**PCV catch-up vaccination FAQ**

**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 vaccine-type carriage and disease beyond infancy.

*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 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 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.

**What should be prioritized if resources are limited?**

If there is limited availability or capacity for catch-up immunisation, the youngest children (e.g. <2 year of age) should be prioritized to receive catch-up doses of PCV because of the higher pneumococcal disease risk.

**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
- WHO Principles and considerations for adding a vaccine to a national immunization programme

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

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

How will the operational support for the catch-up implementation 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 catch-up age cohort.

**How should catch-up campaigns be timed?**

Ideally, 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 5 years of age).

For Gavi countries to receive catch-up support, countries must run catch-up vaccination within 12 months of routine launch. At the latest possible, doing a 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 2–5 years.