

Queda da Cobertura Vacinal em razão da Pandemia de Covid-19

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Coberturas vacinais e pandemia COVID-19

- A vacinação é um serviço de saúde considerado essencial e prioritário
- Redução da oferta e redução da demanda por serviços de vacinação durante a pandemia da COVID-19
- Impacto esperado: aumento da ocorrência de doença, hospitalizações e óbitos por doenças imunopreveníveis no Brasil e no mundo
- Necessidade de re-estabelecer atividades de vacinação e resgatar coberturas vacinais

Guiding principles for immunization activities during the COVID-19 pandemic

Interim guidance
26 March 2020



*****As the COVID-19 pandemic evolves, this document and accompanying FAQ will be revised as necessary. *****

Due to the global circulation of the virus causing COVID-19 and the current pandemic, there is risk of disruption to routine immunization activities due to both COVID-19 related burden on the health system and decreased demand for vaccination because of physical distancing requirements or community reluctance. Disruption of immunization services, even for brief periods, will result in increased numbers of susceptible individuals and raise the likelihood of outbreak-prone vaccine preventable diseases (VPDs) such as measles.¹ Such VPD outbreaks may result in increased morbidity and mortality predominantly in young infants and other vulnerable groups, which can cause greater burden on health systems already strained by the COVID-19 response. The high potential for VPD outbreaks makes it

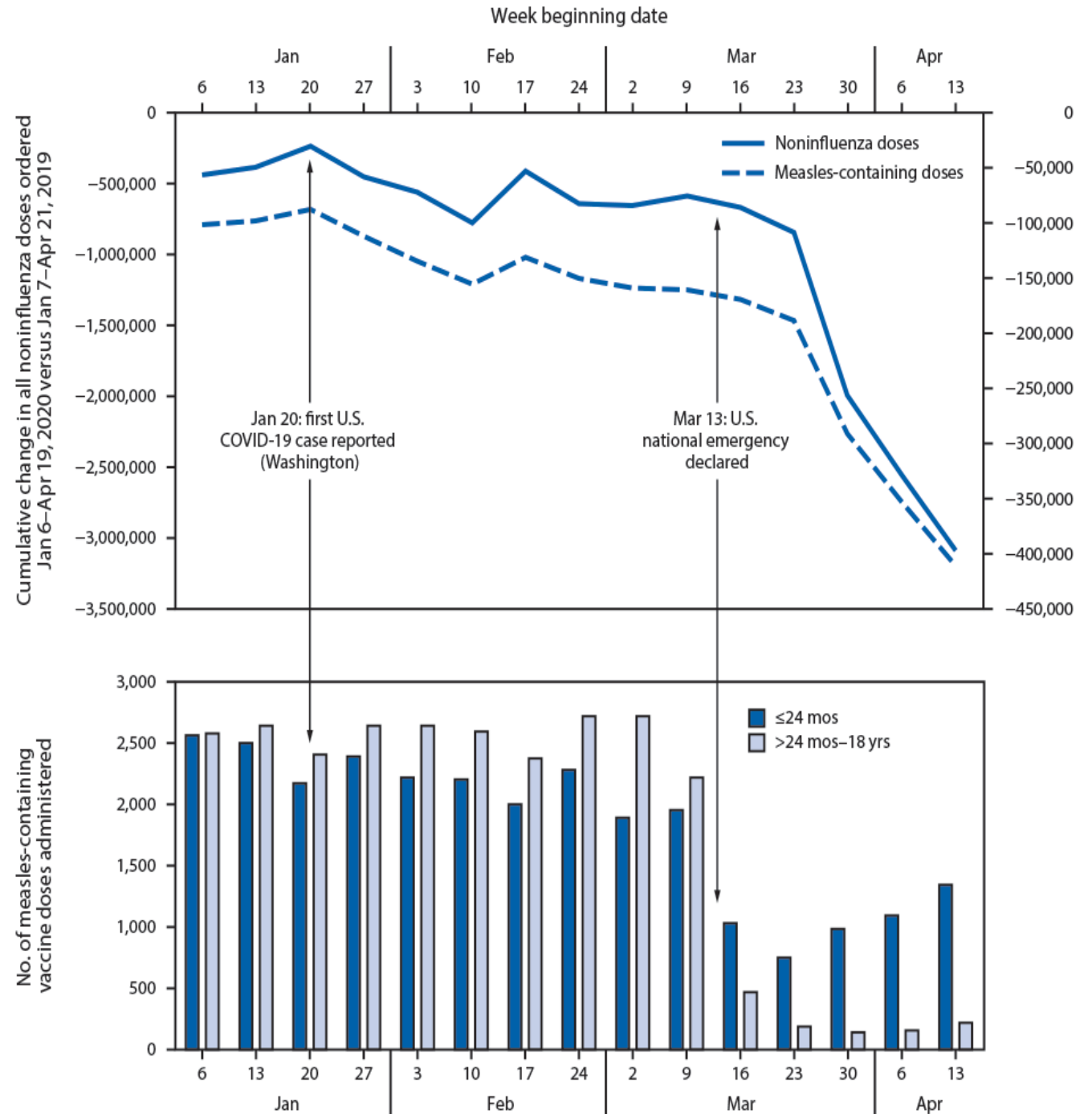


Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration — United States, 2020

Weekly / May 15, 2020 / 69(19);591-593

On May 8, 2020, this report was posted online as an MMWR Early Release.

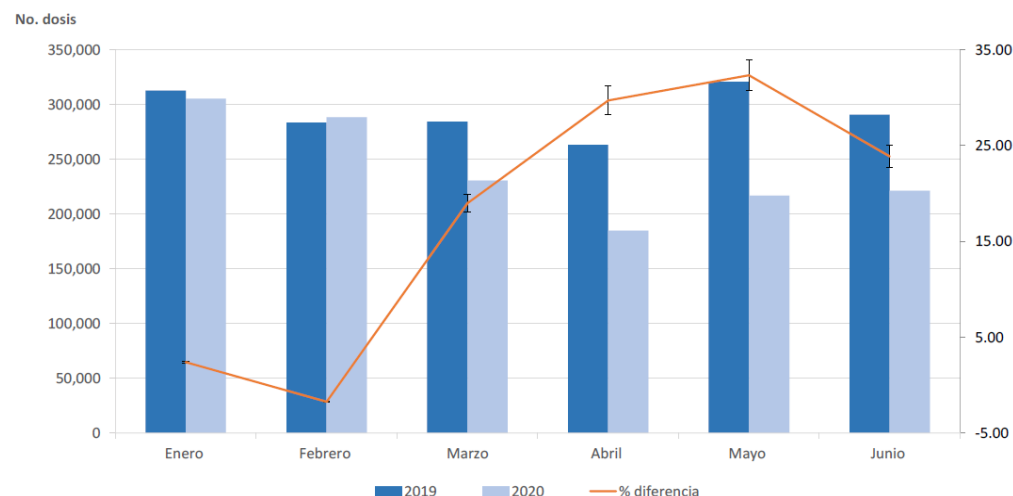
Jeanne M. Santoli, MD¹; Megan C. Lindley, MPH¹; Malini B. DeSilva, MD²; Elyse O. Kharbanda, MD²; Matthew F. Daley, MD³; Lisa Galloway¹; Julianne Gee, MPH⁴; Mick Glover⁵; Ben Herring⁶; Yoonjae Kang, MPH¹; Paul Lucas, MS¹; Cameron Noblit, MPH¹; Jeanne Tropper, MPH, MS, MBA¹; Tara Vogt, PhD¹; Eric Weintraub, MPH⁴ ([View author affiliations](#))



Cumulative change in all measles-containing doses ordered Jan 6–Apr 19, 2020 versus Jan 7–Apr 21, 2019



Reducción en el número de dosis de SRP1 en 25 países de América Latina: primeros seis meses* del 2019 vs 2020



*Periodo enero a junio. SRP1: primera dosis de la vacuna sarampión, rubeola y paperas
Fuente: informe de países enviados a la Unidad de Inmunizaciones de la OPS/OMS

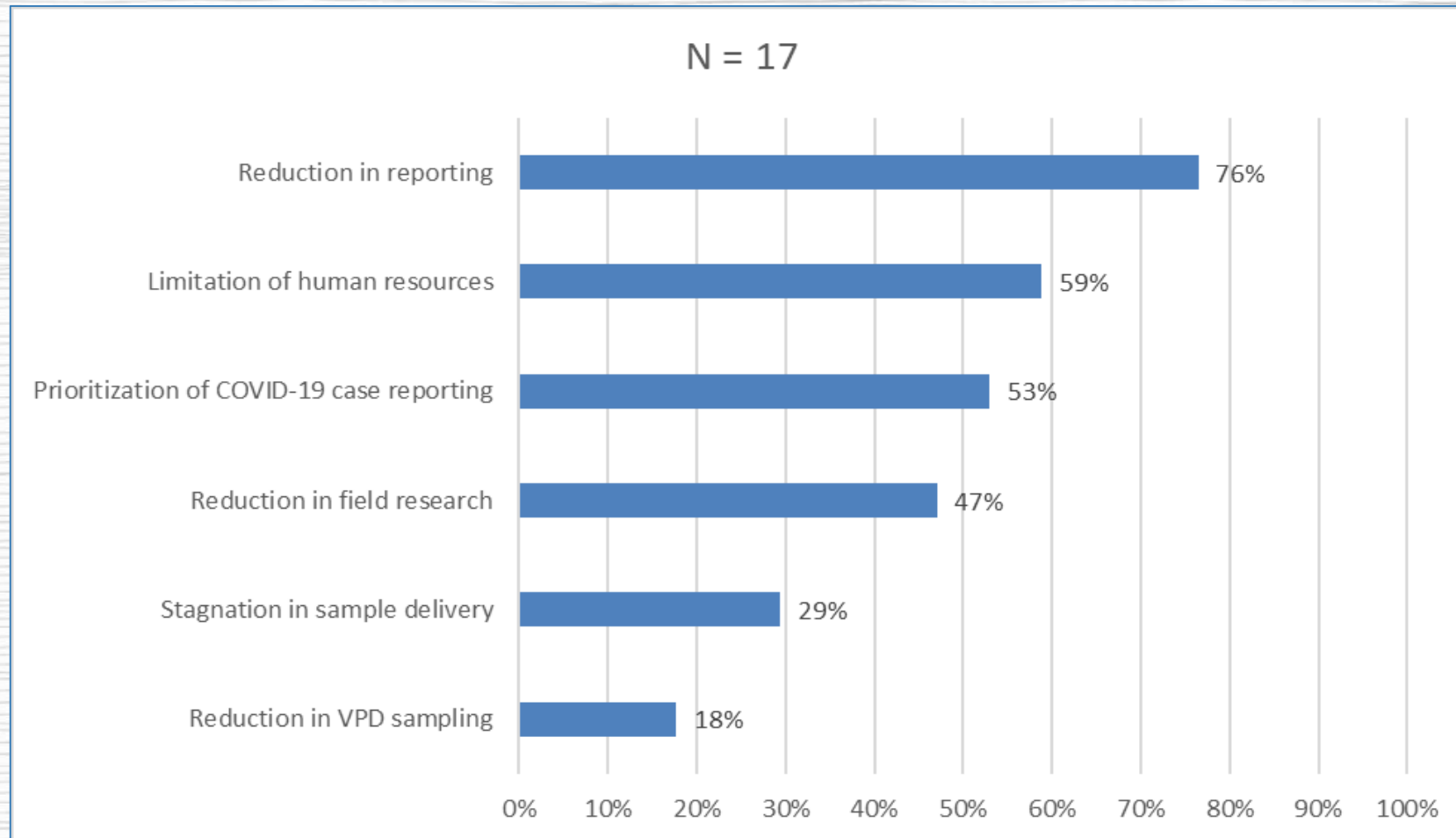
2020 – 2021
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COVID-19

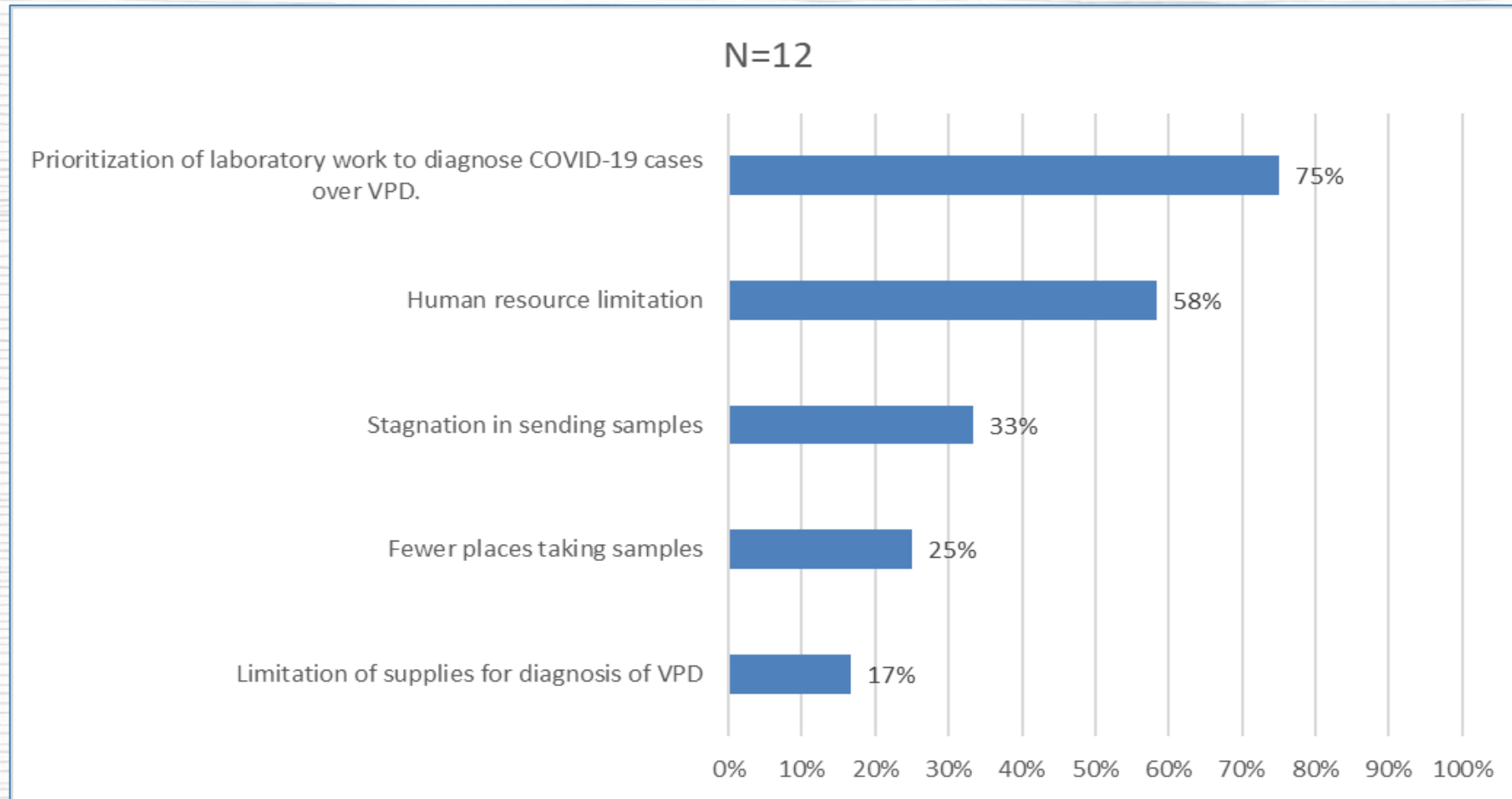
Pandemia COVID-19 vai impactar negativamente as coberturas de vacinação

Inquérito entre países da Região das Américas, Impacto da COVID-19 nos serviços de imunização da região, Junho 2020

Factors affecting epidemiological surveillance of vaccine-preventable diseases, 2020



Challenges faced by laboratory surveillance of vaccine-preventable diseases, 2020



Achados Principais

- Com a flexibilização das políticas de distanciamento na região, a oferta de serviços de vacinação melhorou. Houve um declínio na demanda por vacinas, com uma redução significativa na cobertura vacinal e um aumento nas lacunas de imunidade existentes.
- Os países da Região implementaram várias estratégias inovadoras para continuar a vacinar a população
 - vacinação institucional, centros móveis de vacinação e vacinação domiciliar; vacinação com agendamento prévio; vacinação em locais estratégicos; e vacinação de acompanhamento usando o registro eletrônico de imunização.
- Ao mesmo tempo, os países mantiveram estratégias de redes sociais e de comunicação na mídia digital para enfatizar à população a importância da imunização durante uma pandemia

Table 3: Recommendations* for Interrupted or Delayed Routine Immunization – PAHO adaptation Sept 2020

| Antigen | | Age of 1st Dose | Doses in Primary Series (min interval between doses)** | Interrupted primary series*** | Doses for those who start vaccination late | | Booster |
|---|-----------------------|---|--|---|--|--|---|
| | | | | | If ≤ 12 months of age | If > 12 months of age | |
| Recommendations for all immunization programmes | | | | | | | |
| BCG ¹ | | As soon as possible after birth | 1 dose | NA | 1 dose | 1 dose | Not recommended |
| Hepatitis B birth dose | | As soon as possible after birth (<24h) | 1 dose | Can be administered up to 28 days | 1 dose before infant series | Not applicable | Not applicable |
| Hepatitis B ² | | 6 weeks | 1 dose | Resume without repeating previous dose | 3 doses | 3 doses | Not applicable |
| Polio ³ | IPV / bOPV Sequential | 8weeks(IPV1 st) 8 weeks | 1-2 doses IPV and 2 doses bOPV (4 weeks) | Resume without repeatingprevious dose | 1-2 doses IPV and 2 doses bOPV | 1-2 doses IPV and 2 dosesbOPV 3 doses | Not recommended |
| | IPV | | 3 doses (4 weeks) | Resume without repeatingprevious dose | 3 doses | If the primary series begins < 2 months of age, booster to be given at least 6 months after the last dose | |
| | | | | | | | |
| DTP-containing vaccine (DTPCV) ⁴ | | 6 weeks (min) | 3 doses (4 weeks) | Resume without repeatingprevious dose | 3 doses | 3 doses with interval of at least 4 weeks between 1st & 2nd dose, and at least 6 mos between 2nd & 3rd dose (if > 7 yrs use only aPcontaining vaccine; 3 doses with an interval of at least 4 weeks between the first and second doses, and at least 6 months between the second and third doses, using the age-appropriate vaccine formulas, namely DPT for children 1 to 7 years; Td for children over 7 years, adolescents and adults. For> 7 years use only vaccine containing aP | 3 boosters: 12-23 months (DTP- containing vaccine); 4-7 years (Td/DT containing vaccine), see footnotes; and 9-15 yrs (Td containing) (if > 7 yrs use only aP containing vaccine) If tetanus vaccination started during adolescence or adulthood only 5 doses required for lifelong protection |
| Haemophilus influenzae type b ⁵ | Option1 | 6 weeks (min) | 3 doses (4 weeks) | Resume without repeatingprevious dose | 3 doses | 1 dose >5 yrs not recommendedif healthy | None |
| | Option2 | | 2-3 doses (8 weeks if 2 doses; 4 weeks if 3 doses) | | 2-3 doses | | At least 6 months (min) after last dose |
| Pneumococcal (Conjugate) ⁶ | | 6 weeks (min) | 3 doses (3p+0) with DTPCV (4 weeks) or 2 doses (2p+1) (8 weeks) | Resume without repeatingprevious dose | 2-3 doses | 1-5 yrs at high-risk: 2 doses | Booster at 9-18 months if following2 dose schedule Another booster if HIV+ or preterm neonate |
| Rotavirus ⁷ | | 6 weeks (min) | 2 or 3 depending on product given with DTPCV (4 weeks) | Resume without repeatingprevious dose | 2 or 3 depending on product | >24 months limited benefit | Not recommended |
| Measles ⁸ | | 9 or 12 months (6 months min, see footnote) | 2 doses (4 weeks) | Resume without repeatingprevious dose | 2 doses | 2 doses | Not recommended |
| Influenza | | 6 weeks (minimum) | <9 años: 2 dosis (4 weeks)* ≥9 años: 1 dosis | Resume without repeatingprevious dose | 2 doses* | <9 años: 2 doses* ≥9 años: 1 dosis | Not recommended (annual vaccination) |
| Rubella ⁹ | | 9 or 12 months | 1 dose with measles containing vaccine | NA | 1 dose | 1 dose | Not recommended |
| HPV ¹⁰ | | As soon as possible from 9 years of age (females) | 2 doses (5 months) | If 1st dose given before 15 years of age resume without repeating previous dose | NA | Girls: 9-14 years 2 doses (see footnote) | Not recommended |

Routine childhood immunisation during the COVID-19 pandemic in Africa: a benefit–risk analysis of health benefits versus excess risk of SARS-CoV-2 infection



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Summary

Background National immunisation programmes globally are at risk of suspension due to the severe health system constraints and physical distancing measures in place to mitigate the ongoing COVID-19 pandemic. We aimed to compare the health benefits of sustaining routine childhood immunisation in Africa with the risk of acquiring severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection through visiting routine vaccination service delivery points.

Methods We considered a high-impact scenario and a low-impact scenario to approximate the child deaths that could be caused by immunisation coverage reductions during COVID-19 outbreaks. In the high-impact scenario, we used previously reported country-specific child mortality impact estimates of childhood immunisation for diphtheria, tetanus, pertussis, hepatitis B, *Haemophilus influenzae* type b, *Streptococcus pneumoniae*, rotavirus, measles, meningitis A, rubella, and yellow fever to approximate the future deaths averted before 5 years of age by routine childhood vaccination during a 6-month COVID-19 risk period without catch-up campaigns. In the low-impact scenario, we approximated the health benefits of sustaining routine childhood immunisation on only the child deaths averted from measles outbreaks during the COVID-19 risk period. We assumed that contact-reducing interventions flattened the outbreak curve during the COVID-19 risk period, that 60% of the population will have been infected by the end of that period, that children can be infected by either vaccinators or during transport, and that upon child infection the whole household will be infected. Country-specific household age structure estimates and age-dependent infection-fatality rates were applied to calculate the number of deaths attributable to the vaccination clinic visits. We present benefit–risk ratios for routine childhood immunisation, with 95% uncertainty intervals (UIs) from a probabilistic sensitivity analysis.

Findings In the high-impact scenario, for every one excess COVID-19 death attributable to SARS-CoV-2 infections acquired during routine vaccination clinic visits, 84 (95% UI 14–267) deaths in children could be prevented by sustaining routine childhood immunisation in Africa. The benefit–risk ratio for the vaccinated children is 85 000 (4900–546 000), for their siblings (<20 years) is 75 000 (4400–483 000), for their parents or adult carers (aged 20–60 years) is 769 (148–2700), and for older adults (>60 years) is 96 (14–307). In the low-impact scenario that approximates the health benefits to only the child deaths averted from measles outbreaks, the benefit–risk ratio to the households of vaccinated children is 3 (0.5–10); if the risk to only the vaccinated children is considered, the benefit–risk ratio is 3000 (182–21 000).

Interpretation The deaths prevented by sustaining routine childhood immunisation in Africa outweigh the excess risk of COVID-19 deaths associated with vaccination clinic visits, especially for the vaccinated children. Routine childhood immunisation should be sustained in Africa as much as possible, while considering other factors such as logistical constraints, staff shortages, and reallocation of resources during the COVID-19 pandemic.

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Introduction

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measles, rubella, and maternal tetanus.¹ WHO launched



Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic

Interim guidance
May 2020



Orientações para o re-estabelecimento dos serviços de vacinação

- Em circunstâncias em que os serviços de imunização devam ser reduzidos ou suspensos, os países devem restabelecer e revigorar os serviços de imunização na primeira oportunidade possível
- Se os recursos forem limitados, as atividades de vacinação de recuperação devem priorizar as VPDs com tendência a surtos, como sarampo, poliomielite, difteria e febre amarela.
- Os países devem implementar estratégias de comunicação eficazes e se envolver com as comunidades para dissipar as preocupações, melhorar os vínculos comunitários e restabelecer a demanda da comunidade por vacinação

COVID-19

Recommendations

- TAG urges PAHO to provide guidance to countries on the implementation of immunization catch-up and coverage recovery activities. TAG stresses that PAHO should adopt a more hands-on approach in accompanying these efforts. Strategically placed PAHO international field staff need to be continually supported and offered to countries. More specifically, countries should:
 - Monitor the performance of immunization programs at the national and subnational levels (including coverage, vaccine stocks and supplies, epidemiological and laboratory surveillance) and take data-driven actions to correct pitfalls.
 - Prioritize vaccination as an essential health service and implement immunization strategies to reach all target populations, especially the underserved and vulnerable population groups.
 - Take advantage of the universal health coverage approach to strengthen all components of the immunization program during the pandemic (micro planning, human resources, training, information systems, among others). Implement integrated primary care strategies such as administration of anti-parasitic treatment or vitamins with vaccines.
 - Sustain the investments in epidemiological and laboratory surveillance of vaccine-preventable diseases in the context of COVID-19 and leverage resources and systems in place for COVID-19 to strengthen VPDs surveillance systems.
 - Develop and implement social communication strategies to encourage the community to safely access vaccination services during the COVID-19 pandemic.
 - Engage local communities in the planning of immunization coverage recovery activities and preparation for successful implementation of a COVID-19 vaccine when it becomes available.

- TAG urges PAHO to investigate the reasons for the secular trend in the decline of immunization coverage in the Americas and to share the findings with TAG with a view to developing a sustainable strategy to strengthen the immunization services and improve the control of VPDs including their continued elimination from the region.
- With regards to access to SARS-CoV-2 vaccines, TAG encourages PAHO, with the support of Member States, to assume a leadership role in the global governance processes related to COVID-19 vaccine procurement, allocation and delivery.
- TAG recognizes the value of the COVAX Facility and commends countries in the Americas for expressing their interest in being represented as a single bloc by PAHO's Revolving Fund.
- TAG recommends that the PAHO secretariat provide a briefing to PAHO's Directing Council on COVID vaccine and COVAX Facility development, with special emphasis on the unresolved pricing and governance issues that threaten the future role of the Revolving Fund.
- TAG urges PAHO to finalize a regional plan for COVID-19 vaccination 2020-21 and set up an internal coordination mechanism (including country representatives, where relevant) to ensure timely and effective technical cooperation to countries for COVID-19 vaccine introduction and implementation.
- TAG urges countries to develop national plans for the introduction of COVID-19 vaccines, engaging NITAGs, as early as possible, in the process.
- Understanding that strong national immunization programs are the foundation for the introduction of COVID-19 vaccines, TAG encourages countries to strengthen their cold chain capacity, information systems, and vaccine safety surveillance, among others. Countries should consider delivering other vaccines concurrently, where and if possible and appropriate, with COVID-19 vaccines (e.g., delivery of influenza and pneumococcal vaccines).
- TAG urges PAHO and countries to lay the groundwork for demand generation for COVID-19 vaccination through community engagement and exploring mapping stakeholders' perceptions around future COVID-19 vaccination. Given the current spread of misinformation, TAG encourages countries to begin planning and budgeting for demand generation activities before COVID-19 vaccines are available for deployment.

Oportunidades

- Vacina para COVID-19
- Alinhamento da comunicação e mobilização da sociedade pelos diversos setores da sociedade
- Evitar desinformação e debates que geram questionamentos e dúvidas
- Aumentar oferta e demanda por serviços de vacinação