# "Iligtas sa Tigdas ang Pinas "

## A Door-to-Door Measles Follow-up Immunization Campaign

# Guide for Vaccination Team

### Eligible Children:

***9 months to 95 months old***
whether the child received measles- containing vaccines before or not and
whose dates of birth fall on the following:

_____

## What is "Iligtas sa Tigdas ang Pinas"?

**"Iligtas sa Tigdas ang Pinas"** is a measles supplemental immunization activity (SIA) for a measles-free Philippines. This is a sequel to the 1998, 2004 and 2007 mass measles campaign

## What vaccination strategy will be used in this activity?

- Strictly "Door-to-Door" immunization strategy

## What are the "doors" referred to in this campaign?

- It includes all doors of houses, condominiums, apartments, tenements, orphanages and halfway homes as well as **non-conventional doors** in the community.
- Non-conventional doors include the following:
  a. Informal settlements such families/persons living under the bridge; inside the parks, cemeteries and open spaces; in tents, carts, abandoned buildings, old vehicles/trains/motorboats, under the trees, in islands on the middle of the street, etc.
  b. All business/commercial establishments and market stalls where children may reside
  c. Institutions
- Eligible children of mobile and roaming families with no house or no permanent house shall be identified and given immunization.
- All eligible children found in the parks, playgrounds, streets, markets, and other public places shall be directed to go home to be vaccinated.
- Areas like day care centers, schools, malls, groceries, or churches shall not be visited anymore (if and only if no family resides).

## How is this different from the previous campaign?

Measles-free certification will be issued to provinces and cities if all the following criteria are met:

- All barangays have passed the Rapid Coverage Assessment (RCA) with **no missed child** and **> 95% house marking accuracy**; and

- There are no measles cases for the next 3 months after the campaign; and
- Measles surveillance indicators have met the national standard:

    - At least 80% of surveillance sites should report each week on the presence or absence of suspected measles cases.
    - At least 80% of the reported suspected cases should be reported within 48 hours of rash onset.
    - At least 80% of the reported suspected cases should be investigated within 48 hours of report.
    - At least 80% of specimens should be taken from initial contact until 28 days post rash onset and reach the laboratory in a suitable state for testing.
    - At least 80% of specimens must be tested and the results reported back to the surveillance unit within 7 days of receipt of the specimen in the laboratory.

The certification process will be conducted at the end of the campaign.

## What needs to be discussed with barangay officials?

The vaccination team with their supervisor/monitor shall meet with the Barangay captain and other barangay officials to discuss the following:

- Objectives of the campaign:
    - To reduce the number or pool of children at risk of getting measles or being susceptible to measles.
    - To achieve at least 95% measles-rubella immunization coverage of all children 9-95 months old
- Criteria for certification for a measles-free barangay
- Itinerary of the vaccination teams with maps of the barangays
- Specific assistance the vaccination team (VT) will request from the barangay officials:
    - information dissemination through public address system
    - provision of security to the VTs by mobilizing the "tanods" and purok/zone leaders
    - provision of transportation, meals and snacks to the VTs if possible
- Key messages of the campaign to encourage families to submit their children for vaccination.

## What should be prepared prior to the actual day of vaccination?

- Complete schedule for vaccination (with target barangays and areas per day)
- Logistics (vaccine carriers, auto-disable and mixing syringes, safety collector boxes, cotton, epinephrine and tuberculin syringe)
- Measles-Rubella (MR) vaccines
- Identification card of vaccination team members
- Updated Maps of vaccination areas to include the clearly defined boundaries to ensure there is no overlapping and no gaps of areas assigned
- Immunization Cards
- Forms (Recording, Reporting, AEFI)
- House Stickers
- Pens for markings
- Clean water (for cleaning the injection site)

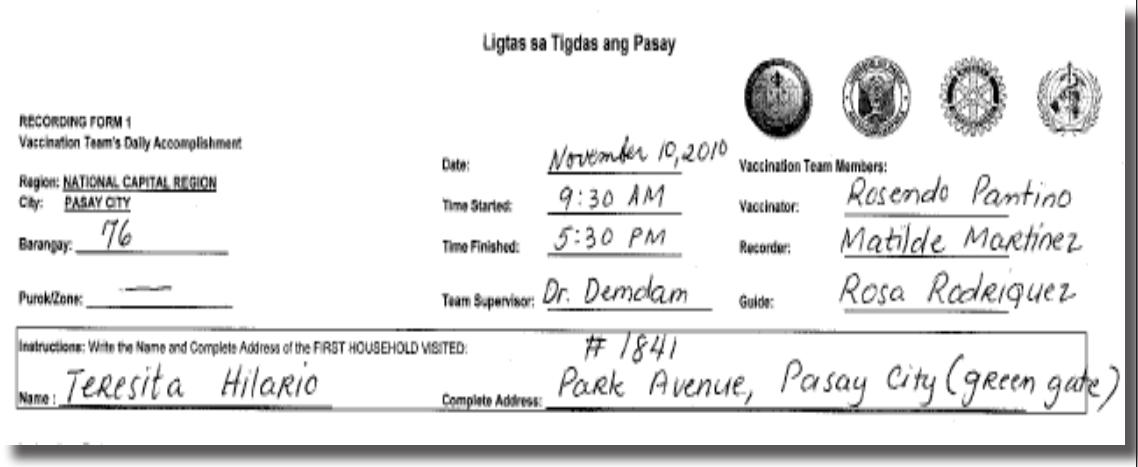
## What should the vaccination team do if parents or caregivers flock the vaccination team to have their children immunized?

Once parents/caregivers learn that a vaccination activity is ongoing, they may flock to the guide or any one of the team members to have their children vaccinated.

- The guide should thank the parents for their enthusiasm and interest.
- Explain that the team will proceed from house-to-house to ensure that no child is missed.
- Advise them to bring their children home and prepare the children by washing the left upper arm of the child with soap and water and wait for the vaccination team.
- Reiterate assurance that the team will cover their houses.
- A sticker will be placed on their doors to show that their house was visited and children vaccinated.

## What are the Key Actions on Day of Vaccination?

1. Introduce yourself and state the purpose of the team. If this is the 1st household visited, write the name and address of this household in the **Recording Form 1: VT Daily Accomplishment Report** (see below)



Ligtas sa Tigdas ang Pasay

RECORDING FORM 1
Vaccination Team's Daily Accomplishment

Region: NATIONAL CAPITAL REGION
City: PASAY CITY
Barangay: 76
Purok/Zone: ——

Date: November 10, 2010
Time Started: 9:30 AM
Time Finished: 5:30 PM
Team Supervisor: Dr. Demdam

Vaccination Team Members:
Vaccinator: Rosendo Pantino
Recorder: Matilde Martinez
Guide: Rosa Rodriguez

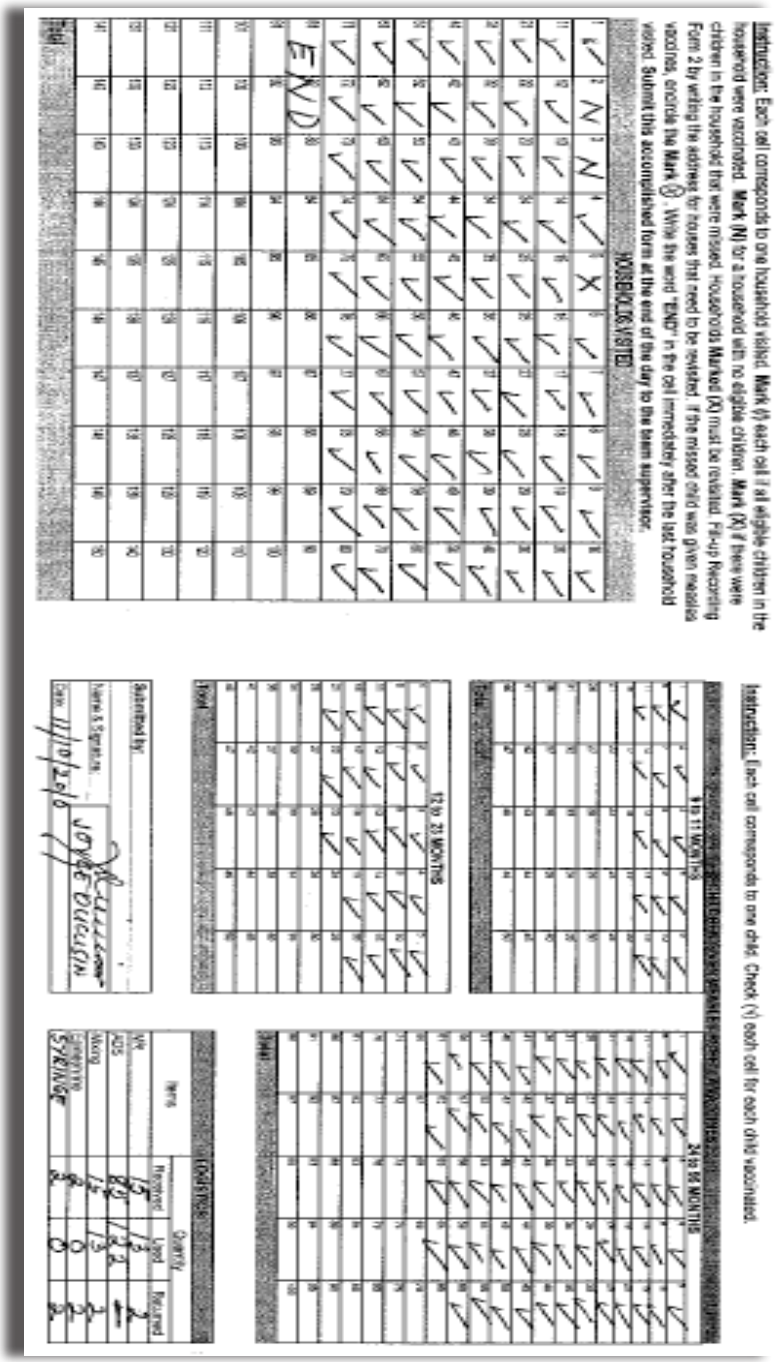
Instructions: Write the Name and Complete Address of the FIRST HOUSEHOLD VISITED:
Name: Teresita Hilario
Complete Address: # 1841 Park Avenue, Pasay City (green gate)

2. The team asks for eligible children ages 9 months to 95 months in the household. If the child is present at time of visit, instruct the parent to wash the child's **left upper arm** with soap and clean water.
3. Screen the child for any previous serious allergic reaction to vaccination or any present serious illness. If the child is seriously ill, accompany him/her to the nearest health facility and obtain the address of the child and schedule the vaccination for a later date.
4. Give **0.5ml MR vaccine subcutaneously**. Use only the auto-disabled syringe distributed exclusively for the campaign.
5. The vaccinator shall provide key messages to the parents/guardian. These can be :
   - Bring the child to the nearest health center for routine immunizations.
   - Manage common minor reactions at home such as fever, swelling and tenderness at injection site and pain.
   - Give paracetamol for pain and fever.
   - Avoid touching or applying anything on the injection site. Do not massage or apply pressure on the injection site.

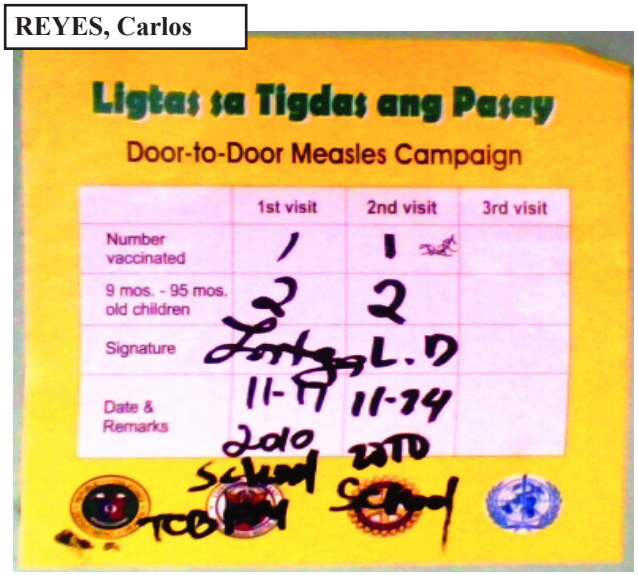
- Bring the child to the nearest health facility if you notice any other untoward signs and symptoms such as unable to drink or breastfed/ eat, vomits everything, had convulsions, abnormally sleepy or difficult to awaken, etc.

6. Each child vaccinated with MR shall be issued with an immunization card provided for this campaign.

7. The recorder marks the **Recording Form 1: Vaccination Team's Daily Accomplishment Report** and immunization card of the child (see below):



8. The recorder marks the house sticker appropriately and posts the sticker.




9. The vaccinator affixes his/her initials or signature in the sticker.

For this campaign, one house sticker will be posted for every household visited by the VT with or without eligible children. Stickers for marking the household should be posted prominently by the vaccination team for the supervisors and monitors to see but cannot be reached by the children.

Write the complete name of the father/mother/caretaker on the space provided in the sticker. For every visit, write the number of vaccinated children in the household on the 3rd row and the number of total eligible children on the 4th row. An example is shown on the following page:

**Example:**

There are 2 eligible children in the household. Both were present during this visit. Record "2"in the row for *Number Vaccinated* and "2 "in the row for *Number of Eligible*. Then the vaccinator puts his/her initial signature & date on the 5th row. Post the sticker and mark as:

| Basilio, Joey<br>**Ligtas sa Tigdas ang Pasay**<br>Door-to-Door Measles Campaign | | | |
|---|---|---|---|
| | **Visit 1** | **Visit 2** | **Visit 3** |
| Number vaccinated | 2 | | |
| Number eligible | 2 | | |
| Signature | nbasilio | | |
| Date | 4/13/11 | | |
| Remarks | | | |

In houses with NO eligible child, a house sticker shall be posted and marked in the sticker in the Visit 1 as 0 in the number vaccinated and eligible.

| Importa, Carolina<br>**Ligtas sa Tigdas ang Pasay**<br>Door-to-Door Measles Campaign | | | |
|---|---|---|---|
| | **Visit 1** | **Visit 2** | **Visit 3** |
| Number vaccinated | 0 | | |
| Number eligible | 0 | | |
| Signature | thilario | | |
| Date | 4/18/11 | | |
| Remarks | | | |

## How do we record missed children and schedule them for revisits?

***If an eligible child is not present during the time of visit:***

- Ask the relatives when that child will be available for the vaccination.
- Write the name of the child/children, address/contact number, time to be revisited in **Recording Form 2** (List of Household for Revisits).
- Reiterate to the relative/mother/guardian the schedule (day and time) of your revisit.
- The recorder posts the household with a sticker and appropriately record as missed child/children.

**Ligtas sa Tigdas ang Pasay**

**RECORDING FORM 2**
**List of Household for Revisits**

Region: NATIONAL CAPITAL REGION
City: PASAY CITY
Barangay: 76
Date: November 10, 2010

**Instructions:** This Recording Form 2 lists the names of households with 9-95 month(s) old child/children who were missed by the vaccinators for any other reason and who will require revisits. This shall be completely filled up and submitted by the VT to his/her supervisor.

Column 1: Write the house number visited in this column. If the house number is not known, write the household identification.
Column 2: Indicate the reason for the revisits.
Column 3: Write legibly the complete name of the parents/guardians in that particular household.
Column 4: Write the complete address of the particular household.
Column 5: Write the specific date and time for the revisit of the missed child.
Column 6: Write legibly the complete name of the child/children that will be given the MR vaccine.
Column 7 and 8: During the visit, note whether the child was vaccinated. If vaccinated, check the column "Yes"; if not vaccinated, check the column "No".
Column 9: Write the name and signature of the vaccinator.

| Household No. (1) | Reasons for Revisit (2) | Name of Parents/Guardian (3) | Complete Address (4) | Date/Time for Revisit (5) | Name of Child (6) | Vaccinated Yes (7) | Vaccinated No (8) | Name/Signature of Vaccinator (9) |
|---|---|---|---|---|---|---|---|---|
| 5 | in school | Liz Garcia | next to Aling Jenny's store | 11/11/2010 4PM | Rein Reyes | ✓ | | |
| | | | | | | | | |

## How do we track houses with missed children and how to revisit them?

Revisits should be done by the vaccination team until all eligible children in the household are vaccinated. If not possible for the VT. The team shall inform the supervisor with all the necessary information so that the supervisor shall be responsible for revisiting the house of the unvaccinated child/children and convince the mother/caretaker to vaccinate their child/children.

## A. Missed Children

Children whose houses visited by the vaccination team but were not available for vaccination (were not at home, parents refused, etc) are referred to as **"missed".** Households with missed child/children are identified by the mark "X" in the Recording Form1: Vaccination Team Daily Accomplishment. All those households with "X" markings shall be recorded in Form 2.

## B. Missed Areas

Missed areas or "pockets" are the most dangerous type of campaign failure because the entire community remains unvaccinated. In such areas, the virus is likely to persist, flourish and spread to neighboring communities. It is critical that missed areas are promptly identified and covered during the campaign.

**Missed areas often lie in the boundaries between:**

- Different vaccination team assignments
- Different barangays
- Urban and rural areas
- Different municipalities or cities
-

**Missed areas often are areas that have been forgotten in the past:**

- Slum areas
- "New" settlements
- Poor settlements around factories
- Minority communities
- Scattered houses
- High-rise apartments
- Commercial/industrial areas
- Along highways in or between cities
- Along riversides in urban and per-urban areas
- Streets with known street children

## How do we revisit the missed child?

- Plan the day's revisit. Check the **Recording Form 2** of children for revisits.
- From this list, visit the household(s) with the missed child/children.
- Check the house sticker during the previous visit. This is to ensure that the household markings match with the VT records.
- Ask the target child to be presented and then vaccinate with MR.
- Mark the house sticker as appropriate.
- Update the recording form.

**Example:**

In Household A, there are 3 eligible children for the measles-rubella vaccines. Only 2 children were vaccinated, 1 child was with her mother in the supermarket. The grandmother informed the vaccination team that the mother and child will be home on the same day at 6pm. The vaccination team returned and vaccinated the 1 missed child. House marking shall be:

| Castro, Luiz<br>**Ligtas sa Tigdas ang Pasay**<br>Door-to-Door Measles Campaign | | | |
|---|---|---|---|
| | **Visit 1** | **Visit 2** | **Visit 3** |
| Number vaccinated | 2 | 1 | |
| Number eligible | 3 | 3 | |
| Signature | juducusin | juducusin | |
| Date | 4/15/11 | 4/15/11 | |
| Remarks | With mom in supermarket : will be back 6pm | | |

**Additional Scenarios**:

In case during the revisits, there are new eligible child/children present in that household and vaccinated, write the *plus sign* (+) and the number of additional eligible in the row:

| Santos, Renee<br>**Ligtas sa Tigdas ang Pasay**<br>Door-to-Door Measles Campaign | | | |
|---|---|---|---|
| | **Visit 1** | **Visit 2** | **Visit 3** |
| Number vaccinated | 2 | 4 | --- |
| Number eligible | 5 | **5 + 1** | --- |
| Signature | luzgarcia | baloygarcia | |
| Date | 4/26/11 | 4/30/11 | |
| Remarks | Visited grandma, will be back 4/30/11. | | |

If during the revisit, the listed missed child in the **Reporting Form 2** was vaccinated by the private doctor, the recorder shall indicate this in the Form 2 as "given MR, 7/12/10 by Dr. M. del Rosario (MMC)". The same information shall be written in the house sticker. The vaccinator who did the revisit shall affix her signature even he/she did not administer the MR vaccine. Affixing her signature means that she/he confirmed that said missed child was vaccinated. This example is shown below:

| Sobel, Howard<br>**Ligtas sa Tigdas ang Pasay**<br>Door-to-Door Measles Campaign | | | |
|---|---|---|---|
| | **Visit 1** | **Visit 2** | **Visit 3** |
| Number vaccinated | 0 | 0 | --- |
| Number eligible | 2 | **2** | --- |
| Signature | mcastro | mcastro | |
| Date | 4/27/11 | **4/28/11** | |
| Remarks | With private MD per housemaid | **PMD: M del Rosario at MMC, with 3 doses per card** | |

## How to administer and handle measles-rubella (MR) vaccines?

Measles-Rubella vaccine shall be used in this campaign. MR should be kept at +2°C to +8°C.

One dose of MR is equivalent to **0.5ml** and shall be administered **subcutaneously** to the left upper arm of the child.

***Any remaining reconstituted vaccine must be discarded after 6 hours or at the end of the immunization, whichever comes first.***

## If a mother/ guardian asks the vaccination team to vaccinate her child aged 8 years old at time of the vaccination team visit, will I give the MR vaccine?

If the mother insists that her child be given MR vaccine, you may GIVE but do not record in the **Recording Form 1** (VT Daily Vaccination Accomplishment Form).

## How can parents and caregivers know the schedule of the Vaccination Team?

All means of informing the community about the specific schedule of the door-to-door campaign for the barangays and health centers should be widely disseminated.

This includes the holding of community assemblies, giving out flyers and the use of posters.

**Annex 1: Management of Adverse Events Following Immunization (AEFI)**

## What does an adverse event following Immunization (AEFI) mean?

An adverse event following immunization or AEFl is a medical incident that happens after immunization and causes concern. Although the vaccines used in national immunization program are extremely safe and effective, adverse events can occur following vaccine administration. In addition to reactions to the vaccines themselves, the process of injection preparation and administration is a potential source of adverse events.

## What are the common minor vaccine reactions of Measles/MMR/MR and treatment?

Vaccine reactions may be classified into "common" and "rare". The majorities of vaccine reactions are "common", mild, settle without treatment, and have no long-term consequences. More serious reactions are very rare – usually of a fairly predictable frequency. A childhood vaccine may also precipitate an event that would probably have occurred anyway (e.g. first febrile seizure). Most importantly, vaccines are given at a time in an infant or child's life when many other events are happening: colds and coughs happen whether or not vaccines are given, but because a cough follows a vaccination, parents may (not unreasonably) believe the two events are related.

- Local swelling (pain, swelling, redness (up to 10%)
- Fever (up to 5%)
- Irritability, malaise and non-specific symptoms (up to 5%)

These common reactions occur within a day or two of immunization, except for fever and systemic symptoms for measles/MMR which occur from 5 to 12 days after immunization. Although fever and/or rash occur in 5-15% of measles/MMR/MR vaccine recipients during this time, only around 3% are attributable to vaccine, the rest being accounted for as normal events in childhood i.e. background events.

## What are the rare, serious vaccine reaction rates?

| Reaction | Onset Interval | Rates per million doses |
|---|---|---|
| Febrile seizures | 5 – 12 days | 333 |
| Thrombocytopenia (low platelets) | 15 -35 days | 33 |
| Anaphylaxis | 0 – 1 hour | 1-50 |

## What are some of the common minor events associated with measles-containing vaccine and how are these managed?

The most common reactions are often mild, of short duration, and are often not due to the vaccine. They are often coincidental and caused by anxiety over the pain caused by the injection. Below are the common minor events associated with measles vaccine and pointers on how to manage them.

| Common minor event | How to manage |
|---|---|
| Pain and redness at injection site (most common) | Avoid touching or hitting the swollen area; may give Paracetamol until fever subsides. A cold cloth applied to the site may ease the pain. |
| Fever | Give Paracetamol<br>Extra fluids need to he given to feverish Children. |
| Rash: occurs in 5 to 15 percent | None |
| Infections (e.g. cellulitis) | Refer to physicians for further assessment and management. |

**Dosage of Paracetamol**

Note: Give Paracetamol every 6 hours for pain, swelling and fever.

| Dosage of Paracetamol | | |
|---|---|---|
| **Age** | **Tablet (500mg/tablet)** | **Syrup (120 mg/5 ml)** |
| 9 months up to 3 years (4 - 14 kg) | ¼ | 5 ml (1 tsp) |
| 3 years up to 5 years old (14 -19 kg) | ½ | 10ml (2 tsp) |
| 5 years up to 8 years old (19 - 24 kg) | ½ - 1 | 15 ml (3 tsp) |

**Measles vaccine reactions, onset interval and dates**

| Reactions | Onset Interval | Reaction per million doses |
|---|---|---|
| Local reaction at injection site | 0-2 days | (~ 10%) |
| Fever | 6-12 days | (5-15%) |
| Rash | 6-12 days | (~ 5%) |
| Febrile seizures | 6-12 days | 330 |
| Thrombocytopenia (low platelets) | 15-35 days | 30 |
| Anaphylactoid (severe allergic reactions) | 0-2 days | ~ 10 |
| Anaphylaxis | 0-1 hour | ~ 1 |
| Encephalopathy | 6-12 days | < 1 |

Reactions (except local reaction, anaphylaxis) do not occur if already immune (~90% of those receiving a second dose); children over six years are unlikely to have febrile seizures.

## How should health workers respond to injection reactions?

Fainting and hyperventilation, as a result of anxiety, are not related to the vaccine but to the injection.

Health workers may do the following to reduce the prevalence of injection reactions, particularly during immunization campaigns:

1. To avoid the likelihood of fainting health workers would do well to shorten waiting time, ensure comfortable room temperatures,

preparation of the vaccine out of the recipients view, privacy during the immunization procedure, and administration of the vaccine while the recipient is seated (to avoid any injury in case he or she falls).

2. Provide clear and adequate explanation about the immunization and the procedures for those who are waiting to be immunized.
3. Deliver immunization in a calm and confident manner.
4. Ensure that children had their meals prior to immunization.

## How does one recognize anaphylaxis?

The most serious but very rare adverse event in the course of immunization is anaphylaxis. It occurs once in about 3 million vaccinations; (1:13 million vaccinations during the Ligtas Tigdas campaign in 1998, according to NEC, DOH). The detection and management of anaphylaxis due to measles vaccination is the same as anaphylaxis secondary to other causes like food, drugs, and other antigens.

Anaphylaxis occurs within the first few minutes after injection, so health workers must be prepared to detect and manage it properly. Early recognition of signs of anaphylaxis should lead to early treatment to prevent loss of lives.

## How to Detect Anaphylaxis

| **Time Scale** | **Signs and Symptoms of anaphylaxis** | **Severity** |
|---|---|---|
| Early warning signs | Dizziness, perineal burning, warmth, pruritus | Mild |
| Occurs within a few minutes | Flushing, urticaria, nasal congestion, sneezing lacrimation, angioedema<br><br>Hoarseness, abdominal cramps, substernal pressure | Mild to moderate<br><br>Moderate to severe |
| Late, life-threatening symptoms | Laryngeal edema, dyspnea, abdominal pain<br><br>Bronchospasm, stridor, collapse, hypotension, dysrhythmias | Severe |

Fainting is more commonly observed in older children. Anaphylaxis should be distinguished from a faint.

## How to Distinguish Anaphylaxis from a Faint

| | Faint | Anaphylaxis |
|---|---|---|
| **Onset** | Usually at the time or soon after the injection | Within the first few minutes after injection |
| **System** | | |
| Skin | Pale, sweaty, cold and clammy | Red, raised and itchy rash; swollen eyes, face; generalized rash |
| Respiratory | Normal to deep breaths | Noisy breathing from airways obstruction (wheeze or stridor) |
| Cardiovascular | Bradycardia<br>Transient hypotension | Tachycardia<br>Hypotension |
| Gastrointestinal | Nausea/vomiting | Abdominal cramps |
| Neurological | Transient loss of consciousness, good response once in prone position | Loss of consciousness, little response once in prone position |

## How should anaphylaxis be managed?

When and where anaphylaxis will occur cannot be predicted. If and when it does occur, it happens within the first few minutes after immunization. Thus, the vaccination team should be ready to respond to the incidence of anaphylaxis.

Initial management entails the following measures:

a. Place the patient in the recumbent position and ensure that the airway is clear.
b. Assess breathing and pulse. If there's strong carotid pulse, then it's not anaphylaxis.
c. If appropriate, begin with cardiopulmonary resuscitation.

d. Give epinephrine by deep intramuscular injection at the deltoid area according to the following doses:

| Age (in years) | Dose of Epinephrine (1:100) |
|---|---|
| Less than 1 year | 0.05 ml |
| 1 year | 0.1 ml |
| 2 years | 0.2 ml |
| 3-4 years | 0.3 ml |
| 5-8 years | 0.4 ml |

e. If the patient is conscious after the epinephrine is given, place the head lower than the feet and keep the patient warm.
f. Give oxygen by facemask, if available.
g. Transfer the patient to a nearby hospital for further management, but never leave the patient alone. If there is no improvement in the patient's condition within five minutes, repeat giving a dose of epinephrine (maximum of three doses). Recovery from an anaphylactic shock is usually rapid after epinephrine.

**Reminders:**

- Anaphylaxis occurs within the first few minutes after administration of the measles vaccine. The vaccination teams should always be quick to respond to any incidence of anaphylaxis by administering epinephrine to and promptly referring the patient to a nearby AEFI site (hospital) for further management

- Aside from the team's logistics each team shall carry an anaphylactic kit which contains the following:
  - 1 ampule of epinephrine 1:1000 (1 ml per ampule)
  - sterile disposable syringes 1 cc with needle gauge 25 X 3/8
  - cotton balls
  - alcohol

- For health fixed sites, the team should also be equipped with a stethoscope and blood pressure apparatus.

**Example of a Spot Map**: