

1. What is the information needed: Vaccine coverage levels by individual vaccination combination, series complete vaccine coverage, and coverage (up-to-date status) for all vaccines in the local EPI program.
 2. What questions will elicit this information: Question 504 through 510G are required to determine the necessary information.
 3. How will the resulting information be used: Vaccine coverage information is used to monitor the EPI program and, within a country, to identify areas with low coverage to enhance vaccination activities.
 4. What is the priority of suggested additions compared with what is already in the questionnaires: The questions as written, when modified based on the footnotes for Section 5, should allow for the calculation of vaccine coverage indicators. However, often individuals do not read the footnotes which address the issue of "developed locally since immunization practices may vary from country to country." For ease of use, it would be best to develop and show the full variety of "routine" vaccination options, or illustrate with the most used vaccinations, as it is easier for those in the country to delete unnecessary vaccinations AND they would be more likely to have the correct vaccinations provided if deleting those not used rather than adding those used but not shown. For example, I would use PENTA rather than DTP. Also, recall questions need to be approached with care as more vaccinations are added to the scheduled including an additional oral vaccine and additional injections.
 5. If suggestions more than one addition, what is the priority among the suggested additions: I would consider expanding the vaccination list for transcription from the written record before enhancing the recall component.
 6. Should the additional data be collected in all countries, or only in selected type of countries (e.g., those countries with a particular type of program, countries with prevalence of a particular infection >5%, or 10%: N/A
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