

A Guide to Introducing a Second Dose of Measles Vaccine into Routine Immunization Schedules





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Abbreviations

AEFI	adverse event following immunization
BCC	behaviour change communication
сМҮР	comprehensive multi-year plans for immunization
DTP	diphtheria-tetanus-pertussis [vaccine]
EPI	Expanded Programme on Immunization
IEC	information, education and communication
GAVI	Global Alliance for Vaccines and Immunization
JRF	Joint Reporting Form
LLIN	Long-lasting insecticide treated bednet
ICC	Inter-Agency Coordinating Committee
M	measles [vaccine]
MCV	measles-containing vaccine
MCV1	first dose of MCV
MCV2	second dose of MCV
MMR	measles-mumps-rubella [vaccine]
MR	measles-rubella [vaccine]
NITAG	National Immunization Technical Advisory Group
PCV	pneumococcal conjugate vaccine
RCV	rubella-containing vaccine
SAGE	Strategic Advisory Group of Experts on immunization
SIA	supplementary immunization activity
UNICEF	United Nations Children's Fund
WHO	World Health Organization

About this guide

This document is for national immunization programme managers and immunization partners involved in operational support. Its objectives are:

- To guide the policy discussions and operational aspects of the introduction of a second dose of measles vaccine at a scheduled age into the routine immunization schedule.
- To provide up-to-date references on the global policy, the technical justification, and the strategic issues relating to the introduction and provision of a second dose of measles vaccine in the routine immunization programme.

Introduction

The vision of "a world without measles" is supported by WHO, UNICEF and other partners in the newly released *Global Measles and Rubella Strategic Plan 2012–2020*¹. The plan presents clear strategies that country immunization managers working with domestic and international partners can use as a blueprint to achieve the 2015 and 2020 measles control and elimination goals. The plan stresses the importance of strong routine immunization systems providing two doses of measles vaccine to each child, supplemented by campaigns, laboratory-backed surveillance, outbreak preparedness and case management, as well as research and development.

Strengthening routine immunization is critical as it is the foundation to achieving and sustaining high levels of population immunity to measles. For measles elimination, vaccination coverage needs to reach and remain at or exceed 95% with each of the two doses of MCV vaccines at the district and national levels. The challenge to achieve this will depend on enhanced implementation of the five components of the "Reaching Every District" (RED) approach to increase immunization coverage (see box below).

Five "RED" components to increase immunization coverage

- Planning and management of resources better management of human and financial resources.
- Reaching target populations improving access to immunization services by all.
- **10 Linking services with communities** partnering with communities to promote and deliver services.
- Supportive supervison regular on-site teaching, feedback and follow-up with health staff.
- **6 Monitoring for action** using tools and providing feedback for continuous self-assessment and improvement.

Since 2009² WHO has recommended that reaching all children with two doses of measles containing vaccine (MCV) should be the standard for all national immunization programmes.

When national coverage of MCV1 \geq 80%³ has been achieved countries should consider introducing a second dose into their routine immunization schedule⁴. As routine coverage with two doses increases, campaigns will need to occur less frequently and can eventually cease altogether.

Taking the above mentioned policy and technical documents as its starting point, this guide "translates" the recommendations and evidence for introducing a routine second dose of measles vaccine into an easy to use "step-by-step" process.

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