

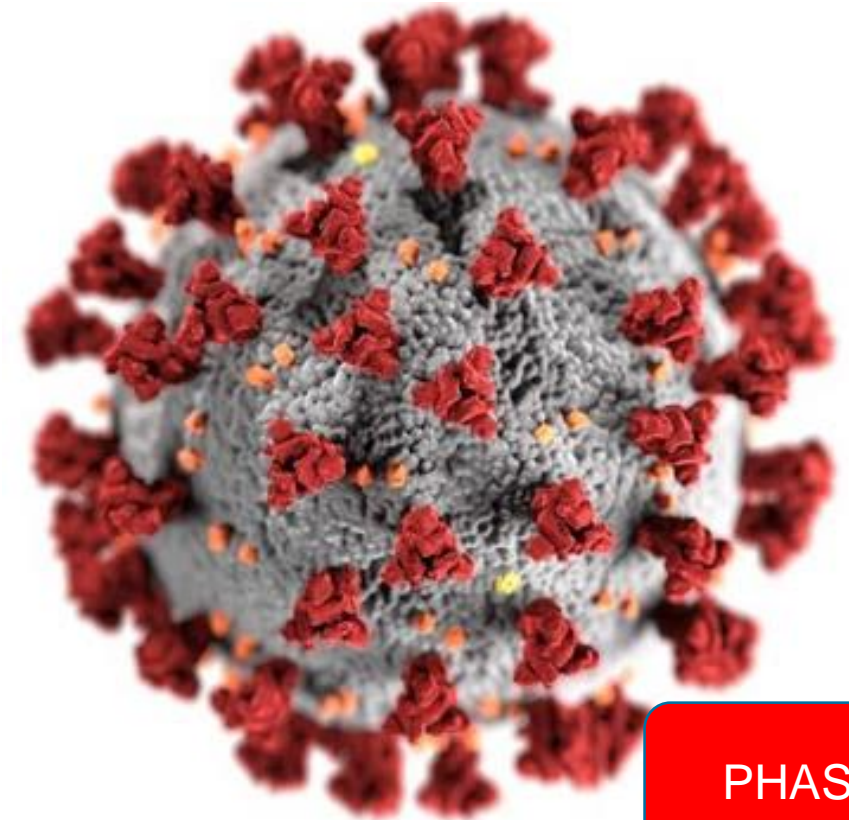
Guidance for HPV vaccination during Covid-19 pandemic

Paul Bloem, WHO IVB

HPV Board meeting 12-13 Nov 2020

Significant immunization service interruptions as a result of COVID-19

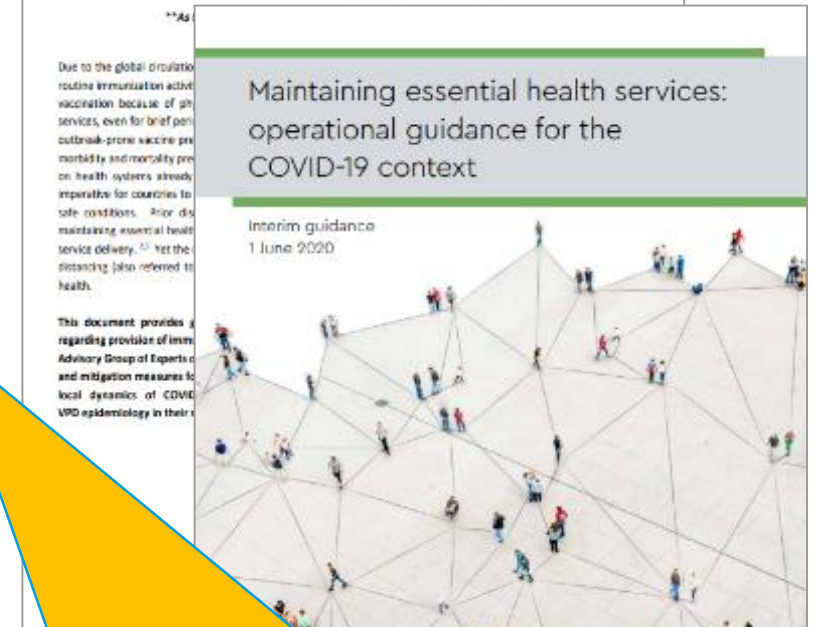
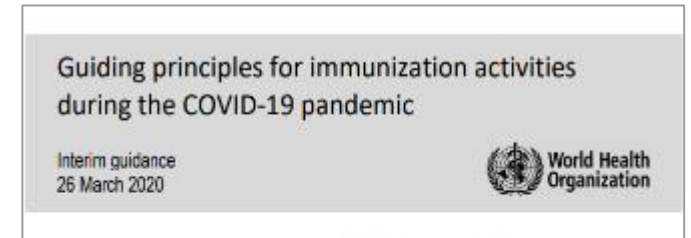
- Service delivery disruptions and mass vaccination campaign suspensions
- Decreased access due to physical distancing and transportation reductions
- Concerns by caregivers and health workers about COVID-19 exposure
- Supply chain interruptions
- High risk populations at increased risk for immunization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



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)**
- **Carefully consider mass-vaccination campaigns**
- **Implement catch-up activities in parallel with ongoing services**
- ***Considerations for school related public health measures in the context of COVID***
- **Follow WHO interim guidance issued:**



**Guidance for EPI programs,
not HPV specific**

<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>

Guiding principles for immunization activities during the COVID-19 pandemic

Interim guidance
26 March 2020



Guiding Principles

1. Immunization is a core health service that should be prioritized for the prevention of communicable diseases and safeguarded for continuity during the COVID-19 pandemic, where feasible. Immunization delivery strategies may need to be adapted and should be conducted under safe conditions, without undue harm to health workers, caregivers and the community.
4. If provision of immunization services is negatively impacted by COVID-19, countries will need to design strategies for catch-up vaccination for the period post COVID-19 outbreak and make plans which anticipate a gradual recovery. Implementation of catch-up will require strategies to track and follow-up with individuals who missed vaccinations, assess immunity gaps, and re-establish community demand. Innovation and creativity will be required.
5. Based on the current understanding of transmission of the COVID-19 virus and recommendations for physical distancing, mass vaccination campaigns should be temporarily suspended. Countries should monitor and re-evaluate at regular intervals the necessity for delaying mass vaccination campaigns.



Frequently Asked Questions (FAQ) Immunization in the context of COVID-19 pandemic

Version: 02 April 2020

Example: Rwanda
School closures meant *School based strategy* suspended and May 2020 round in *Health facilities*

Example: Lao PDR
School closures meant *School based strategy* was changed in March in middle of introduction to *HF based & outreach*.

Immunization be continued as planned during the COVID-19 pandemic

Important mode of vaccine delivery for children and adolescents. Several vaccines such as booster doses of tetanus and diphtheria, measles-rubella vaccine, HPV vaccine, meningococcal vaccines, and typhoid conjugate vaccines. School-based vaccination initiatives should continue only if infection prevention and control measures are implemented to avoid increased risk of transmission of the COVID-19 virus among the students, school personnel and health care providers.

However, when mass vaccination campaigns are under temporary suspension, school-based campaign strategies are to be avoided; alternative means should be sought to reach these school-aged children with the age-appropriate vaccines.

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

Innovation in HIC

Teachers forwarded reminder messages on HPV vaccine to WhatsApp group of relevant class

Additional school-related measures

- Ensure that school entry **immunization checks** are in place. Check **vaccination status** for outbreak-prone vaccine-preventable diseases (e.g. measles) and remind parents of the importance of ensuring their children are up to date with all eligible vaccinations. For school-based immunization programmes, ensure there a plan for catch-up vaccination if needed.
- Boarding schools and other specialized institutions will need to extend these considerations to residential facilities, lecture halls, laboratories and other learning facilities for the all-round benefit and safety of students and staff.



Q&A: Adolescents, youth and COVID-19

4 May 2020 | Q&A

I was due to get vaccinated for HPV, meningitis or tetanus, but immunization services for me were disrupted. Should I be concerned?

- WHO recommends that all vaccination in schools and mass campaigns should be postponed during the COVID-19 pandemic. However, vaccines provided to adolescents have sufficiently flexible schedules to make sure you can get the vaccine in time when vaccination services start again. For example, the HPV vaccine that requires two doses can be started any time between 9 and 14 years of age and the interval between the two doses can be longer. The minimum interval between doses is 6 months, but it can be 12 or 15 months and, if necessary, even longer. It is most important that you receive the second dose at some point in time to be fully protected.
- Decisions to continue routine vaccination services are made by each country. Ask a family member or another trusted adult how you can get information about vaccination services where you live. It is important you get the vaccines you are supposed to get, even if they have to be delayed due to the COVID-19 pandemic.

Reinforce the message that there is flexibility in HPV schedule

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

Interim guidance

22 May 2020



In the context of the COVID-19 pandemic, this document:

- I. outlines a **common framework** for decision-making for the conduct of preventive and outbreak response campaigns;
- II. offers principles to consider when deliberating the implementation of **mass vaccination campaigns for prevention of increased risk of VPD/HID among susceptible populations**; and
- III. details the risks and benefits of conducting **vaccination campaigns to respond to VPD/HID outbreaks**.

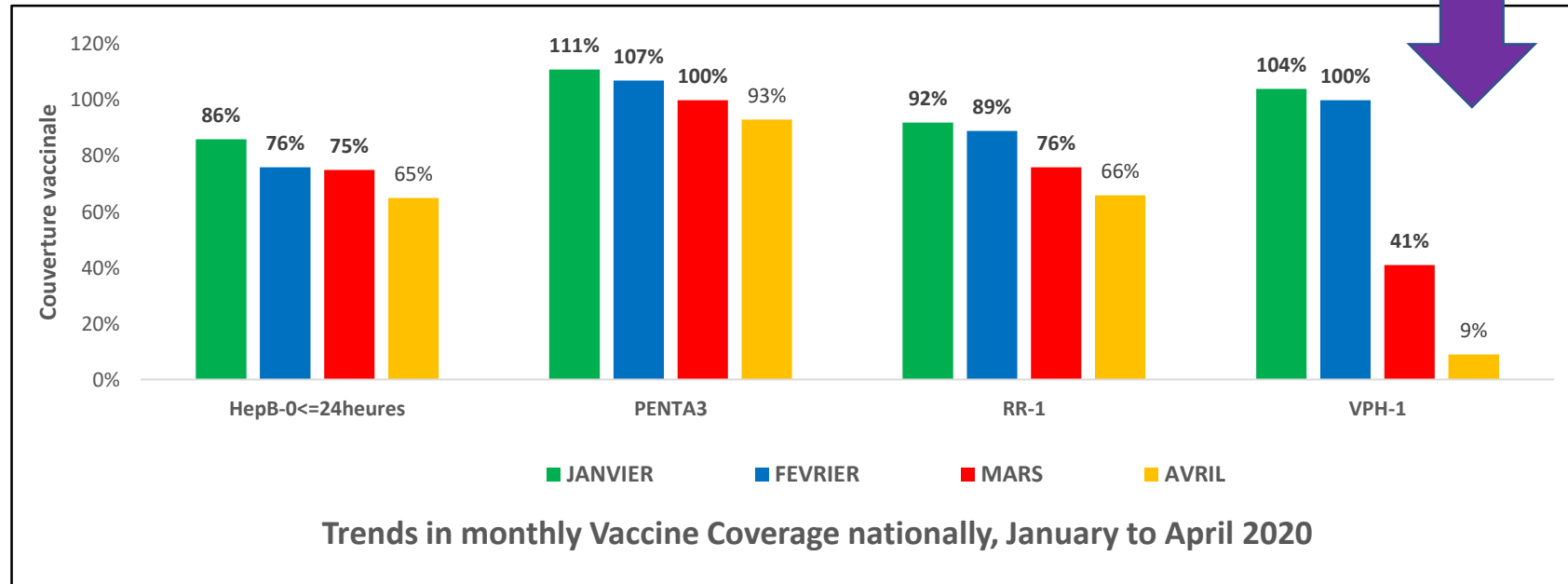
Step 1: Assess the potential impact of the VPD/HID outbreak using key epidemiological criteria (*see detail, Table 1*).

Focus on outbreak prone disease vaccines \neq HPV vaccination

PHASE 2

HPV vaccine more affected than routine childhood vaccines

Senegal



Source: Ministry of Health, Senegal

Closing Immunization gaps due to COVID-19

Catch-up vaccination strategies

Aug 2020  World Health Organization

Essential and ongoing part of immunization programme

- Establish catch-up vaccination policy & schedule
- Review vaccination history at every health visit (immunization and other); refer or provide catch-up doses
- Ensure robust newborn and defaulter tracking
- Conduct periodic intensification of routine immunization (PIRI) activities that screen and record doses
- Implement **school and/or day-care vaccination checks**

Following extended disruptions

- Intensify efforts through RI delivery: e.g. mass call backs, intensified defaulter tracking, expanded outreach, etc.
- Conduct targeted and multi-antigen routine vaccination campaigns (“PIRI-style”) that screen and record doses
- If large groups unvaccinated, **conduct preventive supplementary immunization activities (SIA campaigns) for single or multiple antigens, irrespective of individual vaccination status**

Multiple strategies will be needed, either in combination or in sequence

PHASE 3

Estimate target population for catch-up

- **Maintain defaulter listing based on individual records (e.g., registers)**
- **Track number of missed individuals based on monthly numerator data**

Compare difference in cumulative vaccinations year-to-date to:

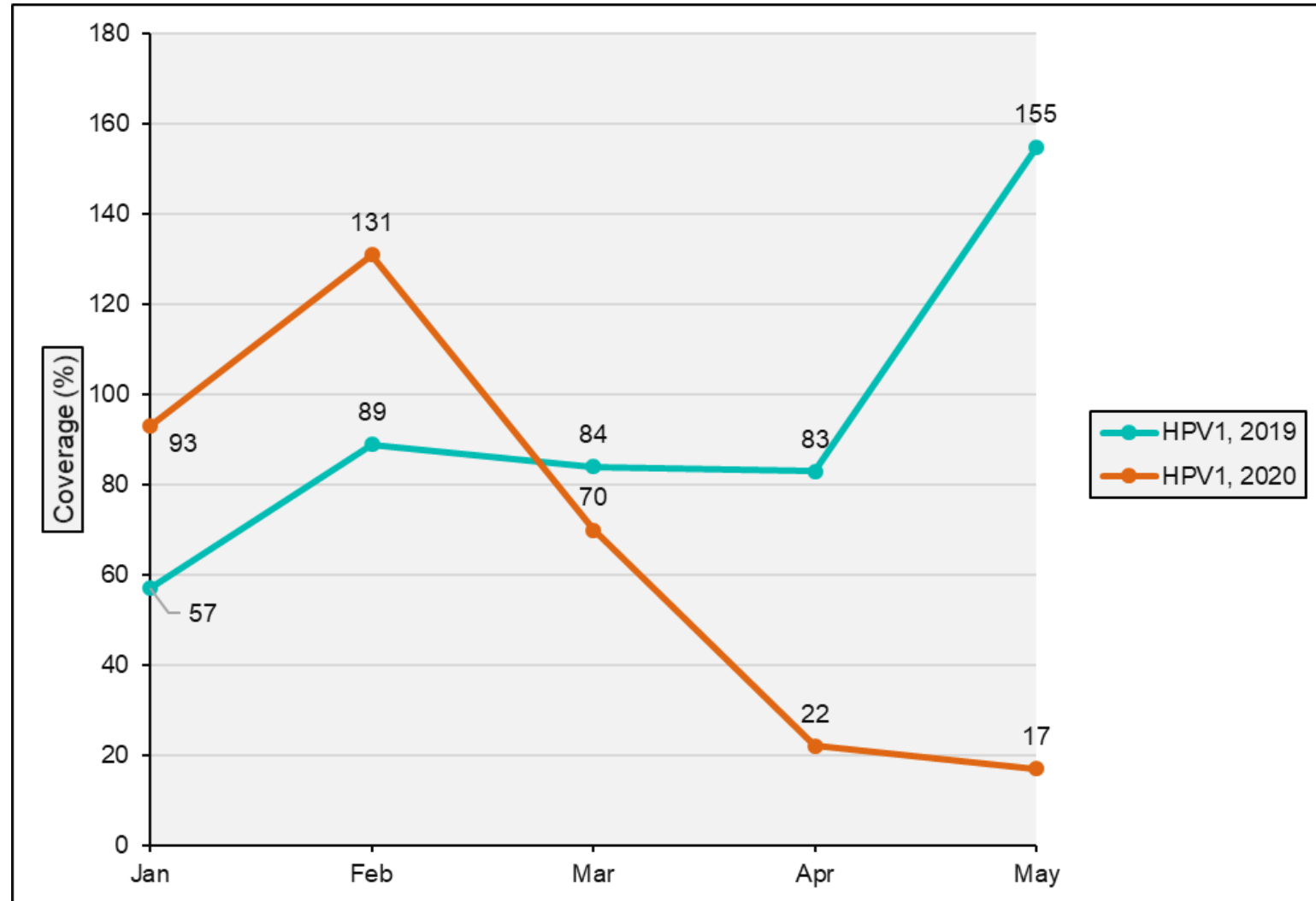
- **Cumulative target, if credible; or**
- **Equivalent number on last year's tabulation, if target cannot be used; or**
- **Average monthly doses pre-disruption if last year performance not representative**

Difference between those numbers becomes target for catch-up effort

- **Add estimate of missed individuals to normal monthly targets for catch-up months for vaccine orders and session planning**

HPV1 Monthly Coverage Trend, 2019 Vs. 2020

Example:
TANZANIA
Monthly
coverage
profile
(% of monthly target)

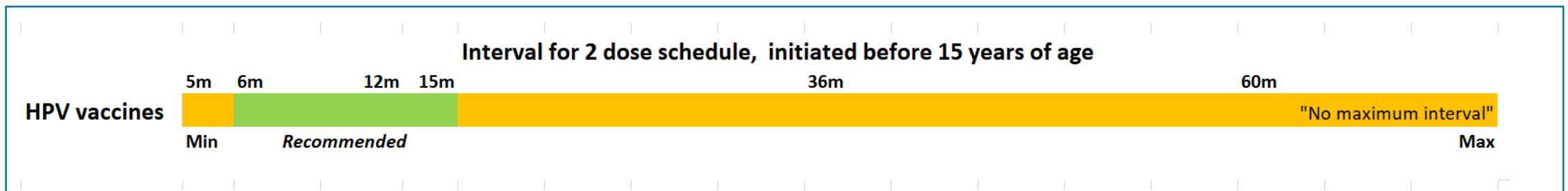


Establish a catch-up vaccination policy



- Engage National Immunization Technical Advisory Groups (NITAGs) to review policies that create barriers to catch-up vaccination, revise if needed
 - **Age restrictions**
 - Multi-dose vial policies (minimum number of children to open)
 - Limitations on where or when vaccination takes place and which
- **Develop catch-up vaccination schedule** and guidance (if not)
- Plan for rapid dissemination of revised policies to all levels
- Consider interim guidance (e.g. **temporary lifting age-cutoffs**) if policy revision time too lengthy

Schedule Adaptation
Quebec, Canada introduced 1+1 schedule, 5 Year interval, among others based on COVID considerations



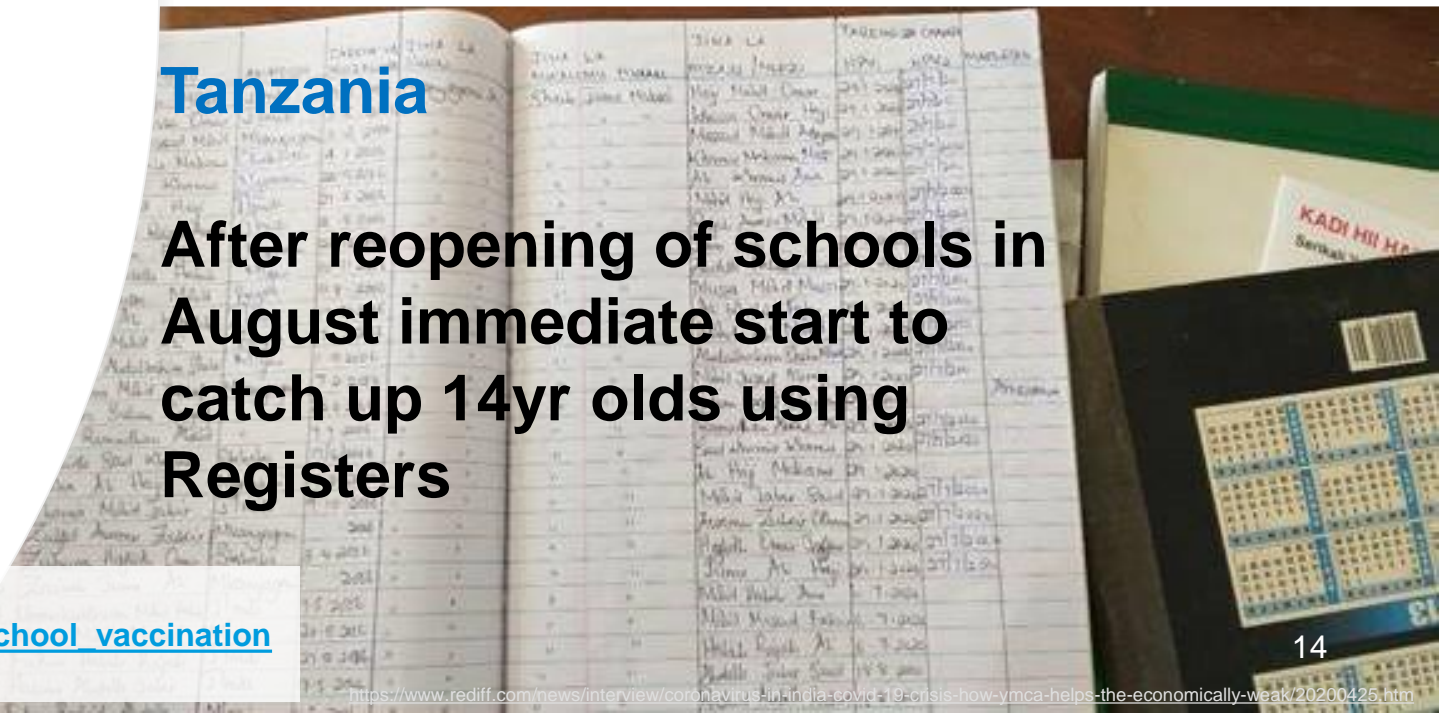
Leverage daycares and schools

- Resume school-based immunization as soon as possible (if postponed) and contact caregivers with details
- If vaccine series (e.g. HPV) was interrupted, it is still safe and efficacious to continue, even with longer interval between doses
- Consider implementing vaccination checks at school or daycare, and provide missed doses or refer to health centre



Tanzania

After reopening of schools in August immediate start to catch up 14yr olds using Registers



WHO information on school vaccination checks:

www.who.int/immunization/programmes_systems/policies_strategies/school_vaccination_checks/

Consider targeted and selective mass vaccination campaigns (“PIRI-style”)

- Consider ability to scale up and minimize COVID-19
- Tailor campaigns to reach target population
- Increase length and reach
- Set up sites away from crowded spaces (e.g., school yards)
- Ensure stock of replacement
- Integrate with other interventions if feasible



Yes!
Nós seremos a primeira geração sem câncer de colo do útero

Campanha multivacinação
2020 nos mostrou como uma vacina faz falta. Coloque em dia sua carteira de vacinação. A vacinação contra o HPV é gratuita para meninas de 9-14 anos e meninos de 11-14 anos. Proteja quem você ama!

Brazil

Realização: E V A, UF MG

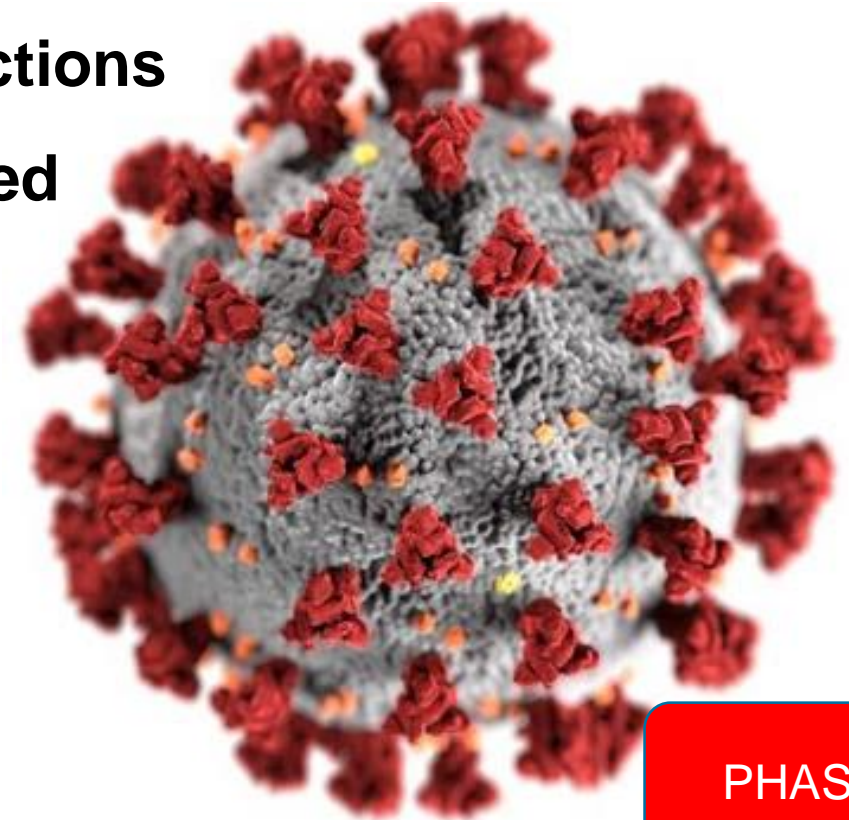
Apoio: SBIOC, SBIM, AMB, SBRT, JGU, GBCP, etc.



Zimbabwe
TCV/HPV/IPV
2021

Reflections on COVID-19 vaccine for HPV vaccination

- Heightened public awareness of vaccination but also discussion on safety
- HPV vaccine introduction could be construed as testing new vaccine
- COVID vaccines prioritized over other introductions
- Longer term economic effects will put increased strains on budgets that may hamper LMICs capacity to introduce to HPV vaccine



Thank you



Additional slides with links

Guiding principles for immunization activities during the COVID-19 pandemic

Interim guidance
26 March 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

Immunization in the context of COVID-19 pandemic

Frequently Asked Questions (FAQ)
16 April 2020



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

Available Arabic, Chinese, French, Russian, Spanish

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

Scientific brief
12 April 2020



[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)

POLIO ERADICATION PROGRAMME CONTINUITY PLANNING

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

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/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



<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>

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



<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>

Routine immunization services during the COVID-19 pandemic

Guidance note
13 April 2020



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

COVID-19

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>

1. Where to access the WHO/UNICEF HPV vaccine coverage estimates:

WHO

https://www.who.int/immunization/monitoring_surveillance/data/en/

4. Immunization coverage or administered doses

4.1 Official country reported coverage estimates time series are available in [html](#) and in [excel](#)

4.2 Download country reported administrative data time series in [excel](#)

4.3 Access [Subnational immunization coverage data](#) page

4.4 Download country reported HPV doses administered in [excel](#)

4.5 Human papillomavirus (HPV) estimates in [excel](#)

4.6 WHO/UNICEF Estimates of National Immunization Coverage (WUENIC) are available in [html](#) and in [excel](#). Also see the [the country summaries \(in pdf\)](#), content of PDF in [excel](#) and [the method](#).

4.7 Coverage Survey Data in [excel](#)

4.8 Protection at birth (PAB) estimates in [excel](#)



WHO

<https://data.unicef.org/topic/child-health/immunization/>

Immunization data

Immunization coverage by antigen (country, regional, and global trends) July 2019

[Download Data](#)

Human papillomavirus (HPV) immunization coverage estimates July 2019

[Download Data](#)

Sample of the WHO/UNICEF joint report form on immunization (English) July 2017

[Download Data](#)

