Experience of introduction of pneumococcal vaccine in Barbados

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Background to Presentation

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

The implementation of this decision commenced in January 2009



Focus of presentation

- This presentation will focus on:
 - -the steps taken to commence the process
 - -the progress and the steps needed to complete the process
 - -the experiences encountered
 - -the challenges expected and experienced

A Situation Analysis of the cases of pneumococcal disease in children <5 years old, who were admitted to the tertiary hospital over a 5 year period, was done

A cost effectiveness study on introduction of the vaccine was undertaken

Discussions were held with the company Wyeth to obtain a price for the congugate vaccine. This was because at that time the vaccine had not been pre qualified by the WHO. Sensitization workshops sponsored by Wyeth held for stakeholders Some promotional material given



Discussions were also held with PAHO Officials to obtain an indication as to when the vaccine would be included in the Revolving Fund and to request that they negotiate the best possible price with the company.

The National Advisory Committee (NAC), on immunizations met, analyzed the data and decided to advise introduction of the vaccine The NAC decided on the age groups to be immunized and not to administer a catch up dose



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

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



A Proposal was written to the Minister of Health for consideration by senior officials at his planning meeting

It contained justifications, options & costing for the introduction of the vaccine

The proposal was presented and approved by MOH

The Proposal was sent to Cabinet for approval & this was received with-out any delays or deferment

- Costs for the first year were placed in the national annual health budget
- The money requested was granted by the Ministry of Finance for 2009

Orders for vaccine, needles and syringes were placed with PAHO thru the revolving fund

This was a special order at that time

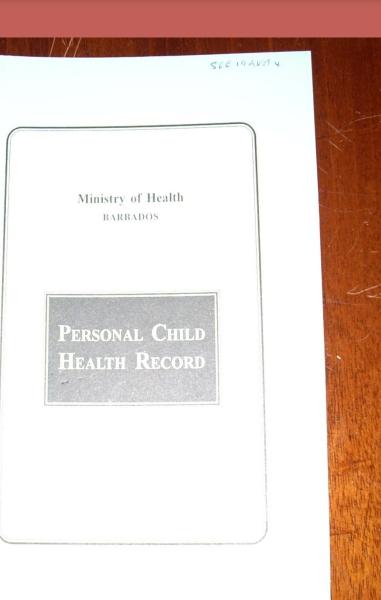
Child health take home cards were reviewed and revised by a small committee and comments from some stakeholders received

As a result a new booklet was formulated with additional information for users

CONTENT OF BOOKLET

New Child health booklet contains info on birth, growth and development using the WHO new growth health charts, nutrition and feeding of young child, dental care and immunization history





一行前,而到到这个孩子已有了有些没有是不能的。



Arrangements made with the Government Printery to have these new booklets printed in time for Jan 2009

Preliminary sensitization and training of staff to the new vaccine schedule and the new booklet was done



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
- Once the vaccine was received these were released



Increased Public education on new schedule and need for this vaccine in press and media

- New leaflets and pamphlets developed for the public
- New posters developed for sensitization of the public





There are ways to prevent pneumococcal diseases. Pneumococcus causes serious diseases including meningitis and pneumonia. There is now a vaccine available to prevent it in the first few months of life. Your doctor can give you information about it.

Wyeth[®]

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.



Immunization Schedule

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.

Who will be Given

REGISTA

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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.

Schedule

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."

Guidelines and procedures for administering vaccine developed and disseminated to stakeholders

Sensitization of private practitioners on the vaccine, its storage and administration. (This was thru seminars/meetings and a leaflet)

Training of primary care staff commenced using a variety of methods

These included memos, meetings/seminars, fun activities e.g. quizzes and a treasure hunt



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
 No catch up programme done



Activities currently being done

Improved surveillance for diseases caused by pneumococcal bacteria
 Improved surveillance for ESAVI's
 Re-training on the collection of accurate statistics on coverage and utilization

Evaluation 6 months after introduction

Experiences

- Mostly positive
- Necessity to change several things at the same time e.g. child health card & schedule
- Drug company has been supportive
 Most costly vaccine ever introduce but supportive environment



Challenges

Introduction right after Christmas when parents interests in health items not at its highest GIS off the air for all of December Staff a bit reluctant to change schedule to 2, 4, 6 months Resistance from the hospital to the change in the new card

Challenges

High cost of the vaccine for the private sector Some of the GP's did not attend the training sessions and were not aware Sovernment Printery could not deliver on time and unable to sustain the production due to financial constraints



Commendations

To the Government of Barbados for supporting the initiative To the senior managers in the Ministry of Health for their support To the National Advisory Committee To the public health team for their efforts in successful implementation



RECOMMENDATIONS

That WHO Regional Offices will be able to continue negotiations with the company to lower the price of vaccine

Other countries in the region will be able to introduce this vaccine to all new born babies

Or at least to those children "at risk"

RECOMMENDATIONS

That each country recognize a national champion who would lead this initiative and take this process forward

Ensure that NAC is appointed and functioning in all countries

