

<b>GVIRF 2016: Immunization in the Second Year of Life</b>	
<b>Rapporteurs: Justin Ortiz</b>	
<b>Session Outline</b>	<p><b>Chair: Rebecca Fields (MCSP/John Snow Inc. )</b></p> <p><b>Opening remarks: Rudi Eggers (WHO):</b> Introduction and background</p> <p><b>Presentations:</b></p> <ul style="list-style-type: none"> <li>• <b>Imran Mirza (UNICEF):</b> Global landscape analysis and literature review of 2YL</li> <li>• <b>Elicah Kandinda Kamiji (MoH Zambia):</b> Evaluation of the establishment of a 2YL visit in Zambia and measuring its impact</li> <li>• <b>Abigail Shefer (CDC):</b> Evaluating 2YL visits in Ghana</li> </ul> <p><b>Discussants:</b> Jan Grevendonk (WHO): described complexities in data management – definition of age groups, monitoring and analyzing appropriately</p> <p><b>Closing Remarks: Rebecca Fields (MCSP/John Snow Inc. )</b></p> <p><b>Rebecca Fields (MCSP/John Snow Inc. )</b></p>
<b>Objectives of the session</b>	<p><i>To discuss:</i></p> <ul style="list-style-type: none"> <li>• Provide an overview of the literature and existing practices in the provision of vaccination in the second-year-of-life;</li> <li>• Use reviews of country case studies to outline the main challenges and approaches to resolve these challenges;</li> <li>• 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.</li> </ul>
<b>Main outcome</b>	<p>The experience of countries adding a second dose of measles containing vaccine has demonstrated that policies for introduction of vaccines into new age groups do not necessary translate to a change in immunization practice. In addition, most policy makers seem to underestimate the complexity that the addition of a healthy child visit in the second year of life brings with it, and in many countries have to rethink the introduction again.</p>
<b>Summary (400-500 words)</b>	<p>Many immunization programmes still perceive childhood immunization as a health intervention only for children &lt;1 year old and do not offer vaccinations to children over 1 year of age even if the child was never vaccinated. However, over 145 countries have now introduced a second dose of measles vaccine (MCV2) during the second year of life into their routine immunization schedules. Unfortunately, low uptake and high dropout rates have been observed across many countries. These experiences demonstrate that 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.</p> <p>Experience to date suggests that the complexity of introducing MCV2 has been substantially underestimated. MCV2 introduction had been approached as simply adding another dose of a familiar vaccine that has been long in use. But successful introduction requires establishing an entirely new vaccination contact in the second year of life. The professional and social norm for the past 40 years has been to fully immunize a child by one year of age. The MCV2 experience highlights the need to create a new norm that puts a premium on</p>

	<p>vaccinating children older than 12 months of age while not sacrificing the encouragement of timely vaccination as soon as a child is eligible. Health workers need very clear guidance on how to screen, vaccinate, and record doses, both through training and supervision and through other more innovative means – electronic mechanisms, SMS texting to reinforce key points, and live help lines, for example. The data collection instruments themselves need to be designed to promote and encourage appropriate practices as their current design appears to be a subtle deterrent, discouraging vaccination above 12 months.</p> <p>Further efforts are needed to determine the best way to measure the success of a 2<sup>nd</sup> year of life immunization platform and to monitor the coverage of vaccinations delivered during that contact. Current administrative monitoring systems do a poor job providing coverage estimates by specific age ranges. They are also not designed to specifically measure coverage in the second year of life. Coverage evaluation surveys can help providing better age distribution data. Finally, in some cases recording and monitoring tools have favoured the measurement of timely coverage, and thus provided disincentives to administer untimely doses that are still important for providing protection from measles.</p> <p>The many considerations raised about challenges delivering MCV2 are also applicable to other vaccination contacts for ages &gt;1 year, including Men A vaccine, RTS,S, and other vaccines given to older age groups. Ongoing implementation research aims to inform future guideline development. However, further research is needed to clarify what is required to successfully introduce a new visit and how to use resources productively.</p>
<p><b>Key references or quotes (up to 5)</b></p>	<ul style="list-style-type: none"> <li>• There are many missed opportunities for vaccination during the second year of life, as many children seek health care for sick visits or to receive vitamin A, but vaccination is not offered.</li> <li>• There is a need to update and clarify what is meant by a “fully immunized child” as arbitrary cut-off ages for definition purposes for vaccine receipt of can result in a country appearing to achieve lower coverage than is actually the case. As countries use different definitions, comparisons between countries are challenging.</li> <li>• WHO/UNICEF should consider modifying the JRF to collect standardize coverage definitions (e.g. MCV1 in children at 2 years of age), to collect more data on the effectiveness of the 2YL platform, and to institutionalize 2<sup>nd</sup> year of life immunization reporting.</li> <li>• There is a need to clarify and update guidance to health workers and governments for the design of monitoring systems and the analysis of performance data to evaluate effectiveness of second year of life platform, including use of data from surveys and the administrative system.</li> </ul>