Abstract:

India rolled out COVID-19 vaccination campaign in a phased manner starting from health care workers on January 2021. Now that India has opened vaccinations to all ≥18-year-olds from May 2021, government is attempting to make the vaccination campaign as quick as possible, and health authorities are experimenting with novel approach of drive-in vaccination against COVID-19 in some states. This is a safe and efficient way to vaccinate a large number of people within a short period of time while maintaining social distance. This also makes it easier and more comfortable for the elderly, patients with co-morbidities or chronic diseases and differently abled individuals to receive vaccines without any difficulty that is involved in accessing the conventional vaccination sites. As the pandemic and our response to it evolve, the same models could also be employed for screening or testing of COVID-19 and for dispensing of COVID-19 medications with authorized prescriptions.

Keywords: COVID-19, Covaxin, Covishield, Drive-in vaccination, Sputnik V

Introduction:

The COVID-19 vaccination campaign in India was in a phased manner with initially vaccines administered only for the healthcare and frontline workers, followed by civilians aged ≥ 60 years with co-morbidities and then later, individuals ≥ 45 years without co-morbidities were also included. [1,2] Now that India has opened vaccinations to all ≥18-year-olds from 1st May 2021, government is attempting to make the vaccination campaign as quick as possible, and health authorities are experimenting with novel approach to make the vaccination even more efficient. [3]

Vaccination status of India

India rolled out COVID-19 vaccination on 16th January 2021. [4] Two vaccines were granted permission by the Drug Controller General of India (DGCI), Covishield (manufactured by Serum Institute of India and Oxford University-AstraZeneca) and Covaxin (developed by Bharat Biotech). [5] In addition, Sputnik V (made by Russia - Moscow’s National Research Institute of Epidemiology and Microbiology) has been recently approved by as a third vaccine by April 2021, with deployment set to commence in late May 2021. [6] As of now, over 18 crore people have been vaccinated with either Covishield or Covaxin, out of whom over 3.9 crore have got the second dose. [5]

India’s drive-in vaccination against Covid-19

Patients are instructed to schedule an appointment, as well as register and then choose a slot, through the CoWin online portal. Mobile one-time password verification will be followed by vaccination at the drive-in vaccination sites.
Individuals must have their identity proof and a mobile phone for verification at the time of their visit. After getting vaccinated, people can park their vehicle and wait for a period of 30 minutes. If someone feels uneasy, they can turn on the hazard light or honk to alert healthcare workers, who will come to assist. The healthcare team will be equipped with emergency first aid and anaphylactic kit which is usually advised for outreach immunization sessions.

In some states, such as Maharashtra and Uttar Pradesh, drive-in vaccination centres have been instituted in an attempt to speed up the vaccination campaign and make it hassle-free. This novel vaccination approach is a safe and efficient way to vaccinate a large number of people within a short period of time while maintaining social distance. This also makes it easier and more comfortable for the elderly, patients with co-morbidities or chronic diseases and differently abled individuals to receive vaccines without any difficulty that is involved in accessing the conventional vaccination sites.

**Experiences in drive-through health care service models**

**Immunization**

Drive-in vaccination began at first in the United States more than 20 years ago, and have been repeated yearly ever since during the flu season. Moreover, it has already been followed in some countries, but almost exclusively for mass vaccination against seasonal influenza. Drive-in vaccination proved effective in immunizing local communities in those situations.

Drive-in vaccination has become more popular during the current COVID-19 pandemic and is being adopted in several countries. For instance, the Australian government has drawn up guidelines in terms of logistics, pre-vaccination arrangements (appointments, anamnestic assessment), safety precautions and emergency equipment for their general practitioners who choose the drive-through option for seasonal influenza vaccination.

The European health authorities endorsed drive-through vaccination against measles-mumps rubella and papillomavirus for adolescents during the summer in this Covid pandemic. This indicates that, despite the relatively few drive-through sites available (in comparison to the more numerous ambulatory facilities) and the travel distances involved, the drive-through modality has not only proven to be a safe means of ensuring service continuity during a milder phase of the Covid pandemic, but also has users’ approval.

Since June 2020, owing to the pandemic in Italy, the drive-through modality enabled more than 100 people per session (3 - 3.5 hours) to be vaccinated against tick-borne encephalitis with only three nurses and one doctor. In contrast, the current norms on social distancing and sanitization of the room after each one getting vaccinated would have allowed only one person to be vaccinated every 15 minutes in a traditional vaccination site. There had been no significant adverse events, and public demand had steadily increased, proving the “drive-through” approach to be safe, efficient, and successful during this challenging pandemic times.

**Screening or testing of the disease**

Drive-through screening centres have been designed and implemented in Korea for safe and efficient COVID-19 screening. Registration, examination, specimen collection, and instructions are all steps in the drive-through screening process. The entire service takes about 10 minutes for one person without coming out of their cars. Increased testing capacity, prevention of cross-infection between individuals in the waiting space and decreased vaccine hesitancy among the public are the major advantages.

**Dispensing of medicines**

A drive-through model for dispensing medications was established in Hawaii during April 2005. With minimal human contact, 622 patients were evaluated at a rate of 5.2 persons per minute.
over the two-hour session. Local health administrators, particularly in rural regions, were shown to be able to facilitate healthcare services and decrease mortality during a public health emergency with provision of drugs. This model also revealed that drive-throughs are beneficial for both screening and outpatient treatment in both rural and urban settings. Furthermore, this model aid in rapid scaling of capacity and service delivery as the demands on individual health systems and communities varies.15

Conclusion:

The drive-throughs have been innovatively used for COVID-19 vaccination in certain parts of the nation, as the pandemic and our response to it evolves, the same models could also be employed for screening or testing of COVID-19 and for dispensing of COVID-19 medications with authorized prescriptions. The implementation of these newer strategies for delivering healthcare services in all states and transformation of such approaches according to the individual state’s situations to cope with the COVID-19 pandemic are proven to be successful.

References:


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