Support the National Department of Health for the development of the national consolidated hepatitis technical guidelines and 5-year Strategic Plan for hepatitis surveillance and surveys: Terms of Reference.

1. Background

Viral hepatitis, caused by infection with hepatitis viruses A, B, C, D and E, is a serious yet under-recognized global public health problem affecting more than two billion people worldwide and causing about 1.4 million deaths every year\(^1\).

It has been estimated that there are three to four million South Africans who are chronically infected with hepatitis B virus. Hepatitis B virus chronic occurs commonly in the black population of South Africa, and chronic infection and its sequelae of cirrhosis and hepatocellular carcinoma are major public health threats. About 10 to 18% of South African adults are hepatitis B virus carriers and studies have reported that about 8% of South African children under 1 year old and 16% of children less than 6 years of age are infected with hepatitis B. With regards to gender, the prevalence of chronic carriage of hepatitis B virus in black population is 5-16% in rural males and 8-9% in urban males. For females, about 4-12% of females in rural and 2.7-4% in urban females are chronic carriers of hepatitis B virus. The overall male to female ratio is 2.6:1.0.\(^2\)

Hepatitis C poses a significant global health problem. In 2012, the World Health Organization estimated that there were 150 million infected people worldwide. This constitutes 3% of the world population. The extent of the problem in South Africa is not known, but the prevalence has been estimated to be between 0.1-1.7%\(^3\). Indeed, Nishi Prabdial-Sing and his colleagues Adrian Puren and Barry Schoub estimated that the seroprevalence of HCV in South Africa ranges from low (1.4-1.8%) in blood donors and health care workers to high (13-33%) in HIV positive individuals and patients with chronic active hepatitis\(^4\).

With regards to HIV/HBV co-infection, a study conducted in 2012 showed an increased HBV prevalence in patients with AIDS\(^5\). Another study conducted in Kwazulu-Natal Province showed that “the prevalence of HCV was 6.4% and that of HIV, 40.2%. There was a significantly higher prevalence of HCV among HIV infected patients as compared to HIV

\(^1\)WHO. Fighting Viral Hepatitis in the African Region, Note to the media; Cotonou, 6 November 2014.
\(^2\)Michael C Kew. Hepatitis B virus infection: the burden of disease in South Africa; South Afr J Epidemiol Infect 2008; Vol 23 (1)
\(^3\)W Abuelhassan. Hepatitis C virus infection in 2012 and beyond; South Afr J Epidemiol Infect, 2012;27(3)
\(^4\)Nishi and all. The status of hepatitis c – the silent “volcano” – in south Africa; Communicable Diseases Surveillance Bulletin, Volume 11, no. 1
negative patients (13.4% vs. 1.73% respectively). HCV-HIV co-infected patients had significantly increased mortality (8.3 vs. 21%)⁶.

It is important to underline that the risk of transmission following a single needle stick injury may be as high as 30%, compared with 0.3% for HIV. Health care workers and allied hospital workers (porters, cleaners and maintenance staff) are at risk for HBV infection due to exposure to blood and other bodily fluids during their daily activities⁷. A study conducted in 2012 by T Mosendane, M C Kew, R Osih and A Mahomed indicated that serum of 89 out of 170 (52.4%) nurses was positive for hepatitis B surface antibody (anti-HBs)⁸.

For Hepatitis A, In 1994 a small seroprevalence study found 90% percent of black South African adults and 40-60% of white South African adults were positive for hepatitis A virus-specific IgG. Lower rates of 11-27% were found in health care workers and medical students. The most recent published serological survey in South Africa was conducted in 1998/9. Fifty percent of children from lower socio-economic communities were seropositive by age 5-7 years and 80% by 11-13 years. By contrast, the majority of individuals in higher socio-economic groups were seronegative by age 11-13 years (76%)⁹.

2. The overall objective

The over-all role of the expert is to assist the national department of health to develop the national consolidated hepatitis technical guidelines and the 5-year Strategic Plan for hepatitis surveillance and surveys.

3. Description of duties (scope of work)

- Work with the national hepatitis Technical Working Group through regular consultation for inputs and suggestions;
- Conduct South African desk review on hepatitis;
- Conduct consultation with key stake holders including academic and research institutions;
- Produce a draft of the national consolidated hepatitis technical guidelines and a draft 5-year Strategic Plan for hepatitis surveillance and surveys;
- Support the National Department of Health in organizing consultation workshops with stakeholders for inputs and comments on the draft national consolidated hepatitis technical guidelines and draft 5-year Strategic Plan for hepatitis surveillance and surveys;
- Finalize the national consolidated hepatitis technical guidelines and the draft 5-year Strategic Plan for hepatitis surveillance and surveys;

⁹Hepatitis A Guidelines issued January 2007 compiled by the Epidemiology Unit, National Institute for Communicable Diseases of the National Health Laboratory Service.
• Present to the National Department of Health the final draft of the national consolidated hepatitis technical guidelines and the draft 5-year Strategic Plan for hepatitis surveillance and surveys;
• Document the process of the development of national consolidated hepatitis technical guidelines and 5-year Strategic Plan for hepatitis surveillance and surveys.
• Assist the National Department of Health with submission, to the National Essential Medicine List Committee (NEMLC) for approval, of the final draft of the national consolidated hepatitis technical guidelines and the draft 5-year Strategic Plan for hepatitis surveillance and surveys.
• Assist with attending the NEMLC as an expert, reviewing the comments from the NEMLC, and updating the guidelines and strategic plan as per NEMLC recommendations.

4. Expected deliverables

• Final draft of the national consolidated hepatitis technical guidelines;
• Final draft 5-year Strategic Plan for hepatitis surveillance and surveys
• Report documenting the process of the development of national consolidated hepatitis technical guidelines

5. Required qualifications

The required qualifications from the potential service provider are the following:

- Degree in medicine, infectious diseases or virology
- Clinical experience in management of hepatitis infections

6. Contract duration and period

The contract is for 50 working days covering the period from the 1st September to 30th November 2015.

7. Payment conditions

The service provider will be placed on pay B and C at a consultancy rate of US$ 400-500 per day according to the level of experience.

8. Applications

Interested candidates or companies/institutions must submit their CV’s to the e-mail address “afwcozahr@who.int” no later than 31 August 2015.