

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



World Health  
Organization



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## Purpose of this guidance

- To assist national immunization programmes to establish or refine a **catch-up vaccination policy** and **catch-up schedule**, as an essential component of a well-functioning immunization programme.
- To ensure eligible individuals who miss routine vaccine doses for any reason can be identified and vaccinated at the earliest opportunity.
- To lay out strategies for continuously implementing catch-up vaccination as a component of routine immunization and as an integrated part of the healthcare system, as well as describe intensified strategies to close “immunization gaps” following a significant disruption in immunization services.

## This guidance consists of the following sections:

### Section 1. Principles of catch-up vaccination

The first section of this guidance document outlines the key policy and programmatic considerations for implementing catch-up vaccination as an on-going or continuous component of routine immunization delivery. All immunization programmes should have a catch-up vaccination policy and catch-up vaccination schedule in place to ensure individuals are able to be vaccinated even if they miss one or more scheduled doses. This guidance covers the main considerations for catch-up vaccination across all aspects of the immunization programme.

### Section 2. Special catch-up vaccination efforts following an interruption of services

The second half of this guidance addresses planning and implementing additional large-scale intensified and specialized efforts that may be required to identify and seek out groups who have missed vaccination, to close immunization gaps as quickly as possible following a significant period of interruption or reduction in services. These interruptions or reduction in services are often the result of emergency situations, where routine immunization services are diminished, mass vaccination campaigns are delayed, or vaccine shortages are prolonged. In most cases, a significant interruption in immunization services will be a consequence of a large-scale disruption in the overall health system, therefore any specialized efforts to restart and/or intensify immunization efforts should be part of an overall health system recovery plan.

These specialized efforts should be implemented *in addition to* providing year-round continuous catch-up vaccination through routine immunization services which is outlined in Section 1.

## Key terms

**Catch-up vaccination** – refers to the action of vaccinating an individual, who for whatever reason (e.g. delays, stockouts, access, hesitancy, service interruptions, etc.), is missing/has not received doses of vaccines for which they are eligible, per the national immunization schedule.

- Catchup vaccination can be conducted through regular routine immunization service delivery (fixed, outreach, mobile, school-based), periodic intensification of routine immunization (PIRI) activities, or through innovative local strategies that ensure individuals have the opportunity to receive routine immunizations for which they are overdue and eligible.
- Catch-up vaccination as described in this document is not equivalent to other immunization activities that use the word ‘catch-up’ such as ‘**catch-up SIAs**’ that are one-time campaigns to vaccinate the main target population responsible for disease transmission in order to rapidly reduce the number of susceptible individuals (see **SIAs** below), other ‘**catch-up campaigns**’ that sometimes accompany new vaccine introductions, or from the strategy of ‘**catch-up, keep-up, follow-up, speed-up**’ used for measles elimination in the Region of the Americas.<sup>1</sup>

**Catch-up vaccination policy** – as part of the national immunization policy, a catch-up policy should provide clear directives to all actors within the immunization programme on the importance of providing vaccinations for individuals who have missed one or more doses, how to determine eligibility and permissible age ranges, correct recording and reporting of late doses and the value of using every health contact as an opportunity to check vaccination history and provide catch-up as appropriate.

**Catch-up vaccination schedule** – along with a catch-up policy, every country should have a catch-up vaccination schedule that clearly indicates the age cohorts to whom the catch-up schedule applies, minimum and maximum ages (if applicable as per national policy) and directives on minimum intervals permissible between doses for each antigen, to assist health workers and individuals to complete the vaccination schedule if interrupted or delayed (see Box 1).

**Delayed dose** – refers to a vaccine dose given “late”, or past the window of timeliness set for that vaccine, in the national immunization schedule.

**Invalid dose** – a vaccine dose is considered invalid if it is administered earlier than the minimum age recommended, or earlier than the minimum interval since the previous dose in the vaccine series. Invalid doses may not elicit an adequate immune response and therefore should be repeated once the individual has reached the minimum age and/or the appropriate minimum interval has passed.

**Minimum interval** – for vaccines requiring multiple doses, the shortest amount of time permissible between doses in order to provide an adequate immune response. If the interval between the doses is

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