HPV Vaccine Demonstration Programme in Kaski and Chitwan

On 26 February 2016, Nepal marked an important milestone in its history of immunization. In the past one and half years, Nepal introduced three new and under-utilized vaccines – IPV, PCV and MRSD – into its routine immunization ensuring its commitment to eradicate polio, combat pneumococcal diseases, and to achieve the nation’s goal to eliminate measles and control rubella/CRS by 2019. On 26 February, Human papillomavirus (HPV) vaccine as demonstration programme was launched in Kaski, and, on 28 February, in Chitwan. This launch marks the first step towards ensuring safer future to the girls in Nepal by protecting them from cervical cancer.

Studies conducted in Nepal have shown that cervical cancer is the leading cause of cancer among women in Nepal. In Nepal, around 1/5 of the total cancer in women is cervical cancer. Global data shows that one out of two women with cervical cancer die of it, most of which occurs in developing countries.

With Global Alliance for Vaccines and Immunizations (GAVI) support, now the country is able to introduce a very expensive HPV vaccine as a demonstration programme. With this opportunity comes obligation. The demonstration programme is the first step towards national introduction of HPV vaccination. Therefore, both Kaski and Chitwan will need to perform well with high vaccination coverage of both targeted school and out-of-school girls. Only after achieving high coverage and demonstrating programme feasibility, the country can further apply to GAVI for national introduction of HPV vaccine.

Experience from other countries show that efforts to reach out-of-school girls and align vaccination sessions with the school calendar will require significantly more resources. Furthermore, countries are taking longer time than expected to take on board lessons learned from their demonstration programmes (source: GAVI). Nepal needs to overcome these barriers as well.

This programme is not only about vaccination. It also gives us a unique opportunity to implement comprehensive cervical cancer prevention and care by combining vaccination to younger girls for prevention and cervical cancer screening and treatment to older women. In fact, vaccination should not replace cervical cancer screening. Furthermore, the programme is a unique opportunity to integrate other health interventions targeted for adolescents.

- **Which districts?** Chitwan and Kaski
- **For how long?** 2 years
- **Which Vaccine?** Cervarix (Human Papillomavirus Vaccine Types 16, 18)
- **How many?** 2 doses (6 months apart)
- **For whom and where?**
  - Grade 6 girls at school
  - 10 years old out-of-school girls at health facility
- **Total target** 6500 (Kaski), 8243 (Chitwan)
Acute Flaccid Paralysis

Non-Polio AFP Rate*, 2015

Non-Polio AFP Rate*, 2016

Stool Adequacy, 2015

Stool Adequacy, 2016

Measles

Measles and rubella cases, 2015

Measles and rubella cases, 2016

<table>
<thead>
<tr>
<th>Region</th>
<th>Total suspected cases</th>
<th>Annualized incidence of non-measles suspected measles cases*</th>
<th>% outbreak fully investigated</th>
<th>Lab-confirmed</th>
<th>Measles</th>
<th>Rubella</th>
<th>Total suspected cases</th>
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<th>Rubella</th>
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<tbody>
<tr>
<td>Eastern Region</td>
<td>38</td>
<td>4.2</td>
<td>97</td>
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<td>8</td>
<td>14</td>
<td>2</td>
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<td>21</td>
<td>13.8</td>
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<tr>
<td>Central Region</td>
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<td>97</td>
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<td>20</td>
<td>20</td>
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<td>9</td>
<td>18</td>
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<tr>
<td>Far-Western Region</td>
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<tr>
<td>National Total</td>
<td>628</td>
<td>8.6</td>
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<td>100</td>
<td>225</td>
<td>84</td>
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</tr>
</tbody>
</table>

1 - Confirmed cases include lab confirmed and epi confirmed cases.* - per 100,000 population, **- per 1,000,000 population

All visuals for 2015 are generated based on 2015 whole year data. All visuals of 2016 are generated based on data as of 02 Mar 2016.
### Japanese Encephalitis

- **2015**
  - Total JE Cases = 138
  - Districts = 40

- **2016**
  - AES cases = 20
  - No JE cases reported

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### Neonatal Tetanus

- **NNT Cases, 2015**
  - (N = 7)

- **NNT Cases, 2016**
  - (N = 0)

### WHO Support in Emergencies - Deployment of WEDS in 14 earthquake districts

Within hours of earthquake on 25 April, WHO quickly came to action, supporting the Ministry of Health and Population (MoHP) from coordinating medical relief to deployment of Foreign Medical Teams (FMTs) in affected areas. On 29 April (within four days), WHO pulled surveillance medical officers (SMO) of WHO-IPD, a pre-existing WHO monitoring programme, positioned as WHO emergency district support officers (WEDS) in 14 highly affected districts. WEDS are supporting D(P)HO of the districts even now, 10 months after the devastating earthquake. Current WEDS are specifically recruited and trained by WHO-IPD for the emergency support.

In 14 earthquake affected districts, WEDS, function as co-chair of health and nutrition clusters, to (i) identify needs/gaps in health services, (ii) coordinate with partner organization for addressing the gaps, (iii) enhance disease surveillance by establishing surveillance sites for early warning and alert of any possible outbreaks, (iv) support district RRT in investigation in case of diseases outbreaks, (v) monitor routine immunization activities. Regular updates/feedback from WEDS is supporting the ministry to re-establish health system in the affected areas.

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Measles-Rubella Campaign

Measles-Rubella Campaign: The campaign has started nationwide with a goal of immunizing more than three million children of age group 9 months to 5 years in four phases. The campaign provided an opportunity to boost immunity against measles and rubella of those children who had received the vaccines but not protected and also to reach those who were unvaccinated. First phase completed in August 2015 reaching 453,665 children of age group 6 months to 5 years (being a public health emergency), covering 91% of the children in 14 earthquake affected districts. Second phase is just completed reaching 1410 VDCs and 73 municipalities in 33 districts. Administrative coverage is yet to arrive. Third phase is already progressing in 1144 VDCs and 75 municipalities in 21 districts. With completion of third phase, 93% of the districts will be covered. The remaining 49,868 children from 7 mountain districts, are currently inaccessible, will be vaccinated in March 2016. 159 VDCs and 2 municipalities will be reached in fourth and final phase of the campaign.

Monitoring and Supervision: Supervisors from all three levels (i.e., center, region, district) visited next lower level (i) to assess pre-campaign preparation and (ii) to evaluate process of implementation and (iii) to assess administrative coverage during campaign. International monitors were deployed to oversee the campaign in various districts. Furthermore, Rapid convenience monitoring (RCM) was implemented for systematic monitoring of the quality and impact of the campaign. RCM was carried out in all 47 districts on 2nd/3rd day and 5th/6th day starting in areas already covered by campaign. Based on RCM results, districts revaccinated the areas where there were poor coverage. Mobile phone based RCM was carried out in 10 districts in which near real time analysis were available in a dashboard. Hence, the district supervisors could act on to address the issues the following day, “The benefit of the technology compared to paper-based RCM”. The technology helped to identify 500 missed children and to vaccinate within the campaign period. RCM results are only valid for the specific unit of the monitoring activity, would not be aggregated across to larger area.

Electronic Immunization Registration System (EIRS) - 2015 in review

As the health system of Nepal already has a strong culture of immunization registry, Child Health division (CHD) and WHO jointly initiated a proof of concept pilot test to demonstrate the capabilities of making the immunization records electronic. Electronic Immunization Registration System (EIRS), developed by Albania and Nepali team, rolled out in two districts, Palpa and Kanchanpur in 2015. The system is implemented in 60 health facilities, includes health posts (HP), sub health posts (SHP) hospitals and urban centers. In last eight months 6390 children and their immunization records are registered in the system. Hence, 6390 children can be followed until they complete the immunization schedule. The participating health facilities are closely monitoring immunization status of these children and sending sms reminders to parent/scare givers of defaulter children. Child level information is visible from D(P)HO immunization section, monitoring being done from district level. Further, monthly vaccine distribution and expenditure is accessible for vaccine wastage tracking. Next and the important step would be to sketch out the plan of action to integrate EIRS in DHIS 2.0 of Health Management Information System (HMIS).