
Diphtheria

WHO recommended standards for surveillance of selected vaccine-preventable diseases

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(Diphtheria) surveillance data can be used to monitor levels of coverage (target >90%) and disease as a measure of the impact of control programmes.

General

Varicella vaccines (WHO position paper)

[WER 1998, vol. 73, 32, pp 241-248](#)
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Routine childhood varicella immunization programmes should emphasize high, sustained coverage.

Immunization in practice: a practical resource guide for Health workers 2004 update _____ Module 1: Target diseases

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Introduction of Haemophilus influenzae type b vaccine into immunization programmes

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The drop-out rate.

Immunization in practice: a practical resource guide for Health workers 2004 update _____ Module 7: Monitoring and using your data

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WHO-UNICEF joint statement on strategies to reduce measles mortality worldwide

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If conducted, supplemental campaigns should target large populations (entire nations or large regions) and achieve coverage of over 90 per cent with safe and high quality service.

Increasing immunization coverage at the health facility level

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Objective: to achieve at least 80% coverage with all vaccines in every district.

Rubella vaccines (WHO position paper)

[WER 2000, vol. 75, 20, pp 161-169](#)
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Rubella vaccination of adults will not alter the transmission dynamics of the virus, whereas inadequately implemented childhood vaccination may result in an increased number of susceptibles among women of childbearing age, and thereby increased risk of CRS. Consequently, it is essential that childhood vaccination programmes achieve and maintain high levels of coverage. Unless high coverage (>80%) can be achieved, large-scale childhood vaccination programmes against rubella are not recommended.

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Extensive private-sector provision of rubella vaccines for childhood immunization can affect transmission dynamics and increase susceptibility in women of childbearing age. Therefore, the degree and impact of rubella vaccination in the private sector should be assessed.

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Countries aiming at rubella and CRS elimination through large-scale childhood vaccination programmes should ensure that women of childbearing age are immune. Regular serological screening for rubella antibodies among representative samples of young women is recommended as a sensitive tool to monitor the risk for CRS in a population.

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Following the introduction of large-scale rubella vaccination, coverage should be measured by age and locality. Measuring coverage in infants and young children can be done through routine systems, but extra efforts are needed to routinely assess levels of coverage in adult groups. This will enable the monitoring of programme impact over time and guide future programme activities.

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Vaccine introduction guidelines. Adding a vaccine to a national immunization programme: decision and implementation

The primary method for countries to evaluate the new vaccine introduction is through monitoring immunization coverage at district level, which should cause a reduction in disease over time. If the new vaccine is administered separately, comparison of its coverage and drop-out rate with that of other vaccines provides valuable insight in programme performance. Each level of the NIP should regularly analyse the data from the sub-levels and provide feedback.

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Introduction of hepatitis B vaccine into childhood immunization services. Management guidelines, including information for health workers and parents

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If a three-dose hepatitis B vaccine schedule is used (Appendix 36_9, Options I and II), HepB3 completion should be defined as completion of the third hepatitis B vaccine dose.

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Another challenge for (yellow fever vaccine) introduction is maintaining high vaccination coverage, as at least 80% of the infants need to be vaccinated for effective disease control.

Influenza vaccines (WHO position paper)

[WER 2005, vol. 80, 36, pp 279-287](#)
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In 2003, the World Health Assembly urged Member States with influenza vaccination policies to increase vaccination coverage of all people at high risk and to aim at vaccination coverage of elderly people of at least 50% by 2006 and 75% by 2010.

Mumps virus vaccines (WHO position paper)

[WER 2001, vol. 76, 45, pp 346-356](#)
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As insufficient childhood vaccination coverage may result in an epidemiological shift in the incidence of mumps to older age groups, potentially leading to more serious disease burden than occurred before immunization was introduced, childhood mumps vaccination should aim at an 80% coverage rate, or more.

Immunization in practice: a practical resource guide for Health workers 2004 update_____Module 1: Target diseases

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Conclusions and recommendations from the Strategic Advisory Group of Experts (SAGE) - 10-11 April 2006

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Surveillance of tetanus cases (all ages) and monitoring of vaccine coverage with tetanus-containing vaccines in different age groups should be strengthened. This will allow a better understanding of the burden of disease and will help identify programmatic issues.

Monitoring systems will be needed to document the number of (tetanus vaccine) doses received by individuals so that the number of doses required for women of childbearing age can be tailored to the number of doses previously received.

Hepatitis B

WHO recommended standards for surveillance of selected vaccine-preventable diseases

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Hib

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WHO-UNICEF joint statement on strategies to reduce measles mortality worldwide

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Mumps

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New Vaccines

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Program Management

WHO-UNICEF joint statement on strategies to reduce measles mortality worldwide

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Tetanus

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VPD Surveillance

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Varicella

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Yellow Fever

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