



TO ASSESS THE COVERAGE OF MEASLES RUBELLA CAMPAIGN IN URBAN SLUMS OF RAIPUR CITY.

Dr Dhannuram Mandavi

Assist Prof. Department of Paediatrics, Lt.BRKM medical College Jagdalpur C.G - 494001

Dr.Nandlal Kanwar*

3rd Year PG, Department of P.S.M Pt JLNM Medical College Raipur C.G.- 492001*Corresponding Author

ABSTRACT

INTRODUCTION: Measles Rubella campaign is a part of global efforts to reduce illness and death due to measles and rubella in the country. Measles immunization directly contributes to the reduction of under-five child mortality and in combination with rubella vaccine, it will control rubella and prevent congenital rubella syndrome. (CRS)The main objective was to assess the coverage of Measles Rubella campaign in urban slums of Raipur city. **METHOD:** Community based cross sectional study. Study was conducted in the Department of Community Medicine, Pt. J.N.M. Medical College Raipur, (C.G.) Selected urban slums of Raipur City, Chhattisgarh .Study duration were for two months from November- December 2018. Sample Size - 300 families and Study Technique - Interview technique. House to house visit. Verbal consent from their parents/guardians has been taken. **RESULT:** Total subjects were 585 out of which 292 were males and 293 were females. Less than 1 year 2 males and 1 female subjects and 1 – 5 years were 15 males and 18 females. 6 -10 years 6 males and 4 females and 11 -15 years 5 males and 2 female vaccinated children.No of subjects was 261 in preschool, 230 in primary school, 86 were in middle class and 8 were in high school. Table 4 shows measles rubella vaccination status of study subjects. Vaccinated were 91% and non-vaccinated were 9%. **CONCLUSION:** Immunization is one of the child survival strategies. We should therefore work harmoniously to ensure that every child is immunized.

KEYWORDS : Measles, Rubella, Immunization, Campaign.

INTRODUCTION:

Immunization is one of the most effective public health interventions for protection of children, especially under 5 years of age, from life threatening conditions which are preventable.^{1,5}

Measles is one of the most common vaccine preventable diseases among the under five children in India.^{1,5}

The National Technical Advisory Group on Immunization (NTAGI) in June 2014 had recommended the introduction of Measles Rubella Vaccine in routine immunization programme, following a nationwide MR Campaign.^{1,5}

In 2015 multiple outbreaks all over India took the lives of nearly 49,000 children. Rubella infection during first trimester of pregnancy in UNimmunized women leads to nearly 40,000 cases of Congenital Rubella Syndrome every year in India.^{1,5}

Therefore Government of India has launched Measles Rubella Vaccination campaign in phased manner, targeting children aged 9 months to less than 15 years irrespective of their previous vaccination status.^{1,5}

METHOD: Community based cross sectional study .study was conducted in the Department of Community Medicine, Pt. J.N.M. Medical College Raipur, (C.G.) Selected urban slums of Raipur City, Chhattisgarh . Study duration was for two months from November-December 2018. Study population was Available parents/ guardians of the study population. Sample Size - 300 families and Study Technique - Interview technique. Study Tool- Pre- design, pre-tested Semi-structured questionnaire. Sampling methods - Multistage random sampling Data compilation. House to house visit. Verbal consent from their parents/guardians has been taken.

Inclusion criteria: All children of age group 9 months to 15 years.

Exclusion criteria: Parents/guardians, not willing to participate in the study.

Statistical analysis: Data compiled in MS excel and descriptive data are presented in the form of frequencies and percentage.

RESULT:

Table 1: Socio Demographic Characteristics Of Study Subjects.

GENDER	No of Subjects	Percentage (%)
Males	292	49.9%
Females	293	50.1%
Total	585	100%

Table 1: shows socio demographic characteristics of study subjects. Total subjects were 585 out of which 292 were males and 293 were females.

Table 2: Education Status of Child.

EDUCATION	No of Subjects	Percentage (%)
Preschool	261	44.6%
Primary school	230	39.3%
Middle school	86	14.7%
High school	8	1.3%

Table 2 shows education status of child. No of subjects was 261 in preschool, 230 in primary school, 86 were in middle class and 8 were in high school.

Table 3: Socio-Economic Status (Modified BG Prasad classification)

CLASS	No of Subjects	Percentage (%)
Class I	1	0.33%
Class II	36	12%
Class III	119	39.6%
Class IV	113	37.6%
Class V	31	10.3%

Table 3 shows Socio-Economic Status. No of subjects in class I were 1, class II 36, Class III 119, Class IV 113 and Class V was 31.

Table 4: Measles Rubella Vaccination Status Of Study Subjects.

VACCINATED	PERCENTAGE (%)
YES	91%
NO	9%

Table 4 shows measles rubella vaccination status of study subjects. Vaccinated were 91% and non-vaccinated were 9%.

Table 5:Place of receiving vaccination during campaign [n=532(91%)]

PLACE OF RECEIVING VACCINATION	PERCENTAGE
PRIVATE SCHOOL	73.60%
HEALTH FACILITY	31.60%
GOVERNMENT SCHOOL	26.40%

Table 5 shows Place of receiving vaccination during campaign. In private school 73.06% and health facility 31.60% and government school 26.40%.

Table 6: Awareness And Vaccination Status.

AWARENESS STATUS	VACCINATED	NOT VACCINATED	TOTAL
AWARE	508(93.38%)	36(6.6%)	544
NOT AWARE	24(64.86%)	17(45.94%)	37
TOTAL	532(90.94%)	53(9.06%)	585

Table7: Demographic Profile Of Not Vaccinated Children.

AGE GROUP	MALE	FEMALE	TOTAL
Months to less than 1 Year	2	1	3
1 -5 Years	15	18	33
6 -10 Years	6	4	10
11 -15 Years	5	2	7
	28(52.83%)	25(47.16%)	53(100%)

Table7 shows demographic profile of not vaccinated children. Less than 1 year 2 males and 1 female subjects and 1 – 5 years were 15 males and 18 females. 6 -10 years 6 males and 4 females and 11 -15 years 5 males and 2 female vaccinated children.

DISCUSSION:

The catch up campaign in Albania provided high quality immunization services and was safe. In the preparatory phase, the infrastructure for immunization (e.g., cold chain) was improved and immunization practices (e.g., immunization safety) were strengthened through intensive staff training. Additional efforts will be needed to sustain the improvements made to assure high quality routine immunization services. These include both ongoing training and supervision to reinforce safe immunization practices and further improvements of immunization infrastructure, including systems for safe disposal of injection equipment.⁶

All five countries introduced MR by mass vaccination campaign during 2013-2014 targeting children from 9 months to 14 years of age before introducing the vaccine in the routine immunization schedule. In each country, rubella cases were confirmed by laboratory testing in almost each year; however, the number of confirmed cases varied by year and by country. As many as 586 cases were reported from Ghana in 2011 prior to MR vaccination and a low of 1 case each in Rwanda in 2015 and in Burkina Faso in 2016, after MR vaccination commenced. Ghana reported 1852 confirmed cases, which was the highest cumulative number over the ten-year period, while Burkina Faso reported a total of 373 confirmed cases, which was the lowest cumulative number of cases among the five countries.⁷

Government and partners are working together to make MR campaign a success, simultaneously with strengthening health system for achieving high routine immunization coverage. However, various challenges have been faced in initial phases of the campaign. It is one of the largest campaigns in world targeting about 410 million children with geographic and social diverse population. Planning for the campaign in it has been a huge task for the Government as it requires large amount of funds and a huge manpower.⁸

In 2003, our country conducted a nationwide campaign targeting 5–25 year-olds with a combined measles and rubella vaccination program, thereby vaccinating some 33.4 million people. Vaccine administration coverage of approximately 100% was reported among individuals aged 5–25 years in Shiraz. The incidence of measles has shown a remarkable decline in our country in recent years due to the routine administration of live attenuated vaccines at the ages of 1 and 6 years, as well as the recent vaccination campaign.⁹

The latest data have demonstrated a decline of 1.4% in coverage of the MMR vaccine for children in the UK who reached their second birthday during the evaluation quarter (July to September 1998). This cohort of children was scheduled to receive MMR during a period when there was considerable national media interest in possible adverse events of MMR. Since July 1997 a protracted campaign against the MMR vaccine has been run by the South Wales Evening Post (SWEP), an evening newspaper sold in parts of two Health Authority areas.¹⁰

CONCLUSION:

Immunization is one of the child survival strategies. We should therefore work harmoniously to ensure that every child is immunized.

Routine immunization coverage can indeed get to the desired goal of over 90% coverage and the consequent reduction in under five, infant and maternal mortality and morbidity through the combined efforts of stakeholders.

Measles Rubella vaccination coverage is about 91%. Measles Rubella Campaign Awareness among families was found to be 93%. 9% children were not vaccinated & most common reason was 33.9% parents/ guardians were not aware about the campaign.

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