

Group

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Groups discussion

1. Does the “hurdle” has an impact on public health and/or the elimination goals
2. What can be the role of VHPB or other stakeholders in this proces
3. Is there a need to adopt or create guidelines/recommendations

Does the “hurdle” has an impact on public health and/or the elimination goals

- No, the issue of non responders does not have a relevant impact.
- Definition of non responder (100 vs 10 I.U.) is somehow academic
- We are not measuring non responder rates systematically in all relevant groups besides HCW
- Nevertheless the current vaccine used for infant immunization provides sufficient efficacy to reach public health targets if high coverage of birth dose is sustainably achieved.
- Reduction of carrier rates, mortality, morbidity , HCC is reached in spite of non responders.

What can be the role of VHPB or other stakeholders in this process

- Group A suggests the VHPB to conduct a technical meeting (1 day) on measures to overcome/bypass non responsiveness and evaluate the current status of concepts and new vaccine developments in the field of Hep B.
- Information presented in session 2 of this meeting revealed that there are relevant options and a rationale to successfully address non responders.
- Besides HCW there are other relevant groups of non responders in need for immunization (HD, Co-infected, transplant pat, older adults etc.)
- Finally the groups like to see more data on the question: What is the risk of non-responders?

Is there a need to adopt or create guidelines/recommendations

- After collecting and evaluating the information in that proposed VHPB-meeting there is a need for additional guidelines and recommendation on non-responder management
- This may include issues like monitoring of programm performance indicators, seroprevalence studies (e.g. In cohorts of pregnant women vaccinated as infants with combined vaccines)
- These studies should not only look for Antibodies but seek more information on protection (SPOT-testing)