

platelet destruction. Persistent thrombocytopenia can cause intracranial or vulnerable deeper site bleeds and intravenous methylprednisolone rapidly increase platelet count to safer levels to reduce mortality and morbidity.

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Immunization Coverage among Migrant Tribal Children in Slums of Orissa

The vaccination of children against six serious but preventable diseases (tuberculosis, diphtheria, pertussis, tetanus, poliomyelitis, and measles) has been a cornerstone of the child healthcare system in India. Only 42% of children in India and 44% in Orissa had received all the recommended vaccinations(1). This letter, based on a cross-sectional study, reports the immunization coverage among the children (aged below 2 years) of migrant tribals living in small groups in slums of Bhubaneswar city, Orissa. Through a pilot survey in slums of Bhubaneswar city, four Santal dominated slums were selected. Data were collected from 71 mothers belonging to Santal tribe through a structured questionnaire. The awareness of mothers about various essential vaccines was remarkable (90%). Majority of the mothers (69%) depend on health workers, followed by government hospitals (16%) and private

practitioners (4%) for vaccinating their children. Only 56% children possessed vaccination cards. *Table I* reports the coverage of various vaccines among the eligible children. It was noted that one-fourth of children did not receive a single vaccine. None of the children in this community were fully vaccinated (3 doses of DPT and 4 doses of OPV, BCG and measles). Only 59% of children had received BCG vaccine at birth. The first dose of DTP was received only by 62% and the coverage of OPV at birth, vaccination for measles and vitamin A were also very low.

The obstacles to optimal health care are greatest for children born into poverty; those are also likely to be exposed to infectious diseases and unclean water, and are at the great risk of malnutrition(2). Measles, polio, hepatitis B and some other diseases can only be controlled through immunization. Government health personnel seem to be the source of information on immunization(3). Delivery of healthcare services plays a significant role in improving the coverage of

TABLE I—Coverage of Various Vaccines among Eligible Children

Vaccines (Eligibility criterion)	No. of eligible children	No. of children received vaccine (%)
BCG at birth	71	42 (59.2)
DPT- (1½ months) (Those completed 2 months)	69	45 (62.2)
DPT-2 (2½ months) (Those completed 3 months)	60	25 (41.7)
DPT-3 (3½ months) (Those completed 4 months)	55	13 (23.6)
OPV at birth	71	8 (11.3)
OPV-1 (1½ months) (Those completed 2 months)	69	44 (63.8)
OPV-2 (2½ months) (Those completed 3 months)	60	20 (33.3)
OPV-3 (3½ months) (Those completed 4 months)	55	12 (21.8)
Measles (9 months) (Those completed 10 months)	32	5 (15.6)
Vitamin A (9 months) (Those completed 9 months)	32	4(12.5)
Not received a single vaccine	71	18(25.3)

immunization. Around 25% of children did not receive a single vaccine, which may have a chance of acquiring any of the six killer diseases. Only 12.5% children received vitamin A. Vitamin A deficiency is one of the most common nutritional disorders, affecting more than 250 million children worldwide(4). By improving vitamin A status through supplementation lowers the risk of death(5). As these vulnerable migrant families are illiterate and also they are new to the urban health system, the vaccination coverage of their children is not up to the desired level. It is clear that this community became more vulnerable in utilizing healthcare services due to migration. So, the study warrants developing a system to strengthen the primary healthcare system among this community.

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