

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

UNSTARRED QUESTION NO:4489
ANSWERED ON:08.08.2014
PENTAVALENT VACCINE
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether the Government proposes to introduce `Pentavalent vaccine`, a single vaccine for five diseases in the country including in all the districts of Telangana State;
- (b) if so, the details thereof;
- (c) whether any study has been conducted and report submitted in this regard;
- (d) if so, the salient features thereof including the difficulties, if any, as well as monitoring mechanism thereof; and
- (e) the steps taken/proposed to be taken by the Government to overcome these difficulties and launch this vaccine across the country including the State of Telangana?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN)

- (a) & (b): Pentavalent vaccine has been introduced in Tamil Nadu, Kerala, Puducherry, Goa, Karnataka, Gujarat, Haryana and Jammu & Kashmir. Pentavalent vaccine will be further expanded to 12 States including all the districts of Telangana.
- (c): Post introduction evaluation (PIE) studies for pentavalent vaccine have been conducted in eight states.
- (d): The salient features of the study are as follows:
 - i. Preparations for roll out of new vaccine should begin early, at least three to four months in advance of the actual vaccine launch. ii. A state-level official launch ceremony should be organized under strong political leadership, with the engagement of media, to increase programme visibility and boost confidence among public about the new vaccine. Districts should also organize launches for greater public awareness.
 - iii. Existing Routine Immunization (RI) microplans should be revised to include high- risk areas (HRAs) and migratory/non migratory settlements.
 - iv. Good quality training should be provided to health staff at all levels prior to the introduction.
 - v. Reporting and recording tools such as Mother and Child Protection cards, registers, tally sheets must be revised timely before pentavalent introduction.
 - vi. Information, education and communication (IEC) materials should be made available in ample quantities.
 - vii. States and district task forces for immunization should regularly review the performance.
- (e): The steps taken to overcome these difficulties are as follows:
 - i. Routine Immunization microplans have been revised to include high-risk areas (HRAs) and migratory/non migratory settlements.
 - ii. (ii) Special immunization drives named as "Immunization Weeks" (IW) in identified high risk areas (HRAs) are being organized to strengthen routine immunization.
 - iii. Crash training organised to strengthen skills of frontline workers.
 - iv. State Task force and District task force meetings are organised regularly to review immunization programme and monitor routine immunization (RI) activities.
 - v. The learning from study and experiences from states are being used for introduction of pentavalent vaccine in new States including Telangana.