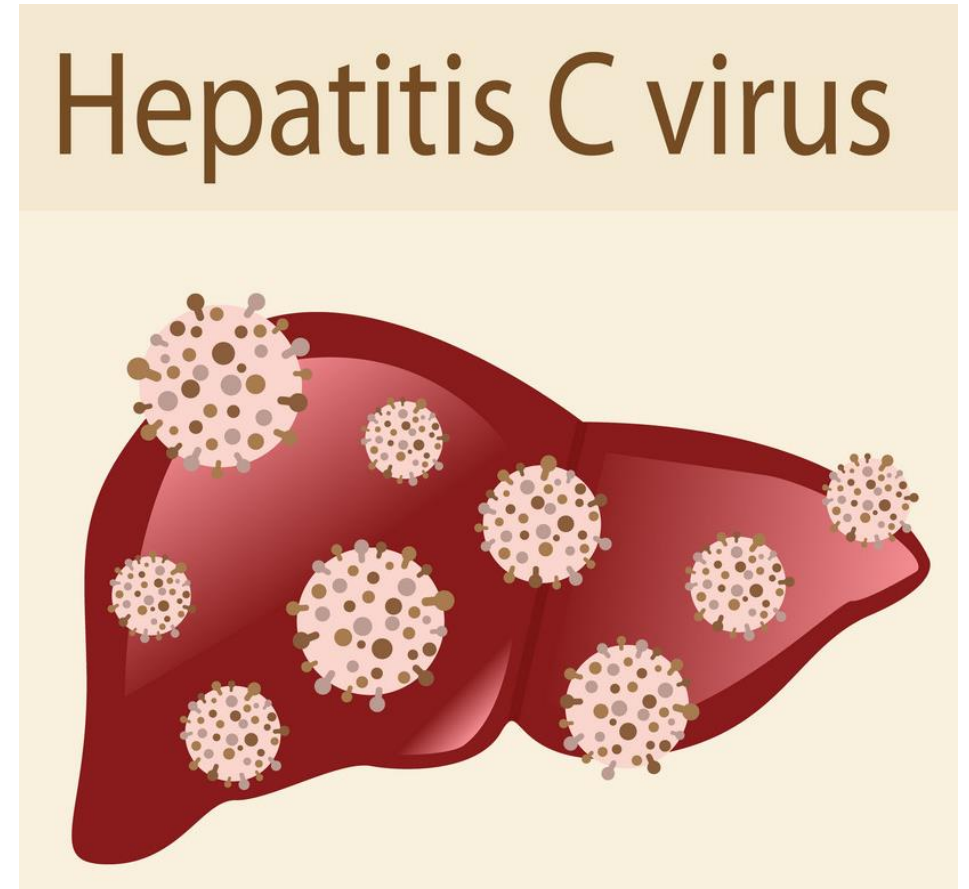
- 296 million people living with hepatitis b
- With 1.5 million new infections every year
- High risk of mortality
- In 2019 alone, HBV resulted in 8,20,000 deaths mostly from liver cancer.



HEPATITIS B

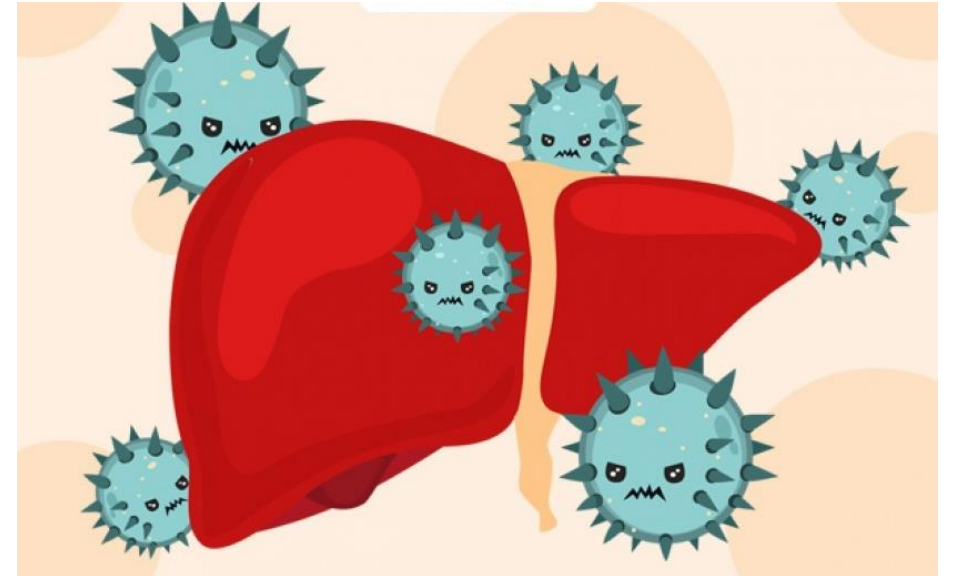
Viral Hepatitis C – prevalence & mortality

- **WHO data (2019)**
 - 58 million people living with hepatitis c
 - With 1.5 million new infections every year
 - High risk of mortality
 - In 2019 alone, HBV resulted in 2,90,000 deaths mostly from liver cancer.



Viral Hepatitis D – prevalence & mortality

- **WHO data (2019)**
 - 5% prevalence
 - Super infection or co-infection with HBV
 - Occurs in indigenous populations, recipients of haemodialysis and people who inject drugs.
 - Combination of these two hepatitis is considered to be most severe

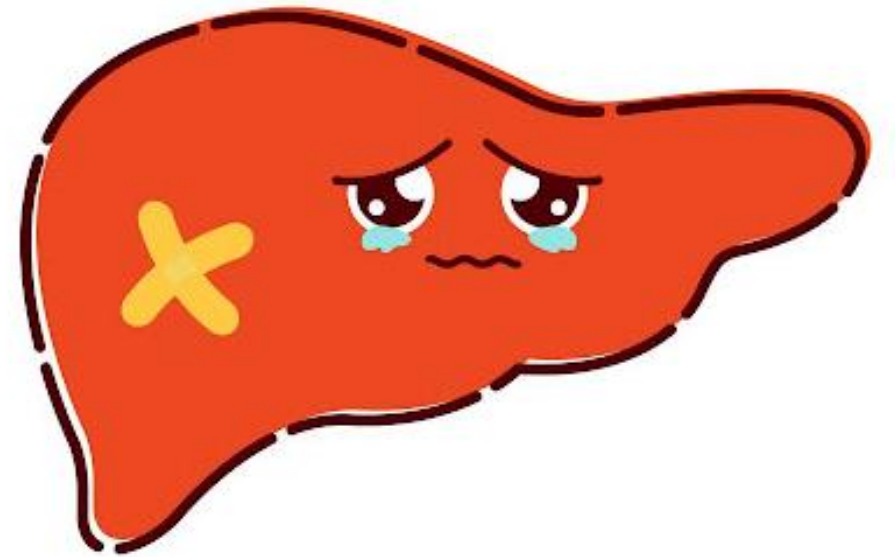


HEPATITIS D

Viral Hepatitis E – prevalence & mortality

- **WHO data (2019)**

- 20 million people living with hepatitis E
- With 1.5 million new infections every year
- Fulminant hepatitis in case of pregnancy
- In 2015 alone, HEV resulted in 44,000 deaths.



HEPATITIS E



Aren't these numbers worrying?

- A majority of these numbers can be reduced.
- **How?**
 - Hepatitis b vaccination for all
 - Treatment for all

Have you heard
about Sustainable
development goals?



Sustainable Development Goals (SDGs)

3 GOOD HEALTH AND WELL-BEING



GOAL 3.3

By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and **COMBAT HEPATITIS**, water-borne diseases and other communicable diseases.

Global Health Sector Strategy Targets


By 2030:

- Reduce new infections by 90%
- Reduce mortality by 30%

Service Coverage Targets

TARGET AREAS	BASELINE 2015	2020 TARGETS	2030 TARGETS
Hepatitis B virus vaccination: Childhood vaccine coverage (third dose coverage)	82	90	90
Prevention of Mother to child transmission (birth dose vaccine coverage)	38	50	90
Blood safety (%)	89	95	100
Harm Reduction No of syringes provided per PWID/year	20	200	300
Viral Hepatitis B and C (Diagnosis)	<5	30	90
Viral Hepatitis B and C (treatment)	<1% receiving treatment	5 million : HBV 3 million: HCV	80% of eligible patients

Service Coverage Targets

TARGET AREAS	BASELINE 2015	2020 TARGETS	2030 TARGETS
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PMTCT (birth dose vaccine coverage)	38	50	90
Blood safety (%)	89	95	100
Harm Reduction			
No of syringes provided per PWID/year	20	200	300
Viral Hepatitis B and C (Diagnosis)	<5	30	90
Viral Hepatitis B and C (treatment)	<1% receiving treatment	5 million : HBV 3 million: HCV	80% of eligible patients

WHO's Strategic Direction for Implementation

1

Information for
focused action

The "who"
and "where"



2

Interventions
for impact

The "what"



3

Delivering
for equity

The "how"



4

Financing for
sustainability

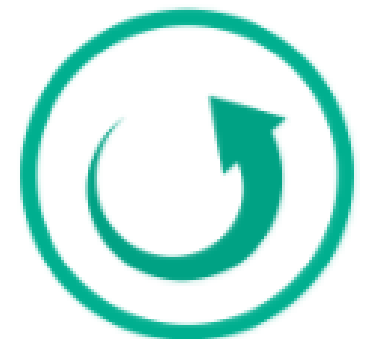
The financing



5

Innovation for
acceleration

The future



Government of India has launched National Viral Hepatitis Control Program



On 28th July 2018, Union Minister for Health and Family Welfare Launched the National Viral Hepatitis Control Program (NVHCP)

It is an integrated initiative for the prevention and control of viral hepatitis in India to achieve Sustainable Development Goal (SDG) 3.3 which aims to ending viral hepatitis by 2030.

NVHCP: 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.

NVHCP: Key Objectives

1. **Enhance community awareness** and lay stress on **preventive measures**
2. Provide **early diagnosis and management** at all levels of healthcare
3. Develop capacities for implementation of **standard diagnostic & treatment protocols**
4. **Strengthen the existing infrastructure facilities**
5. Develop **linkages with the existing national programs**
6. Develop a **web-based Viral Hepatitis Information and Management System**

Key Intervention 1: Prevention

- Awareness generation & **IEC**
- **Immunization for hepatitis B for all**
- Provision of **safe blood and blood products**
- Injection Safety by **Use of RUP/AD syringes** in all government HCFs
- **Safe socio-cultural practices**

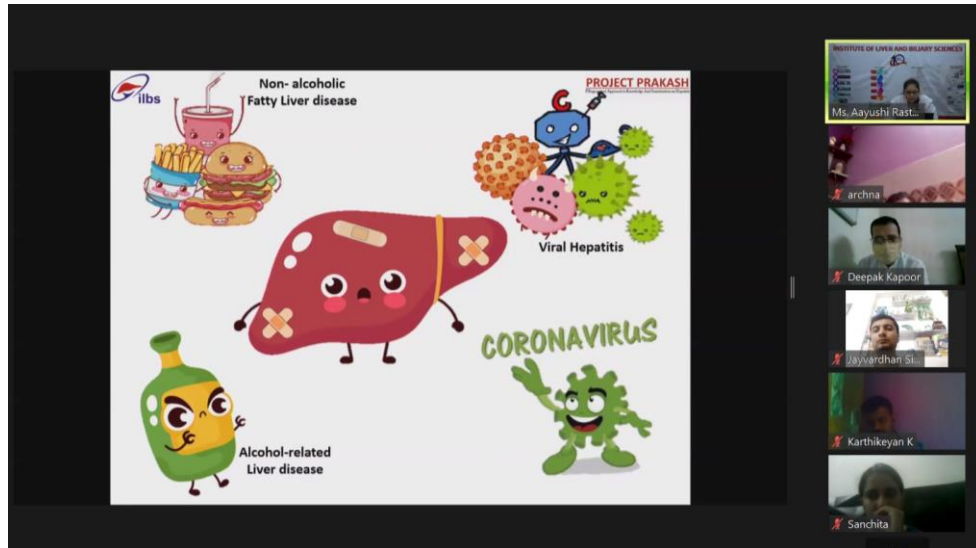
To know more, log on to the official website:

[https://www.nhp.gov.in/national-viral-hepatitis-control-program-\(nvhcp\)_pg](https://www.nhp.gov.in/national-viral-hepatitis-control-program-(nvhcp)_pg)

Initiatives by ILBS for viral hepatitis elimination



WHO Collaborating Centre on
Viral Hepatitis & Liver Diseases



PROJECT PRAKASH

PRogrammed **A**pproach to
Knowledge **A**nd **S**ensitization on
Hepatitis

Purpose



further knowledge and skills
of healthcare workers



promote consistency in patient
care with greater efficiency.



Reduced disparities in management of viral hepatitis.



**Trained 8,000
Healthcare workers**

Phase 2:



Continue training of HCWs in
management of viral hepatitis



Creating **master trainers** for
hepatitis awareness initiatives
at national level

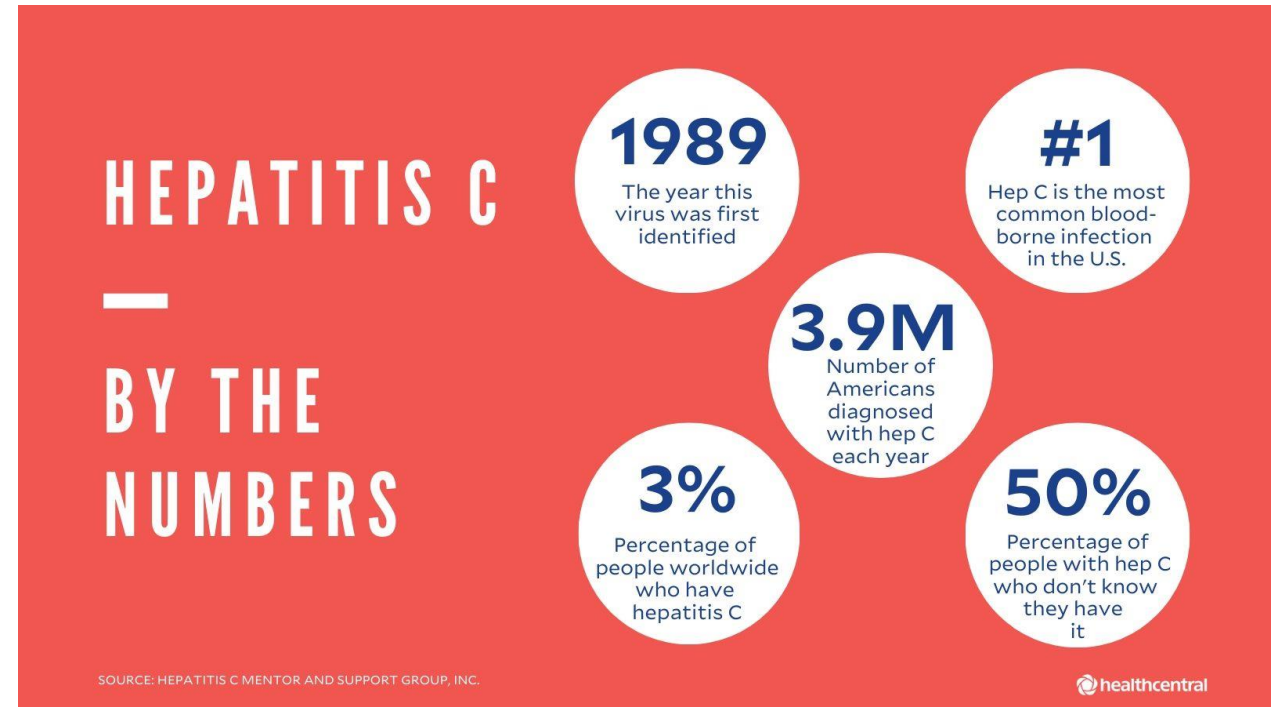


Building institutional capacities
in reducing HBV infection by
enhancing vaccination

Phase 2:



Acknowledging
'viral hepatitis champions'



Development of IEC

Target

- To train 20,000 hcws by 2024.
- To have over 200 master trainers across India by 2024.
- To achieve 90% vaccination among healthcare workers in 100 institutes.
- Creating linkages for referral and treatment of viral hepatitis.

**ARE YOU
VACCINATED
AGAINST
HEPATITIS B?**

ARE YOU
IMMUNIZED
AGAINST
HEPATITIS B?

Summary

- Stable Internet. Fixed Device. Login with Name.
- Join Early. Camera On. Mike Mute.
- Attend complete course. Receive certificate
- Be Attentive. Learn new things. Expand your horizon
- Ask your queries. Spread the knowledge
- Get immunized. Treat patients with respect and dignity.

Thank you!

Happy  **Learning**