

Zero-Dose Learning Week pre-event webinar (part 1) Q&A: emerging evidence on identifying ZD children

Question	Presenter Response	Presenter
<p>We have also found high levels of knowledge of vaccination in Ethiopia - the issue is it sometimes isn't the priority as the families would like other services for health and farming tools.</p>	<p>Knowledge alone does not determine practice. There are numerous contributing factors that can prevent children from being vaccinated, which is why even highly knowledgeable mothers may still not vaccinate their children. Many families prioritize other immediate needs, such as health services or farming tools as compared on vaccination</p>	<p>Dr. Melaku Tsehay</p>
<p>In looking at the factors contributing to ZD in woredas in Afar and Somali, how much did these factors vary across regions or woredas studied? What were the biggest differences across these places -- or similarities?</p>	<p>Some of the major contributing factors in the Dhagahbur, Yocal, and Birkot woredas of the Somali region include insufficient support for EPI partners, inadequate budget allocations to the EPI program, a high number of home deliveries, low ANC visits during pregnancy, limited PNC follow-up, and religious beliefs. In both the Afar and Somali regions, similar challenges include the distance to vaccination sites, population movement, denominator issues, low accountability of vaccinators, and data quality concerns.</p>	<p>Dr. Melaku Tsehay</p>
<p>Are immunizers aware of how to decrease needle fear?</p>	<p>Vaccinators are trained to use appropriate techniques to minimize injection anxiety, following the guidelines set forth in the immunization vaccination protocols. They use techniques such as, calming communication, and quick, confident actions. The extent of this awareness and application can vary based on training and resource</p>	<p>Dr. Melaku Tsehay</p>
<p>What are the main differences you found between zero-dose vs. under vaccinated people?</p>	<p>Zero-dose refers to not receiving any antigens or the first dose of the PENTA1 vaccine, whereas under-immunized refers to not completing the full series, such as missing the PENTA3 vaccine. Contributing factors for zero-dose children include the distance to vaccination sites, low knowledge and attitudes toward vaccine-preventable diseases (VPD), infrequent health facility visits, and lack of trust in vaccinations. For under-vaccinated children, factors include adverse vaccine events, forgetfulness of immunization schedules, living conditions, poor tracking of newborns, and fear of injections.</p>	<p>Dr. Melaku Tsehay</p>

<p>What if a child received penta3 but missed OPV or BCG or IPV will this child still be considered partially immunized?</p>	<p>Yes, because by the time a child reaches PENTA3, the mother typically visits the vaccination site two or three times. During these visits, the vaccinator checks with the mother to ensure the child receives OPV and IPV vaccines, if available, and records the administered antigens on the vaccination card for future reference.</p>	<p>Dr. Melaku Tsehay</p>
<p>For the zero dose children, which antigen are we using? Is it DTP1 or MCV1? Were you able to identify the sites used to provide routine vaccination - whether HF, Schools or other sites?</p>	<p>DTP1 is considered a global operational indicator for ZD children, but flexibilities may apply. A good explanation of rationale for this indicator can be found in this article: https://www.mdpi.com/2076-393X/12/2/195 Regarding the sites, many abstracts discussed different models for delivery of vaccine either through fixed sites, outreaches or through integration with other programmes and sectors. The list of all abstracts will be made available soon in the ZD CoP.</p>	<p>Dr. Gustavo Corrêa</p>