Overview of SAGE recommendations and introduction to the session

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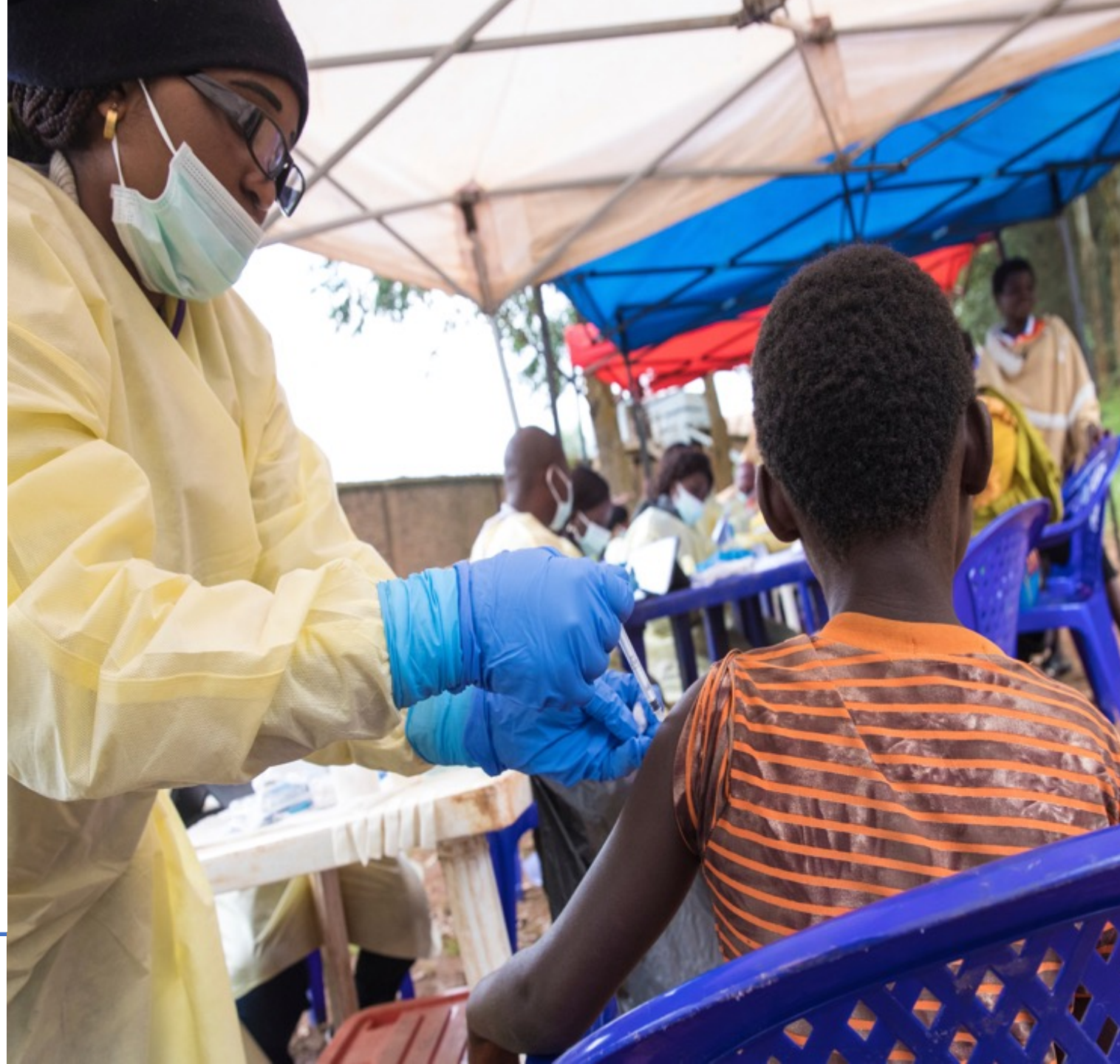

World Health Organization

Overview of SAGE recommendations

SAGE confirmed that it would provide expert advice on the deployment of Ebola vaccines on an emergency basis.

SAGE endorsed calls for capacity building for preparedness to respon to future infectious disease threats,

Oct 2014

SAGE supported the proposed framework for making recommendations, but asked that it be made explicit that the identification and prioritization of target populations for vaccination will be based on a **thorough assessment of risks and benefits**

SAGE recommended that the further development of the Emergency Use Assessment and Listing procedure being developed by WHO, which would allow use of a vaccine in the context of a PHEIC

SAGE again noted the probability that efficacy data for any of the Ebola vaccines may not be available by the end of the current outbreak, and therefore **recommended that future use of unproven Ebola vaccines should be in the context of studies that would generate safety and effectiveness data**

April 2015

Vaccination during outbreaks should be part of an integrated strategy and complement other public health measures to interrupt transmission.

The main objectives for vaccination are interruption of transmission and individual protection for those at high risk for infection during an outbreak.

Health-care workers, as well as certain other categories of individuals with high likelihood of exposure to infectious body fluids, including informal health-care providers and those involved in funeral rites, are at higher risk for infection than the general population.

Pregnant women and infants have very high case fatality rates and may benefit from the indirect effects of their close contacts being vaccinated. Careful planning should ensure readiness for vaccine introduction as soon as feasible.

Oct 2015

World Health Organization

HEALTH EMERGENCIES programme

Overview of SAGE recommendations

Should an Ebola disease outbreak occur before the candidate vaccine is licensed,

SAGE recommended that

the rVSVΔG-ZEBOV-GP vaccine be promptly deployed under the Expanded Access framework, with informed consent and in compliance with Good Clinical Practice.

If the outbreak is caused by an Ebola virus species other than Zaire, consideration should be given to the use of other candidate vaccines that target the putative viral species.

Ring vaccination, as used in the Phase 3 study in Guinea, is the recommended delivery strategy. Include people at risk including but not limited to: (i) contacts and contacts of contacts; (ii) local and international health-care and front-line workers in the affected areas and (iii) health-care and front-line workers in areas at risk of expansion of the outbreak.

SAGE considered that available **evidence on candidate Ebola vaccines, especially duration of protection, is insufficient to formulate conclusive recommendations regarding mass vaccination** of the general population or vaccination of health-care workers in the absence of an outbreak

SAGE reiterated that, should an EVD **outbreak due to the Zaire strain occur before a candidate vaccine is licensed, rVSV-ZEBOV vaccine should be promptly deployed**.

Ring vaccination remains the recommended strategy for delivery

A geographically targeted vaccination strategy may be considered in when it is impossible to identify the individuals who make up ring vaccination cohorts because of serious security, social or epidemiological issues.

SAGE noted that (i) EVD in pregnancy is associated with in very high risks of maternal and fetal loss; (ii) in outbreaks, with no vaccination, the risk for EVD of contacts and contacts of contacts of patients with EVD is moderately high; and (iii) the risk of unvaccinated people in a ring vaccination cohort with vaccination coverage of ≥50% is low. SAGE further noted that the risk of pregnant women for adverse effects after administration of the replicating live virus vaccine, rVSV-ZEBOV, remains largely unknown, given the limited data.

SAGE recognized that a decision on whether to offer rVSV-ZEBOV, a systemically replicating vaccine virus, to pregnant women is complex, with ethical, clinical, epidemiological and social considerations**. Inclusion of pregnant women in an EVD vaccine research protocol depends on local national regulatory authorities and local ethics review committees.**

April 2017

Oct 2018

Overview of SAGE recommendations

As SAGE noted previously, it is important **to advance the clinical evaluation of other vaccines against EVD** and to accrue additional information on their immunogenicity, safety and efficacy if possible.
In view of the severity of the outbreak and aligned with SAGE's recommendation from October 2018, **SAGE welcomes and supports the recent recommendation of the ethics committee of DRC to also authorize the vaccination of pregnant women in outbreak affected areas,** using the currently recommended vaccination strategies, with the live-replicating rVSV-ZEBOV-GP vaccine with informed consent and in compliance with GCP.

SAGE acknowledges the decision of the ethics committee of DRC to also proceed with **vaccination of lactating women and children under 1 year of age given the ongoing outbreak and population risk**. SAGE is now reviewing the data, including modelling, in relation to the use of the vaccine in these populations and will provide an updated assessment as soon as is feasible.

SAGE considered that the high rates of attack and fatality in these groups and the **accumulating data on vaccine safety and efficacy for other groups justify inclusion in the ongoing ring vaccination** in North Kivu of infants aged 6–12 months and lactating women.

As data on the safety of the vaccine in infants aged 6–12 months accumulate, inclusion of infants from 6 weeks of age should be considered. Despite possible difficulties in follow-up, every effort should be made to monitor the safety of vaccination of lactating women, their infants and vaccinated children.

SAGE previously recommended that consideration be given to urgent evaluation of new candidate vaccines. This recommendation remains to be implemented

Interim February 2019

April 2019

Overview of SAGE recommendations

To ensure vaccine continues to be available and offered to individuals at greatest risk of Ebola during this outbreak and in order to secure the availability of the rVSV ZEBOV-GP in the mid-term, SAGE revised the following proposal, based on an analysis undertaken by the U.S. Food and Drug Administration to exceptionally adjust the vaccine dose for the currently available lots of rVSV-ZEBOV-GP being used in DRC:

(i) For those at higher risk of Ebola including contacts and contacts of contacts including HCWs and FLWs in the affected areas: offer a vaccine dose with a similar potency to that used in the Guinea Ebola ça suffit trial (i.e. 2 x 107 pfu).
(ii) For those who can potentially be involved in the tertiary generation of case (e.g. 3rd level of contacts), a 5-fold dose adjustment compared with the current dosing of the vaccine is recommended (in relation to the potency of the vaccine lots being used in DRC). The 5-fold dose reduction in the broader population was motivated on immunological considerations related to dose-response analysis using a 4.8-fold dose reduction in various subpopulations and seroconversion rates in those groups at 28 days after vaccination and later, noting this dosing regimen provides a reasonable risk-benefit trade-off for protection.

SAGE supports the adjusted dosing administration as proposed above. SAGE acknowledges, that since the vaccine is available in 10-dose vials at 1 ml/dose, that a 2-fold and a 5-fold reduction in dose could be readily implemented by injection of 0.5 mL and 0.2 mL, respectively.

Interim May 2019

Ebola vaccines – FOR INFORMATION

Overview of SAGE recommendations and introduction to the session. F. WERE. Co-Chair of SAGE Working Group on Ebola Vaccines.

Update on outbreak epidemiology. B. ARCHER. WHO.

Status of implementation of SAGE interim recommendations. A. DIALLO. WHO.

Preliminary observations regarding effect of rVSV ZEBOV vaccination in the Democratic Republic of the Congo (DRC). A.-M. HENAO RESTREPO. WHO.

Update on status of Ebola candidate vaccines and ongoing efforts towards global vaccine security. A. COSTA. WHO.

Conclusions and next steps. H. REES. Co-Chair of SAGE Working Group on Ebola Vaccines.

Discussion