

Advocacy for Pneumococcal Vaccine in Democratic Republic of Congo (DRC)

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Background & justification

The DRC is among the countries of high burden of respiratory infections in Africa (1-3). The Pneumococcal Vaccine exists in the country. However, it not taken as priority for the health system in the country (4). Although, it is in the routine immunization program of DRC for children under 5 as combined vaccines, it is not available in the vaccination centers for children over 5 years old and for adults (3,4). This study aims to explore to which extend the advocacy for the vaccine is feasible among health vaccine is feasible among health professionals in Goma city after describing the baseline data of respiratory infections at Hope Medical Center (HMC).

Method

This is a descriptive study for the baseline data using a retrospective method in collecting information about respiratory infections at HMC from patients' files from January to December 2019. In addition, a survey questionnaire was administered to 108 health professionals which got responses from 97 participants.

References:

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4. Le Gargasson JBB, J. G.; Mibulumukini, B.; Da Silva, A.; Colombini, A. Sustainability of National Immunization Programme (NIP) performance and financing following Global Alliance for Vaccines and Immunization (GAVI) support to the Democratic Republic of the Congo (DRC). Vaccine. 2013;31(15):1886-91.

Results

Baseline data:

Among 186 patients with respiratory infections, 98 (52.69%) were diagnosed with pneumonia and 88 (47.31%) with other infections. Among 98 patients with pneumonia, 53 (54.08%) were children and 45 (45.92%) were adults. Among 98 patients with pneumonia, 66 (67.35%) were hospitalised and 32 (32.65%) were outpatients. Among hospitalised patients, 49 (74.24%) had a long stay >7 days and 17 (25.76%) spent <7 days in hospital. Regarding treatment, 41 (41.84%) among the 98 pneumonia patients were healed with the first line antibiotic (ampicillin) while 57 (58.16%) had to change from ampicillin to Shalbactam associated with Gentamycin to get healed.

Question: Can the introduction of Pneumococcal vaccine as a larger vaccination program reduce this burden?

Survey data (N=97):

1. Are health professionals aware of the existence of the vaccine?

Yes: 10 (10.31%) No: 87 (89.69%)

2. Importance of the vaccine to reduce the prevalence of respiratory infections:

Yes: 5 (5.15%) No: 17 (17.53%)

Don't know: 75 (77.32%)

3. Willingness to advocate for the vaccine availability in the country:

Yes: 19 (19.59%) No: 6 (6.18%)

Don't know: 72 (74.23%)

4. If the vaccine is made available in the country, willingness to be vaccinated or to bring their children for vaccination:

Yes: 25 (25.77%) No: 8 (8.25%)

Don't know: 64 (65.98%).

Conclusion: Country with high burden of respiratory infections and health professionals have less knowledge on the pneumococcal vaccine. Hence, the advocacy is less probable and there is need for training and awareness among health cadres. Then they can advocate at the high level for vaccine availability.

