

Report from the SAGE Working Group on Hepatitis E

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Global disease burden of various vaccine-preventable diseases in comparison to that of hepatitis E

<i>Disease</i>	<i>Number of annual deaths worldwide</i>	<i>Estimated global vaccination coverage (2013)³</i>
Hepatitis E (modelling data)	70,000	*
Pertussis (2012)¹	67,059	84% (3 doses of DTP)
Diphtheria (2012)¹	2,615	84% (3 doses of DTP)
Tetanus(2012)¹	66,129	84% (3 doses of DTP)
Measles (2012)¹	130,461	84% (at least one dose of measles-containing vaccine)
Rotaviral enteritis (2010)²	250,900	14% (2 doses of rotavirus vaccine)
Influenza (2010)²	507,900	No global estimate available

¹WHO Global Health Estimates (GHE) 2014: http://www.who.int/healthinfo/global_burden_disease/estimates/en/index1.html

²Lozano et al. Global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010: a systematic analysis for the Global Burden of Disease Study 2010: Lancet 2012; 380: 2095–128 (http://ac.els-cdn.com/S0140673612617280/1-s2.0-S0140673612617280-main.pdf?_tid=4e74d82e-1c9d-11e4-a264-00000aabb0f01&acdnat=1407242448_c4e9609829c3624b87afa57e8c785e70)

³WHO Global Immunization Data; http://www.who.int/immunization/monitoring_surveillance/data/gs_gloprofile.pdf?ua=1

*HEV vaccine is currently not included in vaccination schedules in any part of the world.

SAGE Working Group on HEV

Terms of Reference

- Review data on global incidence and burden of disease caused by hepatitis E virus infection.
- Review issues related to hepatitis E surveillance.
- Review existing data on the safety, immunogenicity, efficacy, and cost-effectiveness of the licensed hepatitis E vaccine.
- Review the hepatitis E vaccine pipeline.
- Identify potential indications and uses for the hepatitis E vaccine in the context of other hepatitis E preventive, control and treatment strategies/tools

SAGE Working Group on HEV Terms of Reference (cont)

- Review evidence and propose recommendations for review by SAGE.
 - Summarize existing evidence on the burden of hepatitis E and on the safety, immunogenicity, efficacy, and cost-effectiveness of the licensed hepatitis E vaccine.
 - Provide draft recommendations on the potential use of hepatitis E vaccine
 - Provide SAGE with summaries and analyses needed to support its discussion and recommendation process.

Questions for SAGE

- Should HEV vaccine be recommended for
 - General population in HEV endemic areas and areas at risk for outbreaks
 - Special high risk groups (pregnant women, individuals with chronic liver diseases, immuno-suppressed)
 - Special situations where the risk of disease or that of serious disease or mortality could be particularly high

Composition of the Working Group

- **SAGE Members**

- Narendra Arora (Chair), INCLEN, India
- Xiaofeng Liang, Chinese CDC, China

- **Experts**

- Emily Gurley, International Centre for Diarrheal Diseases Research, Bangladesh
- Rakesh Aggarwal, Sanjay Gandhi Postgraduate Institute of Medical Sciences, India
- David Rein, University of Chicago, USA
- Sally Baylis, Paul-Ehrlich-Institute, Germany
- Eyasu Teshale, CDC, USA
- Nilsa de Deus, National Institute of Health, Mozambique
- Samreen Ijaz, Public Health England, UK
- Rana Jawad Asghar, FELTP, Pakistan