

# Mixed Presentation Study on Pentavalent 1- and 10- Dose Vials in Kenya

## Background

- ▶ In Kenya's routine immunization system, pentavalent liquid (DTP-HepB-Hib) vaccine is currently available in 10-dose vials.
- ▶ Gavi, the Vaccine Alliance, has partnered with JSI to evaluate the feasibility and impact of using a mix of different vaccine presentation sizes (1 and 10 doses) of pentavalent at various levels of the immunization program in Kenya.



## Activities

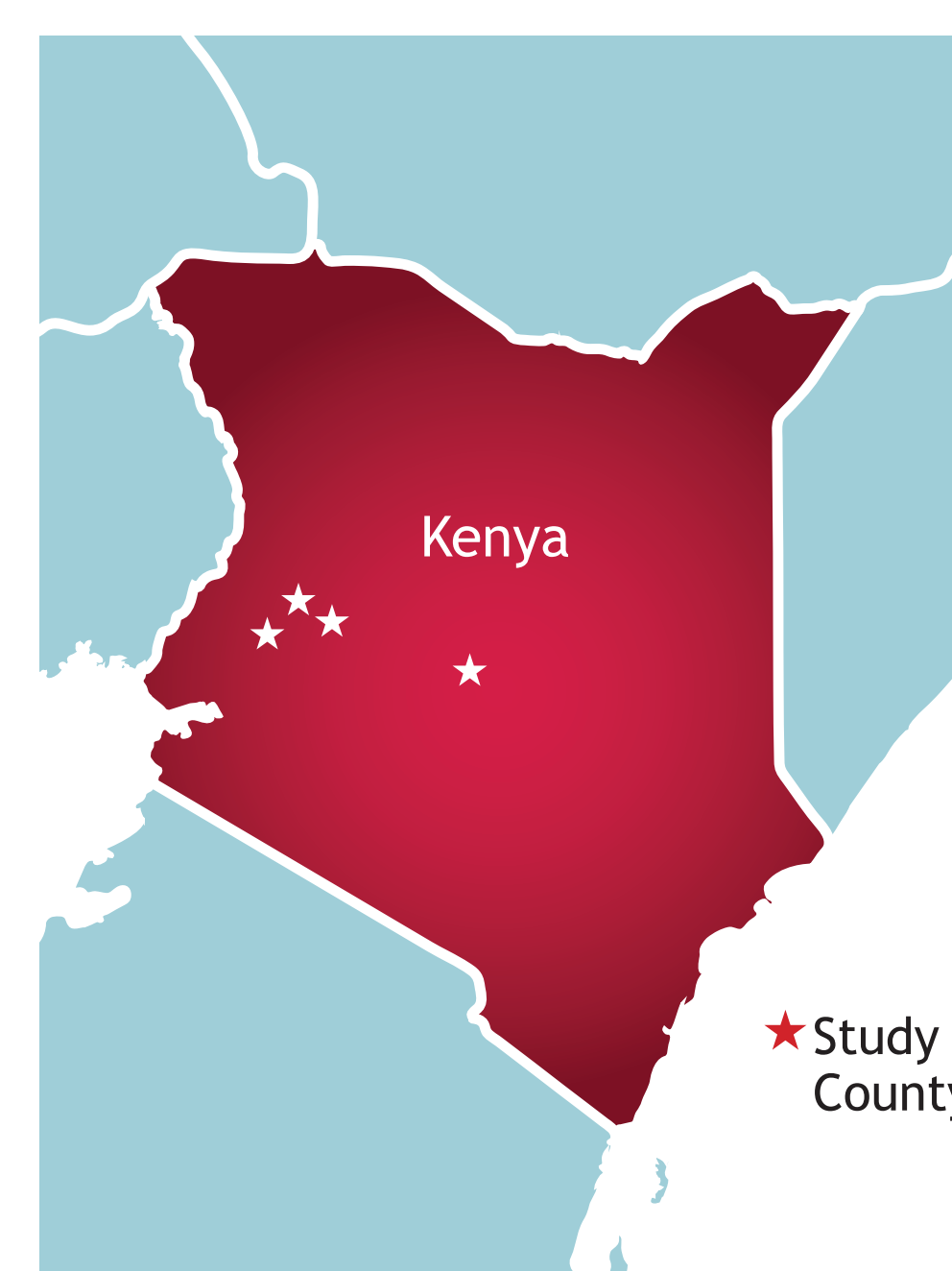
- ▶ JSI collected retrospective data from selected health facilities to understand the current situation and potential causes of low coverage and wastage prior to the introduction of the mixed presentation.
- ▶ Following training of health workers, the operational field study will continue for six months.
- ▶ Supervision and data collection will be conducted throughout this period.
- ▶ In-depth interviews in non-intervention health facilities and post-study in intervention health facilities will also be conducted to better understand benefits and challenges of the mixed presentation.

## Study Objectives

- ▶ To evaluate the feasibility and impact of using two Penta presentations in Kenya on:
  - ▶ Immunization coverage
  - ▶ Vaccine wastage
  - ▶ Vaccine handling
  - ▶ Vaccine quality & safety
  - ▶ Vaccine cost



## Selection of Study Area



Benchmark data:  
July 2014 - Nov 2014

Study period:  
Nov 2014 - May 2015

Results and  
recommendations:  
June 2015

## Methodology

- ▶ **Sampling**
  - ▶ 24 health facilities were purposefully selected from 4 counties.
  - ▶ The facilities were selected due to high population densities, vaccination delivery strategies, dropout rates and vaccine wastage.
- ▶ **Data collection**
  - ▶ 6 months of retrospective data were collected on existing EPI performance indicators for baseline.
  - ▶ Single dose presentation was introduced in November 2014 and data collection on performance indicators is ongoing.



## Preliminary Findings (March 2015)

- ▶ Open vial wastage (10-dose) went down as expected from an average of 14% to 7% during the first three months of the study.
- ▶ Increase in Penta vaccines administered monthly.
- ▶ Poor data quality as a result of missing records at the health facility level during baseline; improved during the study.
- ▶ Outreach is happening very infrequently.



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