





आरोग्य आणि कुटुंब कल्याण मंत्रालय
 भारत सरकार

गोवर
आणि रुबेला
 लसीकरण मोहीम

नोव्हेंबर २०१८

१ महिने ते १५ वर्षे वयोगटातील बालकांसाठी मोहीम

आपण एका लसीने दोन
 आजारांवर मात करू शकतो



१ महिने ते १५ वर्षे वयोगटातील प्रत्येक बालकाच्या आई-वडिलांना नजिकच्या लसीकरण शिबिराला जाण्यासाठी प्रोत्साहित करा

गोवर एक प्राणघातक आजार आहे ज्याचा परिणाम कालीलप्रमाणे असू शकतो :



- न्युमोनिया
- ओटिसा
- अन्य प्राणघातक गुंतागुंन

चोटिरुपणाने रुबेलाचा संसर्ग झाल्यास कायनाल शिशूमध्ये वनव्यात दोष निर्माण होऊ शकतात, जसे -



- जंतूनाश
- बहिःपणा
- पतित्व
- जन्मजाल दुर्घटने

शिबिरांसाठी अधिक माहितीसाठी तुम्हाला सर्वोपयुक्त वेबसाईट, जवळील आरोग्य केंद्रांसाठी संपर्क घ्यावा.







MEASLES AND RUBELLA ELIMINATION:

SNAPSHOT OF CAMPAIGN AND FAQs FOR PARENTS

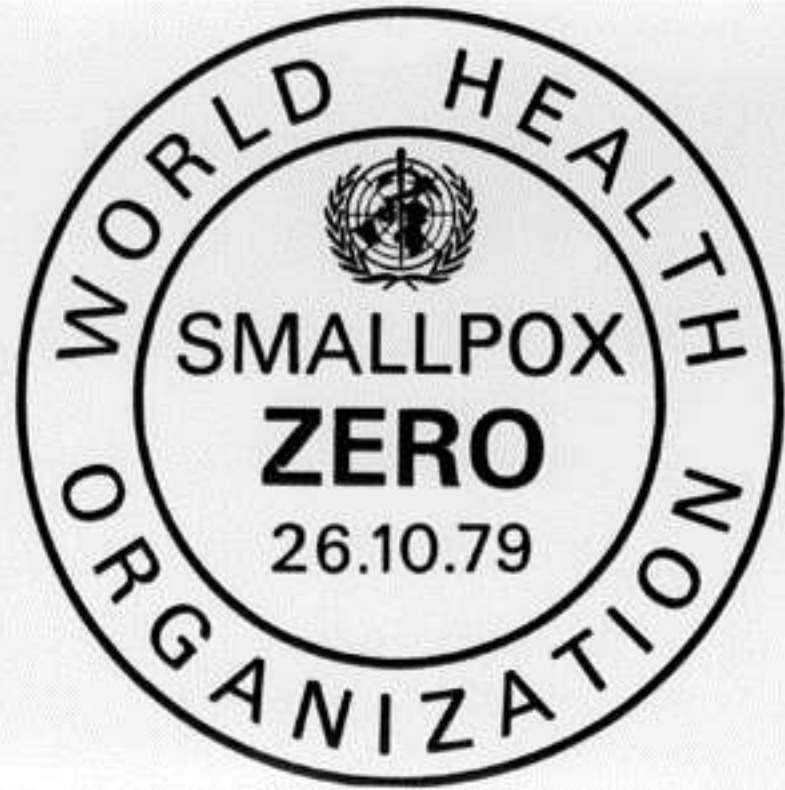
NAME OF SCHOOL

Why vaccines are essential?



Training Workshop for Measles-Rubella Vaccination Campaigns

26 October 1979: WHO certified Small pox free world



27 March 2014:
WHO South-East Asia Region certified polio-free



Dr Poonam Khetrpal Singh, Regional Director, WHO SEARO receiving the polio-free certificate from the Chairperson of Regional Certification Commission for Polio Eradication

Measles elimination and Rubella control by 2020

India is co signatory
to the goal of
measles elimination
and rubella/
Congenital Rubella
Control (CRS)
control by 2020.



Measles and Rubella disease

Measles disease

- An acute viral infection spread via respiratory secretions or aerosols
- Classic manifestations:
 - Maculopapular rash
 - Fever +cough + coryza/conjunctivities
- Complications and mortality highest in children < 2 yrs. and in adults
- Case Fatality Ratio (CFR):
 - Ranges from (0.1 – 10) %
 - Up to 30% in humanitarian emergencies



(A Measles case from Mewat, Haryana)

Measles mortality: due to complications



Corneal scarring causing blindness

Vitamin A deficiency



Pneumonia & diarrhea

Diarrhea common in developing countries

Pneumonia ~ 5-10% of cases, usually bacterial

Encephalitis

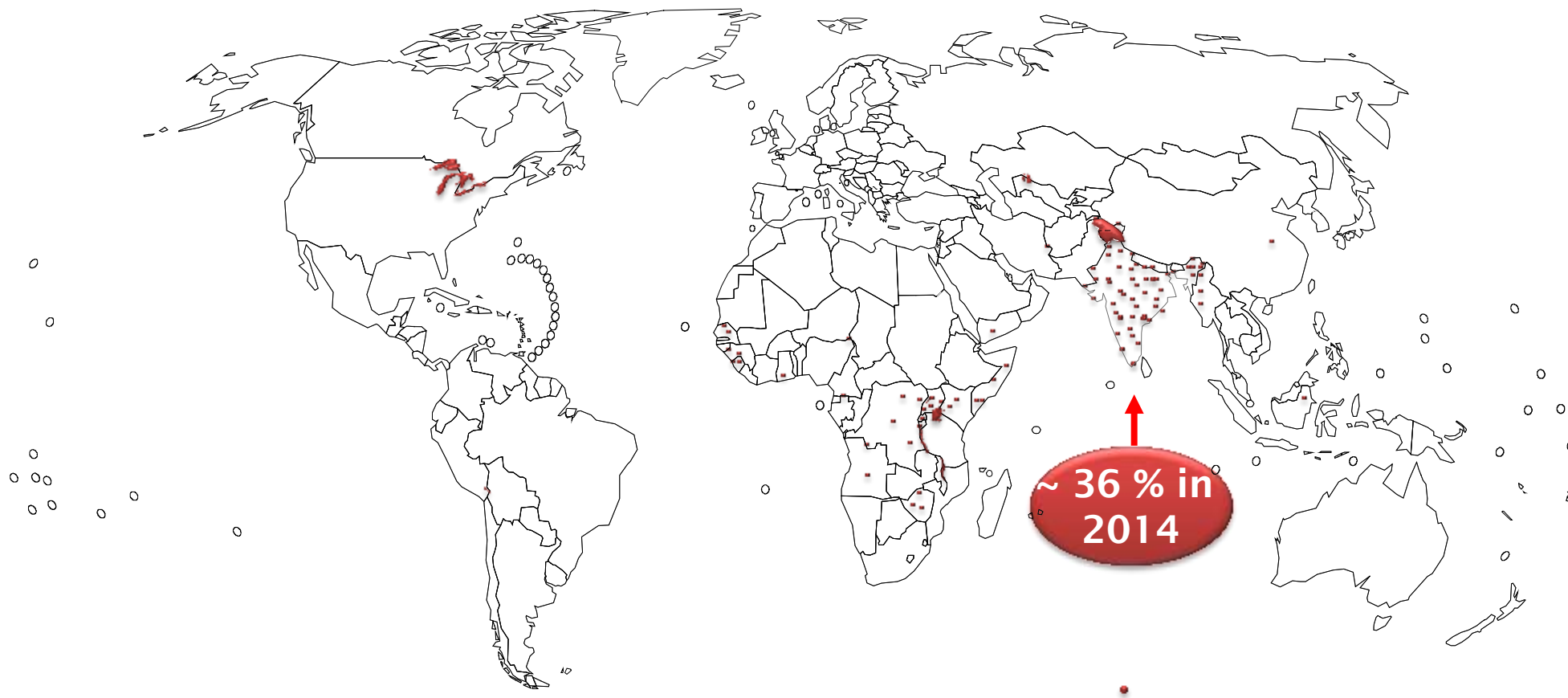
Older children, adults

≈ 0.1% of cases

Chronic disability



Measles Mortality in India



49,200 out of 134,200 measles deaths globally,
(WER No. 45, 2016, 91, 525-536)

Measles

Dots are randomly distributed in countries

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Rubella & congenital Rubella syndrome

- Rubella: Even though mild, self limiting viral illness
- If Rubella Infection occurs in 1st trimester 3 major complications :
 - May result in **spontaneous-abortion**,
 - **still birth** (dead baby is born),
 - **Congenital Rubella syndrome** (serious birth defects)
 - Public health concern
- Estimated **40-50 thousand CRS cases annually in India.**
- Approximately **100-150 CRS Baby born per 1,00,000 new born every year in India.**

Complications (Rubella/CRS)

Rubella

- lymphadenopathy
- Arthritis
 - ✓ Children: rare
 - ✓ Adult female: up to 70%
- Thrombocytopenic purpura
 - ✓ 1/3000 cases
- Encephalitis
 - ✓ 1/6,000 cases

Congenital Rubella Syndrome (CRS)

90% chance if infected during 1st trimester of pregnancy)

- **Hearing Impairment**
- **Cataracts / Glaucoma - Blindness**
- **Heart defects (PDA)**
- Microcephaly
- **Developmental Delay**
- **Mental retardation**
- Hematological disorder
- Liver and spleen damage

Congenital Rubella syndrome



Rubella: Clinical Syndromes

Congenital Rubella Syndrome (CRS)



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Measles and rubella Vaccination campaign,

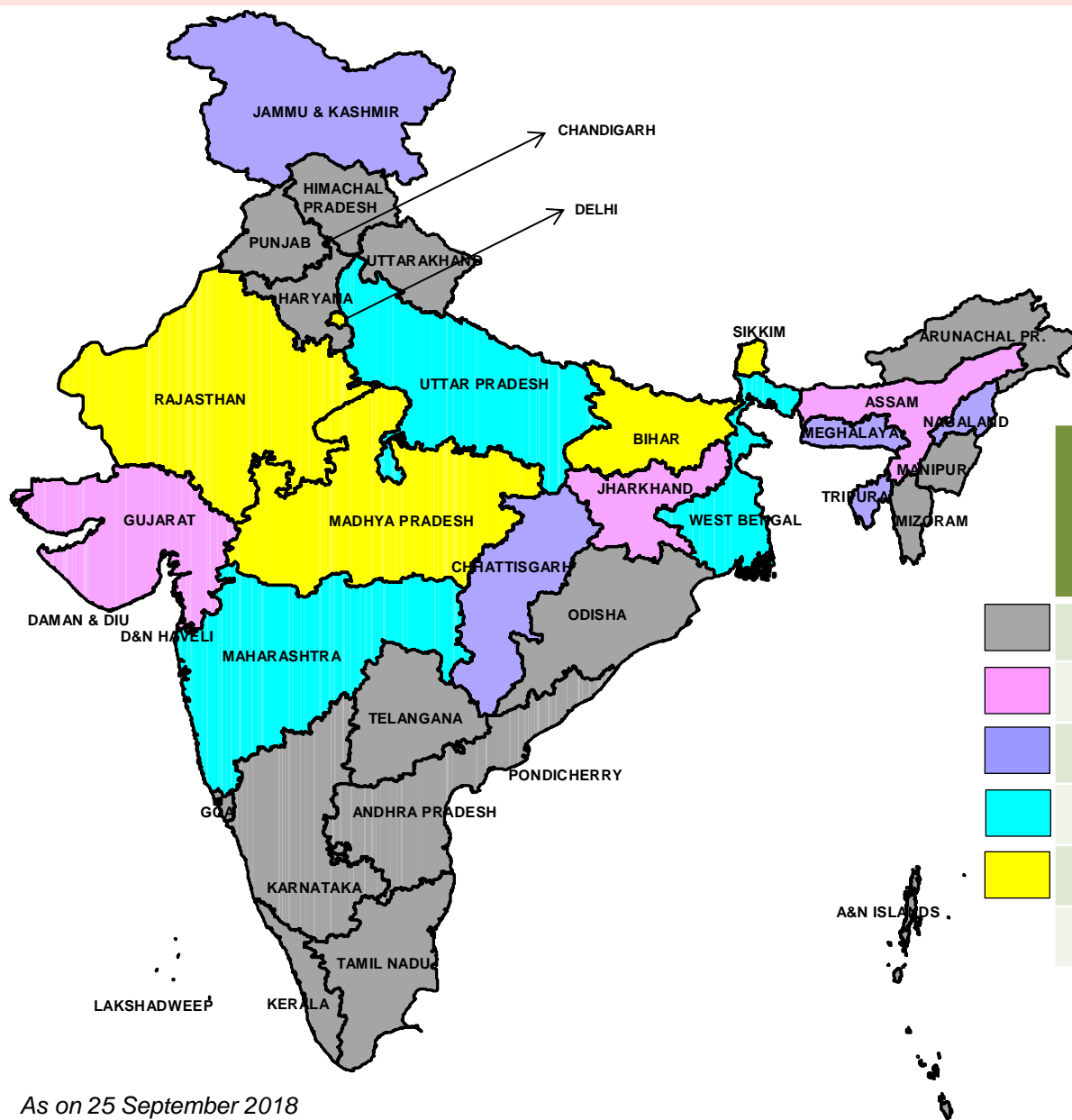
Maharashtra – November 2018



Measles-Rubella Vaccination Campaign



Measles-Rubella vaccination campaign plan, India



Phase	MR campaign year	# States	Estimated target population (in million) (9 mon–15 yrs)
Phase 1 to 4	Completed	20	98.3
Phase 5	Jul / Aug 2018	3	44.5
Phase 6	Sep / Oct 2018	5	16.4
Phase 7	Nov 2018	3	141.0
Phase 8	2019	5	104.3
Total	2017 – 2019	36	404.5

**Total Target for MR campaign in India
40 crore (404.5 million)**

**In 2017-18 MR campaign held so
far**

**More than 9.6 crore beneficiaries
safely administered MR vaccinations
in 21 states.**



Measles-Rubella Vaccination Campaign



Measles and rubella Vaccination campaign, November 2018

- Campaign is scheduled in Maharashtra in month of **27th November 2018**.
- ***Additional dose of Measles Rubella vaccine*** will be given to all children of age group from **9 months to 15 years** **irrespective of their prior immunization status**.
- In schools Vaccine will be given to all students from **std. 1 to std. 10** **irrespective of age**.
- **Children not receiving additional campaign dose of MR vaccine will remaining vulnerable to Measles and Rubella**
- MR Vaccination campaign will be conducted over a period of 1-2 months in each district of Maharashtra in November 2018.



Measles and rubella Vaccination campaign, November 2018

- As, 70% of eligible children are school going, **campaign will be conducted in each and every school** (Government, Private, Religious-madarsas etc) to vaccinate all eligible children.
- After school phase, village/urban area wise **vaccination camps will be started in Anganwadi centres** or any suitable place to vaccinate children between 9 months to 6 years and school drop outs children.
- Throughout campaign period, all Government hospitals (PHC, UPHC, HP, RH, SDH, Civil hospital and medical college hospitals) will be providing MR Vaccine.



Measles and rubella Vaccination campaign, November 2018

- **Health department**, Government of Maharashtra and Government of India is conducting this programme.
- **World health Organization, UNICEF, Roatray, Lions and all other NGOs** are partners of this campaign.
- **Indian academy of private paediatricians and Indian Medical association** (Organization of private doctors), **NIMA doctors association, medical college & hospitals** are supporting this campaign and urging parents to take vaccine in campaign.



4 types of sessions in MR Campaign



School based sessions



Out reach sessions



Health Facility based sessions



Mobile teams for Migratory Population

How schools will be involved?

Basic planning

- One School in a day (preferable)
 - May need to deploy multiple teams
- One team (200 injection load):
 - **One team** - 1 Vaccinator & 3 mobilisers (needs 3 rooms)
- If injection load between 200 – 400
 - **2 teams** (needs 6 rooms)
- Injection load between 400 – 600
 - **3 teams** (needs 9 rooms)
- Injection load 2000
 - **10 teams** (needs 30 rooms)

Basic planning

- Every teacher/ parents should ensure the **students are not Empty stomach** on day of Vaccination.
- If parent wish to attend vaccination, they are most welcome.
- If child had any medical illness, treatment going on – such parents must come and discuss with Doctor/Health staff.
- Vaccination
- Vaccination teams will be having **3 rooms**
 - Assembly Room
 - Vaccination room
 - Observation cum Enjoyment room

Measles and rubella Vaccine

Measles Rubella vaccine

- This vaccine is manufactured by Serum Institute of India, one of the reputed Vaccine manufacturing company which supplies 70% of MR vaccine across the world
- This Vaccine is WHO pre-qualified vaccine.
- MR Vaccine is very safe and there is no side effect.
- This vaccine (in the form of MMR) is used by private Doctors since many years in India as a part of routine immunisation

Measles-Rubella

10 dose vial and 5 ml diluent



Measles Rubella vaccine



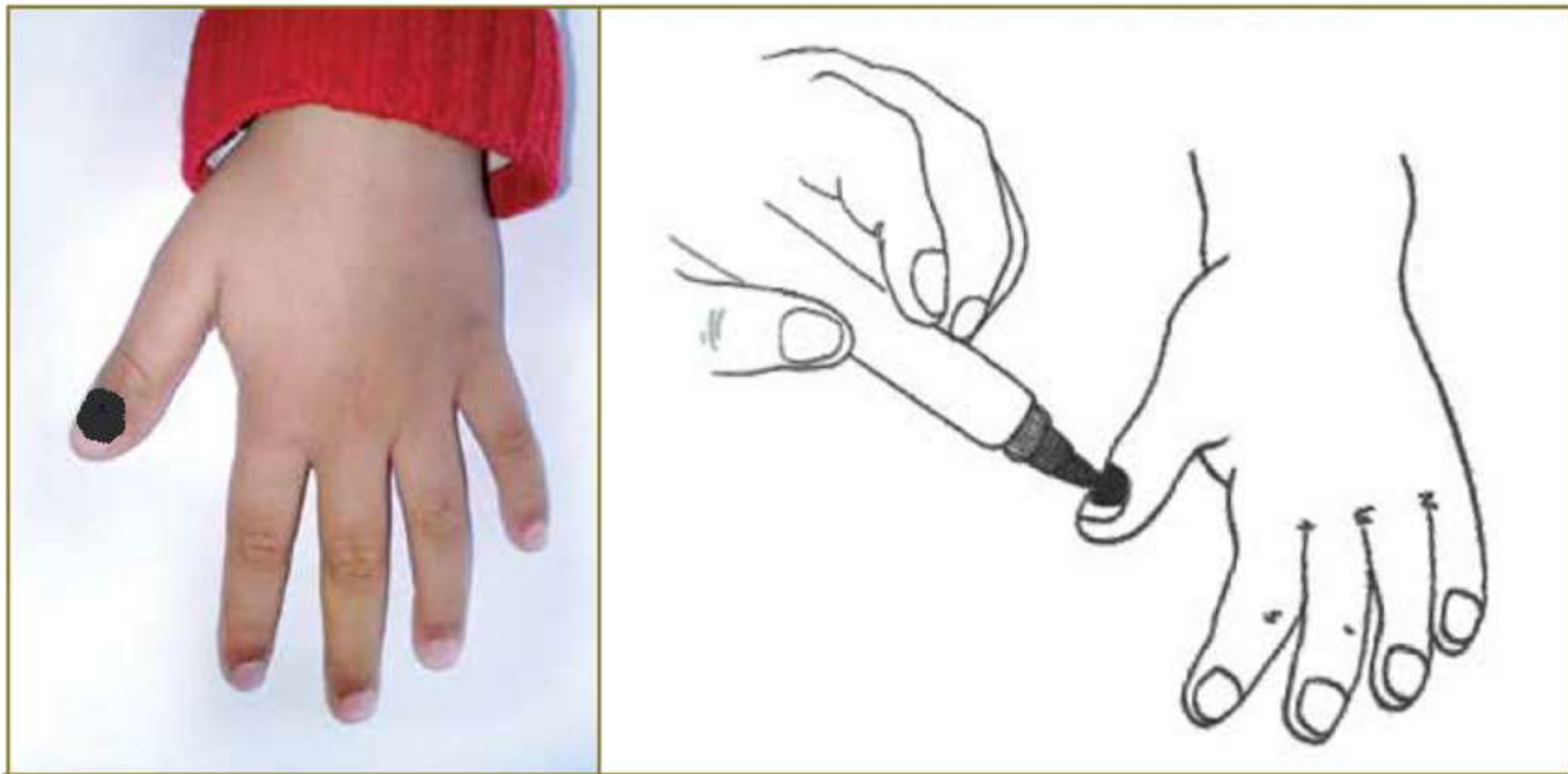
- Dose – 0.5 ml
- Site of vaccination – right arm
- Route of administration - Subcutaneous

MR vaccine will be given by Trained experienced staff under close Medical supervision



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Thumb marking for MR vaccination



Vaccination Certificate

**MEASLES
& RUBELLA
VACCINATION CAMPAIGN**

CERTIFICATE

This is to certify that _____

of age _____ has been successfully
vaccinated against Measles & Rubella
diseases during MR Vaccination
Campaign on _____
at _____

Our country has resolved to
eliminate Measles and
control Rubella.



**MEASLES
& RUBELLA
VACCINATION CAMPAIGN**

● For ANM record

Name of the Child _____

Age _____ Vaccinated on _____

Mobile

Location _____

Auto disabled (AD Syringe)

- One new syringe for every child
- Health department across India is using AD syringes in immunization programme since 2005.
- Mechanism of AD syringe is such that it can not be used again for the second time.



**In just concluded phase I & II of 2017 (19 states/UTs)
More than 9 crore children vaccinated successfully**

Vaccine Vial Monitor



Stage 1 = good:
Utilize



Stage 2 = good:
Utilize

The central square is lighter
than the surrounding circle



Stage 3 = bad:
Don't Utilize



Stage 4 = bad:
Don't Utilize



The central square is equal to, or
darker than the surrounding circle

What Parents need to know in PTMs- (refer training material)



More than 9.6 crore children vaccinated in 21 states. India heading for elimination of measles

MR Vaccination – one shot campaign, Why the need, how will it help their child,

Additional dose irrespective of previous doses received or not

What is Measles and Rubella – the threat , disease, complications and how it will protect their children

MR Vaccine is WHO prequalified, one syringe one child, Vaccination will be provided by trained experienced staff under close medical supervision

Children should have something to eat in morning. Severely ill children will not be vaccinated

Process of vaccination in schools from class to vaccination room, teacher escort, from vaccination room to observation room for 30 min

The process...

Class to Registration desk (location: Inside or outside the vaccination room)



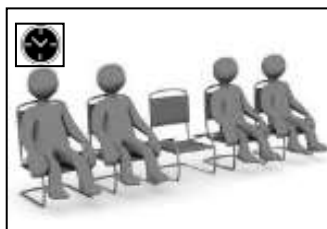
Greet child → Before going in the vaccination room → Class lead (teacher) cross ticks the name in the attendance register → give child a vaccination card, fill details except date of vaccination → child goes to vaccination team

From Registration desk → vaccination room



Vaccinators greet child → Take the card given to child at registration desk → child is asked to sit → Vaccinate child → Congratulate the child for defeating Measles and Rubella → Mark the left thumb finger with indelible marker pen → Fill date of vaccination

From Vaccination Site to observation room/ area



From vaccination room → Direct child to join friends in observation room / area → observe for 30 min → children may leave

Training Workshop for Measles-Rubella Vaccination Campaigns



Indian Academy of Pediatrics, Mumbai

(Society Registration No. 2570/2005-CBESD)



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Dr. Sanjay Dabhi Post President
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Dear Parent,

Date: 28/08/2018

Government of India, Ministry of Health & Family Welfare, has launched one of the world's largest Measles- Rubella (MR) vaccination campaigns as part of its national strategy to eliminate measles and control rubella / Congenital Rubella syndrome (CRS) from the country by 2020.

Measles is a highly infectious, potentially fatal disease mostly affecting children. Rubella is a mild viral infection but when rubella occurs during pregnancy, it can cause severe lifelong disabilities (CRS) to the child.

In Measles Rubella Campaign, all children in the age group of 9 months to 15 years will be given one injection of MR vaccine. The MR campaign dose is given to all children, both immunized and unimmunized, irrespective of prior measles/ rubella infection. So, even if the child is immunised earlier, this vaccine should be taken as additional dose.

So far MR campaign has covered 21 states in India and 9.6 crore children have been given MR vaccine and it is found to be completely safe with high acceptance of this vaccine by parents and children in all these states covered so far. It's now our turn in Maharashtra including Mumbai to make this public health program a grand success with your active participation.

All schools will have MR Campaign during school phase starting in November 2018. All school going children should be given MR vaccine during this period. If any child is not given MR vaccine during this time due to any reason, the child should be taken to nearest Government health centre during outreach session phase that will start after the school phase.

We, all doctors of the Indian Academy of Pediatrics, support this campaign fully & appeal all the parents to take benefit of this vaccination movement and protect your children.

Thanking you.

Dr. Bela Verma
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Date -

Appeal to all IMA members and all Doctors for Measles Rubella vaccination campaign in Maharashtra

Dear Doctor,

Measles is highly infectious, potentially fatal disease mostly affecting children. As per disease estimate of year 2016, every year approximately 50,000 children die in India due to measles.

Rubella is a mild viral infection affecting both children as well as adults. When Rubella infection occurs during pregnancy it can cause severe lifelong disabilities (Congenital Rubella Syndrome) to the child and a huge socio-economic burden to the family and society.

Govt. of India had set a Goal to eliminate Measles and control Rubella & Congenital Rubella Syndrome by the year 2020. The Government of India has introduced Measles -Rubella (MR) Vaccine in phased manner through campaign across the country. The campaign has been commenced in 19 states and more than 9 crore children have been vaccinated through school and outreach based vaccination approach. Maharashtra state is planning to conduct the MR Vaccination Campaign in November 2018 targeting nearly 3.7 crore children across the state from 9 months completed to less than 15 years of age regardless of previous vaccination status. Out of the total eligible beneficiaries for the campaign, 60-65% children are school going. Measles Rubella (MR) vaccination campaign will be conducted for the period of 4-5 weeks in which first 2-3 weeks vaccination sessions will be held at all schools across the state with the support from Health department. Subsequent to school phase; next 1-2 weeks, sessions will be held in the community. A single subcutaneous injection 0.5 ml of MR vaccine will be administered in right upper arm to all the due children during the campaign. Following the campaign, MR vaccine will replace measles vaccine under routine immunization. For the campaign to be successful, each district and urban area must achieve coverage of 100% of its target.

Being a core member of Indian Medical Association, I strongly support and endorse measles elimination and rubella control by 2020. Involvement of all the



DONATE
BLOOD
&
SAVE LIFE



Appeal letter to all pediatricians of Aurangabad

APPEAL TO ALL PEDIATRICIANS AND MEMBERS OF INDIAN ACADEMY OF PEDIATRICS FOR THE MEASLES-RUBELLA CAMPAIGN

As you are aware Government of India and Ministry of Health and Family Welfare, has launched one of the world largest measles-rubella (MR) vaccination campaign as part of its national strategy to eliminate measles and control rubella disease from the country by 2020-a truly remarkable world beating effort. The oversight for this mass campaign is being provided by Hon'ble Prime Minister office.

The phased MR campaign which started since February 2017 in various states of India is planned to be conducted during November 2018 in Maharashtra state. MR Campaign is targeted to vaccinate approximately 3.7 crore children in age group of 9 months up to 15 years across the Maharashtra state, and is massive public health undertaking. MR vaccine is safe and effective vaccine that has been in use for over 40 years and in more than 100 countries across the world. An additional MR campaign done is one time opportunity to boost population immunity in our country to stop endemic circulation of both measles and rubella virus, through addressing the challenges of both vaccine failure and failure to vaccinate. The campaign has been commenced in 19 states and has more than 9 crore children have been vaccinated through school and outreach based vaccination approach.

Recently convened meeting of Indian Expert Advisory Group for Measles and Rubella (IEAG-MR) recommended high quality MR campaigns, strengthen surveillance and improve measles second dose coverage to achieve the 2020 target. Being a core member of IAP, I strongly support and endorse measles elimination and rubella control by 2020. This initiative also include other development partners such as WHO, UNICEF, UNDP, Centre for Disease Control (CDC) and other civil organization such as India Medical Association (IMA), Rotary International and LIONS Club International. I am glad that our inputs have led in steering and guiding the strategic planning for MR campaigns.

MR Vaccination Campaign Key facts

- Age group between 9 months and less than 15 years.
- One dose campaign irrespective of previous measles/rubella vaccination or disease status.
- Dose: 0.5ml subcutaneous route using auto-disable syringes.
- Vaccine: 10 dose MR via (WHO prequalified, manufactured by Serum Institute of India)

(PTO)

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• The MR campaign will be conducted for a period of 4-5 weeks. Vaccination will be conducted in schools during the first few weeks, and later in community through outreach sessions.

• Immediately after the completion of campaign, MR vaccine will be introduced in routine immunization, replacing the currently given two doses of measles vaccine - at 9-12 months and 15-24 months.

• Vaccination will be provided free of cost.

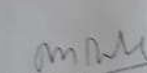
• Following vaccination, each child will be marked with indelible ink on left thumb nail.


ROLE OF IAP MEMBERS


With the successful implementation of Measles Rubella Campaign in 19 states more than 9 crore children have been vaccinated. Ministry and partners are heavily relying on us to make this campaign a success. I like to acknowledge the contribution of district IAP chapters for their proactive engagement and collaboration with the government and other development partners in helping to achieve desired outcomes. For the forthcoming MR campaigns in the state of Maharashtra, as IAP member you are requested to kindly provide the following support.


- District IAP representatives actively participate in district task force and other platforms, and provide necessary advocacy towards MR campaigns.
- Strongly endorse and advocate administration of an additional MR dose (irrespective of previous dose status) to parents and schools seeking your opinion about the MR campaign.
- Reassure parents that MR vaccine is safe and highly effective, and that vaccination in schools and outreach sessions will be given under medical supervision through trained and skilled staff, and that standard safety procedures and best injection practices will be followed.
- To strongly dispel myths or anti-vaccine rumors being spread on social media or among parents, caregivers and teachers.
- Solicit cooperation to play a pivotal role in strengthening communication regarding MR vaccine through personal communication, sharing pre-recorded videos in mobile based groups, putting information on social media platforms, mass media (television and press), and displaying standardized IEC material (banners, posters) in your facilities.
- Offer your clinics to be part of vaccination center for MR campaign and also as one of the AEFI management center (if required).
- Vaccinate your children in school based campaigns.
- Participate in orientation of the doctors on panels for the schools and in parent teachers meeting as per request from health department.

I thank you in advance for your cooperation.


Dr. Rishikesh Thakre
President
AAP Aurangabad


Dr. Roshni Kaur Sodhi
Secretary
AAP Aurangabad


Dr. Makrand Diwan
Vice President
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Thank you