IMMUNIZATION PROGRAMMES IN INDIA

“MISSION INDRADHANUSH”

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IMMUNIZATION PROGRAMMES IN INDIA

- **1978**: Expanded Programme of immunization (EPI)
  Limited reach - mostly urban
- **1985**: Universal Immunization Programme (UIP)
  Targetted 6 VPD’s, Cold chain established, Phased implementation, Monitoring & evaluation system
- **1992**: Child Survival & Safe Motherhood (CSSM) program
  UIP & Safe Motherhood program merged
- **1997**: renamed Reproductive & Child Health (RCH) program.
- **2005**: UIP became part of National Rural Health Mission.
- **National Vaccine Policy 2011**: vaccine security, management, regulation guidelines, vaccine research, development & product development.
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1978</td>
<td>Expanded Programme of immunization BCG, DPT, OPV, typhoid (urban areas)</td>
</tr>
<tr>
<td>1983</td>
<td>TT vaccine for pregnant women</td>
</tr>
<tr>
<td>1985</td>
<td>Universal Immunization Programme – measles added, typhoid removed, Focus on children less than 1 yr of age</td>
</tr>
<tr>
<td>1990</td>
<td>Vitamin-A supplementation</td>
</tr>
<tr>
<td>1995</td>
<td>Polio National Immunization Days</td>
</tr>
<tr>
<td>1997</td>
<td>VVM introduced on vaccines in UIP</td>
</tr>
<tr>
<td>2002</td>
<td>Hep B introduced as pilot in 33 districts &amp; cities of 10 states</td>
</tr>
</tbody>
</table>
| 2005 | • National Rural Health Mission Launched  
        • Auto Disable (AD) Syringes introduced into UIP |
| 2006 | JE vaccine introduced after campaigns in endemic districts |
| 2007-8 | Hep B expanded to all districts in 10 states & schedule revised to 4 doses from 3 doses |
| 2010 | Measles 2nd dose introduced in RI and MCUP (14 states) |
| 2011 | • Hepatitis B universalized and Haemophilus influenza type B introduced as pentavalent in 2 states  
        • Open Vial Policy for vaccines in UIP |
| 2013 | • Pentavalent expanded to 9 states  
        • Second dose of JE vaccine |
| 2014 | India and South East Asia Region certified POLIO- FREE |
| 2015 | • India validated for Maternal and Neonatal Tetanus elimination  
        • Pentavalent expanded to all states  
        • IPV Introduced  
        • New vaccines introduction announced - Rotavirus, Pneumococcal and Measles /Rubella |
| 2016 | Rotavirus vaccine introduced in 4 states in Phase 1 |

In 1985 the program was changed to Universal Immunization Programme (UIP) and Measles vaccine was added in the same year.
IMPACT OF VACCINES IN INDIA

**Before Vaccines**

- Smallpox: 1975 (23,546 cases)
- Polio: 1985 (1,50,000 cases)
- Tetanus: 1980 (45,948 cases)
- Diptheria: 1980 (39,231 cases)
- Pertussis: 1980 (3,20,109 cases)
- Measles: 1980 (1,14,038 cases)

**After Vaccines**

- Smallpox: Eradicated 1977 (Zero)
- Polio: Polio-Free 2012 (Zero)
- Tetanus: 2015 (<1 per 1,000 live births)
- Diptheria: 2012 (2,525 cases)
- Pertussis: 2012 (44,154 cases)
- Measles: 2012 (15,668 cases)

**Decrease of Disease Burden**

- Smallpox: 100%
- Polio: 100%
- Tetanus: 95%
- Diptheria: 94%
- Pertussis: 86%
- Measles: 84%

**Symbol Note**

- ⭕ = 10,000 reported cases
- ⭘ = Less than 10,000 reported cases
INDIA-Public health landmarks

- SMALLPOX Eradicated 1977
- POLIO-FREE Certification 2014
- MATERNAL & NEONATAL TETANUS Elimination 2015

Immunization handbook for Medical Officers
POLIO ERADICATION IN INDIA

• India achieved goal of polio eradication as no polio case reported for > 3 years after last case reported on 13th January, 2011.

• India removed from list of countries with active endemic wild polio virus transmission (WHO on 24th February 2012).

<table>
<thead>
<tr>
<th>LAST REPORTED POLIO CASE IN COUNTRY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polio Virus Type</td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td>P1</td>
</tr>
<tr>
<td>P2</td>
</tr>
<tr>
<td>P3</td>
</tr>
</tbody>
</table>
ROUTINE IMMUNIZATION

RI targets to vaccinate
- **26 million new born** each year (all primary doses).
- **~100 million** children of 1-5 yrs (booster doses of UIP vaccines).
- 30 million pregnant mothers (TT vaccination).
- **~9 million** immunization sessions conducted to cover this cohort.

Coverage Evaluation Survey (2009)
- Public sector: **89.8%** of vaccination
- Private sector: **8.7%**.

Ensuring that no child is missed
- Support from ASHA & Anganwadi Workers
- Incentive of Rs. 150/session

Ensuring delivery of potent and safe vaccines
- **~27,000 cold chain points** across country for storing vaccines.
The goal of Universal Immunization Programme is to reach out to the following beneficiaries:

**Pregnant women**
- As early as possible - appropriate TT doses

**Infants & children**
- **At birth** - OPV, BCG, HepB
- **Before age 1 year** - for Full Immunization
  - 3 doses of OPV, 3 doses of Rotavirus (where applicable), 3 doses of Pentavalent, 1 dose of IPV, Measles/MR -1st dose , JE 1st dose (where applicable)
- **Before age 2 years** - for Complete Immunization
  - Measles/MR - 2nd dose, DPT booster , Polio booster and JE 2nd dose (where applicable)

*OPV – oral polio vaccine; BCG – bacillus Calmette-Guerin; Hep B – hepatitis B; DPT – diphtheria–pertussis–tetanus*
# National Immunization Schedule

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Due age</th>
<th>Max age</th>
<th>Dose</th>
<th>Diluent</th>
<th>Route</th>
<th>Site</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TT-1</strong></td>
<td>Early in pregnancy</td>
<td>Give as early as possible in pregnancy</td>
<td>0.5 ml</td>
<td>NO</td>
<td>Intra-muscular</td>
<td>Upper Arm</td>
</tr>
<tr>
<td><strong>TT-2</strong></td>
<td>4 weeks after TT-1*</td>
<td></td>
<td>0.5 ml</td>
<td>NO</td>
<td>Intra-muscular</td>
<td>Upper Arm</td>
</tr>
<tr>
<td><strong>TT- Booster</strong></td>
<td>If received 2 TT doses in a pregnancy within the last 3 years*</td>
<td>0.5 ml</td>
<td>NO</td>
<td>Intra-muscular</td>
<td>Upper Arm</td>
<td></td>
</tr>
<tr>
<td>Vaccine</td>
<td>Due age</td>
<td>Max age</td>
<td>Dose</td>
<td>Diluent</td>
<td>Route</td>
<td>Site</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------</td>
<td>-------------</td>
<td>---------------------</td>
<td>---------------------------</td>
<td>----------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>BCG</td>
<td>At birth</td>
<td>till one year of age</td>
<td>(0.05 ml until 1 month)</td>
<td>YES Manufacturer supplied diluent (Sodium chloride)</td>
<td>Intra-dermal</td>
<td>Upper Arm - LEFT</td>
</tr>
<tr>
<td>Hepatitis B - Birth dose</td>
<td>At birth</td>
<td>within 24 hours</td>
<td>0.5 ml</td>
<td>NO</td>
<td>Intramuscular</td>
<td>Antero-lateral side of mid-thigh - LEFT</td>
</tr>
<tr>
<td>OPV-O</td>
<td>At birth</td>
<td>within the first 15 days</td>
<td>2 drops</td>
<td>-</td>
<td>Oral</td>
<td>Oral</td>
</tr>
<tr>
<td>OPV 1, 2 &amp; 3</td>
<td>At 6 weeks, 10 weeks &amp; 14 weeks</td>
<td>till 5 years of age</td>
<td>2 drops</td>
<td>-</td>
<td>Oral</td>
<td>Oral</td>
</tr>
<tr>
<td>DPT 1, 2 &amp; 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hepatitis B 1, 2 &amp; 3 are replaced by Pentavalent 1, 2 &amp; 3</td>
</tr>
<tr>
<td>Pentavalent 1, 2 &amp; 3** (Diphtheria+ Pertussis + Tetanus + Hepatitis B + Hib)</td>
<td>At 6 weeks, 10 weeks &amp; 14 weeks**</td>
<td>1 year of age</td>
<td>0.5 ml</td>
<td>NO</td>
<td>Intramuscular</td>
<td>Antero-lateral side of mid-thigh - LEFT</td>
</tr>
<tr>
<td>IPV# (Inactivated Polio Vaccine)</td>
<td>At 14 completed weeks</td>
<td>1 year of age</td>
<td>0.5 ml</td>
<td>NO</td>
<td>Intramuscular</td>
<td>Antero-lateral side of mid-thigh - RIGHT</td>
</tr>
<tr>
<td>Rotavirus# (Where applicable)</td>
<td>At 6 weeks, 10 weeks &amp; 14 weeks</td>
<td>1 year of age</td>
<td>5 drops</td>
<td>NO</td>
<td>Oral</td>
<td>Oral</td>
</tr>
<tr>
<td>Measles/MR 1st dose ##</td>
<td>At 9 completed months-12 months</td>
<td>5 years of age</td>
<td>0.5 ml</td>
<td>YES Manufacturer supplied diluent (Sterile water)</td>
<td>Subcutaneous</td>
<td>Upper Arm - RIGHT</td>
</tr>
<tr>
<td>Japanese Encephalitis – 1 @ (Where applicable)</td>
<td>At 9 months-12 months@</td>
<td>15 years of age</td>
<td>0.5 ml</td>
<td>YES - Manufacturer supplied diluent (Phosphate Buffer Solution)</td>
<td>Subcutaneous</td>
<td>Upper Arm - LEFT</td>
</tr>
<tr>
<td>Vitamin A (1st dose)</td>
<td>At 9 months</td>
<td>5 years of age (1 lakh IU)</td>
<td>1 ml</td>
<td>-</td>
<td>Oral</td>
<td>Oral</td>
</tr>
<tr>
<td>Vaccine</td>
<td>When to give</td>
<td>Max age</td>
<td>Dose</td>
<td>Diluent</td>
<td>Route</td>
<td>Site</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>--------------------</td>
<td>------------------</td>
<td>--------</td>
<td>-----------------</td>
<td>-------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>DPT Booster-1</td>
<td>16-24 months</td>
<td>7 years of age</td>
<td>0.5 ml</td>
<td>NO</td>
<td>Intramuscular</td>
<td>Antero-lateral side of mid-thigh – LEFT</td>
</tr>
<tr>
<td>Measles/MR 2nd dose #2</td>
<td>16-24 months</td>
<td>5 years of age</td>
<td>0.5 ml</td>
<td>YES Manufacturer supplied diluent (Sterile water)</td>
<td>Subcutaneous</td>
<td>Upper Arm - RIGHT</td>
</tr>
<tr>
<td>OPV Booster</td>
<td>16-24 months</td>
<td>5 Years</td>
<td>2 drops</td>
<td>NO</td>
<td>Oral</td>
<td>Oral</td>
</tr>
<tr>
<td>Japanese Encephalitis – 2 @ (Where applicable)</td>
<td>16-24 months @ till 15 years of age</td>
<td>0.5 ml</td>
<td>YES Manufacturer supplied diluent (Phosphate Buffer Solution)</td>
<td>Subcutaneous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin A $ (2nd to 9th dose)</td>
<td>At 16 months. Then, one dose every 6 months. up to the age of 5 years</td>
<td>2 ml (2 lakh 1IU)</td>
<td>-</td>
<td>Oral</td>
<td>Oral</td>
<td>Oral</td>
</tr>
<tr>
<td>DPT Booster-2</td>
<td>5-6 years</td>
<td>7 Years of age</td>
<td>0.5 ml</td>
<td>NO</td>
<td>Intramuscular</td>
<td>Upper Arm</td>
</tr>
<tr>
<td>TT</td>
<td>10 years &amp; 16 years</td>
<td>16 Years</td>
<td>0.5 ml</td>
<td>NO</td>
<td>Intramuscular</td>
<td>Upper Arm</td>
</tr>
</tbody>
</table>

* Give TT-2 or Booster doses before 36 weeks of pregnancy. However, give these even if more than 36 weeks have passed. Give TT to a woman in labour, if she has not previously received TT.
** Pentavalent vaccine is introduced in place of DPT and HepB 1, 2 and 3.
$ Rotavirus vaccine has been introduced in initially 4 states – Andhra Pradesh, Haryana, Himachal Pradesh and Odisha.
# IPV – fractional dose [0.1ml] intradermal at age 6weeks and 16 weeks introduced in select states.
### MR vaccine has been recommended and approved for introduction in place of measles vaccine in the UIP schedule. If first dose delayed beyond 12 months ensure minimum 1 month gap between 2 MR doses.
@@ JE Vaccine has been introduced in select endemic districts. If first dose delayed beyond 12 months ensure minimum 3 months gap between 2 JE doses.
§ The 2nd to 9th doses of Vitamin A can be administered to children 1-5 years old during biannual rounds, in collaboration with ICDS.

Pneumococcal Conjugate Vaccine (PCV) – recommended by NTDAGI not yet in program – schedule 6 and 14 weeks with booster at 9 months.
Human Papilloma Virus (HPV) Vaccine – presently not in schedule.

The goal of UIP is to provide every child and pregnant woman protection from vaccine preventable diseases.
• Under UIP all vaccines given free of cost.
• Vaccination at nearest Govt/Pvt health facility or at immunization post (Anganwadi centres/other identified sites) on fixed days.

• **Achievements:**
  – Biggest achievement: Eradication of small pox.
  – Significant milestone: India free of Poliomyelitis caused by Wild Polio Virus (WPV) for > 33 months.
  – Contributed significantly to decline in cases & deaths due to VPDs.

• **Coverage Evaluation Survey (CES-2009):** 61% children fully Immunized with all vaccines.
MONITORING AND EVALUATION:

Performed at 3 levels:

1) **Regular reporting system** from health sub-centre to PHC, district, state & national level.

2) **Health Management Information System (HMIS)**

3) **MOHFW also implemented Mother & Child Tracking System (MCTS) to track pregnant women, mother and children up to 5 yrs to ensure delivery of health services.**

4) **Evaluation of immunization coverage:** period population based surveys
   - National Family Health Survey (NFHS)
   - District Level Health Survey (DLHS)
   - Annual Health Survey (AHS)
   - UNICEF Coverage Evaluation Survey (CES)

5) **Evaluation of performance of various components:** In b/w periodic surveys & administrative reporting, targeted studies and surveys done Egs- VMAT/EVSM, PIE, MCTS Field Assessment etc

   - VMAT- Vaccine management and assessment tool
Vaccination cover against 7 diseases to more than 89 lakh children by 2020
WHY MISSION INDRADHANUSH?

- Full immunization against preventable childhood diseases-right of every child.
- GOI launched UIP (1985)- largest health programs of its kind in world.
- 65% children immunized in 1st year of life(2014)
- ↑in coverage stagnated in past 5 years(prior to 2014) : 1% /year.
- Mission Indradhanush launched in December 2014 to ensure all children < 2 yrs & pregnant women fully immunized.
OBJECTIVE

• Expanding immunization coverage to all children & pregnant women across India by 2020.
• Depicting seven colours of rainbow, targets to immunize all children against 7 VPDs namely
  • CHILDHOOD TUBERCULOSIS
  • POLIO
  • HEPATITIS B
  • DIPHTHERIA
  • PERTUSSIS
  • TETANUS
  • MEASLES
• JE & Hib vaccines provided in selected states.
## Vaccination Schedule

<table>
<thead>
<tr>
<th>WHEN</th>
<th>VACCINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AT BIRTH</td>
<td>BCG, OPV, HEP B</td>
</tr>
<tr>
<td>6 WEEKS</td>
<td>OPV, DPT*, HEP B*</td>
</tr>
<tr>
<td>10 WEEKS</td>
<td>OPV, DPT*, HEP B*</td>
</tr>
<tr>
<td>14 WEEKS</td>
<td>IPV, OPV, DPT*, HEP B*</td>
</tr>
<tr>
<td>9-12 MONTHS</td>
<td>MEASLES, VITAMIN A, JE**</td>
</tr>
<tr>
<td>16-24 MONTHS</td>
<td>MEASLES, VITAMIN A, JE**, OPV BOOSTER, DPT BOOSTER</td>
</tr>
<tr>
<td>5-6 YEARS</td>
<td>DPT BOOSTER</td>
</tr>
<tr>
<td>10 &amp; 16 YEARS</td>
<td>TT (TETANUS TOXOID)</td>
</tr>
</tbody>
</table>

- *In selected states Pentavalent vaccine (Hepatitis B, Diphtheria, Pertussis, Tetanus and Haemophilus influenzae type b) is given instead of DPT and Hep B.
- **In Japanese Encephalitis (JE) endemic districts.
- 3rd to 9th doses of Vitamin A are given at 6 monthly intervals to children 2-5 years old.
- For pregnant women: Give TT-2 or Booster doses before 36 weeks of pregnancy. However, give these even if more than 36 weeks have passed. Give TT to a woman in labour, if she has not previously received TT.
<table>
<thead>
<tr>
<th>VPD</th>
<th>TYPE OF VACCINE</th>
<th>COMPONENT</th>
<th>COMMON A/E</th>
<th>COMMERCIAL NAMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>TUBERCULOSIS</td>
<td>Live attenuated</td>
<td>Strain of M.bovis s/c 239 times</td>
<td>Fever/Abscess/keloid/</td>
<td>BCG inj (Serum Institute/Aventis Pasteur)</td>
</tr>
<tr>
<td>Diphtheria, Pertussis and Tetanus</td>
<td>Trivalent killed (toxoids-D &amp;T, whole cell/acellular-P)</td>
<td>Pertussis toxoid,FHA,PRN,FIM typ2 &amp;3</td>
<td>Fever/irritability/neurologic al</td>
<td>Infanrix/Tripacle/Pentaxim</td>
</tr>
<tr>
<td>POLIO</td>
<td>OPV-la</td>
<td>MKC/HDC</td>
<td>Cis-immune def</td>
<td>Oral poliomyelitis vaccine Aventis Pasteur</td>
</tr>
<tr>
<td></td>
<td>IPV-killed</td>
<td>MKC(20-2-4D Ags) Strains-Mahoney/Lansing/Saukett</td>
<td>Cis-allergy to neomycin/streptomycin/AFI</td>
<td>Poliomyelitis vaccine Biomed</td>
</tr>
<tr>
<td>ROTAVIRUS</td>
<td>LA</td>
<td>Monovalent strain 116E, prepared in Vero cells</td>
<td>Irritability, pain, diarrhea, vomiting</td>
<td>Rotavac Bharat Biotech</td>
</tr>
<tr>
<td>MEASLES</td>
<td>LA</td>
<td>Edmonston Zagreb</td>
<td>Irritability/rash/Fever</td>
<td>Measles vaccine –Medicare Pharma</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Recombinant subunit</td>
<td>HBsAg expresses in S.cerevisiae</td>
<td>Abdominal pain, joint pain</td>
<td>Biovac B, Engerix B, Twinrix</td>
</tr>
<tr>
<td>Haemophilus influenzae#</td>
<td>Conjugate *Polysaccharide</td>
<td>PRP(Capsular component) Conjugated with toxoids(Tetanus/Diphtheria)</td>
<td>Mild fever/redness/swelling/pain</td>
<td>Hiberix Glaxo Smithkline</td>
</tr>
<tr>
<td>Streptococcus pneumoniae</td>
<td>PCV</td>
<td>Capsular antigen conjugated to CRM197 of C.diph</td>
<td>Mild fever/redness/swelling/pain</td>
<td>Prevnar 13</td>
</tr>
<tr>
<td>Japanese Encephalitis</td>
<td>Inact-Beijing1/3/Nakayama La-Nakayama</td>
<td>Vero cells</td>
<td>Fever/bodyache/headache</td>
<td>Jenvac Bharat Biotech</td>
</tr>
</tbody>
</table>
IMPLEMENTATION

• Technically support: WHO, UNICEF, Rotary International & other donor partners.
• Based on prioritization country categorized into high, medium & low focus districts
• Will be done in phases in a “catch up” mode – aim to cover left out or missed out children.
• Phase I: 201 districts targeted, Phase II: 352 districts.
• First round of 1st phase started: 7 April 2015-World Health Day
• What’s interesting about Phase I districts?
  have nearly 50% of all unvaccinated or partially vaccinated children.
  82/201 districts are in 4 states: UP, Bihar, Madhya Pradesh & Rajasthan
STRATEGY

4 pillars of strategy

1. Meticulous planning of campaigns/sessions at all levels
   • Within the districts: Mission will focus on **400,000 high risk settlements** identified by polio eradication programme.
   • 400,000 high risk settlements include urban slums, construction sites, brick kilns, nomadic sites & hard-to-reach areas.

2. Effective communication & social mobilization efforts
   • Generate awareness & demand for immunization services through need-based communication strategies & social mobilization activities.
   • Use of mass media, mid media, interpersonal communication (IPC), school & youth networks.
STRATEGY

3. Intensive training of health officials and frontline workers
   • Capacity building core of any social sector scheme
   • reinforces the point 1

4. Establish accountability framework through task forces
   • Strengthening district task forces for immunization in all districts
   • Ensuring use of concurrent session monitoring data to plug gaps in implementation on a real time basis
   • Collaboration with other Ministries, ongoing programmes and international partners to promote a coordinated and synergistic approach
ACHIEVEMENTS AFTER PHASE I & II..

- Full immunization coverage increased from 5 to 7%.
- MI has resulted in 6.7% annual expansion in immunization cover.
PHASE III

• Focused on 5 yr olds, increasing DPT booster coverage and TT amongst pregnant women.
• Launched on April 7, 2016.
• Covered 216 districts.
• Four intensified rounds conducted for 7 days b/w April and July 2016
## Coverage Report – All Phases

<table>
<thead>
<tr>
<th>Phases carried out in 4 rounds</th>
<th>Duration</th>
<th>Coverage (areas where over 50% children are partially or completely unvaccinated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase I</td>
<td>April–July 2015</td>
<td>201 districts</td>
</tr>
<tr>
<td>Phase II</td>
<td>October 2015–January 2016</td>
<td>352 districts (73 previous districts)</td>
</tr>
<tr>
<td>Phase III</td>
<td>April–July 2016</td>
<td>216 districts (adding 41 new districts &amp; dropping 26 old districts)</td>
</tr>
<tr>
<td>Phase IV</td>
<td>April–July 2017</td>
<td>247 districts</td>
</tr>
</tbody>
</table>
## COVERAGE REPORT – ALL PHASES

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>PHASE 1</th>
<th>PHASE 2</th>
<th>PHASE 3</th>
<th>PHASE 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total sessions held</td>
<td>966994</td>
<td>1118345</td>
<td>744317</td>
<td>587379</td>
</tr>
<tr>
<td>Total pregnant women immunized</td>
<td>2105272</td>
<td>1608534</td>
<td>1782144</td>
<td>1289314</td>
</tr>
<tr>
<td>Total children immunized</td>
<td>7681125</td>
<td>6711690</td>
<td>6206766</td>
<td>4515346</td>
</tr>
</tbody>
</table>
Govt to rename 'Mission Indradhanush', adds four new vaccines to immunisation drive

The government's ambitious 'Mission Indradhanush' programme, which provides immunisation against seven life threatening diseases, is all set to be re-christened as four new vaccines have been added into it.

New vaccines: Inactivated polio vaccine (bivalent), Japanese Encephalitis vaccine, Rotavirus vaccine and Measles Rubella vaccine, part of the 'India newborn' action plan.
Press Information Bureau
Government of India
Ministry of Health and Family Welfare

Shri J P Nadda launches Rotavirus vaccine as part of Universal Immunization Programme; terms it a 'historic moment'

Achieving a new milestone towards expanding full immunization coverage in the country to reduce child mortality:
Shri J P Nadda

“We have achieved a new milestone towards expanding the coverage of full immunization in the country aimed at reducing child mortality”. Shri J P Nadda, Union Minister for Health and Family Welfare stated this at the national launch of the Rotavirus vaccine as part of the Universal Immunization Programme (UIP) of the country, here today. Terming this as an historic moment and an exemplary step in India’s immunization programme, the Union Health Minister added that the Government is committed to reducing morbidity and mortality in children. Strengthening routine immunization is an essential investment in India’s children and will ensure a healthy future of the country, he noted.

Noting that Rotavirus is one of the leading causes of severe diarrhoea and death among children less than five years of age, and that every year nearly 80,000 to one lakh children die in the country due to Rotavirus diarrhoea, and about 9 lakh children are admitted to hospital due to episodes of severe diarrhoea with 32.7 lakh cases of OPD, Shri Nadda stated that introduction of Rotavirus vaccine will enable us to directly address the problem of diarrheal deaths. The vaccine is being introduced initially in four states i.e. Andhra Pradesh, Haryana, Himachal Pradesh and Odisha and will be expanded to the entire country in a phased manner, he informed.
Health minister launches pneumonia vaccine

Union health minister launches Pneumococcal Conjugate Vaccine (PCV) under Universal Immunization Programme, taking the total number of vaccine under Mission Indradhanush to twelve.
INTRODUCTION OF MEASLES-RUBELOLA VACCINE (CAMPAIGN AND ROUTINE IMMUNIZATION)

National Operational Guidelines 2017
INTENSIFIED MISSION INDRADHANUSH (IMI)

• Mission intensified on- October 8, 2017.
• "Let no child suffer from any vaccine-preventable disease“- stated by Shri Narendra Modi at launch of IMI at Vadnagar, Gujarat.
• aims to reach children < 2yrs of age & all uncovered pregnant women (under routine immunisation programme).
• Target: full immunization > 90% by December 2018 (to be achieved by 2020 earlier).
INTENSIFIED MISSION
INDRADHANUSH (IMI)

• four consecutive immunization rounds for 7 days in 173 districts - 121 districts and 17 cities in 16 states and 52 districts in 8 north eastern states - every month between October 2017 and January 2018.
VPD Surveillance

Needed for planning and deployment of effective interventions

Surveillance models in India:

1. IDSP

2. NPSP (National Polio Surveillance Project): for AFP & measles surveillance
REFERENCES

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