4. Hepatitis A vaccines and long-term protection

4a) Inactivated hepatitis A vaccine

**Author(s):** Ott J, Wiersma S  
**Date:** 2011-09-28  
**Question:** Should inactivated hepatitis A vaccine be used for long-term protection against hepatitis A?  
**Settings:** General population

<table>
<thead>
<tr>
<th>Quality assessment</th>
<th>No of patients</th>
<th>Effect</th>
<th>Quality</th>
<th>Importance</th>
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</thead>
<tbody>
<tr>
<td>anti-HAV antibodies &gt;5 years after immunization (follow-up 5-14 years; measured with: GMC, GMT, or % seroprotection post vaccination)</td>
<td>8 observational studies</td>
<td>Serious</td>
<td>no serious inconsistency</td>
<td>no serious indirectness</td>
</tr>
</tbody>
</table>

| anti-HAV antibodies 14 years after immunization (children, 3-dose, Havrix) (follow-up mean 14 years) | 1 observational studies | no serious risk of bias | no serious inconsistency | no serious indirectness | no serious imprecision | none | 56 | - | - | GMT range from 131-227 | ✅✅✅ LOW | IMPORTANT |

1. Loss to follow-up reported to be up to 50% and increased with duration of follow-up. There is also a risk of confounding because other factors potentially associated with antibody response are not considered.

2. Results had wide ranges and wide confidence intervals and often only reported GMC/GMT and not ranges of data.

3. Results listed as mean geometric titer or concentration.

4. Three different schedules were used (0, 1, 2 mo; 0, 1, 6 mo; 0, 1, 12 mo) in this study.

5. Seroprotection rate ranged from 86-100% depending on schedule.
Bibliography


4b) Live attenuated hepatitis A vaccine

**Author(s):** Ott J, Wiersma S  
**Date:** 2011-09-28  
**Question:** Should single dose live attenuated hepatitis A vaccine be used for long-term protection against hepatitis A?  
**Settings:** general population

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<th>Importance</th>
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<td>Design</td>
<td>Risk of bias</td>
<td>Inconsistency</td>
<td>Indirectness</td>
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<td>Serious¹</td>
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<td>no serious indirectness</td>
</tr>
<tr>
<td>1</td>
<td>observational studies</td>
<td>Serious¹</td>
<td>no serious inconsistency</td>
<td>no serious indirectness</td>
</tr>
</tbody>
</table>

¹ Loss to follow-up not always reported. There is also a risk of confounding because other factors potentially associated with antibody response are not considered.  
² Confidence intervals not consistently reported and studies often only reported GMC and not ranges of data.  
³ Initially enrolled participants, not clear how many were lost to follow-up.  
⁴ GMC 128, no CI reported. 81% seroconversion rate. No hepatitis A cases reported.
References


