

COVID Response
Pakistan Pediatric Association
Dr. Mumtaz Lakhani, M.D
Secretary General

First case of COVID 19 was reported in Pakistan on 26th of February, 2020. Immediately Government authorities and medical societies including PPA came into Action. A National Command operation center (NCOC) was established in federal capital Islamabad. The center started reporting cases and deaths on daily basis. A guideline was published by NCOC online.

First action by PPA was to find out as to how many children were being affected, where were the isolation and therapeutic facilities for children. Initially two major centers were established in Karachi and one in Lahore , but within few weeks many other centers especially children hospital in many parts of the country and pediatric facilities in Government hospitals were assigned isolation ward and ICU facilities for children with availability of ventilators and other equipment for treating these patients.

EDUCATION:

Fortunately in few weeks, it became obvious that children are minimally affected and most of them are asymptomatic. During this time, international studies from Wuhan China started to appear about COVID-19 in children. The process of establishing guidelines for management of children with COVID-19 started. Infectious disease group of PPA, The Aga Khan University in Karachi (AKU) and Children hospital and Institute of Child health (CH/ICH) started preparing guidelines. First webinar was organized for discussion on guidelines. A shorter user friendly protocol was prepared by ID group of PPA, and a longer version by AKU and CH/ICH Lahore. Subsequently several webinars were arranged by different provincial branches of PPA discussing establishment of fever clinic, quarantine an isolation facilities for children and mainly interactive session to allay fear and anxieties about COVID 19. Attendance at these zoom meetings were not only surpassed the numbers expected, but one could feel the enthusiasm of pediatrician to learn about this new disease eagerly. Even late night session were attended by significant numbers of members.

On what app group of PPA center as well s four provincial branches, several international articles were being shared by all members on daily basis. Two major webinars were also addressed by Prof. Zulfiqar A. Bhutta from AKU and Sick children Toronto and Prof. Anita Zaidi from GAVI focusing on COVID-19 Vaccine.

Recently, webinar presentations have been on COVID – 19 revealed children presenting as MDI or Kawasaki.

UPDATE OF PPA WEBITE:

Introduction to novel COVID-19 virus was described and following guidelines from authenticated sources were shared. This included

- i) Government of Pakistan
- ii) WHO guidelines
- iii) Guideline from CDC
- iv) Guidelines from AAP
- v) Guidelines from European CDC.

PPA guidelines were placed on the front page for easy reference. Daily census of COVID 19 cases and death shared on website on daily basis.

ADVOCACY:

Several letter were sent to newspaper as well direct communication to authorities for provision of proper PPE to frontline workers.

Recently PPA is leading a multistakeholder meetings with Ministry of Health Pakistan, WHO and Unicef to assist Government in resuming essential health services for children with special focus on immunization, nutrition of children. Recommendation prepared after executive meeting of PPA are forwarded to Government last week.

In addition guidelines submitted by PPA on logistics and management of Children with COVID -19 have been approved to become part of national guidelines. Unicef will assist in printing and dispersion of these guidelines.

Child Rights committee of PPA also had a separate multistakeholder meeting to address the issues of child rights, violence, abuse and other psychological problems exaggerated by COVID-19 pandemic lockdown. The policy statement has been shared with Govt., Unicef and WHO. Flyers have been prepared on positive parenting in local languages. Establishment of child protection committees has been emphasized.

Research:

- i. Surveillance form prepared by research division of PPA.
- ii. Kawasaki like disease in children with COVID-19 by CH/ICH Lahore.
- iii. Incidence of child abuse, and violence surveillance by CRC group of PPA

Administration:

An urgent CEC meeting was held to discuss COVID & Non-COVID child health related issues on webinar.

Overall, PPA has been very busy in dealing with various aspects of childcare during Covid-19 Pandemic as well as for resumption of ongoing services related to child health with special focus on immunization catchup activities.



Secretary General

Pakistan Pediatric Association

Cell: 00923212875849

Email: mumtazlakhani0@gmail.com

Annexure # 1: Challenges, way forward and recommendations from PPA

A) Challenges:

- 1) Impact of lock down:
 - i. Routine immunization is halted leading to partial immunization under 2 years of age
 - ii. No registration of birth during this period and no date is available
- 2) Supply chain is disturbed leading to non-availability of vaccine whereas the health facilities are open
- 3) Vaccine hesitancy is very much affecting the immunization of polio all over Pakistan and EPI program at large.
- 4) Resurgence of VPD particularly Measles and Diphtheria in coming summer season.

B) Way forward:

- 1) EPI system has very effective data that has to be revisited to see the increasing number of "Zero doses" (BCG, HBV & Polio) at birth and 1st dose of Penta and other vaccine that is due at 6 weeks of age. PPA encourage to cover defaulter children on priority basis.
- 2) Disturbed family dynamics consequently resulted in increased numbers of '*malnourished children*' which leads to increase in recurrent infection among children another strong evidence. More need to immunize children to avoid further disaster which is over burdening our health system at a larger scale.
- 3) Missed opportunities: No opportunity to be missed, avail all opportunities to immunize children while the parents visiting health facilities for any other illnesses, encourage parents for quality and timely vaccination.
- 4) Vaccine hesitancy affecting polio drives all over Pakistan, population is under threat of anti-vaccine lobby and it is expected that this lobby will affect the immunization activities. Preparedness to come back vaccine hesitancy at all level involving all stake holders.
- 5) Resurgence of VPD: Looking at the epidemiological pictures of VPD and crude data from pediatricians all over Pakistan, the number of cases of measles and diphtheria are on rise along with other diseases. The problem is further augmented by weak monitoring system of EPI during this Pandemic.
- 6) Surveillance and monitoring system needs to be revitalized as soon as possible.

"if immunization activities are not started in time by alternative and innovative ways to restart immunization acceptable to the community and doable by the delivering agency which is EPI, the burden is going to hit the country economic situation".

C) Recommendations:

Strategies to Restart Routine and Essential Health Care Services for Children

1) Essential Immunization:

- i) Timing of EPI Centers to be open from 8 am to 3 pm.
- ii) Enhance utilization of EPI Services by community. Social mobilization through mosques by involving community workers will be helpful in the localities where EPI Centers are at walking distance.
- iii) Community awareness on COVID prevention through village school and mosque announcements about wearing mask, hand washing with soap and water, sanitizers, physical distancing and banning of all congregations.
- iv) Physical distancing as has been observed in distribution of AHSAS programme in some places. Same model can be used for vaccination. Use of school grounds and courtyard of mosque for EPI vaccination since it is easy to do physical distancing.
- v) Involve Tiger Force volunteers to share flyers of EPI / outreach centers information door to door and also can get their help in making queues for physical distancing
- vi) AHSAS programme and Ration distribution incentive linked to vaccination of children under 15 months.
- vii) Provide EPI vaccination to all trained Family Physicians and Pediatrician to improve immunization coverages of all antigens
- viii) Improve coordination with NGOs e.g. PPHI has multiple clinics throughout the country as there are many other NGOs providing primary care.
- ix) Availability of vaccination in all EPI Center. E.g. curtail Penta-valent shortage.
- x) Mandatory birth registration and it must be linked with NADRA

2) Advocacy:

- i) Continued advocacy by Media involving PPA members on social and print media
- ii) Strong messages on all channels in local language about importance and accessibility of EPI centers by Government and other stakeholders.
- iii) Provide list of EPI Centers with complete addresses in electronic and print media.

3) PHC centers:

- i. OPD services to resume with proper distancing.
- ii. Vaccinators & LHW to communicate by telecommunication , SMS etc
- iii. Health personnels including dispensers, LHVs, Vaccinators, LHW and CHWs to be trained in identification of COVID patients, sign of extreme anxiety and abuse to referral centers for these problems.
- iv. LHVs, LHWS and CHWS continue the counseling services, Breast feeding promotion, advice on weaning diet, immunization, Vit. A supplementation.
- v. Baby friendly initiative started just before lockdown should be resumed.
- vi. Establishment of Triage fever desk in a tent near PHC as well as tertiary care hospitals to separate suspected COVID from other patients.

- vii. Mid Upper Arm Circumference (MUAC) for screening of malnourished children and referral to nearby facility / OTP for RUTF.

4) Back to School

- i. Each child to attend school may be twice a week and rest of the days via PTV. Online courses where feasible, keeping all precautionary measures
- ii. Daily lecture on hand washing, hygiene, use of washrooms and physical distancing for students with practical demonstration
- iii. Each child to attend school may be twice a week and rest of the days learning via TV. Only 20 students in one class. Two shifts of classes.
- iv. Medical officer appointed in schools with training to identify children with COVID, psychological problems and make proper referrals.
- v. Temp checking, sanitizers at school gate
- vi. Face masks compulsory for teachers, students and other workers.
- vii. School lunch or minimart in every school with fresh and hygienic food. Vendor to follow all precautions including mask, gloves, sanitizer and physical distancing.

5) Trainings:

- i. COVID guideline trainings for all health care professionals online.
- ii. Provincial representatives of all stakeholders to liaison with respective Presidents and general secretaries of provincial branches of PPA.
- iii. Timeline for all above activities.
 - a. Immunization. One week
 - b. PHC service Two weeks
 - c. Back to school Four weeks

6) Personnel Protective Equipment:

- i. PPA has passed a resolution in its CEC zoom meeting held last week” ALL health workers to be provided appropriate PPE.”
- ii. Basic PPE which includes disposable gown/ surgical mask/gloves, sanitizers for all healthcare workers including Physicians, nurses, vaccinators, CHWs and domestic helpers in PHC Centers.
- iii. For frontline workers availability of proper PPE recommended and the training of Donning and Doffing of PPE and expiry of PPEs with number of days after opening etc.

