

The Suno India Show

Why health worker fatigue needs to be tackled for an effective vaccination drive

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In January, India started vaccinating the adults for COVID-19 starting with health workers and front line workers. Now everyone above 18 years is permitted to vaccinate against COVID-19.

But the operation is arduous. India has a vaccination programme, but it is mainly geared towards children. This is India's first adult vaccination programme after many decades now. The last such programme was the smallpox eradication programme in the 60s and 70s when mass vaccination took place.

To understand more about what the logistics of this vaccine roll out means, I spoke to Dr Suresh Dalpath, who works at Haryana's State Health Systems Resource Centre, it is a technical arm of the health department. He looks after public health planning, monitoring, and evaluation for all public health issues, including COVID-19.

Host: So with respect to the COVID-19 vaccination drives, what are the challenges you see on the ground? Because we normally don't vaccinate adults and it was last time during the smallpox eradication programme.

Dr. Dalpath: So, this is the biggest challenge another is definitely the because, since long ages since, maybe no more than 30-40 years with no adult rather it is more than that, adults are actually not vaccinated especially in India only few people were vaccinated are vaccinated and private sectors especially for h1N1 one or that kind of vaccine which are for diseases which are comparatively had not hit the Indian subcontinent very high. So, people are not accustomed to having vaccines, adult especially adults are not you know, familiar with adult vaccination. Although in recent past we had gone for MR campaign in which we had vaccinated children up to 15 years of age and JE vaccine also JE campaigns also we're done in JE endemic districts of country and in those JE endemic districts in a couple of places adult vaccination was also given. So, we had sort of information about how mass immunization campaigns are to be done and that has actually given a lot of confidence to the state governments and national governments to go for large-scale COVID vaccination. The biggest challenge again is we are actually is initially we were not able to reach to the masses regarding no very crystal clear in with very clear crystal clear information about what kind of vaccines we are using, but now we have we are better prepared and slowly, slowly, we are able to provide appropriate kind of information to the masses.

Host: Can you also tell us the various aspects related to vaccine hesitancy like you know, in both routine immunisation and COVID vaccination sometimes stating facts also can create some sort of hesitancy right. So how do we sort of communicate transparently and yet to be able to come to be able to convince people to take a vaccine for instance. Blood clots do happen rarely, but then you know, that cannot be hidden right. But how do we communicate to the people that it's still important to take it?

Dr. Dalpath: The challenge was having the miscommunication regarding adverse events happening after a couple of vaccines, and especially, there was news coming from European region and that there were no blood clot issues related to covishield vaccine. But, later on, when it was actually thoroughly investigated, it was found that definitely the vaccines have more, no, it is more, they are more helpful than the risk and this is calculated as one have to take in public health. We are vaccinating millions of people on a daily basis and still, there is a certain issue of hesitancy in a couple of sections of society. But, and the reason for vaccine hesitancy for COVID, as I had told you earlier, there are always the only issue is we are the right kind of information is not being made available to the masses, this is the major issue and especially, you know, sometimes always when they there is mass immunisation campaign happens definitely every vaccine they have their own you know, background rates of adverse event following immunisation and when there is mass vaccination happens in very short period a huge number of population is vaccinated and accordingly the proportion of AEFI which is what suppose, it is one in 1 million or one in 100,000 it appears at very fast rate and the and sometimes if it is not, you know handled appropriately and suppose media reports on on you know, on very, if media is also not very well briefed, sometimes they come up with very damaging headlines, not only in print media, but also some time it is being discussed in an electronic media also. So, this creates a lot of fear and anxiousness among the probable vaccines. So, there is always apprehension about vaccination, but, the good thing is because of this social media and new Twitter and WhatsApp, the this is this has become a form of information, probate propagation, it helps in propagation of appropriate information to communities, especially, no official WhatsApp groups and official Twitter handles Official Facebook page these social media platforms, they are very fast and they are very helpful in providing appropriate information. At the same time, social media has become double edged swords. Negative things about vaccination, it also goes viral in very limited time. And sometimes people have their own agenda against vaccination. So they also try to to you know, sometimes maligned the whole campaign and due to their maybe whatsoever reason they have, but no officially if we say the government normally, they prepare a lot of ad campaigns around why vaccination is important and how it is going to help in reduction of the mortality and the severe serious severe morbidity and hospitalisation. So, in that way especially I can say, if something is calculated from the Twitter handle of WHO or UNICEF or multilateral

organisations, independent organisations and scientific community, definitely, it has it gives a lot of weightage. Let's come to routine immunisation definitely during this COVID period.

The focus is now you know, it is at right now, India is in wave two of the transmission and approximately 300,000 cases are happening per day and there is a lot of scare among the people and not only people but also it is now more if we say in competitive priorities definitely COVID is at the highest level right now. At this time, continuing with routine immunisation, is a big, big challenge. And of course, India has a birth cohort of approximately 25 million annually. And every year in different states, millions of millions, millions of children they are born and infectious disease still a priority, especially vaccine preventable diseases among children like measles, like polio, like pertussis and diphtheria Hepatitis B. So, vaccine preventable disease still remains a priority for public health priority not only for India, but other countries also. When we are totally focusing on COVID vaccine here, you know, we have limited resources, we have the same number of vaccinators, same number of supervisory staff, same number of doctors, they have not increased in a pandemic phase. So, we had to work according to the competitive priorities of course, right now, the COVID is the biggest priority for all public health institutions and for the health system. In the meantime, definitely when we go do campaigns we are vaccinating millions of the people for COVID vaccine either covaxin or covishield. At the same time, our focus is not lost from the routine immunisation and we have planned in fact the system has planned in a way that the routine immunisation days are not stopped and outreach activities are continued after the lockdown has over outreach activity has again started and at least to a minimum of one to two days are dedicated to to routine immunisation, outreach activity. And if we see actors fix a fixed site approach at distinctly hospital level and the sub District Hospital level wherever the cold chain and vaccine storage, there is no issue. Their daily vaccination is also done for a new one for zero doses, those like PPC centres of the district hospitals and CHCS in some District Hospitals. During the lockdown, definitely all outreach activities were stopped for a couple of weeks rather, it was more than one cent that had given a lot of backlog log created a lot of backlog for vaccination. But eventually when the system had actually geared up and tried to follow up with report centre, it was actually tried to cover and most of the children had been covered by the By the system and now, apart from this two days one to two days of routine elimination various states including Haryana are doing special elimination campaigns for COVID vaccines. We have to keep it close watch on the supply chain management and we have to reduce vaccine wastage. So, in that way, if we are going to continue at the pace in which we are right now, wait, definitely very soon we will try to cover each and every probable beneficiary of for COVID and without losing any focus from routine immunisation.

Host: What do you think are the challenges in the rural areas particularly with relation to the COVID-19 vaccine? I think the routine immunisation is more well geared in the rural areas. But what are the challenges related COVID vaccination?

Dr. Dalpath: I think India has a very mature immunisation programme right now. And thankfully, in the recent past, we had the we had started the new vaccine, for example pentavalent vaccine introduction happened across country last in last seven, eight years, and then rotavirus vaccine was introduced 2-3-4 years back across country and then in year 2017, and 18. the measles catch up campaign was MR campaign was actually done in a cross country and all less than 15 year of new era children were vaccinated. So that these campaigns has actually developed the immunisation systems and in country that this has led to improve cold chain space, it has led to increased storage capacities of vaccines, syringes and other logistics, it has given us opportunity to train health workers, Doctors, help health workers, frontline workers and community health workers. So in a way it is a constant process happening. Your constant evolution is happening in India. And now that has actually given lots of dividends in COVID. Mass vaccination. So already in the measles MR campaign, a lot of sites and schools were identified. And these were identified as vaccination centres and vaccination sites also. And there were prominent places at villages where we have organised the campaign booths and routine immunisation sessions. So things were already in place and micro plans were already there. And beyond that we are vaccinating millions of children every maybe alternate month or three, four months during polio campaigns. So, this has actually developed a system and that's why there is not much difficulties happening right now, for the COVID. And initially, the when the vaccine was initially introduced COVID vaccine initially was initially introduced at that time, there were limited number of sessions due to our training issues due to manpower issues, but later on, when we had gone through all preparedness exercises and drills, then we had increased the number of outreach sessions also not only in urban areas, but also in rural areas and now PHC CHC, they are they are geared up and they are organising outreach sessions in the villages also. So the eight things has been improved initially, there may be a couple of hiccups at certain places.

Host: Right. How has the COVID vaccination affected the immunisation, the routine immunisation both in the first wave and if you have anything to say about the second wave?

Dr. Dalpath: This pandemic COVID pandemic had actually adversely affected the routine immunisation system. But when we say vaccination programme when it was when everything was open now and unlocked 1234 happened at that particular time, slowly slowly, depending upon in what phase of unlock we were, we had on priority basis, we had to try to bridge the gaps which was happened due to missing of the missing of outreach sessions and routine sessions in various districts. But now, when we are in COVID, vaccination phase and for us, definitely COVID vaccination is also is our biggest priority, but we are not losing any sort of chance for routine immunisation also, there is definitely difficulty for health workers to do daily vaccination because one or two day they are supposed to do routine immunisation and three four days they are they're supposed to do a do COVID vaccination especial COVID vaccination campaigns. Definitely it is a little challenging for keep it doing for months and months and months. So they're the expected threat is maybe the worker will have there will be a sort of fatigue defector

coming in sooner or later, but we are trying to rotate our worker, we are trying to rotate our manpower and supervisory manpower in a way that most the we are able to get most of the people vaccinated for routine immunisation also and for for COVID also.

Host: I was gonna ask you about the health workers only next and you know, how basically, they are overstretched this year, and I was also interested in how they are being used for how they are motivating how they've been used for COVID vaccination and what should be done about, you know, their condition in the sense for vaccination, we have different types of workers.

Dr. Dalpath: There are at the grassroot level, there are a social mobilisers this is a triple-A concept in which in which is auxiliary nurse midwife. She's there who is a vaccinator and multipurpose health worker who is a vaccinator and then anganwadi worker, who is a community mobilizer, and Asha, accredited social health activist, she's a link worker. So, this is a team of three her triple-A, who are responsible for outreach activities, input outreach simulation activities in a particular area. So, this team is a key of success and this is team building in is actually making this whole immunisation efforts happening in our country. So, initially, there was actually the fear among the among Asha workers that when they were asked to do ILI surveys. So, they were a little apprehensive that they may get the disease and sometime they had asked for PPE kits also and then when it was given to them, then wearing PPE kits in villages and roaming in the street and going to houses it is it was really, really challenging. And then it was, we had got more refined information that if we are using triple-layer masks and surgical masks, if we are using them, they are equally effective while we are moving around during field activity, it was initial phases of COVID pandemic so it was actually natural to have that type of hesitancy among workers or among the link workers among the vaccinators and especially vaccinator they when they were then these vaccinators and health worker they were actually trained on how to do vaccination in COVID scenario. Now a lot of training material has been generated by government of India and apart agencies had heard supported from our side State Health System Resource Centre has also prepared a lot of information videos to know the use of masks use of gloves, how to disinfect infection, how to do COVID appropriate behavior among the population. So a lot of communication material was prepared and percolated through different media and it was provided to all health workers and link workers. So slowly, slowly, the kind of hesitancy which was Initially there among. So, it was hesitancy it was apprehension, it was the perception of threat. So, this was happening is when appropriate communication was done and communication material was shared, it had actually gone or take well taken by the health workers and then the rotation of the workers is a is key now, because, this is going to be long this way, because, until or unless we are reaching 60-70 or maybe more than that, that coverage is required to be done for curtailing the the the COVID transmission by that time it may take maybe a year or so. I am confident that slowly slowly, as the workers are enriched with knowledge and medical officers are enriched with knowledge definitely it is going to help in reaching the target of vaccinating all who are decided by the government on the basis of

epidemiology, but the only issue is there will be certain sort of level of fatigue in the long run and rotation of worker and providing appropriate I would say not financial incentive but appropriate recognition and appreciation of the workers with the and handholding of worker with the appropriate kind of information and supporting them in in the period of crisis will be the key of success. Especially no sometimes the worker themselves get COVID positive and then there is a lot of apprehensions and a lot of fear among themselves whether they will able to beat this disease or not. So, now most of the workers are vaccinated and this has actually given the confidence among workers to fight this deadly virus.

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