

## An Appeal to all Pediatricians and Members of Indian Academy of Pediatrics for the Measles–Rubella Campaign

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**Y**ou are aware that Government of India, Ministry of Health & Family Welfare, has launched one of the world's largest measles–rubella (MR) vaccination campaigns as part of its national strategy to eliminate measles and rubella disease from the country by 2020 – a truly remarkable, world-beating effort. The oversight for this mass campaign is being provided by Hon'ble Prime Minister's office.

The phased MR campaign will target to vaccinate approximately 41 crore children in the age group of 9 months to <15 years across the country over a period of 2 years (2017-18), and is a massive public health undertaking. MR vaccine is a safe and effective vaccine that has been in use for over 40 years, and in more than 100 countries across the world. An additional MR campaign dose is a onetime opportunity to boost population immunity in our country to stop endemic circulation of both measles and rubella virus, through addressing the challenges of both vaccine failure and failure to vaccinate. The first phase of wide age-range MR vaccination campaign commenced in the five states: Tamil Nadu, Karnataka, Goa, Lakshadweep and Puducherry. The states have managed to vaccinate more than 3 crore children through school- and outreach-based vaccination approach.

Recently convened meeting of the Indian Expert Advisory Group for Measles and Rubella (IEAG-MR) recommended high quality MR campaigns, strengthen surveillance, and improve measles second dose coverage to achieve the 2020 target. Being a core member of IEAG-MR and the National Task Force on MR Vaccination, Indian Academy of Pediatrics (IAP) strongly supported and endorsed measles elimination and rubella control by 2020. These platforms also include other development partners such as WHO, UNICEF, UNDP, Center for Disease control (CDC) and other civil society organizations such as Indian Medical Association (IMA) and Lions Club international. I am glad that our inputs have led in steering and guiding the strategic planning for MR campaigns.

### MR VACCINATION CAMPAIGN: KEY FACTS

- Age group between 9 months and less than 15 years.
- One dose campaign, irrespective of previous measles/rubella vaccination or disease status.
- Dose: 0.5 mL, subcutaneous route using auto-disable syringes.

- Vaccine: 10 dose MR vial (WHO prequalified, manufactured by Serum Institute of India)
- The MR campaign will be conducted for a period of 4-5 weeks. Vaccination will be conducted in schools during the first few weeks, and later in community through outreach sessions.
- Immediately after the completion of campaign, MR vaccine will be introduced in routine immunization, replacing the currently given two doses of measles vaccine – at 9-12 mo and 16-24 mo.
- Vaccination will be provided free of cost.
- Following vaccination, each child will be marked with indelible ink on left thumb nail.

### ROLE OF IAP MEMBERS

With the successful completion of first phase of MR campaign in five states, the Government of India now plans to roll out the MR campaign across the country in different phases. Ministry and partners are heavily relying on us to make this campaign a success.

I shall like to acknowledge the contribution of state and district IAP chapters of the five states for their proactive engagement and collaboration with the government and other development partners in helping to achieve desired outcomes. For the forthcoming MR campaigns in the states, as IAP member you are requested to kindly provide the following support:

- State/district IAP representatives actively participate in state/district task force and other platforms, and provide necessary advocacy towards MR campaigns.
- Strongly endorse and advocate administration of an additional MR dose (irrespective of previous dose status) to parents and schools seeking your opinion about the MR campaign.
- Reassure parents that MR vaccine is safe and highly effective, and that vaccination in schools and outreach sessions will be given under medical supervision through trained and skilled staff, and that standard safety procedures and best injection practices will be followed.
- To strongly dispel myths or anti-vaccine rumors being spread on social media or among parents, caregivers and teachers.
- Solicit cooperation to play a pivotal role in strengthening communication regarding MR vaccine through personal

communication, sharing pre-recorded videos in mobile-based groups, putting information on social media platforms, mass media (television and press), and displaying standardized IEC material (banners, posters) in your facilities.

- Offer your clinics to be part of vaccination center for MR campaign and also as one of the AEFI management center (if required).
- Provide your clinic as a site for immunization sessions and offer MR/MMR as additional dose.
- Participate in orientation of the doctors on panels for the schools.

I thank you in advance for your cooperation.

#### **RATIONALE FOR MR CAMPAIGN**

This MR campaign is significant as it is expected to accelerate the country's efforts to eliminate measles that affects an estimated 0.25 crore children every year, killing nearly 49 000 of them. The campaign also marks the introduction of rubella vaccine in India's childhood immunization program to address congenital rubella syndrome (CRS) that is responsible for irreversible birth defects such as deafness and blindness in nearly 40 000 children every year. Measles vaccine is currently provided under Universal Immunization Program (UIP). However, rubella vaccine will be a new addition. This additional campaign dose will boost the immunity of child and protect the entire community by eliminating transmission of measles and rubella. Apart from improving the life-chances of millions of children in India, the campaign is expected to have a substantial effect on global measles mortality and rubella control target as India accounted for 37% of global measles deaths in 2015.

The following are some of the Frequently Asked Questions (FAQs) related to MR campaign:

#### **Q-What is MR campaign?**

- It is a special campaign to vaccinate all children aged 9 mo - <15y with one dose of MR vaccine.
- The MR campaign dose is given to all targeted children, both immunized and unimmunized, irrespective of prior measles/ rubella infection.
- The goal of MR campaign is to accelerate population immunity by reaching 100% target children with MR vaccine that will reduce cases and deaths from measles and disabilities from CRS.

#### **Q- What is the rationale for MR campaign?**

- Country Population Immunity is insufficient to stop ongoing MR transmission as evident from MR surveillance data.
- MR outbreaks are wide spread across the entire country.
- Population immunity has waned after the last MCV (Measles containing vaccine) campaign.
- Rubella vaccine introduction requires high level of

population immunity to prevent the paradoxical effect as a risk mitigation strategy.

- NTAGI has recommended wide age range MR vaccination campaign targeting 9 mo - <15y before introducing Rubella-containing vaccine (RCV) in routine immunization in all the states of India.
- MR vaccine will be available for administration under the routine immunization (RI) program after the completion of MR campaign.

#### **Q-Who should be vaccinated?**

- All children who have completed 9 months of age and are below 15 years of age regardless of previous vaccination status with measles/rubella vaccine and regardless of measles/rubella infection in the past.
- Every child who is eligible for either 1st dose or 2nd dose of measles vaccine in his/her RI schedule will be provided with combined MR vaccine.
- Malnourished children should be vaccinated on a priority basis, as they are more likely to have measles-related complications like diarrhea and pneumonia.
- Children with minor illnesses such as mild respiratory infection, diarrhea, and low grade fever.
- Even those children who have documentation of receiving one dose of Measles/MMR at 9 months and/or MMR at 15 and/or again at 4-6 years must also be offered this vaccine.

#### **Q-When should the MR vaccine not be given?**

MR vaccine should not be given to children who have a history of allergy or reactions to measles vaccines. Immunization is deferred for children with high fever and/or symptoms of other serious illness. Mothers and caregivers should consult a doctor before proceeding further.

#### **Q-Where will the children be vaccinated?**

- From fixed posts only. No house-to-house vaccination.
- During the first week in schools.
- Non-school-going and left-out children will be vaccinated in the following two weeks.
- If, at any place, 4 or >4 children have been found missed during Rapid Convenience Monitoring, the MR campaign activity should be repeated in the area during fourth week of the MR campaign to cover these missed children.

#### **Q-Are there any side effects of the MR vaccine?**

The MR vaccine which is being used in the campaign is completely safe. Like with any other injectable vaccine, there could be mild pain and redness at the injection site, low-grade fever, rash and muscle aches, which subsides on its own. The vaccine is not known to cause any other adverse event. However, all immunization sessions – whether in schools or outreach – are linked to fully equipped health centers to handle any adverse event.

*Link to WHO FAQs for MR campaign: <http://www.searo.who.int/india/topics/measles/FAQs/en/>.*