



Andhra Pradesh Progress in immunization performance

In early 2001, with the support of the Bill & Melinda Gates Foundation, the Andhra Pradesh Department of Health, Medical and Family Welfare and PATH (Program for Appropriate Technology in Health) initiated a project to improve immunization services and to introduce hepatitis B vaccine into the routine immunization program. To understand the strengths and weaknesses of the program, a state-wide immunization coverage survey was undertaken early in the Project and repeated in late 2006. In both surveys, data was collected by interviewing randomly selected caretakers of 16 children in 45 clusters in each of the 23 districts of AP. More than 16,000 families were interviewed in each survey. Given below are some of the progresses made by the state government during the five-year period (2000 to 2005).

- ✓ **Full immunization of all children less than 12 months of age has increased significantly.** When combined with vitamin A supplementation, immunization is the most cost-effective way to prevent disease, disability and death in young children. Between 2000 and 2005, complete immunization coverage in Andhra Pradesh increased from 72% to 80%.
- ✓ **Full immunization coverage has become more uniform throughout the state.** The previously low-coverage Telengana region has increased its performance by between 6 and 26 percentage points to a full immunization coverage rate of 81% – higher than the state average. The previously higher performing coastal region has also increased its coverage rate to 80%. The Rayalaseema region has increased three percentage points to 76%.
- ✓ **Full immunization coverage in urban areas is now comparable to the higher coverage rates in rural areas.** In 2001, immunization coverage was significantly lower in urban areas than in rural areas. In 2005, the urban areas have coverage rates closer to those of the rural areas – even though the rural areas also increased their coverage rates during the same period.
- ✓ **This survey is the first to measure the coverage of polio and DPT “booster doses” scheduled for children 18 months of age.** Coverage rates of 78% for the booster dose of DPT vaccine and 79% coverage for polio vaccine are very high considering the difficulty of reaching children with primary health services at this age. These high coverage rates represent a significant opportunity for the health services to consider simultaneously delivering vitamin A and zinc supplementation at these contacts.
- ✓ **Low measles coverage has improved significantly.** All districts have increased measles coverage with a range of 75% (Nellore) to 93% coverage in Krishna district. The two poorest districts in the state – Mahaboobnagar and Adilabad have achieved the greatest increase – 26 and 27 percentage points, respectively. The lowest coverage district (Chittoor) still has achieved 79% coverage with measles vaccine.
- ✓ **Dropout rates from DPT3 to measles vaccines have reduced dramatically.** In 2001, the *lowest* district dropout rate DPT3 to measles was 10%. In 2005, the *highest* district dropout rate is 10%. The mean dropout rate for the state has reduced from 16% to 5% indicating a significant improvement on the day-to-day management of the immunization service. One of the original Project targets was to reduce the dropout rate to 5% by 2005
- ✓ **Hepatitis B vaccine coverage rates are almost equal to those of DPT.** Hepatitis B coverage has increased from an estimated 10% to 87%. This coverage rate is within three percentage points of DPT3 coverage and is the highest state-wide coverage of this vaccine in India. The districts with lower coverage rates for hepatitis B vaccine are also the districts with lower coverage for the other vaccines.

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