Trends in Tetanus Immunization and VMMC Uptake in 12 Districts in Rwanda

by: Eugene Rugwizangoga¹, Augustin Ntakirutimana¹, Edwin Tayebwa¹, Jovite Sinzahera¹, Jean Marie Vinney Kabalisa¹, Eugene Zimulinda¹, Rachel Favero¹, Jason Reed¹, Kelly Curran¹², Beata Mukarugwiro¹, and Stephen Mutwiwa¹
affiliates: ¹Jhpiego; ²Johns Hopkins Bloomberg School of Public Health

Contact: Eugene.Rugwizangoga@jhpiego.org

Background

- Voluntary medical male circumcision (VMMC) for HIV prevention in 14 sub-Saharan African countries had reached more than 10,000,000 males through 2015.
- By 2015, 13 cases of tetanus from five countries were reported to the World Health Organization (WHO):
  - Eight patients died
  - Two patients who died from tetanus in Rwanda had known tetanus toxoid-containing vaccine (TTCV) history (TTCV1 on PrePex™ placement day).

Methods

- Data were collected from registers, client forms, and monthly reports.
- All males screened for VMMC in seven Rwanda Defence Force sites and 13 public health facilities located in priority districts were included.
- There were no reported stock-outs of vaccines or VMMC commodities during the assessment.
- Vaccines were provided by the Ministry of Health and providers were oriented on the new WHO advice.
- The population was sensitized on TTCV through public media and counseling.
- Data were included from the same months in 2015 and 2016:

Results

- Fewer VMMC procedures were performed during July–September 2016 (2,549) vs. July–September 2015 (9,188).
- Following an initial steep decline, 2016 monthly numbers generally increased to meet or exceed 2015 monthly numbers:
  - Immunizations and VMMC procedures decreased approximately 3 months after the initial peak in client vaccination; the decrease was attributed to holidays.

Conclusions

- Programs should expect a decline in VMMC procedures immediately following initiation of the pre-VMMC tetanus immunization.
- The numbers of clients receiving TTCV2 and VMMC were lower than initially screened, implying a need for close monitoring to minimize LTFU.
- The sharp LTFU in November and December is probably due to the holiday season in the country.
- There were more VMMC procedures performed compared to clients completing TTCV2, indicating the potential contribution from partners.

This project was supported by the President’s Emergency Plan for AIDS Relief (PEPFAR) through the United States Department of Defense (DOD) through Grant No. N00244-09-1-0047. The opinions herein are those of the authors and do not necessarily reflect the views of the DOD, PEPFAR or the Government of Rwanda.