Guidelines for holding immunization activities during COVID 19 pandemic in South Sudan.

Immunization remains one of the most cost effective and successful strategy globally in reducing the morbidity and mortality associated with the vaccine related diseases. However, during certain situations like the current COVID-19 pandemic, there is a risk of disruption to routine immunization activities due to burden on the health system as well as decreased demand for vaccination because of physical distancing requirements or community reluctance. The disruption of immunization services, even for brief periods, will result in building a cohort of unvaccinated children and women rendering them susceptible to outbreak of vaccine preventable diseases (VPDs) such as measles, tetanus etc. Such VPD outbreaks may result in increased morbidity and mortality among the vulnerable groups thereby further burdening the already stressed health systems.

Therefore, it is imperative to maintain continuity of immunization services wherever services can be conducted but under safe conditions. In the areas where there are no cases reported, and the government and the partners decide for the continuation of the vaccination activities, there is a need to spell out basic infection prevention and control measures (IPC) for ensuring the safety of the service providers as well as the beneficiaries. The current document is intended on providing some basic guidelines for the vaccination activities both during routine (fixed site, outreach and mobile vaccination) as well as SIAs.

Fixed Site Vaccination:

Fixed site immunization services should continue while maintaining crowd control based on the physical distancing measures guideline and appropriate infection control precautions, equipped with the necessary supplies for those precautions.

Do and don't during Immunization at fixed post

- Inform clients about physical distancing.
- Ensure physical distancing (about 1 meter apart) between clients.
- The crowd controller ensures proper flow of clients and physical distancing.
- Ensure proper ventilation of the vaccination room, open the window and the door.
- Give health talks with also information on the COVID 19 where possible.
- Observe proper Infection prevention and control (IPC).
- Clean the vaccination room, tables, chairs, and all other equipment with disinfectant (bleach) or soap and water every day before and after the vaccination sessions.
- Wash your hand after vaccinating each client before you proceed to the second or use hand sanitizer if available.
- Ask clients to stay in the waiting area; usually outside, under a tree or shade or verandah.
- Minimize physical contact with the client to the extent possible.
- Use medical masks to cover your mouth and nose during administering vaccines.
- Avoid touching your nose, mouth and eyes during the vaccination session to avoid risk of COVID 19 transmission.

Handwashing

- Every vaccination room need to have hand washing corner with water supply and soap. Where available alcohol based hand sanitizers need to be placed on the table. Hand hygiene is performed by washing hands with soap and water for at least 40-60 seconds or by rubbing with alcohol based solution for 20-30 seconds. It is important that between clients the vaccinator washes his/her hands.

Screening at the point of entry

Every fixed vaccination site needs to establish a screening corner at the entrance to the facility, supported by trained staff; institute the use of screening questionnaires according to the updated case definition. Screen and isolate all patients with suspected COVID-19 at first point of contact with health care; counsel and refer COVID-19 suspected cases to the respective section for further investigation or treatment (See Annex).

Outreach and mobile vaccinations:

Outreach and mobile vaccination sessions should continue as important platforms to bolster routine immunization. These strategies need strong coordination with community mobilization networks for community mobilization as well as planning and implementing safe vaccination sessions in the context of COVID-19 pandemic.

Similar to fixed site vaccination services, guidance for infection prevention must be observed. Physical distancing and crowd control measures must be implemented at all sessions. Vaccinators should exercise hand washing and use of protective devices.

Crowd Control

The crowd controller plays a significant role in the delivery of routine immunization services in the context of COVID 19 pandemic. The crowd controller must be available before the beginning of the vaccination session. He or she needs to advice clients to maintain physical distance of 1 meter/6 feet. The crowd controller need to communicate key risk communication messages and repeatedly disseminate them so that the social distance is maintained. The crowd controller is responsible to ensuring smooth flow of clients.

- For the fixed site vaccination sessions at the health facilities where two vaccinators are available, one vaccinator will perform vaccination while the other as crowd controller.
- For the outreach vaccination sessions, the social mobilizer in the area will team up with the vaccinator and after mobilizing the community, assist the session implementation as crowd controller, at the same time delivering IEC messages.
- During the mobile vaccination sessions, two vaccinators will work as crowd controllers while remaining two undertake service delivery.

Risk communication

The social mobilizers are expected to provide information on the current COVID 19 situation, ways to prevent it and reports any suspected case to health workers or call 6666 for immediate response. Health facility-based community mobilizer to ensure IEC materials are posted in all strategic visible areas at the vaccination site. It is important that health education sessions are given prior to routine immunization sessions with messages on the COVID-19 discussed to allay the fears of the caregivers and parents. In places where the social mobilisers also support as crowd controllers, they should follow the guidelines on physical distancing and other precautions on COVID-19.

Annex:

Suspect case:

A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath), and a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset;

OR B. A patient with any acute respiratory illness and having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to symptom onset;

OR C. A patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath; and requiring hospitalization) and in the absence of an alternative diagnosis that fully explains the clinical presentation.

Probable case:

A suspect case for whom testing for the COVID-19 virus is inconclusive.1 OR B. A suspect case for whom testing could not be performed for any reason.

Confirmed case:

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms

Contact:

A contact is a person who experienced any one of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case: 1. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes; 2. Direct physical contact with a probable or confirmed case; 3. Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment; 2OR 4. Other situations as indicated by local risk assessments. Note: for confirmed asymptomatic cases, the period of contact is measured as the 2 days before through the 14 days after the date on which the sample was taken which led to confirmation.