Call for nominations for experts to serve on a Strategic Advisory Group of Experts (SAGE) Working Group on hepatitis A

Background:

WHO estimates that worldwide, hepatitis A virus (HAV) caused approximately 11 000 deaths in 2015.¹

Hepatitis A vaccines are available since the 1990s. SAGE issued in 2012 a hepatitis vaccine position paper that noted the following points:

- Both inactivated and live attenuated Hepatitis A vaccines are highly immunogenic and immunization will generate long-lasting, possibly life-long, protection against HAV in children as well as adults.
- Currently, inactivated Hepatitis A vaccines are licensed in a 2-dose schedule, starting at 1 year of age or older. The live attenuated Hepatitis A vaccine is administered as a single dose.
- National immunization programmes may consider inclusion of single-dose inactivated Hepatitis A vaccines in immunization schedules since this option seems to be comparable in terms of effectiveness and is less expensive and easier to implement. However, until further evidence from the single-dose inactivated vaccine schedule is available, for persons at high risk of contracting HAV or who are immunocompromised, a 2-dose schedule is preferred.
- It was stated that inactivated Hepatitis A vaccines produced by different manufacturers, including combination vaccines, are interchangeable.

As of February 2020, the vaccine has been introduced in the vaccine schedule of around 40 countries, either in the routine childhood schedule, or for particular risk groups, more rarely in some subnational geographical areas only.

Several countries in the region of the Americas have decided to use a single dose of inactivated vaccine.

Terms of reference:
The working group will be asked to review the evidence with respect to the following questions/issues and to propose to SAGE recommendations, including the need to update recommendations stated in the current (2012) hepatitis A vaccine position paper.

- Review data regarding the global prevalence and burden of disease caused by hepatitis A virus infection, including outbreaks.
- Identify a global list of inactivated and live attenuated hepatitis A vaccines that are being used in public health programmes.
- Review data on efficacy, effectiveness, duration of protection, schedules, safety, and cost-effectiveness of internationally available hepatitis A vaccines, considering all dosing and schedules in particular single dose schedules of inactivated vaccine.

¹ WHO Global Hepatitis Report, 2017 at https://apps.who.int/iris/bitstream/handle/10665/255016/9789241565455-eng.pdf?sequence=1
• Review programmatic and feasibility of introduction into risk based vaccination and routine immunization schedule.
• Consider an update to the 2012 WHO position paper on hepatitis A vaccines.

Timeline:
The SAGE Working Group on Hepatitis A is expected to be set up and start functioning as soon as possible, and is expected to accomplish its task and tentatively present its conclusions and recommendations to the SAGE in April 2021. Given it link to a long-term goal, it is anticipated that the WG will be active for a period of approximately 1 year.

Expertise needed in:
1. Hepatitis A epidemiology
2. Immunization
   a. Hepatitis A vaccines
   b. Immunization programmes and vaccine delivery
   c. Hepatitis A vaccines implementation and monitoring
3. Mathematical modelling - Modelling of immunization programme impact and cost effectiveness analysis

Proposals for nominations should be sent by email to sageexecsec@who.int with:
- a Curriculum Vitae,
- indication of relevant expertise,
- and a completed declaration of interest form. Only complete nominations received by 15 May 2020, will be considered.

Information on the purpose, structure and functioning of SAGE Working Groups is available at http://www.who.int/immunization/sage/SAGE_Working_Groups_general_information.pdf?ua=1