



Pacific Heads of Health

Réunion des directeurs de la santé du Pacifique

Immunisation and Vaccine Preventable Diseases – Current issues and future directions

Prepared by WHO and UNICEF

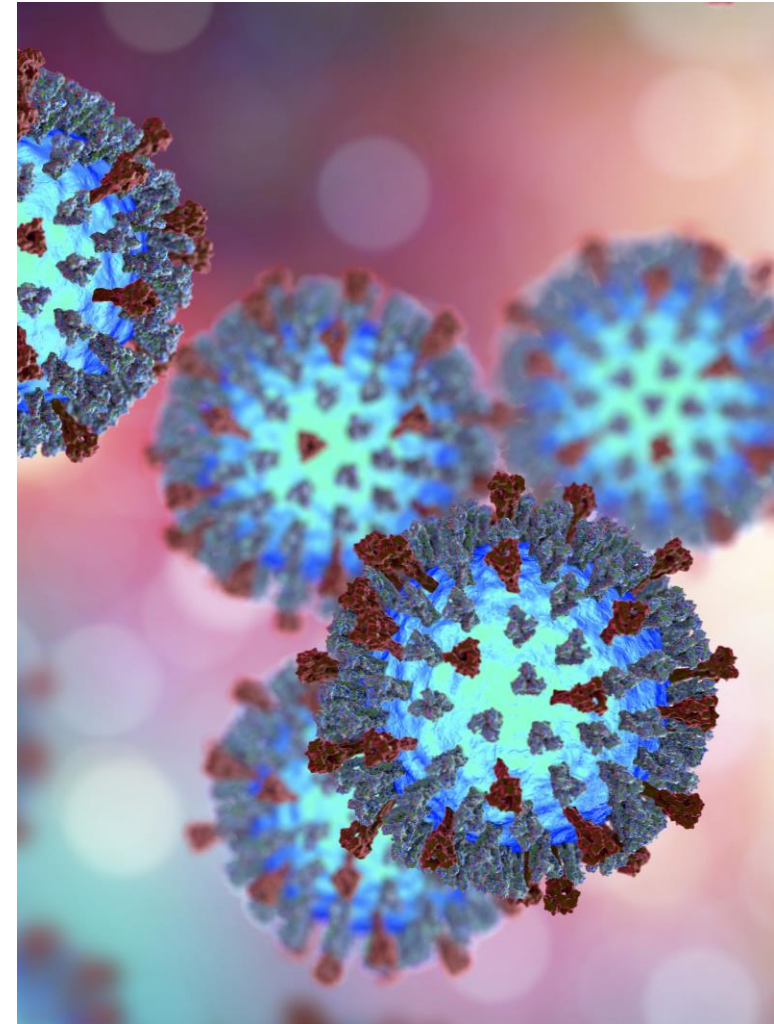
Purpose of the briefing paper

- Update the HoH on the global and regional epidemiology of VPDs and vaccine coverage in the Pacific
- Emerging issues in immunisation
- Ask the question – “Are we ready to harmonise immunisation schedules across the Pacific?”

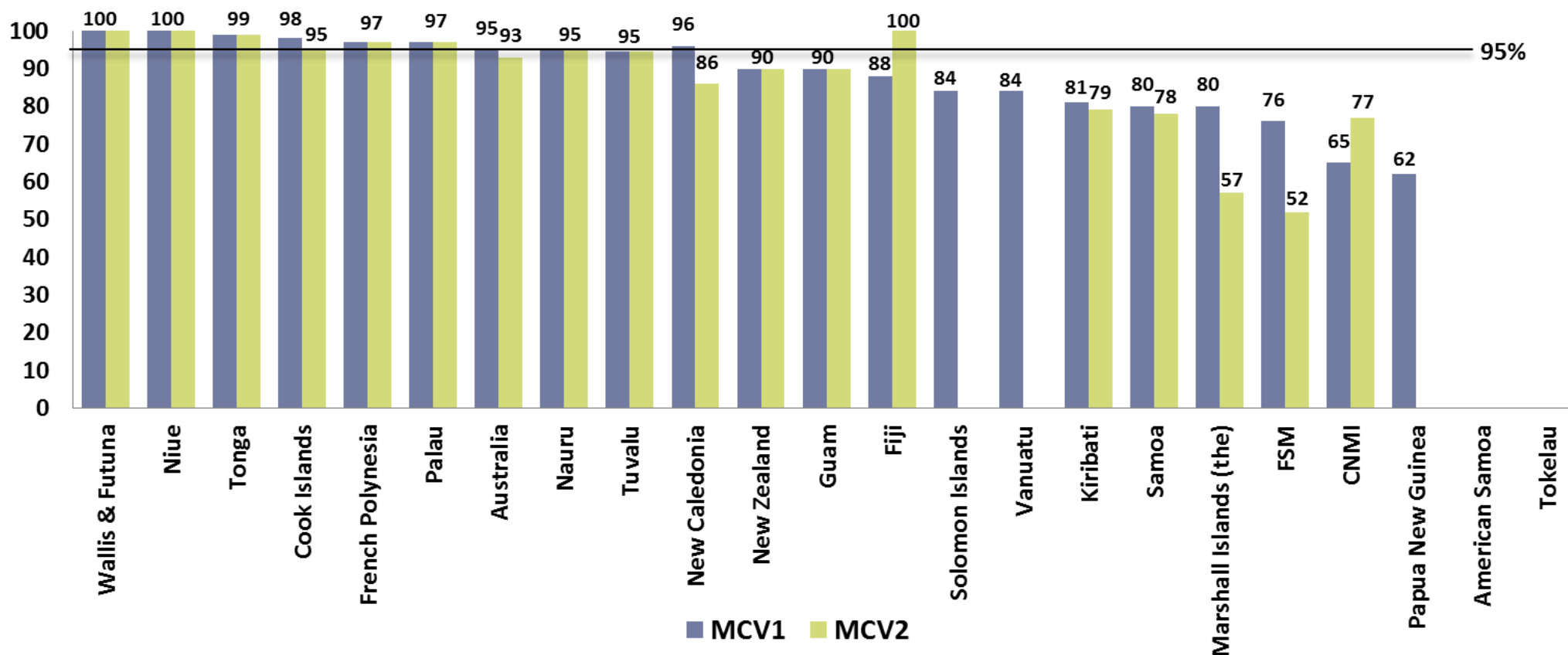
Vaccine preventable diseases

Measles

- Global re-emergence of measles
- Outbreaks in several countries/areas of the WPR following measles importations (AUS, HKG, JPN, KOR, NEZ)
- Risk to Pacific countries and areas due to suboptimal MCV coverage



Reported coverage* of MCV1 and MCV2, Oceania, 2017



*Administrative data annual WHO-UNICEF Joint Reporting Form

The Government of the Hong Kong Special Administrative Region

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Update on measles cases



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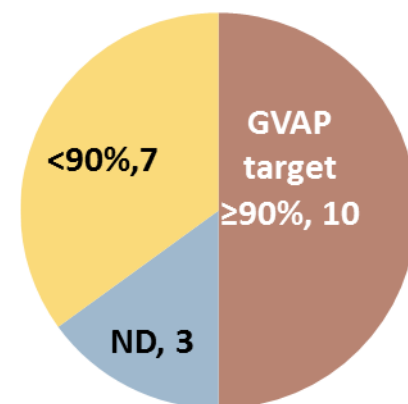
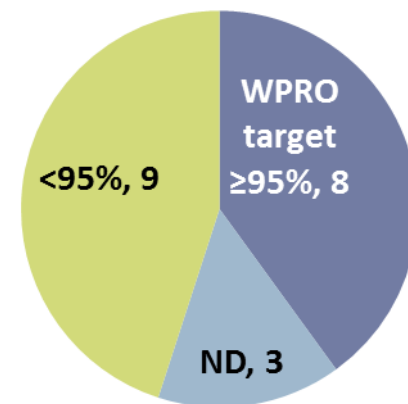
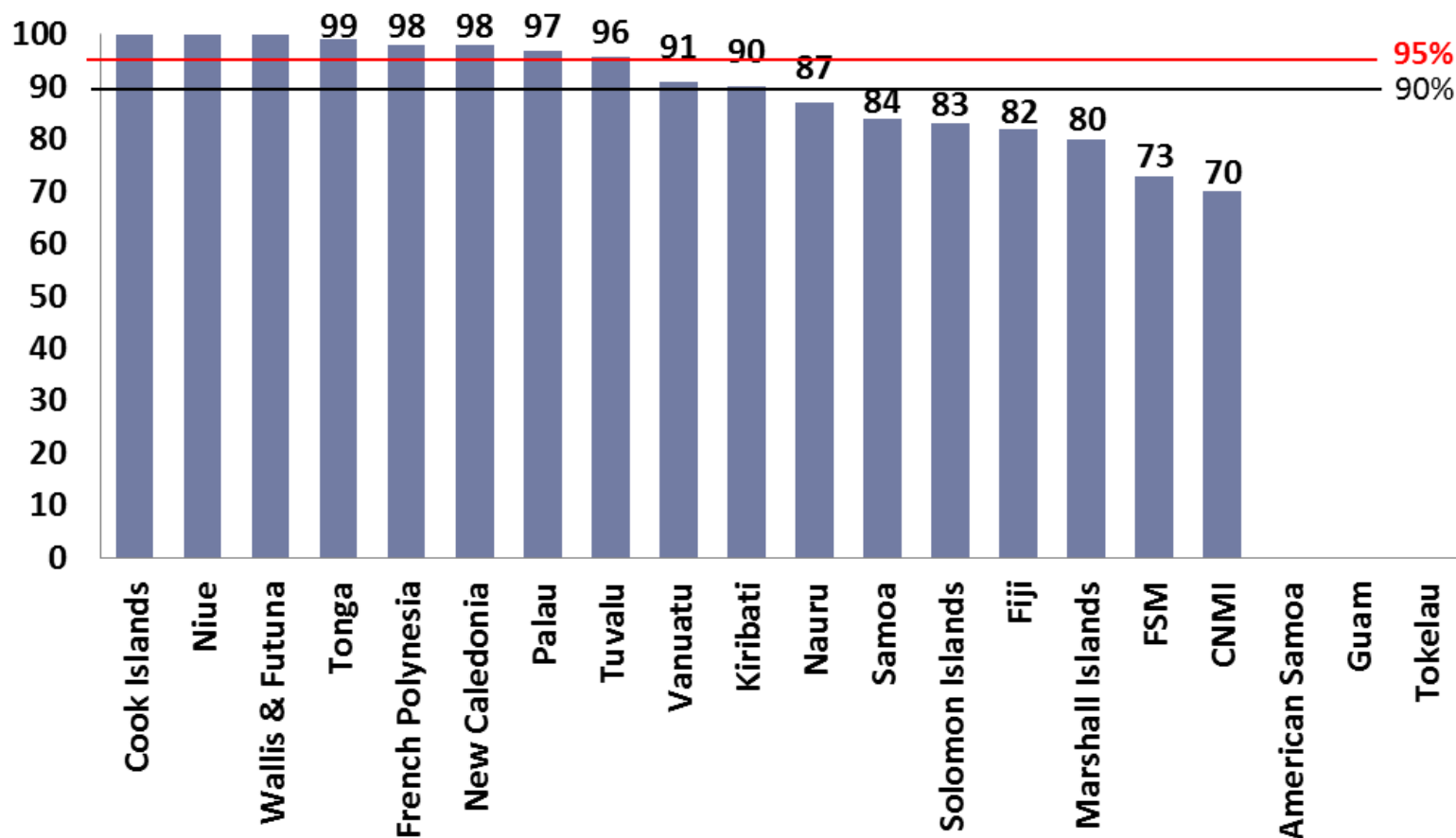


Update on measles cases

The Centre for Health Protection (CHP) of the Department of Health (DH) is today (March 26) investigating five additional cases of measles infection of which three involved workers at the Hong Kong International Airport (HKIA). The CHP reminded the public again that vaccination is the most effective way to prevent measles.

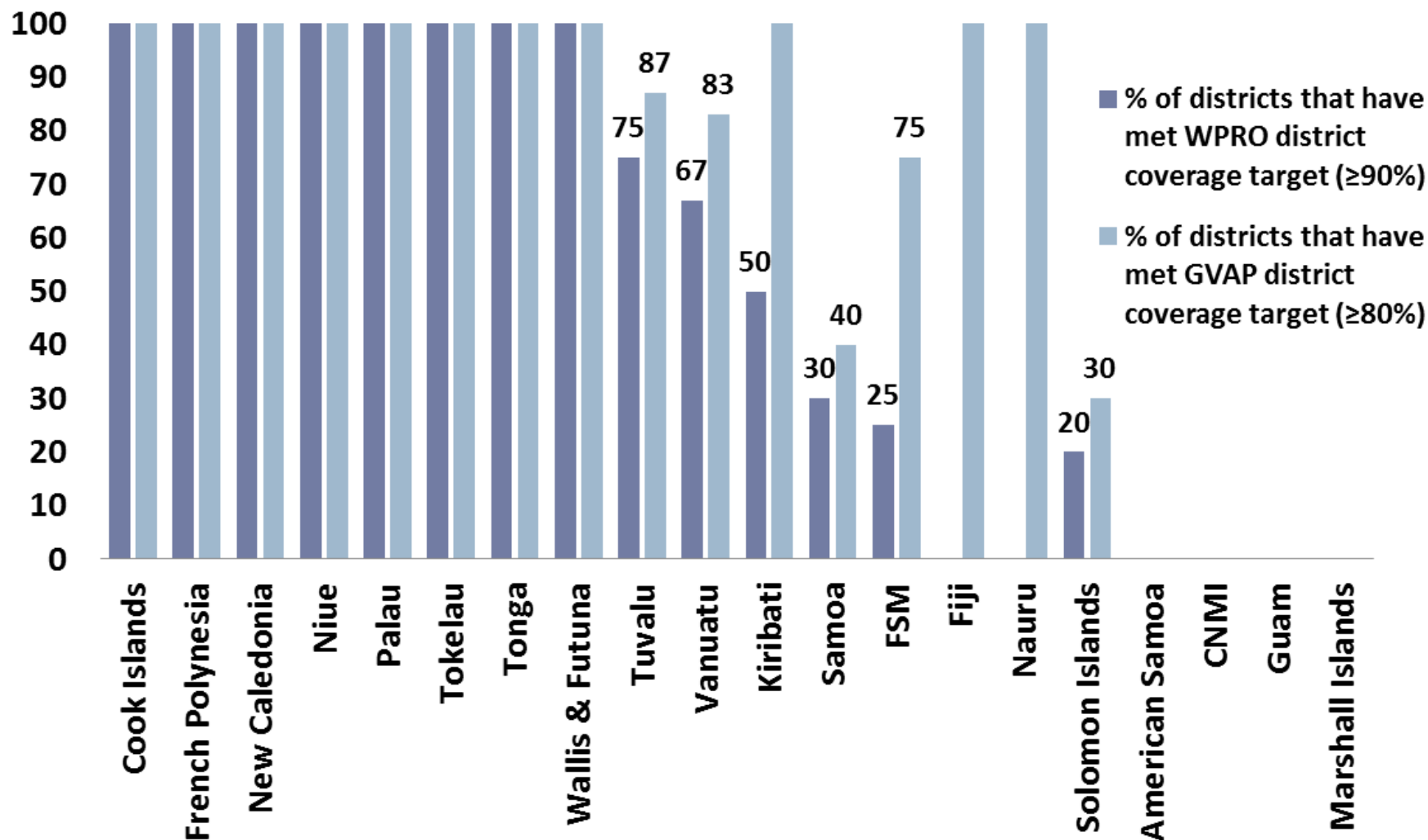
As at 4pm today, three cases affecting workers of the HKIA which involved two females and one male were recorded. The first case involves a 41-year-old woman with good past health, who developed rash on

Reported coverage* of DTP3 in the Pacific, 2017



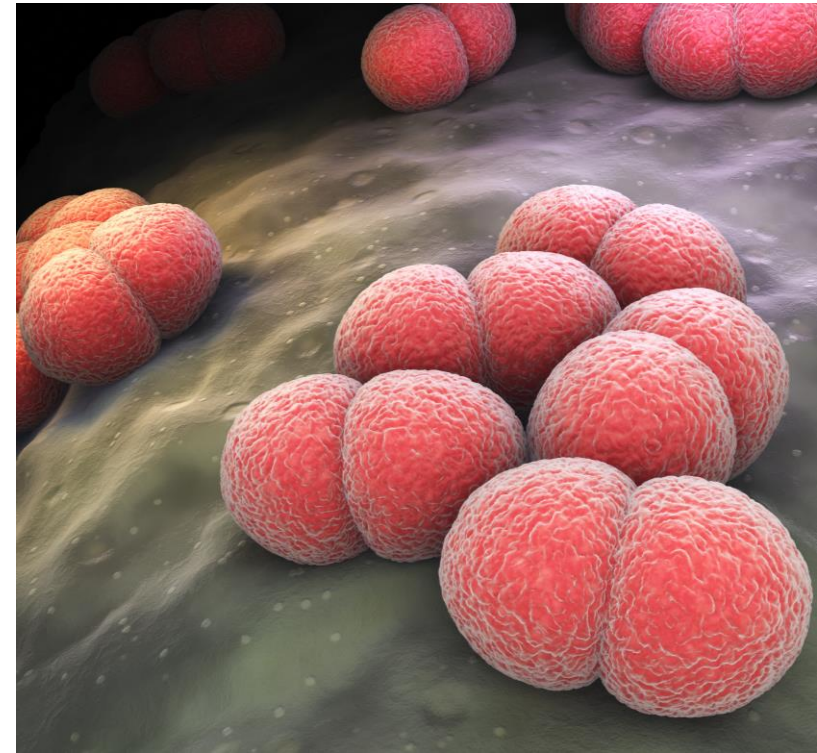
*Administrative data from WHO-UNICEF JRF

District coverage target, DTP3, 2017



Emerging VPDs in the Pacific

- Circulating Vaccine Derived Poliovirus 1 (cVDPV1) in PNG
- Invasive meningococcal disease serogroup C Sequence Type 4821 Clonal Complex Fiji
- Both required large scale mobilisation of human & financial resources, multiagency coordination, microplanning, vaccines, response logistics, incl. cold chain and transportation
- Others: mumps, pertussis, rotavirus, hepatitis A, typhoid



Access to emergency vaccines



- The Pacific has made use of emergency vaccines for outbreak control a number of times for measles, typhoid fever and hepatitis A.
- Under the [UNICEF Vaccine Independence Initiative \(VII\) mechanism](#), 13 PICs jointly keep a buffer stock of vaccines in Nadi to ensure supply security
- Additional mechanism - Fiji accessed the [International Coordinating Group \(ICG\) on Vaccine Provision](#) mechanism for emergency meningococcal vaccines for the control of invasive meningococcal serogroup C disease

Emerging issues – vacci

- Multifactorial and context specific
- WHO – vaccine hesitancy is in the top 10 threats to health in 2019
- Review three years of data available as of June 2017 from the WHO/UNICEF Joint Report Form (JRF)
- Risk-benefit (scientific evidence e.g. vaccine safety concerns) was the most common reason for vaccine hesitancy cited but accounted for <25% of all reasons cited

Resources

Contact

Literature

Literature archive

US measles outbreak concentrated among unvaccinated children [↗](#)

Roxanne Nelson 2019 *Lancet Infectious Diseases* Vol19 (3):248,

Philippines measles outbreak is deadliest yet as vaccine scepticism spurs disease comeback [↗](#)

Owen Dyer 2019 *BMJ* 364:l739 doi:
10.1136/bmj.l739
[scared-or-vaccines/](#)

Harmonising immunisation schedules?

- Currently no Pacific-wide harmonisation of the vaccine schedule - formulations used, doses, timing
- Exception - under the UNICEF VII mechanism participating PICs harmonise their product selections and therefore vaccine formulations
- Heads of Health are invited to consider the question – are we ready to harmonise immunisation schedules across the Pacific?

Example - MCVs



Country/Area	MCV in use	Schedule (age)	
		<i>1st dose</i>	<i>2nd dose</i>
<i>FSM</i>	MMR	12 months	13 months
<i>Marshall Islands</i>	MMR	12 months	13 months
<i>Nauru</i>	MR	12 months	15 months
<i>Palau</i>	MMR	12 months	15 months
<i>Samoa</i>	MMR	12 months	15 months
<i>New Caledonia</i>	MMR	12 months	16 months
<i>Wallis and Futuna</i>	MMR	12 months	16 months
<i>Australia</i>	MMR	12 months	18 months
<i>Fiji</i>	MR	12 months	18 months
<i>French Polynesia</i>	MMR	12 months	18 months
<i>Solomon Islands</i>	MR	12 months	18 months
<i>Tonga</i>	MR	12 months	18 months
<i>Tuvalu</i>	MR	12 months	18 months
<i>American Samoa</i>	MMR	12 months	4 years
<i>CNMI</i>	MMR	12 months	4 years
<i>Guam</i>		12 months	4-6 Years
<i>Tokelau</i>	MMR	12 months	5 years
<i>Kiribati</i>	MR	12 months	6 years
<i>Vanuatu</i>	MR	12 months	
<i>Cook Islands</i>	MMR	15 months	4 years
<i>New Zealand</i>	MMR	15 months	4 years
<i>Niue</i>	MMR	15 months	4 years

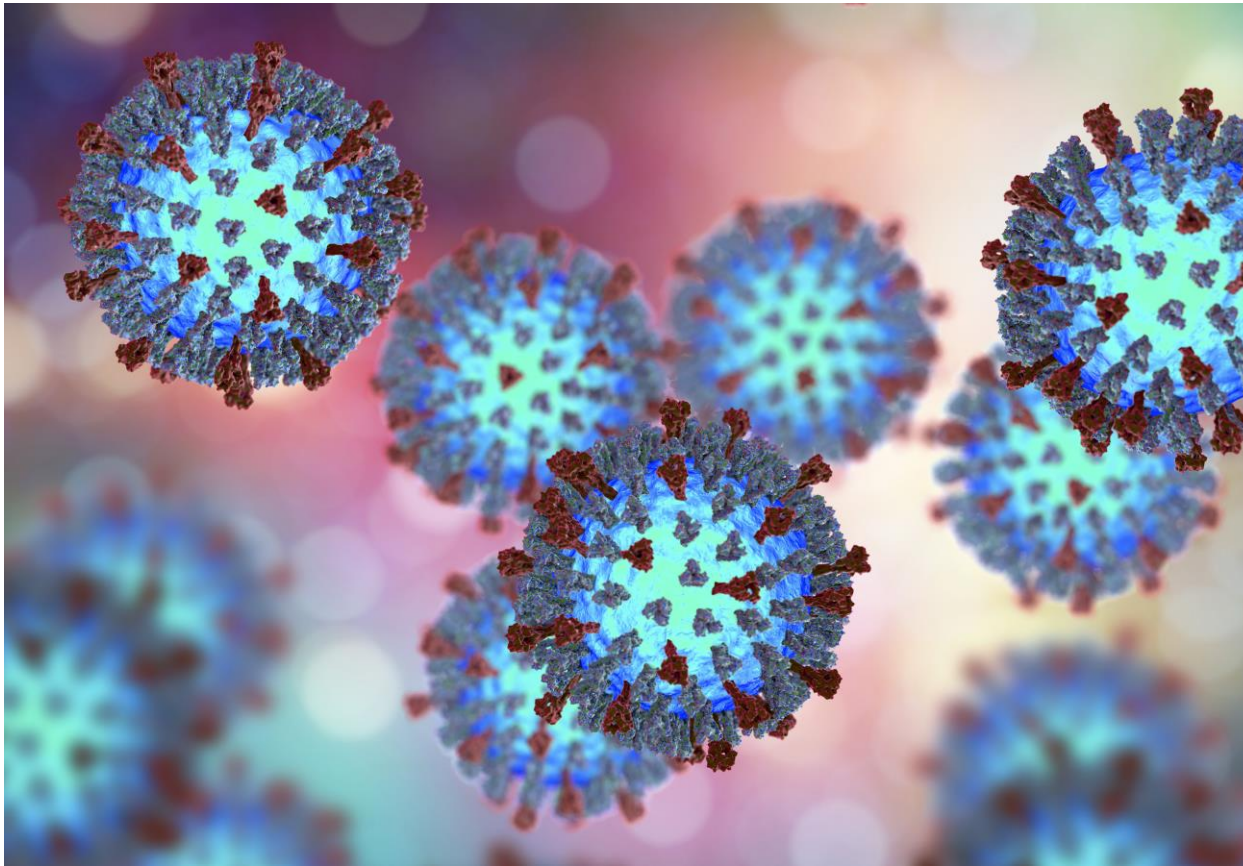
Rationale for harmonisation of MCV schedule

Benefits

- Standalone vaccine – MMR or MR used in the Pacific
- Changes already underway
 - A number of countries are moving to introduce MMR by 2020
 - Moves to 2-dose schedule
- Existing UNICEF VII mechanism – economies of scale in procurement

Risks

- Importance of existing alignment with mainland authorities/special relationship countries
- Different processes for changing and approving the national immunisation schedule
- Potential cost implications of any switch
- Staff training needs
- Community engagement needs



Recommendations

- Note the situational report on VPDs, vaccination coverage and emerging issues in the WPR and globally
- Consider whether there is rationale in harmonising immunisation schedules for selected vaccines

Recommendations to HoH cont.

- If there is interest in harmonising the MCV schedule in the Pacific, task WHO and UNICEF with developing the business case and roadmap for implementation
- Report back to the Pacific Health Ministers Meeting in August 2019



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Ouch !!!

Vinaka