

Summary of Key Points
WHO position paper on Hepatitis B
vaccines
October 2009



**World Health
Organization**

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: $\geq 8\%$ of population HBsAg-positive

** Low endemicity: $< 2\%$ of population HBsAg-positive



Hepatitis B vaccines

WHO position paper

Background information

- 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)



Hepatitis B vaccines

WHO recommendations October 2009

- 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.



Hepatitis B vaccines

WHO recommendations October 2009

- 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



Hepatitis B vaccines

WHO position paper

Background information

- 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

