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netSPEAR

The network for Surveillance of Pneumococcal Disease in the East African Region

IS AN INDEPENDENT PROJECT HOSTED BY THE KEMRI/WELLCOME TRUST COLLABORATIVE RESEARCH PROGRAMME IN NAIROBI, KENYA. NETSPEAR IS FUNDED BY THE PNEUMOADIP AND GAVI AND WORKS CLOSELY WITH THE WHO/PBMS PROJECT AND WHO REGIONAL OFFICES TO PROVIDE REGIONAL SURVEILLANCE DATA ON PNEUMOCOCCAL DISEASE AND OTHER CAUSES OF MENINGITIS THAT KILL LARGE NUMBERS OF AFRICAN CHILDREN EACH YEAR.

HAEMOPHILUS INFLUENZAE TYPE B AND HEPATITIS B VACCINE INTRODUCTION IN ETHIOPIA

Contributed by Hib Initiative

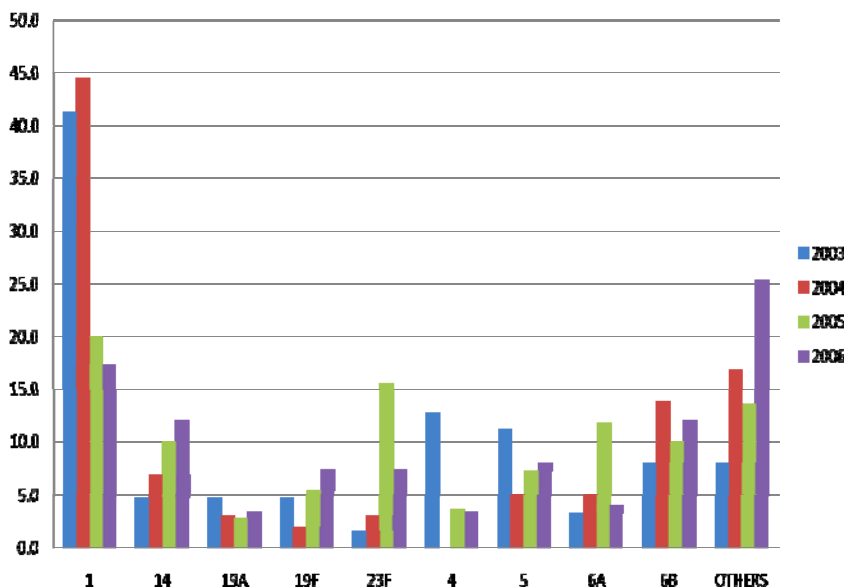
On March 23, 2007, the Federal Democratic Republic of Ethiopia (GoE) introduced *Haemophilus influenzae* and Hepatitis B vaccines into its routine immunization of its children. Having the 6th largest birth cohort (2.9 million) the GoE in collaboration with partners, reached consensus concerning vaccine introduction—with the first choice being a pentavalent formulation (DTP-HepB-Hib). Dr Kebede Worku, State Minister for Health in Ethiopia announced the launch of a new childhood vaccine, DTP-HepB-Hib, which combines the benefits of the previous diphtheria, tetanus and pertussis vaccine and adds protection against two additional

deadly killers: *Haemophilus Influenzae* type B (Hib) and Hepatitis B. He stated “We are proud to invest in life-saving vaccines for our country’s children. We estimate that Hib vaccine can potentially save 1 of every 25 children that are currently dying or suffering life-long disability and prevent many from developing chronic liver disease and death caused by Hepatitis B”. With support from the GAVI Alliance and The Vaccine Fund, the Ethiopian government has worked to ensure it met the criteria for GAVI support including increasing its national EPI coverage.

DEFINING THE PHENOTYPIC CHARACTERISTICS OF PNEUMOCOCCI IN EAST AFRICA

Contributed by Sandra Mudhune

Serotype Distribution Over time



S. pneumoniae (SPN) is an important cause of morbidity and mortality in East Africa. 89% of the total 495 isolates from the 13 surveillance sites in E. Africa (Kenya, Tanzania and Uganda) referred to the coordinating lab were confirmed as SPN. There are 91 recognized serotypes of SPN, of which seven are included in the currently available commercial vaccine, Prevenar. In Kenya, Prevenar would cover well over half of all cases of invasive pneumococcal disease in the target age group for vaccination. We don't yet have enough data to state the same for other East African countries. Continued surveillance to describe the serotypes and antibiotic resistance profiles of the isolates in the East African region will help us to determine appropriate vaccine and treatment regimens.

HAYDOM LUTHERAN HOSPITAL THE NEW NETSPEAR SURVEILLANCE SITE IN TANZANIA

Contributed by Dr. Wamae Maranga

In early March, 2007 a joint team from EPI MoH Tanzania and netSPEAR spent five days at Haydom Hospital during which this hospital was inaugurated as the third site for surveillance of pneumococci and H. influenzae in Tanzania.



Haydom Lutheran Hospital (HLH) was established by the Norwegian Lutheran Mission in 1955 with a capacity of 50 beds. It is in the Manyara region of Tanzania about 300 km. from Arusha. It has been expanding steadily and has a current capacity of 350 beds. It has also been part of Tanzania's central health plans since 1967. HLH catchment area extends over five neighboring districts in a mainly rural population where malaria, TB, lower respiratory tract infections and gastroenteritis are common.

The hospital also has an affiliated nursing school and has associations with several Norwegian institutions such as the University of Bergen.

netSPEAR is excited about this new site, as it represent a remote rural inland population and is currently carrying out routine hospital-based surveillance, admitting about 500 pneumonia cases per year. The other sites in Tanzania namely Muhimbili National Referral Hospital and Muheza Designated District Hospital in Tanga Region are urban or coastal. It was impressive to see such a great institution in such a remote place. To the rest of the netSPEAR family; please join me in welcoming Haydom Lutheran Hospital to our family



Some of the Haydom laboratory technicians trained during the supervision visit in March 2007.

GAVI INVITES EXPRESSIONS OF INTEREST FOR PNEUMOCOCCAL CONJUGATE VACCINE SUPPORT

“On 4th April 2007, Dr Julian Lob-Levyt, Executive Secretary of the GAVI Alliance wrote to the Ministers of Health in 72 developing countries announcing GAVI support to introduce pneumococcal conjugate vaccine (PCV) and to elicit expressions of interest. The 7-valent commercially available PCV, Prevenar, will be made available to developing countries from 2008. In determining their interest Ministers were asked to evaluate the health impact of preventing pneumococcal vaccine in their country, the operational implications of vaccine introduction and the financial costs of vaccine introduction. In most cases, introducing countries will be asked to make a financial co-payment of \$0.15 per dose which compares with a commercial price of over \$40 in the USA. Dr Lob-Levyt requested a response in the form of non-binding expressions of interest by 18th May 2008. The supply of vaccine is limited and priority will be given to countries with a known burden of disease, ability to monitor vaccine impact, capability to upgrade cold-chain capacity and with evidence of national commitment to the co-financing policy. Within East Africa, the Ministers of Health in Kenya and Uganda have expressed a positive interest in the vaccine.”

GAVI alliance defines its funding policy in Phase II

GAVI has revised its guidelines to provide lower co-financing levels to countries wishing to introduce additional vaccines including the pneumococcal vaccines affordably. With this co-financing, most countries are requested to pay 30 cents a dose for their first vaccine and 15 cents a dose for their second vaccine as shown on this chart. For most countries in East Africa this means Pentavalent costs 30 cents and Pneumococcal Conjugate Vaccine costs 15 cents, being funded until 2015.

Co-payment/dose

Developing country classifications

Vaccine	Poorest	Inter-mediate	Least poor	Fragile states
1st	20¢	30¢	30¢	10¢
2nd	15¢	15¢	15¢	15¢
3rd	15¢	15¢	15¢	15¢
4th	10-15¢	10-15¢	10-15¢	10-15¢

Editor's comments: -

Dear Readers,

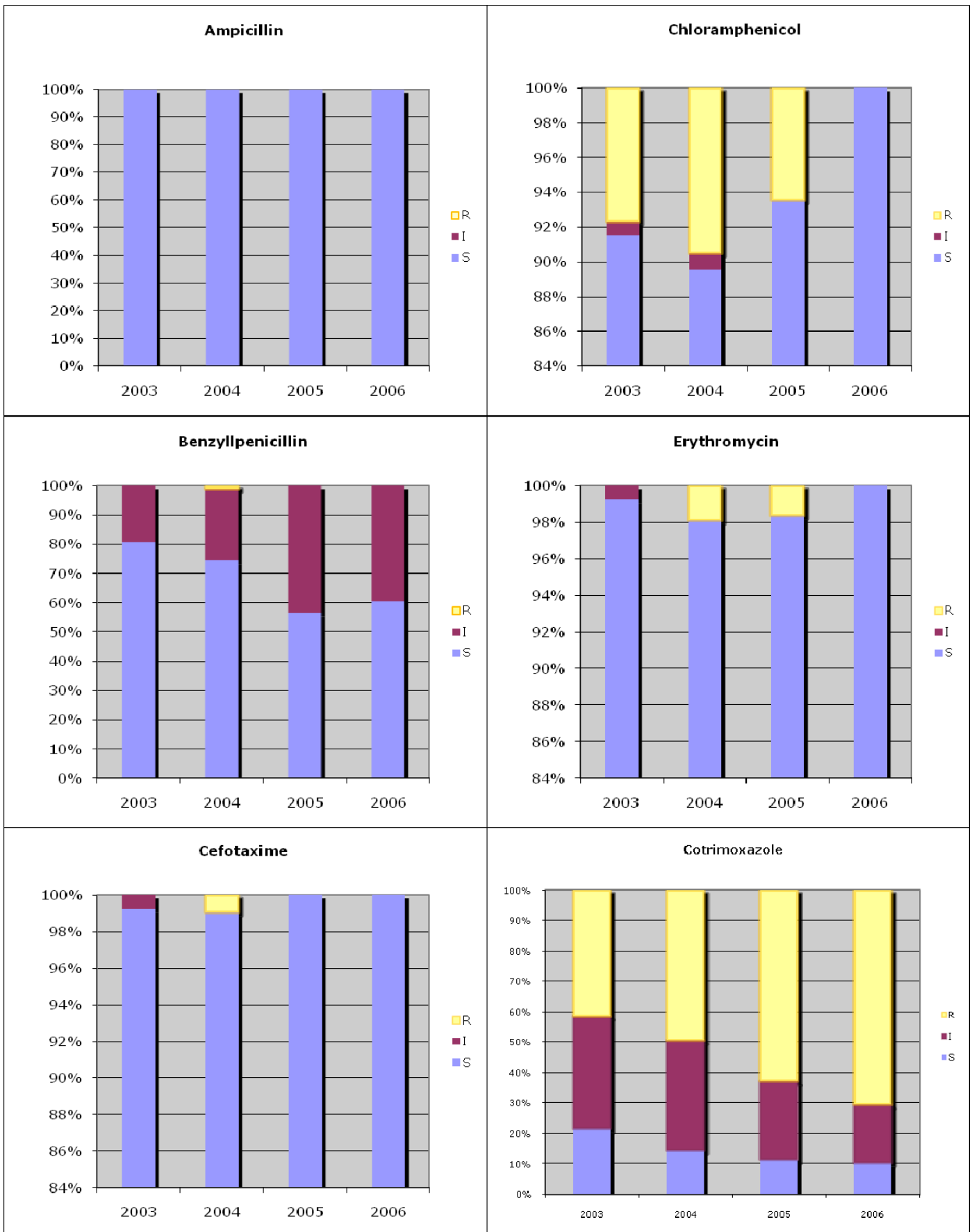
Our newsletter relates to some of our recent activities and current projects. We remain extremely grateful to the staff at the surveillance sentinel sites for carrying out cultures and CSF's and providing samples and data in support of local, national and regional surveillances.

If you would like to subscribe for netSPEAR newsletters or send us your news, contact us at netspear@nairobi.kemri-wellcome.org

netSPEAR is funded by:



ANTIBIOTIC SUSCEPTIBILITIES OF *S. PNEUMONIAE* ISOLATES FROM THE NETSPEAR NETWORK , YEAR 2003—2006



R - RESISTANT, I - INTERMEDIATE, S - SENSITIVE