



Report

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AEFI Adverse Events Following Immunization of District Jalore block Sanchore,
and study on the Status of Dhara Sansthan Works in Villages

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ABBREVIATIONS

AEFI - Adverse Events Following Immunization

ANM – Auxiliary Nurse Midwife

AWC – Anganwadi Centre

AWW – Anganwadi workers.

ASHA – Accredited Social Health activities

BCG - Bacillus Calmette-Guerin

DPT – Diphtheria-Tetanus-pertussis Vaccine

FIPV – fractional Dose of the Inactivated poliovirus Vaccine

Hep B – Hepatitis B Versus

HW – Health Workers

MR – Measles-Rubella

MHV – Mobile Health van

M-RITE – Momentum -Routine Immunization Transformation and equity

PCV – pneumococcal Conjugate Vaccine

OPV – Oral Poliovirus Vaccine

CHC – Community Health Centre

PHC – Primary Health Centre

SB – Sub-Centre

NHM – National Health Mission

RMNCH+A – Reproductive Maternal New-born and Child health+Adolesent

WHO – World Health Organization

VHSC – Village Health and Sanitation Committee

NFHS – National Family Health Survey

NGO – Non-Government Organization

HHS – Household survey

KAP – knowledge Attitude and Practice

BIO – Block Immunization Officer

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1.1 ABSTRACT

Background: - One of the most significant advancements in public health is the development of vaccines. The purpose of vaccination is to safeguard the general public from diseases that can be prevented through vaccinations. As with every medical operation, there is always a chance of adverse reactions. The national regulatory agency views granted vaccinations as safe, however occasional adverse effects were not discovered in pre-licensed clinical trials. There is always a chance of negative outcomes with medical technology. The national regulatory body considers registered vaccinations as safe, yet infrequent adverse effects could not be found in pre-licensed clinical trials. due to their short shelf lives once, a vaccine has been approved and is widely used. Conducting post-licensing surveillance and related observational epidemiology research is the primary technique to assess their safety. An adverse incident A reaction or incident after vaccination that takes place after the injection of a vaccine and is thought to be connected to vaccination is defined as an AEFI. There is no direct causal relationship between any of the detected AEFI vaccines, but the public may view them as connected to vaccinations, which could cause anxiety and undermine public faith in the vaccination effort. As additional vaccines are made available globally. Maintaining the public's trust on the vaccine and the vaccination campaign is becoming even more dependent on high-quality safety monitoring. The region's health depends on the vaccination plan, so it is essential to be well informed on the benefits and safety of vaccines. Adverse reactions to vaccinations must develop appropriately. This study's objective is to examine the distribution of AEFI (adverse events following vaccination) in children under the age of 12.

Methodology: - Observational prospective study was carried out in 90 days the government of Health Department, WHO & ICDS (Integrated Child Development Scheme) through vaccinated 0-5 age group of children for the organized by Dhara Sansthan. The data was collected during the vaccination centre in Anganwadi and Sub-centre held in various residential societies data. Survey was done with respective to specific objective through conduct Google form and door to door visited and set in questionnaire.

Results: - the total population collected od data out of 150 children and enrolled in the study. In which 40 adverse events were identifying the children. The incidence of adverse events was 17 female, and 29 males are majority of the bad events. To prescribe paracetamol syrup, use the medicine that is frequently associated with unpleasant outcomes. Overall, 43% of adverse occurrences are reported as typical. Out of 150 parents, 70% (n=105) answered vaccines are vital, 17% (n=25) said they don't know, and 13% (n=20) indicated they aren't.

Conclusion:- In accordance with this research study, to reduce and eliminate AEFI and all kinds of problems related to it and to save children from disease caused by vaccination by

making people aware with full confidence and policies that support the adoption of the future style of health child are important for any organization giving all the vaccine related to vaccination to children at the right time is to save children from various disease by making them aware.

INTRODUCTION OF ORGANIZATION PROFILE (DHARA SANSTHAN)

DHARA SANSTHAN is a non -profit development organization working since 1989 in rural parts of Rajasthan. We focus on improving the well-being of the underprivileged by providing a range of domains like Health, Education, women Empowerment, child protection, NRM, and Sanitation. A young development professional emerged himself in 1985 to set up Dhara Sansthan at the work with grassroots initiatives for the effecting way to changes in the lives of underprivileged sections of society, families, and communities.

Dhara Sansthan “Development of health hygiene and rural action”, is a non-profit development organisation working in a Western part of the Rajasthan from last two decades. Dhara define the great dream of Robert Chamber.

“The development must be demonstrated by efficient labour”. Dhara adheres to the philosophy of resource development and productivity through efficient management practises, with a focus on issues of sustainable development. Dhara has been working from its inception to empower disadvantage and deprived communities in rural areas by increasing access to fundamental necessities such as health, education, drinking water, and resource base. Dhara has worked with over 100,000 rural people and several financing agencies and has established a leadership image in the development sector in Western Rajasthan as well as at the national level. Mr. Mahesh Panpalia, the founder of Dhara Sansthan, established the organization in 1989. Mr. Mahesh Panpalia was particularly interested in the rural sector and always wanted to make a difference.

Dhara and its team are committed towards working with the underprivileged and marginalized sections of the society. The organization outreach is especially in Western Rajasthan (Barmer, Jaisalmer, and Jalore District) with over lakhs of beneficiaries from different projects and programs.

M-RITE PROJECT (Momentum Routine Immunization Transformation & Equity)

The global covid-19 pandemic demonstrated structural inequality and deprivation of marginalized/disadvantaged/minorities worldwide, having a disproportionate impact on their lives and livelihoods. As a result, existing hurdles to access and information have been exacerbated, and new barriers have created. We consider the current transition period as a once-in-a-lifetime opportunity for the disadvantaged sector of society to overcome environmental, behavioural institutional, and communication impediment. Leg by US-based prime partner JSI research & training institution, inc., M-RITE has been mandated using USAID support to provide technical assistance to the Government of India and state governments of selected states to identify challenges and facilitate feasible solutions to address them quickly and ramp up Routine Vaccination in child vaccination in the country, in accordance with

Government of India policy. The lead implementation partners for India is John Snow Indian Pvt Led (JSIPL).

M-RITE Denotation

Access to the healthcare is a major issue for rural and frontier communities due to a lack of providers, a lack of high-speed internet, and location, among other things. During the epidemic, additional challenges arose, including a government shortage and concerns about the Routine Immunisation vaccine. The project aims at targeting and identifying all those childhoods still have their vaccination doses left to take under 0-6 age group. Some children have taken the first dose and have not turned up for the second dose remain the major beneficiaries of our project. The project will target the block in each district where vaccination coverage is low, and the target has not been achieved as planned.

Dhara is committed to working with the underprivileged section of society by focusing on their upliftment and making them come into mainstream society so that they lead a life of dignity and self-respect. we know people at the roots.

Out of 18 states, Rajasthan is one of the states to initiate a vaccination drive in its three districts i.e., Barmer, Jalore, and Jaisalmer with the ground zero support of Dhara Sansthan.

The objective was to create awareness and outreach to the most disadvantaged and vulnerable section of society.

Progress of M-RITE

Our mission was to organize a vaccination campaign in the desert and remote areas of Rajasthan across three districts and make blocks vaccine unbound. Our primary target was to reach 148071 rural. people across three districts, out of which we have covered approx. 1 lakh 80 thousand plus people through the support of government stakeholders, our donor partners, and team Dhara.

1.3 INTRODUCTION

a) Purpose of research

The objective of this Research is to identify the role that preventive Adverse Events Following Immunization are playing in combating the communicable disease at an early stage and to identify the common risk factors.

AEFI communicable disease, also known after vaccination in child has been as fever, boils, rash disease is short term disease, but some time the child also dies if the child gets the wrong vaccination, because of this fear, the family members stop getting the child vaccinated. It means that you cannot knowledge and aware disease related vaccination. They are the most common cause of mortality and morbidity globally with slow progression and long duration. WHO and Integrated child development through identified these effective and affordable vaccination provide the birth age group with stated the reliable vaccination schedule.

India is the world's largest developing country vaccine manufacturer, and vaccine produced in India is utilised on all continents. Vaccine is both safe and effective in the country. However, vaccine like medication and other pharmaceutical goods, is not without danger, and adverse reactions are possible. As a major cause of parent's guide, and supplier of vaccinations India is projected to have an advanced AEFI monitoring system. The AEFI monitoring plan reflects the country's priorities. Intention to provide high quality immunization service using safe vaccine and to maintain vaccine confidence. Since 1988. The National AEFI recommendations experienced modifications in 2005, 2010, and 2015. Health care professionals and plan directors across the state, national, region, and block levels those involved in primary health care, can find information in the guidelines.

Immunisation is a highly successful and cost-efficient health strategy. Any other method, even antibiotics have resulted in a greater effect on decreasing mortality and population growth. growth as clean drinking water. The World Bank, WHO, and UNICEF are all involved. Typically, after over 200 years of vaccine development, smallpox, A naturally occurring illness was eliminated from the planet; the disease cases have decreased by 99% and are on track to be the next illness to do so. At the same time, The United Nations of World Health Organisation Council has designated endemic Rubella, measles, and congenital rubella syndrome as priority diseases.

The purpose of immunisation is to protect individuals protect the entire public from illnesses that are curable with vaccines. Vaccines today are mostly safe, but there is sometimes a risk. After receiving a vaccination, some people experience everything ranging from minor side effects to rare but potentially fatal illnesses. These can sometimes be a result of a vaccine error, can sometimes be a result of improper vaccination, and most of the time there is no connection. According to AEFI surveillance When people decline additional vaccinations for their children due to an adverse reaction following an immunisation (AEFI), the children are far more likely to contract a vaccine-preventable disease, become very ill, handicapped, or even die. This has resulted in.

The main objective of vaccination aims to keep people and the general public is safe with diseases that can be prevented by vaccinations. Although contemporary vaccine is generally safe, no vaccine is completely risk-free. Some persons have occurrences following immunization that range from minor Although serious adverse effects are uncommon, infections. In certain scenarios, they occur with a vaccine mistake in some cases, faulty vaccine delivery in others, and there is no link in the rest of cases. According to AEFI surveillance, while an adverse event following an immunisation (AEFI) causes parents to refuse additional vaccinations Their youngsters are considerably more likely to get a vaccine-preventable disease, become seriously ill, become disabled, or even die. As a result, public trust in the immunisation process grows. Vaccination is a global development and healthcare success story that has saved lives.

The vaccination programme is most-cost effective and easy access to overall protecting the life of people in each year. This is success story to protect the people diseases in globally. Vaccination decreases millions of people protect different type of disease and save longer healthy life. You can take a vaccine then after some time fever and normal illness, but it is

best of results given the vaccine dose in a child. A few of adverse reaction rarely 1 weeks and other wise, for some reason they received vaccine in wrong way, and destroyed doses. Every year's vaccination millions of diseases protect and save life of people and children.

The immunisation is a basic human right and an essential element of primary health services. It's also one of the least expensive health-care investments you can make. Vaccines can also be used to prevent and control outbreaks of diseases. The contribute to globally health service and will be crucial in combating antibiotic resistance. Nonetheless, despite great progress, vaccine coverage has recently plateaued and will fall beyond 2020. The covid-19 pandemic and its consequences are over. AEFIs can be a true adverse reaction to the vaccination, a result of the technique through which it is delivered, or a result of A primary ailment in the recipient's body. Other AEFI could been unintentional and occurred regardless of immunisation. Adverse reactions to immunisation might be local or systemic (for example, fever, exanthema, allergic reaction), immediate (next administration minute) or delay (a few hours or days later). AEFI is characterised as physiological or nonphysiologically based on clinical relevance and severity. Adverse physiological effects are typical as a natural reaction to the vaccination protein. They are usually of short duration and are defined by elevated body temperature, exanthema, and myalgia. Physiological reactions are rarely reported since they are thought to be natural. Non-physiological AEFI, also known as hyper-reaction, is more severe and rare than physiological AEFI, and it is more common in immunocompromised individuals who are allergic to vaccination components.

Parents should be educated on AEFIs and how to deal with them. The Department of Health immunisation leaflets provide information about AEFIs as well as management recommendations. children Fever exceeding 37.5 degrees Celsius is common and usually mild. During fever treatment, instructions on how to take and dosage of ibuprofen or paracetamol liquid must be provided. The nation's National Institute of Clinical and Health Excellence (NICE) can advise on feverish illness therapy in children under the age of five. Local responses typically restricting and do not require medical attention. Paracetamol or ibuprofen may be taken when they appear to be causing discomfort. Although paracetamol and ibuprofen can help with pain and fever, control. As a result, because there has been a possibility that antipyretic medication drugs taken before to vaccinations can decrease antibody reactions to vaccines, it is not suggested that these medications be taken on a regular basis to avoid fever after vaccination.

The increase in worker migration and the increasing number of slums in urban regions, where there is a plethora lack of education and disease, the state of under vaccinations exists Not just in rural areas, but also in cities. As per found that National Family Health Survey-3, just 43.5% of Indian youngsters are obese received the essential vaccines until the age of 12 months. Inadequate The importance of community involvement in routine immunisation, information learning, and communication efforts has been acknowledged. as one of the five primary reasons for low coverage. 6 Adverse parental attitudes towards vaccination are a substantial obstacle to child vaccinations in these locations. To overcome these difficulties, what variables impact parents' decisions to the vaccinate their children Parental belief and behaviours can be assessed using knowledge, attitudes, and perceptions. The goal of the

purpose of this research was to examine the vaccination knowledge mothers carrying children under the age of five, as well as to compare vaccine knowledge across urban and rural contexts.

The single most significant variable in preventing major diseases that lead to the nation's child mortality rate is vaccination. especially in an environment characterised by hungry Overcrowding, poverty, and illiteracy all affect children. Positive knowledge, attitudes, and accurate perception of vaccination have resulted in vaccine prevention becoming one of the primary methods for reducing illness incidence and hence children mortality and morbidity. In our cultural environment, a significant section resides where mothers live in rural places ignorant, and I have concerns about immunisation. As a result, youngsters are overprotected and oversensitive. As a result, there is evidence of discrepancies in vaccination practises, which is a severe policy concern. Although the fact that Since the 1940s, kid immunisations have been a vital component services for maternal and child health; yet there is evidence of disparity in vaccination practises.¹ It is predicted that 1.7 million children died in 2010 as a result of vaccine-preventable illnesses. In addition, 19.3 million in children were found to have had insufficient vaccines, leaving them exposed to vaccine-preventable illness death and morbidity. One-fifth of all unvaccinated children live in three nations, one of which being India.

the immunisation is the most affordable and effective healthcare measure in terms of reducing hospitalisation treatment expenses, and death. WHO, UNICEF, and governments initiated a more aggressive vaccination campaign, and the percentage of Vaccination coverage for significant illness preventable by vaccinations developed Increasing from 20% in 1980 to greater than 80% in 1996, generating over 2.8 million child deaths each year. Despite EPI's effectiveness percentage, some illnesses that can be prevented by vaccination persist. are common in disadvantaged regions (20% to 35% of all fatalities in children under the age of five) the age of five Global In the years, following Since 2003, when there have been 18 polio outbreaks, including Nigeria and nearby Indonesia, immunisation efforts have more than doubled. Vaccination has significantly lowered the burden of infectious diseases, according to Sylvia E. Caingles et al. (2011). Diphtheria, measles, pertussis, pneumonia, polio, rotavirus vomiting, rubella, and tetanus are all diseases that can be avoided by vaccination.

WHO categorises AEFIs into four major groups?

- o Programming-related.
- o Vaccine-related,
- o coincidental, or unknown.

AEFIs tied to specific programmes.

These are adverse effects that occur because of ineffective vaccination procedures.

- The wrong dose of vaccination was delivered.
- Vaccines that have reached their expiration date.

- Vaccinations given at inconvenient periods.
- Insufficient oversight of the direction, place, or method
- Vaccine reconstituted with incorrect diluents.
- Incorrect solvent concentration.

A vaccination that was improperly prepared.

- Drugs used in place of vaccines or diluents.
- Contaminated vaccines or diluents.
- Improperly kept vaccines or diluents.
- Contraindications They are either not elicited or are ignored.
- the reconstituted vaccine lasted longer than expected.

AEFIs caused by vaccines.

These are the adverse events that occur to people because of a specific vaccine and an element of it. These could be caused by the immunisation or one of its components, or they could be caused by a fundamental health issue or a unique response in the receiver.

Vaccination-associated paralysis is an AEFI caused by an underlying medical condition that occurred very rarely after delivery systemic polio with live conjugated polio vaccination to a child that undetected severe combination immunological dysfunction a decrease fill in the blanks with whatever you want changed. Then, on the right, click the paraphrase button.

AEFIs that occur coincidentally.

They are not actual adverse responses to shots or vaccines, although they are related because of their timing. When an AEFI develops by coincidence, it would have developed even if the person had not been immunised. People who get a cold with coryzal effects after getting vaccinated against the flu are an example. The flu vaccine does not provide protection against typical colds, During the winter months, when patients take the flu vaccine, colds are widespread.

Severe occurrence

Severe is a term used to indicate a situation's severity (in the same way that mild in nature, moderate, or serious)); however, the occurrences must be of small medical relevance (for example, fever is a common but mild medical condition). ailment that might be classed as mild fever or moderate fever). depending on its severity). This AEFI study has both big and minor incidents. This study has no big events, only severe one's. Serious incidents are Mild, moderate, or severe are the three levels of severity. The research concentrated on mild incidents like fever. Other noteworthy examples are omitted.

Some of the vaccine's side effects included:

The investigation team then thoroughly reviewed the instances, and They were separated based on the available research records, consisting of incidents' PIR and DIR., in collaboration with members of the Rajasthan state AEFI committee. A review of instances reported with the pentavalent vaccine as well as two Infanrix (DTaP, DPT cellular pertussis), and a non-Hib vaccine) and a simple four (quadrivalent DPT plus Hib) immunisation) are two additional vaccines., was conducted. The following context was used to frame a conversation concerning reported AEFI deaths with members of the state AEFI committee.

1. In India, influenza strain B is a major cause of acute infections of the respiratory tract, pneumonia, and meningitis. and it will be available free of charge to all socioeconomic groups through the nation's the UIP scheme.

2. The vaccination for over a decade, it is being used in the private sector.

3. When a new vaccine is introduced into the normal the programme, AEFI surveillance becomes more sensitive, resulting in more reports. (For example, in Sri Lanka, vaccination was discontinued due to an increase in AEFIs documented but was later resumed in the routine vaccination schedule when the deaths were determined to be unrelated to the immunisation).

4 The introduction of pentavalent vaccine into Rajasthan's routine UIP programme was further supported by health worker awareness and capacity development efforts such as organised AEFI reporting training, which helped to improved state AEFI reporting.

5. Because of the DTP+Hib+Heb B combination, the AEFI profile DPT vaccination works similarly to pentavalent vaccine.

6. Receiving PIR (7 days after FIR) and DIR (90 days after FIR) at the level of the nation in a timely manner is crucial to supporting any state AEFI investigation and allowing the national AEFI committee and AEFI monitoring plan to provide better support to the state level. Agarwal and colleagues (2013)

A 4 month and 6 days old girl received a second diphtheria-tetanus Acellular pertussis vaccine (DTaP), inactivated polio vaccine (IPV), type b Haemophilus influenzae (Hib), and DTaP. as well as conjugated pneumococcal vaccine (CPV).). vaccinations were given in a primary care environment. There were carried out in 2023 as per regular schedule of Ministry of Health. The first dose to the child was given on 09.05.2023 in the same unit. A physical check-up 5 hours after injection on the same day, showed not normal signs. and otherwise not found to have any symptoms in his physical training. Many rashes like marks appeared on the hands of the children. Wounds were detected in the skin of his face, stomach, and chest. Similar wounds on the abdomen. There were no shortness of breath wheezing, wheezing fever, and other common symptoms. She has no previous experience of medicines, food, or allergy-related adverse effects. The same vaccination he had no reason for asthma food or medicine of any kind. The child was fed only mother's milk, but he came to know that there is an urticarial. Immediate systemic adverse reaction because of immunization. She was given 1mg/kg intramuscular prednisolone. Her symptoms vanished within two hours of receiving the injection. Physical examination revealed no symptoms of

urticaria, and all vital signs were normal. It is similar with an IgE-mediated hypersensitivity response of the immediate type. based on both timing and specific symptoms. The reaction was determined to be an unfavourable reaction, most likely triggered by vaccination. Before administering future dosages, before delivering additional dosages, To ascertain the cause of the reaction, skin testing would be required.

Vaccination in Infants and children

The vaccine recommended by the Centres for Prevention and Control of Diseases (CDC) for routine immunisation of all children between the ages of one and six is listed below. See the CDC's comprehensive vaccine and immunization recommendations for more details, including exception and other considerations. Unless otherwise specified, the vaccines listed below are given by injection (IM). In new-borns, infants, and young children. It is recommended to inject IM into the anterolateral thigh muscle. IM injection in the muscle of the deltoid is appropriate for normal-weight young children (ages 4-6 years).

Hepatitis B vaccination (HepB)

- Birth age
- 3 doses
- The first dose given hep B vaccination before hospital discharge.
- the second dose provide in 1and 2 months.
- the third dose give a 6 to 18 months.
- If the parent has HBsAg, give 0.5 ml of the hepatitis B immune globulin (HBIG) within 12 hours of birth; if the mother's HBsAg status remains undetermined, give HBIG to infants weighing 2 kg within 12 hours of birth; and if the mother has HBsAg, give HBIG to children considering 2 kg immediately as achievable, but no later than 7 days.

Rotavirus vaccination (RV)

- The age requirement is 6 weeks.
- Oral administration of two or three doses.
- If Rotarix is utilised, a 2-dose series should be given at 2 and 4 months of age.
- RotaTeq ought to be administered in three doses at two, four, and six months of age.
- If any dose in the series was RotaTeq or if the vaccine product for any dose in the series was unknown, a total of three injections of RV vaccine were required.

Tetanus, Diphtheria, and acellular pertussis (DTaP) vaccine

- the infant's group of ages: 6 weeks
- successive doses at two-month, four-month, six-month, and 12 to 15 months
- a final the dosage at age 4-6 years
- If a final DTaP vaccination dose has been provided at a suitable age of 4 months or more after the third injection, it can be measured as a valid dose and does not require maintenance after the suggested a six-month period between doses 3 and 4.

Hib vaccine (Haemophilus influenza type B)

- Doses every two-months, four-months, six-months (depending on the quality), and a every boost 12 to 15 months.
- A two- or three-dose first sequence and 1 booster injection (dose 3 or 4 according to the major chain immunisation) between the ages of 12 and 15 months

13-valent pneumococcal vaccination (PCV13).

- Doses at two months, four months, six months, and 12 to 15 months for revised (2015) scheduling considerations, consult the CDC's entire vaccines and immunisations guidelines. The Advisory Committee on Immunisation Practices made In 2015, a number of statements were made regarding PPSV23 (pneumococcal polysaccharide vaccine) & PCV13 (pneumococcal conjugation vaccine):
- The ACIP now advises a PCV13 dosage following a PPSV23 dose in children and adults around 2 years and older who are at a high risk of pneumococcal illness due to medical histories.

IPV stands for inactivated poliovirus vaccination.

- Minimum age: 6 weeks
- 4 doses delivered intramuscularly (In older children, SC or IM may be administered if depleted)
- The doses at two months, four months, six to eighteen months, and four to six years of age

Influenza vaccine

- • Age requirement for trivalent in nature a component inactivated vaccine (TIV) and quadrivalent removed vaccine (brand dependent); two years of age for live reduction vaccine (LAIV) (for updated [2015] LAIV contraindications/considerations, see the CDC's comprehensive immunisation and vaccinations guidelines).
- • Children aged 6 months to 8 years should receive two doses. (at least four weeks apart). apart) of their initial influenza immunisation, followed by one dose in subsequent years.
- The Committee of Experts on infectious disease of the American Academy of Child Health and its advisory group on Vaccinations have produced vaccines rules stating showing the live artificial influenza vaccination (LAIV) is effective cannot be used on the following people:
 - Individuals who have had significant adverse responses to LAIV or any of its constituents, or prior doses any type of influenza vaccination.
 - Youngsters aged 2 to 17 years who are taking ibuprofen or using ibuprofen-containing medicines.
 - People who are allergic to eggs.
 - Women who are pregnant.
 - Those have weakened immune systems.

- Those child between the ages of two and four with asthma or wheeze in the previous twelve months.
- People you took antibiotics for viruses' drugs for influenza at last 48 hours.

MMR (vaccine against measles, mumps, and rubella)

- The aged requirement is 12 months.
- Inject SC into the arm's outer cuff.
- A two-dose regimen administered at the ages of twelve to fifteen months and between the ages of 4-6.

The vaccine against varicella virus

- The minimum age is 12 months.
- Introduce SC either the external part of the upper arm or the anterior part of the thigh.
- during a two-dose series between children with ages of 12-15 months, as well as 4four-six years.

(Hep A) Hepatitis A vaccine

- The required age is 12 months.
- A two-dose series starts between the between the ages of 12-23 months, with the second dosage administered 6-18 months later.
- Help Eliminate Pain in Kids published the following clinical practise guidelines in 2015.
- All of children ages should not be aspirated for intramuscular vaccination.
- When administering vaccines to people of all ages, provide the most uncomfortable vaccine last (rather than first).
- breastfeeding must be used during vaccination injections in children under the age of two,
- Mama's milk ought to be utilised by children during immunisation shots. under the age of two, holding (rather than reclining supine) must be utilised for vaccine injection for children under the age of three.
- After vaccine shots, children 3 years and older, as well as adults, should sit erect (rather than resting supine).
- In children aged 12 and under, apply topical treatments prior to vaccine injections.
- Before vaccine injections, provide a syrup with sucrose to youngsters between the ages of 2 and under.
- Inform guardians regarding managing pain prior to and on the day of the procedure of the vaccine.
- Teach children aged 3 and higher how to cope with pain on the day of vaccinations.

- Parents must accompany children aged 10 years and younger during vaccine injections.

b) Research Question

What is the Routine Immunization for effective of communication initiatives in changing or reinforcing knowledge attitudes or behaviours towards vaccination?

c) Objective of study

- a. To Accelerate the expansion of vaccinations coverage.
2. To enhancing the quality of routine Immunization service and reducing risk.
3. To develop a reliable cold chain at the level of healthcare.
4. To increase the knowledge, attitude, and perception about routine immunization and adverse reaction and create awareness in the society.
5. to identify urgent problem for investigation and action.

CHAPTER 2: LITERATURE REVIEW

A study on "Adverse Events Following Immunization under work Routine Immunization program was started from the village Sanchore, District Jalore from July 2013 by Dhara Sansthan from the financial support of CAIRN India Ltd. The objective of CAIRN of this program was to provide vaccination service to the pipe village of cairn and to make them aware regarding the disease. Every program has two kind of objective one It represents an immediate and prospective objective. 1st term objective was making them aware regarding the disease and how they can protect themselves from the disease, and they are suffering from disease then do not ignore them and got Anganwadi, sub-center or hospital to cure that, ignorance will be dangerous and may causes serious disease.

The health has been highlighted as an important factor which leads to peace and prosperity of the family (Allendorf 2013). The study shows that India is not behind in vaccination. Still today women are bigger than men. Several children lack vaccine. (Mathew 2012). According to Mathew there is a children vaccination greater number of vaccines lacking for women than their men. Because children are more in contact with the mother. An analysis of data Starting with the Department of Family Welfare and Health in 2019. Showed that hospitalization of women and children receiving their first dose of vaccination are relatively now. And they don't treat health costs fairly.

Kundu (2010) Accessed and capacity studied children immunization for girls at the primary level of healthcare and the study showed socioeconomic heterogeneity underpinning low immunization in India and consistent data analysis from the rural National Family Health Survey and urban areas. And they revealed significant gender bias in immunization coverage.

(sylvia, 2011)describe a study conducted on a survey of parent's knowledge, attitudes, and behaviors from which I found that the vaccination of children depends on the desire and influence of the parents on the absence of pre-vaccination and the availability of results.

Yousif MA, et.al., Ahmed Abdulrahman Albarrak, Mustafa Awad A Abdallah and Abubaker Ibrahim Elbur describe a study on vaccination in Saudi Arab, that examined the effects of parental knowledge, and attitudes on childhood vaccination of children. Through the parents' attitudes aspects related to children immunization were identified in the scope gap. The advancement of parenting knowledge required education Assistance with a focus on the less educated and residents of rural areas.

Adriana parrela Annette Braunack-Mayer, Michael Gold, Helen Marshall, and peter Baghurst et.al., In the conclusion of the study to inform the healthcare workers about the knowledge experience and challenge of adverse events after vaccination. The findings of this study provide a review of three health care professionals' observations and thoughts group with respect to identifying and reporting quality AEFI and bring awareness. The important role most workers play in the monitoring of AEFI, and the continuous security of vaccine is taking efforts aimed at improving future schooling and the need for increased training of health care workers especially physician professionals. This should be part of the graduate curriculum as well as professional development.

Katrin S. Kohl.1 S. Michael Marcy et al., A study of vaccination illness using present notions, with the goal of improving eventual understanding of science. The medical economic and epidemiologic runoff of fevers still prevalent today in the form of AEFI. We consider in detail the risk of complications of the disease, the evaluation of fever in a child after vaccination. As a results of which the vaccination evaluation and reporting events on a global scale are proposed by collaborations such as the real significance of this events is a step towards scientific understand.

Soundarya Mahalingam1, Abhijna Soori2, pradhun Ram2, Basavaprabhu Achappa3, MuktaChowta4, Deepak Madi3, 2014 The children under 5 years of age as well as mothers' knowledge, attitudes, and perceptions about vaccination In India are describe. This is a significant number and mother's conclusion in India. Rural area was unaware of Vaccination and its consequences. Even in the city. KAP was discovered to be crucial.

CHAPTER 3; METHODOLOGY

3.1 Research Question

What are the major challenges for Routine Immunization System in rural area?

3.2 Research Design

This study was used of technique simple random sample and Stratified sample in research design.

3.3 Duration of Study

The Study was done from March 13th till June 13, 2023

3.4 Sample Size

The Study would be conducted with 150 sample size.

3.5 Study Population

In this study. Child health and proper vaccination camps were organized in various residential societies in Sanchore Block under rural areas.

➤ Inclusion criteria

The male and female both are youngsters under the age group 5 years.

Children receive vaccinations in accordance with WHO recommendations.

➤ Exclusion criteria

5 years or more

Children with Birth Disabilities Both men and women youngsters' range in age from birth until the age of five.

Children undergoing vaccination according to WHO guideline.

➤ Study Tools

Interview – (ASHA, ANM and Face to face communication into stakeholder).

Primary through knowledge questionnaires

Secondary Research

➤ Data Analysis procedure

In this Study used of qualitative and quantitative methods were developed focusing on the positive and negative impacts of AEFI inclusion.

- Face to Face interview
- Key person or discussion
- In depth interview

3.6 Sampling Technique

A Study would be used of technique simple Random sample and Stratified in Research.

3.7 Ethical Consideration

The consent was taken from the Organization – “Dhara Sansthan” to the use their confidential data for research purposes without hampering any of their privacy and confidentiality. Participants a voluntary in the provide health care preventive vaccination and the Questionnaire was faced to face by taking their consent and it has been ensured that the personal details were not shared in any of the section of this research paper, hence confidentiality was maintained.

A Study - AREA AND PEOPLE IN SANCHORE BLOCKS (Tehsil)

A study of Sanchore block (tehsil) in district jalore, Rajasthan's. A Tehsil is a district sub-division in India that is responsible for the administration and revenue collection of a specific area within the district. It is an integral aspect of the local governing structure and has a significant impact on the growth and management of its community.

According to the census of 2011, the sanchore block sub district code is 00590. The total area covered of sanchore tehsil is 2996 km square and in which 2980.41km square is rural or urban in 16.00 km square. The total population in sanchore tehsil is 4,87,458 people. In which the urban population is 32,875 and rural population is 4,54,583. The population density of sanchore tehsil is 163 km per square of person. The sub district has 84,405 residences. In which urban houses are 5,657 and rural houses are 78,748 in sanchore areas.

It's provided the survey data to situation of literacy rate in sanchore tehsil is 46.04%. in which the male literacy is 58.77% and female literacy is 32.18% there are total overall villages under sanchore tehsil are 276. (Along with gram panchayat and adjacent gram panchayat).

The health care of rural area in Sanchore Block Continued to be poor and status and access of healthcare facilities in these areas are one-third as compared to urban area of the country. The rural population health in the areas is continued to be adverse mainly because of a lack of Education, and Awareness, Secondly the unwillingness to reach the nearest health centre, and thus the need for health care for the under privileged remains unaddressed.

In these areas, the scattered Geography, population Characteristics, hard to reach areas, rate of migration and proportion of Tribal population has been a challenge in accelerating Immunization coverage. In the bottlenecks for Improving immunization coverage Demand side Issues have been very significant and need special attention.

My role as a coordinator the field staff to make them aware do the door-to-door survey and told people about vaccination of their child and disease caused by them. So that they can save their children from different types of disease. This work was completed by meeting ASHA, Anganwadi and ANM within field staff workers. Then I observed due to lack of knowledge and awareness of benefit of WHO proper work are not able to reach these people completely and people remain scared due to fever and other problem faced by children after vaccination he does not show the full dose of vaccine current to his children.

CHAPTER 4: RESULTS

ACCORDING TO GENDER

The total number of population 150 patients, in which the male children were 59% (n=89) and the female children were 41% (n=61) as show the table 1 and fingur. 1

Gender	Total	Percentage (%)
Male	89	59%
Female	61	41%
Total	150	100%

Table 1 percentage distribution of patients, according to gender

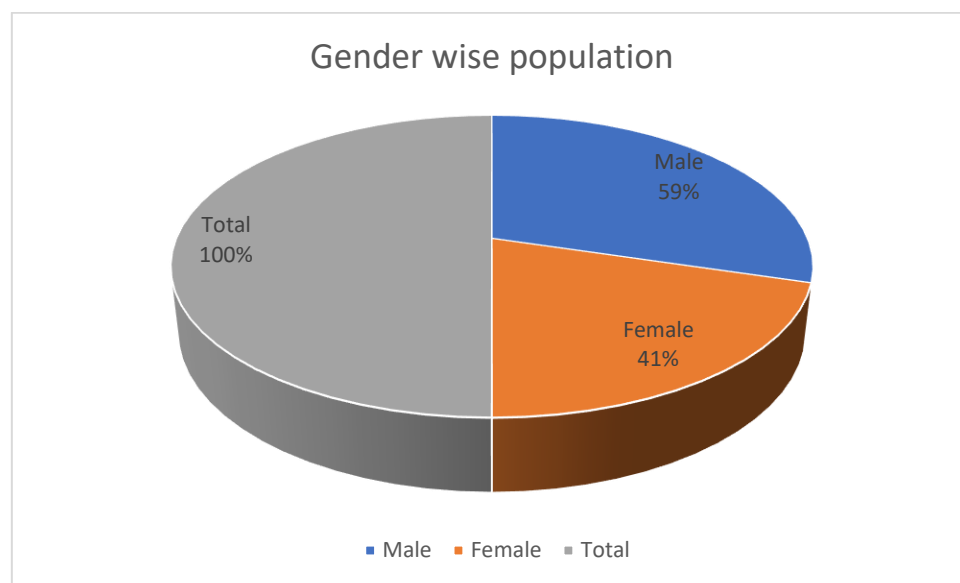


Figure -1 percentage distribution of patients, according to Gender

ACCORDING TO AGE SECTOR

The overall number of patients was 150, with 48% (n=72) being 0-6 months, 19% (n=28) being 6-12 months, 27% (n=41) being 1-3 years, and 6% (n=9) being 3-5 years. as shown in table2 and fingur 2.

Age	Total	Percentage
0-6 months	72	48%
6-12 months	28	19%
1-3 years	41	27%
3-5 years	9	6%
Total	150	100%

Table-2; percentage distribution of patients, according to age.

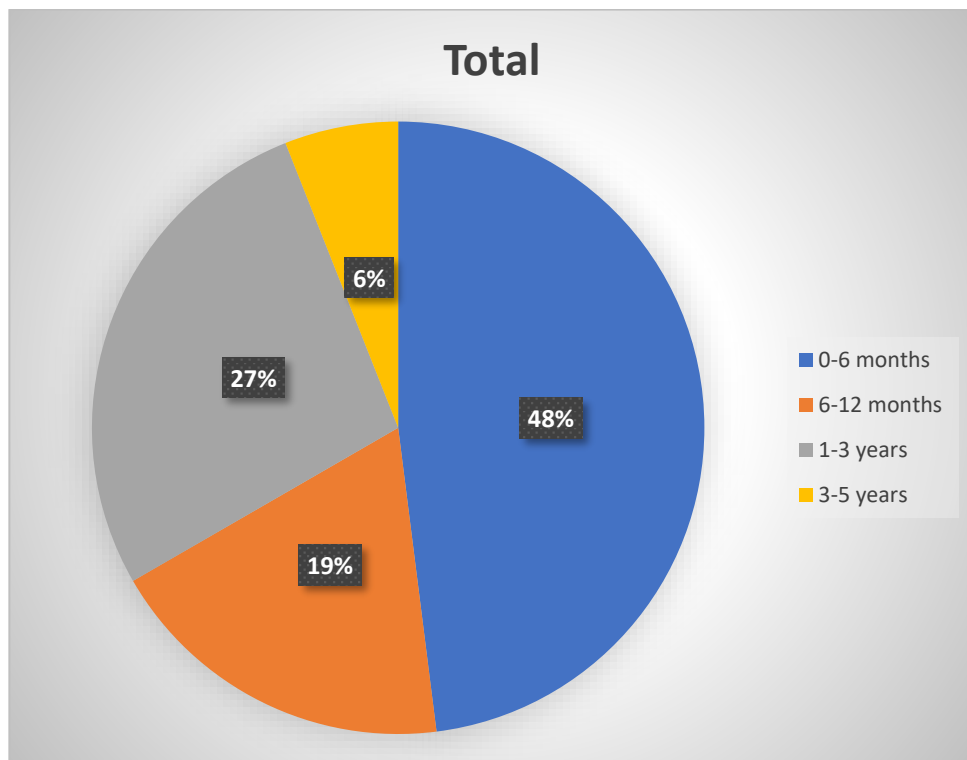


Figure -2 Bar diagram showing the percentage according to Age.

ACCORDING TO PERCENTAGE OF AEFI

The total number population 150 patients, In which the children were developed of AEFI 27% (n= 40) and 43% (n=65) the children were normal shown in table 3, and figure 3.

Category	Total	Percentage
AEFI	40	27%
Normal	65	43%
No Response	45	30%
Total	150	100%

Table-3 percentage distribution of patients, according to AEFI

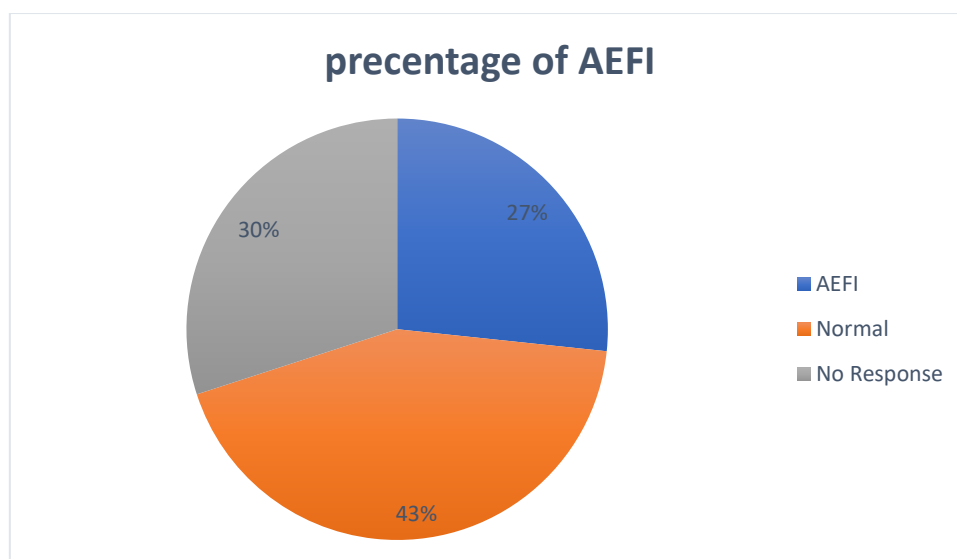


Figure -3 pie chart showing the percentage distribution of patients according to AEFIs.

ACCORDING TO MONTH WISE POPULATION

According to the month wise population, 20% of the population was vaccinated in March month, 30% of the population was vaccinated in April month, 50% of the population was vaccinated in May month, and finally the patients only were immunized in June month. shown in Table 4, Figure 4.

Month	Vaccine Population	Percentage
March	30	20%
April	45	30%
May	75	50%
Total	150	100%

Table; -4 percentage distribution of patients, according to month wise vaccine.

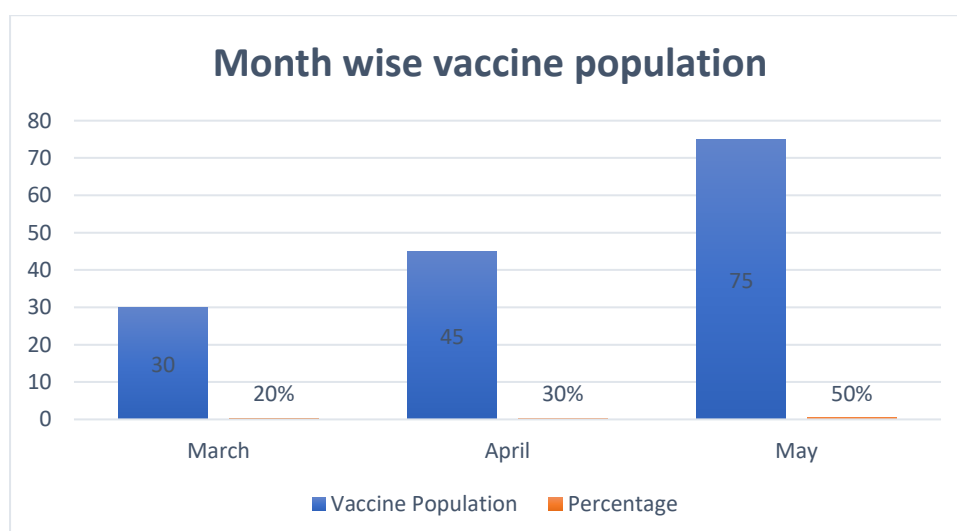


Figure-4 percentage distribution of patients, according to month wise vaccine population.

ACCORDING TO VACCINE WISE POPULATION

The total number of populations 150 patients under the vaccine wise population as show in Table 5 and figure 5.

Vaccine	Population	Percentage
Hepatitis B	35	24%
Polio	30	20%
DTP	20	13%
Hib type b	10	7%
Rota virus	12	8%
Measles	10	7%
rubella	14	9%
Hepatitis B	8	5%
MUMPS	5	3%
varicella	6	4%
Total	150	100%

Table -5 percentage distribution of patients, according to vaccine wise population.

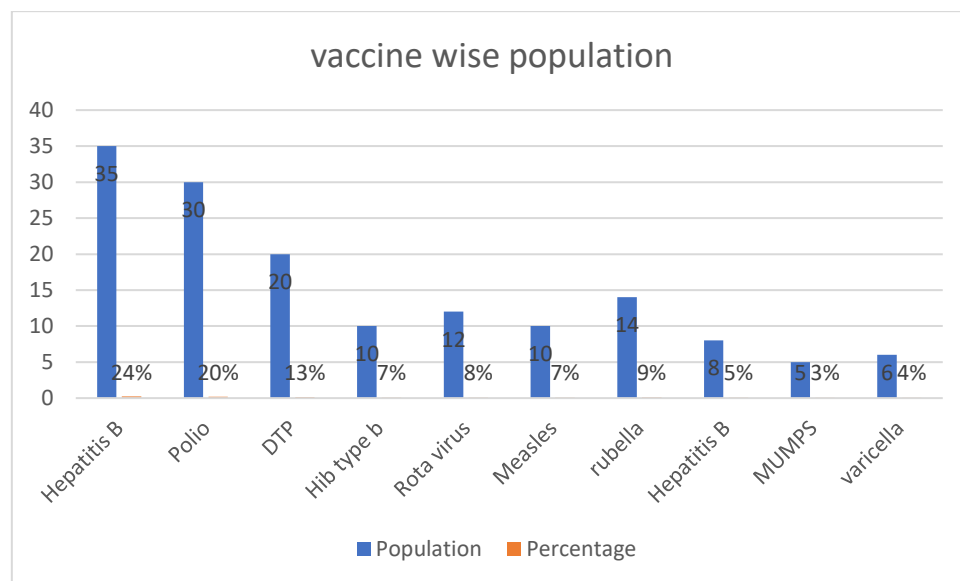


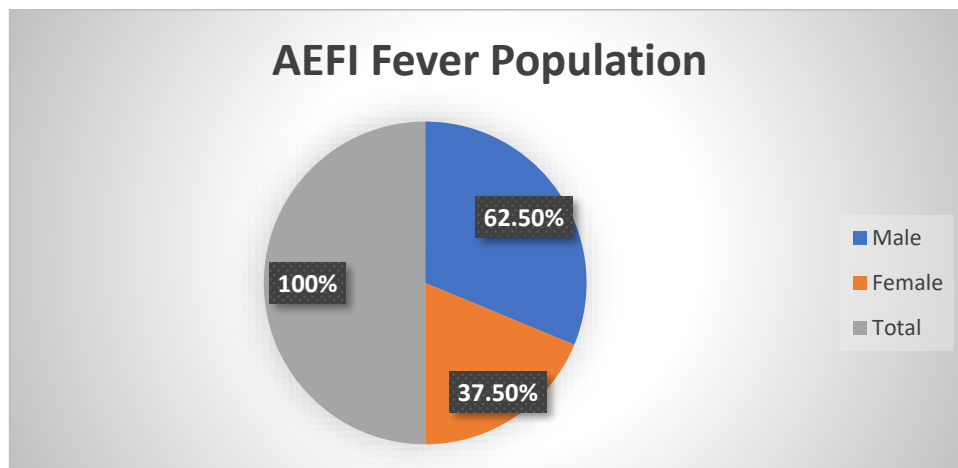
Figure-5 Bar diagram showing the percentage distribution, according to vaccine wise population.

ACCORDING TO AEFI FEVER

In this study, the overall population was 150 patients, with 40 of them experiencing fever as an adverse event. As indicated, 37.5% (n=15) of female children had fever and 62.5% (n=25) of male children had fever in table 6 and figure 6.

Gender	Population	Percentage
Male	25	62.5%
Female	15	37.5%
Total	40	100%

Table -6 percentage distribution of patients, according to AEFI.



RESULTS FOR KNOWLEDGE OF THE PARENTS ABOUTS VACCINATION

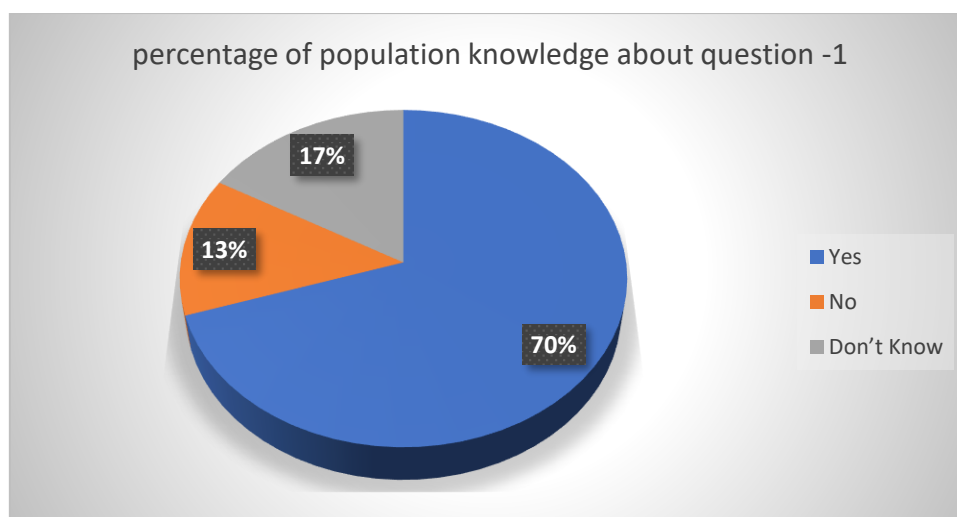
PERCENTAGE OF POPULATION KNOWLEDGE ABOUT QUESTIONS: -

1. Do you think vaccine is important?

The total number of population 150 Parents, 70% (n=105) of parents are yes, said that, vaccination is necessary. and 13% (n=20) of parents said they don't know, only 17% (n= 25) of parents said it was not important shown in table 7 and figure 7.

Question -1	Population	Percentage
Yes	105	70%
No	20	13%
Don't Know	25	17%
Total	150	100%

Table '7 percentage distribution of population knowledge about question-1

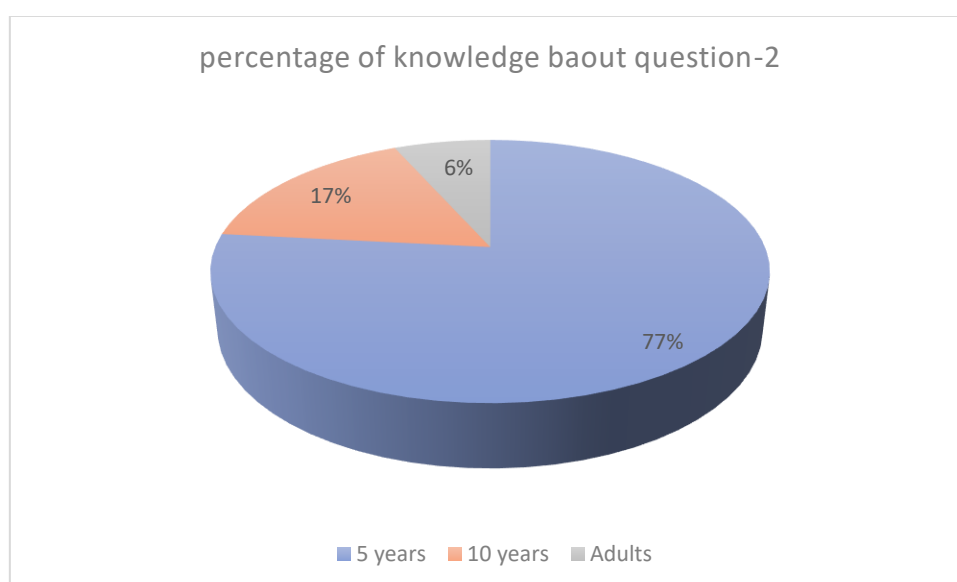


2. Awareness level of parents with regard to age at which vaccine cab be administered?

The total number of population 150 parents, 77% (n=115) of parents were the saying the vaccinated is 5 years and 17% (n=25) of parents are said that 10 years and 7% (n=10) parents are saying adults shown in table 8 and figure 8.

Question 2	Population	Percentage
5 years	115	77%
10 years	25	17%
Adults	10	6%
Total	150	100%

Table 8 percentage distribution of population knowledge about question 2

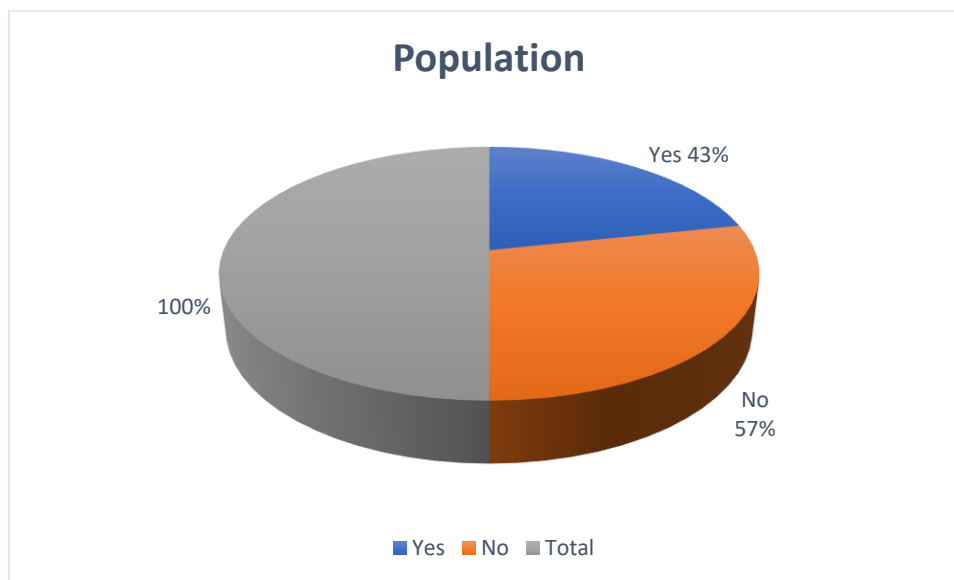


3. Was the information given to you that after immunization fever can occur?

In the entire sample of 150 parents, 57% (n=85) of patients were warned that adverse effects could occur after immunization, while 23% (n=35) of parents were promised that no negative effects would occur. in table 9, and figure 9.

Question 3	Population	Percentage
Yes	65	43%
No	85	57%
Total	150	100%

Table -9 percentage distribution knowledge about question3.

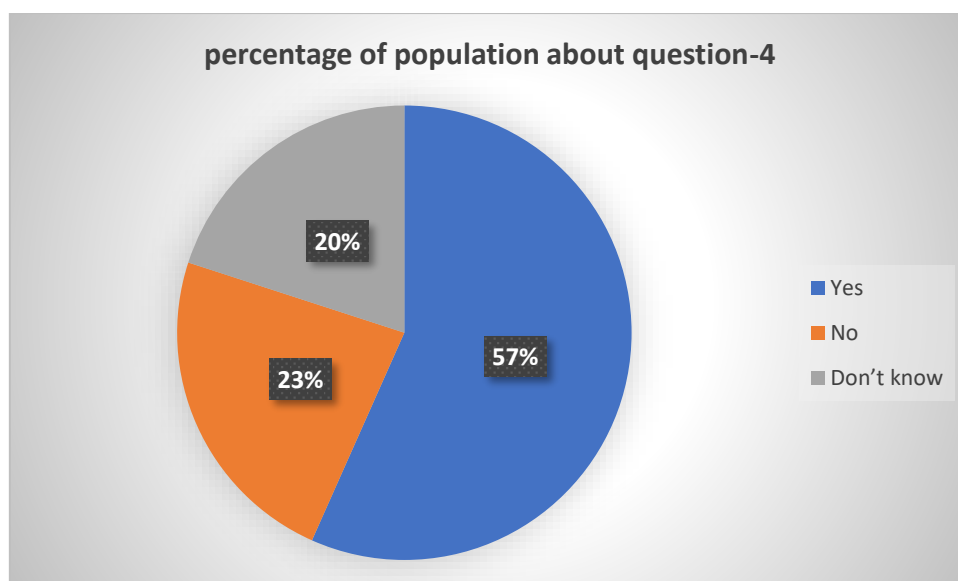


4. Were you made aware that vaccine will create side effect?

In the overall population of 150 parents, 57% (n=85) of patients were told that following vaccination, side effects might develop, and 23% (n=35) of parents were assured that little side effects would appear in table 10 and figure 10.

Question 4	Population	Percentage
Yes	85	57%
No	35	23%
Don't know	30	20%
Total	150	100%

Table1-10 percentage of population knowledge about question 4.

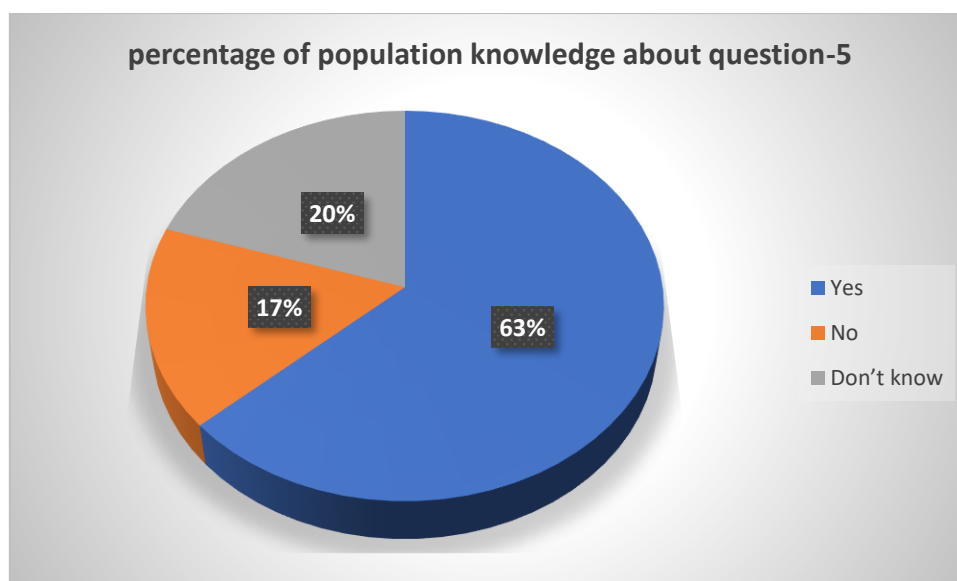


5. Will you inform the doctor/health care worker about the side effect seen in your child?

After identifying any adverse effects, 63% (n=95) of parents will contact doctors/health workers, while 17% (n=25) of parents indicate they will not inform doctors or any other care workers. shown in Table 11, and figure11.

Question 5	Population	Percentage
Yes	95	63%
No	25	17%
Don't know	30	20%
total	150	100%

Table 11 percentage distribution of population knowledge about question 5



6. Till now whether immunization was completed as per the WHO schedule for your children?

60% (n=90) of parents followed the WHO immunization schedule, while 40% (n=60) stated that they were unaware of the schedule vaccination. shown in Table 12 and figure 12.

Question 6	Population	Percentage
Yes	90	60%
No	60	40%
Total	150	100%

Table 12 the percentage of knowledge about question 6.

CHAPTER 5: DISCUSSION

Immunization is the most important health event in the overall country for any community as well as rural and urban. Immunization coverage is essential successful the development of health status in any region. Proper Immunization practice will improve health disease studies were conducted too. I conducted a door-to-door survey in which it was found that only 150 total number of patients 69% (n=89) in which children were male and 41% (n=61) Children were female have fully vaccinated still many children have not received the full dose of vaccinated.

The pediatric GPS procedure, in which most cases of AEFI were mild to moderate, including fever. The identification of AEFI marks an important in routine for the children to contributes

the preaching to the safety of vaccine and AEFI is believed to be related to passive safety. There is likely the fact that the data an AEFI is based on reports such as pediatrics rather than from the parents of the children. But parents should report more adverse events on pediatrics than experts medicine will only cure disease upon identification of adverse events. Special measures to prevent AEFI need to be done by setting up proper checks or vaccine to verify possible contradiction.

Therefore, this study in total population of 150 patients 69% (n=89) are male and 41 % (n=61) are female. This suggests that males are being children are being born or at variance with most studies this can be explained diversity by description.

According to the survey, 48 percent of infants born between their first birthdays of 0 and 6 months had FEFI that was normal, while 43% had no unique procedure. In this study according to the vaccine wise population, in this study more than common vaccination was Hepatitis B, In which have a 24% of participants. In this study, DTP polio and Hib were also prevalent. The main vaccine children received, according to treatment guidelines. Hep B is given in three doses to protect against hepatitis B (liver infection). the 1st shot in give time of birth, and 2nd RV protect against rotavirus a major cause of Diarrhea. This id depending on vaccine type two and three dose.

The current study was carried out to assess the natural severity and incidence rate of AEFI in children under the age of 12. Denmark Mansoor and colleagues conducted a study in New Zealand in 1997. A total of 244 AEFI were reported, with the majority of the AEFI occurring in males. Who discovered that the majority of AEFI happened in children under the age of one year? Following vaccination, the most common fever was AEFI, that followed by swelling at the injection site. It can be explained by the fact that fever is the most prevalent symptom of any sickness. Incorrect injection technique. Some of the causes of swelling at injection include an unsterile technique, as well as incorrect exposure to a dirty and unsanitary environment.

The IPV vaccine is the most important and very safe and do the adverse reaction have been reported. The resulting reaction and rally are MUMPS and inflammation. One of the children will have fever of more than 38°C. the most seen adverse reaction to DTaP is a life-threatening reaction. Using pure acellular DTaP instead of DTB reduced the occurrence of characteristics such as ill, tiredness, and vomiting, Gluten allergy has been linked to allergic reactions to varicella. Diptheria-tatanus acellular pertussis vs vaccination in the 1st dosage. The 4th dosage of currently permitted diphtheria and tetanus toxoids, as well as the acellular pertussis vaccination, have both been linked to an increase in f Fever, erythema, edoema, and soreness at the injection site are all possible side effects. For about four days, there are entire thigh or upper arm may enlarge Erythema, edoema, and pain at the location of injection are all possible. For about four days, there has been swelling of the entire thigh or upper arm. documented in a small percentage of children after a booster dosage with a short injection interval. The local and serious systemic adverse reaction were observed were caused by the vaccine would be noticed with DTaP.

Because vaccinations is one of the most efficient disease prevention methods, measles has a high morbidity and mortality rate in children. With a higher death rate among children under

the age of five, as well as those with a weakened immune system and thus unable to mount an efficient immune response. Passive immunity fades or disappears in infants born to vaccinated mothers by the age of six months. Understanding the safety profile of MMR vaccine requires a wide range of adverse events in young children. as part of public health preparation. we are focusing on children under the age of 9 months because they are particularly vulnerable to wildtype infection, which complicates vaccine administration, and therefore adverse outcomes following MMR combination vaccination, immunization or this age group has never had MMRV vaccine as an interface to monovalent measles vaccine.

The population of parents participating in the present study revealed that the majority of the participation of mothers is an immunization of children. So, it is important to give knowledge and right attitude towards vaccination although the fathers involvement also shown similarity. To access their knowledge on children immunization. Routine immunization protects children from some serious infection disease and its complications. Some parents were well informed by this study, and some were not leading to a confounding effect. Therefore, steps should be taken to ensure adequate vaccine awareness. In which disease eradication and coverage can be achieved.

CHAPTER 6: CONCLUSION & RECOMMENDATION

In the present research, 60% of patients are unaffected by any impact, while 40% experience unpleasant consequences. According to the AEFI, the immunization process is not problematic. According to our findings, children vaccine is quite safe for kids under the age limit of five.

This study shows that individuals should be concerned about vaccination awareness and knowledge. The AEFI report should be made available to all health professionals and the public. Health care workers and providers should be rewarded to report on this issue to improve the vaccine's safety profile. And increased public trust in vaccination programmers. This study should be found Enhance the vaccine should be aware through mass media such as radio, television, and newspapers, which found to be underutilized in this study. The government should phase in this new vaccination into the National Immunization Programmer.

Parents and health care workers should also be made aware of AEFI reports. At present the reports of most of the AEFIs are not being evaluated. Therefore, passive surveillance is a good way to identify reactions that are not monitored and reported for milder infection. Apart from this, the side effects of vaccination are already prevalent in the society. Prevents parents from vaccinating children. Therefore, there is a need for proper evaluation of AEFI to increase the knowledge of vaccination and to the provide confidence about safety of vaccine. Only then will the goal child Immunization elimination be met and the report and evaluation of the AEFI will go a long way in strengthening vaccine programs and increasing coverage.

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Active surveillance of adverse events following ...

by J Sebastian · 2019 · Cited by 23 — Author information **Article** notes Copyright and License ... Adverse events following immunization (AEFI) is defined as 'any untoward medical ...

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