

India's successful launch of COVID-19 Vaccination for Adolescents

Field Notes from Week 1



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“Madam-will Omicron affect children like me?”
“Will we also get the COVID-19 vaccine like the older children?”
“Since the number of COVID-19 cases are rising – should we wear masks at home?”
“Please may I ask just one more question on behalf of my grandmother?”

This Q&A session extended far beyond the stipulated time and the wish for more time was mutual, both for 147 children and me, as we were participating in an online COVID-19 awareness session organized on January 8th 2022 by our Children's Academyⁱ. One got the sense that the minds of our young children were busy with so many questions about the new variant 'omicron', and its immediate implication in their life. This, even as their daily schedule is disrupted yet again with partial school closures. The COVID-19 pandemic and everything that has come along with it has affected the lives of our children in more ways than we can actually comprehend, research, observe and empathize with. In the midst of all this, data from the last 6 months show us that most children affected by COVID-19 recover well and this encouraging evidence is being communicated actively to policy makers and families by

public health experts worldwide so that 'return to school' (like in India) will be given serious thought. Children however continue to be part of the COVID-19 transmission chain and in multi-generation settings this continues to evoke concern and fear. The successful launch of COVID-19 vaccination for adolescents in India is a very welcome addition to the COVID response.

It gains added significance as the COVID-19 pandemic dominates global affairs for a third calendar year with the January 13th COVID-19 dashboard update reading that 315 million people around the world have tested positive so far, of which 36 million are in Indiaⁱⁱ.

This is a first week update from the field, the service villages of Shanti Ashram. We hope to share with you the uptake experience amongst adolescent boys and girls and the general mood in the community surrounding COVID-19 immunization.

India's COVID-19 Vaccination for Adolescents: A critical addition to the COVID-19 response for children was Government of India's announcement to make vaccines available for adolescents in the 15-17 age group on December 27th, 2021. Successfully launched on January 3rd, the Government chose the WHO approved COVAXIN for this critical public health outreach. In a country of nearly 1.3 billion people where more than 44% are childrenⁱⁱⁱ, the scale of the intervention itself is extraordinary and a logistical challenge, and so to begin with, I want to acknowledge the value of the childhood immunization architecture that India has built and strengthened over the decades. Both Governments, Centre and State, after very careful planning decided to launch vaccination in a staggered way beginning with the 15-17 year age group. In Tamil Nadu, the approach was staggered further to begin with students enrolled at Government schools and then more to Government aided schools and finally to Private Schools. States like Kerala have publicly committed to completing the planned vaccination within the month itself. All signs from the field show that implementation has not only begun but also been prioritized. Just in the first week, 3 crore adolescents have been successfully vaccinated across the country^{iv}.

India vaccination number: 30 million

State-wise vaccination numbers:

Tamil Nadu: 1.7 million | Karnataka: 1.7 million

Kerala: 0.6 million | Telangana: 0.8 million

Rajasthan: 2.3 million | Bihar: 2.3 million

Uttar Pradesh: 3.9 million (1 million = 10 lakhs)

A rapid end of vaccination clinic review in the partner schools of the International Center for Child and Public Health (ICPH) has shown vaccination uptake to be nearly 90% in most schools^v. The planning of the Vaccination Campaign at the district level has been elaborate and well-discussed, with the standard protocols for school-based immunization including informed consent being strictly adhered to. In fact, anticipating vaccine hesitancy as in the case of adults, many schools took extra measures in reaching out to parents to inform them proactively about the Government's decision to implement the COVID-19 Vaccination. During my field visits, I was informed of many creative ways adopted by the school authorities to communicate with and convince parents of the vital importance of COVID-19 vaccination.

The successful first week of COVID-19 vaccination of adolescent girls and boys therefore combines in equal measure the carefully rolled out policy decisions and the local partnerships between health care providers and educators. Both the health and education sectors know first-hand how severely this pandemic has affected children. Regular preventive health interventions including routine childhood vaccination, micro-nutrient supplementation, anaemia prevention, health education, provisioning of sanitary napkins that are all implemented through schools were disrupted through the over 500 days of school closures. We have been tracking the evidence at our COVID-19 Research Desk, and we see that the utilization of these services has significantly fallen from pre-pandemic years. Across the world, more than 39 billion in-school meals were missed due to school closures. In India, approximately 100 million children rely on the mid-day meals scheme, which has been shown to reduce calorie deficits by 30%^{vi}. Combating the unintended consequences of

school closures on the health of our children will be a task that will take several years to tackle.

The Paediatric COVID-19 vaccination community clinic itself is no different from the adult clinic.

At the start of the clinic, after a general announcement on the vaccine, all eligible adolescents must register first on the CoWIN app. This is often facilitated by a teacher, the nurse on duty or a community volunteer. Following this, the children are screened by the medical team, after which the vaccination is completed, and a mandatory observation time of 30 minutes is carried out. Children are informed that they will receive the link to their vaccination certificate on the registered mobile number. Some schools in the service villages of ICPH even helped the students to print out their certificates. The vaccine currently used is COVAXIN and the dosage is no different from the adult dose. A word of appreciation should be recorded for the local school administration and teachers who have gone beyond their call of duty to make this campaign a success.



The vaccination numbers speak for itself in the first week. More than 3 crore children aged 15 to 17 have been vaccinated thus far, and the CoWIN dashboard tells us that over 11 lakh adolescents have been vaccinated today, on the 13th of January 2022. It has also been heartening to see how smoothly the campaign has worked - from securing supply chains, to training of vaccination teams, organizing of the clinic itself to the completion of documentation. The staggered approach has allowed for focused execution and dynamic review of the community context. Beginning vaccination with the most vulnerable children

here in Tamil Nadu has warmed my heart as a public health expert. All children have been affected by the pandemic, but children living in poverty have carried the compounded burden of disease, deprivation and disruption. As most paediatricians will tell you the socio-economic determinants of health have a definitive influence on the growth and development trajectory of children. For many children living in poverty, this trajectory has been off the charts and the course with the imminent threat of a further compromised childhood and adult life. Therefore, the staggered approach is rationalized well around the at-risk approach.

While visiting a vaccination clinic on January 5th, the Principal of the school where the clinic was held told me, *“Our children have borne the brunt of this pandemic – they are literally forgetting how to write, how to learn. We hope this vaccine will help them to continue their education and for schools to remain open. We need help to help children start school again!”*.

The positive welcome of the COVID-19 vaccination in the first week not only builds the foundation for the next stages but also reaffirms the value and role of immunization in a child’s wellbeing. There was much apprehension that the new and expanding vaccine hesitancy amongst adults would carry over to adolescent vaccination as well. It was potentially considered as a factor that might affect the public perspective and attitude towards children’s vaccination, which in pre-pandemic times, has been positive in India over the past five decades.



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A leading national daily reported, ‘The Union Government’s decision to extend vaccination coverage to the adolescent group was in view of the increasing cases of Omicron globally, and based on the strength of the recommendations of the ‘COVID-19 Working Group’ of National Technical Advisory Group on Immunization (NTAGI)’ as well as its Standing Technical Scientific Committee. Covaxin is the only vaccine that is now available for children, in the same configuration as used for adults, though two vaccines, including ZyCoV-D, have been cleared for use. All those whose birth year is 2007 or before are now eligible for COVID-19 vaccination’^{vii}. As per figures on the CoWIN portal which say that more than 3 crore adolescents in the age group of 15-17 have been vaccinated and based on Census projections that say 5.4% of India’s population is in this age group, we can estimate that over 47% of adolescents eligible for vaccination have received their first dose as of January 13, 2022’^{viii}.



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Public Health experts around the world are presenting evidence and experience about the multidimensional impact of COVID-19 on children. With the pandemic extending into the third calendar year, the picture emerging is very challenging and will require more than the ordinary effort to prioritize children in the midst of competing needs. The stressors that impact the lives of our young citizens today are increasing exponentially. From early childhood to adolescence, the learning crisis, the nutritional crisis, the reduced uptake of regular preventive paediatric interventions, the mental health crisis and the dehumanizing effect of poverty, all these stressors and more are becoming the lived experience of our children worldwide. The consequence of this pandemic on a generation of children is still beyond the comprehension of the most experienced child

development experts. The evidence and the modeling of experience do present a crisis like situation to us. But the questions that continues to pre-occupy my mind and of the minds of many public health experts are:

How can we partner with Governments to ensure the successful uptake of public health interventions affecting children?

How then can we make a difference in our micro-systems?

'Vaccination as a positive disruptor in health' has been highlighted yet again during the COVID-19 Pandemic.

Vaccines work by training and preparing the body's natural defenses – the immune system – to recognize and fight off the viruses and bacteria they target. After vaccination, if the body is later exposed to those disease-causing germs, the body is immediately ready to destroy them, preventing illness. There are several safe and effective vaccines that prevent people from getting seriously ill or dying from COVID-19. This is one part of managing COVID-19^{ix}.

WHO advisories read, "Take whatever vaccine is made available to you first, even if you have already had COVID-19. It is important to be vaccinated as soon as possible once it's your turn and not wait".

I see the COVID-19 vaccination for adolescents in its first week of implementation as a national response to this global call.

How then can we make a difference in our micro-systems? The unprecedented nature of the pandemic requires an unprecedented response for the well-being of our children. As evidence is tracked and on ground experience is dynamically studied, we must not fail to step up for our children as parents, as caregivers, as professionals, as policy makers and as people of good faith. Our willing partnership can influence the multiplying of science-informed discussions, on ground uptake of child health services including COVID-19 vaccination and present collectively to our governments and communities alike the urgent case for prioritizing children in the middle of a pandemic. In our micro-system we can make a difference to the life of 'a child', or 'some children'. As a colleague of mine often reminds me 'we may not be able to change the lives of all

children, but to that one child we influence, we care for, their life will be changed forever!'.

Vaccines save millions of lives each year.

This field note from the first week of COVID-19 vaccination in India is to inform you of the on ground experience and provide you with an understanding of the vaccination process. The voices of many people who care for children in the community are a vital reminder of how aware people are on the devastating impact of COVID-19 on children and how they are equally eager to support positive disruptors presented by the health sector and beyond. Restoring some sense of normalcy in every child's life - from open schools to safe space for interacting with friends, from playtime to having the freedom to explore life - all of this and more dominates the mind of every adult committed to the health and well-being of children. One positive disruptor in health is the world of vaccines and this has been deployed in January 2022 for our children. We hope it yields the desired results visualized in the planner's table.

"The development of safe and effective COVID-19 vaccines is a huge step forward toward ending the pandemic and getting back to doing more of the things we enjoy with the people we love", reads the first lines of a UNICEF COVID-19 update on 29th December 2021.



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- ⁱ Children’s Academy at ICPH is a digital learning platform that gives children the opportunity to further their understanding of ‘health’.
- ⁱⁱ COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)
- ⁱⁱⁱ 2011 Census of India data, GOI
- ^{iv} CoWIN Dashboard, GOI, as of 13th January 2022
- ^v ICPH is a nodal institute for practice, active research and global policy making for child and public health. <icphhealth.org>
- ^{vi} COVID-19: Missing More Than a Classroom, UNICEF report
- ^{vii} ‘What’s the Roadmap for Vaccinating Teenagers’ by Ramya Kannan, The Hindu
- ^{viii} Figures calculated by the COVID-19 Research & Response Desk
- ^{ix} WHO Archives

Image from the Shanti Ashram and ICPH Image Bank