

# **Catch-up vaccination – an ongoing safety net to reduce immunity gaps across the life course**

29 March 2023

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# Catch-up vaccination – an ongoing safety net to reduce immunity gaps across the life course

Stephanie Shendale, WHO/IVB/EPI/Life Course & Integration

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# What is catch-up vaccination?

**Catch-up vaccination** refers to vaccinating an individual who is missing doses for which they are eligible per the national immunization schedule

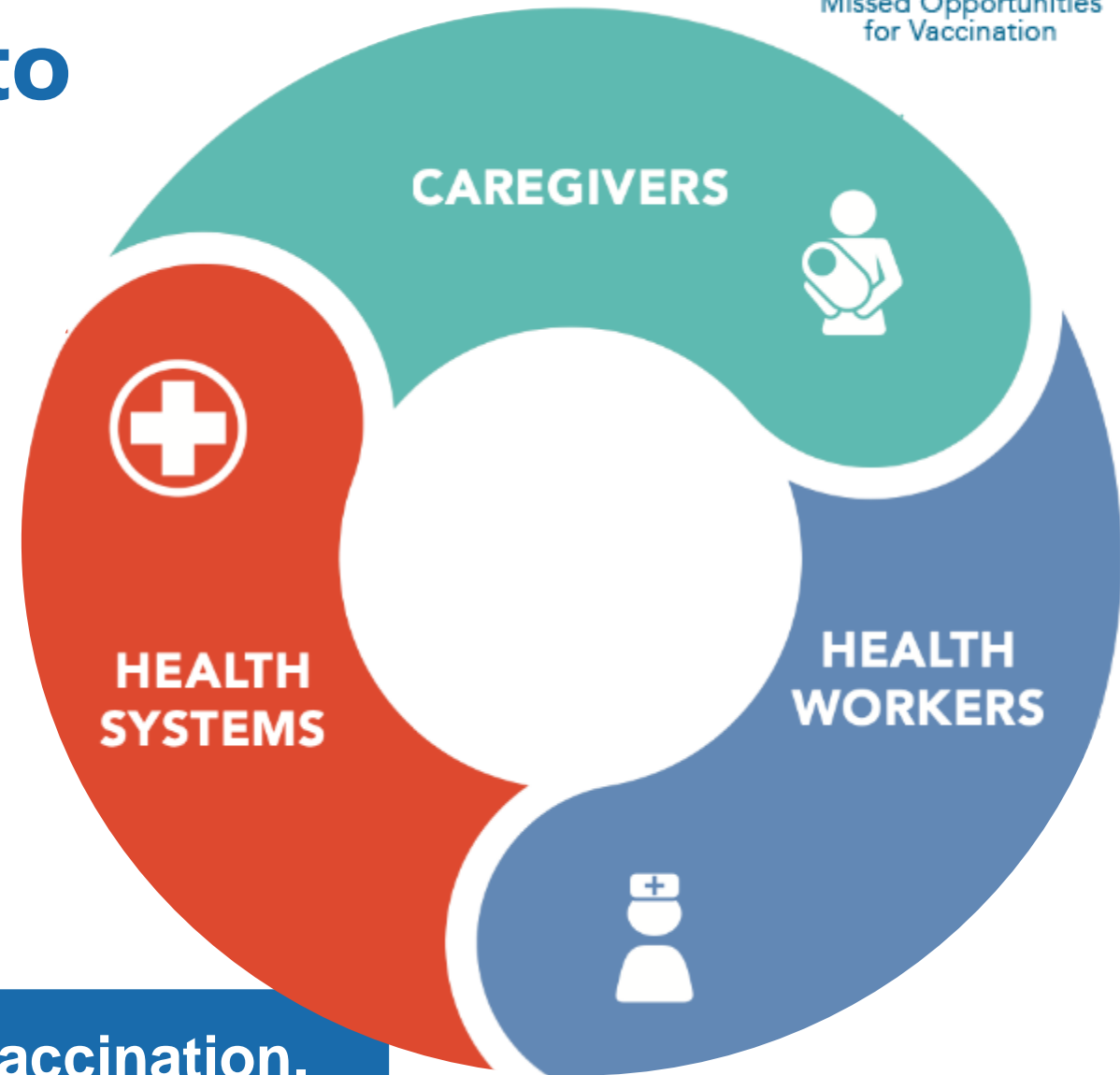
- Providing catch-up vaccination via routine service delivery should be an **essential and ongoing part of all immunization programmes**
- Importance of catch-up vaccination is further pronounced following extended interruption of routine services
- Large gaps accumulated over the pandemic years may require additional specially planned catch-up efforts
- If catch-up vaccination is not already an established policy and practice – **now is the time!**

# Many countries are missing opportunities to provide catch-up vaccination:

- ✘ Lack of a policy for catch-up vaccination
- ✘ Lack of healthcare worker understanding around schedules for late/delayed vaccination
- ✘ Strict upper age cut-offs for catch-up vaccines

**This can lead to issues with equity.**

**No one should miss out on the right to vaccination.**



# WHO has published recommendations and guidance for catch-up vaccination

Leave no one behind:  
guidance for planning and  
implementing  
catch-up vaccination

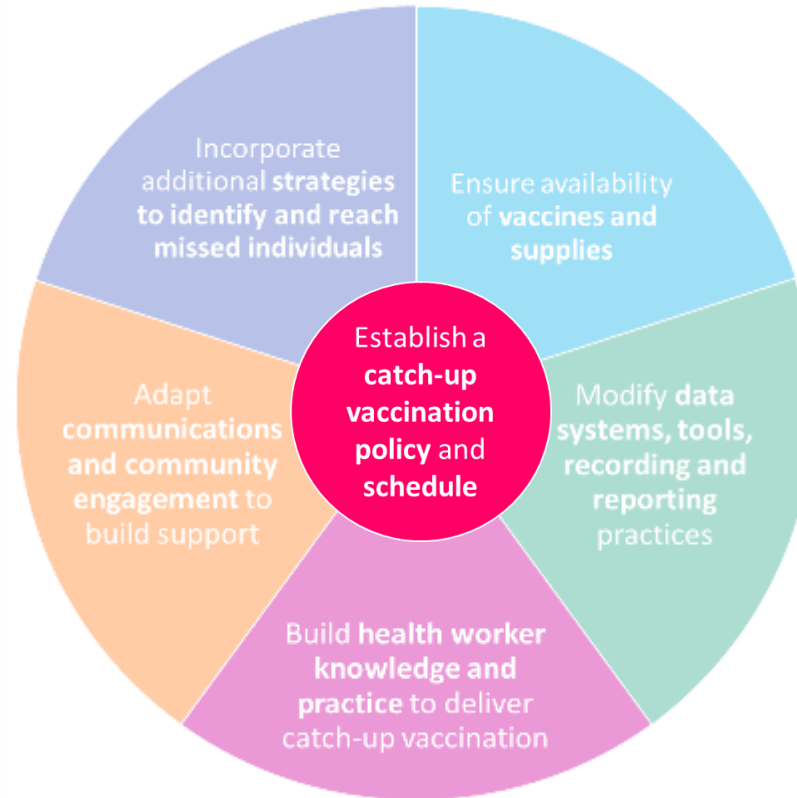


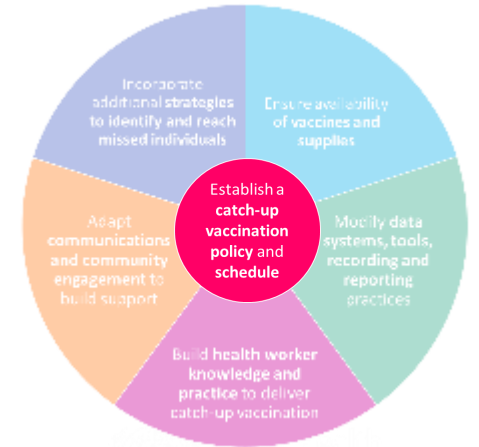
TABLE 3. Recommended WHO 3:1 Evidence-based, Interrupted Routine Immunization – Strategy of WHO Action Plan 4

Country	Year of implementation	Age of children eligible for catch-up	Number of children eligible for catch-up	Number of children vaccinated	Percentage of children vaccinated	Notes
Kenya	2011	1-14 years	10.5 million	1.5 million	14%	...
Kenya	2012	1-14 years	10.5 million	1.5 million	14%	...
Kenya	2013	1-14 years	10.5 million	1.5 million	14%	...
Kenya	2014	1-14 years	10.5 million	1.5 million	14%	...
Kenya	2015	1-14 years	10.5 million	1.5 million	14%	...
Kenya	2016	1-14 years	10.5 million	1.5 million	14%	...
Kenya	2017	1-14 years	10.5 million	1.5 million	14%	...
Kenya	2018	1-14 years	10.5 million	1.5 million	14%	...
Kenya	2019	1-14 years	10.5 million	1.5 million	14%	...
Kenya	2020	1-14 years	10.5 million	1.5 million	14%	...

**WHO Recommendations  
for Interrupted or Delayed  
Routine Immunization**

Available in EN, FR, PT

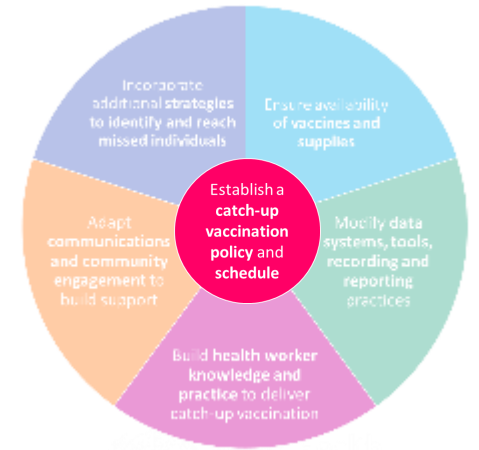
# A catch-up vaccination policy should provide clarity on:



- 1. Importance of providing vaccinations for those who have missed one or more doses within the national immunization schedule**
- 2. How to determine eligibility including permissible age ranges, and what to do if vaccination history cannot be confirmed**
- 3. Correct recording and reporting of delayed doses**
- 4. Leveraging every health contact as an opportunity to check vaccination history and catch up on vaccinations as appropriate**

# A catch-up schedule should include:

- Age cohorts to which the catch-up schedule applies
- Minimum age and maximum/upper age limit (if applicable as per national policy)
- Clear directives on minimum intervals permissible between doses for each antigen



As immunization programmes expand across the life course, multiple catch-up schedules for different target populations/age groups will be needed.





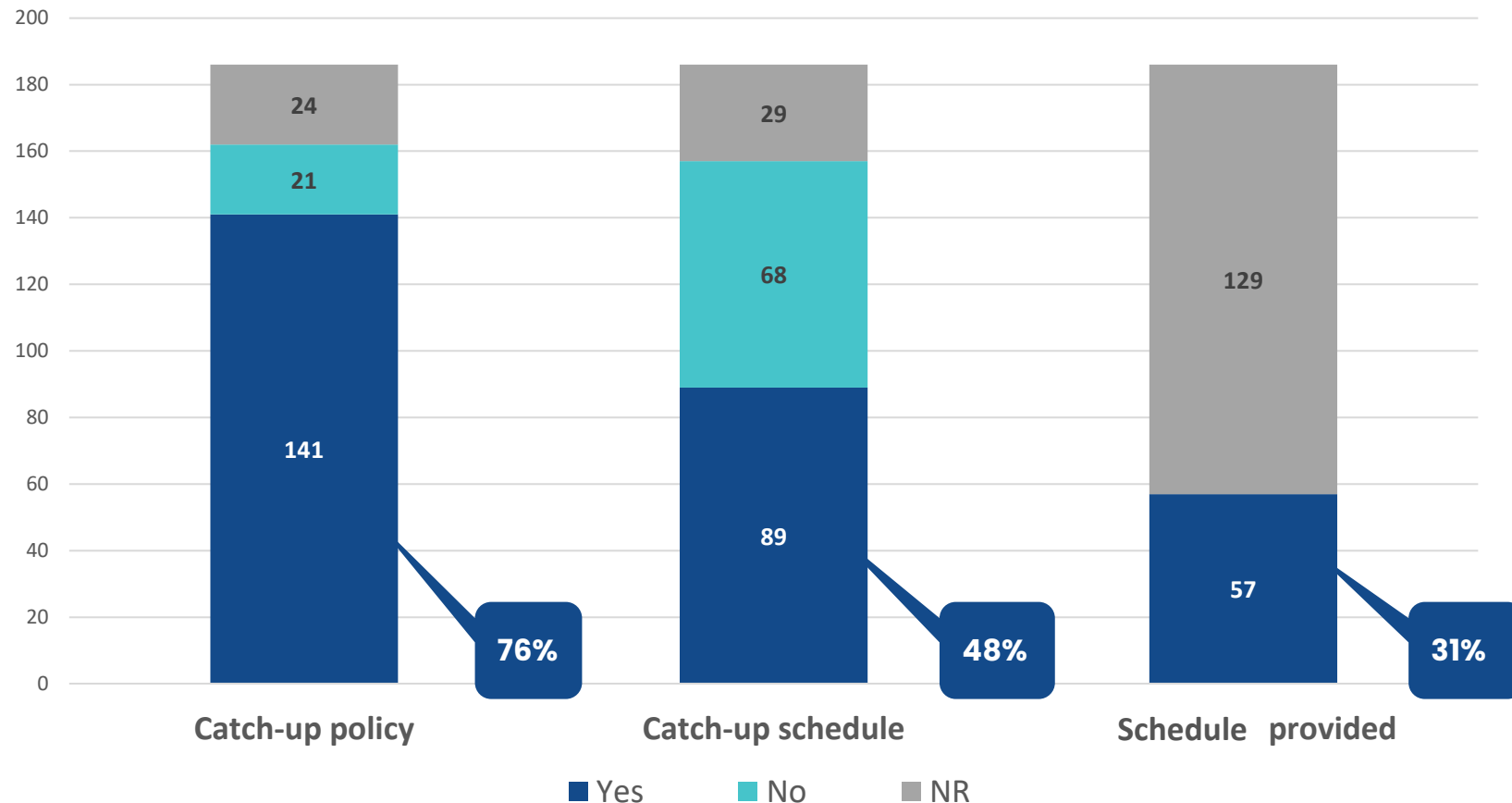
## Please share in the chat:

1. Does your country have an official written catch-up vaccination policy?
2. Does your country have a catch-up vaccination schedule?



# Member States reporting catch-up vaccination policies and schedules in 2021 (n=186)

Data from eJRF 2021

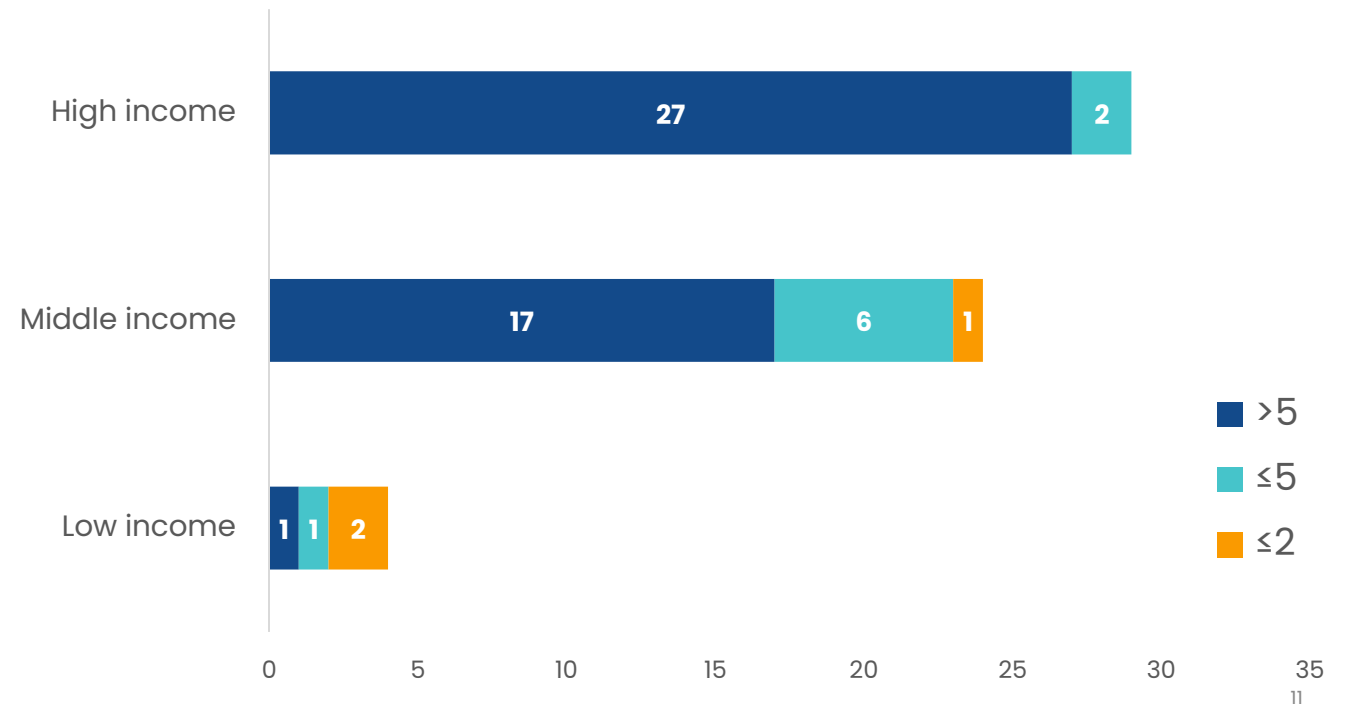
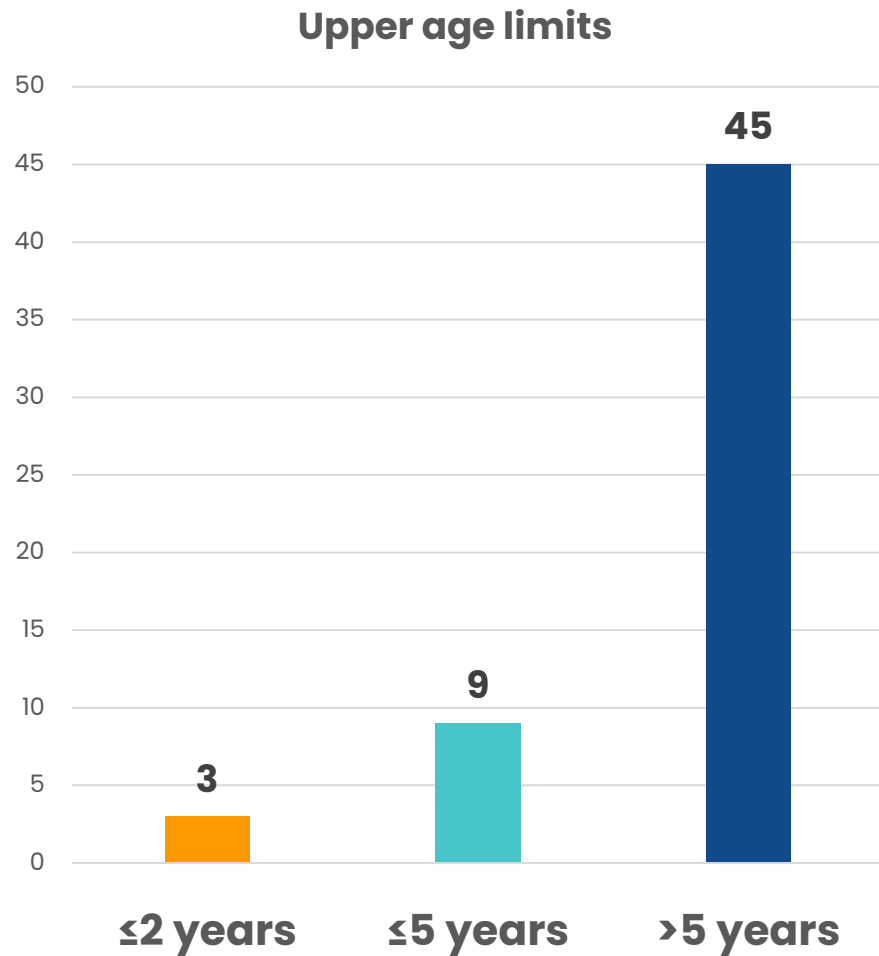


**Is a strategy for catch-up vaccination addressed within your national immunization policy?**

**Do you have a catch-up vaccination schedule for interrupted or delayed vaccination? (If yes, please provide a copy)**

**Of the 57 catch-up schedules analyzed... 45 (79%) permitted catch-up with at least one childhood vaccine (excluding HPV) beyond 5 years of age.**

**But... these schedules are mostly from high- and middle-income countries.**



# Catch-up vaccination requires a whole system life course approach



- ✓ Routine catch up
- ✓ MOV strategy
- ✓ School vaccination checks
- ✓ PIRI
- ✓ Campaigns to rapidly close immunity gaps

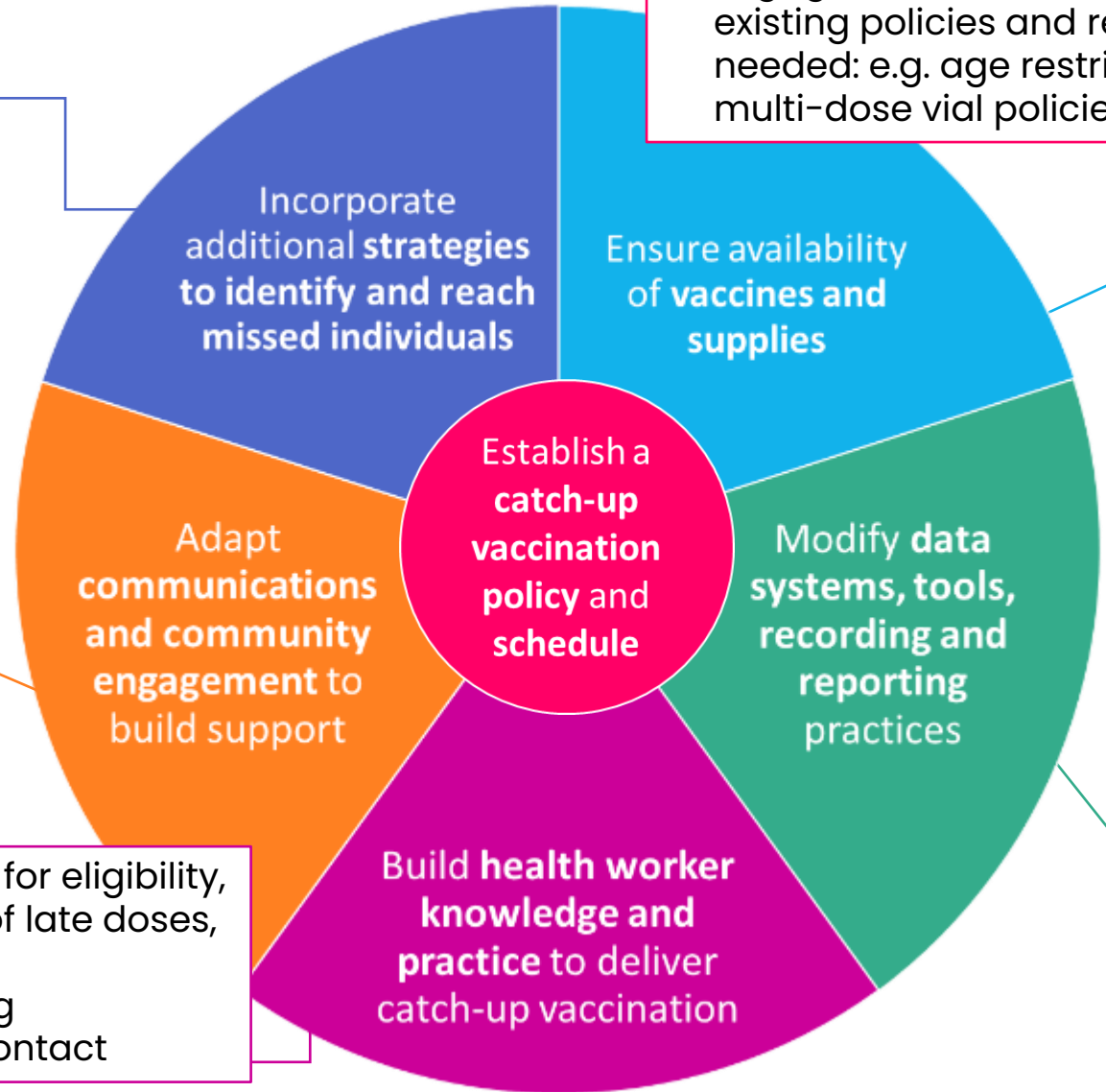
- ✓ Engage NITAGs to review existing policies and revise if needed: e.g. age restrictions, multi-dose vial policies, etc.

- ✓ Encourage HBR retention and to bring to every visit
- ✓ Promote timely vaccination but convey message "better late than never"

- ✓ Ensure availability of buffer stock to mitigate temporary surge
- ✓ Closely monitor stock at all levels and adjust forecasts as needed

- ✓ Provide training on screening for eligibility, minimal intervals, recording of late doses, managing multiple injections
- ✓ Reinforce practice of checking vaccination status at every contact

- ✓ Revise tools to allow recording and reporting of doses administered without restricting age range
- ✓ Encourage reporting and inclusion of catch-up doses in national coverage figures



# Catch-up vaccination should be more than just a short-term strategy

## Short-term “Catch-up and recovery”

- Intensify catch-up vaccination efforts through RI delivery: e.g. mass call backs, intensified defaulter tracking, expanded outreach, etc.
- Conduct targeted and selective multi-antigen vaccination campaigns (PIRI)
- If needed, conduct supplementary immunization activities (SIAs) for single or multiple antigens, irrespective of individual vaccination status

## Essential and ongoing part of immunization programming

- Establish catch-up vaccination **policy & schedule**
- Review vaccination history at **every health visit** (immunization and other); refer or provide catch-up doses
- Ensure robust newborn and defaulter tracking
- Conduct periodic intensification of routine immunization **(PIRI) activities** that screen for eligibility and record doses
- Implement **school and daycare vaccination checks**

To build resiliency, catch-up must be an **ONGOING EFFORT** and requires systems in place to support this

# WHO Resources on immunization catch-up and recovery



**Catch-up vaccination landing page**

<https://www.who.int/teams/immunization-vaccines-and-biologicals/essential-programme-on-immunization/implementation/catch-up-vaccination>

**Catch-up vaccination videos (EN,FR):**

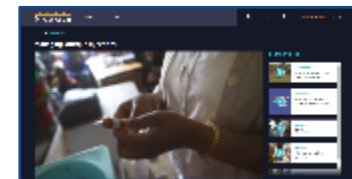


**Administering catch-up vaccination**  
<https://watch.immunizationacademy.com/en/videos/807>



**Leave No One Behind: Guidance for planning and implementing catch-up vaccination (EN,FR,PT)**

<https://www.who.int/publications/i/item/9789240016514>



**Managing multiple injections**  
<https://watch.immunizationacademy.com/en/videos/805>



**WHO Recommendations for interrupted or delayed vaccination (EN,FR)**

<https://www.who.int/publications/m/item/table-3-who-recommendations-for-routine-immunization>



**How to record and report catch-up vaccination**  
<https://watch.immunizationacademy.com/en/videos/806>



**Technical Resources for Improving Immunization Coverage and Equity**

<https://www.technet-21.org/en/cov-eq>



**Immunization as an essential health service: guiding principles for immunization activities during the COVID-19 pandemic and other times of severe disruption (EN)**

<https://www.who.int/publications/i/item/immunization-as-an-essential-health-service-guiding-principles-for-immunization-activities-during-the-covid-19-pandemic-and-other-times-of-severe-disruption>



**Guiding principles for recovering, building resiliency, and strengthening of immunization in 2022 and beyond (EN,FR)**

<https://apps.who.int/iris/handle/10665/364944>



**Missed Opportunities for Vaccination resource guides (EN,FR,PT)**

[https://www.who.int/teams/immunization-vaccines-and-biologicals/essential-programme-on-immunization/implementation/reducing-missed-opportunities-for-vaccination-\(mov\)](https://www.who.int/teams/immunization-vaccines-and-biologicals/essential-programme-on-immunization/implementation/reducing-missed-opportunities-for-vaccination-(mov))



**Vaccination in the second year of life (2YL) guides and resources (EN,FR,PT)**

[www.who.int/teams/immunization-vaccines-and-biologicals/essential-programme-on-immunization/integration/vaccination-in-the-second-year-of-life-\(2yl\)](https://www.who.int/teams/immunization-vaccines-and-biologicals/essential-programme-on-immunization/integration/vaccination-in-the-second-year-of-life-(2yl))

**Increasing vaccine demand and uptake:**

<https://www.who.int/teams/immunization-vaccines-and-biologicals/essential-programme-on-immunization/demand>



**Behavioural and social drivers of vaccination: tools and practical guidance for achieving high uptake (EN,FR,ES,PT,RU,AR)**

<https://apps.who.int/iris/handle/10665/354459>



**Quality immunization services: a planning guide (EN,FR,ES,PT,RU,AR)**

<https://apps.who.int/iris/handle/10665/354403>



**Human-centred design for tailoring immunization programmes (EN,FR,ES,PT)**

<https://apps.who.int/iris/handle/10665/354457>

# Ressources de l'OMS sur le rattrapage et du renforcement de la vaccination



## Page d'accueil sur la vaccination de rattrapage

[www.who.int/teams/immunization-vaccines-and-biologicals/essential-programme-on-immunization/implementation/catch-up-vaccination](https://www.who.int/teams/immunization-vaccines-and-biologicals/essential-programme-on-immunization/implementation/catch-up-vaccination)



## Ne laisser personne de côté : Directives pour la planification et la mise en œuvre de la vaccination de rattrapage (EN,FR,PT)

<https://www.who.int/publications/i/item/9789240016514>



## Recommandations pour la vaccination interrompue ou retardée (EN,FR)

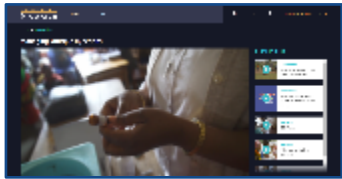
<https://www.who.int/publications/m/item/table-3-who-recommendations-for-routine-immunization>

## Vidéos de vaccination de rattrapage (EN,FR):



## Administration des vaccins rattrapage

<https://watch.immunizationacademy.com/fr/vidéos/943>



## Gestion des injections multiples

<https://watch.immunizationacademy.com/fr/vidéos/945>



## Comment enregistré et déclarer les vaccinations de rattrapage

<https://watch.immunizationacademy.com/fr/vidéos/944>



## Ressources techniques pour l'amélioration de la couverture vaccinale et de l'équité

<https://www.technet-21.org/en/cov-eg>



## Immunization as an essential health service: guiding principles for immunization activities during the COVID-19 pandemic and other times of severe disruption (EN)

<https://www.who.int/publications/i/item/immunization-as-an-essential-health-service-guiding-principles-for-immunization-activities-during-the-covid-19-pandemic-and-other-times-of-severe-disruption>



## Principes directeurs de la reprise, de la promotion de la résilience et du renforcement de la vaccination en 2022 et au-delà (EN,FR)

<https://apps.who.int/iris/handle/10665/364945>



## Guides de ressources pour réduire les occasions manquées de vaccination (EN,FR,PT)

[https://www.who.int/teams/immunization-vaccines-and-biologicals/essential-programme-on-immunization/implementation/reducing-missed-opportunities-for-vaccination-\(mov\)](https://www.who.int/teams/immunization-vaccines-and-biologicals/essential-programme-on-immunization/implementation/reducing-missed-opportunities-for-vaccination-(mov))



## Guides et ressources sur la vaccination au cours de la deuxième année de vie (EN,FR,PT)

[www.who.int/teams/immunization-vaccines-and-biologicals/essential-programme-on-immunization/integration/vaccination-in-the-second-year-of-life-\(2yl\)](https://www.who.int/teams/immunization-vaccines-and-biologicals/essential-programme-on-immunization/integration/vaccination-in-the-second-year-of-life-(2yl))

## Increasing vaccine demand and uptake:

<https://www.who.int/teams/immunization-vaccines-and-biologicals/essential-programme-on-immunization/demand>



## Facteurs comportementaux et sociaux de la vaccination : outils et conseils pratiques pour parvenir à une adoption vaccinale élevée (EN,FR,ES,PT,RU, AR)

<https://apps.who.int/iris/handle/10665/361746>



## Des services de vaccination de qualité : guide de planification (EN,FR,ES,PT,RU, AR)

<https://apps.who.int/iris/handle/10665/364189>



## Programmes de vaccination sur-mesure à l'aide d'un design centré sur l'humain (EN,FR,ES, PT)

<https://apps.who.int/iris/handle/10665/360868>



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MINISTRY OF HEALTH-ETHIOPIA

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# Catch-up vaccination policy in Ethiopia



**MOH**  
**29 March 2023**



March 29, 2023



# Outline



- Background Information
- Rational for Catch up policy
- Ethiopian catch up vaccination policy
- Strategy
- Experiences
- Challenges
- Next step





# Background



## Population

107,119,962



## Administration

11 Regions 115 Zones

2 City admins 1073 Weredas



## Rural Community

83%



## Area

1,100,000 square kilometres

## Hospitals

408



## Health Centers

3,787

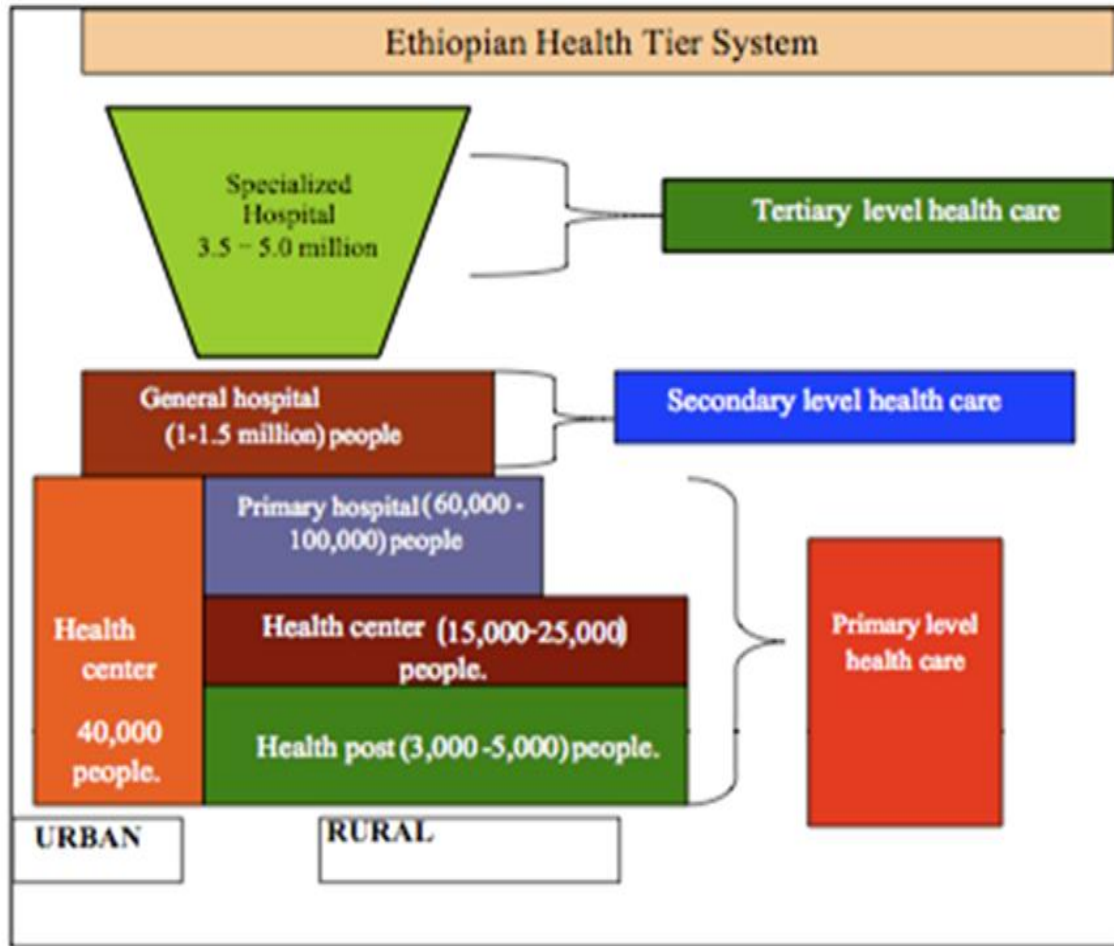


## Health Posts

17,967



# Health sector operating structures



**Federal Ministry of health: EPI team**



**Regional Health Bureau: EPI Team or Focal  
(11 Regions & 2 city admin)**



**Zonal Health Department: EPI Focal  
(>100 Zones)**



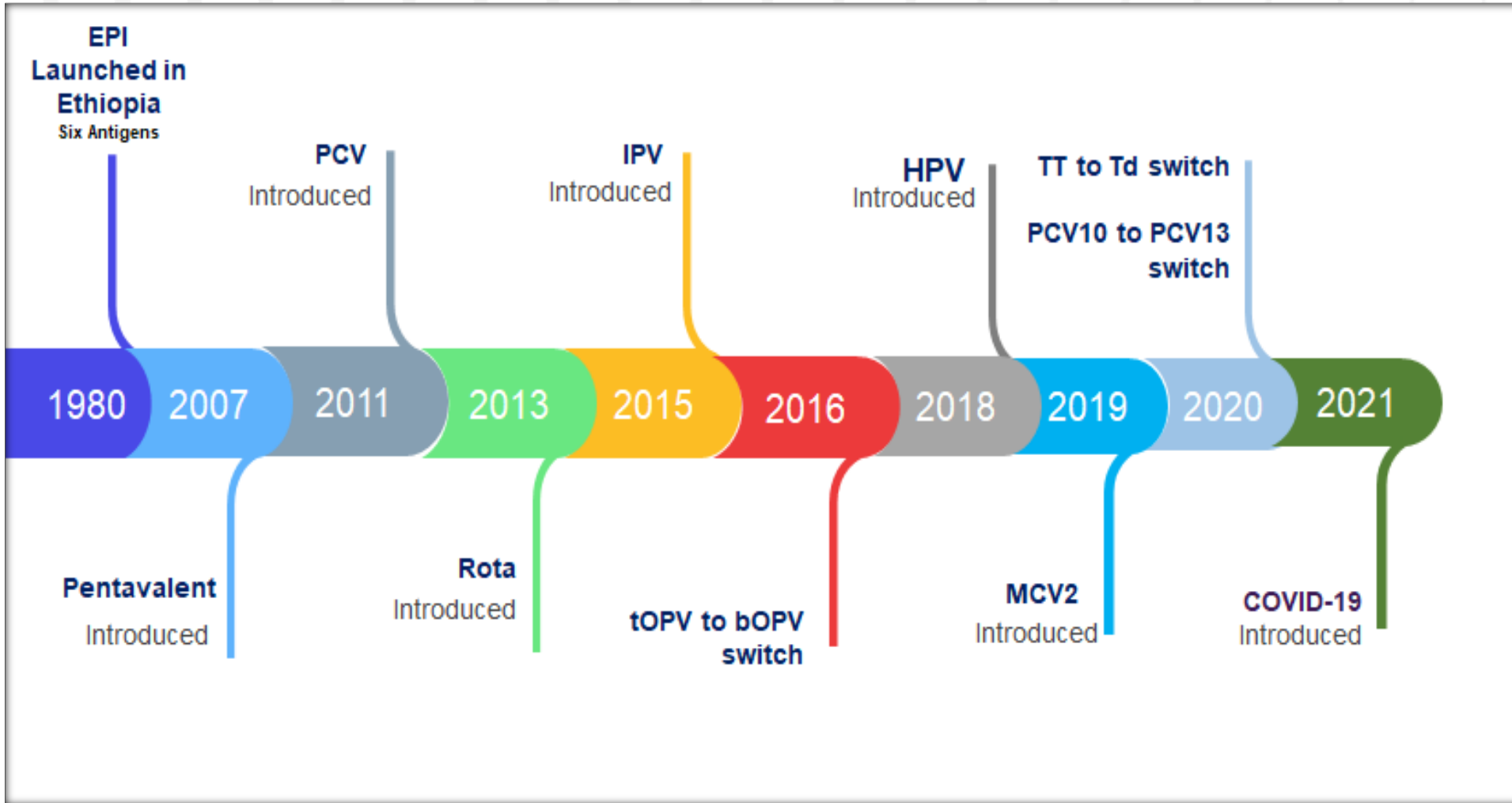
**Woreda Health Office: EPI Focal  
(>1000 districts)**



**Kebele: HEWs and HDA  
(>18,000 Health Posts)**



# Ethiopia EPI-Background



**Outbreak response and targeted vaccination**

- Yellow Fever
- Men A
- Cholera
- OCV



# Policy and guideline available

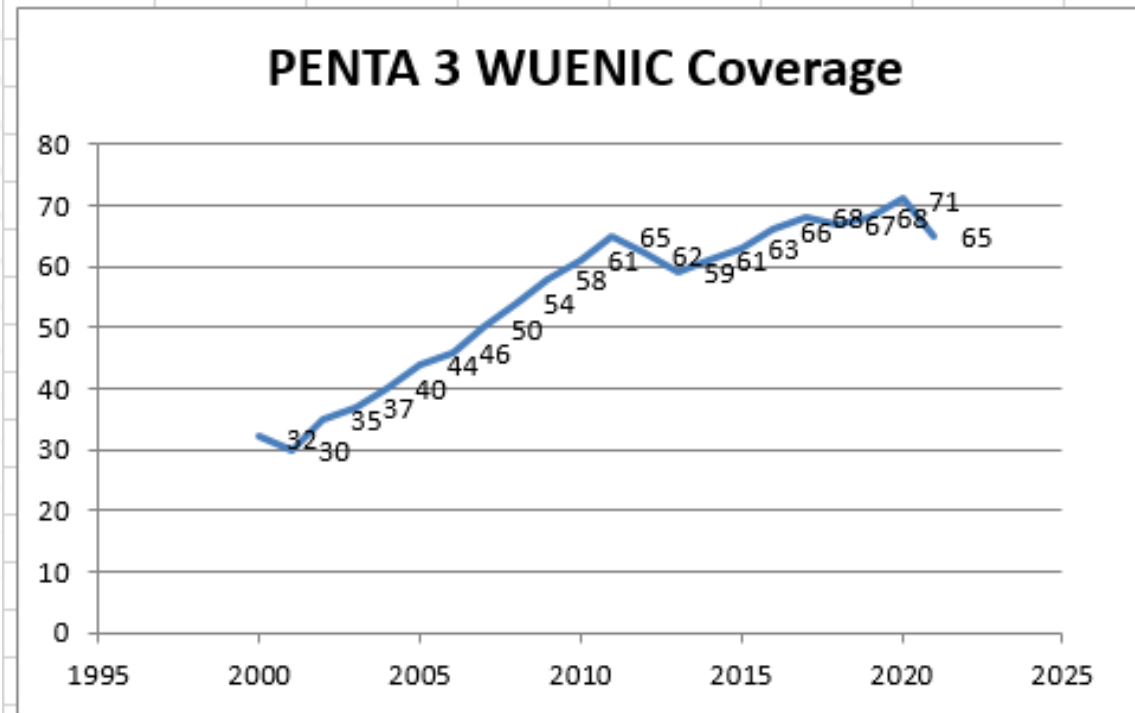


- ❖ Health policy
- ❖ HSTP 2021-2025
- ❖ The comprehensive multi year plan 2021-2025 (cMYP 2021-2025)
- ❖ Immunization policy implementation guide was revised 2021
- ❖ Catch vaccination guideline 2022
- ❖ National Deployment and Vaccination plan (NDVP) version-3 by Aug, 2022
- ❖ Cold chain Decommission guideline
- ❖ Waste management guideline, 2022

# Key success of EPI program

## EPI program key achievement

- ❖ Eradicated Wild polio virus
- ❖ Eliminated MNT
- ❖ Introduced several vaccines that prevent VPD



- ❖ Immunization coverage is increasing from time to time since 2000

# Catch up Vaccination



- **WHO defines Catch-up vaccination:** action of vaccinating an individual, who for whatever reason (e.g. delays, stock-outs, access, hesitancy, service interruptions, etc.), is missing/has not received doses of vaccines for which they are eligible, per the national immunization schedule
- **Timely vaccination** is key to maintaining population immunity as early as possible.
- *It is always **better to vaccinate late than never***

# Benefit of Catch-up vaccination



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MINISTRY OF HEALTH - ETHIOPIA

- Integrate **with other essential health services** to strengthen **Primary Health Care**.
- Address **missed opportunities for vaccination**.
- **Strengthen collaborations** with other sectors to engage on immunization efforts
- Indicate **strategies** to access especial population groups; **migrant, internally displaced** or **urban slam populations** for immunization;
- Introduce **targeted communications and behavioral interventions** to help minimize missed vaccinations;
- Bridge **immunity gaps** and **ultimately reduce reliance** on SIAs and outbreak response activities.

# Ethiopian Catch up vaccination policy



## Rational

- Despite the progress, **1.1 million children** left unvaccinated every year
- **COVID-19** pandemic, **Conflicts**, flooding, greatly **disrupted routine immunization** and essential health services and the immunization service in Ethiopia
- No clear guidance to address late vaccination



Ethiopia is  
#6 in the  
world high  
zero dose



# Steps to endorse catch up policy



Gather global and national policy,  
recommendation



Briefing the national high level leadership  
defining the scope



Engagement of national EPI TWG



Developed the guide with detail section



Endorsed on ICC

# Routine immunization schedule



S/No.	Vaccine/drug	Age	Route/Site of administration
1	<b>BCG</b>	At Birth or as soon as possible after birth	Intrad ermal (ID), Rt deltoid
2	<b>PCV</b>	Weeks 6,10 & 14	Intramuscular (IM), Rt anterolateral thigh
3	<b>OPV</b>	Birth (OPV0), weeks 6,10 & 14	Oral
4	<b>IPV</b>	Week 14	IM, Rt anterolateral thigh 2.5 cm below the injection site from PCV
5	<b>DPT-Hib-HepB</b>	Weeks 6,10 & 14	IM, Lt anterolateral thigh
6	<b>Measles containing vaccine</b>	9 and 15 months	Subcutaneous (SC), Rt deltoid
7	<b>Rota virus vaccine</b>	Weeks 6 & 10	Oral
8	<b>HPV</b>	14 years old and after 6months of 1 <sup>st</sup> dose	IM, Deltoid muscle of upper arm

# Catch up vaccination schedule



Vaccine antigens	Total doses	Minimum age for dose 1	Minimum interval between doses	Upper age limit
<b>BCG</b>	<b>1</b>	<b>At birth</b>	<b>NA</b>	<b>Up to 1 year of age</b>
<b>OPV</b>	<b>4</b>	<b>At birth</b>	<b>OPV0-OPV1: 6 weeks All subsequent doses: 4 weeks</b>	<b>Up to 59 months</b>
<b>Rota</b>	<b>2</b>	<b>6 weeks</b>	<b>4 weeks</b>	<b>Up to 24 months</b>
<b>PCV</b>	<b>3</b>	<b>6 weeks</b>	<b>4 weeks</b>	<b>Up to 24 months</b>
<b>Penta</b>	<b>3</b>	<b>6 weeks</b>	<b>4 weeks</b>	<b>Up to 24 months</b>
<b>IPV</b>	<b>2</b>	<b>14 weeks</b>	<b>4 weeks</b>	<b>Up to 24 months</b>
<b>Measles</b>	<b>2</b>	<b>9 months</b>	<b>2<sup>nd</sup> dose at 15 months; Minimum 4 weeks between dose 1 and 2 if dose 1 is given late</b>	<b>Up to 59 months</b>

## The decision considers

- *WHO recommendation*
- *Ethiopia EPI policy guide*
- *Local epidemiology of outbreak-prone VPDs (e.g., measles, polio, diphtheria)*

# Strategy



Vaccination Plan

Routine immunization, Using the 2YL Vaccination Platform(MCV2)



Periodic intensification of routine immunization (PIRI)



Africa Vaccination Week and Child Health Days



Integrate with supplemental vaccination activities

# Component of the Catch up policy



Planning

Availing vaccine and supplies

Training of HWs

Communication and Community Engagement

Recording and reporting

Monitoring and evaluation

# Lessons

## Integrated Measles SIAs and catch up vaccination in 2021



Photo: Project staff visit and HCWs conducting D/D outreach

Region	# Of zones	# Of woredas/IDPs	# Of Refugees
Amhara	11	121	-
Oromia	7	60	-
Afar	5	39	2
Benishangul	2	17	3
Total	25	237	5

Regions	BCG	OPV 1	OPV 2	OPV 3	Penta 1	Penta 2	Penta 3	PCV 1	PCV 2	PCV 3	Rota 1	Rota 2	IPV	MCV 1	MCV 2	Zero dose
Addis Ababa	12	20	82	93	20	82	93	20	82	93	20	79	98	3	39	20
Afar	4,286	4,790	3673	3705	4790	3626	3705	4790	3720	3705	4790	3416	3705	4765	4718	3493
Amhara	7,947	11,498	11,222	11,265	11,689	11,285	11,274	11,602	11,208	11,284	11,571	11,623	10,807	-	-	0
Ben Gumuz	1693	1805	1491	1527	1907	1565	1587	1805	1491	1517	1805	1479	1475	1,511	1,185	1798
Dire Dawa	140	117	150	186	117	150	186	117	150	186	117	139	186	224	198	146
Gambella	1701	1,998	1,707	2,168	2,102	1,761	2,198	2,089	1,781	2,207	2,151	1,787	2,246	2,408	2,337	1137
Harari	183	309	277	317	283	254	297	309	277	324	309	277	327	324	306	7
Oromia	15,560	15,411	14,990	17,725	14,241	13,190	15,745	15,472	15,097	17,736	16,544	17,237	17,962	25,631	25,764	11749
Sidama	1114	1019	854	1036	993	818	1085	978	828	1062	956	960	1014	1087	1061	219
SNNP	5,010	7,376	6,021	6,467	7,607	6,008	6,305	7,269	6,166	6,460	7,292	6,293	6,255	6,599	6,388	3246
Somali	272	426	278	291	426	278	291	426	278	291	426	278	291	347	389	243
SWE	1,046	1,366	478	1,177	1,614	772	1,521	1,361	498	1,231	1,151	1,134	290	1,506	1,774	
<b>Total</b>	<b>38,964</b>	<b>46,135</b>	<b>41,223</b>	<b>45,957</b>	<b>45,789</b>	<b>39,789</b>	<b>44,287</b>	<b>46,238</b>	<b>41,576</b>	<b>46,096</b>	<b>47,132</b>	<b>44,702</b>	<b>44,656</b>	<b>44,405</b>	<b>44,159</b>	<b>22,058</b>

# Lessons....

## Integrated measles SIAs, 2022

Region	Penta 1	Penta 2	Penta 3	OPV 1	OPV 2	OPV 3	PCV 1	PCV 2	PCV3	Rota 1	Rota 2	IPV 1
Addis Ababa	76	14	14	85	14	40	72	14	14	70	16	25
Afar	5196		1633	5205		1654	5141	2067		5184		1611
Amhara	31589	13248	13148	30694	13248	12892	30651	13248	13148	29801	13248	14331
Benishangul	1070	834	889	1070	834	888	1070	834	888	834	834	889
Diredawa	208	143	102	213	143	96	203	143	96	201	143	136
Gambella	944	648	579	944	648	579	944	648	579	944	648	628
Harari	95	0	0	95	0	0	95	0	0	95	0	0
Oromia	46613	29854	31236	45652	29854	28862	45489	29854	28862	45183	29854	29113
Sidama	774	212	416	785	212	356	729	212	356	681	212	265
SNNP	12342	8248	8832	11740	8248	8407	11913	8248	8407	11370	8248	8068
Somali	12866	8296	6809	12112	8296	7158	12446	8296	7158	12813	8296	6878
SWE	3075	1592	1698	2362	1592	1261	2672	1592	1261	2768	1592	1507
<b>National</b>	<b>114848</b>	<b>63089</b>	<b>65356</b>	<b>110957</b>	<b>63089</b>	<b>62193</b>	<b>111425</b>	<b>65156</b>	<b>60769</b>	<b>109944</b>	<b>63091</b>	<b>63451</b>

# Challenges



- Lack of adequate operational resource e.g **conflict affected areas**
- Additional **vaccine stock** for catch up not allocated during vaccine renewal,
- Persistence conflict and humanitarian emergency in some areas
- HMIS M&E and reporting tools not addressed the changes



## Next step



- Fast track HWs orientation on the new guidance
- Allocation of extra vaccine and logistic
- Resource mobilization for conflict affected, IDP to conduct the catch up vaccination
- Align with country strategy to reach zero dose children's
- Enhance service integration through life course approach
- Strengthen demand creation on the importance of timely complete vaccination

**Thank you!**



# Stratégies de vaccination de rattrapage contre le HPV en Côte d'Ivoire

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Immunization Agenda 2030 Working Group on Life course and Integration

*March 2023*

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# Rappel

- Introduction du vaccin contre le HPV en routine depuis novembre 2019, filles de 9 ans avec un schéma vaccinal de deux (2) doses à intervalle de six (6) mois.
- Assistance technique de divers partenaires (OMS, Jhpiego, UNICEF...), grâce au financement de Gavi.
- Pandémie de Covid-19 en mars 2020: *Ediction de mesures barrières y compris la fermeture des écoles, rumeurs sur la vaccination.*
- Chute des couvertures vaccinales, notamment le HPV (en 2020)
- Adoption de stratégies de relance de la vaccination, avec pour toile de fond le renforcement de la planification et de la coordination



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# Constats de base et strategies (1)

- **Constats de base:**

- Couverture vaccinale (CV) HPV 1<sup>ère</sup> dose < 50% dans 58% des districts (Mars, 2021).
- CV HPV 2<sup>ème</sup> dose < 50% dans 98% des districts sanitaires (Mars, 2021).

- **Stratégies de vaccination:**

- Administration des vaccins y compris le HPV à toutes les occasions de prestation de services ( école, communauté).
- Définition d'un calendrier consensuel de rattrapage pour tous les antigènes, y compris le HPV jusqu'à **14 ans**.
- Campagne nationale de vaccination contre le HPV
- Intensification de la vaccination en milieu communautaire et scolaire.

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## Constats de base et stratégies (2)

- **Documentation et Stratégies Communication:**
  - Accent particulier sur la documentation des actes de vaccination pour améliorer la qualité des données: *contrôle systématique du statut vaccinal lors des visites au centre de santé (registre de vaccination), enregistrement et suivi des filles pour une vaccination complète.*
  - Adaptation des messages de sensibilisation pour la vaccination contre le HPV dans le contexte de la COVID-19.
  - **Synergie** entre le PEV, PNSSU-SAJ\*, PNLCa\*, Ministère de l'éducation, **autres parties prenantes** (planification, communication, mise en œuvre, retro information).

*PNSSU-SAJ: Programme National de Santé Scolaire\_ Santé Adolescent et Jeune*

*PNLCa: Programme National de Lutte contre le Cancer*

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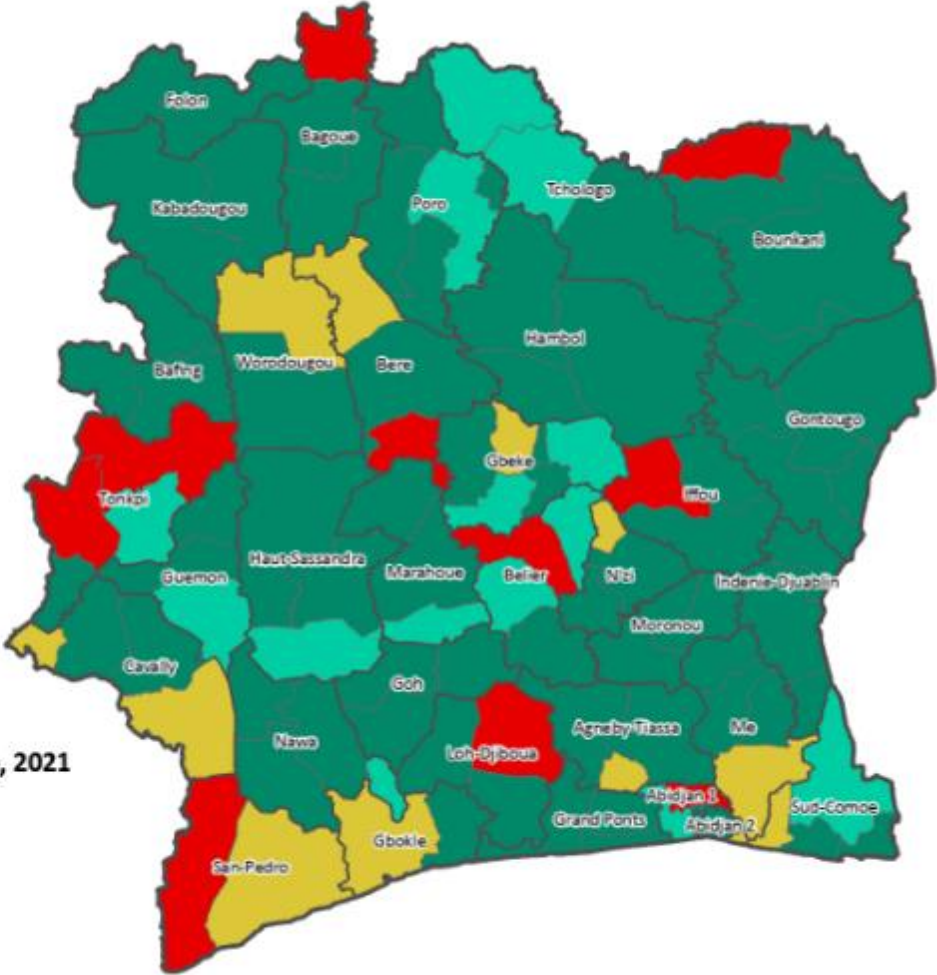
## Constats de base et strategies(3)

- **Stratégies additionnelles**

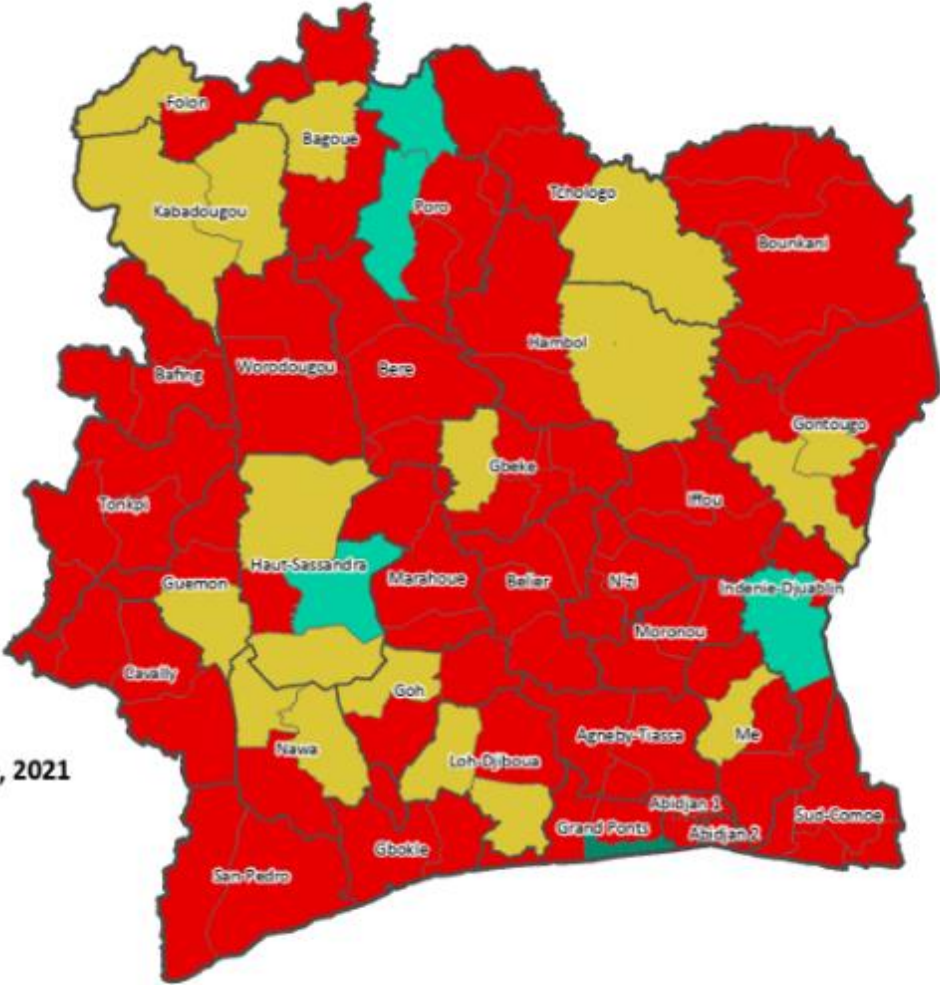
- Recherche des abandons/ sous-vaccinées avec la contribution des enseignants (filles cibles scolarisées).
- Intégration de la vaccination contre le HPV dans les activités de visites médicales systématiques dans les écoles.
- Suivi particulier des stocks de vaccins pour couvrir la demande.

# Couvertures vaccinales en 2021

HPV Dose 1



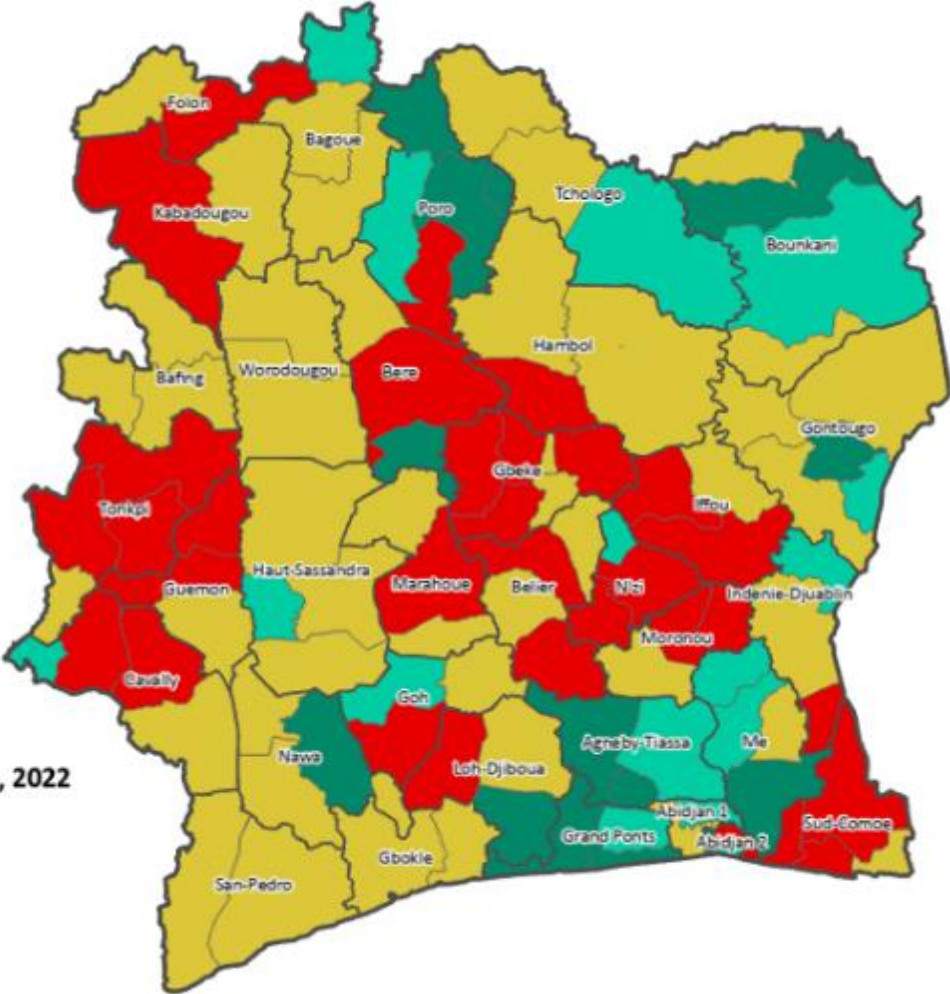
HPV Dose 2



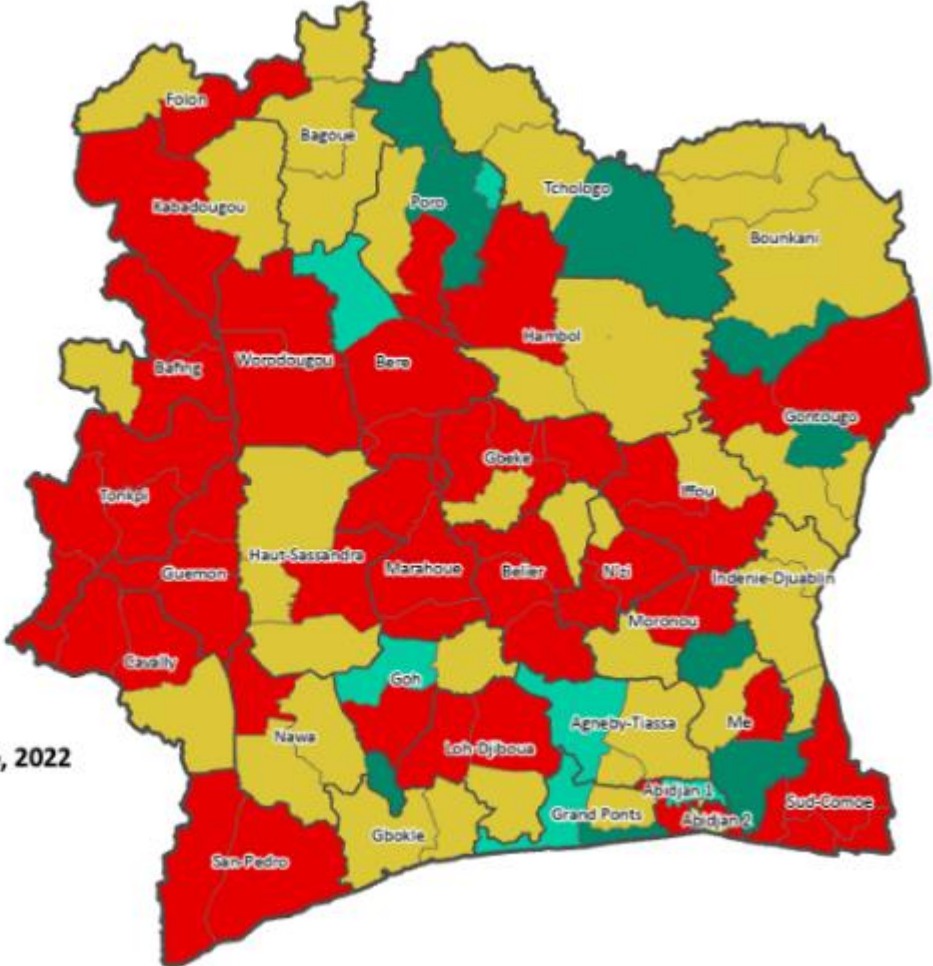


# Couvertures vaccinales en 2022

HPV Dose 1



HPV Dose 2



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# Défis

- Vaccination de rattrapage des filles non scolarisées en milieu communautaire.
- Mise à jour continue des prestataires de santé sur la notion d'infections à HPV et les moyens de prévention.
- Réduction des abandons de la vaccination : couverture vaccinale de la 2<sup>ème</sup> dose du vaccin contre le HPV reste relativement basse < 50% au plan national, en dépit de plusieurs stratégies entreprises.

## **Lessons apprises**

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- Implication des parties prenantes dès le début de la planification contribue au succès de l'activité (vaccination de rattrapage).
- La communication en cascade dans la communauté éducative contribue plus facilement à l'engagement et à l'adoption de nouveaux comportements vis-à-vis du vaccin contre le HPV ( communication par les pairs)
- Offre du vaccin contre le HPV au cours des visites médicales systématiques dans les écoles contribue à la promotion et à l'optimisation de l'offre de services.
- Intensification périodique comme complément de la vaccination systématique contre le papillomavirus reste un gage rapide de l'amélioration de la couverture vaccinale

# Prochaines étapes

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- Réflexions sur les stratégies d'amélioration des couvertures vaccinales du HPV et d'autres antigènes, avec les parties prenantes.
- Saisine du CNEIV\* pour l'adoption ou non d'un schéma de vaccination unidose contre le HPV.

*CNEIV: Comité National des Experts Indépendants pour la Vaccination et les Vaccins de Côte d'Ivoire*

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**Merci de votre  
aimable  
attention**

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