

WHO train the trainer workshop:
developing national deployment and vaccination plans (NDVP) for
pandemic influenza vaccines

Geneva, Switzerland, 10-12 September 2019



**World Health
Organization**

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Acronyms

AEFI	Adverse Event Following Immunization
A(H1N1)	Influenza A virus subtype H1N1 – also abbreviated to H1N1
AMRO	Americas Regional Office (WHO)
cMYP	Comprehensive Multi-Year Plan
CRA	Country Recipient Agreement
DHIS2	District Health Information Software (version 2)
DQA	Data Quality Assessment
EMRO	Eastern Mediterranean Regional Office (WHO)
EOC	Emergency Operations Centre
EPI	Expanded Programme on Immunization
EVM	Effective Vaccine Management
EWARS	Early Warning, Alert and Response System
FAQs	Frequently Asked Questions
GAP	Global Action Plan for Influenza Vaccines
GISRS	Global Influenza Surveillance and Response System
HIS	Health Information System
IHME	Institute of Health Metrics and Evaluation
IHR	International Health Regulations
ISIS	Integrated Surveillance Information System
JRF	Joint Reporting Form
LTA	Long Term Agreement
MDVP	Multi-Dose Vial Policy
MERS	Middle East Respiratory Syndrome
MIS	Management Information System
MoH	Ministry of Health
MR	Measles and Rubella
NDVP	National Deployment and Vaccination Plans
NGO	Non-Governmental Organization
NITAG	National Immunization Technical Advisory Group
NRA	National Regulatory Agency
PAHO	Pan-American Health Organization
PIP	Pandemic Influenza Plan
PISA	Pandemic Influenza Severity Assessment
SAGE	Strategic Advisory Group of Experts
SARS	Severe Acute Respiratory Syndrome
SIA	Supplementary Immunization Activity
SMTA2	Standard Material Transfer Agreements 2
SUMA	Supply Management System
TRS	Technical Report Series
UNICEF	United Nations Children’s Fund
VSSM	Vaccine Supply Stock Management
VVM	Vaccine Vial Monitor
WHE	WHO Health Emergencies Programme
WHO	World Health Organization

Background

A three-day workshop was held by WHO from 10-12 September 2019 in Geneva, Switzerland, to familiarize participants with the key issues surrounding country preparedness for influenza vaccine deployment in the event of an influenza pandemic.

The main objective of the workshop was to create a pool of experts that would be able to support their own, and other, countries to develop national pandemic preparedness plans, and for participants to become educators and spread the word about the need for countries to be prepared for a pandemic.

A further objective was to establish an expert network and share practices in an effort to enrich responses in case of pandemic and to provide a platform for the group to exchange materials and information on pandemic preparedness.

Participants from the following institutions attended the meeting:

- The Ministries of Health of Lebanon, Oman, Sri Lanka and the United Arab Emirates
- The American University of Beirut.
- WHO Africa Regional Office, WHO Eastern Mediterranean Regional Office, Pan-American Health Office (PAHO) and the WHO Western Pacific Regional Office
- WHO Mozambique and Tunisia Country Offices
- An independent consultant from Nepal
- WHO Secretariat, and WHO HQ Subject Matter Experts
- MMGH Consultants

The WHO “Guidance on Development of a National Deployment and Vaccination Plan for Pandemic Influenza Vaccines” together with its associated Checklist, were used as reference materials to highlight the key steps for preparedness. Presentations were made by subject matter experts on the ten main topics covered in the WHO document “Guidance on Development of a National Deployment and Vaccination Plan for Pandemic Influenza Vaccines” and used to stimulate discussion and clarification on the application of the concepts to individual country contexts.

All presentations, as well as numerous background materials, were made available to the workshop participants through the Dropbox. Following is a summary of the proceedings and key issues that arose during the discussions.

DAY 1

Opening Remarks

Taking a historical perspective on the 2009 H1N1 influenza pandemic, when the pandemic broke, much of the supply of the vaccine was already committed and WHO was unable to secure sufficient vaccine to cover the needs of all countries. For the next pandemic, due to new arrangements put in place, 400 million doses will be available to WHO, which, although being more than during the last pandemic, will still not be enough. Optimizing management of resources – both vaccines and funding – will be key to addressing this shortage, together with close coordination of all parties, and preparedness of countries. At the country level, having a national pandemic preparedness plan ready and updated will go a long way to mitigating the challenges that will undoubtedly occur.

Prior to the 2009 H1N1 pandemic, some countries had a plan and were able to effectively distribute the vaccine to those that needed it. But there were still gaps in the planning. For example, in some settings, not involving General Practitioners in the planning and initial discussions and using an external workforce, posed challenges to risk communication efforts and in some situations manifested through lower uptake than optimal.

This example shows that while securing access to vaccine is part of the job, making sure the people who need the vaccine get it, is equally important and highlights the importance of communication.

Countries should be cognizant of the importance of having a national pandemic preparedness plan ready and updated, and aware that this can be used not only for deployment of influenza vaccine, but also for other vaccines such as MERS (Middle East Respiratory Syndrome), Zika, and SARS (Severe Acute Respiratory Syndrome) in the event of an outbreak due to these viruses.

Workshop participants were encouraged to master the steps that would be covered during the workshop to ensuring adequate country preparedness and to becoming advocates for such preparedness as they supported countries upon conclusion of the workshop.

The first part of the morning consisted of briefing the workshop participants on some of the historic lessons learned from the 2009 A(H1N1) pandemic, on the processes that have been put in place to facilitate speedier response in the event of another pandemic, and on presentations on selected relevant topics.

Pandemic Influenza Preparedness Plans

There are three types of influenza that infect humans:

- Type A causes epidemics and pandemics;
- Type B can cause epidemics but has not yet caused pandemics; and
- Type C causes mild illness in humans and does not cause epidemics or pandemics.

Annual seasonal influenza deaths are higher than previously estimated: the new estimate is between 200,000 – 650,000 deaths per year. This is a figure that can be used to gain the attention of countries as to the severity of influenza.

This session introduced participants to the tools and guidance available to countries to prepare their Pandemic Influenza Plans (PIPs) and each resource was briefly explained. Participants were also informed of the ability to review the status of publicly available PIPPs from other countries, which could be useful to countries when preparing their own plans and of other information available on the website.¹

Through an interactive game, the session illustrated the continuum of pandemic phases, i.e.: Alert – Pandemic – Transition, and the different actions to be taken during the different phases.

Current Status of Seasonal Influenza Vaccination

Participants were informed that some of the main challenges to introducing influenza vaccine during an influenza pandemic include: absence of a national influenza immunization policy at country level; regulatory aspects; service delivery issues; insufficient preparation of health workers; and concern about the safety of the vaccine versus perceived risk from the disease during a pandemic. It is assumed that those countries conducting seasonal vaccination for influenza will be able to respond quicker during a pandemic as aspects such as regulatory policies are in place, health workers are prepared, etc.

With this in mind, the global community gathers information on the status of countries' national seasonal influenza policies, vaccination coverage rates in the different risk groups vaccinated, and the types of vaccine used as reported by national immunization programmes to WHO via the WHO/UNICEF Joint Reporting Form (JRF) on Immunization.

Workshop participants were briefed on the key results from the latest JRF submissions. The presentation highlighted the need to encourage lower middle-income countries in particular to start putting in place their pandemic influenza preparedness plans, and to make progress on developing the regulatory processes for when the pandemic strikes. Seasonal influenza vaccination of selected risk groups will contribute to preparedness for a pandemic.

Standard Material Transfer Agreements 2 (SMTA2)

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