PCV catch-up vaccination FAQ

Pneumococcal conjugate vaccine (PCV) catch-up vaccination at the time of PCV introduction in children aged 12 to 59 months of age has been recommended by WHO as reflected in the 2019 WHO position paper.

What is the value of PCV catch-up vaccinations?

Modeling studies* suggest that PCV immunisation for children outside the birth cohort at the time of national introduction **accelerates both direct and indirect protection and thereby hastens the impact of PCV**.

If logistically feasible, catch-up campaigns at PCV introduction can enhance the benefit per dose of the PCV program in settings with high disease burden including disease beyond infancy and high vaccine-type carriage.

*Studies in Kenya and Viet Nam

Who is the target population?

Children from 12-59 months of age

How many doses are administered as part of a PCV catch-up campaign?

Often a single dose only is administered to children on a one-off basis.

Evidence remains limited on whether a single dose is sufficient or whether 2 doses are required for PCV catch-up vaccination after infancy. For children aged 12–23 months of age, some programmes have used 2 PCV doses separated by at least 8 weeks, while others have used a single dose (2019 WHO position paper).

Gavi The Vaccine Alliance *Gavi only covers a single dose for PCV catch-up at this time*

What should be prioritized if resources are limited?

If there is limited availability or capacity for catch-up immunisation, **the youngest children (e.g. <60 months of age) should be prioritized** to receive catch-up doses of PCV because of the higher pneumococcal disease risk.

What are key decision-making considerations for PCV catch-up vaccination?

Implementation synergies and budget efficiencies that can be leveraged to launch the PCV catch-up at the time of introduction or where campaigns for other antigens are planned within the same year.

Ways the operational support for the catch-up implementation can be used for **long-term strengthening of vaccine delivery** through the routine immunisation programme.

Situations where a country might choose **not** to implement a catch-up campaign:

- if the resources needed for the campaign divert resources and negatively impact PCV coverage in the routine birth cohort,
- if the resources for the campaign result in delayed introduction of PCV in the routine birth cohort, or
- if the epidemiologic setting is one where there is only moderate vaccine serotype carriage and disease in those in the PCV catch-up age cohort.

How should PCV catch-up campaigns be timed?

Ideally, PCV catch-up vaccination campaigns **should take place just prior to the start of routine immunisation** with a defined target age cohort for the campaign that aims to target the largest number of children possible (i.e. children older than eligible for routine introduction and up to 59 months of age).

Gavi The Vaccine Alliance *For Gavi countries to receive PCV catch-up support, countries must run catch-up vaccination within 2 months of routine launch. At the latest possible, doing a PCV catch-up campaign 11 months after routine launch would adjust for the year of routine vaccination that has passed, resulting in a catch-up age cohort reduced to those 24-59 months.*

Additional resources

WHO Leave no one behind: guidance for planning and implementing catch-up vaccination
WHO SIA Planning and Implementation Guide - for guidance on preparatory and implementation activities
Gavi Vaccine Funding Guidelines- for Gavi submission requirements
Pneumococcal Conjugate Vaccine: WHO Position Paper (2019)
WHO Principles and considerations for adding a vaccine to a national immunization programme

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