

GVIRF 2018 Workshop 6: Reaching adolescents and pregnant women

Rapporteur: Susan Wang (CDC)

Session Outline

Chair: Odile Leroy (Executive Director, European Vaccine Initiative)

Presentations:

Opening Remarks, Odile Leroy (Executive Director, European Vaccine Initiative)

Adolescent Immunization in Developing Countries: Obstacles and Opportunities, Dr Hartono Gunardi (Department of Child Health, Faculty of Medicine University of Indonesia)

Maternal and adolescents immunization – a global challenge, Raymond Hutubessy (Technical Officer, WHO)

Panelists:

Susan Wang (Associate Director for Research & Implementation Science, Global Immunization Division, US Centers for Disease Control and Prevention)

Nihal Abeysinghe (Deputy Director, Institute for Research and Development, Sri Lanka)

Objectives of the session

To discuss:

- The current global status of adolescent immunization and maternal immunization in low resource settings
- Success factors for adolescent and maternal immunization service delivery

Main outcome

- Concerted country-driven operational research and implementation science are needed to find solutions to the programmatic challenges of sustainably delivering vaccines to non-infant populations

Summary

Immunization recommendations after infancy are complex, including adolescent booster doses and vaccines recommended for specific regions or high-risk populations. This landscape is growing more complex, with multiple new vaccines in development for pregnant women. In this context, it is increasingly important to understand how to reach older age groups, particularly adolescents and pregnant women.

Dr. Gunardi reviewed adolescent immunization issues and obstacles. He noted that high coverage may be facilitated at the population level by social marketing and collaboration with religious and community leaders and other stakeholders to increase knowledge and awareness to reduce vaccine hesitancy; at the practice level by school-based, hospital-based and outreach programs; and at the patient level by establishing rapport and trust and improving communication. He emphasized the potential for co-delivery of other adolescent health interventions with vaccination, and the need for outreach programs targeting out-of-school children, particularly with UNESCO reporting that 263 million children were out-of-school in 2017.^a

Dr. Hutubessy discussed WHO work to address information gaps for vaccine delivery and presented resources and tools to facilitate decision making, including

	<p>the WHO FluTool to estimate the costs and value of adding influenza vaccine to an existing program,^b and the Cervical Cancer Prevention and Control Costing Tool which generates costing estimates for HPV immunization and cervical cancer screening programs.^c</p> <p>The discussion that followed reinforced that each new vaccine introduction is an opportunity to strengthen immunization and health systems. Participants noted that with new target populations, particularly adolescents and pregnant women, adverse events following immunization (AEFIs) are a concern, raising both real and perceived risks. Panelists acknowledged that strong AEFI monitoring must be in place to ensure safety for new populations and new vaccines. Addressing and managing potential risks to immunization programs is essential: immunization programs must provide appropriate training and education for health workers and the community about new vaccines and need to be prepared with risk communication for AEFIs.</p> <p>Unlike tetanus vaccination, influenza or RSV vaccination of pregnant women requires specific timeframes for vaccination and will therefore be more challenging to deliver. Another issue raised was whether campaign approaches are feasible and sustainable for routinely delivering new vaccines to special populations or whether establishing routine preventive care for other age groups will be required. It is likely that flexibility and multiple approaches for vaccination will be needed.</p> <p>Because of our limited experience in sustainably delivering vaccines to non-infant populations in low-resource settings, we need concerted country-driven operational research and implementation science to find solutions to the programmatic challenges. This is essential if we wish to deliver vaccines to new target populations over the life course and if we wish to realize the potential of current vaccines as well as of the vaccines under development for HIV, TB, malaria, and other infections.</p>
<p>Key references or quotes</p>	<p>a. “263 Million Children and Youth Are Out of School”, UNESCO 2016. Available at http://uis.unesco.org/en/news/263-million-children-and-youth-are-out-school</p> <p>b. “Maternal influenza immunization: Guidance to inform introduction of influenza vaccine in low and middle-income countries”, WHO. Available at http://www.who.int/immunization/research/development/influenza_maternal_immunization/en/index2.html</p> <p>c. “WHO Cervical Cancer Prevention and Control Costing Tool (C4P)”, WHO. Available at http://www.who.int/immunization/diseases/hpv/cervical_cancer_costing_tool/en/</p>