

Directorate General of Health Affairs, Ministry of Health, Oman
Department of Communicable Disease Surveillance & Control

Minutes of meeting of Pandemic Influenza Vaccine Task force

Date: 24th August 2009

Venue: Conference Room, DCDS&C

Participants:

1. Dr Salah Al Awaidy, Director, DCDS&C
2. Dr Jihane Tawilah, WHO representative, Oman
3. Dr Mohammed Al Hosny, Head of Paediatric Department, Royal Hospital
4. Dr Shyam Bawikar, Advisor Epidemiologist, DCDS&C
5. Dr Basim Zayed, Head of Infection Control, DCDS&C
6. Dr Prasanna, Regional Epidemiologist, South Batinah
7. Ms Mariam Al Shaibi, EPI Supervisor, DCDS&C
8. Ms Haleema Al Balushi, EPI Supervisor, DCDS&C
9. Ms Deborah Samual, Infection Control Supervisor, DCDS&C

Dr Salah Al Awaidy welcomed all to the meeting and explained the objective of the meeting. The Ministry of Health will soon receive the first consignment of the new H1N1 vaccine. However the quantity would not be adequate for all. Hence we need to decide the priority group and the order in which these groups will be covered.

He informed that first batch of 20,000 doses of vaccine from GSK is expected to arrive in the 2nd week of October. In addition M/s Novartis may also supply 100,000 doses of H1N1 vaccine during the same period. Thus the MoH will have 120,000 doses at its disposal which would be for 60,000 individuals. This quantity would be adequate to cover the high priority groups. The balance order will be supplied by the vaccine manufacturers sometime in March 2010.

All the members accepted the suggestion that we must first define the overall objectives of H1N1 vaccination. We should then decide whether the objective should be mitigation of the outbreak or protection of a certain target group. Then the prioritization of the target groups could be decided based on the epidemiological evidence available in the country.

Strategies of the pandemic vaccination are based on following overall objectives:

- I. **Mitigation** – To limit the spread and thus the impact of pandemic
- II. **Protection** – To reduce morbidity and mortality amongst the high-risk groups.

All the members felt that the **ultimate** and the **ideal goal** would be **to vaccinate all the population** of the Sultanate considering the paradoxical nature of the novel virus and the large proportion of the population qualify for receiving vaccine according to SAGE/WHO recommendations. However it may be difficult to achieve this goal due to non-availability or insufficient global supply of H1N1 vaccines in the next few months.

The priority groups in the desired order and with estimated numbers are given in the following table:

Priority number	High-risk Groups	To Mitigate	To Protect	Estimated #s	# of doses
1a	All health care workers	√	√	25,000	50,000
1b	Hajj pilgrims	√	√	18,000	36,000
1c	Pregnant women	-	√	65,000	130,000
2a	High-risk groups	-	√	100,000	200,000
2b	Healthy children 6m – 12 yrs	√	-	700,000	1,400,000
2c	Healthy Adults 12 - 45 yrs	√	√	1,600,000	3,200,000
3	Essential infrastructure services	-	√	(to be obtained)	
Total				2,508,000	5,016,000

Note: nearly 75% of persons in essential services are included in “healthy adults” category.

1a. Health care workers: To protect essential the health infrastructure - because the health care workers are most likely will be on the frontline managing the infected cases

1b. Hajj pilgrims: Vaccination with pandemic influenza vaccine is compulsory to all Hajj pilgrims. Moreover these pilgrims while returning to Sultanate are likely to bring in the infection within a short span of time. Thus the infection may spread to all geographical areas of the country. Hence the need to include this group as the highest priority

1c. Pregnant women: are at higher risk of disease and developing complications hence should be a priority

2a. People with chronic diseases or conditions or compromised immune system: are at higher risk of disease and developing complications such as people with chronic diseases of respiratory system, cardiovascular diseases, liver and renal diseases, malignancies, metabolic diseases like diabetes etc

2b. Adults aged 12 to 45 years: The analysis of cases shows that majority of the admitted cases in Oman are in this age group. People with no known risk factors are also being hospitalized in this group

2c. Children aged 6 m to 12 yrs – to reduce transmission and spread of infection

3. People maintaining the essential infrastructure services – (e.g. army, police, Diwan services, municipality, airport, electricity and water supply etc) majority of the persons in this group would be included in the category of healthy adults (12 to 45 years)

It is being planned that the first priority groups (1-a,b,c) should be vaccinated with the stock that would be available in October 2009 which means that all health care workers will be vaccinated first, followed by the Hajj pilgrims and the pregnant women in that order.

Concerns and limitations:

- 1) Availability of the adequate quantity of vaccine to immunize vulnerable groups is the main concern
- 2) Vaccination with pandemic influenza vaccine will therefore be in phases based on availability
- 3) Seasonal flu vaccine will be continued to be offered to high-risk groups as defined earlier that includes the health care workers, very young and old over 60 years of age, immuno-compromised etc.

- 4) Post-marketing surveillance for the adverse events following immunization (AEFI) will be in place for the new H1N1 vaccine

The members advocate and support a systematic communication strategy to inform the general public regarding the prioritization for vaccination and the rationale to immunize various groups in phases to avoid the community's reaction and their subsequent demands. This can be implemented by establishing a "**Communication Section**". A full time person should be identified and designated to lead this section who could be a senior MoH official with communication and leadership skills.

The meeting ended at 12 noon. The Director thanked all members for their suggestions & active participation.