

**Government of West Bengal
Department of Health and Family Welfare
State Family Welfare Bureau
Wing- A, 3rd Floor, Swasthya Bhavan
GN 29, Sector- V, Salt Lake, Kolkata- 700091**

Memo No: H/SFWB/23M-01-2020/322(46)

Date: 06/05/2020

**To,
The Medical Superintendent, all Medical College & Hospitals
The Chief Medical Officer of Health, all districts
The District Family Welfare Officer, Kolkata**

Sub: Immunization Services during and post COVID-19 Outbreak

Immunization is one of the essential health services to be continued during COVID-19 outbreak to protect children and pregnant women from Vaccine Preventable Diseases (VPD). The increasing cohort of unimmunized children poses a risk of VPD outbreak and need to be immediately addressed.

With a focused view to continue providing essential health services, without hampering COVID-19 related services, it is important not only to maintain population trust in the health system to deliver essential health services but also to minimize increase in morbidity and mortality from other health conditions. (Annexures: D. O. No. 7(23)2020-NHM-I, Dated the: 28th April, 2020 of Secretary, Ministry of Health & Family Welfare, Government of India and presentation on "Immunization Services during and post COVID-19 Outbreak" by Ministry of Health & Family Welfare, dated. 24th April, 2020)

The districts are now categorized into:

1. Hotspot Districts (Red Zone)
2. Non-Hotspot Districts (Orange Zone)
3. Non-Infected Districts (Green Zone)

Within each Hotspot and Non-Hotspot district, areas with COVID-19 cases will be identified as:

1. Containment zone
2. Buffer Zone
3. Areas beyond buffer zone

Guiding Principles:

1. Practices of social distancing, hand washing and respiratory hygiene need to be maintained at all immunization sessions irrespective of district categorization by all (i.e. beneficiaries and service providers) in all sessions.
2. Birth dose vaccination at health facilities would continue irrespective of district categorization.
3. The categorization of districts into Hotspot, Non-Hotspot & Non-Infected districts is a dynamic process which is updated on a weekly basis. Hence immunization service guidelines are to be implemented as per the updated category.

Immunization services are to be delivered through three platforms:

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 MCH, DH, SDH, SGH, RH, PHC, UPHC, SC, Urban Health Post etc.
3. **Outreach sessions:** As part of Urban/Village Health Sanitation and Nutrition Days (UHND/VHND) services.

A. Hotspot Districts/ Zone (Red Zone) and Non-Hotspot Districts/ Zone (Orange Zone):

All districts under 'Hotspot' and 'Non-Hotspot' categories will follow the same guidelines (Table-A)

		Birth Dose	Health Facility based Session	Outreach Session
1	Containment Zone and Buffer Zone	Continued	No***	No
2	Beyond Buffer zone	Continued	Yes	Modified

***Every opportunity is to be utilized for vaccinating beneficiaries, if they have already reported at facilities; No active mobilization at the health facility be carried out. *However arrangement of vaccinator and vaccine at health facilities may be ensured in Containment and Buffer zone of Red and Orange districts/areas, so that beneficiaries, who will report at facilities for vaccination, will not be deprived.*

Modified outreach Session

- One outreach session for <500 population to limit the total beneficiaries to 10 to 15/session.
- Staggered approach for each session to avoid crowding.
- At any a given time during session, not more than 5 persons be present at a session site with at least 1-meter distance between each.
- Organization of such session will be at the discretion of district administration with clear planning for social distancing and hand washing
- Any area exiting a 'containment/ buffer zone' can start facility based and outreach immunization activities as in 'areas beyond buffer zone' after a gap of minimum 14 days following delisting.
- However, as per the State guideline, the District administration should make a local assessment of COVID risk before starting the outreach or health facility based immunization with mobilization of beneficiaries.
- Similarly, an area enlisted as a 'containment/ buffer zone' should act as per Table-A.

B. Non-infected Districts/Zone: All remaining districts in the country other than the districts in Hotspot & Non-hotspot category.

Non-infected Districts	Birth Dose	Health Facility based Session	Outreach Session
All areas	Continued	Yes	Yes

Standard Guidelines for all Outreach Sessions irrespective of district categorization

- Universal prevention and control principles for COVID-19 to be followed for each session
- All outreach sessions to follow staggered approach 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 space to practice social distancing (at least 1 meter).
- Various 'session' approaches to be adopted in all districts for immunization services.

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 surgical mask & gloves and should frequently sanitize their hands with soap.
- Support staff to manage seating arrangement, queue management etc. for the pregnant women and care givers.
- Hand washing units for public use at the entrance to the health facility may be ensured.
- 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.

VHNDs/UHNDs/ Outreach Immunization:

We have to review the existing plan and approach for multiple *small sessions* in missed areas through a catch-up approach and initiate VHND/UHND/RI sessions as per micro-plan. Special effort should be given to immunize the drop-outs who missed their due vaccines in the last one month.

Since the district categorization and containment and buffer zone categorization for COVID cases may change, the strategy for planning the immunization sessions will also change accordingly.

Funds for additional sessions may be utilized from available routine immunization funds.

Session Organization:

- 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. The session may be started by 10 am and to be continued upto 5 pm or till completion of vaccination of beneficiaries, whichever is earlier.
 - Additional doses of reconstituted vaccines to be procured from GOI and supplied for staggered sessions.
 - **Identify Alternate Session Sites:** In addition to the AWW centre and in case of space constraints to maintain social/ physical distancing, Schools, Panchayat Ghars, community centers etc. may be explored as alternate sites.
- Break-up Session:** One village session is divided into two sessions to reduce crowding, if staggered approach does not suffice.
- Additional session:** may 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.
- Immunization services through mobile teams:** Mobile team approach can be considered *for* identified hard to reach areas (HRA).

Key components of a VHND/UHND/RI session:

- Beneficiary Mobilization with precautionary measures:**
 - Based on the agreed hourly slot, ASHA, AWW, HHW etc. should mobilize the beneficiaries/ family of beneficiaries by phone at least one day prior to the session.
 - On session day, ASHA, AWW and HHW etc. will mobilize beneficiaries as per hourly plan while taking due precautions of social distancing and hand and respiratory hygiene and using homemade cloth mask during house visit.
 - Request for only one caregiver to accompany 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 from Fever Clinic centre as per existing guidelines related of COVID-19.

B. Session Site:

- ANM should wash hands with soap and water for at least 40 seconds before start of session and frequently sanitize hands with an alcohol based sanitizer/ soap.
- Adequate arrangement for soap and water and other necessary equipment
- ANM should wear a mask and gloves.
- All care givers should be advised to use homemade cloth mask during their visit to the session site.

C. 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 minutes waiting period may be used for group counselling and avoid individual counselling. Provide key preventive messages related to COVID-19 such as use of mask, hand and respiratory hygiene, nutrition of pregnant women, lactating mothers, breastfeeding etc.

D. After the session: After all the beneficiaries are gone, the site should be properly cleaned (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.

Other Related Components:

- Continuance of VPD surveillance will be ensured.
- Availability and distribution of Family planning commodities, ORS, Zn tabs supplementation of age appropriate IFA and Vitamin-A will be ensured.

You are requested to take necessary steps in this regard immediately.



Dr. Saumitra Mohan, IAS
Mission Director (NHM), Commissioner (FW)
& Secretary to the Government of West Bengal

Memo No: H/SFWB/23M-01-2020/322(46)/1(112)

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Copy forwarded for kind information please to:

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