

## **Minutes of the National Immunization Technical Advisory Group (NITAG) Meeting**

Venue: Pema Hotel, Thimphu

Date: 21<sup>st</sup> April, 2020

Time: 2:00PM

### **Introduction**

The National Immunization Technical Advisory Group (NITAG) meeting was convened on 21<sup>st</sup> April, 2020 with an objective to discuss various strategies to sustain immunization services during the COVID-19 pandemic in Bhutan. Accordingly, NITAG has recommended appropriate strategies based on the current situation and in case of lock down in the country due to COVID-19 pandemic. The committee also discussed regarding adult Hepatitis B vaccination program and recommended accordingly. The meeting was chaired by the chairperson of the NITAG and attended by six members meeting the quorum.

#### **1. Vaccination Strategy during COVID-19 Pandemic in Bhutan**

The committee discussed and recommended appropriate strategies depending on the situation (current and in case of lockdown) to ensure uninterrupted immunization services during the COVID-19 pandemic in the country. The recommended strategies are enclosed herewith for immediate consideration by the VPD Program, DoPH, MoH.

#### **2. Adult Hepatitis B Vaccination Program in Bhutan**

The Vaccine Preventable Diseases Program (VPDP) reported that the current adult Hepatitis B vaccine has no Vaccine Vial Monitor (VVM) but health workers in various health centers across the country are practicing Open Vial Policy (OVP). The above vaccine is being directly procured by DoMSHI, MoH. In this regard, NITAG has discussed the matter and recommended VPD Program to ensure the following:

1. All vaccines should have Vaccine Vial Monitor (VVM)
2. Open Vial Policy (OVP) should be practiced only for vaccines with VVM
3. In consultation with DoMSHI, verify the current stock balance of the adult Hep B vaccine which is without VVM and accordingly advise the health workers on how to use the vaccines to minimize wastage as well as to ensure potency.

4. Procurement, storage and cold chain monitoring of all vaccines in the country to be preferably routed through VPDP, DoPH. However, if there is any direct procurement of vaccines by DoMSHI, VPDP should be involved for technical specification and DRA for lot release and cold chain monitoring.
5. Monitor cold chain and distribution system of all vaccines directly procured by DoMSHI
6. To carry out detail field assessment of adult Hep. B vaccination sessions in the health facilities

**Participants list:**

**I. Core members:**

1. Dr. Mimi Lhamu Mynak, Pediatrician, JDWNRH (Chair)
2. Dr. T.B Rai, Medical Specialist, RBA Hospital, Lungtenphu (member)
3. Mr. Sonam Dorji, Registrar General (RG), BMHC (member)
4. Mr. Kinga Jamphel, Drug Controller (DC), DRA (member)
5. Dr. Krishna Sharma, Pathologist, JDWNRH (member)
6. Mr. Thupten Tshering, Pharmacist, JDWNRH (member)
7. Mr. Tshewang Dorji Tamang, Program Analyst, VPDP, DoPH (secretariat)
8. Mr. Sangay Phuntsho, Sr. Program Officer, VPDP, DoPH (secretariat)

**II. Co-opt members:**

1. Dr. Indrani Chakma, Chief, HNW, UNICEF Country Office, Bhutan
2. Dr. Chandralal Mongar, Health Officer, UNICEF Country Office, Bhutan

## **Vaccination Strategy in the Context of COVID-19 Pandemic in Bhutan**

### **I. Background**

Bhutan has sustained high immunization coverage over the last 10 years and cases of vaccine preventable diseases are very low. However, the current global COVID-19 pandemic poses a risk of disturbance in the routine health care services including immunization services as a result of reduced vaccination demand because of physical distancing requirements. Disruption of immunization services during such times will result in increased number of susceptible individuals thereby leading to outbreak of vaccine preventable diseases such as measles. Such vaccine preventable disease outbreaks may result in increased morbidity and mortality in young infants and other vulnerable groups, which can cause greater burden on the already strained health system due to COVID-19. Immunization is a core health services that should be prioritized for the prevention of communicable diseases during the COVID-19 pandemic.

In view of the above, the National Immunization Technical Advisory Group (NITAG) recommends the following strategies to sustain routine immunization services during COVID-19 pandemic in Bhutan:

### **II. Present situation due to COVID-19 pandemic:**

1. Routine immunization services should be continued uninterrupted in the context of current COVID-19 situation
2. Ensure uninterrupted availability of vaccines and immunization supplies to last at least for one year
3. Each health facility should develop detail micro-plan\* for immunization that has to be implemented in the event of a lock down
4. Measures should be taken to ensure infection prevention by social distancing, hand washing, respiratory etiquette, frequent disinfection of areas and proper waste management
5. Ensure allocation of adequate budget for immunization services, procurement of vaccines and immunization supplies
6. Defer vaccination for COVID-19 positive or suspected cases until their quarantine or de-isolation period is over
7. COVID-19 risk communication strategy and action plan should include delivery of routine immunization services

8. Strengthen monitoring of Adverse Events Following Immunization (AEFIs) and Vaccine Preventable Diseases (VPDs) surveillance
9. Strengthen supportive supervision by the relevant technical staff from the central and district level
10. Explore and promote digital learning platforms to strengthen the capacity building of health workers
11. Recording and reporting of immunization activities should be continued

### **III. In case of LOCK DOWN due to COVID-19 pandemic:**

1. In the event of lockdown up to one month, the immunization services shall be temporarily suspended or deferred except for birth doses in case of institutional deliveries (BCG, Hep B & OPV0)
2. If the lockdown period extends beyond one month, a cluster vaccination session or health facility vaccination session shall be conducted for all vaccines in the routine immunization schedule as per the micro plan\*
3. No house to house vaccination or mass vaccination campaign will be conducted
4. Uninterrupted distribution of vaccines and immunization supplies at all level of health systems to be ensured
5. COVID-19 risk communication strategy and action plan should include messages on alternate delivery strategies of immunization services (eg. cluster vaccination, re-scheduled health facility vaccination) in the event of lockdown up to one month or continues beyond one month.

#### **\*Micro-plan should contain the following for both clustering outside the health facility and health center based vaccination:**

- a. Target population
- b. Vaccine requirement
- c. Cold chain equipment
- d. Social mobilization and communication
- e. Waste management plan
- f. Cluster plan based on the local context (rural, semi-urban and urban)
- g. Follow up of drop outs
- h. Service delivery plan (transportation, mobility of both service providers and end users)

- i. Venue for vaccination
- j. Human resource mobilization (where possible, redeployment of staff from less affected districts)
- k. Monitoring and Evaluation
- l. Budgetary requirement
- m. Schedule (clinic time for population of different locations, increasing the frequency of immunization sessions where feasible to reduce the number of children coming to clinic on the same day, etc.)

#### **IV. School based HPV Vaccination Program:**

- 1. As per the routine schedule, the first dose of HPV vaccine was due on April, 2020
- 2. The first dose of HPV vaccine should be given as soon as the school reopens and the second dose after six months
- 3. In case the schools do not reopen by end of May, 2020, the vaccination should be provided through cluster strategy in June, 2020. The second dose will be given in December, 2020

#### **V. Annual Flu Vaccination Program:**

- 1. Ensure availability of the Flu vaccine in time before the Flu season
- 2. The annual Flu vaccination should start by October, 2020
- 3. If the lock down continues, consider cluster vaccinations

#### **VI. Reference:**

- 1. *WHO Guidance Note on Immunization during COVID-19 Pandemic, 2020*
- 2. *WHO/UNICEF FAQ on COVID-19 and Immunization, 2020*