

API Guidelines on Immunizations during COVID 19 Pandemic

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Scope

With the continued lockdown and other restrictions, the Medical professionals need guidance regarding immunization activities. It is in this context API is bringing out these guidelines.

- Continuation of immunization activities
- Prioritization of certain vaccines
- Precautions to be taken while immunizing during COVID 19 Pandemic

Background

The WHO declared COVID 19 as a Global Health Emergency in January 2020. It was declared a “Pandemic” on March 11, 2020. The Government of India declared a lockdown on March 22, 2020, which was initially for 21 days, ending on April 14, 2020, but was extended up to May 3, 2020 and further to May 17, 2020. The Ministry of Home Affairs has released guidelines to be followed during the lockdown on April 15, 2020. Since March 22, 2020 effective primary, secondary and tertiary care facilities have been minimal in view of the lockdown. The primary focus of public

health has been in preparedness and containment of COVID 19 pandemic in the country and all other preventive health activities have been relegated to the background. Any flare of VPD will additionally burden the already stressed health care systems. The ministry of Home affairs in its guidelines dated April 15, 2020, has mentioned that Essential Medical Services be maintained during the lockdown. Clinics and Hospitals must continue providing Essential Medical services to non-COVID 19 patients.

Prevention (including immunizations) and management of communicable diseases is considered as an “Essential Medical service”.

It should be emphasized that “Immunization is a Core Health Service” that should be prioritized for the prevention of communicable diseases and safeguarded for continuity during the COVID-19 pandemic, where feasible. Immunization delivery strategies may need to be adapted and should be conducted under safe conditions, without undue harm to health workers, caregivers and the community.

Recommended Immunization schedule for adult individuals:

		Immunized	Not Immunized	Vaccine	Dose and Route	Brands
DPT	Universal except if contraindicated	Between the ages of 18 to 64 years A booster dose of Td vaccine once every 10 years till the age of 65 years	3 doses of Td vaccine; 2 doses are administered 4 weeks apart 3 rd dose 6 to 12 months after the second dose	Td	0.5 cc IM	Boostrix GSK Adacel –Sanofi Triple Ag Serum Institute
MMR	Recommended in adults but contraindicated in pregnancy and immunosuppressed states	Not indicated	Single dose SC	Live vaccine	0.5cc SC	Tresivac- Serum Institute Priorix – GSK
Influenza	For all especially high risk For all > 65 years < 65 years in those at risk	Every year	Every year	Inactivated	0.5cc IM	Fluvac p (Please check the brand names from the company)
Pneumococcal (PCV13 & PPSV23)	For all especially high risk For all >50 years <50 years in those at risk PCV13 is recommended in series with PPSV23	Not indicated	PCV13 – 1 dose PPSV23 – 2 doses	PCV13 – Conjugate vaccine PPSV23 – Polysaccharide vaccine	0.5 cc IM	PCV13 (Prevenar13 Pfizer) PPSV23 (Pneumovax MSD)
Varicella	For all who are not immune	For those already immunized in childhood booster doses are not needed if titres are adequate	Two doses administered 4 to 8 weeks apart	Attenuated live VZV (Oka Strain) in both	2 0.5 ml in deltoid area SC	Varilrix (Glaxo Smith Kline Biologicals) Okavax (Pasteur Merieux) varibed MSD
Human Papilloma Virus	For young adults	For adults who are already immunized booster dose is not needed For non immunized . 3 doses given	In age group 9-14 years 2 doses are recommended at an interval of 6 months. For 15-26 years at 0.1 and 6 months		0.5 ml intramuscularly	GSK Cervarix- bivalent MSD Gardasil- 4 valent
Zoster	In > 60 years	> 60 years single dose	> 60 years single dose	Live attenuated	0.65 ml subcutaneous in deltoid	

Recommended Immunisation Schedule in special situations (routinely not used) :

Insert vaccines	Risk groups	Immunized	Not immunized	Vaccine	Dose or Route	Brands
Hepatitis B	At high risk	Not indicated	0,1, and 6 months if not immunized in childhood or if anti-HBs < 20	Recombinant and plasma derived	Single dose child 10ug 20Ug adults CKD schedule change	Shanvac B (Shanta biotech)
Hepatitis A	At risk	Single dose if high risk	2 doses at 6 months interval if not immunized in childhood	Inactivated		Inactivated in single antigen (HAV antigen) vaccine e.g.havrix (GSK) and vaqta (merck and co); combination vaccine e.g Twinrix (HAV+HBV)(GSK)
Meningococcal	Not recommended routinely High risk Travelers and epidemic	Single dose	2 doses < 16 years > 16 years single dose	Meningococcal conjugate(not for < 2 years or > 55 years) Meningococcal polysaccharide	0.5 cc SC > 55 years 2 doses 1 month apart > 55 1 dose	Menactra (Sanofi)
Haemophilus influenzae	At risk	Single dose of HiB in high risk	Single dose of HiB in high risk	Antigen is polyribose phosphate or outer membrane protein and carrier is tetanus toxoid conjugate or diphtheria CRM protein	0.5 ml IM	Hiberix (GSK)
Rabies	Not routine as prophylaxis Only for high risk groups indicated post exposure	Pre exposure for high risk For those immunized 0, 3 rd days no immunoglobulin	Pre exposure 0,7 and 28 days IM Post exposure 0,3,7,14 and 28 days (90 days optional) with Rlg ID 0,3,7 and 28 days over deltoid	HDCS PCECV Verorab(not for pre exposure)	1 ml IM 0.1 ml ID 0.5 ∞ IM	
Cholera	High risk patients Two Currently available vaccines are not recommended in India	For high risk 2 separate doses 1 to 6 weeks apart for those aged over 6 years	For high risk 2 separate doses 1-6 weeks apart for those aged over 6 years	2 oral vaccines Dukoral (WC/ rBS) Recombinant B subunit	2 separate doses 1 to 6 weeks apart 2 separate doses given 1 week apart	Dukoral (WC/ rBS) Recombinant B subunit (Vabiotech)
Typhoid	High risk Travellers or outbreak	If immunized booster every 3 years	3 doses of typhoid 21 a capsules / sachets are administered on alternate days Series repeated once in every 3 years as booster dose Vi vaccine single SG/ IM dose of 0.5 ml Revaccination every 3 years			Live oral typhoid 21 a vaccine – suspension or capsule (not in india) Injectable Vi polysaccharide vaccine Thyroid conjugate bhart biotech
Varicella	Those who did not have chickenpox	For those already immunized in childhood booster doses are not needed if titers are adequate	Two doses administered 4 to 8 weeks apart	Attenuated live VZV (Oka strain) in both	2 doses 0.5 ml in deltoid area SC	Varilrix (GSK Biologicals) Okavax (Pasteur Merieux) varibed MSD Biovac chinese
Japanese encephalitis	Not routine	Single dose and booster dose may be given at 1 year		Mouse brain derived inactivated vaccine (NA) cell culture, live attenuated vaccine	0.5 ml SC Booster at 1 year	
Polio	Adults travelling to polio infected countries	Single dose of IPV	3 doses of IPV/ OPV spaced by 1 month	Oral sabin IM killed salk		Chiron – old Protect Sanofi – immumax polio
Rotavirus	Not routinely recommended for adult immunization			Live vaccine		Rotarix GSK RotaTeq MSD

Immunizations during a Pandemic

Due to reasons mentioned above, immunizations should be continued during COVID 19 Pandemic as immunization is an essential health activity.

API Policy Decision during COVID 19 Pandemic

Elderly about 50 years with Diabetes, COPD, Cardiac Disease, Kidney Disease must be recommended to have Influenza vaccine every year. We recommend this in our Routine Medical Practice During Pandemic of Covid Physicians must stress this Influenza vaccine.

References

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In fact the World Health Organization (WHO) during this Covid pandemic has mentioned that vaccination against respiratory illnesses (pneumococcal vaccine and Hib vaccine) is highly recommended to protect one’s health. Physician must advise parents to undertake the Immunization schedule to their children meticulously. There are lot of benefits coming out of BCG vaccine, Hepatitis vaccine & other viral vaccines. Evidences are in the publication Physicians must take care of their health by adapting to Adult Immunization Schedule to them, Family, Colleagues, & Healthcare workers .