

ACVIP Guidelines on Immunizations **during COVID 19 Pandemic**

Scope

With the continued lockdown and other restrictions, the medical professionals need guidance regarding immunization activities. It is in this context that the ACVIP has brought out these guidelines on:

- Continuation of immunization activities
- Prioritization of certain vaccines
- Precautions to be taken while immunizing during COVID 19 Pandemic

Background

The WHO declared COVID 19 as a Global Health Emergency in January 2020. It was declared a “Pandemic” on March 11, 2020. The Government of India declared a lockdown on March 22, 2020, which was initially for 21 days, ending on April 14, 2020, but was extended up to May 3, 2020. The Ministry of Home Affairs has released guidelines to be followed during the lockdown on April 15, 2020. Since March 22, 2020 effective primary, secondary and tertiary care facilities have been almost paralyzed. The primary focus of public health has been in preparedness and containment of COVID 19 pandemic in the country and all other preventive health activities have been relegated to the background. A decreased demand for vaccination may also occur because of physical distancing requirements or community reluctance. The likelihood of outbreaks of vaccine preventable diseases (VPDs) such as measles may increase as a result of disruption of immunization services, even for brief periods. The importance of continued immunization activities is further emphasized by the observation that during the 2014-2015 Ebola outbreak, the increased number of deaths caused by measles, malaria, HIV/AIDS and tuberculosis attributable to health system failures, exceeded deaths from Ebola itself. A modelling study done by the scientists at the London School of Hygiene and Tropical Medicine on the impact of suspending routine immunization sessions to prevent the spread of COVID 19 and further deaths due to COVID 19 in Africa, has shown that for each COVID 19 death prevented, there would be as many as 34 - 1274 future deaths due to diseases including measles, yellow fever, polio, meningitis, pneumonia and diarrhea.

Any flare of VPD will additionally burden the already stressed health care systems.

The ministry of Home affairs in its guidelines dated April 15, 2020, has mentioned that Essential Medical Services be maintained during the lockdown. Clinics and Hospitals must continue providing Essential Medical services to non-COVID 19 patients.

Prevention (including immunizations) and management of communicable diseases is considered as an “Essential Medical service”.

It should be emphasized that “Immunization is a Core Health Service” that should be prioritized for the prevention of communicable diseases and safeguarded for continuity during the COVID-19 pandemic, where feasible. Immunization delivery strategies may need to be adapted and should be conducted under safe conditions, without undue harm to health workers, caregivers and the community.

Immunizations during a Pandemic

Due to reasons mentioned above, immunizations should be continued during COVID 19 Pandemic as immunization is an essential health activity.

Risk associated with Immunizations during a Pandemic

There is no documented risk of immunizing a well child during the COVID 19 Pandemic. COVID 19 is an evolving disease and hence we need to monitor strictly for any increased AEFI.

General instructions for vaccination clinics

1. It is strongly recommended to have exclusive vaccination sessions and exclusive vaccination rooms. A polyclinic/ nursing home/ hospital should have segregated vaccination areas with separate entrance and exit.
2. It is essential to perform triaging of patients and segregate those with fever and respiratory symptoms.
3. It is essential to screen accompanying individuals for fever and respiratory symptoms.
4. Any caretaker having cough, cold, or fever should be barred from entering the healthcare facility.
5. Senior citizens (more than 60yrs of age) should be requested not to accompany the vaccinee.
6. Only 1-2 caretakers should be permitted with each child.
7. All caretakers and children, except infants should wear a mask.
8. It is preferable to give vaccinations by appointment only.
9. It is essential to stagger appointments to avoid crowding in the clinic.
10. It is essential to maintain social distancing at all times.
11. Digital payment is to be encouraged.
12. It is essential to maintain aggressive infection control measure in the clinic/office.
13. Well-baby visits may be combined with immunizations.
14. Utilize every healthcare visit for immunization, provided there are no precautions/ contraindications and the interval between vaccines are maintained as per published guidelines.
15. It is essential that the doctor and supporting staff utilize adequate PPE. In a vaccination clinic, a surgical mask and gloves are necessary along with scrupulous hand hygiene.

Prioritizing Vaccines in routine immunization

- Vaccinate newborns in maternity set up, before discharge. BCG, OPV and Hepatitis B vaccines are to be administered.
- Prioritize primary vaccination series: DPT, Hep B, Hib, OPV/IPV, Rotavirus vaccines, PCV, Influenza, Varicella and MR/MMR. Avoid postponing these vaccines.
- Prioritize pneumococcal and Influenza vaccine to vulnerable groups. Healthcare personnel should be upto date in their age appropriate vaccinations.
- Typhoid conjugate vaccines may be clubbed with the influenza vaccine at 6 months or MR/MMR at 9 months.
- Inactivated JE vaccines (where applicable) should be administered at 1 year.
- Hepatitis A vaccines and HPV vaccines may be postponed to a later date if logistic issues of transport, etc., exist. They may be administered after the priority vaccines have been given.
- Multiple vaccines can be administered in the same session without fear of any increased adverse effects.
- Boosters may be postponed to a later date, if logistic issues of transport, etc. exist.
- If a child is in a healthcare facility for any reason, this opportunity should be utilized for administering any eligible vaccine.

Mass immunization activities

In view of social distancing measures all Mass Vaccination Campaigns may be postponed.

Catch Up vaccination

The vaccine provider should track of cohorts of children who have missed the vaccine and immunize them, when conditions become favorable. If a child is in a healthcare facility for any reason, and eligible for immunization, utilize this opportunity for administering any eligible vaccine.

Important

Children from homes where COVID 19 confirmed or suspected are present, should be immunized only after the quarantine period is over.

Disclaimer

These guidelines are meant for practicing pediatricians in their office set up or hospital. They are not an advisory of the IAP to the Government. The Central Government has issued separate guidelines for provision of Essential Services which also includes immunization activities. These guidelines are based on the available knowledge of COVID 19 as on date. Any further guidance based on evolving scenarios will be issued accordingly. Members are informed that these are only guidelines and they should be taken in context with local advisories issued by health authorities in the areas where the member provides medical services.

In view of the risks associated with the disruption of routine immunization activities, the ACVIP recommends the continuation of routine immunizations, especially the primary vaccine doses, to be administered in the first year.

References

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