DELIVERING MENAFRIVAC USING THE CONTROLLED TEMPERATURE CHAIN APPROACH
In November 2012, the first immunization campaign to use a controlled temperature chain (CTC) took place in Banikoara in northern Benin. This booklet contains photographs taken during the campaign, where over 155,000 people were vaccinated using the CTC approach.


For more information on project Optimize: www.path.org/projects/project-optimize
www.who.int/immunization_delivery/optimize

For information on the Meningitis Vaccine Project: www.meningvax.org
MenAfriVac, a meningitis A vaccine developed by the Serum Institute of India with support from PATH and the World Health Organization through the Meningitis Vaccine Project, is the first vaccine to be authorized by WHO for use at ambient temperatures of up to 40°C for up to four days.
People queue to receive the MenAfriVac vaccine

The campaign in Banikoara provided a unique opportunity to get a better understanding of how the CTC approach works in the field.
3. A girl receives the MenAfriVac vaccine

Because a controlled temperature chain had never been tested before with MenAfriVac, health workers carefully monitored adverse events following immunization (AEFI). No increases in AEFIs were found using the CTC approach.

Photo: WHO/Rodrigue Barry
With MenAfriVac only prequalified for use at ambient temperatures up to 40°C, precautions were taken to monitor exposure to temperatures at or above 40°C. This peak threshold indicator has a temperature-sensitive sticker that changes color when the threshold (in this case 40°C) is reached.
How the peak threshold indicator works

One indicator was placed in each vaccine carrier. Vaccinators were instructed to check the indicator each time they took a vial out of the vaccine carrier and contact their supervisor if they noticed the sticker had changed color. In this way, vials found to have been exposed to temperatures above 40°C would be discarded.
After extensive use, the indicators were deemed easy to read and use by health care workers, and supervisors’ reports validated their correct use in the field. Together with the vaccine vial monitors (VVMs) on the vaccine’s label, which monitor a vaccine’s cumulative exposure to heat, the peak threshold indicator gave health care workers confidence that the vaccines kept in a CTC were still safe and effective to use.
The CTC approach offers health workers more flexibility

Banikoara is a remote area in northern Benin. Using the CTC approach, health workers were able to revise their microplans and travel for three consecutive days to reach the entire target population, without needing to return at night to the health post.
On the MenAfriVac campaign trail

Although midday temperatures reached 39°C during the campaign, closed vial wastage (the number of vaccine vials thrown away without being opened) accounted for just 10 out of 15,500 vials, and some of those were due to vial breakage.
Each mark represents the number of days in CTC

At the end of each day, any unused vials that had been kept in a CTC for a day were marked with a single line. At the beginning of the following day, these marked vials were used first. If by chance these marked vials were not used again, at the end of each subsequent day they were marked with an additional line (up to three). This system was easy for health care workers and supervisors to implement and ensured that prequalification conditions were met.
Health workers followed procedures correctly during and after CTC

Concern that health care workers would be confused by having more than one set of rules to follow during immunization campaigns proved unfounded. It had been feared that using the CTC approach for the MenAfriVac campaign and then returning to the regular cold chain for another campaign might lead to inappropriate cold chain procedures being followed. But in the polio vaccination campaign conducted in Banikoara just a week after the MenAfriVac campaign, the cold chain was again used properly.
Health workers prefer the “CTC way”

At the end of the MenAfriVac CTC campaign, vaccinators and supervisors were asked what they thought of the approach. After weighing the benefits, the challenges, the learning curve, and the limitations, every person asked said they preferred conducting campaigns “the CTC way.”
Based on results of the MenAfriVac pilot use of the CTC in Banikoara, we know the CTC is possible. Additional experiences are needed to further document this new approach.