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CHAPTER- 6

PROMOTING MEASLES VACCINATION AND VITAMIN A SUPPLEMENTS

CHAPTER- 6

PROMOTING MEASLES VACCINATION AND VITAMIN A SUPPLEMENTS

MEASLES VACCINATION AND VITAMIN A ESSENTIALS

AFGHANISTAN: A health worker gives an oral polio vaccination to a six-week-old held by his mother, in a health clinic in the New Nasir Bagh camp for Afghan refugees -- also called 'Camp-e-Noa -- in the city of Peshawar. The camp's population fluctuates frequently with the ongoing movement of refugees in and out of neighboming Afghanistan. Estimated at well above 14,000, the camp's inhabitants have recently received notices from local authorities to move, but with no indication as to where they should go.

Measles is a highly contagious respiratory viral infection that is commonly identified by its distinctive skin rash. It can be quickly transmitted through airborne droplets from person to person. The highest fatality rates are usually among children under five, and up to 20 percent of infants who are less than a year old. Children who catch measles may suffer lifelong disabilities such as brain damage, blindness and deafness. Measles remains the leading vaccine-preventable disease that causes child deaths in the world. Malnourished children are especially at risk of complications and death following an acute attack of measles.

Measles is common and especially dangerous in emergencies because of the following factors:[4]

- Populations are displaced and live in overcrowded conditions.
- Sanitation and shelter are poor.
- Food and safe water are in short supply.

During an emergency situation, especially if the affected community is displaced, the existing expanded programme on immunization (EPI) operations may become disrupted, leaving the youngest and most vulnerable children unprotected. In emergencies, priority must be given to preventing measles outbreaks and efforts must be made to immunize all young children as completely and as quickly as possible.[5] This could mean that in the initial emergency response, your first measles vaccination communication action will be in support of an emergency measles vaccination campaign conducted by the Ministry of Health and other concerned organisations.

Measles vaccination and vitamin A supplementation go hand-in-hand as vitamin A deficiency is particularly potent as a co-factor in severe measles. Deficiency in vitamin A increases the likelihood that a child will die from the viral disease. We know that not enough vitamin A can lead to blindness. But even before blindness occurs, a child deficient in vitamin A faces a 25 percent higher risk of dying from measles, malaria or diarrhoea.[6] vitamin A deficiency (VAD) is associated with increased incidence, duration and severity of measles, diarrhoea and respiratory infections.

Vitamin A supplementation is a simple measure with wide-reaching and long-lasting impact on the health of children. Ensure that children get enough vitamin A, especially in emergency situations. This increases their likelihood of surviving poor living conditions in a camp or emergency site.

Successful measles and vitamin A campaigns require well planned, coordinated and managed communication and social mobilisation activities. This will gain the trust of caregivers, community leaders, children and youth groups and other critical groups; help them to understand the importance of the vaccination campaign; and motivate them to support and participate in the efforts to prevent, control and treat measles and vitamin A deficiency.[7]

"Protecting more children against measles will make a significant contribution to reducing child deaths – a key millennium development goal."

Ann M. Veneman, Executive Director UNICEF.

Did you know that -

- In conflict or emergency areas, WHO and UNICEF have a commitment to ensure that, at a minimum, measles vaccine and vitamin A supplements[1] are administered?
- Along with the measles vaccine and vitamin A, children in temporary shelters can also be given other vital health interventions such as insecticide-treated mosquito nets to prevent malaria and anthelminthics for deworming?

Did you know that –

- The **measles virus** remains active and contagious in the air or on infected surfaces for up to two hours?
- It can be transmitted by an infected individual from four days prior to the onset of the rash to four days after the onset?
- If one person has the disease, it's highly possible that those who come into close contact with them will also become infected?
- The highly contagious nature and severity of measles makes vigilant immunization promotion, education and social mobilisation imperative to ensure the health and protection of the population?

Saving Orissa's children

Bright saris and stifling crowded rural rooms. These are India's mind-boggling logistics: postering every wall, training hundreds of helpers, supplying the remotest communities. What happens here is played out 19, 000 times today in each "booth": children standing in long lines, receiving polio drops, having liquid vitamin A spooned into their mouths.

What makes Orissa's National Immunization Day 1999 so special? It's the first Indian state to combine vitamin A supplementation and polio immunization. All day long... by sunset images blur together: bright green fields, white-clad village teacher, young children in siblings' arms, fathers with infants, a child with measles, the maps, the ice boxes, the palpable determination of health workers and volunteers to reach all targeted children in the entire state – that's over 4 million – in just three days.

One week later, in October 1999, a massive cyclone hit Orissa, devastating its homes, villages and roads. Its vitamin A distribution just days before may have helped participant children stave off the infection and disease which followed.

Source: *UNICEF ROSA,* Micronutrient Deficiencies: Combating vitamin A deficiency.

PRINCIPLES IN PROMOTING MEASLES VACCINATION AND VITAMIN A

You can learn more about the technical principles for an emergency vaccination campaign - such as planning and organising vaccines, vaccination teams and supplies, storage conditions, vaccination cards, etc. in UNICEF's *Technical Notes*.[8]

Keep in mind the following key principles in PROMOTING an emergency vaccination campaign, i.e. creating informed demand, support and action at the household and community level for the campaign. The main vaccination communication principles tell us to:

1. Closely plan, coordinate and monitor the communication and social mobilisation initiative with the service components of the vaccination programme, particularly if there is a measles outbreak.
2. Ensure that caregivers receive timely and accurate information about vaccination – the venue, date and time; the warning signs of measles and where to seek treatment.

3. Address possible inequalities in access to vaccines by employing social mobilisation efforts and health education specifically for the most vulnerable and 'hard-to-reach' groups.
4. Involve caregivers, community leaders, children and youth groups and other critical groups to garner understanding, participation and support for the emergency vaccination campaign.
5. Pro-actively address possible myths and doubts. Many cultures in South Asia may believe that it is necessary to withhold food and fluid when a child is ill or is known to have measles – a belief which can prove fatal for a sick and dehydrated child.
6. Be prepared for possible adverse events following immunization (AEFI). During a vaccination campaign, a clustering effect of AEFI might occur and, with it, a heightened public and media interest in vaccine and related issues.
7. Mobilise partners and the community to use all available means of communication (radio, loudspeakers, community meetings, etc.) and organisational structures (government bodies, NGOs and community based groups) to quickly reach the affected population.

DOING THE GROUND WORK

An emergency vaccination campaign programme is likely to have two major components:[9]

- Measles outbreak response.
- Measles prevention.

Groundwork for measles outbreak control

If there is a measles outbreak you will not have much time to do groundwork. You will have to quickly mobilise community volunteers and other groups to provide accurate health education to caregivers and community leaders.

Groundwork for a measles prevention response

When you are doing the ground work for an emergency vaccination programme, you will most likely have to look at the following factors to get your communication initiative off the ground:

- What are the pre-emergency routine vaccination rates?
- Who are the hard-to-reach population groups and what are the main reasons these groups are hard to reach? Remember, emergencies usually have the worst

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effect among the disadvantaged groups of the population. These groups' pre-emergency vaccination rates are often below the national average.

- Do the healthcare providers and vaccinators have the communication and people skills to impart the advantages of measles vaccination and vitamin A supplementation? Can they answer questions or clarify doubts?
- What is the availability of community volunteers, faith-based organisations and other partners who can be quickly mobilised for health-education campaigns and social mobilisation activities?
- What are common beliefs, attitudes, practices and barriers regarding vaccination and vitamin A supplementation?

This, along with rapid health and immunization assessments, will help you develop SMART behavioural results and develop the communication actions for an immunization initiative. By adeptly doing the groundwork (using findings from formative research, communication analysis and immunization assessments), you ensure that all communication strategies, messages and materials are based on an adequate understanding of the key factors that influence a caregiver's decision to have his/her child receive the measles shot and vitamin A supplements.

Consider some common barriers

One of the main reasons caregivers do not bring children for vaccination is that the child has a fever, cough, diarrhoea or some other illness on the very day of the vaccination. However, it is your role to influence health workers and other local opinion leaders to proactively communicate to mothers that it is safe to vaccinate a child who has minor symptoms of illness.

Sometimes a health worker advises against vaccinating a child who is disabled or malnourished. You must make health workers understand that this advice can yield negative consequences. A measles vaccination can save a malnourished child from death as the infection can be extremely dangerous to children in this fragile state. Not only is the vaccination safe, but it is key to boosting the immune system of a malnourished child – especially if the malnutrition is severe.[10]

Consider also that a child in the affected community may have had a bad reaction to a measles shot. Or, caregivers who may have heard negative rumours about vaccinations may become apprehensive and prevent their child from getting vaccinated.[11]

Message development: using culture as strength

Not presenting children for measles vaccination and vitamin A supplementation, along with a host of other health-related issues are sometimes rooted in an affected community's traditions that are entrenched in political, social, cultural and economic structures.

In *Health and Culture: Beyond the western paradigm*, Nigerian professor Collins Airhihenbuwa advises health educators not to assume that culture always represents an obstacle. He divides cultural traditions into three categories: positive, neutral, and negative. Cultural traditions such as breastfeeding and transmission of important messages through song and dance are positive building blocks for health education. Beads tied around a child's wrist to ward off evil spirits offer no threat to health. But gender inequity, female circumcision, and withholding fluids during diarrhoeal episodes have negative consequences. **He recommends building on the strengths of the culture to reinforce the positive and gently undermine the negative**. While we should aim to develop culturally appropriate messages, we cannot, in good conscience, promote messages that are contrary to the best interests of the child. When an affected community's culture conflicts with best practices, we must negotiate and advocate with respected community members leaders to help bring about positive change in the attitudes and beliefs. This also calls for creativity on the part of communicators who may have to dig deeply into the culture to find traditions that support positive behaviours.

Ethnologist Dwight Conquergood illustrates this approach in his work in a Hmong refugee camp. After an outbreak of rabies in the camp, a mass dog vaccination campaign failed to produce a single dog for inoculation, and Conquergood, who lived with the Hmong, was asked to design a better campaign.

He organised a Rabies Parade led by Hmong who played important characters in their own folktales—the tiger danced and played a traditional instrument; the dab (a spirit who lives in the jungle and causes epidemics when disturbed) sang and banged a drum; while the chicken, known for its power of predictions, explained what must be done to avoid rabies. The next day, the health centre was overwhelmed by Hmong men and women bringing their dogs for vaccination.

Source: Health and Culture: Beyond the Western Paradigm[12] *and, The Spirit Catches You and You Fall Down*[13]

Understanding and responding to common beliefs and practices among caregivers and health workers is an important element when doing your ground work. Formative research will help you to determine these barriers, and enable you to develop communication strategies, messages and materials to quickly supply children in emergencies with the vaccine and vitamin A supplements.

Some tools to do the groundwork

Rapid assessment tools

In emergency situations rapid assessment (RA) techniques can be appropriate tools in finding out the practices and beliefs of an affected community with regard to vitamin A, measles and other vaccine preventable diseases. In the initial response of most emergencies may not be feasible to carry out a wide range of RA techniques – or to mobilise the community to fully participate in the groundwork. While it may be possible to facilitate some basic ranking exercises, in practice, only two main rapid assessment procedure tools are feasible to yield the baseline data and information needed to launch an emergency vaccination communication effort. These are the semi-structured interviews and direct observation.[14]

Semi-structured interviews with key informants

Semi-structured interviews involve one-to-one talks or discussions with three groups: the affected primary caregivers; the local health authorities; and the relief staff. Interviewing in emergencies call for great sensitivity on the part of the interviewer, as the affected population is often in an unfamiliar, chaotic and stressful environment. The affected participants may be unable to speak with the confidence level that they possessed prior to the disaster, may not have a complete understanding of the issue at hand, or may give the answer that they believe the interviewer wants to hear. **Please see Tool 5 in Part III of the toolkit.**

Direct observation

Direct observation is a data gathering approach that allows you to obtain firsthand information on the affected community's actual vaccination processes and practices. Your aim would be to focus on the most important aspects, rather than writing down what you observe. Therefore, you need to develop an observation checklist with the key attitudes, skills and practices that you want to observe. Then mark the specific characteristics by indicating with a check whether the knowledge, attitude, skills and/or practices are present. You will find a sample checklist for observing specific skills (e.g. communication) in Part III of the toolkit. **Please see Tool 10.**

GETTING THE MESSAGE RIGHT

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NEPAL: Female Community Health Volunteer in a meeting with village leaders, Kalika in Kaski district, 2004.

Messages should be culturally sensitive, appropriate and create an informed demand and support for emergency measles vaccination and vitamin A supplementation. They should clearly communicate the benefits of immunization and vitamin A – as a morbidity and mortality prevention strategy. Involving the key populations in the affected community in developing, fine-tuning and choosing the right mix of messages will boost your communication effort. Coordinate messaging with partners. Remember that messages have to be consistent with those of the other partners involved in the campaign.[15]

Messages for a measles outbreak[16]

If a measles outbreak is declared at a camp or emergency site, there is likely to be widespread public concern and media attention. It is important to keep the affected families and communities informed about the outbreak and the response. We can communicate via interpersonal and mediated channels - workers, vaccinators, community meetings loud speakers, community-based radio stations, health. During an outbreak, disseminate messages that remind caregivers the importance of getting the measles vaccination at this crucial time, and where to get appropriate treatment for children who are sick. This will also help to allay fears. Reinforce IPC with pre-tested, pre-produced printed and audio-visual media - posters, banners, radio-TV public service announcements, spots and plugs, etc., and use community and mass media, as appropriate and feasible.

During a measles outbreak, prepare localised messages that:

- Provide accurate information on the natural history of measles infection, the symptoms that should prompt a parent to seek expert advice, and the appropriate care of a child with measles.
- Encourage parents whose children have had a recent onset of rash and fever to notify health workers.

- Convey clear information on the ages for immunization, the location and time-schedule for the vaccination and vitamin A supplementation.

Your messages should convey to all caregivers **why, when, where and how many times** the child should be immunized. Remind caregivers that it is safe to immunize the child even if he or she is malnourished, ill, or disabled.[17]

Generic messages for primary caregivers may include:[18]

- Disease can spread quickly when people are crowded together. All children living in congested conditions have to be immunized immediately, especially against measles, to protect them from dangerous illnesses.
- Measles vaccination and vitamin A protect children and are safe for children, including those who have a minor illness, disability or are malnourished.
- Vitamin A helps children fight infection and malnutrition and prevents blindness.
- If your child has a fever, cough, rash, runny nose or red eyes that lasts for three days or more, immediately seek help from a trained health care provider.
- Children who are sick or recovering from measles are at risk of dehydration and need adequate food and water.
- Continue to breastfeed babies with measles.

A special note:
Since women are commonly the primary caregivers of children, most messages will be directed at them. This is OK as long as we don't forget to develop messages and activities that inspire the entire community to participate in averting or controlling a measles outbreak.

Messages for service providers may include:[19]

- All children aged six months to 14 years have to be immunized against measles in an emergency situation. Infants who have been vaccinated at 6 months should be vaccinated again at 9 months.
- As diseases such as measles spread quickly, a child with measles should be isolated from other children and examined by a trained health worker.[1]
- Measles vaccination is a golden opportunity to promote vitamin A.
- A new or sterile needle and syringe must be used for every child vaccinated.
- It is safe to immunize a child who is malnourished, has a minor illness or disability.
- After an injection, the child may cry or develop a fever, a minor rash or a small sore. This is normal. However, if you observe more serious side effects, report these immediately to the district health/medical officer or your supervisor.
- Promote immunizations by encouraging and praising caregivers who present their children for the vaccination, and by treating them and their children kindly.

COMMUNICATION ACTIONS TO PROMOTE MEASLES VACCINATION AND VITAMIN A

UNICEF's emergency response is guided by the Core Commitments for Children in Emergencies (CCC) that provide the overarching organisational framework in a humanitarian response (Please see Chapter 3). The table below outlines the CCC in health and nutrition areas related to measles vaccination and vitamin A supplementation. We have included some suggested behaviour change communication (BCC) and social mobilisation activities that have proven effective. Remember to plan your communication and social mobilisation actions with the participation of the affected community and your partners, and be mindful about gathering feedback, monitoring and evaluating your BCC initiative.

TABLE: Extract from UNICEF's CCC in health and nutrition and corresponding suggested BCC and social mobilisation support.

FIRST SIX TO EIGHT WEEKS	SUGGESTED BCC AND SOCIAL MOBILISATION ACTIONS
1. Vaccinate all children between 6 months and 14 years of age against measles; at minimum children from 6 months to 4 years of age must be immunized. Provide vaccines and critical inputs such as cold-chain equipment, training and social mobilisation expertise and financial support for advocacy and operational costs. Along with the vaccination, provide vitamin A supplementation, as required.[21]	▪ Launch a public awareness campaign via mass media. In affected communities, low-tech media are usually the most practical - loudspeakers, megaphones, etc. Work with community-based radio stations where they are operational. Distribute and post printed and audio-visual materials – posters, banners, etc. as appropriate. Through these community media, you can share with affected families and communities the **what, why, when** and **where** to go for the vaccination and vitamin A supplementation.

FIRST SIX TO EIGHT WEEKS	SUPPORTIVE BCC AND SOCIAL MOBILISATION ACTIONS
	▪ Mobilise community volunteers and service providers to personally tell primary caregivers the details of the emergency vaccination campaign, and the benefits and safety of vaccination and vitamin A supplementation. ▪ Make special efforts to reach vulnerable and hard-to-reach communities with information and vaccination services. ▪ Distribute basic messages that would help caregivers recognise measles symptoms and complications to help reduce measles mortality. ▪ Involve community and faith leaders in the planning of the emergency vaccination campaign, if possible. At a minimum, ensure that they know when, where and why the vaccination campaign will take place. ▪ Build the capacity of health workers and vaccinators with the necessary communication skills to talk about the advantages of immunization and are able to handle questions and clarify doubts. ▪ Use camp registration points as a communication channel to provide information on the measles vaccination and vitamin A. Children can receive vaccination here and adults can learn when and where to go to receive the health services. ▪ Train volunteers to visit temporary and roving schools to share with principals, teachers and students vital information on measles vaccinations and vitamin A.

FIRST SIX TO EIGHT WEEKS	SUPPORTIVE BCC AND SOCIAL MOBILISATION ACTIONS
	▪ Employ child-to-child methodologies – i.e. children singing songs related to immunization, so that they can become informal promoters by, for instance, singing the lyrics in the community or at public events. ▪ Engage motivated school-aged children, boy scouts and girl guides, or other local children's groups, eg, Child Clubs in Nepal and local Children's Parliaments in India, as "calling parties" the day before and during vaccination and supplementation to remind caregivers of the date and venue. This is also a creative way to get children involved in their own health. ▪ Train and deploy community volunteers throughout the camp to meet with caregivers and to discuss child health related issues, including the severity of measles, the need to protect children from disease, the safety of the vaccine and injection, and the need to continue with routine immunization. ▪ Invite and engage people who have lost children to measles as peer educators, counsellors as they can be strong advocates because they have witnessed the virility and consequences of the disease. ▪ Monitor any immunization coverage and shifts in the community's attitude regarding immunization.

Measles song

Children learn 'measles songs' from their teachers; teachers tell the children to bring their younger siblings to get immunized; children march through the streets or in a camp in parades, holding up signs and singing to let everyone know about the importance of vaccination.[22]

MALDIVES: A baby is vaccinated against polio on Kudahuvadhoo Island in Dhaalu Atoll, some 150 kilometres from Male, the capital. An immunization campaign against measles and polio, aimed at all children under age two, is under way following the tsunami disaster.

I am measles, killer disease
I am measles, killer disease
I am measles, killer disease
Take your child for immun-I-zation….
November XX
November XX
November XX
Take the shot for immun-I-zation….
From the age of six months
To the age of fourteen years
Our parents work hard
Take your child for immun-I-zation….
Immun-I-zation everywhere
Immun-I-zation everywhere
Immun-I-zation everywhere
Take your child for immun-I-zation…

MONITORING MILESTONES

Indicators are needed to measure and demonstrate whether or not our communication initiatives are meeting the behavioural results. But advocacy and communication activities alone can not improve emergency vaccination efforts. This also depends on service delivery factors and disease control efforts. Most communication indicators are therefore process-oriented and measure inputs and outcomes of activities conducted. Indicators are most effectively measured and monitored at district and community level through a combination of qualitative and quantitative methods (i.e. focus group discussions, exit interviews with caregivers, observation of vaccination and community mobilisation sessions and so on).

The impact and outcome of communication efforts is tied to other EPI indicators and must therefore be measured within that context. Listed below are a range of indicators.[23] **Tool 14 in Part III lists possible sources of information to help you measure the indicators.**

Input indicators include:

- Presence of a communication component for EPI in the emergency preparedness and response plan.
- Amount of funds allocated for the communication component to support the EPI programme in an emergency situation.
- Number of planned outreach activities in the affected communities and camps.
- Number of materials produced.
- Percentage of communication plans that map resistant or difficult groups, including “zero-dose” children, and proposed strategies for reaching them.

Output indicators include:

- Percentage of emergency vaccination programme budgets used for a) broadcast media, b) print materials, and c) strengthening interpersonal communication skills.
- Percentage of planned activities to reach the hard to reach population groups actually conducted.
- Number of materials disseminated, made visible and used in health facilities.
- Number of health workers and mobilisers trained in immunization communication. What is the number of training sessions conducted?
- Number of meetings held with community and faith leaders.
- Percentage of health workers/vaccinators/care-givers who know how to recognise measles and where such a case should be reported.

Outcome indicators (linked to EPI indicators) include:

- Percentage of health workers/vaccinators providing key messages during immunization sessions.
- Percentage or caregivers with vaccination cards.
- Percentage of caregivers who know where to go for vaccination and vitamin A supplementation.
- Percentage of caregivers who know where to take a sick child for treatment.
- Percentage of households in affected communities/camps visited by community health volunteers/mobilisers.
- Percentage of budget spent on communication activities according to the plan.

Impact indicators (EPI indicators) include:

- Percentage of children vaccinated with measles.
- Percentage of children who received vitamin A supplements.
- Percentage of drop-out rates.
- Percentage of planned outreach sessions actually conducted.
- Percentage of reduced measles incidents among the child population from date A to date B.

PRACTICAL EXPERIENCES

Uganda Red Cross mobilises community to promote measles immunization

While a measles communication initiative should not rely strictly on campaigns, stickers and posters – a mass vaccination campaign may be the first line of defence in an emergency situation. In a disaster, one of the top health priorities is to give the measles shot to all children in the camp/affected area who are between 6 months and 14 years of age. Overcrowding, poor sanitation, diarrhoea and malnourishment are conditions that make it easy for a measles outbreak to occur.

Be mindful that in emergencies the affected community may be busy doing household chores, searching for work, standing in lines for food/humanitarian assistance, gathering fuel or water, recovering lost items, or caring for the family. This will prevent them – particularly women with children – from attending public events, standing in long lines for immunization/health services, or pay much attention to matters that don't seem urgent to them.

The Ugandan Red Cross communicated with such hard to reach populations through a mix of communication channels including interpersonal communicators, mass media, volunteers, and community theatre in its November 2001 measles campaign. One of the behavioural results was to ensure that every mother or primary caregiver in a particular district understood the need for their children to be immunized, and subsequently took them to the health centre for the shot. Red Cross workers recruited volunteers from the communities that were targeted for the campaigns, educated and trained the volunteers on the process, and gave them the necessary resources to carry out their mission. Supplies included costumes to put on plays, vests for identification, brochures, and money for the volunteers' lunches, posters, banners, and other items.

Volunteers – travelling by whatever method available – met with the primary caregivers, usually the mothers, to communicate the importance of protecting children against measles; the safety of the vaccination process; and the need to follow-up and keep up with the immunization schedules. The volunteers made lists of children in each

household who were eligible for vaccination; then cross-referenced the names with the list of children who had received the vaccination. This method helped them confirm if any child had been missed.

Clearly this type of measles communication initiative takes planning. You can most effectively mobilise the community during the emergency preparedness phase of your BCC programme, and also beyond the initial response. While emergencies usually result in widespread social disruption, it is to your advantage to partner with the leaders of the affected community who have the ear, mind and heart of the people – religious leaders, traditional healers, TBAs, tribal chiefs, teachers, clan leaders and other relevant stakeholders – to gain support for the measles vaccination. You should also be prepared to deal with misconceptions, myths and past adverse events related to the measles shot. In this particular Ugandan district, a local anti-government radio station was advising parents against immunization, saying the vaccine would kill their children, not save them. Red Cross activated more volunteers to counter this message with positive ones to help allay parents' fears.

Don't neglect to tap into your most precious resources in emergencies: motivated young people can be quickly mobilised to spread the immunization message. If the education system is still in place (or if a temporary one has been established), educators can teach schoolchildren the 'measles songs', and tell students to bring their younger siblings for the vaccination. In Uganda, one schoolgirl in the Pallisa district looked sternly at the crowd as she sang the measles song, shaking her finger at the crowd during the verse, "take your child for immunization."

Source: *Adapted from the Measles Initiative*[24]

Lessons Learned

1. Be aware of the affected community's pre-existing beliefs about the cause of measles and its cure before the disaster occurs.
2. Engage traditional healers, religious leaders, health workers, key informants, volunteers and other respected community leaders to support a measles vaccination initiative.
3. Enlist motivated school-aged children, boy scouts, girl guides and children's organisations to promote the measles shot to the affected community and parents.
4. Don't use fear to motivate parents; but, inform them of the consequences of not vaccinating their child.
5. Be prepared with positive information and communication actions to counter misperceptions and myths surrounding measles vaccinations.

RESOURCE BANK

Further reading

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Web sites

1. Agency for Toxic Substances and Disease Registry
   http://www.atsdr.cdc.gov/HEC/primer.html
2. Allied Vaccine Group
   http://www.vaccine.org
3. Centre for Disease Control and Prevention: Communication at CDC
   http://www.cdc.gov/communication/
4. GAVI Advocacy Resource Kit http://www.vaccinealliance.org/Task_Forces/Advocacy_Task_Force/Documents/other_materials_2.php
5. Global Alliance for Vaccines and Immunization (GAVI)
   http://www.vaccinealliance.org
6. Gates Children's Vaccine Program at PATH
   http://www.childrensvaccine.org/html/resources.htm
7. Immunization Resources from The Media/Materials Clearinghouse (M/MC) at Johns Hopkins University
   http://www.m-mc.org/
8. Polio Eradication Initiative
   http://www.polioeradication.org
9. Safe Injection Global Network (SIGN)
   http://www.injectionsafety.org
10. The Communication Initiative
    http://www.comminit.com
11. The Measles Initiative
    http://www.measlesinitiative.org/
12. The Vaccine Page
    http://www.vaccines.org
13. United Nations Children's Fund
    http://www.unicef.org
14. World Health Organization
    http://www.who.int/vaccines

Glossary

Adverse event following immunization (AEFI) is a medical incident that takes place after immunization which causes concern and is believed to be caused by the immunization.

Adverse reaction is an undesirable outcome caused by a vaccine (or drug) where there is evidence suggesting a causal relationship. The difference between adverse

events and adverse reactions is that adverse events may coincide with (i.e. occur at the same time), but not necessarily caused by, vaccine administration.

Cluster are two or more cases of the same or similar adverse event related in time, geography (e.g. at a health unit or immunization outreach post), vaccinator and/or vaccine administered.

Epidemic an outbreak of a contagious disease that spreads rapidly and widely

Mass vaccination vaccinations of large numbers of people at the same time, usually when several cases of a disease have been reported, causing concern that there may be a general outbreak of the disease

Measles is an acute viral illness caused by a virus in the paramyxovirus family. As a respiratory disease, measles virus normally grows in the cells that line the back of the throat and in the cells that line the lungs. Measles is a human disease with no known animal reservoir.

Vitamin A deficiency causes Xerophthalmia, blindness and death. Eye signs: poor vision in dim light, dryness of conjunctiva or cornea, foamy material on the conjunctiva or clouding of the cornea itself. These signs may appear after several months of an inadequate diet, or following acute or prolonged infections, particularly measles and diarrhoea.

Footnotes

1 Information taken from Measles Initiative, http://www.measlesinitiative.org.
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