

Report of the Immunization Practice Advisory Committee (IPAC) to SAGE

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9 April 2013



IPAC Overview

- Meeting Summary: 4-5 April 2013
 - Framework of the Unvaccinated
 - Immunization Session Checklist
 - Controlled Temperature Chain for Meningococcal A vaccine (MenAfrivac®)
 - Multi-Dose Vial Policy and Visual Cue Icon
- Next F2F meeting
 - 8-9 October 2013

Framework of the Unvaccinated "Reaching Every Community toolkit"

● What is it?

- Formerly "Tools for identifying why children remain unvaccinated"
- Screening methodology to identify core problem areas in reaching the last 20%
- Focussed on 6 core problem areas: physical access, missed opportunities, health Worker KAP, vaccine availability, caregiver factors, societal factors
- Aim to have locally applicable and specific solutions

● Timeline

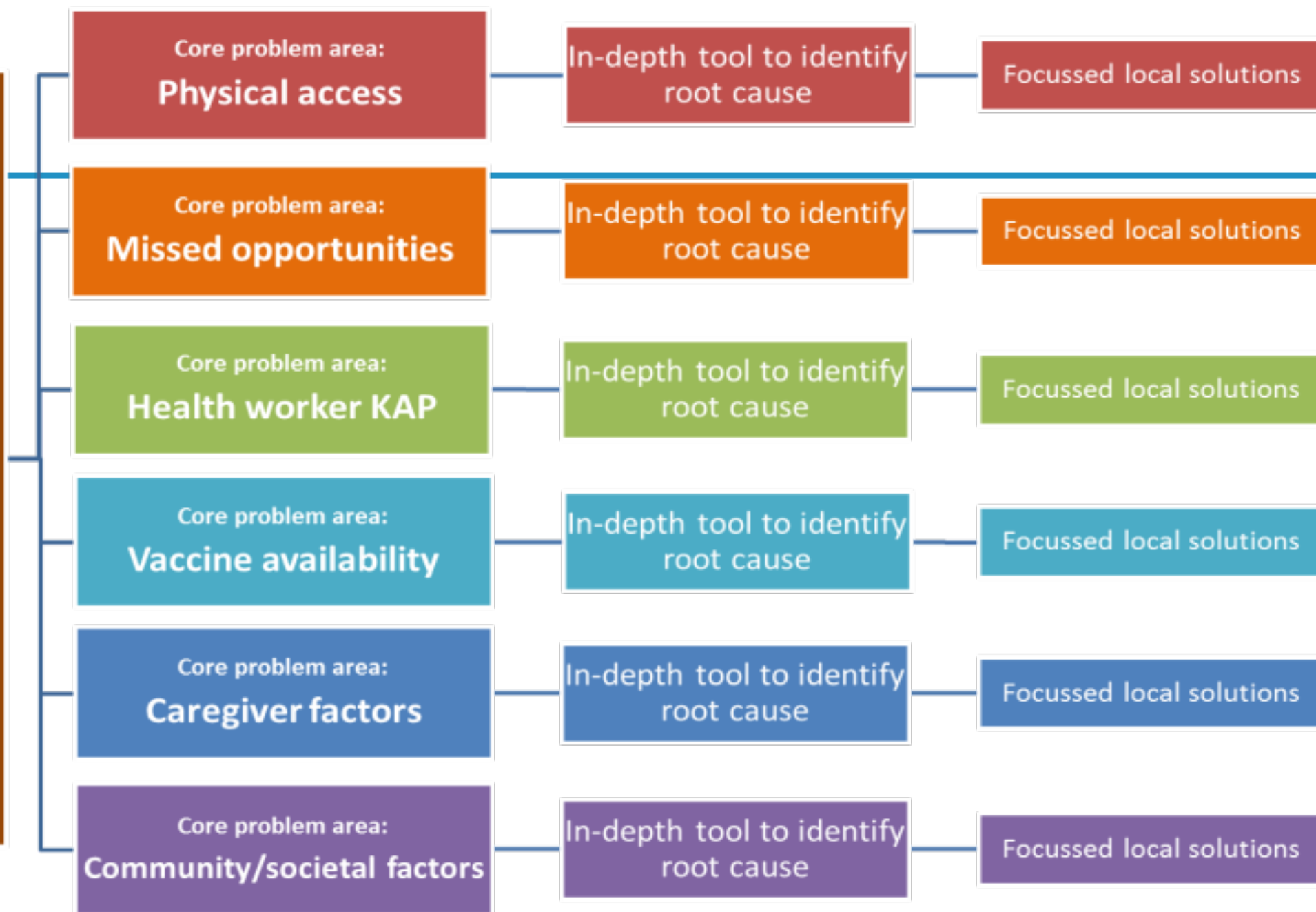
Development phase (Apr to Oct 2013)

- Adaptation of existing tools and creation of new sections
- Combining components with a common style
- Presentation to IPAC and SAGE Oct/Nov 2013 after review meeting

Roll-out phase (Nov 2013 to Nov 2014)

- Pilot in several countries
- Adaptation, finalization and distribution through EPI Managers meetings etc

Screening methodology and questions



Framework of the Unvaccinated "Reaching Every Community toolkit"

- IPAC recommended that the name of the tool and its overall purpose be better defined/articulated
- IPAC made suggestions regarding:
 - the overall diagnostic approach
 - the importance of making a distinction between the 'unvaccinated' and the 'under-vaccinated'
 - methodology and follow-up actions to be taken in the 'solutions' phase
- IPAC requested that the subject come back to the Committee for further input

Immunization Session Checklist (1)

- WHO/EPI partnered with WHO Patient Safety Team to develop an 'Immunization Session Checklist'
 - Goal: To improve quality and safety of immunization sessions, completion of vaccine schedules, increase vaccine effectiveness, reduce AEFI and increase client confidence
- Checklist used at pause points to remind health workers of critical tasks to conduct before, during and after an immunization session
 - Emphasis on actions that, if not done, may lead to adverse outcome
- Checklist prepared following
 - review of relevant guidelines and literature
 - receipt of feedback from EPI managers
 - Feedback sought at EPI manager meeting and IPAC

Draft Checklist

Immunization session checklist

Before clients come for immunization

- ☐ Required quantities of vaccines and diluents vials taken out of refrigerator?
- ☐ Diluents matched (quantity and type) with appropriate vaccines?
- ☐ Expiry date and VVM status checked for each vial
- ☐ Equipment for the immunization session collected and arranged
 - ☐ Auto Disable(AD) syringes
 - ☐ Safety Box
 - ☐ Immunization register
 - ☐ Immunization tally sheets
 - ☐ New immunization cards
 - ☐ Rubbish container
 - ☐ Paper, pencils, pens

For each client coming for immunization

- ☐ Determined all vaccines the child is eligible according to national schedule and child's age
- ☐ Reconstituted vaccine(s) prepared with correct diluent(s)
- ☐ Each injection prepared using aseptic technique (do not prefill syringes)
- ☐ Each vaccine administered according to the recommended technique and injection site.
- ☐ Used syringes disposed off immediately to the safety box after each injection
- ☐ Infant immunization card completed with vaccines given and date of next immunization marked
- ☐ Key messages given to caregiver/parent: vaccines given, side effects, date of return

After all clients leave immunization site

- ☐ Immunization tally sheet completed
- ☐ Unopened vaccine vials returned to the refrigerator
- ☐ Opened vaccine vials to which MDVP is applicable returned to "use first" box the refrigerator
- ☐ Opened vials to which MDVP is not applicable discarded
- ☐ Safety box placed in a safe location
- ☐ Full safety box handled according to national guidelines.
- ☐ Community informed of next session and activities planned to reach unvaccinated infants and defaulters.

Immunization Session Checklist (2)

- IPAC received with interest the Checklist and was enthusiastic in its support
- IPAC provided detailed feedback on checklist content
- IPAC emphasized that the 'middle' pause point is most complex and challenging to express appropriately
- IPAC supported the idea to conduct an impact evaluation (before and after introduction) with caution about the potential Hawthorne effect

Immunization in Practice

- Practical information guide targeted at district/health facility aiming to improve immunization services
- Revision currently underway: book is still needed but web version will be useful
- Anticipated that final draft will be complete in June 2013
- Reviewed by:
 - IPAC members
 - WHO HQ/Regional/Country staff
 - Partners (CDC, MCHIP, AMP, NESI)
 - MoH staff



Controlled Temperature Chain (CTC) for Meningococcal A vaccine (MenAfrivac®)

- Final endorsement of guidance document: Use of MenAfrivac in CTC during campaigns
- Piloted in Benin Men A campaign in November 2012
 - Vaccine kept for 4 days in a CTC at temperatures up to 40°C
 - Over 150,000 people vaccinated using CTC approach in Banikoara district (northern Benin)
 - No severe AEFIs; no increase in AEFIs
 - 98.7% of vaccinators (n=77) and 100% of supervisors (n=21) prefer to conduct next campaign in CTC if given choice
 - No confusion between CTC and standard cold chain practice seen in Polio NID conducted in pilot district 10 days later
- Input on guidance and training materials received

Controlled Temperature Chain (CTC) for Meningococcal A vaccine (MenAfrivac®) ⁽²⁾

- IPAC reviewed the results of the pilot and **endorsed the guidance document**, pending small clarifications and proposed revisions to language
- As use of vaccines in CTC requires use of a peak temperature threshold indicator, to monitor to for temperatures above the 40°C limit, **IPAC recommended to WHO/QSS to develop a product specification** for this device



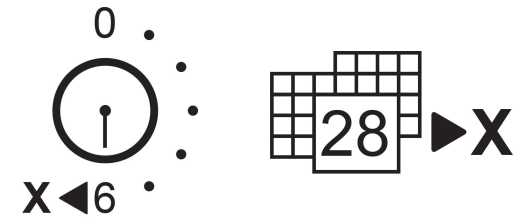
Peak threshold indicator; the inner grey circle turns irreversibly black when temperatures reach 40°C

Multi-Dose Vial Policy (MDVP) Revision and the Visual Cue - Background

- Current MDVP out of date and needs revision
- Development of visual trigger on vaccine labels is needed to guide vaccinators on how to handle opened multi-dose vials
 - Previous guidance relied on formulation: liquid (keep for 28 days after opening); lyophilized (discard after 6 hours)
- New formulation and presentation formats make this distinction invalid
 - Two dose unpreserved liquid vaccines (i.e. HPV, PCV)
 - Lyophilized vaccines containing thiomersal (i.e. pentavalent)
 - Unpreserved single-dose vaccines that can be used as fractional multi-dose vials (i.e. rabies)

Multi-Dose Vial Policy Revision and the Visual Cue (2)

- IPAC provided comments to strengthen flow and clarity of text
- IPAC previously endorsed a pair of icons which act as a visual cue and recommended field piloting; activities delayed due to challenges in identifying suitable partner to conduct pilot
- IPAC recommended:
 1. Visual cue be named a 'discard' cue so its function is more explicit
 2. MDVP revisions should not be delayed due to delays with visual/discard cue pilot
 3. MDVP revision should reference visual /discard cue in the document and provide further details on its specifics in an annex so countries can anticipate upcoming roll-out
 4. An implementation assessment of the visual/discard cue be conducted in parallel with MDVP revision
 5. The MDVP should be applied regardless of the vaccination setting used (campaign, outreach and mobile settings)



Thanks for your attention

