



World Health Organization

Eligible child being vaccinated at Gwarinpa General Hospital, FCT. © WHO Nigeria-Eromosele Ogbeide



Impact of COVID-19 on immunization services and access

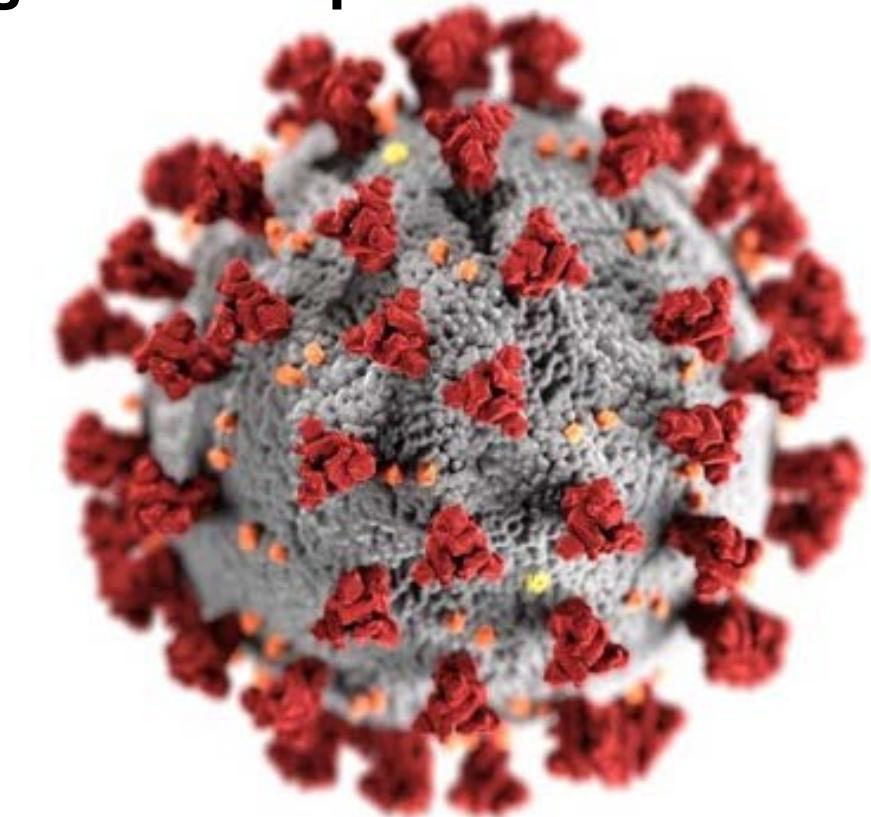
17th of August 2020

**Ann Lindstrand MD, MPH, PhD,
Unit Head EPI, IVB, WHO Geneva**

www.who.int/immunization

In summary: Significant immunization service interruptions as a result of COVID-19

- Service delivery disruptions and mass vaccination campaign suspensions
- Decreased access due to physical distancing and transportation reductions
- Concerns by caregivers and health workers about COVID-19 exposure
- Supply chain interruptions
- High risk populations at increased risk for immunization inequity
 - COVID-19 morbidity and mortality
 - Economic downturn



Rapid assessment of continuity of essential health services (EHS) during the COVID-19 pandemic: preliminary results

What

Comprehensive survey on impact of the pandemic on 25 essential health services across the life course

Aim

- Understand the extent of service disruptions across all services
- Assess prevailing mitigation strategies for maintaining services
- Identify priorities and technical assistance

Where

Sent to all countries 15 May

Responses: 103 countries

Reporting March-May

SEARO (82%); WPRO (69%); AFRO (64%); EURO (62%), EMRO (59%)

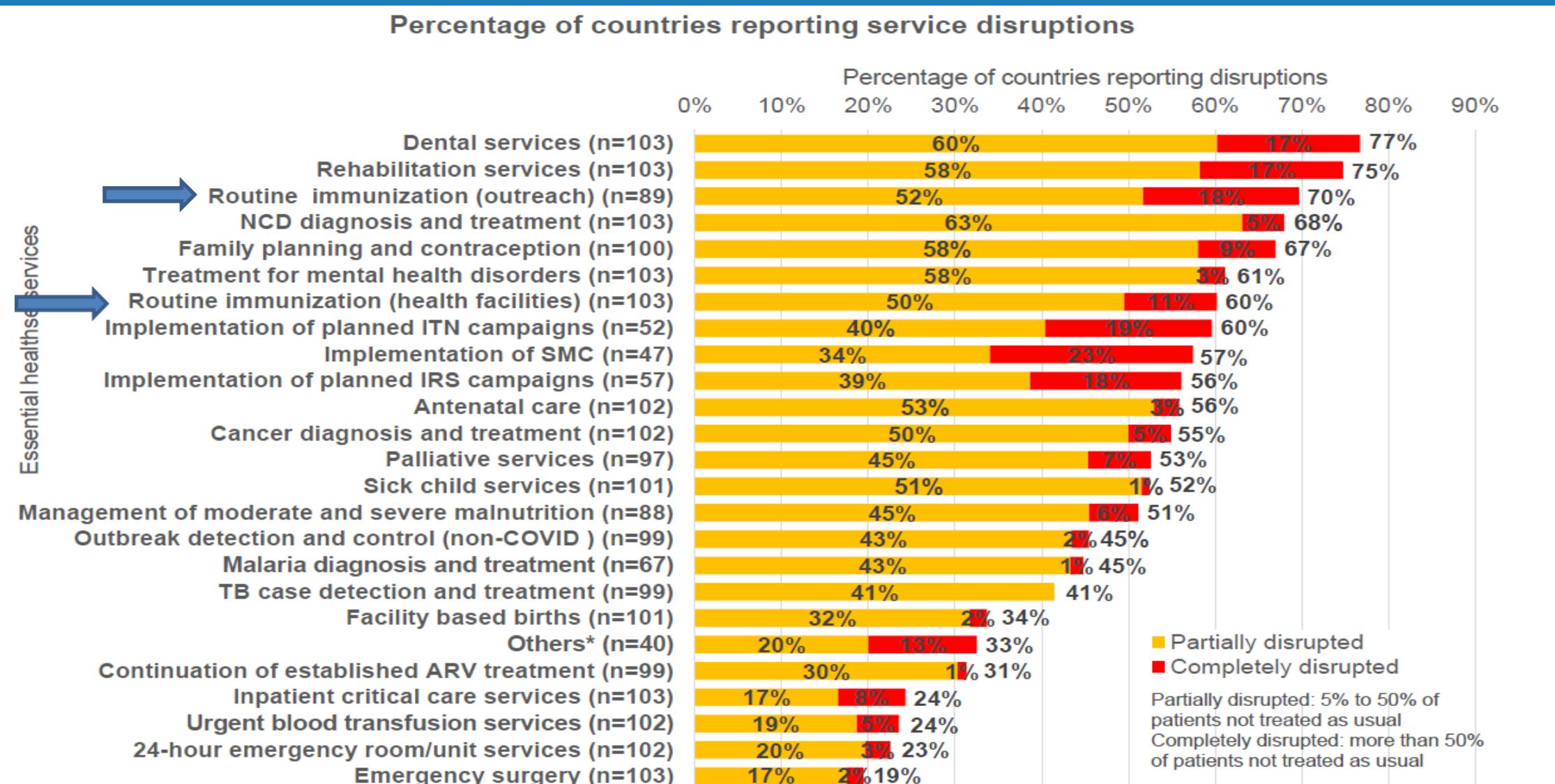
Closing date: 6 July

How

Online survey platform – sent via/ in collaboration with regional offices

MoH responses were submitted directly by MoH national counterparts or facilitated through WHO COs

Countries reporting disruptions (partially or completely) across 25 health services



*includes postnatal care, school-based services, elective surgeries, sanatorium treatment, screening programs, blood donation and collection, and polio services

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Overview: Brief summary of pulse poll methodology and respondent composition

- **Overview**

- Developed by WHO, UNICEF & Gavi, in collaboration with the Global Immunization Division/US Centers for Disease Control and Prevention (CDC), the Boost Initiative at the Sabin Vaccine Institute and the International Vaccine Access Center (IVAC) at Johns Hopkins
- This poll does not intend to replace any regional or other immunization data collection efforts, but was designed to get a quick idea of the global impact of COVID-19 on immunization services in May 2020
- Shared through WHO, UNICEF, Boost, Gavi & TechNet networks; MOHs were not directly contacted

- **Poll Dates: 5 – 20 June 2020**

- Follow up to a similar, earlier poll conducted in April 2020

- **Respondent composition**

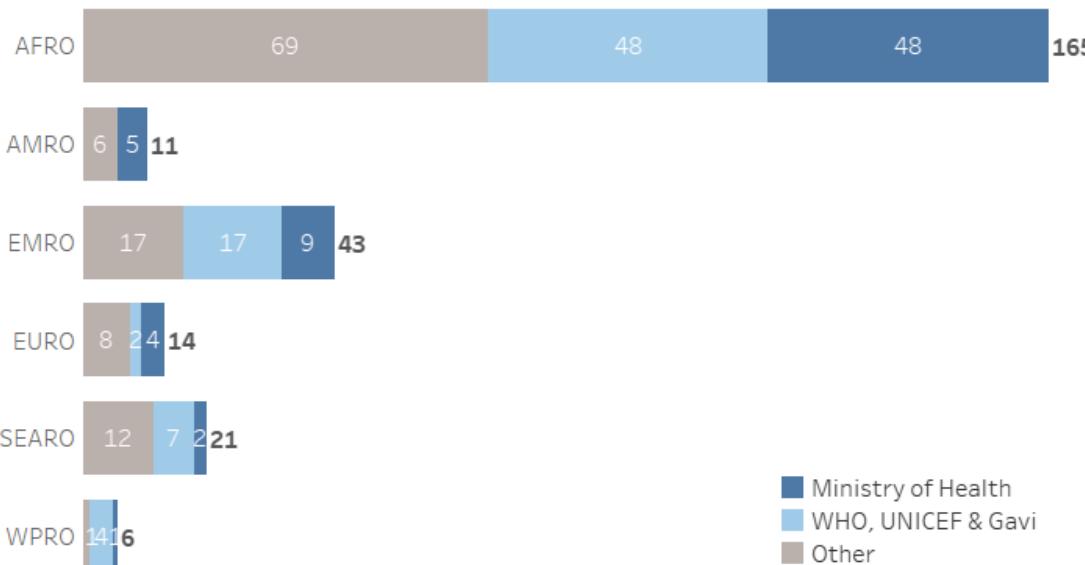
- **260** respondents from **82** different countries/territories
- Respondents came from 3 distinct categories of organization:
 - Ministry of Health respondents
 - WHO, UNICEF & Gavi respondents
 - Other respondents from: health facilities (public & private), NGO/faith-based organizations & NITAGs

Source: Immunization Pulse Poll 2. *706/801 Pulse Survey #1 respondents provided email addresses; 224/281 Pulse Survey #2 respondents provided email addresses

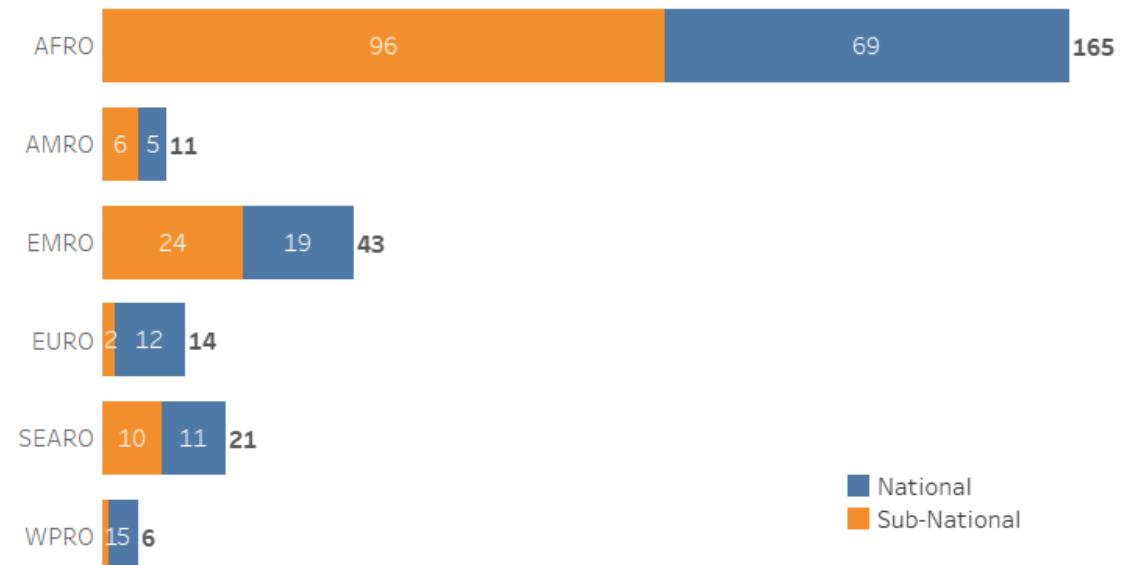
The data collected are subject to limitations inherent to voluntary self-reporting, self-selection bias, not all countries responded, countries with only one response vis-à-vis countries with many, possibility of fraudulent responses and not having a sampling frame to make inferences. Furthermore, the information about each country does not represent official reporting from Member States to WHO or UNICEF. Thus, the results presented here need to be interpreted with caution and do not represent in any way a WHO or UNICEF position regarding any country or territory for which one or more replies were received.

Respondent information: Regional breakdown of respondent numbers by organization and respondent level

By organization



By respondent level



Number of unique countries/territories responded

WHO Region	National	Sub-National	Total Unique Countries
AFRO	30	20	34 /47
AMRO	4	6	10 /35
EMRO	12	5	14 /22*
EURO	10	2	11 /53
SEARO	7	3	8 /11
WPRO	4	1	5 /27
Grand Total	67	37	82 /195*

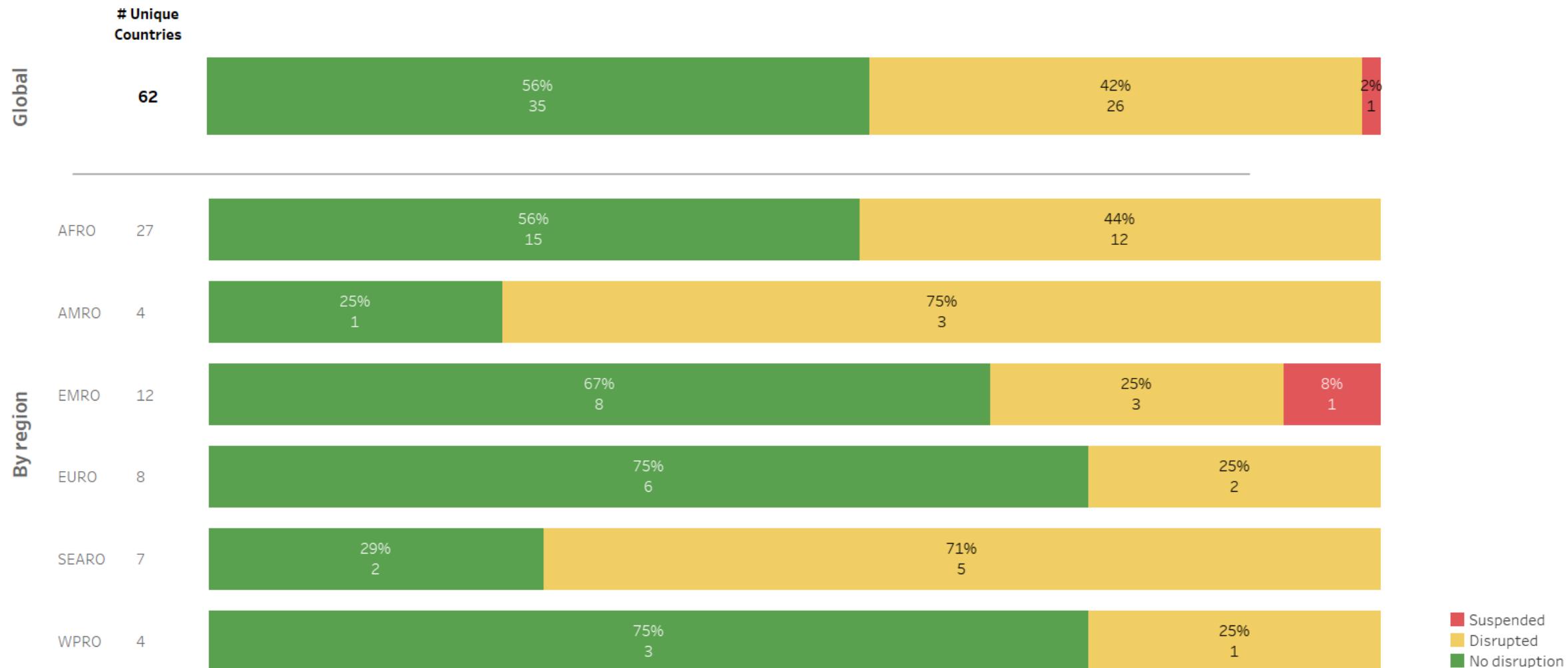
Respondents = 260
Countries/territories = 82

Source: Immunization Pulse Poll 2. 'Other' respondents comprised of respondents from health facilities (public & private), NGO/faith-based organizations & NITAGs. *Includes West Bank & Gaza Strip for purpose of analysis
 The data collected are subject to limitations inherent to voluntary self-reporting, self-selection bias, not all countries responded, countries with only one response vis-à-vis countries with many, possibility of fraudulent responses and not having a sampling frame to make inferences. Furthermore, the information about each country does not represent official reporting from Member States to WHO or UNICEF. Thus, the results presented here need to be interpreted with caution and do not represent in any way a WHO or UNICEF position regarding any country or territory for which one or more replies were received.

Fixed Post Disruption: Global

Reported level of disruption to fixed post vaccination activities in May 2020 as a result of COVID-19

Percentage of countries reporting a given level of disruption. Includes national level respondents only, once 'Other' and 'Do not know' responses have been excluded.



Source: Immunization Pulse Poll 2, Question 7. Displayed percentages are of the calculated single status for disruption level in a country based on the majority response from that country

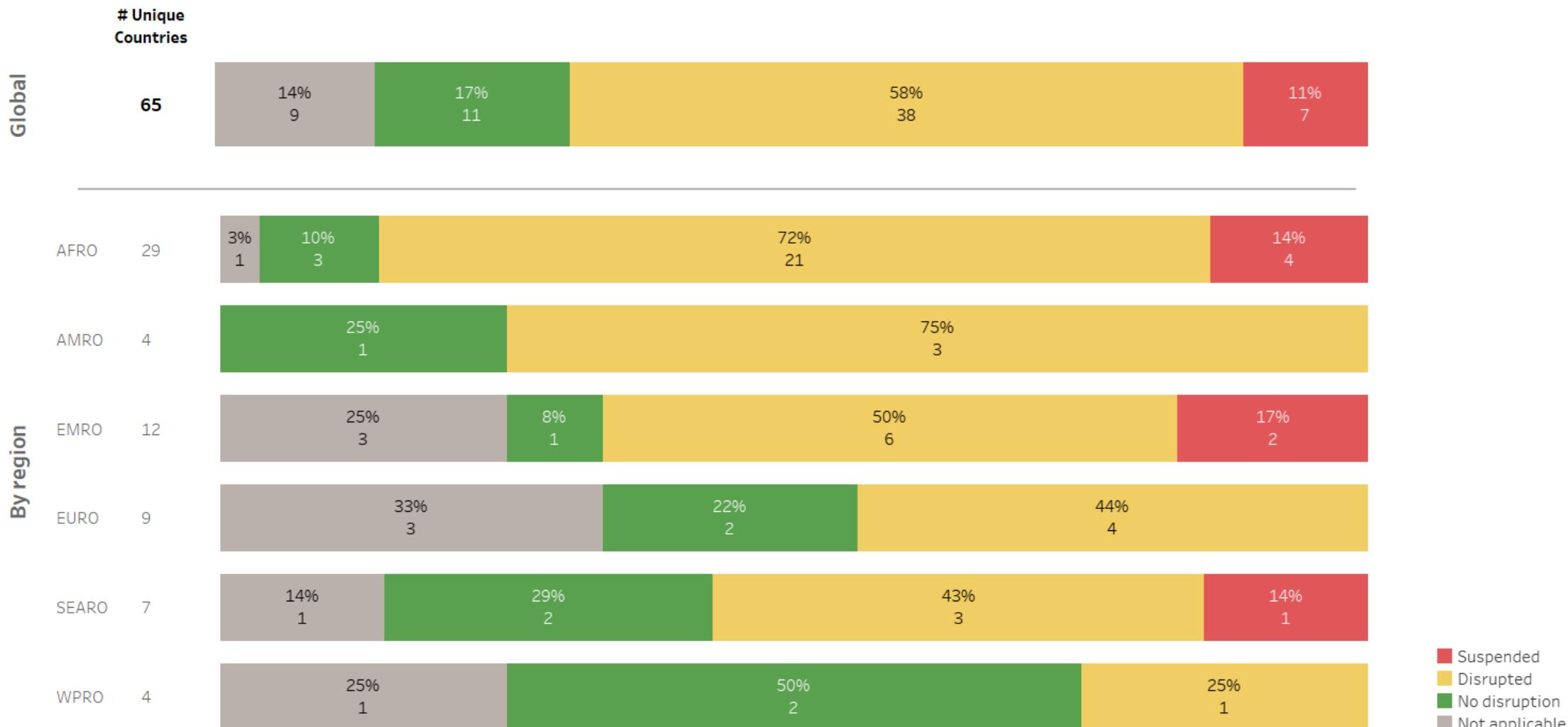
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Outreach Disruption: Global

Based on single calculated status per country
National respondents only

Reported level of disruption to outreach vaccination activities in May 2020 as a result of COVID-19

Percentage of countries reporting a given level of disruption. Includes national level respondents only, once 'Other' and 'Do not know' responses have been excluded.

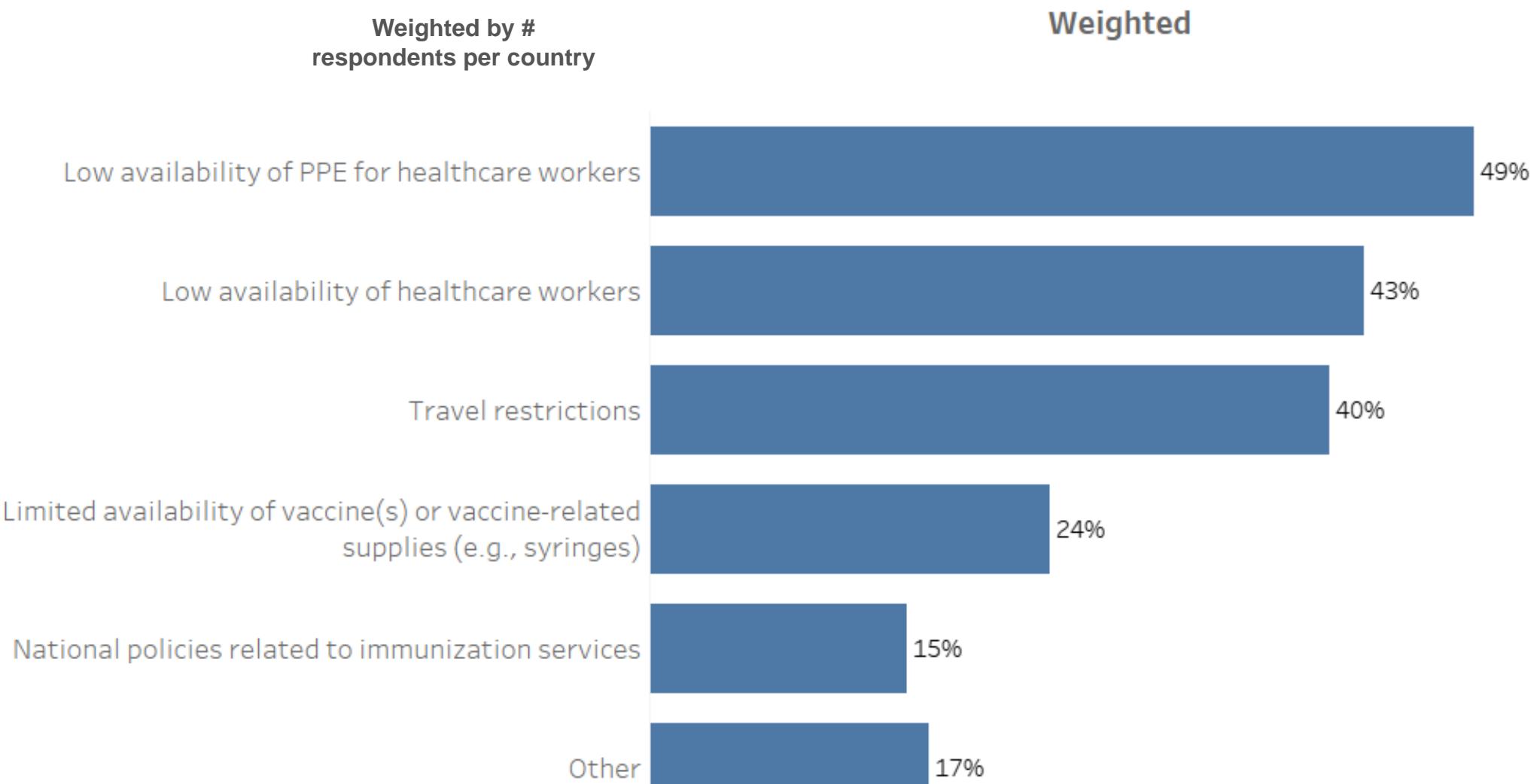


Source: Immunization Pulse Poll 2, Question 5. Displayed percentages are of the calculated single status for disruption level in a country based on the majority response from that country

The data collected are subject to limitations inherent to voluntary self-reporting, self-selection bias, not all countries responded, countries with only one response vis-à-vis countries with many, possibility of fraudulent responses and not having a sampling frame to make inferences. Furthermore, the information about each country does not represent official reporting from Member States to WHO or UNICEF. Thus, the results presented here need to be interpreted with caution and do not represent in any way a WHO or UNICEF position regarding any country or territory for which one or more replies were received.

Reasons for disruption: Global

Reasons reported for disruption to availability of immunization services due to COVID-19 in month of May



Source: Immunization Pulse Poll 2, Question 9. Includes both national & sub-national respondents. Results weighted by # respondents per country.

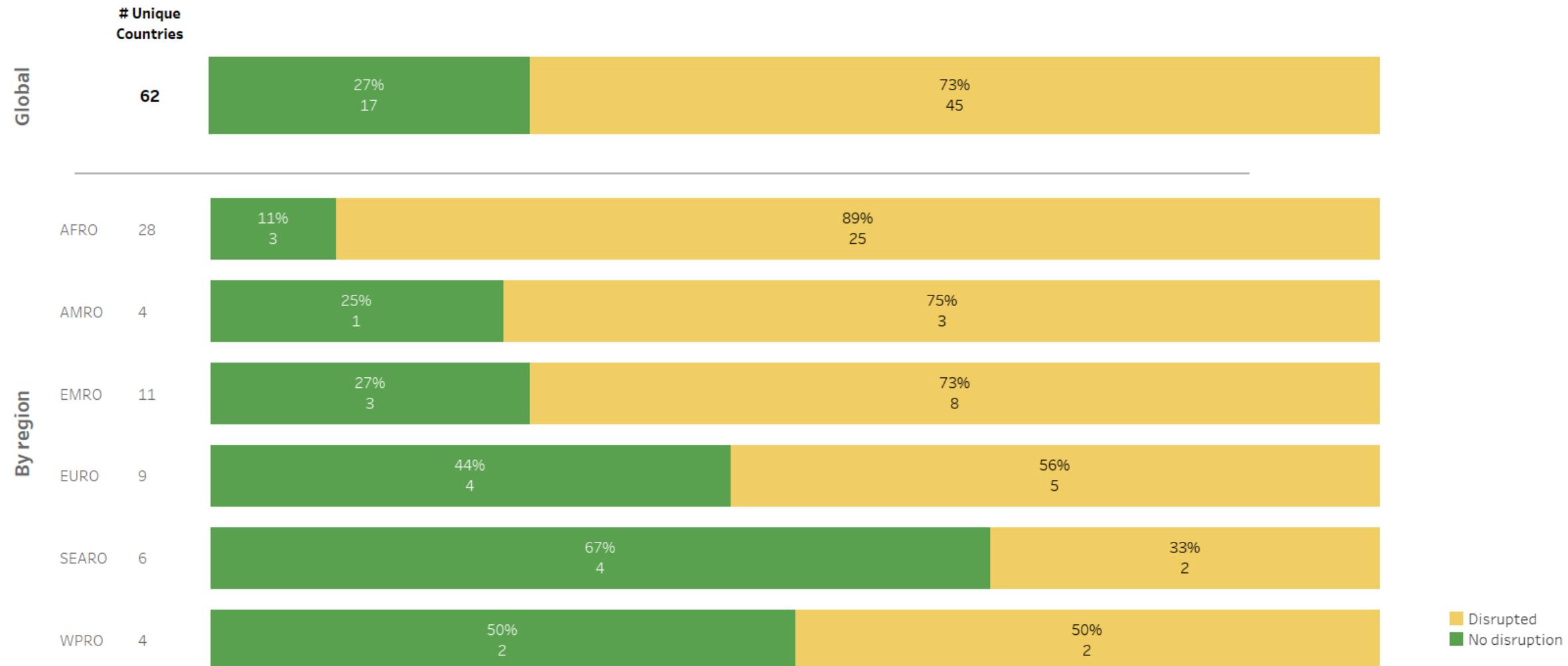
The data collected are subject to limitations inherent to voluntary self-reporting, self-selection bias, not all countries responded, countries with only one response vis-à-vis countries with many, possibility of fraudulent responses and not having a sampling frame to make inferences. Furthermore, the information about each country does not represent official reporting from Member States to WHO or UNICEF. Thus, the results presented here need to be interpreted with caution and do not represent in any way a WHO or UNICEF position regarding any country or territory for which one or more replies were received.

Demand Disruption: Global

Based on single calculated status per country
National respondents only

Reported level of disruption to demand for vaccination services in May 2020 as a result of COVID-19

Percentage of countries reporting a given level of disruption. Includes national level respondents only, once 'Other' and 'Do not know' responses have been excluded.

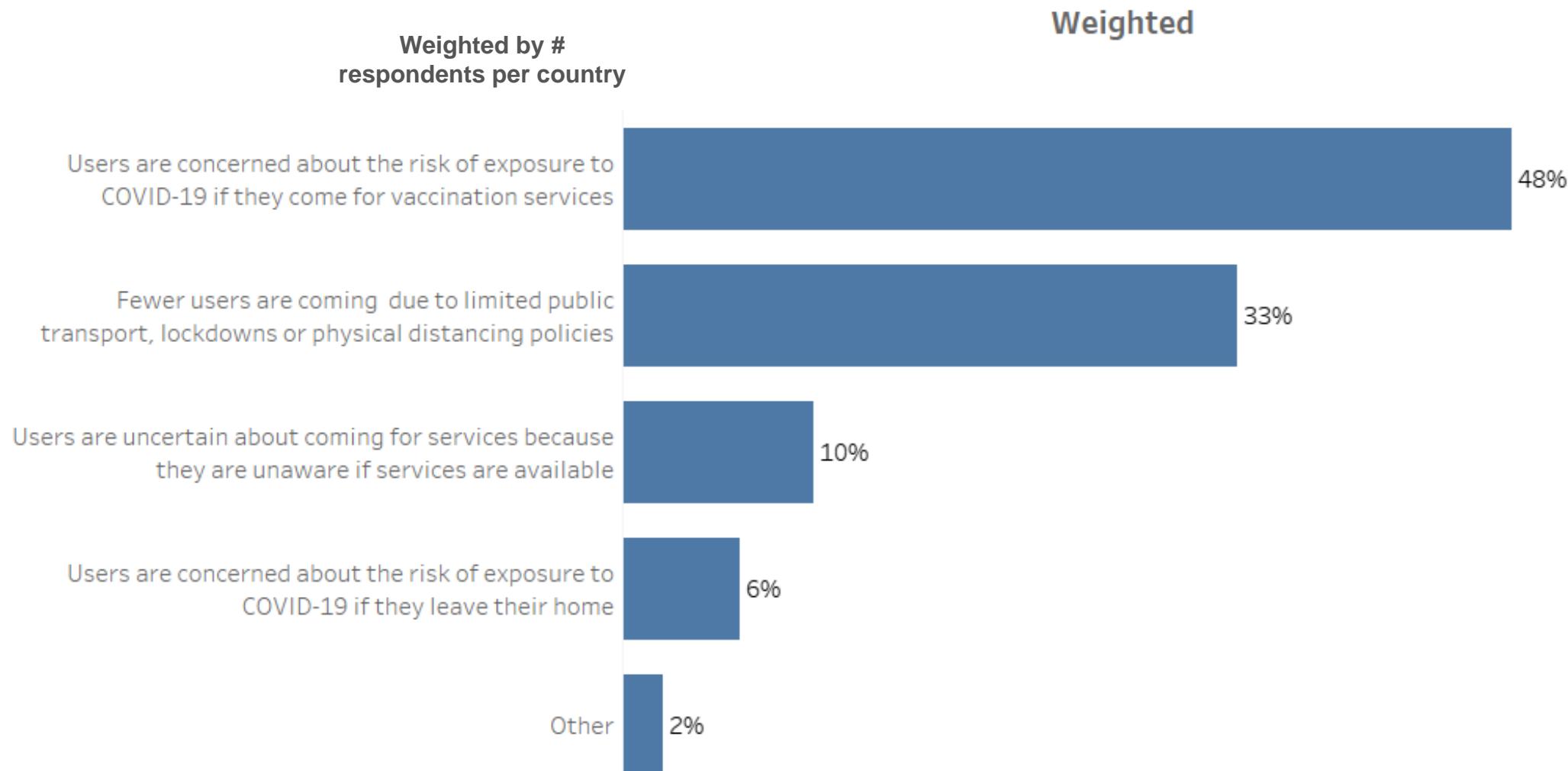


Source: Immunization Pulse Poll 2, Question 10. Displayed percentages are of the calculated single status for disruption level in a country based on the majority response from that country

The data collected are subject to limitations inherent to voluntary self-reporting, self-selection bias, not all countries responded, countries with only one response vis-à-vis countries with many, possibility of fraudulent responses and not having a sampling frame to make inferences. Furthermore, the information about each country does not represent official reporting from Member States to WHO or UNICEF. Thus, the results presented here need to be interpreted with caution and do not represent in any way a WHO or UNICEF position regarding any country or territory for which one or more replies were received.

Reasons for demand disruption: Global

Reasons reported for disruption to demand for immunization services due to COVID-19 in month of May



Source: Immunization Pulse Poll 2, Question 11. Includes both national & sub-national respondents. Results weighted by # respondents per country.

The data collected are subject to limitations inherent to voluntary self-reporting, self-selection bias, not all countries responded, countries with only one response vis-à-vis countries with many, possibility of fraudulent responses and not having a sampling frame to make inferences. Furthermore, the information about each country does not represent official reporting from Member States to WHO or UNICEF. Thus, the results presented here need to be interpreted with caution and do not represent in any way a WHO or UNICEF position regarding any country or territory for which one or more replies were received.

Demand plans

Briefly describe plans to increase demand

Free text responses from 119 respondents representing 54 unique countries. 71% of respondents reporting from AFRO.^a

- **82% of respondents reported efforts involving awareness building, community engagement, and social mobilization**
 - Tactics included: mass media (television, radio, newspaper, etc.), engagement through community leaders, and house-to-house sensitization
- **13% plan to conduct enhanced outreach**, with several respondents noting this will mitigate concerns over crowding at health facilities
- Other plans included: increased infection prevention and control (IPC) measures; training of healthcare workers; and, research into reasons for missed vaccination

“

*There is already an existing active and trained network of Volunteer Community Mobilizers (VCMs) **going house-to-house to sensitize caregivers** to continue their child's immunization schedule. Secondly, **traditional and religious leaders have been trained** on COVID-19 and their roles and responsibilities are clearly defined. They ensure a regular mosque announcement on COVID-19 by Imams during Jumat prayers so as to prevent the spread of rumours that may affect demand... Also **health workers have been trained** on how to protect themselves and their clients so as to prevent the spread of COVID-19...*

“

a. Number of respondents by region: AFRO 84 ; AMRO 6; EMRO 15 ; EURO 5; SEARO 6; WPRO 3.

Source: Immunization Pulse Poll 2, Question 13. Free-text field. Quote edited for clarity.

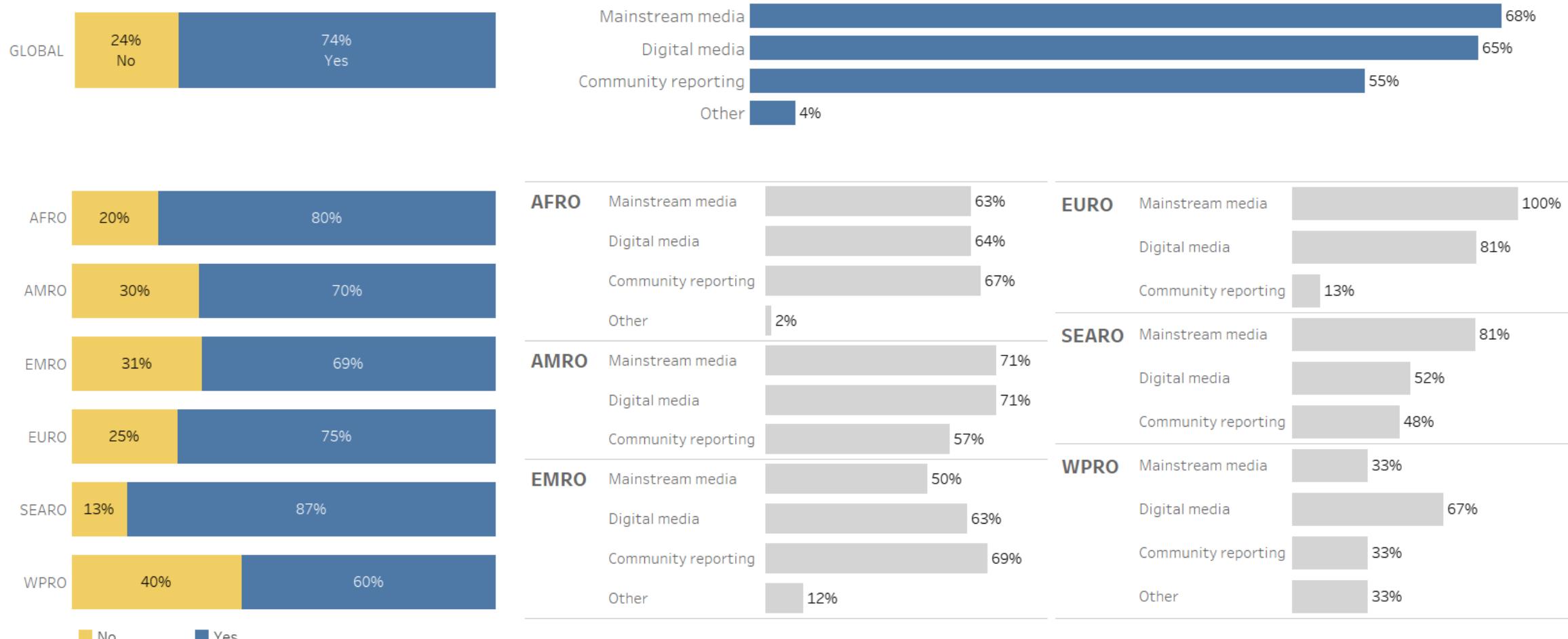
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Rumors & misinformation

Is your country tracking misinformation or rumors related to COVID 19 and immunization?



What channels are being used to monitor rumors or misinformation?



■ No ■ Yes

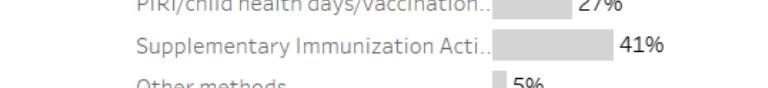
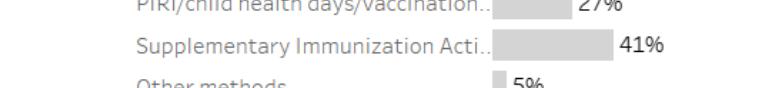
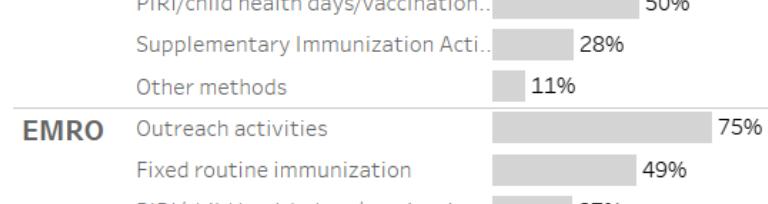
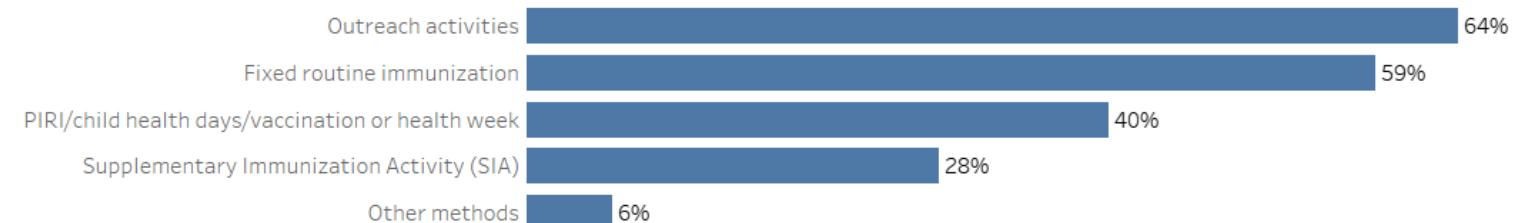
Source: Immunization Pulse Poll 2, Question 14 & 15. Includes both national & sub-national respondents. Results weighted by # respondents per country. 'Don't know' and 'not applicable' responses excluded. The data collected are subject to limitations inherent to voluntary self-reporting, self-selection bias, not all countries responded, countries with only one response vis-à-vis countries with many, possibility of fraudulent responses and not having a sampling frame to make inferences. Furthermore, the information about each country does not represent official reporting from Member States to WHO or UNICEF. Thus, the results presented here need to be interpreted with caution and do not represent in any way a WHO or UNICEF position regarding any country or territory for which one or more replies were received.

Catch up plans

Has your country/province/district started to plan activities to vaccinate groups of persons who may have missed their vaccines?



Which activities are being planned to address immunity gaps/ catch-up people missed?



■ Not applicable ■ No ■ Yes

Source: Immunization Pulse Poll 2, Question 19 & 20. Includes both national & sub-national respondents. Results weighted by # respondents per country. 'Don't know' responses excluded

The data collected are subject to limitations inherent to voluntary self-reporting, self-selection bias, not all countries responded, countries with only one response vis-à-vis countries with many, possibility of fraudulent responses and not having a sampling frame to make inferences. Furthermore, the information about each country does not represent official reporting from Member States to WHO or UNICEF. Thus, the results presented here need to be interpreted with caution and do not represent in any way a WHO or UNICEF position regarding any country or territory for which one or more replies were received.

Summary findings for demand-related issues



- Concerns about exposure to **COVID**
- Concerns about lockdowns, distancing policies, e.g. safety of public transport
- Lack of **awareness of continuity of vaccination services**
- Fears/concerns related to **misinformation, rumours, conspiracies...**

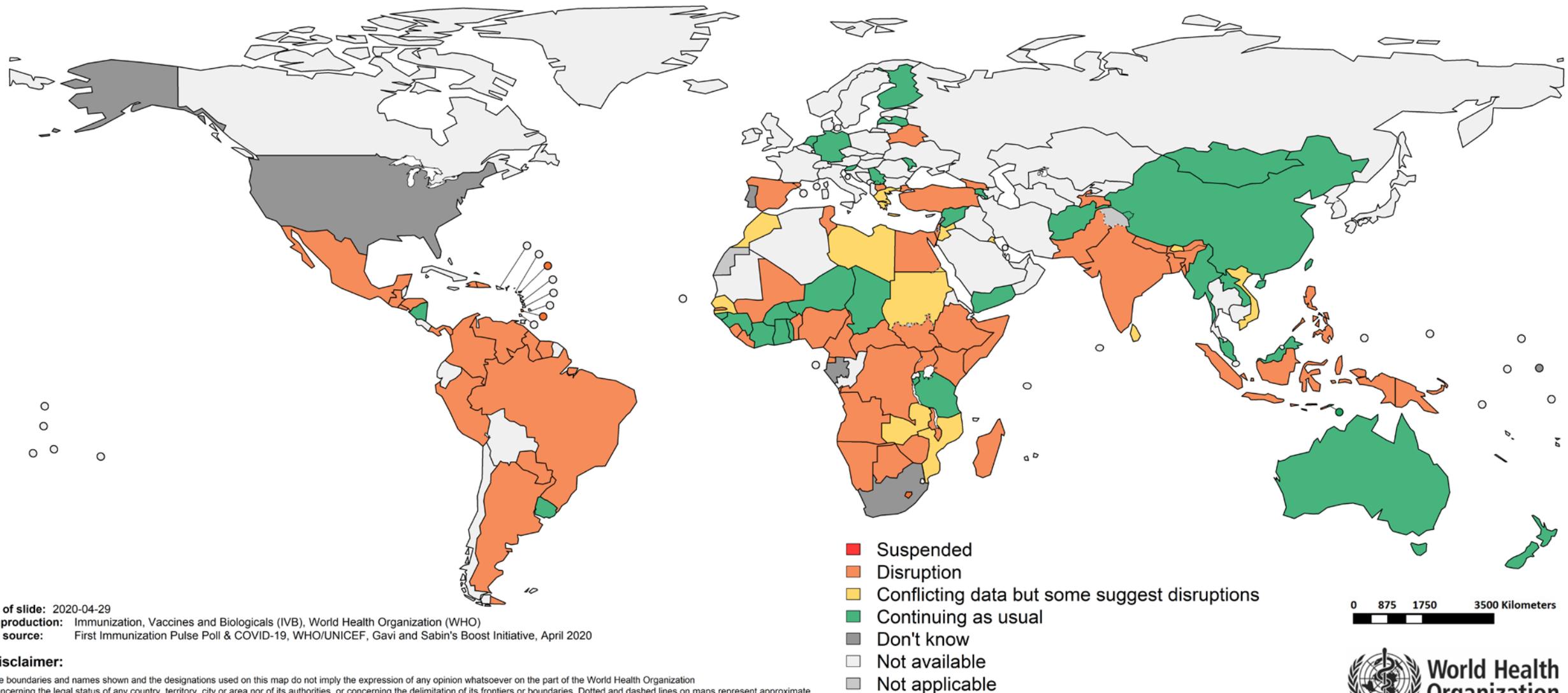


- Staff lacking motivation
- Safety fears/concerns related to **COVID**
- Fears/ concerns related to response / lockdowns
 - Lack of PPE, training in IPC
 - Lack of vaccine
 - Lack of capacity
 - Vaccination suspended due to response

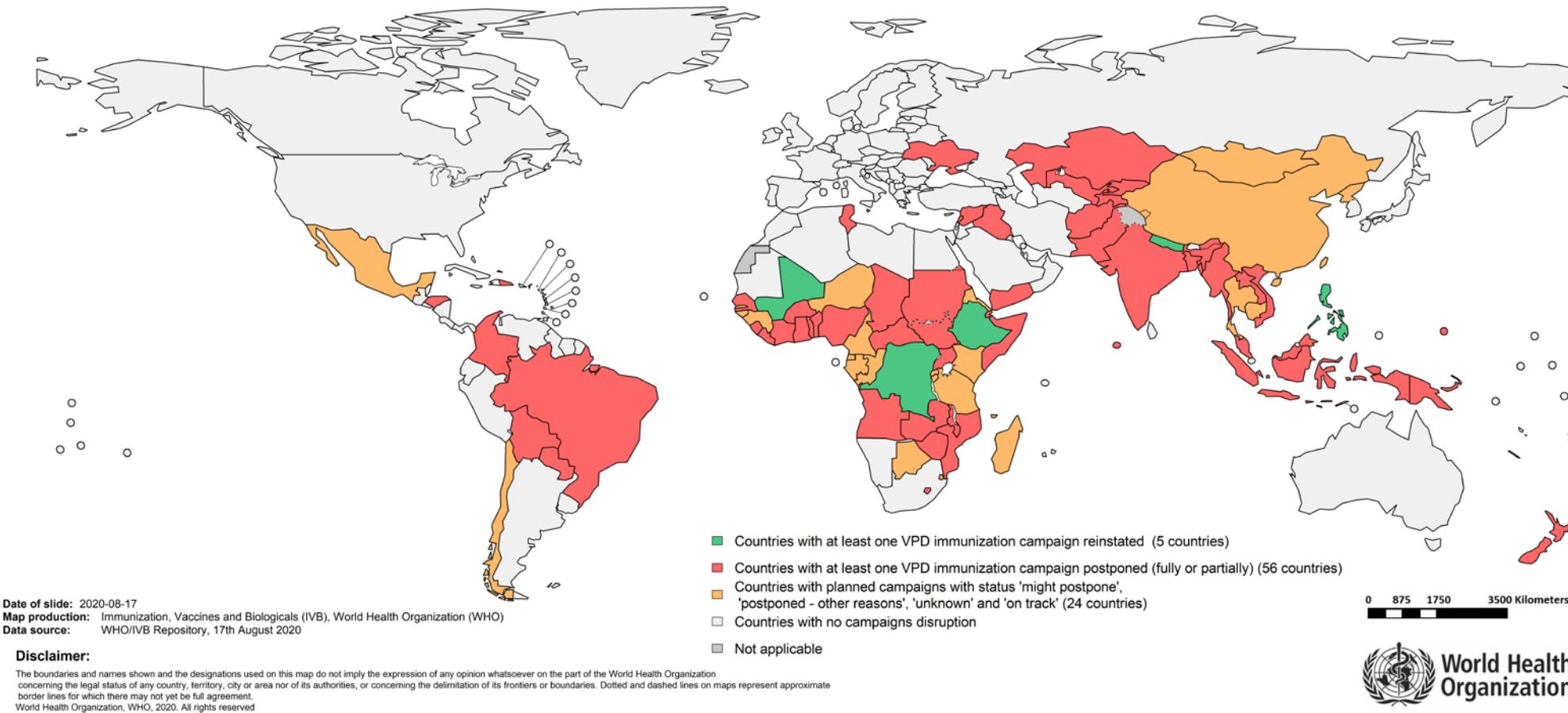


Sources: Immunization training needs assessment (April 20), Immunization Pulse Poll in the context of COVID-19 (April 14-24), BMGF COVID-19 response related to immunization (Updated April 28, 2020), EMPOL Operational overview (Week 17, 2020). Immunization Pulse Poll, June 2020.

Reported status of Measles Surveillance (notification and case investigation)



VPD campaigns postponed due to COVID-19: 56 countries with at least one VPD campaign postponed, 17 August 2020



VPD campaigns postponed due to COVID-19: 98 campaigns in 56 countries, 17 August 2020*

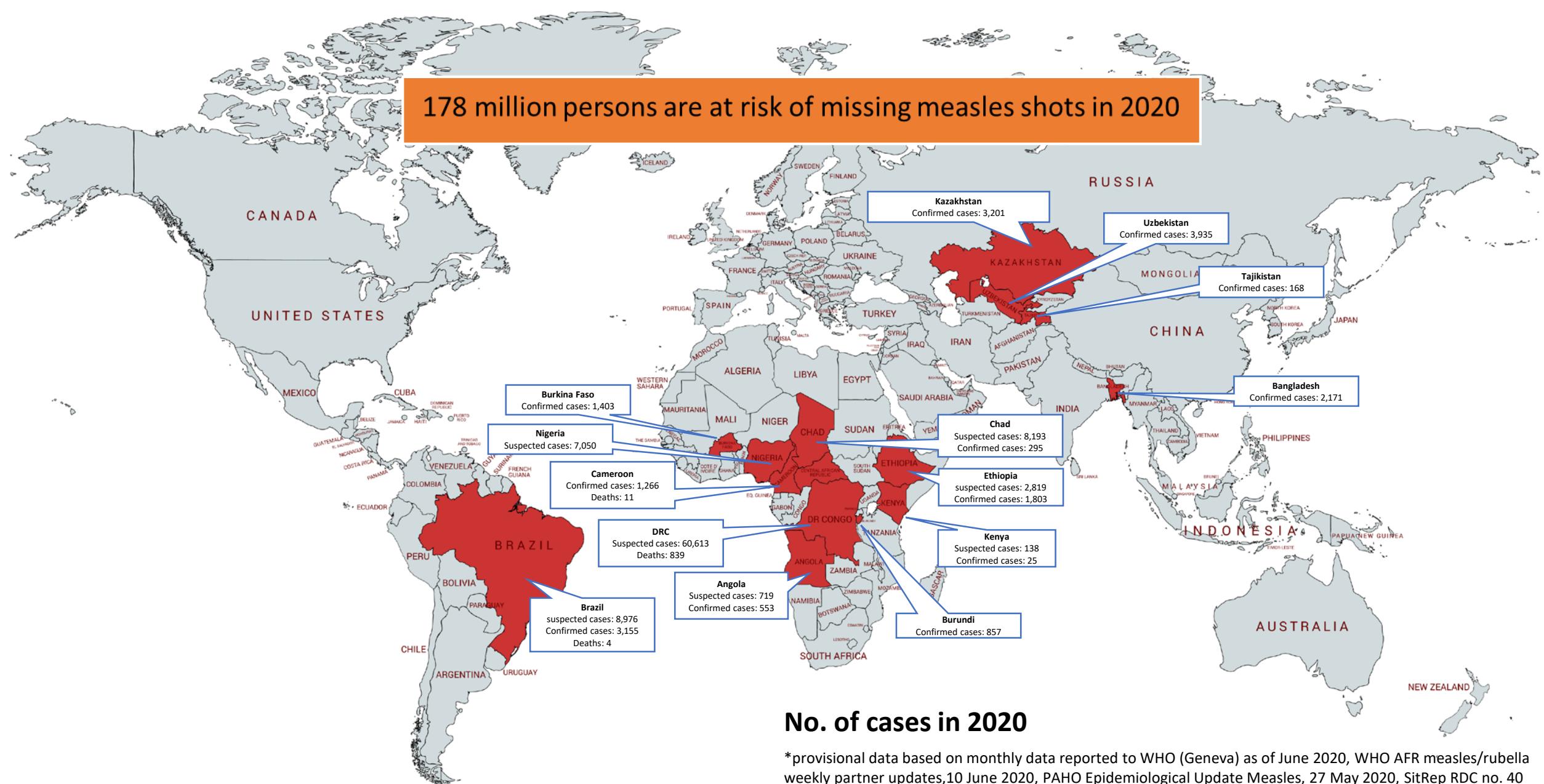
Diseases/ Vaccines	No. of countries with postponed campaigns (fully or partially)	No. of campaigns postponed (fully or partially)	No. of campaigns postponed by region					
			AFR	AMR	EMR	EUR	SEAR	WPR
Measles/ Measles Rubella/ Measles Mumps Rubella (M/MR/MMR)	26	27	5	7	4	5	3	3
Polio (IPV)	8	8	7					1
Bivalent Oral Poliovirus (bOPV)	12	13	4		4		3	2
Monovalent Oral Poliovirus Type2 (mOPV2)	12	24	16		3			5
Meningitis A (Men A)	2	2	2					
Yellow Fever (YF)	7	8	6	2				
Typhoid (TCV)	3	3	2		1			
Cholera (OCV)	5	6	3		1		2	
Tetanus (Td)	6	7	2		3			2
Total postponed	56*	98	47	9	16	5	8	13

*Total no. of countries with at least one VPD immunization campaign postponed (fully or partially)

Data source: WHO/IVB Repository, as of 17th August 2020

WARNING: Information contained in this repository is information provided by users of this forum for the purpose of partner coordination and programmatic monitoring of country immunization programmes and contains both unofficial information as well as official information reported by WHO Member States. The information obtained through this forum should not be cited as official information from WHO or the country. WHO does not guarantee that the information contained herein is complete and correct.

178 million persons are at risk of missing measles shots in 2020

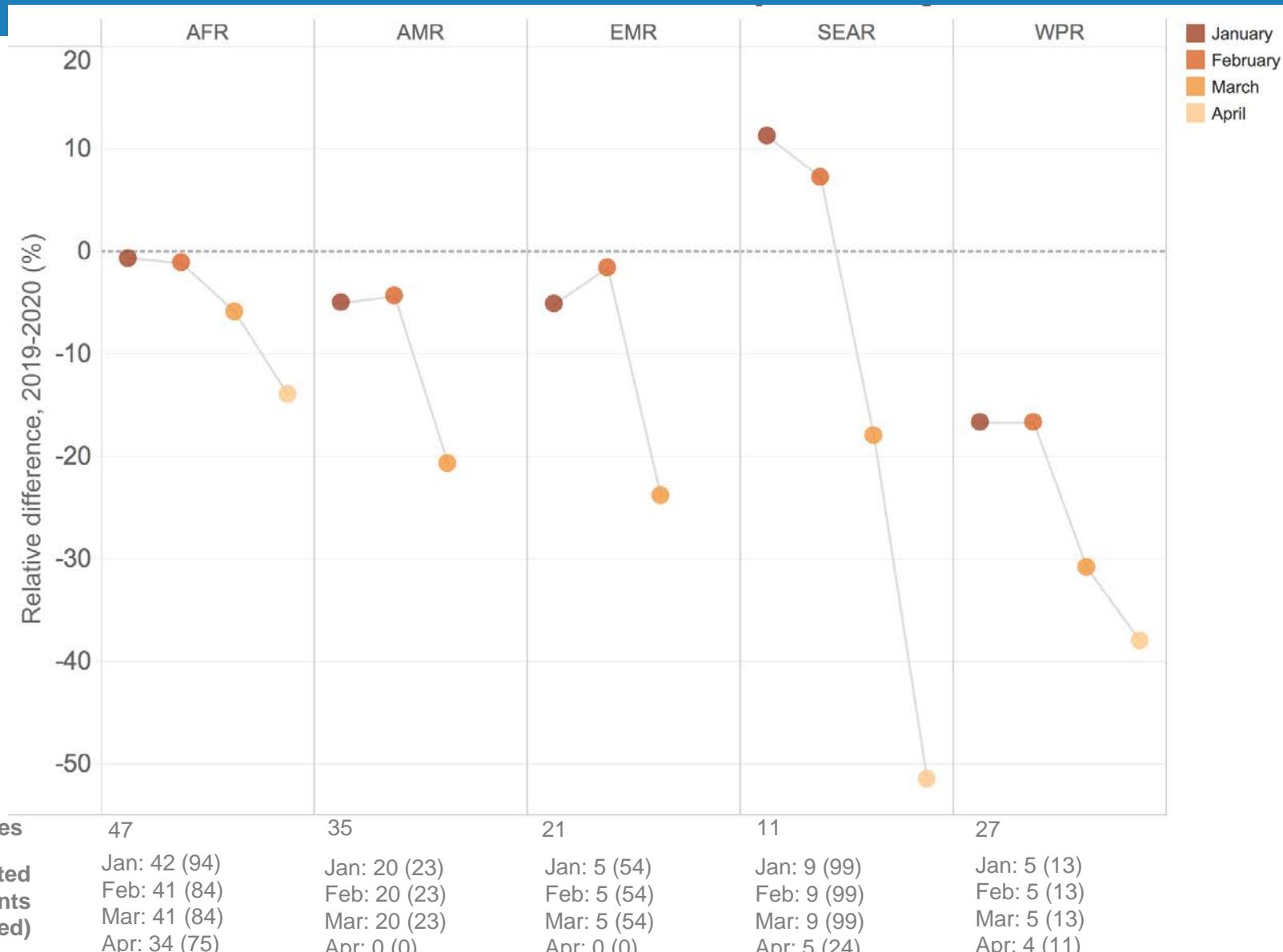


No. of cases in 2020

*provisional data based on monthly data reported to WHO (Geneva) as of June 2020, WHO AFR measles/rubella weekly partner updates, 10 June 2020, PAHO Epidemiological Update Measles, 27 May 2020, SitRep RDC no. 40

Measles Outbreaks of concern

Relative differences in DTP3 doses 2020 vs 2019, countries reporting by WHO region



In 2020, disruptions to the routine immunization program linked to the COVID-19 pandemic and its response measures are widespread and have affected countries in all WHO regions. Preliminary and incomplete data received from many countries suggest steep drops in the number of administered doses in March and especially April of this year, compared to last year.

While countries have made efforts to continue providing immunization services, most outreach activities have been suspended and demand for vaccination has declined linked to fear of SARS-CoV 2 transmission in health care facilities and physical distance measures, including lockdowns and reduced transportation.

Pulse polls suggest that special efforts are being made to monitor the levels of disruption in immunization services in order to better plan vaccination catch-up activities

Indirect effects of Covid 19 pandemic on maternal and child mortality

Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study

Timothy Robertson, Emily D Carter, Victoria B Chou, Angela R Stegmuller, Bianca D Jackson, Yvonne Tam, Talata Sawadogo-Lewis, Neff Walker

Lancet Glob Health 2020;
8: e901-08

Published Online
May 12, 2020

Additional child deaths	Scenario 1	Scenario 2	Scenario 3
Tetanus toxoid vaccination	1910	2970	6610
Measles vaccine	1030	1540	3260
DTP	950	1430	2890
Hib	560	830	1720
PCV	460	690	1410

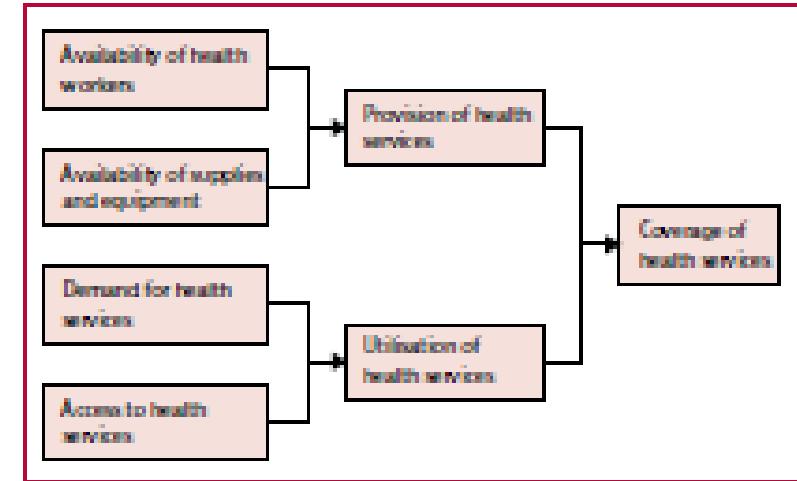


Figure 1: Framework for the effects of health system components on coverage of health services

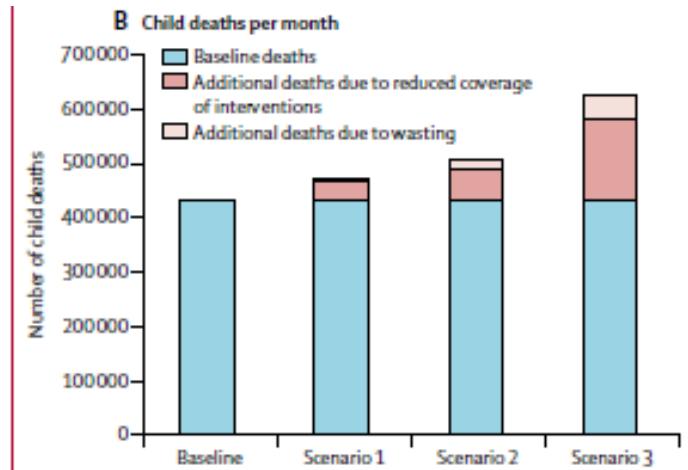


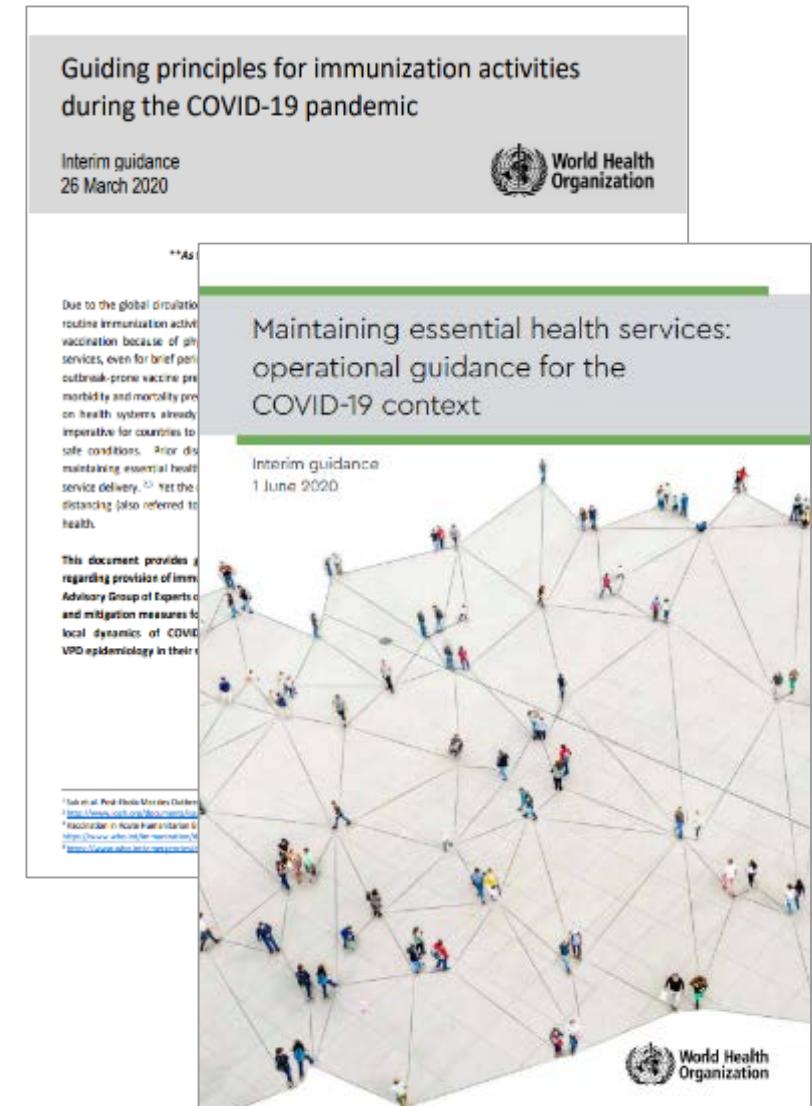
Figure 2: Baseline and additional maternal and child deaths per month by scenario
See table 2 for values.

WHO Guidance on maintaining services during COVID-19

- Prioritize immunization as a core health service
- Maintain ongoing routine immunization delivery (with COVID-19 protection measures in place)
- Plan for **catch-up vaccination** as early as possible
- Implement catch-up activities in parallel with ongoing services
- Follow WHO interim guidance issued:

<https://www.who.int/publications-detail/guiding-principles-for-immunization-activities-during-the-covid-19-pandemic-interim-guidance>

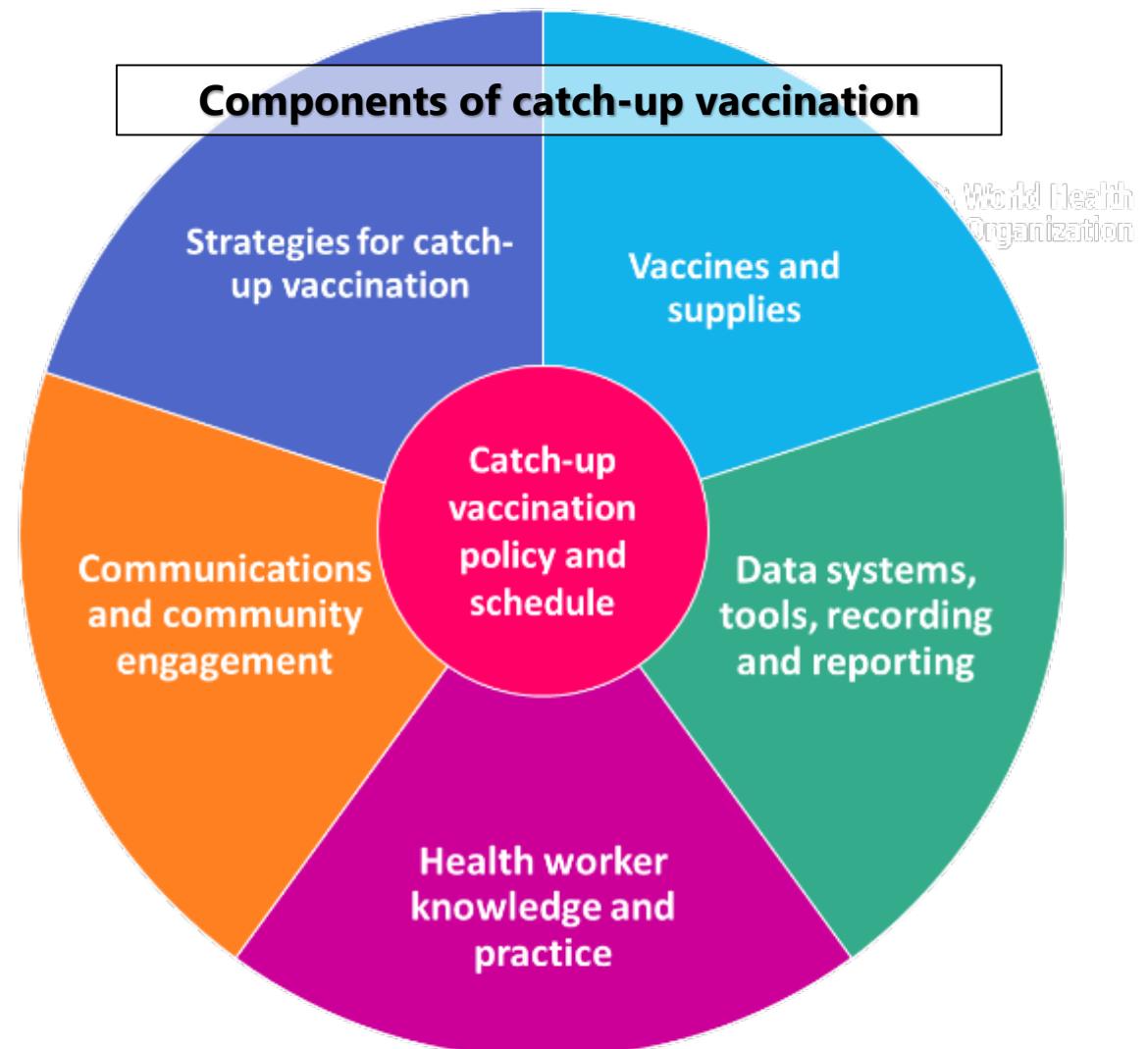
<https://www.who.int/publications-detail/10665-332240>

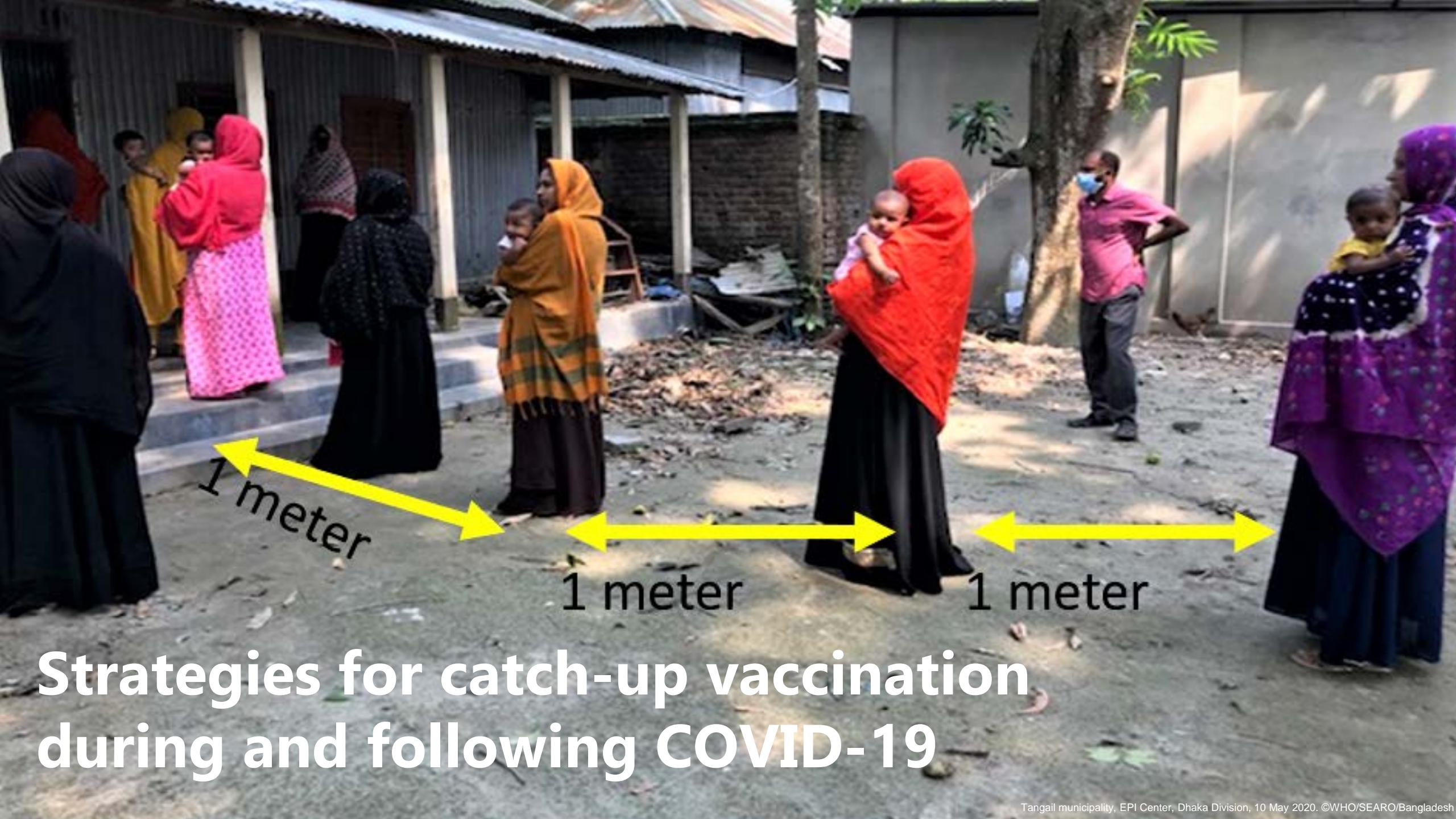


Guidance for planning and implementing catch-up vaccination



[Link to guidance doc when posted...](#)





Strategies for catch-up vaccination during and following COVID-19

Achieve high acceptance and uptake of SARS-CoV-2 vaccines – simultaneously reinforcing RI platforms and uptake of all vaccines

For SARS-CoV-2 vaccines:

- Build public knowledge and awareness, and enhance confidence
- Anticipate risks, and communicate effectively and early
- Inform national policy-making, planning and implementation

...And for uptake of routine immunization:

- Embed throughout all strategies/messages the value of vaccination
- Ensure that evidence and data inform planning
- Build capacity at local levels for demand strategies and use of data on demand



Extra slides



Réception des mères 2 par 2 pour la vaccination au centre de santé Serkali, ZS Kamalondo, province Haut-Katanga, juin 2020. ©WHO/AFRO/DRC



COVID-19 resources

Guiding principles for immunization activities during the COVID-19 pandemic

Interim guidance
26 March 2020



Immunization in the context of COVID-19 pandemic

Frequently Asked Questions (FAQ)
16 April 2020



Bacille Calmette-Guérin (BCG) vaccination and COVID-19

Scientific brief
12 April 2020



POLIO ERADICATION PROGRAMME CONTINUITY PLANNING

Community-based health care,
including outreach and campaigns,
in the context of the COVID-19 pandemic

Interim guidance
May 2020



<https://www.who.int/publications-detail/guiding-principles-for-immunization-activities-during-the-covid-19-pandemic-interim-guidance>

Available Arabic, Chinese, French, Russian, Spanish

<https://www.who.int/publications-detail/immunization-in-the-context-of-covid-19-pandemic>

Available Arabic, Chinese, French, Russian, Spanish

[https://www.who.int/publications-detail/bacille-calmette-gu%C3%A9rin-\(bcg\)-vaccination-and-covid-19](https://www.who.int/publications-detail/bacille-calmette-gu%C3%A9rin-(bcg)-vaccination-and-covid-19)

<http://polioeradication.org/wp-content/uploads/2020/03/COVID-POL-programme-continuity-planning-20200325.pdf>

<https://www.who.int/publications-detail/community-based-health-care-including-outreach-and-campaigns-in-the-context-of-the-covid-19-pandemic>

Considerations for school-related public health measures in the context of COVID-19

Annex to Considerations in adjusting public health and social measures in the context of COVID-19

10 May 2020



Framework for decision-making: implementation of mass vaccination campaigns in the context of COVID-19

Interim guidance

22 May 2020



POLIO GLOBAL
ERADICATION
INITIATIVE

RECOMMENDATIONS

Thursday, 21 May 2020

POLIO ERADICATION IN THE CONTEXT OF THE COVID-19 PANDEMIC

Updated urgent country and regional recommendations

Maintaining essential health services: operational guidance for the COVID-19 context

Interim guidance
1 June 2020



<https://www.who.int/publications-detail/considerations-for-school-related-public-health-measures-in-the-context-of-covid-19>

<https://www.who.int/publications-detail/framework-for-decision-making-implementation-of-mass-vaccination-campaigns-in-the-context-of-covid-19>

<http://polioeradication.org/wp-content/uploads/2020/03/updated-POB-country-and-regional-recommendations-20200521.pdf>

<https://www.who.int/publications-detail/10665-332240>

<https://www.technet-21.org/en/topics/covid-19>

Regional guidance



**Guidance on routine immunization services
during COVID-19 pandemic in the
WHO European Region, 20 March 2020**

<http://www.euro.who.int/en/health-topics/communicable-diseases/hepatitis/publications/2020/guidance-on-routine-immunization-services-during-covid-19-pandemic-in-the-who-european-region,-20-march-2020>

**Immunization in the context of the SARS-COV2 (COVID-19) pandemic
Operational guidelines for National Immunization Programs in the WHO African Region**
IVD program, WHO AFRO
21 April 2020

<https://www.technet-21.org/en/forums/discussions/operational-guidelines-for-national-immunization-programs-in-the-who-african-region>



<https://apps.who.int/iris/handle/10665/331925>

The Immunization Program in the Context of the COVID-19 Pandemic
Version 2: 24 April 2020¹

<https://www.paho.org/en/documents/immunization-program-context-covid-19-pandemic-version-2-24-april-2020>