



#### 1) "Vaccine Preventable Diseases (VPD) Surveillance & Adverse Event Following Immunization (AEFI)"

Sr. No.	Particulars of CME	Numbers
1.	Total Participants	63
2.	Total Resource Persons	09

A Continuing Medical Education (CME) program "Vaccine Preventable Diseases (VPD) Surveillance & Adverse Event Following Immunization (AEFI)" was organized in Shri Balaji Institute of Medical Science (SBIMS), by the Department of Community Medicine in collaboration with World Health Organization (WHO). Inauguration of CME was done by performing Saraswati Vandana by medical students from 1<sup>st</sup> year MBBS batch 2021. Lamp Lightening was done by Chairman Dr. Devendra Naik,Dean Dr. Manik Chatterjee, Managing Director Mrs. Neeta Naik, Director CA Mr. Nitin Patel, Dr. Sanat Sharma, Professor and HOD Pharmacology, Dr. Neeraja Agrawal, Professor and HOD Obstetrics and Gynecology and Medical Education Unit Coordinator, Dr. B. Laxmikanth Professor & HOD Biochemistry and Dr. Kiran Makade, Professor and HOD Community Medicine, Shri Balaji Institute of Medical Science.

CME started with opening remarks from Dean Dr. Manik Chatterjee followed by Chairman Dr. Devendra Naik, regarding importance of immunization program. Dr. Pranit Phatale Regional Team Leader from WHO gave a talk on Progress towards Measles & Rubella Elimination. Dr. Nitin Patil SMO WHO Chhattisgarh took the session on MR Elimination- Updates (Global, Regional, National, State), MR Surveillance Indicators. Dr. Deepak Jaiswal Assistant Professor Department of General Medicine took a session on "Measles Disease Epidemiology & Case Management". Dr. Neerja Agarwal, Professor and HODObstetrics and Gynecology and Medical Education Unit (MEU) Coordinator explained about the "Rubella Disease Epidemiology & Case Management". Dr. Nitin Patil SMO WHO Chhattisgarh took the session on "MR Case-based surveillance including experience from transitioning to Fever-rash in three states".

Dr. Manish A. Prasad (Associate Professor) gave a talk on MR Outbreak Identification and response, MR Case investigation, Sampling.

Dr. Rahul Pal (Assistant Professor) elaborated on the AEFI Surveillance. Dr. Rashmi Kispotta (Associate Professor) took the session on Global & India polio situation, Epidemiology of Polio. Dr. Nitin Patil SMO WHO Chhattisgarh took the session on Case investigation, Sample Collection, Follow up, AFP SurveillanceIndicators. Dr. Priyanka Sahu (Professor) took the session on DPT Surveillance Epidemiology, Sample Collection.

Anchoring in the CME was conducted by Dr. Ashwini Katole (Assistant Professor), Dr. Rajarikam Shrawani (Assistant Professor) Community Medicine offered vote of thanks at the end of the CME program. CME program begun at morning10:00 AM and ended at 04:00 PM, after offering of the "vote of thanks".





## 2) Invitation







#### 3) CME Agenda



### CME on "Vaccine Preventable Diseases (VPD) Surveillance & Adverse Event Following Immunization (AEFI)" Shri Balaji Institute of Medical Science, Mowa, Raipur

#### <u>Venue</u>:- MEU Hall, 4th Floor, SBIMS, Raipur Date:- 16<sup>th</sup> Nov 2022 <u>Time: - 10:00 AM to 4:00 PM</u>

	Agenda	and the second se	-
Time	Subjects	Methodology	Facilitator
10:10 - 10:30	Registration, Welcome & Introduction		All Participants
10:30 - 11:00	Progress towards Measles & Rubella Elimination	PPT and Discussion	Dr PranitKumar Phatale – WHO
11:00 - 11:20	MR Elimination- Updates(Global, Regional, National, State), MR Surveillance Indicators	PPT and Discussion	Dr Nitin Patil – WHO
11:20 - 11:35	Measles Disease Epidemiology & Case Management	PPT and Discussion	Dr Deepak Jaiswal General Medicine Dept.
11:35 - 1150	Rubella Disease Epidemiology & Case Management	PPT and Discussion	Dr Neerja Agrawal Obs & Gynae Dept.
11:50 - 12:10	MR Case- based surveillance including experience from transitioning to Fever-rash in three states	PPT and Discussion	Dr Pranav Verma – DIO Health
12:10 - 12:30	MR Outbreak Identification and response, MR Case investigation, Sampling	PPT and Discussion	Dr. Ashwini Katole Community Medicine
12:30 - 12:40	Case Investigation for FR (Fever Rash) case.	Video	Department
12:40 - 13:10	AEFI Surveillance	PPT and Discussion	Dr. Rahul Pal Community Medicine
13:10 - 13:40	Lunch Break		
13:40 - 14:00	Global & India polio situation, Epidemiology of Polio	PPT and Discussion	Dr. Rashmi Kispotta Paediatrics Department
14:00 - 14:30	Case investigation, Sample Collection, Follow up, AFP Surveillance Indicators.	PPT and Discussion	Dr Nitin Patil – WHO
14:30 - 14:40	Case Investigation for AFP case.	Video	
<b>14:40 - 15:10</b>	DPT Surveillance Epidemiology, Sample Collection	PPT and Discussion	Dr Priyanka Sahu Community Medicine
15:10 - 15:30	Case Investigation for DPT case.	Video	Department
15:30 - 15:50	Open Discussion	Discussion	All Participants
15:50 - 16:00	Closing Remark		Dept. of Community Medicine







#### **4) PRE TEST /POST TEST(Kindly tick (\sqrt{}) the correct option)**

- 1. Which Surveillance is implemented for detecting **Measles Rubella** transmission? A. AFP B. DPT C. FR D. NCD
- What does AFP stands for
   Acute Flaccid Paralysis B. Acute follow Paralysis C. Acute Fast Paralysis D. All For Paralysis
- 3. Till what age does AFP cases be reported A. 0 to 5 yrs B. 0 to 15 yrs C. 0 to 20 yrs D. All ages
- 4. Till what age is suspected FR/MR cases be reported A. 0 to 5 yrs B. 0 to 15 yrs C. 0 to 20 yrs D. All ages
- 5. DPT Surveillance covers which diseases A. Diphtheria B. Pertussis C. Neonatal Tetanus D. All of them
- 6. Sample collection is not done in A. Diphtheria B. Pertussis C. Neonatal Tetanus D. AFP
- 7. Sample collected in AFP case is A. Blood B. Urine C. Stool D. Skin
- 8. Which **AEFI** cases will be reported which has happened due to vaccination A. Anaphylaxis B. High Grade Fever C. Rash D. All of them
- 9. Which cases can be reported as AFPA. GBSB. Facial Palsy C. Hemi paresis D. All of them
- 10. Last Polio case in India was detected in which Year A. 2000B. 2011C. 2014D. 2020
- 11. How much minimum Non Polio AFP rate(Population <15yrs) is required as per global standard A. >=2/1,00,000 B. <2/1,00,000 C. 1/1,00,000 D. <1/1,00,000
- 12. How much minimum **Non Measles No Rubella Discard Rate** is required for total population as per global standard A. >=2/1,00,000 B. <2/1,00,000 D. <1/1,00,000 D. <1/1,00,000
- 13. If a District has a Population of 10,00,000 then the expected Suspected MR cases will be A. 10B.20 C. 30D. 40
- 14. If a District has a Population of 10,00,000 and 15 Suspected MR cases are reported out of which 5 are positive, what will be the Non-Measles Non Rubella Discard Rate (NMNRDR)
  A. 0.5B. 1C. 1.5 D. 2
- 15. The Goal for Measles Rubella Elimination by SEAR (WHO) is by A. 2021B. 2022C. 2023 D. 2024
- 16. What type of Rash is reported in Suspected Fever Rash Surveillance A. Macular B. Maculopapular C. Pustular D. Papular
- 17. When do we consider Measles Rubella **Outbreak** A. 2 casesB. 5 casesC. 5 cases or a single death due to Measles complicationD. 1 case
- 18. One of the **main objectives** for MR Outbreak Investigation is A. Vit-A supplementation B. Field Survey C. Official FormalityD. None
- 19. Health Seeking Behaviour is very poor in following diseasesA. AFP cases B.DiphtheriaCasesC. Measles Cases D. Diarrhoea
- 20. Suspected Neonatal Tetanus case is one with following
- A. Normal Sucking for 2 days B. Stiffness from3 to 28 daysC. Death due to unknown cause in 28 days D. all of them





# 5) Feedback form

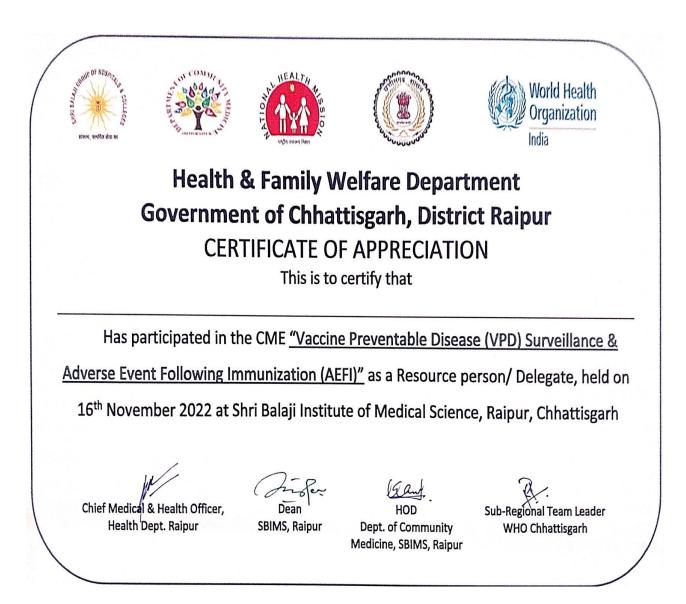
**Instruction:** Please indicate your level of agreement with the statement with the statements listed below.

1. The objectives of CME were clearly defined. Strongly agree Agree Neutral Disagree strongly disagree
<ol> <li>Participation and interaction were encouraged.</li> <li>Strongly agree Agree Neutral Disagree strongly disagree</li> </ol>
<ol> <li>The topic covered was relevant to me.</li> <li>Strongly agree Agree Neutral Disagree strongly disagree</li> </ol>
<ul> <li>Content was organized and easy to follow.</li> <li>Strongly agree Agree Neutral Disagree strongly disagree</li> </ul>
5. The material distributed was useful. Strongly agree Agree Neutral Disagree strongly disagree
<ol> <li>This CME experience will be useful in my work.</li> <li>Strongly agree Agree Neutral Disagree strongly disagree</li> </ol>
<ol> <li>The CME was Knowledgeable about the training topic.</li> <li>Strongly agree Agree Neutral Disagree strongly disagree</li> </ol>
8. The CME was well prepared. Strongly agree Agree Neutral Disagree strongly disagree
9. The CME objective was met. Strongly agree Agree Neutral Disagree strongly disagree
10. The time allotted for the CME was sufficient.Strongly agreeAgreeNeutralDisagreestrongly disagree
<ol> <li>The meeting room and facilities were adequate and comfortable.</li> <li>Strongly agree Agree Neutral Disagree strongly disagree</li> </ol>
12. The food was good at CME. Strongly agree Agree Neutral Disagree strongly disagree
13. What did you like most about CME?
14. What aspects of the CME could be improved?
15. How do you hope to change your practice as a result of this CME?
16. Please share other comments or expand on previous responses here:





#### 6) Certificate





## 7) Newspaper article 16/11/2022 (CME on VPD Surveillance and AEFI)

रायपुर, गुरूवार 17 नवम्बर 2022 www.dailypioneer.com

🞢 पायनियर

श्रीबालाजी इंस्टीट्यूट ऑफ मेडिकल साइंस में टीकाकरण एवं बालको ने बाल दिवस के अवसर पर प्रतिकृल परिणाम विषय पर चिकित्सकीय शिक्षा का आयोजन





किया सम्मान समारोह का आयोजन

आखिरी पन्ना 12





8) Glimpse of the CME on "Vaccine Preventable Diseases (VPD) Surveillance & Adverse EventFollowing Immunization (AEFI)"













# 9) Attendance

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58	DR Nereji Gorad		Medicine	944650 980	2 netejig8ganed@gm	in Sh	



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