

How to implement influenza vaccination of pregnant women

An introduction manual
for national immunization programme managers
and policy makers



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Abbreviations

AEFI	Adverse event following immunization
ALRI	Acute lower respiratory infection
cMYP	Comprehensive multi-year plan
DQS	Data quality self-assessment
EPI	Expanded programme on immunization
ERL	Essential Regulatory Laboratory
GACVS	Global Advisory Committee on Vaccine Safety
HA	Haemagglutinin
HIV	Human immunodeficiency virus
HSA	Health surveillance assistant (Malawi)
ICC	Inter-agency coordinating committee
IEC	Information, education and communication
ILI	Influenza-like illness
KABP	Knowledge, attitudes, beliefs and practices
LMIS	Logistics management information system
M&E	Monitoring and evaluation
NIC	National Influenza Centre
NITAG	National Immunization Technical Advisory Group
PAHO	Pan American Health Organization
PIE	Post-introduction evaluation
RMNCAH	Programme manager for reproductive, maternal, newborn, child and adolescent health
RMSD	Regional Medical Supply Division (Sri Lanka)
SAGE	WHO's Strategic Advisory Group of Experts on Immunization
SARI	Severe Acute Respiratory Infection
TT2+	Reported number of second, third, fourth and fifth doses of TT administered to pregnant women during a calendar year
UNICEF	United Nations Children's Fund
VVM	Vaccine vial monitor
WHO	World Health Organization

1. Executive summary

WHO's influenza recommendations aim to protect vulnerable high-risk groups from severe disease[1]. In 2012, WHO published a position paper on influenza vaccine which identified pregnant women as the highest priority group for countries considering initiation or expansion of programmes for seasonal influenza vaccination. Influenza vaccination of pregnant women will protect both the mother and her young infant against influenza as there is no licensed vaccine available for neonates up to 6 months after birth [2]. Giving influenza vaccines to pregnant women is safe and has proven to be efficacious, preventing laboratory-confirmed influenza in 35–70% of mothers and 28–61% of infants under 6 months of age [3–5]. Maternal influenza vaccination programmes have the potential to augment/reinforce existing vaccination programmes and the maternal and child health infrastructure as well as to establish a delivery platform for future vaccines targeting these high-risk groups. In addition to protecting against yearly influenza outbreaks, a seasonal influenza vaccination programme can support countries' planning efforts for a potential pandemic by increasing their capacity to produce or procure vaccines, to register and distribute them, to conduct targeted vaccine delivery, and to monitor vaccination coverage and effectiveness [6].

Vaccination programmes should be based on scientifically sound and cost-effective approaches. It is essential that sufficient human resources and training capacity are present when planning the introduction of a new vaccine. For maternal immunization, a communication strategy should be in place to address potential concerns about the use of the vaccine in pregnant women. As expanded service delivery may put additional stress on health systems, decision-makers should assess the impact of the vaccine's introduction on the interconnected components of the health system.

Structure of the manual

This manual has two main parts:

- decision-making at country level, aimed at policy-makers (section 4), and
- issues concerning vaccine introduction planning and implementation, aimed at national immunization programme managers and immunization partners (sections 5–7).

Annexes at the end of the manual and links throughout provide planning and assessment tools for policy-makers and programme managers.

Main points addressed in the manual

1. Background and rationale for implementation of maternal influenza vaccination.
2. Key policy decisions in considering vaccination implementation.
3. Practical guidance for vaccine programme implementers, including: tools for planning the introduction of the vaccine (addressing infrastructure and supply chain management), staff training and communication strategies, and monitoring and evaluation.

2. About this manual

Objective

This manual serves as a primary resource and a catalogue of optional tools to help users to decide, plan and implement maternal influenza vaccination strategies and to foresee and address potential challenges related to decision-making or implementation. The manual aims to guide countries by providing principles and considerations to support decision-making and introduction planning rather than prescribing introduction measures that may not be applicable in some country contexts.

The manual focuses on the introduction of maternal influenza vaccination with inactivated seasonal influenza vaccine (subsequently referred to as “influenza vaccine”), and aims to:

- inform discussions on policy and assist with decision-making processes for introduction of influenza vaccine compared to other health interventions;
- provide an operational design framework for a delivery system for influenza vaccines for pregnant women;
- provide suggestions for developing a service delivery plan, including using local/regional influenza epidemiology and seasonality trends to guide vaccine provision, timing and strategies;
- provide an overview of monitoring and evaluation considerations specific to maternal influenza vaccination.

In addition, this manual outlines:

1. how to integrate influenza vaccine into an existing antenatal care system, and
2. how to prepare the national immunization programme to expand its activities in order to target pregnant women (Figure 1).

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