



COALITION to STRENGTHEN
the HPV IMMUNIZATION
COMMUNITY



Govt of Sikkim



HPV Prevention
and Control Board



THE INCLEN TRUST INTERNATIONAL

Health Information Systems: Overview & challenges, Data reporting and collection mechanism for HPV vaccination programs and the research gaps to improve health information system

Present by:

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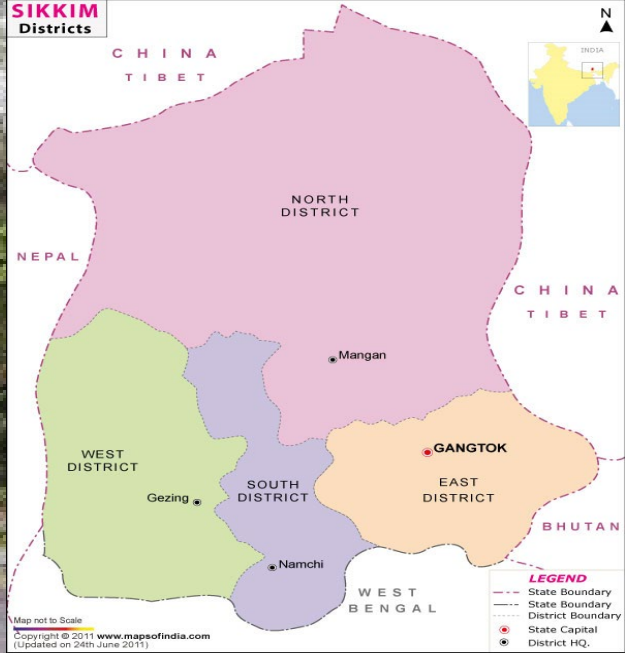
South Asian Meeting

HPV Prevention and Control Landscape and the way forward.

13th , 14th and 15th - Dec 2022– New Delhi, India.



MEETING CUM AWARENESS PROGRAMME
WITH PARENTS-SMC & ANG SCHOOL HEALTH NOODLE TEACHER ON
HPV VACCINATION (HUMAN PAPILLOMA VIRUS)
at
Govt. Sec. School, Sardong
West Sikkim
Venue: Govt. Secondary School Hall Sardong, West Sikkim
Date: 20th May 2015 (Wednesday)
Time: 10.00 a.m.



Background

- In Sikkim, Cervical cancer is the 2nd commonest cause of cancers in women, accounting for approximately 10% of all female cancer cases.
- Sikkim is the 22nd state in NE India bordered by Bhutan in the East, Tibet (Autonomous region of China) in the North & North east, Nepal in the West & West Bengal in the South. Sikkim is also close to Siliguri Corridor which borders Bangladesh. The Kanchenjunga National Park covers almost 35% of the state.
- As per PBCR Sikkim report of 2015, Total no. of cancer cases in females was 217 out of which 25 cases were Cervical Cancer.
- Though the number of cases were small major hurdles encountered were :
 - Absence of reliable & comprehensive cancer care facilities & specialists in the state
 - Small no. of cases in the state hence creating extensive infrastructure within the state for a small population that were not cost effective.
 - Compliance with Cervical Pap smear screening was low.
 - Patients came to treatment facilities when they were in an advance stage
 - Patients had to be referred to higher centers outside state causing huge economic burden to families. Hence, the need for a state-wide Immunization drive was felt.
 - Govt. of Sikkim introduced HPOV vaccine in campaign mode from 30 July 2018, free of cost entirely from state budget thus becoming the 1st State in India to start HPV vaccination in the entire state.



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Data reporting and collection mechanism for HPV vaccination program

- Forms for reporting & recording various components & data's was developed & trainings to all concerned were given to ensure correct documentation & timely reporting throughout the campaign phase of HPV vaccination Programme in Sikkim.
- Coverage data was submitted to the office of the State Immunization Officer on a daily basis from all vaccination sites/schools which was monitored to check for any left-outs during HPV vaccination Programme in Sikkim.
- Sikkim faced no challenges in recording & reporting of HPV data's as all concerned personnel were sensitized prior to the launch of HPV vaccination campaign. During the campaign phase, Sikkim records 96.69% 1st dose & 97.85% 2nd dose coverage.



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Forms for reporting / recording data's for HPV vaccination programme in Sikkim

1. Form B – Baseline Information
2. Form 1 – School Information
3. Form 2 – Beneficiaries due list cum tally sheet
4. Form 3 – For missed out girls
5. Form 4 – PHC level compilation of school information
6. Form 5 – due list for 1st & 2nd dose of HPV vaccine & information regarding no. of vaccinators required
7. Form 6 – Health facility team micro-planning form
8. Form 7 – District / UPHC Micro -planning form
9. Form 8 – Vaccinator tally sheet
10. Form 9 – PHC/UPHC HPV vaccination reporting format
11. Form 10 – District HPV vaccination reporting format
12. Form 11 – State HPV vaccination reporting format
13. Form 12 – HPV vaccination health facility AEFI reporting format
14. Form 13 – HPV vaccination District AEFI reporting format



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Health facility wise(PHSC/PHC/ District) baseline information (To be filled by ASHA)

State Sikkim
Sector (sub-centre)/Urban
Area:

District:
Name of
Supervisor:

PHC:
Name of
Health
Worker:

Sl. No	Name of Village/ Urban Area	Name of Schools/any educational institutes in the Village / AWC	Setup of the school/ institute SG = State Govt CG = Central Govt Aided Private = Pvt	Board of affiliation of the school/ Institute SB = State Board/ CBSE/ ICSE/ O = Others	Name of the Principal / Headmaster/ Headmistress/ AWW	Contact Number of the school/ Principal / Head master/ Headmistress/ AWW	Name, phone number & email id of the Nodal teacher for HPV campaign in the school	Number of girl beneficiaries of 9 yrs + to < 14 years (Estimated)	School timing	Whether cross verified with the list provided by the education dept? (Y/N/NA)
	a	b	c	d	e	f	g	h	i	l
			SG / CG / Aided / Pvt	SB / CBSE/ ICSE / O						
			SG / CG / Aided / Pvt	SB / CBSE/ ICSE / O						
			SG / CG / Aided / Pvt	SB / CBSE/ ICSE / O						

Signature with Designation:

HPV Campaign 2018, Form No.-7 Round (1/ 2)

To be filled by DRCHO/ Urban Nodal Officer

District / UPHC Micro Plan for Health Facility Teams					
Name of district:					
Name of DRCHO / UPHC Incharge:			PhoneNo. of DRCHO/ UPHC In-charge:		
PHC/UPHC	Name of Session sites	Date of Vaccination	Name and phone Number of Nodal Medical Officer	Name, designation and phone Number of Vaccinator	Name and designation of Recorder

Signature with Designation:

HPV Campaign 2018,Form No.-12

Round (1 / 2)

HPV Vaccination-Health Facility AEFI reporting format

Name of District

vaccinationSite

Name of Nodal officer Phoneno. of Nodal officer

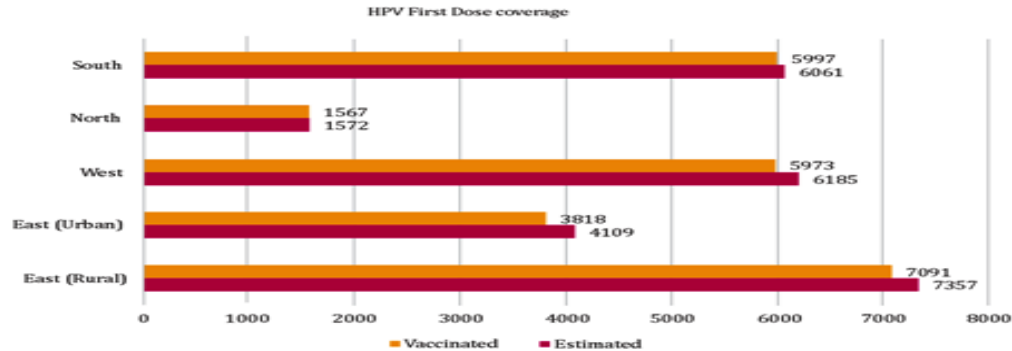
Name of Girl	Name of School	Govt Govt. aided Private	First second dose	Type of AEFI (Put Y/N)			Mention nature of AEFI				
				Severe	Serious	Minor	Syncope	Dizziness	Nausea	Anaphylaxis	Others (Specify)
Total No. of AEFIs reported	Type of AEFI			Mention nature of AEFI							
	Severe	Serious	Minor	Syncope	Dizziness	Nausea	Anaphylaxis	Others (Specify)			

Name and designation of vaccinators:

Name, designation, signature of supervisor

Programmatic Achievement

- Overall, 96.68% coverage was achieved during the first round and 94.61% during the second round of the HPV vaccination campaign across the state
- In terms of absolute number of girls in the target age group of 9 to <14 years, 24,446 girls received first dose of the HPV vaccine out of an estimated 25,284 girls during first round and 23,922 girls received the second dose of HPV vaccine. The 1st round of the campaign continued till 14th August 2018 & 2nd dose was administered from 23rd April 2019 to 4th May 2019 due to closure of schools for winter vacation. Fresh cohort & drop out 9 to 14 years old girls was vaccinated with HPV vaccine from May 2019 till March 2020. 4594 9-14 years girls were vaccinated with 1st dose & 5113 9-14 years girls were vaccinated with 2nd dose during that period. Due to COVID-19 pandemic & lock downs we were not able to cover maximum beneficiaries during 2020.



Programmatic Achievement (contd..)

- HPV vaccine has been incorporated into Routine Immunization in Sikkim following 2 rounds of campaign, 2 doses of HPV vaccine 6 months apart is being administered to all fresh 9 years+ girl beneficiaries throughout the state at all health facilities & Community sessions biannually in Routine Immunization
- Fresh 9000 doses were procured from the state budget during 2020 which was fully utilized. HPV vaccination had stopped during 2021 & mid 2022 due to non availability of the vaccine & budget constraint.
- Fresh procurement of 9000 more doses have been processed during November 2022.

Incidence of AEFIs

Table 5: Incidences of AEFI reported from the districts during the first round

District	Severe AEFI	Serious AEFI	Minor AEFI	Break up by types of AEFI					Other
				Syncope	Dizziness	Nausea	Headache	Pain	
East (R)	0	0	61	0	15	7	30	5	4*
East (U)	0	0	23	0	2	9	11	1	0
West	0	0	17	1	11	1	4	0	0
South	0	0	15	0	3	8	3	0	1**
North	0	0	3	0	0	0	0	2	1***
Total	0	0	119	1	31	25	48	8	6

Table 6: Incidences of AEFI reported from the districts during the second round

District	Severe AEFI	Serious AEFI	Minor AEFI	Break up by types of AEFI					Other
				Syncope	Dizziness	Nausea	Headache	Pain	
East (R)	0	2	2	0	2	0	0	0	0
East (U)	0	1	25	1	9	7	2	3	3**
West	0	0	5	0	3	1	0	0	1
South	0	0	47	1	4	4	0	0	38*
North	0	0	4	0	1	0	0	3	0***
Total	0	3	83	2	19	12	2	6	42

* Weakness ** Pain abdomen *** Swelling at injection site

Challenges

- Launching delayed due to few negative social media posts & lengthy paper work process for vaccine procurement
- Debunking the myths related to HPV & general doubt in the public
- Apprehension from Pvt. & Govt. Aided Schools
- Problem of tracking migrated girls during the 2nd round
- Collection of vaccines from Bagdogra (5hrs journey by road), Siliguri during monsoon season due to frequent landslides & road blockages due to hilly terrain
- Narrow roads & traffic congestion lead to delay in vaccine transportation to session sites & schools

Research Gaps for Improvement

- Incorporation of HPV vaccine into Routine Immunization
- Timely allocation of budget for HPV vaccine procurement
- Documentation of HPV card subsequently to be incorporated in the Immunization Card (MCP card)
- Media sensitization & interaction with expert panel (STAG)
- Line listing of Govt. & Pvt. Schools with online & off line registration as was done during COVID vaccination in the CoWin portal.
- Political motivation & cooperation is very important for HPV programme
- Pro active role from partner agencies

THANK YOU