EVIDENCE TO RECOMMENDATIONS TABLE AND GRADE TABLE

Detailed evidence related to the evidence to recommendation table can be found in the background papers presented to the Strategic Advisory Group of Experts (SAGE) on Immunization in October 2016 (http://www.who.int/immunization/sage/meetings/2016/october/en/)

Question: Is there the need for a hepatitis B vaccine booster dose following primary immunization?

Population: Immunocompetent individuals. **Intervention:** Administration of a hepatitis B vaccine booster dose. **Comparison(s):** Primary immunization only without booster dose.

Outcome: Immunogenicity

Background:

HBV is a major cause of liver cancer cases worldwide, with wide geographical variations in the attributable fraction. In 1992, the WHO set a goal for all countries to integrate HBV vaccination into the Expanded Program on Immunization (EPI). In September 2015, the United Nations General Assembly adopted the 2030 Agenda for Sustainable Development. A goal is to combat viral hepatitis. In May 2016, the Global Health Sector Strategy on Viral Hepatitis was endorsed by Member States and has set a 2020 target to reduce the new cases of chronic hepatitis B virus (HBV) infection by 30%, which is equivalent to for 2020 a 1% prevalence of hepatitis B surface antigen (HBsAg) among children less than 5 years of age, and a 2030 target of achieving a 0.1% prevalence of HBsAg among children 5 years of age. WHO recommends that all infants receive their first dose of hepatitis B vaccine as soon as possible after birth. The birth dose should then be followed by two or three additional doses with a minimum interval of four weeks.

A systematic review assessed the benefits and harms of a booster dose hepatitis B vaccination, more than five years after the primary vaccination, for preventing HBV infection in healthy individuals previously vaccinated with the hepatitis B vaccine, and with hepatitis B surface antibody levels (anti-HBs) below 10 mIU/ml.

	CRITERIA	JUDGEMENTS		RESEARCH EVIDENCE	ADDITIONAL
PROBLEM	Is the problem a public health priority?	No Uncertain	Yes Varies by setting	Vaccinating against hepatitis B has been associated with substantial reductions in the incidence of acute and chronic HBV	INFORMATION
				infections and mortality from hepatocellular carcinoma.	1

BENEFITS & HARMS OF THE OPTIONS	Benefits of the intervention Are the desirable anticipated effects large?	No Uncertain Yes Varies	2 systematic reviews concluded that individuals adequately vaccinated in a 3- dose or 4- dose primary schedule do not require additional booster dose. The results from a meta-analysis show that protection provided by HBV vaccine persists for at least two decades in the great majority of immunocompetent adequately vaccinated individuals.	
	Harms of the intervention Are the undesirable anticipated effects small?	No Uncertain Yes Varies	Evidence suggests that hepatitis B vaccine is well tolerated, when administered as primary immunization or booster dose.	
	Balance between benefits and harms	Favours Favours Favours Favours intervention comparison both neither Unclear	The comparison is favored when balancing the benefits and harms.	
BEI	What is the overall quality of this evidence for the critical outcomes?	Effectiveness of the intervention No included studies Very low Low Moderate High Safety of the intervention No included studies Very low Low Moderate High Safety Very low Low Moderate High Studies Very low Low Moderate High	There is high quality evidence that hepatitis B vaccine confers long-term protection	

VALUES & PREFERENCES	How certain is the relative importance of the desirable and undesirable outcomes?	Probably no NoImportan importan importan importan importan importan t t t tuncertain uncertain uncertain uncertain uncertain uncertain uncertain ty or ty or ty or ty or undesirab variabilit variabilit variabilit variabilit y y y y y outcomes□□▲	No evidence available though it is assumed that in general there is no important uncertainty or variability.
VALUES & PREFERENCES	Values and preferences of the target population: Are the desirable effects large relative to undesirable effects?	No Probably Uncertain Probably Yes Varies No Yes IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	A review of literature retrieved no evidence on the values and preferences of the caregivers. Assessment of the values and preferences is very context specific and, in case no data are available, countries are asked to conduct these assessments in their specific setting.
RESOURCE USE	Are the resources required small?	No Uncertain Yes Varies	Additional resources will be needed for the administration of a booster dose.
	Cost- effectiveness	No Uncertain Yes Varies	No evidence available, though it is assumed that the administration of a booster dose, in light of the limited benefit of this intervention, is not cost-effective.
EQUITY	What would be the impact on health inequities?	Increased Uncertain Reduced Varies	No expected impact of the intervention on health inequities.

ACCEPTABILITY	Which optio acceptable to key stakeholders (Ministries of Health, Immunizatio Managers)?	o s of	Intervention	Compari X	son Both	Neither	Unclear	The administration of a not acceptable to the ku this increased costs and benefit for the target p	ey stakeholders given d limited additional	
AC	Which optio acceptable to target group	0	Intervention	Compari X	son Both	Neither	Unclear	Ensuring adequate pro number of injections is acceptable option to th	likely the most	
FEASIBILITY	Is the intervention feasible to implement?	e to			certain Probably Yes Varies Yes			Given the limited benerit it is not advisable to im intervention but to focu- administration of the p vaccine series.	plement the us resources on the	
Balance of consequences		co cle co	Undesirable onsequence <i>early outwei</i> desirable onsequence most settin	es gh es	<i>prob</i> desirab	ably out	equences	The balance between desirable and undesirable consequences <i>is closely balanced or</i> <i>uncertain</i>	Desirable consequences probably outweigh undesirable consequences in most settings	Desirable consequences clearly outweigh undesirable consequences in most settings
			Х							
	Type of recommendation		e recomme intervent	-	n interver Only in the context of rig		ntion gorous research	We recommend the comparison	We recommend against the intervention and the comparison	
	Image: Constraint of the second se			0	or specific (sub)populations	X				

Recommendation (text)	There is no evidence to support the need for a booster dose of hepatitis B vaccine in routine immunization programmes. No changes were proposed by SAGE in the current recommendations related to booster doses.
Implementation considerations	
Monitoring and evaluation	
Research priorities	Three primary doses of hepatitis B vaccine ensure a good protection against infection for up to 20 years. However, additional longer-term studies should be conducted to explore vaccine efficacy and the need of booster doses in different subgroups of the population