

WHO/UNICEF Joint Reporting Form on Immunization for the period January-December, 2004

Deadline for submission to WHO/UNICEF: 15 April 2005.

DO NOT LEAVE ANY CELLS BLANK ON THIS FORM.

If a question is not relevant, indicate by "NR". If no data are available, indicate by "ND" (no data).

If number of cases is "zero", then record a 0.

Country: _____

Date report submitted: _____

0010	Name of person in Ministry of Health responsible for completing this form	
0020	Position/title	
0030	Signature	
0040	Phone & fax number	
0050	Email address	
0060	Name of UNICEF contact	
0070	Name of WHO contact	
0080	Indicate the total number of districts in the country. <i>A district is defined as the third administrative level with the national level being the first level</i>	

- 0010: Data might be provided by different department in the MOH. Please indicate the name of the focal point for filling in this form and who should liaise with other departments to ensure filling in the form with the most accurate and complete data. It is important to liaise with other departments (e.g. nutrition for Vitamin A information) to ensure the most accurate and complete information is collected.

INSTRUCTION SHEET

Clinically, epidemiologically and laboratory confirmed cases.

- Clinically confirmed case: a case that meets the clinical case definition of the country
- Epidemiologically confirmed case: a case that meets the clinical case definition and is linked epidemiologically to a laboratory-confirmed case
- Laboratory-confirmed case; a case that meets the clinical case definition and is laboratory-confirmed.

1070: refers to **all** polio cases (*indigenous or imported*), including polio cases caused by vaccine derived polio viruses (VDPD); it **does not include** cases of vaccine-associated paralytic polio (VAPP) and cases of non polio acute flaccid paralysis [AFP]).

Columns A, B, and C: refers to CONFIRMED (either clinically, epidemiologically, or laboratory)cases only. Cases which have been discarded following laboratory investigation should NOT be included in these columns.

Columns A and B: WHO and UNICEF are committed to integrating gender perspectives in their work and actively investigating and addressing any negative impacts of gender.

Column D: refers to the total number of suspect cases from which a specimen was collected and submitted to a laboratory for investigation. This includes all specimens independently of the laboratory result (negative, [i.e. discarded] *and* positive [i.e. confirmed]). If more than one sample was taken for the same patient, it should be counted only once.

Column E: refers to the total number of cases that were found positive for the infectious agent by laboratory investigation (diagnosis confirmed by laboratory)

Completeness of reporting

1120/1130: Completeness of reporting refers to the completeness of routine district reporting, i.e. the main reporting system from which the figures in Table 1 were produced. Do not include disease specific reporting systems (eg. AFP weekly surveillance, measles case based surveillance, etc.)

1120: The number of expected reports is equal to the number of districts multiplied by the number of reporting periods in the year

1. Reported Incidence of Selected Vaccine Preventable Diseases (VPDs)

	Disease	Total number of cases <i>Include clinically, epidemiologically and laboratory confirmed cases. Do not include suspect cases.</i>			D. Number of suspect cases with samples sent to the laboratory	E. Number of laboratory confirmed cases Do not include clinical or epidemiologically confirmed cases.
		A. Male	B. Female	C. Total		
1010	Diphtheria					
1020	Measles					
1030	Neonatal Tetanus (NT)					
1040	Total Tetanus (<i>NT + other than neonatal</i>)					
1050	Pertussis					
1060	Yellow Fever					
1070	Polio					
1080	Hib meningitis					
1090	Mumps					
1100	Rubella					
1110	Congenital rubella syndrome					

Completeness of reporting

1120	Number of VPD reports expected at national level from districts in 2004	
1130	Number of VPD reports actually received at national level from districts in 2004	

INSTRUCTION SHEET

Table 2 presents a list of vaccines and supplements to describe the national immunization schedule in 2004 AND to indicate which vaccines are planned to be introduced. For all vaccines in use in the country, the appropriate rows should be filled in according to the instructions. For each dose, columns A to F, indicate the time of immunization using the following codes: B=Birth; D=Days; W=Weeks; M=Months; Y=Years, followed by the respective time unit (in number)

Examples:

1st example:

	A.	B.	C.	D.	E.	F.
	1 st dose	2 nd dose	3 rd dose	4 th dose	5 th dose	6 th dose
DTP	W6	W10	W14			

2nd example:

	A.	B.	C.	D.	E.	F.
	1 st dose	2 nd dose	3 rd dose	4 th dose	5 th dose	6 th dose
TT	First contact pregnancy	+M1	+M6	+Y1	+Y1	

DO NOT PUT the actual number of doses actually given during 2004 in these cells. That will be done in Table 4

If there are plans to introduce the vaccine, enter month and year of planned introduction in column G.

Columns H and I : if the vaccine/supplement is given in the entire country, check X in the H column; if it is given in a specific location of the country, check X in the I column: subnational. These cells (H and I) refer only to **geographical** areas only and not, e.g., to special target or risk groups.

Column J: specify the target group if not given to the entire population described in the columns A to F (eg. Travellers, diabetes patient, displaced persons, ...).

For pertussis and pneumococcal conjugate vaccines, it is requested to specify which type is in use:

- Pertussis: Inactivated whole cell wP or acellular aP. The whole cell vaccine is assumed unless the "a" (acellular) box is checked
- Pneumococcal conjugate (2300) . Specify the number of valency in the respective box (e.g. 9)

Table 3: describes the vial size, the origin and the procurement source for all vaccines/supplements specified in Table 2 AND for AD syringes, if AD are in use in the country (2380-2400). If not used in the country, leave those cells blank.

Rows 2410-70 can be used for other vaccines (not listed before) or extra lines for Table 3 if different vial size or manufacturer for the same vaccine have to be written.

2. Immunization Schedule

Complete the following table to describe the **2004** national immunization schedule (routine services). Include all doses administered to young children, adolescents and adults on a routine basis. Include vitamin A if delivered through routine immunization services.

If there are **plans** to introduce the vaccine, enter month and year of planned introduction in **column G**.

Please add any other vaccines that do not appear in this list at end of this section.

3. Source of vaccine, vitamin A and AD syringes

Complete the following form to show source of vaccine and AD syringe distributed by the Ministry of Health for routine immunizations for the reporting period 1 January – 31 December 2004.

If different vial sizes or manufacturers were used for the same vaccine, please split the row or use extra row(s) at end of this section

Vaccine/supplement		Recommended age of administration						G.	Geographic area		J.	K.	L.	M.	N.
		B=Birth; D=Days; W=Weeks; M=Months; Y=Years							Check "x"						
		A.	B.	C.	D.	E.	F.		H.	I.					
		1 st dose	2 nd dose	3 rd dose	4 th dose	5 th dose	6 th dose	planned	National	Sub-national	Indicate specific target groups	Vial size (no. of doses)	Manufacturer name & country of manufacturer	Indicate if - procured through UNICEF, WHO, PAHO, or - if donated (name agency) or - if procured directly from producer (put MOH)	Total number of doses received at national level
2010	BCG	Bacille Calmette-Guérin vaccine													
2020	DTP	Diphtheria and tetanus toxoid with pertussis vaccine													
2030	DTPH epB	Diphtheria and tetanus toxoid with pertussis and HepB vaccine													
2040	DTPH epBIP V	Diphtheria and tetanus toxoid with pertussis, HepB and IPV vaccine													

Vaccine/supplement			Recommended age of administration						G.	Geographic area		K.	L.	M. Procurement source(s) <i>Indicate if</i> - procured through UNICEF, WHO, PAHO, or - if donated (name agency) or - if procured directly from producer (put MOH)	N. Total number of doses received at national level
			B=Birth; D=Days; W=Weeks; M=Months; Y=Years							Check "x"					
			A.	B.	C.	D.	E.	F.	planned	H.	I.	Vial size (no. of doses)	Manufacturer name & country of manufacturer		
			1 st dose	2 nd dose	3 rd dose	4 th dose	5 th dose	6 th dose		National	Sub-national				
2050	DTP Hib HepB	Diphtheria and tetanus toxoid with pertussis, Hib and HepB vaccine	a <input type="checkbox"/>												
2060	DTP Hib	Diphtheria and tetanus toxoid with pertussis and Hib vaccine	a <input type="checkbox"/>												
2070	DTP Hib IPV	Diphtheria and tetanus toxoid with pertussis, Hib and IPV vaccine	a <input type="checkbox"/>												
2080	DTP Hib HepB IPV	Diphtheria, tetanus toxoid with pertussis, Hib, hepatitis B and IPV vaccine	a <input type="checkbox"/>												
2090	DTP IPV	Diphtheria and tetanus toxoid with pertussis vaccine and IPV	a <input type="checkbox"/>												
2100	Dip	Diphtheria vaccine													
2110	DT	Tetanus and diphtheria toxoid children's dose													
2120	Td	Tetanus and diphtheria toxoid for older children/adults													

Vaccine/supplement			Recommended age of administration						G.	Geographic area		K.	L.	M.	N.	
			B=Birth; D=Days; W=Weeks; M=Months; Y=Years							Check "x"						
			A.	B.	C.	D.	E.	F.	planned	H.	I.	J.	Vial size (no. of doses)	Manufacturer name & country of manufacturer	Procurement source(s) <i>Indicate if</i> - procured through UNICEF, WHO, PAHO, or - if donated (name agency) or - if procured directly from producer (put MOH)	Total number of doses received at national level
			1 st dose	2 nd dose	3 rd dose	4 th dose	5 th dose	6 th dose		National	Sub-national	Indicate specific target groups				
2130	P	Pertussis vaccine <input type="checkbox"/> a														
2140	HepA	Hepatitis A vaccine														
2150	HepB	Hepatitis B vaccine														
2160	Hib	Haemophilus influenzae type b vaccine														
2170	OPV	Oral polio vaccine														
2180	IPV	Inactivated polio vaccine														
2190	Measles	Measles vaccine														
2200	MM	Measles and mumps vaccine														
2210	MR	Measles and rubella vaccine														
2220	MMR	Measles mumps rubella vaccine														
2230	Mumps	Mumps vaccine														
2240	JE	Japanese encephalitis														

Vaccine/supplement			Recommended age of administration						G.	Geographic area		K.	L.	M. Procurement source(s) <i>Indicate if</i> - procured through UNICEF, WHO, PAHO, or - if donated (name agency) or - if procured directly from producer (put MOH)	N. Total number of doses received at national level
			B=Birth; D=Days; W=Weeks; M=Months; Y=Years							Check "x"					
			A.	B.	C.	D.	E.	F.	planned	H.	I.	J.	Vial size (no. of doses)	Manufacturer name & country of manufacturer	
			1 st dose	2 nd dose	3 rd dose	4 th dose	5 th dose	6 th dose		National	Sub-national	Indicate specific target groups			
2250	Influenza	Influenza													
2260	MenC_conj	Meningococcal C conjugate vaccine													
2270	Men AC	Meningococcal AC													
2280	Men ACW	Meningococcal ACW													
2290	Men ACWY	Meningococcal ACWY													
2300	Pneumoconj	Pneumococcal conjugate vaccine													
		Number of valent <input type="checkbox"/>													
2310	Pneumo_ps	Pneumococcal polysaccharide vaccine													
2320	Rubella	Rubella vaccine													
2330	Typhoid	Typhoid fever vaccine													
2340	Varicella	Varicella vaccine													
2350	YF	Yellow fever vaccine													

Vaccine/supplement			Recommended age of administration						G.	Geographic area		K.	L.	M.	N.	
			B=Birth; D=Days; W=Weeks; M=Months; Y=Years							Check "x"						
For Pertussis the whole cell vaccine is assumed unless the "a" (acellular) box is checked			A.	B.	C.	D.	E.	F.	planned	H.	I.	J.	Vial size (no. of doses)	Manufacturer name & country of manufacturer	Indicate if - procured through UNICEF, WHO, PAHO, or - if donated (name agency) or - if procured directly from producer (put MOH)	Total number of doses received at national level
			1 st dose	2 nd dose	3 rd dose	4 th dose	5 th dose	6 th dose		National	Sub-national	Indicate specific target groups				
2360	Vit A	Vitamin A supplementation														
2370	TT	Tetanus toxoid														
2380	AD - BCG	AD (auto-disable) syringes BCG	NR	NR	NR	NR	NR	NR					NR			
2390	AD – inj	AD syringes	NR	NR	NR	NR	NR	NR					NR			
2400	AD - Rec	AD syringes reconstitution	NR	NR	NR	NR	NR	NR					NR			
Use the space below for any other vaccines																
2410																
2420																
2430																
2440																
2450																
2460																

INSTRUCTION SHEET

Table 4 A is for reporting routine immunization coverage using the **administrative method** (i.e. registry system of doses administered). Include only doses given during **routine** immunization services. Routine immunization may include pulse campaigns to increase routine coverage. It does not include mass campaigns, national immunization days or other supplemental activities. Supplementary Immunization Activities (SIA) for immunization and vitamin A should be reported in table 8 at the end of the document.

Column A: in some instances the target group has been specified (e.g. Surviving infants for DTP3). In others, it is not specified therefore, please describe the target group (e.g. MCV2 : 6 years old children).

We acknowledge that in some countries the target population may be different than the one specified in column A (e.g. For yellow fever the target group specified in the column A is *surviving infants*. In some countries, yellow fever may be given to the whole population; similarly for TT2+, the target group specified in the column A is *pregnant women* but TT may be given to all child bearing age women). However, in order to get standardized and comparable information across countries, we request that you provide figures related to the specific target population mentioned in the column A.

Column B,

4140: the number of live births can be used as a proxy for total number of pregnant women.

Some countries may use live births as the official denominator for DPT1, DPT3, Polio3, HepB3, Hib3, and yellow fever. In that case, simply put the denominator used by the country in column B.

4020: if a birth dose (within 24 hours of birth) is not in the national schedule, leave blank.

4050: Polio 3: 3rd dose of polio, excluding polio 0 (zero) if in country schedule.

4060: Hepatitis B 3: 3rd dose of hepatitis B vaccine, including birth dose, if in country schedule

4080-4100: Measles containing vaccine (MCV): i.e. measles vaccine, measles-rubella vaccine, or measles-mumps-rubella vaccine. Fill in information for both MCV and rubella even if given in combination.

4120-30: refers to first and second vitamin A doses given to the specified target group (6-59 months) in 2004.

4150: PAB = number of children, as recorded during their DTP1 visit, who can be considered as protected at birth by their mother's TT status and/or delivery status, divided by number of live births. If not calculated in the country leave blank.

4. Immunization and Vitamin A coverage

4A. National administrative coverage:

Vaccine/Intervention		A.	B.	C.	D.
Please fill in all vaccines separately even if given in combination (e.g. DTP3 and HepB3)		Description of target group used as denominator in coverage calculation	Number in target group (denominator)	Number of doses administered through routine services (numerator)	Percent coverage $C/B \times 100$
4010	BCG	Live births			
4020	HepB - birth dose (given within 24 hours of birth)	Live births			
4030	DTP1	Surviving infants			
4040	DTP3	Surviving infants			
4050	Polio3 (OPV or IPV)	Surviving infants			
4060	HepB3	Surviving infants			
4070	Hib3	Surviving infants			
4080	MCV1 (the first dose of Measles Containing Vaccine)	Specify target group _____			
4090	Rubella 1 Rubella containing vaccine	Specify target group _____			
4100	MCV2 (the second dose of Measles Containing Vaccine)	Specify target group _____			
4110	Yellow Fever	Surviving infants			
4120	Vitamin A – 1 st dose	6-59 months			
4130	Vitamin A – 2 nd dose	6-59 months			
4140	TT2+	Pregnant women			
4150	Protection at birth (PAB) against neonatal tetanus	Live births			
4160	Vitamin A doses provided to post-partum mothers	Live births			

INSTRUCTION SHEET

Completeness of reporting

4170/4180: these rows aim to indicate the completeness of district reporting, i.e. the main reporting system which produced Table 4A. In some countries, disease surveillance and immunization coverage reporting are integrated hence the completeness will be the same as for 1120-1130.

4180: The number of expected reports is equal to the number of districts multiplied by the number of reporting periods in the year

4190-4200. The coverage estimates reported in Table 4A (in percents, column D) can be biased because of inaccurate numerators (4190) or denominator problems (4200).

Numerator problems may be due to data that are:

- *underestimated* because of incomplete reporting from reporting units, non inclusion of other vaccinating sources (e.g. private sector, NGOs, etc.); or
- *overestimated* because of over-reporting from reporting units (inclusion of other target groups, etc...)

Denominator problems may be due to :

- population movements
- inaccurate census estimations or projections
- numerous sources of denominator data, etc...

Coverage reporting completeness		
4170	Total number of reports expected at the national level from districts in 2004	
4180	Total number of reports actually received at the national level from district in 2004	

Mention any factors limiting the accuracy of your administrative coverage estimates		
4190	Factors limiting the accuracy of the numerator	
4200	Factors limiting the accuracy of the denominator	

INSTRUCTION SHEET

Table 4B refers to a second way of estimating immunization coverage, through surveys. Data should include surveys conducted at the **national** level only. The most common types of surveys are: MICS (Multiple Indicator Cluster Survey), DHS (Demographic Health Survey) and EPI cluster survey (Immunization coverage cluster survey reference manual - WHO 2004)

4220-4350: Please enter information for crude coverage only. While issues of **valid** doses (doses that were administered when the child had reached the minimum age for the vaccine, and were administered with the proper spacing between doses according the national schedule) is important we request that crude coverage figures, without an eventual correction due to non valid doses be reported.

4350. PAB refers to Protection at birth. While calculations of PAB during a survey are calculated differently (from 4150) please report the proportion of children who are protected at birth against tetanus due to an adequate TT immunization status of their mother.

4B. Coverage surveys: Complete this table on surveys that include immunization coverage (including MICS2).

If a **national** survey was conducted during 2002-2004, complete the rest of this page with most recent survey data available. If no national survey was conducted from 2002-2004, proceed to next page.

4210	What year was the survey conducted?	2002 <input type="checkbox"/> 2003 <input type="checkbox"/> 2004 <input type="checkbox"/>			
	Full title of survey (in original report language)				
	Full title of survey (in English)				
CHILDREN surveyed aged 12-23 month		% received immunization by 12 months of age*		% received immunization anytime before survey	
		A. By card only	B. By card or history	C. By card only	D. By card or history
4220	BCG				
4230	HepB - birth dose				
4240	DTP1				
4250	DTP3				
4260	Polio3				
4270	HepB3				
4280	Hib3				
4290	MCV1 (measles containing vaccine)				
4300	Rubella 1 (rubella containing vaccine)				
4310	Yellow fever				
4320	Vitamin A-1				
WOMEN		A. % women received immunization among those who gave birth in the past 12 months (by card only)		B. % women received immunization among those who gave birth in the past 12 months (by card or history)	
4330	TT2+				
4340	Vitamin A among post- partum women				
4350	PAB (protection at birth)				

* (or 23 months for MCV1 or Rubella 1 if the schedule calls for a dose between 1-2 years of age)

Please attach a copy of all immunization coverage survey reports during 2002-2004

INSTRUCTION SHEET

Table 5

Taking into account the data provided in the previous tables as well as any other available information on factors affecting immunization coverage figures (e.g. private or NGO sector contributions to immunizations, difficulties with demographic data, incomplete reporting), indicate your **official** estimates of national immunization coverage among infants (*or by 23 months for MCV1-rubella 1 if the schedule calls for a dose between 1-2 years of age*).

It is important to understand that figures from Table 4A and 4B can be biased or inaccurate. **Hence, the national authorities are given the opportunity in Table 5 to provide estimates of what their most likely true coverage is.** The official estimates may be based on data from the administrative method, from surveys, or from other sources. This exercise is extremely important to interpret the data.

These estimates will be reproduced in the Global and Regional level reports as the officially reported coverage figures.

5. Official country estimates of immunization coverage for the year 2004.

Please fill in each vaccine/supplement separately even if given in combination (e.g. DTP3 and HepB3)

	Vaccines	Official Estimates (percent coverage)
5010	BCG	
5020	HepB – birth dose	
5030	DTP1	
5040	DTP3	
5050	Polio3	
5060	HepB3	
5070	Hib3	
5080	MCV1 measles containing vaccine	
5090	Rubella 1 containing vaccine	
5100	MCV2 measles containing vaccine	
5110	Yellow Fever	
5120	Vitamin A1	
5130	Vitamin A2	
5140	Vitamin A for post-partum mothers	
5150	TT2+ for pregnant women	

5160. Please provide explanatory comments on why these are your official estimates:

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6. Immunization system indicators

Complete the following table of indicators on immunization system performance covering the year 2004 and provide any needed explanatory comments.

System Indicators			
	Indicator	Response	Comments
6010	Was there any negative publicity* concerning immunizations and/or vitamin A supplementation during 2004?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6020	If yes, describe the negative publicity (i.e. during SIAs or routine, any adverse events, related to which antigen, etc).		
6030	Describe response (if any)		
<i>*6010 Examples of negative publicity may be 1) rumours, 2) research related information, 3) adverse events related to vaccines or 4) vaccine shortages.</i>			
6040	Was there a strategic plan* for the national immunization system that covers three to five years? <i>* Plan of action (POA), Multi-year plan, ...</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Specify the years of the plans:
6050	Was there an annual activity work plan for immunization services?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6060	Did it contain an advocacy and communications strategic component?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6070	Was there an annual budget for advocacy and communication?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6080	Was there a communication & advocacy designated focal point?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6090	Number of districts with updated micro plans that include activities to raise immunization coverage?	—	
6100	How many Inter-Agency Coordinating Committee (ICC) meetings were held that covered routine immunization services?	—	
6110	Was there an updated (2004) inventory (models, location, age and working status) of all refrigeration equipment assigned for public immunization services in the country? <i>(Update can refer to a new inventory or regular status reports.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partially <input type="checkbox"/>	If no, please specify where is the gap:

System performance					
6120	Total number of districts not reporting in 2004	Number: _____			
District coverage reported for routine immunization services in 2004		Fill in number of districts reporting within each range of coverage			
		A.	B.	C.	D
DTP3		<50%	50-79%	80-89%	>=90%
6130	Number of districts with DTP3 coverage				
6140	Number of surviving infants in these districts				
Measles		<50%	50-79%	80-89%	>=90%
6150	Number of districts with measles (MCV1) coverage				
6160	Number of surviving infants in these districts				
TT2+ (pregnant women)		<50%	50-79%	80-89%	>=90%
6170	Number of districts with TT2+ coverage				
6180	Number of live births in these districts				
Drop-out and supervision				Number of districts	
6190	Number of districts reporting drop-out rates greater than 10% Drop-out rate = $\frac{(DTP1-DTP3) \times 100}{DTP1}$				
6200	Number of districts reporting at least one supervisory visit to each health facility in the district during 2004				
Wastage					
Reported vaccine wastage (in %) occurring in the country including both opened and unopened vials ; it includes both programme and system related wastage. If there were special studies to estimate the vaccine wastage in the country, enter an "E" (for Estimated) after the %. If wastage is not part of routine reporting or there have been no special studies please enter "ND" for no data.					
<i>Please fill in each vaccine separately, even if given in combination</i>				Percentage	
6210	DTP				
6220	Hepatitis B vaccine				
6230	Hib vaccine				

Vaccine supply for routine services								
Vaccine - supply		National store			District stores			
Please fill in each vaccine separately, even if given in combination (e.g. DTP and HepB)		A. Was there a stock-out (no remaining doses for any period of time) at national level during 2004			B. If yes, specify duration in months*	C. Was there a stock-out in any district during 2004		D. If yes, indicate number of districts with stock-out
6310	BCG	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NR <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	NR <input type="checkbox"/>
6320	DTP	Yes <input type="checkbox"/>	No <input type="checkbox"/>			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6330	Hepatitis B	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NR <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	NR <input type="checkbox"/>
6340	Hib	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NR <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	NR <input type="checkbox"/>
6350	Polio (OPV or IPV)	Yes <input type="checkbox"/>	No <input type="checkbox"/>			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6360	Measles	Yes <input type="checkbox"/>	No <input type="checkbox"/>			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6370	Yellow fever	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NR <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	NR <input type="checkbox"/>
6380	Tetanus toxoid	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NR <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	NR <input type="checkbox"/>
6390	Vitamin A	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NR <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	NR <input type="checkbox"/>
6400	AD syringes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NR <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	NR <input type="checkbox"/>
6410	Safety boxes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NR <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	NR <input type="checkbox"/>

* Column B: if stock-out duration is less than one month (a few days or weeks), enter the number 1

Columns C and D: District stock out is not necessarily related to national store stock-out.

If a district has no permanent vaccine store (e.g. store at provincial or higher level) but health units have been affected by vaccine shortage, the district should be mentioned as a Yes in the C column and counted in the D column.

Surveillance			
6510	Was written feedback on the immunization system and surveillance performance distributed to the district level?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6520	<i>If yes:</i> How many times per year?	_____ times	
6530	Did the feedback include: (a) Coverage by district (at least DTP3)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6540	(b) Disease cases (at least measles, NT, and AFP)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Safety			
6550	In 2004 was there an activity workplan for: (a) immunization injection safety? (b) waste management?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
6560	Indicate the type(s) of injection equipment used for routine immunization (excluding reconstitution syringes) and the number of districts using each type. Check all that apply.	Auto-Disable (AD) syringes <input type="checkbox"/> Non-AD disposables <input type="checkbox"/> Sterilizable syringes <input type="checkbox"/>	No of districts _____ _____ _____
6570	Were safety boxes distributed with all vaccine deliveries to vaccination sites?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6580	Was there a national system to monitor adverse events following immunization? <i>(A national system must include:</i> <i>1. written guidelines on monitoring and investigation of reported adverse events;</i> <i>2. written list of events to monitor;</i> <i>3. established mechanism to communicate data for regulatory action;</i> <i>4. implementation of points 1, 2, and 3.)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If all 4 conditions are not met, check 'No'.</i>	
6590	If "Yes" to the previous question, how many adverse events, either suspected or confirmed, were reported to the national level in 2004? <i>If no adverse events were reported, enter "0".</i>	Number of adverse events _____	
6600	What was your national policy or recommended practice for disposal of immunization waste in 2004? <i>Check all that apply.</i>	Incinerator* <input type="checkbox"/> Open burning <input type="checkbox"/> Burial <input type="checkbox"/> Other (specify)** <input type="checkbox"/> No policy <input type="checkbox"/>	Comments

* 6600. Incinerator refers to closed methods of burning at temperatures $\geq 800^{\circ}\text{C}$. Open burning refers to pit burning and drum burning. Burial refers to waste burial pits and encapsulation with cement or other immobilizing agent (sand, plaster).

** 6600. Specify in "Comments" column, for example: disposal of sharps in purpose-built lined pits, or steam sterilization and shredding, etc

Financing		
6610	<p>What percent of all spending on routine immunization was financed using government funds?</p> <p><i>(Please provide the percentage of all of recurrent immunization specific spending that was financed using government funds only (for all recurrent inputs including vaccines, injection supplies, salaries and per-diems of health staff working full-time on immunization, transport, vehicles and cold chain maintenance, training, social mobilization, monitoring and surveillance....). This excludes any external financing from external donors. If the exact percentage is not known then please provide an estimate and affix the letter "E" to the number (for example: 35% E). The estimate provided can be from a previous year or a "best guess". If no estimate can be provided then please enter ND (No Data) and not zero. These numbers should be available from a GAVI financial sustainability plan or from a multiyear plan for immunization with a costing and financing component to it.)</i></p>	_____%
6620	<p>What percent of all spending on vaccines was financed using government funds?</p> <p><i>(Please provide the percentage of all vaccine spending that was financed using government funds only. This excludes any external financing from donors. If the exact percentage is not known then please provide an estimate and affix the letter "E" to the number (for example: 35% E). The estimate provided can be from a previous year or a "best guess". If no estimate can be provided then please enter ND (No Data) and not zero. These numbers should be available from a GAVI financial sustainability plan or from a multiyear plan for immunization with a costing and financing component to it)</i></p>	_____%
6630	Is there a line item in the national budget for purchase of vaccines used in routine immunizations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6640	Is there a line item in the national budget for purchase of injection supplies (syringes, needles, safety boxes) for routine immunizations?	Yes <input type="checkbox"/> No <input type="checkbox"/>

7. Maternal and neonatal tetanus (MNT) elimination

The countries* that are considered as not having eliminated MNT (or have not documented it) should complete this table.

		A.	B.
	For the year 2004:	Number of districts	Number of CBAW
7010	Specify the age range of Child Bearing Age Women (CBAW): ____ to ____		
7020	Districts at low risk for MNT		
7030	Districts at high risk for MNT		
7040	Districts at unknown** risk for MNT (**where more data are needed to determine high risk/low risk status)		

*Afghanistan, Angola, Bangladesh, Benin, Burkina Faso, Burundi, Cambodia, Cameroon, Central African Republic, Chad, China, Comoros, Congo, Cote d'Ivoire, Democratic Republic of the Congo, Egypt, Equatorial Guinea, Ethiopia, Gabon, Ghana, Guinea, Guinea-Bissau, Haiti, India, Indonesia, Iraq, Kenya, Lao People's Democratic Republic, Liberia, Madagascar, Mali, Mauritania, Mozambique, Myanmar, Nepal, Niger, Nigeria, Pakistan, Papua New Guinea, Philippines, Senegal, Sierra Leone, Somalia, Sudan, Togo, Turkey, Uganda, United Republic of Tanzania, Viet Nam, Yemen, Zambia

7020. Low Risk Districts: districts identified as having a Neonatal Tetanus incidence of less than 1 per 1000 live births.

7030. High Risk Districts: districts identified by locally adopted criteria as being at high risk for MNT. Criteria may be based on core and additional indicators.

7040. Unknown Risk Districts: districts that can be classified neither as high risk nor as low risk for MNT, and for which more information is required in order to determine the status

Column A. Number of districts: number of districts identified as high/low/unknown risk. The total should equal the total number of districts in the country.

Column B. Number of CBAW: total number of child bearing age women in the country

8A. Supplementary activities conducted during 2004

Record any supplemental activity (immunization campaign and vitamin A), including those conducted at national or sub-national level; (e.g. polio, yellow fever, measles, rubella, influenza, meningitis, tetanus toxoid vaccines, vitamin A, etc.)

Complete one line for each antigen in each campaign round.

Vaccine / supplement <i>If more than one antigen or supplement was provided in a single round, list each in separate line below.</i>	A. Round and Type of activity*	B. Date	C. Indicate whether National (N) or Sub-national (S)	D. Target population (age group)	E. Estimated number in target population (numbers)	F. Total number of persons vaccinated/supplemented (numbers)	G. Coverage (%) (for measles, yellow fever, vitamin A, meningitis or polio)= <i>Do not fill for tetanus</i>	Number of persons vaccinated for tetanus <i>The total of TT1, TT2, TT3, TT4 and more equals the numbers in the column "Total number of persons vaccinated"</i>			
								H. TT1	I. TT2	J. TT3	K. TT4 or more
8010											
8020											
8030											
8040											
8050											

*indicate the name: NIDs; Micronutrient day; Child health day, vaccination week, etc, and round number

Column G: Enter your official estimate for coverage (can be from a coverage survey and different from administrative calculation)

8B. Supplementary activities planned including 2005-6

Record any supplemental activity (immunization campaign and vitamin A), including those conducted at national or sub-national level; (e.g. polio, yellow fever, measles, rubella, influenza, meningitis, tetanus toxoid vaccines, vitamin A, etc.)

Complete one line for each antigen in each campaign round.

Vaccine / supplement	A.	B.	C.	D.	E.
<i>If more than one antigen or supplement was provided in a single round, list each in separate line below.</i>	Round and Type of activity*	Month/Year	Indicate whether National (N) or Sub-national (S)	Target population (age group)	Estimated number in target population (numbers)
8110					
8120					
8130					
8140					
8150					

*indicate the name of campaign round: NIDs; Micronutrient day; Child health day, vaccination week, etc, and round number (e.g. first, second, third)