



SUPPLEMENTARY IMMUNIZATION ACTIVITIES IN A POLIO OUTBREAK

Training Manual For Vaccinators

*Before the training ensure the missing data
for session I are available*



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The following materials are needed for this training:

- Flip chart and flip chart markers
- Micro plan, including the names of vaccinators, supervisors, and local influencers.
- Vaccine carrier and ice packs to demonstrate proper use
- OPV vials to demonstrate the VVM and proper administration of the vaccine
- Marker pen to demonstrate finger marking
- Chalk to demonstrate house marking
- Tally sheets, missed children sheet and daily summary sheet
- Writing books and pens/pencils

PRESENTATION OF THE MODULE

General objective: To train vaccinators on how to conduct "House to House"

immunization activities with Oral Polio Vaccine

Before conducting the training, make sure you have:

- Scheduled the training session in consultation with the health Officer in charge of the area.
- Conveyed date and time for the training and the venue to the vaccinators and supervisors.

TRAINER'S INSTRUCTION PRIOR TO TRAINING

Before starting the session ensure that all participants are registered.

- Check that the vaccinators attending the training are the correct ones.
- Ask all the vaccinators and the supervisors to be seated together.
- absent vaccinators/supervisors should be reported to the health officer, to ensure they, or their replacements, are trained.

Greet the participants and introduce yourself by mentioning in addition to your name and designation, your role in the outbreak response campaign.

SESSION I : THE POLIO ERADICATION INITIATIVE

I - 1 - Global update and country situation.

☞ **Trainer's instruction:**
Start your session on a positive note by mentioning that polio eradication has reached this stage only through the work of the vaccinators.

The following points must be highlighted:

- Transmission of polio is restricted to only 2 continents – Asia and Africa.
- Most of the world including our neighbors like X, Y and Z, has eradicated polio.
- Polio transmission is now limited to the identified high-risk areas as
- The campaign for which this training is organized, is necessary following the occurrence of a case of wild polio in the country after having been absent for several years. The case occurred in(*name of province/district*)
- The detected polio case was infected by a virus that originated from.....
- This is a public health emergency for the country and a threat to the Global Polio Eradication Initiative. It requires a fast and high quality vaccination campaign of several rounds, targeting all children under the age of 5 years.

☞ **Trainer's instruction:**
Discuss in a simple way the problem of the reappearance of polio in the country.

SESSION II : OPERATIONAL ASPECTS OF THE CAMPAIGN

II - 1 - House to House Strategy


The strategy for the coming rounds will be house to house vaccination. Although some children will be immunized in fixed sites and transit points, the vast majority will receive OPV within the household.

A household has to be understood as the smallest family unit. It may refer to an actual house, a tent or the back of a camel. It is therefore critical that you fully understand and adhere to this strategy.

In case of compounds with several households, the team should enter the compound and visit each household separately. Each household should be marked (see below on house marking) and the entrance to the compound should also be marked to indicate if children are still missing.

Remember: Each household must be visited

- In house to house vaccination children's names are not recorded. Only children that were absent when the team visited the household will be recorded on the back of the tally sheet.
- Team is assigned to a geographic area to vaccinate all children under 5, whether or not they reside in that area.
- Teams should also be permanently placed wherever populations gather: markets, bus and train stations, big feasts, etc.

 **Trainer's instruction:** discuss the difference between HtH and fixed site vaccination. Insist teams must enter compounds with multiple households, ask to see all children, including the ones sick or sleeping and visitors. Ask for missing children.

II - 2 - Team composition

Each team will consist of 2 persons, a vaccinator and a recorder. There will be 3 kinds of teams:

- Fixed teams in the HC to vaccinate all children visiting the HC
- Transit teams in bus stations, markets, border crossings, and other places where population transits or gathers in large numbers to vaccinate all children that would otherwise be missed by the HtH teams
- House to House (HtH) teams for house to house vaccination

The team composition is critical for the success of the campaign.

It is a must that at least one of the team members comes from the team's catchment area. The advantages of this are better knowledge of the area and better access to households.

Remember: At least one team member should come from the team's catchment area

To improve access to households it may be necessary to have at least one female team member. That should be decided locally.

II - 3 - Team's working area and mapping

Many children are missed during campaigns, because teams do not know exactly where to go and houses and settlements are overlooked.

Even though people may live in a given region, maps help to clarify:

- where the populations can be found, in particular those in temporary settlements
- the exact limits and names of villages or streets and neighbourhoods in bigger towns
- the location of isolated houses, settlements, cattle camps, etc.
- how to assign supervisors to areas
- how to assign teams to areas to prevent areas from being missed
- how teams should move around, their itinerary, to make sure they cover the whole area and in the most logical way and to facilitate supervisors in finding them

Each team should have a simple hand sketched map for its catchment area per day. The map should be discussed with the teams during the training and a rough itinerary should be given, indicating start and end point of the day's work. All teams should see each other's map and itinerary to ensure there is no misunderstanding regarding the team's catchment areas and the delimitations with the other teams.

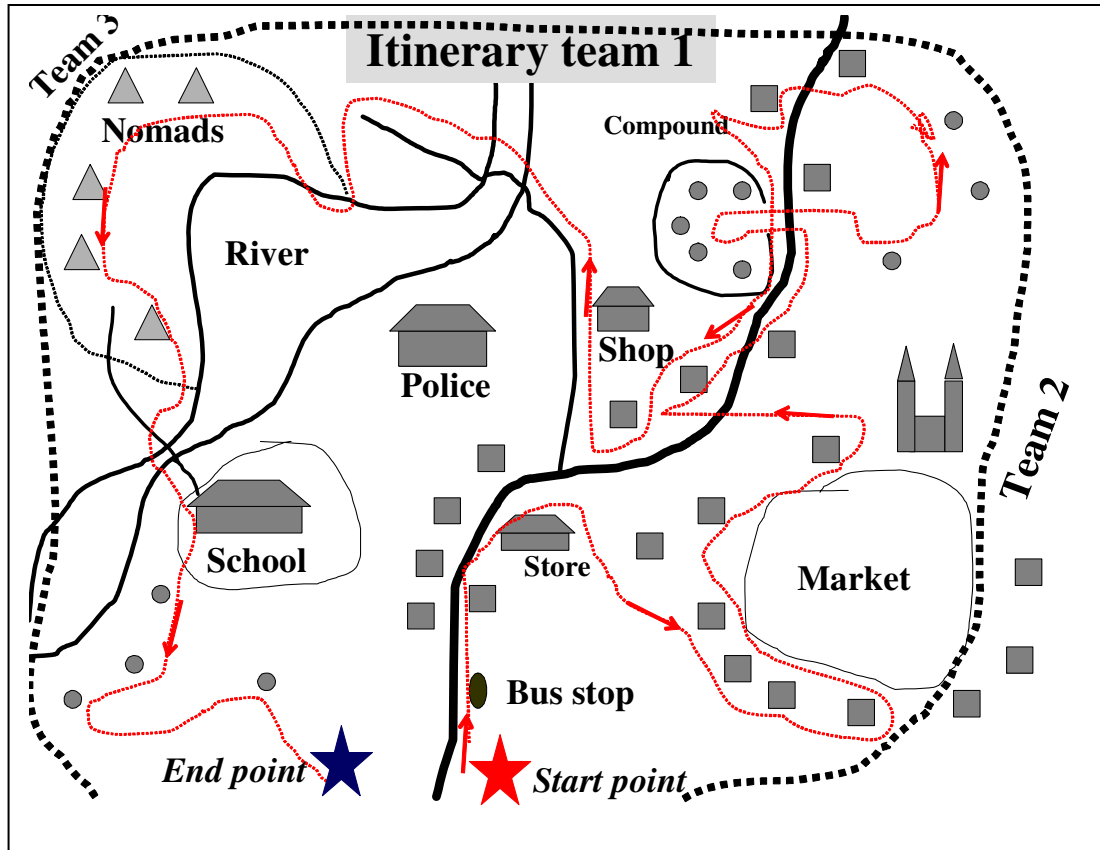
Remember: Team maps are an indispensable tool to prevent missing houses or areas and clarify team's itineraries and delimitations.

Maps in urban areas should show all streets, HC, mosques, schools and other major landmarks. In rural areas they should show all roads and tracks, villages, temporary settlements, isolated houses, cattle camps, transit points, bus stations, markets and other major landmarks.

Trainer's instructions:

- a) Share the team's catchment areas as per the micro plan with the teams
- b) Check that at least one team member per team originates or is well acquainted with the area to be covered. Teams that do not know their area should be replaced, reallocated, or receive additional training
- c) Ask the teams to make simple maps of their catchment areas with the help of the supervisor. The maps should be discussed with the group to clarify itineraries and borders between teams and ensure no place is left out.
- d) Ensure vaccinators know names and contact numbers of local influencers.
- e) Ensure teams are comfortable with the workload their area represents.

Example of a team map with the itinerary for one day



II - 4 - Vaccine administration and handling

II - 4 - 1 - The vaccine

The trainer should inform the vaccinators that the vaccine being used in this round is called monovalent Oral Polio Vaccine, or mOPV. It differs from the tOPV used for routine immunization in that it contains a single sero type, but it is more effective and appropriate in an outbreak setting. This vaccine is safe and has no side effects.

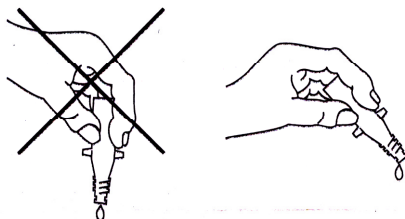
The mOPV vials and the procedures for administration and storage are the same as for routine OPV. Reading and interpretation of the VVM also remain unchanged.

If parents ask any questions about the vaccine being used in this round, vaccinators must respond appropriately as given below in the Question and Answers section.

II - 4 - 2 - Giving a dose of OPV

All children under 5 should receive 2 drops as per the drawing below.

If the child spits the drop, a third drop should be given. Additional drops are not harmful.



Trainer's instruction:

describe the child should be held on its back. Show the picture above and stress that the dropper should be kept above the mouth and tilted at a 45° angle.

II - 4 - 3 - Vaccine management

Proper vaccine management during a campaign involves the following:

- ✓ The vaccine carrier is kept as cool as possible and out of direct sunlight.
- ✓ Ice packs are frozen.
- ✓ If ice is used, vials are kept in plastic bags to protect the label from wetting.
- ✓ If ice or icepacks are melted, the team knows how to monitor the VVM
- ✓ Vials are protected from direct sunlight
- ✓ Opened vials with doses remaining at the end of the day , can be used the following day, as long as the VVM has not reached the discard point

Trainer's instruction:

discuss how to handle partially used OPV vials or unopened vials returned from the field.

II - 4 - 4 - The VVM

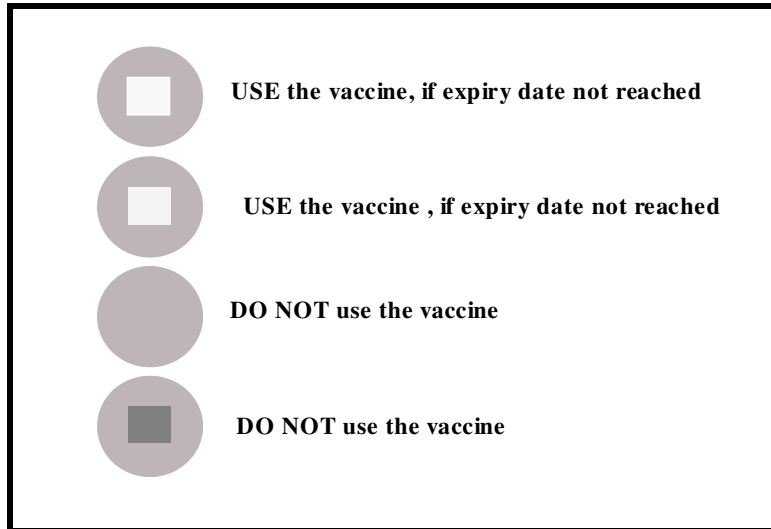
Vaccine is supplied with a Vaccine Vial Monitor (VVM) on each vial. The VVM changes color as a function of time and temperature (see the drawing below). The higher the temperature, the faster the color change. The VVM makes it possible to see if a vial can still be used after having exposed to higher temperatures. The advantages are that:

- If icepacks melt during the day, the team does not have to return to the HC to be replenished with new frozen icepacks.
- If there is a shortage of icepacks, each vaccine carrier can get 2 instead of 4 icepacks.
- If, for example in bus stations, a team has to split up, one team member can take a vial out of the vaccine carrier and immunize without having to worry about the quality of the vaccine as long as the VVM is at stage 1 or 2.

During each day of the immunization campaign, vaccinators should check VVM on every OPV vial upon receipt and before administration of drops from the vial.

☞ Trainer's instructions:

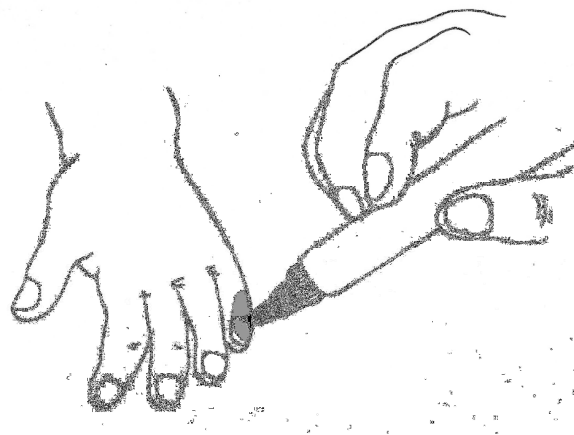
- a) Discuss the importance of using the VVM.
- b) Demonstrate OPV vials with VVM in different stages and circulated the vials among participants.
- c) Test participants on how to interpret the VVM and what to do if the VVM reaches the discard point.



II - 5 - Finger marking

Describe and demonstrate the finger marking: Stress that the mark should cover the fingernail and skin of the little finger, always on the left hand. After the mark was made, the vaccinator must wait a few seconds for it to dry. The child may wipe or lick it off.

After the mark has been placed on the finger, the marker should be recapped.



☞ Trainer's instruction: ask an inexperienced vaccinator to mark another participant's finger correctly. Repeat this exercise at least twice.




II - 6 - House marking

Marking houses with chalk during House to House campaigns is helpful for teams and supervisors. The mark can be placed on or beside the door, or on a large object.

In a compound with several households, each individual household should be marked.

A house mark should consist of:

- a) A team number, serial number of the house and the date of visit.
- b) A **V** mark indicating that the house was visited, but children were missed for immunization. The house will be listed on the sheet for missed children and should be revisited.
- c) A **V** mark in a circle indicating that the house was visited, and all children were immunized, or there are no children. The house does not need to be revisited.
- d) An **L** mark indicating that a house was locked. The house will be listed on the sheet for missed children and should be revisited.
- e) An **L** mark in a circle indicating that the locked house was revisited and still locked. If children were found and immunized, the **L** should be changed into a **V**.

Examples of house marking	
<p>T1 H12</p> <p style="text-align: center;"></p> <p style="text-align: right;">1/6</p>	<p>Team number 1 visited its 12th household on 1 June. There are no children, or all children were immunized.</p>
<p>T6 H25</p> <p style="text-align: center;">V</p> <p style="text-align: right;">1/6</p>	<p>Team number 6 visited its 25th household on 1 June. Some children were missing. The house needs to be revisited and is listed on the back of the tally sheet.</p>
<p>T6 H25</p> <p style="text-align: center;"></p> <p style="text-align: right;">1/6 2/6</p>	<p>Team number 6 revisited its 25th household on 2 June. All children were vaccinated.</p>
<p>T2 H27</p> <p style="text-align: center;">L</p> <p style="text-align: right;">30/5</p>	<p>Team number 2 visited its 27th household on 30 May. The house is locked. It should be listed on the back of the tally sheet and revisited to check no children are missed.</p>
<p>T2 H27</p> <p style="text-align: center;"></p> <p style="text-align: right;">30/5 1/6</p>	<p>Team number 2 has revisited the previously locked house on 1 June. The house is still locked, but does not need to be revisited.</p>

Houses where parents refuse to have their children immunized should be marked with a V without a circle and the reason should be given on the missed children sheet.

☞ Trainer's instruction:

- a) Before moving to the next topic every participant should fully understand house marking. Ask vaccinators if they need any clarification.
- b) Do some exercises with the participants, to check if they know when to use the different house marks.

II - 7 - Tasks of the team members

House to House teams:

Experience has shown that refusal by parents to get children immunized is often more related to the behavior of the teams than anything else.

- Remember:** Vaccinators are guests in the household they are visiting and should therefore behave as such.

Discussions with the parents in the table below must be done politely and with respect of the host. A team that gives the impression of being in a hurry, and does not leave parents the chance to ask questions, is more likely to be met with hostility and miss children.

Activity	Vaccinator	Recorder
Knock on the door	x	x
In compounds with several households, ask permission to enter the compound and visit each household separately	x	x
Introduce yourselves to the parents	x	
Explain the purpose of the visit	x	
Ask to see all children under 5, including sleeping and sick children, visitors, and vaccinate them	x	
Record the vaccinated children on the tally sheet		x
Mark the vaccinated children as per the guideline		x
Ask if there are children missed, due to absence	x	
If children are absent, record them on the Missed Children sheet, indicating house number, name of the child and reason for absence. Explain the house will be revisited to immunize the missed children.		x
Encourage the parents to bring their children for routine immunization	x	
Tell the parents about the next round and thank them for their cooperation	x	
Put the appropriate mark on the house		x

Re-visit to houses with missed children

The team should revisit houses with missed children whenever it is most likely to find them at home. To facilitate this, missed children should be recorded on the tally sheet.

In areas where acceptance of vaccine is an issue, these revisits should necessarily be made along with the local influencers/community leaders.

The team will submit the house-to-house tally sheet, with on the back the list of remaining houses with missed children, to the supervisor at the end of each day.

Fixed teams:

- Fixed teams can be based in Health facilities to vaccinate children under 5.
- The recorder will record these children on the tally sheet, marks the fingers and makes sure no child under 5 leaves without having been vaccinated.

Transit teams:

- Transit teams will be based in bus stations, markets and other important points where people transit (if 24 hours activity: ensure around the clock coverage with several shifts).
- Market or bus station managers should be informed previously by the supervisor to ensure cooperation and find the best place
- Teams should be visible and pro-active (enter buses to vaccinate children, split up).
- Children should be immunized, recorded on the tally sheet and finger marked.

- Remember:** it is critical to spend enough time in each house-hold to find all children, especially new-borns, sick or sleeping children, toddlers, children visiting the house and to identify missing children.
- Remember:** vaccinators should not hesitate to immunize children outside of the house, like on markets, playgrounds, with consent from the parents / caretakers.

II - 8 - Filling out the forms

The tally sheet recording is useful in many ways, because it:

- provides information regarding houses visited, children immunized/not immunized.
- helps planning follow up visits to the houses where children did not receive OPV
- helps supervisors to appreciate the quality of work done by the vaccinators

How to fill out the House to House tally sheet

1. The upper part is meant for details like Province, district, team, date, etc.
2. In columns 1 and 4 you put the same number you will put on the house (see paragraph on house marking).
3. In columns 2 and 5 you mark the number of children under 5 you vaccinated
4. In columns 3 and 6 you mark the number of children under 5 that were absent. These children will be recorded on the Missed Children Sheet, including the reason of absence.
5. At the bottom of the columns put the totals of the columns and the day total.
6. Below the columns you put the number of full vials you received in the morning and the number of full, unopened vials you return at the end of the day. The opened vials with remaining doses are also returned, but should not be included in these numbers.
7. At the bottom of the page there is room for the signature and comments by the supervisor.
8. The tally sheet for fixed teams is self explanatory. Teams tick in the appropriate columns the children immunized.

How to fill out the Missed Children Sheet

1. The upper part is meant for details like Province, district, team, date, etc.
2. In column 1 you put the number you put on the house of the missed child(ren).
3. In column 2 you put the number of missed children in the household.
4. In column 3 you put the name of the missed child(ren).
5. In column 4 you put the address of the missed child(ren).
6. In column 5 you put the reason for absence in a few words.
7. In column 6 you put the date of the revisit.
8. In column 7 you put the number of children immunized during the second visit.
9. At the bottom of column 7 you put the total.

II - 9 - Equipment of vaccination teams

Vaccination team should carry the following items: -

- Sufficient number of OPV vials
- Vaccine carrier with frozen ice packs/ice
- Description of the area to be covered along with map
- Sufficient number of tally sheets
- Missed children sheets
- Pen for marking tally sheets
- Chalk for house marking
- Pen for finger marking
- Identification badges

SESSION III : **ROLE-PLAYS AND EXERCISES**

☞ Trainer's instructions:

- a) Stop each role-play after five or six minutes.
- b) Ask all the participants for feedback on what went right and what went wrong and how to improve;
- c) Provide your own feedback and suggestions for improvement. Try to be as specific as you can with your feedback. For example, if you can suggest language the vaccinator could have used that would have been persuasive to the parent, then do this.

Role play I

Select three participants with the least experience. Let one of them act as a mother of two kids. The mother has to be cooperative. The two vaccinators will enact the entire process of knocking the door, entering the house, entering into dialogue with the mother, immunizing the children, finger marking, filling the tally sheet and marking the house.

Exercise

Review the frequently asked questions shown in the annex 'Questions and Answers'. Ask one participant to read each question aloud and ask the group to come with answers. Repeat the exercise with different vaccinators using different questions until satisfied with the participant's ability to answer the questions correctly in simple language. Next, ask and discuss if the participants have heard about concerns from the parents/family members or community about Polio, OPV or the campaign.

Role play 2

Select a vaccinator to play a stubborn parent who trusts nothing and ask 2 others to convince him/her with the correct answers.

SESSION IV : **CONCLUSION**

☞ Trainer's instruction:

- a) Ask if participants have any questions about the information or activities covered in the training.
- b) If appropriate, explain practical issues like transport of teams, etc.
- c) Finally conclude the training after you have revisited the objectives and ensure that all-important aspects have been covered.
- d) Thank the participants for their participation and remind them due to their efforts polio can again be eradicated from their country.

ANNEXES:

Questions and Answers

Parents are of course fully entitled to know why their children are being immunized, against what and at what risk. The teams must be able to answer these questions. You should memorize the following Questions and Answers.

1. Question

What is Polio?

Answer:

Polio is a communicable disease that affects young children. Polio causes life-long paralysis and is not curable. The only way to protect your child from polio is to ensure it gets OPV during each Polio round until they reach 5 years of age. By doing this, your child will be protected for life.

2. Question

Why do you come to my house to vaccinate my children, instead of me having to go to the HC

Answer

For polio campaigns we come to the households, because we want to immunize all children, including those that are sick, sleeping or absent. We make it easier for you.

3. Question

So will you also come to my house for the routine vaccination.

Answer

No, for routine vaccination you still have to come to the Health Centre.

4. Question

If you vaccinate my children now during the campaign, does that mean that they do not have to be immunized during routine vaccination in the HC?

Answer

No, the dose your children get during the campaign are supplementary doses. They are not recorded on the vaccination card and your child should still get the complete series of routine vaccination doses.

5. Question

My child was already fully immunized by the routine program. Is that not enough?

Answer

No, every additional dose your child can get will give extra protection.

6. Question

Is there not a risk to give too many doses?

Answer

No, the vaccine is safe and the more doses the better the protection.

7. Question

Is the vaccine safe?

Answer

Yes, the vaccine complies with the highest quality standards set by WHO. It has been given to billions of children over the past 50 years. Thanks to this vaccine, polio was eradicated from 90% of the world's population.

8. Question

Should a child having diarrhea or other illness be given OPV drops?

Answer: OPV drops must be given to all children even those who have diarrhea or other illness. OPV given to a child who is ill with diarrhea or another illness will not have any side-effects as a result of receiving OPV during this time.

9. Question

Why is vaccination so important?

Answer

Once someone has polio, it can not be cured. Several doses of polio vaccine can prevent a child from getting polio. In addition the WHO has launched in 1988 a global polio eradication program. Most countries in the world are now free from polio.