

T-13020/02/2016-Imm-Part (1)  
Government of India  
Ministry of Health & Family Welfare  
Immunization Division

Nirman Bhawan, New Delhi  
Dated:16<sup>th</sup> October, 2019

To,

Addl. Chief Secretary/Principal Secretary/Secretary (Health), All States/UTs.

Subject: Birth Dose Vaccination Protocol- reg.

Dear Sir/Madam,

Birth dose vaccination of the child is an integral component of Universal Immunization Programme (UIP) and is provided against three vaccine preventable diseases (hepatitis B, poliomyelitis and childhood tuberculosis). These vaccinations should be provided soon after child's birth and certainly before the mother is discharged from the health facility.

A committee was formed with experts from various program divisions, state and clinical specialists. The expert committee was tasked to formulate the protocol for the Birth dose vaccination. The committee had a series of meetings and birth dose vaccination protocol (Enclosed for your ready reference) was subsequently prepared.

Your support is solicited to direct the concerned officials to implement the birth dose vaccination protocol in your state.

Yours Faithfully,



Dr Pradeep Halder

**Enclosed-As Above**

Copy to-

1. Mission Director (NHM), All States/UTs.
2. Dr. Dinesh Baswal, Joint Commissioner, Maternal Health with a request to incorporate the protocol in the concerned guideline/module
3. Dr. Sandhya Kabra, Additional Director, National Viral Hepatitis Control Programme (NVHCP) with a request to incorporate the protocol in the concerned guideline/module
4. Dr. Pauline Harvey, Team Leader, WHO-NPSP
5. Mr. Luigi, Chief of Health, UNICEF
6. Dr. Manish Pant, Chief of Health, UNDP

Copy for information to-

1. PPS to JS(VG)
2. PPS to JS(VS)
3. Joint Commissioner (UIP)
4. Joint Commissioner (Imm)

## Birth dose vaccination protocol

Birth dose vaccination of the child is an integral component of Universal Immunization Programme (UIP) and is provided against three vaccine preventable diseases (hepatitis B, poliomyelitis and childhood tuberculosis).

These vaccinations should be provided **SOON** after child's birth and certainly before the mother is discharged from the health facility. Particular care has to be taken for the hepatitis B vaccination which needs to be administered to the baby **AS SOON AS POSSIBLE** and certainly within 24 hours of birth to prevent vertical transmission of infection from mother to infants. The risk of acquiring hepatitis B infection for a neonate can be as high as 85-90%, if the mother is hepatitis B positive.

To facilitate the birth dose vaccination of the child, the following protocol for administering birth dose vaccination is to be followed-

1. Hepatitis B, BCG including diluent and Oral Polio Vaccine (OPV) should be stored in a small domestic refrigerator with Bold Marking of "Birth-Dose Vaccine Only" with temperature maintained at 2-8° C with temperature monitoring device.
2. **No other drugs/medicines to be stored in domestic refrigerator where Hepatitis B, BCG including diluent and OPV is stored to avoid immunization/programme error.**
3. The domestic refrigerator storing vaccine should preferably be located in recovery area where the mothers with babies are shifted immediately after delivery, if such area not available then in labour room. Immunization session/ administration of the Birth dose is to be organized in that area.
4. Designated staff nurses/ANMs posted in the labour room should be responsible for the administration of the birth dose vaccination to the newborn. They should be trained/oriented for the same.
5. Hepatitis B and OPV vaccine should be opened even if there is a single newborn for vaccination and open vial policy should be followed. The open vial policy guidelines are attached as annexure for ready reference.
6. Hepatitis B and OPV birth dose should be given to all the newborns immediately after birth and definitely within 24 hours of birth.
7. BCG needs to be reconstituted before administration of the vaccine to the newborn and to be used within four hours after reconstitution. Efforts should be made that every newborn should be vaccinated before discharge with BCG. Therefore, a new vial of BCG vaccine should be opened and reconstituted if need be, thereby ensuring availability of BCG vaccine at all times. If the newborn misses the birth dose for some totally unavoidable reasons, the dose of BCG to be administered at the next earliest opportunity or next vaccination i.e. at 1.5 months/6 weeks when the infant is due for pentavalent 1/OPV 1 vaccination.
8. Date and time to be recorded for all the open vials.

9. Hepatitis B should be administered intramuscular in the anterolateral aspect of the **left thigh**, while vitamin K should be administered intramuscular on the anterolateral aspect of the **right thigh** at the same time.
10. The birth dose of vaccines should be recorded both on MCP card/baby case sheet as well as the discharge slip, while the Vitamin K administration to be recorded on the discharge slip.
11. In case mother is discharged before 24 hours, ensure that infant has received all three-birth dose vaccination.
12. If the child after delivery is shifted to NICU, the birth doses should be given in consultation with pediatrician /neonatologist.
13. If the institutions are also getting newborns delivered outside the institution who have not been immunized with birth doses, the same should be given as early as possible.
14. At the time of discharge advice should be given to parent to bring the child for next doses of vaccination at 1.5 month/6 week of age of the child.
15. Ensure availability of all logistics like vaccines, diluents, syringes, hub cutter etc
16. Regular supervision and monitoring of the above processes to be ensured.