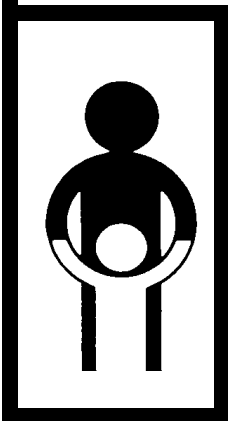


Module 6:

During a session: registering and assessing clients



GLOBAL PROGRAMME FOR VACCINES AND IMMUNIZATION

EXPANDED PROGRAMME ON IMMUNIZATION



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About this module

Health workers record immunization activities in a patient register and on immunization cards. They also decide whether or not to give an immunization to a particular child or woman and what to give. The present module describes how to perform these activities.

1. Completing the patient register

Most health centres keep a patient register in which information is written about every person who comes to the facility for any service. This provides a record of what the health centre does and helps health workers to keep track of the immunizations and other services they give to each person. Patient registers are also useful in identifying missed opportunities (Module 11), case-based disease surveillance (Module 12) and other research.

Figure 6-A: Sample patient register page

Month: January Year: 1990

Date of visit	Name and address	Age	Reason for visit	Repeat visit?	Services provided	Was patient immunized with all required doses?* (e.g., all 3 doses of DPT or OPV)
2	Maria Falcon, Tomara	4 Months	immunization		DPT2 / OPV2	
2	Malikul Somtha, Tomara	10 months	measles		Paracetamol & talcum powder	no
2	Alaba Idris, Tomara	2 years	dysentery		ORS and antibiotics	
2	Halida AKrong, Bakul	7 months	malaria	✓	Chloroquine & DPT3 / OPV3	
2	Teresa Garcia, Bakul	6 months	polio		referred to district hospital	no
2	Juan Moreno, Tomara	17 years	gonorrhoea	✓	antibiotics	
2	Kim Lwin, Efeson	3 years	respiratory illness		antibiotics	
2	Anna Eapen, Tomara	21 years	antenatal	✓	routine antenatal and TT2	
2	Jai Narain, Efeson	4 years	chronic diarrhoea	✓	antibiotics & ORS	
2	Tomas Gonzalez, Efeson	18 months	malaria		Chloroquine & measles immun.	
2	Obanu Lasiso, Bakul	11 months	measles and diarrhoea		Vitamin A, ORS, paracetamol	no
2	Oneta Samai, Efeson	25 years	antenatal		routine antenatal & TT3	
2	Carlos Gomez, Tomara	1 week	immunization		BCG & OPV0	
2	Seyed Alam, Tomara	6 months	immunization		DPT3 / OPV3	

A patient register should include at least the following information:

- date, month and year of visit;
- name of client;
- client's address and, if applicable, telephone number;
- client's age or birth date;
- client's sex;
- services provided, e.g., OPV1, DPT1.

When a client arrives at a health centre or outreach site the first thing you should do is register her or him. Fill in all the blanks except that for services provided, this one being completed after the services have been given.

If a client does not have an immunization card you should provide one and enter on it the person's name, address and birth date. More information is added when the client is screened. Do not write down the date of an immunization until it has been given. (See sections 2 and 3 below.)

Figure 6-B: Child's immunization card

CERTIFICATE OF IMMUNIZATION
World Health Organization
Please write with a ballpoint pen

(Name, ID Number, Address) Sex

Date of birth

Please use of doses given

Vaccine type	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
DPT					
DPTa					
Tetanus Toxoid					

Vaccine type	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5

This card was provided with the assistance of Australian International Development Assistance Bureau

Figure 6-C: Woman's immunization card

CERTIFICATE OF IMMUNIZATION
World Health Organization
Please write with a ballpoint pen

(Name, ID Number, Address)

TETANUS TOXOID

Dose	Date	Given by	Dose	Date	Given by
1			4		
2			5		
3			6		

Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5

This card was provided with the assistance of Australian International Development Assistance Bureau

2. Assessing the client

The purpose of assessing a client is to find out what immunizations he or she is eligible for and whether there is any reason not to give them. You must know the standard immunization schedules for children and women, how to recognize contraindications, and other information on which to base your decisions.

If the client has come to the health centre for reasons other than immunization, such as treatment or antenatal care, find out about these too as part of the screening process. If a client is ill, give her or him help as soon as possible but make sure that you immunize the client before or after treatment.

If a child with measles or another communicable disease comes to the health centre, immediately isolate her or him from others.

Answer the following questions before you immunize:

2.1 Is this the right time to give a child an immunization?

Look at the child's immunization card. If he or she does not have one, ask the parent how old the child is and what immunizations he or she has had. Check the patient register, where you may find records of a child's earlier immunizations.

Below is the schedule recommended by WHO for immunizing children.

Age	Vaccines	Hepatitis B vaccine*	
		Scheme A**	Scheme B**
Birth	BCG, OPV0	HB1	
6 weeks	DPT1, OPV1	HB2	HB1
10 weeks	DPT2, OPV2		HB2
14 weeks	DPT3, OPV3	HB3	HB3
9 months	Measles Yellow fever		

* Scheme A is recommended in countries where newborns are at risk of being exposed to hepatitis B through their mothers.

* Scheme B is recommended where this risk does not exist.

Does the child need another BCG injection?

If a child received a BCG injection during the last visit, look at the child's upper right arm.

If there is a swelling, an ulcer or a scar, tick the child's immunization card next to the place where the BCG immunization was recorded.

If there is no mark, BCG should be given again during the visit.

How many doses has the child already had?

A child usually receives:

- only one dose each of BCG vaccine, measles vaccine and yellow fever vaccine;
- four doses of OPV;
- three doses each of DPT vaccine and hepatitis B vaccine.

Has sufficient time elapsed since the last dose?

None of the multidose vaccines (OPV, DPT vaccine, hepatitis B vaccine) should be given less than four weeks apart. If the interval between doses is less than four weeks the child is not adequately immunized.

2.2 Is this the right time to give a woman an immunization?

Below is the schedule recommended by WHO for giving tetanus toxoid to women of childbearing age.

Dose	When to give	Period of protection
TT1	At first contact with woman of childbearing age; or as early as possible in pregnancy.	None.
TT2	At least 4 weeks after TT1.	3 years.
TT3	At least 6 months after TT2.	5 years.
TT4	At least 1 year after TT3.	10 years.
TT5	At least 1 year after TT4.	All childbearing years.

- Is the woman at the right age for tetanus toxoid? Your country has defined who is included in the childbearing age group. In some places, women aged 15-35 years are included; in some the age range is 14-44 years; and in others tetanus toxoid immunizations are given to girls in primary school.
- How many doses has she already received? Five doses of tetanus toxoid give protection for at least the childbearing years. In the future, as more women acquire immunization cards showing that they received DPT vaccine (which includes tetanus toxoid) or TT during childhood, fewer doses of tetanus toxoid may be needed in adulthood.

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- How much time has passed since the last dose? See the schedule above for the time you should wait between doses.

2.3 Can I give different vaccines at the same time?

All the EPI vaccines are safe and effective when administered at the same time but they should be given in different parts of the body when this happens.

For example, a child aged 1 year who has never been immunized can receive BCG, OPV1, DPT1, hepatitis B, measles and yellow fever vaccines at one time.

Remember:

- **Do not give more than one dose of the *same vaccine* at one time.**
- **Do not mix different vaccines in one syringe before injection. Use a different syringe and needle for each vaccine and for each injection.**

2.4 Should I give a booster dose?

The answer to this question depends on the policy in your country. For example, if the policy is to give a DPT booster (DPT4) at 18 months of age you must give it. In general, WHO suggests that booster doses should not be given until immunization coverage is above 80%.

Note. In some countries, TT4 and TT5 are called booster 1 and booster 2 respectively and are not considered part of the primary schedule.

2.5 Should I immunize even though the child or woman has received one or more doses of the vaccine in a campaign or outbreak response?

Special immunization campaigns are sometimes conducted against polio, measles, diphtheria, neonatal tetanus and other diseases, in which all people in a certain age group are targeted for immunization, irrespective of their previous immunization history.

If children, previously immunized during a polio or measles campaign or an outbreak response, attend a health centre or outreach site for a routine polio or measles immunization, you should immunize them as if the campaign or response had not occurred.

However, tetanus toxoid received as part of a neonatal tetanus campaign should be counted as part of a woman's immunization schedule. Women should not be immunized again with the same dose of tetanus toxoid.

2.6 Is there a contraindication to immunization?

There are few contraindications to immunization. You should immunize every eligible child and woman, except in the following rare situations:

- Do not give the second or third dose of DPT vaccine to a child who has had a severe reaction to an earlier dose. Severe reactions include a convulsion or shock within three days after the injection.
- Do not give BCG or yellow fever vaccine to a child with the signs and symptoms of AIDS.
- If a parent strongly objects to an immunization for a sick child, do not give it.

Remember:

There are almost no contraindications to EPI vaccines. It is safe to immunize children and women even if they are ill.

You can immunize children and women affected by:

- minor illnesses, including colds, diarrhoea and fever;
- allergy, asthma;
- malnutrition.

You can immunize premature infants and breast-feeding children.

3. Completing clients' immunization cards and informing clients

When you assess clients (section 2 above) you use their immunization cards to find out what immunizations they have had and which ones they need.

When you finish the assessment, discuss with the parent (or the woman) what vaccines are required on the day of the assessment and when to return. Describe possible side-effects and explain what to do about them.

If another health worker is giving the immunizations, tick the appropriate boxes on the card to show the health worker which immunizations to give.

Do not write down the date of the immunization at this time. Only do so when the immunization has been given.

Give the card back to the parent and ask her or him to bring it to the immunization station.

After immunizing, write down the date for each vaccine and dose administered and give the card back to the parent. While thanking the parent for coming, remind her or him about:

- the date and time of the next immunization;
- where to attend for the next immunization;
- the number of immunization visits remaining;
- the side-effects that may occur;
- how to deal with these side-effects.

Note. Tally sheets provide another way of record-keeping, being used to count the number of immunizations given in a day (see Module 11).

Remember:

If assessment is not performed carefully you may miss an opportunity to immunize. Two of the commonest reasons for missing such an opportunity are:

- **failure to give in one visit all the vaccines for which a child is eligible;**
- **failure to give a vaccine because of false contraindications to immunization.**

