
Subject: Suggestions for monitoring new vaccines, schedules and target groups
Posted by [Trevor-DHS](#) on Mon, 20 Jul 2015 19:06:56 GMT

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How can household surveys be best adapted in the future to capture information about new vaccines, changing schedules, and different target groups?

Some suggestions that have previously been received include:

Addition of inactivated polio vaccine (IPV) to national schedules: Most low and middle income countries currently recommend three (in some instances four) doses of oral polio vaccine (OPV) in infancy. In November 2013, WHO's Strategic Advisory Group of Experts on Immunization (SAGE) recommended that countries introduce one dose of IPV at the same time as the third dose of OPV and DTP-containing vaccine (<http://www.who.int/wer/2014/wer8901.pdf?ua=1>). Widespread adoption of this recommendation is expected in 2014 and 2015 and will constitute an additional injectable vaccine in recommended infant immunization schedules. Documenting coverage of this dose will be important in monitoring compliance and progress towards polio eradication.

Hepatitis B birth dose within twenty-four hours of birth: Currently, WHO recommends that a dose of Hepatitis B vaccine be administered as soon as possible following birth and preferably no later than the first 24 hours of life to prevent perinatal transmission of the hepatitis B virus (<http://www.who.int/wer/2009/wer8440.pdf?ua=1>). We recommend presenting hepatitis B birth dose coverage as those doses which are administered on the same or subsequent day as the birth. While a vaccination whose administration date coincides with the birth date may be assumed to meet the criteria as a birth dose, we recognize that a vaccination given on the day after birth can be up to 23 hours late and some overestimation of vaccination within twenty-four hours is inevitable. In cases of maternal recall, it is unclear whether it is better for the interviewer to prompt the mother to recall the hour of hepatitis B vaccination or simply the date. It is quite possible that the mother, while present at the time of birth, would not necessarily know the date/time of vaccine administration. Furthermore, we understand that date of birth is not always available, or if available, it is not always reliable and that data are frequently collected for month and year of birth without including the precise date. We do recommend, however, that whenever possible an attempt to determine whether the first dose of hepatitis B was given during the first twenty-four hours of life be made and reported.

Human papillomavirus vaccine (HPV) recommended for girls nine through twelve years of age: Human papillomavirus is a major cause of cervical cancer and WHO recommends that HPV be included in national immunization schedules if prevention of cervical cancer is a public health priority, vaccine introduction is programmatically feasible, and sustainable financing can be secured (<http://www.who.int/wer/2009/wer8415.pdf?ua=1>). While the vaccine remains relatively expensive, the GAVI Alliance is supporting HPV introduction in low income countries (<http://www.gavialliance.org/support/nvs/human-papillomavirus-vaccine-support/>). Information on the date and age of HPV administration among women fifteen years of age at the time of survey would provide invaluable information on the coverage of HPV vaccination. In some instances this may require consideration of oversampling this age group in order to obtain a robust coverage estimate.

Monitoring of public or private provider status for vaccination: In many countries immunization

services are delivered by a growing proportion of private health service providers. In some instances, private providers do not report to national immunization programmes on the number of children vaccinated and therefore eliciting information from surveys on where childhood vaccinations were received is desirable for monitoring purposes as vaccination coverage data for this subpopulation could otherwise go unmeasured.

Other suggestions already included in DHS7 include:

A second dose of measles containing vaccine Pneumococcal vaccine Rotavirus vaccine
Hepatitis B at birth (currently without checking of timing)
