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சுகாதார, போசணை மற்றும் சுதேச வைத்திய அமைச்சு
Ministry of Health, Nutrition & Indigenous Medicine

Provincial Directors of Health Services,
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Guidance on Resumption of Immunization Services during COVID-19 outbreak

The immunization activities of children and pregnant women were temporarily suspended in mid-March 2020, due to the curfew imposed in the country along with other stringent measures to control the spread of COVID-19. Considering the importance of continuing age appropriate vaccination, resumption of childhood vaccination is considered a priority. However, due to the prevailing COVID-19 outbreak situation in the country, a very careful risk assessment is needed to be conducted in each district to take the responsibility of conducting vaccination clinics.

Under the existing situation of COVID-19 transmission in the country, it is essential to take all relevant measures to prevent transmission of the disease at clinic settings. In this context, the Epidemiology Unit recommends the following guidelines to be imposed during the immunization sessions. The Epidemiology Unit will inform the feasible timeline for each district to start immunization sessions, according to the country COVID-19 emergency response and exit plan.

The guidelines are as follows;

1. Immunization services should be offered simultaneously to children who are age appropriate as well as delayed using an appointment system.
2. Measures should be taken to complete vaccination for children who missed vaccines due to temporary suspension for past few weeks (from mid-March 2020) in order to bring the immunization programme up to date after resumption.

3. All immunization clinics should be conducted in fixed/existing clinic centers (Do not conduct outreach clinics or mobile clinics in view of completing the missed children). This is very essential to maintain the quality of immunization services, minimizing Adverse Events Following Immunization (AEFI) and for early response to AEFI.
4. The immunization activities should be performed by adhering to the immunization guidelines (Immunization Hand Book 3rd Ed, 2012 (English)/2011 & 2016 (Singhala) and /2015 (Tamil) guideline on Immunization safety Surveillance 2nd Ed 2016) issued by the Epidemiology Unit and additional circular guidelines issued in relation to specific vaccines and management of AEFI to date.
5. Propose to function immunization clinics for extended hours (from 8.00 am to 4.00 pm).
6. The frequency of immunization clinics should be increased as required to complete the immunization of children who have been missed during the COVID 19 outbreak situation. (For example monthly clinics may be held fortnightly or weekly until achieving expected targets)
7. To minimize the number of attendees at a given time, clinic staff should prepare a schedule for the draining Public Health Midwife (PHM) areas to the clinic. Based on the prepared schedule the respective PHM should give prior appointments to clients in their areas (Eg: PHM 1 from 7.00 am to 9.00am PHM2 from 9.00am to 11.00am etc.).
 - Number of appointments per hour should be limited for providing convenient quality services
8. If one parent come with more than one child from the same family for vaccination (delayed and age appropriate), take measures to administer vaccination for all children at one visit. (This is to minimize the time of parent-children stay at the clinic).
9. Make sure to provide only the immunization services together with vitamin A mega dose and Multi Micronutrients (MMN) in child welfare clinics to the children under the current circumstances until further notice (this is to consider minimizing the time of parent-child stay at the clinic). Child weighing, and polyclinics should not be coupled in this existing circumstances.
10. A separate session (other than child vaccination sessions) should be arranged for vaccinating pregnant mothers in the area and the TT vaccination should be administered in accordance with the guidelines.
11. All health care staff involved in immunization should adhere to the appropriate infection control measures to prevent COVID-19 transmission as well as to ensure immunization safety.

12. If providing immunization services in COVID-19 affected areas (currently reporting or reported COVID-19 patients within preceded 1 month), health care staff is advised to wear a surgical face mask during immunization service procedure as a precautionary measure.
13. It is important that the clinic staff and the attendees strictly follow the protective measures required to prevent the spread of respiratory diseases:
- a. Establish a reception desk / counter to screen / identify parent- child with respiratory tract infection by history
 - i. The person at the counter should wear a surgical face mask for the protection
 - ii. Should not provide immunization services for children having active respiratory tract infection/fever and assure that a new appointment will be given for vaccination once recover
 - iii. If required, refer to MOH for medical advice
 - b. The clinic attendees and staff should adhere to cough etiquette
 - c. All attendees should wash their hands with soap and water / use of alcohol based hand rub before entering the clinic (ensure hand washing facilities are available in each clinic center) and practice hand washing after each child vaccination
 - d. The clinic attendees should maintain a safe physical distance between each other (at least one meter)
 - e. Only a minimal required number of people should attend to the clinic from one household in order to minimize overcrowding at the clinic premises.
 - f. Overcrowding at the clinic building should be minimized by allowing only the mother/ care giver and the child due for vaccination to enter the clinic room.
14. Necessary provisions should be made available by the MOH staff to follow above protective measures, such as,
- a. Making available hand washing with soap/cleaning facilities at the entrance of the clinic
 - b. Arranging the clinic room to assist the practice of physical distancing (seats for the attendees should be arranged keeping a minimum of 1 meter distance or seating arrangement on every other chair based on the availability of the space)
 - c. Ensure minimum number of clinic attendees at a time (based on the clinic space available), inside and outside the clinic premises as a measure of minimizing the possibility of COVID-19 transmission

- d. Keep the premises well ventilated with all doors and windows open with fans switched on.

15. Immunizing a child with respiratory symptoms

- A child with respiratory symptoms should be postponed until the symptoms are fully resolved.
- During the time of giving appointments advise mother/caregiver not to bring any child with respiratory symptoms until fully resolved.
- Advise parents/ caregivers with respiratory symptoms not to accompany a child for the immunization and advise them to arrange another healthy person to accompany the child.

16. Immunizing a child from a family where a family member/ members are being quarantined

- Immunization of such a child should be postponed until the quarantine period is completed.
17. All healthcare staff involved in vaccination should be well-trained and experienced health care staff for the vaccination and should be capable enough to respond immediately to AEFI at the field level.
18. Same guidelines are to be applied for the hospital based immunization clinics.
19. Ensure all hospitals should provide optimum care for children presenting to hospitals with fever as an AEFI after risk assessment for COVID-19.
20. Unnecessary isolation of AEFI children (who would report with fever as AEFI in a COVID -19 isolation ward should be avoided and steps should be taken for proper risk assessment.

Please note that, these general guidelines should be adopted according to the local circumstances of the MOH area for the convenience of the staff and the clients.


The purpose of conducting immunization services in the clinic should mainly focus on providing safe and quality immunization services and advised not only to consider achieving the coverage. Further advises will be given in due course for coverage improvement considering the country situation.

Please instruct Regional Epidemiologists to take relevant measures with Medical Officers-Maternal and Child Health and MOOH in implementation of these guidelines.

Advise Provincial and District Consultant Community Physicians to technically support in these procedures.

Additional information and advises for issues arising during sessions contact:
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Please bring the contents of these guidelines to the notice of all relevant staff at your institution/district/province and arrange to implement the programme accordingly after area specific risk assessment for feasibility of implementation under the circumstances of COVID-19 outbreak situation.


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