

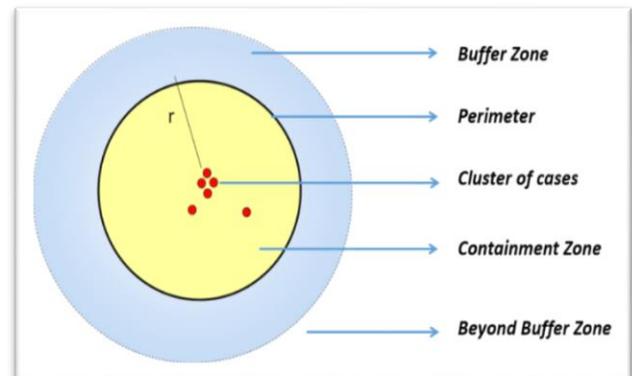
## Immunization Services during and post COVID-19 Outbreak

Immunization is an essential component of health services and needs to be continued to protect children and pregnant mothers from Vaccine Preventable Diseases (VPDs).

### Current Situation and Guidelines

India is currently undergoing extended lockdown phase; however as per **MHA order dated 15<sup>th</sup> April 2020**<sup>1</sup>, all health services are deemed essential and need to be functional across the country.

- Based on the existing COVID-19 situation, District/Sub-Division/Municipal Corporation/Ward/any other appropriate administrative unit is categorized into Red, Orange zones with active COVID-19 cases and Green zones with no active COVID-19 cases and the list is revised on a weekly basis or earlier.
- Areas where COVID-19 cases are reported and surrounding areas with risk of COVID-19 spread are classified as 'Containment Zone' and 'Buffer Zone' respectively while area outside the buffer zone is identified as 'Area beyond Buffer Zone'
- The categorization of 'Containment Zone' and 'Buffer Zone' is a dynamic process updated on a weekly basis or earlier.



MoHFW (vide letter dated 14<sup>th</sup> April 2020) also issued a 'Guidance Note<sup>2</sup>' on continuation of essential services including immunization.

### Immunization Services in different Zones

In alignment with the area categorization, immunization services will be classified under two heads:

1. **Immunization in Containment & Buffer zone**
2. **Immunization in areas Beyond Buffer Zone and Green Zone**

As a standard practice, Immunization services are delivered through the following modes:

1. **Birth dose vaccination:** Birth dose vaccinations at delivery points in health facilities.
2. **Health Facility based sessions:** Immunization sessions at fixed health facilities like DH, CHC, PHC, SC etc.

<sup>1</sup>[https://www.mha.gov.in/sites/default/files/MHA%20order%20dt%2015.04.2020%2C%20with%20Revised%20Consolidated%20Guidelines\\_compressed%20%283%29.pdf](https://www.mha.gov.in/sites/default/files/MHA%20order%20dt%2015.04.2020%2C%20with%20Revised%20Consolidated%20Guidelines_compressed%20%283%29.pdf)

<sup>2</sup><https://www.mohfw.gov.in/pdf/EssentialservicesduringCOVID19updated0411201.pdf>

**3. Outreach sessions:** As part of Urban/Village Health Sanitation and Nutrition Days (UHSND/VHSND) services.

**In the context of COVID-19 outbreak, delivery of immunizations services for different zones will follow three key principles irrespective of zone:**

1. Guidelines from MHA and MoHFW pertaining to COVID-19 and related updates will be the primary reference points and no state should violate any COVID-19 guidance.
2. Practices of social distancing, hand washing, and respiratory hygiene need to be maintained at all immunization sessions irrespective of zones/district categorization by all (i.e. beneficiaries and service providers) in all sessions.
- 3. Birth dose vaccination at health facilities would continue irrespective of zones.**

**The following strategy will be adopted for immunization as per various zones**

Immunization services	Containment & Buffer zone	Areas Beyond Buffer Zone and Green Zone
Health Facility based session	X*	✓
Outreach session	X	✓**

\* Immunization services only on demand to walk-in beneficiaries in facility.

\*\*Modified outreach (VHND and UHSND) in areas beyond buffer zone.

### **1. Immunization Services in Containment & Buffer zone**

Containment & Buffer zone		
Birth Dose	Health Facility based Session	Outreach Session
Continued	No*	No

\* Immunization services only on demand to walk-in beneficiaries in facility

- No active mobilization to the health facility be carried out.
- Every opportunity is to be utilized for vaccinating beneficiaries if they have already reported at the facilities.
- Ensure social distancing and hand washing etc as outlined in the annexure, to be adopted at health facility level for vaccinating the pregnant women and children who have reported to these facilities.

The list of areas under 'Containment zone' and 'Buffer zone' in a district is updated on weekly basis. Any area exiting a 'containment/ buffer zone' can start facility based and outreach immunization activities as in areas 'beyond buffer zone' **after a minimum gap of 14 days**

**following delisting of that area as Containment/Buffer zone.** However, the State and District administration should make a local assessment of COVID-19 risk before starting the outreach or health facility-based immunization with mobilization of beneficiaries. Similarly, an area enlisted as a ‘containment/ buffer zone’ should stop health facility-based sessions and outreach sessions.

**2. Areas Beyond Buffer Zone and Green Zone**

- All areas Beyond Buffer Zone and in Green Zone follow the same guidelines

<b>Areas Beyond Buffer Zone and Green Zone</b>		
<b>Birth Dose</b>	<b>Health Facility based Session</b>	<b>Outreach Session</b>
Continued	Yes	<b>Yes*</b>

\*Modified outreach (VHND and UHSND) in areas beyond buffer zone.

**Modified Outreach Session**

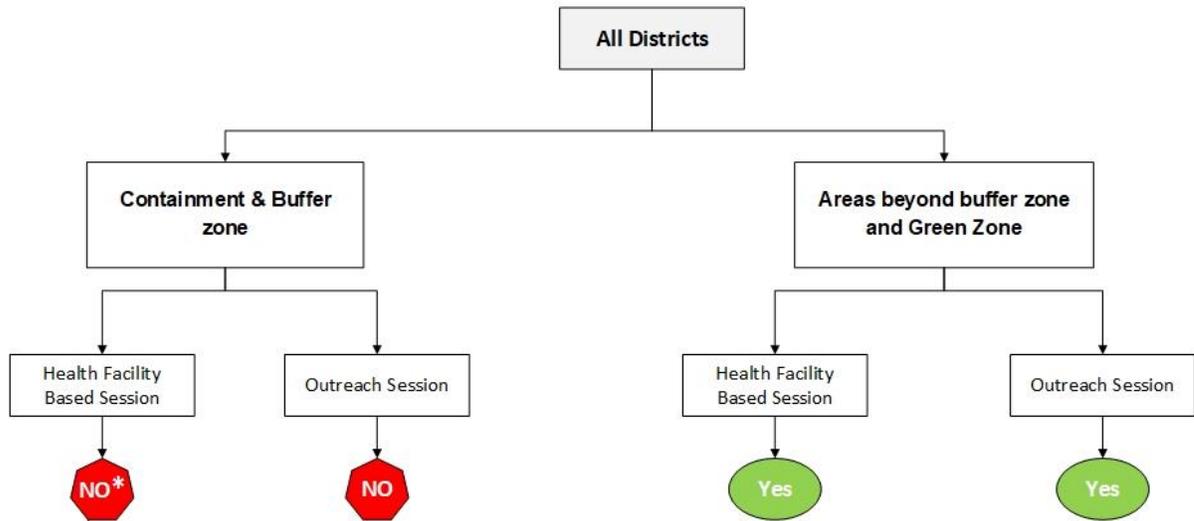
- One outreach session will be planned for <500 population to limit the total beneficiaries to 10 to 15/session. A staggered approach will be followed for each session to avoid crowding.
- At any a given time during session, not more than 5 persons should be present at a session site with at least 1-meter distance between each.
- The organization of such session will be at the discretion of district administration with clear planning for social distancing and handwashing at session site.
- Various approaches outlined in the annexure need to be adopted while organizing a session for the prevention and control of COVID-19.

***Standard Guidelines for all Outreach Sessions irrespective of zones***

- Universal prevention and control principles for COVID-19 to be followed for each session
- All outreach sessions to follow staggered approach as outlined in the annexure and community mobilization strategy to be adapted accordingly to prevent overcrowding at session site.
- Pre-identification of session site with adequate seating space for beneficiaries and caregivers while maintaining social distancing (at least 1-meter gap) with clear area of demarcation for incoming beneficiaries, post vaccination waiting area and a reserve zone if gathering increases

- Support from Panchayat/Urban Local Body to be sought for identification of appropriate session site with adequate space to practice social distancing (at least 1 meter).
- Various 'session' approaches in line with the flow diagram outlined below is to be adopted in all districts for immunization services.

**Immunization Services during and post COVID-19 Outbreak**



\* However, every opportunity is to be utilized for vaccinating beneficiaries if they have already reported at facilities

**Birth dose vaccination at health facilities continues across the country irrespective of district category**

## Annexure

### Immunization at Health Facilities and organizing a VHSND/UHSND/outreach RI session

#### A. Immunization services at Birth (at Labor room or Post-natal ward):

- Birth dose vaccination should be continued at all health facilities with delivery points after ensuring due cold chain.

#### B. Immunization services at Health Facility

A health facility should continue immunization services with below mentioned prerequisite arrangements:

- Pre-identification of a well-ventilated seating area with demarcated seating location 1 meter apart.
- An adequate number of pre-identified, fixed vaccination staff depending on the injection load and the required documentation.
- Staff conducting vaccination should wear a three-layered surgical mask and gloves and sanitize their hands after vaccinating every child.
- Support staff to manage seating arrangement, queue management etc. for the pregnant women and care givers.
- Ensure hand sanitizer or hand washing units with chlorinated water are available for public use at the entrance to the health facility.
- Disinfect the seating space after completion of the immunization session.
- Adequate availability of MCP card and due updating of records.
- Adequate availability of vaccines and logistics for the uninterrupted immunization session
- Display visual alerts in clinics, such as posters, with information about COVID-19 disease and reminders on individual prevention strategies.

#### C. VHSNDs/UHSNDs/ Outreach Immunization:

**Plan for multiple small sessions in missed areas through a catch-up approach and initiate VHSND/UHSND/RI sessions as per micro-plan**

##### 1) Session Organization

**A. Staggered Approach:** To avoid crowding at immunization session/VHND, a staggered approach needs to be practiced.

- For each session, divide all children and pregnant mothers in due list into hourly slots so that 4-5 beneficiaries are allocated per hour.

- In a village with 1000 population, there will be average 25-30 beneficiaries due for various services of VHSND every month. The same can be covered in 6 hours of staggered approach.
- The number of beneficiaries to be mobilized for each hour will be dependent on the space available at the session site along with seating arrangement and other provisions to maintain social distancing of at least 1-meter distance between two beneficiaries
- Additional doses of reconstituted vaccines to be supplied for staggered sessions
- **Alternate Session Sites:** Site other than Anganwadi center may need to be identified in case of space constraints to maintain social/physical distancing and lack of adequate provision for hand washing with soap and water. Schools, Panchayat Ghars, community centers etc. may be explored as alternate sites.

#### **B. Break-up Session**

- One village session is divided into two sessions to reduce crowding if staggered approach does not suffice
- **Additional session can be conducted by Hired Vaccinator (retired ANM, Staff Nurse etc can be hired) or trained Male Health Worker at SC/LHV/Male Health Assistant at PHC**

#### **C. Immunization services through mobile teams:**

- Identified HRAs and hard to reach areas can be considered for mobile team approach.

#### **D. Urban Areas:**

- Alternate site identification to ensure social distancing needs to be undertaken immediately. Buildings and areas like community center, marriage hall, school (during non-operating hours), private hospitals/clinics can be explored in collaboration with MAS.
- Urban Local Bodies (ULB) to support in planning and implementation of outreach services including collaboration with other departments/organizations in session planning, crowd management, seating and water arrangement etc.
- Multiple sessions need to be planned in each urban area and MAS to coordinate limited mobilization and staggered access to UHSND services at each session.
- Additional sessions to be organized with support of hired vaccinators as above
- Private sector engagement strategies to be explored as appropriate for vaccination, awareness creation and identification of missed children.

#### **2) Beneficiary Mobilization:**

- Based on the agreed hourly slot, ASHA should mobilize the beneficiaries/family of beneficiaries by phone at least one day prior to the session. On session day, ASHA and AWW to mobilize beneficiaries as per hourly plan while taking due precautions of

social distancing and handwashing/sanitization, respiratory hygiene and using homemade cloth mask during house visit.

- Request for only one caregiver to accompany with the beneficiary to avoid overcrowding and maintain effective social distancing.
- Any child, caregiver and/or pregnant woman suffering from flu like symptoms (fever, cough or shortness of breath) should be asked **not to come** to the session site and seek services as per existing guidelines related to COVID-19.

### **3) Session Site:**

- ANM should practice standard hygiene practices and should wash hands with soap and water for at least 20 seconds before start of session and sanitize hands with an alcohol-based sanitizer before and after vaccinating every beneficiary
- ANM should wear a triple layered surgical mask and gloves.
- All care givers should be advised to use homemade cloth mask during their visit to the session site.
- There should be health workers (ASHA, AWW) /community members from Panchayat/SHG available to manage seating arrangement for the pregnant women and care givers.
- The staff must be trained on screening of beneficiary for flu like symptoms
- Adequate arrangement for soap and water and other necessary equipment
- Additional doses of reconstituted vaccines to be supplied
- Ensure adequate availability and appropriate distribution of ORS, Zinc, IFA and calcium, MCP card and other items as per VHSND guidelines
- Equipment such as weighing scale, thermometer, infant-meter, stadiometer etc., should be adequately sanitized immediately after use, with prescribed disinfectants.
- While conducting tests (pregnancy, Urstix etc.) involving body fluids, necessary infection prevention measures should be undertaken.

### **4) Waiting Area, Group Counselling and COVID-19 Related Awareness Generation**

- Ensure that beneficiaries and caregivers maintain the social distancing during the 30-minute waiting period. This 30-minute waiting period to be used for group counselling and avoid individual counselling. Provide key preventive messages related to COVID-19, (handwashing technique, nutrition of pregnant women, breastfeeding etc.)
- COVID-19 related IEC material can be made available for caregivers in the waiting area.

### **5) After the session:**

- After all the beneficiaries are gone, the site should be sanitized properly (tables, chairs, weighing machine and other equipment used during the session) and Gloves and masks should be properly disposed as per the guideline of COVID-19. All the vaccine and logistic along with biomedical wastes should be taken back by AVD.
- All vaccination data to be entered in HMIS and RCH portal as usual.

**6) Capacity building of front-line health workers:** Instead of In-person trainings, existing digital health platforms may be leveraged for training and capacity building.

### **7) Vaccine and logistics availability:**

- Vaccine stocks to be reviewed at all locations using eVIN and adequate refiling and mobilization as per programme need.
- Availability of adrenaline and other components of anaphylaxis kit should be reviewed and made available as per requirement.
- Review of near expiry stock and priority utilization.
- Additional doses of reconstituted vaccines to be supplied for staggered sessions
- Currently air transportation of vaccines is not operational as COVID related material is being prioritized- Vaccines to be added to COVID priority list
- Alternate arrangement for dry supplies like vaccine syringes and droppers.

### **8) Vaccine preventable disease surveillance:**

- Surveillance systems should continue to enable early detection and management of VPDs.
- Many VPD network laboratories are becoming involved in testing for the virus that causes COVID-19, drawing laboratory resources away from VPD testing. When laboratory testing is not possible, specimens should be stored appropriately for confirmation when laboratory capacity allows.

### **9) Supportive Supervision**

- States need to strengthen the supportive supervisory mechanism for VHSND/immunization sessions and to include monitoring of practices associated with social distancing and other guidelines.
- Data from SS should be used for local action and monitoring progress

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