Ministry of Health

PNEUMOCOCCAL VACCINE SWITCH

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Background-PCV

- Kenya introduced Pneumococcal vaccine in 2011
- Introduction was supported by Gavi, GOK and Partners
- The vaccine manufactured by GSK has been in use since then (Synflorix®)
- The vaccine is given as a three dose schedule at 6 weeks, 10 weeks and 14 weeks of life
- The Synflorix® vaccine comes in a 4 dose vial that is 10 valent(covers 10 strains of Streptococcus Pneumoniae)

The switch

- For efficiency, the country is switching to a new formulation
  - Costs less – cost effective (reduction of costs by 30%)
  - Cost $2 per dose vs current $3
- The new vaccine is manufactured by Serum Institute of India (Pneumosil®)
- 10 valent- does not contain the exact same strains
- Pneumosil®- Streptococcus pneumoniae serotypes 1, 5, 6A, 6B, 7F, 9V, 14, 19A, 19F and 23F
- Synflorix®- Serotypes 1, 4, 5, 6B, 7F, 9V, 14, 18C, 19F, 23F)
- 3 dose schedule at 6, 10 and 14 weeks
- KENITAG recommended for the country to switch to this new formulation

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PCV10 Vaccine Attributes, Storage conditions, Transport and Supply Logistics

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OLD

PCV10 4 Dose-Vial (Synflorlx™)

- Blue cap
- Gold skirt
- VVM on vial label

NEW

PCV10 5 Dose-Vial (Pneumosil ®)

- Maroon cap
- Silver skirt
- VVM on vial label

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DOSES NEEDED FOR A COMPLETE SCHEDULE

A schedule started with **Synflorix®** can continue with **Pneumosil®** Three doses **in total** for a complete series. **Restarting the series is not recommended (Give an Interval of Four Weeks Between Doses).**

Dose 1	Dose 2	Dose 3	Complete series
Synflorix®	Synflorix®	Pneumosil®	3 doses total
Synflorix®	Pneumosil®	Pneumosil®	3 doses total
Pneumosil®	Pneumosil®	Pneumosil®	3 doses total
Unknown	Pneumosil®	Pneumosil®	3 doses total

PCV10	Synflorix™	Pneumosil®
Presentation	4 - Dose Vial (OLD)	5 - Dose Vial (NEW)
Formulation	Liquid	Liquid
Preservative	Yes	Yes
Dose	0.5mL	0.5mL
Route of Administration	Intramuscular right outer thigh	Intramuscular right outer thigh
Vaccine Schedule	6,10 and 14 Weeks	6,10 and 14 Weeks
Primary Packaging	2 mL Vaccine	2.5mL Vaccine
Vaccine Vial Monitor	On the label	On the label
Handling of Open Vials	28 Days (in accordance with WHO Multi-Dose Vial Policy)	28 Days (in accordance with WHO Multidose Vial Policy)
Wastage Rate	10%	10%
Placement in the refrigerator	Store in the top most tray in the chest refrigerator	Store in the top most tray in the chest refrigerator

Place your vaccines correctly in the refrigerator

Horizontal/ Chest opening refrigerator		Vial once opened
PCV10	RED TRAY	PCV - Return
Pentavalent & HPV	ORANGE TRAY	Pentavalent – Return HPV - Discard
TT/Td/IPV/ & COVID19	YELLOW TRAY	TT/Td- Return IPV- Return COVID19 - Discard
Rotavirus Vaccine	GREEN TRAY	Rota - Discard
BCG & MR	BLUE TRAY	BCG- Discard MR- Discard
OPV & Yellow Fever Vaccine	PURPLE TRAY	OPV – Return YF - Discard

- Use a temperature monitoring device at all times
- Place the temperature monitor on the yellow tray
- Maintain temperature between 2°- 8 ° Celsius
- Store vaccines in the appropriate vaccine tray
- Label open vials appropriately (refer to MDVP guidelines)
- Ensure regular maintenance of the refrigerator
- In case this refrigerator is not maintaining proper temperatures, implement the following steps;

1. Transfer vaccines to nearest working refrigerator

2. Call (write name and telephone no. below)

HF in-charge _____

SCPHN _____

CC Technician _____

ALWAYS MONITOR AND RECORD TEMPERATURES DAILY; MORNING AND EVENING.

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Recording and Monitoring of Pneumosil® Vaccine

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Learning objectives

At the end of the module, the participant Will bé able to:

- Record vaccination MCHB
- Record vaccination on the immunization register in the tally sheet and monthly summary report
- Use Immunization register to record Pneumococcal vaccination
- How to monitor performance and track defaulters
- How to calculate Pneumococcal vaccination coverage

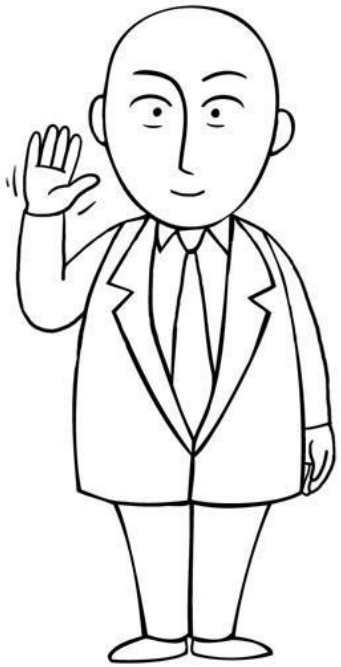
Pneumococcal vaccine

- Pneumococcal vaccine documentation will not change with the new formulation. E.g. The number of doses administered will remain 3 and the vaccination schedule will be at 6, 10 and 14 weeks.
- There are no new changes in the MOH recording and reporting tools.
- The vaccine documentation tools i.e. MCHB, Tally sheet, Summary sheet and Immunization register will accommodate the new Pneumococcal vaccine formulation.

Pneumococcal vaccine documentation

- Record vaccination at MCHB
- Record vaccination on the immunization register in the tally sheet and the immunization summary report
- Use Immunization register to record Pneumococcal vaccination
- Use Defaulter tracking Registers for missed children
- Monitor Performance - Calculate pneumococcal vaccination coverage

End of module



Thank you
for your attention!

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ACSM- KEY MESSAGES

- PCV helps to prevent pneumonia and meningitis, which are major causes of death and disability in children.
- Children who have received PCV may still get pneumonia or meningitis from other causes. However, they will occur less frequently in immunized children.
- Even if a child is vaccinated, take the following prevention measures: breastfeeding for the first 6 months, washing hands, reducing exposure to indoor air pollution and taking your child to a qualified health professional.

ACSM KEY MESSAGES CONT….

- Inform the caregiver that common mild reactions might occur but are of short duration: fever, irritability, crying, swelling and tenderness at injection site
- Tell the caregiver if there are any unexpected side effects, to return to the nearest health facility for consultation with a qualified healthcare worker
- PCV10 will be given at the same time as other vaccines (e.g. pentavalent vaccine and IPV), therefore no extra visit is required for this vaccine.

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Vaccine Adverse Events Following Immunization

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WHAT IS AN AEFI

AEFI = An adverse event following immunization is

- Any unwanted or unexpected medical occurrence which **FOLLOWS** immunization
- May or may not be caused by the vaccine
- May be an unfavorable or unintended sign, abnormal
- laboratory finding, symptom or disease

- **AEFI can be categorized into**
  - Vaccine product related reaction
  - Vaccine Quality Related reaction
  - Immunization Error Related Reaction
  - Immunization Anxiety Related Reaction
  - Coincidental Event

HOW TO MANAGE AN AEFI

- Manage the AEFI according to immunization guidelines and refer where necessary
- Reassure the caregiver as treatment is being given
- Report all AEFI (serious and non serious) on AEFI reporting form and submit to the supervisor who reports to Sub-county public health nurse/SCMOH
- Record in Mother Child Booklet, Tally sheet and Summary Sheet
- Reporting can also be electronically on the online AEFI reporting form https://pv.pharmacyboardkenya.org
- In case of Serious AEFIs let the caregiver know the AEFI will be investigated to establish the cause

Pneumosil® Vaccine Safety

Pneumosil® vaccine is safe

Common side effects of vaccine

- You may also notice some injection site reactions like pain, swelling, or redness.
- Loss of appetite,
- Irritability,
- Drowsiness
- fever.

Note: if these side effects persist or get worse report using AEFI Pathway.

How to report an AEFI? (2/2)

- **AEFI report should contain**
  - Client information
  - Immunization event(s) well described
  - Indicate the dose number and not the quantity administered (e.g. dose 1,2,3,4)
  - Adverse event(s) description
  - Relevant medical and treatment history and relevant medical/clinical reports attached(if any)

How to report an AEFI? CONT…

- Type of vaccine(s) administered
- Route of administration
- Associated event(s)
- Reporter details fully filled for assistance in follow up of client during investigation
- Investigations to be completed for serious events

MINISTRY OF HEALTH
NATIONAL VACCINES AND IMMUNIZATION PROGRAM
AEFI Reporting Form

(To be filled in triplicate) ☐ Initial Report ☐ Follow-up report

NAME OF REPORTING INSTITUTION ..... INSTITUTION MFL CODE .....

COUNTY ..... SUB-COUNTY .....

Patient Details

PATIENT'S NAME ..... IP/OP NO ..... DATE OF BIRTH (or age) .....

GENDER ..... NAME OF GUARDIAN (If patient is a child) .....

ADDRESS ..... PHONE NUMBER (self or nearest contact) .....

VILLAGE ..... WARD ..... SUB-COUNTY ..... COUNTY .....

VACCINATION CENTRE ..... COUNTY OF VACCINATION CENTRE .....

TYPE OF VACCINATION SERVICE (static, mass, outreach) .....

Type of AEFI	Please tick:			Brief details on the event (including timeline of occurrence)
BCG Lymphadenitis	☐	Anaphylaxis	☐	.....
Convulsion	☐	Encephalopathy, Encephalitis/Meningitis	☐	.....
Generalized urticaria (hives)	☐			.....
High Fever	☐	Paralysis	☐	.....
Injection site abscess	☐	Toxic shock	☐	.....
Severe Local Reaction	☐	Others (specify)	☐	.....

Onset of event: Date ...../...../..... Time .....

Suspected vaccine(s)

Name of Vaccine (e.g. BCG, DPT-Hib-HeB)	Dose No.	Date vaccinated	Time vaccinated	Route, site of vaccination (i.m., s.c.)	Details of Vaccine			Details of Diluents		
					Lot/Batch No.	Manufacturer's Name	Expiry Date	Lot/Batch No.	Manufacturer's Name	Expiry Date

Past medical history (including history of similar reaction or other allergies, concomitant medication/vaccine, concomitant illness, other cases, pregnacy status and other relevant information *(continue on separate sheet if necessary)*

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Action taken

☐ Treatment given (specify) .....

☐ Specimen collected for investigation (specify type(s) of specimen) .....

AEFI Outcome ☐ Recovered ☐ Recovering ☐ Not recovered ☐ Unknown ☐ Died

Name of Person Reporting ..... Phone number .....

Designation ..... Signature: ..... Date: .....

Final Classification of AEFI (*to be filled at national level*):

(See overleaf for guidelines on how to complete the form)

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Waste Management

Principles of waste management

- Waste Segregation
- Waste collection
- Waste storage
- Waste transport
- Waste treatment
- Waste disposal

KENYA

SEGREGATION OF MEDICAL WASTE

PREVENTION OF NEEDLE STICK INJURIES AND RISK OF DISEASE TRANSMISSION STARTS WITH YOU!

General waste

Paper
Packaging material
Food

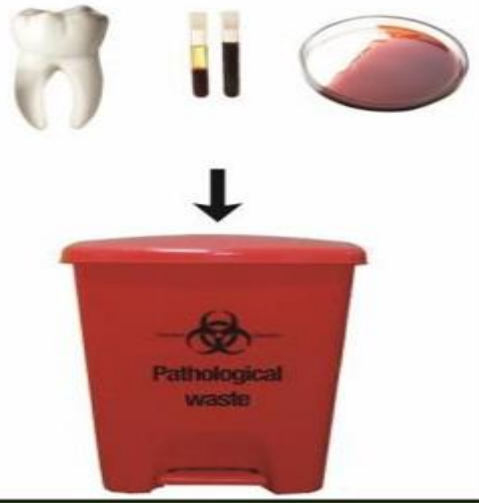
Infectious waste

Gauze/dressing
Used IV/ fluid lines
Used gloves
Infusion set

Pathological waste

Anatomical waste
- Teeth
- Placenta

Pathological waste
- Sputum container
- Test tube containing specimen



Sharp Waste

Cannula/branula
Broken slides
Broken vial
Broken ampules
Lancet
Retractables
Scalpels
Blades
Needles
Suture needles

IT IS THE RESPONSIBILITY OF HEALTH PERSONNEL TO SEGREGATE WASTE IMMEDIATELY ACCORDING TO TYPE

This segregation chart should be placed above the segregation bins

Ministry of Health
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Nairobi - Kenya

This material was developed by MMIS and has been revised by PSI in collaboration with PATH.
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PEPFAR

HARAMBEE

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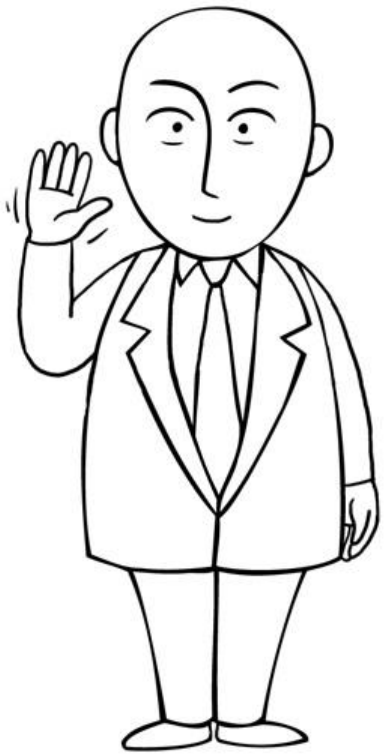

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