Assessment of the hepatitis B prevention programme implementation in Georgia

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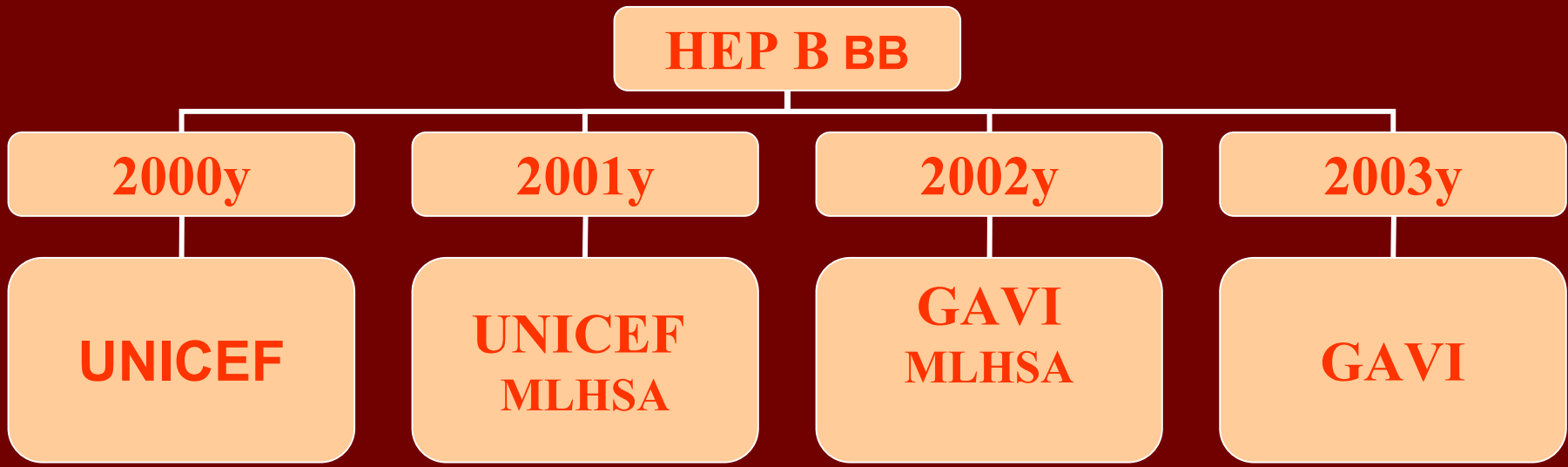
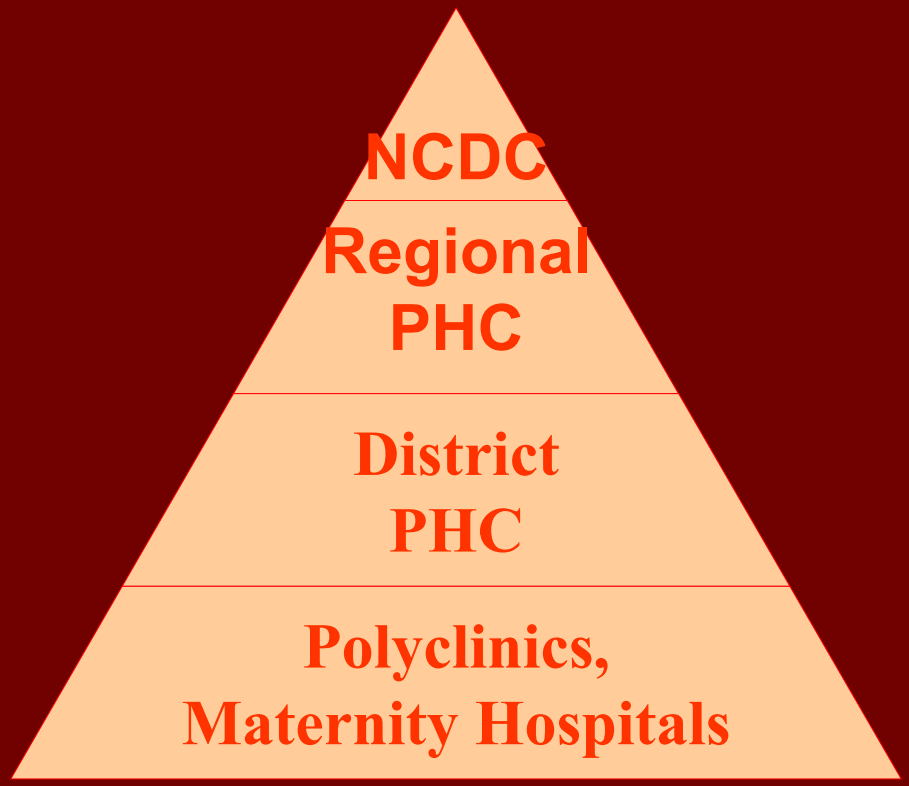
HEPATITIS B VACCINE INTRODUCTION IN GEORGIA 2000 -2003yy



National vaccination schedule for children under 1 year of age

❖ Within 12 hours	❖ Hepatitis B(1)
❖ Day 2-5	❖ Tuberculosis BCG
❖ 2 months	❖ Diphtheria, Tetanus, Pertussis DPT, Polio OPV(1) , HB (2)
❖ 3 months	❖ DPT or DT, OPV(2),
❖ 4 months	❖ DPT or DT, OPV, Hepatitis B (3)
❖ 12 months	❖ Measles, Mumps or MMR(1)

VACCINE DISTRIBUTION FROM NATIONAL TO LOCAL LEVEL



CAUSES DISTURB IMMUNIZATION PROCESS-1

- Hepatitis B is not considered as an important public health by some medical experts;
- Medical professionals and parents mistrust to the new vaccine (doubt about vaccine safety);
- Immunization being delayed due to misinterpretation of contraindications;
- Non-professional publications against immunization;

CAUSES DISTURB IMMUNIZATION PROCESS-2

- Some management problems during Health Care transition period from Centralized to Decentralized:

- ✓ Interrelation between District Public Health Centers and Primary Health Care;
- ✓ Financing problems;
- ✓ Functional contradiction between Primary Health Care and human resources.

- Inadequate accuracy of data on target population (nominators and denominators)

Main findings (1)

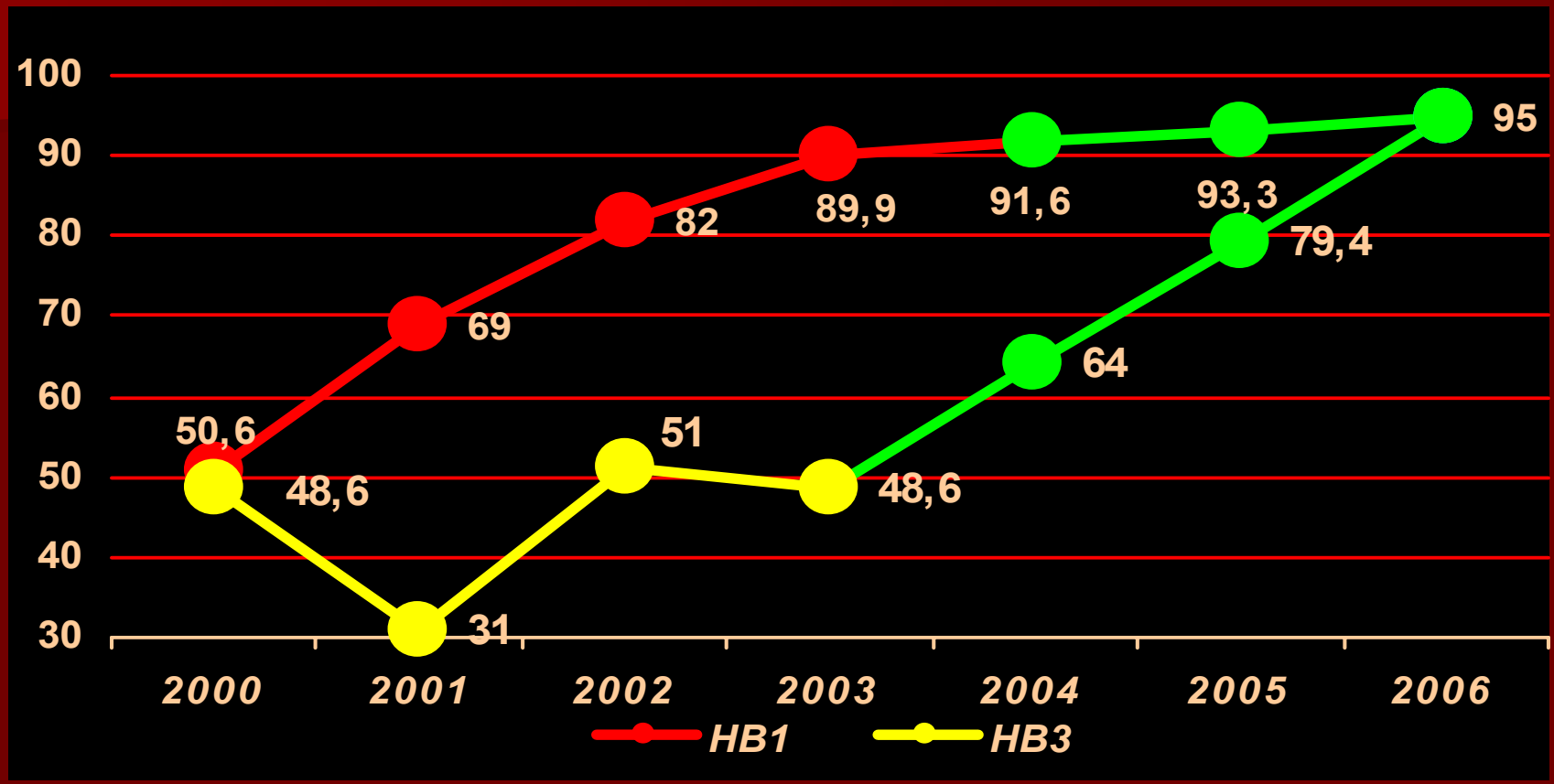
Implementation

- **HepB immunization was introduced in urban areas in 2000 with the support from USAID**
- **Implementation was expanded countrywide in 2001 and integrated into immunization delivery system**
- **GAVI support for HepB immunization received in 2002**
- **Initially HepB vaccine was to be given at 2; 3 and 8 months of age**
- **New MoLHSA decree on immunization was adopted in June 2003 and the HepB schedule was changed to birth, 2 and 4 months. The new schedule was introduced in September 2003**
- **Two lines of immunization: governmental programme (free of charge for HepB until 2 yrs) and commercial immunization (officially subject to charge, estimated as 5% of all immunizations)**

Main findings (2)

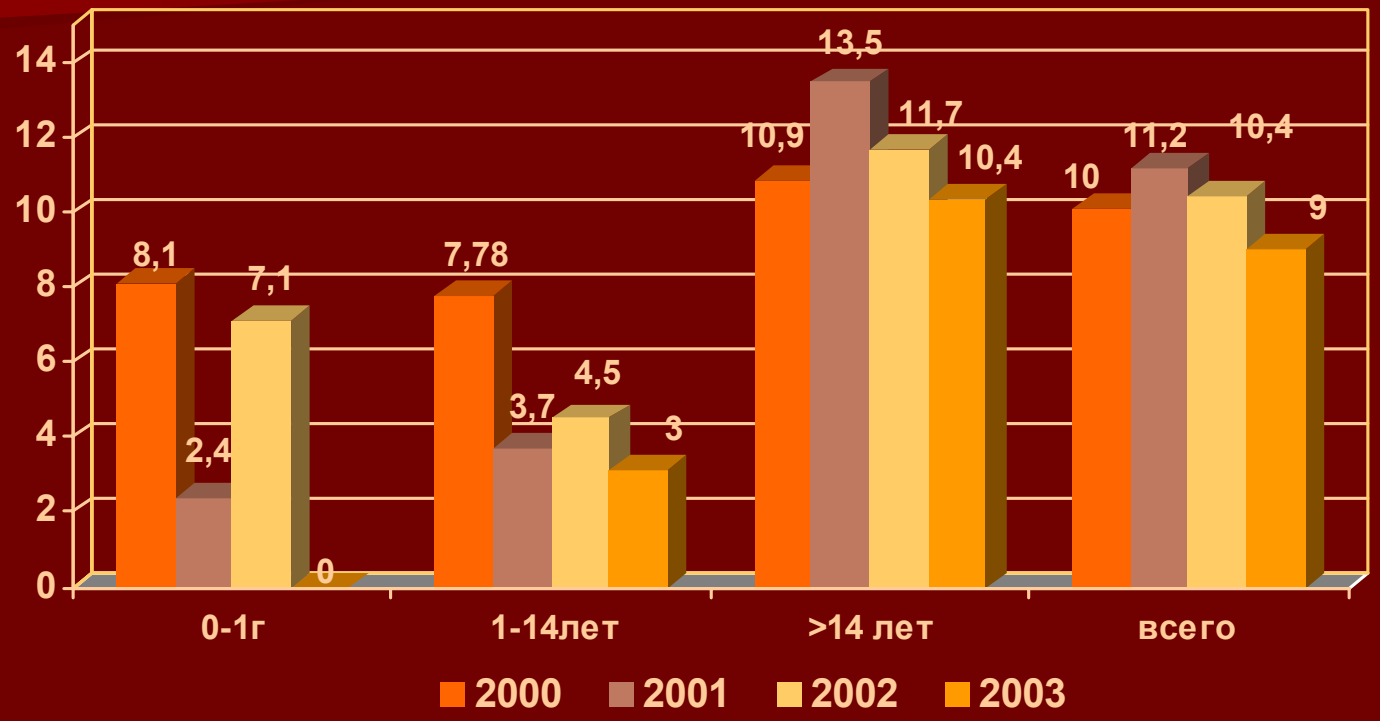
- **Maternities started HepB immunization of newborns in September 2003. Records in the maternities visited by the team showed that HepB immunization was mostly given on the day of birth. Some newborns were not immunized due to their condition at birth.**
- **HepB3 coverage in infants was lower than DTP3 coverage:**
  - **33% compared to 86% in 2001**
  - **51% compared to 86% in 2002**
- **Part of children are not reached by health services and therefore remain unimmunized. In addition to that some of immunized children are not recorded and reported, since they are not registered in the health facility providing immunization.**
- **Immunization Management Information System (MIS) introduced at all levels to monthly monitor immunization coverage, contraindications and vaccine supply and use. However PCs are currently used at regional and central levels.**

HEPATITIS B VACCINATION B1-B3 (%)
GEORGIA 2000-2003YY



- In 2002y case, described in lecture, influenced at HB3;
- In 2003 low B3 coverage explained by changes in immunization schedule;
- For 95% HB3 coverage achievement up to 2006 , coverage in each reporting year should be improved at 15,4%.

AAGE DISTRIBUTION OF HEPATITIS B INCIDENCE (per 100000) 2000-2003yy



- In 2002 in all age groups was noted the increase of incidence and was made a resolve about immunization schedule modification;
- Process of vaccination was a probable cause of morbidity total rate decreasing;

STRATEGY - 2

- Further strengthen the social mobilization to support HepB vaccination; Recall parents about vaccination usefulness, about dangers, which impend not only unvaccinated children, but also enclosing people, and about AEFI by mass media and publications; Raise awareness about new vaccines and vaccine preventable diseases;

- Further strengthen the status, role and use of the National Inter-Agency Coordination Committee (ICC) in coordination of support and advocacy for Hepatitis B immunization;

STRATEGY - 1

- Raise training coverage for epidemiologists, neuropatologists, pediatricians, neonatologists and heads of health facilities;
- Raise awareness of health professionals and their understanding of public health importance of hepatitis B usefulness and safety of HepB vaccine;
- Identify and include in target group currently unreached and underserved population. That can be achieved by mobile teams rehabilitation;
- Search of new methods for Health Care management improvement;