

Media Partnership Workshop for Launch of Pentavalent Vaccine in State Immunization Program

Haryana | Puducherry | Goa



Global Health Strategies



BACKGROUND

Mass media plays a crucial role in raising awareness and bringing behavioural change on public health issues. Mainly due to their extensive reach and penetration, media channels can help spread messages related to health not only in small towns and cities but also in remote areas. Media's role in dispelling myths, influencing belief and in helping change behaviour is only too well known to be recounted here.

In India, media has often been instrumental in promoting public health interventions, helping streamline healthcare delivery. One area where media has proved to be an invaluable ally is immunisation. In helping focus attention on this life-saving intervention, the Indian media has helped bring issues surrounding it into the realm of public debate.

With most of the population not being educated enough to appreciate the science behind immunisation, ensuring complete or sometimes even partial immunization is a big challenge in India. When it comes to modifying the current immunization schedule, the challenge multiplies manifold. Therefore, while adding Pentavalent vaccine in the national immunization schedule, to counter unscientific reporting in cases of 'After Effects Following Vaccination' (AEFC), the stakeholders decided to engage media beforehand.

The national immunization schedule in the past had already covered Diphtheria, Pertussis and Tetanus. The induction of the Pentavalent vaccine, along with providing protection from these three fatal childhood diseases, would provide added safety from Hepatitis B and Haemophilus influenzae Type B (Hib) disease.

The importance of the initiative, considering the prevalence of pneumonia cases in the country, had to be impressed upon the media. Especially in the context of the



Pneumonia Progress Report, monitoring coverage of the three GAPP (Global Action Plan for Prevention and Control of Pneumonia) interventions in the 15 countries with the highest absolute number of child pneumonia deaths in 2010, which had revealed that India topped the list infant death due pneumonia in the year 2010.

Introduction of Hib vaccination as a combination vaccine also carries the added advantage of reducing the number of injections given to a child from nine (three each for DPT, Hepatitis B and Hib) to three shots. This is important considering the high rate of vaccine dropouts in the country.

Immunization, in any case, continues to be a vital public healthcare intervention in India, which accounts for major child mortality in the world. According to the 'Child Mortality Estimates Report 2012' released by Unicef in 2011, around 50 per cent of global under-five deaths occurred in just five countries -India, Nigeria, the Democratic Republic of the Congo, Pakistan and China. Furthermore, India (24 per cent) and Nigeria (11 per cent) together account for more than a third of all under-five deaths.

Nevertheless, the overall immunization scenario has improved in India, but more effort is certainly required to intensify it to achieve satisfactory results, especially in remote areas. A study finding published by Institute for Research in Medical Statistics, Indian Council of Medical Research, quotes that immunization coverage of children has improved in recent years and further improvement may be achieved by targeting illiterate mothers, inaccessible and tribal areas and low performing states.

This calls for intensification and broadening of the vaccination policy in the country, one of the best public health care interventions, where media would play a vital role.

To engage health writers and editors of the states where Pentavalent vaccine has been launched, Unicef in the partnership with state Governments conducted a series of Media Consultation workshops in Chandigarh, Puducherry and Goa, thereby ensuring unbiased and scientifically correct media coverage around the launch of Pentavalent vaccine in each state.

OBJECTIVES

1. To highlight the critical role and importance of Pentavalent vaccine in reducing disease burden and child mortality
2. To emphasise the role of media in bringing awareness around such innovations, by filing stories backed up with strong scientific rationales
3. To understand the challenges faced by media
4. To engage media at both national and grass-root levels

WORKSHOP METHODOLOGY

A profound and comprehensive media analysis was conducted across the country to identify key journalists writing on issues related to healthcare. Considering the influence of media in the decision making process of the community, a conscious effort was made to engage them at national and local levels, not only to ensure more media coverage but also eliminate a skewed scientific perspective. Vernacular level media was specifically engaged, considering its wide reach.

In order to shed light on all the aspects of Pentavalent vaccine relevant from the media point of view and to put forward the scientific validation to reinforce its safety and expediency in Indian context, a group of experts representing Unicef, WHO, state Governments, IAP were present at and participated in these workshops.

Media engagement exercise was designed specially to emphasize the importance of bringing in a compact vaccine dose covering more diseases in lesser shots, which, apart from increasing efficiency of the entire venture, could also be a reliable strategy to counter the rampant cases of vaccine dropouts in the country.

Experts from the field, especially the medical professionals shared their views extensively over the safety of the Pentavalent vaccine and explained the scientific facts to help journalist understand the AEFI and report the news without bias. This was an important strategy to clear the doubts among journalists around the vaccine.

The media representatives present in the workshop at Chandigarh were divided into three groups for mutual as well as group discussions, with an objective to know and understand the media requirements for correct reporting and filing the articles on

vaccination, and to clarify their doubts and help them to identify the source of authentic information in cases of AEFI. One representative from each group came forward to share the points of discussion and their concerns.

In order to validate the safety and requirement of Pentavalent vaccine in the country, the entire communication strategy was intended to highlight scientific facts and findings of the AEFI cases, the open house discussion proved more informative from the journalists' viewpoint as they were invited to put forward specific their queries, which they did.

WORKSHOP AGENDA AND MEDIA ATTENDEES

Chandigarh

Agenda

Particulars	Time	Facilitator
Registration	11:30-11.45am	
Opening Remarks	11:45-12:00pm	Mission Director NRHM Govt. of Haryana, DGHS Haryana & DC GOI
Burden of Pneumonia and Hib diseases in India and introduction of Hib as pentavalent vaccine	12.00-12:20pm	WHO
Pentavalent vaccine safety, efficacy and operational aspects	12.20-12:30pm	UNICEF
Operational Plan for launch of Pentavalent Vaccine in Haryana	12:30-12.45 pm	Deputy Director, State EPI officer, Haryana
Comments from experts on Pentavalent vaccine	12:45-1:00pm	IMA, IAP, PGIMER,PGIMS
Media Group Work and Presentation Anchored by Mr Pratap Somvanshi, Resident	1.00-1.40 pm	UNICEF/ GHS/HEAL

Editor, Hindustan		
Key Note Address	1.40- 1.50 pm	Principal Secretary, Health & Medical Education, Govt. of Haryana
Discussion with panel (Q&A)	1.50-02.10pm	Panel of experts from – UNICEF, WHO, IAP, GOI
Vote of thanks	2.10-2.15pm	Mission Director NRHM
Lunch	2.15 pm	

Media Attendees

S. No.	Name of the Publication	Journalist Name
1	Indian Express	Smriti Sharma
2		Jasbir Mahi
3	Amar Ujala	Ashish Tewari
4	Dainik Bhaskar	Ajay Solanki
5		Manoj Aprejha
6	Hindustan Times	Vishav Bharti
7	The Pioneer	Nitindranath Bandhopadhyya Chaterjee
8	Daily Post	Bharti Bhandari
9		Baninder Saluja
10	Business Standard	Komal Amit Gera
11	Ajit Samachar	Gursewak Sohal
12	Punjab Kesari	Sawran Kumar
13	Divya Himachal	Mukesh Kumar
14	Aaj Samaj	Deepak
15	Financial Chronicle	Kulbir Singh Kalsi
16	Vishav Hindu Sangram	Parmesh Kumar
17	APRO DPR Haryana	Vinay Vats
18	DIPR Chandigarh	Yashpal
19	DIPR Hayana	Chamanlal
20		Mr. Danna
21		Jitendra Yadav
Electronic Media		

22	India News	Vipin
23	Sahara Samay	Ramesh
24	MH One	Amar Singh
25		Sanjeet Chaudhary
26	Day and Night News Channel	Pawan Tiwari
27		Sumit Kaler
28	Sky News	Rajesh Rathore
29		Harjinder Chauhan
30	AIR	Ashwini Kumar
31	DD News	HS. Sodhi
32	PTC News	Neha Bolar
33	Haryana News	Nitin
34	DDK	N. Harram
35	U. Connect	Ruby
36	Sahara TV	Anil Kumar
37	ABC News	Dinesh
Delhi Media		
38	Hindustan	Mr. Pratap Somvanshi
39	Deccan Herald	Jyostna
40	Rashtriya Sahara	Gyan Prakash
41	Freelancer	Alka Arya

Puducherry

Agenda

Time	Topic	Presenter / Facilitator
11.00 AM	Registration	
11.30 – 11.40 AM	Welcome Address	D. K. V. Raman, Director of Health & Family Welfare Services, Puducherry
11.40 – 12.00 Noon	Key Note Address	Secretary (Health), Government of Puducherry,

12.00 – 12.15 PM	Pentavalent vaccine safety, efficacy and operational plan for launch of Pentavalent Vaccine in Puducherry	Dr. N.L.N Sarma Deputy Director (Immunization) Puducherry
12:15 - 12.40 PM	Burden of Pneumonia and Hib Diseases in India, and introduction of Hib and Pentavalent vaccine	Dr. Chandrakant Lahariya, RI & New Vaccine Focal Person WHO
12:40 – 1:00 PM	Discussion with panel (Q&A)	Panel of experts from UNICEF, WHO, JIPMER, RGGW & CH, IGMC & RI, Puducherry
1:00 – 1.30 PM	Group Discussion with Media Persons	Ms. Ramya Kannan, Senior Health Correspondent, The Hindu
1.30 – 1.35 PM	Vote of Thanks	D. K. V. Raman, Director of Health & Family Welfare Services, Puducherry

Media Attendees

Goa

Agenda

Time	Topic	Facilitator
11.00 AM	Registration	
11.30 – 11.40 AM	Welcome Address	Dr. Jose D'Sa, Chief Medical Officer (RCH)
11:40 AM - 12.00 Noon	Importance of Routine Immunization	Deputy Director (Immunization) Puducherry
12.00 – 12.15	Pentavalent vaccine safety, efficacy and	Dr. Vandana Patankar, State

PM	operational plan for launch of Pentavalent Vaccine in Puducherry	Immunization Officer
12:15 - 12.40 PM	Burden of Pneumonia and Hib Diseases in India, and introduction of Hib and Pentavalent vaccine	Dr. Vandana Patankar, State Immunization Officer
12:40 – 1:00 PM	Discussion with panel (Q&A)	
1:00 – 1.25 PM	Role of media	Mr Promod Joshi, Former Editor, Hindustan
1.25 – 1.30 PM	Vote of Thanks	

Media Attendees

OUTCOMES/ KEY LESSONS FROM MEDIA ENGAGEMENT WORKSHOPS

Print media, often either due to the lack of scientific orientation and understanding or pressure for sensational coverage, fall short of filing a scientifically and logically sound article. Therefore, they not only need to comprehend the intervention from a scientific perspective but to evaluate the cases of AEFI rationally, thereby adding significantly towards intensification of the immunization programme in the country.

1. Media continues to clamour around the rationales establishing safety of the vaccine. Apparently, the lack of research in the Indian context is a major reason behind this uncertainty among the journalists, since they doubt if the studies have been carried out in the country in terms of Pentavalent vaccine, or whether the entire programme is relying on foreign studies.
2. Media needs to be continually informed/updated around innovations in healthcare intervention to inculcate scientific understanding behind the AEFI and other issues related to immunization.
3. Media complained about uncooperative gesture of health professionals and responsible people after cases of AEFI became known. The indifference and lack

- of proper communication from health professionals and officers leave the journalist with little choice but to file the story as per their limited understanding.
4. To clear the doubts of the journalists on time, it was suggested that a journalist helpline be created.
 5. The stakeholders along with the media personalities participating in the workshop agreed upon taking up more initiatives to organise and attend such engagement workshops, specially dedicated to more open-house discussions, rather than confined to lectures and one-way communication.
 6. Media should realize its importance in the thought-generation process of the social community and that it plays a vital role in motivating the masses to have their children immunized.
 7. There should be provisions to ensure that news reports should not get twisted or misrepresented, as it goes around in multiple 'desks' catering to different editions in media houses.

QUERIES PUT FORWARD BY THE MEDIA TO THE EXPERT GROUP

1. Have any clinical trials been conducted in India, or are we just relying on international studies and data?
2. There are certain individuals who have engaged in a campaign against the launch of the vaccine, propagating that if you treat pneumonia rather than go for vaccination, and if the district hospitals and the primary health centres are made capable enough to deal with pneumonia, then it would cost the administration much less compared to introducing this new vaccine. So, it is more important to strengthen the primary centres of health care rather than going for vaccination so aggressively.
3. Will Haryana achieve its MDG by 2015?
4. There are the multiple causative factors for pneumonia and the interventions required for each, so why are we stressing so much on vaccination?
5. Malnutrition is bigger threat for children, then why is only vaccination being stressed upon?
6. Why are there failures in maintaining cold chains?

7. Delhi has much larger population than Goa, Puducherry or Chandigarh, then why is it still awaiting this vaccine?

ADVOCACY

Key Recommendations from the media to ensure authentic reporting and avoid negative effect on public related to the acceptance of the vaccine:

➤ **Shouldering responsibilities Together**

In case of any incident of AEFI, the health officials should come forward with their statements on the issue rather than being indifferent on the matter. The government should infuse a sense of urgency and the designated officials should aim to get back to the media with the facts and reasons of the adverse effects.

On the other hand, journalists should be more careful and responsible while writing their reports, and should avoid any kind of negative or unscientific reporting which could actually sabotage the entire vaccination programme.

➤ **Explicit Communication**

To prevent any negative reporting, clear-cut communication between the media and health officials is absolutely essential. Apart from regular media engagement workshops, a helpline in the form of an online website should be initiated to solve the queries of media thereby averting false reporting. This would not only help in reducing ambiguity and saving time but would also automatically generate a record of the messages shared, which could be saved for cross-verification of the facts.

Any relevant study conducted around the vaccine or AEFI should be shared with the media. The literature and statistical data made available to them should meet their needs and be precisely explained to them.

➤ **Supporting Health Guardians**

Health officials are the guardians of health in the state, and their tremendous responsibility cannot be understated. Journalists should understand that engaging in negative and irrational reporting may sensationalize the news item, but would have a negative impact on the public, rendering government efforts futile.

Since spreading awareness among the masses around a disease-preventing vaccine is a cumulative effort, the media should assist and support this cause.

➤ **Seeking Authentic Information**

Journalists prefer seeking information from a person competent enough to brief the situation along with relevant figures and statistics so that accurate information reaches the public.

➤ **Sharing Success Stories for Extensive Acceptance**

To make the masses more aware about the need of the Pentavalent vaccine, success stories of the countries or states or districts where it has been successfully rolled out should be released in the media, supplemented with relevant statistical facts. Apart from event-based media coverage, focus should be laid on in-depth analyses and expert interviews in order to disseminate the right information about the vaccine and to plug the loopholes of unscientific, irrational and negative reporting.

CONCLUSION

As part of a communication strategy around the Pentavalent vaccine launch and ensuring its proper implementation in national immunization, the following points need to be stressed upon:

1. Engaging journalists beforehand at the time of vaccine launch would not only help them to understand the intervention but also the AEFI cases, which would go a long way in strengthening immunization drives in the country.
2. The Pentavalent vaccine, which is already available in private healthcare settings, is not a new vaccine. Journalists should focus on the fact that now this extremely

beneficial yet expensive vaccine, upon being included in the national immunization schedule, will be available to weakest sections of society free of cost.

3. The burden of pneumonia and meningitis is huge on the country. Meningitis, even after being cured, often leaves a child with some lifestyle disability or the other. Therefore, every measure should be taken to ensure safety from these two diseases, and the Hib vaccine is certainly one of the most important among those measures.
4. Although there could be multiple reasons for pneumonia and meningitis, and the need for interventions arise accordingly, but immunization being most basic, cost-effective and target oriented solution, needs to be considered seriously.
5. Every effort should be made to conduct exhaustive and accurate evaluation of AEFI cases, which should be shared with the media in detail; this would help in establishing safety of the vaccine.

GLIMPSES OF MEDIA COVERAGE POST THE WORKSHOP

Pentavalent Shots Introduced in UT

Pondy to join ranks of TN, Kerala and Haryana

Express News Service

Puducherry: Puducherry would join the ranks of Kerala, Tamil Nadu and Haryana by introducing pentavalent vaccine in its immunisation programme in all of its four regions by the end of the month, said Director of Health and Family Welfare Dr K V Raman.

Speaking at a workshop for mediapersons before the launch, Dr Raman said that the pentavalent vaccine was a combination of five vaccines aimed at providing protection against diseases like Diphtheria, Pertussis, Tetanus (DPT), Hepatitis B and Hib (Haemophilus influenzae Type B) to children below five years.

He said that Hib accounts for 10 per cent of such serious diseases. Sandhu said most diseases contributing to under-five mortality were now preventable using currently available vaccination against them.

Mission Director, National Rural Health Mission Rakesh Gupta said the launch of the vaccine would help in reducing the number of injections a child receives from nine months to three years.

Others who also addressed the workshop included Health Specialist (Immunisation), UNICEF, Satish Gupta, General Secretary, Indian Academy of Paediatrics, Navneet Gupta and Deputy Commissioner (Immunisation) Pradeep Halder.



FUTURE PERFECT: Dr Chandrakant Lahariya at the workshop in Puducherry on Friday | G Pattabiraman

India. Use of pentavalent vaccine was launched by the Government of India in Tamil Nadu and Kerala in subsequent evaluation in both States and that the process was smooth and community acceptance was high.

The launch was approved for six other states by a Mission Steering Group (MSG) in April, 2012, in a phased manner.

The New Indian Express, Puducherry

Pentavalent vaccine free

TRIBUNE NEWS SERVICE

CHANDIGARH, DECEMBER 19 Haryana will become the first state in north India and third in the country after Tamil Nadu and Kerala to launch Pentavalent vaccine. Chief Minister Bhopinder Singh Hooda will launch the vaccine at the state immunisation programme here on December 21. The vaccine will be launched in all 21 districts of the state and will be available free of cost for all sections of the society.

This was stated by Principal Secretary (Health) Navraj Sandhu, while addressing a media collaboration workshop on the introduction of Pentavalent vaccine.

Sandhu said the health of children being the most important issue for the state government in addition to improving the Infant Mortality Rate (IMR), the Pentavalent vaccine would be administered to children of up to one year of age.

She said vaccine provides protection against five life-threatening diseases namely diphtheria, pertussis, tetanus, hepatitis B and haemophilus influenzae type B (Hib).

She said children below the age of five years were more vulnerable to disease and conditions that contribute to fatal consequences leading to high child mortality. Immunisation was one of the most significant medical interventions preventing

such serious diseases. Sandhu said most diseases contributing to under-five mortality were now preventable using currently available vaccination against them.

Mission Director, National Rural Health Mission Rakesh Gupta said the launch of the vaccine would help in reducing the number of injections a child receives from nine months to three years.

Others who also addressed the workshop included Health Specialist (Immunisation), UNICEF, Satish Gupta, General Secretary, Indian Academy of Paediatrics, Navneet Gupta and Deputy Commissioner (Immunisation) Pradeep Halder.

The Tribune, Chandigarh

Introduction of Pentavalent Vaccine

Puducherry's Immunisation Programme

Media Engagement Workshop

Puducherry



Tamil Murasu, Puducherry

புதுவையில் நடந்த பெண்டாவலன்ட் தடுப்பூசி திட்ட விளக்க நிகழ்ச்சியில் பங்கேற்ற உலக சுகாதார நிறுவனத்தை சேர்ந்த சந்திரகந்த் லாஹரியாவுக்கு நலவழித்துறை அமைச்சர் டாக்டர் சி. வி. வெங்கடேஷ் வரவேற்றார். அருகில் துணை

350 शिक्षकांना त्याचा लाभ मिळेल. ही योजना अंगणवाडी सेवकां मार्फत राबवण्यात येणार आहे. या योजनेत 2 हजार 542 अंगणवाडी सेवक सहभागी होणार असल्याचे त्या म्हणाल्या.

राज्यात युवा क्लिनिकची लवकरच स्थापना

पणजी:प्रतिनिधी

कु मार अवस्थेतील मुलांमध्ये मानसिक, शारीरिक आदी विविध बदल होत असतात. अशा स्थितीत त्यांना योग्य मार्गदर्शनाची गरज असते. यासाठी १० ते १९ या वयोगटातील कुमार अवस्थेतील तसेच २० ते २५ या वयोगटातील मुलांसाठी राज्यातील प्राथमिक आरोग्य केंद्रांमध्ये युवा क्लिनिकची स्थापना करण्यात येणार असल्याची माहिती डॉ. प्रमोदराव कुमारे यांनी सांगितली.

आदी बदल होत असतात. यासाठी १० ते १९ तसेच २० ते २५ या वयोगटातील मुलांसाठी प्राथमिक आरोग्य केंद्रांमध्ये युवा क्लिनिक स्थापन करण्यात येणार आहेत. या युवा क्लिनिकमध्ये या मुलांना समुपदेशकाकडून योग्य त्या मार्गदर्शनाद्वारे समुपदेशन करण्यात येणार आहे. याद्वारे कर्करोग, मधुमेह, हृदयविकार आदी रोग टाळता येऊ शकतील. या युवा क्लिनिक मध्ये नियुक्त करण्यात येणारे समुपदेशक सदर प्राथमिक आरोग्य केंद्रांच्या आरोग्य अधिकाऱ्यांच्या मार्गदर्शनाखाली काम करतील, असे त्यांनी सांगितले. यावेळी ते बोलत होते. या कार्यक्रमाला डॉ. प्रमोदराव कुमारे, डॉ. वंदना पाटणकर उपस्थित होते. डॉ. नाईक व पाटणकर यांनी नियमित लसीकरण तसेच साप्ताहिक आर्यन व फॉलिक अॅसिड सप्लीमेंटेशन या विषयावर यावेळी मार्गदर्शन केले. साप्ताहिक आर्यन व फॉलिक अॅसिड सप्लीमेंटेशन बाबत डॉ. नाईक यांनी मार्गदर्शन करताना सांगितले की, अॅनिमिया ही समस्या गोव्यात बरीच दिसून येते. हिमोग्लोबीनच्या कमतरतेमुळे अॅनिमिया होतो. डोकेंदुखी, कमजोरी वाटणे, गोष्टी लक्षात न राहणे आदी अॅनिमियाची लक्षणे आहेत. अॅनिमिया होऊ नये यासाठी आरोग्य खात्याकडून

Pudhari, Goa



Hindustan Times, Chandigarh

Dr Pardeep Halder of National Rural Health Mission addressing a workshop on immunisation and vaccination in Chandigarh on Wednesday.

Govt to roll out pentavalent vaccine in 21 dists tomorrow

TIMES NEWS NETWORK

Chandigarh: Haryana health department will launch pentavalent vaccine in all 21 districts of the state on December 21. After its successful launch in Tamil Nadu and Kerala in 2011, pentavalent vaccine will be rolled out in Haryana, which provides protection against five life-threatening diseases - Diphtheria, Pertussis, Tetanus, Hepatitis B and Hib (Haemophilus influenzae type b). Hib is the primary cause for childhood pneumonia and meningitis.

"Approximately 5.5 lakh children will be covered during the current year. This will not only prevent morbidity associated with pneumonia and meningitis, but also

Dr Rakesh Gupta, mission director, National Rural Health Mission (NRHM), added, "The launch of pentavalent vaccine will help reduce the number of shots a child receives from 9 to 3. It will also provide logistical conveniences since five vaccines are stored in a single vial and a lot of space will be freed up for storage and transportation. A single auto-disable syringe will be used, instead of three per child, thereby substantially reducing the plastic and sharp waste".

"Children below the age of five years are more vulnerable to diseases and conditions that contribute to fatal consequences leading to increased child mortality. Vaccination is one of the most significant medical interventions preventing such serious diseases. Most diseases contributing to under-five mortality are now preventable using currently available vaccination against them", said Dr Satish Gupta, health secretary (immunization),

The Times of India, Chandigarh

Sandhu, principal secretary, health and medicine

Pondy fourth in country to launch pentavalent vaccine

TIMES NEWS NETWORK

Puducherry: The Union territory of Puducherry is set to become the fourth state in the country to launch the pentavalent vaccine, which protects children, aged five years and below, from five life-threatening diseases. The vaccine will be launched in all the four enclaves of the territory, including the Puducherry headquarters, Karaikal in Tamil Nadu, Mahe in Kerala and Yanam in Andhra Pradesh, tentatively on January 31.

The Kerala, Tamil Nadu and Haryana governments have successfully launched the vaccine in December last year while Karnataka, Gujarat, Goa and Jammu and Kashmir governments propose to launch it before 2013-end. The Puducherry government had extended training to its healthcare professionals in December last year to enlighten them about the guidelines to be followed during immunization programmes besides highlighting the safety and efficacy of the vaccine.

The pentavalent vaccine protects children from diphtheria, pertussis, tetanus, hepatitis B and haemophilus influenzae B (Hib). The vaccine will replace the existing trivalent diphtheria, pertussis and tetanus (DPT) vaccine and hepatitis B vaccine that are presently administered separately under the national routine immunization programme.

The Times of India, Puducherry

child. It also results in tremendous logistical convenience as the five vaccines are stored in single vial reducing storage space. Similarly a single auto-disable syringe is used instead of three per child, reducing the plastic and sharp waste. The Union government decided to include Hib under the national immunization programme by launching the pentavalent vaccine following alarming mortality rate among children under five years due to pneumonia.

About 20% of pneumonia cases are caused by Hib, which not only endangers a child's life but also leaves the survivors with long-term neurological problems such as deafness, brain damage, coordination-related problems and epilepsy. Hib also causes meningitis and other life-threatening diseases. Globally Hib kills more than 3.71 lakh children every year. Nearly 20% of these children die in India. Presently about 30% of children in India are administered Hib vaccines through private hospitals. The cost of the vaccines ranges from Rs 500 to Rs 2,000. The Union government has decided to administer the vaccine free of cost to all children below five years.

India is the 171st member country of the world health organization (WHO) to include Hib in the immunization programme in December, 2011. Of the total 194 WHO member countries, 180 have included Hib in their immunization programmes. About 90 countries, including India, have introduced pentavalent vaccines that included Hib.

पेंटावॅलंट लस आता 'राष्ट्रीय लसीकरण'

राज्यातील २२ हजार बालकांना मिळणार लाभ

पणजी, ता. १४ (प्रतिनिधी) : गेल्या २००८ साली राज्य लसीकरणत समाविष्ट केलेली 'पेंटावॅलंट लस' देश पातळीवरील राष्ट्रीय लसीकरण कार्यक्रमाचा भाग बनली आहे. यंदाही पेंटावॅलंट लस गेल्यातील बालकांना देण्यात येणार असून त्याचा फायदा सुमारे २२००० बालकांना मिळणार आहे.

या लसीकरणाचा खर्च आता केंद्र सरकार करणार आहे.

राज्य सरकारचे आरोग्य संचालक संजीव दळवी, आरोग्य खात्याच्या कुटूंब कल्याण विभागाचे मुख्य अधिकारी डॉ. जुजे हिसा, डॉ. वंदना पाटणकर यांनी ही माहिती आज येथे पत्रकार कौंसिलवेळी दिली. पेंटावॅलंट लसमुळे लसीकरणत सामावलेल्या इंजेक्शनच्या डोसची संख्या घटली असून गेल्यासारख्या राज्यात 'हेपेटायटीस-बी'चे प्रमाण कमी झाले आहे असे डॉ. हिसा यांनी

व हिब या आजारांचे प्रतिबंधक लस म्हणून पेंटावॅलंट लसचा स्वीकार गेल्याने केला होता. ही लस घेतल्यास दरवर्षी जन्मानंतर बालकांला जे लसीकरण करावे लागते त्याची संख्या कमी होते.

टोचणे कमी, कचरा कमी व पाच प्रकारची इंजेक्शन एका कुपीत असल्यामुळे साठवण्यासाठी जागा कमी लागत असल्याचा दावा त्यांनी केला.

गेल्यात बाल मृत्यूचे प्रमाण कमी असून लसीकरणतून ते साध्य होऊ शकले असल्याची माहिती डॉ. पाटणकर यांनी दिली. वैद्यकीय महाविद्यालय इरिफतळापासून प्राथमिक आरोग्य केंद्रांतून पेंटावॅलंट लसीकरण करण्यात येते परंतु दहा ते पंधरा टक्के मुले राहून जातात व त्यासाठी दहा विशेष आरोग्य शिबिर घेऊन हे काम पूर्ण करण्याचे प्रयत्न असल्याचे त्यांनी सांगितले. ग्राम आरोग्य शिक्षण केंद्रांवरही विभाग लक्ष केंद्रित करित असल्याची माहिती डॉ. हिसा यांनी दिली.

Gomantak, Goa

परट्टीसिस, टिटनस, हेपेटायटीस-बी

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