Understanding stakeholder perspectives for introduction and uptake of newer vaccine/s for acute lower respiratory infections in children – qualitative insights from four Indian states

Background

Acute lower respiratory infections (ALRIs) are associated with significant morbidity and mortality in children. Preventive products for maternal and paediatric populations provide an opportunity to decrease disease burden. However, misalignment with community and system needs often lead to delay in introduction and uptake of products (1). Respiratory Syncytial Virus (RSV) is one of the major causes of ALRI (2) with several products in the development pipeline (3).

Methods

Pneumonia vaccination has positively influenced demand for ALRI/RSV prevention

- High pneumonia and bronchiolitis burden and associated morbidity and mortality recognized
- Limited awareness of RSV in the community
- Management gaps in diagnosis and treatment noted
- Decreasing trends in pneumonia attributed to newer vaccines (system and community)
- Newer preventive vaccine/s need well recognized to provide early protection and decrease burden

UIP integration critical with few concerns

- Preferences - Maternal vaccine with ANC/TT visits and paediatric vaccines through RI; mixed approach
- Gap periods for administration and combination vaccines for consideration
- Limited awareness of monoclonal antibodies - need for evidence to support implementation planning, mechanisms to identify high-risk babies.
- Implementation in higher facilities with pediatricians suggested for antibodies

Product preferences largely aligned with WHO PPC

- Maternal and paediatric strategies acceptable: greater acceptance to maternal vaccine
- Acceptance for new product take time, influenced by:
  - perceived benefits (early protection, greater effectiveness, free of cost etc.)
  - risk (miscarriage, premature delivery with maternal vaccine; multiple pricks, pain)
- Awareness generation efforts needed with relevant scientific info-burden, CE, efficacy etc.

Leveraging recent vaccination success and addressing delivery barriers to enable uptake

- Acceptance, awareness, and coverage constantly improving for RI
- Important role of FHWs, media - systematic approach for dealing with non-acceptance, increased outreach (VHNDS)
- Effective planning and coordination critical – involvement of different depts., religious leaders, panchayat, developmental partners - at referral centers and hard-to-reach areas
- Training and capacity building at all levels

Results

Qualitative data was collected in four states between June 2021 and April 2022.

- States selected based on composite score - disease burden (Severe Pneumonia incidence), immunization coverage (basic and TT coverage), programmatic preparedness (ANM vacancy); birth cohort, geographical representation. and inclusion of at least 2 high priority states

Acknowledgement

Funders – Knowledge Integration and Translational (KnIT) Platform (Department of Biotechnology-Government of India), Gates Venture; Technical Advisory Group.

Conclusions

Previous vaccination experiences have positively influenced demand for prevention from ALRIs. While both maternal and paediatric strategies remain acceptable, there is a need for early awareness generation efforts supported with relevant scientific information (disease and product related) to ensure better demand and uptake. In addition, aligning stakeholder preferences while planning delivery scenarios and implementation strategies for both maternal and paediatric products can enable acceptance and uptake.

References