

Immunization and vaccination of children during current COVID-19 pandemic: Impact and recommendation guidelines for India

Considering protection from vaccine-preventable diseases (VPDs) as a child's basic right and also need of society, vaccination service resumption amid this Coronavirus disease-2019 (COVID-19) pandemic is a priority.

Global Impact on Childhood Vaccination Services

One of the less-publicized consequences of the pandemic is the impact on the delivery of important health services of globally adopted childhood vaccination services.^[1] Lessons from the previous disease outbreaks well established about the health system crippling. Particular attention is required for the continuation and delivery of this essential health care for a specific population group, with ensured safety of health care workers.^[2]

United Nations Children's Fund (UNICEF), Chief Dr. Robin Nandy highlighted fact that COVID-19 is already stretching the capacity of the healthcare system everywhere and it may become more exaggerated when it hit low-income countries and with disruptions in immunization services, the ultimate outcomes of millions of children may hang in balance.^[3] WHO has released various guidelines [Table 1],^[4] and operational guidance documents for maintaining essential health services.^[5]

Indian Scenario

India was progressing well towards the sustainable development goal of bringing Infant mortality rate before this. But now, missing out essential vaccines could lead to resurgence of

Table 1: Recommended guidelines by WHO in European regions for immunization programmes during the COVID-19 pandemic^[4]

1. Follow the existing guidelines on COVID-19 infection prevention measures during immunization sessions. Relevant programmatic considerations in limiting risk of SARS-CoV-2 transmission during vaccination are also provided in other documents.
2. Prioritize primary series vaccinations especially for measles-rubella- or poliomyelitis-containing vaccines and other combination vaccines.
3. Avoid mass vaccination campaigns until the COVID-19 situation resolves.
4. Vaccinate newborns (as per the national immunization schedule) in maternity hospitals.
5. Prioritize pneumococcal and seasonal influenza vaccines for the vulnerable population groups.
6. Delay introduction of any new vaccine/s in the national immunization schedule.
7. Communicate clearly to the community and healthcare professionals the rationale for inclusion of immunization as one of the priority health services during the COVID-19 pandemic and the risks from Vaccine preventable deaths (VPDs) and benefits of vaccination.

potentially fatal childhood diseases. Ultimately, it will severely threaten and reverse the gains, India has made by immunizing children against VPDs.

Initially, whole country but currently only some states have halted immunization activities because of this pandemic. Especially in rural areas, most children receive essential vaccines through government outreach services using health care workers as Ashas, who are now engaged in Covid-19 surveillance with contact tracing. Urban areas are also having severely hampered health care delivery services. Ministry of Health and family welfare (MoHFW) mentioned that all health services are deemed essential and need to be functional soon across the country. On the basis of WHO guidelines, MoHFW issued a 'Guidance Note' on April 14, 2020 on continuation of essential services. Key principles and guidelines which have to be followed are summarized in Table 2.^[6]

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Conflicts of interest

There are no conflicts of interest.

Table 2: Recommended key principles and guidelines by MoHFW, India for immunization services in children (including pregnant women) during the COVID-19 pandemic^[6]

Key Principles	<ol style="list-style-type: none"> 1. Guidelines from Ministry of Home affairs (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.
Recommendation Guidelines	<ol style="list-style-type: none"> 1. Birth doses for institutional deliveries to continue uninterrupted as these beneficiaries are already in the health facilities. 2. Immunization services are to be provided at facilities wherever feasible, for walk-in beneficiaries. 3. Every opportunity is to be utilized for vaccinating beneficiaries if they have already reported at facilities. Subsequent vaccination could be provided at SHC or in additional outreach sessions. 4. Where essential services are operational and restrictions allow, fixed site vaccination and VPD surveillance should be implemented while maintaining physical distancing measures and taking appropriate infection control precautions. 5. Delivery of immunization services through outreach must be assessed in local context and should be undertaken only if safety of health workers and community is not compromised. 6. Catch-up vaccination should be conducted as soon as the restriction is eased. This will require tracking and follow-up with individuals who missed vaccinations. 7. Mass vaccinations should be avoided in areas where restrictions are in place.

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