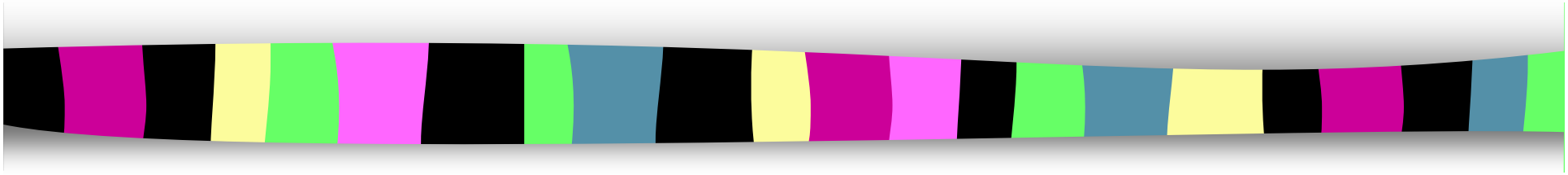
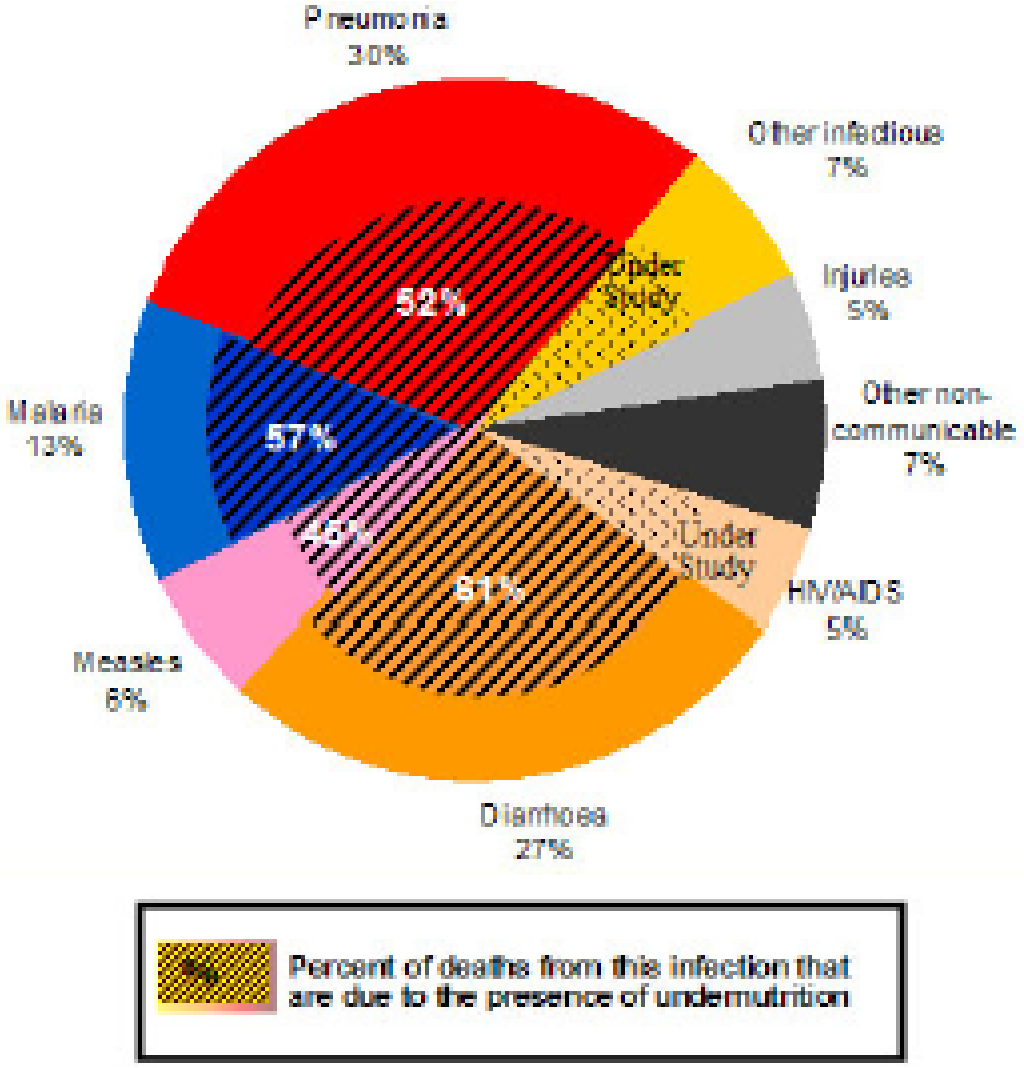
MSF Vaccination Policy



Vacci – Nut WG, March 2008

Major causes of death in children aged 28 days to 5 years



MSF Vaccination policy

- Increase and integrate vaccination activities in all projects when relevant
- Offer effective vaccination against the main preventable diseases to all susceptible groups
  - Protect individuals
  - Increase vaccine coverage to reduce possibility of outbreaks
  - Reduce transmission and workload during an outbreak (and therefore Morbidity and Mortality)

Which diseases?

Disease	Death < 5 y. (in 1,000)	Total Death (in 1,000)
Vaccination in most national EPI		
Measles	540	610
Hib	386	386
Pertussis	249	249
Tetanus	198	213
Yellow Fever	15	30
Diphteria	4	5
Polio	<1	<1
Hepatitis B	<1	600
Licensed vaccine available		
Japanese Enc.	5	14
Meningococcal	10	26
Rotavirus	402	449
Pneumococcal	716	1612

WHO, 2002

Role of MSF in vaccination

- Support of vaccination activities as part of medical care
  - To control communicable diseases
  - To prevent epidemics
  - To treat patients
- Emergencies
  - Refugees & displaced population (10 top priorities)
  - Outbreaks
- Vaccination of staff

1. Routine vaccination activities

- Are essential & integrated component of all primary health projects & stable closed settings
- Administer more antigens and introduce new vaccines
- Extend the target group according to context
- Address vaccination in Specific groups
- Implement adapted or alternative strategies
- Monitor the activities

More antigens? Target Group?

	Objectives	Target groups	Strategies
Measles	>= 80%	9 m to 5 years	Routine or ad hoc, IPD, HIV program, Nut program
DTC, Polio, BCG	Individual or >= 80%	< 1, 2 or 5 years	Routine or ad hoc, HIV program
Hep. B	Individual or >= 80%	< 1, 2 or 5 years	Routine or ad hoc, HIV program
Hib	Individual	< 1, 2 or 5 years	Routine or ad hoc, HIV program, nut program
Pneumo (PCV7)	Individual	< 2, 3 or 5 years	HIV program, nut program, displaced
Rotavirus	Pilot project	< 6 months	Ad hoc
Tetanus	Individual or >= 80%	Women 15-45 years	Routine or ad hoc, IPD, HIV program, Nut program

Specific Group? (1)

- New-born
  - HepB (within 24h) + polio 0 + BCG
- Malnourished
  - Systematic measles vaccine
  - Hib
  - Pneumococcus
- VVS
  - HepB and TT
- Wounded
  - TT (+Ig)
- Bites
  - Rabies (+Ig if needed)

Specific Group? (2)

- HIV infected children

Vaccine	HIV-exposed (undetermined HIV status)	HIV infected, asymptomatic	HIV infected, symptomatic or severely immuno-compromised (CD4)	Recommended schedule
BCG	yes	**no**	**no**	Birth
Polio	yes	yes	yes	0/6/10/14 weeks
DTP (diphteria, tetanus, pertussis)	yes	yes	yes	6/10/14 weeks
Hib (haemophilus infl B)	yes	yes	yes	6/10/14 weeks + 12 months
HBV (hep B)	yes	yes	yes	0/6/10/14 weeks
Pneumococcus (conjugate vaccine)	yes	yes	yes	6/14 wks + 12 months
Measles	yes	yes	**yes but booster recommended**	6/9 months + epidemics
Men A/C or A/C/W 135	yes	yes	yes	In epidemics
Yellow fever	yes	yes	**no**	In endemic areas/ epidemics

2. Outbreak & preventing outbreak (1)

- When Mass vaccination campaign?
  - In case of an outbreak
    - Before the epidemic peak
    - Even after the peak for Measles
  - If High risk of outbreak
    - Refugees / displaced population,
    - high density population i.e. urban precarious zones
  - To catch up if low vaccination coverage

2. Outbreak & preventing outbreak

(2)

	Measles	Meningitis	Y.fever
Objective	• High vaccination coverage as soon as possible > 80% • Maintain high vaccination coverage to control the diseases burden (measles, Y.fever)		
Target Pop	6 m. - 15 y.	2 – 30 years Or attack rate / age	from 6 months
Strategy	• Mass vaccination campaign • Hand-over regular vaccination for measles and Y.Fever and uphold high coverage		
Surveillance	• Case definition • Weekly data collection and analysis • Biologic surveillance		

3. MSF's role in all contexts (1)

- Always know what is the situation of vaccine preventable diseases
  - Epidemiology of the disease in the area (who, where, when, last outbreak and # of cases-AR)
  - Case definition /disease and national protocols
  - Surveillance system (data collection, lab.,…)

3. MSF's role in all contexts (2)

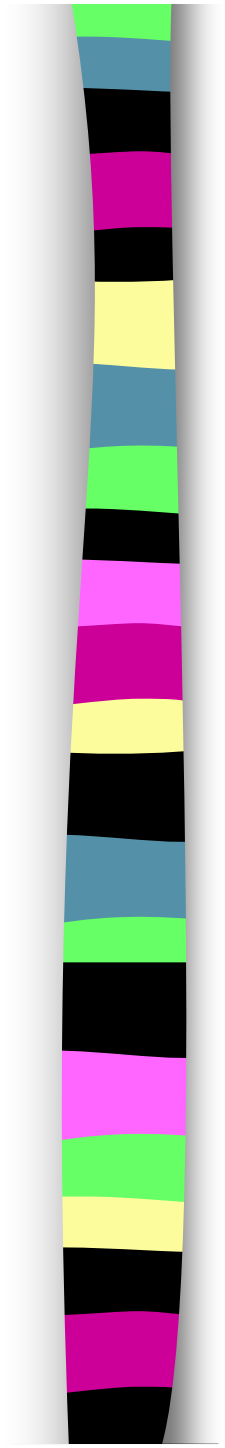
- Prevent
  - Know immunisation strategies (age, approaches, planning, location, partners, specific programmes, etc.)
  - What's the vaccination coverage in the country, in the area, by age group?
  - Access to health structures
  - Availability in staff, cold chain, material, vaccines, etc.
  - Follow the vaccination coverage and ensure diseases surveillance
  - If needed, Adopt the most appropriated strategy (objective of immunisation, group at risk, other needs, opportunities, etc.)

3. MSF's role in all contexts (3)

- Identify quickly the occurrence of an outbreak
  - Surveillance system simple, reliable and reactive
  - Weekly analysis at peripheral level if possible
- Response to outbreak (if needed)
  - Surveillance
  - Treatment of patients
  - Vaccination
  - Information of the population

4. Staff and vaccination

- All staff within MSF projects, including MOH staff working with MSF, should be offered vaccination
- Minimum recommended:
  - Tetanus and Hepatitis B
  - Others according to context
- Be cautious in outbreak: don't forget the staff
- Give vaccination card and ensure follow-up



Questions ?

In practice

- The Field is responsible to
  - Negotiate with the different partners
  - Assess, implement, monitor and evaluate vaccination activities

- Medical dept. resource persons & vaccination working group are responsible for:
  - Following each vaccine's dossier, New technologies and vaccine's development
  - Check the availability and supply in vaccines
  - Provide Data collection model and monitor quality of vaccination activities
  - Elaborate guides and tools
  - Support implementation modalities such as compliance with standards, coherence with specific needs and chosen operational orientation