Population

### China, 2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Non-polio AFP rate</th>
<th>% adequate specimens</th>
<th>Cases</th>
<th>IR</th>
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<tbody>
<tr>
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<td>3408</td>
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Non-polio AFP rate = incidence per 100 000 under 15 years; % adequate specimens = % of AFP cases with 2 specimen within 14 days of paralysis onset.

IR = incidence rate for measles and rubella, per 1 000 000 population; for CRS and neonatal tetanus, per 1000 live births; for all others, per 100 000 population. Total tetanus includes neonatal tetanus cases.


Finance

<table>
<thead>
<tr>
<th></th>
<th>Gross national income per capita (US $)</th>
<th>Line item in budget for vaccines</th>
<th>% of vaccines in routine immunization funded by government</th>
<th>% of routine immunization - funded by government</th>
<th>Eligible for GAVI support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finance</td>
<td>$ 7820</td>
<td>$</td>
<td>100%</td>
<td>100%</td>
<td>No</td>
</tr>
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</table>

Non-renewable vaccines include Hib, HPV, PCV and RV. IPV and JE are not counted. Otherwise, “Yes (specified)” is indicated to account for other vaccines.

Reported cases of selected vaccine preventable diseases

<table>
<thead>
<tr>
<th>Year</th>
<th>Acute flaccid paralysis (AFP)</th>
<th>Measles</th>
<th>Rubella</th>
<th>Congenital rubella syndrome (CRS)</th>
<th>Neonatal tetanus</th>
<th>Total tetanus</th>
<th>Diphtheria</th>
<th>Pertussis</th>
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Invasive bacterial disease, rotavirus and japanese encephalitis

<table>
<thead>
<tr>
<th>Year</th>
<th>Rotavirus diarrhea</th>
<th>Japanese encephalitis</th>
<th>Bacterial meningitis</th>
<th>Bacterial pneumonia</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Surveillance system type</td>
<td>Confirmed cases</td>
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<td>Confirmed cases</td>
</tr>
<tr>
<td>2013</td>
<td></td>
<td>736</td>
<td></td>
<td>Meningo - 61</td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td></td>
<td></td>
<td>Meningo - 53</td>
</tr>
<tr>
<td>2015</td>
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Confirmed measles cases by month of onset 2010–2015

Confirmed measles cases by age group and vaccination status, 2015

* New or underutilized vaccines include Hib, HPV, PCV and RV. IPV and JE are not counted. Otherwise, “Yes (specified)” is indicated to account for other vaccines.*
**China, 2015**

### Immunization schedule

<table>
<thead>
<tr>
<th>BCG</th>
<th>DTP</th>
<th>IPV</th>
<th>M2</th>
<th>JE_live</th>
<th>M8, Y2</th>
<th>MenA_ps</th>
<th>M6-18, M6-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>M3, M4, M5, M18-24</td>
<td>IPV</td>
<td>M2</td>
<td>JE_live</td>
<td>M8, Y2</td>
<td>MenA_ps</td>
<td>M6-18, M6-18</td>
</tr>
<tr>
<td>DT</td>
<td>Y6</td>
<td>HepB</td>
<td>B, M1, M6</td>
<td>MR</td>
<td>M8</td>
<td>JE_inactd</td>
<td>M8B, +DT, Y2, Y6</td>
</tr>
<tr>
<td>HepA</td>
<td>M18</td>
<td>OPV</td>
<td>M2, M3, M4, Y4</td>
<td>MMR</td>
<td>M18-24</td>
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B = birth, W = week, M = month, Y = year

### Planning

- Multi-year plan (MYP): Yes (2016-2020)
- Annual workplan for immunization activities: Yes
- Updated wild poliovirus importation and cVDPV response plan: Yes

### NIP priority needs

1. Immunization delivery capacity, such as high quality personal resources and efficient management
2. Strong political support
3. Financial guarantee

### Safe immunization

- % districts using auto-disable syringes: 100%
- System to monitor AEFI: Yes
- Number of AEFI: 152,066
- Injection safety policy implemented: Yes
- Disposal methods: Incineration
- Injection safety review: Yes (Subnational)

### Delivery of immunization services

- % of population served by outreach: 16%
- No. (%) of districts with DTP3 coverage < 80%: 0 (0%)
- No. (%) of districts with DTP3 coverage ≥ 90%: 2959 (100%)
- No. (%) of districts with MCV1 coverage < 80%: 4 (0%)
- No. (%) of districts with MCV1 coverage ≥ 90%: 2952 (99%)
- No. (%) of districts with DTP drop-out > 10%: 551 (19%)
- No. (%) of districts with DTP1–MCV1 drop-out > 10%: 1567 (55%)

### Number of districts, by category of DTP3 coverage 2014–2015

- Category of DTP3 coverage: Not reporting, ≥90%, 80-89%, 50-79%, <50%
- Number of districts: 0, 2, 185, 124, 0

### Reported immunization coverage, 2006–2015

- Immunization coverage (%):
  - BCG: 95.6%
  - DTP3: 99.9%
  - MCV1: 80-89%
  - MCV2: 80-89%
  - TT2+: 95.6%

- Year: 2006-2015

### School-based immunization

- Is there a school entry requirement?: Yes
- If no, do schools check immunization status at enrolment?:
  - What vaccines are required/checked?: NIP vaccines
  - At what school level/year?: Pre-school and Primary
  - Is routine vaccination given at school?: No
  - Which vaccination?:
    - If yes, is this part of a comprehensive school-health program that delivers other health interventions?:

### Measles and rubella elimination

- Confirmed measles case rate* (per 1 million population): 29.5
- Confirmed rubella case rate* (per 1 million population): 5.9
- Discarded as non-measles case* (Target: ≥ 2 per 100 000 population): 4.5
- % suspected cases with adequate specimens* (Target: ≥ 80%): 85.7%
- Imported cases*: 0
- Measles cases with unknown source of infection*: 41,217

- Year of MCV1 introduction: 1978
- Year of MCV2 introduction: 1986
- Year of RCV introduction: 2007
- Surveillance conducted for CRS: No
- Antigens, year and target population of last SIA: M - 2010 (various)
- Number vaccinated (SIA coverage): 102,300,000 (95%)

* Data from measles monthly country reports to WHO

### Serosurvey

- Coverage survey: 2013
- Serosurvey: 2014
- Type: Cluster survey and lot quality assessment
- Geographical representativeness: National

### Measles B control

- Year HepB3 vaccine introduced nationwide: 1992
- Year HepB birth dose introduced: 1992
- HepB birth dose (within 24 hours) coverage: 95.6%
- HepB birth dose (within and after 24 hours) coverage: 99.9%
- Systems to deliver HepB vaccine birth dose: Hospitals, health centers, home
- HBSAg results assessed for blood donors: No
- Policy for screening of pregnant women: Yes
- Policy to vaccinate health care workers: Yes