IMMUNIZATION GUIDELINES BY UNEPI

What is immunization?

Immunization is the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine.

Immunity can be built up either naturally or artificially. Artificial immunization is achieved through administering vaccines either through the mouth or by injection. The administered vaccine stimulates the body to make antibodies. The body retains antibodies and the capacity to immediately produce more antibodies when attacked by infection against which the vaccine was given.

Who should be vaccinated?

All children below one year. Children should go for vaccination 5 times before their first birthday.
All women of childbearing age (15-45) years including pregnant women. It is important in protecting pregnant women and the new born babies from getting tetanus.

3. All girls aged 10 years should be vaccinated against cancer of the cervix with two doses of the HPV vaccine.

How immunization services are offered in Uganda?

Trained health workers offer routine immunization services at health facilities and selected community outreach sites. Supplementary immunization activities are also organized and conducted periodically to interrupt disease transmission and spread by boosting population immunity. All vaccines provided by UNEPI are safe, potent and offered free of charge.

Vaccine safety?

All vaccines provided by Ministry of Health have been approved by the World Health Organization (WHO) and are very effective in preventing diseases when all recommended doses have been completed per the national immunisation schedule (table 1). In order for vaccines to remain safe and potent, they must be kept under WHO recommended temperatures between +2 and +8 degrees centigrade.

Table 1: Immunization Schedule

Vaccine Antigen	Dosage	Do ses	Min. Interval per dosage	Min. Age at Start	Mode of Administ ration	Site of Administr ation	Storage Temperatur e	Remarks
BCG	0.05ml up to 11mo, 0.10ml after 11Mo.	1	N/A	At birth(or first contact)	Intra dermal	Rt. Upper arm	+2 to +8	Only use diluent provided
DPT-Hep- Hib	0.5 ml	3	4 weeks	At 6 wks (or first contact after that age)	IM	Lt thigh upper outer aspect	+2 to +8	Do not freeze
Polio	2 drops	3	4 weeks	At birth or within the first 2 wks (Polio 0) and 6 wks or first contact after 6 wks (Polio 1)	Oral	Mouth	+2 to +8	
Measles	0.5ml	1	N/A	At 9 Mo (or first contact after that age)	SC	Lt Upper Arm	+2 to +8	Only use diluent provided
PCV	0.5ml	3	4 weeks	At 6 wks (or first contact after that age)	IM	Rt. Thigh outer upper aspect	+2 to +8	
HPV	0.5ml	2	6 months	At first contact with 10 year old girl out of school or girl in Primary 4	IM	Left upper Arm	+2 to +8	Do not freeze
IPV	0.5ml	1	N/A	At 14 weeks (or first contact after that age)	IM	Right Upper outer aspect of the thigh	+2 to +8	Do not freeze
Rota	1.5 ml	2	1 months (4 weeks)	At 6 weeks	Orally - slow administr ation on inner Aspect of the check	Mouth	+2 to +8	Do not freeze
Tetanus Toxoid	0.5ml	5	TT1&TT2: One Month TT2&TT3: Six Months TT3 & TT4: One year TT4 & TT5: One year	At first contact with pregnant woman or Women of Child Bearing Age (15 -45 yrs)	IM	Upper Arm	+2 to +8	Do not freeze

STRENGTHENING PARTNERSHIP FOR IMMUNIZATION

Religious leaders are key partners of the immunisation program and important opinion leaders in communities that can help to shift social norms in a positive way. The MOH is in partnership with Religious Leadership to reduce maternal and child mortality in the country. It is in this context that UNEPI in collaboration with UNICEF, GAVI and other partners organized a National Religious Leaders Orientation Meeting to unite over 600 religious leaders from across the country and sensitize them on their role in promoting maternal and child health interventions. This meeting concluded a number of key commitments with all participating stakeholders including: strengthen interpersonal communication and customer care skills of health workers, align FBO activity plans and budget with those of the health sector, hold a national prayer for maternal and child health, deal with wrong religious sects, clarify Terms of Reference for the partnership between MoH and IRCU among others. All these were part of the declaration signed off by his Excellency the president of Uganda, Yoweri Kaguta Museveni and other key stakeholders who graced this occasion. Ministry of Health continues to remind religious leaders about their roles and these commitments. MoH calls upon all stakeholders namely; cultural/traditional leaders, political, religious, parents, school authorities, civic leaders among others to engage more proactively in maternal and child health interventions in particular immunization in bid to reach every community and every child.

KEY UP COMING ACTIVITIES

a) Introduction of Rotavirus vaccine

Diarrhoea is among the top 10 causes of illness in children in Uganda. Rotavirus accounts for almost 40% of diarrheal cases in Uganda and an estimated 10,637 children below 5 years of age die each year due to Rotavirus diarrhoea. Ministry of Health with line ministries is implementing a multi-sectorial approach for diarrheal disease control. Interventions include improvement of water quality, hygiene, and sanitation; provision of oral rehydration solution and zinc supplements; and case management. As a preventive measure for Rotavirus disease, Ministry of Health plans to introduce a new vaccine against Rotavirus diarrhoea caused by the Rotavirus into routine immunization in 2016.

b) Meningitis campaign in 38 high risk districts of Uganda

Ministry of Health plans to conduct a preventive vaccination campaign in 38 high risk districts of Northern and Western Uganda. This intervention is targeting persons aged 1-29 years.