The Healthy Adolescent- Role of Vaccines in Kenya

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Immunization in the developing world

• Every year, millions of children in poor countries die from preventable diseases because they do not have access to life-saving vaccines.

• Possible reasons:
  • Existing vaccines being either too expensive
  • Existing vaccines not optimal for developing country use
  • Vaccine development has high fixed costs and manufacturers have historically not seen value in investing in new products for developing country needs
  • Developing countries represent about 75 million surviving infants (55% of world’s birth cohort)
Why do adolescent need vaccines?

- As primary prevention of disease
  - HPV
  - Meningococcal Vaccine
  - Flu
- Because they missed them as children
- Immunity can fade over time
  - Tetanus and Diptheria (Td)
- Perceived/ Increased risk
  - Hepatitis B
- Other
  - Adolescents as agents of change
  - Role in communication & as caregivers in our society
Adolescent Vaccines in the Kenya Context

- HPV introduction into routine immunization schedule, 2019
- Meningitis A vaccination campaign and subsequent introduction
- National Switch from TT to Td- 2018
- Hepatitis B vaccination in High risk Groups (Ongoing)
- Mass vaccination campaigns aimed at meeting disease elimination/eradication Objectives
  - Measles Rubella
  - Polio
Considerations we make in the choice of an Immunization Intervention

- Magnitude of public health problem conclusively determined
- Risk groups clearly identified
- Ensured **Sustainable** availability of an effective vaccine
- Ability of vaccination services to cover > 80% of at-risk-population in order to break transmission
- Political Goodwill
- Cost effectiveness
- International Trends, Quality approval and Monitoring

OR

- Targeting of only very high-risk groups e.g.
  - Health workers; prisoners; food handlers
Vaccination strategies

- Routine immunization serves 80% of population
- Venues: Clinics, schools, outreach facilities

- Done in collaboration with other activities
- Time limited approach
- Expensive service strategy
- Useful to reach both hard to reach populations

- Not a time limited strategy
- Clients present to receive immunization services

- Offer rapid scale up of immunization services.
- Time limited interventions
- Very expensive strategy
- Important for disease control
- Service is taken to clients
HPV Vaccination in Kenya
Incidence of Cervical Cancer in Women of All Ages in Kenya

Annual crude incidence rate per 100,000

Kenya: Female (All ages)
Cervical Cancer Mortality in Women of All Ages in Kenya

Annual crude mortality rate per 100,000
Kenya: Female (All ages)
HPV Vaccination

- HPV Vaccine Demonstration project conducted in Kitui County (2013-2015)
  - School based approach used
  - Coverage of 96%
  - Resource intensive
- Nationwide introduction planned for 2019
- Facility based approach
  - Supplemented with school outreach, community outreach (as per county needs)
  - Sustainable and less expensive than school based approach (reduced personnel and transport costs)
  - Needs intensive advocacy and mobilisation efforts to achieve required coverage
- Status: Support for introduction approved, Delays due to vaccine supply challenges
Vaccination Strategy

- Health based, with outreach services
- Modeled on and integrated with routine immunization delivery
- Same target- Standard 4 class in school going children, in both public and private primary schools- proxy for 10 year olds
- Schools and education system a key pillar for mobilization, List by district and Zone to generated
- Vaccination in schools could be organized as part of outreach- Efficiency, Closer engagement with health teams from the health facilities
- Vaccination card given to girls and documentation summary retained at the Health Facility
Key Issues

- **Strategy?**
  - Integration into routine immunization?

- **Partnership & Engagement with stakeholders**
  - Joint coordination forum with MoE, Gender?

- **Integration with other adolescent health programs?**

- **Documentation?**
  - Coverage and integration with routine immunization tools?
  - Cost?
  - Introduction into routine immunization?
  - Vaccination of Boys?

- **Timelines?**
  - Introduction Dates- Morals?
Emerging issues for discussion and Opportunities

- Is there need for consent for vaccination?
- Is there likely-hood of an increase in sexual activity?
- Potential negative publicity relating to the vaccine
  - As an agent of birth control?
  - Adverse events following immunization?
- Use of the vaccine in regions with sexual debut at a younger age
- How are we going to measure impact of vaccination?
- Is there a case for vaccination of boys?
Immunization and Saving lives is a shared responsibility and always Remember EVERY CHILD COUNTS!
Thank you!
Introduction of HPV vaccine in Kenya has potential to significantly reduce cervical cancer deaths

By the time that cervical cancer is diagnosed in Kenya there is a 51% mortality rate...

- Cervical cancer ranks as the 1st most frequent cancer among women in Kenya
- The cumulative risk of developing cervical cancer in Kenya (from 0-74 years) is 4.4%

Yet in the long-term, the introduction of the HPV vaccine on incidence could majorly reduce the rate of cervical cancer deaths in Kenya

- ~70% of cervical cancers are caused by HPV strains prevented the vaccine
- Efficacy of the HPV vaccine has tested at nearly 100% against included strains of HPV
- ~63% of cervical cancer cases could be averted if 90% coverage is reached
- Impact is seen at a later time than other vaccines due to vaccination in pre-teen years, given cervical cancer deaths occur in adults about 15-25 years after infection

Introduction of HPV vaccine could reduce the burden of cervical cancer incidence by more than 3000 women and girls per year at target coverage

Data from HPVcentre, with country specific data from HPV and Related Cancers Country Fact Sheets from 2014. 1 http://www.who.int/mediacentre/factsheets/fs380/en/