Review of the WHO Hepatitis A Position Paper: need for an update?

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WHO Vaccine Position Paper

What is a WHO Position Paper?
- concerned primarily with use in large-scale immunization programmes
- vaccination for individual protection not emphasized
- summarize essential background information
- conclude with current WHO position concerning use in global context
- reviewed by experts inside and outside WHO
- designed for use mainly by national public health officials and immunization programme managers
- published in Weekly Epidemiological Record and on website

How are PPs produced?
WHO vaccine position papers

- Process started in 1998
- For each vaccine preventable disease
- Position papers = Key reference documents
  - Now available in all official languages
  - Convergence of other WHO documents
    (International Travel and Health, Essential Drugs List, WHO Model Formulary,……)
- Evolution towards cross cutting papers or other policy documents, e.g. vaccination of immunocompromised,…
- On-line catalogue of WHO Policy Recommendations
  www.who.int/immunization/documents/en
Pathways for WHO Recommendations on Vaccine Use

Inputs:
- Global Advisory Committee on Vaccine Safety
- Expert committee on Biological Standardization
- Technology & Logistics Advisory Committee
- Other specific or cross-cutting technical advisory committee

SAGE working group
- Relevant existing technical advisory committee
- Secretariat

Recommendations:
- WHO DG
- WHO Position Paper
- Regional TAGS
- Regional consultations
- Country Decision making

Other relevant non immunization related WHO policy recommendation making body
PP Development and Updating Process

- Developmental and review process
  - Editorial Board staffed by consultant and IVB staff
  - Literature review, background paper, immunological basis of immunization modules
  - Draft circulated to global experts, regions, interested parties, industry, SAGE working group, SAGE members
  - Revised draft to SAGE members and others on as needed basis
  - Key recommendations agreed by SAGE. Plenary discussion before or after draft paper

- Process compliant with WHO "Guidelines for Guidelines" and WHO Guideline Review Committee
Practicalities of Guidelines for Guidelines

- For principle and/or controversial recommendations:
  - Synthesis of all available evidence
  - Evidence summaries using standard template
  - Formal assessment of quality of evidence
  - Consideration of resource use and costs
  - Linked evidence to recommendations, explaining reasons for judgements

- System for assessing evidence for interventions: GRADE (www.gradeworkinggroup.org)
The Current HepA PP

- Hepatitis A Vaccines, WER, No. 5, 4 February 2000, 38-44.

- Revision tentatively scheduled for late 2010.
General Position on HepA Introduction

- Results of appropriate epidemiological and cost-benefit studies should be carefully considered before deciding on national policies concerning immunization against hepatitis A.

- As part of this decision process, the public health impact of hepatitis A should be weighed against the impact of other vaccine-preventable infections, including diseases caused by hepatitis B, Haemophilus influenzae type b, rubella and yellow fever.
Position for Highly Endemic Countries

- In highly endemic countries, almost all persons are asymptptomatically infected with HAV in childhood, which effectively prevents clinical hepatitis A in adolescents and adults.

- In these countries, large-scale vaccination programmes are not recommended.
Position for Countries of Intermediate Endemicity

- In countries of intermediate endemicity where a relatively large proportion of the adult population is susceptible to HAV, and where hepatitis A represents a significant public health burden, large-scale childhood vaccination may be considered as a supplement to health education and improved sanitation.
Position for Regions of Low Endemicity

- In regions of low endemicity, vaccination against hepatitis A is indicated for individuals with increased risk of contracting the infection, such as travellers to areas of intermediate or high endemicity.
What Should be Updated?

- Update changing epidemiology and global burden
- Update vaccine products and availability
- Consider stronger recommendation for universal introduction in areas of low and intermediate endemicity
- Update long-term protection data
- Update status of vaccination programs globally
- Update use of HepA in outbreaks
What Should be Added?

- Guidance to countries to detect changing epidemiology
  - Especially for historically high prevalence countries

- Use of HepA for contacts of cases

- Review and "GRADE" evidence:
  - Is hepatitis A vaccine (HepA) effective to prevent disease/death?
  - Are boosters doses of HepA needed?
  - Is HepA effective for outbreak control?
  - Is HepA effective for PEP?
  - Is Immune globulin (IG) effective for PEP?
  - Should contacts of hepatitis A cases be given PEP?
Thank you