Study on coverage of optional vaccines in 3-6 year old children in an urban setting in Vellore,

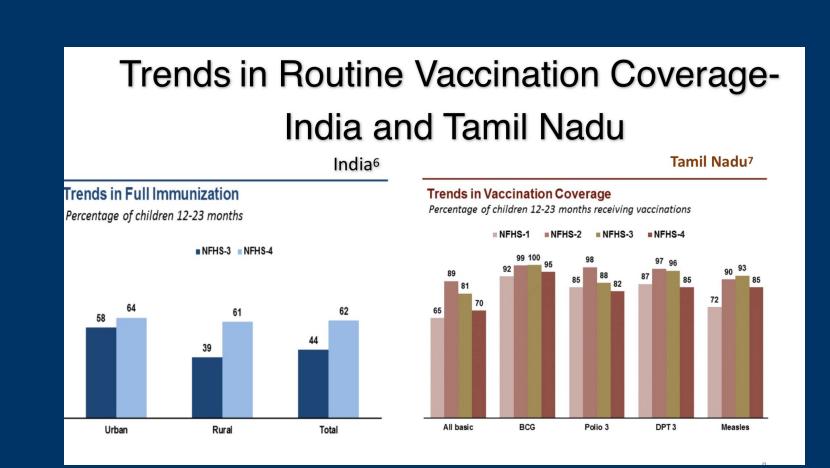
India

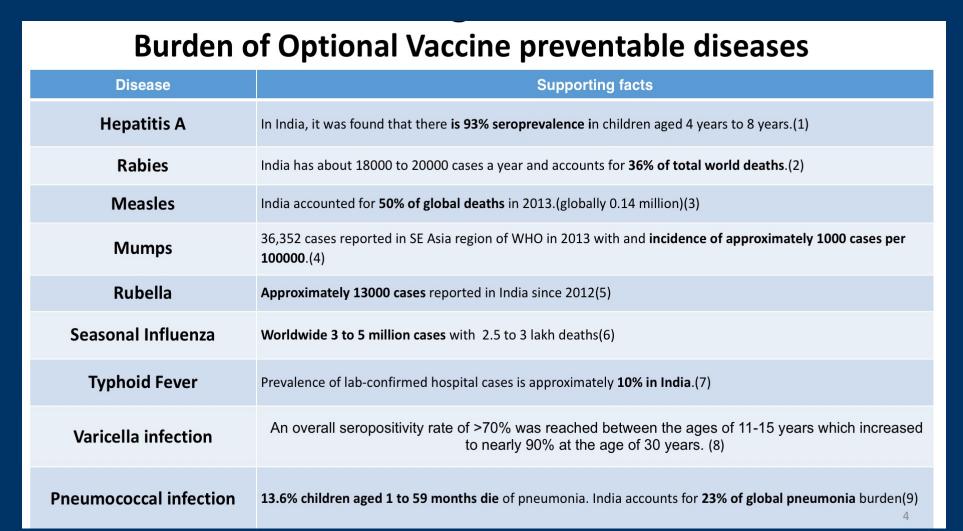
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INTRODUCTION

- Essential vaccines: Includes BCG, polio, DPT, measles, tetanus, hepatitis B, H influenza B, and in a few states, Japanese encephalitis. These are included in the Universal Immunization Program (UIP) and under this program no child can be denied immunization.
- Optional Vaccines: Vaccines that are not included in the Indian National Immunization Programme and given on an optional paid basis. They prevent common causes of morbidity and mortality in the Indian population.
- Optional vaccines included for the study are Hepatitis A vaccine, Pneumococcal vaccine, MMR vaccine, Rabies vaccine, Seasonal Influenza vaccine, Typhoid Vaccine, Varicella vaccine.
- Even though there are effective optional vaccines which prevent them, these diseases are highly prevalent in the study area and form a major bulk of diseases affecting children.
- Despite their proven efficacy and safety, the uptake of optional vaccine has been low since their introduction.(10,11,12)
- No study has been done before to analyse the coverage of optional vaccines in the study area.
- NFSH studies have shown drop in routine immunization rates in the state of Tamil Nadu over the years.
- Factors affecting vaccine uptake has to be studied



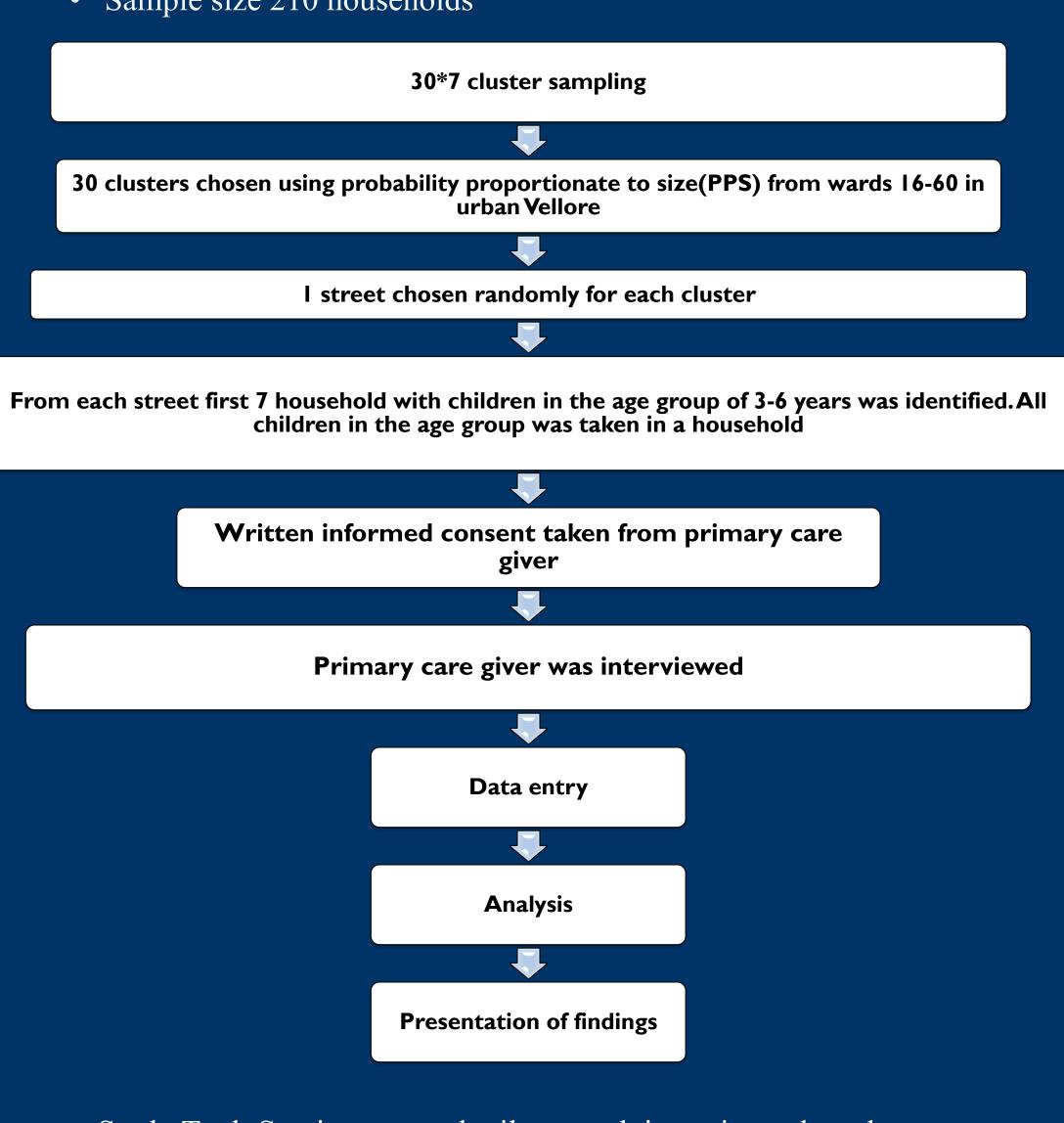


OBJECTIVES

- To estimate the coverage of select optional vaccine among children in the age group 3-6 years in an urban setting of the Vellore district.
- To explore barriers and facilitators towards uptake of select optional vaccines among caregivers to children of age 3-6 in an urban setting of the Vellore district.

METHODOLOGY

- Study Design: A community based Cross Sectional Study
- Setting Of The Study: The study was conducted in the urban population of the Vellore town (Wards 16-60, situated south of the Palar River).
- Study Population: Children in the age group of 3-6 years
- Inclusion criteria: Children in the age group of 3-6 years residing in (Wards 16-60) Vellore Town, all children in a household
- No exclusion criteria
- Period of the study: 2 weeks (14TH March 24th March'18).
- Sample size 210 households

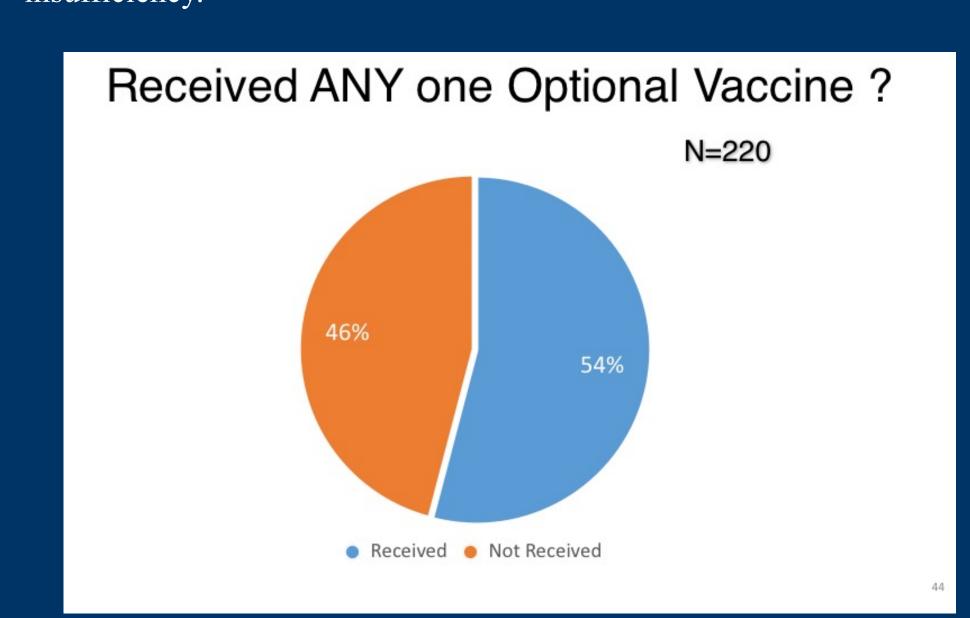


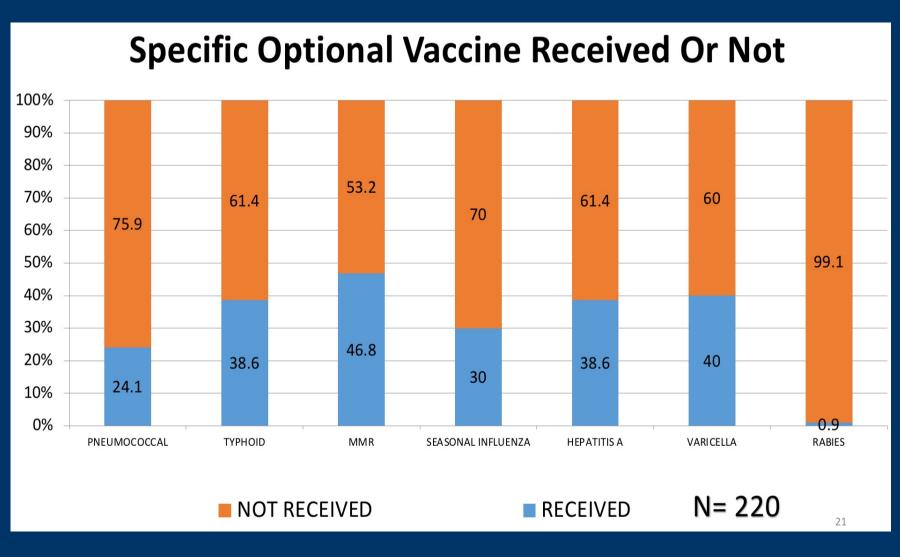
- Study Tool: Semi-structured, pilot tested, interviewer based questionnaire
- Data Entry using **Epidata v 3.1**
- Analysis using SPSS v 25
- Univariate analysis
 - Vaccine coverage as Proportion
 - Continuous variable measures of central tendency
 - Categorical variable as frequency and percentage
- Bivariate analysis
 - Pearson's Chi Square test
- Multivariate analysis
 - Logistic regression analysis

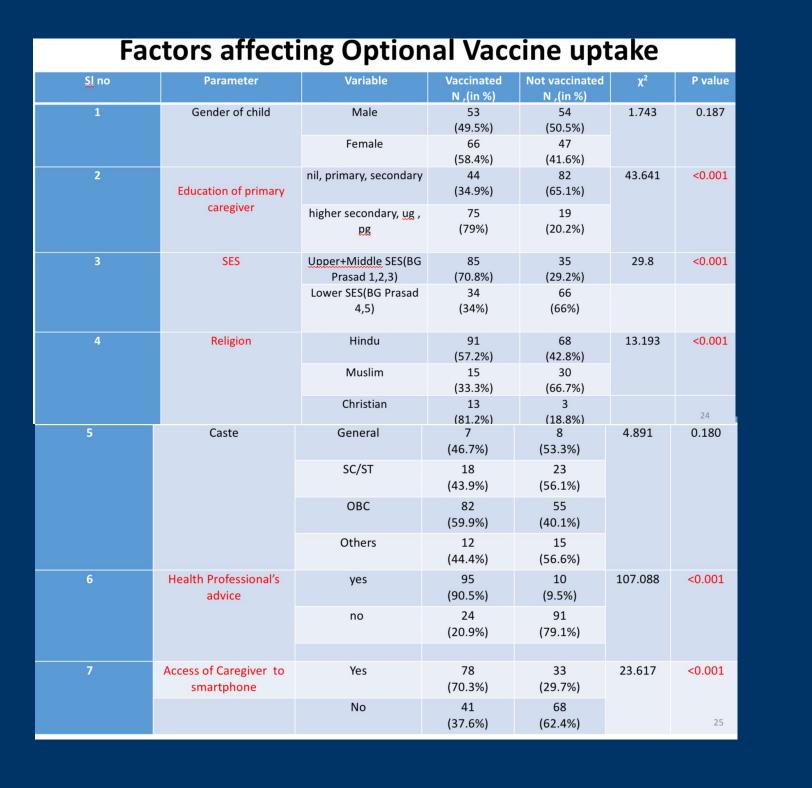


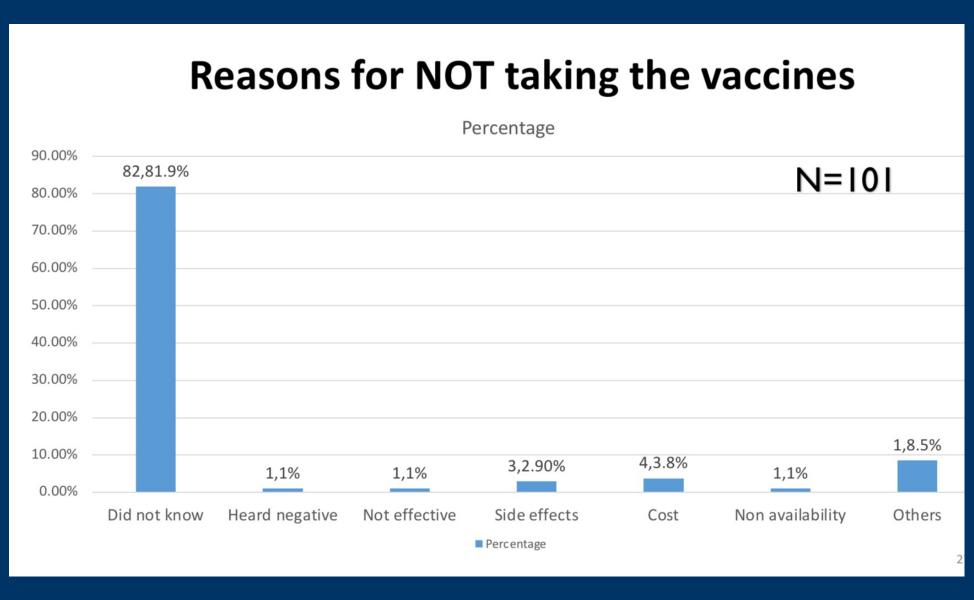
RESULTS

- A total of 220 children from 210 households were included in the study, of which 46% (101) had not received any optional vaccine.
- The individual vaccine coverage were ranged from 0.9% for Anti Rabies vaccine to 46.8% for MMR Vaccine.
- High socioeconomic status (p< 0.001), high maternal educational level (p <0.001), health professional's advice (p<0.001), access of caregiver to smart phones (p<0.001), and birth in a private hospital (p<0.001) were found to be predictors of good vaccine uptake.
- The barriers to vaccine coverage observed were lack of knowledge, cost of the vaccine, non-availability and false knowledge of apparent insufficiency.









CONCLUSION

The coverage and awareness of select optional vaccines among children

aged 3-6 yrs in urban setting:	c	overage awar
1.Hepatitis A -	38.6%	40%
2.Anti-rabies vaccine -	0.9%	16.8%
3.MMR vaccine -	46.8%	48.2%
4. Typhoid vaccine -	38.6%	55.9%
5.Seasonal influenza -	30%	39.1%
6.Pneumococcal vaccine -	24.1%	35%
7. Varicella vaccine -	40%	56.4%

Factors associated with vaccine uptake:			
Promotes Uptake	Barriers for Uptake		
Socioeconomic Status	Lack of Awareness		
Caregivers education	Heard it was inefficient		
Health Professional Advice	Relatively expensive		
Smart phone use	Lack of availability		

Recommendations:

- To encourage medical practitioners and other health care providers to give counselling regarding the uptake of optional vaccines.
- Since mobile phone is an important source for dissemination of health education, it must be utilised to create more awareness among the public.
- To educate of the primary care giver regarding optional vaccines
- Anti-rabies vaccine uptake should be encouraged as rabies is the most lethal disease.

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