Dear All,

This is to inform you that a mass campaign (Supplementary Immunization Activity (SIA)) to provide a single dose of Measles-Rubella (MR) vaccine is going to start from February 2017 in five states/UTs namely, Goa, Karnataka, Tamil Nadu, Lakshadweep and Puducherry.

It is our utmost duty to support this activity by encouraging parents of eligible children to participate in these campaigns. We need to offer our clinics/hospitals/nursing homes, or other facility to function as “Adverse Event Following Immunization (AEFI) management site/centre” in case any serious AEFI is encountered during the campaign. Furthermore, we need to fully support and cooperate with the local health authorities to counteract any misinformation against these campaigns.

What is MR campaign?

- MR campaign is a special campaign to vaccinate all children of 9 months to <15 years of age group with one dose of MR vaccine.

- The MR campaign dose is given to all targeted children, both immunized and unimmunized, irrespective of prior measles/rubella infection.

- The goal of a MR campaign is to accelerate population immunity by reaching 100% target children with MR vaccine that will reduce cases and deaths from measles and disabilities from Congenital Rubella Syndrome (CRS).

Rationale for MR campaign

- Country Population Immunity is insufficient to stop ongoing MR transmission as evident from MR surveillance data

- MR outbreaks wide spread across the entire country

- Population immunity has waned after the last MCV (Measles containing vaccine) campaign

- Rubella vaccine introduction requires high level of population immunity to prevent the paradoxical effect as a risk mitigation strategy
- NTAGI has recommended wide age range MR vaccination campaign targeting 9 months-<15 years before introducing Rubella-containing vaccine (RCV) in routine immunization in all the states of India

- MR vaccine will be available for administration under the routine immunization (RI) programme after the completion of MR Campaign.

**Who should be vaccinated?**

- All children who have completed 9 months of age and are below 15 years of age regardless of previous vaccination status with measles/rubella vaccine and regardless of measles/rubella infection in the past

- Every child who is eligible for either 1st dose or 2nd dose of measles vaccine in his/her RI schedule will be provided with combined MR vaccine.

- Malnourished children should be vaccinated on a priority basis, as they are more likely to have complications like diarrhea and pneumonia

- Children with minor illnesses such as mild respiratory infection, diarrhea, and low grade fever

- Even those children who have documentation of receiving one dose of Measles/MMR at 9 months and/or MMR at 15 and/or again at 4-6 years MUST also be offered this vaccine!!

**Where will the children be vaccinated?**

- From fixed posts only. No house-to-house vaccination
- During the first week in schools
- Non-school-going and left out children will be vaccinated in the following two weeks in fixed outreach sessions and mobile posts in villages and urban areas
- If, at any place, 4 or >4 children have been found missed during Rapid Convenience Monitoring, the MR campaign activity should be repeated in the area during fourth week of the MR campaign to cover these missed children.

**Why MR and not MMR (measles, mumps & rubella) vaccination?**

- Though IAP has strongly recommended inclusion of MMR instead of MR in UIP, the Government of India (GoI) still do not consider mumps as a serious public health problem in the country. Therefore only MR vaccine is being introduced.

### Training - Workshop for Measles-Rubella Vaccination Campaigns

<table>
<thead>
<tr>
<th>Phases</th>
<th>Campaign-Year</th>
<th>No. States</th>
<th>No. Districts</th>
<th>Target Population (9 m &lt; 15 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1-A</td>
<td>2017</td>
<td>5</td>
<td>69</td>
<td>35,783,000</td>
</tr>
<tr>
<td>Phase 1-B</td>
<td>2017</td>
<td>7</td>
<td>95</td>
<td>30,632,000</td>
</tr>
<tr>
<td>Phase 2</td>
<td>2017</td>
<td>16</td>
<td>209</td>
<td>110,702,000</td>
</tr>
<tr>
<td>Phase 3</td>
<td>2018</td>
<td>6</td>
<td>202</td>
<td>123,101,000</td>
</tr>
<tr>
<td>Phase 4</td>
<td>2018</td>
<td>2</td>
<td>108</td>
<td>108,582,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2017 – 2018</strong></td>
<td><strong>36</strong></td>
<td><strong>683</strong></td>
<td><strong>408,800,000</strong></td>
</tr>
</tbody>
</table>

*Source:* Projected Target population (9 months to 15 years) based on 2011 census data, Govt Statistical Division.