Introduction of the pneumococcal vaccine in Barbados

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Focus of presentation

This presentation will focus on:

- 1. Steps taken to introduce the vaccine
- 2. Social Mobilization and Communication strategies
- 3. Challenges experienced
- 4. Recommendations



Background

In late 2007, Barbados took the decision to introduce conjugate pneumococcal vaccine into the routine childhood vaccination schedule.



Pre-vaccine situational analysis

- A study was done of the cases of pneumococcal disease in children <5 years old, who were admitted to the tertiary hospital over a 5 year period.
- A cost effectiveness study on introduction of the vaccine was also undertaken.



Pre-vaccine situational analysis cont'd

- The National Advisory Committee (NAC) on immunizations met, analyzed the data and advised that the prevnar vaccine be introduced.
- The age groups to be immunized were determined.
- No catch up dose would be administered.



Price negotiations (1)

- Discussions were held with the company Wyeth to obtain a price for the conjugate vaccine.
- At that time the vaccine was not pre qualified by WHO.



Price negotiations (2)

Discussions were also held with PAHO Officials to ascertain when the vaccine would be made available through the Revolving Fund and to request that they negotiate the best possible price with the company.



Requirements

An assessment of the vaccines, needles and syringes requirements was done

Cold storage capacity at the national central vaccine storage site was evaluated



Engaging the Political directorate

- A Proposal was written to the Minister of Health for consideration by senior officials.
- It contained justifications, options & costing for the introduction of the vaccine.
- The proposal was approved by the Ministry of Health.



Engaging the Political directorate cont'd

- The Proposal was subsequently approved by Cabinet.
- Costs for the first year were placed in the national annual health budget.
- The money requested was granted by the Ministry of Finance.



Acquisition of supplies

The vaccine, needles and syringes were purchased through PAHO's revolving fund.

This was a special order.



Communication

- Preliminary sensitization and training of public sector workers to the new vaccine schedule was done
- Sensitization of private practitioners on the vaccine, its storage and administration.
- Methods used to sensitize staff included memos, meetings/seminars, fun activities e.g. quizzes and a treasure hunt



Further Communication

Guidelines and procedures for administering vaccine developed and disseminated to stakeholders



Social Mobilization

- Communication strategy for the public developed with the Government Information Service (GIS)
- Press releases to the public on planned introduction of vaccine prepared and given to the GIS
- New leaflets and pamphlets developed for the public
- New posters developed for sensitization of the public













What is Prevnar

The Pneumococcal Vaccine prevents pneumococcus bacteria infection. These bacteria can cause ear infections, pneumonia, meningtis and blood infections. This vaccine helps the body to produce protective substances that help the body fight against these bacteria.



You should take your child to your doctor/clinic as follows:

AGE	IMMUNIZATIONS
2 months	1st DPT and Oral/IM Polio, HIB, Hep B & neumococcus
4 months	2nd DPT and Oral/IM Polio, HIB, Hep B & Pneumococcus
6 months	3dr DPT and Oral/IM Polio, HIB, Hep B & Pneumococcus
1 year	Measles/Mumps/Rubella
18 months	1st booster DPT and Oral/IM Polio
3-5 years	2nd Measles/Mumps/Rubella
41/2 years	2nd booster DPT and Oral/IM Polio
5 years	BCG (given at school)
11 years	3ed booster DT and Oral/IM Polio

*Tetanus booster 10 yearly thereafter.

The vaccine will be given to children under 1 year at 2, 4 and 6 months of age along with other vaccines now given to infants. The basic immunization schedule has been changed to one used internationally i.e. 2, 4, 6 for the primary dose.

It should be given at the same time as the Pentavelent vaccine and

"Immunisation with the Prevnar Vaccine is the best way to protect your child against Pneumococcal Infections."

Administration

- Vaccine administration commenced on 2nd Jan 2009 to all children presenting at 2 months for first immunization
- At risk children e.g. those with Sickle Cell anaemia offered vaccine



Monitoring and Evaluation

- Improved surveillance for diseases caused by pneumococcal bacteria
- Improved surveillance for ESAVI's
- Collection of accurate statistics on coverage and utilization
- Periodic evaluation to be done



Challenges

- M High cost of the vaccine
- Timing of introduction
 - Christmas season (parents lack interest)
 - **M** GIS off air
- Staff were resistant to change of:
 - **Schedule**
 - New booklet being used
- Poor GP attendance at training sessions
- Government Printery unable to deliver booklets promptly and unable to sustain production due to financial constraints



RECOMMENDATIONS

- It is recommended that:
 - WHO Regional Offices continue negotiations with the company to lower the price of vaccine
 - other countries in the region introduce this vaccine to all new born babies or at least to those children "at risk"
 - Each country ensure that the National Advisory Committee is functional
 - a national champion is identified to lead this initiative



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