Proposed Recommendations for Use of Inactivated Hepatitis A Virus (HAV) Vaccine

Arthur L. Reingold, MD
on behalf of the
SAGE Hepatitis A Virus Vaccine Working Group

SAGE HAV Vaccine Working Group

- A. Reingold, MD, Chair
- A. Hall
- J. Mphahlele
- D. Shouval
- M. Vacchino
- J. Ward
- L. Xiaofeng

With the assistance of J. Joerdis Ott and S. Wiersma

SAGE HAV Vaccine Working Group

- Terms of Reference
  - Prepare for a SAGE evidence-based review and updating of WHO recommendations on use of inactivated HAV vaccine.

Summary of Findings of the Review of the Summary of Findings of the Review of the

- A two dose regimen of inactivated HAV vaccine is highly effective and safe and produces long term

> 30 years.

- A one dose regimen of inactivated HAV vaccine is also highly effective and safe; protective levels of anti-HAV antibodies persist in >90% of children for at least 4-5

Recommendations Approved by SAGE, November 2011

1. Countries are encouraged to produce and review

Recommendations Approved by SAGE, November, 2011 (cont.)

Recommendations Approved by SAGE, November, 2011 (cont.)

2. HAV vaccine should be integrated into the national childhood immunization schedule in a country, if indicated on the basis of burden of disease, epidemiologic pattern of disease, and economic considerations.

HAV vaccine should be integrated into the national childhood immunization schedule in a country, if indicated on the basis of

HAV vaccination should be part of a comprehensive plan for the prevention and control of viral hepatitis.

Countries with improving sociodemographic conditions may rapidly convert from high to intermediate HAV endemicity, in which case routine HAV vaccination of children should be strongly

Recommendations Approved by SAGE, November 2012 (cont.)

3.

Countries deciding to introduce HAV vaccination should select HAV vaccines on the basis of efficacy and safety data and in conformity with national regulatory authority guidelines.

Recommendations Approved by SAGE, November 2012 (cont.)

4.

consider use of a single dose regimen of HAV vaccine if cost or logistical obstacles make it difficult to deliver a two dose regimen.*

protection of a 1 dose regimen.

5.

Following introduction of HAV vaccine, countries should monitor impact on HAV-related morbidity and mortality through surveillance or epidemiologic

Recommendations Approved by SAGE, November 2013 (cont.)

6.

(i.e. countries with low incidence of HAV-related disease

countries) may wish to consider

targeted vaccination of high risk populations, defined

Recommendations Approved by SAGE, Recommendations Approved by SAGE,

7.

Countries that have the capacity to offer individual management of reported cases of HAV hepatitis

Summary

- SAGE supported the integration of HAV vaccine in immunization programs if indicated by the burden of disease, changing epidemiologic features, and economic considerations.
- HAV vaccination should be part of a comprehensive plan for preventing and controlling viral hepatitis.
- Countries that have the capacity to offer individual management of reported cases of HAV hepatitis should consider the use of HAV vaccine for post-exposure prophylaxis among close contacts of case-patients.
- Countries introducing HAV vaccine should monitor its effectiveness

SAGE supported the integration of HAV vaccine in immunization