

Summary: 2015 Tanzania Multiple Injections Study: Provider and Caregiver Survey In Preparation for IPV Introduction

In preparation for IPV introduction and the switch from tOPV to bOPV, a survey was conducted in Tanzania in late 2014/early 2015 to assess perceptions of national and district health managers, service providers, and community members on multiple injections for immunization. The study used a qualitative methodology approach; in-depth interviews were conducted with health sector staff members and focus group discussions were conducted with community members. In each location, 3 focus group discussions were held: one with community leaders, one with fathers and one with mothers/female caregivers. Data collection occurred in four regions of Tanzania Mainland and 2 regions of Zanzibar. A total of 18 interviews with health managers, 36 in-depth interviews with healthcare providers and 36 focus group discussions with 8-12 community members each were conducted across the 6 locations.

With regard to number of injectable vaccines administered at a single visit, most service providers (74%) reported that the current vaccination schedule posed no problem while 13% said that the schedule had too many injections. When asked about the number of injections they thought was appropriate to be administered at once, 46% of all providers reported that up to 2 injections, and 41% reported that 3 injections, would be an appropriate number. The most frequently mentioned challenge to introduction of IPV was presumed parental concerns (59%), followed by storage of vaccines (13%).

When providers were asked whether an additional injection will affect their work, most (74%) reported no effect. When service providers were asked if they foresaw any benefit of multiple injections, 59% said multiple injections protect children, 13% said these will reduce the number of visits and 13% said multiple injections increase efficiency, while 15% did not feel that multiple injections would have any benefit. Perceived disadvantages of introducing multiple injections as mentioned by service providers include: additional pain (18%), a possible drop in immunization coverage due to multiple injections (15%), increased resource requirements such as additional syringes, and an increased number of staff (5%). However, most (61%) did not mention any disadvantage.

Most service providers (82%) said they were comfortable with administering three injections at the same visit, and only 16% were not comfortable with administering three injections at once. 36% of all interviewed service providers had administered up to two injections, and 44% had administered up to three injections, by the time of the survey. When asked about how many injections they would be comfortable with administering at one time, about half of providers (51%) said up to three injections, 31% said up to two injections, and 16% said they would be comfortable with administering more than three injections during the same visit. Providers recommended several messages for introducing IPV. The most frequently mentioned message would explain why introducing IPV was important (36%), followed by information about the safety of multiple injections (13%) and assurance of the IPV vaccine's safety (10%).

Most parents and community leaders were accepting of multiple injections and provided a number of reasons: a 14 week-old child cannot experience fear of injections, reduced cost and time as the parent and the child will have fewer clinic visits, a child receives a full dose as he/she cannot vomit or spit it out, the mother will have time to rest as she is likely to have fewer vaccination visits, and the child gets immunized at a youngest appropriate age.

While the pain caused by three simultaneous injections was an expressed concern, the study revealed multiple situations where children already receive three or more injections including: when children receive BCG late with PCV1 and Penta1 and when older, unvaccinated children of migrant populations present for vaccination services and often must receive three injections.

For successful implementation of IPV in the context of an increased number of injections, the following are recommended: 1) Conduct comprehensive community education and mobilization, 2) build capacity of service managers to ensure awareness of IPV introduction, 3) train service providers to ensure they are comfortable with providing multiple injections and 4) package vaccines into smaller, multi-dose (or single-dose) vials to ensure no child is turned away for vaccination.