Summary of Key Points

WHO position paper on Hepatitis B vaccines

October 2009
Hepatitis B vaccines
WHO position paper
Background information

- ~ 2 billion HBV infected worldwide, of these
- ~ 360 million chronically infected, of these
- ~ 600 000 die each year (liver cirrhosis/cancer)
- Transmission of HBV in highly endemic areas* mainly perinatal/early childhood; in low endemic areas** more often by sexual contact or by contaminated needles
- Unless vaccinated at birth, the majority of children born to contagious mothers (HBeAg carriers) become chronically infected.

* High endemicity: ≥8% of population HBsAg-positive
** Low endemicity: <2% of population HBsAg-positive
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- Hep B vaccine available as monovalent formulations or in fixed combinations (e.g. with DTP vaccines).
- Hep B vaccines have an excellent safety record (GACVS)
- In 2008, 177 countries had hepatitis B vaccination in their national infant immunization programmes
- ~69% of 2008 birth cohort received 3 doses of this vaccine
- Only ~27% of infants got first dose ≤24 hrs of birth (2006 data)
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- All infants should receive their first dose of hepatitis B vaccine as soon as possible after birth, preferably within 24 hours.

- The birth dose is crucial in areas of high hepatitis B endemicity, but important even in intermediate and low endemicity areas.

- To complete the primary series the birth dose should be followed by 2 doses, spaced by ≥ 4 weeks, e.g. at the time of the first and third doses of DTP vaccine, or, if programmatic more convenient, by 3 doses coinciding with DTP or other routine infant vaccines.

- There is no evidence to support the need for a booster dose following 3 (or 4) doses of hepatitis B vaccine in routine immunization programmes.
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- Delivery of hepatitis B vaccine within 24 hours of birth should be a performance measure for all immunization programmes

- Catch-up vaccination for children should be considered for cohorts with low coverage

- The need for catch-up vaccination in older age groups, including adolescents and adults, is determined by the baseline epidemiology of HBV infection in the country

- The importance of vaccinating people with particular risk factors for acquiring HBV infection is emphasized
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- A comprehensive approach to eliminating HBV transmission must address infections acquired perinatally and during early childhood, as well as those acquired by teenagers and adults.
- WHO strongly recommends that all regions and associated countries develop goals for hepatitis B control appropriate to their epidemiological situation.
- Process indicators and the use of outcome measures are critical to verifying achievement goals.
- Serological surveys of HBsAg prevalence, supplemented by surveillance for acute disease and collection of mortality data, will serve as tools to measure the impact of vaccination.