

A Guide for National and District Leaders to Promote Routine Immunisation in Uganda



**Leaders, it is time for your urgent action
to get all children in your communities
fully immunised**

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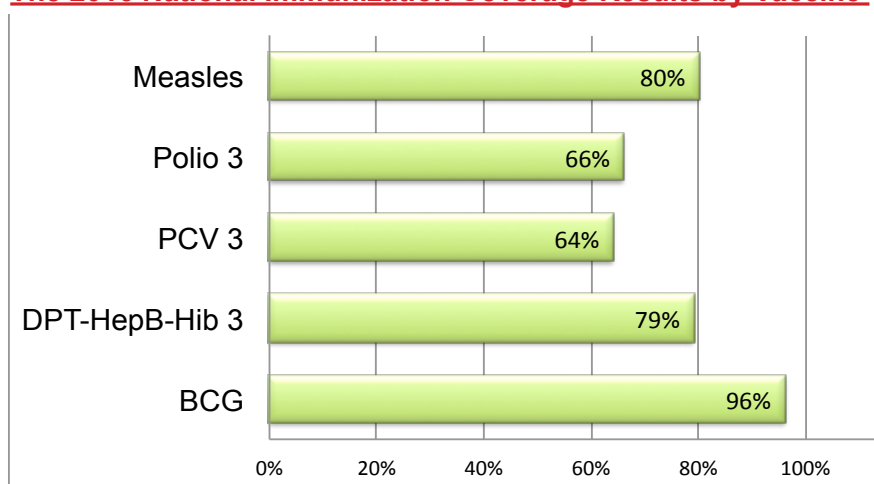
Introduction

The Uganda National Expanded Programme on Immunisation (UNEPI) has been in existence since 1983 with a mandate of ensuring that infants and women of child bearing age are fully immunised. In 1987, the programme was re-launched by His Excellency the President of Uganda with a call on the leaders to support immunisation services throughout the country.

Currently, there is concern by government and development partners that Uganda is experiencing declining trends in immunisation; as the gains that had been achieved were reversed by reported cases of high infant mortality rate which was attributed to vaccine preventable diseases.

The National acceptable coverage for every antigen (vaccine) is 90%. However, according to Uganda Demographic Health Survey (UDHS-2016), the National immunisation coverage indicates the following results:

The 2016 National Immunization Coverage Results by Vaccine



Source: UDHS - 2016

The key challenges

As illustrated in the graph, the UDHS -2016 results indicate that:

- **The national coverage was below the desired average of 90%**, except for BCG (96%)
- While, the majority of parents can access immunisation services at birth since, BCG coverage is at 96%
- **Many parents drop out or fail to go for routine immunisation and do not complete the immunisation schedule.** This is illustrated by the 79% under DPT-HepB-Hib3 and the 64% under PCV3
- It is also a confirmed fact that, the fully immunised children coverage is at 55% (UDHS 2016 report); which indicates that, **a significant proportion of children (45%) do not complete the immunisation schedule**
- HPV 2, coverage is 22% DHIS-II.

This shows that the uptake is low due to inadequate awareness and mobilization for routine immunisation.

All these are key challenges and call for urgent action from you as a leader, and to all service providers, to get all children in our communities fully immunised. There is need for intensive

mobilisation and health education of the masses. It is also vital to attain and maintain coverage of all routine vaccines above 80 percent, both at district and national levels.

What are the benefits of Immunisation

Immunisation is one of the most powerful and cost effective health interventions. In addition to saving lives; vaccination can greatly reduce the burden of illness and disability from vaccine-preventable diseases, and contribute to improving child health and welfare, as well as reducing hospitalisation costs.

Immunisation will:

- Strengthen a child's ability to fight diseases.
- Reduce chances of children suffering from the 11 Childhood immunisable diseases.
- Prevent lameness, blindness, liver disease, cancer of the cervix among others.
- Contribute to a child's proper growth and development.
- Reduce costs in terms of time and money spent on treatment which would have contributed to socio-economic development.
- Protect the mother and her unborn baby from Tetanus.

What is Routine Immunisation?

Routine immunisation is about ensuring that all children receive the recommended types of vaccines (vaccination) on time, at the right age, in accordance to the recommended schedule by age and gender and with ease of access to the point of vaccination.

The word routine, implies, that the service/activity is a norm and regular. The routine immunisation goal is to provide needed vaccines to all eligible persons, as early as conception, at birth and in the different stage of growth.

Routine Immunisation is therefore a good indicator of the functionality (efficiency and effectiveness) of the health care system both at country and district levels.

Routine Immunization services are provided through static (health facilities) and outreaches services (strategic locations within the community).

Ministry of Health occasionally organises special immunisation services in an effort to catch up, reach the people in the hard to reach areas, to introduce a new vaccine or address an emergency outbreak, these efforts are normally referred to as:

- Supplemental Immunization Activities (SIAs) which are organized periodically to interrupt the transmission and spread of diseases like measles or polio eradication and Maternal-Neo Tetanus (MNT) elimination.
- Accelerated routine immunization
- Surveillance and Outbreak response

Who should be vaccinated?

- All children below one year.
- All women of childbearing age (15-49) years including pregnant women.
- All girls aged 10 years in and out of school, should be vaccinated against cancer of the cervix with two doses of the HPV vaccine.

List of Vaccine Preventable Diseases

The table below outlines the key vaccines that a child should get to be considered as fully immunised. As a leader, always be informed of the immunisation performance in your area and continuously work with your team to lay strategies to improve the immunisation status.

Disease	Description	Vaccine
• Tuberculosis	Tuberculosis or TB, as it's commonly called is caused by bacteria. It is a contagious infection that usually attacks the lungs.	BCG
• Poliomyelitis	Polio is a highly infectious viral disease that can cause irreversible paralysis.	OPV/IPV
• Diphtheria	Diphtheria is a highly contagious and potentially life-threatening bacterial disease that usually affects the upper respiratory tract, but can also infect the skin.	DPT --HepB -Hib
• Whooping Cough	Whooping cough is a serious disease caused by bacteria. Whooping cough is also known as pertussis.	DPT --HepB -Hib
• Tetanus	Tetanus is caused by a bacterium. Common in dirty wounds or in the umbilical cord if it is not kept clean. It produces a toxin which can cause serious complications or death.	DPT-HepB --Hib
• Measles	Measles is a highly contagious disease caused by a virus, which usually results in a high fever and rash, and can lead to death.	Measles Vaccine
• Hepatitis B infection	Hepatitis B is a viral infection that attacks the liver.	DPT-Hep B
• Cancer of the Cervix	Human papillomavirus is the most common viral infection of the reproductive tract, and can cause cervical cancer, other types of cancer, and genital warts in both men and women.	HPV vaccine
• Pneumococcal infections (pneumonia and meningitis)	Pneumococcal diseases include pneumonia, meningitis as well as sinusitis and bronchitis.	Pneumococcal Conjugate Vaccine
• Haemophilus Influenza	Haemophilus influenza type b (Hib) causes meningitis and pneumonia.	DPT --HepB -Hib
• Diarrhoea	Rotaviruses are the most common cause of severe diarrhoeal disease in young children.	Rotavirus vaccine

Source: World Health Organisation

How many times should a child be taken for immunisation?

A child must be taken for immunisation 5 times before her/his first birthday, according to the immunisation schedule below:

IMMUNISATION SCHEDULE




There is a schedule for:

1. Schedule for Children below one year

- The schedule reflects all the vaccines a child should get before their first birthday and to be considered as fully immunised

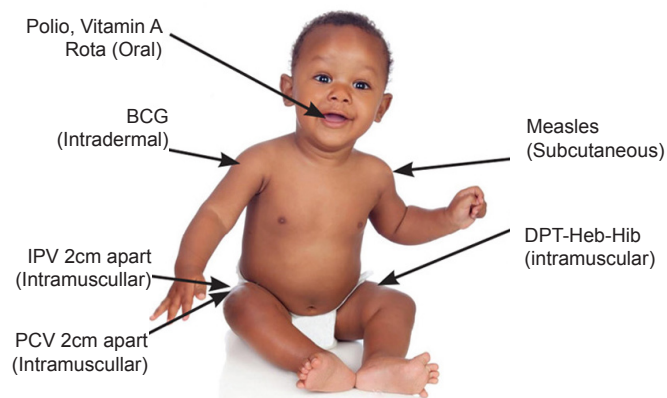
NUMBER OF VISITS	AGE OF THE CHILD	VACCINE	DISEASE PREVENTED	HOW AND WHERE VACCINATION IS GIVEN
1st	AT BIRTH	Polio 0	• Polio	2 Drops in the mouth
		BCG	• Tuberculosis	Injection on the right (upper arm)
2nd	AT 6 WEEKS (One and a half month)	Polio 1	• Polio	2 Drops in the mouth
		DPT-HEPB-HIB 1	• Diphtheria, • Whooping cough, • Tetanus, • Hepatitis B, • Haemophilus influenza type B	Injection on the (left thigh)
		Pneumococcal Conjugate Vaccine 10 (PCV1)	• Meningitis and • Pneumonia (caused by streptococcal Pneumoniae)	Injection on the (right thigh)
		Rotavirus Vaccine1	• Diarrhoea	Slow release into the mouth (Baby sucks)
3rd	AT 10 WEEKS (Two and a half months)	Polio 2	• Polio	2 Drops in the mouth
		DPT-HepB-Hib 2	• Diphtheria, • Whooping cough, • Tetanus, • Hepatitis B, • Haemophilus influenza type B illnesses	Injection on the (left thigh)
		Pneumococcal Conjugate Vaccine 10 (PCV 2)	• Meningitis and • Pneumonia (caused by streptococcal Pneumoniae)	Injection on the (right thigh)
		Rotavirus Vaccine 2	• Diarrhoea (caused by Rotavirus)	Slow release into the mouth (Baby sucks)
4th	AT 14 WEEKS (Three and a half months)	Polio 3	• Polio	2 Drops in the mouth
		Injectable Polio Vaccine (IPV)	• Polio	Injection on the (left thigh)
		Pneumococcal Conjugate Vaccine 10 (PCV 3)	• Diphtheria, • Whooping cough, • Tetanus, • Hepatitis B, • Haemophilus influenza type B illnesses	Injection on the (right thigh)
5th	At 6 months and every 6 months until child is 5 years	Vitamin A Supplement	• Prevent blindness and strengthen resistance against other diseases	Drops in the mouth
5th	AT 9 MONTHS	Measles Vaccine	• Measles	Injection on the (left arm)

Parents take your children for immunisation 5 times before their first birthday
All vaccines are SAFE, EFFECTIVE and FREE
(For further information please contact: Toll free line: 0800100066)


EPI vaccines and route of administration

Vaccines are given to a child through the mouth (orally) and/or by injection.



2. Schedule for TD Vaccine

- The schedule for Tetanus and Diphtheria (TD) shows the number of doses a women should get to be fully immunised against Tetanus and Diphtheria.






THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

UGANDA TETANUS - DIPHTHERIA IMMUNISATION SCHEDULE


Number of visits	Age	Vaccine given	Disease Prevented	How and where the vaccine is given
1st Dose	Women of Child bearing age (At 15 to 49 years)	Tetanus Diphtheria (TD1) Vaccine	Tetanus Diphtheria	Injection on the upper arm
2nd Dose	1 Month after 1st dose	Tetanus Diphtheria (TD2) Vaccine	Tetanus Diphtheria	Injection on the upper arm
3rd Dose	6 Months after 2nd dose	Tetanus Diphtheria (TD3) Vaccine	Tetanus Diphtheria	Injection on the upper arm
4th Dose	12 Months (1 Year) after 3rd dose	Tetanus Diphtheria (TD4) Vaccine	Tetanus Diphtheria	Injection on the upper arm
5th Dose	12 Months (1 Year) after 4th dose	Tetanus Diphtheria (TD5) Vaccine	Tetanus Diphtheria	Injection on the upper arm

The TD vaccine protects Women of Child Bearing Age from Tetanus and Diphtheria
All vaccines are **SAFE, EFFECTIVE** and **FREE**
For further information please contact: Toll free line: 0800100066

3. Schedule for HPV Vaccine

- The HPV schedule shows the number of doses to be given and to be fully immunised against cervical cancer.



THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

UGANDA HPV VACCINE IMMUNISATION SCHEDULE

Immunisation Schedule for HPV vaccine to protect girls against Cancer of the Cervix

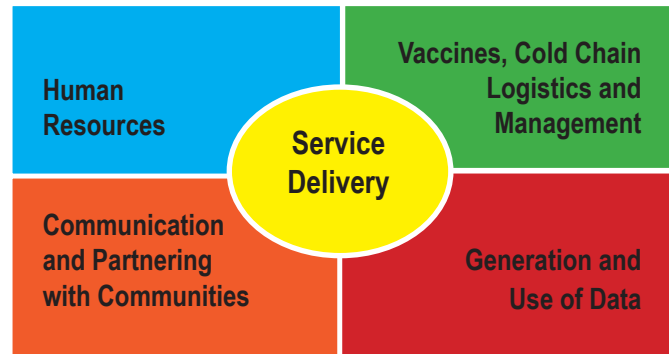
Number of Visits	Age	Vaccine given	Disease prevented	How and where the Vaccine is given
1 st Dose	Girls at 10 years of age, in and out of school	Human Papilloma Virus (HPV) Vaccine HPV 1	Cancer of the Cervix	Injection on the upper arm
2 nd Dose	Six Months after 1 st dose	Human Papilloma Virus (HPV) Vaccine HPV 2	Cancer of the Cervix	Injection on the upper arm

What does it take to provide routine immunisation?

It takes a combination of human and logistical activities/events to ensure the regular delivery and uptake of vaccines and the monitoring of their positive & adverse impact.

Components of routine immunisation include:

- Vaccine supply, quality and logistics
- Human resource
- Surveillance
- Service delivery
- Communication and linking services to communities



The main roles of the national level leaders and technical teams:

- Conduct and coordinate regular technical committee meetings, on a quarterly basis
- Promote policy, standards and disseminate guidelines
- Improve financing for routine immunisation
- Improve coverage
- Improve people's knowledge on immunisation, improve attitudes and lead to increased demand and better uptake of the services.
- Ensure good planning and information sharing from the point of vaccination to the national level, and vice versa
- Develop strategies to reach the 'hard-to-reach' and 'hard-to-convince'
- Be a role model by making sure that your own children are fully immunised
- Counter rumours and misinformation about immunisation with correct information.
- Work closely with the Ministry of Health and Development Partners at national level for planning, implementation, monitoring and evaluation of immunisation services.

What are the specific tasks at the district level?

- Coordinate and work well with other key actors - routine immunisation requires team work, good planning, consistent reporting and supportive supervision
- Lobby for better financing and resource mobilisation
- Provide regular support supervision to the health facilities to strengthen the service delivery systems in your district.
- Review health staff existence, their skills and motivation
- Review existence and quality of the cold chain management system
- Ensure that managers of health facilities conduct session planning, conduct out-reaches and update of micro-plans

- Initiate and maintain active social mobilisation for routine immunisation, that is: inform, teach and convince
- Mobilise and engage other influencers, like religious and cultural leaders, schools, local artisans and entertainers, to promote routine immunisation and to mobilise parents.
- Work with the local media to inform and mobilise parents
- Follow up on those who miss-out and the defaulters
- Support and promote active surveillance
- Be a role model by making sure that your own children are fully immunised
- Counter rumours and misinformation about immunisation with correct information
- Distribute IEC materials to the community during mobilisation sessions

Key Messages

- Immunisation protects children against the 11 vaccine preventable diseases
- Immunisation should be completed in the first year of a child's life and in accordance to the immunisation schedule.
- The vaccines are **safe, effective and free**. The vaccines have been approved by MOH, World Health Organisation (WHO) and UNICEF.
- Remind parents and caretakers to keep their child health cards and take them to the health unit every time they visit a health facility for immunisation.
- It is safe to immunise a child who has a minor illness, disability or is malnourished. Very sick children should be treated first and immunized on discharge.
- Additional doses of vaccines during Supplemental immunization Activities (SIAs) strengthen children's defense system against diseases. Support supplemental Immunization Activities at national, district and community level.
- Remember to tell parents and caretakers to take their children for Vitamin A supplementation when children are 6 months old and after every 6 months until they are 5 years old. Vitamin A strengthens a child's defense system to fight diseases and also prevents blindness.
- Remember to keep records of children who have been immunized, dropped out and have not completed immunization in your area.
- Immunization of children is a government priority and children have a right to be immunized
- All leaders have a responsibility to mobilize communities and ensure that all children below one year in their districts and communities are fully immunized against childhood vaccine preventable diseases.
- Immunized children are a foundation for socio-economic development of a nation

The success of immunisation services in this country greatly depends on your involvement in the programme at different levels so that communities are motivated to utilize these services.

The Ministry of Health appeals to you as a leader, to continue supporting the immunisation programme at national, district and community level.

For more information about immunisation

Contact: The Health Promotion and Education Division
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