Leveraging COVID-19 Vaccination Lessons for Adult Immunization

Featuring Best Practices from Bhutan, Kosovo, and Uruguay

World Health Organization

TechNet-21

17 October 2024

Agenda 17 October 2024

14:00 (5 minutes)	Welcome and housekeeping	Alex Pascutto (TechNet/WHO) & Dr Alba Vilajeliu (WHO)
14:05 (10 minutes)	Bhutan's presentation	Dr Tashi Dawa
14:15 (10 minutes)	Kosovo's presentation	Dr Edita Haxhiu
14:25 (10 minutes)	Uruguay's presentation	Dr Steven Tapia
14:35 (20 minutes)	Questions & Answers	Daniela Martini (WHO)
14:55 (5 minutes)	Closing Remarks, CoP invitation & survey	Dr Alba Vilajeliu (WHO)

Speakers

Dr. Tashi Dawa
Deputy Chief Program Officer
Vaccine Preventable Disease Program
Department of Public Health
Ministry of Health
Bhutan

Dr. Edita Haxhiu
National Professional Officer on Immunization
WHO Office, Pristina
Kosovo

Dr. Steven Tapia
Director of the Immunization Unit, Ministry of Public Health
Assistant Professor in the Academic Unit of Infectious Diseases, University of the Republic (UdelaR)
Uruguay

World Health Organization TechNet-21

གསོ་བའི་ཡྱོན་ལས། དཔལ་ལྡན་འབྲུག་གཞུང།

Ministry Of Health, Royal Government of Bhutan

Successful Integration of Influenza Vaccine into the routine Immunization program

Tashi Dawa, Program Manager, Vaccine Preventable Disease Program

Communicable Disease Division, Department of Public Health, Ministry of Health, Bhutan

Presentation outline

- Introduction
- Immunization schedule
- Background on introduction of Influenza vaccine
- Enabling factor and strategy for successful integration with routine immunization
- Immunization coverage
- Registration and Data collection
- Key issues and challenges

Administrative map of Bhutan

- *Districts =**20***
- *Gewogs (Blocks) =**205***
- *Population =**770,276***
- *Hospitals = **54***
- *PHCs = **184***
- *Infant Mortality Rate= **15.2***
- *Under 5 Mortality Rate = **19.5***
- *Maternal Mortality Ratio= **53***

EPI program in Bhutan launched in 1979 with six antigen

Ref: NSB projected, AHB & NHS, 2023

Vaccination schedule

Table 2: Routine vaccination schedule

Vaccines	Number of doses	Schedule and age for vaccination	Minimum interval between doses	Dosage	Route/site
BCG (Bacille Calmette Guerin)	1	At birth or at first contact	NA	0.05ML	Intradermal, right upper arm
Hepatitis B (Pediatric)	1	Hep. B at birth (Within 24 hours as "Zero" dose)	NA	0.5 ML	Intramuscular (IM) antero-lateral aspect of mid-thigh
Pentavalent (DTP-Hep,B-Hib)	3	At 6, 10, and 14 weeks	4 Weeks	0.5 ML	Intramuscular (IM) antero-lateral aspect of mid thigh
Inactivated Polio Vaccine (IPV)	2	At 14 weeks At 8 Months	4 months	0.5 ML	antero-lateral aspect of mid thigh
Oral Polio Vaccine (bOPV)	4	At 0 (within 14 days), 6, 10, and 14 weeks *if the 0 dose is missed it should be given at 9 months	4 weeks	2 drops	Oral
Pneumococcal conjugate Vaccine (PCV)	3	at 6, 10 weeks and 9 months	4 weeks between the 1st & 2nd dose and 6 months from 2nd to 3rd dose	0.5 ML	antero-lateral aspect of mid-thigh
Measles, Mumps and Rubella (MMR)	2	MMR 1 at 9 Months MMR 2 at 24 Months	15 months	0.5 ML	Subcutaneous-left upper arm
Diphtheria, Tetanus & Pertussis (DTP)	1	DTP booster at 24 Months	NA	0.5 ML	Intramuscular (IM) antero-lateral aspect of mid-thigh
Tetanus diphtheria (Td)	2	Td 1 at PP Class student Td 2 at Class seven students Out of school 6 years and 13 years old	6 years	0.5 ML	Intramuscular (IM) upper arm
Human Papillomavirus (HPV) vaccine	2 doses girls and boys below 15 years of age	• Class six girls and boys • Out of schoolgirls and boys at 12 years of age • For 15 years and above 3 doses	6 Months	0.5 ML	Intramuscular (IM) upper arm
Hepatitis B (Adult)	3	at 0, 1 and 6 months	NA	1.0 ML	Upper arm

Table 3: Influenza vaccination doses for high risk group

Vaccine	Number of doses	High Risk Groups
Seasonal Influenza Vaccine	1	• Pregnant women • Health Workers • People with Chronic Medical Conditions (heart disease, cancer, lung disease, active pulmonary TB, liver disease, kidney disease, diabetics patients on medication, HIV) • Elderly Population 65 Years and above • Others as defined by MoH
Seasonal Influenza Vaccine	2 doses with an interval of four weeks	• Children 6 to <24 Months – 0.25ml • Children 2- <3 years if they are chronic medical condition)- 0.3ml • 3-8 years (if they are chronic medical condition) -0.5ml Note: all the above age groups will receive two doses or only one dose if received earlier.

Table 4: Pregnant women with no previous record of Tetanus diptheria Vaccination

Vaccine	Frequency/time	Dosage	Route/site
Td1	*As soon as possible*	0.5 ml	Intramuscular (IM) left upper arm
Td2	*4 weeks after 1st dose*		
Td3	*6 months after 2nd dose*		
Td4	*1 year after 3rd dose*		
Td5	*1 year after 4th dose*		

Table 5: Pregnant women having record of Tetanus diptheria Vaccination

Number of prior Td received	Td dose	Frequency /Time	Dose	Rout/Site
Pregnant women who have received 1st dose of Td vaccine	- 2nd dose - 3rd dose - 4th dose - 5th dose - 6th dose	- As soon as possible - 4 weeks after 1st dose - 6 months after 3rd dose - 1 year after 4th dose - 1 year after 5th dose	0.5ML	Intramuscular (IM) left upper arm
Pregnant women who have received 2nd dose of Td vaccine	- 3rd dose - 4th dose - 5th dose - 6th dose	- As soon as possible - 4 weeks after 3rd dose - 6 Months after 4th dose - 1 year after 5th dose		
Pregnant women who have received 3rd dose of Td vaccine	- 4th dose - 5th dose - 6th dose	- As soon as possible - 4 weeks after 4th dose - 1year after 5th dose		
Pregnant women who have received 4th dose of Td vaccine	- 5th dose - 6th dose	- As soon as possible - 1 year after 5th dose		
Pregnant women who have received 5th dose of Td vaccine	- 6th dose	As soon as possible		

Background

- Sentinel Surveillance on Influenza in Bhutan 2008 and COVID -19 integrated flu surveillance
- A study of severe acute respiratory infection was initiated in 2017
- Certified National Reference laboratory for Influenza at RCDC
- Five high risk groups were recommendation by the NITAG as follow;

High risk Groups are:

- Children 6 months to less than 24 months
- Pregnant women
- Health workers
- Elderly population
- Population with existing comorbidities

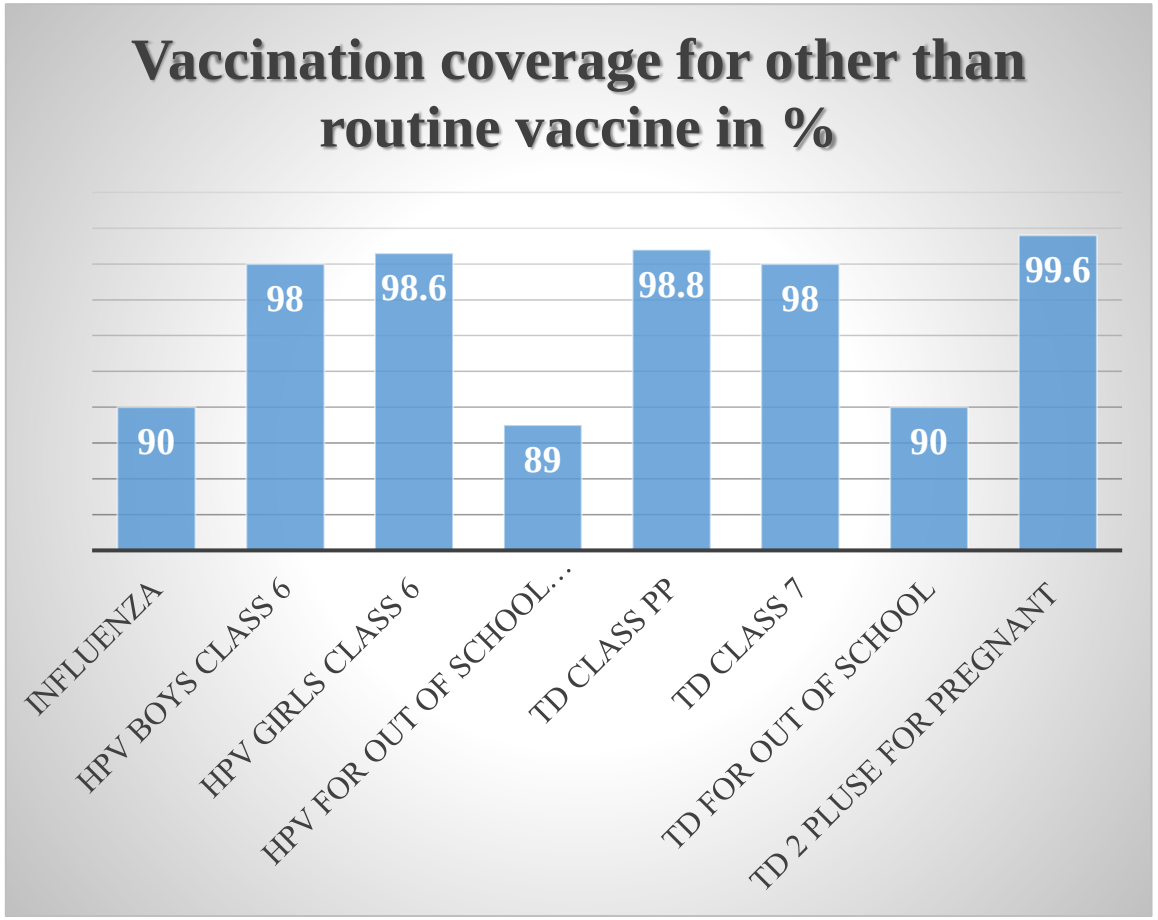
Enabling factors for successful integration

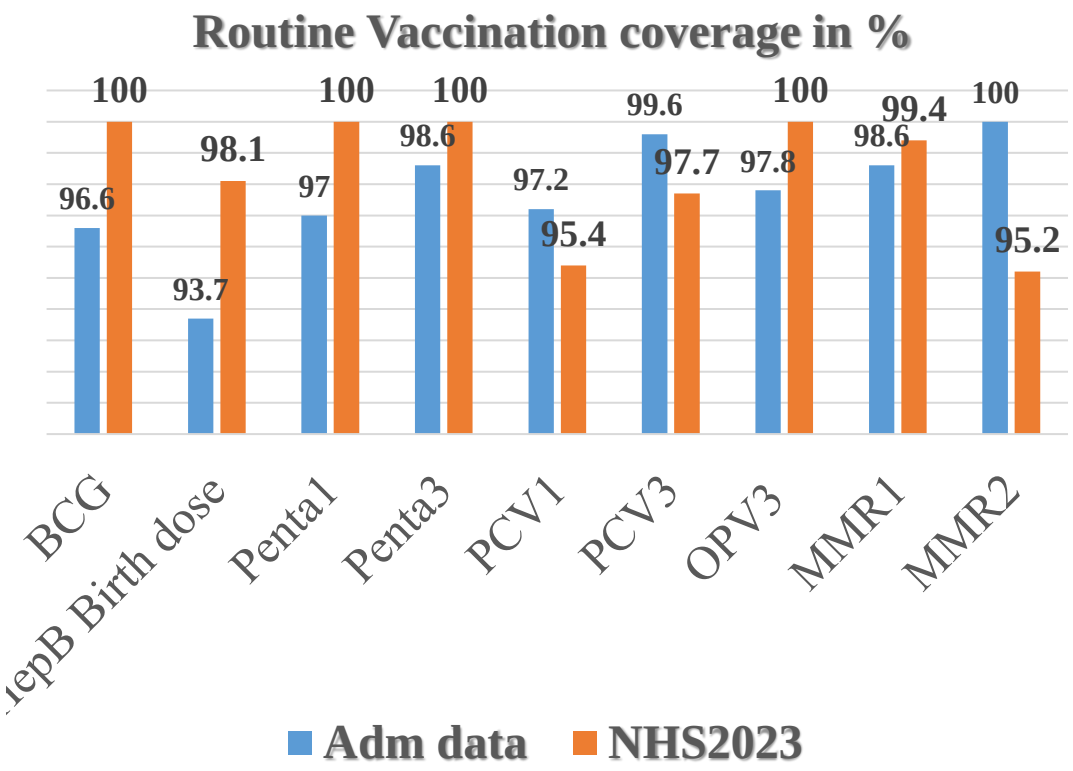
- Wide spread health facilities with capable Health Workforce
- Integrated EPI program with primary health care system
- Strong leadership and political commitment
- Adequate cold chain equipment and logistic management in place
- Commitment of financial support through ***Bhutan Health Trust Fund*** (BHTF)
- Influenza vaccine are given during the

Strategies adapted for vaccination

- October month is observed as ***Elderly Month Annually*** and influenza vaccine are given along with screening of elderly population – **at Health facilities, Out Reach Clinics and home visits** for all five high risk groups
- Td booster (two doses) are given in school based at Class PP & 7 for school going children, while rest are given at 6 & 13 years in health facilities and institutions
- HPV are given two doses for both boys and girls in school based at Class six students, while rest are given at 12 years in health facilities and institutions
- Adult Hepatitis for high risk (health workers and diseases conditions) are given three doses at 0, 1 & 6 months
- Td for pregnant women are given in health facilities and Out Reach Clinics as per the schedule
- COVID-19 vaccine are given after every six months for comorbid and elderly population in health facility based

Vaccination coverage





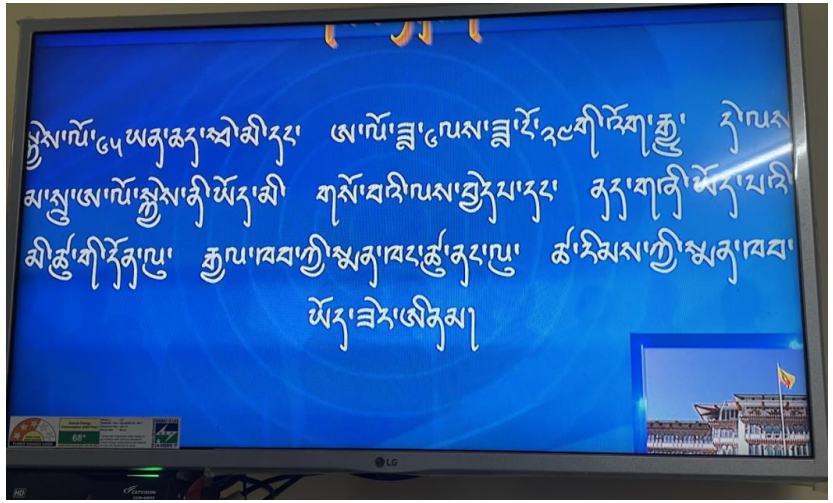
Information sharing and demand generation

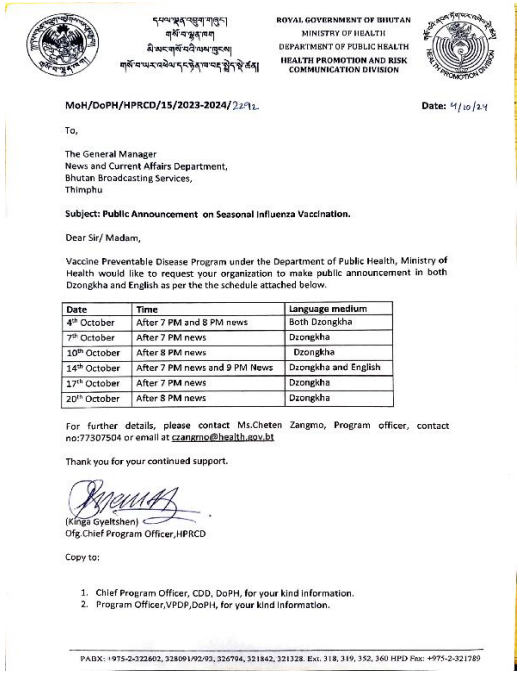
- Community engagement through main and social media as follow:

a. Bhutan Broadcasting Television

b. Ministry Facebook

c. Tiktok show





ROYAL GOVERNMENT OF BHUTAN
MINISTRY OF HEALTH
DEPARTMENT OF PUBLIC HEALTH
HEALTH PROMOTION AND RISK COMMUNICATION DIVISION

MoH/DoPH/HPRCD/15/2023-2024/2291 Date: 11/10/24

To,

The General Manager
News and Current Affairs Department,
Bhutan Broadcasting Services,
Thimphu

Subject: Public Announcement on Seasonal Influenza Vaccination.

Dear Sir/ Madam,

Vaccine Preventable Disease Program under the Department of Public Health, Ministry of Health would like to request your organization to make public announcement in both Dzongkha and English as per the the schedule attached below.

Date	Time	Language medium
4th October	After 7 PM and 8 PM news	Both Dzongkha
7th October	After 7 PM news	Dzongkha
10th October	After 8 PM news	Dzongkha
14th October	After 7 PM news and 9 PM News	Dzongkha and English
17th October	After 7 PM news	Dzongkha
20th October	After 8 PM news	Dzongkha

For further details, please contact Ms.Cheten Zangmo, Program officer, contact no:77307504 or email at czangmo@health.gov.bt

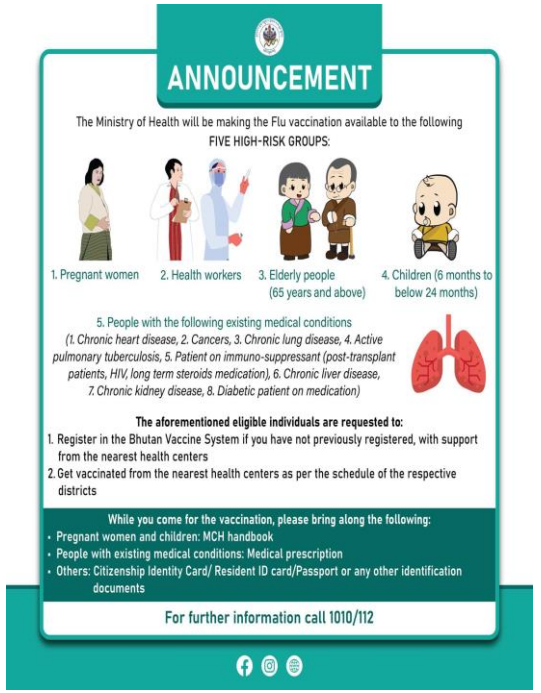
Thank you for your continued support.

(Kinga Gyeltshen)
Ofg.Chief Program Officer,HPRCD

Copy to:

1. Chief Program Officer, CDD, DoPH, for your kind information.
2. Program Officer,VPDP,DoPH, for your kind information.

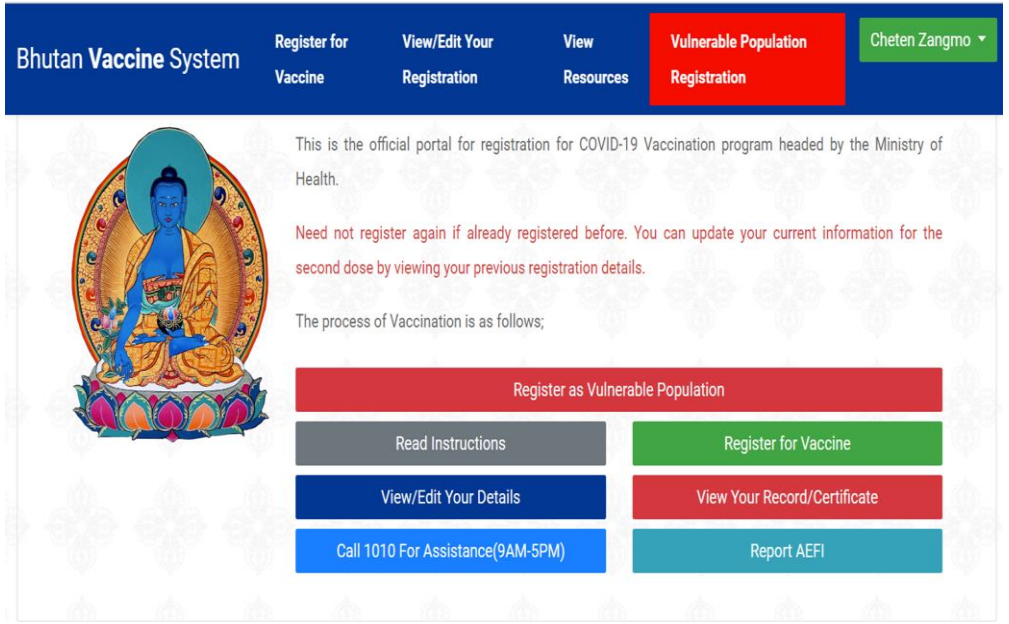
PABX: 1975-2-322602, 328091/92/93, 326794, 321842, 321328. Ext. 318, 319, 352, 360 HPD Fax: +975-2-321789

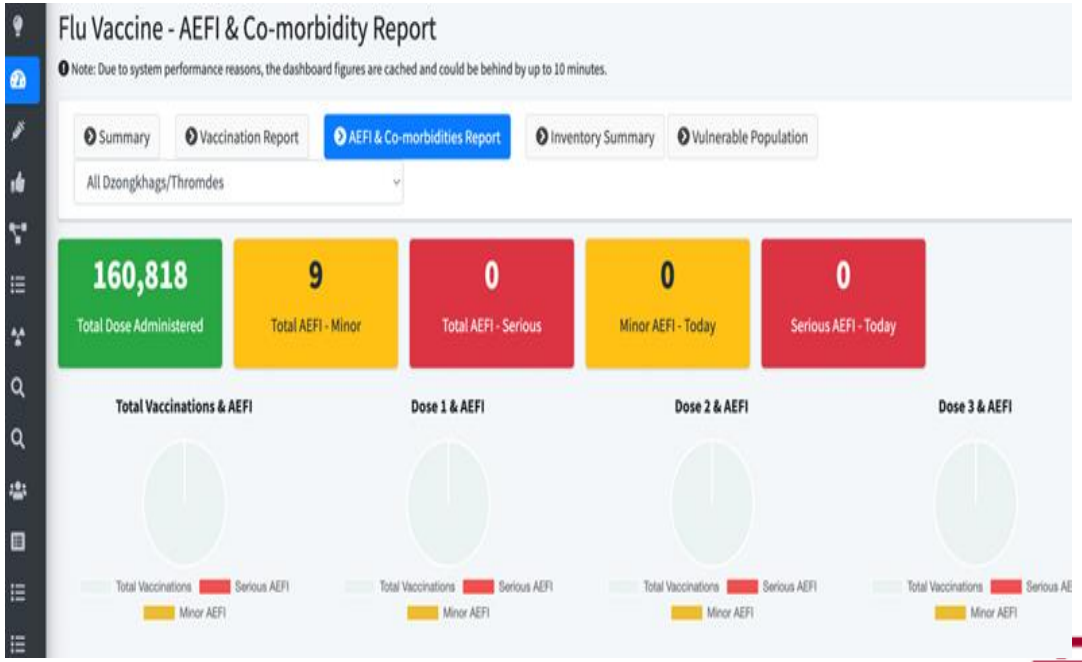


Registration and Data collection

- Individual high risk groups can register themselves in **Bhutan Vaccine System** (BVS)
- All high risk groups can visit nearest health facilities with:

1. Pregnant women & Children: ***Maternal & Child Health Handbook***
2. People with medical conditions: ***Medical prescription***
3. Others: ***Citizenship Identity Card, Route Permit and Passport, etc***



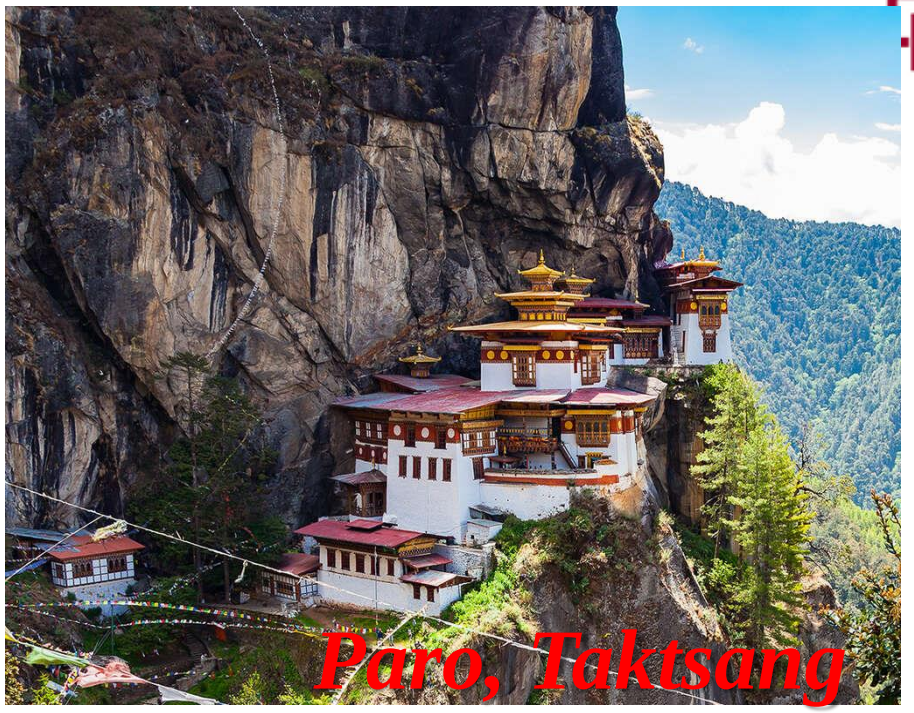


Key issues and way forward

- Timely delivery of vaccine
- Data entry in the BVS
- Sustainability of the funding support due to other priority list

Jigme Dorji Wangchuck National Referral Hospital

Focusing on life course of vaccination program



Paro, Taktsang

THANK YOU!

Leveraging COVID-19 Vaccination Lessons for Adult Immunization

Kosovo's experience

Dr Edita Haxhiu
NPO for Immunization
WHO

17 October 2024

Kosovo demographic data

Ministry of Health	
National Institute of Public Health	• 6 Regional Public Health Centers
University Hospital and Clinic Service of Kosovo	• Tertiary level - University Clinical Center of Kosovo • Secondary level - 6 Regional hospitals
Primary Health Care level – 38 Main Centers of Family Medicine	• 164 Family Medicine Centers • 256 Family Medicine ambulates (rural areas)

- Area: 10,908 km2
- Population: 1,773,971
- Municipalities: 38
- Regions: 7
- Average population age: 30.2 y/o

Immunization Program - COVID19 and influenza immunization

- The main stakeholders are Institute of Public Health and Ministry of Health
- Vaccines should be registered at Kosovo Agency for Medical Products
- Medical products should be from EU countries or should be WHO prequalify
- Vaccination Plan developed by Institute of Public Health
- Distribution and administration monitoring of influenza vaccines is performed by National Immunization Program
- Implementation of the vaccination program is carried out by the Regional Institute of Public Health
- Head of the vaccination center in the Family Medical Center in the municipalities are responsible for the implementation of the vaccination program
- At the Primary Health Care, immunization services provided as fixed-site in all Family Medical Center by family doctors and nurses and mobile team responsible home care facilities and catch up

The COVID-19 booster dose and the flu vaccine

- The flu vaccine is offered for free every year before the flu season
- Based on the analysis of the vaccination coverage reports of the previous years, planning is done for the following year
- Composition of Influenza Virus Vaccines for Use in the Northern Hemisphere Influenza Season 2024-2025
- Vaccination of risk groups is recommended as a priority group according to SAGE recommendation
- NITAG and IPH recommendation to the risk group:
  - People who receive the booster dose of the COVID-19 vaccine are also recommended to receive the seasonal flu vaccine at the same time
  - Key to reducing the health and economic burden of influenza
  - Prevent disease and death and reduce disease transmission and severity
  - Very rare serious side effects occur
  - Vaccination against seasonal flu reduces the cost of spending on the health system

Key actions enable integration of COVID-19/influenza vaccination into the broader health system

Legislation

- Law on Infection Disease
- Law on Immunization
- Administrative Instruction on Immunization
- Development of SOP's

Operational

- Digitalization of vaccination module.
- AEFI reporting digitalized module
- Cold chain equipment and transport vehicles
- Vaccination promotion campaigns

Strategic

- Action Plan on Immunization 2022-2026
- Updated the Program on Immunization 2024
- Strategic plan for Catch up activities
- NITAG establishment in 2023
- Development of the training modules
- Increasing the trust on vaccines

One of the key elements is the coordination and collaboration with partners local and international

Monitoring COVID-19 and flu vaccination coverage and AEFI reporting system development

- Integration of Flu vaccines into the newly developed digitalized vaccination module, part of Health Information System
- Training of health workers from all municipalities on using the module
- The regular and indicated vaccination module is linked to the Pharmaceutical Stock Management System (PSMS), to enable planning of real vaccine needs, monitoring of vaccination coverage and analysis of vaccination program implementation
- Integration of the flu vaccine into PSMS

- In November 2022, The National Institute of Public Health with WHO support, developed a national S0P on monitoring, reporting and investigation of AEFIs, including AEFIs related to Flu vaccine
- The new SOP includes standard AEFI case definitions and provides a detailed description of the procedure for detecting, recording, reporting and investigating AEFI cases
- The AEFI reporting was digitalized as part of the HIS

Magbule Rexhepi

IKSHPK

MENU

Kryefaqja

SHËRBIMET

Vizitat mjekësore

RAPORTET

Raportet

Raporti i vaksinimit

Raportet tjera

Metabase - Imunizimi

Metabase - Imunizimi i femijve

Konfigurimi i dashboardit Covid

Komuna/Opstina/Municipality: Prishtinë

Institucioni: IKSHPK

KARTELA E VAKSINIMIT / KARTICA VAKCINISANJA / VACCINATION CARD

Emri / Ime / Name: Magfire

Emri i prindit / Ime Roditelja / Parent`s Name: Nebih

Mbiemri / Prezime / Surname: Hoxha

Data e lindjes / Datum rođenja / Date of birth: 17.07.1976

Vendi i lindjes / Mesto rođenja / Place of birth: Tërrnavë - Podujevë

Adresa / Adresa / Adress: Rruga-Ulica-Street | Nr. - Broj - No.: Nëntë Jugoviq; Vendi-Mesto-Place: Nëntë Jugovi

Numri i telefonit / Broj telefona / Telephone number:

Vërejtje / Napomena / Note:

Nr. Personal / Licni broj / Personal No.: 1004275400

Numri rendor / Redni broj / File no.:

Gjinia / Pol / Sex: Femër

Kundërindikacion absolut / Apsolutna kontraindikacija / Absolute Contraindication

☐ Po/Da/Yes

Dg./

Mjeku / Doktor / Doctor: Magbule Rexhepi

Gjenero Kartelen e Imunizimit te rregullt

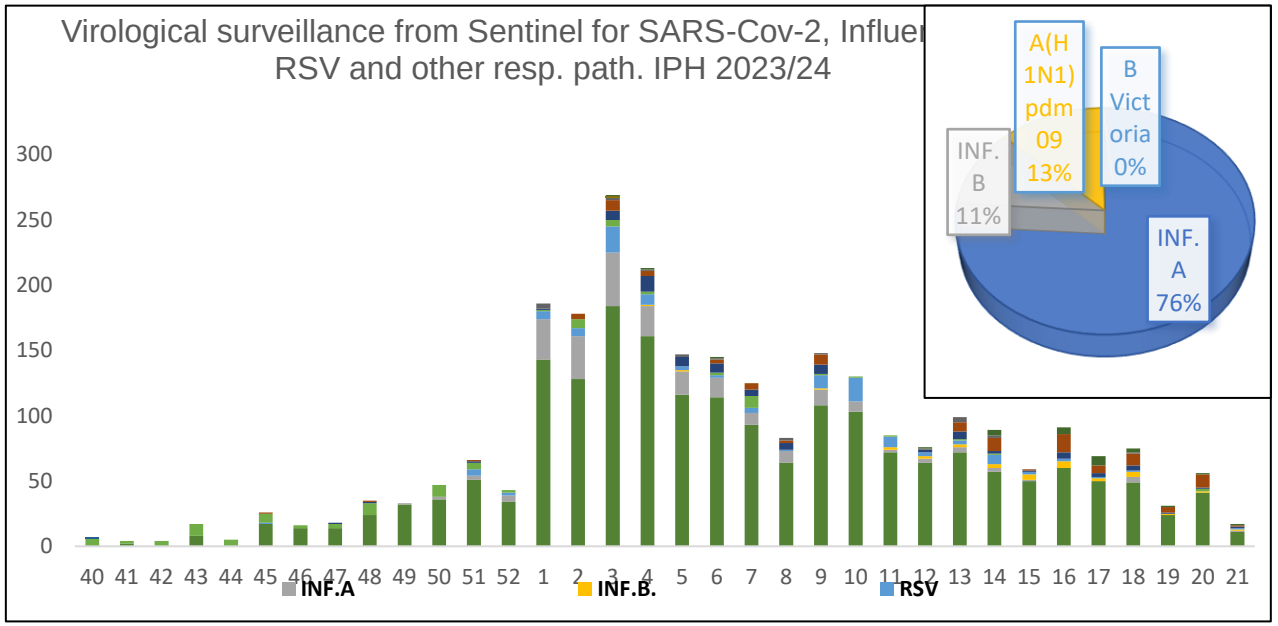
Imunizimi per COVID | Imunizimi i rregullt | Imunizimi me indikacion

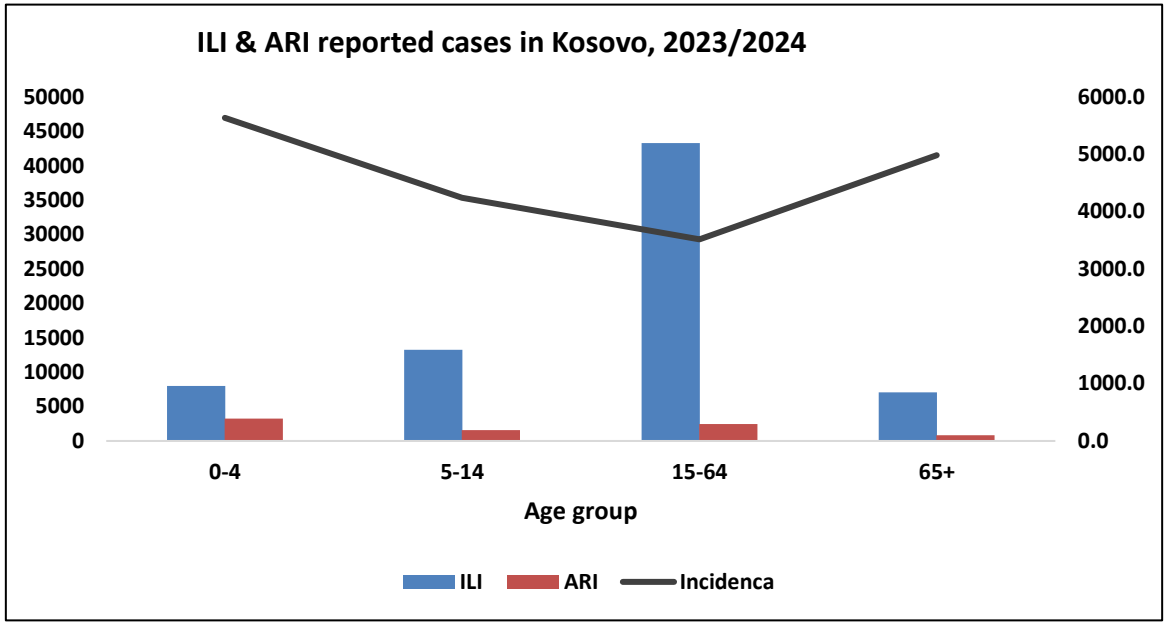
- E udhëzuar nga mjeku
- E administruar

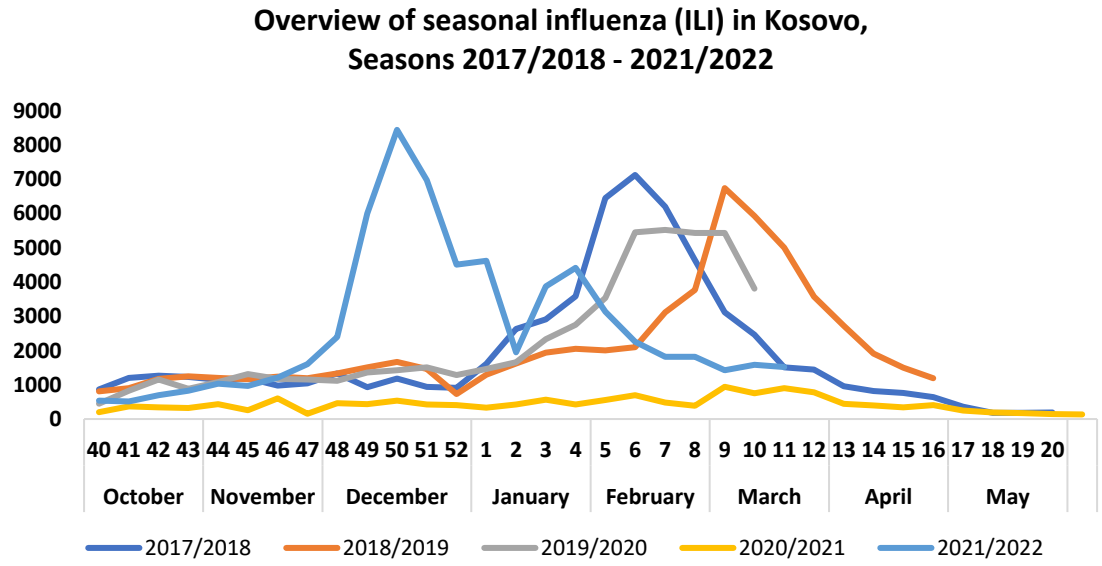
+ Shto imunizim me indikacion paraprak

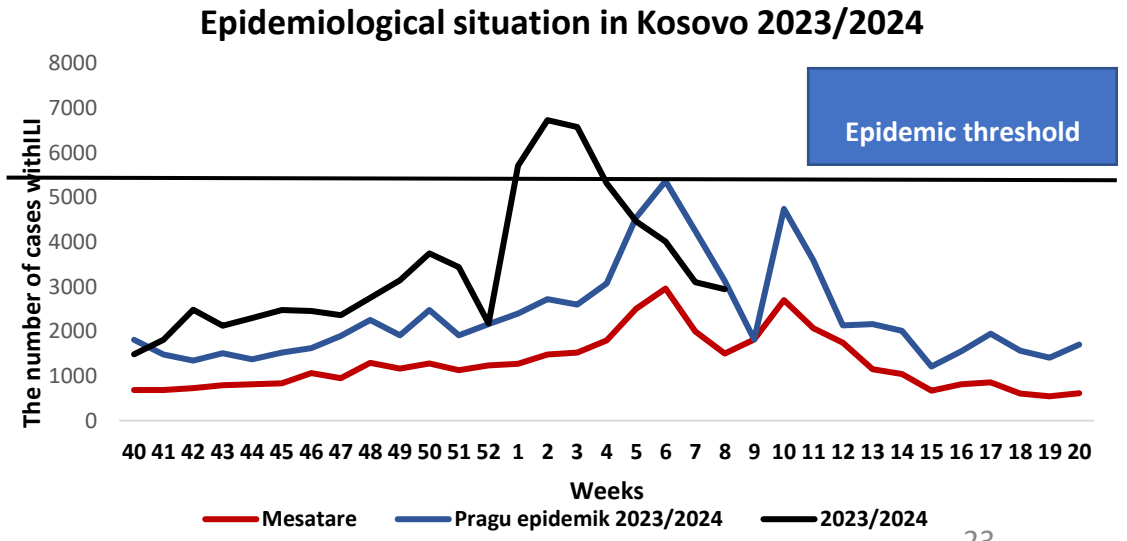
	Datae referi...	Vaksina	Prodhuesi	Doza	Numri Serik	Data
Plotëso	16.10.2024 14:37	Influenza Vacc...	GC Pharma		Q50424004	16.10.2024 14:41

Virological Surveillance of Influenza in the Country









Winter preparedness for seasonal flu and COVID-19 (meeting with around 100 HCW)

4 stories of success and goals on immunization

Strategic plan for catch-up

- restore immunization coverage
- control VPDs
- guide HCW on vaccination

Normative guidance

Capacity building

Better knowledge for HCW

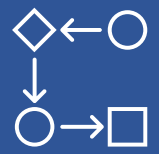
- almost 1,000 trained staff
- 20 theme-specific materials
- Immunization book for Kosovo

COVID-19 and beyond

Informed public on vaccines

- broadcasts during TV prime time
- notebook on immunization
- sessions for students

Awareness raising



Monitoring evaluating

Improved immunization services

- reports on AEFI
- regional field visits
- data visualization dashboard

4 photos of success on immunization

Winter campaign on COVID-19 and seasonal flu Vaccination (CARAVAN 2023/2024)

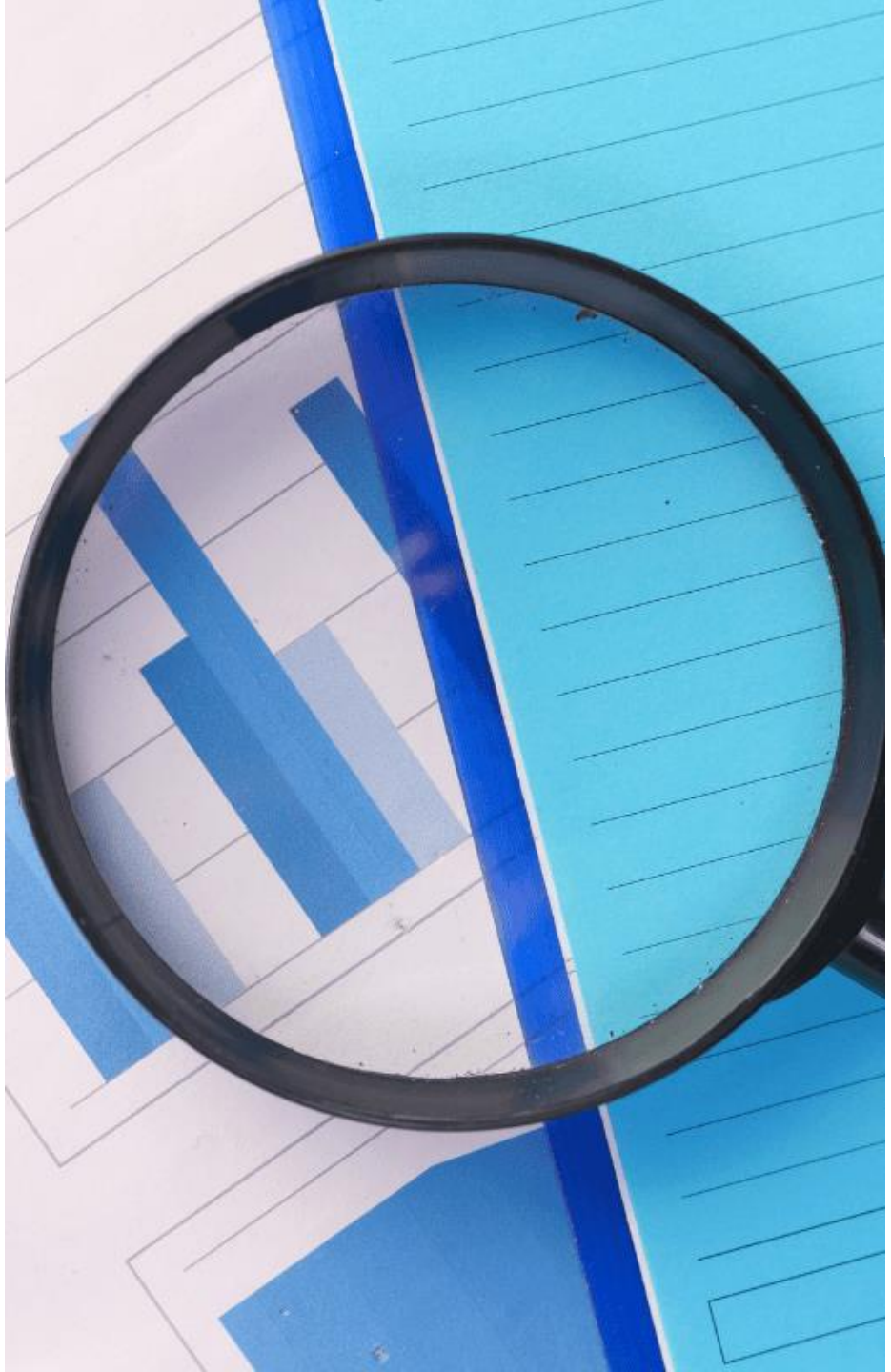
Media as a partner to inform about the benefits of COVID-19 vaccines

Ministerio
de Salud Pública

National adult vaccination strategies experience

RSV prevention

Steven Tapia Villacís MD ID
Director of Inmunizations Program, Ministry of Health of Uruguay
Assistant Professor of the Infectious Diseases Unit, UdelaR



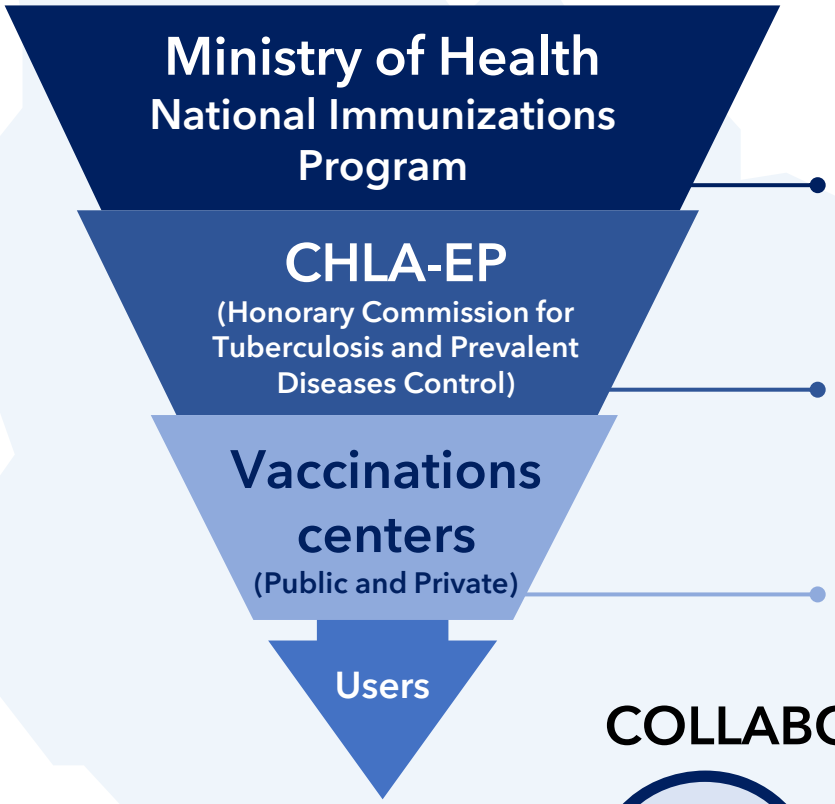
Contents

1. Introduction
   Overview of Uruguay's National Vaccination Program (PNV)
2. Adult Vaccination Milestones
   Key achievements and expansion of adult vaccinations
3. Impact of COVID-19
   Lessons learned and improvements in vaccination strategies
4. RSV Prevention Strategy
   Introduction of RSVpreF and monoclonal antibodies
5. 2024 Campaign Results
   Coverage, safety outcomes, and logistical challenges
6. Challenges and Outlook for 2025
   Future improvements and expanded access

Uruguay's National Vaccination Program (NVP)

- Established by national law in **1982.**
- By 2024, the **NVP** includes **15 funded vaccines** for the vaccine preventable diseases strategy.
- **Vaccination** is **free** and **compulsory nationwide**, available in both **public** and **private health facilities**.
- As a **priority** for the Ministry of Public Health, **vaccination coverage** is a **performance goal** for public policies but also for all healthcare providers under the National Integrated Health System (SNIS), serving as a **quality indicator** in **child health programs**.

National Immunizations Program structure

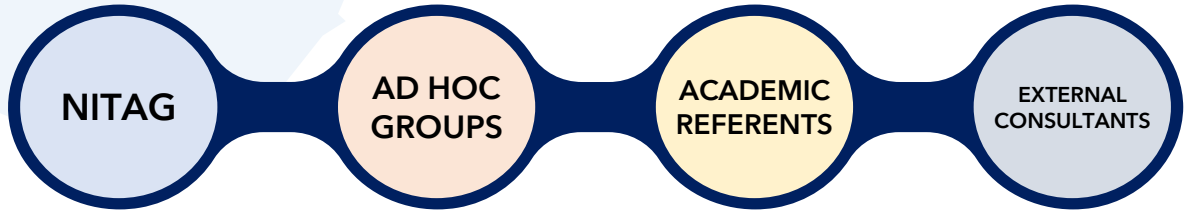


- Planning and Regulation
- Vaccination Registry Policies
- Vaccination coverage surveillance
- Vaccines pharmacovigilance

- Storage and Cold Chain Management
- Distribution and Supervision of Vaccination Centers
- Training of Vaccination Personnel

- Vaccination
- Detection of Adverse Events Following Immunization (AEFI)

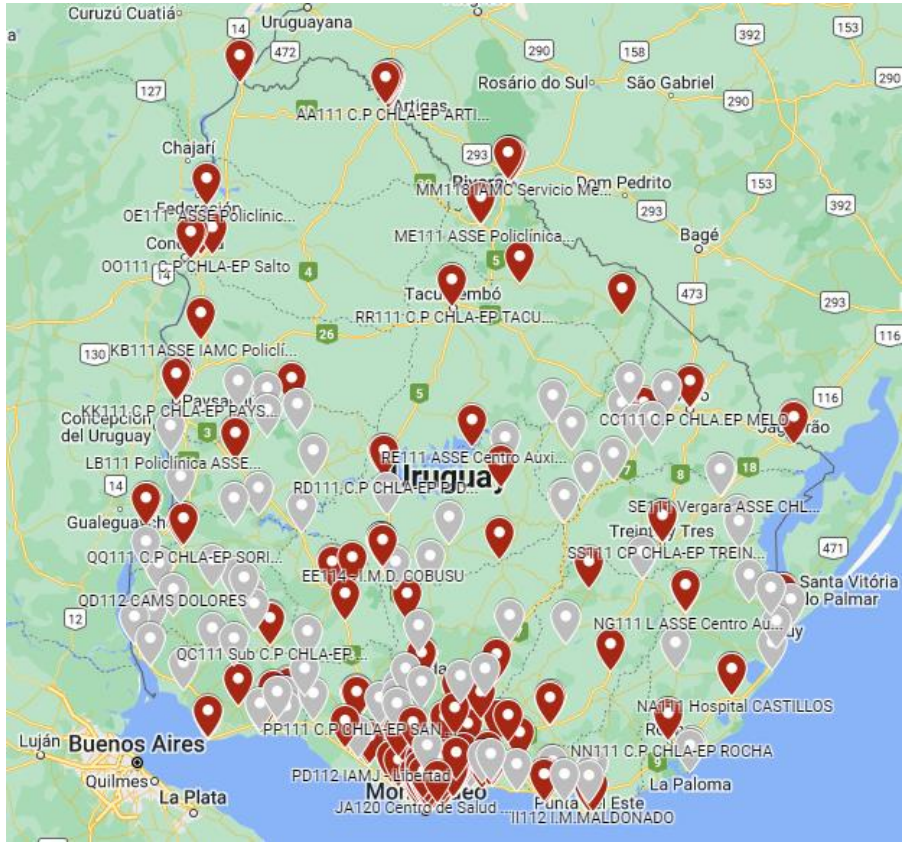
COLLABORATORS:



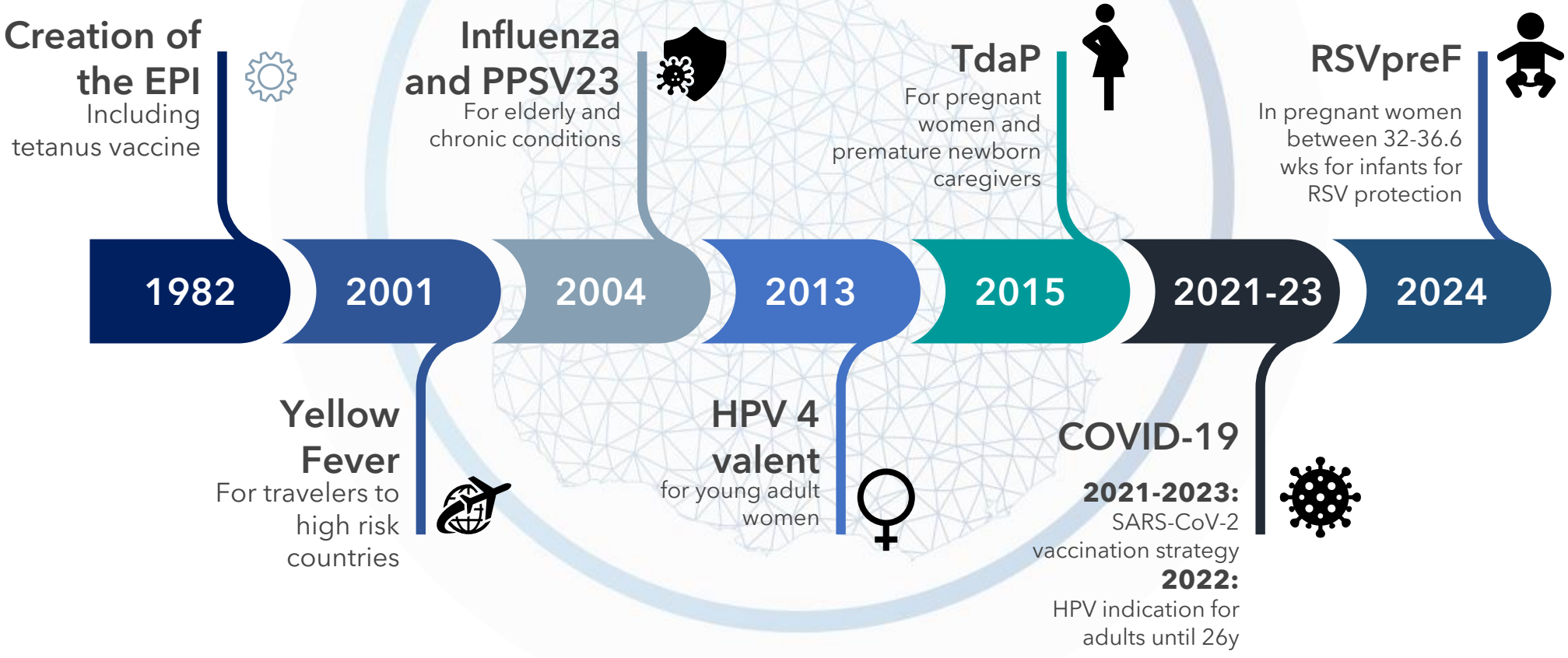
Vaccination centres

279 vaccination centres available across the country

- **Vaccination services** are available at both public and private centers.
- **Vaccine centers are classified in**
  - **Regular scheme:** all NVP vaccines are offered
  - **Mobile vaccination centers**
  - **Specific:** Hemodyalisis centers, neonatal units, etc.
- **Anybody can receive vaccinations,** including **immigrants** and **refugees**.



NVP: Adult vaccination milestones



Children 0-5 years

- MMR
- DPT+Hib+HepB
- PCV13
- IPV
- HepA
- VAR
- DPT
- Influenza*

Adults 18-64 years

Regular schedule
- dT
- MMR (*if born aft. 1967)*

Risk based (Chronic conditions, immunocompromised, cancer, health workers, asplenic, etc)
- Influenza
- COVID-19

Elderly >65 years

Regular schedule
- dT
- MMR (*if born aft. 1967)*

Risk based
- Influenza
- COVID-19
- PPSV23

Regular schedule
- TdaP
- HPV 4 valent

Risk based
- Influenza
- COVID-19

Teenagers 12-17 years

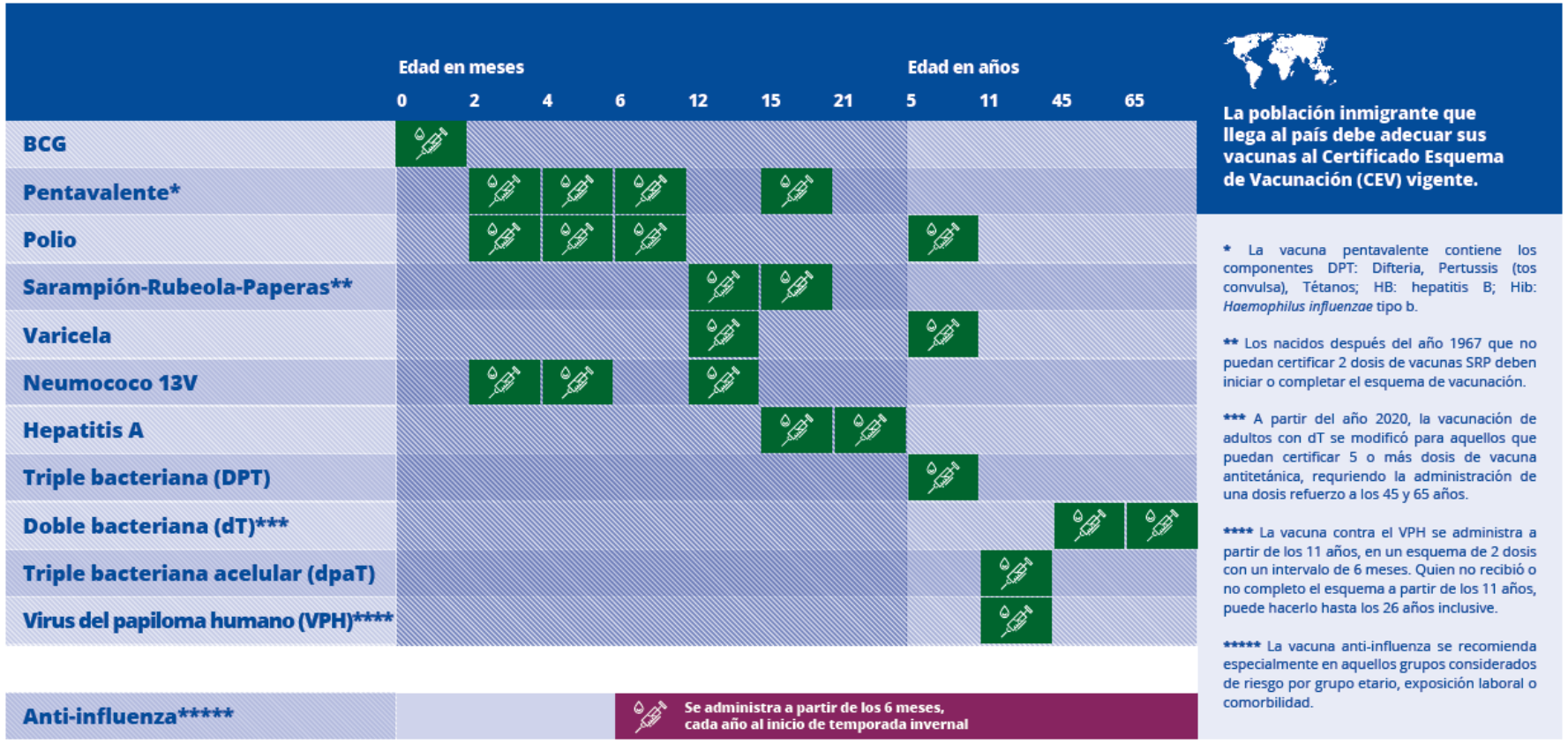
- TdaP (28-36 wk)
- RSVpreF (32-36.6 wk)
- Influenza
- COVID-19

Pregnancy

Uruguay
Esquema de vacunación

Actualizado 2022

Indicada | **Recomendada** | **Contraindicada**



La población inmigrante que llega al país debe adecuar sus vacunas al Certificado Esquema de Vacunación (CEV) vigente.

* La vacuna pentavalente contiene los componentes DPT: Difteria, Pertussis (tos convulsa), Tétanos; HB: hepatitis B; Hib: *Haemophilus influenzae* tipo b.

** Los nacidos después del año 1967 que no puedan certificar 2 dosis de vacunas SRP deben iniciar o completar el esquema de vacunación.

*** A partir del año 2020, la vacunación de adultos con dT se modificó para aquellos que puedan certificar 5 o más dosis de vacuna antitetánica, requriendo la administración de una dosis refuerzo a los 45 y 65 años.

**** La vacuna contra el VPH se administra a partir de los 11 años, en un esquema de 2 dosis con un intervalo de 6 meses. Quien no recibió o no completo el esquema a partir de los 11 años, puede hacerlo hasta los 26 años inclusive.

***** La vacuna anti-influenza se recomienda especialmente en aquellos grupos considerados de riesgo por grupo etario, exposición laboral o comorbilidad.

Esquema de vacunación por condición médica

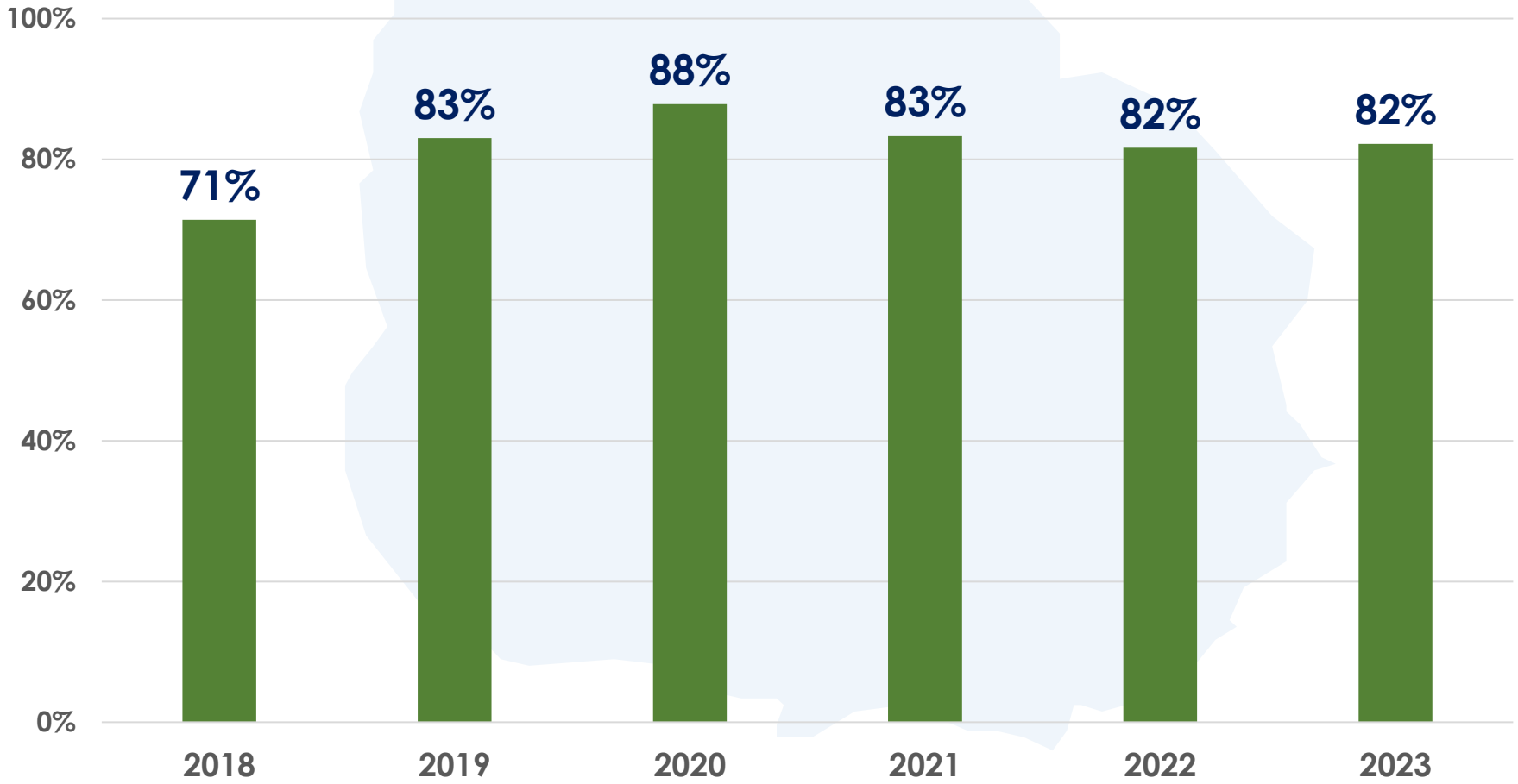
Mayores de 18 años

	Embarazo	Personal de Salud	Asplenia (anatómica o funcional)	Inmuno-compromiso (No VIH)	Infección por VIH según conteo de T CD4+		Enfermedades Crónicas			
					<200 cel/mm³	>200 cel/mm³	Enfermedad Renal Cronica Hemodiálisis	Diabetes mellitus	Enfermedad hepática crónica	Enfermedad cardíaca o pulmonar
Anti-influenza	1 dosis, cada año, en todos los grupos, al inicio de la temporada invernal									
Virus del papiloma humano (VPH)[1]	⚠	2 dosis hasta los 26 años		3 dosis hasta los 26 años			2 dosis hasta los 26 años			
Doble bacteriana (dT)		Se deben completar al menos 5 dosis con componente dT, con un refuerzo a los 45 y 65 años								
Triple bacteriana acelular (dpaT)[2]										
Anti-Hepatitis B				La cantidad de dosis a administrar varía según condición clínica						
Anti-Neumocócica			Se administra 1 dosis de PCV13 + 1 de PSV23, a las 8 semanas o 1 dosis de PSV23 según condición clínica							
Anti-Hepatitis A[3]										
Haemophilus influenzae tipo b										
Sarampión-Rubéola-Paperas[4]	⚠			⚠	⚠					
Anti-Varicela[5]	⚠			⚠	⚠					
Antimeningocócica[6]										

1. La vacuna contra el VPH se administra a partir de los 11 años, en un esquema de 2 dosis con un intervalo de 6 meses. Quien no recibió o no completó el esquema a partir de los 11 años, puede hacerlo hasta los 26 años inclusive. En personas inmunocomprometidas el esquema es de 3 dosis hasta los 26 años con un intervalo de 0, 2 y 6 meses.
2. La vacuna dpaT se administra a mujeres embarazadas, a partir de la semana 28 (en cada embarazo), personal de salud en contacto con niños menores de 1 año y personal a cargo de neonatos prematuros con peso al nacer menor a 1500 gramos y en receptores de trasplante de progenitores hematopoyéticos.
3. La vacuna contra VHA está indicada en poblaciones con alto riesgo de exposición o enfermedad hepática grave incluyendo trasplante hepático.
4. La vacuna contra SRP está recomendada en personas que no puedan certificar 2 dosis de vacunas con componente SR, nacidas despúes del año 1967 y que no hayan cursado sarampión.
5. La vacuna contra varicela está indicada de forma universal en población pediátrica y en adultos susceptibles (no vacunados y sin varicela previa) que pertenezcan a grupos de riesgo.
6. La vacuna antimeningocócica está indicada en personal de salud con alto riesgo de exposición laboral (trabajadores de laboratorio clínico o profesionales de microbiología), esplenectomizados y otras comorbilidades.

Las vacunas necesarias en pacientes con inmunocompromiso no relacionado a VIH dependen de la enfermedad de base, para mayor información consulte con su médico.

TdaP in pregnancy experience
Vaccination coverage - nationwide



The EIR system

Aim

- To optimize the national registry of administered vaccines in the national territory.

Information sources

- The database of the National Directorate of Civil Identification (DNIC) and other databases of the Ministry of Public Health.

Main features

Universal

❑ Includes every person across the country.

Nominal registry of vaccination

❑ Registration of every administered vaccine, for all ages.

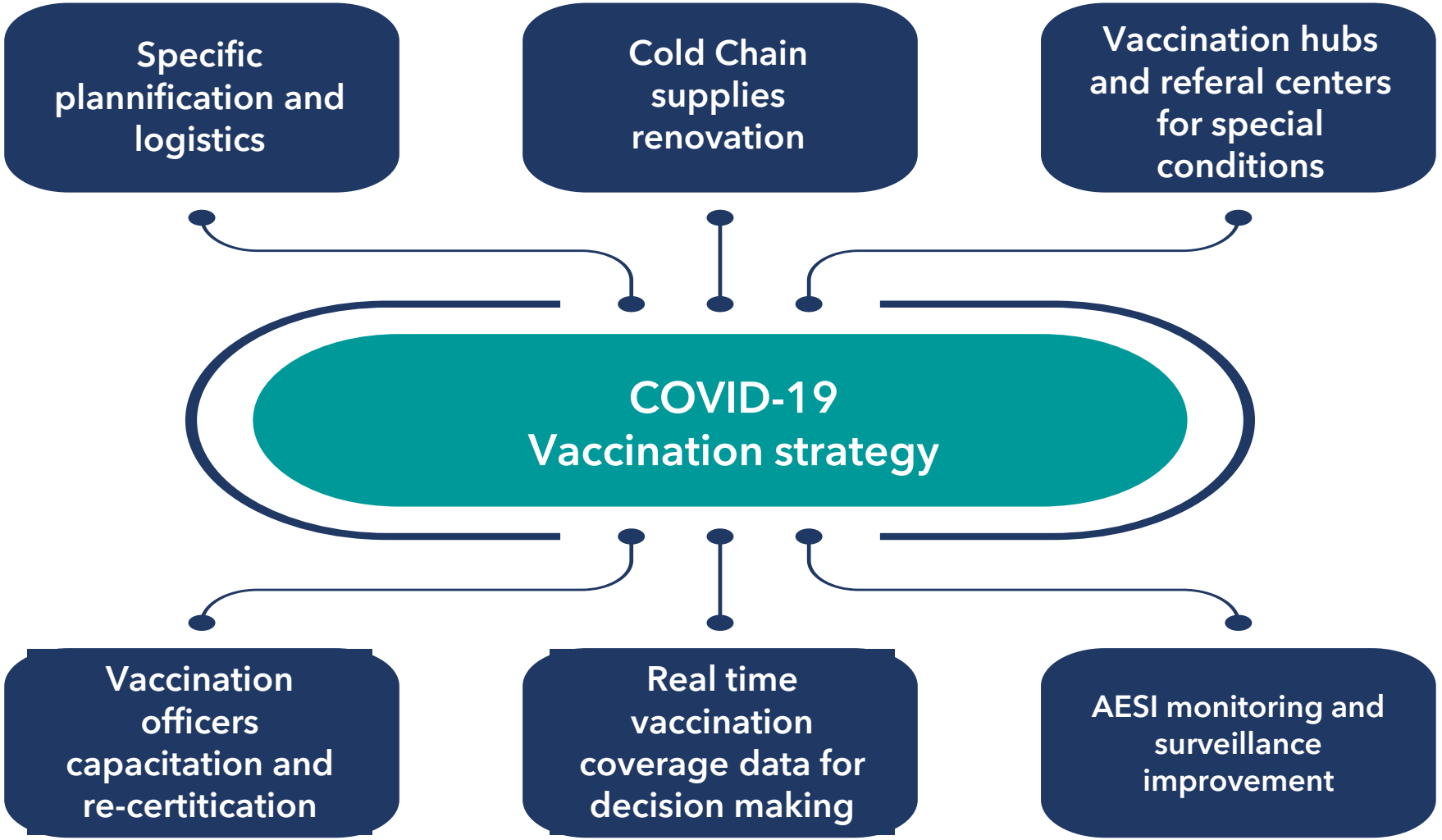
Vaccination history

❑ Vaccination certificate.
❑Access and follow up of vaccination history.

Statistical analysis

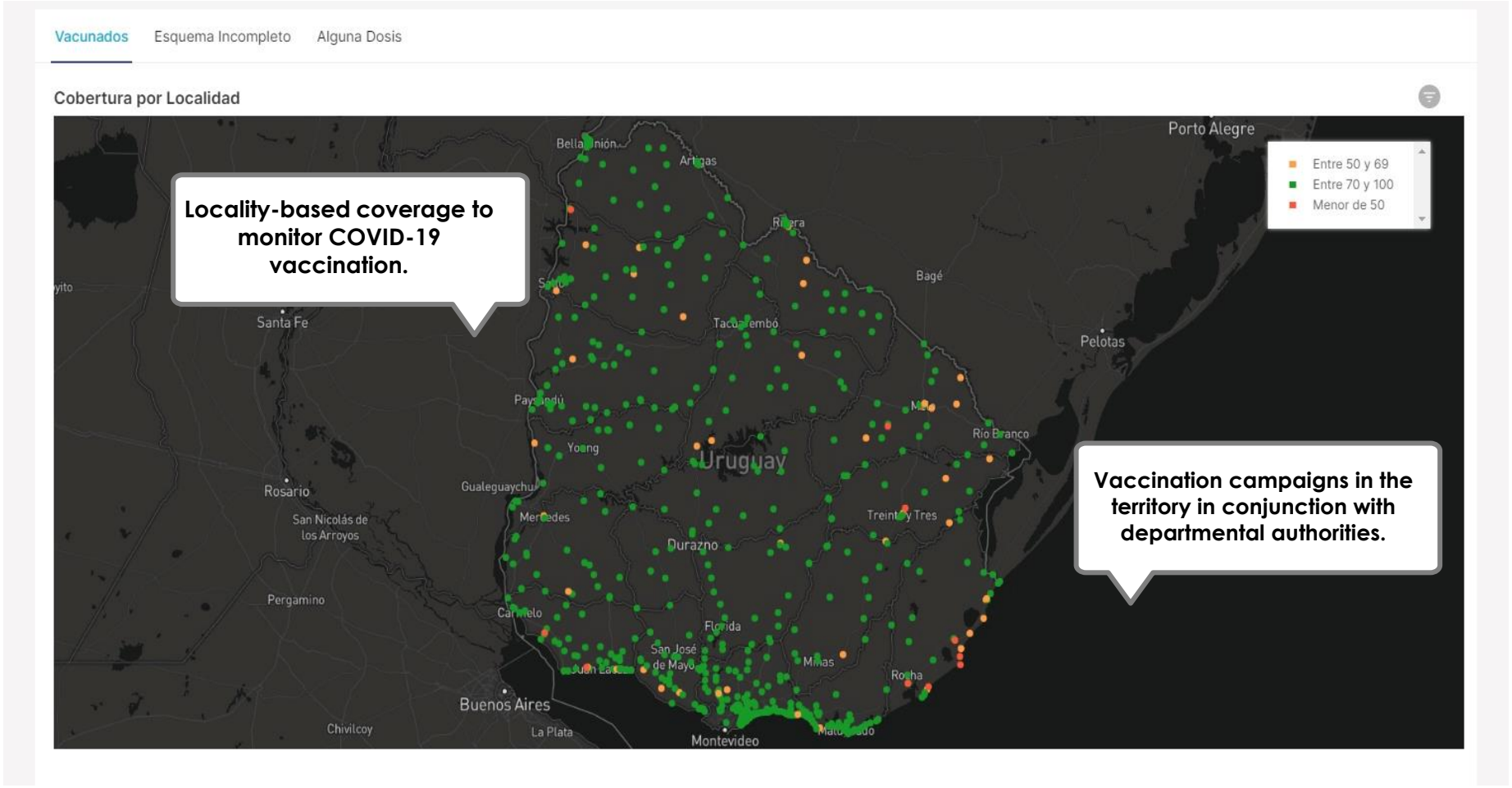
❑ Provides information fo real-time coverage rates.

Lessons learnt for adult vaccination strategies



Coverage rates for COVID-19 vaccines

June – December 2021



RSV prevention strategy 2024

RSVpreF vaccine

+

COVID-19 | INFLUENZA | TdaP

Co-administration

RSVpreF strategy

Rationale for application

RSV disease burden during cold season:

- Data shows that **RSV** is a major cause of **severe acute lower respiratory infections (ALRTI)** in infants **under six months** during winter season in Uruguay during cold season (from April until September)

Healthcare Strain:

- **Reports of 97% bed occupancy** in pediatric respiratory units during RSV season with an average stay of **4.3 days** per patient, underscores the heavy burden on the health system.
- Preventive strategies could reduce hospitalizations and resource utilization.

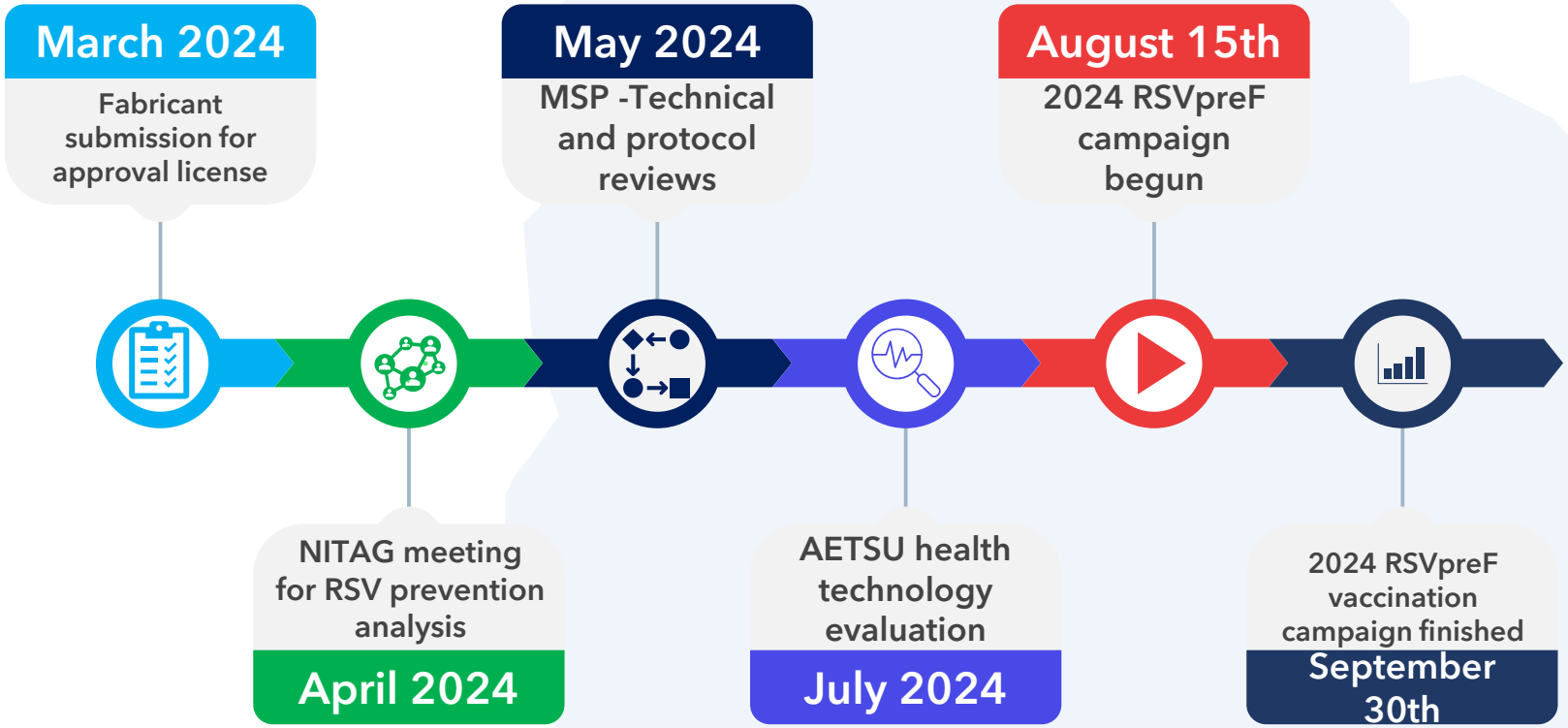
Targeted Populations:

- Infants at higher risk, including those born **prematurely** or with **low birth weight**, are particularly vulnerable to severe RSV disease. Preventing RSV in these groups is crucial.

Economic Benefit:

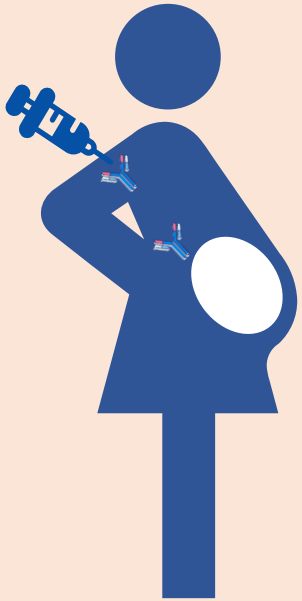
- High healthcare costs associated with treating ALRTI could be reduced through **cost-effective prevention**, newer biomedical interventions such as maternal vaccination or monoclonal antibodies like **nirsevimab**.

RSV preF vaccine timeline



RSV prevention strategy in Uruguay in 2024

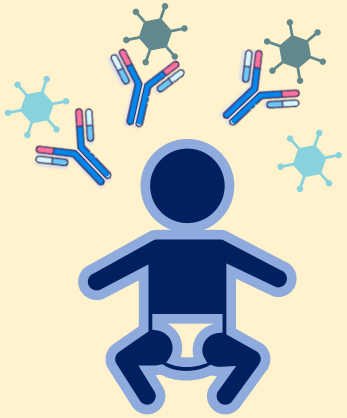
Vaccination in pregnancy



Between 32 and
36.6 weeks

14 days before
birth

Newborns

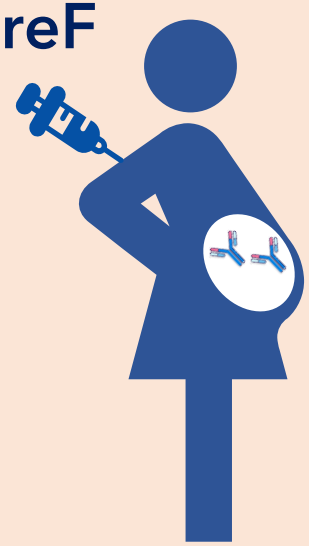


During the first
6 months of life

Next Steps:
Combined prevention strategy for 2025

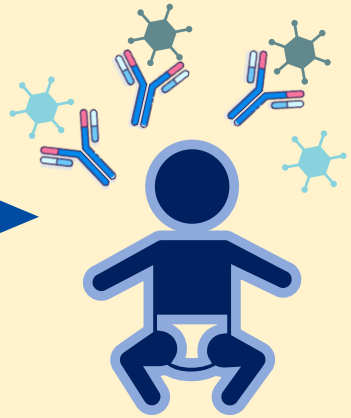
Vaccination in pregnancy	Passive immunisation

RSVpreF

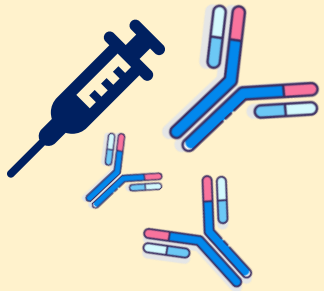


Entre las 32 a las 36.6 semanas

Maternal derived antibodies



Nirsevimab



Risk based application 0-24 months

Preliminary results

- From **august 15th to september 30th** (6 weeks): **1.638 pregnant people**
- **Estimated target population:** 2.800 pregnant - **58.5%** coverage.
- The median vaccination age was **32 years (IQR 27 - 35 years)**.
- **54%** of vaccinations were given in Montevideo (metropolitan area).
- **No serious AESI were reported during this period**. (1 AE was reported related to inadequate prescription).
- **No neonatal adverse events were adverted** from health providers.

RSV strategy framework partners

Healthcare providers played a crucial role in influencing RSV immunization strategy

- ObGYNs
- Neonatologists
- Primary care physicians
- Nurses
- EPI effectors
- Health facility managers
- Other healthcare workers

Communication strategies and information access to specific populations

- General population
- Pregnant women vaccination counseling
- Family information
- Workshops on RSV prevention communication for press agents

Next steps and challenges

- **2024 RSVpreF Campaign** was limited by logistical circumstances:
  - Late winter season introduction may underpower vaccine effectiveness evaluation.
  - Nirsevimab's limited availability during 2024 limited full implementation of the strategy.
- **Vaccine Pharmacovigilance**:
  - For the 2024 campaign, monitoring was conducted via passive notification.
  - An active vigilance protocol is under development, aiming to be fully operational for the **2025 campaign**.
- **Improving coverage and acceptance in 2025**:
  - **Increasing vaccine coverage** to reach remote and underserved areas, ensuring broader access to RSV prevention efforts.

Conclusions

- **Lifelong Vaccination Advocacy:** Uruguay's PNV promotes vaccination across all life stages, prioritizing adult vaccination strategies with routine and risk-based recommendations.
- **COVID-19 Impact:** The pandemic reinforced the need for real-time data, public trust, healthcare workforce training, and localized vaccination strategies.
- **RSV Prevention strategy:** New RSV prevention efforts include maternal vaccination (RSVpreF) and monoclonal antibodies (nirsevimab) for high-risk infants.
- **Campaign Success:** The recent RSV vaccination campaign reached 58.5% coverage of the estimated target population.
- **Future Outlook**: Enhanced **pharmacovigilance protocols** and strategies for broader vaccine coverage are being developed for 2025, with the aim to improve access and safety monitoring.

Ministerio
de Salud
Pública

Contact information:

e-mail: inmunizaciones@msp.gub.uy

Immunizations Department
Population Health Surveillance Area

Q&A

World Health Organization

TechNet-21

About the TechNet Adult Community of Practice (CoP)

How to Join the CoP

Ask me anything forum

Objectives

Objective 1:
Enable connection and provide a social network

Objective 2:
Facilitate Knowledge Sharing

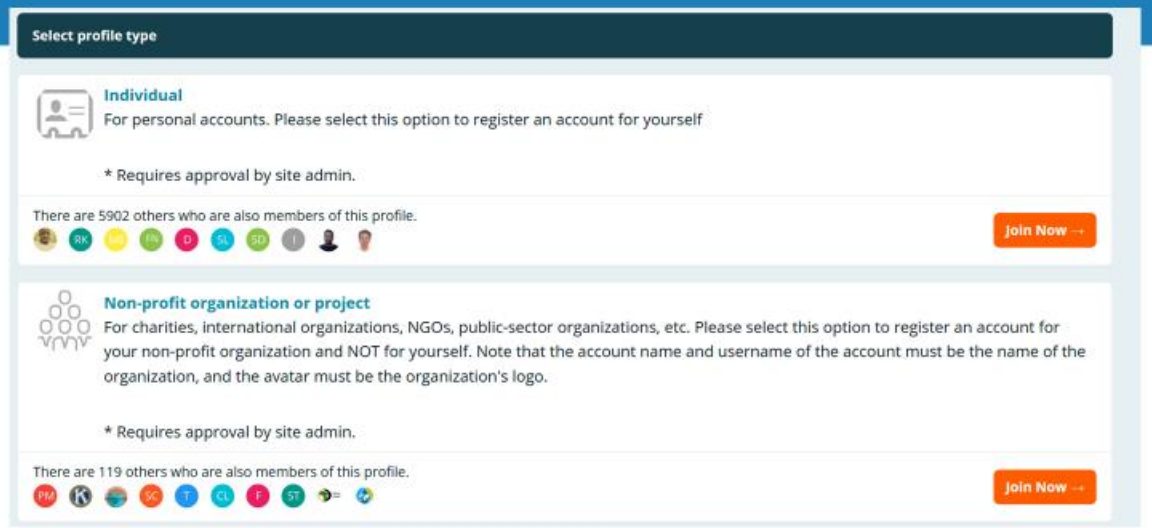
Objective 3:
Promote peer to peer learning

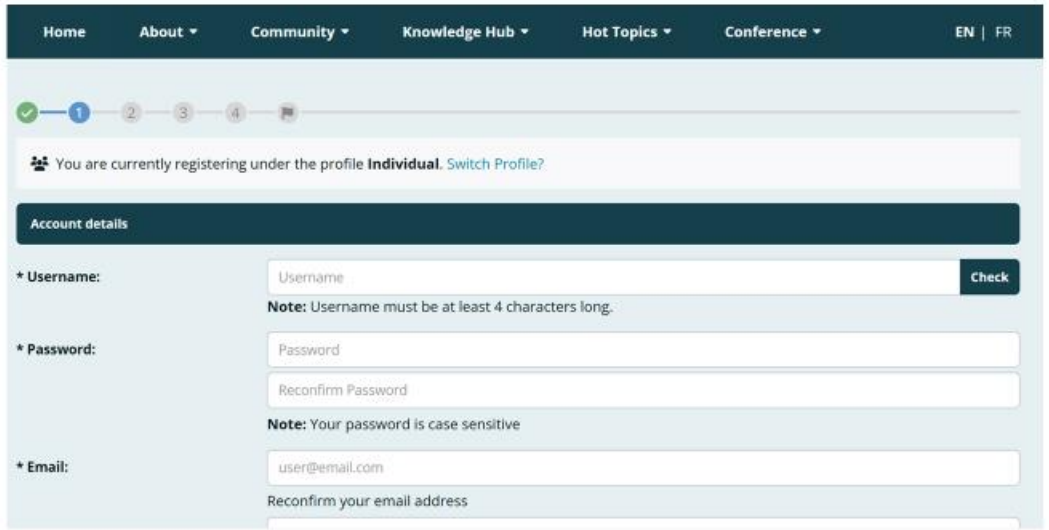
Objective 4:
Collect country needs for future guidance/tools

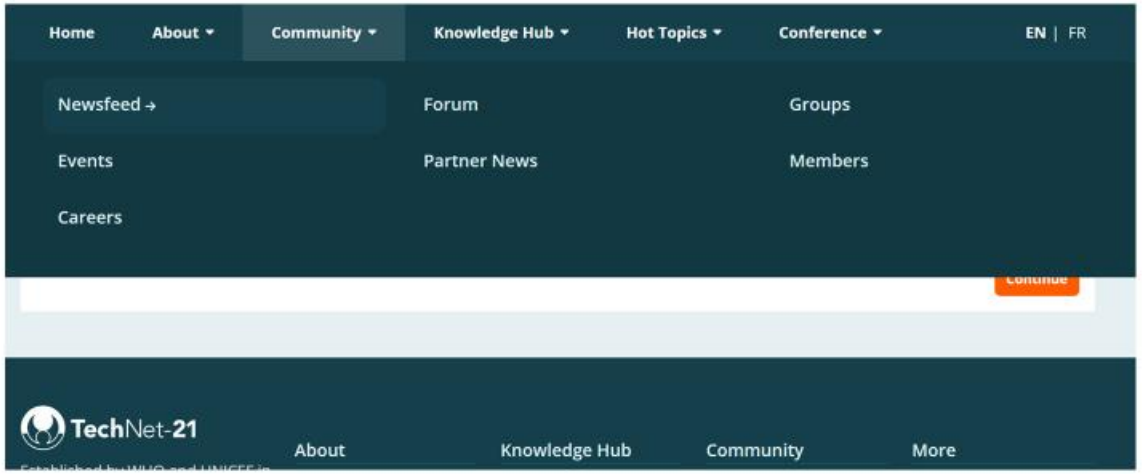
World Health Organization

TechNet-21

How to register in TechNet-21







World Health Organization

TechNet-21

Help us to plan for the next Adult Immunization webinars

2

minutes survey

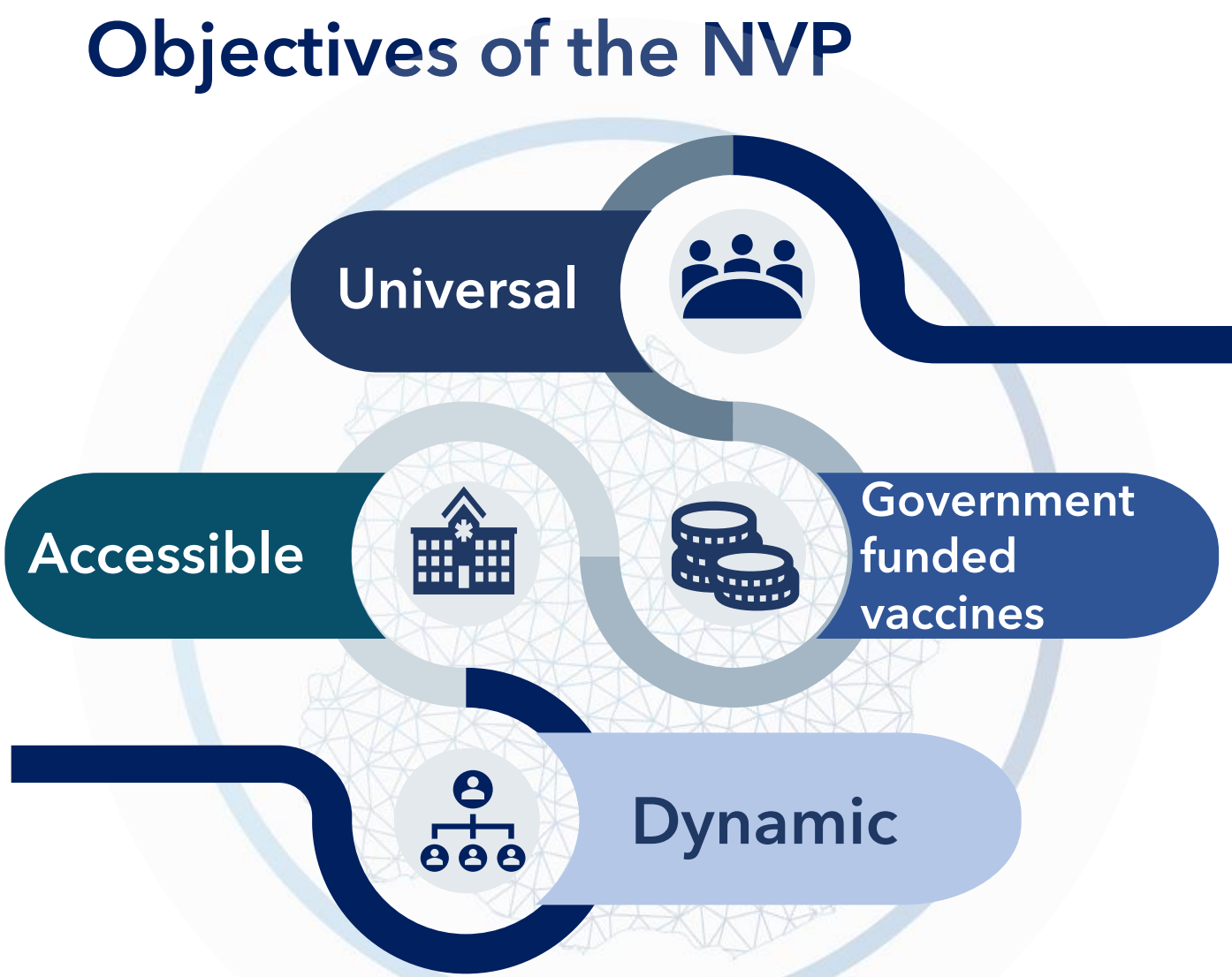
https://ee.kobotoolbox.org/x/p3OclEhT

World Health Organization

TechNet-21

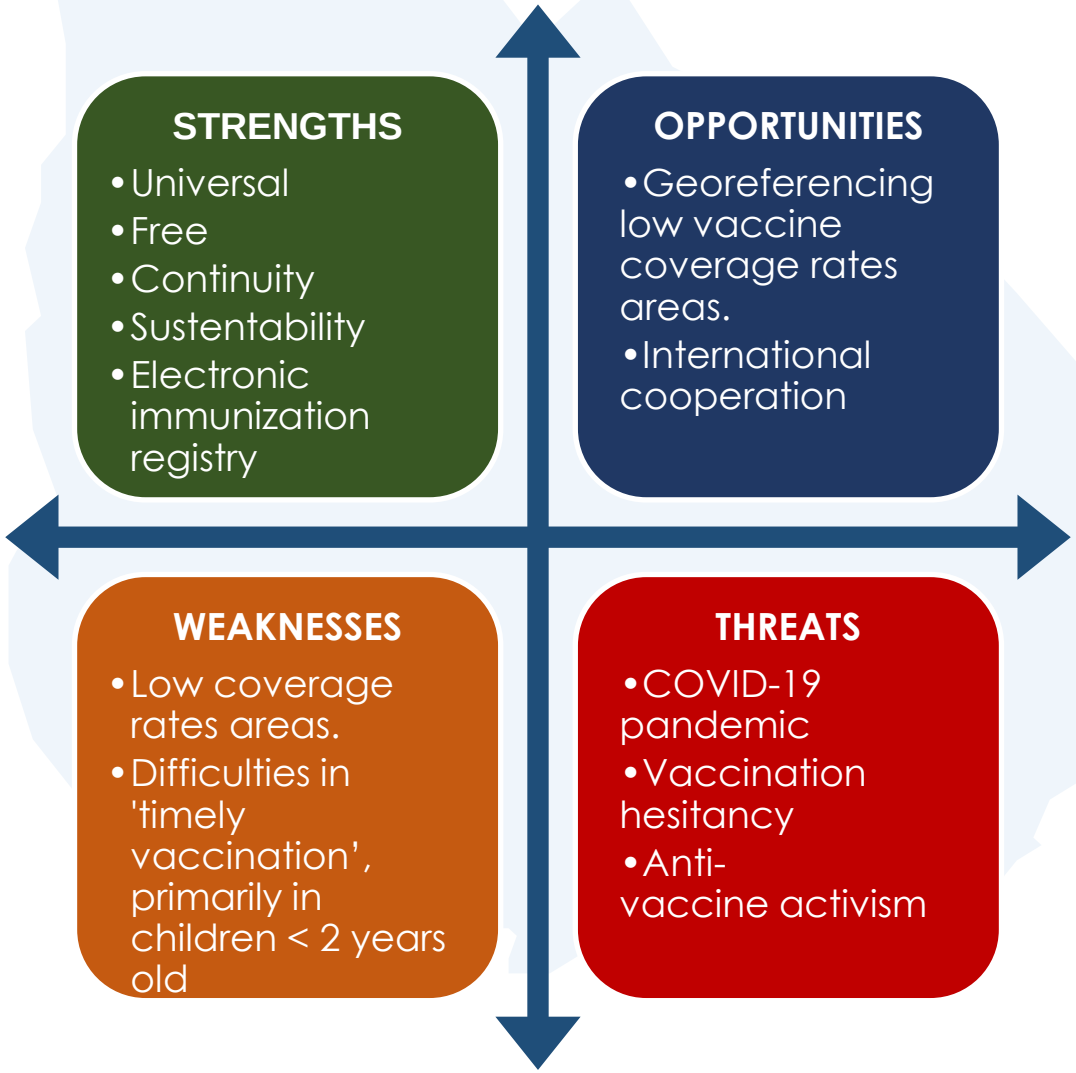
Supplementary material (Uruguay)

Objectives of the NVP



- Reduction of Clinical Cases
- Reduction of Mortality
- Mitigation of Physical and Psychological Sequelae
- Achievement of Herd Immunity
- Surveillance of Adverse Vaccine Effects (AEFIs)

Current landscape of Uruguay's Expanded Program on Immunization (EPI)



RSV strategy: Country decision making bodies

National regulatory authority	NITAG	AETSU
Evaluation of RSVpreF vaccine and nirsevimab documentation	Evidence based evaluation of RSV prevention strategies	Health Technology Assessment Report RSVpreF and nirsevimab
Approval and commercialization license	RSV prevention strategies recommendations for EPI	
Technical protocols for RSV strategy implementation and surveillance		

Nirsevimab prescription criteria

Newborns born within 14 days of the maternal dose.

Newborns of mothers with a high likelihood of inadequate immune response:

- Includes pregnant women living with HIV or those who have received immunosuppressive therapy.

Risk of maternal antibody depletion:

- Applies to newborns requiring procedures such as cardiopulmonary bypass or ECMO.

Significantly elevated risk of severe RSV disease:

- Significant congenital heart disease from a hemodynamic standpoint or those requiring oxygen at the time of discharge from intensive care.

Infants aged 8 to 24 months with chronic conditions, during their second winter season.