

FROM VACCINE TO VACCINATION

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WHY TO PROMOTE THE VACCINATION

- VACCINES ARE BIOLOGICAL PRODUCTS ONLY, BUT VACCINATION PROTECT HUMAN HEALTH
- COUNTRIES HAVE TO PROMOTE VACCINATION BY IMPLEMENTING OF EPI

EPI ACHIVEMENT IN VIETNAM

DISEASE	NO OF CASES/DEATH 1984		NO OF CASES/DEATH 2016	
	CASES	DEATH	CASES	DEATH
POLIO	1,149	44	0 (ERA. BY 2000)	0
DIPHTHERIA	2.357	226	13	3
PERTUSSIS	44.926	32	267	2
NEONATAL TETANOUS	1.331	250	32 (ELI BY 2005)	17
MEALSES	82.899	303	46	0
TOTAL	132.662	855	358	22

SELECTION OF VACCINE INTO EPI

- DISEASE PRESSURE (MORBILITY AND MORTALITY, ECONOMIC BURDEN).
- POSSIBILITY (VACCINE SUPPLY, FINANCIAL CAPABILITY, LOGISTICS, HEALTHCARE HUMANITY ..)
- SUSTAINABILITY
- PRIORITY TARGETS OF THE PERIOD
- COMMUNITY ADVOCACY

EPI VACCINES IN VIETNAM

- BEFORE 1997: VIETNAM PROVIDED VACCINATION FOR 6 COMMON DISEASES (TUBERCULOSIS, DIPHTHERIA, PERTUSSIS, TETANUS, POLIO, MEALSE), VIETNAM HAS PRODUCED DPT, BCG AND POLIO
- FROM 1997, VIETNAM APPROVED TO IMPLEMENT 4 ADDITIONAL VACCINE IN EPI: HEPATITIS B, JAPANESE ENCEPHALITIS, CHOLERA, AND TYPHOI. THIS TIME VIETNAM HAS PRODUCED VACCINE HepB, CHOLERA AND JE
- 2010 Hib (QUINVAXEM) DONATED BY GAVI
- 2014 RUBELLA (MR)

ADDITIONAL VACCINES CONSIDRATION IN NEAR FUTURE

- VIETNAM PROVIDE 12 VACCINES IN EPI IN CURRENT TIME.
- A LOT OF VACCINES NEEDED FOR CHILDREN, ADOLESCENTS AND ADULT : ROTA, HPV, SEASON FLU, PNEUMOCOCUS, MENINGITIS..

IN THE NEAR FUTURE VIETNAM SHOULD CONSIDER DEPLOYMENT OF ROTA (LOCAL), SEASONAL FLU VACCINES (LOCAL) AND PNEUMOCOCUS VACCINE

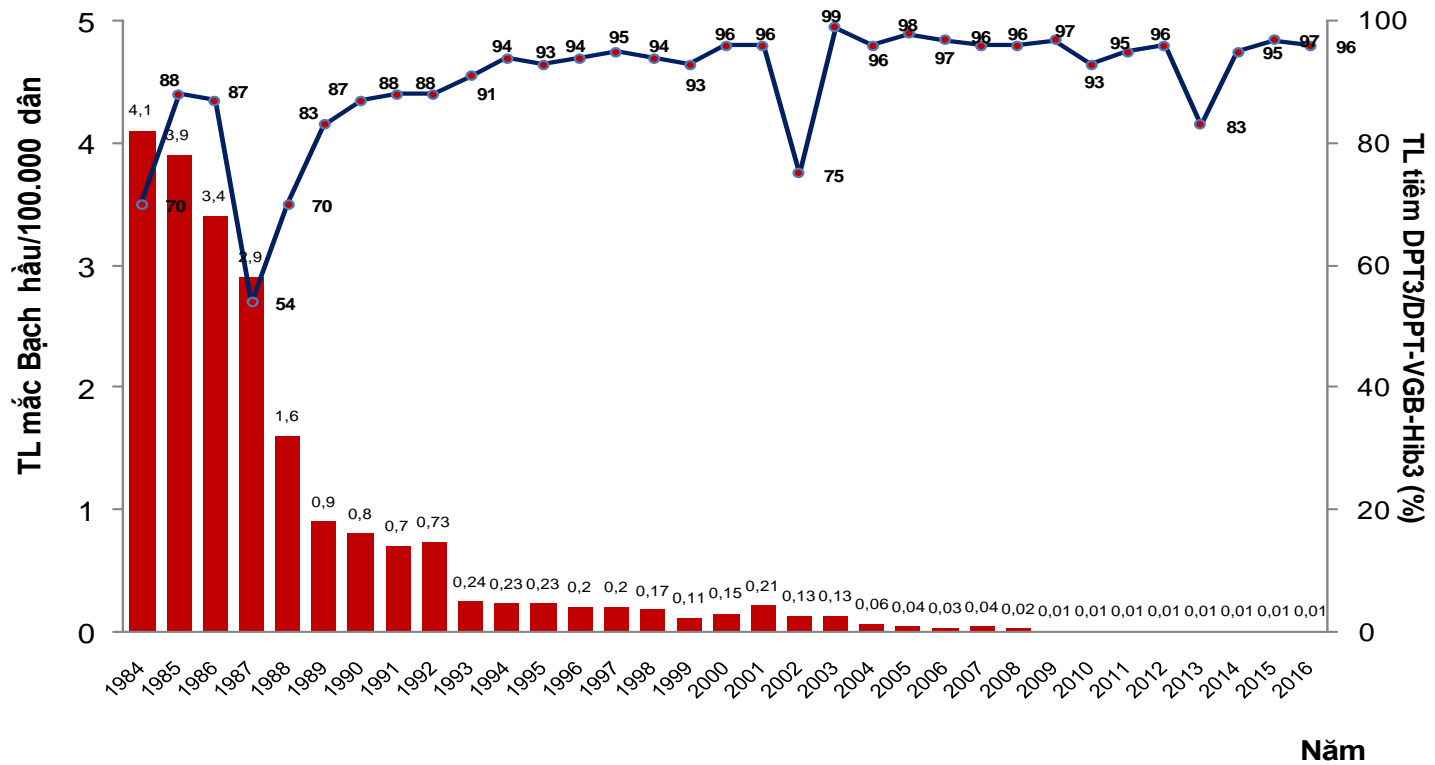
MAINTAIN HIGH COVERAGE VACCINATION IN EPI

- NEEDS:
 - HIGH ADVOCACY OF THE COMMUNITY
 - THE CONCERN OF THE AUTHORITIES
 - THE HEALTH SYSTEM IS STRONG ENOUGH

BARRIER OF MAINTAIN THE EPI COVERAGE

- AEFI
- THE DECLINE IN COMMUNITY TRUST
- PRESSURE OF THE MASS MEDIA
- DIMINISHED THE CONCERN OF THE
AUTHORITIES AT ALL LEVELS
- PRESSURE OF AEFI WITH HEALTHCARE
STAFF

DPT COVERAGE



SOLUTION

- STRENGTHEN VACCINATION SAFETY (VACCINE QUALITY, PRESERVATION, VACCINE TRANSPORTATION, IMMUNIZATION PRACTICE, COUNSELLING VACCINATION, FOLLOW UP AFTER VACCINATION, MONITORING AND SUPERVISION
- QUICKLY TO IDENTIFY AEFI CASES AND RESPONSE
- TAKE THE ADVANTAGE OF THE SUPPORT FROM MASS MEDIA AND THE AUTHORITIES AT ALL LEVELS
- HAVING DIRECTIONS TO DOMESTIC MANUFACTURERS IN THE PRODUCTION OF VACCINE FOR THE FUTURE

APPROPRIATE IN LINE WITH THE EPIDEMIOLOGY CHANGE OF VACCINATED DISEASES

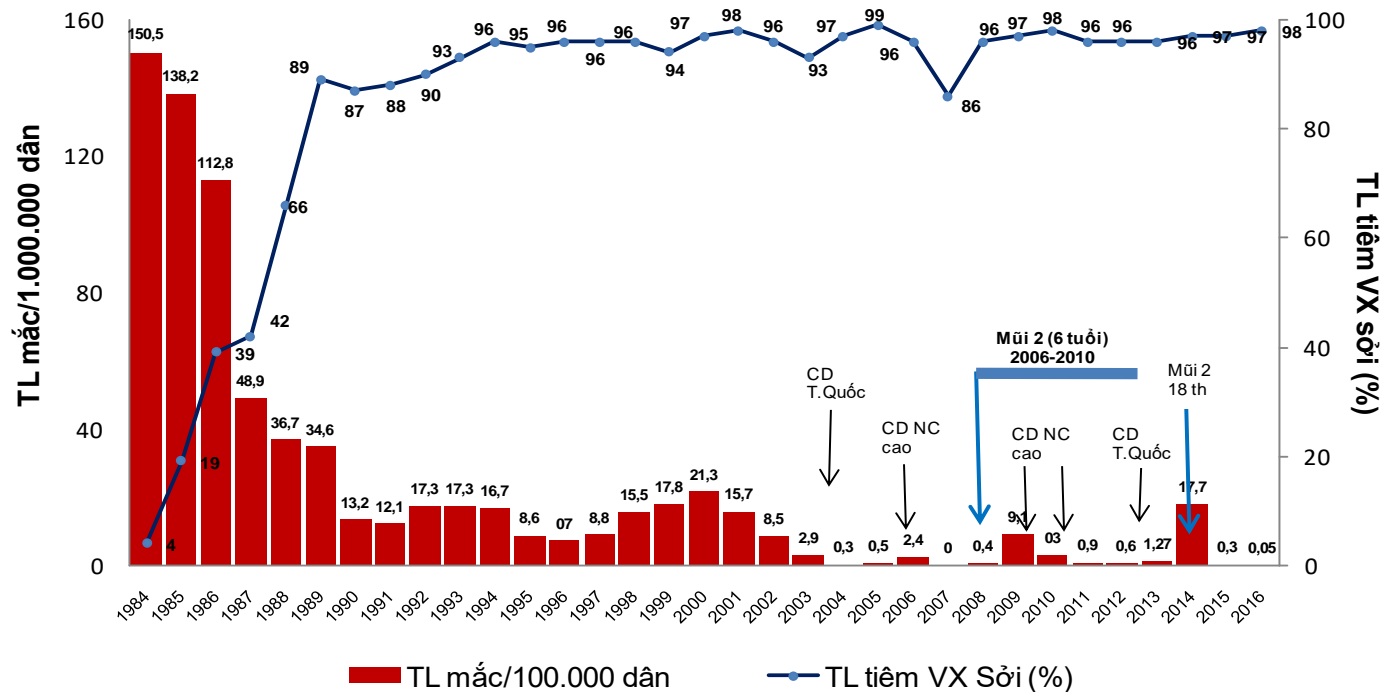
- CHANGE OF THE EPI DISEASES EPIDEMIOLOGY
- IMMUNE FLAW APPEAR IN THE COMMUNITY TO FACILITATE OUTBREAKS SUCH AS MEALSES, DIPHTHERIA, PERTUSSIS

SOLUTION

- DEVELOP A QUALITY EPIDEMIOLOGICAL SURVEILLANCE SYSTEM
- RESEARCH AND ORIENTATION ARE NEEDED FOR BOOSTER AND ADDITIONAL DOSAGE, OR IMMUNIZATION CAMPAIGN FOR HIGH RISK OBJECTS
- SELECT THE APPROPRIATE VACCINES

MEALSE OUTBREAK

2009, 2014



LOCAL VACCINE PRODUCTION

- VACCINE SUPPLY IN TIME
- AT PRESENT, VIETNAM PRODUCED MORE THAN 10 VACCINES: BCG, DPT, POLIO, MEALSE, MR, JE, Hep B, CHOLERA, TYPHOID, FLU H1N1, FLU H5N2
- VIETNAM STEP BY STEP TRY TO PRODUCE OTHER VACCINES: COMBINATION 5 IN 1 (DaPTHepBHib), biOPV, IPV, conjugate Typhoid...

Thank you