

RESOURCE FROM:

Evaluating HPV vaccination pilots:
PRACTICAL EXPERIENCE FROM PATH

PUBLICATION TITLE

National HPV Vaccine Coverage, WHO- UNICEF Joint Reporting Form

PUBLISHER

WHO/UNICEF

PUBLICATION DATE

2011

This document is available online at:
www.rho.org/hpv-evaluating-pilots.htm

WHO/UNICEF Joint Reporting Form on Immunization for the Period January-December, 2011

If a question is not relevant, enter "NR" (not relevant).

If no data are available, enter "ND" (no data).

If the number of cases is zero, enter 0.

cells with blue background provide a drop down list to choose your entry

Some parts of this form have instructions. You can read the instructions by clicking on the [blue, underlined](#) links.

You can perform standard Excel mathematical operations (such as addition or multiplication) in cells.

Data reported in previous years are available from the following websites:

(1) WHO (http://www.who.int/immunization_monitoring/data/en/)

(2) UNICEF (<http://www.childinfo.org/Immunization.html>)

Country:		Date report submitted:			2012
-----------------	--	-------------------------------	--	--	-------------

0010	Name of person in Ministry of Health responsible for completing this form	(instructions)
0020	Position/title	
0030	Phone number	
0040	Fax number	
0050	Email address	
0060	Name of UNICEF contact	
0070	Email address	
0080	Name of WHO contact	
0090	Email address	
0100	Total number of districts in the country	(instructions)

[go to next page](#)

1. Reported Cases of Selected Vaccine Preventable Diseases (VPDs)

Reported cases for the year 2011

	Disease	A. Total Cases	Laboratory Investigation	
		<i>Include clinically, epidemiologically, and laboratory-confirmed cases. Do not include suspect cases.</i> (instructions)	B. Number of cases tested (instructions)	C. Number of cases positive (instructions)
1010	Diphtheria			
1020	Measles			
1030	Neonatal tetanus (NT)			
1040	Total tetanus (all tetanus including NT)			
1050	Pertussis			
1060	Yellow fever			
1070	Japanese encephalitis			
1080	Mumps			
1090	Rubella			
1100	Congenital rubella syndrome			
1110	Hib meningitis			

Presence of surveillance systems

1120	Is there a surveillance system in place for invasive bacterial diseases (for example bacterial meningitis, sepsis or bacteremic pneumonia), in which suspected cases are confirmed by laboratory and surveillance data could provide information to allow evaluation of the impact of vaccination against Hib and/or Pneumococcus?	<pick one>
1130	Is there a surveillance system in place for rotavirus diarrhoea, in which suspected cases are confirmed by laboratory and surveillance data could provide information to allow evaluation of the impact of vaccination against rotavirus?	<pick one>

[go to next page](#)

2. Immunization Schedule for 2011

Describe the **2011** national immunization schedule for routine services in the following table. Include all doses administered to young children, adolescents, and adults on a routine basis. Each row describes a vaccine or combination vaccine. Include vitamin A if it is delivered through routine immunization services. Also include information about the use of auto-disable (AD) syringes.

If there are **plans** to introduce a vaccine, supplement, or syringe, enter the month and year that the introduction is planned in column G.

If the immunization schedule includes other vaccines that are not listed, add them at the bottom of the table.

[\(Table instructions\)](#)

	Vaccine, Supplement, or Injection Equipment		Recommended age of administration (B=birth; D=days; W=weeks; M=months; Y=years) (instructions)						G. Planned introduction		H-I. Geo-graphic area	J. Specific target group
			A.	B.	C.	D.	E.	F.	Month	Year		
			1st dose	2nd dose	3rd dose	4th dose	5th dose	6th dose				
2010	BCG	Bacille Calmette-Guérin vaccine									<pick one>	
2020	DTP	Diphtheria and tetanus toxoid with pertussis vaccine	<pick cell type>								<pick one>	
2030	DTPHepB	Diphtheria and tetanus toxoid with pertussis and HepB vaccine	<pick cell type>								<pick one>	
2040	DTPHepB IPV	Diphtheria and tetanus toxoid with pertussis, HepB and IPV vaccine	<pick cell type>								<pick one>	
2050	DTPHib HepB	Diphtheria and tetanus toxoid with pertussis, Hib and HepB vaccine	<pick cell type>								<pick one>	
2060	DTPHib	Diphtheria and tetanus toxoid with pertussis and Hib vaccine	<pick cell type>								<pick one>	
2070	DTPHib IPV	Diphtheria and tetanus toxoid with pertussis, Hib and IPV vaccine	<pick cell type>								<pick one>	
2080	DTPHib HepBIPV	Diphtheria and tetanus toxoid with pertussis, Hib, hepatitis B and IPV vaccine	<pick cell type>								<pick one>	
2090	DTPIPV	Diphtheria and tetanus toxoid with pertussis vaccine and IPV	<pick cell type>								<pick one>	
2100	Dip	Diphtheria vaccine									<pick one>	
2110	DT	Tetanus and diphtheria toxoid, children's dose									<pick one>	

2A. Source of Vaccines, Vitamin A, and AD Syringes

Use columns L through O to record the number and sources of all vaccines, supplements, and AD syringes distributed by the Ministry of Health for routine immunizations during the reporting period 1 January – 31 December 2011.

If manufacturers or procuring agency were used for the same vaccine, list them all. Use the extra rows at the bottom to accommodate this information.

L. Name of manufacturer	M. Which agency procured the vaccine? (instructions)	N. Total no. of doses procured at national level	O. Total no. of doses financed by government
	<pick one>		
	<pick one>		
	<pick one>		
	<pick one>		
	<pick one>		
	<pick one>		
	<pick one>		
	<pick one>		
	<pick one>		
	<pick one>		

	Vaccine, Supplement, or Injection Equipment		Recommended age of administration (B=birth; D=days; W=weeks; M=months; Y=years) (instructions)						G. Planned introduction		H-I. Geographic area	J. Specific target group	L. Name of manufacturer	M. Which agency procured the vaccine? (instructions)	N. Total no. of doses procured at national level	O. Total no. of doses financed by government	
			A. 1st dose	B. 2nd dose	C. 3rd dose	D. 4th dose	E. 5th dose	F. 6th dose	Month	Year							
2120	Td	Tetanus and diphtheria toxoid for older children and adults									<pick one>			<pick one>			
2130	TdaP	Tetanus, diphtheria toxoid, acellular pertussis for older children and adults									<pick one>			<pick one>			
2140	TT	Tetanus toxoid									<pick one>			<pick one>			
2150	P	Pertussis vaccine									<pick cell type>			<pick one>			
2160	HepA	Hepatitis A vaccine												<pick one>			
2170	HepB	Hepatitis B vaccine												<pick one>			
2180	Hib	Haemophilus influenza type b vaccine												<pick one>			
2190	OPV	Oral polio vaccine												<pick one>			
2200	IPV	Inactivated polio vaccine												<pick one>			
2210	Measles	Measles vaccine												<pick one>			
2220	MM	Measles and mumps vaccine												<pick one>			
2230	MR	Measles and rubella vaccine												<pick one>			
2240	MMR	Measles, mumps and rubella vaccine												<pick one>			
2250	Mumps	Mumps vaccine												<pick one>			
2260	JE	Japanese encephalitis vaccine												<pick one>			
2270	Influenza	Seasonal influenza vaccine	/	/	/	/	/	/	/	/				<pick one>			
2280	MenC_conj	Meningococcal C conjugate vaccine												<pick one>			
2290	Men AC	Meningococcal AC												<pick one>			
2300	Men ACW	Meningococcal ACW												<pick one>			
2310	Men ACWY	Meningococcal ACWY												<pick one>			
2320	Men A	Meningococcal A conjugate vaccine												<pick one>			
2330	Pneumoco_conj	Pneumococcal conjugate vaccine									No. of valents:			<pick one>			
2340	Pneumo_ps	Pneumococcal polysaccharide vaccine												<pick one>			
2350	Rubella	Rubella vaccine												<pick one>			
2360	Typhoid	Typhoid fever vaccine												<pick one>			
2370	Varicella	Varicella vaccine												<pick one>			
2380	YF	Yellow fever vaccine												<pick one>			
2390	Rotavirus	Rotavirus vaccine												<pick one>			
2400	HPV	Human papillomavirus vaccine												<pick one>			
2410	Vit A	Vitamin A supplements												<pick one>			
		AD equipment									G. Planned introduction	H-I. Geographic area	J. Specific target group	L. Name of manufacturer	M. Which agency procured the vaccine?	N. Total no. of syringes procured at national level	O. Total no. of syringes financed by government

	Vaccine, Supplement, or Injection Equipment	Recommended age of administration (B=birth; D=days; W=weeks; M=months; Y=years) <i>(instructions)</i>						G. Planned introduction		H-I. Geographic area	J. Specific target group	L. Name of manufacturer	M. Which agency procured the vaccine? <i>(instructions)</i>	N. Total no. of doses procured at national level	O. Total no. of doses financed by government
		A. 1st dose	B. 2nd dose	C. 3rd dose	D. 4th dose	E. 5th dose	F. 6th dose	Month	Year						
								Month	Year						
2420	AD - BCG	AD (auto-disable) syringes for BCG								<pick one>			<pick one>		
2430	AD - inj	AD syringes								<pick one>			<pick one>		
2440	AD - Rec	AD syringes for reconstitution								<pick one>			<pick one>		
USE THE LINES BELOW TO DESCRIBE OTHER VACCINES OR TO PROVIDE INFORMATION ABOUT DIFFERENT MANUFACTURERS															
2450										<pick one>			<pick one>		
2460										<pick one>			<pick one>		
2470										<pick one>			<pick one>		
2480										<pick one>			<pick one>		
2490										<pick one>			<pick one>		
2500										<pick one>			<pick one>		
2510										<pick one>			<pick one>		
2520										<pick one>			<pick one>		
2530										<pick one>			<pick one>		
2540										<pick one>			<pick one>		
2550										<pick one>			<pick one>		
2560										<pick one>			<pick one>		
2570										<pick one>			<pick one>		
2580										<pick one>			<pick one>		
2590										<pick one>			<pick one>		
2600	Comments														

[go to next page](#)

School Based Immunization

Please complete this section if in your country routine immunization is given to school-aged children using the school as a venue. For the purpose of this section, please consider as "routine" only those doses that are part of the national immunization schedule. Do not include doses given in campaigns, even if during those campaigns schools were used as vaccination sites.

3000	Are any routine doses of vaccine given to children at school?	<pick one>
If yes , please continue with questions 3010-3180; otherwise go to question 3190		
3010	Which activities is the EPI Program responsible for (and not the school staff per se):	Vaccine procurement
3020		Vaccinators
3030		Supervision
3040		Planning
3050	Is this part of a comprehensive school health program that delivers other health interventions also?	<pick one>
3060	If "yes", which interventions are given in the school health program?	

Routine Immunization given at school (please complete one row for each grade level (or age) and vaccine)

[\(Table instructions\)](#)

	Vaccine	A. Grade/ Level <i>(instructions)</i>	B. Age Group <i>(instructions)</i>	C. Sex	D. Geographic Area	E. # Targeted <i>(instructions)</i>	F. # Vaccinated in school <i>(instructions)</i>	G. Other interventions given with the vaccine <i>(instructions)</i>
3070				<pick one>	<pick one>			
3080				<pick one>	<pick one>			
3090				<pick one>	<pick one>			
3100				<pick one>	<pick one>			
3110				<pick one>	<pick one>			
3120				<pick one>	<pick one>			
3130				<pick one>	<pick one>			
3140				<pick one>	<pick one>			
3150				<pick one>	<pick one>			
3160				<pick one>	<pick one>			
3170				<pick one>	<pick one>			
3180				<pick one>	<pick one>			

Additional Delivery Strategies to Improve Routine Immunization

Many countries are expanding their "traditional" immunization strategies (such as fixed sites, outreach, mobile teams) by adding activities such as periodic intensification of routine immunization. Although such periodic activities are often organized in a campaign-style approach, they differ from "supplemental immunization activities" in that the doses given are included in the immunization schedule. Therefore, during these activities children are usually screened for their eligibility before receiving these routine doses, and then the doses received are recorded on the children's routine immunization cards (or similar documents). The doses delivered should be included in the routine coverage data (administrative and estimates in tables 4A and 5).

3190	Have additional delivery strategies as described above been used to increase routine immunization coverage of children and women in 2011?	<pick one>
3200	During such events/sessions, are children's and women's immunization histories checked to determine which routine dose(s) are due?	<pick one>
3210	If yes how was the immunization history checked (Pick "yes" for all that apply.)	Health Facility Registries
3220		Immunization cards
3230		Health cards (i.e. not only containing immunization data)
3240		Mothers' recall
3250		Other (specify)
3260	During such events/sessions, were the doses given recorded?	<pick one>
3270	If yes what was used to record the doses given (Pick "yes" for all that apply.)	Health Facility Registries
3280		Immunization cards
3290		Health cards (i.e. not only containing immunization data)
3300		Tally-sheets
3310		Other (specify)
3320	List name of events and dates held in 2011	

3330	Comments	
------	----------	--

[go to next page](#)

4. Immunization and Vitamin A Coverage

4A. National Administrative Coverage for the Year 2011

Administrative coverage estimates

[\(Table instructions\)](#)

	Vaccine/Supplement <i>Please complete separately for each vaccine, even if they are given in combination (e.g., if Pentavalent vaccine DTP-HepB-Hib is used, fill in the data for DTP3, HepB3 and Hib3)</i>	A. Description of the denominator used in coverage calculation <i>(instructions)</i>	B. Number in target group <i>(denominator)</i> <i>(instructions)</i>	C. Number of doses administered through routine services <i>(numerator)</i>	D. Percent coverage <i>(=C/B*100)</i>
4010	BCG	live births			
4020	HepB, birth dose (given within 24 hours of birth) <i>(instructions)</i>	live births			
4030	DTP1	surviving infants			
4040	DTP3	surviving infants			
4050	Polio3 (OPV or IPV) <i>(instructions)</i>	surviving infants			
4060	HepB3 <i>(instructions)</i>	surviving infants			
4070	Hib3	surviving infants			
4080	Pneumococcal conjugate vaccine 1st dose	surviving infants			
4090	Pneumococcal conjugate vaccine 3rd dose	surviving infants			
4100	Rotavirus 1st dose	surviving infants			
4110	Rotavirus last dose (2nd or 3rd depending on schedule)	surviving infants			
4120	MCV1 (measles-containing vaccine, 1st dose)	<i>(instructions)</i>	surviving infants		
4130	Rubella 1 (rubella-containing vaccine)				
4140	MCV2 (measles-containing vaccine, 2nd dose)				
4150	Yellow fever vaccine	surviving infants			
4160	Vitamin A, 1st dose	less than 59 months			
4170	Vitamin A, 2nd dose	12 -59 months			
4180	Japanese encephalitis vaccine				
4190	Tetanus toxoid-containing vaccine (TT2+)	pregnant women <i>(instructions)</i>			
4200	Protection at birth (PAB) against neonatal tetanus <i>(instructions)</i>	live births			
4210	Vitamin A doses provided to post-partum mothers	live births			

HPV Vaccine Doses administered: 2011

[\(Table instructions\)](#)

	Females			
	Vaccine administered (age in years)	A. 1st dose	B. 2d dose	C. 3d dose
4220	9			
4230	10			
4240	11			
4250	12			
4260	13			
4270	14			
4280	15+			
4290	unknown age			

Completeness of reporting

[\(Table instructions\)](#)

4300	Total number of reports expected at the national level from districts in 2011	
4310	Total number of reports actually received at the national level from districts in 2011	

Accuracy of administrative coverage estimates

[\(Table instructions\)](#)

4320	Describe any factors limiting the accuracy of the numerator:
4330	Describe any factors limiting the accuracy of the denominator: (denominator = number in target group)

[go to next page](#)

4. Immunization and Vitamin A Coverage

4B. Coverage Surveys

Conducted in 2009-2011

4340	Year of most recent survey (instructions)	<pick one>
4350	Full title of survey in the language of the original report	
4360	Full title of survey in English	

4370	If a Data Quality Self Assessment (DQS) has been conducted from 2009 onwards, when did it take place (if more than one DQS took place during this time period select the most recent one) ?	<pick one>
------	---	------------

Planned for 2012-2013

4380	Is a coverage survey planned for the next 24 months?	<pick one>	
4390	What type of survey is planned? (e.g., MICS, DHS, EPI or CES)		

Please attach a copy of all reports on immunization coverage surveys, other surveys with immunization modules and DQSs conducted from 2009 to 2011. Make sure to include all surveys reporting on Vitamin A coverage, including nutrition surveys.

[go to next page](#)

5. Official Country Estimates of Immunization Coverage for the Year 2011

[\(Section instructions\)](#)

Please complete separately for each vaccine, even if they are given in combination (e.g., if Pentavalent vaccine DTP-HepB-Hib is used, fill in the data for DTP3, HepB3 and Hib3)

	Vaccine/Supplement	Official coverage estimates (percent coverage)
5010	BCG	
5020	HepB, birth dose	
5030	DTP1	
5040	DTP3	
5050	Polio3	
5060	HepB3	
5070	Hib3	
5080	Pneumococcal conjugate vaccine 1st dose	
5090	Pneumococcal conjugate vaccine 3rd dose	
5100	Rotavirus 1st dose	
5110	Rotavirus last dose (2nd or 3rd depending on schedule)	
5120	MCV1 (measles-containing vaccine, 1st dose)	
5130	Rubella 1 (rubella-containing vaccine)	
5140	MCV2 (measles-containing vaccine, 2nd dose)	
5150	Yellow fever vaccine	
5160	Japanese encephalitis vaccine	
5170	Vitamin A, 1st dose	
5180	Vitamin A, 2nd dose	
5190	Vitamin A for post-partum mothers	
5200	Tetanus toxoid-containing vaccine (TT2+) for pregnant women	

	Please explain why these are your official estimates and where they come from:
5210	

[go to next page](#)

6. Immunization System Indicators

Planning and management

	System indicator	Response	Explanatory comments
6010	Does the country have a multi-year plan (MYP) for immunization? (instructions)	<pick one>	
6020	If yes , what years does the MYP cover?		
6030	If yes , is costing included?	<pick one>	
6040	Did the country have an annual workplan for immunization activities in 2011?	<pick one>	
6050	If yes , was costing included?	<pick one>	
6060	Number of districts with updated micro-plans to raise immunization coverage		
6070	Year of last inventory (models, location, age and working status) of all refrigeration equipment assigned for public immunization services in the country?		
6080	How many districts were identified in 2011 as poorly performing districts?		
6090	Please describe the criteria used to identify the poorly performing districts		
6100	How many districts have operationalized the following activities	outreach sessions	
6110		supportive supervision with on-site training	
6120		meeting local leaders	
6130		local data analysis	

National Immunization Advisory Mechanism

	System indicator	Response	Explanatory comments
6140	Did your country have a standing technical advisory group on immunization in 2011? If no, please skip to next page (instructions)	<pick one>	
6150	Does the advisory group have formal written terms of reference? (instructions)	<pick one>	
6160	Are there legislative or administrative basis for the advisory group? (instructions)	<pick one>	
6170	Are the following areas of expertise represented in the group as core membership? (instructions)	pediatrics	<pick one>
6180		public health	<pick one>
6190		infectious diseases	<pick one>
6200		epidemiology	<pick one>
6210		immunology	<pick one>
6220		other: please specify under explanatory comments	<pick one>
6230	How many times did the advisory group meet in 2011? (instructions)		
6240	Were the agenda and background documents distributed (at least 1 week) prior to meetings in 2011? (instructions)	<pick one>	
6250	Are members of the advisory group required to disclose conflict of interest? (instructions)	<pick one>	
6260	Does the advisory group have a website or webpage? If yes, please provide the address in next box (explanatory comments). (instructions)	<pick one>	

[go to next page](#)

6. Immunization System Indicators: System Performance

District coverage reported for routine immunization services in 2011

	DTP3	A.	B.	C.	D.	E.	F.
		Coverage is <50%	Coverage is 50-79%	Coverage is 80-89%	Coverage is 90%-94%	Coverage is ≥95%	number of districts not reporting
6270	Number of districts with DTP3 coverage in each range						
6280	Number of surviving infants in these districts						
	Measles	<50%	50-79%	80-89%	90%-94%	≥95%	
6290	Number of districts with measles (MCV1) coverage in each range						
6300	Number of surviving infants in these districts						
	TT2+ (pregnant women)	<50%	50-79%	80-89%	90%-94%	≥95%	
6310	Number of districts with TT2+ coverage in each range						
6320	Number of live births in these districts						
	PAB (protection at birth)	<50%	50-79%	80-89%	90%-94%	≥95%	
6330	Number of districts with PAB coverage in each range						
6340	Number of live births in these districts						

6350	Number of districts reporting DTP drop-out rates greater than 10%	(instructions)
------	---	--------------------------------

Vaccine wastage and vaccine supply for routine services in 2011

6360	How is wastage calculated? (please describe the formula)	
6370	Do you have a vaccine wastage monitoring system at service delivery level?	<pick one>

	Vaccine/Supplies	National store		District stores		Wastage
		A. Was there a stock-out (no remaining doses for any period of time) at the national level during 2011? (instructions)	B. If yes, specify duration of stock out in months (instructions)	C. Was there a stock-out in any district during 2011? (instructions)	D. If yes, indicate the number of districts with interruption of activities due to stock-outs (instructions)	
6380	BCG	<pick one>		<pick one>		
6390	DTP vaccines	<pick one>		<pick one>		
6400	Hepatitis B -containing vaccines	<pick one>		<pick one>		
6410	Hib -containing vaccines	<pick one>		<pick one>		
6420	Pneumococcal conjugate vaccine	<pick one>		<pick one>		
6430	Rotavirus	<pick one>		<pick one>		
6440	Polio (OPV or IPV)	<pick one>		<pick one>		
6450	Measles -containing vaccines	<pick one>		<pick one>		
6460	Yellow fever	<pick one>		<pick one>		
6470	Tetanus toxoid	<pick one>		<pick one>		
6480	Vitamin A	<pick one>		<pick one>		
6490	AD syringes	<pick one>		<pick one>		
6500	Reconstitution syringes	<pick one>		<pick one>		
6510	Safety boxes	<pick one>		<pick one>		

Safety data for 2011

6520	In 2011 was a policy being implemented for:	(a) immunization injection safety?	<pick one>
6530		(b) medical waste management?	<pick one>

6. Immunization System Indicators:

	Injection equipment (excluding reconstitution syringes)	Were they used for routine immunization?	Number of districts using them
6540	Auto-disable (AD) syringes	<pick one>	
6550	Non-AD disposable syringes	<pick one>	
6560	Sterilizable syringes	<pick one>	

6570	Were sufficient number of safety boxes distributed to vaccination sites?		<pick one>
6580	Does your country have a-vaccine adverse events-review committee? (instructions)		<pick one>
6590	Was there a national system to monitor adverse events following immunization? (instructions)		<pick one>
6600	How many total adverse events, including suspected or confirmed, were reported to the national level in 2011?		
6610	How many were categorized as "serious" adverse events (instructions)		
6620	In 2011 was there a national policy for waste from immunization activities?		<pick one>
6630	In 2011 was there a national policy for health care waste management?		<pick one>
6640	If yes to the 2 above was the national policy of immunization waste part of the national policy of health care waste.		<pick one>
6650	What was the recommended practice for disposal of immunization waste in 2011? Pick "yes" for all that apply. (instructions)	Incineration	<pick one>
		Open burning	<pick one>
		Burial	<pick one>
		Other	<pick one>
6660	If you answered yes to "other" in the previous question, please describe the other policies and practices here		

Financing data for 2011

6670	Are there line items in the national government budget specifically for: (instructions)	the purchase of vaccines used in routine immunizations	<pick one>
6680		the purchase of injection supplies (such as syringes, needles, and safety boxes) for routine immunizations	<pick one>
6690		the health care waste management	<pick one>
6700	What amount of government funds was spent on vaccines used in routine immunization? (Please specify whether you are reporting in local currency or US\$.) (instructions)		<pick one>
6710	What is the total expenditure (from all sources) on vaccines used in routine immunization? (Please specify whether you are reporting in local currency or US\$.) (instructions)		<pick one>
6720	If total amounts are not available for the previous questions please provide an estimated percentage of total expenditure on vaccines financed by government funds (instructions)		
6730	What amount of government funds was spent on routine immunization? (Please specify whether you are reporting in local currency or US\$.) (instructions)		<pick one>
6740	What is the total expenditure (from all sources) on routine immunization? (Please specify whether you are reporting in local currency or US\$.) (instructions)		<pick one>
6750	If total amounts are not available for the previous question please provide an estimated percentage of total expenditure on routine immunization financed by government funds? (instructions)		

[go to next page](#)

8. Supplementary Activities

Please record any additional immunization and nutritional interventions, including Vitamin A and iron supplementation, deworming, and the distribution of insecticide treated bednets.

Conducted during 2011

[\(Table instructions\)](#)

	Vaccine/ supplement	A. Round and type of activity <i>(instructions)</i>	B. Date	C. Geographic Area	D. Target population <i>(instructions)</i>	E. Estimated number in target population	F. Total number of persons vaccinated or supplemented	G. Coverage (%) <i>(instructions)</i>	Number of persons vaccinated for tetanus <i>(columns must add up to Total Number of Persons Vaccinated)</i>			
									H. TT1	I. TT2	J. TT3	K. TT4 or more
8010				<pick one>								
8020				<pick one>								
8030				<pick one>								
8040				<pick one>								
8050				<pick one>								
8060				<pick one>								
8070				<pick one>								
8080				<pick one>								
8090				<pick one>								
8100				<pick one>								
8110				<pick one>								
8120				<pick one>								
8130				<pick one>								
8140				<pick one>								
8150				<pick one>								
8160				<pick one>								
8170				<pick one>								
8180				<pick one>								
8190				<pick one>								
8200				<pick one>								

Planned for 2012-2013

[\(Table instructions\)](#)

	Vaccine/ supplement	A. Round and type of activity <i>(instructions)</i>	B. Date		C. Geographic Area	D. Target population <i>(instructions)</i>	E. Estimated number in target population
			Month	Year			
8210			<pick one>	<pick one>	<pick one>		
8220			<pick one>	<pick one>	<pick one>		
8230			<pick one>	<pick one>	<pick one>		
8240			<pick one>	<pick one>	<pick one>		
8250			<pick one>	<pick one>	<pick one>		
8260			<pick one>	<pick one>	<pick one>		
8270			<pick one>	<pick one>	<pick one>		
8280			<pick one>	<pick one>	<pick one>		
8290			<pick one>	<pick one>	<pick one>		
8300			<pick one>	<pick one>	<pick one>		
8310			<pick one>	<pick one>	<pick one>		

[go to next page](#)

**Thank you for filling in the form.
If you have any comments please use this sheet to add them.**

Item(s)	Instructions	Return to item
Cover page		
0010	List the name of the person responsible for submitting the completed form. Since multiple departments in the Ministry of Health may have relevant data, this person should liaise with other departments to ensure that the form contains the most accurate and complete data possible. For example, information on Vitamin A may come from the nutrition department.	Back»
0100	A district is defined as the third administrative level (nation is the first, province is the second).	Back»
1. Reported cases of selected VPDs		
1010–1110 (A)	<p>Column A refers only to CONFIRMED cases, including those confirmed clinically, epidemiologically, or by laboratory investigation.</p> <p>Clinically-confirmed case: a case that meets the clinical case definition of the country</p> <p>Epidemiologically-confirmed case: a case that meets the clinical case definition and is linked epidemiologically to a laboratory-confirmed case</p> <p>Laboratory-confirmed case: a case that meets the clinical case definition and is confirmed by laboratory investigation</p> <p>Cases that have been discarded following laboratory investigation should NOT be included in these columns.</p>	Back»
1010–1110 (B)	Enter the total number of cases for which specimens were collected, and tested in laboratory.	Back»
1010–1110 (C)	Include only those cases found positive for the infectious agent.	Back»
3. Immunization Delivery		
3070-3180	Please complete the table by using one row for each vaccine and each target group. Examples: if TT and MR is given in grade 2 and TT in grade 8, use three rows (TT-grade 2; MR-grade 2; TT-grade 8); if TT and MR are given to children aged 8 years, and TT to children aged 14 years, use three rows (TT-8 years; MR-8 years; TT-14 years)	Back»
3070-3180 (A)	"Grade / Level" indicates the class or grade that is targeted for the vaccine concerned. Complete this cell if children in school are targeted by class or grade, regardless of their age. Please use the local gradation system, or use a class grading system of 1 to 12, where class 1 equals the first year in primary school, class 2 the second year of primary school, etc.	Back»
3070-3180 (B)	"Age group" indicates the age groups that are targeted for the vaccine concerned. Complete this cell if children are targeted according to their age rather than according to the class they are in.	Back»
3070-3180 (E)	"Number targeted" is the number of children targeted through the school-based immunization for each dose. If school-based immunization is not given in all the areas of the country, the target is the number of children in the areas where school-based immunization is being implemented	Back»
3070-3180 (F)	"Number vaccinated in school": the number for children who received this dose in the areas where school-based immunization is being implemented.	Back»
3070-3180 (G)	"Other intervention given with the vaccine": Mention any other intervention (e.g. growth monitoring, antihelmintics,...) that is given at the same time as the vaccination contact	Back»

Item(s)	Instructions	Return to item
4. Coverage		
4010–4210	Report routine immunization coverage in this table using the administrative method , that is, using data from the registry system on the number of doses administered. Include only doses given that are part of the national immunization schedule. Usually this means that these doses are recorded on the recipient's immunization record. Routine immunization may include additional immunization delivery strategies (such as Periodic Intensification of Routine Immunization) or school-based immunization. Not considered as "routine" are doses that are given as part of "supplemental immunization activities", i.e. doses that are given outside the immunization schedule, e.g. doses given in campaigns intended to achieve accelerated disease control goals. Such supplemental immunization activities, as well as vitamin A distribution should be reported in Section 8.	Back»
4010–4210 (A)	Column A in this table specifies the target group for some vaccines and interventions, for example, surviving infants for DTP3. Where the table does not specify a target group, please describe the target group in your country, for example, 6-year-old children for MCV2. We acknowledge that in some countries the target population may be different from the ones listed in column A. (For example, the table specifies a target group of surviving infants for yellow fever vaccine, but some countries give yellow fever vaccine to the whole population. Similarly, the table specifies a target group of pregnant women for TT2+, but some countries may give TT to all women of childbearing age.) However, in order to get standardized and comparable information across countries, we request that you provide figures related to the specific target populations designated in column A.	Back»
4010–4210 (B)	Some countries may use live births as the official denominator for DTP1, DTP3, Polio3, HepB3, Hib3, and yellow fever, rather than surviving infants as specified in the table. If this is the case, simply record the denominator used by the country in column B. An estimate of Surviving Infants can be calculated by subtracting the number of children who die before they reach their first birthday from the number of children born during that year. Number of children dying during the first year of their life can be estimated by dividing the number of births by 1000 times the infant mortality rate (IMR), where the infant mortality rate is expressed as number of infant deaths per 1000 live births. For example if there are 3064000 live births and the infant mortality rate is 110. $3064000/1000*110= 337040$ infant deaths $3064000 - 337040 = 2726960$ surviving infants Formula: Live Births - (Live births / 1000 * IMR)	Back»
4020	Provide ONLY hepatitis B vaccine doses given within 24 hours of birth. If time of birth is unknown, please provide doses of hepatitis B vaccine given within first day of life. (For example, if the infant is born on day 0, include all HepB doses given on days 0 and 1.) This indicator is NOT equivalent to HepB1	Back»
4050	This refers to the third dose of polio vaccine, excluding polio 0 (zero), if such a dose is included in the national schedule.	Back»
4060	In countries using monovalent vaccine for all doses, this refers to the third dose of hepatitis B vaccine, including the birth dose, if such a dose is included in the national schedule. In countries that are using monovalent vaccine for the birth dose and combination vaccine for the subsequent doses, HepB3 will refer to the third dose of the combination vaccine in addition to the birth dose."	Back»
4120-4140	Measles-containing vaccine (MCV) includes measles vaccine, measles-rubella vaccine, measles-mumps-rubella vaccine, etc. Fill in the rows for both MCV and rubella vaccines even if they were given in combination.	Back»
4190 (A)	The number of live births can be used as a proxy for the total number of pregnant women.	Back»
4200	This refers to children who are protected at birth (PAB) against neonatal tetanus by their mother's TT status and/or delivery status; this information is collected during the DTP1 visit. If the country does not calculate PAB, leave the cells blank.	Back»

Item(s)	Instructions	Return to item
4220-4290	Report the number of HPV vaccinations given to females by their age at time of administration for each of the three recommended doses of HPV vaccine. If age is unknown but can be estimated, report for the estimated age. For example, if vaccination is offered exclusively to girls in the 6th school form and most girls in the 6th school form are eleven years of age, vaccinations by dose may be reported as vaccinations for girls eleven years of age.	Back»
4300-4310	This table collects information about the completeness of district reporting , i.e., the main reporting system which produced the numbers in the previous table on vaccine coverage. The number of expected reports is equal to the number of districts multiplied by the number of reporting periods in the year	Back»
4320-4330	Administrative coverage estimates can be biased by inaccurate numerators and/or denominators. Use this space to describe any factors limiting the accuracy of the coverage estimates entered in the table above. Some common problems are listed here. Numerators may be: - underestimated because of incomplete reporting from reporting units or the exclusion of other vaccinating sources, such as the private sector and NGOs; or - overestimated because of over-reporting from reporting units, for example, when other target groups are included. Denominators may have problems arising from: - population movements, - inaccurate census estimations or projections, or - multiple sources of data.	Back»
4340	If a coverage survey or other surveys with immunization modules have been conducted from 2008 onwards, indicate when it took place (if more than one survey took place during this time period, select the latest most recent one) ?	Back»
5010-5200	It is important to understand that immunization coverage figures from Sections 4A can be biased or inaccurate. Hence, Section 5 gives national authorities the opportunity to provide estimates of what the most likely true coverage is. These official estimates may be based on data from the administrative method, from surveys, or from other sources. This exercise is extremely important to interpret the data. Taking into account the data provided in the previous tables as well as any other available information on factors affecting immunization coverage figures (e.g., private or NGO sector contributions to immunization, difficulties with demographic data, and incomplete reporting), indicate the official estimates of national immunization coverage. If the schedule calls for a dose of MCV1-rubella between 1-2 years of age, estimate coverage by 23 months; otherwise estimate coverage among infants. These estimates will be reproduced in global and regional reports as the officially reported coverage figures.	Back»
6. System Indicators		
6010	This could include an official Plan of Action (POA), multi-year plan, comprehensive multi-year plan etc. Comprehensive multi year plan includes: - Costing - Routine vaccination plans - Action plans for accelerated disease control - Plans for the introduction of new vaccines - Logistics and vaccine management - Cold chain management - Social mobilization and communication	Back»
6140	National Immunization Technical Advisory Group (NITAG) is an independent committee of recognized experts that provides technical advice and recommendations to the government regarding national immunization policies and programs. NITAG is a tool that enables the government to make evidence based immunization policies through a transparent, systematic process. NITAGs are not regulatory, implementation or coordinating groups (as such Inter-agency Coordinating Committees or National Regulatory Authorities) and their primary function should focus on offering technical recommendations. Please note that countries that have an ad hoc committee should mark the "No" option, as the question is asking for existence of a standing committee.	Back»
6150	Terms of reference outlines the group's purpose, serving also as a charter that outlines the group's mode of functioning and code of practice for members.	Back»

Item(s)	Instructions	Return to item
6160	In order for a NITAG to be officially approved and accepted by the government, it should have a legislative or administrative basis in the form of a ministerial decree, or any other appropriate mechanism. This confirms the validity of the group and inaugurates the formal relationship between NITAG and the national government.	Back»
6170-6220	It should be noted that it is difficult to fully specify the minimum type of expertise required but it is very important to stress the need for expertise in pediatrics, public health, infectious diseases, epidemiology and immunology. NITAG may have additional expertise and that more expertise is useful.	Back»
6230	Although groups can have ad hoc meetings when necessary, it is recommended to have meetings at regular intervals on predetermined dates and at least once a year. This ensures that the group remains active and recommendations remain current. And it also facilitates increased attendance rates allowing members to plan the time commitment into their schedules in advance.	Back»
6240	An agenda for each NITAG meeting should be distributed in advance to all members. This allows to properly prepare for the meeting. Ideally, background materials would also be distributed prior to the meetings to provide members with current research available on the topic. The distribution of this material facilitates a well rounded, informed discussion during the meeting, provided the members receive the information within sufficient time prior to the meeting.	Back»
6250	To ensure transparency and avoid conflicts of interests as much as possible, NITAGs should require all members to declare their interests prior to official appointment. A conflict of interest occurs in the case of the member having a personal investment, activity, or relationship which may affect, or appear to affect, their responsibilities of the NITAG. A conflict of interest, whether real or perceived, can compromise the quality of the recommendations made by the group and can compromise the reputation and integrity of the NITAG. It can also compromise the credibility of the group, even if it would not influence the recommendations. Therefore, interests should be declared prior to the individual's official appointment as a core member. The individual should only be appointed as a member if the person is considered an independent expert so that that their interests do not compromise the integrity of the NITAG.	Back»
6260	WHO encourages sharing experiences between countries and their NITAGs. In order to facilitate experience sharing process, WHO would like to circulate website or webpage addresses of NITAGs to others interested.	Back»
6350	$\text{Drop-out rate} = (\text{DTP1} - \text{DTP3}) \times 100 / \text{DTP1}$	Back»
6380-6510 (A)	If a vaccine is not currently in use, select "NR" (not relevant) from the drop-down menu.	Back»
6380-6510 (B)	If the stock-out lasted less than one month (for example, a few days or weeks), enter "1".	Back»
6380-6510 (C D)	<p>Districts can experience stock-outs even if there was no stock-out at the national level. Therefore, the answer in column C may be "yes" even if the answer in column A is "no".</p> <p>If a vaccine is not currently in use, select "NR" (not relevant) from the drop-down menu in column C.</p> <p>If a district has no permanent vaccine store (i.e., the store is located at the provincial or higher level) but health units have been affected by vaccine shortages, select "yes" from the drop-down menu in column C and count the district in column D.</p>	Back»
6380-6470 (E)	List the percentage of vaccine wasted throughout the country in opened vials at the service delivery points. Enter "ND" if no data are available. Please enter a value for the wastage rate for each vaccine listed, even if the vaccines were given in combination.	Back»
6580	Adverse events review committee is an independent committee of recognized experts that provides technical advice and recommendations to the government regarding vaccine safety issues. The adverse events review committee is a tool that enables the government to assess vaccine safety issues through a transparent, systematic process. The adverse events review committees are composed of recognized national experts, independent from the immunization program and the national regulatory authority, and their primary function should focus on offering technical recommendations. Please note that countries that have an ad hoc committee should mark the "No" option, as the question is asking for existence of a standing committee.	Back»

Item(s)	Instructions	Return to item
6590	<p>A national system must include ALL of the following:</p> <ol style="list-style-type: none"> 1) written guidelines on monitoring and investigation of reported adverse events; 2) a written list of events to monitor; 3) an established mechanism to communicate data for regulatory action; and 4) implementation of points 1, 2 and 3. <p>If any of the four conditions are not met, select "no".</p>	Back»
6610	<p>Serious AEFI: WHO standard definition for drug and vaccine adverse events is "any untoward medical occurrence that results in death, hospitalization or prolongation of hospitalization, persistent or significant disability/incapacity, or is life threatening".</p>	Back»
6650	<p>Incineration refers to closed methods of burning at temperatures $\geq 800^{\circ}\text{C}$. Open burning refers to pit burning and drum burning. Burial refers to waste burial pits and encapsulation with cement or another immobilizing agent, such as sand or plaster. Other refers to any waste-disposal policy or practice that is not listed above. If you answer "yes" to this item, please describe these other policies and practices in the answer to the next question.</p>	Back»
6670-6690	<p>Countries that have specific line items in the national budget for i) the purchase of vaccines used in routine immunizations, ii) the purchase of injection supplies and iii) the health care waste management should report yes respectively to these questions. Countries that do not have specific budget lines or have a general budget for health that includes vaccines, supplies and waste management should report no respectively to these questions.</p>	Back»
6700	<p>This figure should be available from multi-year plan for immunization with a costing and financing component. Government includes all administrative levels such as national and sub-national governments, all funds allocated through the National Government Budget. Extra-budgetary financing from donors, out-of-pocket and informal private payments are excluded.</p>	Back»
6710	<p>This figure should be available from multi-year plan for immunization with a costing and financing component. It includes all sources of financing vaccines used in routine immunization (e.g. government, health insurance, donors, out-of-pocket and informal private payments)</p>	Back»
6720	<p>Give the percentage of expenditure on vaccines used in routine immunization that was financed solely with government funds. Government includes all administrative levels such as national and sub-national governments. The estimate can come from a previous year or a "best guess"</p>	Back»
6730	<p>This figure should be available from multi-year plan for immunization with a costing and financing component. It includes all recurrent, immunization-specific expenditure of routine immunization. In particular, recurrent inputs include vaccines, injection supplies, salaries and per diems of health staff working full-time on immunization, transport, vehicles and cold chain maintenance, training, social mobilization, and monitoring and surveillance. Government includes all administrative levels such as national and sub-national governments, all fund allocated through the National Government Budget. Extra-budgetary financing from donors, out-of-pocket and informal private payments are excluded.</p>	Back»
6740	<p>This figure should be available from multi-year plan for immunization with a costing and financing component. It includes all recurrent, immunization-specific expenditure of routine immunization. In particular, recurrent inputs include vaccines, injection supplies, salaries and per diems of health staff working full-time on immunization, transport, vehicles and cold chain maintenance, training, social mobilization, and monitoring and surveillance. It includes all sources of financing routine immunization (e.g. government, health insurance, donors, out-of-pocket and informal private payments).</p>	Back»
6750	<p>Give the percentage of expenditure on routine immunization that was financed solely with government funds. Government includes all administrative levels such as national and sub-national governments. The estimate can come from a previous year or a "best guess".</p>	Back»

Item(s)	Instructions	Return to item
8. Supplementary activities		
8010-8200	Record all supplementary activities related to immunization and nutritional supplementation that were conducted at either the national or sub-national levels in 2011. These could include activities related to polio, yellow fever, measles, rubella, influenza, meningitis, and tetanus toxoid vaccines; vitamin A and iron supplements; deworming; and the distribution of insecticide treated bednets (ITNs).	Back»
8010-8200 (A)	Record the name of the activity (for example, NIDs, micronutrition day, child health day, or vaccination week) and the number of the round (for example, first, second or third). If an activity involved more than one vaccine or supplement, use multiple lines to describe it, placing each vaccine or supplement on a separate line.	Back»
8010-8200 (D)	If children are targeted, specify the age of the target group. If women are targeted, specify the age and/or pregnancy status of the target group, for example, women of childbearing age or pregnant women.	Back
8010-8200 (G)	Enter the official coverage estimate for the vaccine or supplement (including measles, yellow fever, meningitis, and polio vaccines and Vitamin A). Do NOT complete for tetanus vaccine. These estimates can come from a coverage survey and thus may differ from the administrative calculation.	Back»
8210-8310	Record any supplementary activities related to immunization and nutritional supplementation, at either the national or sub-national levels, that are planned for 2012 and 2013. These could include activities related to polio, yellow fever, measles, rubella, influenza, meningitis, and tetanus toxoid vaccines; vitamin A and iron supplements; deworming; and the distribution of insecticide-treated bednets (ITNs).	Back»
8210-8310 (A)	Indicate the name of the activity (for example, NIDs, micronutrition day, child health day or vaccination week) and the number of the round (for example, first, second or third). If an activity involved more than one vaccine or supplement, use multiple lines to describe it, entering each vaccine or supplement on a separate line.	Back»
8210-8310 (D)	If children are targeted, specify the age of the target group. If women are targeted, specify the age and/or pregnancy status of the target group, for example, women of childbearing age or pregnant women.	Back»

**Instructions for Sections 2 and 2A
(Immunization Schedule and Source of Vaccines)**

[Back»](#)

Use the table in Section 2 to describe the 2011 national immunization schedule and any planned vaccine introductions. Complete the rows for all vaccines and supplements currently in use in the country.

Columns A-F: Indicate the age at which each dose of a vaccine or supplement is administered using the following codes: B=Birth, D=Days, W=Weeks, M=Months, and Y=Years. Write the number for the relevant time unit after the code so that, for example, age 6 months is written as M6.

Examples:

1st example	A. 1st dose	B. 2nd dose	C. 3rd dose	D. 4th dose	E. 5th dose	F. 6th dose	2nd example	A. 1st dose	B. 2nd dose	C. 3rd dose	D. 4th dose	E. 5th dose	F. 6th dose
DTP	W6	W10	W14				TT	First contact pregnancy	+M1	+M6	+Y1	+Y1	

Do not put the actual number of doses given in 2011 in these cells. That information will be collected in Table 4A.

If there are plans to introduce a vaccine that is not currently in use, enter the month and year of the planned introduction in column G.

For all pertussis-containing vaccines, please use the drop-down list to specify which type is used: an inactivated whole cell wP or acellular aP vaccine. *If the type of vaccine is not specified, whole cell is assumed.*

For pneumococcal conjugate vaccines, please specify which type is used by entering the number of valents in the space provided.

Column H-I: If a vaccine or supplement is given throughout the entire country, pick "national" from the drop-down list. If it is given only in certain regions of the country, pick "subnational". This column refers **only** to geographical areas and **not** to special target or risk groups.

Column J: If a vaccine is not given to the entire population, specify the target group (for example, adults over 65, travellers, diabetes patients, or displaced persons).

Column L: Indicate the origin for all vaccines and supplements used in the country and also for auto-disable (AD) syringes. If AD syringes are not used in the country, leave those cells blank.

Column M

There are four possible answers:

- 1) the vaccine was procured by the supply division of the MOH or some other governmental agency
- 2) the vaccine was procured through UNICEF, WHO, or PAHO
- 3) the vaccine was procured through a donating agency, business, or person
- 4) the vaccine was procured through some other organization or source not listed above

Columns N-O: Indicate how many doses of each type of vaccine and supplement were procured at the national level and how many of these were financed by the government.

Rows 2450-2590 provide extra lines for additional information. In Section 2, use this space to record vaccines that are currently in use but are not listed above. In Section 2A, use it to record multiple manufacturers for the same vaccine.