IMMUNISATION IN OFFICE PRACTICE BOOSTING YOUR MEMORY CELLS PRIORITIES & PRACTICALITIES

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(c)Viral Bhayani





BRAD & ANGELINA Their Movie Wedding!



FIRST PHOTOS JULIAS BABLES A look at her life at home with the twins

Julia, Free (right) and Hazel posts for dat Damy Moder

Nick & Jessica More Drama? D







HPV

JE

Waning





Rota

Cost

Vaccination charges

RECEIPT

| Date: 28-11-2014 | | Bill No: 54370 |
|--|-----------------|----------------|
| | | RegNo: 13452 |
| Patient Name:- Miss Adhvika Saravanar | 1. | |
| Diagnosis: Immunization | | |
| Charges Particulars | | |
| 1. Quadrovax (DPT + Hib) - Vaccination Ser | vice | Rs 65 0.00 |
| Examination and Consultation | | Rs 15 0.00 |
| | Total Charge s: | Rs. 800.00 |
| Receipts | | |

Receipt No: 54495 Date: 28-11-2014

| Rs 800.00 | Credit Card: | Rs 0.00 |
|-----------|--------------|---------|
| | | |

Total Cash: Rs 800.00 Total Credit Card: Rs 0.00

Totals:

Total Charges: Rs. 800/-

Total Amount Received: Rs. 800/-

Concession: Rs.0/-

Balance:Rs.0/-.

For

HING REAL TO THE

Vaccination Charges in clude Vaccine Cost + Vaccination (Immunization) Administration Expenses including Physician Work Component: (Physician time required to perform the services including Pre vaccination and post vaccination. Counselling, Vaccine preparation and administration with all asetpic precountions, Technical skill and physical effort, Mental effort and judgment, Psychological stress associated with the physician's concerns about the istrogenic risk to the patient).

Practice Expense Component (Resources used within the clinic including extra Clinica Istaff, Medica Isupplies and Disposables, Medical equipment to maintain vaccines cold and sterile, Record maintenance and IT Hardware and software main tenance including Printing cost, Expenses to dispose of Biowaste, Bank Card charges etc.)

PRAMONOMICS

- IMMUNO COMPETENCE
- ECONOMIC COMPETENCE
 -RICH
 -MIDDLE
 -POOR- ROBBINHOOD POLICY

Cost-effectiveness

- Rota
- PCV
- JE

Affordability







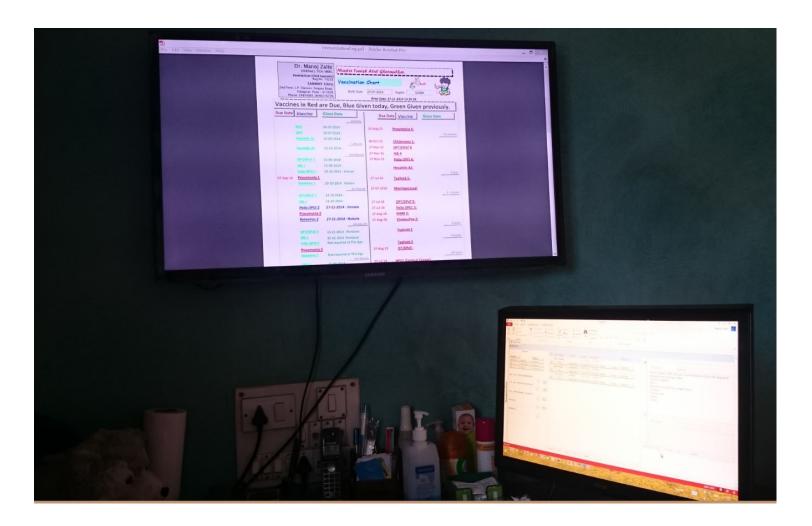
ETHICAL ISSUES



• VACCINE • **ABSTINENCE** CONDOM • COUNSELING INDIVIDUAL SCREENING NO OTHER PARTNER EDUCATION OF MEDICOS

COMMUNICATING WITH DTHP

Patient Education- use of Media



Color vaccination Chart Zoomed

| Due Date | Vaccine | Given Date | Due | Date Vaccine | Given Date |
|--|-----------------------|--------------------------|----------------|----------------|------------|
| | | At Birth | | | |
| | BCG | 30-07-2014 : | 31-Aug-15 | Pneumonia 4: | |
| | OPV | 30-07-2014 : | | | > 15 month |
| | Hepatitis B1 | 15-09-2014 : | 30-Oct-15 | Chickenpox 1: | , |
| | Hepatitis B2 | 13-10-2014 : | 27-Nov-15 | DPT/DPaT 4 | |
| | and the second second | 2nd Month | 27-Nov-15 | Hib 4 | |
| | DPT/DPaT 1 | 15-09-2014 : | 27-Nov-15 | Polio (IPV) 4: | |
| | Hib 1 | 15-09-2014 : | | Hepatitis A2: | |
| | Polio (IPV) 1 | 29-10-2014 : Imovax | | nepatitis A2. | 2 yea |
| 07-Sep-14 | Pneumonia 1 | | 27-Jul-16 | Typhoid 1: | |
| | Rotavirus 1 | 29-10-2014 : Rotarix | | | |
| | | 3rd Month | 27-07-2016 | Meningococcal | |
| | DPT/DPaT 2 | 13-10-2014 : | | | 4 - 5 year |
| | Hib 2 | 13-10-2014 : | 27-Jul-18 | DPT/DPaT 5: | |
| <u>Polio (IPV) 2</u> <u>Pneumonia 2</u> <u>Rotavirus 2</u> | 27-11-2014 : Imovax | 27-Jul-18 | Polio (IPV) 5: | | |
| | | 27-Aug-18 | MMR 2: | | |
| | 27-11-2014 : Rotarix | 27-Aug-18 | ChickenPox 2: | | |
| | 4th Month | | | 5 year | |
| | DPT/DPaT 3 | 15-11-2014 : Pentavac | | Typhoid 2 | |
| | Hib 3 | 15-11-2014: Pentavac | | | > 8 year |
| | Polio (IPV) 3 | Not required at This Age | | Typhoid 3 | |
| | Pneumonia 3 | | 27-Aug-23 | DT/DPaT: | |
| | Rotavirus 3 | Not required at This Age | | | >10.000 |

WE HAVE BROUGHT THE VACCINE YOU ONLY INJECT

STERILE TECHNIQUE



RECONSTITUTION

RESTRAINING

COMFORTING RESTRAINT

FOR IMMUNIZATIONS

• The method:

This method involves the parent in embracing the child and controlling all four limbs. It avoids "holding down" or overpowering the child, but it helps you steady and control the limb of the injection site.

• For infants and toddlers:







Have parent hold the child on parent's lap.

- One of the child's arms embraces the parent's back and is held under the parent's arm.
- The other arm is controlled by the parent's arm and hand. For infants, the parent can control both arms with one hand.
- Both legs are anchored with the child's feet held firmly between the parent's thighs, and controlled by the parent's other arm.

• For kindergarten and older children:





Hold the child on parent's lap or have the child stand in front of the seated parent.

- Parent's arms embrace the child during the process.
- Both legs are firmly between parent's legs.



ROUTE, SITE, METHOD & NEEDLE LENGTH

MEASURES TO REDUCE DISCOMFORT

LET THE CHILD WAIT

ARE YOU EQUIPPED TO TACKLE EMERGENCY?

REPORTING

BACK HOME...INSTRUCTIONS

NESCAFE-P

VAC-SIN-OLOGY