World Health Organization

Agenda

Meeting of the Strategic Advisory Group of Experts (SAGE) on Immunization
17 - 19 October 2017
Executive Board Room, WHO Headquarters, Geneva, Switzerland

Tuesday, 17 October 2017

Time	Session	Purpose of session, target outcomes and questions for SAGE	Duration
8:30	**Welcome – introduction of participants** A. Cravioto, Chair of SAGE.		20 min.
8:50	**Report from Director, IVB - Session 1** Global report including key updates and challenges from regions. J.-M. Okwo-Bele, WHO. 30 min. Discussion: 1h	**FOR INFORMATION**	1h 30 min.
10:20	**Coffee/Tea break**	**Break**	**30 min.**
10:50	**Report from Gavi, the Vaccine Alliance - Session 2** Report from Gavi, the Vaccine Alliance. S. Berkley, Gavi, the Vaccine Alliance. 15 min. Discussion: 15 min.	**FOR INFORMATION**	30 min.
11:20	**Reports from other Advisory Committees on Immunization – Session 3** Global Advisory Committee on Vaccine Safety (GACVS). R. Pless, Chair of GACVS. 10 min. Discussion: 10 min. Product Development for Vaccines Advisory Committee (PDVAC). D. Kaslow, Chair of PDVAC. 10 min. Discussion: 10 min.	**FOR INFORMATION**	1h

	Immunization and Vaccines related Implementation Research Advisory Committee (IVIR-AC). P. Beutels, IVIR-AC. 10 min. Discussion: 10 min.		
12:20	**Lunch**	**Break**	**1h 30 min.**
13:50	**Typhoid vaccines - Session 4** Introduction. I. Jani, Chair of SAGE Working Group on Typhoid Vaccines. 5 min. Overview of the epidemiology and global disease burden of typhoid fever. J. Crump, Member of SAGE Working Group on Typhoid Vaccines. 15 min. Current control strategies, antimicrobial resistance of *S.* Typhi and implications for typhoid control. Z. Bhutta, Member of SAGE Working Group on Typhoid Vaccines. 15 min. Discussion: 20 min. Evidence review on the immunogenicity, efficacy/effectiveness and safety of typhoid conjugate vaccines. M. Levine, Member of SAGE Working Group on Typhoid Vaccines. 20 min. Conclusions and proposed recommendations of the SAGE Working Group on Typhoid Vaccines. I. Jani, Chair of SAGE Working Group on Typhoid Vaccines. 15 min. Discussion: 30 min.	**FOR DECISION** Present SAGE with the report of the SAGE Working Group on Typhoid Vaccines, including: • The evidence review on disease and economic burden, increasing threat of antimicrobial resistance (AMR) and effectiveness and safety of typhoid vaccines. • Draft recommendations on vaccine use for typhoid control (in context of other interventions), with a focus on newly licensed typhoid conjugate vaccines, as well as an update on the currently recommended Vi polysaccharide (ViPS) and Ty21a vaccines. Updated SAGE recommendations on typhoid vaccine use will be used to update the 2008 WHO position paper on typhoid vaccines.	2h
15:50	**Coffee/tea break**	**Break**	**30 min.**
16:20	**Polio eradication initiative - Session 5** Overview of Global Polio Eradication Initiative. M. Zaffran, WHO. 25 min. Risk assessment and prioritization of Inactivated polio vaccine (IPV) supply and implementation of fractional IPV (fIPV) in the routine immunization. D. Chang Blanc, WHO. 20 min. Post certification strategy (PCS). B. Burkholder. 15 min. Report from SAGE Polio Working Group. Y. AL-Mazrou, Chair of the SAGE Polio Working Group. 20 min. Discussion: 70 min.	**FOR INFORMATION AND DECISION** **For information** To update SAGE on: • The current status of the polio eradication program, including the IPV supply situation, risk assessment of types 1 and 3 before bivalent oral polio vaccine (bOPV) withdrawal and the post certification strategy. • The status of implementation of fractional IPV in the routine immunization. • The preliminary discussions on assessment criteria for OPV withdrawal. **For decision** To seek SAGE's recommendations on:	2h 30 min.

		• Proposed approach to prioritize IPV allocation in tier 3 and 4 countries, based on the risk ranking. • IPV catch-up for children in countries which delayed the introduction of IPV or had stock out due to supply shortage.	
18:50	**End of Day**		
19:00	**Cocktail**		

Wednesday, 18 October 2017

8:00	**Global Vaccine Action Plan (GVAP): Progress report - Session 6** Update from the GVAP Secretariat, including on the 2017 World Health Assembly 70.14 Global Vaccine Action Plan resolution. T. Cherian (on behalf of the Secretariat of the SAGE Decade of Vaccines Working Group), WHO. 10 min. Summary of GVAP implementation progress review and recommendations for corrective actions. N. MacDonald, Chair of SAGE Decade of Vaccines Working Group. 30 min. Discussion:1h 20min. Immunization related Sustainable Development Goals indicator options and proposal retained by the Decade of Vaccines Working Group. N. Arora, Member of SAGE Decade of Vaccines Working Group. 10 min. Discussion: 20 min. Presentation of the proposed process to develop a Global Immunization Strategy 2021-2030. C. Mantel, on behalf of WHO. 10 min. Discussion: 20 min.	**FOR DECISION** SAGE will be expected to produce an independent annual report on progress with the Decade of Vaccines Global Vaccine Action Plan. Specially, SAGE will be asked to: • Review the DoV WG "Assessment report on DoV progress 2017" based on the "GVAP Secretariat report 2017", regional reports on the implementation of regional vaccine action plans, priority country reports and some independent stakeholder submissions. • Make recommendations on any necessary changes to the formulation of the indicators, operational definitions and/or the processes for data collection. • Identify successes, challenges and areas where additional efforts or corrective actions by countries, regions, partners, donor agencies or other parties, are needed. Provide recommendations and corrective actions for Member States, regions, partners, donor agencies "SAGE Assessment report on the Decade of Vaccines progress" which will be the basis of the "progress report" for the 2018 WHO Executive Board and World Health Assembly. Review the immunization related indicators proposed as part of the Sustainable Development Goals indicator and make a final decision on these indicators. SAGE will further be presented with the preliminary plans for Global Immunization Strategy 2021-30.	3h
10:00	**Coffee/tea break**	**Break**	**30 min.**
10:30	**Global Vaccine Action Plan (GVAP): Progress report, contd.**		

11:30	**Report of activities from international immunization partners – Session 7** Developing Country Vaccine Manufacturers Network (DCVMN). S. Prasad, Bharat Biotech International on behalf of DCVMN. 20 min. Discussion: 20 min. International Federation of Pharmaceutical Manufacturers and Associations (IFPMA). L. Bigger, IFPMA. 20 min. Discussion: 20 min.	**FOR INFORMATION AND DISCUSSION** Continuation of the series of presentations initiated in October 2015 to be held at SAGE meetings on the immunization-related activities of partners working in the field of immunization.	1h 20 min.
12:50	**Lunch**	**Break**	**1h**
13:50	**Rabies vaccines - Session 8** Overview of the global rabies situation. B. Abela-Ridder, WHO. 10 min. Presentation of evidence on vaccination for pre-exposure rabies prophylaxis (PREP) (Question 1,2,3,4). A. Tarantola, Member of SAGE Rabies Working Group. 15 min. Conclusions and proposed recommendations. K. O'Brien, Chair of the SAGE Rabies Working Group. 10 min. Discussion: 30 min. Presentation of evidence on vaccination for post-exposure rabies prophylaxis (PEP) (Question 5,6,7,8,9). A. Tarantola, Member of SAGE Rabies Working Group. 20 min. Conclusions and proposed recommendations. K. O'Brien, Chair of the SAGE Rabies Working Group. 10 min. Discussion: 30 min. Presentation of evidence on rabies immunoglobulins (RIG) for PEP (Questions 10,11,12,13,14). A. Tarantola, Member of SAGE Rabies Working Group. 15 min. Conclusions and proposed recommendations. K. O'Brien, Chair of the SAGE Rabies Working Group. 10 min. Discussion: 30 min.	**FOR DECISION** Based on the evidence presented, SAGE is expected to review and endorse draft recommendations related to the following questions: **Question 1:** Does novel evidence support the use of PREP in particular sub-populations, apart from persons bearing an occupational rabies exposure risk? **Question 2:** Does novel evidence support the need for rabies booster doses in persons at continual or frequent risk of occupational rabies exposure? **Question 3:** Can the duration of the entire course of current PREP regimens be reduced while maintaining immunogenicity and clinical protection? **Question 4:** Can the number of doses administered in current PREP regimens be reduced while maintaining immunogenicity and clinical protection? **Question 5:** Which (operational) parameters affect cost-effectiveness of intradermal (ID) compared to intramuscular (IM) administration route of PEP? a. in urban settings; b. in rural settings. **Question 6:** Can the duration of the entire course of current PEP regimens be reduced while maintaining immunogenicity and clinical protection? **Question 7:** Can the number of doses administered in current PEP regimens be reduced while maintaining immunogenicity and clinical protection? **Question 8:** Does novel evidence support recommendations on modified PEP protocols vs current PEP protocols for specific risk groups of rabies exposed patients, such as: Immuno-compromised patients (e.g. HIV-infected); patients concurrently using antimalarial	3h

		drugs; pregnant women; bat exposures (i.e. for bat lyssavirus)? **Question 9:** Does a change in route of administration (IM or ID) during a single course of a PEP regimen affect immunogenicity of PEP? **Question 10:** Are there novel approaches to RIG (-sparing) injection vs current practice as part of PEP for category III exposed patients? **Question 11:** Is there clinical equivalence in the safe use of eRIG compared to hRIG in category III exposed patients? **Question 12:** Is there clinical equivalence in the efficacious use of eRIG compared to hRIG in category III exposed patients? **Question 13:** Can monoclonal antibodies be safely and efficaciously administered in category III exposed patients compared to standard RIG? **Question 14:** In cases of RIG shortage and constraints, can subcategories of patients be identified who should be given highest priority for RIG administration?	
16:50	**Coffee/tea break**	**Break**	**30 min.**
17:20	**Pneumococcal conjugate vaccines (PCV) - Session 9** Introduction. A. Pollard, Chair of the PCV Working Group. 2 min. Current status of PCV usage and current recommendations. K. O'Brien, SAGE PCV Working Group member. 10 min. Review of PRIME systematic review. M. Knoll, Johns Hopkins Bloomberg School of Public Health. 35 min. Review of modelling on catch-up immunization. S. Flasche, London School of Hygiene and Tropical Medicine. 10 min. Questions for clarification: 10 min. Conclusions and proposed recommendations. A. Pollard, Chair of the SAGE PCV Working Group. 13 min. Discussion: 40 min.	**FOR INFORMATION AND DECISION** SAGE will be expected to review evidence related to the following questions and update recommendations on the use of Pneumococcal conjugate vaccines accordingly: 1) In the general population, what overall effectiveness and impact does a 2p+1 PCV dosing schedule elicit as compared to a 3p+0 PCV dosing schedule? 2) In the general population, what overall effectiveness and impact does PCV10 elicit as compared to PCV13? 3) In the general population, what additional value does catch-up vaccination with 1 or 2 doses of PCV in vaccine-naïve children above the birth cohort have as compared with vaccination of only the birth cohort at the time of introduction (or PCV product switch)?	2h
19:20	**End of day**		

Thursday, 19 October 2017

08:00	**Measles and rubella elimination – Session 10** Introduction. N. Turner, Chair of the SAGE Measles and Rubella Working Group. 5 min. Global update and progress on the implementation of recommendations from the midterm review. A. Dabbagh, WHO. 20 min. Discussion: 30 min. Critical immunity threshold for measles elimination. S. Funk, London School of Hygiene and Tropical Medicine. 20 min. Discussion: 20 min. Measles in infants less than 6 months of age and effectiveness and safety of vaccination. N. Crowcroft, Member of SAGE Measles and Rubella Working Group. 25 min. Discussion: 20 min.	**FOR INFORMATION AND DECISION** For information: • Global update on measles and rubella • Progress on the implementation of recommendations from the midterm review. For recommendations on: • Global criteria for country categorization. • What level of population immunity is needed to achieve herd immunity (age-specific immunity thresholds). • The possibility and eventual need to vaccinate infants less than 6 months of age. • Review evidence and provide policy guidance related to revaccination of HIV infected adults.	2h 45 min.
10:20	**Coffee/tea break**	**Break**	**30 min.**
10:50	**Measles and rubella elimination –Session 10, contd.** Revaccination of HIV infected adults. W. Moss, Member of SAGE Measles and Rubella Working Group. 10 min. Discussion: 15 min.		
11:15	**Bacille Calmette-Guérin (BCG) vaccines -Session 11** Introduction T. Goodman, WHO. 10 min. Efficacy, effectiveness and duration of protection of BCG vaccination against TB. P. Mangtani, LSHTM, 15 min. Safety of BCG vaccination and implications for HIV-exposed and infected children. K. Johansen, Member of SAGE BCG Working Group. 10 min. Use of BCG for the prevention of leprosy. L. Gillini, WHO. 15 min.	**FOR DECISION** Present SAGE with the report of the SAGE BCG Working Group and request SAGE's consideration of the proposed recommendations. SAGE will particularly be asked to consider the optimal timing of vaccination, the vaccination of HIV exposed and HIV infected children, the duration of protection and need for revaccination, the effect of BCG co-administration with other vaccines, and the potential role of BCG in the control of leprosy. SAGE recommendations on vaccine use will then be used to update the WHO Position Paper on BCG.	2h 20 min.

	Conclusions and proposed recommendations. C. Wiysonge, Chair of the SAGE BCG Working Group. 20 min. Discussion: 1h 10 min		
13:35	**Closing**		20 min.
13:55	**End of meeting**		