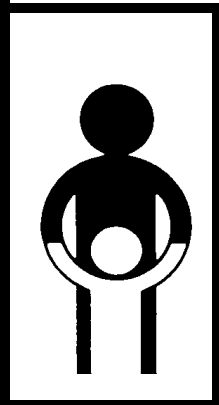


Module 5:

Organising immunization sessions



GLOBAL PROGRAMME FOR VACCINES AND IMMUNIZATION

EXPANDED PROGRAMME ON IMMUNIZATION



World Health Organization, Geneva, 1998

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About this module

Although the activities required to organize immunization sessions are similar whether they take place in fixed facilities, outreach sites, or people's homes, there are some differences. This module describes how you prepare for sessions in all locations.

1. Preparing for immunization sessions in a fixed health facility

Immunization sessions must be arranged so that clients will attend the first time and return for subsequent doses. The preparations include:

- scheduling days and times for sessions;
- making sure that vaccines, supplies and equipment are available;
- arranging space for the convenience and comfort of health workers and clients.

1.1 Scheduling

Immunization services should be scheduled so that people can use them. If people are not coming to sessions or if too many people are attending you may need to change the days or times when the sessions are held.

Calculate the number of sessions per week or month you need, as described in the box following.

How often should you hold sessions?

- 1) Calculate the *annual target population*. For children this is the number aged under 1 year. If you do not know the size of the population, assume it to be 3% of the total population.**

Example: if an area has a total population of 4800, multiply 4800 by 3% to obtain the annual target population (144 children).

- 2) Calculate the *monthly target population* by dividing the annual target population by 12.**

Example: divide 144 by 12 to obtain the monthly target population (12 children).

- 3) Calculate the *average number of contacts per month*. Each time a child attends for immunization is called a contact. Three to five contacts are required for a child to be fully immunized.**

To calculate the average number of contacts per month, multiply the monthly target population by 4.

Example: multiply 12 by 4 to obtain the average number of contacts per month (48 contacts).

- 4) Calculate the required *maximum number of sessions per month* by dividing the average number of contacts per month by the number of children that can be served by the health centre staff in a session. Depending on the number of staff and the availability of vaccines, supplies and equipment, this could be 10, 15, 20 or more.**

Example: divide 48 by 10 to obtain the maximum number of sessions per month (4 or 5 sessions per month, or 1 session per week).

The same process can be used to calculate the number of sessions you need to immunize women with tetanus toxoid.

- After you have calculated the number of sessions per week or month, discuss with clients and other community members which days and times would be most convenient for them.

Keep in mind that:

- employed parents may be able to bring their children to the health centre only in the early morning or late afternoon;
- a market day may be a convenient time for shoppers to visit the health centre but this may not be true for vendors.
 - Make sure that health centre staff will be available to give immunizations on the proposed days and times and that you will have the vaccines and other supplies that you need on those days.
 - Tell everyone in the community about the days and times when immunizations will be given.

If you give immunizations on demand you may find that you run out of vaccines before the end of the month. This happens when you open a vial for one immunization and throw the unused vaccine away at the end of the day. By scheduling sessions you can estimate your vaccine needs more accurately.

However, you should not deny services to people who cannot come for immunizations on the scheduled days and times.

1.2 Supplies and equipment needed

Generally, you need the same supplies and equipment for fixed, outreach and mobile sessions. For fixed sessions you need the following supplies and equipment :

Vaccines

Take from the refrigerator the number of vaccine vials you think you will need for the entire session. You thus open the refrigerator door only twice, once at the beginning of the session and once at the end (to return unused vials).

Use the table below to estimate how many 10- or 20-dose vials you will need for a session. The number depends on the size of the target population and the number of sessions you have per month or week (see above).

It is a good idea to keep extra vials of diluent in reserve.

Number of clients	Number of vials needed
Less than 10	1 vial of each vaccine and diluent.
From 10 to 30	2 or 3 vials of each vaccine and diluent, depending on the number of doses in each vial.
More than 30	3 or more vials of each vaccine and diluent, depending on the number of doses in each vial. Take more from the refrigerator when needed.

Select and use vaccines in the following order:

First : Vials of OPV, DPT, TT and hepatitis B vaccine that have been opened for use in a previous fixed session.

Second : Unopened vials that have been out of the refrigerator for more than three hours.

Third : The oldest vaccines whose expiry date has not passed. You must discard vials whose expiry date has passed.

Injection equipment (see Module 4)

- **Syringes and needles:** you must use one sterile syringe and one sterile needle for each injection.
- **Reusable equipment:** you should have enough reusable syringes and needles available so that you do not need to sterilize during the session.
- **Single-use equipment:** you must have at least one single-use syringe and needle for each client expected.
 - Forceps.
 - Cotton swabs.
 - Metal file to open ampoules.
 - Vaccine carrier to hold vaccine and diluent vials during the session and keep them cold.
 - Ice packs for the vaccine carrier.

Use the table below to estimate how many syringes and needles you will need for a session:

Number of syringes and needles needed

	Number of clients expected			
	Fewer than 10	From 10 to 20	From 20 to 30	From 30 to 40
0.1 ml syringes BCG	5	10	10	10
10 mm, 26 gauge needles BCG	5	10	10	10
1.0 ml syringes DPT, measles, hepatitis B;	15	30	30	40
tetanus toxoid	5	10	12	15
32 mm, 22 gauge needles DPT, measles, hepatitis B	15	30	30	40
tetanus toxoid	5	10	12	15
5.0 ml syringes reconstitution	3	3	3	3
76 mm, 18 gauge needles reconstitution	3	3	3	3

Ice packs must be frozen in a refrigerator or ice pack freezer before you put them in the vaccine carrier. Ice packs will not freeze in a vaccine carrier.

See Module 3 for more information about vaccine carriers and ice packs.

Sterilization equipment (see Module 4)

- Plastic bowl for soaking and cleaning syringes and needles.
- Steam sterilizer.
- Stove and fuel.
- Timer.

Record-keeping materials

- Immunization cards for children and women.
- Immunization tally sheets.
- Patient register.
- Paper, pencils, pens.

Cleaning equipment

- Hand-washing items: soap in a soap dish, water, towel.

-
- Container for rubbish.
 - Disposal boxes for syringes and needles that can no longer be used.

1.3 Arranging health centre space for immunizations

The arrangement of the space in your health centre will affect how you do your work and how quickly clients finish the immunization process. The space that you set up for immunizations should be:

- in a clean area not directly exposed to sunlight, rain or dust;
- convenient for the health worker who is preparing vaccines and immunizing;
- easily accessible to clients but arranged so that they are not crowding around the immunization station;
- quiet enough for the health worker to be able to explain what he or she is doing and give advice.

The health centre should have:

- space where clients can sit before being immunized;
- space and equipment for screening, registration, immunizing and recording;
- a table for vaccines and injection equipment;
- a chair on which a parent can sit while holding a child for immunization;
- a chair for the health worker.

If you provide other services during immunization sessions you need space and equipment for them as well. Set up a separate station for each of these services, which may include:

- weighing babies and charting their growth;
- treatment;
- antenatal care;
- health education.

1.4 Arranging equipment at the immunization station

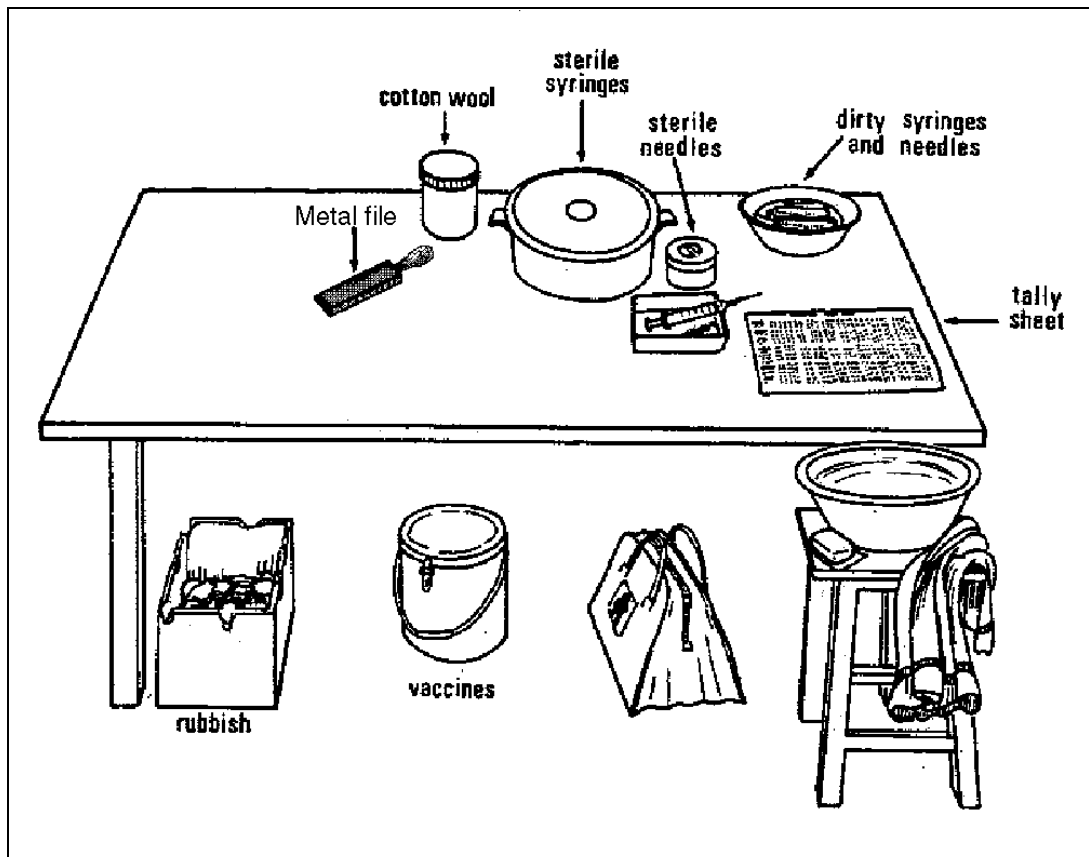
You need a table in a cool place to hold the equipment you use while giving immunizations. On the table you should put:

- a vaccine carrier in which to place vaccines and keep them cold;
- a plastic basin for soaking used syringes and needles;
- a disposal box for used single-use syringes and needles;
- a tally sheet and pencils;
- cotton swabs.

Near the table you should have a rubbish box, a bowl, soap in a soap dish, and a hand towel.

If you are registering patients at the same station you need a patient register there.

Figure 5-A: Equipment on table at immunization station



2. Organizing outreach immunization sessions

Outreach immunization sessions are held in a location other than a health facility, from which health workers can go out and return the same day. They are held periodically, at intervals of one, two or three months, or even twice a year. Successive outreach sessions in a community should be held in the same place (for example, the school), on the same day of the week and at the same time, to maximize the likelihood that people will remember to attend.

2.1 Scheduling days and times for outreach sessions

Use the process described above for deciding how often to hold outreach sessions (paragraph 1.1). You need to know the size of the target population and the number of children and women that you can immunize in one session.

Schedule outreach sessions at least one month apart: the multidose vaccines (DPT, OPV and tetanus toxoid) require an interval of at least a month between doses.

For the best results, consult with community leaders and clients about dates and times. They can help to mobilize the community on scheduled outreach days and can liaise with other members of the community.

2.2 Equipment and supplies needed

In addition to the equipment needed for fixed immunization sessions listed in paragraph 1.2 you need the following for outreach sessions:

- If you are supplied with reusable syringes and needles and do not have enough to use one sterile syringe and one sterile needle for each injection, take a steam sterilizer, stove, fuel, matches and a timer.

See Module 4 for more information about cleaning and sterilizing.

In most areas, vaccines stay below +8° C in a vaccine carrier for one day if you keep heat out of it. In order to achieve this:

- keep the carrier in the shade;
- keep the lid on the carrier in transit;
- keep opened vials on the foam pad of the carrier during sessions.

2.3 Setting up an outreach site

The place where you give immunizations during an outreach visit may be in a building or in the open air. If in a building it should be well lighted and well ventilated. If in the open air and in a hot climate it should be in the shade.

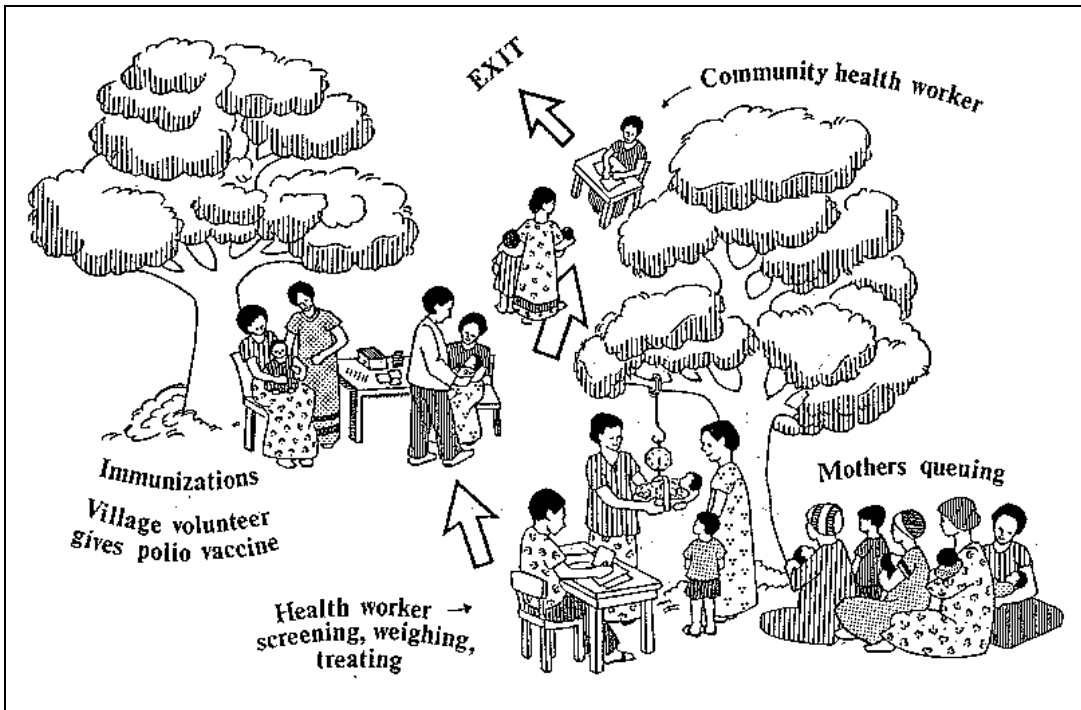
Figure 5-B: Immunization site in the open air



In arranging the immunization site, make sure that:

- the waiting area is clean, comfortable, and, in a hot climate, out of the sun;
- people are effectively guided to the entrance, the stations and the exit by means of signs or the arrangement of chairs, tables, ropes or other items;
- the number of people at the immunization and other stations are limited, so there is no crowding;
- if it is necessary to sterilize injection equipment during the session you do so in a safe place, away from children;
- everything you need is within reach on or near your immunization table.

Figure 5-C: Immunization session in the open air



Members of the community can supply you with tables, chairs and other furniture and can help you to set up the outreach site.

You may provide services additional to immunizations on an outreach visit, including prevention, treatment and health promotion. Make sure that the site is set up to accommodate these services.

3. Organizing mobile sessions

Mobile sessions are conducted by teams that travel to places distant from any health facility. They usually stay out at least one night. The teams may be workers from the nearest health centre or they may consist of district or national staff.

Unlike outreach sessions, which are scheduled periodically, mobile sessions are scheduled when needed. Teams often go to homes, fields, workplaces and schools, wherever the target population exists.