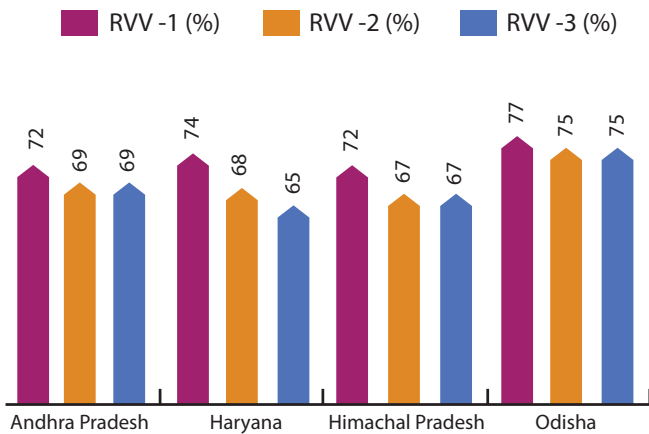


% Annualized Coverage of Phase 1 States from April 2016-March 2017



Pillars of Rotavirus Vaccine Introduction



MoHFW STEWARDSHIP

Strong political commitment and stewardship of Government of India in planning the last mile execution

PARTNER COORDINATION

Seamless partner coordination allowing for prioritization of activities with well-defined roles and responsibilities

EVIDENCE BASED PLANNING

Evidence based planning for estimation of disease burden, vaccine efficacy, identifying states for introduction, ongoing AEFI surveillance impact assessment

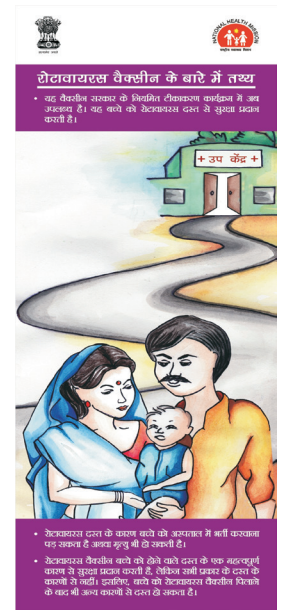
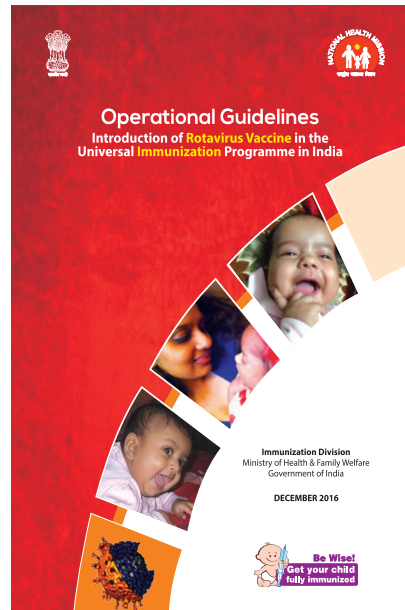
RESOURCE OPTIMIZATION

Optimization of resources at government as well as partner level, allowing for adequate preparation

Rotavirus Vaccine Phase-II Introduction

STRATEGY

• Trainings



Operational guidelines, frequently asked questions (FAQs) for Medical Officers and Health workers and Pamphlets for mobilizers were updated, translated in regional language and printed. National and State training workshops were done which were followed by district and block level trainings in a cascade manner.

Training Status

Medical Officers	ANMs	ASHAs
6200	46500	85000
AWWs	Cold Chain Handlers	
109000	3000	

• Cold Chain & Vaccine Management

Cold chain assessment completed for 3775 cold chain points in four states (except Tamil Nadu) in Jan-Feb 2017. Data from NCCMIS and Electronic Vaccine Intelligence Network (eVIN) was triangulated to get a comprehensive picture of cold chain status in three states only (Assam, Rajasthan and Madhya Pradesh). District/Block vaccine distribution plan were prepared to ensure every session site has at least one vial of RVV.

• Adverse Events Following Immunization (AEFI)

District preparedness on AEFI was assessed

before introducing Rotavirus vaccine. This allowed strengthening of existing AEFI surveillance system and training of State and District AEFI committee on RVV. Standardized case definition for intussusception was developed and shared during the training workshops and AEFI committee meetings.

• **Communication**

Posters, banners, leaflets and info kits for RVV introduction were developed. District communication plans developed and media workshops done at state and district levels. Extensive coverage done by media to generate awareness on RVV among the community. Social media platforms like Twitter, Facebook and WhatsApp were also engaged actively



• **Recording & Reporting**

Revision of recording and reporting formats (Due list, tally sheet, MCP cards, Stock registers etc.) with inclusion of Rotavirus vaccine was done at each level.



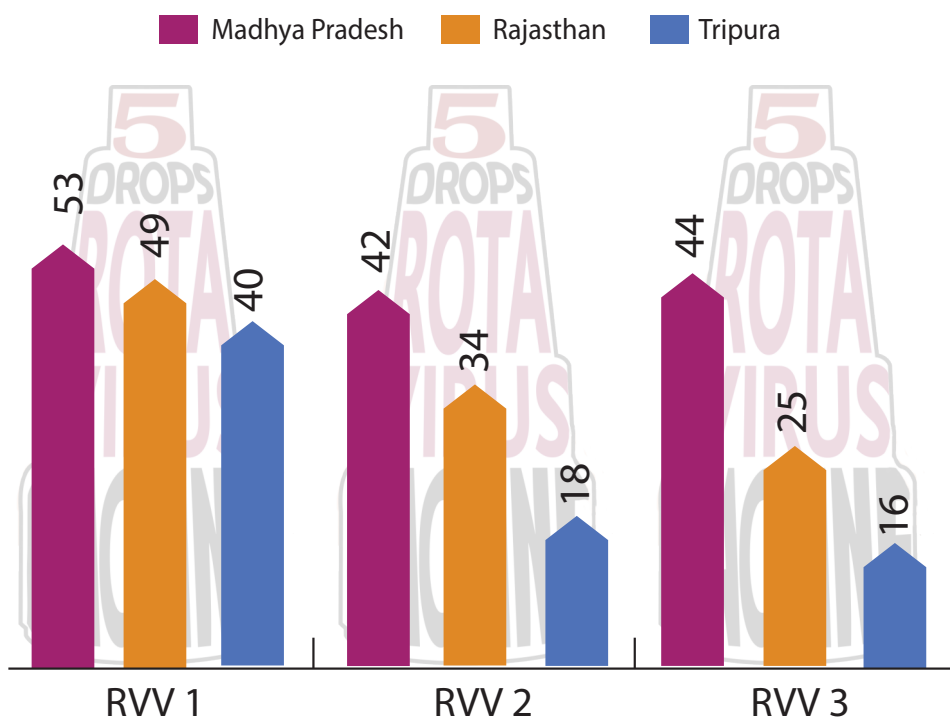
Rotavirus vaccine expanded in 5 more states in phase-II by Hon'ble Minister of Health, Government of India, Shri JP Nadda

State for Phase II RVV Introduction	Launch Date
Tripura	18 th February 2017
Rajasthan	23 rd March 2017
Madhya Pradesh	2 nd April 2017
Assam	14 th June 2017
Tamil Nadu	7 th July 2017 (planned)

Districts > 80% RVV₁ coverage
 Bhopal (MP) | Morena (MP) | Hanumangarh (RAJ.)

Districts < 10% drop outs
 Hanumangarh & Sikar (RAJ.)

% Annualized Coverage of Phase 2 States till 31st May 2017



»»» Stories from the Field

Unleashing the power of Health workers towards immunization



Jagdish Chandra Prajapat has been working as a cold chain handler in Shegao block in Khargaon district of Madhya Pradesh for seven years. His primary responsibility is managing the cold chain and vaccine logistics management of the block. Additionally, he also has the responsibility of supervising the immunization programme at the field and makes sure that he visits all immunization session sites every month. He also has a lot of documentation work related to vaccine and logistics stock maintenance which compels him to work in many odd hours and holidays. However, this does not prevent him in giving his best and ensure that all UIP guidelines and policies are implemented on the field.



After the introduction of Rotavirus vaccine in the district, I am not only maintaining the vaccine stock but also the droppers stock separately for Rotavirus vaccine to ensure there is no mismatch between vials and droppers and the vaccine is available at each session site along with dropper



Rekha Khatik working as ANM in district Bhilwara of Rajasthan expressed that she is getting full acceptance from the field for Rotavirus vaccine.



“Diarrhoea is a very common and a known disease among the community and everyone wants to protect their children from diarrhea. This has made my task easy to communicate the message for this new vaccine. There is also a significant increase in demand for the other RI vaccines because of Rotavirus vaccine introduction” said Rekha.

Insight from Programme leaders

Dr. Santosh Shukla has a long and storied history of working in the health sector in Madhya Pradesh. He is currently working as State Immunization Officer, Madhya Pradesh. He has a vast experience in the field of immunization and has contributed immensely in Polio Eradication, Maternal Neonatal Tetanus Elimination (MNTE) and introduction of new vaccines in the state like Pentavalent vaccine, Inactivated Polio Vaccine (IPV) and recently introduced Rotavirus vaccine. The experience of Rotavirus vaccine introduction has been quite enriching for him and he is hopeful, Rotavirus vaccine will reduce under-5 mortality and will also increase demand generation of immunization services among the community.



We travel along road to success throughout our lives by overcoming barriers. Similarly Rotavirus vaccine introduction also became a success story by overcoming various barriers. RVV introduction is the perfect example of coordination among the stakeholders wherein government, partners and professional bodies worked hand-in-hand to prevent children from diarrheal fatalities



Paediatrician's view



Hospitalization or death due to severe Rotaviral diarrhea contributes huge amount of disease burden in India and is also a major contributor of under 5 mortality rate. Rotavirus diarrhea is also difficult to diagnose & expensive laboratory investigations are required for prompt diagnosis.

Most important and specific tool for prevention is Rotavirus vaccine. I congratulate the government for introducing Rotavirus vaccine free of cost for general public especially poor, underserved and marginalized population. It would definitely help to reduce severe Rotavirus diarrheal deaths & hospitalizations in the country. It is a great initiative by Government of India.

Dr. Himanshu kelkar is a Senior Paediatrician at Medanta Hospital, Indore.

FIELD INNOVATIONS

Use of 'RVV stickers' in Rajasthan



Introduction of RVV meant that the old MCP cards needed to be updated to record RVV vaccination as well as to remind the parents for the next date of vaccination.

Due to adequate availability of old MCP cards and in order to prevent their wastage, Rajasthan has made an innovative arrangement in the form of stickers for recording Rotavirus vaccine administration details in existing MCP cards. The stickers have been printed using NHM funds and distributed till each sub centre for use till the new MCP cards are printed by the state.

Training resource material developed for Integrated Management of diarrhea in Tamil Nadu

A comprehensive training module in vernacular language (Tamil) was prepared for health workers and medical officers to build their capacity for diarrhea prevention and control by Tamil Nadu government. In addition to Rotavirus vaccine, this module also details about the multi-pronged strategy of prevention and control of diarrhea such as Intensified Diarrhea Control Fortnight (IDCF)-promotion of use of ORS and Zinc, Mothers Absolute Affection (MAA) – for promotion of exclusive breastfeeding, Swachh Bharat Abhiyan, use of safe water and Vitamin A supplementation. This innovation is a significant step in advocating and generating demand for Rotavirus vaccination among the community and at the same time focusing on existing measures already in place to improve the sanitation, hygiene and overall growth and development of the children.



Rota quick facts

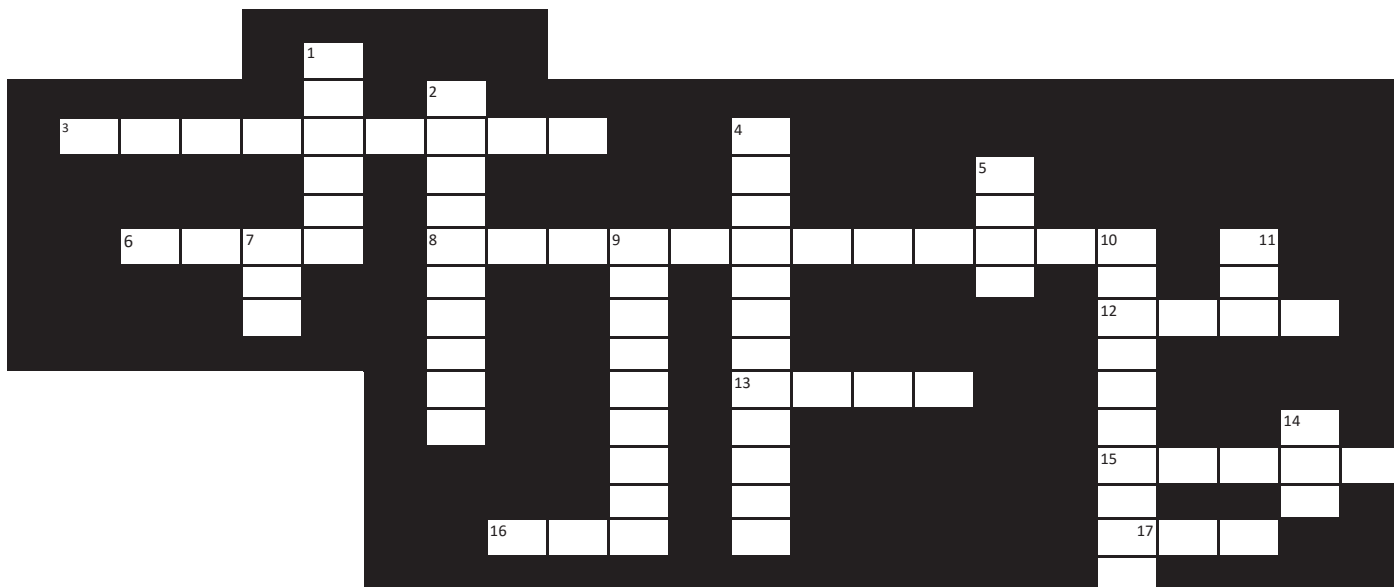
Do you know?

- ✓ 92 countries have introduced Rotavirus vaccines in their immunization programme.
- ✓ Rotaviral diarrhea is most common in infants and young children, but adults and older children can also become infected with Rotavirus.
- ✓ People can spread the virus both before and after they become sick.

Mind Power Games

Immuzzle: Crossword

Complete this crossword puzzle to refresh your knowledge about UIP.



ACROSS

- 3 Test used to check for frozen vaccine vials of Pentavalent/DPT
- 6 Number of drops of Rotavirus vaccine in each dose
- 8 Name of the mission for improving immunization coverage in the most high priority districts and block in India
- 12 Color of Dropper of Rotavirus vaccine vial
- 13 Route of administration of RVV
- 15 Number of doses of Rotavirus vaccine in UIP schedule
- 16 Should be given in all cases of diarrhoea to prevent dehydration
- 17 First dose of Rotavirus vaccine to be given at _ weeks

DOWN

- 1 Maximum age in months up to which RVV can be started as per UIP schedule
- 2 Family of viruses to which Rotavirus belongs to
- 4 Ice packs need to be checked for this before placing them in the vaccine carrier
- 5 Number of hours after which the vaccines not following Open vial Policy are not to be used
- 7 Used to indicate effect of temperature with time on a vaccine
- 9 Most common cause of diarrhoea in infants
- 10 Most freeze sensitive vaccine used under UIP
- 11 Number of doses of RVV in each RVV vial
- 14 Bag used for disposing used syringes at an immunization session

Answers:-

Please scan the QR Code



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