

GUIDE TO INTRODUCING

MENINGOCOCCAL A

CONJUGATE VACCINE INTO THE ROUTINE IMMUNIZATION PROGRAMME



This publication was jointly developed by the WHO Regional Office for Africa and WHO headquarters.

Guide to introducing meningococcal A conjugate vaccine into the routine immunization programme

ISBN 978-92-4-151686-0

© World Health Organization 2019

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. Guide to introducing meningococcal A conjugate vaccine into the routine immunization programme. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

Sales, rights and licensing. To purchase WHO publications, see http://apps.who.int/bookorders. To submit requests for commercial use and queries on rights and licensing, see http://www.who.int/about/licensing.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Cover design and layout: Paprika

Printed in France.

Contents

ABBREVIATIONS AND ACRONYMS	VII
ABOUT THIS GUIDE	1
INTRODUCTION	2
Meningococcal disease and its epidemiology	3
Meningococcal disease	3
The African meningitis belt	4
Meningitis control strategy	6
MenACV introduction in the meningitis belt	7
A two-pronged strategy	7
Rollout	7
Impact of MenACV mass preventive campaigns	7
DECISION-MAKING AND KEY CONSIDERATIONS	10
Strategy and WHO recommendation for MenACV introduction	11
What is the best age to administer MenACV?	13
Linking routine introduction with mass preventive or catch-up MenACV cam	npaigns. 16
Geographical scope of introduction into routine and for catch-up campaign	s17
Decision-making at country level	18
PLANNING AND IMPLEMENTATION	20
Which plans and tools should be made or revised?	21
Comprehensive multi-year plan (cMYP)	21
Introduction plan	21
Monitoring tools and information systems	21
National guides	23
Microplanning	23
Coordination	24
Key vaccine characteristics	24
Logistics and vaccine management	27
How to forecast and calculate vaccine supply needs?	27
Which cold-chain capacity is required?	27

Service delivery	29
How to organize sessions with schedules including MenACV?	29
Instructions for use	30
Training and supervision	32
Training	32
Supportive supervision	33
Acceptance and demand for MenACV: service quality, advocacy,	
communication and social mobilization	33
Demand generation	33
A demand generation or IEC plan	34
Which key messages should be addressed?	35
Defining locally relevant messages	36
Community engagement	36
Reducing missed opportunities for vaccination	37
Opportunities for the integration of MenACV delivery with other	
vaccinations and health services	37
Determining special populations and high-risk groups	38
MONITORING AND EVALUATION	40
Adverse event following immunization (AEFI) management and surveillance	
MenACV AEFI	41
Monitoring and reporting of AEFI	42
Meningitis surveillance	
Vaccine introduction and coverage monitoring	
Integration of tools to monitor introduction and coverage	44 44
Coverage monitoring	
Evaluation	
EPI programme reviews	45
Coverage surveys for mass preventive and catch-up campaigns	46
ANNEX 1 - PREPAREDNESS ASSESSMENT (CHECKLIST)	48
ANNEX 2 - MENINGITIS: CASE DEFINITION/ALERT AND EPIDEMIC	
THRESHOLDS/CASE MANAGEMENT	50 50
Meningitis case definition Epidemiological thresholds	50
Case management	51
case management	51
ANNEX 3 - FREQUENTLY ASKED QUESTIONS	53
Generalities on meningitis disease	53
Decision-making	54

Figures and tables

Fig. 1. Serogroup distribution of invasive meningococcal disease, 2018	3
Fig. 2. 26 countries of the African meningitis belt with areas at high epidemic risk	4
Fig. 3. Number of suspected and confirmed meningitis cases by week in the African meningitis belt of 2004, 2005, 2006, 2007, 2009, 2010, 2011, 2012 and 2013	5
Fig. 4. Incidence of reported cases of meningitis in Chad 2009-2013. Vaccination with MenAfriVac® targeted persons 1-29 years of age at the end of 2011 and in 2012	8
Fig. 5. Annual incidence of NmA meningitis depending on vaccination strategies	9
Fig. 6. Rationale for the linking of campaign and RI introduction when vaccine is introduced at 18 months of age	17
Fig. 7. Rationale for the linking of campaign and RI introduction when vaccine is introduced at nine months of age	17
Table 1. Link between introduction and catch-up MenACV campaign (or mass campaign if not previously conducted)	16
Table 2. Summary of MenAfriVac 5 micrograms® characteristics and schedules	25
Table 3. Meningococcal A vaccine presentation	. 26

预览已结束,完整报告链接和二维码如下:

https://www.yunbaogao.cn/report/index/report?reportId=5_25007

