



Scenarios for vaccination in the second year of life

(for use in training and supervision)

Vaccinators encounter many situations where they are not sure what to do if the child has missed previous doses, has come late for vaccination, or lacks a home-based record.

The following are real situations that have been reported from different countries.

These scenarios are based on a schedule that includes MCV1 at nine months of age and MCV2 at 18 months of age.

They should be adapted to fit the appropriate vaccine schedule and country context.

These scenarios can be used during training for interactive discussions and skill building for proper screening, administration, recording, and reporting of doses. In each case, trainers can show just the first two columns, or print out hard copies of the scenarios and ask training participants to review them in pairs. Afterwards, discuss as follows.

- Do you think the health worker did the right thing?
- If not, what should have been done differently?
- How could this problem be prevented?

The third and fourth columns are for use by training facilitators and supervisors. The third column provides the correct response. The fourth column presents some possible responses that can be further developed and discussed.

FOR TRAINING PARTICIPANTS

SCENARIO	HEALTH WORKER "INCORRECT" RESPONSE
1. A child is brought late for MCV1 at 14 months of age	The health worker vaccinates the child and records and reports the dose as MCV2 because the child is over one year of age. The health worker believes that only doses given under one year of age can be considered as MCV1.
2. A child is brought for his first dose of MCV at 18 months of age (the time of the scheduled MCV2 visit)	The health worker vaccinates the child and records and reports the dose as MCV2 because the child has come at the time when MCV2 is scheduled to be given.
3. At a rural facility with infrequent outreach and few children seen before the age of 12 months, a 15-month old boy is brought in who has never received measles vaccine.	The health worker believes the child is not eligible for MCV1 because he is too old to receive it. She also believes he is not eligible for MCV2 because he has not received MCV1. So she sends him away without vaccinating him against measles.
4. Children at one clinic are often brought for MCV1 at 10, 11, 12, or 13 months of age.	The health worker tells the mothers to come back 9 months later for MCV2, believing that it is the 9-month interval and not the target age (of 18 months) that is important.
6. A child is brought for MCV2 at 3 years of age. The child has already received MCV1 at 9 months.	The health worker does not vaccinate the child because they are older than 23 months.
7. A child is brought for MCV2 at 2-1/2 years of age. The child has already received MCV1 at 9 months.	The health worker vaccinates the child but records the dose on a special register so that it is not included in estimates of coverage.
8. The health worker says that she cannot provide a measles second dose because she has no "MSD" vaccine.	The health worker does not provide a second dose of measles to any children.
9. A child is brought for MCV2 at 18 months. The mother does not have a vaccination card but remembers that her baby received MCV1 soon before he started walking.	The health worker vaccinates him but records it as MCV1 and tells the mother to come back in one month for MCV2.

These scenarios are based on a schedule that includes MCV1 at nine months of age and MCV2 at 18 months of age.

FOR TRAINING FACILITATORS AND SUPERVISORS

WHAT SHOULD THE HEALTH WORKER HAVE DONE?

HOW COULD THIS PROBLEM BE PREVENTED? (for discussion)

1. She should have given the vaccine and recorded the dose as MCV1 in the column of the tally sheet for "12 months or older" or "12-23 months" and advised the caregiver to bring the child back for a scheduled MCV2 visit at 18 months.	<ul style="list-style-type: none"> • Proper training and supervision for immunization after one year of age • Well-designed tally sheet • Job aid to promote correct screening, recording, reporting
2. She should have given the vaccine and recorded the dose as MCV1 in the column of the tally sheet for "12 months or older" or "12-23 months." She should have advised the caregiver to bring the child back for MCV2 after 4 weeks.	<ul style="list-style-type: none"> • Proper training and supervision for immunization after one year of age • Well-designed tally sheet • Job aid to promote correct screening, recording, reporting
3. She should have vaccinated the child and recorded the dose as MCV1 in the column of the tally sheet for "12 months or older" or "12-23 months" and advised the caregiver to bring the child back for a scheduled MCV2 visit at 18 months.	<ul style="list-style-type: none"> • Proper training and supervision to emphasize that it is better to vaccinate late than to send a child away unvaccinated • Well-designed tally sheet • Job aid
4. She should have advised the caregivers to bring their children back for MCV2 at 18 months of age.	<ul style="list-style-type: none"> • Training and supervision to emphasize that it is the age of vaccination that is most important, as long as there is one month minimum interval between MCV doses.
6. She should have given the child MCV2 and recorded the dose as MCV2 in the column of the tally sheet for "12 months or older" or "24 months or older"	<ul style="list-style-type: none"> • Training and supervision to emphasize that the need for MCV does not stop at 24 months (no upper limit – all children need 2 doses of MCV), and it is better to vaccinate late than to send a child away unvaccinated • Well-designed tally sheet
7. She should have recorded the dose as MCV2 on the column of the tally sheet for "12 months or older" or "24 months or older"	<ul style="list-style-type: none"> • MOH needs to design the tally sheet to permit recording and reporting of doses given to children 24 months or older
8. She should have provided MCV2 doses to all eligible children who are over the age of one.	<ul style="list-style-type: none"> • Field guide, training, supervision, data recording forms, social mobilization should use more familiar convention of numbered doses (e.g. measles1/ measles2, MR1/MR2) for measles or measles rubella
9. She should have first checked the child's age and vaccination status in the child health register to ascertain whether the child received MCV1 at or soon after 9 months. If no record is found, then the health worker response was correct. A new vaccine card should have been provided. If a record is found, the health worker should have given MCV2, and transferred the information from the registry to a new vaccination card.	<ul style="list-style-type: none"> • Field guide should provide clear guidance on what health workers should do in the absence of an HBR or record of the child in the health facility register.