

Vaccination coverage standard

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Key points

- Vaccination is one of the most impactful and cost-effective public health interventions available, preventing over 4 million deaths annually
- Vaccination against measles and polio for children is an absolute priority and measles vaccine coverage rates of 95% or greater are needed to prevent outbreaks
- The standard applies to all operational settings, including both camp and out of camp settings
- As you prepare a mass vaccination campaign against measles and polio, plan in parallel to restore or set up the EPI (expanded programme on immunization), in coordination with national authorities and partners

1. Overview

Emergencies may cause major disruptions in the delivery of routine health services including routine vaccination programs. Thus, many of these services need to be addressed on an emergency basis and re-established as quickly as possible.

When populations are displaced, a system needs to be established to ensure that at least 95% of new arrivals in a camp or community who are aged between 0/6 months and 15 years receive vaccination against measles and polio as guided by the epidemiological situation and in consultation with the Ministry of Health (MoH) and WHO/UNICEF.

Vitamin A should be administered under the same programme to children aged between 6 and 59 months.

2. Relevance for emergency operations

In emergency situations, people, especially children are vulnerable to communicable disease outbreaks including vaccine preventable disease (VPD) outbreaks. This may be exacerbated by co-existing malnutrition as a result of food shortages, crowded living conditions, limited access to health care, scarcity of safe water, poor sanitation and waste management.

Therefore, vaccination should be among the high priority health interventions to be implemented to limit avoidable morbidity and mortality from VPDs.

3. Main guidance

Emergency Phase

At completion of the polio and measles vaccination campaign:

- At least 95% of children aged between 6 months and 15 years have received measles vaccinations.
- At least 95% of children under 15 years have received polio vaccinations.
- At least 95% of children aged between 6 and 59 months have received an appropriate dose of Vitamin A.

Post emergency phase

The above standards apply to both emergencies and long-term phases. In addition:

- Once routine immunization services (EPI) have been established, at least 90% of children aged between 0 and 12 months have received 3 doses of either (a) DPT (Diphtheria, Pertussis, Tetanus) or (b) pentavalent vaccine (depending on which of the two serves as a proxy indicator for full immunization coverage).

Vaccination coverage standard checklist

- Determine whether there is a need for vaccinations, and the appropriate approach for the emergency based on assessment of risk, feasibility of a campaign and context.
- Conduct a mass measles vaccination campaign for children aged six months to 15 years, regardless of measles vaccination history, when estimated measles coverage is less than 90 per cent or unknown. Include vitamin A for children aged 6 – 59 months.
- Ensure that all infants vaccinated between six and nine months receive another dose of measles vaccine at nine months.

- Consider polio vaccination campaign for children aged under 15 years in settings where polio outbreaks or threats to eradication program exist.
- Re-establish routine immunization service as soon as possible to protect children against VPDs to reduce risk of infections.
- Aim for primary health care facilities or systems of mobile teams/outreach to offer immunisation for VPDs at least 20 days per month.
- Screen children attending healthcare facilities or mobile clinics for vaccination status and administer any needed vaccinations.

4. Standards

[Sphere standards 2018](#)

[WHO, Vaccination in acute humanitarian emergencies](#)

[UNHCR Integrated Refugee Health Information System \(iRHIS\)](#)

Sphere Child health standard 2.2.1: Childhood vaccine-preventable diseases

Children aged six months to 15 years have immunity against disease and access to routine Expanded Programme on Immunization (EPI) services during crises.

Annexes

[The Sphere Handbook, 2018](#)

[WHO, Vaccination in acute humanitarian emergencies: a framework for decision making, 2017](#)

5. Links

[The Sphere Handbook, 2018](#) [WHO Vaccination in acute humanitarian emergencies](#) [UNHCR Integrated Refugee Health Information System \(iRHIS\)](#)

6. Main contacts

UNHCR Division of Resilience and Solutions, Public Health Section: hqphn@unhcr.org