World Health Organization

Establishing a second-year-of-life (2YL) healthy child visit

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Presentation to the

Global Vaccines and Immunization Research Forum

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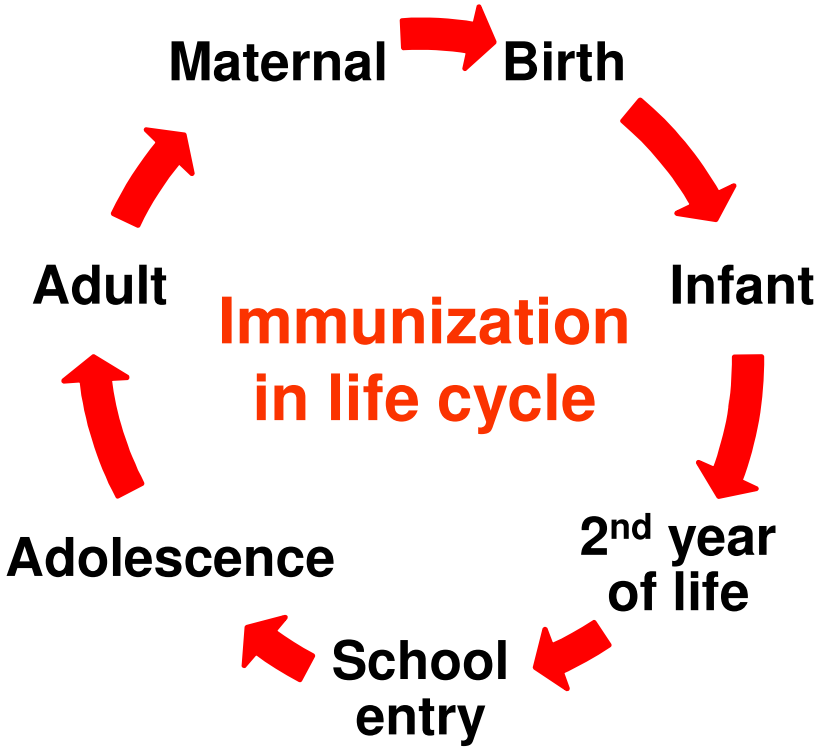
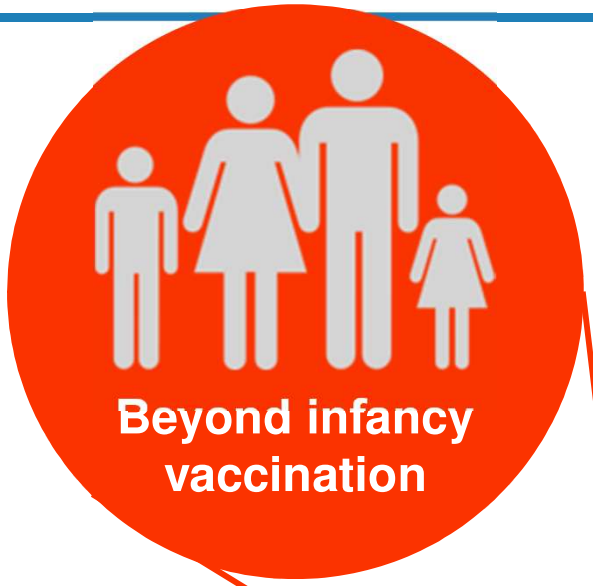
Session Objectives

- Provide an overview of the literature and existing practices in the provision of vaccination in the second-year-of-life;
- Use reviews of country case studies to outline the main challenges and approaches to resolve these challenges;
- Identify information gaps and research needed for the development of policies and strategies for local implementation of routine health care visits and immunizations during the 2nd year of life.

Where does this work fit?





Problem statement

- With launched of EPI 1974
  - Target six specific vaccine-preventable diseases: diphtheria, pertussis, tetanus, measles, poliomyelitis, and tuberculosis, **all in the first year of life**

- WHO has substantially increased number of recommended vaccines to be given by all immunization programs
  - hepatitis B, Haemophilus influenzae b, pneumococcal disease, rotavirus, rubella
  - **however, many still perceive immunization as a health intervention only for children <1 year old and do not offer vaccinations to children over 1 year of age even if the child was never vaccinated**
  - Even when policies are in place to allow vaccination of children over 1 year of age, this often does not translate to a change in practices.

Benefits to establishing a strong 2YL platform
1) For additional scheduled doses

- **Booster doses** of routine immunizations
  - Eg. DTP4 are increasingly recognized of public health importance
- **Second dose**
  - A second Measles Containing Vaccine dose (MCV2) is recommended in most settings. Although some countries offer MCV2 at school entry ages, most offer MCV2 during the second year of life.
- **Part of primary schedule**
  - For some newer vaccines such as pneumococcus vaccine, one schedule option includes a routine dose in the second year of life
  - Meningitis A routine dose may be given at 12 – 15 months
- **Primary schedule**
  - Multiple vaccines in development such as vaccines for malaria and dengue fever that will likely be recommended for children over 1 year of age.

Benefits to establishing a strong 2YL platform

2) To catch up missed doses

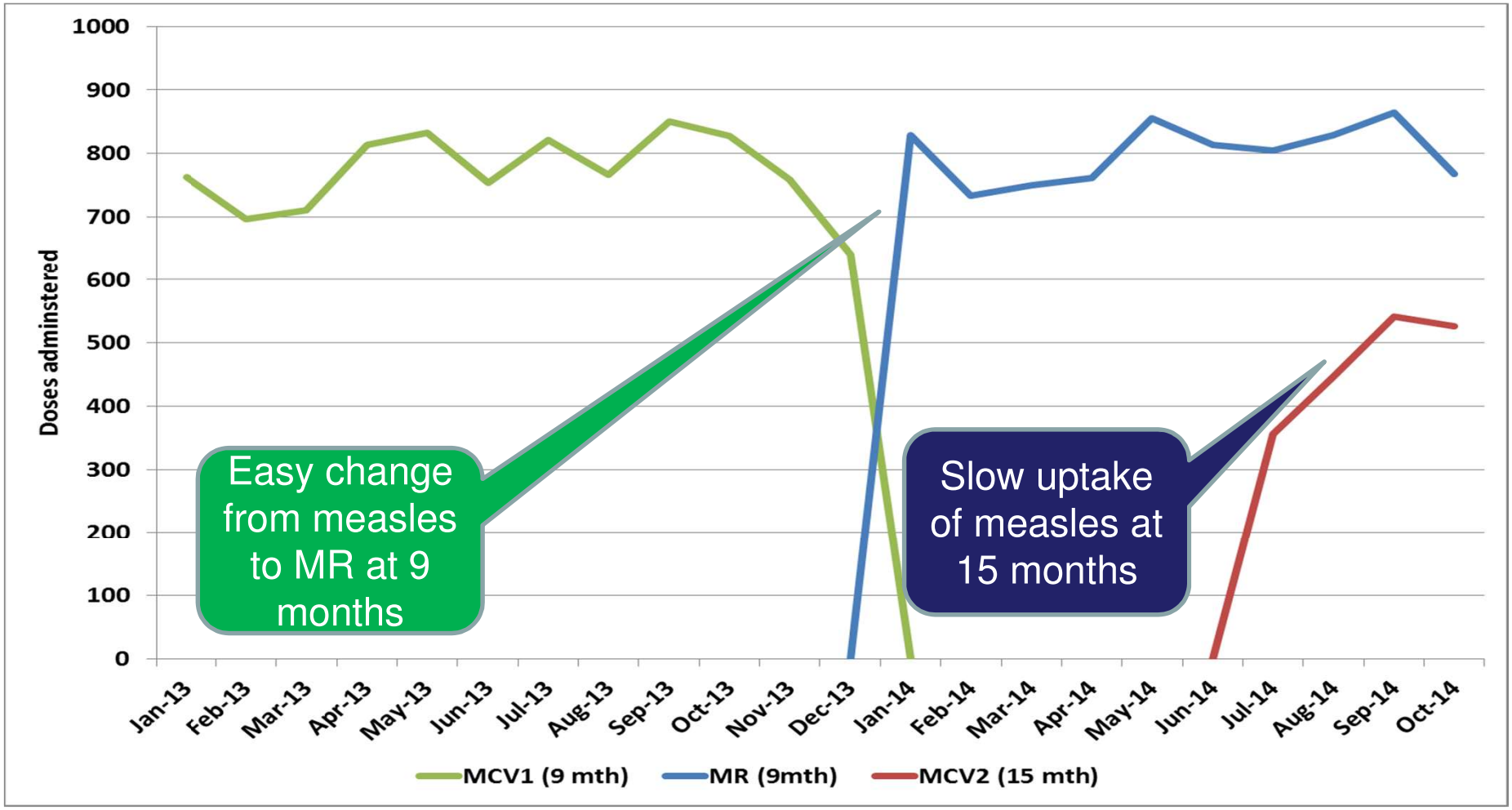
- Achieve higher coverage of vaccines offered in the first year of life through **catch-up** vaccination.
- An important **opportunity** to provide missed vaccines to children and to improve overall coverage.
- By expanding vaccination services to the 2nd year of life, a child will no longer be **limited to a 3-month window** for receipt of MCV1; this change will positively impact the achievement of the measles elimination goals. Other missed doses in infancy should also be given at this time.

Benefits to establishing a strong 2YL platform

3) To provide integrated child health interventions

- "**Healthy child visit**"
- Create opportunities to **integrate** with other health interventions.
- Immunization systems are increasingly integrated with other health interventions with the intent of maximizing public health impact with limited resources.
- 2nd year of life platform is an opportunity to further integrate immunizations with other health interventions such as **Vitamin A supplementation, nutrition, growth monitoring, and deworming**.

Rwanda: Difficulties with measles second dose



This session (75 minutes)

Global landscape analysis and literature review of immunization in the 2nd year of life	Imran Mirza (UNICEF HQ)
Establishing a 2nd year of life visit in Zambia	Elicah Kandinda (MoH Zambia)
Evaluating the 2nd year of life visit in Ghana	Abigail Shefer (CDC)
Issues with recording and reporting of doses in the 2nd year of life	Jan Grevendonk (WHO HQ)
Q & A	

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Thank you