

Government of the People's Republic of Bangladesh  
Directorate General of Health Services  
Expanded Programme on Immunization (EPI)  
Mohakhali, Dhaka-1212.

**Subject: Minutes of the meeting of Scientific and Technical Sub-Committee of National Committee for Immunization Practice (NCIP).**

Meeting of the Scientific and Technical Sub-Committee of National Committee for Immunization Practice (NCIP) was held on 23 June at 12:00 pm in the Conference Room of EPI-HQ, Mohakhali, Dhaka with Prof. Dr. Deen Mohd. Noorul Huq, Director General, DGHS in the chair. The list of participants is attached in the Annex A.

The agenda of the meeting were:

1. Introduction of Inactivated Polio Vaccine (IPV) in routine EPI
2. Introduction of Pneumococcal Conjugate Vaccine (PCV) in routine EPI
3. Miscellaneous.

At the outset, the Chairperson welcomed all the participants and requested them to proceed according to the agenda. All the members of the meeting actively participated and discussed the agenda thoroughly.

**Agenda 1: Introduction of Inactivated Polio Vaccine (IPV) in routine EPI**

The members of the meeting were informed that as a result of maintaining polio free status since November 2006, Bangladesh awarded polio free certificate by World Health Organization (WHO) along with other 11 member countries in SEARO region. The members were also informed that in May 2012 the World Health Assembly (WHA) declared the completion of polio virus eradication to be a programmatic emergency for global public health and developed the Polio Eradication Endgame Strategic Plan 2013-2018. The plan calls on all OPV-only using countries to introduce at least 1 dose of Inactivated Polio Vaccine (IPV) into routine immunization schedules, strengthening routine immunization and withdraw Oral Polio Vaccine (OPV) in a phase wise manner, starting with type-2 containing OPV. The objectives of introducing IPV are to mitigate the potential risk of re-emergence of type-2 polio following the withdrawal of Sabin type-2 strains from oral polio vaccine (OPV), to minimize risk of developing vaccine-derived type-2 polio virus, to interrupt transmission in the case of outbreaks and to foster global polio eradication. The WHO-Strategy Advisory Groups of Experts (SAGE) recommends that IPV dose should be administered at 14 weeks of age or nearest immunization visit after that and it should be given in addition to scheduled OPV doses and scheduled vaccine doses. As Bangladesh is following 6, 10 and 14 weeks schedule for routine immunization, expert opinion was needed from the members of the Scientific and Technical Sub-Committee about the introduction of IPV and dose schedule. All the members thoroughly discussed the issue and agreed to introduction of Inactivated Polio Vaccine (IPV) in routine immunization schedule as

per Polio End Game Strategy Plan 2013-2018. The meeting recommended incorporating IPV at 14 weeks of immunization schedule along with third dose of OPV and Penta3. As the IPV is an additional vaccine in injection form, the members of the committee emphasized on creation of widespread public awareness through social mobilization and communication. All Health workers/vaccinators must be trained-up about the use of IPV and AEFI related to IPV. After threadbare discussions the following decisions were taken

**Decision:**

1. Inactivated Polio Vaccine (IPV) will be introduced at 14 weeks of routine immunization schedule along with OPV3 and penta3.
2. A comprehensive social mobilization plan and communication materials needs to be developed for widespread public awareness
3. Health workers/vaccinators must be trained-up about the use of IPV and AEFI related to IPV

**Agenda 2: Introduction of Pneumococcal Conjugate Vaccine (PCV) in routine EPI**

The participants in the meeting were informed about the government's introduction plan of Pneumococcal Conjugate Vaccine (PCV) in routine EPI by the end of 2013 which is included in comprehensive Multi Year Plan (cMYP). The objective of introducing PVC is to reduce pneumonia cases due to pneumococcal bacteria. Accordingly government applied to GAVI in 2011 for PCV-10 and received final approval from GAVI-HQ in 2012. But due to unavailability of PCV-10 vaccine in global market, the introduction plan was postponed in 2013. After being available in the market, GOB planned to introduce PCV-10 in routine EPI from October 2014. The dose schedule of PCV vaccine is 6, 10, and 14 weeks of age children which means that at 6 weeks a child has to be vaccinated with Penta1+OPV1+PCV1, at 10 weeks the child has to receive Penta2+OPV2+PCV2 but at 14 weeks the child has to be vaccinated with Penta3+OPV3+IPV+PCV3. The major concern is, at the age of 14 weeks, a child has to receive three injections in single sitting (Penta3+IPV+PCV3); one injection in one thigh and 2 injections in another thigh. Sometimes it will be very difficult for both parents and caregivers which ultimately may interfere smooth conduction of EPI programme. The members of the committee realized the concern, discussed thoroughly on the matter and suggested to incorporate PCV1 with Penta1+OPV1 & PCV2 with Penta2+OPV2 and PCV3 at the age of 18 weeks where a new immunization schedule needs to be developed. In this regard, public awareness needs to be developed by developing social mobilization plan and communication materials.

**Decision:**

1. Incorporate Pneumococcal Conjugate Vaccine (PCV) in routine immunization from October 2014 as per decision of the Government of Bangladesh.
2. PCV1 & PCV2 will be given at 6 weeks & 10 weeks along with Penta1+ OPV1 & Penta2+OPV2 respectively.
3. Single antigen PCV3 will be given at the age of 18 weeks. Recommended to revise current immunization schedule and develop new schedule.
4. Develop social mobilization plan and communication materials for creations of public awareness.

**Agenda3: Giving up OPV4 dose from Routine Immunization**

The members of the committee were informed that through routine immunization programme, EPI in Bangladesh is currently providing 3 doses OPV (OPV1, OPV2, OPV3) to under one year children at the age of 6, 10, 14 weeks with Penta1, Penta2 and Penta3 and one dose OPV (OPV4) after the completion of 9 months with MR vaccine. Beside this conventional schedule, there is an optional (OPV0) dose for the children below the age of 14 days. Recently published WHO position paper indicates that there is no demonstrated benefit from booster doses of OPV after completion of the recommended primary series of 3 OPV doses and at least 1 IPV dose. So decision needs to be taken whether OPV4 dose should be omitted or continued as usual. The members of the committee discussed thoroughly on this matter and opined that OPV4 dose should not be provided in routine EPI as it is not necessary after the use of IPV and will also save huge government currency.

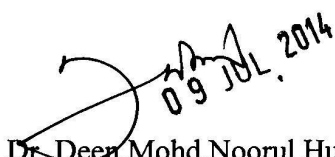
**Decision:**

1. Omit OPV4 dose from routine immunization and revise the vaccination schedule accordingly.

**Miscellaneous:**

Professor Dr. Benazir Ahmed, Director, Disease Control informed the meeting that on 5 May 2014, the Director-General of the World Health Organization (WHO) declared the international spread of wild poliovirus (WPV) a public health emergency of international concern (PHEIC). Following the declaration Emergency Committee under the International Health Regulations (IHR) recommended that Countries (Pakistan, Cameroon and Syria) which are currently exporting wild poliovirus should ensure that all residents and long-term visitors (of over 4 weeks) receive a dose of oral polio vaccine (OPV) or inactivated poliovirus vaccine (IPV) between 4 weeks and 12 months before international travel; and should ensure that such travelers are provided with proof of vaccination. Other polio-affected countries (Afghanistan, Equatorial Guinea, Ethiopia, Iraq, Israel, Nigeria & Somalia) are encouraged to vaccinate residents and long-term visitors before international travel. In this regard all International airport in Bangladesh should be strictly monitored and check for the proof of vaccination of the passengers coming from the above mentioned countries.

As there was no other issues to discuss, the Chairperson thanks all the participants for their valuable opinion and recommendations and finally dissolve the meeting.

  
(Prof. Dr. Deen Mohd. Noorul Huq)  
Director General, DGHS &  
Chairperson  
Scientific & Technical Sub-Committee  
of NCIP