

Maternal immunization in Latin America: current status and lessons learned

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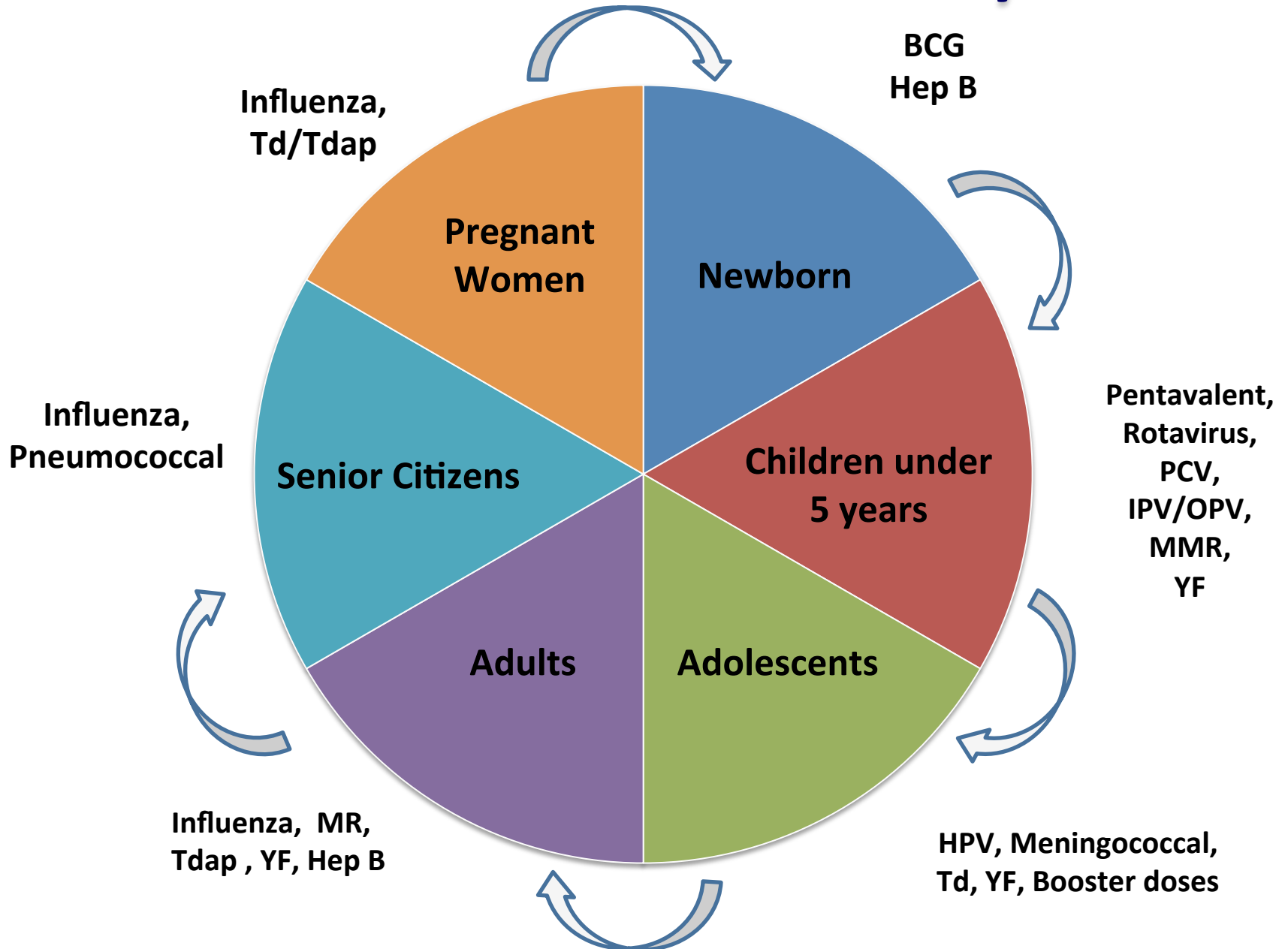


Outline

- Background
- Maternal immunization in LAC
- Lessons learned from vaccine introduction for maternal immunization in Latin America
- Next steps

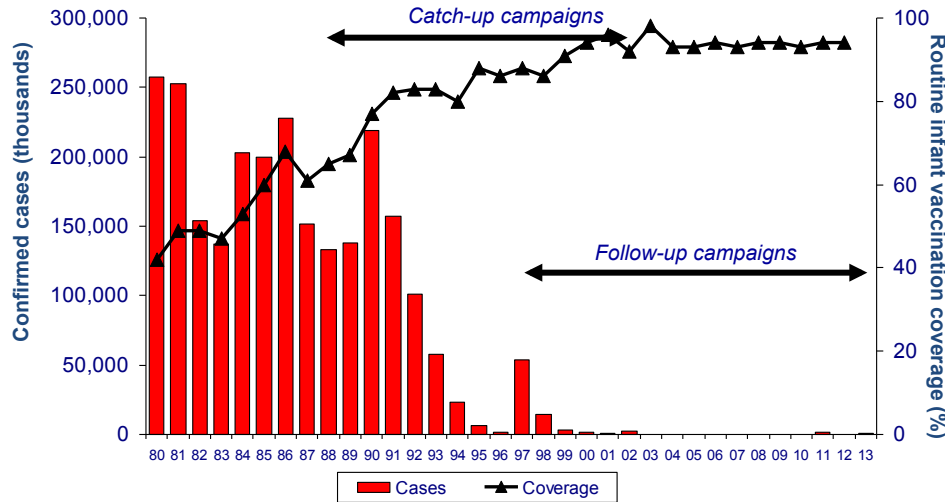


Vaccination Across the Life Cycle



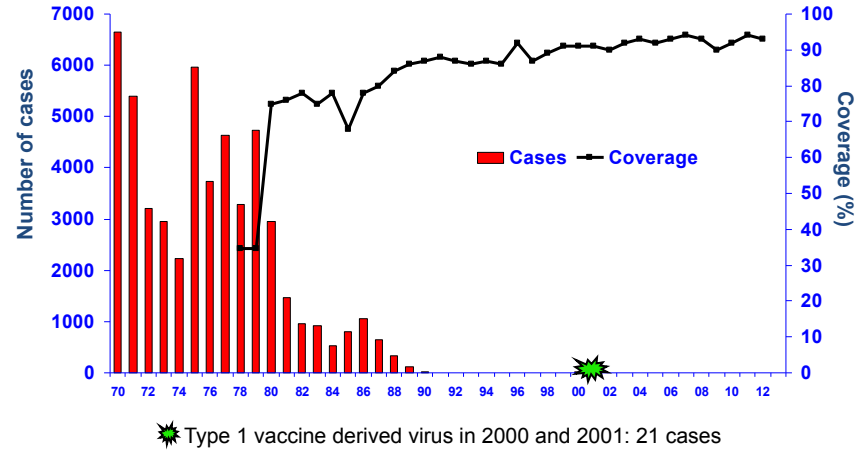
Achievements in the Americas

Measles elimination*



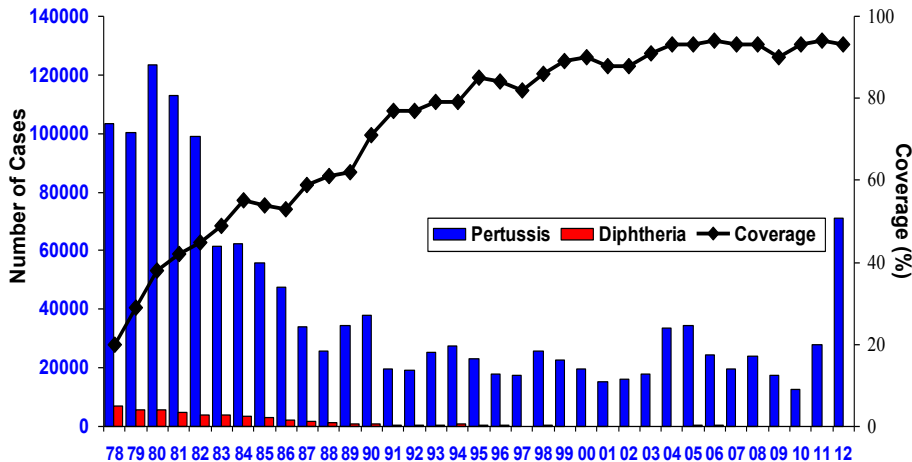
*486 confirmed cases in 2013; data as of 11 April 2014.

Polio Eradication

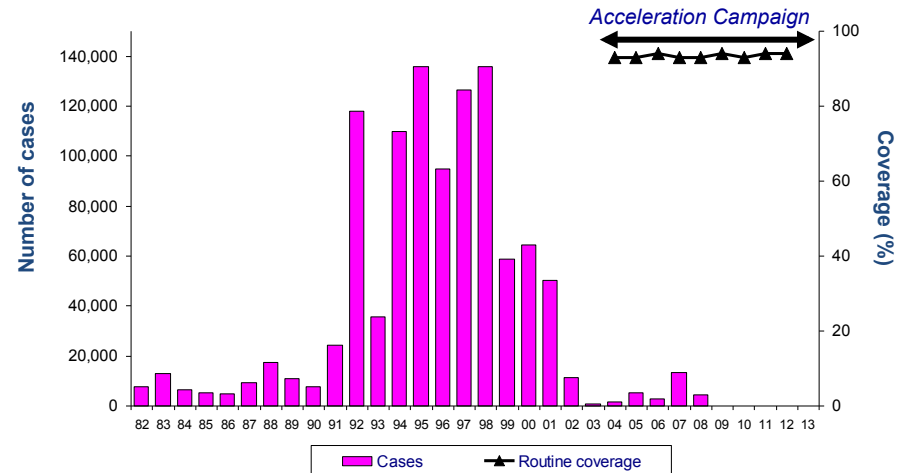


★ Type 1 vaccine derived virus in 2000 and 2001: 21 cases

Diphtheria and Pertussis



Rubella Elimination*

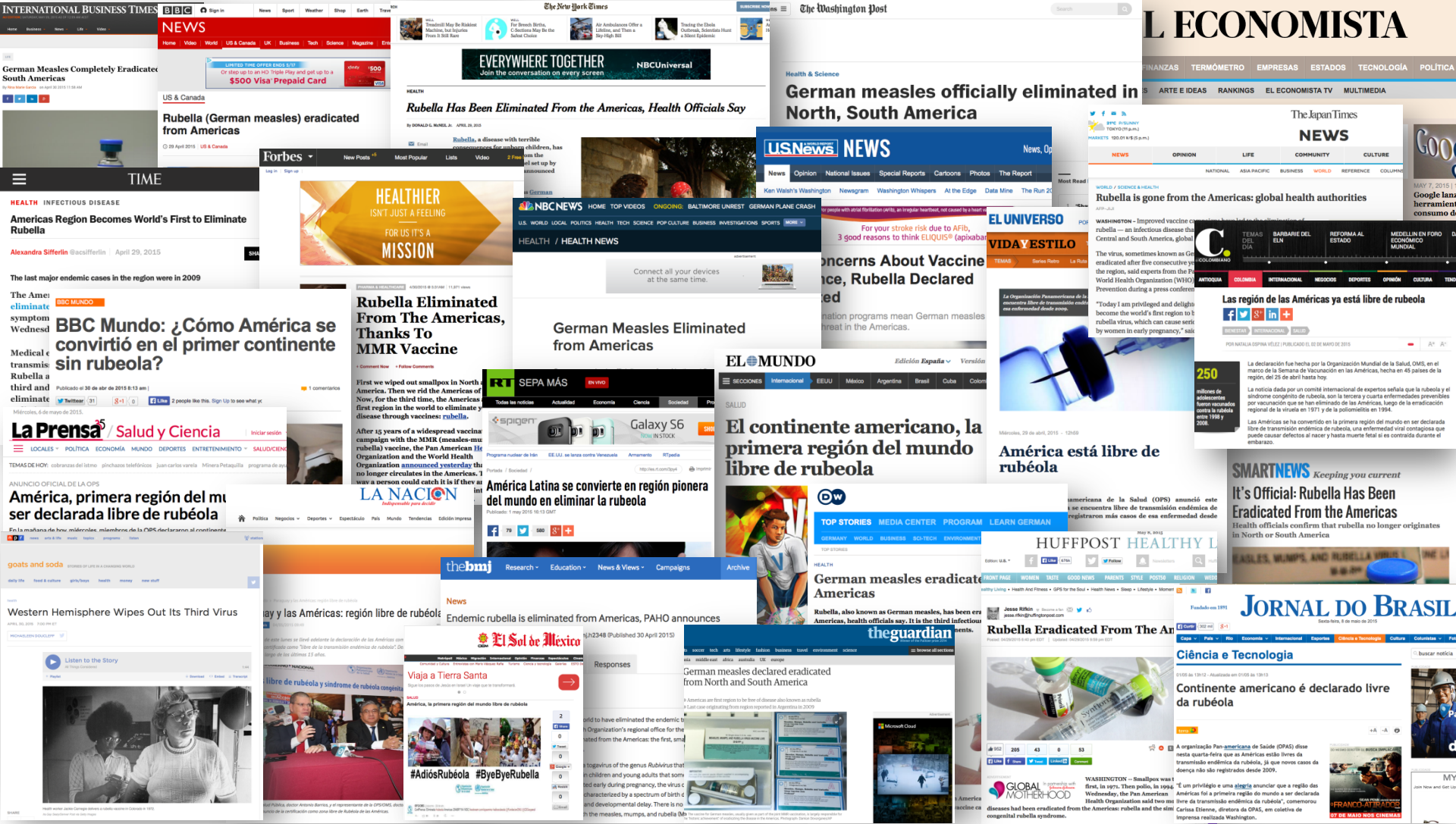


*11 confirmed cases in 2013; data as of 11 April 2014.

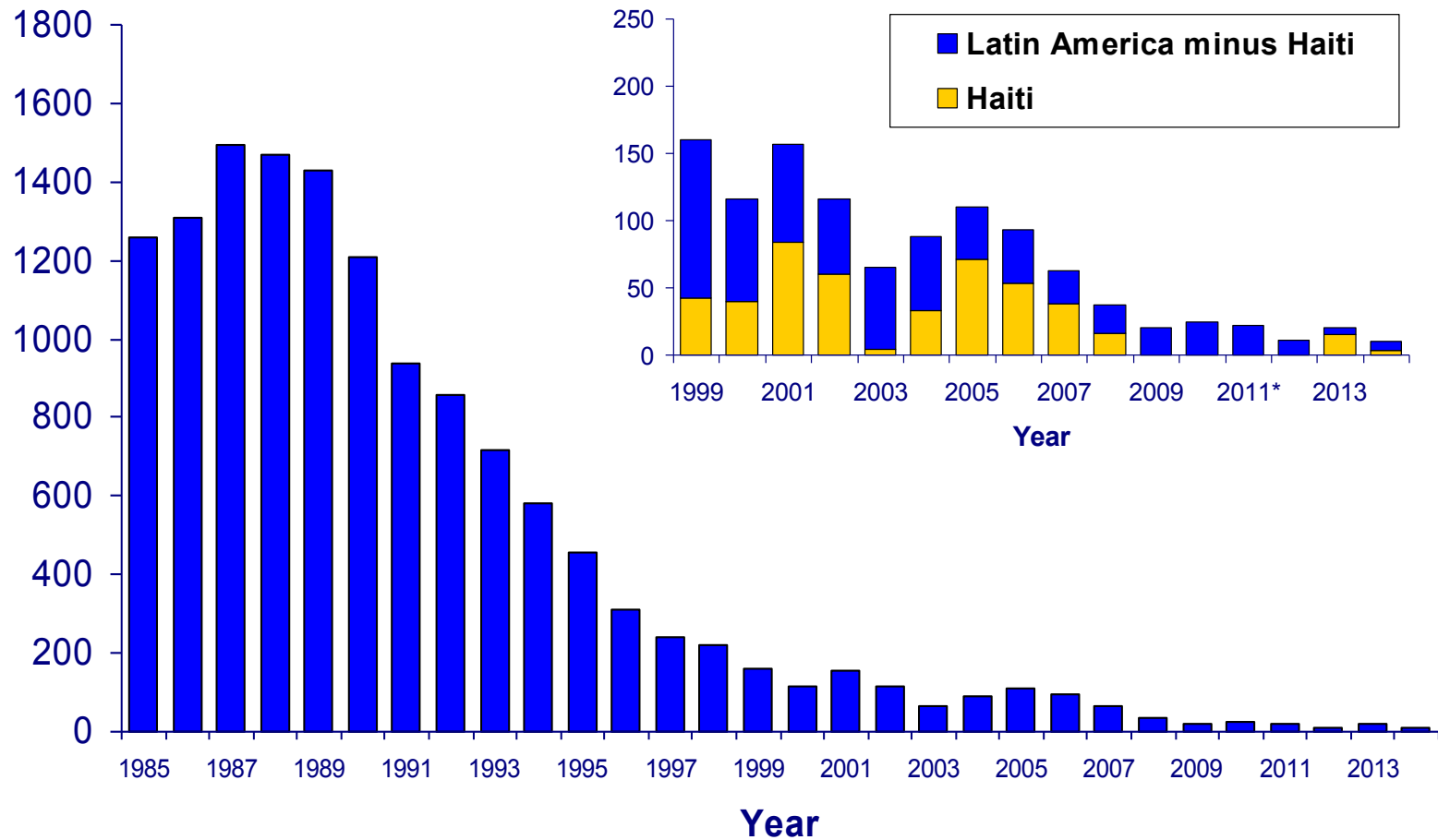
Bye-bye, rubella! ¡Adiós rubéola!

Media coverage on rubella elimination | April 29-30, 2015

Cobertura de prensa sobre la eliminación de la rubéola | 29-30 de abril de 2015



Neonatal Tetanus Elimination Americas, 1985-2014



Source: PAHO-WHO/UNICEF Joint Reporting Form (JRF) and country reports

*2011-2012 Haiti not available.

Maternal Immunization Platform

- MI is defined as vaccination:
 - Before pregnancy, during pregnancy and in the postpartum period in order to protect the mother and child
- Protection of:
 - **The mother:** prevention of diseases during pregnancy
 - **The neonate:** passive transfer of antibodies during a period of high vulnerability which does not allow for active immunization (immune window)
- This platform facilitates the integration of maternal and newborn health services and immunization, including newborn Hep B and BCG vaccination.



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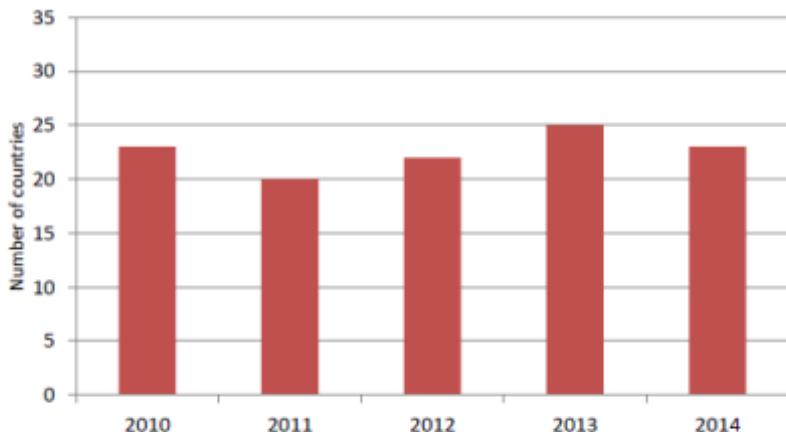


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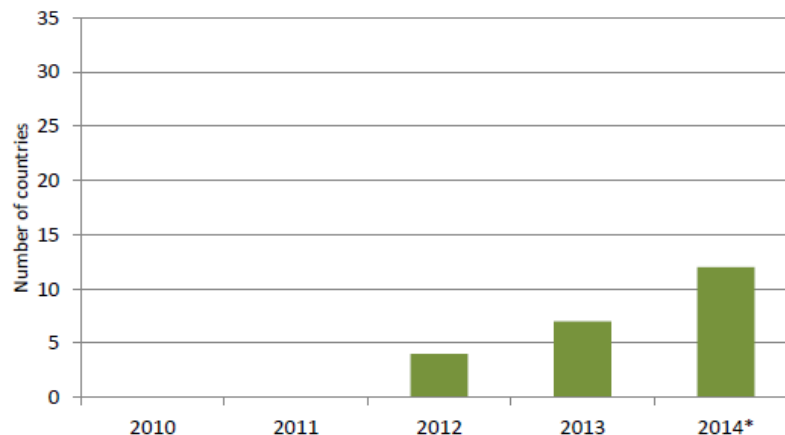
Progress of Maternal Immunization in the Americas

Countries using Td vaccine in pregnant women in the Americas, 2010-2014



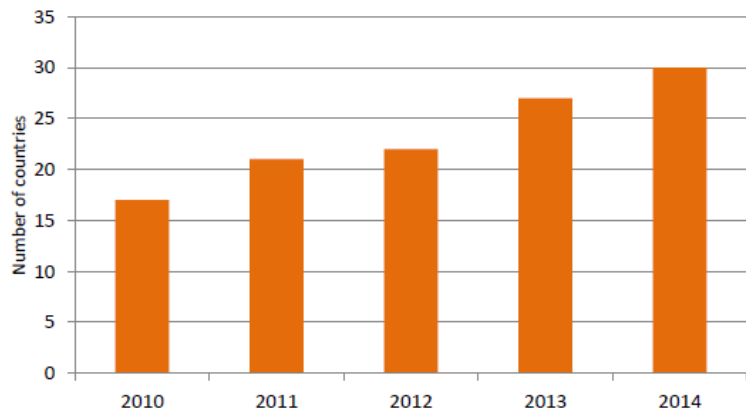
Source: Country reports through the PAHO-WHO/UNICEF Joint Reporting Form (JRF), 2015.

Countries using Tdap vaccine in pregnant women in the Americas, 2010-2014



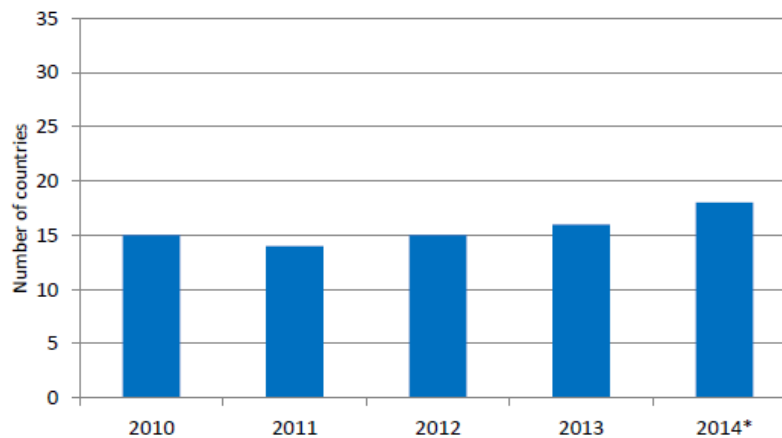
Source: Country reports through the PAHO-WHO/UNICEF Joint Reporting Form (JRF), 2015
*2014 Preliminary data.

Countries using seasonal influenza vaccine in pregnant women in the Americas, 2010-2014



Source: Annual brochure "Immunization in the Americas", 2011-2014 and country reports through the PAHO-WHO/UNICEF Joint Reporting Form (JRF), 2015.

Countries using Hep B vaccine in newborns in the Americas, 2010-2014



Source: Country reports through the PAHO-WHO/UNICEF Joint Reporting Form (JRF), 2015.
* Including Canada, where 3 of the 13 provinces/territories administer Hep B birth dose.

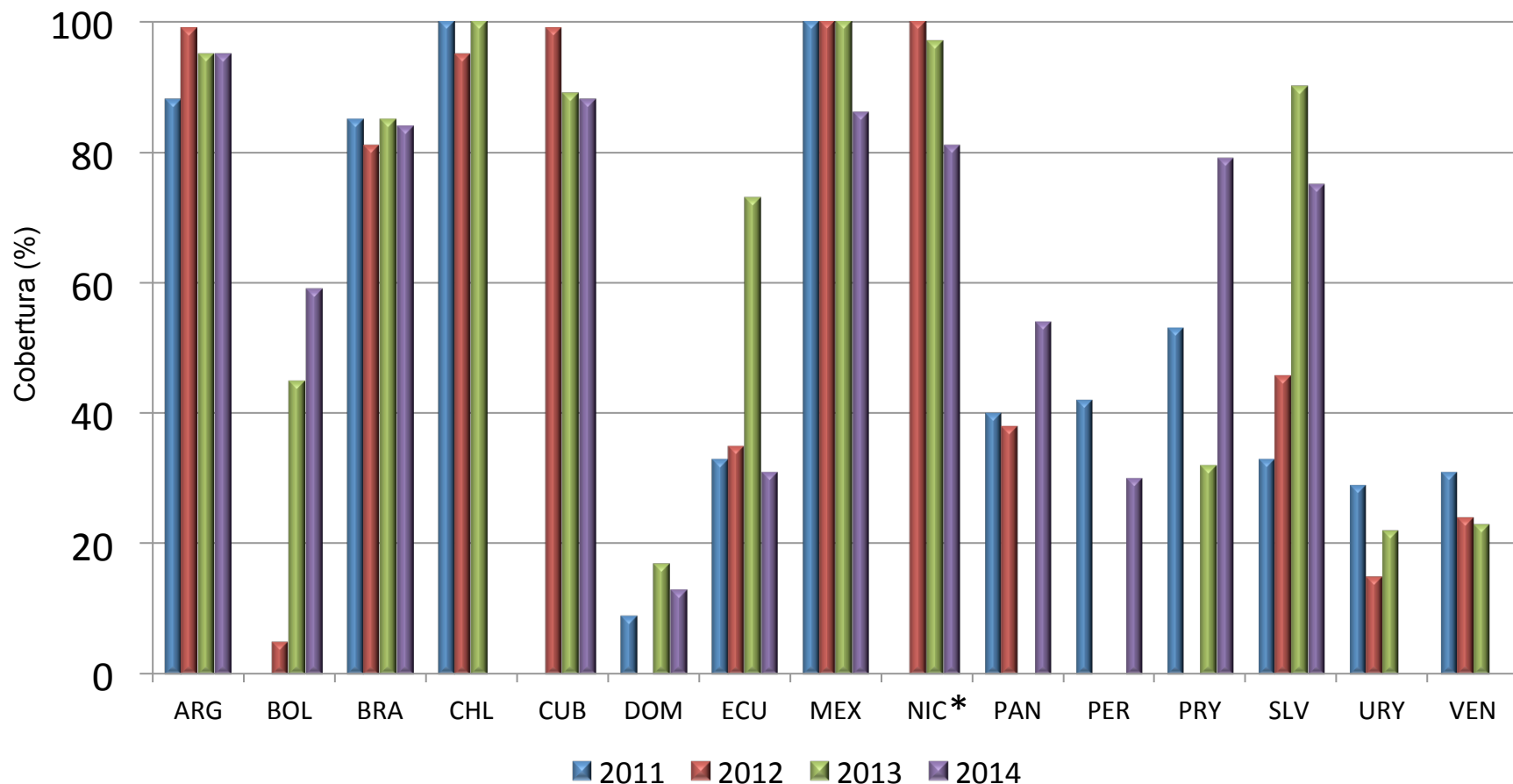
Countries and Territories in the Americas with Policies for seasonal influenza vaccination, 2004-2014

Number of countries with:	2004	2008	2014
Policies for influenza vaccination	13	35	40
<i>Vaccination of pregnant women</i>	3	7	29
Vaccination of healthy children	6	22	25
Vaccination of children with chronic diseases	-	-	5
Vaccination of the elderly	12	33	38
Vaccination of persons with chronic diseases	9	24	35
Vaccination of health care workers	3	32	38

- Information on countries only targeting children with chronic diseases was not disaggregated
 Source: Country Reports to PAHO (JRF), MOH web pages, PAHO/WHO Surveys

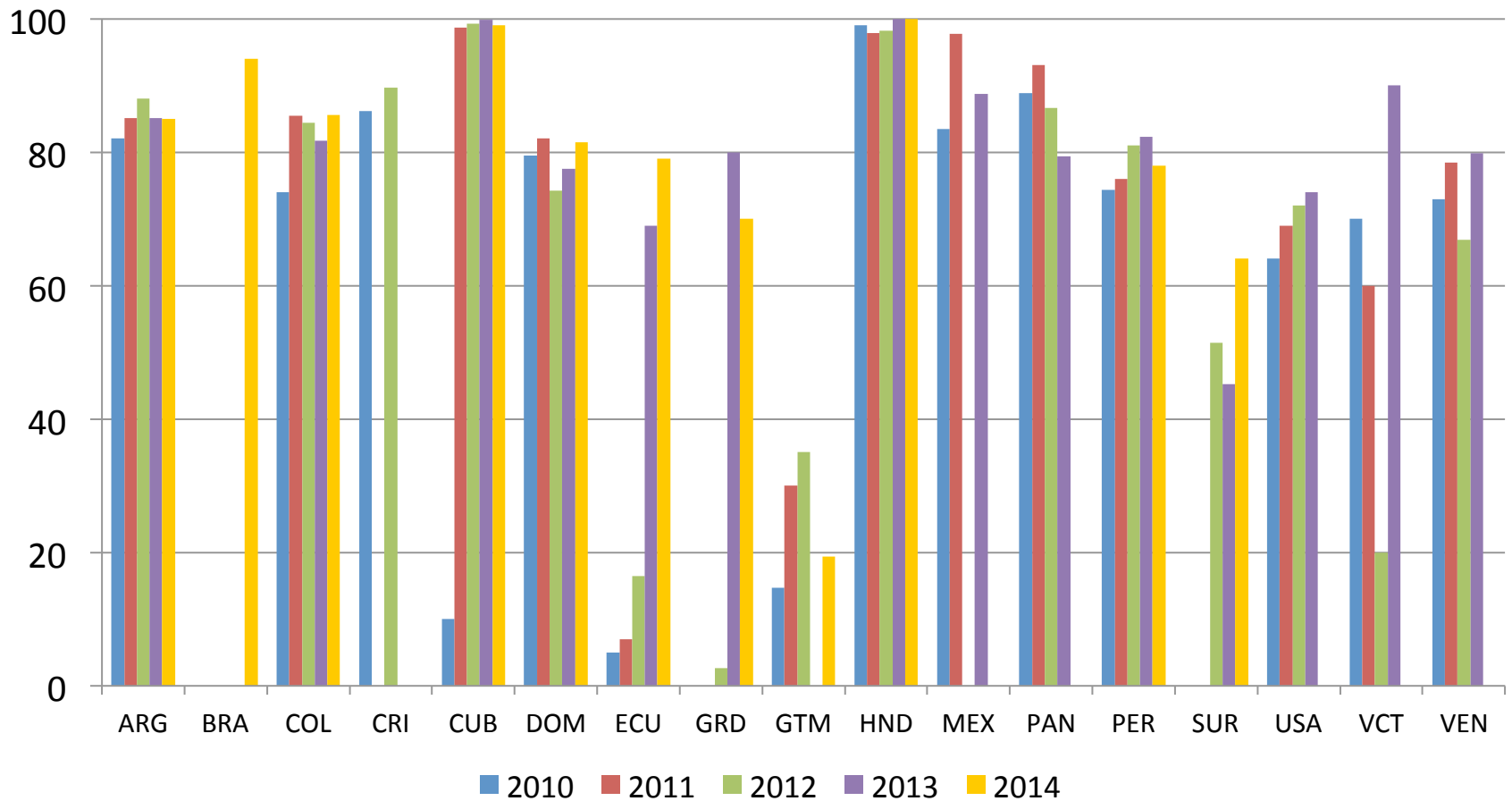
Data was not collected from the French Departments (French Guiana, Guadeloupe, Martinique)

Influenza Vaccination Coverage in Pregnant Women, LAC, 2011-2014



Source: Country reports through PAHO-WHO/UNICEF
 Joint Reporting Forms (JRFs)
 * PW at high risk until 2013

Hepatitis B Vaccination in Newborns in Latin America and the Caribbean, 2010-2014



Source: Country reports through PAHO-WHO/UNICEF
Joint Reporting Forms (JRFs)

PAHO's Maternal Immunization Working Group

Members of the Working Group

- WHO (Justin Ortiz, Philipp Lambach)
- CDC (Joe Bresee, Sara Mirza, Jennifer Liang, Sarah Schillie)
- Emory University (Saad Omer)
- CLAP (Bremen de Mucio)
- FLASOG (Ricardo Fescina)
- EPI Honduras (Ida Molina)
- EPI Argentina (Carla Vizzotti)
- Cincinnati Children's Hospital (Mark Steinhoff)
- Santa Casa de Sao Paulo University (Cassio de Moraes)
- **TAG Member (Anushua Sinha)**



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Regional Maternal Immunization Vaccines recommended (TAG/SAGE)

Vaccine	Pre-pregnancy	Pregnancy	Post-partum
Tetanus/ diphtheria	Yes, ideal moment	Yes, 2 doses, if she was not previously vaccinated.	Yes, to complete schedule
Inactivated influenza		Yes, ideal moment	Yes if she was not vaccinated during pregnancy, to protect the newborn.



Vaccines Recommended during Pregnancy in Special Situations Only

Vaccine	Pre-pregnancy	Pregnancy	Post-partum
Tdap		Yes, during outbreaks (ideal moment between 27-36 weeks of gestation)	Yes
Hepatitis B	Yes, ideal moment	Yes, IF she didn't complete schedule and IF high risk situation (eg. More than 5 sexual partners during last 6 months, STD, IDU, partner + for HBsAg)	Yes, to complete schedule: 3 doses.
Hepatitis A		Yes, during outbreaks.	
Yellow fever	Yes, ideal moment (in endemic areas).	Yes, prior to travel to endemic areas with current outbreak, with prior risk/benefit analysis.	
IPV		Yes, prior to travel to endemic areas with current outbreak	
OPV		Yes, prior to travel to endemic areas with current outbreak	
Rabies		After high risk exposure.	
Meningococcus conjugate		Yes, during outbreaks.	
Meningococcus Polysaccharide (MPSV4)		Yes, during outbreaks.	

Vaccines Contraindicated during Pregnancy

Vaccine	Pre-pregnancy	Pregnancy	Post-partum
Rubella	Yes, ideal moment (avoid conception for 4 weeks)	No	Yes, if not vaccinated during pre-pregnancy
Measles			
Paperas			
HPV	Yes, ideal moment	No	



Vaccines Recommended for the NEWBORN

Newborn Vaccines	Birth dose
BCG	As soon as possible after birth.
Hepatitis B	Ideally before the first 24 hours after birth.



Survey among 14 countries to document experience and lessons learned from vaccine introduction for maternal immunization in Latin America



Decision-making for maternal vaccine introduction

NiTAGs	EVIDENCE REQUIRED
Most countries have NiTAGs supporting the MoH for vaccine introduction (13/14)	Technical, operational and Financial resources to evaluate feasibility and sustainability
<ul style="list-style-type: none">– Experts in the field,– Representatives of scientific societies including OB-GYN,– EPI– Maternal health areas/ programs	<ul style="list-style-type: none">– Disease burden per potential target group (surveillance),– Severity of illness (surveillance),– cost-effectiveness and cost-benefit analyses– national statistics, surveys and national studies.– Vaccine safety and efficacy data <ul style="list-style-type: none">• WHO/ PAHO's TAG recommendations

Modalities of coordination between EPI and MCH areas

- Official communications
- Update of existing guidelines, protocols.
- MoH primary health care services
- interprogrammatic work at all levels.



Operational aspects of maternal immunization

- Led by EPI and coordinated with
 - Existing maternal health programs .
 - MCH, health services for trainings, monitoring and evaluation, supervision.
 - Health promotion and communication departments for social communication campaigns.
 - Corresponding departments and various levels for Information systems. (lack of clear denominators)
- Vaccine delivery is done through health services and outreach activities and specific vaccination campaigns (Td/Flu)
- EPI in charge of vaccine procurement through the Revolving Fund.



Influenza Vaccination in Brazil 2013

Target*	Doses	Vaccination coverage
Children (6mo to <2yrs)	4.258.925	97,42%
Healthcare workers	3.702.590	108,48%
Pregnant women*	1.842.224	84,28%
Post-partum women ≤ 45 days*	403.027	100,00%
Indigeneous populations	530.624	88,09%
Elderly	18.359.823	87,89%

Total: 36.672.606

91,44%

Fonte: <http://pni.datasus.gov.br>, acesso em 07/08/2013 às 16h



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y la **TOS CONVULSA**

Social Communication

Campaigns

Graphic
Material

- Preventative material for SARI, material for pregnant women

MoH
website

- Constantly updated

Training

- Close work with the media

MoH
free
hotline

- In order to answer the public's questions and concerns

Enablers	Obstacles
Maternal health policy (prioritization of maternal health, MDG's)	Resistance of OB-GYN to recommend vaccinating pregnant women.
Close collaboration and communication with scientific societies/associations and NiTAGs,	Emerging anti-vaccine groups.
High access to antenatal care in many countries	Insufficient research on safety and efficacy in pregnant women
Adequate planning and training of healthcare workers and service providers	Some healthcare providers and some users' unfounded fear of vaccination during pregnancy not being safe.
Social communication plans	Lack of active promotion of the maternal vaccination policy.



Next steps

- Strengthen **collaboration efforts** among Agencies, Universities and institutions related to maternal and child health
- Strengthen **AEFI active surveillance**, through Sentinel Hospitals
- Disseminate **recommendations** on maternal immunization
 - in coordination with scientific societies and NITAGs
- **Create alliances** with the media and scientific societies to reach different audiences. **Count on maternal immunization champions**
- Promote the **integration** of immunization with other maternal health services
- Promote **studies** on safety, antibody interference, KAP among others

