GOVERNMENT OF MAHARASHTRA
STATE FAMILY WELFARE BUREAU
MAHARASHTRA

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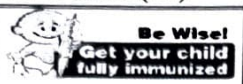
Health Services		No. SFWB/desk 12/ JE vaccination Campaign guidelines/ 6228-40 10/ 2/ 2025

To,

District Health Officers.....Raigad, Parbhani & Pune
Civil Surgeons ..... Raigad, Parbhani & Pune
Medical Officer for Health ..... Panvel, Parbhani, PCMC & Pune Corporation

Sub: JE vaccination Campaign 2025 Operational Guidelines

Ref: 1. GOI Office Memorandum dated 19th April 2018
2. Letter no F. No. T-22014/05/2019-Imm. received from Government of India Ministry of Health & Family Welfare, dated 14/1/2025

Japanese encephalitis (JE) is the leading viral cause of Acute Encephalitis Syndrome (AES) in Asia. The disease primarily affects children under the age of 15 years. Seventy percent of those who develop illness either die or survive with a long-term neurological disability. Japanese Encephalitis/Acute Encephalitis Syndrome is one of the public health problems in the country because of the high case fatality rate which is about 30 % and residual neurological sequelae in 30-40% of children who recover.

Historically, vector control has been the mainstay of JE control, but it has had a limited impact and requires large resources because the vector breeds in paddy fields. The most promising preventive tool is JE vaccine. Human vaccination is the only effective long term control measure against JE. All at-risk population should receive a safe and efficacious vaccineas part of their national immunization program.

The JE virus (JEV) is a member of the genus Flaviviridae, together with the Yellow Fever virus and Dengue Virus. The JE virus is transmitted by the Culex mosquitoes particularly of the Culex vishnui group (Cx. tritaeneorhynchus). Water birds and pigs play a major role as amplifying hosts. Humans are accidental hosts in cycle and get infected following a bite by an infected mosquito. However, as human are dead end hosts, further spread from human to human does not take place. The JE transmission in India occurs mostly in the monsoon and post monsoon season.

There are 3 strategies for prevention and control of JE

1. Integrated Vector Control–personal protection, larval control and environmental management
2. Pig Control
3. Vaccination

JE vaccination Strategy

Government of India strategy for the introduction of the JE vaccine in the endemic districts is as follows-

a. One-time mass campaign targeting all children in the age group of 1-15 years in the JE endemic districts.
b. Immediately following campaigns, integration of two doses of JE vaccine into Routine immunization (RI) with first dose at 9-12 months and second dose at 16-24 months in these districts.

With reference to above GOI letter, JE vaccination campaign is planned in 3 districts of Maharashtra i.e, Pune, Parbhani & Raigad (including Municipal Corporation). It is planned to conduct JE vaccination campaign in the month of March 2025. Operational guidelines on preparatory activities and implementation of JE vaccination campaign is as follows-

Preparatory/Planning activities for JE vaccination campaign

1. **Planning Meetings**
    a. **District/corporation and Block level Task Force meetings:**
        - Plan district/corporation task force meeting under chairmanship of district Collector/Municipal Commissioner.
        - Participants from following key departments – WCD/ICDS, Education department (primary & secondary), IDSP, Panchayati Raj along with other necessary government line departments, professional bodies – IAP, IMA, NGOs- Lions club, Rotary and development partners- WHO, UNICEF, etc should be present.
        - Involve district education department officials in DTF to define their roles and articulate the support needed from them.
        - 2-3 DTF/CTF and BTF to be conducted for reviewing planning and also implementation of campaign.

    b. **Other district level meetings**
        i. Organize orientation meeting of Professional bodies IAP, IMA, NIMA and others at district level.
        ii. Media Sensitization meeting

2. **Trainings & workshops**
   - District/corporation level training of healthcare workers
     - Plan district/corporation level trainings of Medical Officers of PHC/RH/SDH/HP who have missed State level training. Take support of SMO WHO NPSP for this training.
     - Include district level data managers, cold chain handlers, mobilizers in training.
     - Train participants on JE operational guidelines, cold chain management, recording and reporting, AEFI management, bio-medical waste disposal, IEC etc.
   - District/corporation level sensitization workshop/meeting of school principals of both government and private schools, minority education, Madarsas, also Ashram schools in tribal areas .
   - District/corporation level sensitization workshop/meeting of ICDS department for district and block level ICDS officers and ASHA facilitators.
   - Block/corporation Health Post level
     - Plan block level training of supervisors and health care workers. Ensure participation of participants from ICDS and Education department who will work as team member at session site.
   - Block level sensitization workshop/meeting of school teachers.
   - PHC/corporation Health Post level
     - Plan PHC/corporation HP level training of ASHA, AWW, link workers, MAS members and other mobilizers on IPC required for mobilization of beneficiaries. Include school teachers in training.

3. **<u>Steps in Micro-planning</u>**

Ensure that the schedule of RI services is not hampered during the campaign days.

a. Estimation of beneficiaries

i. All children between the age group above 1 year and below 15 years should be estimated for vaccination with the JE vaccine.

ii. Name based listing (due listing) of beneficiaries to be prepared prior to the vaccination campaign through **headcount survey**(estimated population of 1 to 15 years old children is 33% of total population)

iii. For school activity-

   i. Enlist all the schools in the district – pvt./govt./minority aided, Kindergarden.

   ii. At block level, get the details of students in every school for planning sessions in schools.

iv. AWW/ ASHA/link worker should use **Form 17** to make the due list of their assigned areas.

v. Make list of village/hamlets/urban areas under the planning unit.

vi. Identification and enlisting of Hard to Reach Areas and High Risk area / Populations under each planning unit.

vii. Identification of places of night stay for nomadic, migratory floating, and unregistered street children.

b. Estimation of Vaccines and other logistics

i. JE killed vaccine vial is a 5 doses vial.

ii. Total JE vaccine doses required for the campaign= Total Population x 33% x 1.1(WMF).

iii. Total JE vials required for a 5 dose vial= (Total Population x 33% x 1.1) / 5

iv. Auto disable syringes required = JE vaccine doses required

v. Number of Immunization Cards = JE vaccine doses required

vi. No. of Hub cutters = 1 per vaccinator

vii. Red plastic bags = 1 per 50 syringes

viii. Black plastic bags -2 per session site per day

ix. Preparation of day wise vaccines and logistics distribution plan with route chart map

c. Cold Chain planning

i. Check availability and functionality of cold chain equipment- ILR, DF, cold boxes, vaccine carriers, icepacks etc. If required repair equipments immediately.

ii. The JE vaccine should be stored at +2 to +8 degrees Celsius at all levels.

iii. The vaccine should be transported in cold boxes and vaccine carriers with conditioned icepacks.

iv. The vaccines should be delivered at the session site through the existing vaccine delivery system of the RI program.

d. Types of session sites

- **Session sites at Educational Institutes:** All types of schools where <15 years children attend will be used as vaccination sites. These sites will be covered in the first week of the campaign.
- **Outreach site (regular RI sites and additional sites in village/urban mohalla / wards):** where all community can participate from all corner of the village.
- **Mobile/Special team:** For hard-to-reach areas / populations

- **Facility based session site:** All health facilities at PHC level and above will function as session sites throughout the campaign duration (3 weeks)

e. Planning for Immunization booths

- **Planning of school level activity (1st week of campaign)**
  - Session site – Schools (both primary and secondary)
  - Vaccination of children between the age groups of 5– 15 years.
  - Appoint One vaccinator per 200 injection load.
  - Team members - 1-2 vaccinators, AWW, ASHA & school teacher
  - Take **teacher parent meeting** before start of campaign to sensitize parents on JE vaccination campaign.
  - Cover all/majority of classes in a single day in school based activity
  - For school-based sessions, adequate space to be used for vaccination with the vaccination room being screened form the waiting room of children. The children in the waiting room should be kept engaged through some recreational group activities, especially targeted towards awareness on JE and its control measures.
  - IEC material should be displaced in waiting and observation rooms.
- **Planning of community level activity (2nd and 3rd week of campaign)**
  - Session site - Anganwadi centre, Sub centres, Panchayat Ghar etc
  - Vaccination of 1 to 5 years old children
  - Appoint One vaccinator per 150 injection load.
  - 1-2 vaccinators, AWW, ASHA, Volunteer/ link worker.
  - Cover whole village in a single day for community based activity

- **Composition of vaccination teams**
  - There should be around four to five functionaries assigned to each vaccination centre.
    - 2 vaccinators per team.
    - Other members – ASHA, AWW, teachers, link workers. PRI members for mobilization, record keeping, managing the queue etc. at the vaccination centre as per vaccination site.
    - Volunteers (eg. students/ club members/ community persons/ school personnel) for mobilization.
    - One team is assigned only one village at a time.
    - MO (Medical Officer) PHC (Primary Health Centre) shall be responsible for overall team selection.
    - The injection load for each vaccinator should not exceed 200 per day for school-based activity.

Each team should have the following:

- One vaccine carrier with 4 conditioned ice packs along with adequate quantity of JE Vaccine vials.
- Adequate number of 0.5ml AD syringes
- Adequate cotton swabs.
- Adequate number of vaccination record cards, multiple tally sheets and AEFI reporting forms (CRF).
- Hub-cutters, red bags for the non- sharp infectious waste (cut syringe, soiled cotton swabs, unbroken vaccine vials etc) and black polythene bags for non infectious waste like wrappers of used injections.
- Banner to mark the vaccination site.
- Medicines to be carried by ANM –Syrup- Paracetamol, Avil, injectable steroid.
- **AEFI management**
    - Anaphylaxis kit – Each vaccinator in a team should carry an anaphylaxis kit for initial management of suspected cases of anaphylaxis.
    - Adrenaline kit to be available with ANM
    - AEFI Treatment kit – 1 kit per Medical Officer/ Supervisor for 5 teams

*For Micro planning, use **Form 6** and for Logistics planning, use **Form 7**. Computerization of Forms 6 and 7 should be done in the Excel sheet provided during the district workshops. The microplan booklets should be made after computerization at the planning units and districts. Microplans from all planning units must be compiled at the District HQ in a booklet form and a soft copy should be maintained in Excel sheets.*

4. **Functioning of vaccination centres**
    - The booth should function from **9 am to 5 pm.**
    - Vaccine and logistics should be delivered to the health workers at the immunization session sites on same day.
    - If there are two vaccinators in a team, they should simultaneously vaccinate children in two different rooms. If the vaccination is taking place in the same room, then two different tables should be used.
    - **Give single dose of 0.5 ml intramuscular injection on anterolateral aspect of left thigh in small children and left upper arm in deltoid region in big children/adolescent.**
    - **Finger marking – The thumb of the left hand of each beneficiary who has been immunized should be marked using a permanent marker/ election ink**
    - School based activity-
        - **Ensure that children are taken one by one in vaccination room**
        - **vaccination room should be properly screened from waiting rooms**
        - Mark an area for observing children after vaccination (keep under observation for 30 minutes for any AEFI)
        - Avoid sending these children back to class immediately after vaccination.

- **Role of teacher -**
  - **Before Activity:**
    - Ensure that all staff, parents and children of school know of activity
    - Make arrangements in vaccination site for activity
  - **On day of activity**
    - Fill up vaccination card
    - Instruct Parents to retain card
    - Send school children in the village for mobilization
  - **After Activity**
    - Mobilize absentee children to the PHC for vaccination

- The tally sheet should be filled in by a member of the team other than the vaccinator (ideally the teacher from the school).
- The vaccinator should inform parents about the signs and symptoms of AEFI. Clear instructions should be given to parents to take the child to the nearest PHC or to inform the local ANM in the event of any AEFI.
- One team member shall maintain the queue. He or she shall also repeat the instructions given by the vaccinator regarding the retention of the vaccination record card and about AEFI in the child.
- Information regarding any suspected AEFI should be communicated to the medical officer of the designated AEFI management centre.
- In case of a suspected anaphylaxis reaction, single age-appropriate dose of inj. Adrenaline should be administered intramuscularly by the vaccinator and the child should be referred (via ambulance or private vehicle) to the designated AEFI management centre.
- Local volunteers from the community and other school children designated by the school authorities should move in the village to mobilize children to the vaccination centre.
- Vaccines and logistics are collected on the same day and unused/opened vials, session report (tally sheet) and immunization waste are brought to PHC on the same day.
- At the end of the activity, the vaccinator should ensure that all medical waste viz. all syringes, needles and open vials are disposed as per GOI guidelines provided.
- Before the team leaves the school/village/ urban locality, share the contact details of the nearest AEFI management centre with the principal / teachers / ASHA / AWW / local mobilizer to refer any suspected AEFI event in subsequent days.

- Before leaving the premises, key people like teachers, headmasters, village heads, AWWs, school children and local team members should be informed that the eligible absentee children will be vaccinated on the day of subsequent RI at the PHC. Communicate fixed day of RI after discussion with teacher.

5. **Supervision**
   - All supervisors must be trained prior to the activity in technical as well as operational aspects of the program.
   - One supervisor will supervise five teams. The supervisor should fill supervisory checklist **(Form 13)** for every team while supervising. The feedback of the supervision must be shared with the MO during the evening meeting at the PHC.
   - Prepare supervision plan of district and block level officers and supervisors and assign areas to them.
6. **Recording and Reporting**
   - A vaccination card with a counter foil **(Form 1)** should be used to record the vaccination. One portion of the card should be handed over to the parents with clear instructions for preserving it as evidence of the JE vaccination. The counterfoil should be retained by the ANM of the subcentre. The ANM should submit the counterfoil to the PHC for record keeping.
   - A tally sheet **(Form 2)** should be used to record the number of children immunized
   - All AEFIs should be reported immediately using the AEFI CRF form **(Form 8)** by the MO-PHC.
   - At the end of each day, each Supervisor should go through all the tally sheets of all his/her teams, to compile the information and submit a consolidated report using the reporting form for the Supervisors **(Form 3)**.
   - At the end of each day, each Block/urban area should send the District Immunization Officer (DIO) a report (**Form 4**) of all the children immunized and any AEFI reported.
   - The district should compile the report **(Form 5)** and send a consolidated report to the State Immunization Officer.
7. **IEC and Social Mobilization**
   - The communication planning should address the following issues -Target group / Time / Place of vaccination.
   - Advocacy with the support of other ministries/departments like the Education, WCD, tribal development dept, Rural development dept, social welfare dept and social mobilization efforts should be done for ensuring the successful introduction of the JE immunization program.
   - Sensitize general public, school principals and teachers, community leaders and other volunteers etc. about JE vaccine benefits.
   - Proper Media briefing at regular interval.
   - Development and distribution of posters, booklets, district/regional newspaper inserts and special programmes on local radio and TV channels; social media (use

of WhatsApp and Facebook); and outdoor publicity through banners that inform the public about the vaccine., should be utilized for awareness generation.

- Communication Plan: IEC display, Miking and IPC plan

8. Timeline of Activities

Sr. No.	Activities	Period
1	**District/corporation level Planning Meeting of Health, ICDS, Education department, tribal, social welfare, minority dept.**	**upto 2nd week of February 2025**
	District level sensitization meeting of IAP, IMA, NIMA, Lions club, Rotary etc.	**upto 2nd week of February 2025**
2	**1st District/corporation and block task force meeting**	**10 to 15 February 2025**
	2nd District/corporation and block task force meeting	**16 to 20 February 2025**
	3rd District/corporation and block task force meeting	**21 to 25 February 2025**
	4th District/corporation and block task force meeting	**25 to 28 February 2025**
3	**Block/HP/PHC level trainings of supervisor, HCWs, teachers, ASHA, AWW, link workers etc.**	**15th to 28 February 2025**
4	**Survey for due list preparation**	**20 to 25 February 2025**
5	**Submission of micro-pan**	**Upto 28 Feb 2025**
6	**Campaign launch**	**March 2025**

Forms and Computer based recording and reporting tools for JE vaccination campaigns:

Form 1	Vaccination Card
Form 2	Tally Sheet
Form 3	Supervisor reporting format
Form 4	Block reporting format
Form 5	District reporting format
Form 6	Micro planning format

Form 7	Logistic Planning format
Form 8	CRF (Case Reporting Form)
Form 9	PCIF(Preliminary Case Investigation Form))
Form 10	FCIF(Final Case Investigation Form)
Form 11	Lab Request form for serious AEFI cases sample collection
Form 12	Line list Format for AEFI Cases
Form 13	Supervisory Checklist
Form 14	Monitoring format
Form 15	State Daily Reporting Format: JE Vaccination Campaign
Form 16	Rapid Convenience Assessment format
Form 17	Due list Format
Computer based Tool 1	Micro Planning Tool for computerization of Form 6 & 7.
Computer based Tool 2	Coverage Data Compilation Tool for District
Computer based Tool 3	Coverage Data Compilation Tool for State
Computer based Tool 4	AEFI reporting tool (Excel)

Enclosed: 1. JE vaccination micro-planning and recording forms

Addl. Director of Health Services,
State Family Welfare Bureau, Pune.

Copy for information and necessary action

1. Deputy Director Health Services .....Pune, Aurangabad and Thane

Copy for information:

1. Hon. Additional Chief Secretary, Public Health Department, Mumbai
2. Hon. Commissioner (Health Services) & Mission Director NHM, Arogya Bhavan, Mumbai