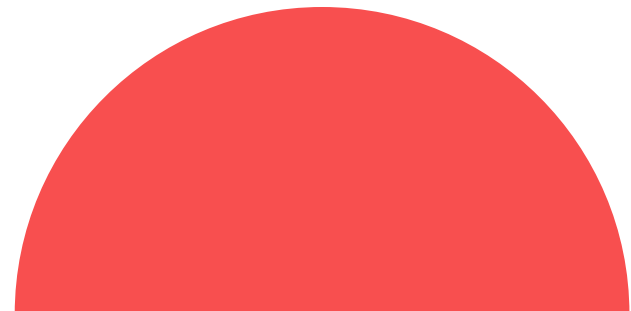


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Advocating for New Vaccine Introduction in the Mekong Region: Lessons Learnt From Laos, Cambodia, Myanmar, and Vietnam

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- 1 Background
- 2 Advocating for Japanese encephalitis (JE) vaccine introduction in Laos, Cambodia, and Myanmar
- 3 Advocating for Hepatitis B vaccine introduction and strengthening birth dose vaccination coverage
- 4 Lessons learned from advocating for new vaccine introduction

Background

- In the Mekong region, PATH provides technical assistance to countries for new vaccine introduction: Hepatitis B, human papillomavirus, JE, rotavirus, and recently, typhoid conjugate vaccine.
- PATH support includes: collecting disease burden data; informing decision-making; demonstrating new vaccine introduction; cost-effectiveness analysis; nationwide introduction and scale-up; post-introduction evaluation; and strengthening routine immunization services.
- This presentation will focus on the advocacy efforts for JE vaccine introduction in Laos, Cambodia, and Myanmar, and Hepatitis B vaccine introduction in Vietnam.

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Laos JE vaccine introduction

- Began discussions with stakeholders in early 2012 following the JE outbreak in 5 northern provinces in Laos.
- In 2013, supported decision-making for JE vaccine introduction and the first ever JE campaign in 6 priority provinces.
- In 2014, worked with the government to transition to routine JE vaccination, and helped facilitate the decision-making for nationwide introduction.



Photo credit: PATH/Huong Vu

Laos JE vaccine introduction

- In April 2014, provided support for the Gavi, the Vaccine Alliance application.
- In April 2015, a nationwide JE campaign was conducted to reach ~1.5 million children aged 9 months to 15 years.
- Currently providing support for strengthening routine JE vaccination.



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Cambodia JE vaccine introduction

- In 2006, National Immunization Program, US CDC, and PATH established sentinel JE disease surveillance.
- Between 2007 – 2008, conducted cost-effectiveness analysis and disability assessment to provide evidence of disease burden and the importance of the JE vaccination program.
- In 2009, JE vaccine was introduced in 3 provinces.



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Cambodia JE vaccine introduction

- In 2013, the JE vaccination program was interrupted due to vaccine supply issues.
- In April 2014, a stakeholder meeting was conducted to facilitate decision-making for national introduction and the application for Gavi support for a national JE vaccination campaign.
- In March 2016, nationwide JE vaccination was conducted.
- Recently, we are focusing support to sustain the routine JE vaccination program.



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Myanmar JE vaccine introduction

- December 2014 – initial discussion with stakeholders.
- July 2015 – a positive decision was made to introduce JE vaccine.
- September 2016 – submitted application to Gavi.
- November to December 2017 – introduced JE vaccine nationwide.
- Currently, our support is focused on transitioning to routine immunization.



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Vietnam Hepatitis B vaccine introduction, unfinished agenda

- 1998, 2000 – started data collection on Hepatitis B infection and demonstrated vaccine introduction on a small scale.
- 2003 – decision was made for nationwide introduction.
- 2007 and later – after several AEFI cases, birth dose coverage went down dramatically (66.3% in 2006 down to 26.9% in 2007).
- 2010 to present – continuing advocacy efforts including program evaluation, demonstrations, directions from MOH.
- 2018 – Hepatitis B birth dose coverage was back at 74.4% but is still below the regional target.

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HEPATITIS B INFECTION IN RURAL VIETNAM AND THE IMPLICATIONS FOR A NATIONAL PROGRAM OF INFANT IMMUNIZATION

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Abstract. To ascertain hepatitis B virus (HBV) infection rates for Vietnam, we surveyed HBV markers in two districts of Thanh Hoa province. We randomly selected 536 infants (0–18 months old), 228 children (4 to ≤6 years old), 219 adolescents (14 to ≤16 years old), and 596 adults (25 to ≤40 years old). On questioning, none of those surveyed had received vaccine against HBV. Hepatitis B virus surface antigen (HBsAg) and total HBV core antibody (anti-HBc) were measured in all specimens, and HBV e antigen (HBeAg) in those positive for HBsAg, and HBV surface antibody (anti-HBs) were measured in all others. Current infection (HBsAg+) rates were infants = 12.5%, children = 18.4%, adolescents = 20.5%, and adults = 18.8%. Current or previous infection (HBsAg+, anti-HBc+, or anti-HBs+) increased with age (infants = 19.6%, children = 36.4%, adolescents = 55.3%, adults = 79.2%). Rates of HBeAg among those HBsAg+ were infants = 85.1%, children = 88.1%, adolescents = 71.1%, and adults = 30.4%. The epidemiology of HBV in Vietnam resembles that of many southeast Asian nations before introduction of vaccine. Immunization of newborns will have enormous impact on HBV-related morbidity and mortality there.

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Review

A reduction in chronic hepatitis B virus infection prevalence among children in Vietnam demonstrates the importance of vaccination



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Lessons learned

- Data on disease burden is not always available for advocacy, so we should try to collect data from all different sources (hospitals, labs, research, surveillance data, etc.).
- Demonstration of new vaccine introduction on a small scale is a useful exercise for countries to get experience and evidence. It can also be considered as an advocacy tool to facilitate informed and evidence-based decisions.
- Stakeholder meetings with decision-makers, advisors, influencers, donors, etc. (for example: NITAG, clinicians, lab technicians, epidemiologists, donors, development partners) is a very important forum for sharing evidence and related information on disease burden, vaccines, and other interventions so that an informed decision can be made.

Lessons learned (continued)

- Once a new vaccine is introduced, it is important to quickly address any public concerns regarding AEFI to minimize negative impact on immunization coverage.
- Having joint effort/collective voice between development partners will help/facilitate countries make decisions.
- There is no one size fits all approach, so tailoring advocacy approaches for the specific country is important.



Photo credit: Philippe Blanc

Thank you for your attention!



Photo credit: Philippe Blanc

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