Frequently Asked Questions

What is immunization?
It is the process of giving vaccines to the development of body’s protective response.

How do vaccines work?
Vaccines work by protecting the body before disease strikes. Vaccines stimulate the body to produce the antibodies to fight off the serious illnesses for which child has been vaccinated. Why start vaccination early in life?
Children are susceptible to diseases at a young age, and the consequences of these diseases can be life-threatening.

Are immunizations safe?
Yes, very safe. But like any medicine they can occasionally cause reactions. Children are in much more danger from the diseases than from the vaccination.

What are contraindications to immunization?
All infants should be immunized except in 3 rare situations of Anaphylaxis or a severe allergic reaction, Convulsion or encephalopathy with a previous dose of DPT and High fever. Can vaccination be given if a child has mild fever, diarrhea or cough?
Yes, mild fever, diarrhea and cough are not contraindications for immunization.

Remember

- BCG can be given till one year of age. Dose is 0.05ml until 1 month age. There is no need to revaccinate the child if scar is not formed after BCG.
- Hepatitis B birth dose is given only within 24 hours after birth as it helps to prevent post-natal transmission of Hepatitis B virus.
- Hepatitis B vaccine is given with the first, second and third doses of DPT till one year of age.
- OPV-0 dose is given within 15 days after birth. OPV can be given till 5 years of age.
- DPT vaccine can be given up to 7 years of age.
- Measles vaccine can be given up to 5 years of age.
- Pentavalent vaccine is introduced in place of DPT and HepB 1, 2 and 3 in select states.
- JE Vaccine is introduced in select endemic districts after the campaign.

Social mobilization and Inter Personal Communication

Goal of Immunization program is to fully immunize each child by providing the following vaccines:
- BCG: DPT 1, 2, 3, HepB 1 and 2, OPV 1, 2, 3 and Measles before 1 year of age.
- Measles 2nd dose; DPT Booster-1, OPV Booster and JE (where needed) before 2 years of age.
- Left out are those children who have never been vaccinated.
- Drop-outs are those children who started vaccinations but do not return to complete the schedule.

How to reach missed children

- Include all the areas in the micro plan.
- Prepare due list of beneficiaries by including the newborns in coordination with ASHA/AVSH.
- Counsel opinion leaders and influencial persons about the danger of VPDs and the benefits of immunization.
- Address the misconceptions, doubts, and fears by listening to them and offering support.
- Encourage peer counselling by fathers of children who accept immunization.
- Plan session sites and timing after consulting the community.
- Ensure that each planned session is held.
- Always tell 4 key messages to mothers using simple language.
- Provide filled in immunization cards to all beneficiaries with next due date written.
- Use the due list of beneficiaries to remind parents about the date, place and time of the next session.
- Communicate with and treat parents with respect, warmth and friendliness. Praise and encourage them to ask questions.
- Visit dropouts before the next session to find out the reasons why they missed the session. Talk to them, answer their questions and doubts, and provide advice accordingly.
- Convince parents about the fact that immunization can be safely provided to mildly ill children.
- Provide immunization services to children from outside the area, if possible.

What are the side-effects of vaccines?
Only very few infants and children develop side effects after vaccination. They are mild (redness and swelling at the injection site) and go away within a few days. If a child is brought late for a dose, should you restart with first dose of the vaccine?
No, do not restart the schedule again, pick up where the schedule was left off. If a child has never been vaccinated is brought at 9 months of age, can all the due vaccines be given on the same day?
Yes, all due vaccines can be given during the same session but at different injection sites using separate AD syringes.

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Vitamin A Supplementation

Schedule and Dosage

- Infants vaccinated with routine vaccines, in all states, one dose of Vitamin A is given at 6 months of age. A second dose at 12 months.
- Dose: 0.5mg (2 drops) at 6 months and 2 years of age for 2 doses in 5 years.

Important points to follow

- Keep minimum gap of 4 months between 2 doses.
- Give the vaccine a half hour before or after a meal.
- Keep the card inoculated at both ends and use at both sides of opening.
- Write the date of opening the bottle on the label.
1. MCP card: Do not leave any cell blank in the card. Write date of birth of infant and not age in months. Never turn away beneficiaries for not bringing the card.
2. Counter foils: Update and keep the counterfoils in the tracking bag pocket for the month which is due for next dose.
3. MCH / Immunization / MCTS Register: Update the register regularly to include new pregnancies, births and vaccinations.
4. Name based list of due beneficiaries and Tally Sheet: Prepare the due list of beneficiaries from Counterfoils of immunization cards, MCH / Immunization register, Register of AW and ASHA and Newborn tracking booklets of polio rounds.
5. Monthly Progress Report (MMPs report): Report all VPDs and AEFIs in the report for follow-up at PHC.
6. Immunization sessions:
   - Plan: Prepare map of your area, session-plan and work-plan for providing immunization.
   - Prepare for immunization session
     - Prepare due list of beneficiaries and share it with AW and ASHA to mobilize them to the session
   - Arrange immunization session
     - On the table, keep Vaccine carrier; Hub Cutter; Immunization cards and register
     - Near the table, keep red and black bags for disposing immunization waste. Keep a bowl, water and soap for scrubbing your hands clean.
     - Check the vaccine vials for intact label, expiry date and VVM
     - Check diluent ampules and syringes for intact lable/wrapper and expiry date.
     - Shake DPT, TT, HepB and Pentavaccine to rule-out freezing or floccules.
   - Conduct immunization session: follow these steps:
     1. Welcome the beneficiary and check that the beneficiary is due for vaccination today.
     2. Screen for contraindications.
     3. Explain what vaccine(s) will be given and the disease it prevents.
     4. Wash hands before reconstituting vaccine and conducting the session.
     5. Open the BCG & Measles vials even for one beneficiary.
     6. Use a new AD syringe for each injection and a new disposable syringe for each reconstitution.
     7. Reconstitute the BCG/Measles/IEI vaccine only with the diluent supplied with the vaccine.
     8. Cut hub of disposable syringe with hub cutter immediately after reconstitution.
   - Injection safety
     - A safe injection is an injection that does not cause harm to the recipient, the provider, or the community.
     - Most common, serious infections transmitted by unsafe injections are Hepatitis B, Hepatitis C, and HIV (the virus that causes AIDS).
     - Keep hands clean before giving injections. Always use AD syringes for each injection and a new disposable syringe to reconstitute each vial of vaccine.
     - Do not touch the needle or rubber cap of vial with your finger.
     - Follow the guidelines for safe disposal of immunization waste.
   - Safe Disposal of Immunization waste
     - An Adverse Event Following Immunization (AEFI) is a medical incident that takes place after an immunization, causes concern, and is believed to be caused by immunization. It may occur due to Vaccine reaction, Program Error, Injection Reaction, Coincidental or Unknown reason.
     - Common/Program errors leading to AEFIs are:
       - Reuse of reconstituted vaccine at subsequent sessions (Toxic shock syndrome, sepsis leading to death).
       - Administration of frozen and thawed freeze-sensitive vaccine (Increased local reaction as sterile abscess).
       - Reconstitution with incorrect diluent; Drug substituted for vaccine (Less vaccine effectiveness; Drug reaction; Death).
       - BCG/T series vaccine given subcutaneously (Local reaction or abscess).
     - Avoid the AEFIs due to program errors by following these steps:
       - Follow all the steps mentioned in the section on conducting immunization session.
       - Use separate site for each injection.
       - Never carry and use reconstituted vaccine from one session site to another.
       - After injection, do not re-cap or bend the needle.
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     - Planning and Managing Immunization Session
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