

DOWNLOAD PDF BANGLADESH, EPI COVERAGE EVALUATION SURVEY 2005

Chapter 1 : Expanded Program on Immunization (EPI): A Bangladeshi Success Story. | drfahimahmad

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Vaccine against Rubella is the latest vaccine added to schedule. Government of Bangladesh is now preparing launching of the 10 vaccine against Pneumococcus. So, when does a kid need to attend vaccination center? If baby visit after 14 days, it receives only BCG. This is to maintain the minimum recommended distance between two doses of OPV. In third visit after completion of 10 weeks , baby receives second dose of pentavalent vaccine and OPV. In fourth visit after completion of 14 weeks , baby receives third dose of pentavalent vaccine and OPV. Pentavalent vaccine and OPV are administered with a minimum gap of 4 weeks. In fifth visit after completion of 9 months , baby receives a injection containing vaccine against Measles and Rubella MR vaccine. It is the first dose of the MR vaccine. Second dose of MR vaccine is received only by girls of 15 years of age. A woman of reproductive age years should receive TT vaccine and MR vaccine in following schedule: According to Government of Bangladesh instruction a girl of 15 years age 14 years days to 15 years days only receive the 2nd dose of MR vaccine. But all will receive TT vaccination. Second dose of TT- 4 weeks after the first dose. Third dose of TT- 6 months after the second dose. Fourth dose of TT- 1 year after the third dose. Fifth dose of TT- 1 year after the fourth dose. Why this is a success story? EPI is successful in Bangladesh. It has reduced the death by the vaccine preventable diseases. It resulted in reduction in infant and neonatal mortality. It has significant achievement in comparison with other South Asian countries. Bangladesh is considerably better positioned than India, Pakistan and other countries. Though, it is not enough which clearly indicated by the data of Sri Lanka and Maldives. There is a lot of room for improvement. This is made possible by the implementation of the EPI. So, it is clear that expanded program of immunization EPI has pushed Bangladesh towards better health. Through the delivery system of immunization government is implementing other projects like health education, Arsenicosis control program, control of non-communicable diseases etc.

Chapter 2 : Childhood immunisation in South Asia – overcoming the hurdles to progress

Bangladesh, EPI coverage evaluation survey by, , Expanded Programme on Immunization, Directorate General of Health Services edition, in English.

Hepatitis B HepB , yellow fever in countries endemic for the disease, and Haemophilus influenzae meningitis Hib conjugate vaccine in countries with high burden of disease. Setting up an immunization program is multifaceted and contains many complex components including a reliable cold chain system, transport for the delivery of the vaccines, maintenance of vaccine stocks, training and monitoring of health workers, outreach educational programs to inform the public, and a means of documenting and recording which child receives which vaccines. EPI Schedule implemented in Pakistan Each region has slightly varying ways of setting up and implementing their immunization programs based on their level of health infrastructure. Some areas will have fixed sites for vaccination: But in areas where the number of structured health facilities is small, mobile vaccination teams consisting of staff members from a health facility can deliver vaccines straight to individual towns and villages. However, in especially under-developed countries where proper communication and infrastructure is absent, cancellation of the planned immunization visits leads to deterioration of the program. Door-to-door canvassing, also referred to as channeling, is used to increase uptake in such hard to reach groups. Finally, periodic national-level mass vaccination campaigns are being increasingly included in the programs. The administrative method uses immunization data from public, private, and NGO clinics. Thus, the accuracy of the administrative method is limited by the availability and accuracy of reports from these facilities. This method is easily performed in areas where government services deliver the immunizations directly or where the government supplies the vaccines to the clinics. In countries without the infrastructure to do this, community-based surveys are used to estimate immunization coverage. Vaccine coverage is evaluated using a two-stage sampling approach in which 30 clusters and seven children in each cluster are selected. Health care workers with no or limited background in statistics and sampling are able to carry out data collection with minimal training. It is also used to validate reported vaccine coverage for example, from administrative reports and is expected to estimate vaccine coverage within 10 percent. If home-based records are available, vaccination status be determined and dates of vaccination can be reviewed to determine if they were given at an ideal age and in appropriate intervals. Missed immunizations can be identified and further qualified. Importantly, systems of vaccine delivery besides clinics used for administrative evaluation can be identified and included in the analysis. Now, not only has coverage increased to 79 percent, [5] it has been expanded to include vaccinations for hepatitis B, Haemophilus influenzae type B, rubella , tetanus, and yellow fever. The impact of increased vaccination is clear from the decreasing incidence of many diseases.

Chapter 3 : Educational Policy Institute

The DGHS is one of the agencies of the Ministry of Health & Family Welfare of Bangladesh. DGHS stands for Directorate General of Health Services.

Chapter 4 : WHO | Immunization coverage

Directorate General of Health Services, Ministry of Health and Family Welfare (Bangladesh), United Nations Children's Fund (UNICEF), World Health Organization (WHO). Bangladesh EPI Coverage Evaluation Survey

Chapter 5 : CES (Coverage Evaluation Survey) Report

, English, Book, Illustrated edition: Bangladesh EPI coverage evaluation survey, / survey conducted by Nielsen

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Bangladesh ; contributors to the study, Khalid Hasan, Syed Shahadat Hossain, Yasmin Siddiqua, Anwarul Hoque.

Chapter 6 : Expanded Program on Immunization - Wikipedia

A Bangladesh government survey using the card + history indicator found 84% MCV1 coverage for the district, a catchment area slightly larger than the DSS [30].

Chapter 7 : Statistics | Bangladesh | UNICEF

ACNielsen Bangladesh, Directorate General of Health Services, Ministry of Health and Family Welfare (Bangladesh), United Nations Children's Fund (UNICEF), World Health Organization (WHO). Bangladesh EPI Coverage Evaluation Survey

Chapter 8 : Bangladesh, EPI coverage evaluation survey (edition) | Open Library

So, EPI in Bangladesh has been recognized for its sustained high coverage and great contribution to the reduction of childhood morbidity and mortality and it received two 'GA VI best performance award' in and