

## GRADE Table 01b. Efficacy of hepatitis E vaccination in immunocompetent individuals against hepatitis E disease

**Population** : Immunocompetent individuals (>16 years)

**Intervention** : Hepatitis E vaccination (Hecolin®)

**Comparison** : Non-hepatitis E vaccination

**Outcome** : Hepatitis E disease

<i>What is the scientific evidence of the efficacy of primary immunization with hepatitis E vaccine (versus control) to prevent hepatitis E disease in immunocompetent individuals?</i>				
		Rating		Adjustment to rating
<b>Quality Assessment</b>	No. of studies/starting rating		2/ RCT 1/observational <sup>1</sup>	4
	Factors decreasing confidence	Limitation in study design	Serious <sup>2</sup>	-1
		Inconsistency	None serious	0
		Indirectness	None serious <sup>3</sup>	0
		Imprecision	None serious	0
		Publication bias	None serious	0
	Factors increasing confidence	Large effect	Not applicable	0
		Dose-response	Not applicable	0
		Antagonistic bias and confounding	Not applicable	0
	<b>Final numerical rating of quality of evidence</b>			<b>3</b>
<b>Summary of Findings</b>	<b>Statement on quality of evidence</b>		Evidence supports a moderate degree of confidence in the estimate of effect on health outcome. The true effect is likely to be close to the estimate of the effect.	
	<b>Conclusion</b>		Evidence supports a moderate degree of confidence in the estimate of the effect that primary immunization with hepatitis E vaccine decreases the incidence of hepatitis E disease significantly compared to placebo. A large phase III trial estimated a vaccine efficacy of 95.5% (95% CI 66.3-99.4%) after at least one dose of this vaccine.	

<sup>1</sup> A phase IIa randomized controlled trial (RCT) by Zhang et al. 2009 (2) reported on the occurrence of new Hepatitis E infection among 457 study subjects by assessing IgG anti-Hepatitis E vaccine levels in successive pairs of consecutive serum samples. Within the control group, 20 episodes (17 individuals) of seroconversion and 13 episodes (13 individuals) within the vaccinated group were reported during the study period of 12 months per person years. After receipt of the 3 HEV doses, the vaccinated groups had a significantly lower percentage of episodes per person month (0.21% and 0.16% vs 1.44%). Vaccine efficacy was 85.2% (95% CI: 9.8-99.3% using a 2 dose schedule) and 88.7% (95% CI: 31.0-99.5% using a 3 dose schedule). All 33 episodes were subclinical as no study subject revealed a history of hepatitis E during the trial. Zhu et al. 2010 (3) reported 23 hepatitis E cases (22 cases in placebo vs 1 case in the vaccine group) within a large phase III RCT (122,179 subjects) and estimated vaccine efficacy within the follow-up period of 19 months to be 95.5% (95% CI 66.3-99.4%) within an intention to treat analysis that included everybody having received at least one dose (though most received 3 doses) and assessed a significant difference in incidence ( $p < 0.0001$ ) of hepatitis E between placebo and vaccine group. An observational trial subset of hepatitis B surface antigen positive (Wu et al. 2013(1)) showed no significant difference (98.38% vs. 98.69%,  $p = 0.06063$ ) in seroconversion rates to anti-HEV IgG after 3 doses of the vaccine.

<sup>2</sup> Allocation concealment not clearly stated (Zhang et al. 2009 (2) and Zhu et al. 2010(3)). The vaccine proved to be efficacious against genotype 1 and 4. The phase III trial was conducted in a region where both genotype 1 and 4 co-circulate. No proved protection against genotype 2 and 3.

<sup>3</sup> Only healthy individuals aged 16- 65 were included, no data available on immunization of children and immunocompromised. No downgrading for indirectness, as the determined age group in which the vaccine should be used may vary among settings.

### Reference List<sup>1-3</sup>

1. Wu T, Huang SJ, Zhu FC, et al. Immunogenicity and safety of hepatitis E vaccine in healthy hepatitis B surface antigen positive adults. *Hum Vaccin Immunother* 2013;9:2474-2479.
2. Zhang J, Liu CB, Li RC, et al. Randomized-controlled phase II clinical trial of a bacterially expressed recombinant hepatitis E vaccine. *Vaccine* 2009;27:1869-1874.
3. Zhu FC, Zhang J, Zhang XF, et al. Efficacy and safety of a recombinant hepatitis E vaccine in healthy adults: a large-scale, randomised, double-blind placebo-controlled, phase 3 trial. *Lancet* 2010;376:895-902.