

True cases occurring in tertiary care centre's - generating hidden immunization gap:
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AGE	VACCINE	DUE ON	GIVEN ON	GIVEN BY
AT BIRTH	BCG OPV HEPATITIS B1 B.C.G			
6 WEEK	DTP1/DTaP1+HEPATITIS B2 + HIB1 + IPV1	5/10/17	IPV I Penta-I OPV-I	giving on 5/10/17
10 WEEK	DTP2/DTaP2 + HIB2 + IPV2	2/11/17		
14 WEEK	DTP3/DTaP3 + HIB3 + IPV3			
6 MONTH	HEPATITIS B3 + OPV2			
9 MONTH	MEASLES + OPV2			
15 MONTH	MMR1			
16-18 MONTH	DTP / DTaP + HIB + IPV 1st Booster			
4 1/2-5 YEARS	MMR2			
	DTP / DTaP 2nd Booster OPV3			
10 YEARS	Tdap / Td			

OTHER VACCINES

AGE	VACCINE	DUE ON	GIVEN ON	GIVEN BY
1400/3800	PNEUMOCOCCAL VACCINE 1			
	2			
	3			
15-18 MONTH	Booster			
10 WEEK	ROTAVIRUS 1			
10 WEEKS	ROTAVIRUS 2			
1 YEAR	HEPATITIS A1			
1 YEAR 6 MONTHS	HEPATITIS A2			
15 MONTHS	CHICKEN POX - 1			
4 1/2 - 5 YEARS	CHICKEN POX - 2			
2 YEARS	TYPHOID (Every 3year)			

Case 1: Vijay, S/O Reshma (not the true names) born on 23-08-2017 in a tertiary care hospital located in Bangalore – a metropolitan city was vaccinated with newborn vaccines – Zero OPV>BCG>HepB on 24-08-2017.

Exactly on 42nd day (05-10-2017), first dose OPV, IPV and Pentavalent was administered.

For the 2nd dose of OPV+Penta, child was brought to our dedicated vaccination clinic – KVG Medical College Sullia yesterday (04-11-2017), the same were administered.

This child was issued with Immunization card supposed to be “**IAP Schedule**” and demanded IPV in this visit. This schedule recommends 3 primary doses and one booster dose of IPV at 6 / 10 & 14 weeks & between 16 & 18 months without OPV. Following Zero OPV at birth, same card recommends OPV at 6th month / 9th month and 4½ to 5 years; these are not compatible with National Immunization Schedule (NIS) recommending 2 doses of 0.1mL IPV intradermally with first and 3rd doses of **OPV**+ Pentavalent at an interval of 8 weeks as part of endgame strategy of Polio eradication.

Reshma belongs to **APL family (Above Poverty Line) living in urban area**; deprived of Mother and Child Protection card (Tayi-card in Karnataka).

Many other aberrations from NIS are seen.

MR-196/16

Name: _____

Age	Vaccines	Due Date	Given on (Inj. Site)	Batch and Exp. date	Doctor Sign
At Birth	BCG OPV-0 Hep-B-1	Date of Birth: 24/03/2016	14-4-16 24/03/16		
6 Weeks	DTwP-1 IPV-1 HepB-2 HiB-1 PCV-1		12/05/16 12/05/16 NOT GIVEN		
10 Weeks	DTwP-2 IPV-2 HiB-2		16-06-16 16-06-16 16-06-16	14HP5055 out exp - 2017 P4008A15 rev - 2017	
	RV-1 PCV-2	16/06/16	-1		
14 Weeks	DTwP-3 IPV-3 HiB-3 RV-2 PCV-3	14/07/16	18/07/16 18/07/16 18/07/16	IPV886A exp 17/18 400M 235 B2 exp 1/18	
6 months	OPV-1 HepB-3	26/09/2016	22/10/16 22/10/16		
9 months	OPV-2 MMR-1 Tybar-TCV	26/12/2016	23/01/17 23/01/17		
9-12 months	MMR-1 Tybar-TCV	23/01/17	24/01/17		

Case 2: This child is also from APL family, but living in rural area, deprived of "Tayi-card".

Received Newborn vaccines on time.

First dose of **0.1ml** IPV was administered **IM** along with DPT+ HepB on 49th day:12-05-2016 and no OPV as per record.

On 84th day-16-06-2016, child was administered 0.1mL of IPV 2nd time, IM + DPT+ HiB, no OPV.

On 116th day:18-07-2016 child was administered 0.1mL of IPV 3rd time IM + DPT+ HiB, no OPV.

On 212th day: 22-10-2016 child was administered HepB and OPV.

All the above were administered as per **"Specialist's Prescription"**, supposed to be "IAP" schedule.

IMMUNIZATION

AGE	VACCINE	DUE ON	GIVEN ON	BATCH
BIRTH	BCG OPV, DOSE	Given Given	18.4.16 18.4.16	TUBERCVA BB MRO
6 WEEKS	OPV1 st DOSE/TPV + OPV, DPT 1 st DOSE HEPATITIS B 1 st DOSE HiB 1 st DOSE	31.5.16 31.5.16 31.5.16 31.5.16	7.6.16 7.6.16 7.6.16 7.6.16	
10 WEEKS	OPV 2 nd DOSE /TPV + OPV, DPT 2 nd DOSE HiB 2 nd DOSE	27.6.16 27.6.16 27.6.16	27.7.16	
14 WEEKS	OPV 3 rd DOSE /TPV + OPV, DPT 3 rd DOSE HEPATITIS B 3 rd DOSE (can be given at 6 months of age) HiB 3 rd DOSE, HEPATITIS B 2 nd DOSE	9.8.16 9.8.16 9.8.16	10.9.16	
9 MONTHS	MMR	18.7.17	21.1.17	
15-18 MONTHS	MMR 1 OPV, TPV, + OPV, DPT BOOSTER 1 HiB BOOSTER	18.7.17 18.10.17		
2 YEARS	TYPHOID (revaccinate every 3-4 years)	18.4.17		
5 YEARS	OPV, MMR2 DPT BOOSTER 2			
10 YEARS	Td/Ti/Tdap/HPV only in females (3 doses)			
16 YEARS	Td/Ti/Tdap			

VACCINE THAT CAN BE GIVEN AFTER DISCUSSION WITH PARENTS

Case 3(n):

This child did not receive HepB birth dose and is not in the schedule – again supposed to be IAP schedule. But this child was administered with OPV + 0.1mL IPV intradermally along with 1st dose of OPV and Pentavalent; 2nd dose OPV + Pentavalent and 2nd dose of 0.1mL IPV intradermally with 3rd dose of OPV and Pentavalent as per NIS in a Medical College. Though private, college is running dedicated vaccination clinic as per WHO & GOI guidelines, in collaboration with Department of Health & FW as a demosite for cross learning visits.

Simple long term solutions:

1. IAP to instantly disseminate revised, NIS compatible immunization schedule with all vaccination service providers in the private sector & parallel sharing with Government sector.
2. Private sector to update their knowledge & skill, work in collaboration with the government to strengthen the programme to attain the goals timely both nationally and globally.