EPI and VPD Review Format – MOH level

Year of evaluation 2025

Table -1-Background information

1-MOH area			
2-RDHS area			
3-Estimated Population for the year **2025**			
4-Actual Population for the year **2025**			
5-Reasons for differences in actual and estimated populations			
6-Crude Birth Rate for District **2025**			
7-Crude Birth Rate for Province **2025**			
8-Estimated Number of Births in the year **2025**	*Based on the Actual Population*	*Based on the Estimated Population*	
For District BR			
For Provincial BR			
9-Number of Immunizations performed in the year **2025** (institutions and field) **(Data source - EPINET)**	PVV1	PVV2	PVV3
10-Number of pregnant mothers registered for the area in **2024**			
11-Number of live births reported for the area in **2025**			
12- Number of infants registered for the area in **2025**			
13-The most probable number of births for the MOH area			

(*Choose the higher birth estimate (district/actual, provincial/actual, district/ estimated, provincial/ estimated) close to the whatever the highest number of infant immunizations (PVV1, PVV2, PVV3) performed or the number of actual births reported /No. of infants registered during 2025).

	Approved cardre	Available cardre	Average Population covered by each category / clinic	Population Range
PHMs				
PHIs				
SPHMs				
PHNS				
SPHI				
MOHs/AMOHs				
MCH Clinics (Except for Central clinic)				
Number of Immunization clinics conducted in District Hospitals (DH) and Primary Medical care Units (PMCU)				
Number of hospitals with established referral immunization clinics				

PHM area	Number (n) of											
	Pregnant mothers registered in 2024 (number)	Pregnant mothers registered in 2024 and delivered in 2024		Pregnant mothers registered in 2024 who have permanently left the area before delivery		Abortions/ h. mole/ ectopic pregnancies/ pseudo pregnancies in pregnant mothers registered in 2024		Still births occurred to pregnant mothers registered in year 2024		Pregnant mothers who registered in 2025 and delivered a live birth within the same year (2025)	Pregnant mothers newly came to the MOH area permanently before or immediately following the delivery	Number of expected births	Number of births reported
	A	B		C		D		E		F	G	H = A – (B+C+D+E) + (F+G)	I
		n	%*	n	%*	n	%*	n	%*				

*Denominator for calculation of % is pregnant mothers registered in 2024 (A)

These are the pregnant mothers who have registered in another MOH area and delivered in 2024, who had come permanently to the index MOH area before/ immediately following the delivery

FORM 1

Coverage of BCG vaccination among infants born between 1st of January 2025 to 31st of December 2025 and the protection of their mothers from Tetanus and Rubella vaccination at the time of delivery

1A- Coverage for the total MOH area

Number of registered infants under care* (A) A = (V+W+X) - (Y+Z)	Number of infants born between 1st of January 2025 to 31st of December 2025				
	Registered within 3 months of birth (V)****	Registered after 3 months of birth to date^^ (W)****	Came newly into the area & registered to date^^ (X)	Left the area to date^^ (Y)	Died to date^^ (Z)

Vaccine	(AA) Number of pregnant mothers registered in year 2024	(A) Number of registered infants under care *	(B) Number of estimated births for 2025	(C) Number of vaccinations according to BI registers/pregnant mother registers or mothers' cards	(D) Number & % of age-appropriate vaccinations according to BI registers**	(E) Number of vaccines given according to EPINET	Coverage according to	
							Registered infants under care *	Estimated births
FORMULA							(C/A) * 100	(C/B) *100
BCG								
					Number of mothers unprotected			
TT***								
Rubella***								

*Number of registered infants under care = (Number registered within 3 months of birth + Number registered after 3 months of birth to date+ Number newly came into the area & registered to date) – (Number left the area to date + number died to date)

**Age-appropriate vaccination for BCG- 24 hours to date^^ -to the date of compilation of data for the review

***TT & Rubella immunizations of pregnant mothers of children born between 01st January 2025 – 31st December 2025 should be obtained from Pregnant Mothers Registers/ or pregnancy records)

The value for B should be taken from Number 13 of Table 1 above.

V & W **** -For the infants born to the mothers who were under care/ residing within the area at the time of delivery

1B - Coverage by PHM areas

No	PHM area	Actual population **2025**	Estimated number of births for **2025**	Number of pregnant mothers registered in year **2024**	Number of registered infants under care *	Coverage											
						BCG				Maternal TT				Maternal Rubella			
						Number of vaccinations carried out according to BI register	Number & % of age-appropriate vaccinations carried out according to BI register * *		Coverage (%) for registered infants under care *	Coverage for estimated births	Number of vaccinations carried out***	Number of infants not protected	Coverage (%) for registered infants under care	Coverage (%) for estimated births	Number of vaccinations carried out***	Number of infants not protected	Coverage (%) for registered infants under care	Coverage (%) for estimated births
		A	B	BB	C	D	E		F	G	H	I	J	K	L	M	N	O
	FORMULA						No.	% (E/C) *100	(D / C) *100	(D / B) *100		(C-H)	(H / C) *100	(H / B) *100		(C-L)	(K / C)* 100	(K / B) *100
1																		
2																		
Total																		

*Number of registered infants under care = (Number registered within 3 months of birth + Number registered after 3 months of birth to date+ Number newly came into the area & registered to date) – (Number left the area to date + number died to date)

****Age-appropriate vaccination for BCG- 24 hours**

***** TT & Rubella vaccinations of pregnant mothers of children born between 01st January 2025- 31st December 2025 should be obtained from Pregnant Mothers Registers/512b or mothers' cards**

Form 1C - Reasons for not- vaccinating

Reason	**Number not vaccinated**		
	BCG	**Maternal TT**	**Maternal Rubella**
Medical reasons			
Vaccine refusal			
Advised by the VOG without a valid medical reason (for TT)			
Other (specify)			

Form 1D - Reasons for not- vaccinating by PHM area

Vaccine					
PHM area	Number not vaccinated due to				
	Medical reasons	Vaccine refusal	Other reasons (specify)	Other reasons (specify)	Other reasons (specify)

Form 1E – Reasons for delays in vaccination with BCG

Modifiable reasons	Number of children	Non-modifiable reasons	Number of children

FORM 2

Coverage of OPV1 /PVV 1/FIPV1 vaccination among infants born between **01st of November 2024 to 31st of October 2025**

2A- Coverage for the total MOH area (Actual Population = ☐☐☐☐☐☐)

Number of registered infants under care* (A) **A = (V+W+X) - (Y+Z)**	Number of infants born between **1st of November 2024 to 31st of October 2025**				
	registered within 3 months of birth **(V)******	registered after 3 months of birth **to date^^** **(W)******	came newly into the area registered to **date^^** **(X)**	left the area **to date^^** **(Y)**	Died **to date^^** **(Z)**

Vaccine	(AA) Number of pregnant mothers registered in **2024**	(A) Number of registered infants under care*	(B) Number of estimated births For **2025**	(C) Number of vaccinations according to BI registers	(D) Number & % of age-appropriate vaccinations according to BI registers* *		(E) Number of vaccines given according to EPINET	Coverage according to		
								Registered infants under care*	Estimated births	Number of vaccines given as per EPINET
FORMULA					No.	% (D/A) *100		(C/A) * 100	(C/B) * 100	(C/E) *100
PVV1										
OPV1										
FIPV1										

*Number of registered infants under care = (Number registered within 3 months of birth + Number registered after 3 months of birth to date+ Number newly came into the area & registered to date) – (Number left the area to date + number died to date)

****Age-appropriate vaccination for PVV 1 / OPV1/FIPV1- Two weeks**

to date^^ -to the date of compilation of data for the review

*****V & W -For the infants born to the mothers who were under care/ residing within the area at the time of delivery**

2 B - Coverage by PHM areas

No	PHM area	Actual population **2025**	Estimated number of births for **2025**	Number of pregnant mothers registered in year **2025**	Number of registered infants under care *	PVV 1					OPV 1			FIPV1		
						Number of vaccinations carried out according to BI register	Number of age-appropriate vaccinations carried out according to BI register**	Age-appropriate coverage (%) for registered infants under care	Coverage (%) for registered infants under care *	Coverage (%) for estimated births	Number of vaccinations carried out according to BI register	Coverage (%) for registered infants under care *	Coverage (%) for estimated births	Number of vaccinations carried out according to BI register	Coverage (%) for registered infants under care *	Coverage (%) for estimated births
		A	B	BB	C	D	E	F	G	H	I	J	K	L	M	N
	FORMULA							(E / C) *100	(D /C) *100	(D / B) * 100		(I / C) *100	(I / B) *100		(L/C) *100	(L/ B) *100
1																
2																
Total																

*Number of registered infants under care = (Number registered within 3 months of birth + Number registered after 3 months of birth to date+ Number newly came into the area & registered to date) – (Number left the area to date + number died to date)

****Age-appropriate vaccination for PVV 1 / OPV1/FIPV1- Two weeks**

Form 2C - Reasons for not- vaccinating with PVV1/OPV1/fIPV1

Reason	**Number not vaccinated**
Medical reasons	
Vaccine refusal	
Other (specify)	

Form 2D - Reasons for not- vaccinating with PVV1/OPV1/fIPV1 by PHM area

PHM area	Number not vaccinated due to				
	Medical reasons	Vaccine refusal	Other reasons (specify)	Other reasons (specify)	Other reasons (specify)

Form 2E – Reasons for delays in vaccination with PVV 1 / OPV1/FIPV1

Modifiable reasons	Number of children	Non-modifiable reasons	Number of children

FORM 3

Coverage of OPV2/PVV2/FIPV2 vaccination among infants born between **01st of September 2024 to 31st of August 2025**

3A- Coverage for the total MOH area (Actual Population = ☐☐☐☐☐☐)

Number of registered infants under care* (A) **A = (V+W+X) - (Y+Z)**	Number of infants born between **01st of September 2024 to 31st of August 2025**				
	registered within 3 months of birth **(V)******	registered after 3 months of birth **to date^^** **(W)******	came newly into the area registered **to date^^** **(X)**	left the area **to date^^** **(Y)**	Died **to date^^** **(Z)**

Vaccine	(AA) Number of pregnant mothers registered in **2024**	(A) Number of registered infants under care*	(B) Number of estimated births For **2025**	(C) Number of vaccinations according to BI registers	(D) Number & % of age-appropriate vaccinations according to BI registers* *		(E) Number of vaccines given according to Q/ EPI returns	Coverage according to		
								Registered infants under care*	Estimated births	Number of vaccines given as per Q/ EPI return
FORMULA					No.	% (D/A) *100		(C/A) * 100	(C/B) * 100	(C/E) *100
PVV2										
OPV2										
FIPV2										

*Number of registered infants under care = (Number registered within 3 months of birth + Number registered after 3 months of birth to date+ Number newly came into the area & registered to date) – (Number left the area to date + number died to date)

****Age-appropriate vaccination for PVV 2 / OPV2/FIPV2- Two weeks**

to date^^ -to the date of compilation of data for the review

*****V & W -For the infants born to the mothers who were under care/ residing within the area at the time of delivery**

3B- Coverage by PHM areas

No	PHM area	Actual population **2025**	Estimated number of births for **2025**	Number of pregnant mothers registered in year **2024**	Number of registered infants under care *	PVV 2					OPV 2			FIPV2		
						Number of vaccinations carried out according to BI register	Number of age-appropriate vaccinations carried out according to BI register**	Age-appropriate coverage (%) for registered infants under care	Coverage (%) for registered infants under care *	Coverage (%) for estimated births	Number of vaccinations carried out according to BI register	Coverage (%) for registered infants under care *	Coverage (%) for estimated births	Number of vaccinations carried out according to BI register	Coverage (%) for registered infants under care *	Coverage (%) for estimated births
		A	B	BB	C	D	E	F	G	H	I	J	K	L	M	N
	FORMULA							(E / C) *100	(D /C) *100	(D / B) * 100		(I / C) *100	(I / B) *100		(L/C) *100	(L/ B) *100
1																
2																
Total																

*Number of registered infants under care = (Number registered within 3 months of birth + Number registered after 3 months of birth to date+ Number newly came into the area & registered to date) – (Number left the area to date + number died to date)

****Age-appropriate vaccination for PVV 2 / OPV2/FIPV2- Two weeks**

Form 3C - Reasons for not- vaccinating with PVV 2 / OPV2/FIPV2

Reason	**Number not vaccinated**
Medical reasons	
Vaccine refusal	
Other (specify)	

Form 3D - Reasons for not- vaccinating with PVV 2 / OPV2/FIPV2 by PHM area

PHM area	Number not vaccinated due to				
	Medical reasons	Vaccine refusal	Other reasons (specify)	Other reasons (specify)	Other reasons (specify)

Form 3E – Reasons for delays in vaccination with PVV 2 / OPV2/FIPV2

Modifiable reasons	Number of children	Non-modifiable reasons	Number of children

FORM 4

Coverage of OPV3 /PVV3 vaccination among infants born between **01st of July 2024 to 30th of June 2025**

4A- Coverage for the total MOH area (Actual Population = ☐☐☐☐☐☐)

Number of registered infants under care* (A) **A = (V+W+X) - (Y+Z)**	Number of infants born between **1st of July 2024 to 30th of June 2025**				
	registered within 3 months of birth **(V)******	registered after 3 months of birth **to date^^** **(W)******	came newly into the area registered **to date^^** **(X)**	left the area **to date^^** **(Y)**	Died **to date^^** **(Z)**

Vaccine	(AA) Number of pregnant mothers registered in **2024**	(A) Number of registered infants under care*	(B) Number of estimated births For **2025**	(C) Number of vaccinations according to BI registers	(D) Number & % of age-appropriate vaccinations according to BI registers* *		(E) Number of vaccines given according to Q/ EPI return	Coverage according to		
								Registered infants under care*	Estimated births	Number of vaccines given as per Q/ EPI return
FORMULA					No.	% (D/A) *100		(C/A) * 100	(C/B) * 100	(C/E) *100
PVV3										
OPV3										

*Number of registered infants under care = (Number registered within 3 months of birth + Number registered after 3 months of birth to date+ Number newly came into the area & registered to date) – (Number left the area to date + number died to date)

****Age-appropriate vaccination for PVV 3 and OPV3 - Two weeks**

to date^^ -to the date of compilation of data for the review

*****V & W -For the infants born to the mothers who were under care/ residing within the area at the time of delivery**

4B - Coverage by PHM areas

No	PHM area	Actual population **2025**	Estimated number of births for **2025**	Number of pregnant mothers registered in year **2024**	Number of registered infants under care *	PVV 3					OPV 3		
						Number of vaccinations carried out according to BI register	Number of age-appropriate vaccinations carried out according to BI register**	Age-appropriate coverage (%) for registered infants under care	Coverage (%) for registered infants under care *	Coverage for estimated births	Number of vaccinations carried out according to BI register	Coverage (%) for registered infants under care *	Coverage (%) for estimated births
		A	B	BB	C	D	E	F	G	H	I	J	K
	FORMULA							(E / C) *100	(D /C) *100	(D / B)* 100		(I / C) *100	(I / B) *100
1													
2													
Total													

*Number of registered infants under care = (Number registered within 3 months of birth + Number registered after 3 months of birth to date+ Number newly came into the area & registered to date) – (Number left the area to date + number died to date)

****Age-appropriate vaccination for PVV 3 and OPV3-Two weeks**

Form 4C - Reasons for not- vaccinating with PVV 3 / OPV3

Reason	**Number not vaccinated**
Medical reasons	
Vaccine refusal	
Other (specify)	

Form 4D - Reasons for not- vaccinating with PVV 3 / OPV3 by PHM area

PHM area	Number not vaccinated due to				
	Medical reasons	Vaccine refusal	Other reasons (specify)	Other reasons (specify)	Other reasons (specify)

Form 4E – Reasons for delays in vaccination with PVV 3 / OPV3

Modifiable reasons	Number of children	Non-modifiable reasons	Number of children

FORM 5

Coverage of MMR1 vaccination among infants born between 01st of April 2024 to 31st of March 2025

5A- Coverage for the total MOH area (Actual Population = ☐☐☐☐☐☐)

Birth cohort	Number of registered infants under care* (A) A=(V+W+)- (Y+Z)	registered within 3 months of birth (V)****	registered after 3 months of birth to date^^ (W)****	came newly into the area registered to date^^ (X)	left the area to date^^ (Y)	Died to date^^ (Z)
MMR 1						

Vaccine	(AA) Number of pregnant mothers registered in 2024	(A) Number of registered infants under care*	(B) Number of estimated births For 2025	(C) Number of vaccinations according to BI registers	(D) Number & % of age-appropriate vaccinations according to BI registers**		(E) Number of vaccines given according to Q/ EPI return	Coverage according to		
								Registered infants under care*	Estimated births	Number of vaccines given as per Q/ EPI returns
FORMULA					No.	% D/A* 100		(C/A) * 100	(C/B) *100	(C/E) *100
MMR 1										

*Number of registered infants under care = (Number registered within 3 months of birth + Number registered after 3 months of birth to date+ Number newly came into the area & registered to date) – (Number left the area to date + number died to date)

**Age-appropriate vaccination for MMR1- one month

****V & W - For the infants born to the mothers who were under care/ residing within the area at the time of delivery

to date^^ -to the date of compilation of data for the review

5B- Coverage by PHM areas

No	PHM area	Actual population **2025**	Estimated number of births **2025**	Number of pregnant mothers registered in year **2024**	Number of registered infants under care *	Number of vaccinations carried out according to BI register	Number & % of age-appropriate vaccinations carried out according to BI register * *		Coverage		
									MMR1		
							E		Coverage (%) for estimated number of births	Coverage (%) for registered infants under care*	Age-appropriate coverage (%) for registered infants under care**
		A	B	BB	C	D	No.	% E/C*100	F (D / B) * 100	G (D / C) *100	H (E / C) *100
1											
2											
Total											

*Number of registered infants under care = (Number registered within 3 months of birth + Number registered after 3 months of birth to date+ Number newly came into the area & registered to date) – (Number left the area to date + number died to date)

****Age-appropriate vaccination for MMR1- one month**

Form 5C - Reasons for not- vaccinating with MMR1

Reason	**Number not vaccinated**
Medical reasons	
Vaccine refusal	
Other (specify)	

Form 5D - Reasons for not- vaccinating with MMR1 by PHM area

PHM area	Number not vaccinated due to				
	Medical reasons	Vaccine refusal	Other reasons (specify)	Other reasons (specify)	Other reasons (specify)

Form 5E – Reasons for delays in vaccination with MMR1

Modifiable reasons	Number of children	Non-modifiable reasons	Number of children

FORM 06

6A Coverage of LJE vaccination among infants born between 1st of January 2024 to 31st of December 2024

Birth cohort	Number of registered infants under care* (A) A=(V+W+)- (Y+Z)	registered within 3 months of birth **(V)******	registered after 3 months of birth **to date^^** **(W)******	came newly into the area registered **to date^^** **(X)**	left the area **to date^^** **(Y)**	Died **to date^^** **(Z)**
LJE V						

Vaccine	(AA) Number of pregnant mothers registered in **2024**	(A) Number of registered infants under care*	(B) Number of estimated births For **2025**	(C) Number of vaccinations according to BI registers	(D) Number & % of age-appropriate vaccinations according to BI registers**		(E) Number of vaccines given according to Q/ EPI return	Coverage according to		
								Registered infants under care*	Estimated births	Number of vaccines given as per Q/ EPI returns
FORMULA					No.	% D/A* 100		(C/A) * 100	(C/B) *100	(C/E) *100
LJE V										

*Number of registered infants under care = (Number registered within 3 months of birth + Number registered after 3 months of birth to date+ Number newly came into the area & registered to date) – (Number left the area to date + number died to date)

****Age-appropriate vaccination for LJEV- one month****V & W -For the infants born to the mothers who were under care/ residing within the area at the time of delivery to date^^ -to the date of compilation of data for the review**

6B- Coverage by PHM areas

No	PHM area	Actual population **2025**	Estimated number of births **2025**	Number of pregnant mothers registered in year **2024**	Number of registered infants under care *	Number of vaccinations carried out according to BI register	Number & % of age-appropriate vaccinations carried out according to BI register * *		Coverage		
									LJEV		
							E		Coverage (%) for estimated number of births	Coverage (%) for registered infants under care*	Age appropriate coverage (%) for registered infants under care
		A	B	BB	C	D	No.	% E/C*100	F (D / B)* 100	G (D / C)* 100	H (E / C)* 100
1											
2											
Total											

*Number of registered infants under care = (Number registered within 3 months of birth + Number registered after 3 months of birth to date+ Number newly came into the area & registered to date) – (Number left the area to date + number died to date)

**Age-appropriate vaccination for LJEV- one month

Form 6C - Reasons for not- vaccinating with LJEV

Reason	**Number not vaccinated**
Medical reasons	
Vaccine refusal	
Other (specify)	

Form 6D - Reasons for not- vaccinating with LJEV by PHM area

PHM area	Number not vaccinated due to				
	Medical reasons	Vaccine refusal	Other reasons (specify)	Other reasons (specify)	Other reasons (specify)

Form 6E – Reasons for delays in vaccination with LJEV

Modifiable reasons	Number of children	Non-modifiable reasons	Number of children

FORM 7

Coverage of DPT4/OPV4 vaccination among infants born between 1st of July 2023 to 30th of June 2024

7A- Coverage for the total MOH area (Actual Population = ☐☐☐☐☐☐)

Number of registered infants under care* (A) **A = (V+W+X) – (Y+Z)**	Number of infants born between **1st of July 2023 to 30th of June 2024**				
	registered within 3 months of birth **(V)******	registered after 3 months of birth **to date^^** **(W)******	came newly into the area registered **to date^^** **(X)**	left the area **to date^^** **(Y)**	Died **to date^^** **(Z)**

Vaccine	(AA) Number of pregnant mothers registered in **2022**	(A) Number of registered infants under care*	(B) Number of estimated births **2023**	€ Number of vaccinations according to BI registers	(D) Number & % of age-appropriate vaccinations according to BI registers* *		€ Number of vaccines given according to Q/ EPI return	% Coverage according to		
								Registered infants under care*	Estimated births	Number of vaccines given as per Q/ EPI returns
					No.	% D/A*100		(C/A) * 100	(C/B) *100	(C/E) *100
Formula										
DPT4										
OPV4										

*Number of registered infants under care = (Number registered within 3 months of birth + Number registered after 3 months of birth to date+ Number newly came into the area & registered to date) – (Number left the area to date + number died to date)

****Age-appropriate vaccination for DPT4/OPV4 – one month**

*****V & W -For the infants born to the mothers who were under care/ residing within the area at the time of delivery**

to date^^ -to the date of compilation of data for the review

7B- Coverage by PHM areas

No	PHM area	Actual population **2023**	Estimated number of births **2023**	Number of pregnant mothers registered in year **2022**	Number of registered infants under care*	% Coverage							
						DPT 4					OPV 4		
						Number of vaccinations carried out according to BI register	Number of age-appropriate vaccinations carried out according to BI register * *	Age-appropriate coverage for registered infants under care*	Coverage for registered infants under care*	Coverage for estimated births	Number of vaccinations carried out according to BI register	Coverage for registered infants under care*	Coverage for estimated births
		A	B	BB	C	D	E	F	G	H	I	J	K
	FORMULA							(E / C) *100	(D/ C) *100	(D / B)* 100		(I / C) *100	(I / B) *100
1													
2													
Total													

*Number of registered infants under care = (Number registered within 3 months of birth + Number registered after 3 months of birth to date+ Number newly came into the area & registered to date) – (Number left the area to date + number died to date)

****Age-appropriate vaccination for DPT4/OPV4 – one month**

Form 7C - Reasons for not- vaccinating with DPT4

Reason	**Number not vaccinated**
Medical reasons	
Vaccine refusal	
Other (specify)	

Form 7D - Reasons for not- vaccinating with DPT4 by PHM area

PHM area	Number not vaccinated due to				
	Medical reasons	Vaccine refusal	Other reasons (specify)	Other reasons (specify)	Other reasons (specify)

Form 7E – Reasons for delays in vaccination with DPT4

Modifiable reasons	Number of children	Non-modifiable reasons	Number of children

FORM 8

Coverage of MMR2 vaccination among infants born between 01st of January 2022 to 31st of December 2022

8A- Coverage for the total MOH area (Actual Population = ☐☐☐☐☐☐)

Number of registered infants under care* (A) **A = (V+W+X) – (Y+-Z)**	Number of infants born between **1st of January 2022 to 31st of December 2022**				
	registered within 3 months of birth **(V)******	registered after 3 months of birth **to date^^** **(W)******	came newly into the area registered **to date^^** **(X)**	left the area **to date^^** **(Y)**	Died **to date^^** **(Z)**

Vaccine	(AA) Number of pregnant mothers registered in **2021**	(A) Number of registered infants under care*	(B) Number of estimated births **2022**	€ Number of vaccinations according to BI registers	(D) Number & % of age-appropriate vaccinations according to BI registers* *		€ Number of vaccines given according to Q/ EPI return	Coverage of according to		
								Registered infants under care*	Estimated births	Number of vaccines given as per Q/ EPI returns
Formula					No.	% (D/A)*100		(C/A) *100	(C/B) *100	(C/E)* 100
MMR2										

*Number of registered infants under care = (Number registered within 3 months of birth + Number registered after 3 months of birth to date+ Number newly came into the area & registered to date) – (Number left the area to date + number died to date)

****Age-appropriate vaccination for MMR2 – one month** **to date^^ -to the date of compilation of data for the review**

******V & W -For the infants born to the mothers who were under care/ residing within the area at the time of delivery**

8B – Coverage by PHM areas

No	PHM area	Actual population **2022**	Estimated number of births **2022**	Number of pregnant mothers registered in year **2021**	Number of registered infants under care *	Number of vaccinations carried out according to BI register	Number of age-appropriate vaccinations carried out according to BI register * *	Coverage		
								MMR2		
								Coverage (%) for estimated number of births	Coverage (%) for registered infants under care*	Age-appropriate coverage (%) for registered infants under care
		A	B	BB	C	D	E	F	G	H
								(D / B) *100	(D / C) *100	(E /C) 100
1										
2										
Total										

*Number of registered infants under care = (Number registered within 3 months of birth + Number registered after 3 months of birth to date+ Number newly came into the area & registered to date) – (Number left the area to date + number died to date)

****Age-appropriate vaccination for MMR2- one month**

Form 8C - Reasons for not- vaccinating with MMR2

Reason	**Number not vaccinated**
Medical reasons	
Vaccine refusal	
Other (specify)	

Form 8D - Reasons for not- vaccinating with MMR2 by PHM area

PHM area	Number not vaccinated due to				
	Medical reasons	Vaccine refusal	Other reasons (specify)	Other reasons (specify)	Other reasons (specify)

Form 8E – Reasons for delays in vaccination with MMR2

Modifiable reasons	Number of children	Non-modifiable reasons	Number of children

FORM 9

Coverage of DT/OPV5 vaccination among infants born between 01st of January 2020 to 31st of December 2020

9A- Coverage for the total MOH area (Actual Population = ☐☐☐☐☐☐)

Number of registered infants under care* (A) **A = (V+W+X) – (Y+-Z)**	Number of infants born between **1st of January 2020 to 31st of December 2020**				
	registered within 3 months of birth **(V)******	registered after 3 months of birth **to date^^** **(W)******	came newly into the area registered **to date^^** **(X)**	left the area **to date^^** **(Y)**	Died **to date^^** **(Z)**

Vaccine	(AA) Number of pregnant mothers registered in **2019**	(A) Number of registered infants under care *	(B) Number of estimated births for **2020**	€ Number of vaccinations according to BI registers	(D) Number & % of age-appropriate vaccinations according to BI registers* *		€ Number of vaccines given according to Q/ EPI return	% Coverage according to		
								Registered infants under care*	Estimated births	Number of vaccines given as per Q/ EPI returns
Formula					No.	% D/A*100		(C/A) * 100	(C/B) *100	(C/E) *100
DT										
OPV5										

*Number of registered infants under care = (Number registered within 3 months of birth + Number registered after 3 months of birth to date+ Number newly came into the area & registered to date) – (Number left the area to date + number died to date)

****Age-appropriate vaccination for DT/ OPV5 – one month** **to date^^ -to the date of compilation of data for the review**

*****V & W -For the infants born to the mothers who were under care/ residing within the area at the time of delivery**

9B- Coverage by PHM areas

No	PHM area	Actual population **2020**	Estimated number of births **2020**	Number of pregnant mothers registered in year **2019**	Number of registered infants under care*	% Coverage							
						DT					OPV 5		
						Number of vaccinations carried out according to BI register	Number of age-appropriate vaccinations carried out according to BI register * *	Age-appropriate coverage for registered infants under care*(%)	Coverage for registered infants under care*	Coverage for estimated births	Number of vaccinations carried out according to BI register	Coverage for registered infants under care*	Coverage for estimated births
		A	B	BB	C	D	E	F	G	H	I	J	K
	FORMULA							(E/C) *100	(D/ C) 100	(D / B) 100		(I / C) 100	(I / B) 100
1													
2													
Total													

*Number of registered infants under care = (Number registered within 3 months of birth + Number registered after 3 months of birth to date+ Number newly came into the area & registered to date) – (Number left the area to date + number died to date)

****Age-appropriate vaccination for DT/ OPV5 – one month**

Form 9C - Reasons for not- vaccinating with DT

Reason	**Number not vaccinated**
Medical reasons	
Vaccine refusal	
Other (specify)	

Form 9D - Reasons for not- vaccinating with DT by PHM area

PHM area	Number not vaccinated due to				
	Medical reasons	Vaccine refusal	Other reasons (specify)	Other reasons (specify)	Other reasons (specify)

Form 9E – Reasons for delays in vaccination with DT

Modifiable reasons	Number of children	Non-modifiable reasons	Number of children

Form 10

Coverage of aTd vaccination among children in grade 7 & other grades during 2025 (vaccinated from 1st Q 2025 to date) by PHI areas

10A- Coverage for the MOH area

No	PHI area	Number on roll in grade 7 in 2024 (A)		Number of children vaccinated in grade 7 (B)				aTd coverage of year 2025 cohort (C1) = (Bd)/(A1) *100 (C2) = (Bd)/(A2) *100		Number of vaccinations done for children in other grades (D)	Number of vaccinations done at clinic settings to children WHO attend schools located outside the MOH area (E)	Total number vaccinated in year 2025 (F)=(Ba)+(D)+(E)
				In Schools and clinics		From other MOOH, PVT sector (Bc)	Total (Bd) (Bd)=(Ba+Bb+Bc)					
		at the time of the survey (A1)	at the time of vaccination (A2)	2025 (Ba)	2026 (Bb)			C1	C2			
1												
2												
3												
4												
5												
6												
	Total											

*Data source for Column B and D – School Immunization Register

All School Immunization Registers should be brought to the review)

Form 10B - Reasons for not- vaccinating with aTd

Reason	**Number not vaccinated**
Medical reasons	
Vaccine refusal	
Other (specify)	

Form 10C - Reasons for not- vaccinating with aTd by PHI area

PHI area	Number not vaccinated due to				
	Medical reasons	Vaccine refusal	Other reasons (specify)	Other reasons (specify)	Other reasons (specify)

Form 11a

Coverage of HPV vaccination among female children who were in grade 6 in year 2025 (vaccinated from 1st Q 2025 to date) by PHI areas

No	PHI area	Number of female children on roll in grade 6 in 2025 (A)		Number of HPV1 given (in schools, clinics, by other MOOH, PVT sector) (B)			HPV1 coverage of year 2025 cohort (C1) = (Bc)/(A1) * 100 (C2) = (Bc)/(A2) * 100		Number of HPV2 doses given (in schools, clinics, by other MOOH, PVT sector) (D)			HPV2 coverage of year 2025 cohort (E1)=(Dc)/(A1) * 100 (E2)=(Dc)/(A2) * 100	
		at the time of the survey (A1)	at the time of vaccination (A2)	(Ba) 2025	(Bb) 2026	(Bc) Total (Bc)=(Ba+Bb)	C1	C2	(Da) 2025	(Db) 2026	(Dc) Total (Dc)=(Da+Db)	E1	E2
1													
2													
3													
4													
Total													
Number of vaccinations done to children who attend schools located outside the MOH area													

Data source for Column B and D is the updated School Immunization Register)

All School Immunization Registers should be brought to the review)

Form 11B - Reasons for not- vaccinating with HPV

Reason	**Number not vaccinated**
Medical reasons	
Vaccine refusal	
Other (specify)	

Form 11C - Reasons for not- vaccinating with HPV by PHI area

PHI area	Number not vaccinated due to				
	Medical reasons	Vaccine refusal	Other reasons (specify)	Other reasons (specify)	Other reasons (specify)

Form 11D

Coverage of HPV vaccination among female children who were in grade 6 in year 2024 (vaccinated from 1Q 2024 to date)

No	PHI area	Number of female children on roll in grade 6 in 2024 (A)		Number of HPV1 given (in schools, clinics, by other MOOH, PVT sector)	HPV1 coverage of year 2024 cohort (C1) =(B)/(A1) * 100 (C2) =(B)/(A2) * 100		Number of HPV2 doses given (in schools, clinics, by other MOOH, PVT sector)	HPV2 coverage of year 2024 cohort (E1) =(Dc)/(A1) * 100 (E2) =(Dc)/(A2) * 100	
		at the time of the survey (A1)	at the time of vaccination (A2)	(B)	C1	C2	(D)	E1	E2
1									
2									
3									
4									
Total									
Number of vaccinations done to children who attend schools located outside the MOH area									

Form 11E

Coverage of HPV vaccination among female children who were in grade 6 in year 2023 (vaccinated from 1Q 2023 to date)

No	PHI area	Number of female children on roll in grade 6 in 2023 (A)		Number of HPV1 given (in schools, clinics, by other MOOH, PVT sector)	HPV1 coverage of year 2023 cohort (C1) =(B)/(A1) * 100 (C2) =(B)/(A2) * 100		Number of HPV2 doses given (in schools, clinics, by other MOOH, PVT sector)	HPV2 coverage of year 2023 cohort (E1) =(Dc)/(A1) * 100 (E2) =(Dc)/(A2) * 100	
		at the time of the survey (A1)	at the time of vaccination (A2)	(B)	C1	C2	(D)	E1	E2
1									
2									
3									
4									
Total									
Number of vaccinations done to children who attend schools located outside the MOH area									

Form 11F

Coverage of HPV vaccination among female children who were in grade 6 in year 2022 (vaccinated from 1Q 2022 to date)

No	PHI area	Number of female children on roll in grade 6 in 2022 (A)		Number of HPV1 given (in schools, clinics, by other MOOH, PVT sector)	HPV1 coverage of year 2022 cohort (C1) =(B)/(A1) * 100 (C2) =(B)/(A2) * 100		Number of HPV2 doses given (in schools, clinics, by other MOOH, PVT sector)	HPV2 coverage of year 2022 cohort (E1) =(Dc)/(A1) * 100 (E2) =(Dc)/(A2) * 100	
		at the time of the survey (A1)	at the time of vaccination (A2)	(B)	C1	C2	(D)	E1	E2
1									
2									
3									
4									
Total									
Number of vaccinations done to children who attend schools located outside the MOH area									

Form 12

Status of vaccine wastage in the MOH area by antigen in 2025

Antigen	Book balance as of 31st December 2024 **(A)**	Total receipts during 2025 **(B)**	Book balance as of 31st of December 2025 **(C)**	No of doses discarded due to expiry or cold chain failure during 2025 **(D)**	Total number of doses used during 2025 for vaccination **(E)= (A+B)-(C +D)**	Highest & Lowest book balances in a given time during the year 2025		No. of Immunizations Performed by clinics/ schools/ estates/GPs (Based on EPINET data for year 2025) **(G)**	No. of doses Distributed to Clinics/ schools/ GPs (Based on the MOH Office vaccine movement register 2025) **(H)**	Usage % **(I)= G/E * 100**	Wastage % **(J)= (100- I)**
						Highest (F1)	**Lowest (F2)**				
B.C.G											
Penta											
DPT											
OPV											
LJEV											
DT											
TT											
ATd											
MMR											
IPV											
HPV											
Other											

Form 13: Adverse events following immunization (A.E.F.I.)

No. of Monthly AEFI Returns expected to be sent to the Epidemiological Unit during **2025**			**12**
No. of Monthly AEFI Returns sent			
No. of Monthly AEFI Returns sent on time			
No of "Nil" returns sent			
Emergency tray	Availability –Yes/No	Taking to the clinic/school- Yes/No	

13 A-Types of AEFIs reported during 2025

Type of AEFI	Number Reported	No Investigated	% Investigated
Injection site abscess			
BCG lymphadenitis			
Severe local reactions			
Encephalitis/Encephalopathy			
Meningitis			
Seizures (Febrile + Afebrile)			
Anaphylaxis			
Persistent Screaming			
HHE			
Deaths			
Nodules			
Allergic reactions			
High fever			

Form 13 B: Rates of AEFIs reported during 2025

Antigen	Type of AEFI	Number of AEFI Reported (A)	No of doses administered† (B)	AEFI Rate (C) (C)=(A)/(B)*100000	National Rate for 2025**
BCG	BCG lymphadenitis				
Penta	Seizures (Febrile + Afebrile)				
	Anaphylaxis				
	Persistent Screaming				
	HHE				
	Allergic reaction				
DPT	Seizures (Febrile + Afebrile)				
	Anaphylaxis				
	Persistent Screaming				
	HHE				
	Allergic reaction				
MMR	Seizures (Febrile + Afebrile)				
	Anaphylaxis				
	Allergic reaction				
	Parotitis				
JE	Seizures (Febrile + Afebrile)				
	Anaphylaxis				
	Allergic reaction				
	Encephalitis/Encephalopathy				
	Meningitis				
aTd	Fainting attacks				
HPV	Anaphylaxis				
	Allergic reaction				
	Fainting attacks(syncope)				
Other*					

Form 14: Status of cold chain maintenance

Information regarding cold chain equipment in MOH office in 2025 and 2026 (to date)

Type	No. available		No. in Working order		Capacity (liters)
	2025	2026 (to date)	2025	2026 (to date)	
ILR					
Freezer					
Domestic Refrigerator					
Thermometer					
Fridge tag					
Freeze tag					

Please bring the temperature charts and printouts of Fridge tag recordings for year 2025 and 2026 to the review.

1	Were there any cold chain breakdowns during the reporting period? (If yes, please describe such situations)	
2	Who is in charge of the refrigerator and vaccine?	
3	Who is in charge of the daily recording of temperature?	
4	Has the temperature chart maintained daily during the reporting period (12 Months)?	
5	How often Fridge tag printout are being taking?	
6	How many print outs available in the file for the year under review?	
7	Were there situations vaccines exposed to subzero temperatures?	
8	Was there any mismatch in temperature recordings and fridge tag recordings? (If yes, please describe such situations with possible reasons)	

Generator	Availability –Yes/No	In working order- Yes/No	Auto start / Manual start
Voltage Stabilizer	Availability –Yes/No	In working order- Yes/No	
Portable oxygen cylinder	Availability –Yes/No	In working order- Yes/No	Taking to the clinic- Yes/No
Contingency plan	Availability –Yes/No		

Form 15

Notification and investigation of Vaccine Preventable Diseases (VPD) - 2025

Disease	**No. Reported** **(A)**	**No. Investigated*** **(B)**	**No, confirmed** **(C)**	**% Investigated** **(D)** **(D)=(B)/(A)*100**	**No. of special investigation forms sent** **(E)**	**% of special investigation forms sent** **(F)** **(F)=(E)/(C)*100**
Whooping Cough						
Tetanus						
NNT						
Fever and maculopapular rash						
CRS						
AFP						
Encephalitis						
Meningitis						
Mumps						
Total						

Data should be obtained from the Notification Register to fill the columns (A) & (B) and from the Infectious Disease (ID) register to fill the column (C)

***No. investigated = (Number confirmed+ Number identified as a non-notifiable disease+ Number unable to trace+ Number belongs to other MOH areas+ Number re notified) OR *No. Investigated = No. reported - No. not attended by a MOH/PHI**