Where feasible, integration (of measles campaigns) may be considered with other mass vaccination, such as polio vaccination, and with vitamin A supplementation. However, integration with other such interventions must not compromise the quality of measles SIAs.

An extra volunteer or health worker must be budgeted for and made available for each additional intervention included in the measles SIAs.

Examples of public health interventions that have been integrated with measles SIAs include:
- Injectables: rubella vaccine, yellow fever vaccine, tetanus toxoid; for these, immunization safety and injection safety issues must be implemented with utmost care.
- Orally-administered medication or interventions: oral polio vaccine (OPV), vitamin A, anthelminthic treatment.
- Others: distribution of insecticide-treated nets.

Global field guide for planning and implementing measles supplementary immunization activities

Urgent, structured and coordinated supplementary immunization activities, together with vitamin A supplementation, are the most effective means of reducing measles mortality during and after complex emergencies. UNICEF and WHO will fully support national authorities and other partners to ensure that all children are immunized against measles.

Reducing measles mortality in emergencies (WHO/UNICEF Joint Statement)

SAGE Recommendations (Opportunities for integrating anthelmintic treatment into immunization services):
- notes the evidence in support of the efficacy of the intervention; however, the absence of adverse effects on seroconversion would need to be demonstrated in a scientifically robust manner (this would be expensive and require an inter-disciplinary approach and funding arrangement);
- encourages countries to include anthelmintic treatment with vitamin A during immunization campaigns that include school-age children in their target population.

Vitamin A

Strategies for achieving sustainable reduction of measles mortality:

Goal: Reduce the number of annual measles deaths by half by 2005.

1. Routine immunization: achieve >90% routine vaccination coverage (in each district and nationally) with at least one dose of measles vaccine administered at 9 months of age or shortly thereafter.
2. Second opportunity for measles vaccination: for all children through routine or supplemental activities.
3. Measles surveillance: establish effective surveillance for measles to report regularly the number, age and vaccination status of children contracting or dying from measles, to conduct outbreak investigations and to monitor immunization coverage.
4. Improve management of complicated cases: including vitamin A supplementation and adequate treatment of complications.

WHO-UNICEF joint statement on strategies to reduce measles mortality worldwide

Strategies for achieving and maintaining interruption of indigenous measles transmission

Goal: Achieve and maintain interruption of indigenous measles transmission in large geographical areas.

1. Routine immunization: achieve very high (i.e. > 95%) immunization coverage (in each district and nationally) with the first dose of measles vaccine administered through routine services.
2. Second opportunity for measles vaccination: to maintain the number of susceptible population below the critical threshold for ‘herd’ immunity.
3. Measles surveillance: investigation and laboratory testing of all suspected measles cases (case-based surveillance). Isolation of measles virus should be attempted from all chains of transmission.
4. Improve management of complicated cases: including vitamin A supplementation and adequate treatment of complications.

WHO-UNICEF joint statement on strategies to reduce measles mortality worldwide

Measles immunization provides an opportunity to reach children with other measures that improve overall child health, including:

- supplemental vitamin A doses;
- rubella immunization and surveillance activities.

WHO-UNICEF joint statement on strategies to reduce measles mortality worldwide
Vitamin A

**Vaccine Handling**

Vitamin A capsules do not need to be stored in a refrigerator and may be kept out of the cold chain but, like vaccines, they must be handled with care.

- They must be kept dry.
- They must be kept out of direct sunlight.
- They must not be frozen.

Store the 100 000 IU and 200 000 IU capsules in separate, labelled bottles to avoid mixing up the two doses. When you open a new bottle, put the date on it. An opened bottle can be used no longer than a year or till the expiry date, whichever comes first.

**Schedule**

(V)itamin A distribution linked with measles SIAs should only serve to complement routine distribution activities. In communities where VAD (vitamin A deficiency) exists, all infants and children aged 6 to 59 months should be given vitamin A during SIAs.

The minimum interval between doses of vitamin A is one month.

One month prior to SIA, the country should consider suspending the administration of prophylactic Vitamin A in routine services nationwide, and resume administering it one month after SIA.

- Take all children aged between 6 to 59 months to receive vitamin A drops.
- Six months after the last dose of vitamin A every child should receive an additional dose.
Vitamin A supplementation can be combined with immunization services for children and women when health officials know or suspect that vitamin A deficiency is present in an area or among a certain population. Vitamin A may be given at the same time as immunization.

Opportunities for linking Vitamin A and routine immunization are shown in Appendix 1_20.

The optimal interval between (Vitamin A) doses is 4-6 months. The minimum recommended safe interval between doses is one month. The interval between doses can be reduced to treat clinical vitamin A deficiency and measles cases.

If your country provides vitamin A supplementation during routine immunization, you must screen mothers and children younger than 5-years-old for vitamin A supplementation at every immunization contact.

Ideally, infants and children should receive vitamin A doses of 100 000 IU (6-11 months) or 200 000 IU (12-59 months) every 4-6 months. Repeat supplementary doses should never be less than 4 weeks apart unless the child is being treated for measles or eye signs of VAD.

Vitamin A supplementation has been shown to markedly reduce measles-associated mortality in developing countries and should always be given to measles patients in areas where vitamin A deficiency is prevalent.

The current strategy is for no (vitamin A) supplementation within the first six months of life.
Vitamin A

SAGE supports the continued use of opportunities to include vitamin A supplementation in routine and supplementary immunization services, including the contact with measles immunization at 9 months of age and the treatment of childhood illnesses as per IMCI guidelines.

Coverage data need to be improved.


---

Vaccine Administration

To avoid delays during SIAs, (vitamin A) screening should be limited to asking the age of the child to ensure that the correct dose is given. It is not necessary to screen for previous doses of vitamin A.

Global field guide for planning and implementing measles supplementary immunization activities

If vitamin A was distributed during NIDs in your program area within the past four months:

- Assume that all infants and children 6-59 months of age have received a dose (or 12-59 months in countries where infants under 12 months are not given vitamin A with NIDs).
- Do not give another dose unless the caretaker says the child did not participate in NIDs.
- Do not look for records as vitamin A doses given at NIDs are not meant to be recorded due to the difficulty of recording at mass campaigns.

### Contraindications

Additionally, vitamin A supplements are not given to any mother or females of childbearing age during SIAs because of the risks involved if pregnant and the difficulty of careful screening.

Global field guide for planning and implementing measles supplementary immunization activities

### Immunization Coverage

SAGE supports the continued use of opportunities to include vitamin A supplementation in routine and supplementary immunization services, including the contact with measles immunization at 9 months of age and the treatment of childhood illnesses as per IMCI guidelines.

Coverage data need to be improved.