

AFRO MEMORANDUM

Forwarded
From: Dr. Custodia Mandlhate
WR ai

To: Dr Felicitas Zawaira
Director FRH

Date: 17 October 2017

Our Ref: ZM/HS/06/0360

Attn: Dr Richard Mihigo
IVD

Originator: EPI

Sub: Quarter 3, 2017 Report on Zambia
Immunization Technical Advisory Meeting

Reference is made to the above-mentioned subject.

Find attached the meeting report for Quarter 3, 2017 Zambia Immunization
Technical Advisory Meeting

With best regards.

PKM/

INTERNAL MEMORANDUM

WHO COUNTRY OFFICE/ZAMBIA

To: Dr Custodia Mandlhate
WR a.i/Zambia

From: Dr Penelope Kalesha Masumbu
NPO/Immunisation

Through: Mbaulo Musumali
OO

Date: 12 October, 2017

Subject: **Submission of Report for closure – Zambia Immunization
Technical Advisory Group Meeting**

Find attached the Report of the Zambia Immunization Technical Advisory Group Meeting which was supported by WHO submitted for your consideration.

Thank you.

Please scan to e-filing
share with AFRO
and upload in Rep
System

WORLD HEALTH ORGANIZATION

ZAMBIA IMMUNIZATION TECHNICAL ADVISORY
GROUP MEETING REPORT HELD ON 28
SEPTEMBER, 2017 AT CIDRZ CAMPUS, LUSAKA

10/10/2017

Contents

| | |
|--------------------------------------|---|
| BACKGROUND | 3 |
| THE AGENDA OF THE MEETING..... | 4 |
| MEMBERS AT ZITAG | 5 |
| RECOMMENDATION FRAMEWORK POINTS..... | 6 |
| CONCLUSION | 8 |
| RECOMMENDATION..... | 8 |
| ATTENDANCE LIST | 9 |

BACKGROUND

Following the WHO and its Strategic Advisory Group of Experts (SAGE) recommendation to countries to establish National Immunisation Technical Advisory Groups (NITAGs), the World Health Assembly and other international immunization stakeholders reiterated the importance of establishing NITAGs that would be responsible for advising policy-makers on all immunization-related aspects, including new vaccine adoption, strategies to increase use of under-utilized vaccines, and routine immunization programme performance, strategies to achieve country's objectives regarding vaccine preventable diseases, and evaluating effectiveness of current immunization schedules. Establishment of NITAG will ensure national immunization policy decision process is more transparent, evidence-based, taking into account local context therefore reinforcing the credibility of immunization policy, its sustainability and its acceptance by the population.

The country and the Ministry takes cognizant that the full potential of immunization can only be realized through learning, continuous improvement and innovation in research and development, as well as innovation and quality improvement across all aspects of immunization, which can be achieved through bodies such as the national immunization technical advisory group (NITAG).

The Zambia Immunisation Technical Advisory Group (ZITAG) is a national advisory committee established on 17th March 2016, by the Ministry of Health (MoH) to provide evidence based recommendations on vaccine policy in accordance with the National Health Sector Strategic Plan (2011-2015), the National Health Policy (2012), National Reproductive Health Policy (2008), National Child Health Policy (2008), the Expanded Programme on Immunisation Manual (EPI Manual 2017-2021), the World Health Organization (WHO) Global Vaccine Action Plan (GVAP) 2011 - 2020 approved by the World Health Assembly (WHA) in May 2012. Members of the committee were trained according to WHO standards and guidelines for operation as NITAG

following which they developed their Standard Operating procedures and 2017 Work plan.

ZITAG serves as the principal advisory group to the immunisation programme and country for development of policy related to vaccines and immunisation. It is charged with advising the country on overall national policies and strategies for evidence based recommendations.

The mandate of ZITAG is to provide strategic advice rather than technical input in programme- activity implementation, and is not restricted to childhood vaccines and immunisation but extends to the control of all vaccine-preventable diseases in the context of health systems strengthening.

At the September 2017 meeting the Ministry of Health tabled as recommendation question before the ZITAG - SHOULD THE PCV-13 REPLACE PCV-10 IN ROUTINE IMMUNIZATION OF CHILDREN UNDER THE AGE OF 12 MONTHS TO FURTHER REDUCE THE RISK OF PNEUMOCOCCAL DISEASE IN ZAMBIA?

THE AGENDA OF THE MEETING

1. Welcome Remarks
2. Election of Acting Chairperson
3. Signing of the Conflict of Interest and Confidentiality Agreement Form
4. Presentation on the PCV Study in Zambia
5. Review Recommendation
 - a. Disease
 - b. Economic & Operational Consideration
 - c. Health Policy and Programmatic Issue
 - d. Vaccine & Immunisation Characteristics

6. Submission of reviews

7. Closing Remarks

MEMBERS AT ZITAG

The meeting was attended by seven core members, two resources persons, three secretariat members and one liaison.

PROCEEDINGS OF MEETING

The members were informed that the chair would delay in getting to the meeting and the vice chair person was also absent with apologies. The core members went ahead to elect a chair person for the day as Prof. Alfred Mwanza. Dossiers of documents prepared for the core members to deliberate on were circulated in the meeting in addition to soft copies shared prior to the meeting. Deliberations on the topic proceeded according to PICO.

Two resource persons were coopted in to the meeting to provide expertise in the area of Epidemiology from the School of Medicine to support the process of deliberation.

RECOMMENDATION QUESTION: SHOULD THE PCV-13 REPLACE PCV-10 IN ROUTINE IMMUNIZATION OF CHILDREN UNDER THE AGE OF 12 MONTHS TO FURTHER REDUCE THE RISK OF PNEUMOCOCCAL DISEASE IN ZAMBIA?

RECOMMENDATION FRAMEWORK POINTS

DISEASE

- The disease burden of pneumonia is significantly high, globally. It is estimated that there are 1.3 million deaths of children (below 5 years).

Bhutta et al (2013)

- There has been an indication of a downward trend in morbidity and mortality due to pneumococcal disease, globally and in Zambia from 2005 to 2015. The reduction in this trend has been attributed to the introduction of PCV in various countries.
 - Hay S (2017)
 - MOH 2016 EPI Surveillance data indicates a reduction of approximately 26% of hospitalization due to pneumococcal disease.
- Common Serotypes of pneumococcal disease (in children below 5 years) occurrence in Zambia those in PCV-13 and PCV-10
 - Serotypes from PBM surveillance as at 2012 (pre-introduction): 1, 4, 6A, 6B, 7F, 10F, 15C, 19A, 23F
 - Serotypes from PBM surveillance as at 2016 post-introduction: 14, 18A, 18B, 18C, 18F, 23F, 6A and 6B
- Serotypes in the Vaccine
 - PCV-10 : 1, 4, 5, 6B, 7F, 9B, 14, 18C, 19F, 23F
 - PCV-13 : 1, 4, 5, 6B, 7F, 9B, 14, 18C, 19F, 23F, 3, 6A and 19A
- There is no evidence of cross protection for those serotypes which are absent in PCV-10
- PCV-10 has more efficacy against acute otitis media
- PCV-13 covers pneumococcal disease for both infants and adults (>50 years). Though the vaccination of adults routinely is not indicated. (WHO Position Paper, 2012).
- PCV-13 covers more serotypes occurring post-introduction **(6A, 19A)**

- PCV-13 appears to be more cost effective than PCV-10 because it provides more public health and economic benefits. Earnshaw(2012), Klok et al (2013), Ayieko P et al (2013),Eric D et al (2016), Mathew L et al (2015).
- WHO Position paper, 2012 does not state which vaccine (PCV-10 or PCV-13) is more effective than the other.

ECONOMIC AND OPERATIONAL CONSIDERATION

- There is little difference in cost per dose and other related costs between PCV-10 and PCV-13. Vemer P et al (2009)
- No cost difference between the use of either two vaccines as they fall within the schedule
- Both vaccines are available

HEALTH POLICY AND PROGRAMMATIC ISSUES

- PCV-10 is registered in Zambia whereas PCV-13 is not yet registered for use in Zambia
- Dosing Schedule of both PCV-10 and PCV-13 fall within the existing schedule

VACCINE AND IMMUNISATION CHARACTERISTICS

- Safety and efficacy are comparable
- Currently, PCV 10 – 2 dose vial that is being used in the programme has no preservative but PCV-10 Vaccine (4-dose vial) that will be available in 2018 will have a preservative. PCV-13 (1-dose and 4-dose) has no preservative (preservative versus no preservative???)
- Storage temperature is the same for both vaccine (+2 °C to +8°C)
- PCV-13 adverse events were well tolerated in infants. (Bryan et al, 2009)

- PCVs can be given concomitantly with other vaccines (WHO Position Paper, 2012)
- PCV vaccines are safe (Nunes C. M et al, 2012)
- Cold chain volume is greater for PCV-13 – 4 dose (3.6cm^3) compared to PCV-10 – 4 dose (2.4cm^3). Packed volume for PCV-13 - 1 dose is 15.7 cm^3 /dose. (415 N)
- The duration of immunogenicity is the same for both vaccine (Whitney et al, 2014)

CONCLUSION

PCV-13 is more cost effective and covers more serotypes than PCV-10.

RECOMMENDATION

The ZITAG, therefore, recommends that the PCV-13 should replace PCV-10 in routine immunization of children under the age of 12 months to further reduce the risk of pneumococcal disease in Zambia.

ATTENDANCE LIST

| ZITAG MEETING - 3 OCTOBER 2017 | | | |
|--------------------------------|-----------------------|-------------------|-------------------|
| S/No. | Name | Area of Expertise | Designation |
| 1 | David Gilbert Mbewe | | ZITAG Core Member |
| 2 | Harriet Ntalasha | | ZITAG Core Member |
| 3 | Gloria I. Songolo | | ZITAG Core Member |
| 4 | Alfred Malinga Mwanza | | ZITAG Core Member |
| 5 | James Mwansa | | ZITAG Core Member |
| 6 | Mike Chaponda | | ZITAG Core Member |
| 7 | Musaka Mwenechanya | | ZITAG Core Member |
| | Dr. Mpundu Makasa | | Resource person |
| | Dr. Chongwe | | Resource Person |
| 8 | Elicah K. Kamiji | | Secretariat |
| 9 | Josephine Simwinga | | Secretariat |
| 10 | Constance Sakala | | Secretariat |
| 11 | Dr. Penelope Masumbu | | Liason |