BILL & MELINDA GATES foundation

GVIRF Plenary 7: Optimizing vaccine regimens

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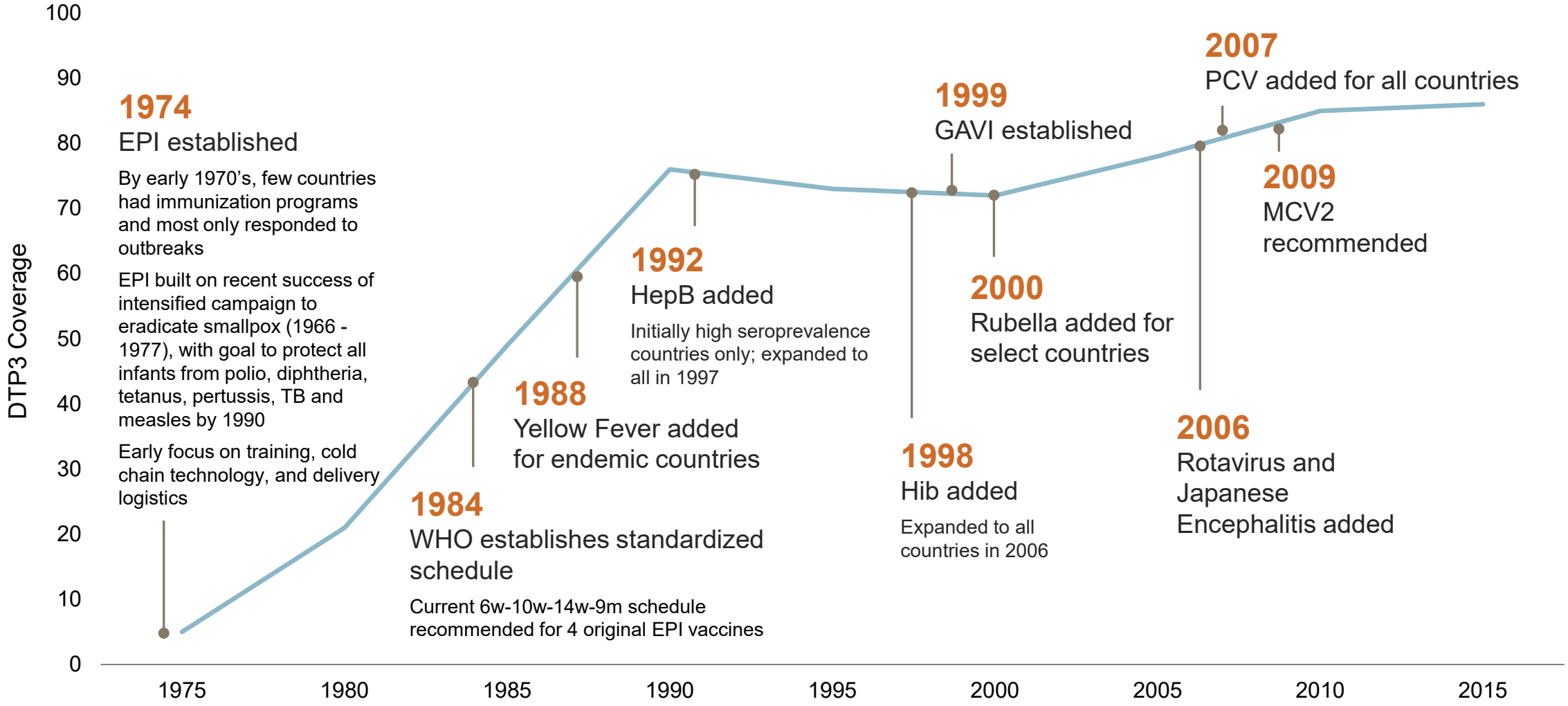
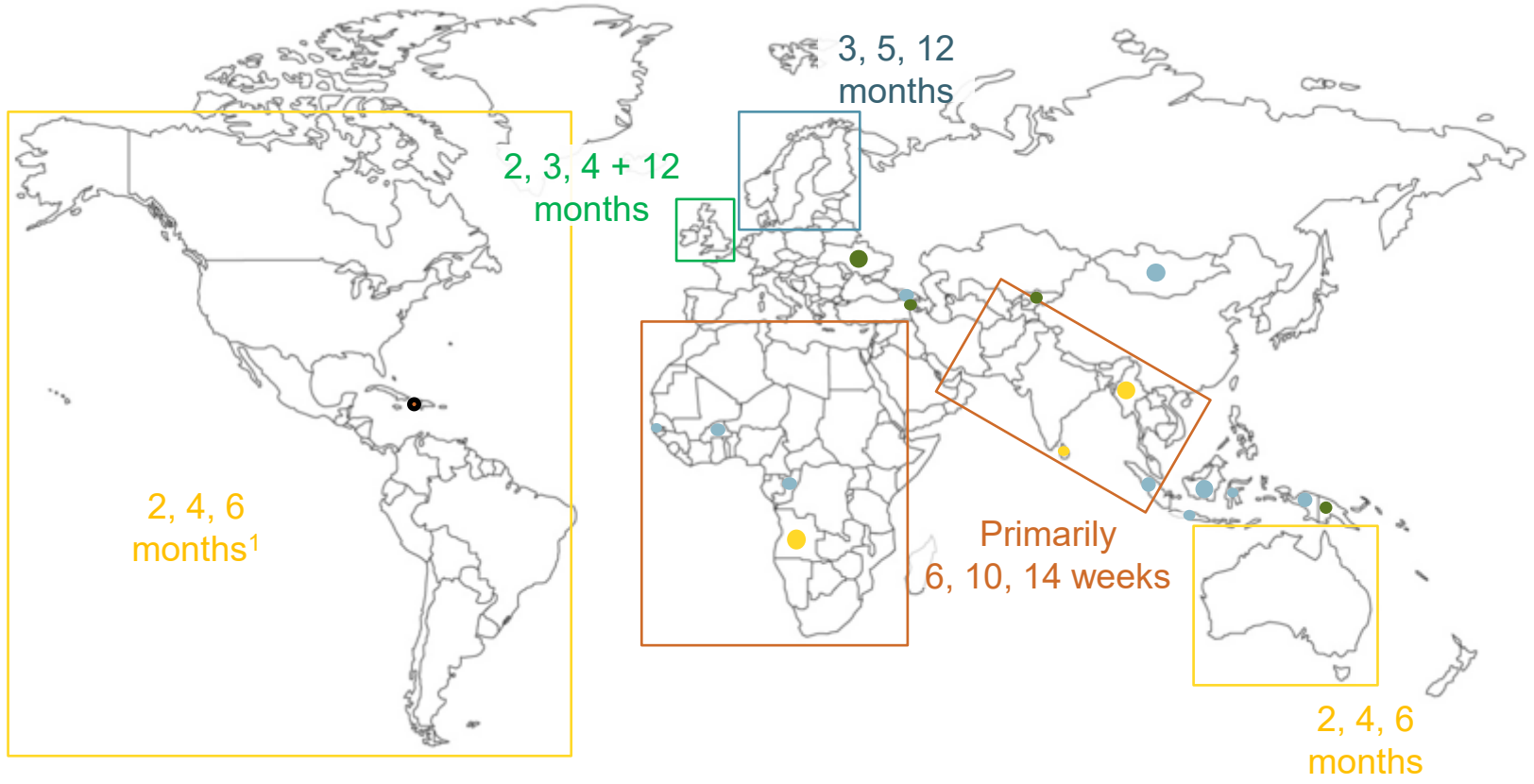
In nearly 50 years of EPI, global DTP3 coverage has increased from <5% to 85%, and number of antigens delivered has doubled



Sources: Uwizihiwe JP & Bock H. 40th Anniversary of Introduction of Expanded Immunization Program (EPI): A Literature Review of Introduction of New Vaccines for Routine Childhood Immunization in Sub-Saharan Africa. *Int. J. Vaccines Vaccin.* (2015); IHME; IPUMS; UNICEF; WHO

There is significant heterogeneity in routine immunization schedules today, but majority of Gavi 73 adhere to 6-10-14 wk primary series



Even in GAVI countries, there is some variation from the recommended 6, 10, 14 weeks

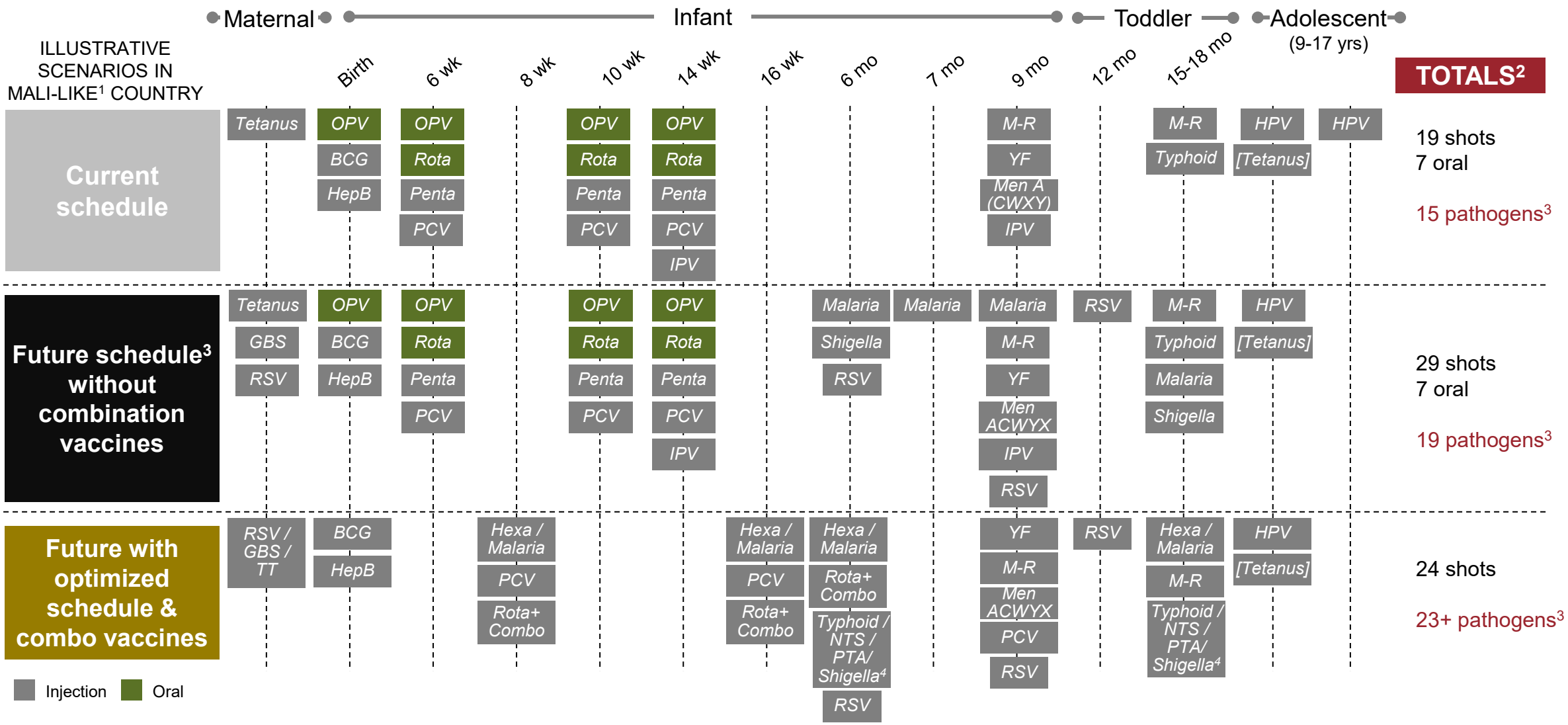
Immunization schedules in 73 Gavi-supported countries:

- 6, 10, 14 weeks: 68% of countries
- 2, 3, 4 months: 14% of countries
- 2, 4, 6 months: 12% of countries
- Other non-standard schedules**: 5% of countries

*Country schedule based on time of Penta administration; **Non-standard schedules include 6, 12, 18 weeks; 2, 3.5, 5 months; 1, 2, 3 months; and 3, 4 months

1. Except Haiti (6, 10, 14 weeks), Jamaica (1.5, 3, 5 months), and St. Lucia (3, 4, 5 months). Source: WHO vaccine-preventable diseases monitoring system, 2015 global summary; Australian Government Department of Health: National Immunisation Program Schedule, 20 April 2015; Vaccine Almanac, 2015

Integration of combination vaccines and optimized schedule can simplify delivery of vaccines in pipeline



1."Mali-like" refers to a country in meningitis belt with endemic malaria. 2. Totals include optional boosters in brackets ([X]). 3. Number of vaccine-preventable diseases protected against in routine immunization schedule. 3. Future baseline assumes current vaccines in pipeline are successful and no additional vaccines are introduced. 4. Includes Typhoid, Shigella (quadrivalent), Paratyphi A (PTA), Nontyphoidal Salmonella (NTS).

Plenary 7: Optimizing vaccine regimens

Session Agenda

Title	Speaker
Optimization of immunization schedules	Dr. Naor Bar-Zeev WHO
Impact on immunogenicity: dose, schedule and platform	Prof. Andy Pollard Oxford Vaccine Group
Optimizing vaccine regimens – HPV 1-dose	Prof. Deborah Watson-Jones LSHTM
Timing of South Africa's PCV and Measles infant doses: Data and other considerations on the adoption of a vaccine schedule	Prof. Rudzani Muloiwa University of Cape Town
Panel discussion with Q&A	Speakers, and: Dr. Narendra Arora The INCLEN Trust International

