



## Vaccinate Vellore Campaign

*“Reach the Unreached” – Enabling communities to remain safe during the COVID-19 Pandemic*

**About CMC Vellore:** Christian Medical College (CMC) Vellore, Tamil Nadu, a 2600-bed teaching, and healthcare facility, is a registered charitable organization in South India. CMC offers a spectrum of care ranging from primary healthcare work among local communities and tribal areas to highly advanced tertiary care involving high-end surgeries and organ transplant programs. The Medical College offers Undergraduate, Post-graduate and higher specialty training in several specialties and sub-specialties. We also run graduate and postgraduate training programs for nurses and allied health staff, among others. CMC has always worked for the benefit of the poor and marginalized, helping reach the unreached beginning with leprosy in the 1940s and 1950s, polio in the 70-s and 80-s to HIV-AIDS in the 90-s, the H1N1 pandemic in 2009 and now the COVID-19 pandemic.

**COVID Work at CMC Vellore:** CMC Vellore, designated as a COVID hospital, has been a constant presence at the forefront of the “war on COVID”. From the time our first case was reported in March 2020, we have offered comprehensive care ranging from testing, fever clinic, in-patient care for all levels of patients, including over 100 ICU beds at the peak and extending services to the neighbouring districts. The Hospital Infection Control team has coordinated the development of protocols that have been developed into training modules; training has been offered to healthcare workers (HCW) within and outside the institution through video conferencing, coordinated by the Distance education department. Faculty members have served on state and national level committees, providing expert advice. We have also reached out to the local community through supply of medicines, food, and health care during lock down. Patients travelled from far and near for our care. In the first wave until February 2021, we treated more than 10,000 patients.

In the face of the second wave we continue to stand for our communities, being the major referral centre for at least neighbouring 4-5 districts. As of now, there are 1100 beds allocated for COVID work in 3 campuses where we have hospitals, in two states.

**Vaccination:** for COVID-19 began in CMC on the 20<sup>th</sup> January 2021, free of cost from the Government for health care workers. In Phase 2, the Government made the vaccine available on a subsidised basis for the vulnerable population of 60 years and above and those above 45 years with co-morbidities. In all, we have together given more than 25000 doses of Covishield™ (the Oxford-AstraZeneca vaccine, manufactured in India by M/s Serum Institute of India - SII) and Covaxin™ (Indigenously developed vaccine manufactured by M/s Bharath Biotech Pvt Ltd, in India) with no major adverse events recorded from January to April 2021. We are doing the ground work to begin vaccination in the community as



soon as stocks arrive and the regulators gives the green signal. In the third phase, vaccination has been made available to all adults, 18 years and above on payment in the private sector, based on direct purchase from the respective companies. While it is available free of cost at the Government hospitals and primary health centres, private hospitals, including charitable ones like ours, have also been permitted to purchase vaccines at market price and make it available to all adult patients. The members of the public have to undertake a two-step process: registration on the Government's COWIN website and then take an appointment when it is available at the hospital of their choice, in their locality. These conditions put a constraint on the section of people who do not know English, do not have access to internet and do not have a smart phone/computer, as these are pre-requisites for registration and booking an appointment.

In keeping with our mission, to serve the underserved, we propose to provide vaccination to the semi-urban, rural and urban marginalized community around us. We will be partnering with the government to coordinate areas of coverage and work in a synchronized manner, to prevent overlap and ensure equitable access.

**Population of concern:** The erstwhile district of Vellore was trifurcated in 2019 and currently Vellore district has a population of 16 Lakhs (1.6 million). CMC continue to have areas of community work spanning two districts – Vellore and neighbouring Ranipet, where our new Hospital will soon be commissioned.

**CMC's reach into the community:** The rural services provided by the Department of Community Health extends over two blocks, providing primary and secondary preventive and curative health services. They also offer preventive and curative services in the Jawadhu hills that straddles the neighbouring Tiruvannamalai district. The Department of Rural Unit of Health and Social Affairs (RUHSA), works farther afield, located in rural KV Kuppam block, providing Community upliftment measures, besides healthcare. The College of Nursing Community Health (CONCH) provides nurse run services in the urban slums as well as in rural communities. In Vellore, teams from the Department of Family Medicine provide low cost-effective care to the urban slums and disadvantaged population living in the city. They do this through a network of health workers and community volunteers. In all areas, we have always made efforts to reach out to work in coordination with the public health authorities. In initial informal engagements in the community, we sense vaccine hesitancy that needs to be overcome. However, we have been working with these communities for more than 6-7 decades and there is an element of trust built up over this period, that we hope will help us overcome these issues. Even during the second wave, we have set up a Community Helpline in association with the local branch of the Indian Medical Association (IMA) as well as other local Non-governmental organizations



to offer a range of services such as delivery of food, medication as well as portable oxygen concentrators at home, with monitoring, besides medical advice.

**Need for vaccination:** Our prior experience of vaccination campaigns for other illnesses in the region, leads us to believe that this is an important weapon in the fight against the pandemic. We are protected when everyone around is protected. While offering curative services, we realize that in the long term, breaking the transmission cycle will only be possible if the community is immunized. In this campaign we would like to commit to providing vaccination to at least a third of the adult population of the population we work with in Vellore, estimated at about 400,000 adults above the age of 18 years. It is our fervent hope that this measure would mitigate the effects of a third wave which is likely to happen once lockdown is lifted if the population is still susceptible.

**VACCINATE VELLORE!** We would like to provide services to the populations in the areas where we work (as specified above), targeting especially the vulnerable and marginalized communities among them. We intend to partner with the government and have initiated discussions with the Public Health authorities in the district. We have taken the initiative to reach out to the leadership of M/s Serum Institute of India (SII), and have entered into a vaccine purchase agreement with them.

We estimate the goal to be about 70,000 to begin with in all these areas, approached in a phased manner, over the next two months. Based on current estimates the cost to provide a single dose of Covishield™ to the target group at Rs. 800 (approximately USD 11.00) per dose will be around Rs. 5.6 Crores (USD 772,000). It will cost double that to effectively complete the immunization process for the same cohort. This is apart from the financial commitment of running awareness campaigns and human resources and logistics required to register the target population as well as administer the vaccine to the said population, which will be supported by us, CMC.

We go forward in this venture fully cognizant of our financial constraints due to COVID and the scale of operations required. Even as we speak, the peripheral departments and Community Health Department are working on ways to promote awareness in the community to overcome vaccine hesitancy in our communities and to integrate it into their current COVID care outreach programs.

We are looking forward to working with partners and agencies that will support our initial campaign to vaccinate at least 70,000 individuals in the district and thereafter to widen the scope to help cover the district.

Dr. J V Peter,  
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