



EUROPEAN VACCINE INITIATIVE

Workshop 6: Reaching adolescents & pregnant women

Dr Odile LEROY

*21 March 2018
GVIRF Bangkok*

Today's Catalyst For Tomorrow's Vaccines



Objectives

- Compare adolescent immunization in high and low resource settings and discuss the implementation challenges for improving delivery in low resource settings.
- Review and discuss status of global maternal immunization and how to optimally operationalize maternal immunization strategies in low resource settings

WHO recommendations for routine immunization

	Adolescents	Adults
Hepatitis B	3 doses (catch up)	
DTP	1 boost 9-15yrs	
Rubella	1 dose (catch up)	1 dose (catch up)
HPV	2 doses (F)	3 doses (catch up)
<i>Certain Regions</i>		
Tick-borne Encephalitis	3 doses + boost	
<i>High-risk populations</i>		
Typhoid	Vi Ps 1 dose/ Ty21a 3-4 doses +boost	
Cholera	WC-rBS 2 doses +X 2 doses + boost / Shanchol & mORVAX : 2 doses + boost	
Mening C conj	2 doses + boost (catch up)	
Mening Quadri conj	1 dose (catch up)	
Hepatitis A	at least 1 dose	
Rabies	3 doses	
Dengue (CYD-TDV)	3 doses 9-45 yrs	
<i>Others IP with certain characteristics</i>		
seasonal Influenzae	1 dose	Priority for pregnant women
varicella	2 doses	

Talk to your child's doctor or nurse about the vaccines recommended for their age.

	Flu Influenza	Tdap Tetanus, diphtheria, pertussis	HPV Human papillomavirus	Meningococcal		Pneumococcal	Hepatitis B	Hepatitis A	Inactivated Polio	MMR Measles, mumps, rubella	Chickenpox Varicella
				MenACWY	MenB						
7-8 Years	Green	Orange		Orange		Orange	Orange	Orange	Orange	Orange	Orange
9-10 Years	Green	Orange	Green, Blue	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange
11-12 Years	Green	Orange	Green	Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange
13-15 Years	Green	Orange		Orange	Orange	Orange	Orange	Orange	Orange	Orange	Orange
16-18 Years	Green	Orange		Orange, Green	Orange, Blue	Orange	Orange	Orange	Orange	Orange	Orange
More information:	Proteins and toxins should get a flu vaccine every year.	Proteins and toxins should get one shot of Tdap at age 11 or 12 years.	All 11-12 year olds should get a 2-shot series of HPV vaccine at least 6 months apart. A 3-shot series is needed for those with weakened immune systems and those age 15 or older.	All 11-12 year olds should get a single shot of a meningococcal conjugate (MenACWY) vaccine. A booster shot is recommended at age 16.	Teens, 16-18 years old, may be vaccinated with a serogroup B meningococcal (MenB) vaccine.						



These shaded boxes indicate when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.



These shaded boxes indicate the vaccine should be given if a child is catching-up on missed vaccines.



These shaded boxes indicate the vaccine is recommended for children with certain health or lifestyle conditions that put them at an increased risk for serious diseases. See vaccine-specific recommendations at www.cdc.gov/vaccines/pubs/ACIP-list.htm.



This shaded box indicates children not at increased risk may get the vaccine if they wish after speaking to a provider.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

American Academy of Pediatrics



AMERICAN ACADEMY OF FAMILY PHYSICIANS
STANDING TOGETHER FOR AMERICA

HPV vaccination schedule Europe 2018

Human Papillomavirus Infection: Recommended vaccinations



Influenza vaccination schedule Europe 2018

Influenza: Recommended vaccinations



PDVAC WHO 2017

Maternal vaccines: primary target for protection

Maternal/fetal disease

- **Malaria***
- Hepatitis E
- Lassa fever
- Ebola

Infant disease (acquired)

- **RSV***
- Pertussis
- Tetanus

Infant disease (congenital)

- Zika
- CMV

Maternal & infant disease

- Influenza
- HSV
- **GBS***

*Vaccines specifically being developed for use in pregnancy

Q&A

- Odile.leroy@euvaccine.eu