COVID-19 Vaccination: Building Global Capacity

Q&A for Session 09: Vaccination strategies for COVID-19 vaccination

Tuesday, April 06, 2021

Thank you for attending the above session for National, regional and global stakeholders. Many questions were submitted by participants, either in the Zoom chat during the session itself, or in the two Telegram channels managed by Technet-21 supporting regions, countries, and partners in preparing for COVID-19 vaccine introduction. In this document, we share the answers from presenters to each question.

Links to the session recordings in all languages and presentations can be found on the Project ECHO website.

More information on COVID-19 vaccine introduction can be found in the resources listed below.

- General questions regarding the COVID-19 vaccines
- Preparing for COVID-19 vaccination
- WHO Coronavirus disease (COVID-2019) technical guidance
- TechNet-21 – The Technical Network for Strengthening Immunization Services
- OpenWHO COVID-19 vaccine trainings:
  - Orientation to national deployment and vaccination planning for COVID-19 vaccines

In addition, TechNet-21 manages two Telegram channels supporting regions, countries, and partners in preparing for COVID-19 vaccine introduction. In these two spaces - one anglophone and one francophone - you will be able to share your experiences, discuss key questions, and connect with experts from around the world. We'll also share new information and global guidance as it becomes available. Join us today:

- COVID-19 Vaccine Introduction – TechNet-21 (English)
- Introduction des vaccins contre la Covid-19 – TechNet-21 (Français)

What are you planning to do to improve the capacity of health facilities in the face of the challenges indicated in your presentation (Uganda)?

The Ministry of Health has identified teams of trainers in all districts of the country. They are now conducting training of trainers who will then support the districts and lower health facilities in the mobilization activities for the vaccination.

On the issue of increasing capacity for NCD detection at primary care levels (especially diabetes, hypertension), this is a long-term health system improvement issue that has been included in the national NCD strategy.

According to the presentation about Uganda, HIV as a comorbidity doesn't increase the risk of severe form of COVID-19. Is it true regardless of the CD4 level?

The current data on COVID-19 and HIV does not indicate that people with HIV are at higher risk either developing severe disease (OR=0.6; p=0.068); or death (OR1.2; p=0.352). In fact, it shows that for severe disease, there is a protective effect (OR=0.6; p=0.068). At the moment, we do not have the data on disaggregation by CD4 counts but we the best evidence we have suggests that HIV is not a risk factor for severe disease. However, people with HIV related co-morbidities are covered under people with other co-morbidities as well as age.

There is a recent systematic review: https://pubmed.ncbi.nlm.nih.gov/33808066/

"PLHIV were not found to be at higher risk for adverse outcomes of COVID-19. Hence, in COVID-19 management, it appears that they can be treated the same way as HIV negative individuals. Nevertheless, as the pandemic situation is rapidly evolving, more evidence may be needed to arrive at definitive recommendations".

Why is it that people with asthma and HIV are less at risk to die from COVID-19, despite these conditions having more impact on the respiratory system than diabetes or hypertension?

Another recent review: https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(21)00095-3/fulltext

"The risk of severe COVID-19 in people with asthma is relatively small. People with COPD and interstitial lung disease appear to have a modestly increased risk of severe disease, but their risk of death from COVID-19 at the height of the epidemic was mostly far lower than the ordinary risk of death from any cause. Use of inhaled steroids might be associated with a modestly increased risk of severe COVID-19."

I wonder if it is advisable to follow up the children of mothers vaccinated during pregnancy because the data presented refer to the time of delivery.

You are correct, children of mothers who received a COVID-19 vaccination during pregnancy should be monitored to assess long-term outcomes for the children. Currently, the v-safe pregnancy registry will be following infants for 3 months and other CDC monitoring systems have plans to follow the infant to 12 months of age. There are other studies outside of CDC e.g., MothertoBaby, that are considering following children up to 5 years of age.

How to identify and mobilize these target population for vaccination? Especially with comorbidities and elderly, particularly in the Low and Middle Income Countries with fragile health systems?

From countries with a fragile health systems or fragile, conflict affected and vulnerable (FCV) countries, and where clusters are activated, we are seeing lots of innovative techniques being used by different countries. Many are using messaging campaigns to encourage target populations to register. Many settings are using electronic registration, which of course can allow easy registration but may exclude those who do not have mobile access.

Mass media campaigns are currently the best option. There is a need to conduct massive campaigns using all media channels especially those that are accessible to the local populations (Radio and community radios).

The messages should be clear, telling all people above the recommended age and all people with the specified comorbidities (specifically telling them that 'if you have ever been told by a health worker that you have disease X…') to visit the vaccination centers.
The messages need to specify why these people have been selected. If they are not told why they have been selected for vaccination and not the rest, it might cause vaccine hesitancy, which is a major challenge in our setting.

In some settings Health Care Facilities have been going through their register to see who may fit this criteria and using CHWs to reach out to populations and register. People with diabetes and hypertension are often registered in the Out Patient registers or special clinic registers. Health workers should formulate lists of all the people in their registers and work with Community Health Workers from the respective villages to contact them. That is the strategy that is being used in Uganda.

Of course, community mobilisation is key and use of community organisations (from any sector) with outreach to help identify target populations has been important. Indeed where the cluster is activated platforms such as for 'Communication with Communities' (which establish communication and feedback mechanism for populations receiving humanitarian response) have supported messaging. Furthermore, other community level organisations from other clusters / sectors are supporting e.g., Protection Cluster and actors can help identify and reach out to older populations etc, Camp Coordination and Camp Management cluster can help messaging for those living in settlements for IDPs etc.