


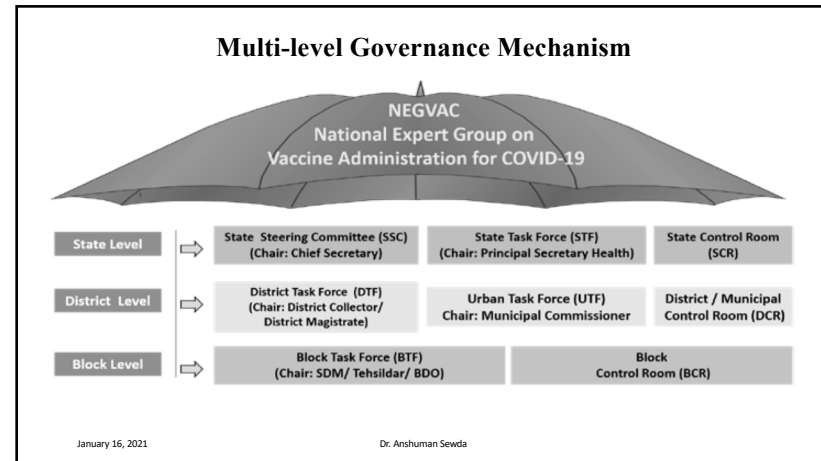
COVID-19 Vaccine Roll-Out Plans in India

January 16, 2021

Dr. Anshuman Sewda
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National Level

NEGVAC: National Expert Group on Vaccine Administration for COVID-19

- Chair: **Dr. VK Paul** (Niti Aayog member [health])
- Co-chairperson: Secretary, MoHFW
- Representation of Secretaries from:
 - Ministry of External Affairs
 - Department of Biotechnology
 - Department of Health Research
 - Department of Pharmaceuticals
 - Ministry of Electronics and Information Technology
- Director General Health Services
- Director of AIIMS New Delhi
- Director *National AIDS Research Institute* (NARI)
- Representatives from the *National Technical Advisory Group on Immunization* (NTAGI)
- Ministry of Finance
- Five State Governments representing all the regions in India

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NEGVAC aims to guide on all aspects of the COVID-19 vaccine introduction in India, including:

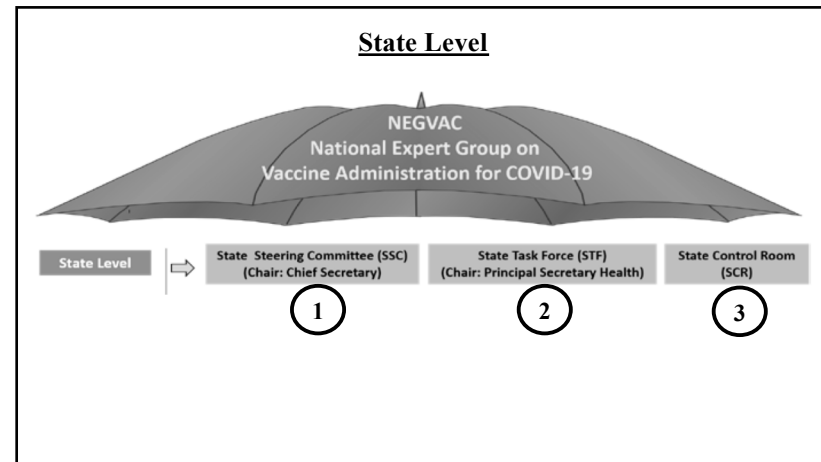
- Regulatory guidance on vaccine trials
- Vaccine selection
- Equitable distribution of vaccine
- Procurements
- Financing
- Delivery mechanisms
- Prioritization of population groups
- Vaccine safety surveillance
- Regional cooperation and assisting neighboring countries
- Communication & media response

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1. State Steering Committee: Structure *(meets at least once a month)*

Chairperson: Chief Secretary	Convener: Principal Secretary, Health
Members are the following Govt. Departments:	
<ul style="list-style-type: none"> Health, Women & Child Development (WCD) Rural Development & Panchayati Raj Municipal Corporations Urban Development Revenue department Home department Social Welfare Sports & Youth Affairs National Cadet Corps (NCC) Other relevant depts/representatives of central ministries/departments/agencies (Railways, Central paramilitary forces, defence establishments etc.) 	<ul style="list-style-type: none"> Nehru Yuva Kendra Sangathan (NYKS) National Service Scheme (NSS) Education Minority Affairs Information & Broadcasting Labor and Employment Transport Mining Tribal Affairs
Development Partners	
<ul style="list-style-type: none"> World Health Organization (WHO) United Nations Children's Fund (UNICEF) United Nations Development Programme (UNDP) Bill & Melinda Gates Foundation (BMGF) John Snow Inc (JSI) 	<ul style="list-style-type: none"> Clinton Health Access Initiative (CHAI) IPE Global Private Limited (IPE Global) Rotary International Lions Club International NGOs & civil society organization (CSOs)

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1. State Steering Committee: Activities

A. Preparatory phase

- Regularly monitor Co-WIN beneficiary database
- Provide guidance, funding and operational guidelines
- Provide timelines for district-level planning and implementation of COVID-19 vaccination drive
- Facilitate coordination among members and development partners
- Review state-wide cold chain preparedness and provide measures to scale up
- Identify vaccinators across government/private sectors to minimize disruption of routine immunization services
- Planning and mapping of vaccination sessions
- Mapping of human resources across departments that could be deployed for vaccination sessions for verification of beneficiaries, crowd management and overall coordination at the session site
- Communicate with District Magistrates to conduct meetings of the District Task Forces for Immunization (DTFI)
- Ensure that the District AEFI Committees are expanded, members are oriented on AEFI surveillance

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1. State Steering Committee: Activities

B. Implementation phase (upon the availability of the vaccine):

- Track district-level timeline adherence of overall COVID-19 vaccination implementation
- Deploy senior state-level health officials to each district for monitoring and ensuring accountability
- Develop a media plan to address rumor-mongering as well as vaccine eagerness
- Ensure adequate number of Information, Education, and Communication (IEC) materials for timely dissemination
- Involve youth organizations like NCC/NYKS/NSS for social mobilization
- Ensure the involvement of self-help groups
- Regularly evaluate with districts and urban local bodies to review and resolve issues related to microplanning, vaccines and logistics, human resource availability, training, waste management, AEFI and IEC, and behaviour change communication (BCC)
- Review and issue need-based fund approvals
- Ensure timely and expedited investigation of all AEFIs

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2. State Task Force: Structure *(meets at least once every fortnight)*

Chairperson: Additional Chief Secretary/Commissioner/Principal Secretary, Health	Member Secretary: State Immunization Officer (SIO)
Members:	
<ul style="list-style-type: none"> Mission Director, National Health Mission Other State-level implementing officers from the health department Key government departments: <ul style="list-style-type: none"> Urban development & local bodies Information and Public Relations Women & Child Development Integrated Child Development Services (ICDS) Panchayati Raj Institutions (PRI) AYUSH 	<ul style="list-style-type: none"> Representatives of Central Government Ministries Representatives of Institutions that have healthcare workers (HCWs) and frontline workers (FLWs) that need to be vaccinated Representatives of Institutions that can contribute to the vaccination process: <ul style="list-style-type: none"> ESIC hospitals and Railways Hospitals Defence Forces representatives CPSU hospitals Central Armed Forces personnel
Development Partners	
<ul style="list-style-type: none"> World Health Organization (WHO) United Nations Children's Fund (UNICEF) United Nations Development Programme (UNDP) Bill & Melinda Gates Foundation (BMGF) John Snow Inc (JSI) 	<ul style="list-style-type: none"> Clinton Health Access Initiative (CHAI) IPE Global Private Limited (IPE Global) Rotary International Lions Club International NGOs & civil society organization (CSOs)

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- Review and issue need-based fund approvals
- Ensure timely and expedited investigation of all AEFIs

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3. State Control Room Structure

Structure

- A state control room will be set up by the SEPIO (State Expanded Programme on Immunization Officer)
- Participants include, key officials responsible for Cold Chain and IEC/social mobilization, and development partners, including WHO, UNICEF, UNDP
- It will have a 24-by-7 telephone helpline

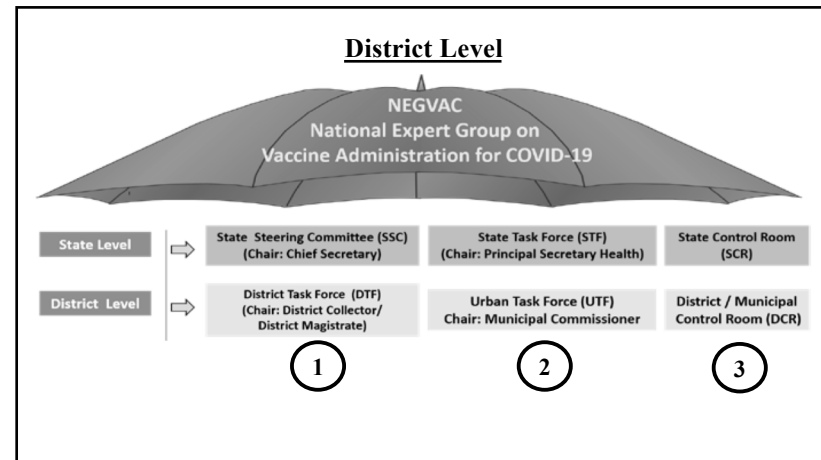
Activities

- Day-to-day planning especially mobilization of human and other resources (e.g., transport, inter-sectoral coordination, implementation/monitoring of activities during COVID-19 vaccination preparedness and roll out)
- Oversee to ensure inclusion of HCWs and FLWs belonging to Central Govt. Institutions in respective districts while planning sessions and session site allocations
- Establish a clear chain of command, communication system and accountability framework
- Control room will be linked to senior officers to take decisions and provide guidance to field level operations
- The control room will provide regular feedback to the State Steering Committee and STFI on the progress

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1. District Task Force (DTF): Structure *(meets weekly)*

Chairperson: District Magistrate	Member Secretary: District Immunization Officer
Members:	
<ul style="list-style-type: none"> • Chief Medical Officer (assigned responsibility) • Key Departments, including: <ul style="list-style-type: none"> • WCD, PRI, Urban Development • Cantonment boards, Sports & Youth Affairs • National Cadet Corps (NCC) • Nehru Yuva Kendra Sangathan (NYKS) • National Service Scheme (NSS) • Education, Social Welfare, Minority Affairs • Information & Broadcasting • Home, Revenue & Labor depts. • Railways, Mining, Tribal Affairs, Energy depts. 	<ul style="list-style-type: none"> • Representatives of Central Government Ministries • Representatives of Institutions that have healthcare workers (HCWs) and frontline workers (FLWs) that need to be vaccinated • Representatives of Institutions that can contribute to the vaccination process: <ul style="list-style-type: none"> • ESIC hospitals and Railways Hospitals • Defence Forces representatives • CPSU hospitals • Central Armed Forces personnel
Development Partners	
<ul style="list-style-type: none"> • World Health Organization (WHO) • United Nations Children's Fund (UNICEF) • United Nations Development Programme (UNDP) • Bill & Melinda Gates Foundation (BMGF) • John Snow Inc (JSI) 	<ul style="list-style-type: none"> • Clinton Health Access Initiative (CHAI) • IPE Global Private Limited (IPE Global) • Rotary International • Lions Club International • NGOs & civil society organization (CSOs)

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1. District Task Force: Activities

A. Preparatory phase

- Regularly monitor Co-WIN beneficiary database
- Ensure training of all concerned HR on Co-WIN
- Monitor progress on key activities (microplanning, communication planning, cold chain and vaccine logistics).
Accountability to be fixed for each activity at all levels
- Planning and mapping of vaccination sessions where HCWs, FLWs, and other priority groups
- Coordinate with members and development partners
- Identify vaccinators across government/private sectors to minimize disruption of routine immunization services
- Mapping of human resources across departments that could be deployed for vaccination sessions for verification of beneficiaries, crowd management and overall coordination at the session site

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1. Block Task Force (BTF): Structure *(meets weekly)*

Chairperson: Sub-Divisional magistrate/Tehsildar/Block Development Officer	Convenor: Block Medical Officer In-charge
Members:	
<ul style="list-style-type: none"> Government Departments: <ul style="list-style-type: none"> Block Development Officer Child Development Project Officer (CDPO) Block Education Officer Elected Representative of Block Panchayat 	<ul style="list-style-type: none"> Representative of youth organizations (NCC, NYKS, NSS) Representative of any other relevant departments like PWD, Animal Husbandry, NGOs, Power department officials
Development Partners	
<ul style="list-style-type: none"> World Health Organization (WHO) United Nations Children’s Fund (UNICEF) Other Partners, Community Based Organizations Local NGOs 	<ul style="list-style-type: none"> Rotary International Lions Club International Representatives from NGOs & CSOs subject to their presence at block level, local influencers and religious leaders

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1. Block Task Force: Activities

A. Preparatory phase

- Regularly monitor Co-WIN beneficiary database
- Ensure training of all concerned HR on Co-WIN
- Monitor progress on key activities (microplanning, communication planning, cold chain and vaccine logistics).
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- Planning and mapping of vaccination sessions where HCWs, FLWs, and other priority groups

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1. Block Task Force: Activities

B. Implementation phase (upon the availability of the vaccine):

- Monitor COVID-19 vaccine roll-out in the block; resolve bottlenecks
- Requisition of required human resource and infrastructure, including vehicles
- Ensure minimal disruption of other routine health services
- Ensure supervision of vaccination sessions being conducted for COVID-19 vaccine
- Robust communication planning at all levels to address rumor mongering and vaccine eagerness
- Ensure printing and dissemination of informative and educational materials
- Ensure adherence to key timelines
- Ensure timely disbursal of funds to ASHAs, Alternate vaccinators and alternate vaccine delivery (AVDs) persons
- Share key qualitative and quantitative feedback at district level for review

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2. Block Control Room

- A control room should be set up at the block level by the Medical Officer In charge, with participation of Block Program Officers, representatives from ICDS, education and other government departments, Block Cold Chain Officer including partner representatives
- Monitor preparedness and implementation in blocks/PHCs/urban areas on a day-to-day basis
- Give feedback to the District Control Room
- Collate, compile, analyze and report administrative coverages

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Roles of Development Partners

United Nations Development Programme (UNDP): Co-WIN System Development

- UNDP is leading the development of the Co-WIN system
- Co-WIN will allow beneficiary registration, session microplanning, real time reporting of vaccination and issuing of vaccination certificate to all beneficiaries who will be successfully vaccinated
- Co-WIN system will be linked to existing IT platforms being used in other vaccination programs:
 - Development of Co-WIN and its integration with eVIN and SAFEVAC
 - Support in registration of beneficiaries at the level of the identified central ministries as well as states
 - Assist in capacity building of managers, supervisor, and vaccinators to use the Co-WIN system
 - Support states, districts and blocks for microplanning, including cold chain and vaccine logistics planning
 - Review of COVID-19 vaccine microplans in priority blocks/urban areas
 - Reporting of vaccination coverages through Co-WIN; and
 - Attend regular debriefing meetings at planning unit and district level

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Roles of Development Partners

John Snow Inc (JSI)

- Support states, districts and blocks for microplanning, capacity building and monitoring in select districts with staff deployed; and
- Implement rapid immunization skills enhancement (RISE) platform for capacity building on COVID-19 vaccination

Bill and Melinda Gates Foundation (BMGF)

- Support operationalization of COVID-19 vaccination activities through staff in **Bihar** and **Uttar Pradesh** and supported projects in districts/blocks wherever deployed; and
- Facilitate engagement with large-subscriber base platforms including private health sector to augment community outreach and awareness generation

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Roles of Development Partners

Professional bodies, CSOs, NGOs, red cross, Rotary, lions international CLUBS etc.

Task forces at state and districts may proactively engage with these partners and assign roles to these agencies depending on their capacity and resources. The areas of support are:

- Support IEC activities with focus on addressing vaccine hesitancy and vaccine eagerness
- Advocacy with leading medical professionals at National/State/Districts level for positive messaging the COVID-19 vaccination
- Support media scanning across digital platforms to flag misinformation and rumors and countering the same effectively particularly those relating to “vaccine hesitency” and “vaccine eagerness”
- Participate in State, District and Block level Task Forces for overall support in planning and implementation of COVID-19 vaccination drive
- Facilitate identification of potential vaccinators working in health facilities being managed by CSOs / NGOs; and In consultation with Block and District Administration, support vaccination team at session site management and smooth flow of beneficiaries.

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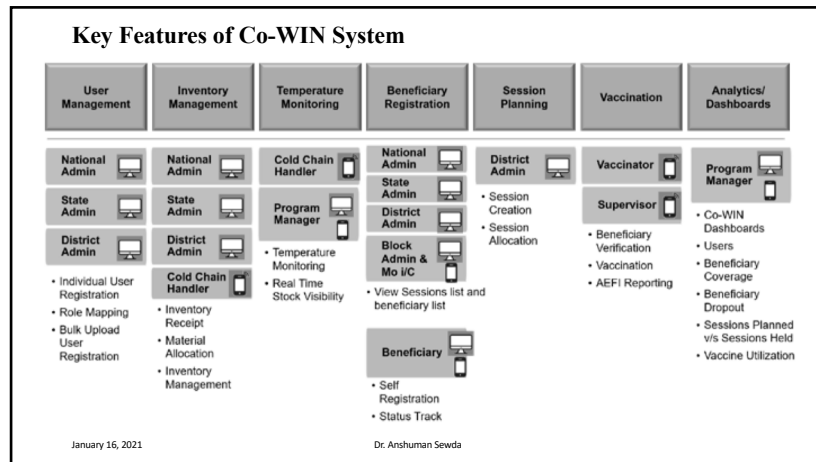
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CoVID-19 Vaccine Intelligence Network (Co-WIN): The Digital Platform

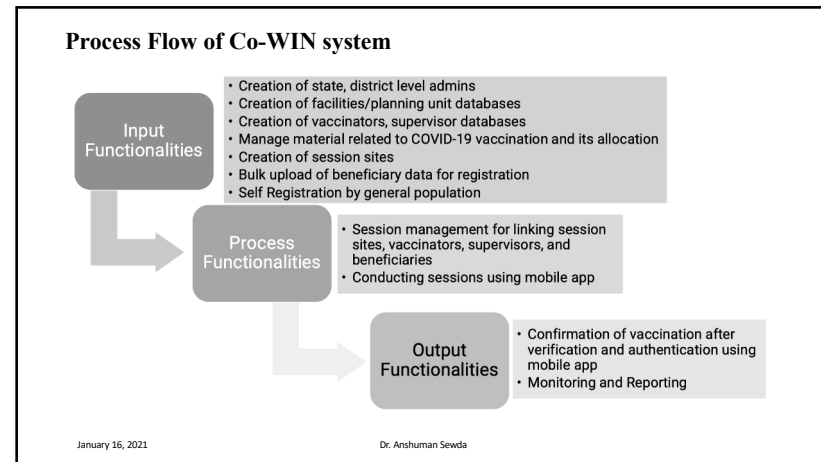
- Launching today; public registration will be available within a month

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Self-registration on Co-WIN

Providing basic demographic details

- Name
- Date of Birth
- Permanent/current address
- Co-morbidities

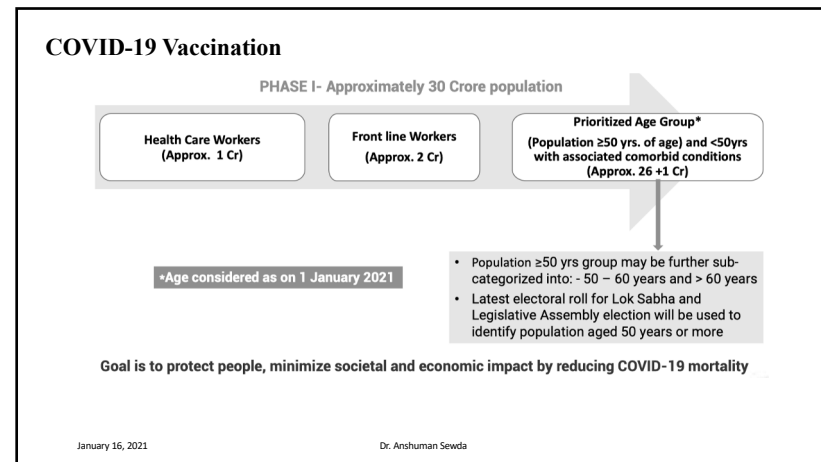
Provide one of the following:

- Aadhaar Card
- Driving License
- Health Insurance Smart Card (Ministry of Labour scheme)
- MNREGA Job Card
- Official IDs issued to MPs/MLAs/MLCs
- PAN Card
- Passbook issued by Bank/Post Office
- Passport
- Pension Document
- Service ID issued to Central/State Govt./PSUs/ Public Limited Company employees
- Smart Card issued by RGI under NPR
- Voter ID

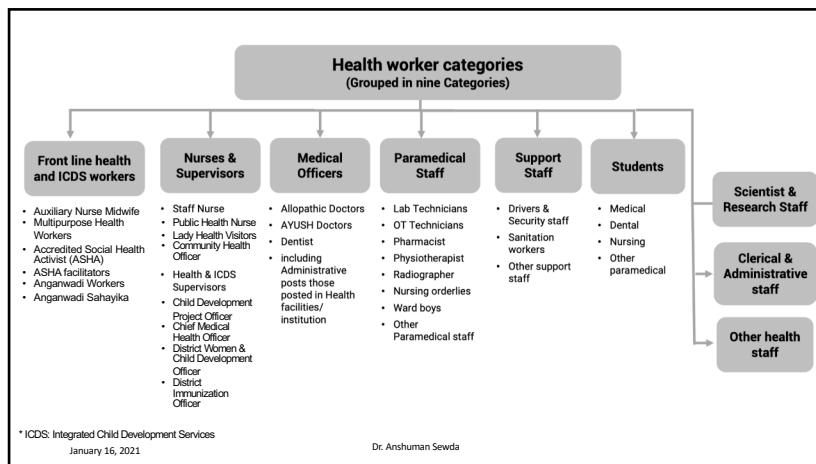


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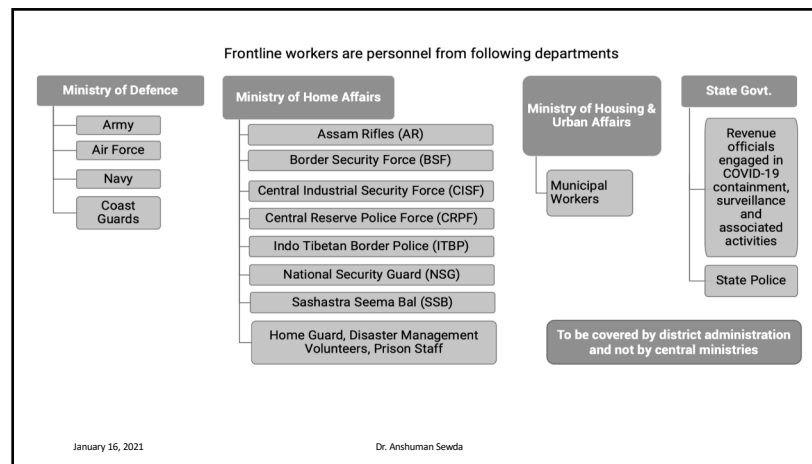
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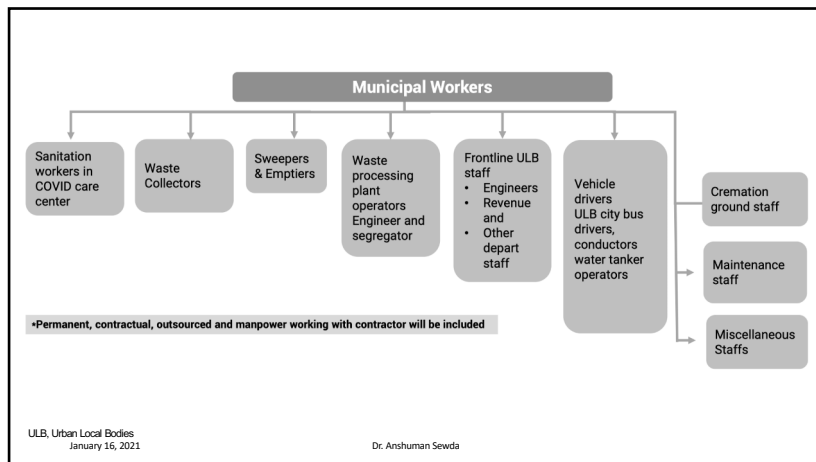
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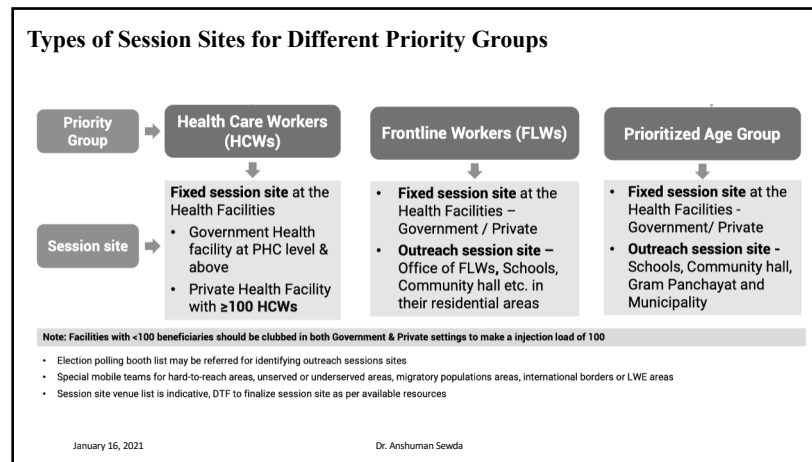
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Layout Plan of Session Site

An ideal session site should have three demarcated rooms/areas:

1. Waiting Room/Area
2. Vaccination Room; and
3. Observation Room.

- The rooms should preferably have 2 doors, one for entry & another for exit
- Rooms/areas should be naturally well-ventilated
- Waiting area (indoor/outdoor) should be demarcated so that seating location should be *Do Gaz* apart
- Ensure privacy at the Injection site
- Adequate queue management and crowd control system outside the waiting area with '*Do Gaz ki Doori*'
- Access to the Vaccination site should enable proper access for the differently abled
- Adequate and comfortable seating arrangements should be available at the site

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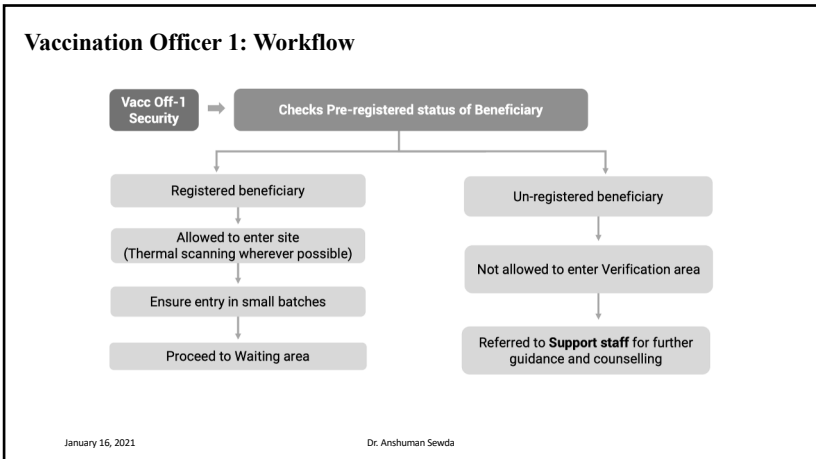
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Vaccination Team (5 members)

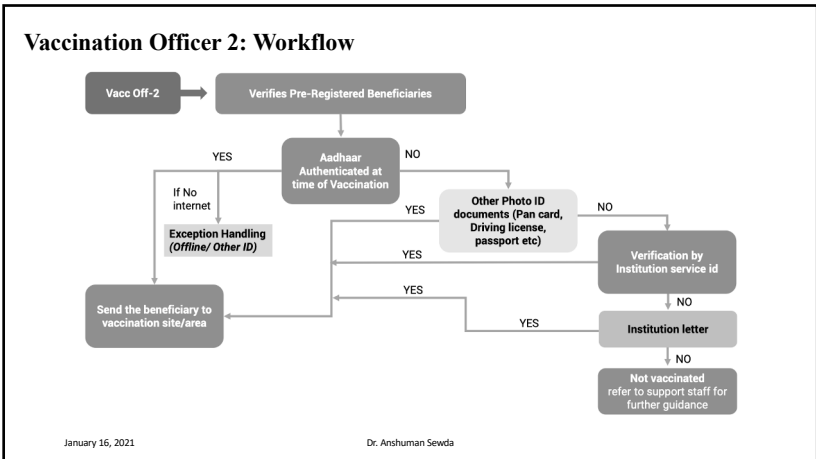
1. **Vaccinator Officer**
 - Doctors (MBBS/BDS)
 - Staff nurse
 - Pharmacist
 - Auxiliary nurse midwife (ANM)
 - Lady health visitor (LHV)
 - Anyone authorized to administer an injection may be considered as a potential vaccinator
2. **Vaccination Officer 1**
 - At least one person (Police, home guard, civil defense, national cadet corps (NCC), national service scheme (NSS), National Yuva Kendra Sangathan (NYKS)
 - To check the registration status of a beneficiary at the entry point
 - Ensure regulated entry to the vaccination session
3. **Vaccination Officer 2**
 - A verifier who will authenticate the ID docs
4. **Vaccination Officer 3 &**
5. **Vaccination Officer 4**
 - Two-support staff responsible for crowd management
 - Ensure 30 minutes of waiting time by beneficiary post-vaccination
 - Will provide information, education and communication (IEC) messages and support to vaccinator as well as the vaccination team.

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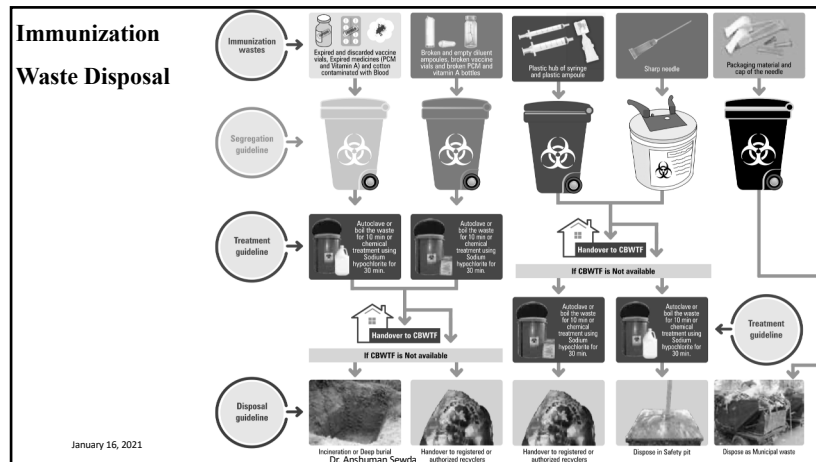
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To summarize... During Vaccination Drive

- Essential health services (including existing routine immunization sessions) will not be impacted or interrupted
- Vaccine safety will be ensured during storage, transportation and delivery
- Sufficient police arrangements
- Safety precautions, including infection prevention and control practices, safe injection practices and waste disposal, will be followed during vaccination sessions

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During Vaccination Drive

- Vaccination Monitoring:** To monitor adverse events and understand the safety profile of the vaccines, the existing *adverse events following immunization* (AEFI) surveillance system will be utilized
- AEFIs will be rapidly detected and promptly respond to ensure confidence in the vaccine and the immunization programme
- AEFI Reporting:** *Surveillance and Action For Events following Vaccination (SAFEVAC)* has been integrated with *Co-WIN* software
- Every AEFI will be reported at the district level and referral mechanism will be facilitated

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During Vaccination Drive

- Cold chain assessments and gap analysis have already been completed
- Plans are in place for supplying additional cold chain equipment where required
- States/UTs have been directed to ensure adequate cold chain storage capacity for the COVID-19 vaccine campaign
- Cold chain handlers and vaccinators at all levels are being trained on procedures for vaccine and logistics management as well as infection prevention and control precautions

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During Vaccination Drive

- COVID-19 vaccine information system has been updated
- Clear communication strategy established to:
 - create adequate awareness
 - ensure accurate knowledge
 - generate and manage adequate demand
 - facilitate eagerness
 - address vaccine hesitancy and confidence
 - mitigate for unintended situations (e.g., AEFI clusters, delay in vaccine roll-out for certain population categories)

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During Vaccination Drive

- Key communication and demand generation strategies include:
 - advocacy at national, state, district and sub-district levels
 - capacity building
 - media engagement
 - social mobilization and partnership
 - community engagement and empowerment at family and community levels
 - Close monitoring and supportive supervision at all levels and each step to identify bottlenecks and challenges faced at the ground level

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During Vaccination Drive

- Tracking the progress of introduction activities
 - Beneficiary registration training
 - Vaccine logistics availability
 - Task force readiness
- Readiness assessment before vaccine introduction through field visits and desk review of data at national and state levels
- Concurrent monitoring of vaccination activities
 - Daily evening meetings
 - Standardized monitoring tools, mobile-based apps
 - Real-time data from the planning unit to the national level
- Concurrent knowledge management to improve next-phase implementation


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January 14, 2021

COVID-19 Vaccine Precautions and Contraindications

by Additional Secretary, MoHFW



Date: 14/01/2021

To: Additional Chief Secretary/Principal Secretary, Health & Family Welfare, All States/UTs

Copy to: 1. Mission Director, NDM, All States/UTs; 2. State Immunization Officers, All States/UTs

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MoHFW, January 14, 2021

COVID-19 Vaccination: Things to Remember

- **Authorized Age Group:** Under the Emergency Use Authorization, COVID-19 vaccine is indicated only for 18 year and above
- **Co-administration of vaccines:** If required, COVID-19 vaccine and other vaccines should be separated by an interval of at least 14 days
- **Interchangeability of COVID-19 Vaccines** is not permitted: Second dose should also be of the same COVID-19 vaccine which was administered at the first dose

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Contraindications:

Persons with a history of:

- Anaphylactic or allergic reaction to a previous dose of COVID-19 vaccine
- Immediate or delayed-onset anaphylaxis or allergic reaction to vaccines or injectable therapies, pharmaceutical products, food items, etc.

Pregnancy & Lactation:

- Pregnant and lactating women have not been part of and COVID-19 vaccine clinical trial so far. Therefore, women who are pregnant or not sure of their pregnancy; and lactating women should not receive COVID-19 vaccine at this time

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MoHFW, January 14, 2021

Provisional/Temporary Contraindications

In these conditions, COVID vaccination is to be deferred for 4-8 weeks after recovery

- Persons having active symptoms of SARS-CoV-2 infection
- SARS-CoV-2 patients who have given anti-SARS-CoV-2 monoclonal antibodies or convalescent plasma
- Acutely unwell and hospitalized (with or without intensive care) patients due to any illness

Special precautions:

Vaccine should be administered with caution in persons with history of any bleeding or coagulation disorder (e.g., clotting factor deficiency, coagulopathy or platelet disorder)

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MoHFW, January 14, 2021

When COVID-19 vaccine is NOT Contraindicated:

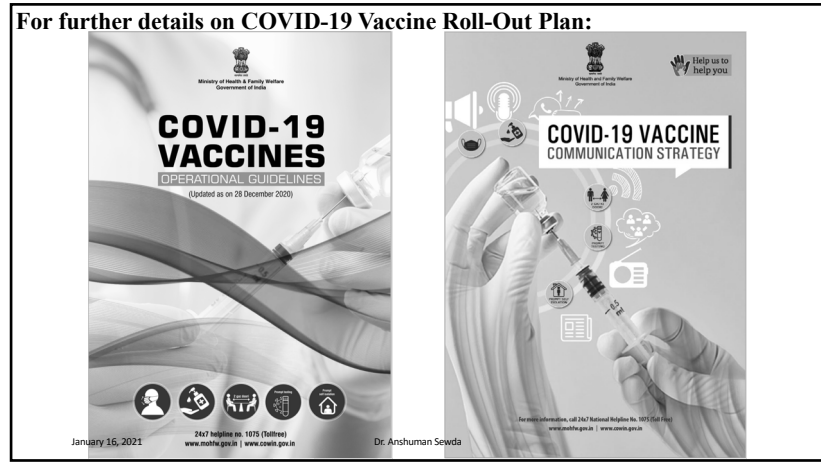
- Persons with a past history of SARS-CoV-2 infection (sero-positivity) and or RT-PCR positive illness
- History of chronic diseases and morbidities (cardiac, neurological, pulmonary, metabolic, renal, malignancies)
- Immunodeficiency, HIV, patients on immune-suppression due to any condition (the response to the COVID-19 vaccines may be less in these individuals)

Other important issues to consider

- Vaccine specific contraindications may apply as the new information becomes available

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