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(official statement)

National Immunization Technical Advisory Group

(NITAG)

Until 2017, the National Immunization Programme (NIP) in Ukraine had demonstrated insufficient potential. Unstable supplies of medical immunobiological drugs to Ukraine as well as a significant anti-vaccination movement that had also taken its toll, resulted in a considerable reduction of routine vaccination coverage and constant risks of outbreaks of vaccine-preventable infections.

However, in the last 3 years, starting from 2017, the country has managed to improve the figures of mandatory immunization coverage and the implementation of the national immunization programme.

On February 29, 2020, Ukraine officially reported the first confirmed COVID-19 case, and on March 11, 2020, the nationwide quarantine measures and COVID-19-related restrictions were introduced.

Since mid-March 2020, the immunization services in some regions across the country were shut down and, in one of the regions, they were officially suspended.

Analysis of routine immunization indicators of the first quarter of 2020 in Ukraine shows a moderate impact of COVID19 pandemic on the conduction of routine immunization. The decrease in annual vaccination coverage indicators is around 5% for most vaccines. However, the situation with the vaccination against measles, mumps and rubella (MMR) is critical for both the first and the second doses, with a sharp decrease of indicators by up to 20%. The risk of decline in vaccination coverage in April-May 2020 remains high.

The NITAG of Ukraine recognizes that the rapid spread of coronavirus disease (COVID-19) and the growing number of patients with this disease currently constitutes one of the main problems in Ukraine, as well as in most countries in the world.

Thus, the NITAG of Ukraine makes a statement regarding all possible measures taken by the country to maintain a high level of population immunity.

The NITAG of Ukraine supports the global position on the need for continuous realization of immunization measures in the context of the COVID-19 pandemic.

The NITAG of Ukraine encourages further efforts to be carried out toward the continuation of routine vaccination of the target groups in compliance with the NIP schedule in order to reduce the burden of vaccine-preventable infections, prevent an increase in the number of susceptible individuals and the likelihood of the occurrence of vaccine-preventable infections outbreaks, on the one hand, and to minimize the burden on the health system and infectious disease hospitals – on the other.

The NITAG of Ukraine also emphasizes the importance of complying with basic principles of infection prevention and control during vaccination to prevent the transmission of SARS CoV 2 virus which causes COVID-19, and to abide by social distancing requirements.

Fundamental principles of immunization programme during COVID-19 pandemic are the following:

adhere to existing national and international guidelines and recommendations on the measures to prevent infection and spread of COVID-19 during immunization;

prioritize the conduction of primary vaccine complexes, especially for children of the first year of life, according to the NIP schedule, vaccination against hepatitis B and tuberculosis (BCG) in maternity hospitals (see the attached table), as well as vaccination against measles, rubella, polio, diphtheria, pertussis and tetanus;

in case of disruption of immunization services as to the national immunization schedule for any reason, ensure the provision of vaccination with the minimal intervals between the doses of vaccines and toxoids;

provide the community and healthcare workers with a clear rationale for immunization as one of healthcare priorities during the COVID-19 pandemic, information on the risks associated with vaccine-preventable infections, as well as the vaccination benefits;

in order to support the need of population for immunization services at this time, use the adapted communication strategies capable of (i) providing accurate professional information, (ii) responding to the matters of population concern, (iii) strengthening the communication with population, (iv) facilitating the continuous delivery of these services as well as (v) preventing the risk of accidental adverse events following immunization (AEFI) amidst SARS-CoV-2 pandemic.

It is worth considering the following actions:

mobilize relevant community-based organizations and NGOs for the NIP support and identify possible barriers (obstacles) to carrying out immunization services at vaccination points;

ensure vaccination availability with the recommended vaccines and provision of immunization services (including vaccination against seasonal influenza and pneumococcal infection), especially for people who are at higher risk for severe illness from COVID-19 and those who have health conditions;

ensure public access to vaccines by optimizing vaccine logistics so that they are delivered directly to the providers of vaccination services, and provision (using all available means of communication) of a clear rationale for the importance of immunization during COVID-19 pandemic, as well as information on the risks of the spread of vaccine-preventable infections and the general benefits of vaccination;

postpone the introduction of new vaccines into the NIP until the quarantine restrictions are removed;

reduce the frequency of the visits for vaccination sessions by introducing simultaneous administration of vaccines, including the combined vaccines;

ensure adequate protection for medical workers and persons who need vaccination by introducing the following:

restrict patients visits to health care facilities without urgent need regardless their form of ownership (including legal entities and individual entrepreneurs who have received a license to carry out medical practice) except for the visits for vaccination that is considered justifiable in the context of the COVID-19 pandemic;

minimize rationally the patients visits to healthcare facilities, but at the same time use every patient's visit to provide them with the necessary vaccination services;

ensure triage for patients who come to healthcare facilities for vaccination, routine examination and other reasons. In case when it is impossible to ensure the separation of patients' flows, determine the admission hours for people seeking medical help due to the acute disease and those who come for vaccination;

clearly define the visit time for vaccination in order to avoid queues. In case when a queue occurs, ensure the distance between the visitors of at least one meter (optimally – 1.5-2 m) and minimize the number of persons accompanying the child for vaccination;

medical personnel should perform visitors' screening before vaccination using personal protective equipment (medical mask, safety goggles/face shield, gloves, medical gown/protective overalls);

vaccination of persons with respiratory symptoms is not recommended while the COVID-19-related quarantine measures are in place;

vaccination of contacts of persons exposed to COVID-19 should be carried out after the end of the term of their obligatory isolation or when they have a confirmation of negative test results for COVID-19.

This position is of advisory nature and may vary depending on the development of the situation with COVID-19.