

VACCINE DELIVERY RESEARCH DIGEST

UNIVERSITY OF WASHINGTON STRATEGIC ANALYSIS,
RESEARCH & TRAINING (START) CENTER

REPORT TO THE GATES FOUNDATION

PRODUCED BY: NOLAN, S. & SHARMA, M.

FEBRUARY 2026

Want the Vaccine Delivery Research Digest delivered directly to your inbox?

Subscribe on the Digest website: <http://uwstartcenter.org/publication-digests/vaccine-digest>

List of Articles

- 1 Pregnant women's attitudes and intentions toward tuberculosis, malaria, group B streptococcus, and respiratory syncytial virus vaccines in pregnant: Findings from a cross-sectional study of pregnant women living in Brazil, Ghana, Kenya, and Pakistan.
{[Abstract & START Commentary](#)} {[Full Article](#)}
 - Interest in maternal vaccination is high among pregnant women, but factors driving hesitancy vary by country.
- 2 Effectiveness of Follow-Up Mass Vaccination Campaigns Against Measles and Rubella to Mitigate Epidemics in West Africa (2024-2025): A Cross-Sectional Analysis of Surveillance and Coverage Data.
{[Abstract & START Commentary](#)} {[Full Article](#)}
 - Measles transmission increased after 2024 MR campaigns in West Africa due to campaign quality gaps, immunity gaps in older children, and overestimation of coverage in administrative data.
- 3 Determinants of caregivers' acceptance of the malaria vaccine: The case of Bamenda and Bamenda III Health Districts in Cameroon.
{[Abstract & START Commentary](#)} {[Full Article](#)}
 - High malaria vaccine acceptance reported despite low information exposure and high susceptibility to misinformation.
- 4 Strategies for enhancing vaccine uptake among children under two years of age in low and middle-income countries (LMICs): A scoping review.
{[Abstract & START Commentary](#)} {[Full Article](#)}
 - Integrated health system approaches are highly effective for improving vaccine uptake among children under two in LMICs.
- 5 The Malaria Vaccine Implementation Programme study area in Ghana: results of a household survey prior to the introduction of the RTS,S/AS01 vaccine.
{[Abstract & START Commentary](#)} {[Full Article](#)}
 - High immunization coverage alongside lower deworming and vitamin A uptake highlights an opportunity for integrated service delivery.

- 6 Public preferences and decision-making for mpox vaccination in the African region: a multinational discrete choice experiment.
{[Abstract & START Commentary](#)} {[Full Article](#)}
 - Mpox vaccine priorities vary by population group but are generally driven by effectiveness, duration, supply, cost, and safety.

- 7 Health Misinformation in Ethiopia: Myths, Media Dynamics, Public Response, and Policy Implications: A Narrative Review.
{[Abstract & START Commentary](#)} {[Full Article](#)}
 - Health misinformation in Ethiopia reduces vaccine uptake and care seeking but can be countered through trusted, culturally tailored communication

- 8 Profiling zero-dose measles-rubella children in Zambia: Insights from the 2024 post-campaign coverage survey.
{[Abstract & START Commentary](#)} {[Full Article](#)}
 - MR zero-dose status in Zambia is driven by routine immunization system gaps and access barriers.

- 9 Assessing vaccination coverage and antibody levels for measles, pertussis, and tetanus in Boende, DR Congo: Implications for maternal and child health.
{[Abstract & START Commentary](#)} {[Full Article](#)}
 - Serology showed low immunity to measles, pertussis, and tetanus in children despite higher reported vaccination rate.

- 10 Systematic review of mHealth and digital health interventions to improve childhood vaccination uptake in 19 Sub-Saharan African countries.
{[Abstract & START Commentary](#)} {[Full Article](#)}
 - Digital reminders, especially voice-based reminders, may improve multi-dose vaccine adherence and support malaria vaccine rollout

- 11 Effectiveness of PHCU interventions and enhanced headcount to address zero dose and under-immunized children in pastoralist communities: experience from Afar and Somali regions, Ethiopia.
{[Abstract & START Commentary](#)} {[Full Article](#)}
 - Enhanced headcount and PHCU strengthening improved identification and vaccination of zero-dose and under-immunized children in pastoralist communities.

12 Closing the immunization gap: Overcoming barriers for new vaccine introduction in Southeast and South Asia.

[{Abstract & START Commentary}](#) [{Full Article}](#)

- Funding constraints for MICs risk widening immunization gaps and increase the need for transition support.

[Additional Articles of Interest](#)

[Appendix](#)

Details of Articles

1. [Pregnant women's attitudes and intentions toward tuberculosis, malaria, group B streptococcus, and respiratory syncytial virus vaccines in pregnant: Findings from a cross-sectional study of pregnant women living in Brazil, Ghana, Kenya, and Pakistan.](#)

Limaye R, Schue J, Fesshaye B, Singh P, Miller E, Souza R, et al.

PLOS Glob Public Health. 2026 Jan 28;6(1):e0004562.

PubMed ID: 41604372

ABSTRACT

There are numerous infections that can adversely impact a developing fetus, neonates, and pregnant women, and there is limited research related to how specific infections experienced during pregnancy can affect these populations. Tuberculosis (TB), malaria, Group B streptococcus (GBS) and respiratory syncytial virus (RSV) can cause negative outcomes to maternal and neonatal health. For TB and GBS, there are vaccines in various stages of clinical trial development, and malaria and RSV vaccines are available. This study aimed to examine pregnant women's attitudes toward TB, malaria, GBS, and RSV vaccines in Brazil, Ghana, Kenya, and Pakistan. We administered a cross-sectional survey to pregnant women, recruiting women seeking care in primarily urban health facilities. We surveyed 1,603 pregnant women. Participants indicated that vaccine safety for the baby was the most important factor in their decision-making related to vaccine acceptance, followed by vaccine efficacy for the baby, and then vaccine safety for the mother. When asked why they would receive any of the four vaccines, participants indicated that protecting the baby was most important, followed by protecting self, and then stopping the spread of disease. Almost one-third of participants (30%) indicated that they would definitely intend to receive a GBS vaccine, followed by malaria (26%), RSV (25%), and TB (19%). Related to vaccine hesitancy, approximately 40% of our participants agreed that vaccines are unnatural, 38% agreed that the body should develop natural immunity, and 19% had delayed a recommended vaccine. Pregnant women are interested in receiving various vaccines while pregnant. As several new adult vaccines are on the horizon, understanding the attitudes of potential vaccine beneficiaries at higher risk for diseases is critical for informing clinical trial design and, in the long term, vaccine acceptance.

WEB: [10.1371/journal.pgph.0004562](https://doi.org/10.1371/journal.pgph.0004562)

IMPACT FACTOR: 2.5

CITED HALF-LIFE: 1.9

START COMMENTARY

Diseases like tuberculosis (TB), malaria, Group B streptococcus (GBS), and respiratory syncytial virus (RSV) can cause adverse maternal and neonatal health outcomes. Vaccines for these diseases are available or in development, including some specifically intended for use during pregnancy. This cross-sectional, mixed-methods study assessed pregnant women's attitudes toward TB, malaria, GBS, and RSV vaccines in Brazil, Ghana, Kenya, and Pakistan to help inform context-specific demand generation and maternal immunization strategies. Researchers assessed decision-making factors related to future maternal vaccination, including vaccine hesitancy and vaccine prioritization. Vaccine hesitancy was defined as believing that vaccines are unnatural, believing that natural immunity is preferable, and having ever previously delayed a recommended vaccine.

Vaccine attitudes and hesitancy varied by country. Compared with participants in other countries, participants in Brazil were less likely to believe that natural infection provides better immunity than vaccination. In Pakistan, very few participants reported ever delaying a recommended vaccine. Although intentions to receive all four vaccines were high overall, country-level differences for priorities were observed. Participants in Ghana had the lowest intentions to definitely receive most vaccines except malaria, while participants in Brazil had the lowest intentions to definitely receive the malaria vaccine.

A strength of this study is its large, multi-country sample capturing perspectives across diverse contexts. However, participants were recruited from health facilities while seeking antenatal care, which limited the sample to pregnant women already engaged in preventive health services. While vaccine hesitancy was present across all settings, the study found strong interest in maternal vaccination. These findings highlight the importance of context-specific communication strategies and future research to establish pregnancy-specific safety data to support informed decision-making and future maternal vaccine uptake.

[Return to List of Articles](#)

2. [Effectiveness of Follow-Up Mass Vaccination Campaigns Against Measles and Rubella to Mitigate Epidemics in West Africa \(2024-2025\): A Cross-Sectional Analysis of Surveillance and Coverage Data.](#)

Nimpa M, Bwaka A, Elime F, Mouhembe M, Bagayoko A, Munianji E, et al.

Vaccines (Basel). 2026 Jan 28;14(1).

PubMed ID: 41600991

ABSTRACT

BACKGROUND/OBJECTIVES: Despite large-scale measles and rubella (MR) vaccination campaigns in West Africa, measles outbreaks persist, raising concerns about campaign effectiveness, coverage, and underlying determinants. This study assesses the impact of MR follow-up campaigns in 12 of 17 West African countries (2024-2025) and examines the factors contributing to post-campaign outbreaks. The main objective of this study is to evaluate the impact of MR campaigns on measles transmission, identify the characteristics of post-campaign outbreaks, and propose strategies to improve campaign effectiveness and accelerate progress toward measles elimination in West Africa.

METHODS: We conducted a cross-sectional and ecological analytical study to examine spatial and temporal variations based on measles surveillance data from 2024 to 2025, post-campaign coverage surveys (PCCS), district-level outbreak reports, and administrative coverage reports. Trends in measles cases before and after the MMR campaigns were assessed, along with demographic characteristics and spatial analyses of confirmed cases.

RESULTS: In 2024, 70.5% (12/17) of countries conducted measles vaccination campaigns, but measles outbreaks increased in 2025 (64 districts in 2024 versus 383 in 2025). Children under five remained the most affected (54%), with 85% of cases being either unvaccinated (57%) or of unknown status (28%). Administrative coverage exceeded 95% in most countries, but measles PCCS revealed gaps, with only Senegal (93%) and Guinea-Bissau (94%) achieving high verified coverage. No country achieved 95% national MPCC.

CONCLUSIONS: Suboptimal campaign quality, gaps in immunity beyond target age groups, and unreliable administrative data contributed to the persistence of outbreaks. Recommendations include extending Measles vaccination campaigns to older children (5-14 years), improving preparedness by drawing on experiences from other programs such as polio, standardizing PCCS data survey and analysis methodologies across all countries, and integrating Measles vaccination campaigns with other services such as nutrition.

WEB: [10.3390/vaccines14010075](https://doi.org/10.3390/vaccines14010075)

IMPACT FACTOR: 3.4

CITED HALF-LIFE: 2.8

START COMMENTARY

This cross-sectional ecological study triangulated multiple data sources including surveillance data and post-campaign coverage surveys (PCCS) to evaluate the impact of measles rubella (MR) vaccination campaigns beyond routine coverage measures. The authors proposed context-specific strategies for West Africa and examined age-specific immunity gaps among children aged 5–14 years which is a vulnerable group often excluded from campaign targets.

Although 12 West African countries implemented MR campaigns in 2024, measles transmission still increased afterward. While these campaigns likely prevented larger outbreaks, they were not sufficient to stop transmission. Findings from this study highlight three major campaign challenges: low pre-campaign preparedness, discrepancies between administrative coverage and PCCS results, and a shift in measles epidemiology toward older children. Most cases were identified among unvaccinated children or those with unknown vaccination status, which reflects gaps in both routine immunization and campaign outreach. Notably, children between 5-14 years old accounted for 35% of cases which suggests that current age targeting for campaigns may not be sufficient. Authors supported expanding target age ranges, particularly in high-risk settings.

Strengths of the study include the use of multiple data sources and a focus on immunity gaps beyond traditional target groups. Key limitations include variability in surveillance system strength across countries, limited genomic data to confirm transmission patterns, and incomplete measurement of factors such as malnutrition that may impact seroconversion. Strategies to improve campaign impact include digital surveillance, real-time monitoring, and stronger community engagement. Strengthening surveillance systems and providing targeted technical support is essential to ensure campaigns reach unvaccinated population. Achieving measles elimination will likely require broader age targeting, potentially up to 15 years.

[Return to List of Articles](#)

3. [Determinants of caregivers' acceptance of the malaria vaccine: The case of Bamenda and Bamenda III Health Districts in Cameroon.](#)

Aboki L, Nlinwe N, Ebai C, Niba L, Atanga M.

Public Health Pract (Oxf). 2026 Jan 26;11:100724.

PubMed ID: 41585501

ABSTRACT

OBJECTIVES: Malaria continues to be a major health burden in sub-Saharan Africa, prompting the introduction of malaria vaccines such as RTS,S/AS01 (Mosquirix™) and R21/Matrix-M to reduce disease incidence. Understanding caregivers' acceptance is critical for successful vaccine deployment. This study assessed factors influencing malaria vaccine acceptance among caregivers in Bamenda and Bamenda III Health Districts of Cameroon.

STUDY DESIGN: This was a cross-sectional survey conducted among 1000 caregivers of children aged five years and below, using a structured questionnaire.

METHODS: Data on socio-demographics, perceptions, sources of information, and vaccine acceptance were collected. Associations between variables and vaccine acceptance were analyzed using Chi-square tests, with significant factors further explored through post-hoc analysis and odds ratios.

RESULTS: Overall, 89.6 % of caregivers indicated their willingness to vaccinate their children. Significant factors associated with vaccine acceptability included source of information (community health events vs. social media, $p = 0.037$; OR = 1.663, 95 % CI: 1.032-2.68), individual perception (very rejecting vs. very accepting, $p = 0.000$; OR = 0.098, 95 % CI: 0.05-0.193), Sex (male vs. female, $p = 0.028$; OR = 0.704, 95 % CI: 0.515-0.963), religion (other religion vs. Christian, $p = 0.001$; OR = 0.386, 95 % CI: 0.224-0.663), occupation (NGO employed vs. self-employed, $p = 0.045$; OR = 2.92, 95 % CI: 1.024-8.327).

CONCLUSIONS: Most caregivers demonstrated high acceptance of the malaria vaccine, influenced by positive perceptions and trust in healthcare sources. However, misinformation and limited awareness remain barriers. To improve vaccine uptake, targeted health communication strategies should focus on enhancing information accuracy, engaging trusted health professionals, and leveraging mobile health tools. Strengthening community engagement and addressing misconceptions are essential to achieving higher vaccine coverage and advancing malaria control efforts, especially in the Bamenda and Bamenda III Health Districts.

WEB: [10.1016/j.puhip.2026.100724](https://doi.org/10.1016/j.puhip.2026.100724)

IMPACT FACTOR: 1.9

CITED HALF-LIFE: 3.0

START COMMENTARY

This community-based cross-sectional study included 1,000 caregivers of children eligible for malaria vaccination in the Bamenda and Bamenda III Health Districts of Cameroon. Most participants reported rarely encountering information about the malaria vaccine. Interestingly, overall vaccine acceptance remained high despite low information exposure. When participants did obtain malaria vaccine information, healthcare providers were the most reported source of information, while slightly more than half of participants reported rarely receiving information from social media. Frequency and source of information were associated with vaccine acceptability. Caregivers exposed to community health events and healthcare providers were more likely to accept vaccination compared to those relying on family, friends, or social media. Although findings suggest that social media may be less reliable for promoting vaccine acceptance and contains many unverified sources, individuals who used social media were still more likely to accept the vaccine compared to those who did not. Study limitations include reliance on self-reported questionnaire data and potential social desirability bias. Despite this, findings provide important context-specific insights, highlighting the role of perceptions, education, and trust in healthcare providers. Strengthening health communication strategies, addressing misinformation, and leveraging trusted community and health system channels will be critical to improving malaria vaccine uptake in these districts.

[Return to List of Articles](#)

4. [Strategies for enhancing vaccine uptake among children under two years of age in low and middle-income countries \(LMICs\): A scoping review.](#)

Hakim M, Afaq S, Khan B, Imtiaz S, Ali F, Ul Haq Z.

Int J Infect Dis. 2026 Feb 07;164:108376.

PubMed ID: 41539411

ABSTRACT

INTRODUCTION: Over 14.5 million infants remain unvaccinated globally, predominantly in low- and middle-income countries (LMICs), where health system gaps and inequities impede progress toward the Immunisation Agenda 2030.

OBJECTIVE: This scoping review synthesised health system strengthening strategies aligned with the WHO Health Systems Framework to enhance vaccine uptake among children under two years of age in LMICs.

METHODS: Following the PRISMA-ScR guidelines, six databases were searched until January 2025.

RESULTS: Of 2897 records, 53 studies met the inclusion criteria: 54.7% from lower-middle-income and 41.5% from low-income countries, with 81.1% being community-based interventions. The mean intervention duration was 39.3 months (SD = 62.1). Health information systems (83.0%), leadership and governance (79.2%), and service delivery (60.4%) were the most frequently targeted, while the health workforce was the least addressed (35.8%). The key strategies included data monitoring (88.7%), coverage tracking (86.8%), and data-driven decision-making (86.8%). Community-centred, data-informed interventions improved service accessibility (67.9%) and quality (41.5%).

CONCLUSION: Multiple interventions addressing multiple WHO building blocks have demonstrated better outcomes. Strengthening workforce capacity, adopting an integrated health system approach, and addressing financing barriers are essential for achieving the Global Immunisation Agenda 2030.

WEB: [10.1016/j.ijid.2026.108376](https://doi.org/10.1016/j.ijid.2026.108376)

IMPACT FACTOR: 4.3

CITED HALF-LIFE: 4.4

START COMMENTARY

This scoping review mapped interventions designed to increase vaccine uptake among children under two years in LMICs. Across studies, interventions most often targeted service delivery, health information systems, and governance. A consistent finding was that service integration improved

vaccine uptake and reduced missed opportunities. Integrating vaccination with other maternal and child health services improved accessibility and efficiency, especially when paired with outreach delivery models for hard-to-reach populations. Ethiopia's Reaching Every District using Quality Improvement (RED-QI) model improved vaccination outcomes and facilitated measurable gains in tetanus seroprotection by linking vaccination coverage and serosurveys among toddlers. Nigeria's implementation of the Global Polio Eradication initiative contributed to broader gains in DPT3 coverage, and Pakistan's Lady Health Worker program illustrates how community-based delivery integrated with household engagement can improve series completion. Reminder systems like appointment cards and SMS notifications also improved timeliness and reduced dropout. These systems functioned best when embedded within routine service workflows. Key recommendations emphasize systematizing vaccine integration within primary health care, strengthening workforce competencies, and investing in data systems that support microplanning, defaulter tracking, and local decision-making. Strengths of this study include use of a comprehensive WHO health systems framework and inclusion of diverse LMIC settings and intervention types. Limitations include restriction to English-language studies and no formal quality assessment.

[Return to List of Articles](#)

5. [The Malaria Vaccine Implementation Programme study area in Ghana: results of a household survey prior to the introduction of the RTS,S/AS01 vaccine.](#)

Welaga P, Gyan T, Koram K, Hodgson A, Odei-Lartey E, Agbokey F, et al.

Malar J. 2026 Feb 03;25(1):69.

PubMed ID: 41526907

ABSTRACT

BACKGROUND: In 2019, the RTS,S/AS01E malaria vaccine (RTS,S) was introduced into Ghana's routine health system as part of the Malaria Vaccine Implementation Programme (MVIP). Household surveys were conducted prior to vaccine introduction and approximately 18 and 30 months post-introduction. We present a description of the area in Ghana based on the baseline household survey including malaria prevalence, malnutrition, wealth, insecticide-treated net (ITN) coverage, other health interventions (deworming, Vitamin A supplementation (VAS)), coverage of Expanded Programme on Immunization (EPI) vaccines, and health-seeking behaviour for febrile children.

METHODS: The baseline household survey was conducted between 25 February and 18 March 2019 in a representative sample of 6778 households across 66 districts (33 in each of the implementing and comparator areas) in Ghana. Caregivers of children aged 5-48 months were interviewed. For each child, vaccination details were transcribed from the maternal and child health record book, and we measured the mid-upper arm circumference and obtained a malaria Rapid Diagnostic Test (RDT). Survey-weighted coverage estimates were obtained using standard survey methods. Survey Poisson regression was used to estimate prevalence ratios.

RESULTS: Overall, 7768 children were included in the study, and 21% (95% CI 18-23) tested positive for malaria parasitemia by RDT. About 87%, 95%CI (85-89) of all households owned at least one ITN, and 62%, 95%CI (59-64) of children aged 5-48 months slept under an insecticide-treated net (ITN) the night before the survey. Additionally, 22%, 95%CI (21-24) of children reported having fever in the two weeks preceding the survey; among those with reported fever, 72%, 95%CI (69-74) sought advice or treatment, 40%, 95%CI (37-44) were tested for malaria, and 42%, 95%CI (39-46) of those with fever took an antimalarial drug. Additionally, 17%, 95%CI (16-19) had a mid-upper arm circumference (MUAC) \leq 13.5 cm, and 1%, 95%CI (0-1) had a (MUAC) \leq 11.5 cm. The uptake of vitamin A VAS in the 6 months prior to the survey was 36%, based on routine delivery through EPI, and deworming coverage was 29%. Coverage of EPI vaccines was $>$ 90%. Indicators in comparison and implementation areas were comparable.

CONCLUSIONS: The pilot implementation and evaluation of the RTS,S malaria vaccine in Ghana was conducted in an area with substantial malaria transmission and illness, modest health-seeking behaviour and ITN use, and good EPI vaccine coverage. This study has established the baseline

comparability between implementation and comparator areas, which serves as the foundation for future feasibility assessments.

WEB: [10.1186/s12936-025-05778-9](https://doi.org/10.1186/s12936-025-05778-9)

IMPACT FACTOR: 3.0

CITED HALF-LIFE: 7.5

START COMMENTARY

The feasibility of delivering a four-dose RTS,S malaria vaccine in Ghana was evaluated using household survey data that measured routine immunization coverage, malaria prevention and control measures, and care-seeking behaviors for febrile illness among children aged 5–48 months prior to vaccine introduction. These findings establish whether the existing health system could support delivery of a multi-dose vaccine requiring additional contact points beyond the traditional EPI schedule.

Before RTS,S implementation, routine EPI performance was strong and comparable between implementation and comparator areas. Coverage for key antigens, including BCG, Penta3, OPV/IPV, and MCV1, were above 90%, and full basic vaccination coverage was 79%. This likely reflects the strength of Ghana's Community-based Health Planning and Services (CHPS) program and rural outreach immunization strategies.

In contrast, coverage of other child health interventions was lower. Only 36% of children received vitamin A supplementation in the previous six months and 29% received deworming. This gap highlights an opportunity to leverage immunization platforms to improve delivery of other child health services. While some indicators relied on caregiver self-report and may be subject to recall bias, this study provides strong baseline evidence demonstrating comparability between implementation and comparator areas and supports future evaluation of RTS,S feasibility, delivery, and impact within Ghana's routine health system.

[Return to List of Articles](#)

6. [Public preferences and decision-making for mpox vaccination in the African region: a multinational discrete choice experiment.](#)

Du M, Deng J, Yan W, Zhang S, Wu S, Liu M, et al.

BMJ Glob Health. 2026 Jan 06;11(1).

PubMed ID: 41494799

ABSTRACT

INTRODUCTION: After the WHO prequalified the first vaccine against mpox, we aimed to identify the influence of vaccine attributes on mpox vaccination preferences among the African adults.

METHODS: A discrete choice experiment was conducted among 1832 African adults across six countries. Respondents answered eight questions, each requiring them to choose between two hypothetical vaccines, with variations in distance from home to vaccination facilities, cost, effectiveness, duration of the protective effect, supply and side effects. A mixed logit model was employed to estimate vaccination preferences. Willingness to pay and changes in probability were also estimated from the regression coefficients.

RESULTS: The strongest vaccine attribute was the higher effectiveness of vaccines ($\geq 90\%$ vs $< 60\%$: $b=1.196$, 95% CI 1.089 to 1.303), then followed by a longer duration of protective effect (lifetime vs < 6 months: $b=1.053$, 95% CI 0.920 to 1.186), a low risk of side effects ($< 30\%$ vs $\geq 30\%$: $b=0.495$, 95% CI 0.427 to 0.562) and sufficient vaccine supply (sufficient vs limited: $b=0.417$, 95% CI 0.360 to 0.475). Although compared with a walking distance of 60 min, a walking distance of 45 min was significant ($b=0.402$, 95% CI 0.296 to 0.508), there was no significant difference for walking distance at 15 and 30 min. Scenario prediction analysis showed that higher vaccine effectiveness ($\geq 90\%$: 53.55%; 80%-89.99%: 51.41%; 60%-79.99%: 25.85%), a longer duration of protective effect (lifetime: 48.28%; 12-36 months: 25.51%; 6-11 months: 14.39%), lower vaccine costs (US\$0: 28.10%; US\$20: 25.42%; US\$100: 14.34%), a risk of side effects of less than 30% (24.24%) and sufficient vaccine supply (20.57%) all increased the probability of vaccine uptake. Populations living with children preferred vaccines with sufficient supply and lower cost, compared with those living without children.

INTERPRETATION: In Africa, alongside providing more reliable mpox vaccines, offering sufficient vaccine free of charge, particularly to those living with children, would encourage higher vaccine uptake.

WEB: [10.1136/bmjgh-2025-018942](https://doi.org/10.1136/bmjgh-2025-018942)

IMPACT FACTOR: 6.1

CITED HALF-LIFE: 3.9

START COMMENTARY

This study used a discrete choice experiment to investigate vaccine attributes influencing mpox vaccination decision-making in Africa. Given the high disease burden and ongoing vaccination efforts, understanding how vaccine preferences vary across target groups can help inform program design. The study was conducted across six countries: Uganda, Nigeria, Morocco, Egypt, Kenya and South Africa.

Preferences for vaccine attributes varied by age, gender, education, income, health status, living with children, prior mpox infection and country. Older adults did not show strong preferences regarding distance to vaccination sites, and duration of protection was less important for this group. Respondents living with children showed stronger preferences for high vaccine effectiveness, sufficient supply and low side-effect risk, and were more impacted by vaccine cost. Country-level analyses showed that lifetime protection was the strongest driver of uptake in Uganda, while vaccine effectiveness was most influential in the other countries. Vaccine cost was not a significant factor in Uganda or Nigeria but was significant elsewhere.

Beyond effectiveness and duration of protection, sufficient vaccine supply, lower side-effect risk and a 45-minute walking distance to vaccination sites increased uptake, although shorter distances (15–30 minutes) did not. Overall, findings suggest that ensuring high effectiveness vaccines, reliable supply and affordable access may substantially improve mpox vaccine uptake across African settings.

[Return to List of Articles](#)

7. [Health Misinformation in Ethiopia: Myths, Media Dynamics, Public Response, and Policy Implications: A Narrative Review.](#)

Berhe T, Jara D, Kifle D.

Public Health Chall. 2026 Jan 02;5(1):e70181.

PubMed ID: 41480490

ABSTRACT

BACKGROUND: Health misinformation in Ethiopia undermines public trust and weakens the effectiveness of health interventions. Cultural beliefs, religious influences, and the expansion of digital media contribute to myths that fuel vaccine hesitancy, stigma, and delayed health-seeking behavior.

OBJECTIVE: To synthesize evidence on the scope, drivers, and impacts of health misinformation in Ethiopia and to highlight actionable strategies for improving public health communication.

METHODS: A narrative literature review was conducted using PubMed, Scopus, and African Journals Online, supplemented with grey literature from the Ministry of Health, World Health Organization (WHO), United Nations Children’s Fund (UNICEF), and Regional fact checking organizations. Sources published between 2010 and 2025 that addressing misinformation, communication channels, or public responses in Ethiopia were included. Findings were summarized using descriptive narrative synthesis.

RESULT: Misconceptions related to traditional remedies, vaccine safety, COVID-19 cures, and modern contraceptives are widespread. Narratives spread rapidly across social media, particularly Facebook and Telegram, whereas oral traditions reinforce misinformation in rural communities. These Documented impacts include reduced uptake of immunization and maternal services, delayed treatment for diseases such as TB and HIV, and persistent stigma. Interventions involving community health workers, religious leaders, and youth-led campaigns have proven effective in countering misinformation.

CONCLUSION: Health misinformation remains a significant barrier to Ethiopia’s health targets. Strengthening media literacy, engaging trusted community actors, and building partnerships between government, civil society, and digital platforms are crucial to mitigate health misinformation and improve public health outcomes.

WEB: [10.1002/puh2.70181](https://doi.org/10.1002/puh2.70181)

IMPACT FACTOR: 3.2

CITED HALF-LIFE: 5.6

START COMMENTARY

Health misinformation in Ethiopia is a major barrier to public health service delivery. Findings from this study show that digital platforms like Facebook, Telegram, TikTok, and WhatsApp play a major role in the spread of misinformation and often outpace official health communication strategies. Studies from multiple regions in Ethiopia show that misinformation significantly shapes public perceptions of vaccine safety leading to large proportions of individuals reporting concerns about vaccine side effects or harmful ingredients. These narratives are reinforced through informal media networks and community social structures. Misinformation themes commonly include exaggerated vaccine harms, supporting herbal remedies to treat HIV, misleading COVID-19 treatment videos (miracle cures, unapproved drugs, fake demonstrations), and fertility-related vaccine rumors. Community networks also contribute to the persistence of misconceptions related to pregnancy, childbirth, and contraceptive use.

Despite these challenges, evidence shows that multilayered interventions can mitigate misinformation-related harms. Community-based approaches that engage trusted actors, including religious leaders and health extension workers have been associated with improvements in maternal health utilization. National media campaigns using radio, television, and social media have also increased public awareness of public health best practices. However, barriers like low digital literacy, limited media infrastructure in rural areas, and sociocultural beliefs limit the reach and effectiveness of health messaging. These findings highlight the need for sustained, culturally responsive communication strategies, strengthened local fact-checking capacity, and integrated community engagement approaches to improve health information uptake and public trust.

[Return to List of Articles](#)

8. [Profiling zero-dose measles-rubella children in Zambia: Insights from the 2024 post-campaign coverage survey.](#)

Mwale M, Phiri G, Mwansa F, Chipimo P, Masumbu P, Matanda K, et al.

PLOS Glob Public Health. 2025 Dec 30;5(12):e0005265.

PubMed ID: 41468452

ABSTRACT

Measles & Rubella (MR) zero-dose children (unvaccinated for measles-rubella) cluster in underserved communities can sustain measles transmission. We estimated MR zero-dose prevalence after Zambia's 2024 MR Supplementary Immunisation Activity (SIA) and identified associated risk factors and barriers. A coverage survey (two-stage stratified cluster design) across all 10 provinces, was conducted from 27th December 2024-16th January 2025, involved interviewing caregivers of children aged 9-59 months; vaccination status was verified by card (11.7%) or recall (88.3%). Data were analysed using survey-weighted methods and logistic regression, adjusting for stratification, clustering, and sampling weights. Among 8,634 children, MR zero-dose prevalence was 11.97% (95% CI: 11.03-12.91), highest in Central (19.15%) and Western (17.71%), lowest in Copperbelt (6.69%). Urban residence reduced odds by 24% vs. rural (aOR 0.76, 95% CI: 0.63-0.92). Risks rose with age (>36 months: aOR 1.60, 95% CI: 1.27-2.00), maternal absence (aOR 1.74, 95% CI: 1.33-2.27), or death (aOR 2.40, 95% CI: 1.23-4.68). Most zero-dose children (88.75%) lacked other vaccines, indicating systemic gaps. Key barriers included unawareness (42.58%) and travel time (>2 hours: aOR 3.20, 95% CI: 1.43-7.16). Nearly one in eight Zambian children remained MR zero-dose post-2024 SIA, concentrated in rural, high-prevalence areas, older children, and motherless households. Priorities include health worker-led awareness campaigns, mobile services to cut travel time, and integrated SIA-Routine Immunisation (RI) strategies (microplanning, tracing, catch-up) to address systemic gaps, supporting global measles elimination under Immunisation Agenda 2030.

WEB: [10.1371/journal.pgph.0005265](https://doi.org/10.1371/journal.pgph.0005265)

IMPACT FACTOR: 2.5

CITED HALF-LIFE: 1.9

START COMMENTARY

Although Zambia's 2024 measles and rubella (MR) supplementary immunization activities (SIA) reported high coverage and vaccinated approximately 165,000 zero-dose children, these estimates may overstate true performance. The Post-Campaign Coverage Survey (PCCS) provided a nationally representative assessment of vaccination coverage post-campaign and factors associated with non-vaccination. MR zero-dose prevalence increased with age and was the highest (~15%)

among children aged >36 months. Notably, 89% of MR zero-dose children had not received any other basic vaccines, which is indicative of routine immunization (RI) infrastructure weaknesses rather than isolated campaign gaps. Structural access barriers were the main drivers of non-vaccination. Lack of campaign awareness was the most commonly reported barrier, followed by competing caregiver priorities and inconvenient service timing. Socioeconomic status and caregiver education were not significantly associated with vaccination status, suggesting structural service delivery constraints may outweigh traditional demand-side determinants in this setting. These findings can be generalizable to rural LMIC settings reliant on SIAs and outreach delivery. Strengthening health worker–led communication, expanding mobile outreach, improving SIA–RI integration, and leveraging geospatial and digital tools will be critical to reducing zero-dose prevalence and strengthening routine and campaign immunization system performance.

[Return to List of Articles](#)

9. [Assessing vaccination coverage and antibody levels for measles, pertussis, and tetanus in Boende, DR Congo: Implications for maternal and child health.](#)

Salloum M, Vandermosten L, Maseko T, Milolo S, Lariviere Y, Matuvanga T, et al.

Vaccine. 2026 Jan 12;73:128083.

PubMed ID: 41455185

ABSTRACT

INTRODUCTION: Despite vaccines' global success, vaccine-preventable diseases/infections remain a major cause of child mortality. The DRC, and particularly Tshuapa province, faces persistent challenges in improving coverage. Most vaccination coverage studies in the region rely on vaccination cards and caregiver recall, which can be prone to inaccuracies.

METHODS: We conducted a 30 × 7 cluster survey with a serology component in Boende Health Zone, Tshuapa. Tshuapa. Antibodies against measles, pertussis, and tetanus were measured using ELISA on dried blood spots from postpartum women and children aged 12-23 months. Two measles cut-offs (150 and 275 IU/L) were applied due to lack of standardization.

RESULTS: The study enrolled 205 children and 208 women. Among women, 73 % had tetanus antibody levels above the protective threshold, 0 % had antibodies against pertussis above the predetermined cut-off, and measles seropositivity was 55 % at the more stringent cut-off (275 IU/L) and 81 % at a more relaxed one (150 IU/L). In children, 18 % had tetanus antibodies above the protective threshold and 5 % had antibodies above the pertussis cut-off point. and 18 % and 30 % for measles (strict and relaxed, respectively). In five clusters, no children had antibodies above the cut-off points for any of the three pathogens.

CONCLUSION: These findings highlight the potential need to include pertussis vaccination in the national maternal immunization program and advocate for integrating serology into vaccination coverage surveys to provide more accurate assessments. The disparity between reported vaccination rates and serological data could be due to one or a combination of recall bias, desirability bias, test variability, antibody waning, and possible concerns about vaccine potency and record accuracy in remote areas in the Boende Health Zone. This stresses the urgent need to improve vaccination coverage and surveillance efforts in Boende Health Zone and the broader Tshuapa province.

WEB: [10.1016/j.vaccine.2025.128083](https://doi.org/10.1016/j.vaccine.2025.128083)

IMPACT FACTOR: 3.5

CITED HALF-LIFE: 8.2

START COMMENTARY

This study conducted a serosurvey in Boende Health Zone in Tshuapa province of the Democratic Republic of the Congo to characterize true vaccination coverage and population immunity against measles, pertussis, and tetanus. The target populations were children aged 12–23 months and recently postpartum women to assess both childhood and maternal protection.

Among 205 children, serologic evidence of protection was low across all three pathogens. Only 5% had pertussis antibody levels above the study cut-off indicating recent vaccination or infection, and 18% had protective tetanus antibody levels. Measles seropositivity ranged from 18% to 30% depending on the antibody threshold used. Notably, reported vaccination coverage was much higher than indicated serologic protection. For example, although 59 children were reported to have received three pentavalent doses, only 12 had vaccination cards, and among those with vaccination cards, none had pertussis antibodies above the threshold and only one had protective tetanus antibodies. Similarly, only 1 out of 9 card-confirmed children with measles vaccinations had antibody levels above both measles cut-offs.

While antibody waning may partially explain low pertussis antibody detection, the authors cite low vaccination coverage is likely the primary driver of low seroprotection levels in this community. Additional contributing factors may include cold chain challenges affecting vaccine potency, maternal antibody interference, co-infections, and inaccuracies in vaccination record keeping. The findings highlight the importance of strengthening immunization systems, improving surveillance, and incorporating serologic monitoring into coverage assessments. The study also notes limitations related to DBS-based serology, reliance on recall, and potential selection bias from participation refusals.

[Return to List of Articles](#)

10. [Systematic review of mHealth and digital health interventions to improve childhood vaccination uptake in 19 Sub-Saharan African countries.](#)

Bhattacharya A, Mark-Uchendu C, Hansen C, Evans J.

PLoS One. 2025 Dec 23;20(12):e0324117.

PubMed ID: 41433298

ABSTRACT

Mobile health and digital health (mHealth/DH) interventions have been shown to support immunisation programmes in Sub-Saharan Africa (SSA) and improve uptake of life-saving vaccines. As 19 SSA countries were targeted to begin rolling out the two new malaria vaccines (RTS,S/AS01 and R21/Matrix-M) in 2024, this systematic review aims to investigate which mHealth/DH interventions are most effective at increasing vaccination uptake (by assessing vaccination coverage and timeliness outcomes) in these countries. The review assessed the effectiveness of mHealth/DH interventions for increasing uptake of Diphtheria-Tetanus-Pertussis or Pentavalent vaccines (DTP/Pentavalent). As with any multi-dose vaccine, the DTP/Pentavalent vaccine requires multiple doses to ensure its maximum protective benefit, therefore maintaining schedule adherence and ensuring its timely completion is essential. Thus, identifying strategies to support adherence, such as digital appointment reminders, remains a public health priority. Eight electronic databases were searched, alongside selected grey literature sources. A narrative synthesis was conducted with studies grouped by mHealth/DH intervention-type. Included studies were assessed for risk of bias using RoB2 and ROBINS-I, and certainty of evidence was evaluated using the GRADE approach. 14 studies were included, comprising both randomised and non-randomised control trials. However, only 4 out of the 19 SSA countries were represented (Nigeria, Kenya, Burkina Faso and Cote D'Ivoire). All interventions investigated were appointment reminders. Generally, all intervention-types were positively associated with vaccination coverage and timeliness. SMS-based interventions showed modest effects, whereas interventions incorporating voice components (phone calls/voice messages) tended to yield larger effects. The certainty of evidence ranged from very low to moderate depending on the intervention-type and outcome pairing. The findings offer evidence-based insights to guide the development and implementation of mHealth/DH interventions within SSA childhood immunisation programmes. While interventions with voice-based components appear particularly promising, the limited certainty of evidence demonstrates further high-quality, context-specific research is required to draw stronger conclusions.

WEB: [10.1371/journal.pone.0324117](https://doi.org/10.1371/journal.pone.0324117)

IMPACT FACTOR: 2.6

CITED HALF-LIFE: 8.5

START COMMENTARY

This systematic review assessed which mHealth or digital health interventions are most effective at increasing childhood vaccination uptake and timeliness of the DTP/Pentavalent vaccine in the 19 sub-Saharan African countries rolling out malaria vaccines in 2024. These settings were selected to generate evidence on strategies likely to be most impactful in contexts where new vaccine rollouts are planned, with the goal of informing future vaccination programs. Across the 29 interventions evaluated, most demonstrated a positive association with improved vaccination coverage or timeliness. Interventions were grouped into five categories: SMS-only, SMS-Plus, SMS and/or voice messages or phone calls, phone call-only, and electronic immunization alert wristbands. SMS-Plus interventions included SMS appointment reminders combined with either cash incentives or health education messages. While SMS-Plus interventions generally showed positive associations, they did not consistently demonstrate stronger effects than SMS-only interventions despite being enhanced. Interestingly, although some SMS-Plus interventions offered caregivers cash incentives for attending immunization appointments, SMS health educational interventions demonstrated stronger associations with improved vaccination coverage. A limitation of both SMS-only and SMS-Plus interventions is the possibility that target recipients do not receive the SMS reminders. Findings from this study suggest that these low-cost reminder interventions can support improvements in multi-dose vaccine adherence in LMIC settings. Interventions incorporating voice components or tailored health messaging may be particularly important in lower-literacy or rural populations.

[Return to List of Articles](#)

11. [Effectiveness of PHCU interventions and enhanced headcount to address zero dose and under-immunized children in pastoralist communities: experience from Afar and Somali regions, Ethiopia.](#)

Duguma D, Belete H, Teshome Y, Mohammed T, Asfaw A, Bezabih K, et al.

BMC Public Health. 2026 Jan 26;26(1):316.

PubMed ID: 41422003

ABSTRACT

BACKGROUND: Reaching and vaccinating zero dose and under-immunized children requires effective strategies and quality data. Primary health care unit level interventions like hands-on training, mentoring, participatory planning and review and enhanced headcount of under two-year children were implemented in four primary health care units Afar and Somali regions. The aim of this manuscript is to describe and share the experience on the effectiveness of these interventions in reaching and vaccinating zero-dose and under immunized children through well planned headcount.

METHOD: The intended interventions were implemented in four purposely selected woredas from Afar and Somali regions. One primary health care unit was chosen from each woreda based on different criteria. Following the interventions, headcount of under two-year children was conducted in all villages of four primary health care units' catchment with active engagement of community leaders. Modified periodic enhanced routine immunization template was used to register enumerated children. Identified zero-dose and under immunized children were referred to nearby immunization sites with referral slip for vaccination. Immunization indicators and the reason for missing immunization, descriptive analysis done using Microsoft Excel.

RESULT: Improved primary health care linkage coupled with strengthened capacity enabled primary health care units to conduct enhanced head count to identify and vaccinate unreached children. The headcount led to the identification of 390 (24%) never vaccinated and 185 (11%) under-immunized children among 1478 enumerated 6 weeks-11 months children in 21 HPs under four primary health care units. Among 1,619 enumerated 12-23 months children, 332 (21%) were zero-doses and 355 (22%) were under-immunized children. Through referral linkage to immunization service, 92% (357/390) of never vaccinated and 97% (179/185) under-immunized 6 weeks - 11 months children were subsequently vaccinated for vaccines they missed. Likewise, 94% (620/658) above one-year children were vaccinated for the measles vaccine. The reasons for failure to vaccinate for 12-23 months old children were access barriers in 70% followed by lack of knowledge (15%).

CONCLUSION AND RECOMMENDATIONS: Strengthening the primary health care unit linkage and its technical and managerial capacity accompanied by headcount through the involvement of

community leaders can benefit the identification and reach of children missing vaccination and other essential health services.

WEB: [10.1186/s12889-025-26032-6](https://doi.org/10.1186/s12889-025-26032-6)

IMPACT FACTOR: 3.6

CITED HALF-LIFE: 5.4

START COMMENTARY

This study describes the effectiveness of strengthened primary health care unit (PHCU) linkage across health centers, health posts, and communities to identify and vaccinate zero-dose and under-immunized children through enhanced headcount activities in Afar and Somali regions of Ethiopia. A key feature of the intervention was strong community engagement. Community leaders participated in planning workshops to identify sub-village areas with low immunization coverage, develop context-specific solutions, and review implementation progress. Community leaders also participated directly in household headcount enumeration and supported referral and linkage of missed children to immunization services. Following headcount identification and referral, vaccination uptake was high. On average, 92% of zero-dose children and 97% of under-immunized children aged 6 weeks to 11 months received their missed vaccinations. The headcount also provided insight into barriers to vaccination. The majority of missed vaccinations were due to access barriers, including distance to vaccination sites, population mobility, transportation limitations, and caregiver time constraints, followed by service availability and lack of vaccine knowledge. These findings highlight the importance of combining data-driven microplanning with community engagement to improve immunization equity in remote and mobile populations. Strengthening PHCU technical and managerial capacity facilitated the generation of reliable local data to support planning, resource allocation, and performance monitoring. In addition to improving immunization coverage, enhanced headcount strategies may provide opportunities to integrate other maternal and child health services, including nutritional screening and antenatal care.

[Return to List of Articles](#)

12. [Closing the immunization gap: Overcoming barriers for new vaccine introduction in Southeast and South Asia.](#)

Zhang X, Chen S, Tang S.

Vaccine. 2026 Jan 10;72:128119.

PubMed ID: 41406650

ABSTRACT

BACKGROUND: Many middle-income countries (MICs), particularly the ones ineligible for Gavi support, are falling behind in achieving Immunization Agenda 2030 targets. This study aims to compare the vaccine introduction status of national immunization programs across 13 Southeast and South Asian countries (Bangladesh, Cambodia, Lao PDR, Myanmar, India, Indonesia, Pakistan, Philippines, Viet Nam, Malaysia, Singapore, Sri Lanka, and Thailand) and identify key enablers and barriers associated with the new vaccine introduction.

METHODS: Through an extensive narrative review of public data as well as published papers and reports, we compared the new vaccine introduction and associated key factors across three country groups based on their Gavi funding status.

RESULTS: Countries eligible for Gavi's MICs support approach showed slower progress in introducing pneumococcal conjugate vaccine, human papillomavirus vaccine, and rotavirus vaccine, with fewer vaccine-preventable diseases (11.25 vs. 12) and vaccines recommended by the World Health Organization (8.3 vs. 9.2) included in their national immunization programs compared to Gavi-eligible peers. Major barriers include underdeveloped decision-making processes, limited domestic financing, high vaccine prices, and gaps in immunization system readiness.

CONCLUSION: To accelerate progress, countries must strengthen governance and financing mechanisms, optimize resource use for a better-performed program, and leverage targeted technical support from global partners. Closing these gaps is essential to expanding equitable access to life-saving vaccines and safeguarding regional health security.

WEB: [10.1016/j.vaccine.2025.128119](https://doi.org/10.1016/j.vaccine.2025.128119)

IMPACT FACTOR: 3.5

CITED HALF-LIFE: 8.2

START COMMENTARY

This narrative review compares progress in new vaccine introduction, vaccine coverage, and vaccine pricing across Gavi-eligible and Gavi-ineligible countries in Southeast and South Asia.

Gavi's middle-income countries (MICs) Approach supports countries that are no longer eligible for traditional Gavi funding but face structural and financial barriers to introducing vaccines.

A notable finding is the challenge facing countries transitioning out of Gavi support. Countries eligible for the MICs Approach showed slower progress introducing WHO-recommended vaccines compared with both Gavi-eligible and fully Gavi-ineligible MICs. The review highlights inadequate domestic financing and high vaccine prices as major barriers to both new vaccine introduction and sustained coverage. Graduation from Gavi can create a "funding cliff," as countries take on full vaccine costs while often losing access to pooled procurement and donor support. In resource-constrained settings, sustainable immunization financing also competes with other pressing health priorities which can contribute to insufficient government funding for preventive services.

Although Gavi allocated approximately \$281 million for MIC vaccine introduction under its 5.0 strategy, the number of countries and extent of support is limited. As Gavi's 6.0 strategy for 2026-2030 deprioritizes MICs and faces funding constraints, this gap threatens immunization progress in LMICs. In response, international partners may need to recalibrate their strategies to emphasize technical assistance and transition support to sustain vaccine introduction and coverage gains. Overall, the findings emphasize the need for tailored technical support, sustainable financing strategies, and stronger immunization system efficiency to prevent widening inequities in vaccine access.

[Return to List of Articles](#)

Additional Articles of Interest

- 1 Associated Factors of Vaccine Hesitancy among Mothers with Children Up to 2 Years Old in Mogadishu, Somalia. [{Full Article}](#)
- 2 Factors associated with COVID-19 vaccine uptake and hesitancy among women of reproductive age in Mozambique. [{Full Article}](#)
- 3 Trends in Women's Empowerment and Their Association with Childhood Vaccination in Cambodia: Evidence from Demographic and Health Surveys (2010-2022). [{Full Article}](#)
- 4 Acceptance of HPV Vaccination: A Systematic Review of Knowledge, Attitudes and Barriers Among Healthcare Practitioners in Low- and Middle-Income Countries. [{Full Article}](#)
- 5 Zero-Dose Childhood Immunization in Conflict-Affected PSNP Districts of Ethiopia: A Comparative Cross-Sectional Study. [{Full Article}](#)
- 6 Healthcare workers' and caregivers' knowledge, perceptions and experiences of the school-based human papillomavirus (HPV) immunization program: A qualitative study in eThekweni District of the KwaZulu-Natal Province, South Africa. [{Full Article}](#)
- 7 Exploring factors affecting malaria vaccination intention and COVID-19 vaccine uptake: evidence from a joint analysis in rural Senegal. [{Full Article}](#)
- 8 Assessing RTS, S malaria vaccine rollout perception in Cameroon: Sentiment analysis from X and facebook using hugging face. [{Full Article}](#)
- 9 Human Papillomavirus Vaccine Uptake and its Determinants among Parents of Adolescent Girls in Tanga city, Tanzania. [{Full Article}](#)
- 10 Measles vaccination perceptions and willingness to consider novel vaccination approaches in Cambodia's floating villages. [{Full Article}](#)
- 11 Spatial distribution of full immunization and associated factors among children aged 12-23 months in Madagascar: a spatial and multilevel analysis. [{Full Article}](#)
- 12 Spatial inequities in COVID-19 vaccination coverage across Kenya: a geospatial analysis of structural determinants and Development Index patterns. [{Full Article}](#)
- 13 HPV vaccine awareness and uptake in rural Indigenous communities in Guatemala: a cross-sectional study. [{Full Article}](#)
- 14 Mapping the disparities in childhood immunization status and determinants in East Africa using ordinal logistic regression analysis. [{Full Article}](#)
- 15 Enhancing the use of economic evidence in vaccination policy and decision making in low- and middle-income countries: a scoping review of existing strategies. [{Full Article}](#)
- 16 Predictors of COVID-19 vaccination intention among students in Ghana: An application of the Health Belief Model and Theory of Planned Behaviour. [{Full Article}](#)
- 17 Awareness, perception and influences on uptake of the RTS,S/AS01 malaria vaccine among caregivers for children under 5 years in South West region, Cameroon. [{Full Article}](#)

- 18 Assessing knowledge, attitudes, and barriers toward HPV cervical cancer and vaccination among female university students in Bangladesh. [{Full Article}](#)
- 19 Preliminary insights into knowledge and attitudes toward malaria vaccination among Sudanese healthcare workers: an exploratory cross-sectional study. [{Full Article}](#)
- 20 Immunisation decision-making and barriers to vaccine uptake among children under-5 in limited-resource settings. [{Full Article}](#)
- 21 Utilization and associated factors of second dose measles vaccine among mothers having a child less than two years old in Enderta District, South Eastern Tigray, Ethiopia. [{Full Article}](#)
- 22 Knowledge, acceptance, uptake barriers and missed opportunities of human papillomavirus vaccine among female adolescents in Benin City, Nigeria: A mixed method study. [{Full Article}](#)

Appendix

The literature search for the February 2026 Vaccine Delivery Research Digest was conducted on January 30, 2026. We searched English language articles indexed by the US National Library of Medicine and published between December 15, 2025 and January 14, 2026. The search resulted in 489 items.

SEARCH TERMS

(((((“vaccine”[tiab] OR “vaccines”[tiab] OR “vaccination”[tiab] OR “immunization”[tiab] OR “immunisation”[tiab] OR “vaccines”[MeSH Terms] OR (“vaccination”[MeSH Terms] OR “immunization”[MeSH Terms])) AND (“logistics”[tiab] OR “supply”[tiab] OR “supply chain”[tiab] OR “implementation”[tiab] OR “expenditures”[tiab] OR “financing”[tiab] OR “economics”[tiab] OR “Cost effectiveness”[tiab] OR “coverage”[tiab] OR “attitudes”[tiab] OR “belief”[tiab] OR “beliefs”[tiab] OR “refusal”[tiab] OR “Procurement”[tiab] OR “timeliness”[tiab] OR “systems”[tiab])) OR “vaccine delivery”[tiab] OR “vaccination refusal”[MeSH Terms] OR “immunization programs”[MeSH Terms] OR “zero dose”[tiab] OR “unvaccinated children”[tiab] OR “gavi”[tiab]) NOT (“in vitro”[tiab] OR “immune response”[tiab] OR “gene”[tiab] OR “chemistry”[tiab] OR “genotox”[tiab] OR “sequencing”[tiab] OR “nanoparticle”[tiab] OR “bacteriophage”[tiab] OR “exome”[tiab] OR “exogenous”[tiab] OR “electropor”[tiab] OR “systems biology”[tiab] OR “animal model”[tiab] OR “cattle”[tiab] OR “sheep”[tiab] OR “goat”[tiab] OR “rat”[tiab] OR “pig”[tiab] OR “mice”[tiab] OR “mouse”[tiab] OR “murine”[tiab] OR “porcine”[tiab] OR “ovine”[tiab] OR “rodent”[tiab] OR “fish”[tiab])) AND “English”[Language] AND 2025/12/15:2026/01/14[Date - Publication]