



*Asian Pacific Vaccinology Meeting
II International Symposium for Asia Pacific Experts
30th November to 3rd December 2015*



An Overview of EPI Programs: Trends Programmatic Needs And Introduction And Adoption: Malaysian Experience

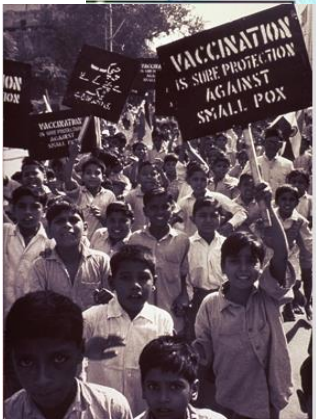
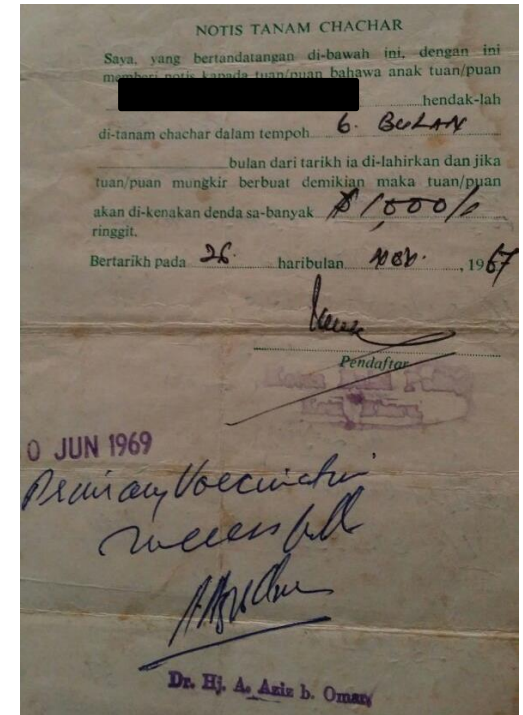
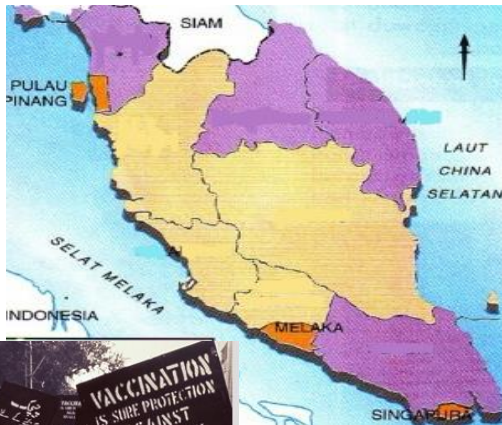
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Presentation Outline

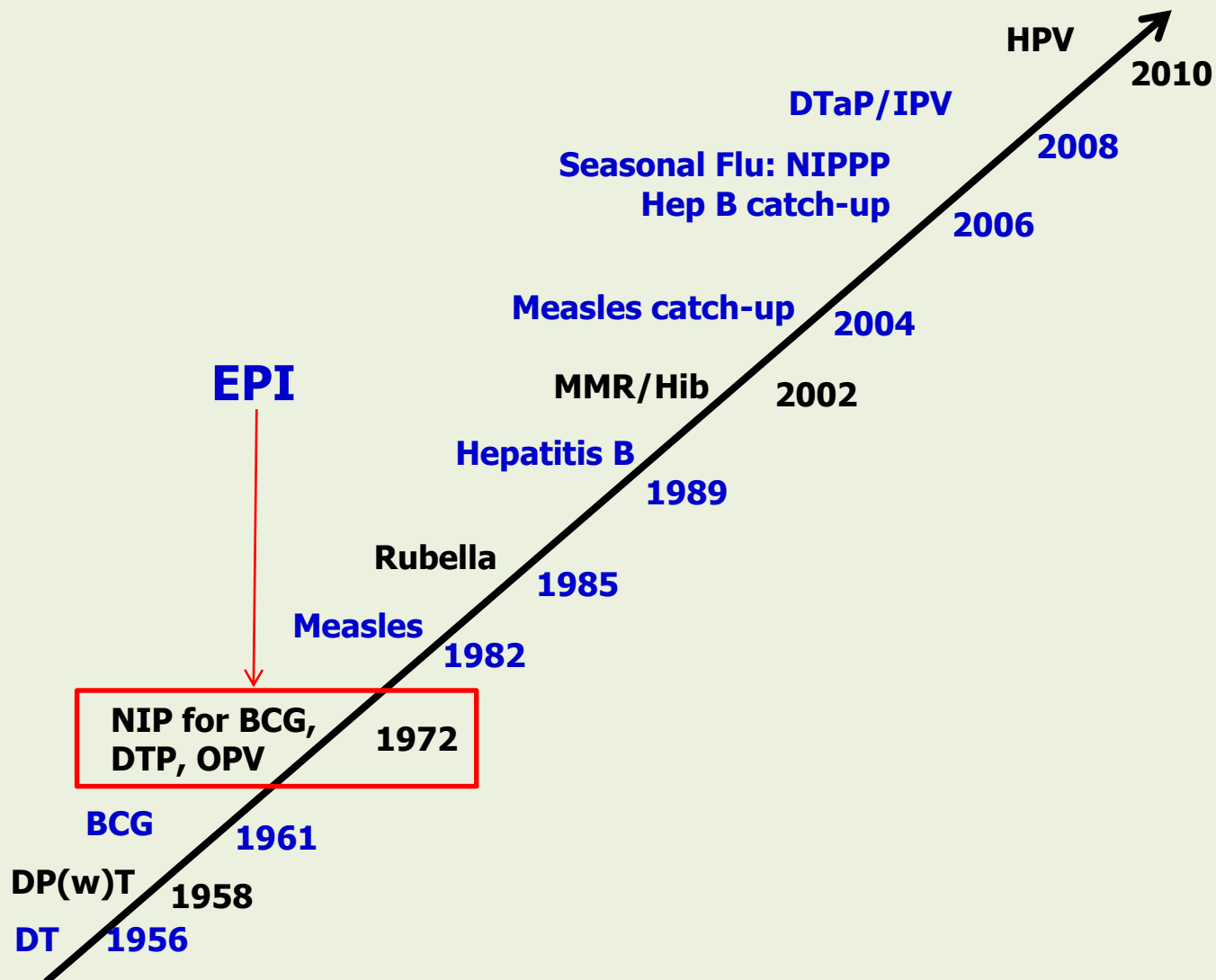
- EPI program in Malaysia
- Malaysian health care delivery system
- Case study – New Vaccine Introduction

Immunisation History in Malaysia

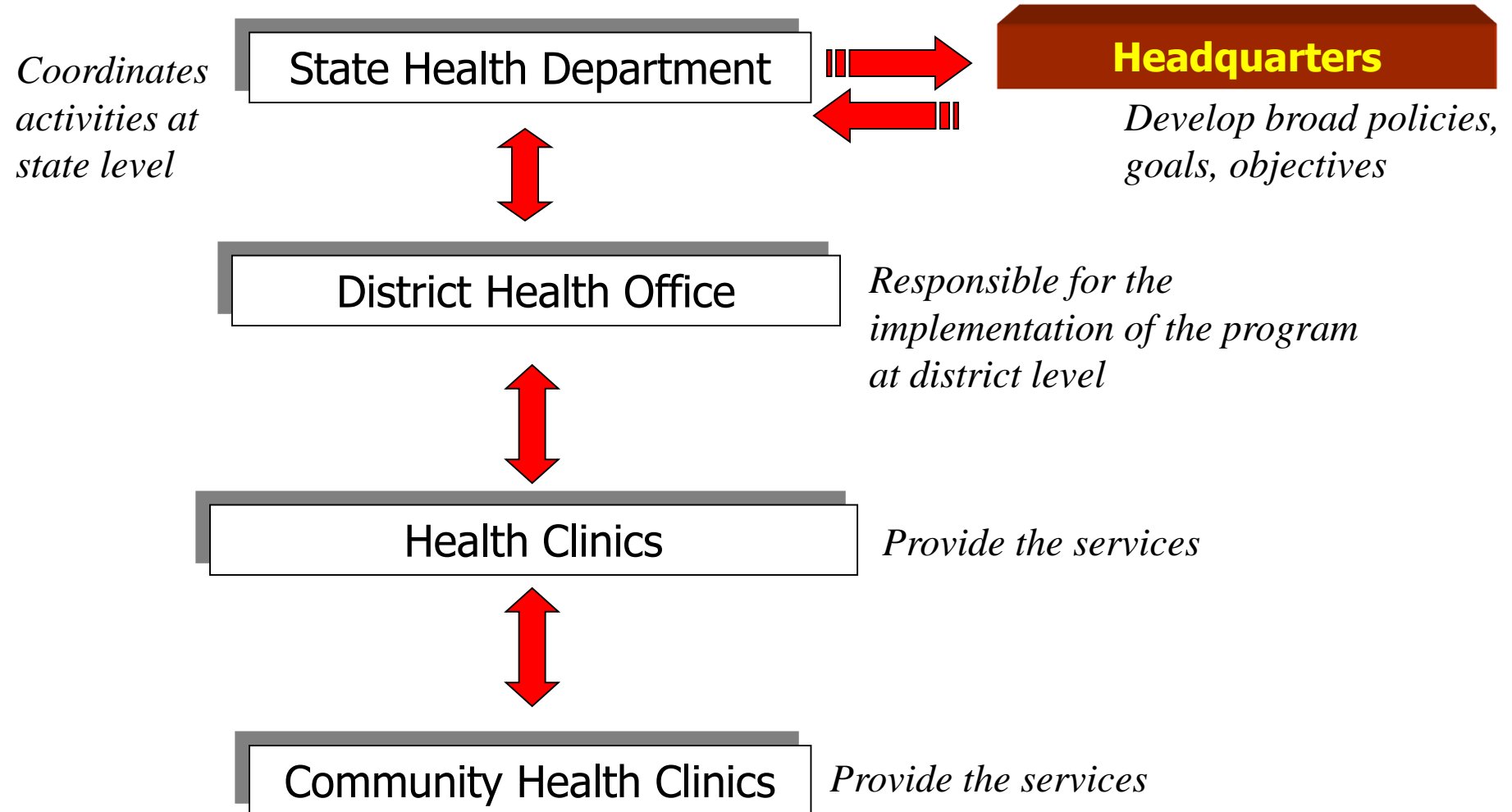
Smallpox Vaccination started in the Strait states & urban areas 1950's – Nationwide – Vaccinators – head master



Immunisation History in Malaysia



Organisation and service delivery



DISTRICT HEALTH SERVICES

90% population within 5 km of health facility (NHMS II)



**District Health Office
 No. : 142***

1831

Community Clinic
 • Coverage: 4,000 population



Mobile Services



•Coverage: 20,000 population

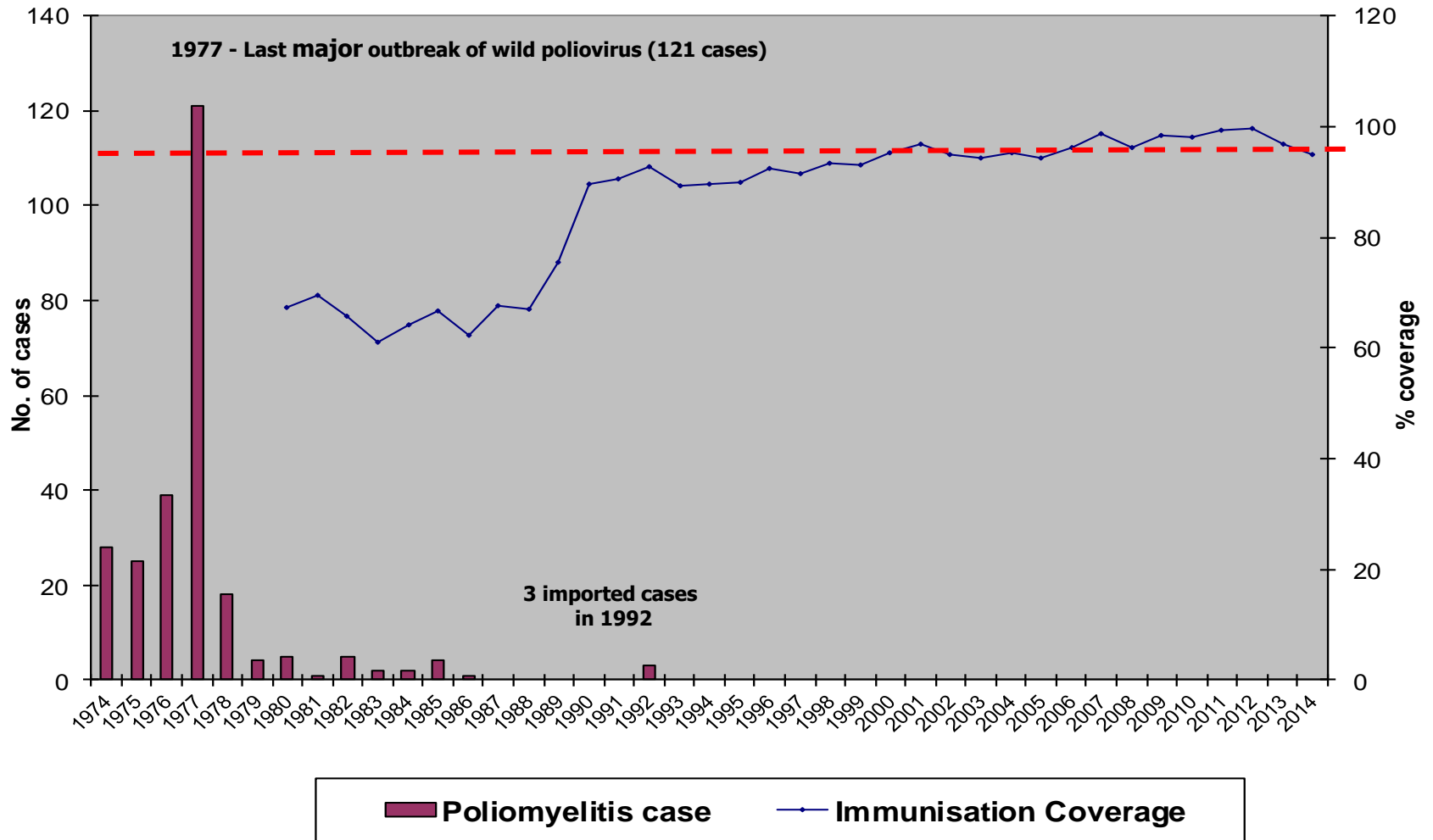


1025 Health Clinics

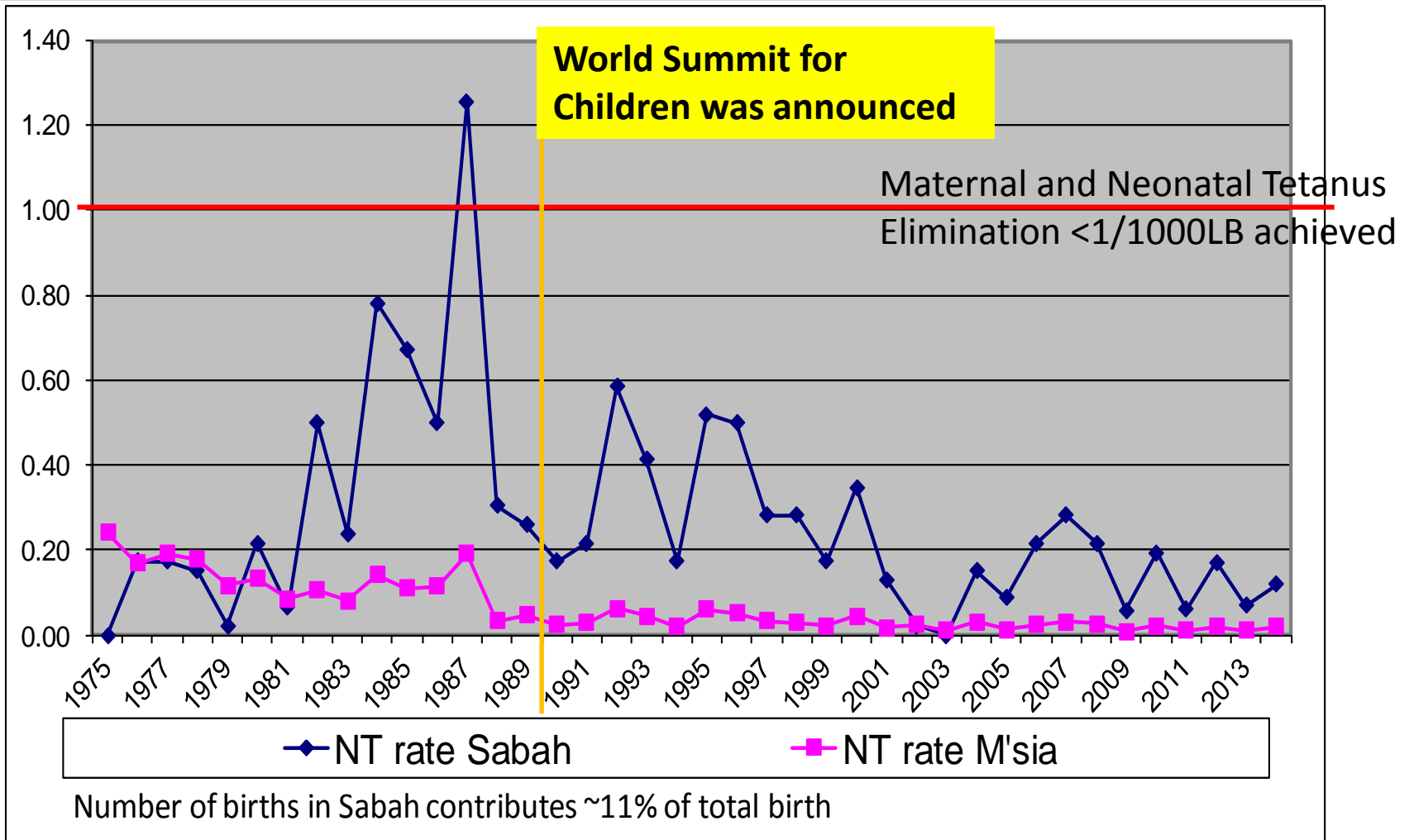


* Health Informatics Centre Data, MOH 2013

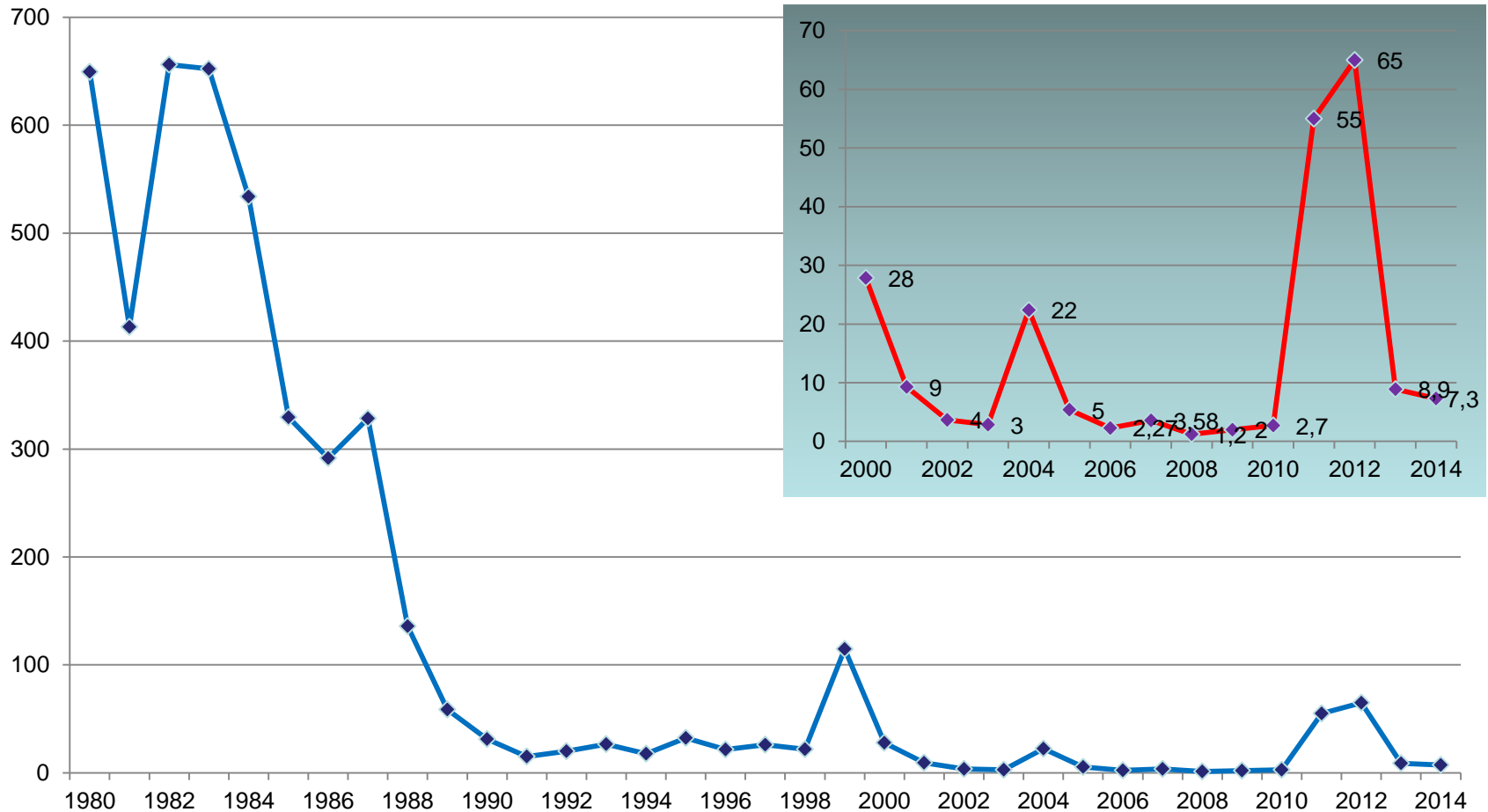
Poliomyelitis & Polio Immunisation Coverage



Incidence of Neonatal Tetanus (per 1,000 LB) in Malaysia; 1975 – 2014

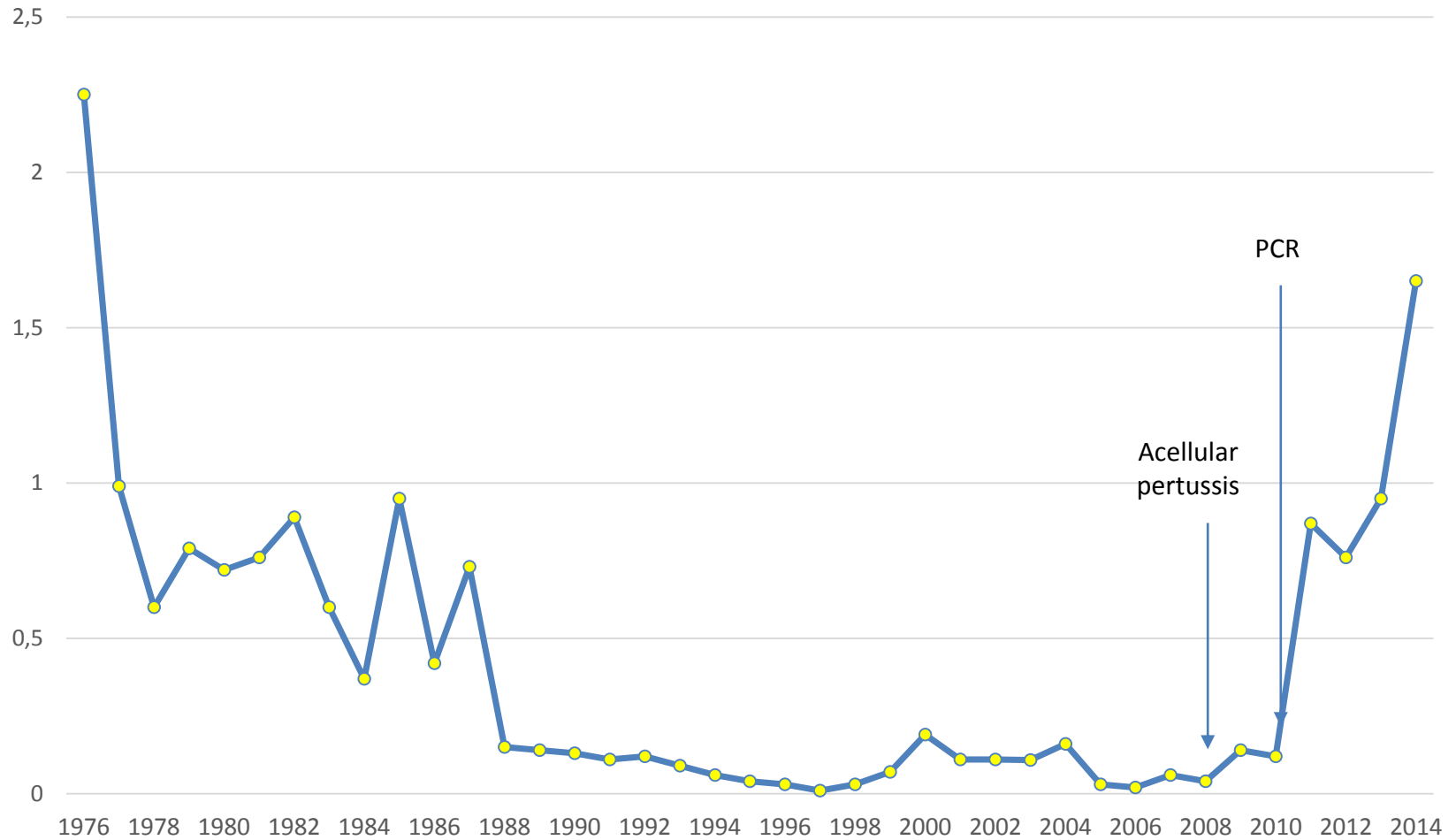


Incidence of Measles in Malaysia (per 1 mil. pop.), 1976 - 2014



Elimination target: <math><1/1,000,000</math>
pop

Incidence of Pertussis in Malaysia (per 100,000 pop), 1976 - 2014



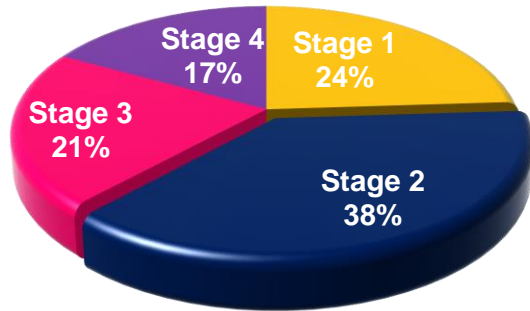
Introducing new vaccines

- 1. Disease burden assessment;** control and prevention plan & goals, efficacy
- 2. Vaccine are safe, effective and of good quality**
- 3. Develop strategy for service delivery:** advocacy, effectiveness and sustainability of program, procurement & supply, logistic including cold chain, training and supervision
- 4. Monitoring and evaluation:** coverage, AEFI, disease incidence
- 5. Regulatory:** registration, vaccine safety, quality control
- 6. WHO-Vaccines of assured quality (pre-qualified)**

Introduction And Adoption Of National HPV Vaccination In Malaysia , 2010

- Decision Making and Planning

Cervix, Uteri stage at diagnosis among Malaysian citizen 2008



Why HPV vaccination become part of Cervical Cancer strategy?

- Low Cervical smear uptake among high risk women
- Delay in seeking treatment
- WHO endorse on safe HPV vaccine to prevent Ca Cx

	Ca Cervix	HPV Vaccination
Budget/ Target	1,627 cases (2003)	266,000 girls (2009)
Cost	RM 381.8 millions RM 2.8 millions for pre invasive <ul style="list-style-type: none"> • RM 285 millions for treating new cases (invasive) • RM 94 millions for treating old cases 	RM 322.2 millions Vaccine RM319.2 million <ul style="list-style-type: none"> • Additional Cost RM 3 millions (Health Education, Training and logistic)
Cost/ person	RM 234,665.02	RM 1,211.28
Incidence	19.7 /100,000 women- unchanged	8/1,000,000 (estimate vaccine efficacy at 98%)

Introduction And Adoption Of National HPV Vaccination In Malaysia , 2010

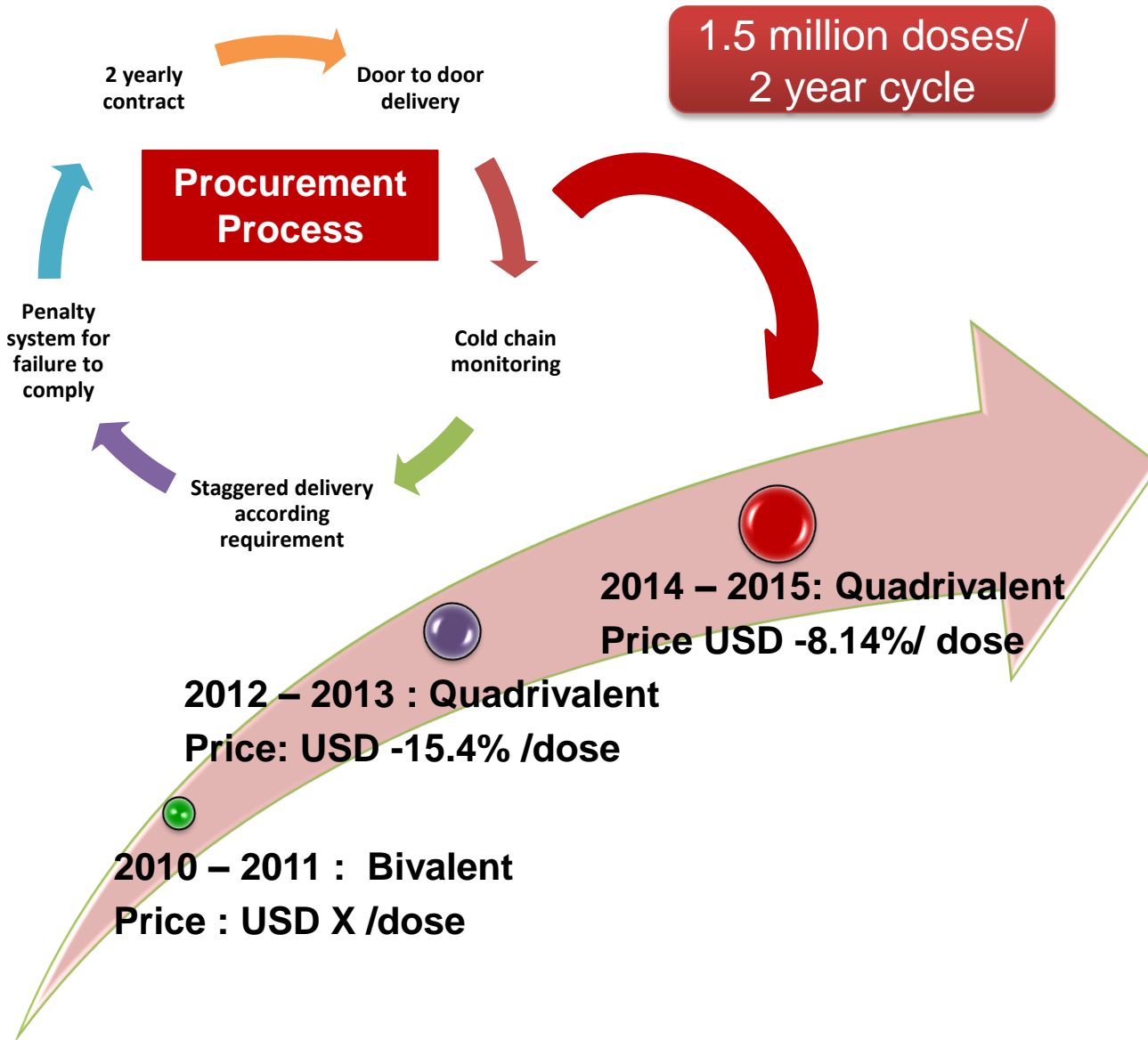
GOAL: To reduce the incidence of cervical cancer related to HPV type 16 and 18 infection among immunized 13 years old girls over next 20 years.

STRATEGY:
delivered as part of the Cervical Cancer Prevention and Control Program and the Expanded Program of Immunisation (EPI)

OPERATIONAL POLICY: Voluntary School based immunization HPV vaccination

- High school attendants in Malaysia
- HPV vaccine as an additional vaccination to existing EPI program
- Availability of structured comprehensive school health program
- Strong commitment and support from Ministry of Education

Competitive Procurement Process



Side Benefits of vaccine procurement

1. 856 vaccine fridges supplied to 651 health facilities
2. RM1 million/ year for promoting vaccination
3. Supplies of disposable injection consumables
4. 2014 – 2015: Maintenance of the vaccine fridges

Promoting HPV Vaccination To Public

Theme: HPV vaccine as Cervical Cancer vaccine

Media Campaign Based Health Belief Model

1. Cervical cancer is preventable
2. Parental awareness on voluntary vaccination
3. Persuade girls to complete 3 doses vaccination as scheduled

Public access to interactive information

1. Social Media
 - HPV Facebook
 - HPV twitter
2. Phone Hot line
3. Email

Rumours surveillance and program monitoring

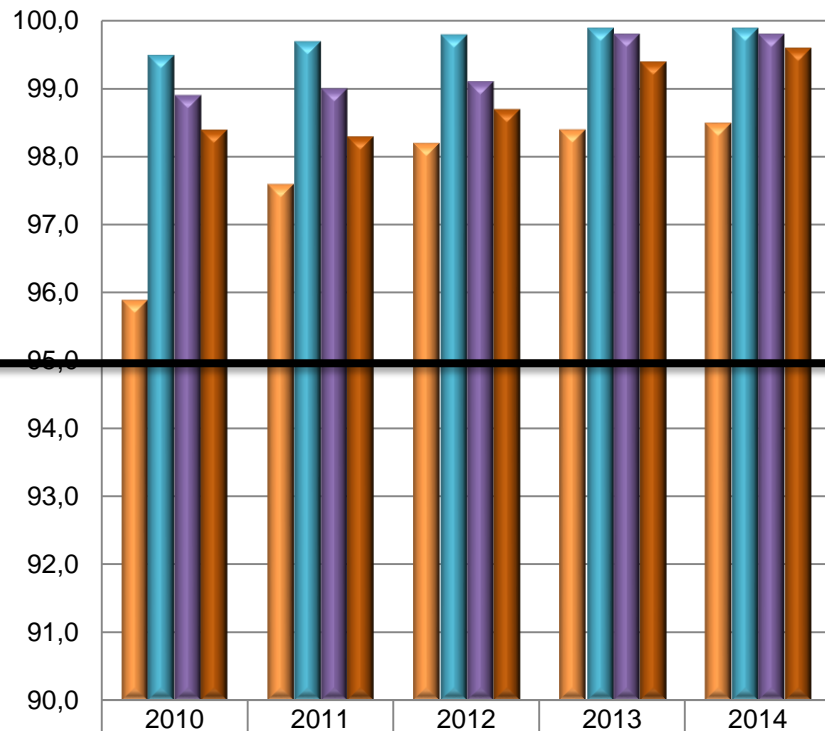
1. Response to media and public queries
2. Provide guideline to implementers
3. Monitor potential program threat and proposed counter measures

Addressing the religious and cultural aspect of the HPV vaccination

Leading to establishment of Fatwa or religious ruling on HPV vaccination for the Muslim.

Monitoring and Evaluation

Malaysia HPV Vaccination Coverage, 2010 - 2014



Program target completion rate at 95%

AEFI 2010 – 2014 Percentage (%)

Pain at Injection Site	16.4
Swelling at Injection Site	11.5
Dizziness	10.4
Headache	8.3
Generalised weakness	6.6
Nausea	6.0
Vomiting	5.4
Fatigue	5.4
Body ache	5.0
Injection site erythema	4.8

FACTORS CONTRIBUTING TO SUCCESS OF HPV VACCINATION IN MALAYSIA

1

Political Will and commitment

2

Competitive Procurement Mechanism

3

Effective Risk Communication Strategy

4

Addressing Religious Issues

5

Public trust in Malaysian EPI

6

Well established School Health Services

7

Strong support from Ministry of Education

Challenges in Introducing New Vaccine: GVAP strategy

- GVAP strategy
 - Countries has to introduce new vaccine
 - PCV, Rota, dengue
- Competing PH priorities
 - Existence of surveillance
 - Evidence of high morbidity and mortality
- New vaccines are expensive
 - Sustainability
- Active community participation and empowerment
 - To improve coverage

Conclusion

- **Vaccines and immunisation**
 - Cost effective health intervention
- **Need to ensure**
 - Optimisation of benefits
 - Sustainability of programme