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Government of India
Ministry of Health & Family Welfare

Nirman Bhawan, New Delhi
Date: 11th June, 2012

To

All NTAGI members

Subject: Minutes of the meeting of National Technical Advisory Group on Immunization (NTAGI) held on 18th May, 2012, under the chairpersonship of Secretary (Health & Family Welfare)

Sir/Madam,

Please find enclosed herewith the minutes of the meeting of National Technical Advisory Group on Immunization (NTAGI) held on 18th May, 2012, under the chairpersonship of Secretary (Health & Family Welfare) for kind perusal.

Yours faithfully



(Dr. Ajay Khera)

Deputy Commissioner

(Child Health & Immunization)

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Meeting of National Technical Advisory Group on Immunization
18 May 2012, 1st Floor Committee Room, Nirman Bhawan
Minutes of Meeting

The meeting of National Technical Advisory Group on Immunization was held on 18 May 2012 and chaired by Secretary (H&FW) and co-chaired by Secretary (DHR) and DG (ICMR) & Secretary (DBT). The list of participants is annexed.

Agenda Point – 1 : Action taken note of last NTAGI meeting

Action taken on key recommendations of last NTAGI meeting was presented by Member Secretary. Following the presentation, Dr. J. Puliya raised a point regarding the appropriateness of process of development of National Vaccine Policy and not taking him, as being the member of NTAGI, in the consultative process for the same. He also said that the policy document was not put to discussion in Public domain and policy was issued without approval of NTAGI. In response to this, it was clarified that an expert group was constituted to frame the National Vaccine Policy and appropriate procedures were followed for wider consultation with public health experts for drafting the policy. The comments of NTAGI members and UN partner agencies were obtained before finalizing the National Vaccine Policy. The National Vaccine Policy is also placed on the Website of Ministry of Health & Family Welfare. The group was further informed that in view of directions of Hon'ble High Court, the timeline to issue National Vaccine Policy had to be adhered.

The NTAGI chairman suggested that in case there were any reservations on the content of the National Vaccine Policy then the same should be informed and they could be revisited by experts for further review and necessary policy corrections, if any, could always be made.

Recommendation

NTAGI members may submit their inputs for consideration in the next one month.

Agenda Point - 2 : Progress of intensification of Routine Immunization Programme - The NTAGI members were briefed on the progress made towards intensification of Routine Immunization in the country. Government of India has declared 2012 -2013 as Year of Intensification of Routine Immunization (IRI). The house was informed about identification of 239 high focused districts for improving coverage. The strategies to be adopted for intensification viz., immunization weeks, intensified micro planning efforts, strengthening of alternate vaccine delivery mechanisms like Teeka Express, establishing Immunization Technical Support Units at national level, strengthening of monitoring and supervision at sessions site, development of communication strategies and incentivising ASHAs for full immunization of children, were informed in detail.

NTAGI members appreciated the efforts and stressed for evidence based plans to identify the constraints in reaching the unreached and then taking appropriate remedial measures. The AS&MD informed that elaborate reviews with states were done in

recently conducted National Program Coordination Committee (NPCC) meetings to identify the constraints and the states have been provided additional 10 % of the total immunization outlay for strengthening state specific initiatives in routine immunization. It was informed that Polio program has helped in mapping out vulnerable / high risk areas and unreached populations. It was stressed that local press must be engaged to build in demand and credibility of the program. Further it was informed that a number of sensitization meeting of media persons have been carried out by UNICEF and this is helping in modulating the way the media reports.

Agenda No - 3 : Progress of Pentavalent vaccine introduction - The NTAGI were briefed on the introduction of Pentavalent vaccine and progress so far. It was informed that 4 serious AEFIs, resulting in death, have been reported. However, no association with vaccine has been confirmed. It was also informed that ten more states had requested Government of India to expand the Pentavalent vaccine in their states. Based on the request of the States, the matter was put up to the Mission Steering Group (MSG). MSG meeting held in April, 2012 has approved the introduction of pentavalent vaccine in six more states with GAVI support. These States are Gujarat, Goa, Pondicherry, Karnataka, J&K and Haryana. Further MSG has also asked Ministry of Health to explore the possibility of expansion of Pentavalent vaccine to more States.

Dr. Puliyel expressed his concerns over the serious AEFIs reported after the introduction of pentavalent vaccine in Kerala and added that Ministry should have waited for some more time to study the surveillance data on AEFIs, before deciding on introduction of this vaccine in other states. Dr. N.K Ganguly and other members including Dr. Vinod Paul, mentioned that AEFIs do occur both in Govt. and private sector, however, pentavalent vaccine is being administered globally in many countries and this vaccine is being administered to the infants in India in the private sector for over a period of 8-10 years, already. It was also added that more than 10 million doses in India have been administered. It was mentioned strongly that the benefits to risk ratio with this vaccine clearly demonstrated that this vaccine has far reaching benefits in terms of reducing mortality and morbidity. It was brought to the notice of the house that the criterion of expanding to 10 new states was based on the willingness and preparedness of the state to the new vaccine introduction. Dr N. K. Arora mentioned that AEFIs may happen with any vaccine including DPT and now this component (DPT) is part of the pentavalent vaccine therefore occurrence of such cases was not unusual. However, a robust AEFI system is a must to help build the confidence of the public in the system.

The Chairman of NTAGI suggested that the National AEFI committee should thoroughly review the deaths reported following pentavalent introduction. It was also suggested that private sector deaths following immunization should also be communicated to Gol. Post marketing surveillance report (PMS) must be closely monitored following introduction of new vaccine

Recommendations

- **National AEFI committee to meet and review the deaths reported following Pentavalent Vaccination under the UIP program in the country and Dr. Puliyel may be invited during the discussion**
- **Explore the possibility of communicating AEFI death cases following vaccination in private sector.**
- **DCG(I) to share the PMS report to NTAGI / National AEFI Committee in case of introduction of new vaccine and in case where serious AEFIs were reported for a given vaccine.**

Agenda No - 4 : Introduction of Rubella Vaccine in Universal Immunization Program - Based on the recent rubella vaccine position paper by WHO dated 15th July 2011, the NTAGI was asked to provide its recommendations on the issue of introducing the Rubella vaccine at 16-24 months of age as MR vaccine and vaccinating adolescent children in the age group 10 – 15 years. There were suggestions to include Rubella as MR in the UIP at 16-24 months of age and also take up adolescent girl Rubella vaccination (10-15 years) through SIAs either with ongoing Measles SIAs or stand alone Rubella SIAs.

AS&MD requested that operational issues associated with SIAs should also be looked into from feasibility point of view as it may involve the vaccination of large cohorts of adolescents with rubella containing vaccine. It was suggested that an expert group should be constituted to review the available data and experience from other countries including production and availability of vaccine in India.

Recommendations

- **An expert group led by ICMR will review the available facts and present their recommendations in next 2 months and also do analysis of practical implementation of MR / Rubella vaccine in Indian context. During their course of review the expert group must carefully look into reflections of the SAGE recommendations**

Agenda No - 5 : Introduction of Two doses of JE Vaccine under Routine Immunization in JE endemic states - The following matter was discussed during the NTAGI meeting:

(A) Two doses of JE vaccination of live attenuated SA – 14-14-2 vaccine under routine immunization in JE endemic districts.

(B) To suggest regarding continuation of using live attenuated vaccine or killed JE vaccine under Routine Immunization Programme in JE endemic districts. It was suggested to give two doses of JE live attenuated vaccine as per recommendations of ICMR.

Recommendation

- **An expert committee led by ICMR to be constituted to guide the program on use of inactivated killed JE Vaccine.**

Agenda No - 6 : Comprehensive Multi Year Plan (CMYP) 2012-17 : The NTAGI members were briefed about the progress made in development of the C MYP. The available draft was widely circulated to members and other experts and inputs received have been incorporated. The Chairman suggested that the draft be circulated again to all the members and urged the members to provide the inputs in writing within one month.

Recommendations

- **To re circulate the available Comprehensive Multi Year Plan (CMYP) 2012-17 to all the NTAGI members and seek written comments/ inputs within one month**
- **In the next meeting the revised and updated MYP to be presented before the NTAGI members**

Agenda No - 7 : Other Issues - During the meeting Dr. PuliyeI raised concern over the increase number of Non-polio AFP cases in proportion to the number of pulse-polio rounds in the state. Dr N. K Arora stated that during the last meeting of the Polio certification committee held in May, 2012 the issue of high AFP rate was discussed. He mentioned that the National Certification Committee for Polio Eradication (NCCPE) was convinced that increase in number of AFP cases was due to the fact that the AFP case definition had been broadened. It was also mentioned that there is no likelihood of association of increase in VAPP cases to the number of AFP cases reported over period of time. The representative from WHO, NPSP, informed that the programme has made deliberate efforts to increase the sensitivity of the surveillance system from 2004 onwards, to reduce the risk of missing any polio cases. This was done in follow up to a recommendation of the India Expert Advisory Group (IEAG) meeting held in March 2004. Two key actions were taken to improve the surveillance sensitivity These included a broadening of the case definition for reporting Acute Flaccid paralysis (AFP) cases by changing from a clinical based reporting to a syndrome based reporting and an increase in the number of health facilities reporting AFP cases. The number of health facilities involved in reporting AFP cases has increased over a period of time. The AFP reporting sites swelled from 21,400 sites in 2004 to more than 35,000 reporting sites in 2011. These efforts led to the reporting of an increasing number of total AFP cases over years. An analysis of the findings suggest that the increase in non-polio AFP cases, 2004 onwards has been due to the inclusion of cases that were not being picked up for investigation in the earlier years such as cases of Meningo-encephalitis, Bells Palsy, Post-diphtheria polyneuritis, spinal muscular atrophy etc. Data has also shown that the broadening of the AFP case definition led to the detection of some confirmed polio cases that would have otherwise been missed.

The issue of a relationship between the number of OPV doses administered and the *non-polio AFP rate* was also analyzed and no association is noticed between the two. It was decided to form a sub-committee comprising of Dr. M.K Bhan, Dr. J PuliyeI, Dr. N.K Arora and Dr. S. Bahl to look at the analysis in detail.

Recommendation

- **A four member sub committee comprising Dr. M.K Bhan, Dr. J. Puliyeel, Dr. S. Bahl and Dr. N.K Arora be constituted to look at the analysis in detail. DC (CH & Immunization) to convene the meeting.**

The meeting ended with a vote of thanks and with recommendation that the next meeting may be planned in September 2012.

List of Participants

1. Chairperson: Shri P.K. Pradhan, Secretary (H&FW) MOHFW
2. Co Chairperson: VM Katoch, Secretary (Department Of Health Research) and Director General ICMR
3. Prof. (Dr.) M K Bhan , Secretary (Department of Bio Technology) & Dr
4. Dr. Jadish Prasad, Director General Health Services
5. Ms Anuradha Gupta , Additional Secretary & Mission Director , NRHM, MoHFW
6. Sh. Manoj Jhalani , Jt. Secretary (RCH)
7. Dr. N.K. Ganguly – Ex-DG, ICMR
8. Prof. (Dr.) V.K. Paul, Prof.& Head, Dept. of Paediatrics, AIIMS,, New Delhi
9. Dr. N.K.Arora, Paediatrician, & ED, INCLIN
10. Dr. J.Pulliyel, Head Deptt. Of Paediatrics, St.Stephen's Hospital, Delhi
11. Dr. D.A. Gadkari, Scientific consultant ICMR & DHR
12. Dr. Rohit Agrawal, President, Indian Academy of Paediatrics
13. Dr. Henri van den Hombergh, Chief, Health, UNICEF, India Office
14. Dr. Stephen Sosler, WHO/ NPSP
15. Dr. V. Ravi, Prof. & Head Department of Neuro virology NIMHANS, Bangaluru
16. Dr. Shahid Jameel, Prof.of Virology, ICGEB, New Delhi
17. Mr. Satyapal Shahani, Central Drug and standard control organization (DCGI office)
18. Dr. Shashi Khare, NCDC
19. Dr. Rashmi Arora, Indian Council of Medical Research
20. Dr. Ambujam Nair Kapoor, Indian Council of Medical Research
21. Smt. Anuradha Vemuri, Dir.(Imm.), Gol
22. Dr. A .C. Dhariwal, Director , NVDCP
23. Dr. Satish Gupta, Health Specialist(Immunization), UNICEF
24. Dr. Ajay Gambhir, President Neonatal Forum & representative IMA
25. Dr Satish Kumar Gupta , National institute of Immunology
26. Dr. Sunil Bahl, WHO
27. Dr. Pradeep Haldar, Deputy Commissioner (Imm.)
28. Dr. Mahesh Kumar Aggarwal, Assistant Commissioner (Imm)
29. Dr Hema Gogia , Consultant, Immunization division
30. Dr. Balwinder Singh, Consultant, Imm. Division
31. Dr Ajay Khara Deputy Commissioner (CH &Imm.)- member Secretary