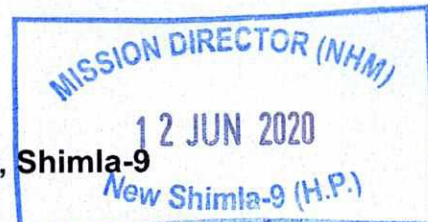




National Health Mission  
SDA Complex, Kasumpti, Shimla-9  
Himachal Pradesh

Dated: Shimla-171009, the June 2020



**Detailed Guidelines for Immunization Services for pregnant women and children during COVID-19 pandemic in continuation to previous guidelines issued vide this office dated 28/04/2020**

**1. Updating of due list through headcount survey:**

- It should be ensured that the head count survey form is filled up during door-to-door survey immediately after lockdown is relaxed.
- All concerned health workers should be trained expeditiously (through video conferencing/online trainings) regarding Immunisation related activities during and post COVID-19 pandemic. The Peripheral Health Institution In-charge should be responsible for coordinating the training activities.
- The updation of due list of such beneficiaries by ASHAs may be ensured who have been deprived of immunisation during COVID-19 lockdown or are due for immunisation.
- The list of such unimmunized beneficiaries may be updated by carrying out house to house survey and side by side the immunisation of migratory families be ensured for their left out doses as per immunisation schedule before they again migrate to other place.

**2. Updation of master list of areas and list of high risk areas:**

- There might be instances where a particular institution which was conducting fixed immunization sessions has been notified as a DCHC/DCH. The beneficiaries who were mapped to such institutions should be shifted and mapped to the immunisation site in other nearby institutions and Immunization Micro Plan Form-1 should be updated regularly and clearly.



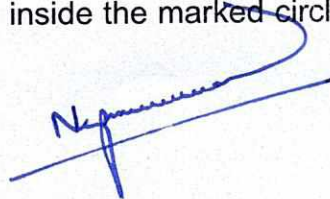
- Due to COVID-19 if there has been an increase in the arrival of migrating families in any area, update the list of beneficiaries and the Immunization micro plan with the coordination of local public representatives, ASHAs and district administration.

### 3. **Organising Immunisation session by creating an action plan:**

- The latest information about the Containment Zones and Buffer Zones can be seen on website ([www.nrhmhp.gov.in](http://www.nrhmhp.gov.in)). The above information should be accessed by the block level team and ANM on daily basis. Use Whatsapp group to quickly share this information.
- Plan your sessions keeping in view the previous guidelines already issued vide this office dated 28/04/2020. Presently, no immunization sessions are to be held in the containment and buffer zones, However birth dose immunisation at Health facilities continues across the state irrespective of zones category. With the help of Institution in-charge, estimate the number of catch up sessions required on the basis of beneficiary load and accordingly fixed/outreach sessions should be planned and organized in those areas which are currently listed as containment zone but shall be delisted in due course.
- On need basis, additional vaccinators such as retired ANMs, staff nurses and other appropriate personnel should be identified and deployed for immunisation as per micro plan.

### 4. **Calling of beneficiaries at the venue of session site:**

- Before each immunisation session, all the targeted beneficiaries should be informed by ASHA / ANM about the venue and time of the immunization session and the beneficiaries should be informed to come to the session site as per a fixed time table (based on one hour slot) in a staggered approach, so that under no circumstances more than 5 beneficiaries be gathered at a time. Beside this, circular marks/signages be marked at a distance of 1-1.5 meter at session site and beneficiaries may be asked to wait for their turns inside the marked circle for the respect of social distance.

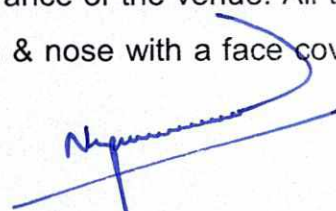




- ASHA should request that only with one caretaker (age should be less than 60 years) shall accompany the beneficiary at the venue.
- To increase confidence in the community about immunization, ASHA workers should inform about the benefits of immunization and share information with the general public about the role & benefits of immunization for prevention of Vaccine Preventable Diseases.
- Any beneficiary (child/pregnant woman) or caregiver who has flu-related symptoms such as fever, cough or difficulty in breathing should be requested not to come at session site and may be advised to follow the instructions related to COVID-19 and avail the health services accordingly.
- All the staff involved in immunization activities may be trained to screen the beneficiaries for flu like symptoms.

#### **5. Preparation at session site/venue:**

- The appropriate session venue (Panchayat Bhawan/ Anganwadi Center/ School) should be selected for organizing the immunisation session. Identify a ventilated room at the centre that can be used for conducting immunisation session.
- Those sites which have been used as quarantine centres for COVID-19 in the past can be used for conducting immunisation sessions after due disinfection as per guidelines.
- For each session, divide all due children and pregnant mothers into hourly slots so that not more than 5 beneficiaries are allocated every hour.
- If the number of sessions is not sufficient in a staggered manner, divide the sessions (split one session into two) and add additional MPW / ANMs or mobile teams for conducting immunisation sessions.
- To wash the hands of the beneficiaries/caretakers who come to the session, arrange for soap and water/ sanitizer facility at the entrance of the venue. All the beneficiaries and care givers should cover their mouth & nose with a face cover



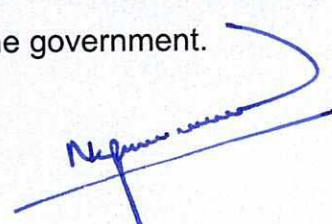


before the arrival at session site and all precaution regarding cough/respiratory etiquette be adhered to.

- ANM/vaccinator should wash their hands with soap for at least 20 seconds before start of session and should also clean their hands/ Sanitize before and after vaccinating each beneficiary during session. He/she should also wear a triple-layered mask and gloves.
- Safe injection technique should be adopted as per Immunization SOPs.
- After all the beneficiaries have left the session, the session location (tables, chairs, weighing machines and other equipment used during the session) should be cleaned properly and gloves and mask should be properly disposed as per the guidelines for COVID-19.

#### **6. Capacity building of health workers:**

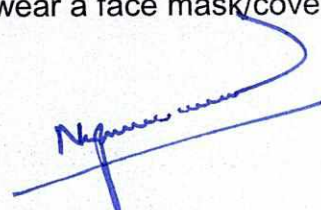
- During lockdown period and catch-up immunisation campaign, Identify alternate health staff who can provide immunization services during this period such as resident doctors of medical colleges, staff nurses, retired doctors/ANMs to conduct immunisation sessions. For mobilization and help, the services of voluntary organizations may be utilized by establishing proper coordination.
- Make a detailed action plan for capacity building during the lockdown period by using digital platforms for dissemination. If classroom training is to be imparted, it should be given at micro level so that training can be given in small groups following the rules of social distancing.
- Health workers should be regularly contacted to boost their morale and encourage them. Their good services should be publicized through social media and other means.
- Ensure that the payment of honorarium of ASHA and concerned person transporting vaccine is on time as per the policy of the government.





## 7. Cold-Chain and Vaccine Logistics:

- Cold-chain and vaccine logistic related activities should be continued by following the COVID-19 protocol.
- Since the OPDs & immunization services in dedicated COVID-19 health institutions (DCHC/DCH) in the state are temporarily suspended, **the costly UIP vaccines lying unspent in such hospital/institution since long may be shifted/issued to some other nearest cold chain depot for its proper use & to avoid its wastage.** The respective transactions done shall be updated on eVIN portal simultaneously.
- Cold-chain room should be cleaned with 1% hypochlorite solution and the vaccine is given to the concerned person who is transporting vaccine by wearing gloves and mask.
- Special care should be taken to control infection in the cold-chain room and before entering the room, it is necessary to remove the shoes / slippers and use separate pairs for inside use.
- Vaccine Carriers and ice-packs should be disinfected by thoroughly washing them with soap/detergent and water and then dried with clean cloth at cold chain point after each use.
- Use only conditioned ice packs inside the vaccine carrier for transportation of vaccine. The concerned person who is transporting vaccine should not be allowed to enter inside the Cold chain room. Cold Chain Handler should handover the vaccine carrier to concerned person transporting vaccine outside the cold chain room. Cold chain handler and concerned person transporting vaccine should hold/lift the vaccine carrier from strap only. Concerned person transporting vaccine should wash their hand with soap and water/ Sanitise before and after handling of the vaccine carrier and should wear a face mask/cover at all times.





- Open vial policy and EEFO/FIFO shall be followed by all cold chain points as per existing SOP.
- After the immunisation session, all the vaccines will be returned to the cold chain point on the same day and the immunization wastes generated at session site should be disposed of as per the guidelines.
- The vaccine carriers/cold boxes and ice packs that are being used to transport samples of COVID-19 testing must be earmarked permanently and issued to the concerned surveillance unit in proper documentation and **must not be used for the transportation of UIP vaccine** in any case.
- **The UIP Deep Freezers must not be used for preparing and storing of COVID-19 ice packs in any case.**
- Before placing a cold box in the vaccine van, the vaccine van must be cleaned from inside and outside properly.
- The health of all staff members involved under immunization activities should be constantly monitored for development of any flu/ILI symptoms.
- During collection and transport of vaccine from upper store to lower store, only incharge of concerned store shall accompany the driver of the vehicle with required documents following all COVID-19 protocol.
- **Vaccine shall not be transported in vehicles dedicated for transport of COVID-19 persons/samples.**
- The availability of mask and all other vaccine related logistic materials (AD syringes, MCP Cards, Hub Cutter, Red & Black plastic Bag, Zinc, IFA, ORS, Calcium etc.) should be ensured at every level in sufficient quantity.
- Additional doses of reconstituted vaccines to be supplied for staggered sessions.
- Availability of Adrenaline and other components of Anaphylaxis Kit should be reviewed and made available as per requirement.





**8. Review and Monitoring:**

- Review of progress should be done once a week by District Authorities in which the points of discussion should be recorded on the same day.
- In addition to the notified members of the District Task Force meeting, the representatives of other offices / voluntary organizations of the district can be considered on temporary basis.
- The review of action plan should be conducted immediately after its finalization at the Primary Health Centre level. The information obtained from house to house survey should be verified from Revenue records, shelter residents list, polio survey, ICDS survey etc.
- The review and monitoring framework shared in Annexure -"A" should be followed regularly as per given time schedule. The listed indicators should be closely tracked and reported.

**9. Other Guidelines:**

- All the staff related to Immunization shall mandatory install Aaroga Setu app on their mobiles for keeping track of COVID positive/quarantined persons and COVID related information.
- All immunisation services should be regularly updated on the RCH portal, HMIS portal, eVIN and NCCMIS.
- Immunization sessions should be supervised and documented on S4 app of NCCMIS by concerned supervisors during supervision.
- Due to the Lockdown related migration, it is likely that new families may have settled in rural areas, urban shelters, and other domestic camps. Ensure that MCP cards are given to such families.





- The updated House-to-house register, immunisation register and due list should be provided to all the ANMs. Special focus should be given for updation of formats. Also, the use of "ANMOL" should be 100 percent.
- Contingency planning at PHC level: ANM can be called for COVID - 19 activities on session days if emergency arises, hence the contingency mechanism of immunization staff for each PHC to be identified and mechanism of intimation to them should be developed before session and alternate person shall be arranged.
- Track the events of COVID-19 in the district closely: During this period, a plan for immunisation should be prepared for providing immunization services wherever the sessions can be held.
- In view of the possibility of an outbreak of Vaccine preventable diseases (measles, diphtheria, whooping cough, AFP etc.) related epidemics, the instructions may be issued to BMOs to intimate any suspected cases immediately in order to conduct quick outbreak activities.
- ANMs need to be re-orientated on the definition of full immunization coverage. Tell them that any child who has received 1 dose of BCG vaccine, 3 doses of Pentavalent, 3 doses of bOPV, 3 doses of RVV, 3 doses of PCV, 2 doses of fIPV & 1 dose of MR will be considered as fully immunized child (FIC) which is the major objective of Universal Immunization Programme.



*N. Sharma*  
12/6/20  
Special Secretary (Health) cum  
Mission Director, NHM  
Himachal Pradesh, Shimla – 9

Endst. No.: As above -3739

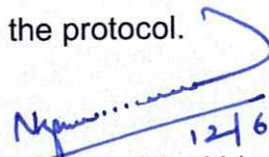
Dated Shimla-9 the June, 2020

Copy for information and necessary action to:

1. The Additional Chief Secretary (Health) to the Government of Himachal Pradesh.
2. All the Deputy Commissioners, Himachal Pradesh.
3. The Director Health Services, Himachal Pradesh.



4. The Director Ayurveda, Himachal Pradesh
5. All the Chief Medical Officers, in Himachal Pradesh.
6. All Principals, Government Medical Colleges, Himachal Pradesh
7. The State Surveillance Officer, Himachal Pradesh.
8. All the District Surveillance Officers under IDSP, Himachal Pradesh.
9. State Lead, IPE Global
- 10.State Immunisation Officer to ensure compliance to the protocol.

  
12/6/20  
Special Secretary (Health) cum  
Mission Director, NHM  
Himachal Pradesh, Shimla – 9



**Annexure A: Review and Monitoring Framework**

	<b>District Level</b>	<b>Facility level (Block/Sector)</b>
Members	CMO, DIO, BMO, Representative MOs etc.	Twice a Week
Mode	Remote, and In-person (where feasible, and with Physical distancing protocols followed)	Remote, and In-person (where feasible, and with Physical distancing protocols followed)
Agenda/ Responsibility	<ul style="list-style-type: none"> <li>• Change in containment areas</li> <li>• Transition planning to green scenario (only for red/orange districts)</li> <li>• VPD surveillance</li> <li>• Review of Immunization Coverage</li> <li>• Identification of additional human resources</li> <li>• Rewards &amp; Recognition</li> <li>• Communication activities</li> <li>• Trainings for HWs</li> <li>• Coordination with district administration</li> <li>• Disbursement of salaries/incentives</li> </ul>	<ul style="list-style-type: none"> <li>• Change in containment areas</li> <li>• House to House Surveys</li> <li>• VPD surveillance</li> <li>• Review of Immunization Coverage</li> <li>• Identification of Vaccine Hesitancy hotspots</li> <li>• Identification of additional human resources</li> <li>• Rewards &amp; Recognition</li> <li>• Communication activities</li> <li>• Trainings for HWs</li> <li>• Disbursement of salaries/incentives</li> </ul>
Indicators to Monitor	<ul style="list-style-type: none"> <li>• % of catch up sessions help as per plan</li> <li>• % of PHCs with completed microplans</li> <li>• % of alternate vaccinators/volunteers identified</li> <li>• % of drop out/left our beneficiaries immunized</li> <li>• Consumables availability %</li> <li>• DVS vaccine availability %</li> <li>• Date updating in HMIS/RCH/eVIN/NCCMIS etc.</li> <li>• VPD incidence</li> <li>• % of communication activities conducted as per plan</li> <li>• % of trainings completed as per plan</li> </ul>	<ul style="list-style-type: none"> <li>• % of catch up sessions help as per plan</li> <li>• % of SHCs with completed microplans</li> <li>• % of alternate vaccinators/volunteers identified</li> <li>• % of drop out/left our beneficiaries immunized</li> <li>• Consumables availability %</li> <li>• CCP vaccine availability %</li> <li>• Date updating in HMIS/RCH/eVIN/NCCMIS etc.</li> <li>• VPD incidence</li> <li>• % of communication activities conducted as per plan</li> <li>• % of trainings completed as per plan</li> </ul>