

Current major event

Consultative Meeting on Seasonal Influenza Vaccine Uptake in EMR

On November 16, 2019, WHO, in collaboration with US Center for Disease Control and Prevention (CDC) and the Partnership for Influenza Vaccine Introduction (PIVI), hosted a regional consultative meeting to discuss ways to promote the use of seasonal influenza vaccine among high risk groups in the Eastern Mediterranean Region (EMR). The meeting focused on reviewing current status of planning and implementing influenza vaccination programs and identified challenges and available opportunities that support their expansion.

Editorial note

WHO supports Member States in the region to implement the Pandemic Influenza Preparedness (PIP) Framework and enhance their capacities to detect, prepare for and respond to pandemic influenza. One of the main objectives of PIP framework is to increase the availability and utilization of seasonal influenza vaccine among high-risk groups.

Influenza vaccines are currently the best tool available for prevention of influenza and its complications. A sustainable seasonal influenza vaccine program not only reduces disease burden, but also strengthens health systems and leads to better pandemic preparedness. For example, in the 2009 H1N1 pandemic, countries with vaccination programs (despite the size) were 2.4 times more likely to receive the pandemic influenza vaccine first, as the regulatory and distribution systems were already in place and tested. Five priority groups for countries using or considering introduction of seasonal influenza vaccines have been recommended by the WHO SAGE in 2012.

In the past decade, the capacity of countries in the EMR has greatly increased in surveillance and pandemic planning and at least 14 countries in the Region have introduced the seasonal influenza vaccination. However, the Region remains one of the lowest globally in vaccine utilization. The consultative meeting with EPI managers and influenza focal points of 19 EMR countries, held in Morocco on 16 November, explored the challenges and opportunities countries are facing to increase the utilization and coverage rates.

Most EMR countries face challenges with the perception and acceptance of the vaccine due: lack of knowledge and awareness, low perception of effectiveness, low affordability and poor accessibility. Some other technical

Countries' Experiences in Planning and Implementing Influenza Vaccination Programs: Opportunities and Challenges

Opportunities/Strategies:

Free vaccination
Easy access (time and place)
Public-private partnerships
Mobile teams
In-pharmacy vaccination
Mass campaigns
Linking vaccination to hajj attendance
Targeted communications to high-risk groups
National policy development
Nurses delivering vaccine
Use of social media and influenza champions

Challenges:

Lack of local data to develop evidence base
Lack of tracking and monitoring systems
Political will and competing priorities
NITAG advocacy
Regulatory obstacles
Health worker hesitancy
Vaccine cost
Private sector not sharing data
Behavior changes
Population characteristics
Rumors

Ways Forward

1. Development of EMR roadmap for vaccine expansion
2. Enhancement of regional collaboration in data sharing, advocacy, and market strength
3. Increase of local evidence base by more studies on: KAP, disease burden, economic burden
4. Sensitization and engagement of NITAGs
5. Development of policy briefs for advocacy
6. Increasing accessibility to vaccines and reducing costs
7. Increasing knowledge and awareness of communities and health workers
8. Development of national policies

challenges in expansion of the programs include: limited knowledge of the disease burden, target groups not being infant-focused, delivery of the program annually, measuring impact, communicating value, matching supply-demand, and integrating into routine immunizations. Additionally, in the EMR, health workers hesitancy towards taking the vaccinations remains high. Some of those barriers are: perceived low risk of infection/disease, concerns by vaccine effectiveness and safety, lack of recommendations from health provider, inconvenience and out of pocket payments. Despite those challenges, select EMR countries have had successful and notable experiences in increasing uptake rates among health workers. These countries shared some of the strategies they adopted to achieve this (see figure).

In this meeting, solutions to overcoming some of the challenges and maximize available opportunities were explored as well, and ways forward were identified (see list).

WHO urges Member States to continue expanding seasonal influenza prevention and control policies and programs to protect the vulnerable. Creating sustainable, routine, seasonal influenza vaccination programs through the existing immunization infrastructure will save lives in future pandemics. WHO and CDC continue to support countries in seasonal influenza program planning and evaluation, and improving the overall pandemic preparedness.

Update on outbreaks

in the Eastern Mediterranean Region

MERS in Saudi Arabia; **cholera** in Sudan; **cholera** in Somalia; **cholera** in Yemen; **Multidrug-resistant typhoid fever** in Pakistan.

Current public health events of concern

[cumulative N° of cases (deaths), CFR %]

Avian influenza: 2006-2017

Egypt (A/H5N1) [359 (122), 33.98%]

Egypt (A/H9N2) [4 (0)]

Ebola virus disease (EVD): 2018-2019

Democratic Republic of Congo (DRC) [3 301 (2 198), 66.59%]

Cholera: 2017-2019

Somalia [9 258 (48), 0.52%]

Yemen [2 188 503 (3 750), 0.17%]

Sudan [324 (11), 3.39%]

Diphtheria: 2018-2019

Yemen [4 788 (281), 5.87%]

Bangladesh [8 887 (45), 0.51%]

MERS: 2012-2019

Saudi Arabia [2 101 (780), 37.13%]

Multidrug-resistant typhoid fever: 2016-2019

Pakistan [14 176 (0)]