

Immunization programme in Indonesia: Overview (focusing on *Streptococcus pneumoniae* whole-cell vaccine)

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It is noted that Indonesia's last variola case ever reported happen in 1974 whereas the latest world's variola case is reported in Somalia in 1976, then three years afterwards the world has been declared free from variola, subsequently by 1981 variola immunization has been put into a stop. It's known already that Indonesian EPI (Expanded Programme on Immunization) uses seven antigen for basic immunization purposes i.e., BCG, Polio, Diptheriae, Tetanus, Pertussis, Measles and Hepatitis B. By 2013 EPI has decided to integrate Hib vaccine (*Haemophilus influenzae* type B) into tetravalent vaccine (DPT/HB) in the form of pentavalent vaccine (DPT/HB/Hib), planned to reach a target of 20% babies and by 2014 it will be targeted to all babies. By the year 2017 then Rubella vaccine will be combined with Measles in the form of MR vaccine. In the near future Indonesian EPI next target is Polio eradication. Indonesian latest Polio case has been reported during 2006 and luckily until todate no report ever found regarding any paralysis due to polio. Our Immunization Directorate has collaborated together with Preventable Disease Surveillance Directorate to launch an AFP Surveillance Strengthening Activity Laboratory Based, that means for all kind of acute paralysis reported cases will then be supported with wild polio virus assessment. As the Polio End Game strategy, Indonesia will comply with The Global strategy that by 2015, tOPV will be replaced by (bOPV + IPV) and by 2017 onwards IPV will be solely administered. Referring to latest basic health research, it is noted that No.1 mortality rate is due to Pneumonia and second mortality rate is due to Diarrhoea. The next vaccine priority will be Pneumococcal vaccine. As a matter of fact Indonesia consists of estimated 17.000 islands and certainly there will be more variable *Streptococcus pneumoniae* serotypes will be found. Suppose that PCV-13 will be adopted and it can just only can give protection estimated 60%. As a consequence that's why Indonesia should possess a local vaccine manufacturer which can provide vaccine supply into EPI programme, should develop a pneumococcal vaccine non dependent serotype, which currently has been on-going stage between Biofarma in collaboration with PATH-Seattle (Programme Appropriate Technology in Health) and also supported by Bill & Melinda Gates Foundation to create SPWCV (Streptococcus Pneumoniae Whole Cell Vaccine). It is expected by 2020 its Clinical Trial will be completed. Regarding progress on Rotavirus vaccine in Indonesia, currently it undergoes Phase 2 Clinical Trial between Biofarma local vaccine manufacturer in collaboration with Murdoch Children Hospital, Melbourne, and it is expected by 2017 will be completed.

Biography

Julitasari Sundoro MD, and Master of Science Public Health, has completed his PhD at University Indonesia and attended ADVAC (Advanced Vaccinology Course) at University of Geneva. Her other role is as Executive Secretary ITAGI (Indonesian Technical Advisory Committee on Immunization), Executive Secretary AEFI National Committee (Adverse Events Following Immunization), and a member of Task Force Hepatitis Virus, Advisory for NVS (Indonesia New Vaccine Support-GAVI), acting also as SAC (Scientific Advisory Committee) PATH for SPWCV (Streptococcus Pneumoniae Whole Cell Vaccine).

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