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Rota Talk NEWSLETTER

INDIA FIGHTS BACK

Routine immunization services continue

As the COVID-19 pandemic continues, the health care delivery services which were initially affected due to the lockdowns have now been restored to near normalcy. In this new normal, all vaccines in the universal immunization programme (UIP), including rotavirus vaccine are being provided at the fixed and the outreach sessions, taking all the necessary precautions as per the COVID-19 guidelines issued by the national and the state governments. The local health departments have taken various steps including catch up drives to vaccinate those children who missed their vaccination during the lockdown period. The intensified drives will continue to ensure that all children get all vaccines, including rotavirus vaccine (RVV). In this issue, we have tried to capture these efforts and also highlight on the impact of the introduction of rotavirus vaccine in the UIP.

Administering RVV (Rotavac®)

Administering RVV (Rotasiil®)

Immunization session in progress

Administering RVV (Rotasiil®)

The 3 A's of the Universal Immunization Programme (UIP) - the ASHA

In India, the Auxillary Nurse Midwife (**ANM**), the Accredited Social Health Activist (**ASHA**) and the Anganwadi Worker (**AWW**), known popularly as the 3 A's, are the key frontline health workers. The 3 A's are the pillars of the country's health system.

"Meri zimmedari hai ki sab swastha rahein" (It is my responsibility that everyone stays healthy). This is what motivates Mrs Mamta, an ASHA worker. She serves in the remote Khatnol health sub-centre area, located in the Sunni block of Kangra district in Himachal Pradesh.

Mrs. Mamta has been working as an ASHA worker for the last 13 years. When she decided to join as an ASHA worker, her husband encouraged her to go into this service as it will not only add to their family income but also she will be able to serve her own community. Today, she covers 4 – 5 villages with a total population of around 1,200. Due to the difficult terrain, it sometimes takes her 1-2 hours to commute on foot from one village to another.

When she started work, there were many families who were not aware of the free services, like immunization, provided by the Government. But through repeated communications and motivational activities, she was able to mobilize them to avail the health services provided by the Government.

During this pandemic, the ASHAs have been given responsibilities of monitoring home quarantined people, active case finding surveys and also delivering key messages to the community regarding the COVID-19 pandemic. Till now, she has motivated around 45 households to follow the home quarantine guidelines and also has supported in keeping track of every COVID-19 case, number of people tested, number of people home quarantined, keeping track of clusters and other related activites.

"I have a 13-year-old kid and an elderly family member who is more than 60 years of age. Whenever I go out to serve the quarantined patients or anywhere in the community, I take bath and follow proper sanitization before coming in contact with any of the family members. In the beginning, it was very difficult, but now it has become a habit. My family also knows now that this is for their safety also, and now they all support me in my work as well".

Mrs. Mamta on duty


Waiting for vaccination


Routine immunization session site


Home visit by the ASHA


Vaccine Delivery - overcoming all challenges


Social distancing at the session site

Message from the SEPIO – Mizoram

In Mizoram all frontline workers, Supervisors and programme managers were trained on the guidelines issued by MoHFW for carrying out RI activities. They have been performing their routine duties and in addition, working extra hours with additional efforts to ensure that all beneficiaries get vaccinated amidst this pandemic. Practicing hand hygiene, wearing facemask, maintaining social distancing as far as possible, even changing the sites of many RI sessions,streetwise beneficiaries were called one after another for vaccination to avoid overcrowding. Their zeal and sense of duty in this challenging situation have been exemplary.

The untiring efforts of our Health Department have enabled restoration of all health service delivery including Immunization services. Thus, while 1,790 sessions were held from April to June 2020, this increased to 2,039 sessions during July to September 2020, number of children vaccinated increased with resultant 86% FIC.

All vaccines were made available in spite of all COVID-19 pandemic related problems. During total lockdown period, Ministry has even made special arrangement for supply of Vaccines from Karnal GMSD which were transported along with other COVID related Logistics by a special flight to Mizoram from New Delhi which ensured uninterrupted supply of vaccines within the state. This has increased the Coverage of all antigens including Rotavirus. So, while 4,477 doses of RVV 1 and 3,717 doses of RVV 3 were administered in April to June 2020, these increased to 4,469 doses of RVV 1 and 5,573 doses of RVV 3 in July to Sept 2020.

The State Health Department has taken all steps to ensure that those children who have missed their vaccines during the lockdown across the State are identified and vaccinated through a Catch up and also special Immunization weeks planned during Oct-Dec 2020 for those unreachable during the monsoon.

Dr. Lalzawmi
State Immunization Officer
Mizoram

All this has been possible and made easy under the regular and keen guidance of our Mission Director, NHM and constant supervision of the Health Secretary of our State who has been reviewing the progress regularly.

Message from the SEPIO – Uttarakhand

In order to ensure that children are protected from vaccine preventable diseases, Government of Uttarakhand has kept the Routine Immunization Program as one of the top priorities during this pandemic. As the result of the hard work, motivation and dedication of the frontline health care workers, the health care delivery services have been largely restored, including the immunization services.

The outreach and the fixed immunization sessions are now being regularly held. Thus, while 28,346 sessions were held from April to June '20, this increased to 30,052 in the period July to September '20. All vaccines under the National Immunization Schedule were administered in these sessions.

The number of children vaccinated have increased as more sessions are being held. This has increased the coverage of all antigens, including Rotavirus vaccine.

So, while 38,443 Doses of RVV 1 and 38,987 doses of RVV 3 were administered in April to June '20, these increased to 39,478 doses of RVV 1 and 40,494 Doses of RVV 3 in July to September '20.

The children who missed their vaccination during the lockdowns were later covered so that no child is left unimmunized. All frontline health workers, supervisors and all staff of the department have put in a herculean effort to ensure that, in spite of all challenges, the children are not denied the benefit of vaccines.

Dr. K. S. Martolia
SEPIO
Uttarakhand

Immunization services with all protective measures

Impact of the Rotavirus vaccine

Following the phased introduction of the indigenous rotavirus vaccine Rotavac® into the universal immunization programme (UIP) from 2016 onward, Christian Medical College (CMC), Vellore in collaboration with Indian Council of Medical Research, New Delhi; Centers for Disease Control and Prevention, Atlanta; and Translational Health Science and Technology Institute, Faridabad initiated a hospital-based, multi-centric, prospective surveillance in those regions.

The study was conducted with a focus on monitoring safety, and assessing the impact and effectiveness of the vaccine under conditions of routine use in India. The stool samples were tested at CMC, Vellore for rotavirus using enzyme immunoassay and further genotyped using published methods.

This surveillance generated data regarding changes in the proportion of acute gastroenteritis due to all causes and severity of presentations at the sentinel surveillance sites before and after the introduction of Rotavac® and has helped in measuring the effectiveness of the vaccine in routine programmatic use.

CMC, Vellore has newly undertaken three similar studies that look at vaccine effectiveness, risk of intussusception or both following the introduction of Rotasiil® in the UIP of select states. These are currently in various stages of initiation and data collection in the states of Jharkhand, Kerala, Karnataka, Maharashtra and Gujarat.

The First RVIS Collaborators Meeting

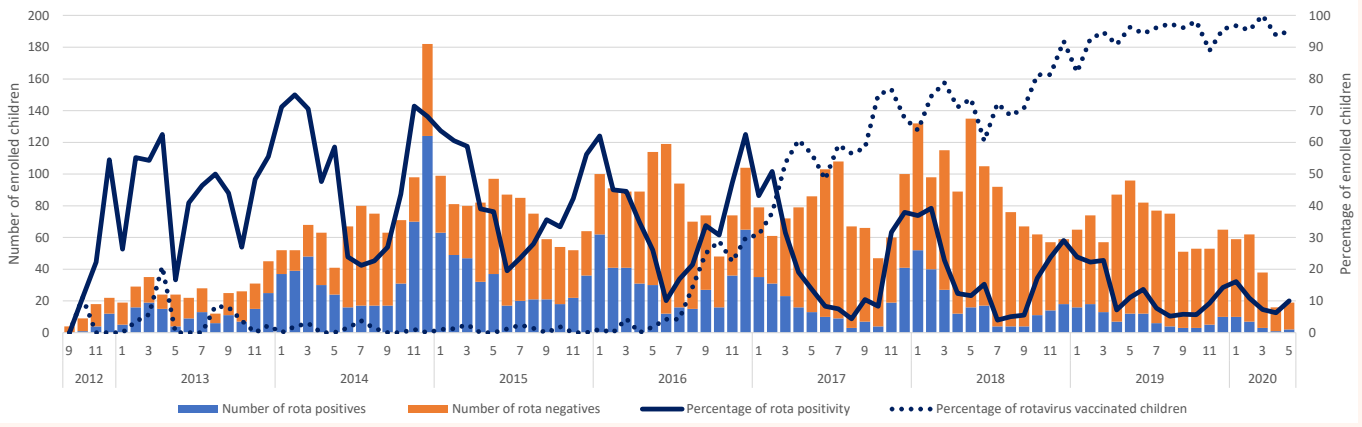
Dr. Gagandeep Kang, Professor
The Wellcome Trust Research Laboratory, Division of Gastrointestinal Sciences, CMC, Vellore

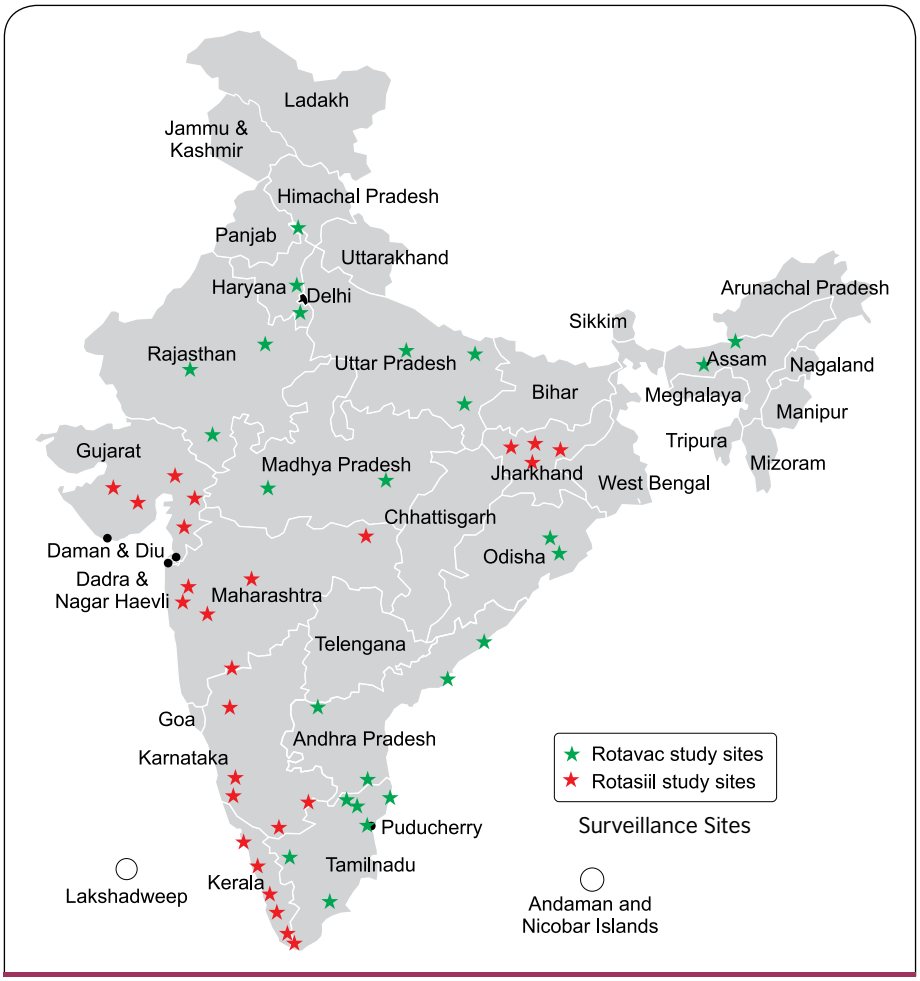
A message from Dr. Gagandeep Kang

This is the first time that end-to-end studies have been done for any vaccine in India, from pre-clinical studies to post-licensure impact assessment. A huge team of researchers and vaccine companies developed the vaccines over 20 years of effort and then over the past five years public health specialists, policymakers, administrators and staff at every level of the healthcare system have worked hard to make sure that every child born in India is protected from rotavirus diarrhoea. We now have data showing how well Rotavac® is doing in real world use and we are working with many partners to do the same for Rotasiil®.

Overall Impact Data – RVIS Study

The figure below shows the impact of rotavirus vaccine on hospitalization of diarrheal illness among under-five children after its introduction in the universal immunization programme in the states of Haryana, Odisha, Andhra Pradesh, Himachal Pradesh and Tamil Nadu. The rotavirus positivity rates among under-five children during the post-vaccination period show a consistent declining trend while vaccination coverage shows an increasing trend.





Innovations from the field: Odisha

Labelled board for Vaccine positioning

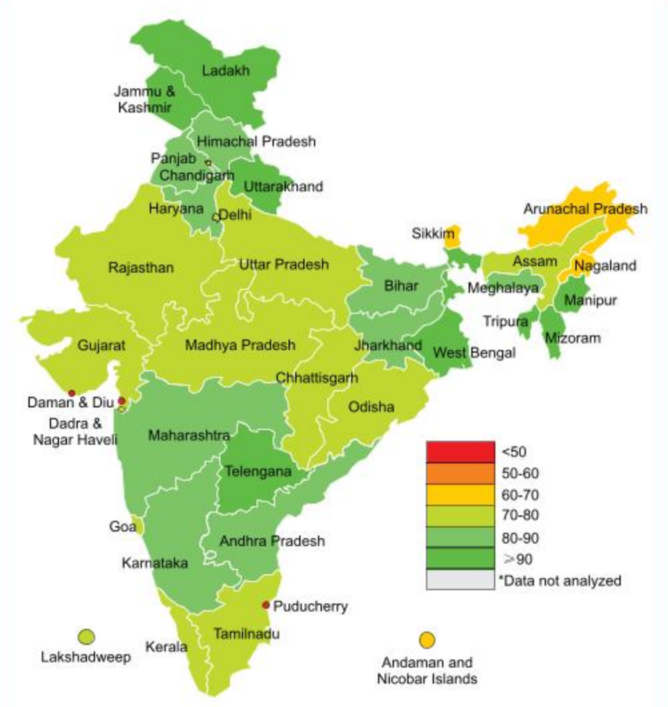
An innovative cardboard designed by the Khordha district field workers in Odisha to highlight the arrangement of different vaccines at the immunization session site. This can prove to be really helpful, specially for the newly joined ANMs, to remember where to place the different vaccines based on the temperature at which they need to be kept at session sites. More specifically, for the vaccines which are to be placed on the ice pack, which has been clearly shown via a well labelled diagram.

Monitoring in Jharkhand

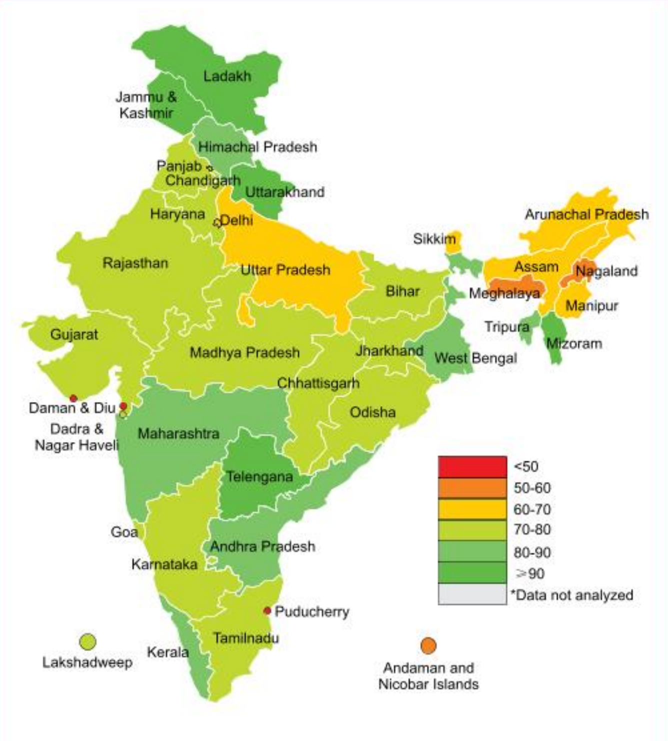
Vizag Monitoring

4th RVIS Collaborators meeting

Rotavirus vaccine coverage dashboard RVV-1 dose (Nov. 2019 to Oct. 2020)*



RVV-3 dose (Nov. 2019 to Oct. 2020)*



for states/UTs which launched RVV in 2019, the data is analyzed for the period-the month following introduction in all districts till Oct'20.

Doses	Coverage from November 2019 to October 2020 (in millions)
RVV 1	20.8
RVV 2	20.0
RVV 3	19.7
Total	**60.5**

Source: HMIS provisional data

Word Power Game:

Rearrange the letters in the five-word jumbles, one letter in each square to make five immunization-related words.

1. CNAIEVC
2. TIPCAM
3. ROTCOH
4. ENGYHIE
5. VARDESE

Now, rearrange the letters in the circles to form the word to fill up the blank in the below mentioned statement.

6. An important program management step is to closely .... the coverage of a newly introduced vaccine.

For Answers
Please scan the QR code

ROTA QUICK FACTS

☑ **The risk of intussusception during the first 21 days after any dose of Rotavirus vaccine (Rotavac) was not higher among the Indian infants than the background risk.***

☑ **The Rotavirus vaccine produced in India was not associated with intussusception in Indian infants.****

*M.K. Das, Risk of intussusception after monovalent rotavirus vaccine (Rotavac) in Indian infants: A self-controlled case series analysis, Vaccine, https://doi.org/10.1016/j.vaccine.2020.09.019

**G Kang, U.D. Parashar et al. Intussusception after Rotavirus Vaccine Introduction in India. N Engl J Med 2020; 383:1932-40

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