

INTRODUCTORY NOTE ON PULSE POLIO PROGRAMME- 2009-10 WITH PROPOSED NEWER INITIATIVES-AN APPRAISAL

PULSE POLIO DAY
21st MARCH 2010
POLIO RAVIVAR

What is Polio Eradication & its Strategy

Humans are the only reservoir / Carrier of Polio Virus called Wild Polio Virus. It has three types 1, 2, 3. It is type 2 which is the first one to get eliminated, followed by type 3 & then type 1 Polio Virus from the human environment. Elimination of type 2 virus generally indicates a good / Satisfactory Routine Immunization System / Coverage in an area. The country has already eliminated Type-2 Virus six years ago.

The Strategy for elimination / Eradication is by having an equally strong system of 4 components. These are: Strong Routine Immunization, well Conducted Pulse Polio Rounds, Selective /Focal Mop-up rounds & a Sensitive & Responsive AFP System.

Since 1994-when **Delhi** initiated Pulse Polio Programme and set the ball rolling for the Eradication of Polio from our country. In 1994 and 1995 children up to 3 yrs of age were covered. From 1996-97 onwards all children up to 5 years of age are being covered under this programme. Since the year 2000-01, house to house component has been added on a full scale in the State as a part of intensification of Pulse Polio Programme with the aim of reaching each and every child in addition to booth strategy of Polio vaccination alone which existed in earlier year. From an average of 500 cases annually in 1994-1995, in **Delhi to Five cases of Polio in the year 2008 , four cases of polio in the year 2009 & nil cases in 2010 so far. At national level there has been decrease in the number of polio cases from 874 polio cases in the year 2007 to 741 polio cases in the year 2009 and 16 cases in 2010 till 19th February 2010**, from about more than 50000 cases annually till about 1995-96.

At present the world is in favor of eradication of polio because the epidemiology and the transmission cycle of the disease make it amenable to eradication. Majority of countries in the world are polio free and only four countries are still polio endemic : Nigeria, India, Pakistan and Afghanistan. WHO / TAG accords the certification – **POLIO FREE** after a country has remained polio free for at least 3 years consecutively.

The Challenge this year: Out of **741 polio cases** reported at the National Level in the year **2009**, of which 79 cases were of P 1 wild and 661 cases of P 3 wild and 1 mix polio virus. **Uttar Pradesh** accounted for **602** cases and **Bihar** for **117** cases and Delhi, due to its close proximity to UP and high inflow of floating population from UP and Bihar (settling in slums eventually) experiences the additional responsibility of keeping a complete protection coverage even to this population on a regular basis. The biggest challenge is to contain the spread of these two types of polio virus. Updated and completed micro planning of each and every habitation site in Delhi is an extremely important and critical tool in our effort to eradicate Polio virus. However in Delhi the Situation on Polio Programme & Routine Immunization is relatively comfortable. In addition, our AFP surveillance System & the quality rounds conducted in the state so far have been quite satisfactory. But despite this the plan in Delhi Pulse Polio Programme this year is to ensure a very high quality Pulse Polio & to improve the routine Immunization still further, by using the Pulse Polio booths as a window of opportunity.

The following steps are being incorporated to reach the goal of Polio Eradication:

I. Reaching the maximum No. of children <5years of age through NID/SNID booths approach – through strengthening the booth activity.

A total of about 7900 Pulse Polio booths are planned in the state spread over 70 assemblies including the DMA (Delhi Medical Association), IAP booths (Indian Academy of Paediatrics), booths at transit points like ISBT's, Railway Stations, Metro Stations, Inter State Borders and Entertainment centers.

Each of these booths will be manned by 3-4 staff members headed by a doctor / Nurse. The presence of doctor at the booth is likely to ensure punctuality, quality of the booth activity & process, proper & responsible handling of parental anxieties & queries, supervision & distribution of the IEC on other routine vaccine & related information to parents, seeking support of volunteers in getting unimmunized / left out children mobilized to the booth from adjoining nearby colonies and last but not the least continuation of booth activity till the end of the day's time at 4 PM.

Amongst other initiatives are the deployment of the teams in 60 Trains to UP and Bihar to cover the children in transit in coordination with Northern Railways.

II. HOUSE TO HOUSE ACTIVITY

On the Booth day, (Sunday) polio drops will be administered from Polio Booths and subsequently over the next 4-6 days teams of health workers will move from House to House and ensure that every single child up to 5 years of age has received the additional Polio doses.

This activity shall be intensely supervised and evaluated by independent monitors. Each team will be assigned a well-defined area which they will be expected to visit repeatedly if required and immunize all the children, in the area.

Flexibility of timings of HTH visits are planned. In order to reach the unreached children, a detailed micro plan has been developed for each assembly constituency.

To ensure quality coverage through House to House Search & Immunize activity training of the staff, supervision and effective monitoring at each level is planned. Even "in-house" Search & Immunize activity has been instituted in health institutions & hospitals, as in previous years.

The challenge in this year's programme is to cover all habitation sites in the whole state House to House which is a gigantic task needing extensive manpower deployment and other logistical resources availability. Last year also the same activity has been performed successfully.

Expectation from the Government Departments:

The Employees of various Departments of the Govt. could be advised to reach their own areas Pulse Polio Booths located near their own places of residence in the morning at 8:00 AM to help in mobilizing children to the NID booth in cooperation with local RWA/ group housing societies, political workers, parents etc. in true Bhagidari spirit.

The employees could also help by providing their own personal vehicular support to the medical officer I/c at the booth, if & when needed in a given exigent situation, on the Pulse Polio day.

III. Using the pulse polio booths as platform to educate the parents on Routine Immunization & why it is important.

All infants below 1 year are supposed to be receiving a birth dose of 'OPV' called 'zero' dose followed by 3 doses at 6, 10 & 14 weeks of age alongside DPT 3 doses. Then, 1st booster of OPV is at 1 ½ year along with DPT, followed again with 2nd booster at 4 ½ to 5 years along with DT. Now it has been proved conclusively that pulse polio doses are complementary to the routine doses and are not a substitute to routine polio vaccine. The constant migration of population, the newer birth cohort in the state and the left over about 18-20% of children (who are partly covered or unimmunized) need to be covered effectively.

To sustain and improve the routine coverage of OPV it is quite an opportunity on the Pulse Polio day to apprise the parents about the need of **routine immunization** and for the same Sticker posters on Routine Immunization are printed and distributed in all polio Booths.

There are **70 assembly segments in Delhi** and a total of **about 7900 booths**, which are spread all over the city with an average of 50-100 booths per assembly.

There are about 700 fixed/ regular health facilities in Delhi providing routine immunization all through the year. On an average 10 such facility exists per assembly. Parents are advised to approach the nearest facility in the subsequent weeks after Pulse Polio day for completion of left out/ dropped out vaccine of OPV and also measles, DPT, BCG etc. In Delhi even MMR, Hepatitis-B Vaccine and Typhoid vaccine are available as the state's own initiative which will also get a boost through this activity.

Likely Benefits

- Awareness amongst community about other childhood vaccines and their utility should improve.
- Even misconception amongst people that pulse polio is the “Be all and end all” of all vaccines should get removed to a large extent.
- Previously unimmunized children/ dropped out children will be protected individually and as a community. The circulation of wild polio virus load will diminish still further and faster.
- Even the new importation of virus from adjoining states will be effectively warded off.

Why see a crippled child afflicted with polio virus when we can root out the disease by simply giving the polio drops to all children under 5 years of age.

HOPING TO SEE INDIA POLIO FREE

MESSAGE TO PUBLIC

Parents are requested to get their children under five years of age protected with oral polio vaccine drops on the given date from any polio booth near your house.

21st MARCH 2010

- Even sick and newborn children are to be given **Polio drops**.
- These drops are in addition to routine immunization doses.
- These drops are completely safe and are of highest quality.
- Repeated doses provide additional protection.
- Routine polio vaccination at birth, 6weeks, 10 weeks and 14 weeks of age is also essential.
- Polio Eradication efforts will continue till we achieve the “**Goal of Polio Eradication**”.

Socially spirited individuals & organizations are invited to actively participate in this programme.

For any clarification / query, please contact **Dr. C.M. Khanijo - Officer on Special Duty, Pulse Polio Cell, Directorate of Family Welfare, Govt. of Delhi, Bhagwan Mahaveer Hospital Campus, Guru Harkishan Marg, H-4/5 Zone: Pitampura, Near Rani Bagh, New Delhi – 110034. Tel: 27033862**

INTENSIFIED PULSE POLIO IMMUNIZATION PROGRAMME -2009-10

FREQUENTLY ASKED QUESTIONS (FAQs) :

- Q) How the wild Poliovirus is commonly transmitted from one child to another?**
- A) Wild Poliovirus is commonly transmitted from the infected child to the non vaccinated child. Faecal-oral transmission is most common especially where sanitation is poor.
- Q) Is the Polio vaccine safe when given in repeated doses?**
- A) Yes, the vaccine can be safely given in repeated doses.
- Q) Can Polio vaccine be given with other vaccines?**
- A) Polio vaccine may be given simultaneously with any other childhood immunization and there is no limit to the number of doses, which may be safely given.
- Q) Is it possible for me to check the quality of vaccine being given to my child?**
- A) The potency of vaccine can be gauged by looking at and interpreting the Vaccine Vial Monitor (VVM) that is affixed on all OPV vials. (see VVM). The label of the vaccine vial darkens if the potency of vaccine is not up to mark.
- Q) Should a child having high grade fever and loose motions for the last 3 days be given Polio drops on PPI days?**
- A) Yes, all children below 5 years of age even if sick or hospitalized should be given Polio drops on Pulse Polio days.
- Q) Can a newborn child be given Pulse Polio vaccine?**
- A) Yes, a newborn child can be given Pulse Polio vaccine very safely.
- Q) A child has received booster dose of DPT/OPV 2 days before the National Immunization day. Should the child be taken to Polio Kendra for Pulse Polio drops after 2 days?**
- A) Yes, the child should be taken to the Polio Kendra and given Polio drops. It is safe for the child and is necessary for Polio eradication.
- Q) Can routine Immunization with DPT, OPV, Measles etc. be continued after giving the child Pulse Polio drops?**
- A) Yes, routine immunization should be continued even after the child has received Pulse Polio drops. Routine Immunization increases the child's defence against diseases like Tuberculosis, Diphtheria, Tetanus, Pertussis, Measles and Poliomyelitis. Both are complimentary to each other but not a substitute to one another.
- Q) Is this the last year of Pulse Polio Immunization?**
- A) No, it is not the last year of Pulse Polio Immunization. As long as the virus is in transmission the Pulse Polio rounds cannot be stopped. However, we are marching towards the goal of Polio eradication at a rapid pace. If we all make a dedicated effort and break the chain of transmission we will become a Polio free world. Then the Pulse Polio rounds will be discontinued. Continuous three years of Polio free States is needed before we can think of stopping Pulse Polio Immunization Programme.

Number of Polio Cases :

Year	India	Delhi
1998	1934	47
1999	1126	73
2000	265	3
2001	268	3
2002	1600	24
2003	225	3
2004	134	2
2005	66	1
2006	676	7
2007	874	2
2008	559	5
2009	741	4
2010	16	Nil till 19th Feb. 2010

Q) How can I help in Polio eradication?

A) You can be part of this program by participating in National Immunization Day activities and House to House Search and Immunization Program. You can motivate parents of young children to bring their children to the Polio Kendras for vaccination. You can be a local guide or helper for the teams of workers who go from House to House to look for children who missed the Pulse Polio dose on the National Immunization days.

RWA being the coordinator of all activities that are held in the residential locality can play an important role in ensuring the proper implementation of Pulse Polio Immunization Programme by:

- 1. Motivating the parents of young children to bring them to the nearest Polio Kendra for vaccination.**
- 2. Educating the RWA members regarding the importance of immunizing their children with Pulse Polio drops on Pulse Polio Days.**
- 3. Actively publicizing the pulse polio programme by displaying banners, posters, stickers, in your locality.**
- 4. Removing the doubts, misbeliefs, taboos' of the members of the association by actively sharing the information provided to you regarding pulse polio programme.**
- 5. Opening of Polio Kendra in your locality if the existing pulse polio kendra is at relatively inaccessible place.**
- 6. You can be a guide to the house to house teams visiting your locality by ensuring that they are able to cover the whole locality and immunize all the left out children.**

The voluntary effort made by our citizens may be a vital factor in ensuring the success of the program. If we commit ourselves to reach every child, Polio will soon be history.