



Status of national immunization systems

Summary of indicator data:

Indicators of immunization system performances

The following table describes selected indicators of immunization systems. Data for these indicators are provided by Member States to WHO and UNICEF annually through a joint reporting process, with the exception of some indicators on polio eradication, Vitamin A and measles mortality reduction, which are collected through separate reporting processes. For the purpose of readability, this book presents the country data for a limited number of these indicators, referred to as part of the core indicator (CI) set. They are presented in a data table by country, the countries being listed alphabetically by WHO region. A regional and global summary of the indicators is also provided on page R-244, showing the evolution from 2005 to 2006. In the data table, the indicator has been abbreviated. The full set of indicators is available per country on the global summary CD (Excel format) and on the WHO immunization surveillance, assessment and monitoring website http://www.who.int/immunization_monitoring/data/data_subject/en/index.html where it can also be downloaded as an Excel workbook.

NA = not applicable; ND = no data.

	Indicator description	Answer type
Planning		
(CI)	Does the country have a multi-year plan (MYP) for immunization?	Yes / No
	If yes, what years does the MYP cover?	Yes / No
	If yes, is costing included?	Yes / No
	If yes, is the MYP for immunization integrated into the broader health-sector plan?	Yes / No
	Did the country have an annual workplan for immunization activities?	Yes / No
	If yes, was costing included?	Yes/ No
(CI)	% of districts with updated micro plans that include activities to raise immunization coverage?	Number
	Year of last inventory (models, location, age and working status) of all refrigeration equipment assigned for public immunization services in the country?	Number
	What year was the last vaccine management assessment conducted?	Number
System performance		
	What % of districts had <50% DTP3 coverage?	From 0 to 100%
	What % of districts had 50%–79% DTP3 coverage?	From 0 to 100%
	What % of districts had 80%–89% DTP3 coverage?	From 0 to 100%
	What % of districts had ≥90% DTP3 coverage?	From 0 to 100%
	What % of districts had <50% MCV1 coverage?	From 0 to 100%
	What % of districts had 50%–79% MCV1 coverage?	From 0 to 100%
	What % of districts had 80%–89% MCV1 coverage?	From 0 to 100%



	Indicator description	Answer type
(CI)	<p>What % of districts had $\geq 90\%$ MCV1 coverage?</p> <p>What % of districts had $< 50\%$ TT2+ (pregnant women) coverage?</p> <p>What % of districts had 50%–79% TT2+ (pregnant women) coverage?</p> <p>What % of districts had 80%–89% TT2+ (pregnant women) coverage?</p> <p>What % of districts had $\geq 90\%$ TT2+ (pregnant women) coverage?</p>	<p>From 0 to 100%</p> <p>From 0 to 100%</p> <p>From 0 to 100%</p> <p>From 0 to 100%</p> <p>From 0 to 100%</p>
(CI)	<p>What % of districts achieved $\geq 80\%$ DTP3 coverage?</p>	From 0 to 100%
(CI)	<p>What % of districts had $> 10\%$ drop-out rates $\text{drop-out rate} = \frac{(DTP1 - DTP3) \times 100}{DTP1}$</p> <p>Drop-out rate between DTP1 and DTP3 coverage <i>Comment:</i> $\text{Drop out rate} = [(DTP1 - DTP3) / DTP1] \times 100$ Calculated from official country figures</p> <p>What is the percentage point difference between HepB3 and DTP3 coverage calculated from official country figures?</p>	<p>From 0 to 100%</p> <p>Rate, from 0 to 100%</p> <p>Difference, from 0 to 100%</p>
(CI)	<p>What percentage of districts have had at least one supervisory visit of all health facilities in last calendar year?</p>	From 0 to 100%
(CI)	<p>What is your percentage wastage for measles-containing vaccines?</p>	From 0 to 100%
(CI)	<p>Hib-containing vaccine? E = country estimation <i>Comment:</i> Reported vaccine wastage occurring in the country including both opened and unopened vials; it includes both programme and system-related wastage.</p>	From 0 to 100%
Vaccine supply		
(CI)	<p>Was there any district with vaccine supply interruption?</p>	Yes / No
(CI)	<p>Percentage of districts supplied with sufficient number of AD syringes</p>	From 0 to 100%
Surveillance and monitoring		
	<p>Is there a national case-based measles surveillance system in place?</p> <p>If yes, are specimens taken to confirm diagnosis?</p> <p>Is there a system in place, with laboratory confirmation, to measure the impact of vaccination against invasive bacterial diseases, for example bacterial meningitis or pneumonia?</p>	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>
(CI)	<p>Percentage coverage reports received at national level from districts compared to number of reports expected</p>	From 0 to 100%
Safety		
	<p>Was there an activity workplan for: immunization injection safety? waste management?</p> <p>Type(s) of injection equipment used for routine immunization (excluding reconstitution syringes): auto-disable (AD) syringes; non-AD disposables; sterilizable syringes.</p> <p>Were safety boxes distributed with all vaccine deliveries to vaccination sites?</p>	<p>Yes / No Yes / No</p> <p>Yes / No Yes / No Yes / No</p> <p>Yes / No</p>



	Indicator description	Answer type
	<p>Was there a national system to monitor adverse events following immunization? <i>Comment: Must include the following four components 1. Written guidelines on monitoring and investigation of reported adverse events; 2. Written list of events to monitor; 3. established mechanism to communicate data for regulatory action; 4. Implementation of points 1, 2, and 3.</i></p> <p>If yes, how many total adverse events, including suspected or confirmed, were reported to the national level?</p> <p>If yes, how many were categorized as "serious" adverse events?</p> <p>National policy or recommended practice for disposal of immunization waste in 2004? (multiple answers are possible) Incinerator Open burning Burial Other No policy</p>	<p>Yes / No</p> <p>Number</p> <p>Number</p> <p>Yes / No Yes / No Yes / No Yes / No Yes / No</p>
Financing		
(CI)	<p>What percentage of all spending on routine immunization was financed using government funds (including loans and excluding external public financing)?</p> <p>E = country estimation</p> <p>What percentage of all spending on vaccines was financed using government funds (including loans and excluding external public financing)? E = country estimation</p> <p>Is there a line item in the national budget for purchase of vaccines used in routine immunizations?</p> <p>Is there a line item in the national budget for purchase of injection supplies (syringes, needles, safety boxes) for routine immunizations?</p>	<p>From 0 to 100%</p> <p>From 0 to 100%</p> <p>Yes / No</p> <p>Yes / No</p>
New and underutilized vaccines introduction		
	<p>Is Hepatitis B vaccine integrated into the routine immunization schedule? Yes[A] — adolescent programme only Yes[P] — partial introduction <i>Note: in the global and regional table all positive answers are counted as yes</i></p> <p>Is Hib vaccine integrated into the routine immunization schedule? Yes[P] — partial introduction <i>Note: in the global and regional table all positive answers are counted as yes</i></p> <p>Is mumps vaccine integrated into the routine immunization schedule? <i>Comment: may be given with MMR</i></p> <p>Is rubella vaccine integrated into the routine immunization schedule? <i>Comment: may be given with MMR</i></p>	<p>Yes / Yes[A]/ Yes[P] / No</p> <p>Yes / Yes[P]/ No</p> <p>Yes / No</p> <p>Yes / No</p>
Maternal and neonatal tetanus (NT) elimination		
	<p>Neonatal tetanus eliminated</p> <p>Protection at Birth (PAB) against neonatal tetanus <i>Comment: number of children, as recorded during their DTP1 visit, who can be considered as protected at birth by their mother's TT status and/or delivery status, divided by the number of children having received DTP1.</i></p>	<p>Yes / No</p> <p>From 0 to 100</p>
Polio eradication		
	<p>How many confirmed polio cases were reported?</p>	<p>Number</p>



	Indicator description What was the non-polio acute flaccid paralysis (AFP) rate per 100,000 children under 15 years of age? <i>Comment: a country's surveillance system should be sensitive enough to detect at least one case of AFP for every 100 000 children under 15 — even in the absence of polio</i> Proportion of AFP cases with adequate stool specimens collected? <i>Comment: adequate = two stool specimens collected within 14 days of onset of paralysis, 24–48 hours apart, except for the Region of the Americas where only one specimen is collected (target = 80%)</i>	Answer type Number From 0 to 100%
Vitamin A		
	What is the vitamin A deficiency (VAD) status of this country (based on existing data at WHO)? Were vitamin A supplements distributed during routine immunization services? Were vitamin A supplements distributed during supplemental immunization activities?	Subclinical deficiency (Subclinical) Clinical deficiency (Clinical) Insufficient data but possibility of VAD (NDP) Insufficient data but VAD unlikely (NDU) Yes / No Yes / No
Measles mortality reduction		
	Was a second opportunity measles immunization implemented? <i>Comment: Second Opportunity = country has implemented a two-dose routine measles schedule and/or within the last four years has conducted a national immunization campaign achieving >90% coverage of children <5 yrs</i>	Yes / No
Yellow fever		
	Member states at risk for yellow fever (at risk for outbreaks)? <i>Comment: (Does not include French Guyana — overseas department of France — at risk too)</i> <i>Yellow fever in schedule</i> <i>High risk = in high risk areas; Partial = partial introduction</i>	Yes / No Yes / High Risk/Partial/No