

AND EXPERIENCE OF WHO-PQ AND NEW REGISTRATION IN OVERSEAS COUNTRIES

DCVMN-Medigen Workshop from 6-10 March 2017, Taipei

BACKGROUND

- WHO has recommended all its country members to use only vaccine that have met the WHO's requirements for immunization program.
- Requirements of registration in several countries that the only WHO-PQ products can be registered.
- All products (vaccines) supplied to UN
 Agencies should meet WHO Pre-qualification



TETANUS CONTAINING VACCINES

 Tetanus containing vaccines of Bio Farma products that have obtained the PQ-WHO are as follows:

- 1999 : DT, TT vaccine

— 2001 : DTP vaccine

- 2004 : DTP-HB vaccine

— 2011 : Td vaccine

— 2014 : Pentabio vaccine (DTP-HB-Hib)



Process flow outline

WHO Prequalification

- Application letter (priority vaccines for PQ)
- Product Summary File (PSF)
- Additional information required by the WHO
- Testing consistency lots (3-5 lots)
- Site audit
- Prequalification letter



PQVAR Submission

Registration in Overseas Countries

- Application form
- Dossier
- Additional information required by the local NRA
- Site Audit

Approval certificate



Evaluation

Initial

Phase

Final Phase







WHO
PREQUALIFICATION/
PQVAR
Reporting

- WHO TRS 978 Annex 6
- Procedure for assessing the acceptability, in principle, of vaccines for purchase by United Nations agencies, Feb 2012

Registration
In Overseas
Countries

- International Conference on Harmonisation Common Technical Document (ICH-CTD)
- ASEAN-Common Technical Document (ACTD)
- Specific format applied in local countries



Auditee's response when conducted WHO site visit for PQ

Required documents should be given as soon as possible

Provide complete information

At the end of audit should be asked whether there are critical finding

Asked for time to clarify the findings, before starting on the next day audit



Auditee's prepared for clarification



do a comprehensive internal meetings

Discuss all findings, grouped according to the rules

- Correction → immediately repaired, prepare supporting data (documents, photos, etc.)
- Corrective action → create the most appropriate improvement plan, create a timeline

provide corrections and corrective action when clarification



Quality, Safety and Efficacy

 To ensuring the quality, efficacy and safety of the vaccines used in the program should be:

- Meet WHO requirements
- Production according to cGMP, GCP, GLP



WHO requirements

- Recommendations to assure the quality, safety and efficacy of tetanus vaccines (adsorbed). In:
 - WHO Expert Committee on Biological Standardization. Sixty-third report Geneva, World Health Organization, 2014
 - (WHO Technical Report Series, No. 980), Annex 5.
- Requirements for diphtheria, tetanus, pertussis and combined vaccines (revised 1989). In:
 - WHO Expert Committee on Biological Standardization. Fortieth report
 - Geneva, World Health Organization, 1990
 - (WHO Technical Report Series, No. 800), Annex 2.



Important issues for ensuring the quality of DT-based combined vaccines

- The development of optimal formulations (including the choice of compatible adjuvants) and formulation conditions that lead to vaccines of adequate immunogenicity, acceptable reactogenicity, and stability, and that are appropriate for the intended use;
- The applicability of testing methods originally established for monocomponent vaccines;
- The suitability of using monocomponent reference materials in evaluating combined vaccines;
- The corresponding release and stability criteria.







For Safety and Efficacy refer to:

WHO guidelines on nonclinical evaluation of vaccines. In:

WHO Expert Committee on Biological Standardization. Fifty-fourth report Geneva, World Health Organization, 2005

(WHO Technical Report Series, No. 927), Annex 1.

WHO Guidelines on clinical evaluation of vaccines: In:

WHO Expert Committee on Biological Standardization. Fifty-second report Geneva, World Health Organization, 2004

(WHO Technical Report Series, No. 924), Annex 1.



Protectivity



No	Products	Number of Subjects		Protectivity (%)	
1.	DTP	160 (age 6 - 10 weeks)	D:97.4	T:100	P:82.1
		83 (age 2 months)	D:83.56	T:100	
		160(age 2, 3 and 4 months)	D:80	T:100	
2. TT		150 (age 10 – 18 years)	T:100		
		56 (Pregnant Women)	T:100		
3.	Td	150 (age 10 – 18 years)	D:99.3	T:100	



Distribution our products

TT vaccine

	11 Vaccinc					
			Adsorbed TT Vaccine 10 ds (Doses)			
	No	Voor		Export		
IN	No.	Year	Domestic	Non Unicef	Unicef	
	1.	2015	14.062.310	3.907.000 → (Malaysia) 140.000 → (France) 750.600 → (Egypt) 90.100 → (Swaziland) 150.500 → (Thailand) 100 → (Oman) 300 → (Saudi Arabia) 200 → (Mozambique) 300 → (Namibia) 1.000 → (Iraq) 200 → (Botswana)	11.813.000	



Distribution our products

Td vaccine

No.	Tahun	Adsorbed Td vaccine 10 ds (Doses)			
		Domestic	Export		
			Non Unicef	Unicef	
1	2015	14.544.583	14.710.000 → (Thailand) 200.000 → (Kathmandu) 300 → (Arabio) 1.000 → (Iraq) 600 → (Egypt) 30 → (Nigeria) 100 → (Oman) 100 → (Philippine)	14.912.130	



Distribution our products

DTP vaccine

No.	Year	Adsorbed DTP Vaccine 10 ds (Doses)				
		Domestic	Export			
			Non Unicef		Unicef	
1.	2015	3.650	701.500 → (Thailand) 500.000 → (Iran) 100.000 → (Jamaica) 113.000 → (Panama) 400.000 → (Honduras) 7.700 → (Bahamas) 3.500 → (Barbados) 200.000 → (Rep. Dominica) 9.500 → (Trinidad)	4.161.200 → (Mexico) 387.000 → (Nicaragua) 250.000 → (Columbia) 17.500 → (Guyana) 60.000 → (Uruguay) 1.500 → (Antigua) 107.600 → (Ecuador) 88.000 → (Guatemala)	3.592.000	



AEFI & PTC



In 2015

- No AEFI & PTC reported for TT and DTP Vaccines
- There is 1 AEFI reported for Td vaccine with classification : Coincidental unrelated







