



## GOVERNMENT OF KERALA

### Abstract

Health & Family Welfare Department - Immunization for travellers from India to Seven Polio affected countries - Identifying Designated Polio Vaccination Centres in District and setting up of KIOSKS at Airport - Orders issued

### HEALTH & FAMILY WELFARE (FW) DEPARTMENT

G.O.(Rt)No.945/2014/H&FWD Dated, Thiruvananthapuram, 20.03.2014.

Read:- 1. Government of India letter No. T. 13020/01/2012-Imm(P-II), dated 27.01.2014 from Ministry of Health & Family Welfare.  
2. Letter No. UIP-1-90639/14/DHS, dated 17.02.2014 from the Director of Health Services, Thiruvananthapuram.

### O R D E R

As per the letter read as 1<sup>st</sup> paper above, Government of India informed that travellers to and from the Seven countries namely Afganistan, Pakistan, Nigeria, Syria, Ethiopia, Kenya and Somalia should receive a dose of Oral Polio Vaccine irrespective of their age or previous vaccination status and for those proceeding to these seven countries also need to be administered at least 4 weeks before travel. Director of Health Services has submitted a list of Hospitals to be designated as polio vaccination centres and 3 airports for setting up of Airport Kiosks as per the letter read as second paper above.

Government have examined the matter and are pleased to identify the following Hospitals as designated Polio Vaccination Centres in Districts for travellers to and from India to seven Polio affected countries.

1. Thiruvananthapuram - Medical College Preventive Clinic and W&C Hospital, Thiruvananthapuram
2. Kollam - District Hospital, Kollam.
3. Pathanamthitta - General Hospital, Pathanamthitta
4. Kottayam - Medical College Hospital Preventive Clinic
5. Thrissur - Medical College Hospital Preventive Clinic
6. Alappuzha - Medical College Hospital Preventive Clinic
7. Ernakulam - General Hospital, Ernakulam
8. Palakkad - W&C Hospital
9. Malappuram - Taluk Head Quarters Hospital, Malappuram
10. Idukki - District Hospital, Painavu
11. Kozhikode - Medical College Hospital Preventive Clinic
12. Wayanad - District Hospital, Mananthavady
13. Kannur - District Hospital, Kannur
14. Kasaragod - District Hospital Kanhangad

Sanction is also accorded for the setting up of Airport Kiosks at following international Airport for providing OPV vaccination to travellers of 7 polio affected countries, both incoming and outgoing, that reach airport with out having taken OPV or without a valid certificate of OPV vaccination.

1. International Airport, Thiruvananthapuram
2. International Airport, Nedumbassery, Kochi
3. International Airport, Karipoor, Malappuram

The Director of Health Services/Director of Medical Education will re deploy sufficient human resources to those designated centres and Airport Kiosks. The vaccine supply to these centres will be ensured by the District Medical Officer concerned and supervised by respective RCH Officer. The report from the designated centres will be collected by RCH officer and submitted to Director of Health Services monthly.

Each traveller has to be issued a certificate of vaccination after administering OPV in the attached format which is signed by the designated officer. This Certificate is valid for a period of one year from the date of vaccination.

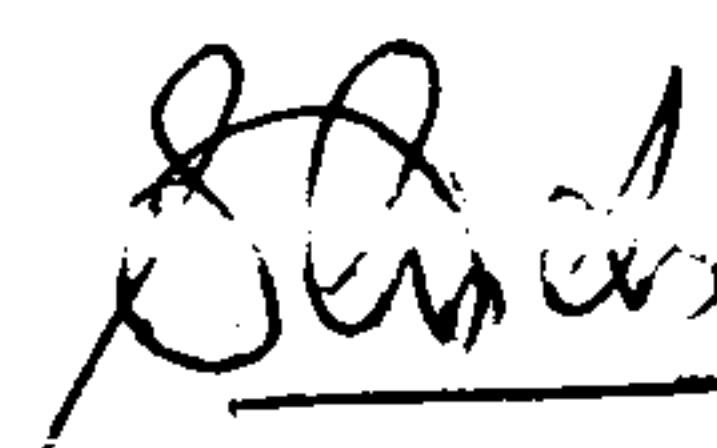
(By Order of the Governor),

**BINDU THANKACHY.M.K.**  
Deputy Secretary to Govt.

To

- ✓ The Director of Health Services, Thiruvananthapuram
- The Secretary, Ministry of Health & Family Welfare, Government of India, Nirman Bhawan, New Delhi - 110011.
- The Airport Director, Airport Authority of India, Thiruvananthapuram - 695008.
- The Airport Director, Airport Authority of India, Kochi - 683111.
- The Airport Director, Airport Authority of India, Karipoor, Malappuram - 673647.
- The Web & New Media, Information & Public Relations Department
- The Stock File/Office Copy

Forwarded/By Order



Section Officer.



**Certificate of Oral Polio Vaccination for international travelers**

(Valid for one year from date of vaccination)

Name: \_\_\_\_\_ Sex \_\_\_\_\_

Passport No. \_\_\_\_\_ Date of Birth/Age \_\_\_\_\_

Address: \_\_\_\_\_

Date of vaccination	Name of Manufacturer	Batch number of vaccine	Name, Signature and stamp of designated officer