



# Western Pacific Regional Guide for the Immunization Programme and Vaccine-preventable Disease Surveillance during the COVID-19 Pandemic



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## Preface

The coronavirus disease 2019 (COVID-19) pandemic is posing an unprecedented challenge to health systems globally, with serious implications for immunization services. Routine immunizations, supplementary immunization activities and the surveillance of vaccine-preventable diseases (VPDs) are being impacted in many countries due to the pandemic. The decline in routine immunizations and an impaired surveillance system may well lead to the resurgence of VPDs. As the battle against the COVID-19 pandemic continues, it will be necessary to adopt dynamic strategies to avoid the disruption of essential services, and planning must begin for the resumption of the immunization and surveillance activities as soon as the pandemic is under control.

Member States, the World Health Organization and our partners have been working together closely during the pandemic to maintain core public health services, including immunization. This regional guide aims to provide a guide for better planning, preparedness and implementation for immunization activities during the pandemic, specifically targeting countries where partner support is needed. It also offers a range of recommendations. Section 5 highlights activities to mitigate the impact of the pandemic, based on local COVID-19 transmission scenarios of either low- or high-transmission status. The COVID-19 situation varies widely among the 37 countries and areas in the Western Pacific Region, and national decision-makers can refer to this guidance – and adapt it to their specific context – in developing a feasible and sustainable response to immunizations and the surveillance of VPDs during the pandemic.

## Abbreviations

<b>AEFI</b>	adverse events following immunization
<b>AESI</b>	adverse events of special interest
<b>AFP</b>	acute flaccid paralysis
<b>AFR</b>	acute fever and rash
<b>bOPV</b>	bivalent oral poliovirus vaccine
<b>CBS</b>	community-based surveillance
<b>cVDPV1</b>	circulating vaccine-derived poliovirus type 1
<b>COVID-19</b>	coronavirus disease 2019
<b>DTP3</b>	diphtheria–pertussis–tetanus vaccine, third dose
<b>GPEI</b>	Global Polio Eradication Initiative
<b>GPLN</b>	Global Polio Laboratory Network
<b>IPC</b>	infection prevention and control
<b>IPV</b>	inactivated poliovirus vaccine
<b>IPV2</b>	inactivated poliovirus vaccine, second dose
<b>MCV1</b>	measles-containing vaccine, first dose
<b>MNT</b>	maternal and neonatal tetanus
<b>mOPV</b>	monovalent oral poliovirus vaccine
<b>PIRI</b>	periodic intensification of routine immunization
<b>PPE</b>	personal protective equipment
<b>SARS-CoV-2</b>	severe acute respiratory syndrome coronavirus 2
<b>SIA</b>	supplementary immunization activity
<b>VDPV</b>	vaccine-derived poliovirus
<b>VPD</b>	vaccine-preventable disease
<b>WHO</b>	World Health Organization

## 1. Overview

### 1.1 Immunization programme in the Western Pacific Region

The *Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific* was endorsed by the World Health Organization (WHO) Regional Committee in October 2014 (WPR/RC65.R5). The Regional Framework adapted strategies and activities recommended by the WHO *Global Vaccine Action Plan 2011–2020* into the context of the Western Pacific and specified eight regional immunization goals:

1. sustaining polio-free status
2. maternal and neonatal tetanus (MNT) elimination
3. measles elimination
4. accelerated control of hepatitis B
5. rubella elimination
6. accelerated control of Japanese encephalitis
7. meeting regional vaccination coverage targets
8. introduction of new vaccines.

As the Decade of Vaccines draws to a close, the WHO Western Pacific Region is steadily making significant progress towards achieving global and regional immunization goals including implementing many priority actions proposed by the Regional Framework (1).

### 1.2 Vaccine-preventable disease control and elimination in the Western Pacific Region

The Western Pacific Region has made significant progress in the battle against vaccine-preventable diseases (VPDs). The Region has maintained polio-free status, MNT elimination has been achieved with the exception of one country, rubella elimination is on track, the control of hepatitis B has accelerated, and the introduction of new vaccines, overall, has been on track.

High coverage of the third dose of diphtheria–pertussis–tetanus (DTP3) vaccine (95.6%) and the first dose of measles-containing vaccine (MCV1) (95.3%) in 2019 demonstrate public demand, acceptance and improved service delivery in immunization. Through implementation of the *Regional Strategy and Plan of Action for Measles and Rubella Elimination in the Western Pacific*, the Region experienced historically low incidences of both measles and rubella in 2017 and 2018. As of September 2019, nine areas have been verified as having achieved measles elimination

and five countries and areas have been verified as having achieved rubella elimination. However, since 2019 several countries have suffered from a resurgence and large outbreaks of measles. Since late 2018, the emergence and circulation of vaccine-derived poliovirus (VDPV), outbreaks of rubella among adults and repeated outbreaks of diphtheria also have posed critical challenges in the Region. In addition, the Region faces challenges from uneven immunization coverage that cause population immunity gaps in VPDs, gaps in VPD surveillance, immunization service delivery and, immunization coverage monitoring, and growing concerns with the safety of vaccines and immunizations.

The draft *Regional Strategic Framework for Vaccine-preventable Diseases and Immunization in the Western Pacific 2021–2030* is developed to align with the *Immunization Agenda 2030: A Global Strategy to Leave No One Behind* and takes into account lessons identified in the implementation of the *Global Vaccine Action Plan 2011–2020* in the Western Pacific Region and the need to reach unreached and underserved populations.

## 2. COVID-19 in the Western Pacific Region

### 2.1 Global status

In early January 2020, a novel coronavirus, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), was identified from a cluster of pneumonia cases of unknown etiology in China. The disease caused by the virus was named coronavirus disease 2019 (COVID-19). On 30 January 2020, WHO declared the COVID-19 outbreak a public health emergency of international concern. COVID-19 rapidly spread to other countries and now the pandemic is affecting most countries globally. As of 03 November 2020, there have been more than 46.8 million COVID-19 cases including 1 204 028 deaths in 219 countries or areas. Many countries that have experienced large outbreaks have also reported considerable excess mortality.

All countries have initiated measures to contain and mitigate transmission and reduce the impact of the outbreak on health-care systems. WHO is working with countries across all six regions, analysing the latest data and science, informing and engaging the public, providing updates on the current situation, coordinating with partners, distributing life-saving supplies, advancing preparedness and strengthening health systems.



## 2.2 Regional status

In the Western Pacific Region, 21 out of 37 countries and areas have reported 747,162 confirmed COVID-19 cases and 15,714 deaths since December 2019 (as of 3 November 2020). The first peak of the incidence ran from the end of January to March 2020 in China and the Republic of Korea, before spreading in other countries and areas.

In the Western Pacific Region, countries and areas have imposed travel restrictions and implemented non-pharmaceutical interventions such as physical distancing measures to prevent further spread. Several countries and areas that have been reporting low case numbers or no reported cases for more than seven days from the end of May are starting to lift their quarantine measures and movement restrictions.

Since 2005, Member States in the Western Pacific Region have strengthened national health system capacities to detect and respond to emerging infectious diseases, guided by the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies*. The COVID-19 response in Member States aligns with this Regional Guide for the Immunization Programme and Vaccine-preventable Disease Surveillance during the COVID-19 Pandemic and aims to minimize health and socioeconomic impact of the pandemic.

## 3. Impacts of COVID-19 pandemic on immunization and VPDs

### 3.1. Impacts on the immunization programme

#### a. Common impacts in many countries

During the COVID-19 pandemic, routine

workers have expressed concerns about providing routine immunization, particularly where the supply of personal protective equipment (PPE) was limited. Mass immunization campaigns have been deferred, in accordance with preliminary WHO guidance. Due to school closures, school-based immunization activities also were suspended. Outreach services have been hindered by movement restrictions and shortages in the health workforce, leaving hard-to-reach populations unimmunized. All of these factors will contribute to a considerable decline in immunization coverage and increasing immunity gaps. The reporting rate of immunization also declined in some countries, making it difficult to grasp the true impact of the pandemic towards routine immunization.

Domestic and international border closures lessened the risk of importation of diseases, but they also affect logistics and the supply of vaccines. Although none of the countries reported immediate stock-outs of routine vaccines, some international transport of vaccines has been delayed. Transport to far regions and the remote facilities remains a challenge, especially in the epidemic areas with movement restrictions.

The immunization and VPD surveillance staff at the national, subnational and service-delivery levels are mobilized full-time or part-time for the COVID-19 response. The areas with scarce human resources for health are under strain to maintain routine immunization services.

#### b. Country-specific impacts/examples of specific impacts

Routine immunization coverage decreased, especially during the lockdown period (Fig. 1). However, most immunization services were resumed within a short period in countries with favourable conditions.

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