

**Weekly Evidence Surveillance April 26<sup>th</sup>, 2024**

Date	Source	Item	Pub Date	Details
26/04/2024	<a href="#">ECDC</a>	<a href="#">Rapid Outbreak Assessment: Prolonged multi-country outbreak of Listeria monocytogenes ST1607 linked to smoked salmon products</a>	25/04/2024	A prolonged genomic cluster of 20 human Listeria monocytogenes ST1607 infections has been reported to the European Centre for Disease Prevention and Control, with cases identified in Denmark (17), Germany (1), and Italy (2) since 2019. The number of cases has sharply increased after 2021. The most recent case was reported in March 2024 in Denmark, indicating an ongoing risk of further infections. Of 20 listeriosis cases, five have died (one due to another cause than L. monocytogenes infection), indicating high severity of infection particularly among elderly people with underlying chronic conditions.
26/04/2024	<a href="#">ECDC</a>	<a href="#">Prevention of hepatitis B and C in the EU/EEA, 2024 Surveillance and monitoring</a>	25/04/2024	The decline in the reported number of new transmissions of hepatitis B virus (HBV) and hepatitis C virus (HCV) infections across European Union (EU) and European Economic Area (EEA) countries has continued, but the burden remains high, with an estimated 5.4 million people with chronic HBV and HCV infection in the region.
26/04/2024	<a href="#">ECDC</a>	<a href="#">Monitoring of the responses to the hepatitis B and C epidemics in EU/EEA countries, 2023</a>	25/04/2024	The European Centre for Disease Prevention and Control (ECDC) has developed a monitoring system for hepatitis B and C to support countries in the European Union (EU) and European Economic Area (EEA) in monitoring responses to their epidemics of hepatitis B and C. The monitoring system is closely aligned with the indicators and hepatitis elimination targets of the Global Health Sector Strategy (GHSS) and the World Health Organization (WHO) European Region Action Plan. In this report, we provide an overview of the data reported by countries in the EU and EEA in 2023 to describe progress towards the 2025 interim targets for hepatitis elimination as outlined in the WHO European Region Action Plan 2022–2030.
26/04/2024	<a href="#">ECDC</a>	<a href="#">Hepatitis C - Annual Epidemiological Report for 2022</a>	25/04/2024	In 2022, 23 273 cases of hepatitis C were reported in 29 EU/EEA countries. Excluding countries that only reported acute cases, 23 249 cases were notified, corresponding to a crude rate of 6.2 cases per 100 000 population. Of the cases reported, 6% were acute, 34% chronic, and 57% were unknown. Three percent could not be classified due to an incompatible data format. Hepatitis C was more commonly reported among men than women, with a

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				male-to-female ratio of 1.6:1. The most affected age group among males was 35–44 years, and among females 55–64 years. The most common transmission mode was injecting drug use, which accounted for 53% of acute cases and 64% of chronic cases with complete information on transmission route.
26/04/2024	<a href="#">ECDC</a>	<a href="#">Hepatitis B - Annual Epidemiological Report for 2022</a>	25/04/2024	Hepatitis B is a major public health threat worldwide. In 2022, the global prevalence was estimated at 257 million people living with HBV infection (3.2%), with an estimated incidence of 1.5 million new cases per year. In 2019, 820 000 deaths were attributable to hepatitis B globally. In the European Union/European Economic Area (EU/EEA), the disease burden remains high, with an estimated 3.6 million people living with CHB and 64 000 deaths attributed to chronic viral hepatitis in 2015.
26/04/2024	<a href="#">ECDC</a>	<a href="#">Measles and Rubella Monthly Report</a>	22/04/2024	This report provides an overview of measles and rubella cases reported to ECDC through The European Surveillance System (TESSy).
26/04/2024	<a href="#">WHO</a>	<a href="#">Fourth WHO consultation on the translation of tuberculosis research into global policy guidelines</a>	19/04/2024	The Global Tuberculosis Programme of the World Health Organization has the mandate to develop and disseminate evidence-based policy for tuberculosis prevention, diagnosis, treatment, and care. Regular review of evidence, and assessment of country needs for policy across the cascade of care is part of its core function. In this regard, GTB organized a fourth consultation assembling scientists, public health experts, partners, civil society, and countries to exchange views on emerging areas of need for evidence and for global TB policy guidance to achieve the goals and targets of the WHO End TB Strategy. The present report summarizes the outcome of this meeting.
26/04/2024	<a href="#">WHO</a>	<a href="#">The selection and use of essential medicines (2023) - TRS 1049</a>	22/04/2024	The 24th meeting of the WHO Expert Committee on Selection and Use of Essential Medicines was held in Geneva, Switzerland, from 24 to 28 April 2023. The Committee considered 85 applications proposing additions, changes and deletions of medicines, medicine classes and formulations on the Model Lists of Essential Medicines. The Committee evaluated the scientific evidence for effectiveness, safety and cost- effectiveness of the medicines in question. The Committee also considered a review of the age-appropriateness of formulations of essential medicines for children, the

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				AWaRe classification of antibiotics, and other matters relevant to the selection and use of essential medicines.
26/04/2024	<a href="#">WHO</a>	<a href="#">Global Malaria Programme operational strategy 2024-2030</a>	23/04/2024	As WHO's technical department for malaria, the Global Malaria Programme has an important role to play in leading the global response against this disease. Through its direct actions and network, it has the potential to shape the malaria ecosystem and achieve impact at country level. With this in mind, the Global Malaria Programme has developed an operational strategy outlining its priorities for the period 2024–2030 and the 4 strategic levers to control and eliminate malaria that are decisively within the Programme's mandate: norms and standards, new tools and innovation, strategic information for impact, and leadership. The strategy describes how the Global Malaria Programme will also transform by collaborating more effectively with other programmes, regional and country offices and partners, guided by lessons learned from WHO's Thirteenth General Programme of Work (GPW13) and the GPW14 priorities.
26/04/2024	<a href="#">WHO</a>	<a href="#">Risk communication and community engagement readiness and response toolkit: mpox</a>	23/04/2024	This toolkit is a comprehensive set of practical tools and resources designed to support country-level risk communication and community engagement (RCCE) practitioners, decision-makers, and partners to plan and implement readiness and response activities for mpox (previously known as monkeypox). The toolkit contains: information about mpox; RCCE considerations for how to approach key issues during mpox outbreaks; tools for understanding the context in which mpox outbreaks occur; methods for collecting data to inform strategy development and bring evidence into planning and implementation of activities; case studies; and links to existing RCCE tools and training. It is one of a suite of toolkits on RCCE readiness and response to a range of disease and response areas.
26/04/2024	<a href="#">WHO</a>	<a href="#">Investing to defeat meningitis and beyond</a>	23/04/2024	Defeating Meningitis by 2030 – A Global Road Map sets out a plan to tackle the main causes of acute bacterial meningitis (meningococcus, pneumococcus, Haemophilus influenzae and group B streptococcus). This innovative initiative addresses meningitis not only as an infectious disease that can often be prevented and treated, but also with the absolute need for support and care for people living with disabling sequelae after an episode of meningitis. The

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				three visionary goals are to: (i) eliminate epidemics of bacterial meningitis; (ii) reduce cases of vaccine preventable bacterial meningitis by 50% and deaths by 70%; (iii) reduce disability and improve quality of life after meningitis of any cause. To achieve these goals, World Health Organization (WHO) recommends several key activities and milestones across five pillars of the road map: prevention and epidemic control; diagnosis and treatment; disease surveillance; support and care for people affected by meningitis, and advocacy and engagement.
26/04/2024	<a href="#">WHO</a>	<a href="#">The mRNA Vaccine Technology Transfer Hub: a pilot for transformative change for the common good?</a>	19/04/2024	The WHO Council on the Economics of Health for All recommends that the mRNA TT Programme is considered a common good for epidemic preparedness, driven by SouthSouth collaboration and pursuing the shared mission of health security, centred around equity and local resilience.
26/04/2024	<a href="#">WHO</a>	<a href="#">R21/Matrix-M malaria vaccine: Evidence to recommendations framework, 2023</a>	22/04/2024	Malaria is one of the leading causes of childhood illness and deaths in Africa. All malaria control interventions provide only partial protection against malaria and the highest impact is achieved when interventions are strategically used together. The RTS,S/AS01 malaria vaccine was recommended by WHO in 2021 to prevent malaria in children living in regions with moderate-to-high P. falciparum malaria transmission. As of August 2023, over 1.8 million children have received at least 1 dose of the RTS,S/AS01 vaccine through phased introductions that began in 2019 in Ghana, Kenya, and Malawi. Results from pilot evaluations in those three countries (recommended by WHO in 2015) affirm the malaria vaccine is feasible to deliver, is safe and reduces childhood malaria, hospitalizations, and deaths.
26/04/2024	<a href="#">WHO</a>	<a href="#">GRADE tables for malaria vaccines, 2023</a>	22/04/2024	GRADE tables for malaria vaccines, 2023
26/04/2024	<a href="#">WHO</a>	<a href="#">OpenWHO IPC training courses catalog</a>	23/04/2024	This catalog presents all online training courses related to IPC, available on OpenWHO. The IPC channel hosts general courses designed for all health workers, as well as more advanced courses specific to IPC focal points. This is an interactive document allowing direct access to the desired training.
26/04/2024	<a href="#">WHO</a>	<a href="#">Polio Transition Monitoring and Evaluation Framework</a>	23/04/2024	The Polio Transition Monitoring and Evaluation (M&E) framework has been designed to monitor progress towards achieving the strategic and operational

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				outcomes of the post-2023 Strategic Framework for Polio Transition, as outlined in the Global Vision to use Polio Investments to Build Strong, Resilient and Equitable Health Systems, and Regional Strategic Plans for the WHO African, Eastern Mediterranean and South-East Asia Regions. It aims to support an efficient and effective polio transition process through both process and outcome-based monitoring. The framework promotes accountability and strives for a harmonized approach to monitoring and evaluating polio transition at the country, regional and global level.
26/04/2024	<a href="#">WHO</a>	<a href="#">Climate and Health Financing Needs</a>	25/04/2024	This slide deck represents a qualitative assessment of country-determined needs and opportunities around mobilizing financing for climate and health solutions deployment.
26/04/2024	<a href="#">CDC</a>	<a href="#">CDC Announces Important Advances in Protecting Americans from Heat</a>	22/04/2024	New Heat and Health Initiative, developed in response to increased health risks from heat exposure, aims to improve American’s ability to stay safe during heat events
26/04/2024	<a href="#">CDC</a>	<a href="#">Quick Start Guide for Clinicians on Heat and Health</a>	22/04/2024	<a href="#">Quick Start Guide for Clinicians on Heat and Health</a>
26/04/2024	<a href="#">CDC</a>	<a href="#">CDC clinical guidance Heat Health</a>	22/04/2024	CDC clinical guidance helps clinicians keep at-risk individuals safe when temperatures rise.
26/04/2024	<a href="#">CDC</a>	<a href="#">SARS-CoV-2 Viral Shedding and Rapid Antigen Test Performance — Respiratory Virus Transmission Network, November 2022–May 2023</a>	25/04/2024	As population immunity to SARS-CoV-2 evolves and new variants emerge, the role and accuracy of antigen tests remain active questions. To describe recent test performance, the detection of SARS-CoV-2 by antigen testing was compared with that by reverse transcription–polymerase chain reaction (RT-PCR) and viral culture testing during November 2022–May 2023. Participants who were enrolled in a household transmission study completed daily symptom diaries and collected two nasal swabs (tested for SARS-CoV-2 via RT-PCR, culture, and antigen tests) each day for 10 days after enrollment. Among participants with SARS-CoV-2 infection, the percentages of positive antigen, RT-PCR, and culture results were calculated each day from the onset of symptoms or, in asymptomatic persons, from the date of the first positive test result. Antigen test sensitivity was calculated using RT-PCR and viral culture as references. The peak percentage of positive antigen (59.0%) and RT-PCR (83.0%) results occurred 3 days after onset, and the peak percentage

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				<p>of positive culture results (52%) occurred 2 days after onset. The sensitivity of antigen tests was 47% (95% CI = 44%–50%) and 80% (95% CI = 76%–85%) using RT-PCR and culture, respectively, as references. Clinicians should be aware of the lower sensitivity of antigen testing compared with RT-PCR, which might lead to false-negative results. This finding has implications for timely initiation of SARS-CoV-2 antiviral treatment, when early diagnosis is essential; clinicians should consider RT-PCR for persons for whom antiviral treatment is recommended. Persons in the community who are at high risk for severe COVID-19 illness and eligible for antiviral treatment should seek testing from health care providers with the goal of obtaining a more sensitive diagnostic test than antigen tests (i.e., an RT-PCR test).</p>
26/04/2024	<a href="#">CDC</a>	<a href="#">Investigation of Presumptive HIV Transmission Associated with Receipt of Platelet-Rich Plasma Microneedling Facials at a Spa Among Former Spa Clients — New Mexico, 2018–2023</a>	25/04/2024	<p>HIV transmitted through cosmetic injection services via contaminated blood has not been previously documented. During summer 2018, the New Mexico Department of Health (NMDOH) was notified of a diagnosis of HIV infection in a woman with no known HIV risk factors who reported exposure to needles from cosmetic platelet-rich plasma microneedling facials (vampire facials) received at a spa in spring 2018. An investigation of the spa’s services began in summer 2018, and NMDOH and CDC identified four former spa clients, and one sexual partner of a spa client, all of whom received HIV infection diagnoses during 2018–2023, despite low reported behavioral risks associated with HIV acquisition. Nucleotide sequence analysis revealed highly similar HIV strains among all cases. Although transmission of HIV via unsterile injection practices is a known risk, determining novel routes of HIV transmission among persons with no known HIV risk factors is important. This investigation identified an HIV cluster associated with receipt of cosmetic injection services at an unlicensed facility that did not follow recommended infection control procedures or maintain client records. Requiring adequate infection control practices and maintenance of client records at spa facilities offering cosmetic injection services can help prevent the transmission of HIV and other bloodborne pathogens and ensure adequate traceback and notification in the event of adverse clinical outcomes, respectively.</p>

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26/04/2024	<a href="#">CDC</a>	<a href="#">Use of Ebola Vaccines — Worldwide, 2021–2023</a>	25/04/2024	Ebola virus disease (Ebola) is a rare but severe illness in humans, with an average case fatality rate of approximately 50%. Two licensed vaccines are currently available against Orthoebolavirus zairense, the virus that causes Ebola: the 1-dose rVSVΔG-ZEBOV-GP (ERVEBO [Merck]) and the 2-dose regimen of Ad26.ZEBOV and MVA-BN-Filo (Zabdeno/Mvabea [Johnson & Johnson]). The Strategic Advisory Group of Experts on Immunization recommends the use of 1-dose ERVEBO during Ebola outbreaks, and in 2021, a global stockpile of ERVEBO was established to ensure equitable, timely, and targeted access to vaccine doses for future Ebola outbreaks. This report describes the use of Ebola vaccines and the role of the stockpile developed and managed by the International Coordinating Group (ICG) on Vaccine Provision during 2021–2023. A total of 145,690 doses have been shipped from the ICG stockpile since 2021. However, because outbreaks since 2021 have been limited and rapidly contained, most doses (139,120; 95%) shipped from the ICG stockpile have been repurposed for preventive vaccination of high-risk groups, compared with 6,570 (5%) used for outbreak response. Repurposing doses for preventive vaccination could be prioritized in the absence of Ebola outbreaks to prevent transmission and maximize the cost-efficiency and benefits of the stockpile.
26/04/2024	<a href="#">CDC</a>	<a href="#">Infectious Diseases and Carceral Health</a>	01/04/2024	Emerging Infectious Diseases Vol 30, No. 13 Supplement – Infectious Diseases and Carceral Health
26/04/2024	<a href="#">UKHSA</a>	<a href="#">Integrated guidance on health clearance and the management of HCWs living with BBVs (hepatitis B, hepatitis C and HIV): April 2024</a>	24/04/2024	Updated with April 2024 integrated guidance to include notification and advice on the discontinuation of the UKAP occupational health monitoring register.
26/04/2024	<a href="#">UKHSA</a>	<a href="#">Escherichia coli (E. coli) O157: annual totals</a>	26/04/2024	The number of infections of Escherichia coli (E. coli) O157 reported in England and Wales.
26/04/2024	<a href="#">UKHSA</a>	<a href="#">Health Protection Report volume 18 (2024)</a>	25/04/2024	HPR volume 18 issue 4: news (25 April 2024): M. chimaera infection associated with cardiopulmonary bypass: findings from a retrospective case

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				finding exercise Infection report: Invasive meningococcal infection in England (January to March 2023)
26/04/2024	<a href="#">UKHSA</a>	<a href="#">Extreme cold temperatures in domiciliary care: the study</a>	25/04/2024	Results of a study to explore client and care worker risks during cold weather with a view to identifying best practice and incorporating this into advice and cold weather planning.
26/04/2024	<a href="#">UKHSA</a>	<a href="#">New data show a rise in travel-acquired malaria cases</a>	24/04/2024	New data from the UK Health Security Agency (UKHSA), published ahead of World Malaria Day (25 April), show an increase in malaria diagnosed in England, Wales and Northern Ireland, with reported cases exceeding 2,000 for the first time since 2001. Cases were confirmed in individuals who had recently been abroad. The number of cases highlights the importance of taking precautions to minimise the risk of malaria when traveling abroad.
26/04/2024	<a href="#">UKHSA</a>	<a href="#">Infectious disease surveillance and monitoring for animal and human health: summary December 2023</a>	25/04/2024	The UK Health Security Agency's (UKHSA) Emerging Infections and Zoonoses team uses an integrated horizon scanning approach, which combines information on both human and animal health, to identify and assess outbreaks and incidents of new and emerging infectious diseases, reported nationally and internationally. The emerging infection summaries provide an overview of incidents (new and updated) of public health significance, which are under close monitoring. The summaries are widely circulated within UKHSA, to the Department of Health and Social Care (DHSC), to colleagues working in animal health, and internationally.
26/04/2024	<a href="#">PH Ontario</a>	<a href="#">Measles – Serology</a>	25/04/2024	This page provides serological testing information for Measles at Public Health Ontario (PHO).
26/04/2024	<a href="#">PH Ontario</a>	<a href="#">Mpox in Ontario: January 1, 2023 to March 31, 2024</a>	24/04/2024	An increase in mpox activity has been observed in Ontario since mid-January 2024 with a total of 32 confirmed cases in 2024 to the end of March (compared to only 33 confirmed cases in all of 2023). Only 34.8% of individuals who received one dose of an Imvamune <sup>®</sup> vaccine in Ontario have received their second dose. PHUs in Ontario should continue to promote a two-dose Imvamune <sup>®</sup> vaccination series to those eligible. Individuals with a previous history of laboratory-confirmed mpox infection or history of completing a two dose Imvamune <sup>®</sup> vaccine series do not require a booster vaccine.



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26/04/2024	<a href="#">HPRA</a>	<a href="#">HPRA Drug Safety Newsletter Edition 115</a>	26/04/2024	<p>The latest edition of the HPRA newsletter includes important updates to support the safe and appropriate use of the following medicines:</p> <p>Valproate (Epilim): New precautionary measures regarding the potential risk of neurodevelopmental disorders in children of fathers treated with valproate in the three months before conception</p> <p>NSAIDs: Updated recommendations on the use of non-steroidal anti-inflammatory drugs (NSAIDs) during pregnancy</p> <p>Cystic Fibrosis transmembrane conductance regulators (CFTRs): New warning on the risk of depression and related events associated with Kalydeco, Orkambi, Symkevi and Kaftrio</p> <p>Product information updates recommended by the EMA's Pharmacovigilance Risk assessment Committee (PRAC)</p>
26/04/2024	<a href="#">IDSA</a>	<a href="#">Climate Change and Contagion: The Circuitous Impacts From Infectious Diseases</a>	15/04/2024	<p>The 8 most recent years have been the warmest on record. In 2022, the global 10-year average temperature soared to 1.15 °C above preindustrial levels. The climate change impacts from heat waves, floods, and droughts are more apparent and direct when compared with the circuitous and indirect climate change impacts from infectious diseases. Yet, their contagious nature and epidemic potential pose a latent threat to public health, particularly to marginalized and vulnerable populations. These groups, despite contributing the least to greenhouse gas emissions, are disproportionately affected by the consequences of climate disruption. The transmission potential of many vector-, water-, and foodborne infections is determined by the nexus of climate hazards, vulnerability, and exposure. Some of these complex relationships are discussed in this article.</p>
26/04/2024	<a href="#">IDSA</a>	<a href="#">Circulating HBV RNA and hepatitis B core-related antigen trajectories in persons with HIV/HBV coinfection and HBsAg loss on tenofovir therapy</a>	16/04/2024	<p>Background - We evaluated long-term trajectories of circulating hepatitis B virus (HBV)-RNA and hepatitis B core-related antigen (HBcrAg) in persons with and without hepatitis B surface antigen (HBsAg) loss during tenofovir therapy in the Swiss HIV Cohort Study.</p> <p>Methods - We included 29 persons with HIV (PWH) with HBsAg loss and 29 matched PWH without loss. We compared HBV-RNA and HBcrAg decline and assessed the cumulative proportions with undetectable HBV-RNA and HBcrAg levels during tenofovir therapy using Kaplan-Meier estimates.</p>

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				<p>Results - HBsAg loss occurred after a median of 4 years (IQR 1 - 8). All participants with HBsAg loss achieved suppressed HBV-DNA and undetectable HBV-RNA preceding undetectable qHBsAg levels, whereas 79% achieved negative HBcrAg. In comparison, 79% of the participants without HBsAg loss achieved undetectable HBV-RNA and 48% negative HBcrAg. After two years on tenofovir, an HBV RNA decline <math>\geq 1 \log_{10}</math> copies/ml had 100% sensitivity and 36.4% specificity for HBsAg loss, whereas an HBcrAg decline <math>\geq 1 \log_{10}</math> U/ml had 91.0% sensitivity and 64.5% specificity.</p> <p>Conclusions - HBV-RNA suppression preceded undetectable qHBsAg levels, and had high sensitivity but low specificity for HBsAg loss during tenofovir therapy in PWH. HBcrAg remained detectable in approximately 20% of persons with, and 50% of persons without HBsAg loss.</p>
26/04/2024	<a href="#">IDSA</a>	<a href="#">Effect of Pneumococcal Conjugate Vaccines on Viral Respiratory Infections: A Systematic Literature Review</a>	11/03/2024	<p>Background - In addition to preventing pneumococcal disease, emerging evidence indicates that pneumococcal conjugate vaccines (PCVs) might indirectly reduce viral respiratory tract infections (RTIs) by affecting pneumococcal-viral interactions.</p> <p>Methods - We performed a systematic review of interventional and observational studies published during 2000–2022 on vaccine efficacy/adjusted effectiveness (VE) and overall effect of PCV7, PCV9, PCV10, or PCV13 against viral RTIs.</p> <p>Results - Sixteen of 1671 records identified were included. Thirteen publications described effects of PCVs against viral RTIs in children. VE against influenza ranged between 41% and 86% (n = 4), except for the 2010–2011 influenza season. In a randomized controlled trial, PCV9 displayed efficacy against any viral RTI, human seasonal coronavirus, parainfluenza, and human metapneumovirus. Data in adults were limited (n = 3). PCV13 VE was 4%–25% against viral lower RTI, 32%–35% against coronavirus disease 2019 outcomes, 24%–51% against human seasonal coronavirus, and 13%–36% against influenza A lower RTI, with some 95% confidence intervals spanning zero. No protection was found against adenovirus or rhinovirus in children or adults.</p> <p>Conclusions - PCVs were associated with protection against some viral RTI,</p>

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				with the strongest evidence for influenza in children. Limited evidence for adults was generally consistent with pediatric data. Restricting public health evaluations to confirmed pneumococcal outcomes may underestimate the full impact of PCVs.
26/04/2024	<a href="#">EvidenceAlerts</a>	<a href="#">Effectiveness of Multifaceted Strategies to Increase Influenza Vaccination Uptake - A Cluster Randomized Trial</a>	25/03/2024	<p>Question-Can multifaceted strategies at the system, school, and individual level increase influenza vaccination uptake among primary school students?</p> <p>Findings-In this cluster randomized trial involving 1691 students from 17 schools, the multifaceted strategies significantly improved the influenza vaccination uptake of students aged 7 to 8 years at school and overall uptake either at school or outside of school.</p> <p>Meaning-These findings suggest a modest effect of multifaceted strategies in improving influenza vaccination uptake and provide insights for the optimization of school-located vaccination programs for other vaccines in China, as well as in other countries with similar contexts and comparable programs.</p>