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## Guidelines for Adult Vaccination Counters (AVCs) in Pakistan





## Introduction

In Pakistan, COVID-19 vaccination will be carried out through Adult Vaccination Counters (AVCs). As per the national decision, vaccine administration will be the responsibility of the health department through AVCs in health facilities (tertiary, secondary level and few primary- RHCs) only. Currently 582 AVCs have been designated for COVID-19 vaccination. Every AVC must have a computer, printer, android phone, internet connectivity and consistent power supply to facilitate uninterrupted vaccination process.

The designated **health facility** where the AVC has been established will be responsible for the following to:

- Designate a focal person at each hospital/health facility destined coordinate in planning and implementation phase
- Designate space for the Adult Vaccination Counter (if not already designated)
- Notify a nurse/skilled vaccination staff who would be administering Covid-19 vaccine
- Identify and enlist health care workers to be vaccinated in first phase, outlined by the expert committee/vaccine task force
- Ensure training of the nurse/skilled vaccination staff in vaccine administration, infection prevention and control, and use of recording and reporting tools on prescribed formats
- Designate a doctor trained in managing medical emergencies, as AEFI focal person.
- Ensure availability of adequate medicine (e.g. adrenaline, hydrocortisone, I/V line maintenance etc.) and supplies (Oxygen, Ambu bags, BP apparatus etc.) for AEFI management.
- In case of any unexpected situation, the facility should be prepared for immediate coordinated response
- Ensure proper disposal of vaccine waste
- Ensuring compliance on COVID-19 SOPs while administering the vaccines
- Manage the crowd and manage and resolve issues that emerge at the AVCs

## Adult Vaccination Team

At every AVC, Adult Vaccination Team (AVT) will be responsible to complete the vaccination process. AVT will comprise of a qualified nurse/ skilled vaccination staff to administer the vaccine, a vaccinator to ensure vaccine logistics and a team assistant to assist in the vaccination process.

The AVT will ensure that vaccination is conducted with the following sequence:

- EPI vaccinator will deliver the allocated vaccines in vaccine carrier(s) to the AVC maintaining cold chain and record in EPI-MIS
- Nurse will receive the vaccines based on daily vaccination schedule
- Nurse or team assistant (where available) will complete two-step verification of individuals through CNIC and One Time Password (OTP)
- Upon verification of OTP, citizen/client will be eligible for vaccination
- Nurse will administer the vaccine to the citizen/client
- Nurse will ensure that used vaccination supplies are properly disposed as per the waste management SOPs.



- Team assistant will duly fill the tally sheet after every vaccination
- Team assistant will ensure that every individual is advised to wait in the designated waiting area for 30 minutes
- The AEFI section of NIMS to be filled by the nurse in case of an AEFI at the time of vaccination
- By the end of the day, nurse will return unused vaccines (to be used first, the next day) and filled tally sheet to EPI vaccinator and match the tally including AEFI reporting (in EPI-MIS as well)
- EPI vaccinator will generate a daily consumption report outlining administered doses and wastage, without which he would not be able to make entries on the next day
- EPI vaccinator will ensure that unused vaccines are properly stored at the HF in the ILR.
- The same process will be repeated the next day.

## Vaccine Storage

Vaccine storage will be the responsibility of EPI. COVID-19 vaccines will be stored at EPI store/warehouse at the district/sub-district level. EPI will store the vaccines at the recommended temperatures and ensure that vaccine delivery to the AVC takes place in vaccine carriers. The vaccinator will deliver the vaccines at the AVC on the prescribed format.

## Personal Protection Equipment (PPE)

Infection prevention and control measures should be in place at all AVCs:

- Focal point should be appointed at each health facility
- AVT should have adequate infection prevention and control supplies and equipment
- AVT should ensure physical distancing at vaccination sites by limiting session size
- Use open spaces when feasible
- Health workers should be trained on infection prevention and control measures; adherence should be monitored.
- Quality assurance of the vaccination process to be in place.

## Security

Overall, the designated health facility where the AVC is established will be responsible for the security of the AVC. The health facility will ensure that security guard/chowkidar is in place to ensure crowd management, etc. In addition, designated health facilities at the federal and provincial levels are encouraged to ensure that CCTV cameras are in place for monitoring and surveillance.

## Monitoring and Surveillance

District Health Monitoring Team (DHMT) will be responsible to monitor the vaccination process at the AVC. AVT will also assist in monitoring in terms of AEFI reporting to the designated medical officer in the HF. Quality assurance during vaccination process has to be ensured.



## Communication

IEC material must be available in adequate quantities. Risk mitigation measures must be coordinated and implemented.

## Sign Posting

Considering the novelty of COVID-19 vaccination, sign posting is of paramount importance. Every health facility must have an Entry and Exit sign. Signs of, before and after vaccination Waiting Area, along with Registration Counter and Vaccine Administration, must be properly displayed. Furthermore, signs for gender segregation where required must be displayed ostensively. Increasing visibility of the AVC/ vaccination site through banners and standees is encouraged.

*Note: The above recommendations are being regularly reviewed by the Ministry of National Health Services, Regulations & Coordination and Expanded Programme on Immunization (EPI) will be updated based on the international & national recommendations and best practices.*

*The Ministry acknowledges the contribution of Dr Soofia Yunus and HSA/ HPSIU/ NIH team to compile these guidelines.*



**For more information, please contact:**

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