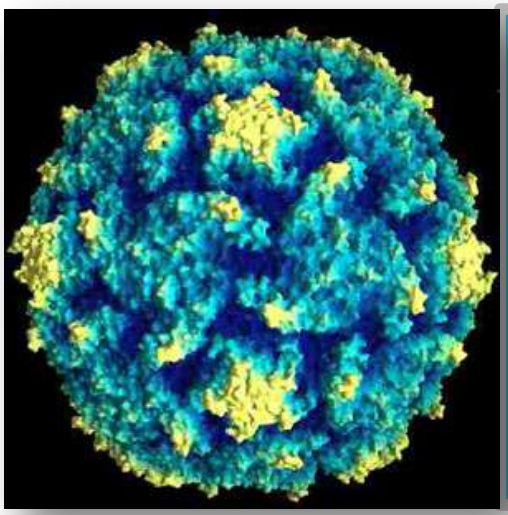
Introduction of IPV in EPI

(GCC Member States)



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Outline

- Background
- The deliberations of the consultation
- The polio situation in the GCC states
- Rationale for changes in the schedule
- Proposed changes
- Recommendations
- Conclusions

Background

- Consultation held on 3rd December, 2006
- Venue: Hotel Sheraton, Muscat
- Participants: Policy makers, EPI managers from the GCC States, WHO consultants, and Experts.
- **ToR**
  - Adopt a common EPI schedule among states (core antigens)
  - Proposed changes in the schedule
  - Introduction of IPV in EPI

Meeting Participants

- HE Dr. Ali Jaffer, *Chairman*
- HE Dr. Tawfiq Khouja, Director General, GCC executive board
- EPI programme managers: Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and UAE
- Invitees:
  - Dr. Roland Sutter, WHO-HQ, Polio Eradication
  - Dr. Frank Mahoney , WHO, EMRO
  - Dr. Heinz Joseph Schmitt, Chairman, National Vaccination Advisory Board, Robert-Koch Institute, Germany
  - Dr. Clements Vlasich, Medical Director for International Area , Austria
  - Participants from Aventis Pasteur

Meeting Deliberations

- IPV schedule in the immunization programmes and experiences in EMRO, EURO and AMRO
- WHO position on IPV and recommendations
- Operational issues of the programme (i.e. cost, schedule, vaccine combinations, cold chain, etc)

Polio Situation in GCC States

- No indigenous polio cases for the last over a decade
- Good EPI programme with high immunization coverage (>95%) at national and district level
- Good AFP surveillance system
- NIDs (1995-1999) and sNIDs conducted (coverage >90%)
- Risk of importation presumed to be high
- Saudi Arabia introduced OPV as entry requirement
- IPV not included in EPI but offered to high-risk groups viz. immuno-compromised, laboratory technicians etc.

Rationale for IPV Introduction

- Eliminate the risk of VAPP
- Enhanced IPV – vaccine of choice – is safe and has consistent high immunogenicity
- In concordance with the post-eradication WHO strategies

Schedule Options

- Full OPV schedule
- Mixed IPV and OPV schedules
  - sequential schedule: IPV followed by OPV
  - combined schedule: IPV + OPV
- Full IPV schedule

Sequential Schedule: Why?

- Country experiences: Introduction of IPV at 2 months and omitting OPV at birth had a direct impact on the incidence of VAPP
- Maintenance of local gut immunity
- Other considerations such as operational issues
  - Good EPI infrastructure, regular training of staff, and update of policy
  - Cold chain capacity and monitoring

Common Immunization Schedule

Proposed for GCC States. Implementation from January 2008

Age at Vaccination	EPI Schedule for the GCC States
At Birth	BCG HBV-1
2 months	IPV-1 Penta-1 (HBV-2, DTP-1, Hib-1)
4 months	OPV-2 Penta-2 (HBV-3, DTP-2, Hib-2)
6 months	OPV-3 Penta-3 (HBV-4, DTP-3, Hib-3)
12 months	OPV-4 MMR-1
18 months	OPV-5 MMR-2 DTP-4
4-6 years	OPV-6 DTP-5

Omit OPV Birth Dose

Replace OPV-1 with IPV-1

Meeting Recommendations

- Omit OPV birth dose (‘Zero’ dose)
- Introduce sequential schedule i.e. replace OPV dose at 2 months with IPV
- Review the experience on annual basis
- Purchase vaccine through SGH tender

Implementation...

- Intention of sequential schedule i.e. IPV followed by OPV
- The meeting recommendations have been forwarded to the Executive board of the GCC
- Final approval from the GCC Health Ministers by May 2007
- IPV introduction as of January 2008
- Coverage maintained >95%

In Conclusion…

- With IPV – ‘NO’ VAPP
- IPV-Excellent safety record and high & consistent immunogenicity
- Introduction of IPV could be cost-effective

Shukran...