

Letter to Editor

Transforming COVID Immunization Centers at Medical Colleges into Adult Immunization Clinics

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Dear Editor,

The scientific community has been advocating for adult immunization services both nationally & internationally.^{1,2,3} We suggest that, infrastructure, trained manpower and protocols that were put in place for COVID immunization in Medical colleges be utilized for Adult Immunization in the aftermath of COVID pandemic. In this regard an initiative has been started by Pravara Institute of Medical Sciences, Loni.

Along with Paediatrics department, we have been providing Immunization services for our medical students. These include Hepatitis B vaccination for all undergraduates, postgraduates & faculty members who desire to avail of vaccination. Additionally, immunization services for adults undertaking International travel are also planned barring Yellow fever vaccine. Formalizing these demand driven services as an integral part of Community Medicine using the existing framework of COVID immunization clinics would ensure utility of facilities and reduce investment for creating new clinics.

Guidelines for Adult Immunization are available.⁴ Institutes that already have such clinics can provide guidelines for operationalizing these centers. Further, plans to start Emporiatics (Travel Medicine) OPDs can also be drawn so that, significant investments made during COVID times can be put to good use.

Emporiatics or travel medicine has a key role in coming years for identification of new risks and also establishment of new methods of therapy and prophylaxis for the travelers' benefit.⁵ These steps can enhance the role of Medical Colleges in providing Preventive services to the Public and further emphasize role of Community Medicine in Health Service Provision.

References:

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Table 1: Recommended Adult Immunization Schedule by CDC⁴

Vaccine	Pregnancy	Immuno-compromised (excluding HIV infection)	HIV infection CD4 count		Asplenia, complement deficiencies	End-stage renal diseases or on hemodialysis	Heart or lung disease, alcoholism ¹	Chronic liver disease	Diabetes	Health care personnel ²	Men who have sex with men
			<200	≥200							
IIV or RIV <i>OT</i>											1 dose annually
LAIV											PRECAUTION
Tdap or Td	1 dose Tdap each pregnancy										1 dose annually <i>OT</i>
MMR											1 dose Tdap, then Td or Tdap booster every 10 years
MMR											1 or 2 doses depending on indication
VAR											2 doses
RZV (preferred) <i>OT</i>	DELAY										2 doses at age ≥50 years
ZVL											1 dose at age ≥60 years
HPV	DELAY										3 doses through age 26 years
PCV13											2 or 3 doses through age 26 years
PPSV23											1 dose
HepA											1, 2, or 3 doses depending on age and indication
HepB											2 or 3 doses depending on vaccine
MenACWY											2 or 3 doses depending on vaccine
MenB	PRECAUTION										1 or 2 doses depending on indication, see notes for booster recommendations
Hib											2 or 3 doses depending on vaccine and indication, see notes for booster recommendations
											3 doses HSCT ³ recipients only
											1 dose

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection
 Recommended vaccination for adults with an additional risk factor or another indication
 Precaution—vaccination might be indicated if benefit of protection outweighs risk of adverse reaction
 Delay vaccination until after pregnancy if vaccine is indicated
 Not recommended/contraindicated—vaccine should not be administered
 No recommendation/Not applicable

1. Precaution for LAIV does not apply to alcoholism. 2. See notes for influenza; hepatitis B; measles, mumps, and rubella; and varicella vaccinations. 3. Hematopoietic stem cell transplant.