

WHO and Adolescent Immunization

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Expanded Programme on Immunization

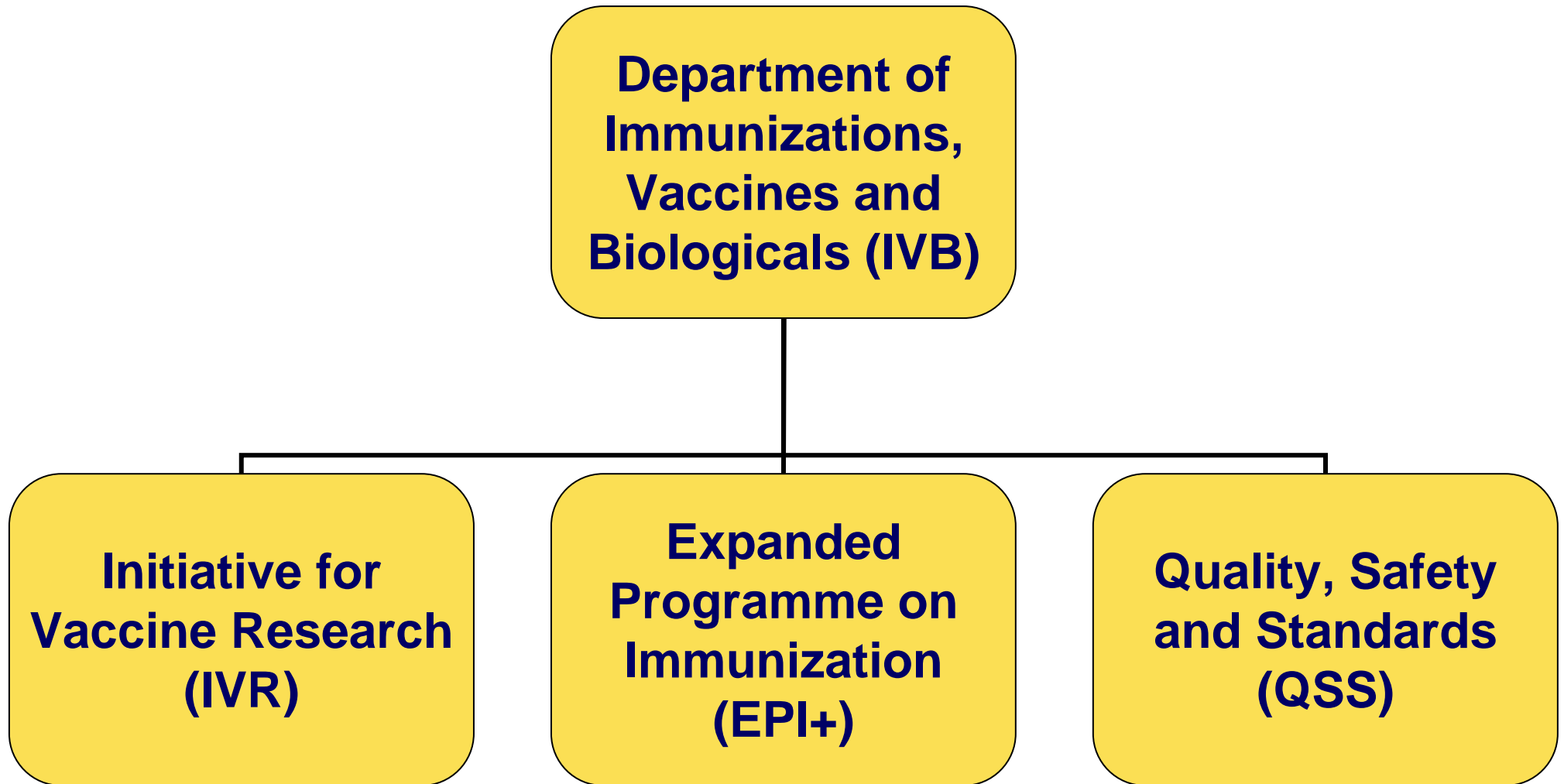
World Health Organization

Geneva, Switzerland

VHPB Meeting, Ljubljana, Slovenia

March 15-16, 2007

Immunizations at WHO



WHO's Global Immunization Vision and Strategy (GIVS)

Four strategic areas

1. Protecting **more** people
 - Expand immunization beyond infancy to older age groups
2. Introducing **new** vaccines & technologies
3. Integration with **other** interventions in health systems context
4. Global **interdependence** ...

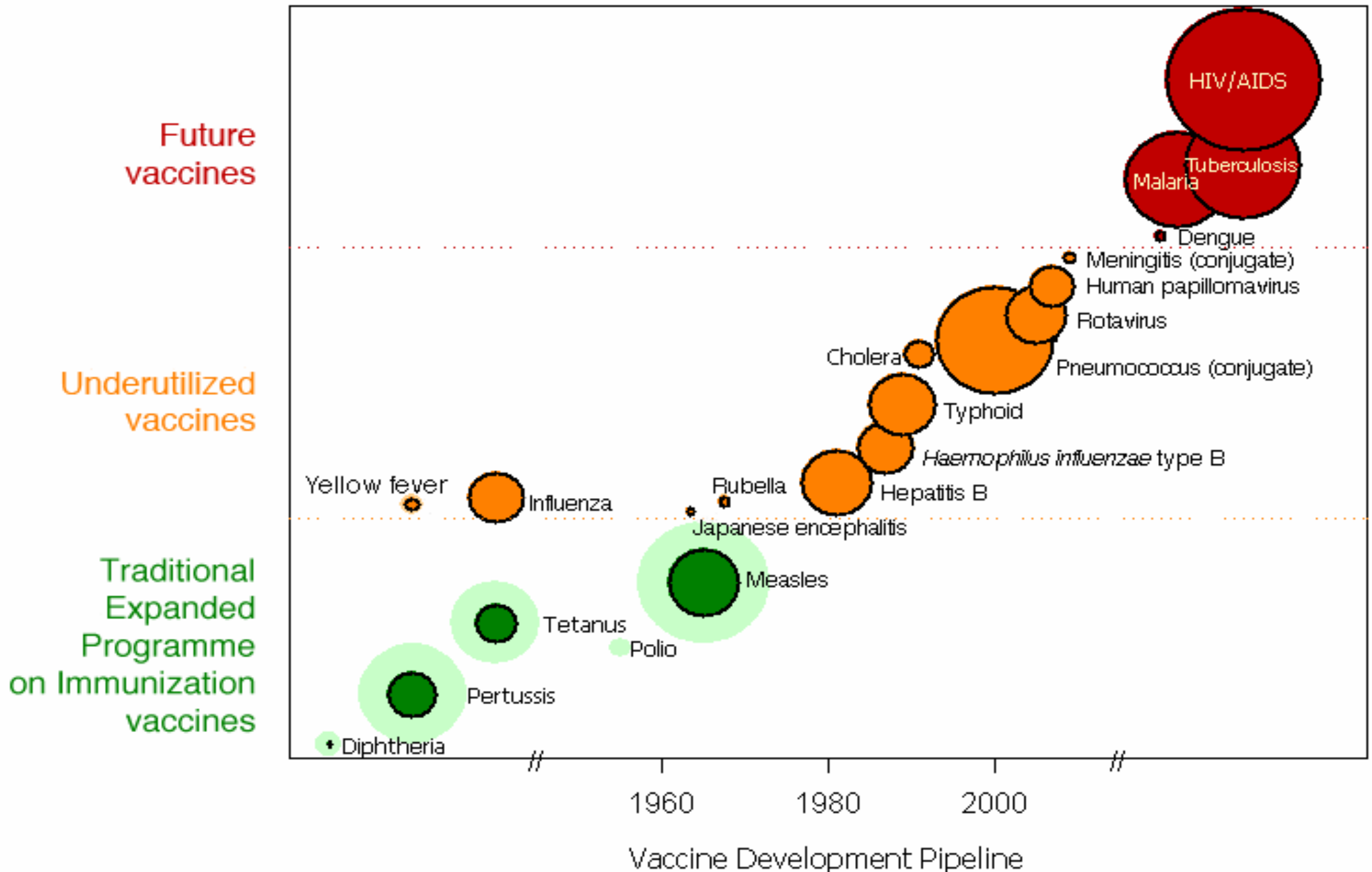


58th World Health Assembly (WHA) Resolution (May '05) and UNICEF Executive Board (June '05)

URGE Member States:

- (1) to meet immunization targets ...
- (2) to adopt the GIVS as the framework for strengthening of national immunization programmes between 2006 and 2015, with the goal of achieving greater coverage and equity in access to immunizations, of improving access to existing and future vaccines...
- (3) to ensure that immunization remains a priority on the national health agenda...

The Evolving vaccine pipeline

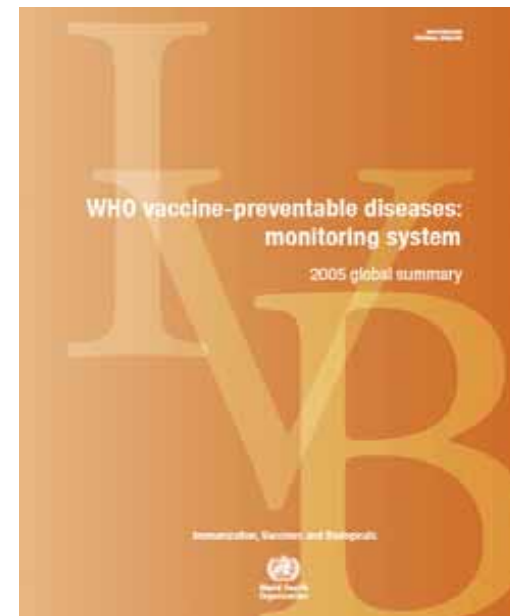
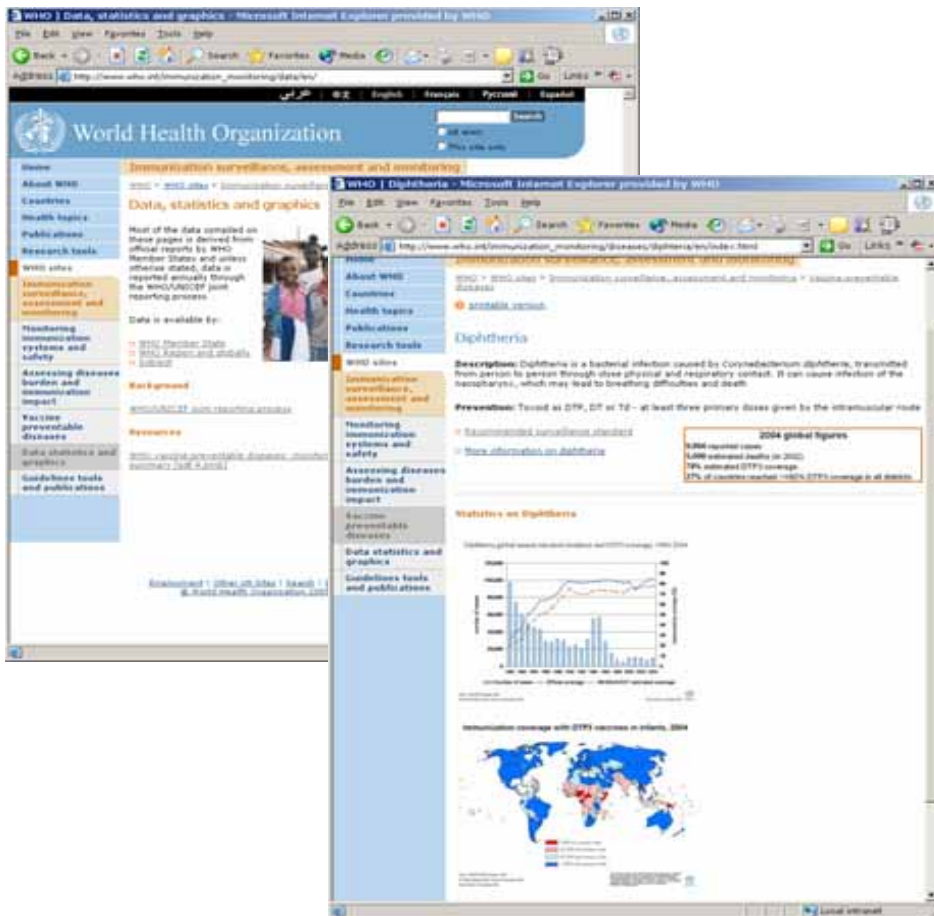


Note the halos represent deaths currently being averted, and solid circles represent deaths estimated to occur (as of 2002).

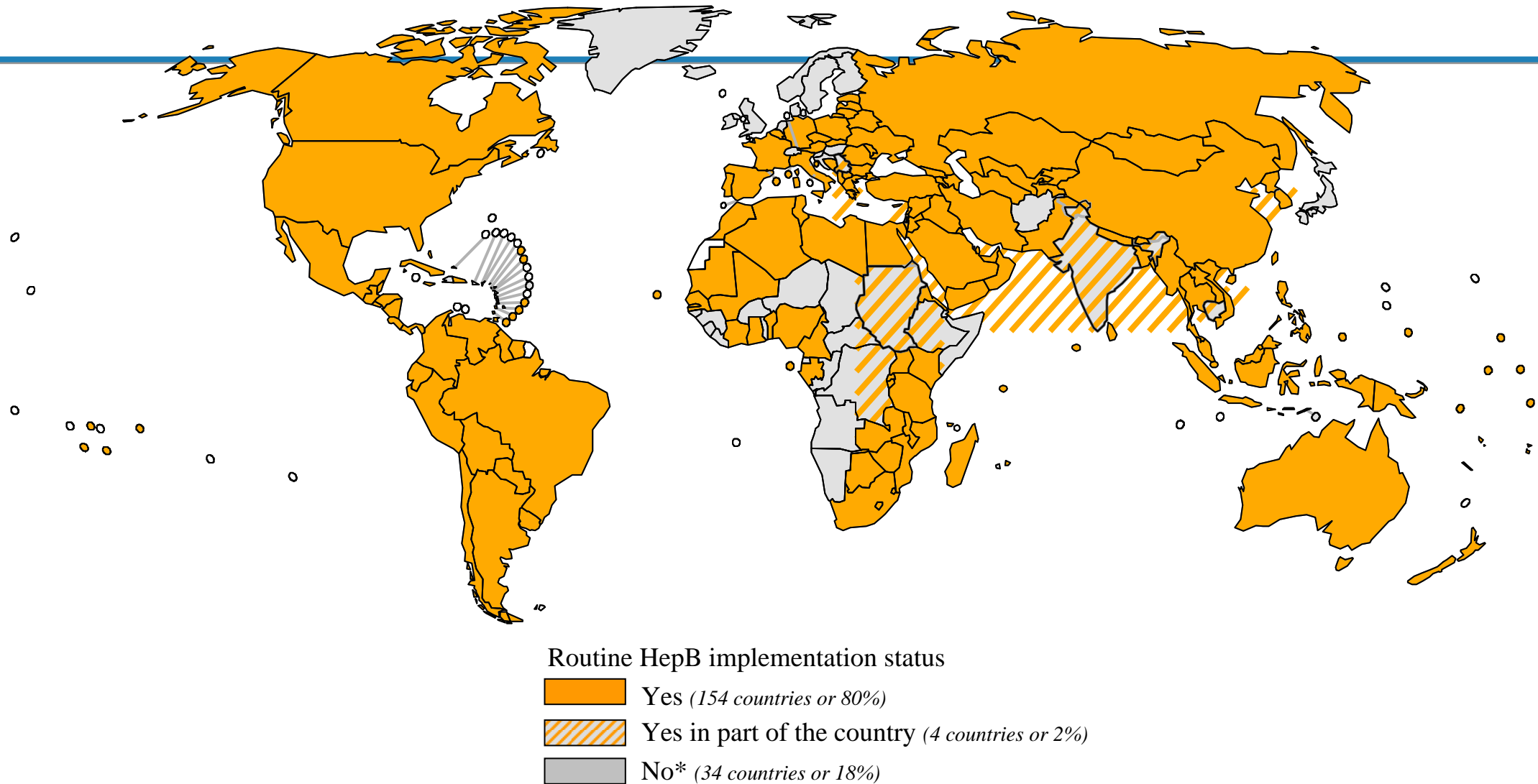
Source: World Health Organization Initiative for Vaccine Research, August 2006

WHO/UNICEF Joint Reporting Form on Immunization

- Annual reporting from countries to WHO/UNICEF on immunization coverage and schedules



Countries using HepB vaccine in their routine national infant immunization system, 2005



* 4 countries use HepB vaccine among adolescents

Source: WHO/IVB database, 2006

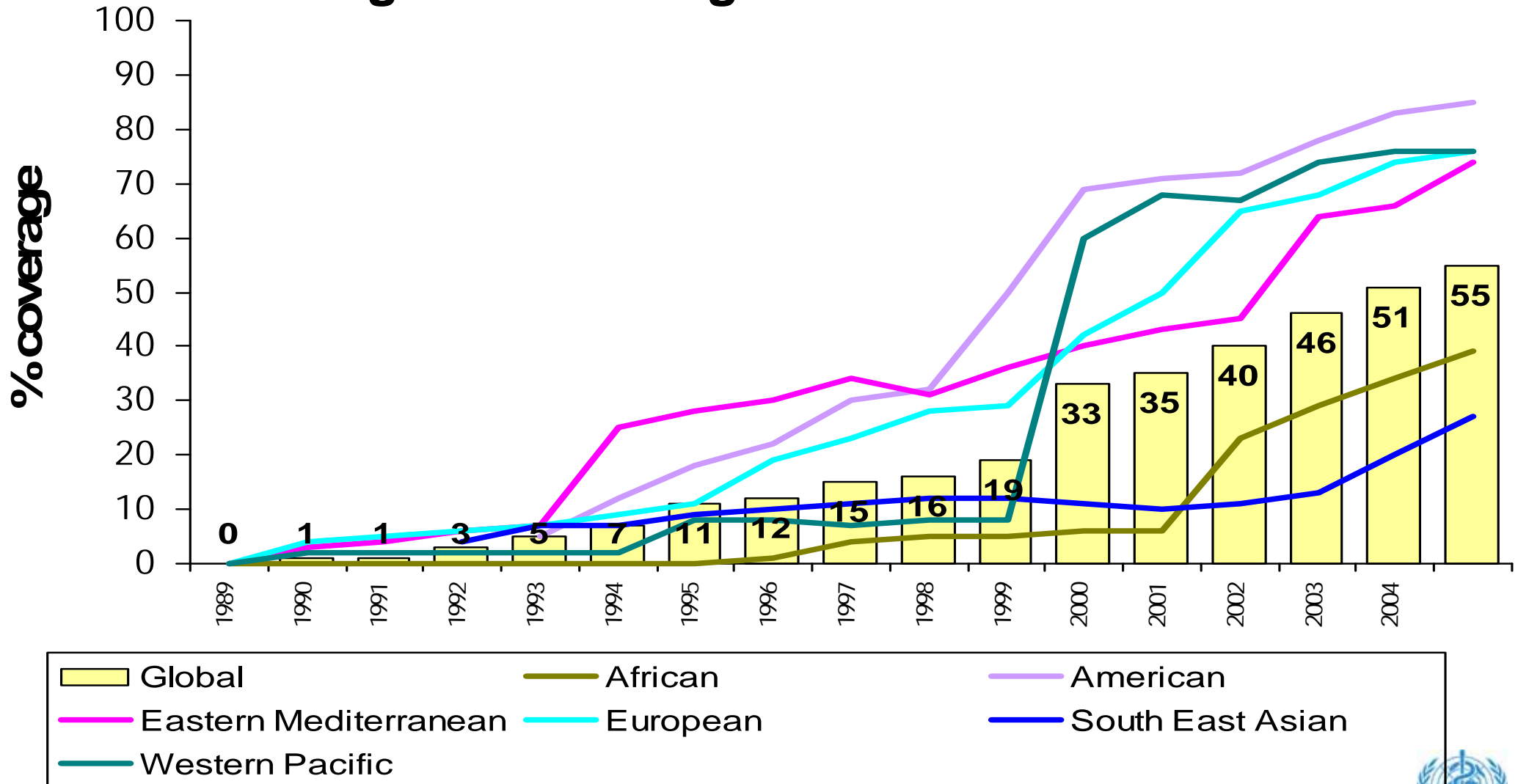
192 WHO Member States. Date of slide: 3 August 2006

The boundaries and names shown and the designations used on this map 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 lines on maps represent approximate border lines for which there may not yet be full agreement.
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Global Immunization 1989-2005, 3rd dose of Hepatitis B coverage in infants

global coverage at 55% in 2005



Source: WHO/UNICEF coverage estimates 1980-2005, August 2006

Date of slide: 4 September 2006

<http://www.who.int/vaccines/globalsummary/immunization/ScheduleResult.cfm>

WHO World Health Organization Immunization Vaccines And Biologicals. Vaccine preventable diseases - Microsoft Internet Explorer p

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Address <http://www.who.int/vaccines/globalsummary/immunization/ScheduleResult.cfm>

Organization

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Immunization surveillance, assessment and monitoring | Monitoring immunization systems and safety | Assessing diseases burden and immunization impact | Vaccine preventable diseases | Data statistics and graphics | Guidelines tools and publications

Last WEB update: 19 September 2006 [Vaccine schedule selection form](#)

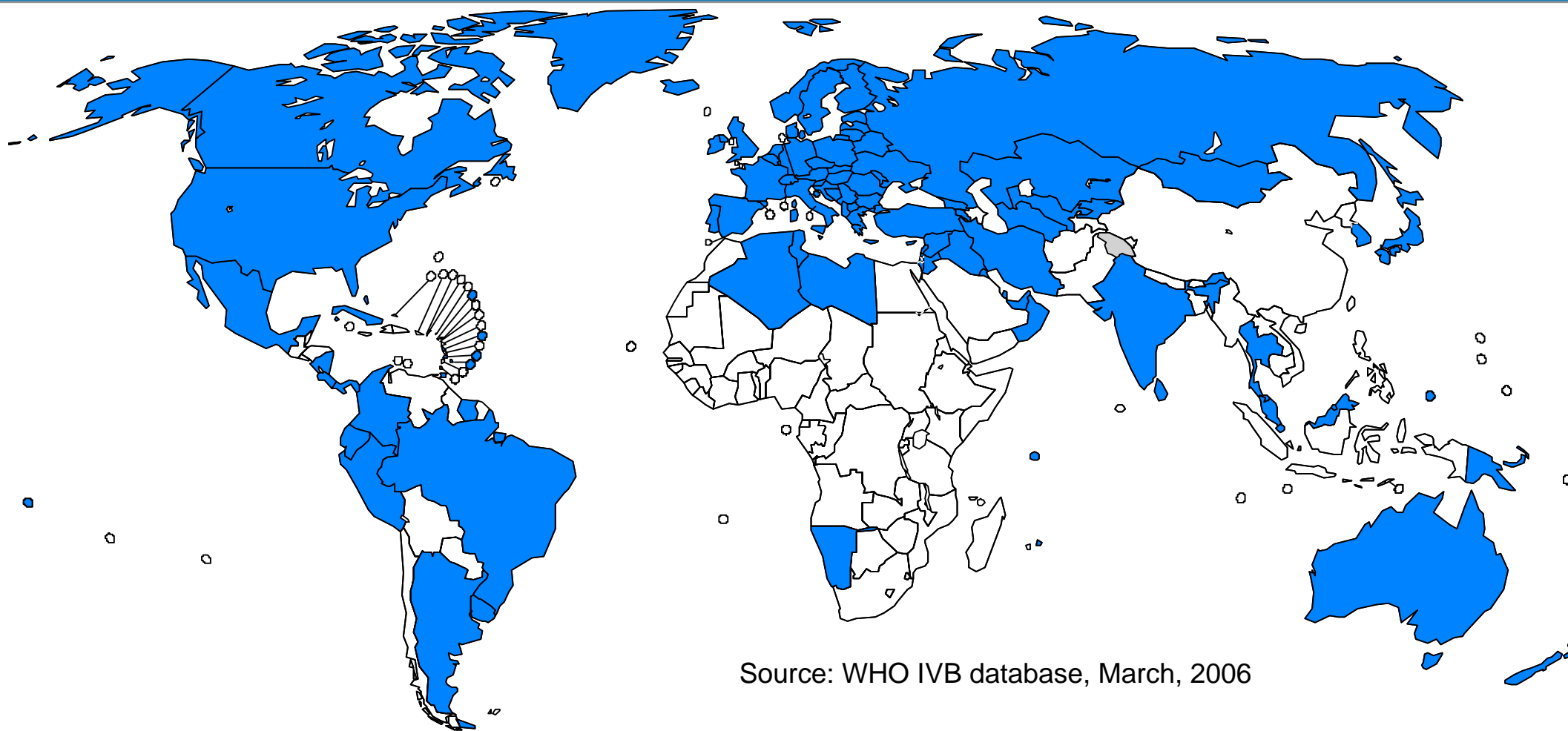
Schedule for selected antigen: All.
For selected country: Argentina

Region	Country	Antigen (or nutritional supplement)	Description	Schedule	Comments
AMR	Argentina	BCG	Bacille Calmette-Guérin vaccine	birth; 6 years;	
		DTP	Diphtheria and tetanus toxoid with pertussis vaccine	6 years;	
		DTPHiB	Tetavalent diphtheria and tetanus toxoid with pertussis and Hib vaccine	2, 4, 6, 18 months;	
		HepA	Hepatitis A vaccine	1 year;	
		HepB	Hepatitis B vaccine	birth; 2, 6 months;	
		Influenza	Influenza	>65 years;	and other risk groups
		IPV	Inactivated polio vaccine	2, 4, 6, 18 months;	special cases
		MMR	Measles mumps and rubella vaccine	12 months; 6 years;	
		MR	Measles and rubella vaccine	11 years;	and postpartum
		OPV	Oral polio vaccine	2, 4, 6, 18 months; 6 years;	
		Pneumo_conj	Pneumococcal conjugate vaccine		risk groups
		Td	Tetanus and diphtheria toxoid for older children / adults	>16 years;	every 10 years
		YF	Yellow fever vaccine	12 months; <i>Part of country</i>	and risk groups and travellers

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Local intranet

Countries with vaccination in national immunization schedule targeting 9-20 year olds, 2004

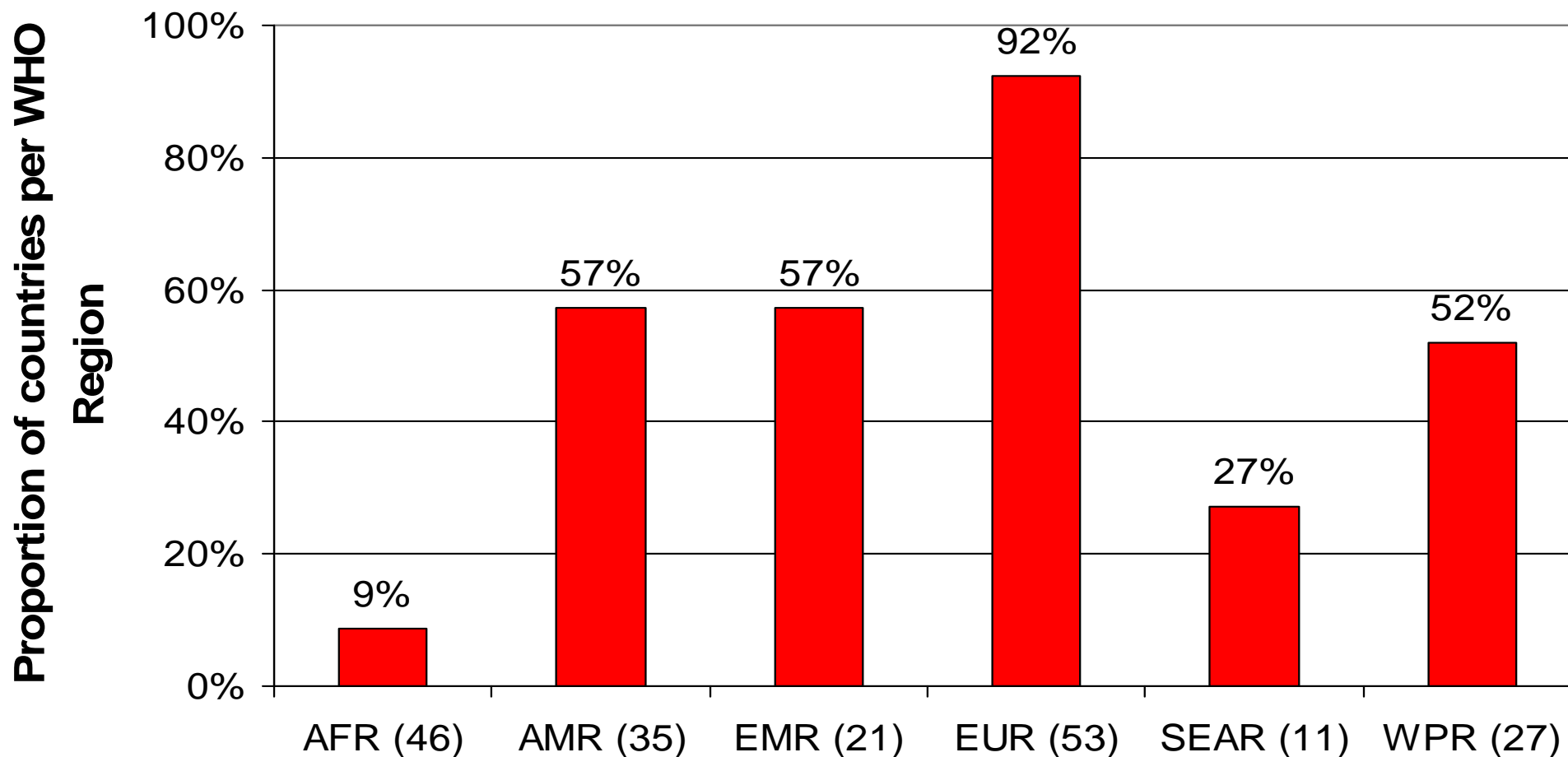


■ Vaccination in national immunization schedule between age 9-20 years (N=101)

Source: IVB/WHO database



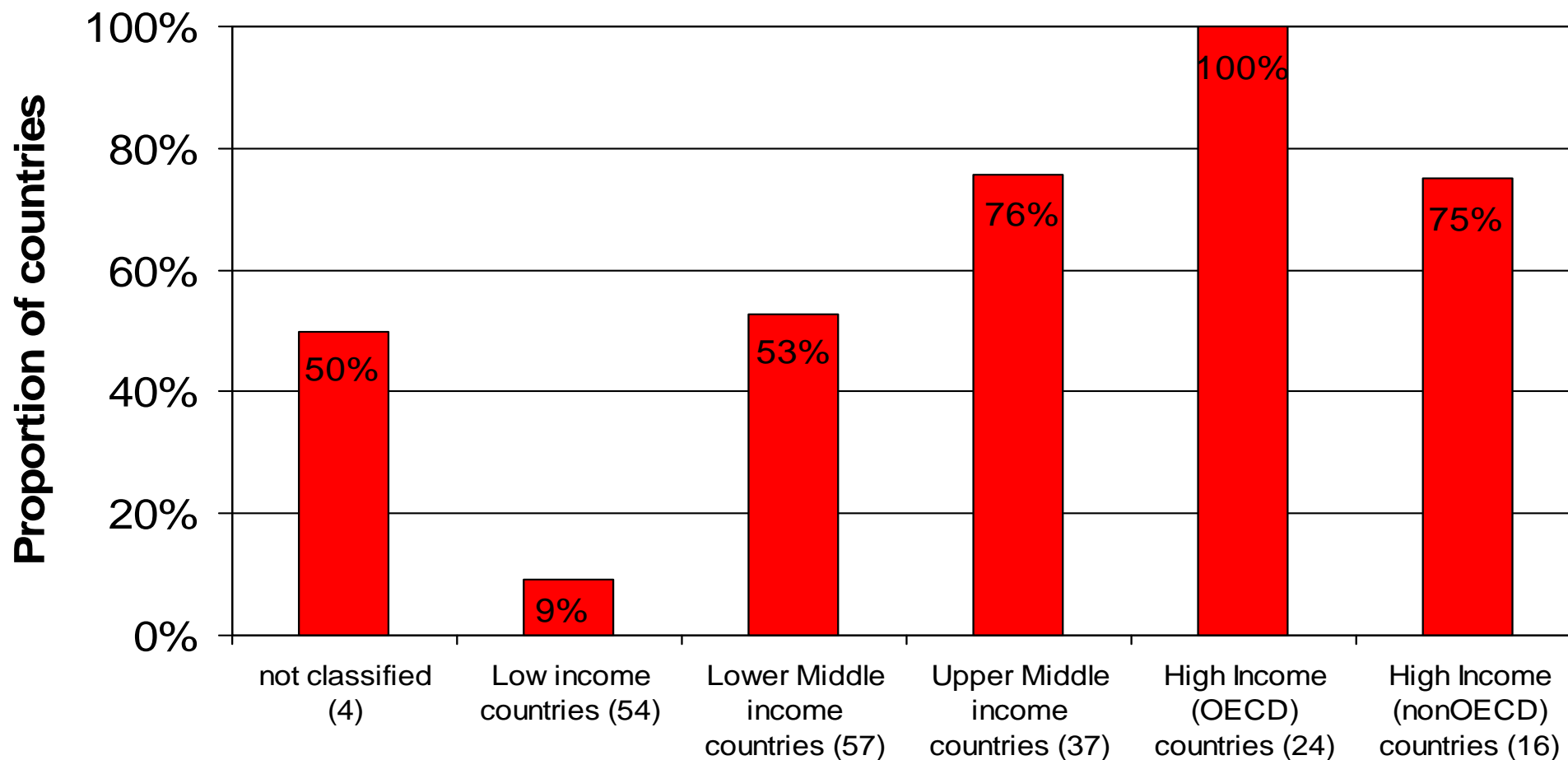
Countries with Immunization Targeting 9-20 year olds in Schedule, by WHO Region (N=101)



Source: IVB/WHO database



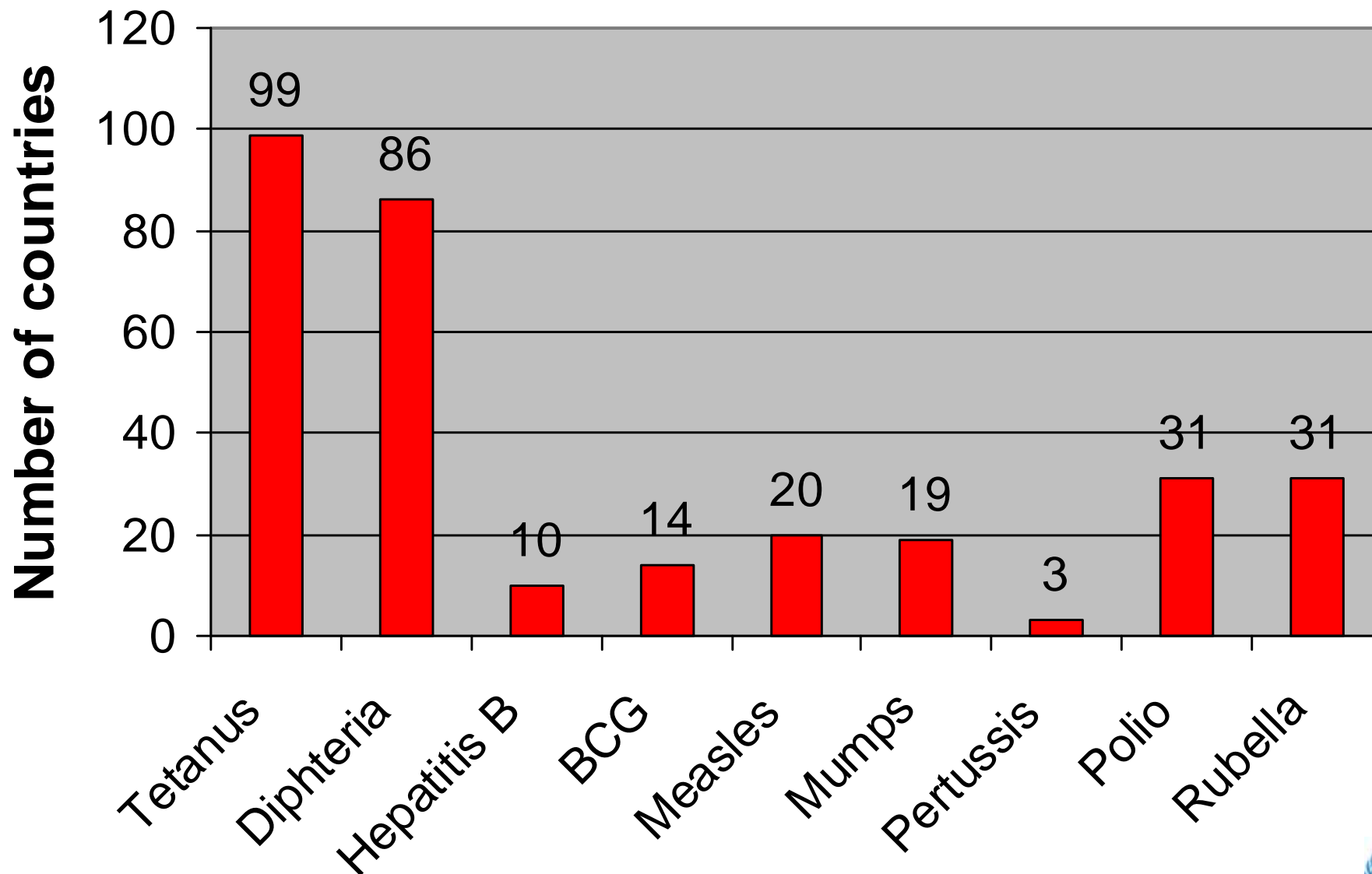
Countries with Immunization Targeting 9-20 year olds in Schedule, by Income Level (N=101)



Source: IVB/WHO database
World Bank grouping by income status, July 2006



Countries with Immunization Targeting 9-20 year olds in Schedule, by Antigen (N=101)



Source: IVB/WHO database



Delivery of Vaccine to 9 to 20 year old Population

- Nearly all immunizations delivered to this age group (except for hepatitis B, and BCG in two instances) were booster doses, not primary series
- Accessed through routine visits, campaigns and school-based activities
- No coverage data collected at the global level

Some Issues to Consider Regarding Adolescent Immunization

- Delivery approach
 - Routine
 - Campaigns
- Delivery options
 - Clinic-based
 - Community outreach
 - School-based
- Other issues
 - Legal (consent)
 - Temporal (coincidental) associations in adolescents that may raise safety concerns
 - Diabetes, asthma, thyroid disorders, rheumatoid arthritis, enteritis, GBS, etc.
 - Other

School Attendance, by Country/Area

Country/area	Primary school, male (%)	Primary school, female (%)	Secondary school, male (%)	Secondary school, female (%)
Sub-Saharan Africa	63	59	21	20
Eastern/Southern Africa	66	66	16	17
West/Central Africa	59	52	26	22
Middle East/North Africa	83	77	50	44
South Asia	81	75	54	48
East Asia and Pacific	--	--	53	55
Latin America and Caribbean	89	89	44	51
Industrialized countries	--	--	--	--
Developing countries	78	75	46	43
Least developed countries	64	59	22	20
World	78	75	46	43

Source: UNICEF Report, The State of the World's Children 2007



Conclusions (1)

- Not all countries have immunization for adolescents in their national routine immunization schedules
- Among poor countries, very few have included these immunizations
- Practically all the immunizations given are boosters as opposed to primary immunization
- From those, the majority of boosters are for tetanus and diphtheria
- Coverage data for this age group has not been collected
- School-based immunization is not/poorly documented

Conclusions (2)

- Opportunities

- Immunization of adolescents will contribute to WHO's Global Immunization and Vision Strategy of "Protecting More"
- Some countries are reaching adolescents through a variety of approaches

- Challenges

- Extending the Expanded Programme on Immunization to age groups beyond infancy

Acknowledgements

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