

Global Vaccine Safety Blueprint 2.0

Developing a strategic action plan for 2021-2030



22/10/2019

Events unexpected at time of licensure:

- Polio following IPV
- Intussusception following rotavirus vaccine
- Narcolepsy and H1N1 vaccination

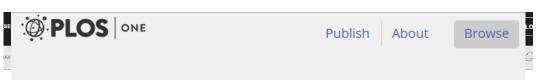
Known vaccination problems and vaccine reactions:

- Immunization errors
- Anaphylaxis
- VAPP

Rumours, poor science and over-reaction:

- HPV vaccine coverage in Denmark
- Multiple sclerosis and hepatitis B vaccine in France
- OPV and chronic diseases in Nigeria
- Thiomersal and neuro-developmental disorders
- Pentavalent vaccine in Asian countries

What we worry about

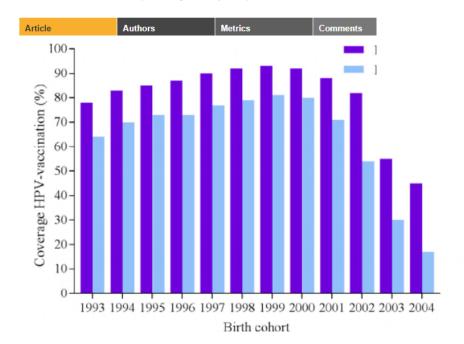




Increased Incidence and Clinical Picture of Childhood Narcolepsy following the 2009 H1N1 Pandemic Vaccination Campaign in Finland

Markku Partinen , Outi Saarenpää-Heikkilä, Ismo Ilveskoski, Christer Hublin, Miika Linna, Päivi Olsén, Pekka Nokelainen, Reija Alén, Tiina Wallden, Merimaaria Espo, Harri Rusanen, Jan Olme, Heli Sätilä, [...], Turkka Kirjavainen [view all]

Published: March 28, 2012 • https://doi.org/10.1371/journal.pone.0033723



HPV-vaccination coverage in Denmark. Source: Data retrieved from Statens Serum Institute [25].

Vision for the 2012 Global Vaccine Safety Blueprint



Effective vaccine pharmacovigilance systems are established in all countries

Minimal capacity



- AEFI surveillance
 - Core variables
 - Stimulated reporting
 - National database
- Independent experts
- Communication strategy

PV resources

Managerial principles

- Regulatory framework
- Lines of accountability
- Institutional development plan
- Commitment to share information

8 strategic objectives support the first Blueprint main goals



Technical objectives



Investigation of Safety Signals:

To strengthen the ability of countries to investigate vaccine safety signals



To develop vaccine safety communication plans at country level



Tools and Methods:

<u>Q</u>

To develop internationally harmonized tools and methods to support country vaccine safety activities



AEFI Detection:

To strengthen vaccine safety monitoring in all countries

8 Implementation
Objectives of the Global

Vaccine Safety Blueprint 1.0



Public-Private Information Exchange:

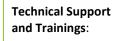
To put in place systems for appropriate interaction between national governments, multilateral agencies, and manufacturers



To provide expert advice on vaccine safety issues at national, regional and international levels

Regulatory Framework:

To promote a legal, regulatory and administrative framework for the safety of vaccines at national, regional and international levels



To strengthen regional and global technical-support platforms that meet countries' expressed needs





Expanding partnership around GVSI













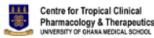














Murdoch **Childrens**

Research

Institute



THE INCLEN TRUST INTERNATIONAL















African Union















Progress to date



Weekly epidemiological record Relevé épidémiologique hebdomadaire

20 JULY 2018, 93th YEAR / 20 JUILLET 2018, 93° ANNÉE No. 29/30, 2018, 93, 389–396

GVSI meetings of collaborators and plans

Tools

Guidelines AEFI systems

Taining

restigation

Global Vaccine Safety Observatory

gvsi - Measuring progress

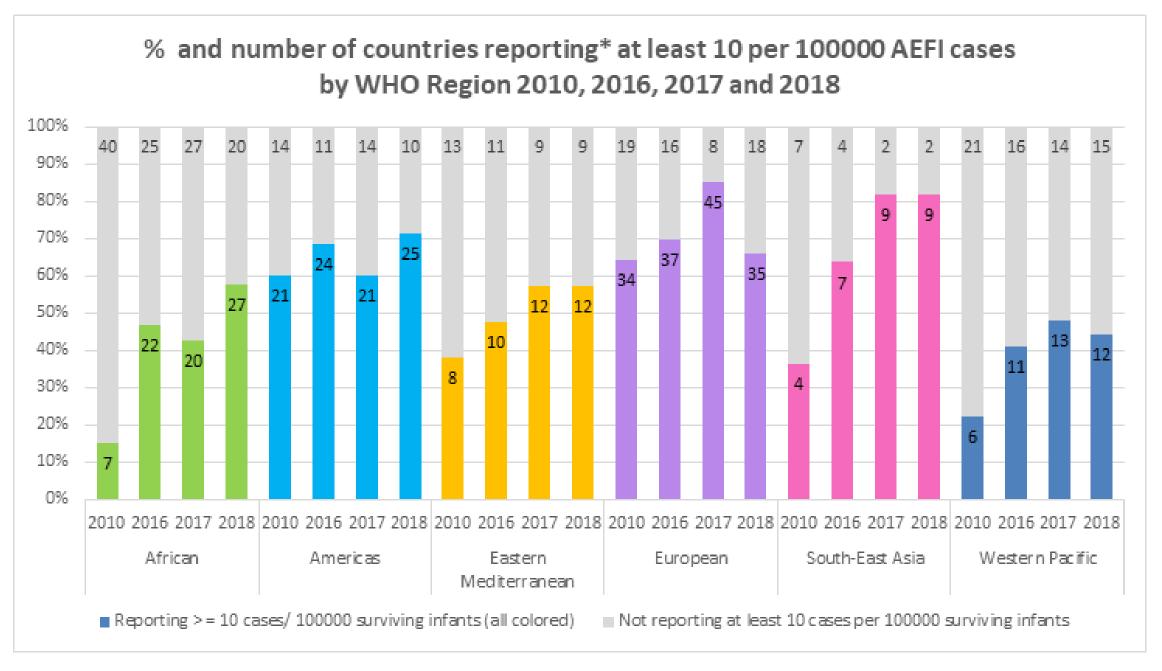


GVAP* indicator

*Global Vaccine Action Plan

 AEFI reporting ratio in surviving infants from a country per year (using JRF)

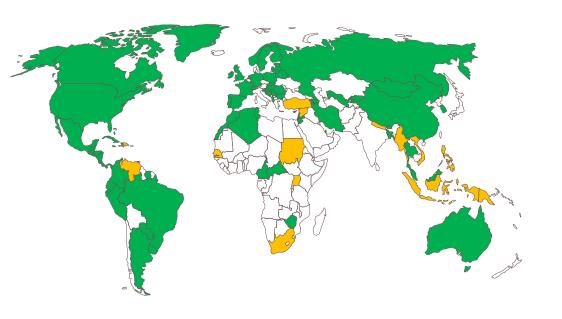
A country is said to have minimal capacity if it reports at least 10 cases per 100,000 surviving infants per year.



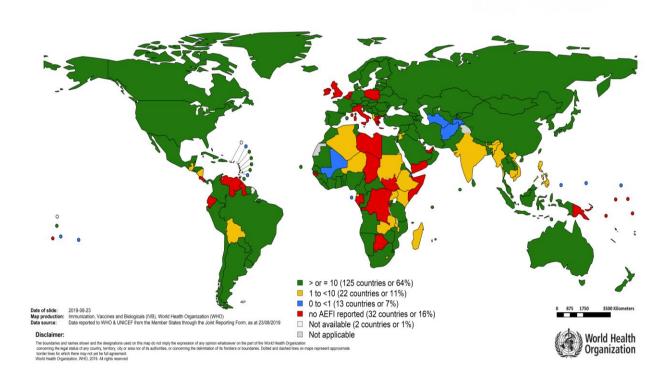
AEFI reports 2010 & 2018



Countries meeting GVAP indicator, 2010

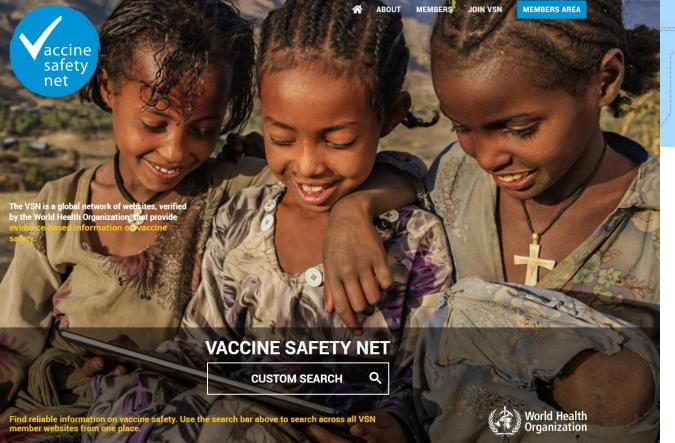


Countries meeting GVAP indicator 2018



Vaccine Safety Net

- Linking websites and web analytics for data driven vaccine safety information and communication
- Referencing from the global digital platforms





- Social media catalyzer (Twitter, Fb, blogs)
- International research in communication for vaccines

2019 landscape analysis



GLOBAL VACCINE SAFETY BLUEPRINT 2.0 BACKGROUND RESEARCH

July 2019

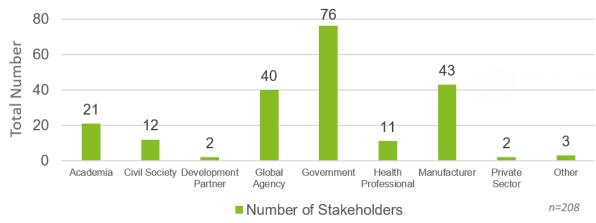
Prepared by Deloitte Consulting LLP

World Health Organization

The largest stakeholder type

represented was government, followed by industry and global agencies.

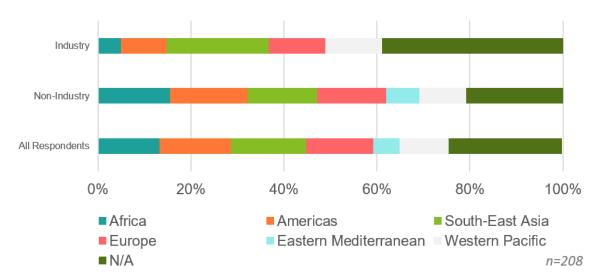
Breakdown by Stakeholder Type



Respondent Primary WHO Region

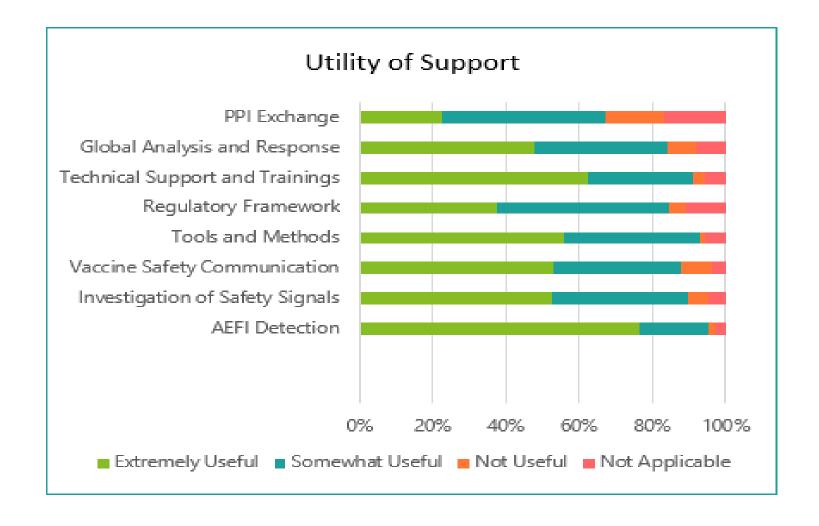
The most common WHO regions represented overall

represented overall were South-East Asia (SEARO), followed by the Americas (AMRO/PAHO) and Europe (EURO).



Utility of the Blueprint and GVSI





22/10/2019

Key Insight: Post-2020 Strategic Objectives

World Health Organization

Participants recommended **revisiting some of the current strategic objectives of the Blueprint**, particularly vaccine safety communication and public-private information exchange, as well as prioritizing some new areas in the post-2020 strategy.



Public-Private Information Exchange

- Only 22% of respondents found GVSI's support of publicprivate information exchange extremely useful, with over 10% finding it not useful at all
- Both industry and nonindustry respondents noted that they want more timely and consistent information sharing between those two groups, with WHO serving as the convener to do this



Regulatory Framework

- Only 36% of respondents found GVSI's support for a regulatory framework extremely useful
- Industry in particular noted that they view WHO as playing a critical role to assist regulatory bodies with setting up frameworks

"I know WHO developed global benchmark tool for regulatory strengthening, but not sure it is the regulatory framework"



Global Analysis and Response

- Over 20% of respondents view global analysis and response as a primary focus for GVSI. However, 8% of respondents found GVSI's support of global analysis and response not useful at this time
- Many respondents noted that WHO can fill critical data analysis gaps regarding adverse events and serve as a "trusted source of information" for vaccine safety information and analysis of global trends



Vaccine Safety Communication

- 18% of respondents would like to see vaccine safety communication prioritized in the post-2020 strategy
- Many respondents noted that the WHO communication materials are theoretical and need more practical examples, particularly considering the changing landscape

"I think the vaccine safety communication needs to be revisited seriously..."

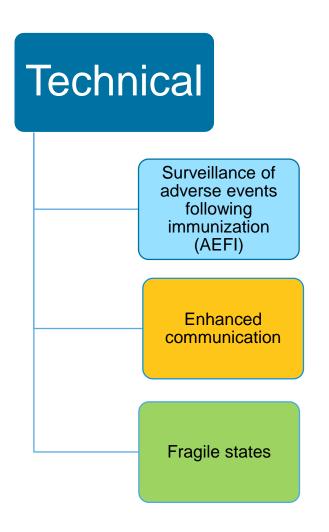
From minimal capacity to maturity levels

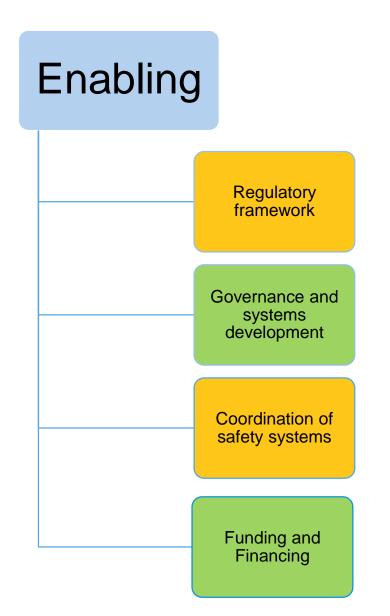


	Maturity levels			
Indicators	Level 1 sub-indicators	Level 2 sub-indicators	Level 3 sub-indicators	Level 4 sub-indicators
Legal provisions, regulations and guidelines required to define regulatory framework of vigilance	Legal provisions for a national vigilance system exist. They require the manufacturers to set up a vigilance system of their medical products and periodically report data and reliance on vigilance-related decisions from other bodies	Legal provisions allow NRA to require manufacturers to conduct specific safety studies	Legal provisions require manufacturers to designate an individual person in charge of vigilance. Guidelines available for planning, conducting, monitoring, and reporting of vigilance activities	
Arrangement for effective organization and good governance		Defined organizational structure with clear roles and responsibilities	Documented procedures to ensure among all relevant stakeholders	
Human resources to perform vigilance activities			Sufficient competent staff with adequate job descriptions, training plan implemented and documented.	
Procedures established and implemented to perform vigilance activities	Staff access to relevant information resources is ensured		Procedures for collection, investigation and assessment of AEFIs are implemented, include a risk approach and access to expert committees for review of serious concerns	Standard procedures are implemented for the national vigilance system, include regular assessment of risk-benefit balance and active vigilance activities
Regular performance monitoring			Vigilance information used in timely manner to update regulatory decisions	Performance indicators for vigilance activities implemented
Transparency, accountability and communication		Vigilance activities appropriately communicated to the public	Mechanism for regular feedback complemented with a risk communication plan and data shared with international partners	

Strategic areas for Blueprint 2.0









Vaccine industry and Blueprint 2.0



Coordination of safety systems:

More **timely and consistent information sharing** between those two groups, with WHO serving as the convener to do this

Objective 1 Strengthened coordination and exchange of information between vaccine manufacturers and national

regulatory authorities at local, regional and global level

Strategies:

Enforce mechanisms for systematic and timely exchange of vaccine safety related information (individual case reports, safety signals, findings from post-marketing studies and any changes about benefits and risk profile of the vaccine) between vaccine manufacturers and public health authorities at local, regional and global level

Develop mechanisms for systematic and timely exchange of vaccine safety related information (individual case reports, safety signals, findings from post-marketing studies) from public health authorities to the relevant vaccine manufacturer to ensure that the manufacturer can maintain the safety profile of its products, at local, regional and global level

Blueprint 2.0 development: Overview of activities & timelines

Completed

Activities

Ongoing

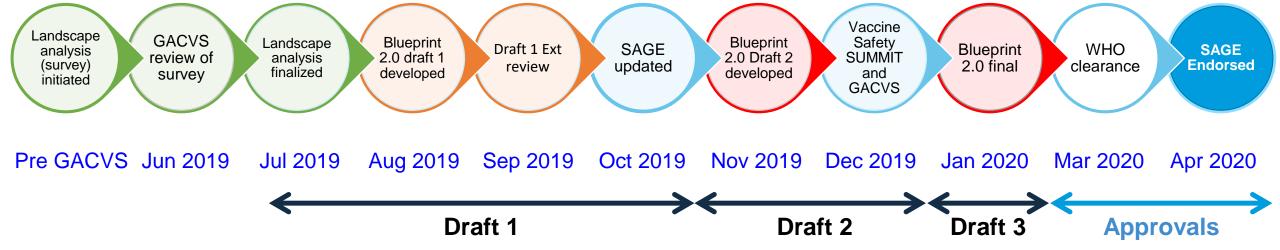
Activities

Pendina

Activities

Independent reviews or





Deadline for comments on draft 1

25 October 2019

Global Vaccine Safety team





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