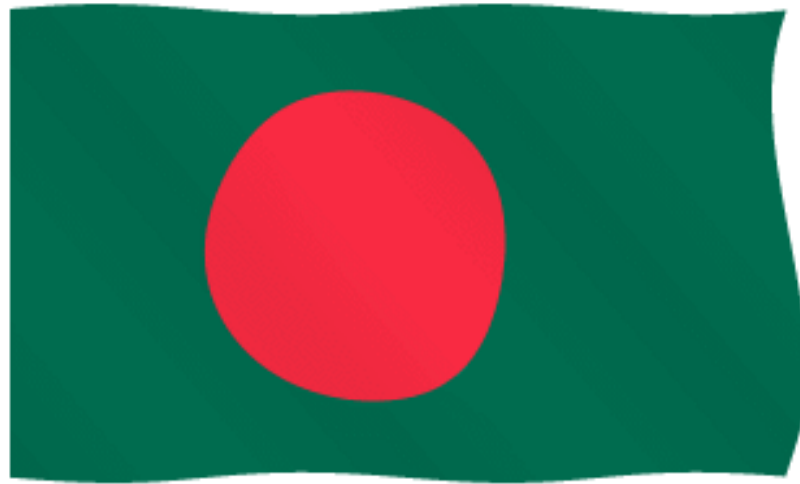


Measles Rubella Vaccination Experience

Bangladesh



Dr. Rajib Sarkar
Bangladesh

Vaccination Schedule

- Measles Rubella Vaccine (1st Dose) After 09 month of age
- Measles Rubella Vaccine (2nd Dose) After 15 Months of age

Key Highlights

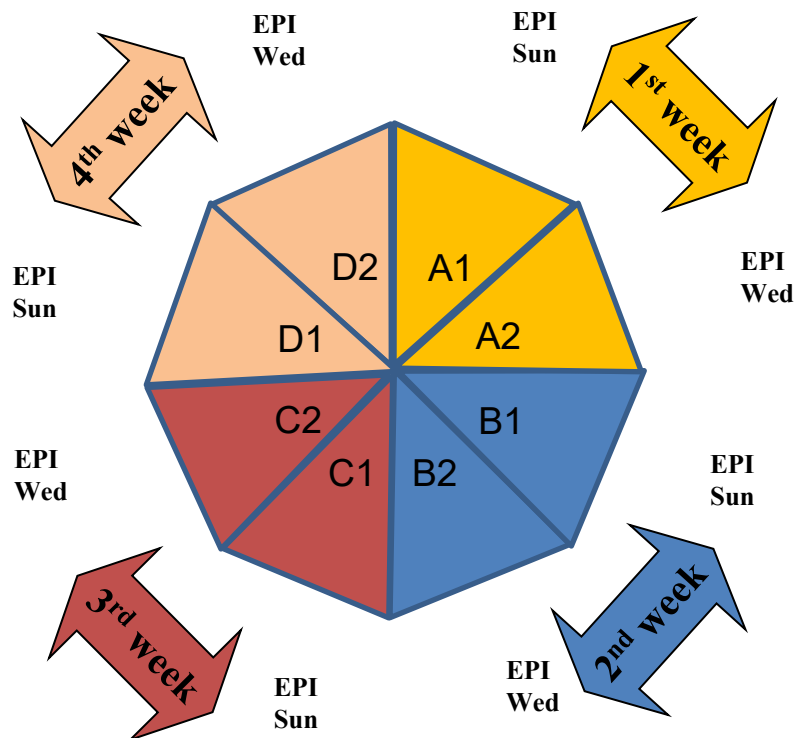
- 1979 : Introduced MCV-1
- 2003 : *Laboratory supported measles surveillance initiated*
- 2005/2006, 2010: *Conducted nationwide MCV catchup and follow-up campaign*
- 2008 : *Laboratory backed Case-based suspected measles surveillance initiated*
- 2012 : MRCV-1 and MCV-2 introduced
- 2012 : *Case-based Congenital Rubella Syndrome (CRS) surveillance with laboratory support started*
- 2014: *Nationwide MR catchup campaign*
- 2015: MRCV-2 introduced (replacing MCV-2)
- 2018 : *Rubella & CRS controlled certification*
- 2020 : *Significant impact of COVID-19 on measles and rubella activities*
- 2020: *MR follow-up campaign conducted from 12 December 2020 - 08 February 2021 (vaccinated 36 million children)*
- 2021: *Adopted Fever rash definition for suspected measles in June 2021*
- 2022: *Introduced 5-doses MR vials*

Schema of Immunization Service Delivery System

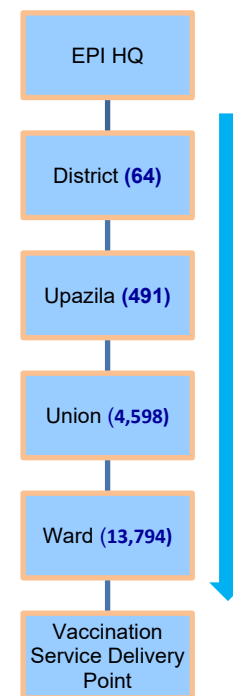
Ward Level

- The immunization service is provided mainly through outreach sites.
- In rural areas, immunization services are delivered by Health Assistants & Family Welfare Assistants
- In Urban areas, immunization services are provided by MOLGRD and NGOs
- There is supervision and monitoring system of quality service delivery.

Immunization Services System



Service delivery in Rural Area

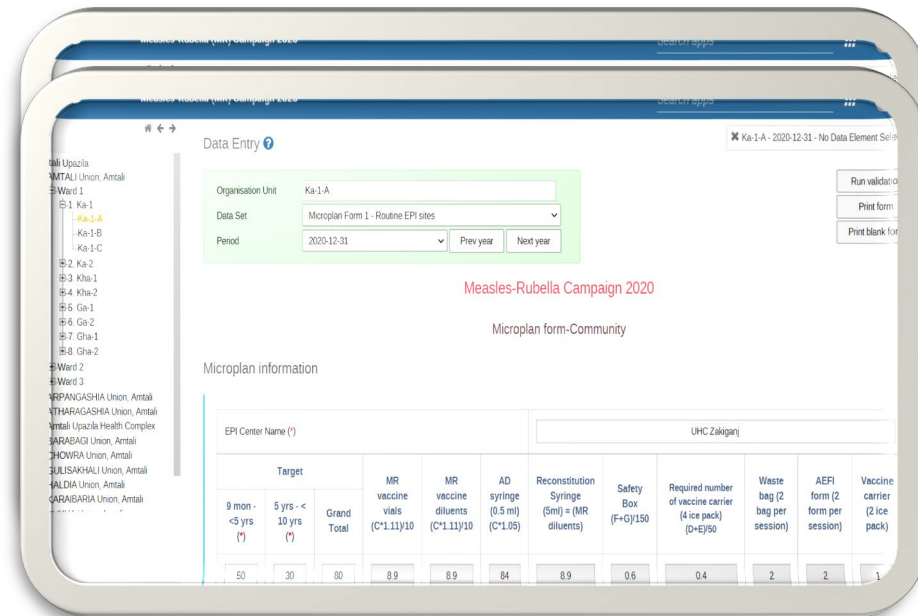
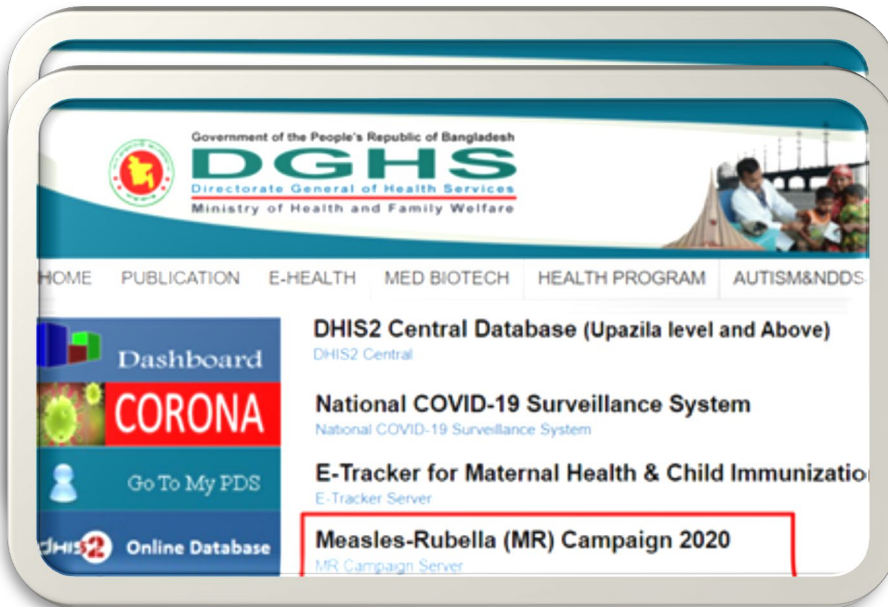


Two sessions in 2 sub-blocks per week in each of the rural wards covering all 8 sub-blocks in a month. The cycle repeats in each of the months

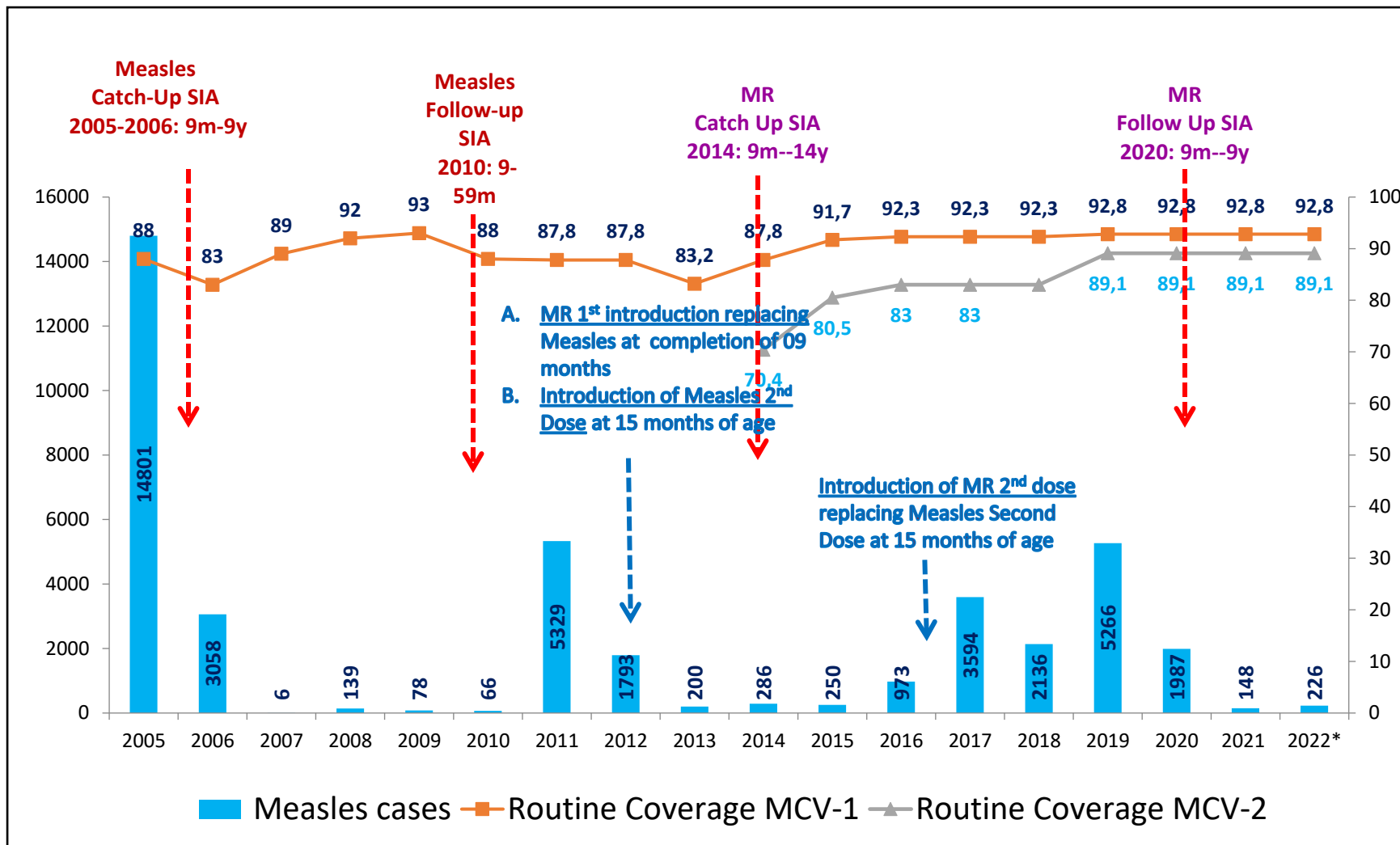
Data collection and Reporting Mechanism – MR Vaccine

- Web-based Dhis-2 System
- Online Micro-Planning
- Daily and Monthly Vaccine and Logistic distribution
- Daily reporting of Vaccination

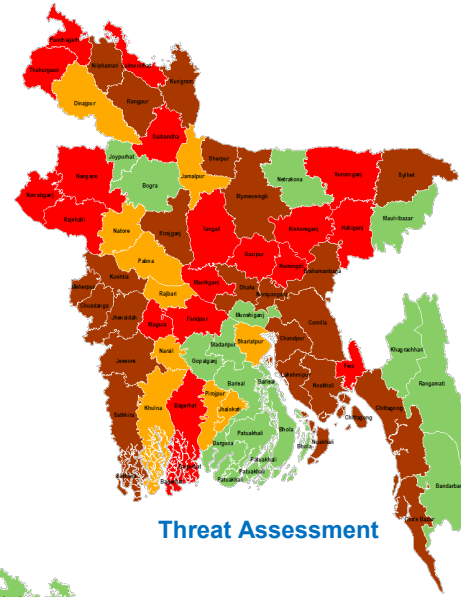
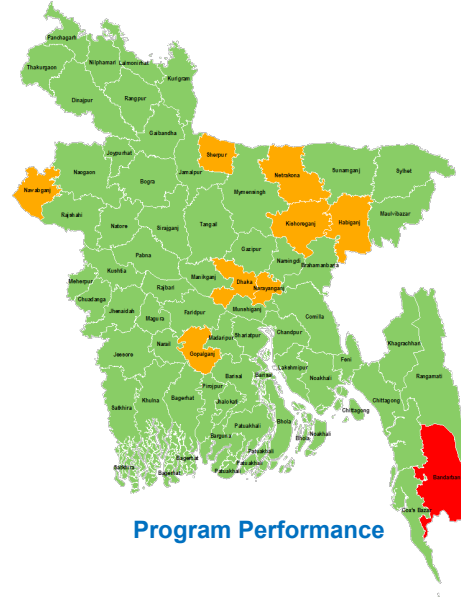
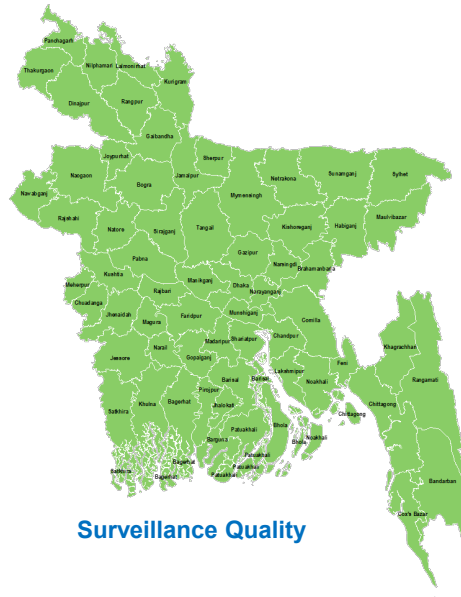
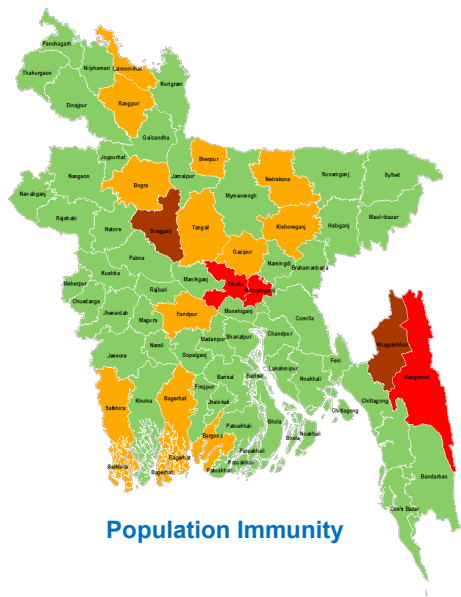
DHIS-2 Android App
GPS Co-ordinates for Supervision app, Household Visit & RCM
Development of a Public Dashboard



Impact of routine and supplementary vaccination on reporting of measles cases, 2005-2022*

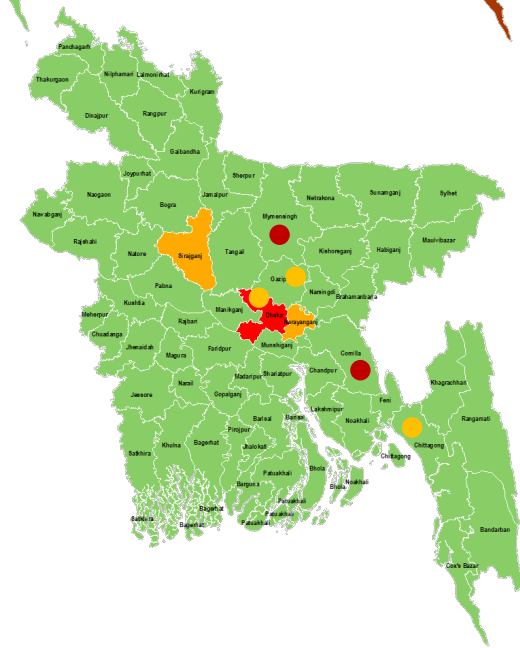


Measles Risk Assessment for 2022 using best estimate of admin coverage (2019-2021) and CES 2019



Risk Category	# of District	Population	% of Population
Low Risk	66	145,145,291	84%
Medium Risk	6	17,567,859	10%
High Risk	2	1,251,060	1%
V High Risk	2	8,845,174	5%

Total 64 District and 12 City Corporation= 76 Units



Key Issues and Challenges

- Sustain high routine MRCV coverage (2 doses of MRCV $\geq 95\%$ at sub-district (upazila) within country)
- Early detection suspected measles case and reinforcing CRS surveillance
- Throat swab samples coupled with serum samples (≤ 5 days of rash onset)
- Expansion and establishing measles lab network under National Lab
- Capacity of national lab personal for genotyping
- Availability of genotype result for tested samples within stipulated time
- COVID-19 pandemic

Key efforts made

- MR follow-up campaign conducted in 2020-'21 (36 million children vaccinated); high coverage achieved
- EPI & surveillance review 2021 conducted (WHO and Govt) in high priority districts and City Corporation
- During World Immunization week, missed children identified and listed
 - MR 1 : >120,000 children vaccinated
 - MR-2 : >54,000 children vaccinated
- Quarterly MR bulletin Developed, printed and circulated to all level
- App based real time monitoring of routine EPI session and community (house-to-house) developed and initiated in Jan 2022

Way forward

- Maintain highest level political commitment
- Achieve and maintain high MR 2 doses ($\geq 95\%$) through routine vaccination in all districts and sub-districts; identify and vaccinate MR zero dose children,
- Adjusting policy decision to increase MR vaccination in older age children
- Establish electronic tracking system for children missed MR vaccine
- Mapping of HTR/HR areas and implement geographically and culturally acceptable innovation to increase MR2 dose vaccination
- Analyse the trend of immunization coverage in the consistently low performing districts especially the districts with low access & low utilization (<95% coverage with MR1 and >5% drop out from MR1 to MR2)

MR campaign 2020 activities



RCA in MR campaign



Vaccination in MR campaign



Finger mark checking in MR campaign

A red banner with white and blue text and silhouettes of people. The banner features a white arrow pointing right with the text "MEASLES MOVES FAST" in red. Below it is a blue arrow pointing left with the text "TOGETHER WE MOVE FASTER" in white. The background of the banner is red and contains silhouettes of people: a person on the left, a person in the center, and a person on the right holding a flag. There are also some small white dots in the center.

MEASLES MOVES FAST

TOGETHER WE MOVE FASTER

Thank You