Global Vaccine Action Plan (GVAP) and Regional framework indicators

Polio-free status sustained
Yes
At least one dose of IPV introduced by end of 2015
Yes
Country achieved MNT elimination
Yes
Increasing trend in domestic expenditure since 2010
Yes
Country verified for measles elimination
No
NITAG established (with administrative/legal basis only)
Yes
Seroprevalence of chronic hepatitis B infection (HBsAg) reduced
Country verified for measles elimination
No
NITAG established (with administrative/legal basis only)
Yes
Country achieved MNT elimination
Yes
Increasing trend in domestic expenditure since 2010
Yes

DTP3 national immunization coverage ≥ 95% by 2020
92%
Primary series JE vaccine ≥ 90% coverage among children under 15 years old
Not applicable
DTP3 coverage ≥ 90% in at least 90% of districts (proportion of districts with ≥ 90% coverage)
Yes (90%)
Case-based surveillance for invasive bacterial vaccine-preventable disease
No
Sustained DTP3 coverage ≥ 95% for three or more years
No
Case-based surveillance for rotavirus disease
No
DTP dropout rate < 5%
1.08%
Rubella and CRS case-based data submitted to WPRO
No
DTP3 coverage
Sustained DTP3 coverage
districts with

Reported cases of selected vaccine preventable diseases

Year
Acute flaccid paralysis (AFP)
Non-polio AFP rate % adequate specimens Cases IR Cases IR Cases IR Cases IR Cases IR Cases IR
2011 0.3 33% 597 135.2 22 5.0 0 0.0 0 0.0 0 0.0 0 0.0 1992 45.1
2012 0.9 25% 68 15.2 4 0.9 0 0.0 0 0.0 2 0.0 0 0.0 5598 125.5
2013 1.3 50% 8 1.8 1 0.2 0 0.0 0 0.0 1 0.0 0 0.0 3396 75.4
2014 0.9 38% 280 61.5 4 0.9 0 0.0 0 0.0 0 0.0 2 0.0 1099 24.1
2015 0.8 29% 10 2.2 0 0.0 0 0.0 0 0.0 1 0.0 2 0.0 1168 25.8

Non-polio AFP rate = incidence per 100 000 under 15 years; % adequate specimens = % of AFP cases with 2 specimens 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.

Invasive bacterial disease, rotavirus and japanese encephalitis

Year
Rotavirus diarrhea
Surveillance system type Confirmed cases Surveillance system type Confirmed cases
Japanese encephalitis
Surveillance system type Confirmed cases
Bacterial meningitis
Surveillance system type Confirmed cases
Bacterial pneumonia

2013
Nationwide
Hb - 1
Pneumo - 26
Meningo - 61
Nationwide
Pneumo - 335

2014
Nationwide
Pneumo - 30
Meningo - 18
Nationwide
Hb - 2
Pneumo - 343

2015
Hb - 1
Pneumo - 28
Meningo - 35
Pneumo - 355

Confirmed measles cases by month of onset 2011–2015

Confirmed measles cases by age group and vaccination status, 2014–2015
### Immunization schedule

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>B</th>
<th>DTP-Hib-HepB-IPV</th>
<th>DTP-IPV</th>
<th>HPV</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG</td>
<td>B</td>
<td>W6, M2, M5</td>
<td>Y4</td>
<td>Y12</td>
</tr>
<tr>
<td>Tdap</td>
<td>Y11</td>
<td>Pneumo_contj</td>
<td>Y45, Y65</td>
<td></td>
</tr>
<tr>
<td>Hib</td>
<td>M15</td>
<td>W6, M3, M5</td>
<td>MMR</td>
<td></td>
</tr>
</tbody>
</table>

*B = birth, W = week, M = month, Y = year

### NIP priority needs

1. New electronic National Immunization Register

### Planning

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

### Safe immunization

<table>
<thead>
<tr>
<th>% districts using auto-disable syringes</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>System to monitor AEFI</td>
<td>Yes</td>
</tr>
<tr>
<td>Number of AEFI</td>
<td>4206</td>
</tr>
<tr>
<td>Injection safety policy implemented</td>
<td>No</td>
</tr>
<tr>
<td>Disposal methods</td>
<td>Incineration</td>
</tr>
<tr>
<td>Injection safety review</td>
<td>No</td>
</tr>
</tbody>
</table>

### Delivery of immunization services

<table>
<thead>
<tr>
<th>% of population served by outreach</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. (%) of districts with DTP3 coverage &lt; 80%</td>
</tr>
<tr>
<td>No. (%) of districts with DTP3 coverage ≥ 90%</td>
</tr>
<tr>
<td>No. (%) of districts with MCV1 coverage &lt; 80%</td>
</tr>
<tr>
<td>No. (%) of districts with MCV1 coverage ≥ 90%</td>
</tr>
<tr>
<td>No. (%) of districts with DTP1–MCV1 drop-out &gt; 10%</td>
</tr>
</tbody>
</table>

### School-based immunization

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

### Surveys

- Coverage survey: Most recent (year) 2014
- Type: Measles and rubella
- Geographical representativeness: National
- Result: Surveillance conducted for CRS Yes (unknown coverage)

### Measles and rubella elimination

- Confirmed measles case rate* (per 1 million population) 2.9
- Year of MCV1 introduction 1969
- Confirmed rubella case rate* (per 1 million population) No data
- Year of MCV2 introduction 1992
- Discarded as non-measles case* (Target: ≥ 2 per 100 000 population) 0.5
- Year of RCV introduction 1990
- % suspected cases with adequate specimens* (Target: ≥ 80%) No data
- Surveillance conducted for CRS Yes (unknown coverage)
- Imported measles cases* 0
- Antigens, year and target population of last SIA M - 1997 (2-10 yrs)
- Measles cases with unknown source of infection* 13
- Number vaccinated (SIA coverage) 300 000 (75%)

* Data from measles monthly country reports to WHO

### Hepatitis B control

- Year HepB3 vaccine introduced nationwide 1985
- Year HepB birth dose introduced 1985
- HepB birth dose (within 24 hours) coverage HBSAg results assessed for blood donors No
- HepB birth dose (within and after 24 hours) coverage Policy for screening of pregnant women Yes
- HepB birth dose (within and after 24 hours) coverage Policy to vaccinate health care workers Yes