



Implementation of maternal influenza immunization in El Salvador: Experiences and lessons learned from a mixed-methods study

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ABSTRACT

Introduction: The World Health Organization (WHO) recommends that countries prioritize pregnant women for influenza vaccination, yet few low- or middle-income countries (LMICs) have implemented maternal influenza immunization programs. To inform vaccine decision-making and operational planning in LMICs, there is a need to document and share experiences from countries that provide seasonal influenza vaccine to pregnant women, particularly those with high coverage, like El Salvador.

Methods: In 2015 and 2016, PATH and country researchers conducted a mixed-methods study to document the experience and lessons learned from maternal influenza immunization delivery and acceptance in El Salvador as part of a collaborative effort between WHO and PATH. Researchers conducted focus group discussions, semi-structured interviews, antenatal clinic exit interviews, and key informant interviews with 326 participants from two municipalities in each of the country's three regions. Respondents included pregnant and recently pregnant women, family members, community leaders, health personnel, public health managers and partners, and policymakers.

Results: Factors perceived as positively influencing maternal influenza immunization delivery and acceptance in El Salvador include the use of multiple vaccine delivery strategies, targeted education and community engagement efforts, and a high degree of trust between the community and health care providers. Influenza vaccine acceptance by pregnant women is high and has improved over time, largely attributed to education targeting health care advisors. Perceived challenges to pregnant women receiving health care and vaccination include the need for permission to attend services and limited access to health services in insecure areas related to the presence of criminal gang activity.

Conclusions: We identified approaches and barriers perceived to affect maternal influenza vaccine delivery in El Salvador. This information will be useful to public health decision-makers and implementers in El Salvador and other countries considering introduction of new maternal vaccines or striving to increase coverage of vaccines currently provided.

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1. Introduction

In 2012, the World Health Organization (WHO) issued a position paper on influenza vaccines recommending that countries considering initiation or expansion of their influenza immuniza-

tion programs should prioritize pregnant women [1]. However, the majority of low- and middle-income countries (LMICs), particularly in low resource areas of Africa and Asia, have not yet integrated influenza vaccination for pregnant women into national immunization programs [2]. The experiences of countries routinely vaccinating pregnant women against seasonal influenza can provide valuable lessons for countries considering introduction of

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maternal vaccines or expansion of existing maternal immunization services.

Countries and territories in the WHO Regions of the Americas began providing influenza vaccine to pregnant women in the early 2000s. As of 2016, 62 percent (32/52) of these countries and territories provide the vaccine, including El Salvador, which recommends influenza immunization at any stage of pregnancy [3]. El Salvador has among the highest maternal influenza immunization coverage rates in the region [3]. In 2016, the El Salvador Ministry of Health (MOH) reported 73 percent vaccine coverage in pregnant women [4]. By contrast, high income countries in North America achieve 54 percent annual coverage of pregnant women [5], and coverages range from 0.3 percent to 56.1 percent in Western Europe [6]. With relatively high maternal vaccination coverage, El Salvador presents an opportunity to identify key factors facilitating successful immunization delivery and high vaccine acceptance in a LMIC setting.

PATH, an international non-governmental organization, collaborated with WHO in the Maternal Influenza Immunization Project. Supported by the Bill & Melinda Gates Foundation, the project addressed obstacles to the introduction of maternal vaccines in LMICs. Through this project, a joint PATH and El Salvador research team conducted a study in 2015–2016 to document lessons learned from maternal influenza immunization delivery from the perspectives of a diverse set of stakeholders. These findings will be useful to public health implementers in El Salvador and other countries considering the introduction of new maternal vaccines or striving to increase coverage among those currently provided.

1.1. Maternal immunization delivery in El Salvador

El Salvador provides tetanus, pertussis, diphtheria, and influenza vaccines to pregnant women [7]. The primary means of delivering influenza vaccine in El Salvador is Vaccination Week of the Americas (VWA), a region-wide, annual immunization campaign

[8]. Occurring several weeks before the typical start of the influenza season, the campaign mobilizes a large number of health workers and community volunteers to identify and vaccinate priority populations, including pregnant women. Seasonal influenza vaccine is also provided through routine antenatal care services to pregnant women attending health facilities.

Women in rural areas with limited access to fixed health sites receive influenza vaccine through the community health system. The rural network includes locally-based lay health workers called health promoters and municipality-based, multi-disciplinary Specialized Family and Community Health Teams (*Equipos Comunitarios de salud* [ECOS]). Health promoters typically live in the community in which they work and are familiar with residents, as their duties include recording migrations, pregnancies, and births on a monthly basis. Health promoters also monitor pregnant women and administer vaccines. Each health promoter is paired with an ECOS team, which consists of a doctor, a nurse, and a health educator. The ECOS team provides formally trained medical backup and medical supplies to the health promoter and is the conduit for reporting local health data to the municipality level. Each team in rural areas is responsible for approximately 600 families and those in urban areas cover 1800 families [4]. ECOS teams are also familiar with the local population, as they periodically collect demographic data for the national census.

2. Methods

2.1. Study sites and characteristics

We conducted this study in two municipalities in each of El Salvador's three regions (Fig. 1). We consulted with national and municipal Ministry of Health members and local health staff to select study sites characterized as low- or lower-middle socioeconomic status by the World Bank [9] and considered safe regarding



Fig. 1. Map of El Salvador highlighting the three regions and six municipalities where research was conducted. (Yellow = West, Green = Central, Red = East.) (For interpretation of the references to colour in this figure legend, the reader is referred to the web version of this article.)

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