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

Dr Shelley Deeks, IPAC Chair
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
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.
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 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 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