



# Planning and Implementing High-Quality Supplementary Immunization Activities for Injectable Vaccines

Using an Example of Measles and  
Rubella Vaccines



## Field Guide



## WHO Library Cataloguing-in-Publication Data

Planning and implementing high-quality supplementary immunization activities for injectable vaccines using an example of measles and rubella vaccines: field guide.

1.Immunization Programs - methods. 2.Mass Vaccination. 3.Measles Vaccines.  
4.Rubella Vaccines. I.World Health Organization.

ISBN 978 92 4 151125 4

(NLM classification: WA 115)

**© World Health Organization 2016**

All rights reserved. Publications of the World Health Organization are available on the WHO website (<http://www.who.int>) or can be purchased from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; email: [bookorders@who.int](mailto:bookorders@who.int)).

Requests for permission to reproduce or translate WHO publications –whether for sale or for non-commercial distribution– should be addressed to WHO Press through the WHO website ([http://www.who.int/about/licensing/copyright\\_form/index.html](http://www.who.int/about/licensing/copyright_form/index.html)).

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 the World Health Organization 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 the World Health Organization 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 the World Health Organization 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 the World Health Organization be liable for damages arising from its use.

Printed in Italy



FIELD GUIDE

**Planning and Implementing  
High-Quality Supplementary  
Immunization Activities  
for Injectable Vaccines**

Using an Example of Measles and  
Rubella Vaccines

# Table of Contents

<b>Acknowledgments</b>	<b>VI</b>
<b>Abbreviations and acronyms</b>	<b>VII</b>
<b>Glossary</b>	<b>VIII</b>
<b>I. Introduction</b>	<b>0</b>
1. Background information	1
1.1 Purpose and operational objectives of this guide	2
1.2 What this field guide adds	3
2. Measles, rubella and CRS: disease characteristics and vaccination strategies for elimination	4
2.1 Measles disease	4
2.2 Rubella and congenital rubella syndrome	4
2.3 Vaccination strategies for measles and rubella	5
2.4 Integrating measles and rubella elimination	6
3. Systems approach to SIAs	7
3.1 SIAs as opportunities to strengthen routine immunization and other health programmes	7
4. High-quality SIAs and SIA readiness assessment	12
4.1 Primary objective of M/MR SIA: reaching the unreached	12
4.2 Assessing SIA readiness	12
4.2.1 The SIA Readiness Assessment Tool	13
<b>II. 15 to 12 months prior to SIA: Planning</b>	<b>14</b>
5. Key decisions and preliminary planning activities	15
5.1 Lessons learned from previous SIAs	15
5.2 Country situation analysis and rationale	15
5.2.1 Determining the interval between SIAs	16
5.2.2 Determining the geographical scope of the SIA	18
5.2.3 Determining type of measles and rubella SIAs	18
5.2.4 Determining the target age group	19
5.2.5 Duration, timing and place of SIAs	20
5.2.6 Determining special populations and high-risk groups	22
5.2.7 Determining the appropriate SIA strategy to achieve high vaccination coverage	28
5.2.8 Vaccine options – recommended measles and rubella vaccines	33
5.2.9 Integration with other health interventions	33
6. Undertake national-level macroplanning and estimate budget	35
6.1 Estimating resource requirements	35
6.2 Advocacy for securing high-level commitment and consensus	39
6.3 Establish organization structure and coordination of the SIA	39
6.3.1 National coordinating committee	39

<b>III. 12 to 9 months before SIA: Planning</b>	<b>42</b>
6.3.2 National subcommittees	43
<b>IV. 9 to 6 months before SIA: Planning</b>	<b>46</b>
<b>7. Microplanning and logistics</b>	<b>47</b>
7.1 Information needed for microplanning	49
7.2 Estimating the target population	50
7.3 Estimating requirements and cost for vaccine and supplies	51
7.3.1 Vaccine	51
7.3.2 AD syringes for injection	52
7.3.3 Disposable syringes (with RUP) for vaccine reconstitution	52
7.3.4 Safety boxes	52
7.4 Estimating cold-chain capacity, requirements and cost	53
7.4.1 Cold boxes, vaccine carriers and coolant-packs	54
7.4.2 Maintaining the cold-chain system	55
7.5 Estimating personnel requirements and costs	56
7.5.1 Per diem amounts and incentives	58
7.6 Estimating transport requirements and costs	59
7.7 Estimating costs for planning and training sessions	60
7.8 Estimating costs for communication and social mobilization activities	60
7.9 Estimating costs of mop-up activities and contingencies	60
<b>V. 6 to 2 months before SIA: Preparation</b>	<b>62</b>
<b>8. Training</b>	<b>64</b>
<b>9. Advocacy, social mobilization and communication</b>	<b>68</b>
9.1 Effective communication planning: the critical components	69
9.1.1 National advocacy, social mobilization and communications subcommittee	70
9.1.2 Communications plan	70
9.1.3 Preparations for management of issues: negative publicity, rumours, AEFI, etc.	72
9.1.4 Monitoring and evaluation of communication activities	73
9.2 Advocacy	74
9.3 Social mobilization	74
9.3.1 School involvement in social mobilization	75
9.3.2 The opening ceremony or launch event	75
9.3.3 Using media effectively	76
9.4 Community engagement	76
9.5 Communication for behaviour and social change	77
9.5.1 Interpersonal communication	78
9.6 Communication regarding serious AEFI	79
9.6.1 Communication action points for health workers during serious AEFI	80
9.6.2 Crisis communication plan	81
<b>10. AEFI monitoring and preparing for crisis communication</b>	<b>83</b>
10.1 Planning for and organization of AEFI monitoring in SIAs	85
10.2 Responding to serious AEFI	87
10.3 Recognition and treatment of anaphylaxis	87
10.4 Reporting and investigating serious AEFI	87
10.5 Crisis management and communication	88
10.5.1 Responding to rumours during a crisis	88

10.5.2	Preparing press releases and media briefings	89
<b>11.</b>	<b>Pre-SIA supervision and monitoring</b>	<b>90</b>
11.1	Purpose of pre-SIA supervision and monitoring	90
11.2	Management and coordination of pre-SIA supervision and monitoring	91
11.3	Readiness assessment for national- and district-level planning	91
11.3.1	National level tool	92
11.3.2	District level tool	93
<b>VI.</b>	<b>8 weeks to 1 day before SIA: Pre-implementation</b>	<b>94</b>
<b>VII.</b>	<b>Implementation of the SIA</b>	<b>98</b>
<b>12.</b>	<b>Operation of vaccination posts</b>	<b>99</b>
12.1	Roles of personnel	99
12.2	Organization and management of vaccination posts	100
12.3	Safe vaccine administration	102
12.3.1	Vaccine reconstitution	103
12.3.2	Vaccine administration	105
12.3.3	Reducing pain at the time of vaccination	106
12.3.4	After vaccine administration	107
12.3.5	At the end of the immunization day or when the team leaves to go to another vaccination site	107
12.4	Waste disposal	108
12.4.1	Safe disposal of safety boxes	108
<b>13.</b>	<b>Supervision and monitoring during SIA</b>	<b>110</b>
13.1	Supervision and monitoring of vaccination teams	110
13.2	Supervisory checklists	113
13.3	Rapid convenience monitoring	114
13.3.1	Intra-SIA RCM	114
13.4	Administrative data collection and analysis	116
13.4.1	Vaccination cards/home-based records for recording	117
13.4.2	Tally sheets	117
13.4.3	Reporting forms	119
13.4.4	Data flow	120
13.4.5	Data interpretation	122
13.5	Daily review meeting	125
13.6	Use of technology	127
<b>VIII.1 to 2 weeks after SIA:</b>		
<b>Post-SIA activities and monitoring and evaluation</b>		<b>128</b>
<b>14.</b>	<b>Post-SIA activities</b>	<b>129</b>
14.1	Post-SIA independent monitoring (RCM)	129
14.2	Mop-up activities	130
14.3	Coverage surveys	131
14.4	Monitoring the quality of the SIA	131
14.4.1	Pre-SIA monitoring indicators	132
14.4.2	Monitoring indicators during SIAs	133
14.4.3	Post-SIA monitoring indicators	134
14.5	Review meeting and technical report	134

14.6 Disease surveillance	135
14.7 Post-SIA routine immunization-strengthening activities	136
14.7.1 Post-SIA RI microplan improvement activity	137
14.7.2 Post-SIA local review and strengthening sessions	137
14.7.3 Include lessons learned in routine planning	138
14.8 Other follow-up activities	138
<b>Bibliography</b>	<b>139</b>
Annex 1. Recommended measles and rubella vaccines	140
1a Measles live attenuated vaccine	140
1b Rubella live attenuated vaccine	141
1c Measles–rubella (MR) vaccine	142
1d Measles–mumps–rubella (MMR) vaccine	142
1e Administration with other vaccines or antibody-containing products	144
Annex 2. SIA Readiness Assessment Tool	145
2a Measles–rubella SIA Readiness Assessment Tool – national level	146
2b Measles–rubella SIA Readiness Assessment Tool – district level	148
2c Verifying completion of critical activities at district level	151
Annex 3. Examples of common challenges that contribute to low-quality SIAs and suggestions to address them	155
Annex 4. Securing access for immunization in security-compromised areas: lessons from the Polio	157
Annex 5. SIA strategies: fixed or mobile posts with house-to-house canvassing and house-to-house vaccination	160
5a Fixed or mobile posts with house-to-house canvassing	160
5b House-to-house vaccination	163
5c Vaccination at schools, preschools and day care centres	165
Annex 6. Critical activities and proposed timeline for planning high-quality SIAs	167
Annex 7. Forms associated with recording and treating AEFI	171
7a AEFI reporting form	171
7b AEFI treatment kit	172
7c Recognition and treatment of anaphylaxis	172
Annex 8. Communication tools	176
8a Assessing awareness of an upcoming SIA	176
8b Example of key communication messages for the measles and rubella SIA	177
Annex 9. Examples of checklists and forms used for SIA monitoring and supervision	179
9a Roles and responsibilities of various individuals assigned to support the SIA	179
9b Example of a checklist for intra-SIA supervision at a vaccination post	182
9c Example of a district or provincial supervisor checklist for supervision during the SIA	184
9d Sample tally sheet to record administered doses during M or MR SIA with a target group age range: 9 months to 14 years	186
9e Proposed tally sheet stratified by prior RI dose of MCV per the RI card to identify number of zero dose children	187
9f Sample first-level summary reporting form for vaccination doses given during the SIA targeting children aged 9 m–14 years without additional interventions	188
Annex 10. RCM tools for monitoring during and after the SIA	189
Annex 11. Post-SIA technical report	196

# Acknowledgments

The document was developed by the World Health Organization under the guidance of Dr Alya Dabbagh of the Department of Immunization, Vaccines and Biologicals. Special thanks to Dr Aleksandra Caric for technical and editorial contributions.

Further thanks are due to Dr Hector Izurieta, Dr Margarita Sniadack and to numerous colleagues in WHO (headquarters, regional and country offices) and partner organizations who contributed their experiences and knowledge during the preparation and revision of this document – in particular, the US Centers for Disease Control and Prevention, UNICEF Programme Division and the American Red Cross.

Annex 4 was prepared by the Polio Access Support Unit and the WHO polio teams in Nigeria and Pakistan. Their work is gratefully acknowledged.

This document was edited by Further Consulting and graphic design done by büro svenja.

This Field Guide's preparation was possible thanks to support and funding from the Bill & Melinda Gates Foundation.

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\\_26926](https://www.yunbaogao.cn/report/index/report?reportId=5_26926)

