

TAG RECOMMENDATIONS FOR HEPATITIS B

Pan-American Health Organization (PAHO), 2024

PAHO



Pan American
Health
Organization



World Health
Organization

Americas Region

Contents

1999 Recommendations	2
2000 Recommendations	3
2011 Recommendations	4
2015 Recommendations	5
Coordination	5
Vaccination and monitoring	5
2016 Recommendations	6
2019 Recommendations	7
2023 Recommendations	8

1999 Recommendations

- Routine universal infant immunization should be the primary strategy to prevent HBV transmission.
- In highly endemic areas (hepatitis B surface antigen [HbsAg] prevalence >7%), an area- wide vaccination campaign should be conducted.
- Healthcare workers who are at risk of being exposed to blood or other body fluids should be routinely vaccinated.
- Vaccination coverage should be monitored on a regular basis.
- The feasibility of establishing an “integrated” surveillance system for patients presenting with fever and jaundice should be explored. The purpose of such a surveillance system would be to detect cases of hepatitis B, yellow fever and other tropical diseases, such as leptospirosis and malaria.
- Countries that have introduced hepatitis B (HB) vaccine should consider using combined tetravalent (DTP+HB) or pentavalent (DTP/HB+Hib) vaccines. These vaccines have a similar cost to the monovalent vaccines purchased separately and are easier to administer, thereby reducing the number of injections and visits to health establishments.

2000 Recommendations

- Routine universal infant immunization should be the primary strategy to prevent HBV transmission.
- Healthcare workers who are at risk of being exposed to blood or other body fluids should be routinely vaccinated.
- Vaccination coverage should be monitored on a regular basis and the impact of hepatitis B vaccination measured through surveillance. Coverage levels for HepB3 should equal that of DTP3 by the year 2003.
- Countries that have introduced hepatitis B (HepB) vaccine should consider using combined tetravalent (DTP+HepB) or pentavalent (DTP/HepB+Hib) vaccines. These vaccines have a similar cost to the monovalent vaccines purchased separately and are easier to administer.

2011 Recommendations

- All countries are encouraged to maintain high Hepatitis B (Hep-B) vaccine coverage and adhere to the 2009 WHO recommendation of using a Hep-B birth dose of the vaccine.
- Countries are encouraged to conduct epidemiological and cost-effectiveness studies for the introduction of hepatitis A vaccine to support evidence-based decisions in light of existing public health priorities.
- Countries in the Americas are urged to join the celebration of the Global Hepatitis Day on 28 July as a day to commemorate the accomplishments in the control of hepatitis and to advocate for further efforts.

2015 Recommendations

Coordination

- PAHO should continue the inter-programmatic work that brings together the maternal and child health services units, the Latin American Center for Perinatology (CLAP), the Comprehensive Family Immunization Unit, HIV/AIDS/STI/TB and Hepatitis Unit, Occupational Health Unit, Legal Office, among others, in order to support Member States in their evaluation of the feasibility of HBV elimination as a public health problem. PAHO should also support developing strategies, and identifying gaps that need to be addressed in order to achieve this goal by 2030.

Vaccination and monitoring

- TAG reminds countries to introduce the birth dose of the hepatitis B vaccine, i.e., the first dose within 24 hours after birth, in countries that have not already introduced it.
- Countries should monitor the administration of the birth dose within 24 hours of birth and reach at least 80% coverage, in all countries.
- Countries should document prevalence of hepatitis B infection among pregnant women and strengthen hepatitis surveillance.
- TAG reiterates previous recommendations on hepatitis B vaccination for children, healthcare workers, and other high-risk groups.
- PAHO and countries should evaluate the current status of hepatitis B control and the feasibility of hepatitis B elimination, so that TAG can assess their progress and the feasibility of eliminating hepatitis B at the regional level.

2016 Recommendations

- The TAG supports that the PAHO Directing Council formally sets a goal for the elimination of MTCT of Hepatitis B by 2020.
- The TAG assesses that EMTCT of Hepatitis B is feasible in the Americas by ensuring vaccination coverage equal or greater than 95% with one dose of Hepatitis B vaccine among all newborn babies within 24 hours of birth and with the third dose of Hepatitis B among children <1 year, respectively.
- The TAG reaffirms the recommendations on Hepatitis B vaccination made at the meeting in 2015 and notes the progress made towards the evaluation of the feasibility of Hepatitis B elimination.
- PAHO should establish a comprehensive plan to achieve the elimination goal, including strengthened surveillance and targeted sero surveys for all countries. The TAG recommends that PAHO provides special technical support to those countries with the highest prevalence of HBsAg and those which have not introduced yet the birth dose in their routine schedule, for example some countries in the Caribbean and Central America, among others.
- The TAG recommends that measures to eliminate MTCT of Hepatitis B be integrated with efforts to eliminate MTCT of HIV and congenital syphilis and with other maternal, neonatal and infant health initiatives.

2019 Recommendations

- TAG commends countries with regards to the progress made towards the elimination of mother-to-child and early childhood horizontal hepatitis B transmission and urges countries to attain high vaccination coverage with hepatitis B birth dose and hepatitis B or hepatitis B-containing vaccines during the first year of life.
- TAG urges PAHO to develop guidance for the verification of mother-to-child and early childhood horizontal hepatitis B elimination in the Americas.

2023 Recommendations

- Member States are encouraged to consider the introduction of the whole-cell pertussis (wP) hexavalent vaccine in the national immunization programs of the Americas. Combined vaccines such as the hexavalent are a key tool to bolster regional vaccination coverage rates, improve the logistics of vaccine transportation, storage, and administration, and reduce medical waste. Furthermore, multiple studies support its non-inferiority status to acellular pertussis (aP) hexavalent vaccine, and the reactogenicity profiles of the two vaccines are similar. Finally, the wP hexavalent vaccine provides longer duration of immunity than the aP hexavalent vaccine. Countries that already use the aP hexavalent vaccine should continue to do so.
- The Revolving Fund should continue its proactive negotiations to ensure enough vaccine doses at competitive prices for Member States, especially considering the expected limited global supply of wP hexavalent vaccine doses worldwide until at least 2027. Countries and the lowest vaccination coverage rates should be prioritized in case of limited vaccine supply.
- The PAHO Comprehensive Immunization Program should work closely with Member States on the introduction of any WHO-prequalified wP hexavalent vaccine as soon as it becomes available and consider how the addition of this vaccine to the national immunization program may affect routine vaccination services as well as the introduction of other new vaccines (e.g.,RSV), dengue). Also, PAHO should support countries in the integration of the wP hexavalent vaccine into the national surveillance systems for Events Supposedly Attributed to Vaccination or Immunization (ESAVI).

