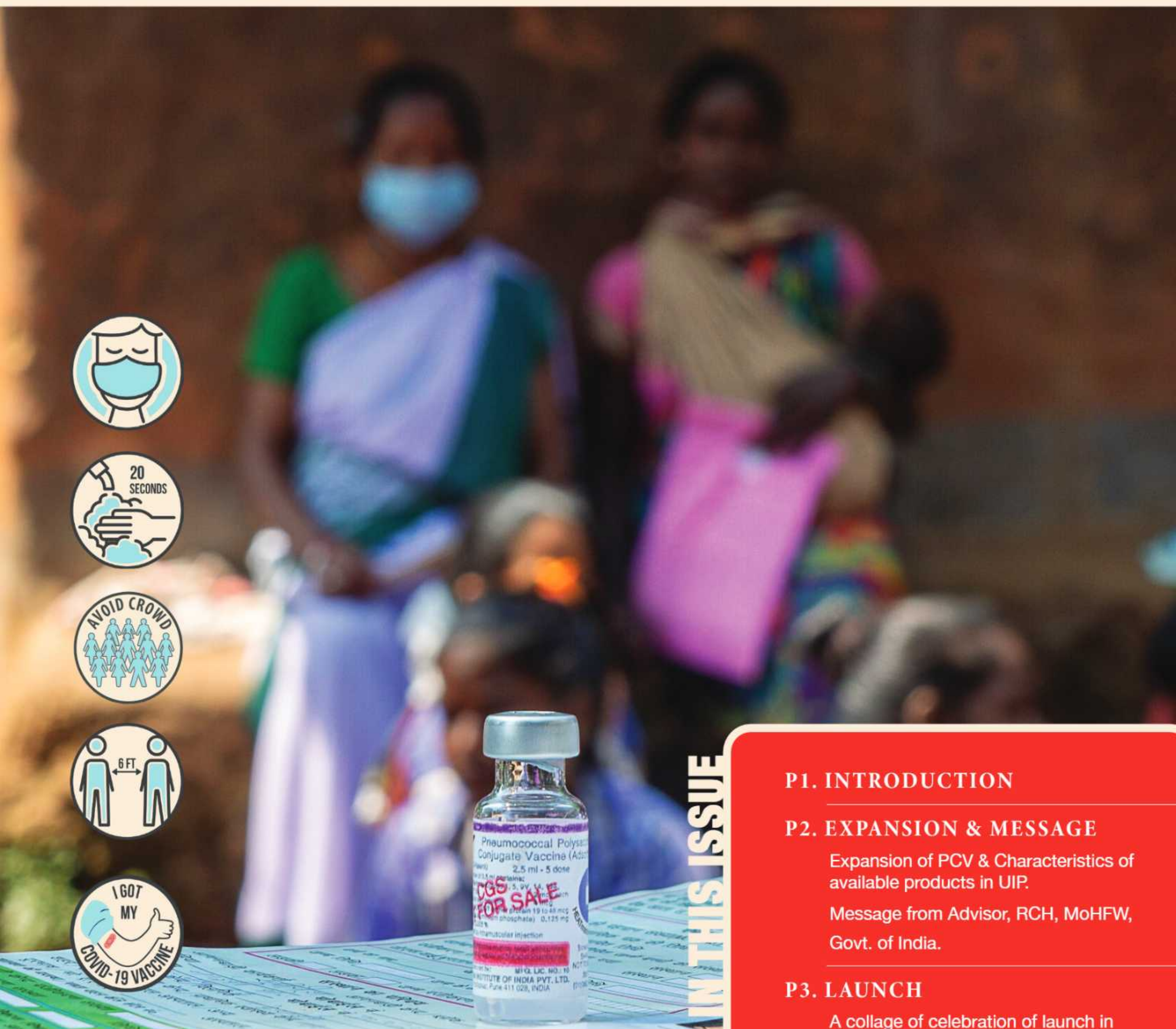


PNEUMO NEWS

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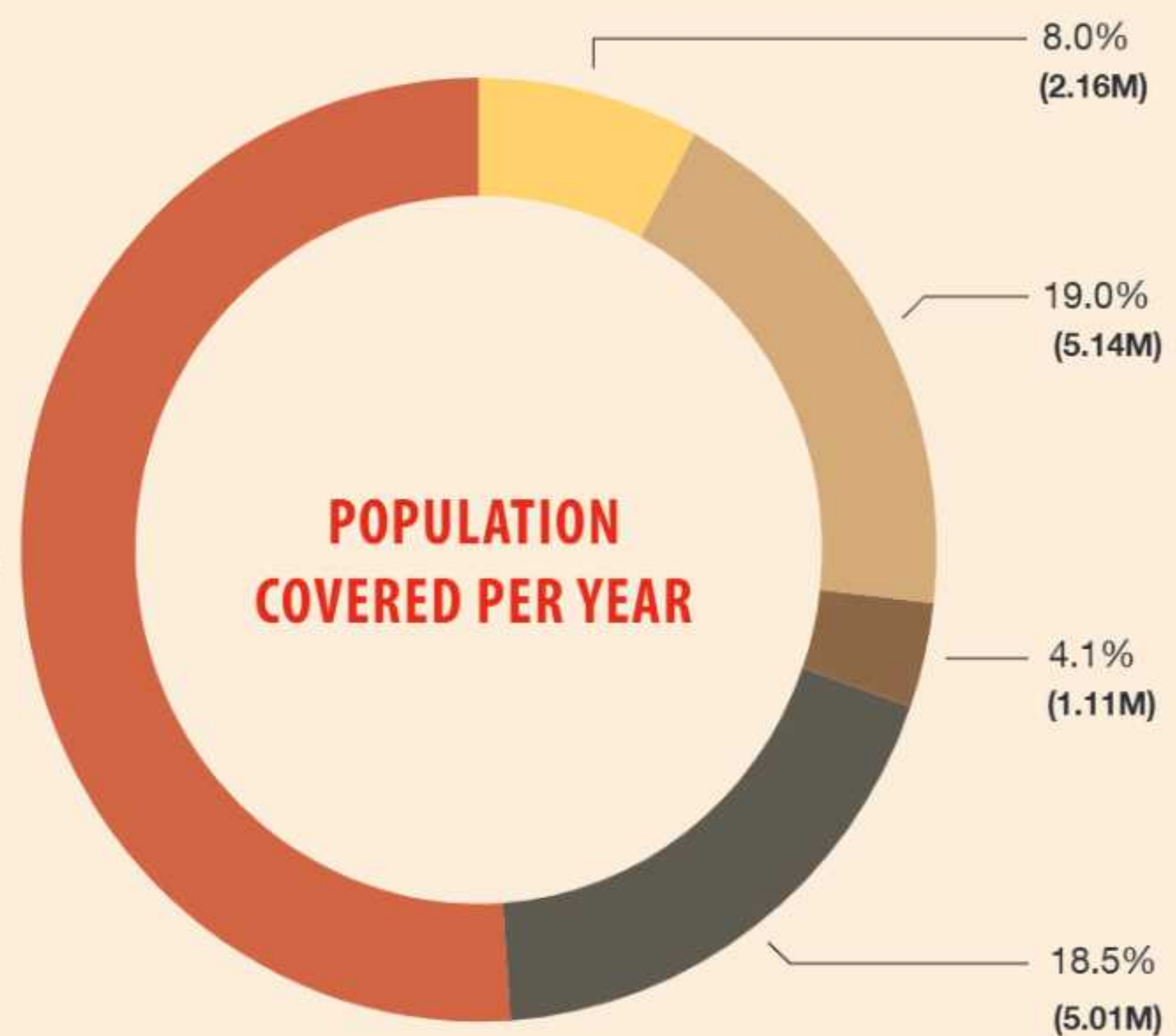
QUICK FACTS

In 2021, under the Universal Immunization Programme (UIP) of India, the pneumococcal conjugate vaccine (PCV), has been expanded to all states and union territories. The introduction of PCV will protect children from pneumococcal pneumonia and other pneumococcal diseases. Key factors for successful expansion of PCV includes meticulous planning, innovative models for capacity building of frontline health workers, continuous monitoring of supply chain, review mechanism at all levels and effective partnership with all immunization partners.



50.4%
(13.65M)

POPULATION
COVERED PER YEAR



CHARACTERISTICS OF AVAILABLE PCV PRODUCTS

	Pevnar®	Pneumosil®
Vaccine Type	PCV13	PCV10
Manufacturer	Pfizer Inc.	Serum Institute of India Pvt. Ltd.
Presentation	4 dose vial	5 dose vial
Serotypes	1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F, 23F	1, 5, 6A, 7F, 9V, 14, 19A, 19F, 23F, 6B
Administration	Intramuscular	Intramuscular
Schedule	3 doses at 6 weeks, 14 weeks and 9 months	3 doses at 6 weeks, 14 weeks and 9 months
Storage temperature	2-8° Celsius	2-8° Celsius
Cold chain volume per dose	3.6 cm ³	3.5 cm ³

Both PCV-10 and PCV-13 provide coverage for the most common serotypes causing invasive infections in India (14, 19F, 5, 6A and 6B)



DR. PRADEEP HALDAR

Advisor - RCH, MoHFW, Govt. of India

“The expansion of the Pneumococcal Conjugate Vaccine (PCV) to all states and union territories under the Universal Immunization Programme is a monumental achievement and will help to reduce the burden of pneumococcal pneumonia which is a significant contributor to under 5 mortality in India.

The nationwide expansion of PCV reaffirms the commitment of the Government of India to protect children from more and more vaccine-preventable diseases. I am thankful to State governments and immunization partners for supporting the endeavor of PCV expansion which required preparedness assessments, capacity building of the program managers and health workers, strengthening of the health system including supply chain, vaccine safety surveillance, review mechanism, data management, communication, advocacy, and supportive supervision. I am glad that despite the ongoing COVID-19 pandemic, we have been able to introduce PCV in all states and union territories.”



ANDAMAN & NICOBAR



ANDHRA PRADESH



ARUNACHAL PRADESH



DAMAN & DIU AND DADRA NAGAR HAVELI



DELHI



GOA



KARNATAKA



KERALA



LADAKH



MEGHALAYA



MIZORAM



NAGALAND



SIKKIM



TAMIL NADU



TELANGANA



ASSAM



CHANDIGARH



CHHATTISGARH



GUJARAT



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LAKSHADWEEP



MAHARASHTRA



MANIPUR



ODISHA



PUDUCHERRY



PUNJAB



TRIPURA



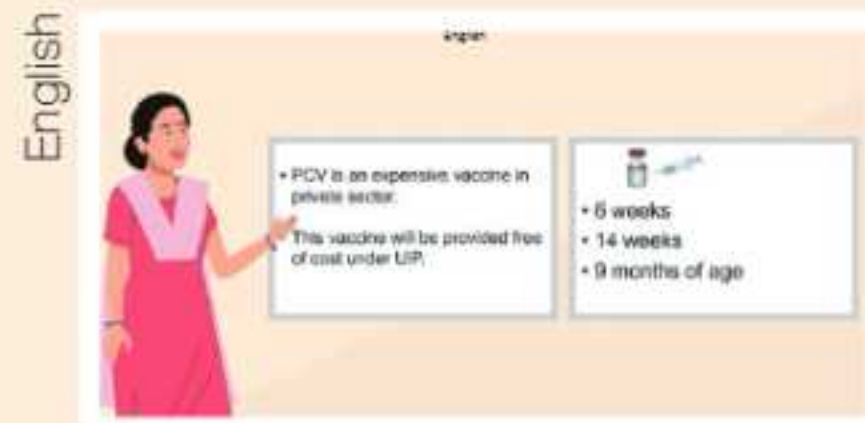
UTTARAKHAND



WEST BENGAL

INNOVATION AROUND TRAINING OF PCV

In India, the expansion of Pneumococcal Conjugate Vaccine (PCV) amidst the COVID-19 pandemic set forth several challenges. The training of program managers and frontline health workers (FLWs) is one of the crucial components of a new vaccine introduction in the routine immunization programme. However, in-person trainings for PCV introduction were not possible in many places because of the restrictions on gatherings. Most of the trainings happened online through virtual platforms. However, in areas with irregular connectivity, the trainings were conducted in a hybrid mode (online & in-person) or in-person. To mitigate these challenges, five short animated videos were created, covering different aspects of the operationalization of PCV. They are available in English, Hindi, and eleven other regional languages. The aim was to reinforce the key messages for the frontline workers, including social mobilizers and vaccinators. Amongst these five animated videos, one video is for the social mobilizer and the other four videos are for the vaccinators. These videos have been circulated amongst the FLWs through the various WhatsApp groups. They are easily accessible in any smart phone device. The translation of these videos in regional languages made the communication, training, and understanding of the operational aspects of PCV introduction much simpler and easily understandable.



Screenshots of the animated videos in regional languages. Scan the QR code to watch the videos.

BRAIN BREAK

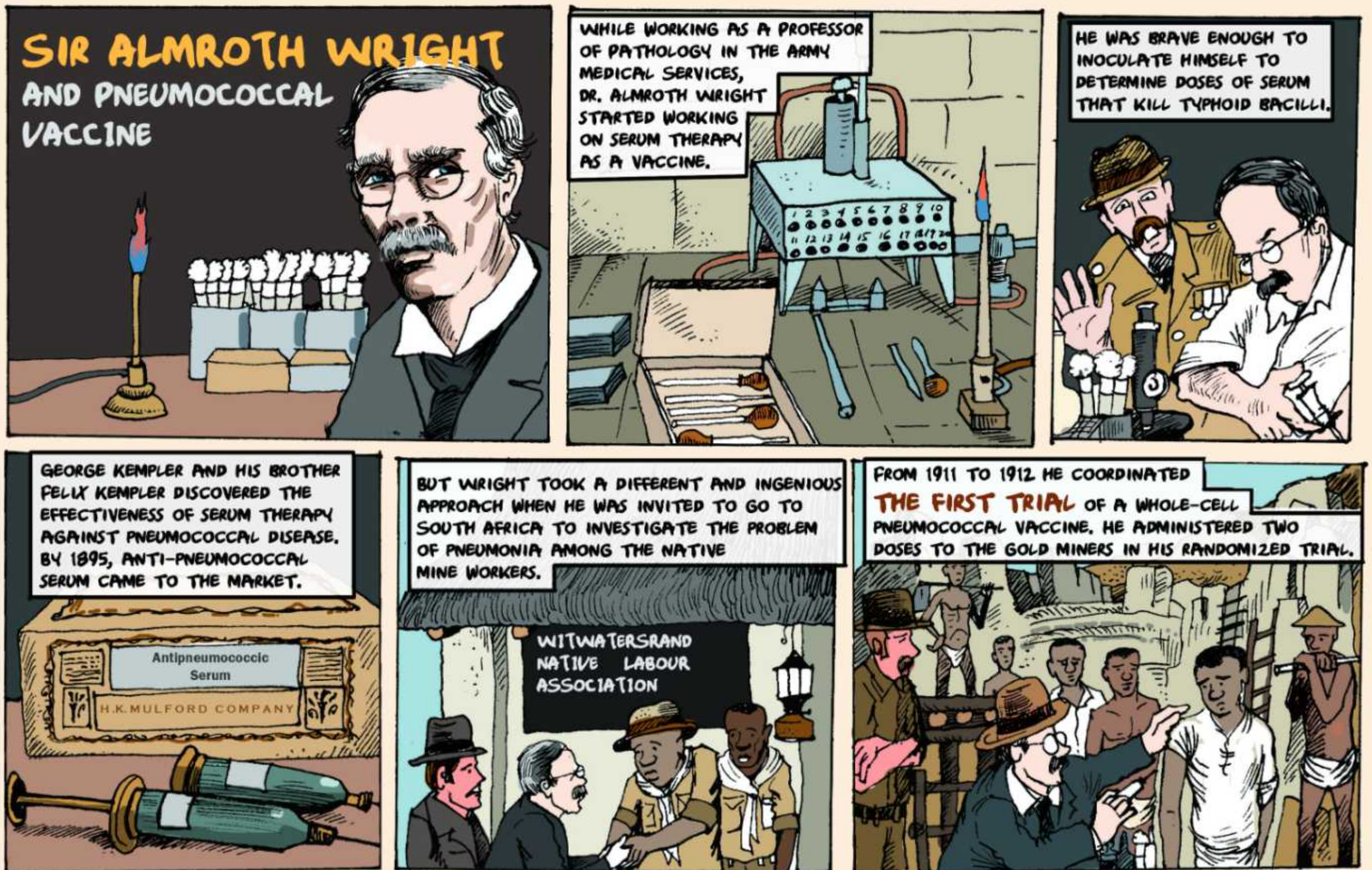


- First letter is in 'pale' and not in 'male'.
- Second letter is the third letter of the month of 'January'.
- Third letter is the first letter of a word that means the opposite of 'cheap'.
- Fourth letter is the middle letter of the word 'trust'.
- Fifth letter is the double letter in the 'hammer'.
- Sixth letter is the fourth vowel sound in the sequence.
- Seventh letter is in the second last letter of the eighth month of the year.
- Eighth letter is the first letter in the three-word synonym of 'sick'.
- Ninth letter is the last letter of the fourth month of the year.



SCAN FOR ANSWER





QUICK FACTS

Did you know?

Around 60–75 % of pneumococcal serotypes in children younger than 5 years is covered by PCV13 and Pneumosil used in the UIP. Vaccination against pneumococci is very likely to reduce antibiotic resistance.¹

The estimated number of pneumonia and severe pneumonia cases among children younger than 5 years in India decreased between 2000 and 2015. However, pneumonia incidence in many states remains high.²

1. Nagaraj, G., Govindan, V., Ganaie, F., Venkatesha, V.T., Hawkins, P.A., Gladstone, R.A., McGee, L., Breiman, R.F., Bentley, S.D., Klugman, K.P. and Lo, S.W., 2021. Streptococcus pneumoniae genomic datasets from an Indian population describing pre-vaccine evolutionary epidemiology using a whole genome sequencing approach. *Microbial Genomics*, 7(9), p. 000645.
2. Wahl, B., Knoll, M.D., Shet, A., Gupta, M., Kumar, R., Liu, L., Chu, Y., Sauer, M., O'Brien, K.L., Santosham, M. and Black, R.E., 2020. National, regional, and state-level pneumonia and severe pneumonia morbidity in children in India: modelled estimates for 2000 and 2015. *The Lancet Child & Adolescent Health*, 4(9), pp. 678-687

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