

# Measles Rubella Vaccination Campaign Kerala

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South-East Asia Regional Countries have resolved (WHO SEAR resolution) to eliminate Measles and control Rubella/Congenital Rubella syndrome (CRS) by year 2020. India being a signatory is fully committed to it and in that direction, as per the recommendation of the National Technical Advisory Group on Immunization (NTAGI) in June, 2014 which has recommended the introduction of measles-rubella vaccine in routine immunization program, following a nation-wide MR campaign, and replacing both doses of measles vaccine at 9-12 months and 16-24 months with MR vaccine under routine immunization immediately.<sup>1</sup>

MR vaccine introduction campaigns are being rolled out in a phased manner, targeting children aged 9 months to 15 years irrespective of their previous measles/MR vaccination status or history of measles or rubella illness.

The MR campaign will be conducted across India during 2017-18. Phase 1 of campaign has been completed in 5 states during February 2017. Kerala has been included in Phase 2 of campaign with 7 other states from August 2017.

- **MR Campaign Phase 1 States: (February 2017)** 5 States (Karnataka, Tamil Nadu, Goa, Pondicherry and Lakshadweep) more than 3.3 crore children in the age group of 9m-15y were successfully immunized.
- **MR campaign Phase 2 States: (August 2017)** 8 States (Andhra Pradesh, Kerala, Himachal Pradesh, Telangana, Uttarkhand, Chandigarh, Dadar Nagar Haveli, Daman and Diu).
- The phased MR campaigns will target to vaccinate approximately 76.55 Lakh children across the state of Kerala and will be a massive public health undertaking.
- **Strategy:** The initial 2 weeks of campaign will be held at schools (upto X standard) followed by outreach sessions in all urban and rural areas

during next 2 weeks. The fifth week would be for sweeping activity to cover any missed children. All migratory children especially children of labourers at slums, construction sites, brick factories and other migratory populations would also be covered during this Campaign.

- **Types of session sites:**

- **Session sites at Educational Institutes:** All types of schools, where up to 15 years children attend, will be used as vaccination session sites.
- These sites will be covered in the initial 2 weeks of the campaign.
- **Outreach sites (regular RI sites and additional sites in village/ward):** Ideally in a central location where whole community can participate easily, from all corners of the village.
- **Mobile/Special team:** For high-risk areas / population and difficult to reach areas
- **Facility based session site:** All health facilities at PHC level and above will function as fixed session-sites, throughout the campaign duration including select private hospitals.

For success of the campaign and disease elimination, it is important to **achieve more than 95% coverage** during MR campaign. With the launch of the campaign, MR vaccine will replace measles vaccine given at 9-12 months of age under routine immunization in the state.

The MR dose given to children at 9-12 months of age will be counted as both the routine and campaign dose and the child will be given MMR as the second MCV dose according to the present policy in the state. Children coming for routine dose at 16-23 months will also be given the MR vaccine during the campaign month and the same treated as campaign dose. They would be requested to come again after 4 weeks for the routine dose of MMR. This is to ensure that as many children as possible have a chance of getting at least

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two doses of both measles and rubella vaccine.

- Irrespective of the duration following administration of any live injectable vaccine given prior to the campaign, MR will be given during the campaign period as planned and the routinely recommended four weeks gap between two live injectable vaccines will not be considered. But the next dose of JE or MMR or any other live injectable vaccine will be given only after a minimum of 4 weeks following the MR campaign dose.

**Disease Burden:**

**Global Scenario:** Global incidence of Measles has dropped from 146 per million (Year 2000) to 39 per million (Year 2015), which is a 73% reduction. However, globally as well as in many regions progress has stagnated and remained relatively unchanged since 2013.

**India Scenario:** Out of 1,34,200 Measles deaths globally 49,200 (36%) measles deaths occur in India (2015) annually.

**Rubella:** With ~ 1,00,000 cases of Congenital Rubella Syndrome (CRS) occurring globally, India contributes to nearly half net CRS cases ( 40,000) each year.

**Kerala Scenario:** A substantial burden of measles and Rubella also exists in Kerala with approximately 13,000 cases and 17 deaths being reported since 2011. Outbreaks of both measles and rubella continue to occur every year in Kerala, emphasizing the need for a comprehensive wide age based campaign here as decided by GoI.

The MR Campaign is planned to be launched simultaneously across Kerala from **3<sup>rd</sup> October to 3<sup>rd</sup> November 2017.**

**“Let’s ensure elimination of Measles and control of Rubella by 2020”**

**END NOTE**

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**Conflict of Interest:** None declared

**REFERENCES**

1. Introduction of Measles Rubella Vaccine (Campaign and Routine Immunization) - National Operational Guidelines 2017 Ministry of health and Family Welfare Government of India.