



August 15, 2018

## WHO Guidance on Co-Administration of Typhoid Vaccine with Measles-containing vaccines

Currently available data on the co-administration of Typhbar-TCV with measles-containing vaccines ((MCV) measles or the measles, mumps and rubella combination vaccine [MMR]) show no evidence of interference with the immune response to either the Typhbar-TCV or measles antigen.

### **Routine Use:**

WHO encourages routine programmatic administration of TCV at the same time as other vaccine visits at 9 months of age, or in the second year of life.

### **Campaigns:**

Countries considering a catch-up campaign while introducing into routine can consider combining TCV with planned MCV campaigns. Combining campaigns reduces transaction costs for parents, health workers and planners and can save on transportation and training costs. In general, while WHO is supportive of a combined campaign approach, countries should consider factors described below and other country-specific contextual information when deciding on whether to implement this strategy.

The timing of all campaigns should be based on epidemiological need and operational readiness. MCV campaigns should not be delayed to accommodate a typhoid campaign or vice versa. Countries should plan to address the risks identified in a combined approach as well as identified country-specific risk factors. Identified risks include:

- Administration errors including:
  - Potential for an individual to receive the same vaccine twice vs. one of each campaign vaccine

- Reconstitution errors for MCV (using the typhoid vaccine to reconstitute the MCV vaccine instead of the appropriate diluent for MCV)
- Age target mix-ups (when a MCV campaign and TCV target different age groups)
- Potential inability to determine AEFI causality; this is particularly important in the initial stages of routine public sector use of TCV, considering that WHO recommends strengthening of post-licensure safety monitoring to establish a robust safety database.

Countries can mitigate these risks by:

- Giving adequate time to carefully plan for a combined campaign
- Ensuring health workers receive adequate training prior to the campaigns that emphasizes mitigation of the risks identified above
- Ensuring the same vaccinator is not giving both vaccines by having a vaccinator for MCV and a different designated vaccinator for TCV
- Ensuring that co-administered vaccines be given in different limbs

Any decision to co-administer TCV and MCV should also include a monitoring and evaluation plan to document the opportunities and challenges of operationalizing co-administration.