

Immunization in the context of the SARS-COV2 (COVID-19) pandemic

Operational guidelines for National Immunization Programs in the WHO African Region

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Objectives:

These guidelines are intended to operationalize the global guidance on immunization during COVID-19 pandemic in the African Region and attempt to outline the key principles and the recommended activities for National Immunization Programs (NIP) to mitigate the risks posed by the COVID-19 pandemic. These guidelines will be regularly revised and updated as the epidemiological situation of COVID-19 evolves. The guidelines are expected to be used by NIP, local partners, and stakeholders involved in the planning, implementation and monitoring & evaluation of immunization and vaccine preventable disease control programs.

Introduction:

Despite the immense progress made in the WHO African Region in immunization coverage and in introducing new vaccines since 2000, the Regional routine immunization (RI) coverage has been plateauing since 2009. This challenge of coverage stagnation is evident across all the primary antigens, with the exception of the newer vaccines (pneumococcal vaccine, rotavirus vaccine, MCV2, Meningococcal conjugate A vaccine, etc).

Stagnation in coverage is attributable to multiple causes: i) infrequent and irregular provision of immunization services ii) the inability to adequately vaccinate increasing numbers of children especially in countries with large annual birth cohorts, iii) failure to implement effective outreach services in poorly served urban, peri-urban and rural communities, iv), insufficient human and financial resources dedicated to the provision of immunization services, v) political and social instability, insurgencies, complex humanitarian emergencies and natural disasters, among others.

High rates of population growth, increasing levels of migration from rural into urban centers, the decline in national revenues, as well as multiple developmental priorities are all factors that influence the ability of NIP to deliver high quality immunization services. The gaps in routine immunization coverage has contributed to the recent resurgence of measles and VDPV2 outbreaks in many countries across the Region.

In order to address the immunity gaps and to reach unvaccinated children, countries organize periodic supplementary immunization activities (SIAs) aiming to vaccinate previously unreached populations. Despite the significant improvements in reducing disease burden and mortality from measles, yellow fever (YF) and meningitis, there is still a high risk of outbreaks of vaccine preventable diseases in the African Region, and the gains remain fragile. Repeated and prolonged delays in implementing scheduled preventive SIAs have also significantly contributed to measles outbreaks across the Region. Chad, Madagascar, Central African Republic (CAR) and DR Congo have recently experienced large and explosive measles outbreaks.

The anticipated impact of COVID-19 outbreak on immunization and VPD control initiatives:

Since the first cases of SARS-COV2 (COVID-19) were detected in December 2019, the outbreak has expanded globally and has now affected almost all countries in the African Region. The COVID-19 outbreak poses a significant additional risk that will cause further disruptions to all essential health services including immunization. A similar disruption of preventive and curative services (including immunization and surveillance activities) occurred in Liberia, Sierra Leone and Guinea during the Ebola Virus Disease (EVD) outbreak of 2014 – 2015, and it was followed by prolonged and recurrent measles outbreaks in all three countries.

With the COVID-19 pandemic and the response organised to address it, the health care delivery system will most likely be overwhelmed, and public health resources will be diverted to address the COVID-19 pandemic. When health systems are overwhelmed, both direct mortality from the outbreak and indirect mortality from vaccine-preventable and treatable conditions are likely to increase dramatically. Countries will need to balance the demands of responding directly to COVID-19, while simultaneously engaging in strategic planning and coordinated action to maintain the delivery of essential health services, including immunization, and mitigating the risk of system collapse.

Member States are presently scaling up their response to COVID-19. The attention of public health leaders, and political leaders has been diverted towards the response against the COVID-19 pandemic. Health staff are being repurposed for COVID-19 response leaving less time and committed human resources for providing other essential health services. Travel restrictions limit the movement of health workers as well as the distribution of bundled vaccines. In addition, there is a decrease in the operational presence of partners and NGOs on the ground, removing critical technical assistance to ministries of health and NIP. Some of the COVID response measures may ignite feelings of mistrust, stigmatisation, etc. that need to be understood and taken into account when planning interventions.

The cumulative impact of the interruptions and disruptions to immunization and VPD surveillance will be determined by the duration of the COVID outbreak and the extent of disruption of essential activities, as well as the speed and extent of recovery efforts post-COVID. In the short term, a sharp reduction in monthly routine immunization administrative coverage is expected as fewer children are vaccinated, along with likely occurrence of vaccine preventable disease (VPD) outbreaks. If sustained, this may lead to significant resurgence of vaccine preventable diseases, and a reversal of the gains in VPD control attained in the last 2 decades. It is critical for countries to put in place measures to address these anticipated impacts of the COVID outbreak.

The global guidance on essential services and on immunization during the COVID outbreak:

WHO has issued an “Operational guidance for maintaining essential health services during the COVID-19 outbreak”¹. The document provides recommendations to assist countries with maintaining availability of essential health services at the national, regional, and local level in the context of the COVID-19 pandemic.

In addition, the WHO interim guidance document titled “Guiding principles for immunization activities during the COVID-19 pandemic”² underscores the following points:

- 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,
- VPD surveillance should be maintained and reinforced in conjunction with efforts to implement COVID-19 surveillance
- If provision of immunization services is negatively impacted by COVID-19, countries will need to design strategies for catch-up vaccination for the period post COVID-19 outbreak
- mass vaccination campaigns should be temporarily suspended.
- The conduct of outbreak response mass vaccination campaigns will require a careful risk-benefit analysis on a case-by-case basis

The WHO African Regional operational guidance on immunization in the context of the COVID outbreak:

Operational aspects to consider:

The COVID-19 pandemic has expanded rapidly and is forcing Member States to introduce restrictions to limit population movement and further transmission of SARS-COV2. The extent of the restrictions will change as we learn more about the best approaches to address the COVID-19 pandemic. Accordingly, there is a need for a dynamic and flexible guidance to maintain the immunization program, which can change as the COVID outbreak evolves. WHO AFRO has developed this operational guide, which is aligned to the global guidance, to assist Member States to mitigate the risks for the immunization program. The operational guide is based upon the following basic public health measures as a guiding principle:

¹<https://www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak>

² https://apps.who.int/iris/bitstream/handle/10665/331590/WHO-2019-nCoV-immunization_services-2020.1-eng.pdf?ua=1

- quantifying and qualifying the risks for VPD outbreaks
- ensuring continuity of routine immunization services, with the necessary IPC and distancing precautions, in a manner that does not promote possible COVID transmission
- as much as possible, conducting real-time monitoring of vaccine stock levels, as well as the delivery and utilization of immunization services
- temporarily suspending field activities related to new vaccine introduction and preventive SIAs
- scaling up disease surveillance and outbreak investigation
- developing plans that are flexible enough according to the phase of COVID-19 pandemic in the country in order to assure that identified VPD outbreak risks are mitigated within the primary health care context
- developing preparedness and response plans to timely respond to VPD outbreaks
- developing plans and secure resources to implement intensified immunization interventions, and to speed up preparations to implement postponed SIAs once the COVID-19 risk is reduced
- ensuring continuity of planning for preventive SIAs scheduled in the next 24 months

Recommended activities for national immunization programs:

WHO recommends the following detailed and complementary activities as a menu of options for Member States to consider. The activities to implement may depend on the phase of the COVID outbreak, and the extent of the response activities. For instance, countries under total lockdown may not be able to fully implement routine services in all sites, and so they may opt to preemptively scale up routine services before the announcement of total lockdown or to scale-up immediately following the end of a period of lockdown.

1. Coordination:

- Identify designated focal points for immunization services to be members of the COVID-19 Incident Management Teams at national and subnational levels.
- Identify a country-specific list of priority essential health services, including immunization and VPD control activities
- Establish national protocols to govern and protect the continuity in essential health services including immunization
- The focal points are expected to ensure that priority is given to the provision of routine immunization services throughout the period of the response to the COVID-19 pandemic, and immediately thereafter.
- ensure that immunization program funds (operational funds, funds for the purchase of vaccines or for co-financing purposes) are safeguarded, and not diverted towards other needs
- Mobilise resources from various donors and partners to support immunization activities

II. Vaccine supply and cold chain logistics

- Determine the current status and continue to regularly monitor the national and subnational stock levels of all types of vaccines and devices
- Forecast and monitor immediate needs of bundled vaccines, and the needs for the coming 12 months
- Make early arrangements to resupply and deliver necessary stocks of vaccines and devices to all stockage levels, considering the cold chain space available, and the significant anticipated time lag for international shipment in the current context of the COVID-19 pandemic
- continue to monitor the quality of available stocks of vaccine – temperature records, VVM indicators, expiry dates

III. Technical guidance:

- Develop and provide written guidance and administrative/ technical support to the district level to ensure that routine immunization activities are not interrupted
- Ensure that clinicians understand and support the demand for routine immunization services, and strengthen the linkage between clinical and preventive services
- In health facilities, provide guidance and avail resources at the immunization service delivery sites, to ensure the implementation of Infection prevention and control (IPC) measures, including hand hygiene, the use of personal protective equipment (PPE) and distancing as per the national COVID-19 response guidelines
- Provide bridging training and micro-learning opportunities to immunization staff on the following topics: the COVID-19 pandemic, VPD risk assessment, innovative planning of interventions to mitigate risks:
 - utilise web-based platforms (eg., webinars), online courses, teleconferencing facilities, WhatsApp messaging platforms, etc..

IV. Social and behavioural change communication:

- understand the key drivers affecting demand for and uptake of health services, including immunization in different settings, focusing on the most vulnerable population.
- Systematically include communities in the development and monitoring of vaccination services (RED/REC)
- Develop, implement and monitor tailored interventions to suit the specific needs of vulnerable populations (urban and peri-urban populations, undocumented settlers, IDPs, migrants, etc.)
- Enhance community feedback mechanisms to inform communications messaging

- Track rumours linking immunization to COVID-19 and reinforce existing risk communication mechanisms
- Provide clear communication and information to the public on the COVID-19 pandemic and precautionary measures
- continue to provide clear information and reassurance to the public about the safety and continuity of preventive health services, especially timely immunization services
- address any concerns related to the stigmatization of health workers, COVID patients, survivors and their families
- as part of the implementation of the RED approach, continue to engage the community in planning immunization activities, especially outreach and mobile services where indicated
- provide health education about physical distancing and respiratory etiquette for all caretakers bringing children to health facilities

V. *Risk assessment and disease surveillance*

- Conduct updated risk assessment exercises for measles, meningitis, polio, yellow fever and other VPDs using the latest data and standardized tools
- Build on the expansion of COVID-19 surveillance by integrating with integrated disease surveillance, case-based surveillance with lab confirmation and investigation of outbreaks in order to rapidly identify, characterise and manage outbreaks
- Identify programmatic gaps resulting in low coverage, geographic areas and populations at risk
- Develop specific plans to mitigate the identified risks

VI. *Planning interventions*

- conduct a quick inventory of vaccines and devices, as well as stocks of Vitamin A and other inputs at national and subnational levels to cover programmatic needs over the next 6-12 months
- consider the re-distribution of supplies (vaccines, devices, cold chain equipment, etc.) as required to ensure continuity of vaccination services taking into account any restrictions on movement or transportation imposed by authorities
- preposition vaccines and supplies at sub-national hubs to be mobilized quickly for outbreak response activities
- ensure the availability of committed and trained human resources to provide continuity of immunization services
- Mobilize NGOs, CSOs, FBOs, the military, Red Cross/Crescent, and private sector health workforce capacity as required in order to ensure the continuity of immunization services

- Integrate high impact child survival interventions during service delivery (eg., Vit A and other micronutrient supplementation, deworming, immunization)
- Focus on minimizing missed opportunities- avail daily immunization services, link with curative services, respect outreach service schedules, etc

VII. Implementation of service delivery

- Develop and disseminate IPC protocols for use during immunization service delivery
- Procure and distribute personal protective equipment (PPE) and IPC supplies to health facilities at the operational level - face mask, surgical/medical hand gloves and hand sanitizers to all frontline health workers providing services at health facilities.
- Ensure that health facilities have regular water supply and soap for handwashing
- Limit the number of caregivers present at an immunization visit
- Avoid crowding at service delivery sites, by increasing the number of days of service delivery, integrating immunization service delivery with visits for preventive services, implementing measures of physical distancing (limiting number of people in room, having people wait for services outside), etc.
- conduct immunisation activities in well ventilated areas
- Ensure that surfaces (eg., tables, chairs, couches and other equipment) in health facilities are decontaminated at least three times in a day using 0.1% sodium hypochlorite solution.
- Ensure all immunization waste are properly disposed into safety boxes. Completed safety boxes and other medical waste should be properly disposed of at designated disposal site.
- Implement strict triage for symptoms suggestive of COVID-19 (based on national standards) at the entrance to immunization service delivery facilities and sites
- Continue daily routine immunization sessions at fixed posts and in outreach sites
 - consider provision of tailored services depending on the geographic area, target population,
- Ensure that persons with respiratory symptoms are given an appointment to return for their vaccination after the symptoms resolve.
- Be flexible and prepared to modify immunization service delivery as needed (eg., the hours or days of service delivery, fixed vs mobile services, demand creation, addressing rumors and misconceptions, etc.)

VIII. Conduct outbreak response vaccination

- Track epidemiological susceptibility, risk levels for outbreaks as well as disease trends
- Identify populations and geographic areas at highest risk and implement activities to strengthen routine immunization service delivery, surveillance and case management
- prioritise the collection of surveillance specimens from high risk areas for lab confirmatory testing

- Involve local community leaders, NGOs, Civil society organization, Faith based organisations as well as other stakeholders in the planning and implementation of outbreak response activities
- Coordinate activities with the local COVID response teams
- Plan and implement VPD outbreak response activities, including mass vaccination response in a targeted manner weighing the COVID-19 situation against the extent of VPD transmission, and with the inclusion of appropriate IPC and distancing measures
- Provide the necessary IPC materials to health workers involved in the mass vaccination efforts
- Ensure that communications, logistics and monitoring activities are very well in place to optimize the outbreak response vaccination service delivery and utilization

IX. Monitoring

- Document the impact of COVID-19 on the immunization program by identifying challenges and obstacles encountered that limit provision and utilisation of immunization services
- Monitor the quality of service delivery, turnout of clients, projected coverage, vaccine and syringe stock levels and usage, quantities that expire
- Track defaulters and children missing scheduled antigens for necessary follow-up
- Monitor the occurrence of AEFIs to determine any changes in the context COVID-19
- Monitor the number of sessions, including outreach, cancelled due to the COVID-19 situation or logistic supplies shortages
- Document the lessons learnt to address the risks, overcome the challenges and ensure continuity of service
- Monitor the doses provided, populations reached, and the program gaps
- Monitor health workers and population attitudes, perceptions as well as demand for immunization services
- Make use of text messaging and social media platforms, as well as telephone calls and other means to conduct monitoring activities, since supervisory visits may be limited under the circumstances
- Utilize the information to respond timely to community concerns, tailoring social mobilization and service delivery approaches

Planning for the post-COVID phase:

Considering the potential impact of disruptions to the immunization program and the risks for VPD outbreaks, Member States will need to develop alternative plans to implement more intensive immunization activities at the end of the COVID-19 pandemic. Planning activities for immunization activities should not be suspended or delayed to the extent possible. This approach will facilitate and accelerate the implementation of time-sensitive interventions that had been suspended such as SIAs and PIRI activities once the COVID-19 pandemic subsides. Thus the planning for the post-COVID-19 period should begin as soon as possible.

- Develop a roadmap for phased implementation of immunization strategies that have been disrupted / interrupted as a result of the COVID-19 pandemic, with a view to kickstart major interventions (eg preventive SIAs) as soon as possible, once the SARS-COV2 transmission declines
- Consider integration of immunization activities with COVID-19 response efforts in order to leverage available resources
- Review and update microplans to reflect the post-COVID situation and needs, especially if services were disrupted for an extended period of time
- Develop plans to scale up routine immunization service delivery, including setting up additional static and/ or outreach service delivery sites, conducting periodic intensified routine immunisation service delivery (PIRI) activities, in order to catch-up on due doses and missed antigens for all eligible infants and children
- Use teleconferencing and remote technical assistance to develop and finalise plans for scheduled SIAs and new vaccine introductions, including Gavi proposals for submission by the deadlines

The role and expectations from partner agencies in implementing the recommendations

Recognizing that national and subnational immunization staff may be repurposed towards COVID-19 response, partner agency staff are expected to continue to monitor the situation of COVID-19 and its impact on the immunization program. In addition, depending on the epidemiological context and the phase of COVID-19 response, partners should assist in the planning and implementation of interventions to mitigate the risks of VPD outbreaks. Partner agencies can support in the advocacy and the mobilization of resources to implement these essential services. The availability of web-based tools can help in organising staff training as well as collaborative planning and monitoring work as required.