



Strategies for catch-up and reducing missed opportunities for vaccination (MOV)

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Shaping a resilient and adaptive immunization program



Strategies for catch-up and reducing missed opportunities for vaccination (MOV)

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Presentation outline

- Objective of presentation
- Missed opportunities for vaccination (MOV)
 - What is a MOV?
 - MOV strategy
 - Summary of common reasons for MOV
 - Findings from MOV assessments
- Catch-up vaccination
 - What is catch-up vaccination?
 - System enablers
 - Strategies for catch-up vaccination

Objective of presentation

- Timely vaccination is important for ensuring populations are fully protected
- Scheduled vaccinations may be missed for a number of reasons:
 - health system, caregiver or health worker related issues
 - catastrophic event
- No one should miss out on the right to the protection that vaccines offer, simply because they either didn't receive them during a visit or are unable to access services in time

What is a Missed Opportunity for Vaccination (MOV)?

Any contact with health services by a child (or adult) who is **eligible** for vaccination, which **does not result in the person receiving all vaccine doses** for which he or she is eligible.

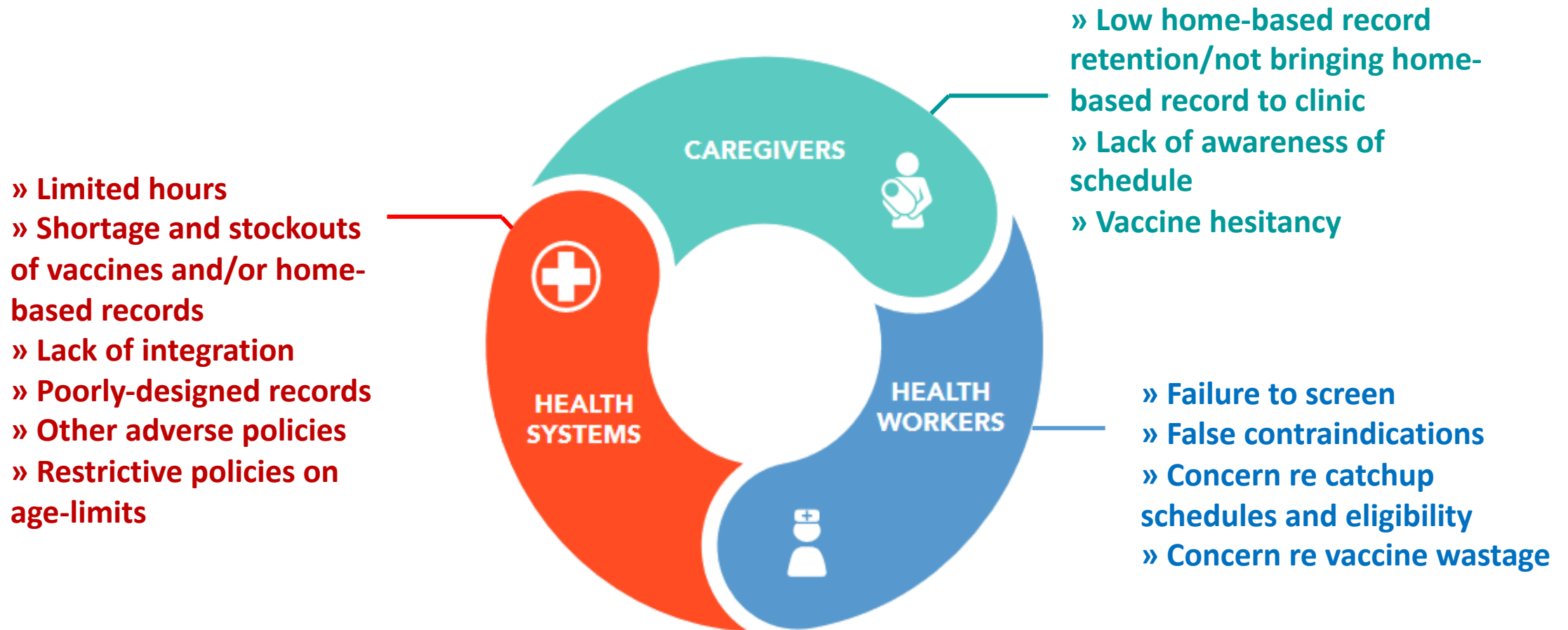


Missed populations

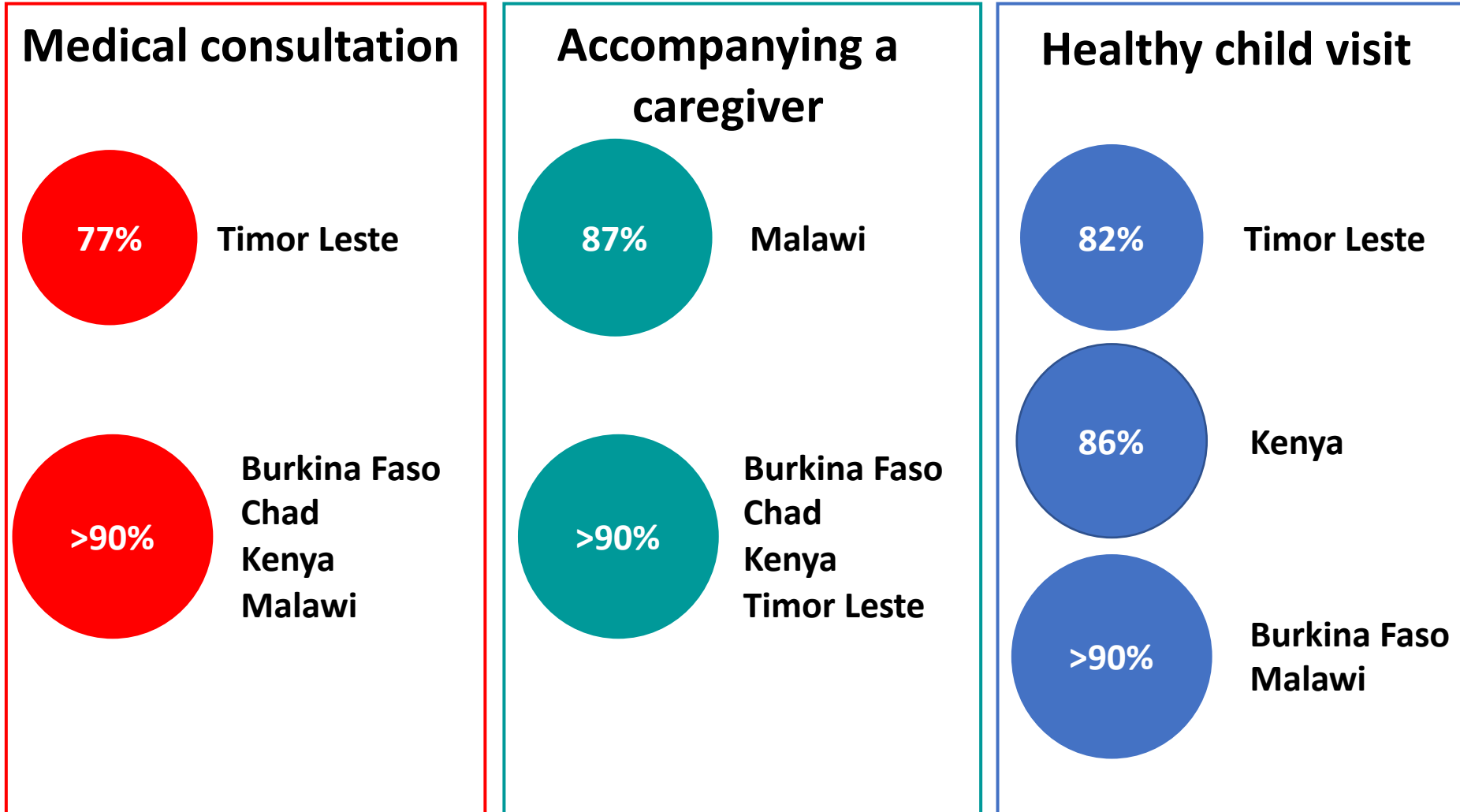
MOV strategy



Summary of common reasons for MOV

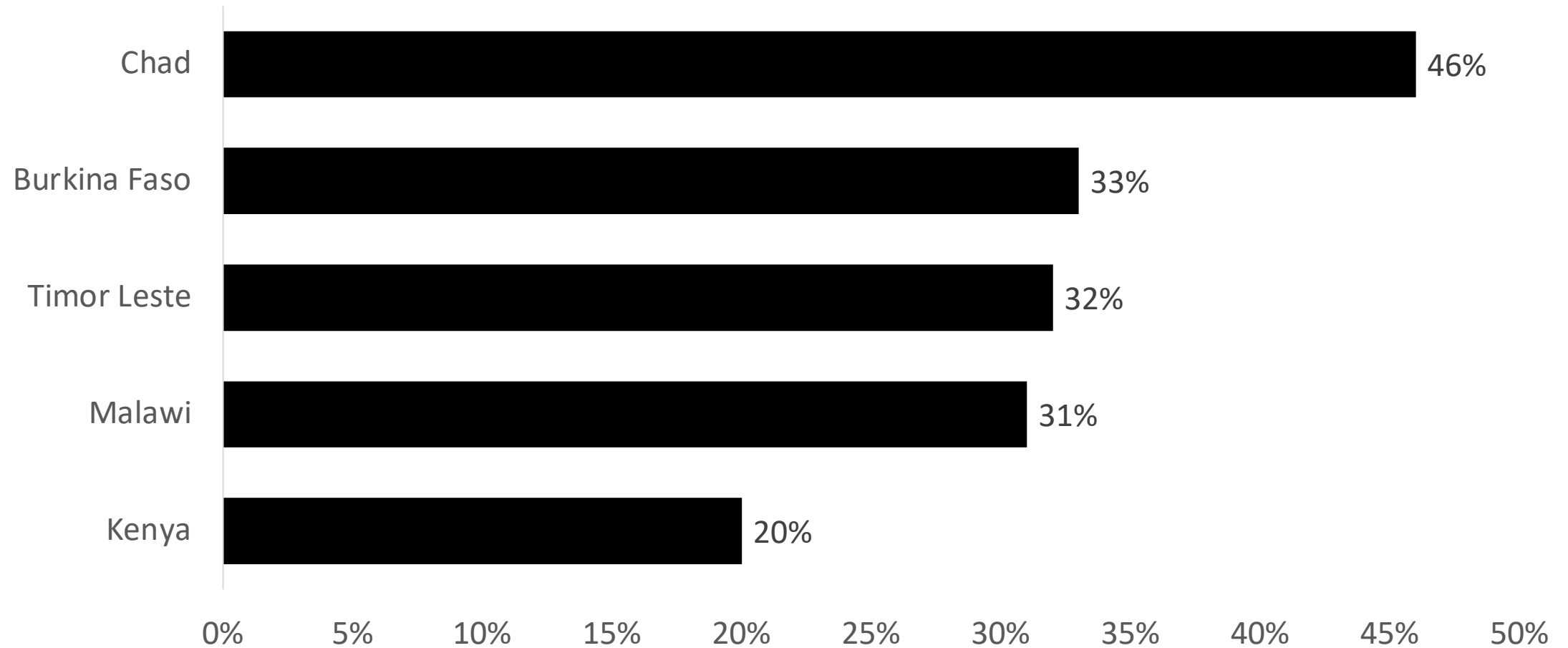


MOV* by reason for visit



*Among children not up-to-date before visit

MOV* during a vaccination visit



**Among children not up-to-date before visit*

What is catch-up vaccination?

Catch-up vaccination refers to vaccinating an individual who, for whatever reason (e.g. delays, stockouts, access, hesitancy, service interruptions, etc.) is missing doses for which they are eligible per the immunization schedule

- Providing catch-up vaccination via routine service delivery should be an **essential and ongoing part of all immunization programmes**
- Importance of catch-up vaccination is further pronounced following extended interruption of routine services
- Large gaps created by COVID-19 will require additional specially planned catch-up efforts
- If catch-up vaccination is not already an established policy and practice – **now is the time!**

Leave No One Behind: Guidance for Planning and Implementing Catch-up Vaccination



New WHO guidance available

Section 1. Principles of catch-up vaccination

- Key policy and programmatic considerations for implementing catch-up vaccination across all aspects of the immunization programme.

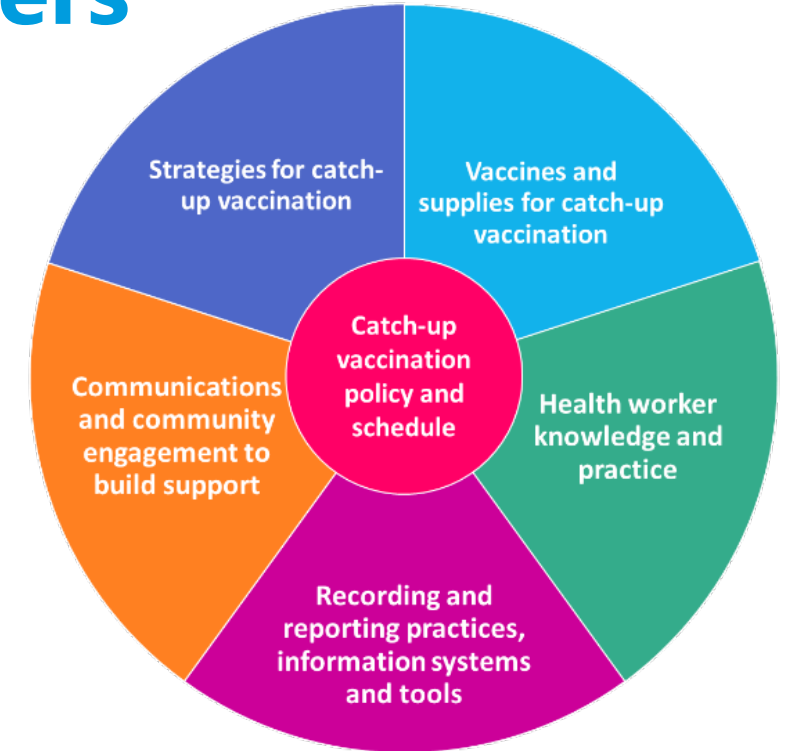


Section 2. Special catch-up vaccination efforts following an interruption of services

- Planning and implementing additional intensified and specialized efforts that may be required to identify and reach groups who have missed vaccination.
- These specialized efforts should be implemented in addition to providing continuous catch-up vaccination through routine immunization services

Catch-up vaccination: system enablers

- **Establish a catch-up vaccination policy and schedule**
- **Build and support health worker knowledge and practice**
- **Modify data systems and tools to facilitate catch-up vaccination**
- **Communicate the importance and value of vaccination – even if late – to the community**
- **Implement multiple strategies for catch-up vaccination**



A catch-up vaccination policy and guidance should provide clarity on:



- 1. Importance of providing vaccinations for those who have missed one or more doses within the national immunization schedule,**
- 2. How to determine eligibility including permissible age ranges, and what to do if vaccination history cannot be confirmed,**
- 3. Correct recording and reporting of delayed doses,**
- 4. Leveraging every health contact as an opportunity to check vaccination history and catch up on vaccinations as appropriate.**



WHO Recommendations for Interrupted or Delayed Immunization



- Summary of recommendations from WHO vaccine position papers
- Intended to aid and guide policy and decision-makers to develop and/or revise national immunization policies and schedules

Table 3: Recommendations* for Interrupted or Delayed Routine Immunization - Summary of WHO Position Papers (Updated September 2020)

Antigen		Age of 1st Dose	Doses in Primary Series (min interval between doses)**	Interrupted primary series***	Doses for those who start vaccination late		Booster
					If ≤ 12 months of age	If > 12 months of age	
Recommendations for all immunization programmes							
BCG ¹		As soon as possible after birth	1 dose	NA	1 dose	1 dose	Not recommended
Hepatitis B ²		As soon as possible after birth (<24h)	Birth dose +24 hrs plus 2-3 doses with DTPCV (4 weeks)	Resume without repeating previous dose	3 doses	3 doses	Not recommended
Polio ³	bOPV + IPV	6 weeks (see footnote for birth dose)	4 doses (IPV dose to be given with bOPV dose from 14 weeks of age) (4 weeks)	Resume without repeating previous dose	4 doses (IPV to be given with 1st dose of bOPV)	4 doses (IPV to be given with 1st dose of bOPV)	Not recommended
	IPV / bOPV Sequential	8 weeks (IPV [+])	1-2 doses IPV and 2 doses bOPV (4 weeks)	Resume without repeating previous dose	1-2 doses IPV and 2 doses bOPV	1-2 doses IPV and 2 doses bOPV	Not recommended
	IPV	8 weeks	3 doses (4 weeks)	Resume without repeating previous dose	3 doses	3 doses	If the primary series begins < 2 months of age, booster to be given at least 6 months after the last dose
DTP-containing vaccine (DTPCV) ⁴		6 weeks (min)	3 doses (4 weeks)	Resume without repeating previous dose	3 doses	3 doses with interval of at least 4 weeks between 1st & 2nd dose, and at least 6 mos between 2nd & 3rd dose (if > 7 yrs use only aP containing vaccine; if > 4 yrs Td containing vaccine is preferred and should only be used for > 7 yrs)	3 boosters: 12-23 months (DTP-containing vaccine); 4-7 years (Td/DT-containing vaccine); see footnotes; and 9-15 yrs (Td containing) (if > 7 yrs use only aP containing vaccine) If tetanus vaccination started during adolescence or adulthood only 5 doses required for lifelong protection
Haemophilus influenzae type b ⁵	Option 1	6 weeks (min)	3 doses (4 weeks) 2-3 doses (8 weeks if 2 doses; 4 weeks if 3 doses)	Resume without repeating previous dose	3 doses	2-3 doses	None
	Option 2						
Pneumococcal (Conjugate) ⁶		6 weeks (min)	3 doses (3p+0) with DTPCV (4 weeks) or 2 doses (2p+1) (8 weeks)	Resume without repeating previous dose	2-3 doses	1-5 yrs at high-risk: 2 doses	Booster at 9-18 months if following 2 dose schedule Another booster if HIV+ or preterm neonate
Rotavirus ⁷		6 weeks (min)	2 or 3 depending on product given with DTPCV	Resume without repeating previous dose	2 or 3 depending on product	>24 months limited benefit	Not recommended
Measles ⁸		9 or 12 months (6 months min, see footnotes)	2 doses (4 weeks)	Resume without repeating previous dose	2 doses	2 doses	Not recommended
Rubella ⁹		9 or 12 months	1 dose with measles containing vaccine	NA	1 dose	1 dose	Not recommended
HPV ¹⁰		As soon as possible from 9 years of age (females)	2 doses (5 months)	If 1st dose given before 15 years of age resume without repeating previous dose	NA	Girls: 9-14 years 2 doses (see footnote)	Not recommended

https://www.who.int/immunization/policy/immunization_routine_table3.pdf

Build health worker knowledge and practice



- Expansion of catch-up to older age groups may require a shift in both attitude and practice.
- Training should include: screening for eligibility, minimal intervals, recording of late doses, managing multiple injections, and techniques to reduce pain during vaccination
- Reinforce the core principle that it is **better to vaccinate late than never***, as well as the practice of checking vaccination status at every contact
- Strengthen and reinforce concepts and practices through supportive supervision, online training, job aids



*For most vaccines. Refer to the national catch-up vaccination policy and catch-up schedule for any exceptions, as well as WHO recommendations https://www.who.int/immunization/policy/immunization_tables/en/

Recording and reporting practices, information systems and tools



- **Recording late doses may be a challenge where systems are not currently designed to capture doses given outside recommended age range**
- **This may lead to individuals being denied vaccination**
- **Recording and reporting tools should never signal that late vaccination is undesirable:**
 - **Tally sheets** should be designed in a way that guides health workers to accurately record all doses administered at any age and doesn't cause unnecessary confusion or restrict recording delayed doses
 - **Monthly summary reports** should allow for summarizing all data on the tally sheets
 - **Immunization registers, and home-based records** should include space for recording dates doses are administered without restricting the time-frame within which they must be given
- **All doses (even if considered late), should be recorded, reported and monitored**



Strategies for catch-up vaccination

Essential and ongoing part of immunization programme

- **Review vaccination history at every health visit (immunization and other); refer or provide catch-up doses**
- **Ensure robust newborn and defaulter tracking and follow up**
- **Implement daycare and school vaccination checks**
- **Conduct periodic intensification of routine immunization (PIRI) activities that screen for eligibility and record doses**

Following extended interruption to immunization services

- **Intensify catch-up vaccination efforts through routine delivery: e.g. mass call backs, intensified defaulter tracking, expanded and modified outreach, etc.**
- **Conduct additional PIRIs**
- **If large numbers unvaccinated, conduct supplementary immunization activities (SIAs) for single or multiple antigens, irrespective of individual vaccination status**

Considerations for catch-up in the context of COVID-19

- Impact of COVID-19 on routine service delivery and SIA suspensions
- Assessing the extent of disruption to determine catch-up efforts needed
- Issues to consider when selecting catch-up strategies
- Estimating target population for catch-up
- Strategies for catch-up vaccination during and following COVID-19
 - IPC measures and hand hygiene
 - Cost estimates for COVID-19 adaptations
- Links to resources available



Closing Immunization Gaps Caused by COVID-19
DRAFT – 11 August 2020

www.who.int/immunization

Thank you

For more information:

www.who.int/immunization/programmes_systems/policies_strategies/MOV

www.who.int/immunization/programmes_systems/policies_strategies/catch-up_vaccination