

Proposed recommendations regarding Ebola vaccination strategies

Helen Rees
Co-chair, Ebola vaccines Working Group
SAGE meeting, 4 April 2019



R&D Blueprint

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Vaccination strategies

- Having reviewed the modeling and epidemiology of the current outbreak, the WG considers that ring vaccination remains the most effective strategy in the current outbreak
- The WG recommends that ring vaccination should be rigorously implemented and every effort should be made to identify all contacts and contacts of contacts around each case
- The WG recommends additional pop-up vaccination in inaccessible areas in the community around the case
- Geographically-targeted vaccination should be retained as a possible strategy when ring vaccination is not possible

In addition to ring vaccination

- The WG recommends continued efforts to vaccinate HCWs and FLWs at the highest risk of exposure to infection, as an essential component of the vaccination strategy in conjunction with strong infection prevention control
- The WG notes that vaccination has been offered to the highest risk HCW/FLWs in neighbouring countries (South Sudan, Uganda) and recommends that the remaining neighbouring countries should do this as soon as possible (Rwanda and Burundi)

Research and stockpile management

For other candidate vaccines:

- Manufacturers should develop a regulatory strategy that engages regulators such as the FDA, EMA, WHO PQ, AVAREF and African regulators in parallel rather than sequentially to accelerate the licensure process.
- The WG recommended that GAVI should increase global stockpile size to 500,000 doses for outbreak response and some potential preventive vaccination of HCWs/FLWs at high risk of exposure, through a rotating stockpile.
- To guarantee equitable distribution of the vaccine, a mechanism (e.g. ICG-like mechanism) for vaccine allocation should be developed

Developing other Ebola vaccines

- WHO should encourage and support relevant partners, including African researchers, to urgently develop and implement studies to evaluate additional candidate vaccines
- Proposed studies should be scientifically and epidemiologically justified, have appropriate approvals including from all African and other regulatory and ethics authorities, and have defined endpoints suitable for licensure
- As randomised trials are the gold standard for the evaluation of vaccines, priority should be given to the implementation of the randomised trial among HCWs/FLWS at risk of exposure but who are not at the highest risk setting, as previously recommended by SAGE