

## Update on COVID19 Vaccination

### States/UTs urged to utilise 100% capacities of Private Hospitals functioning as COVID Vaccination Centres (CVCs)

### Private Hospitals not under AB-PMJAY, CGHS and State Insurance Schemes can also be utilised as CVCs

### There is no shortage of Vaccines; Adequate Vaccine Doses to be Allocated to all Hospitals functioning as CVCs

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Shri Rajesh Bhushan, Union Health Secretary along with Dr. Ram S Sharma, Chairman of Empowered Group on Vaccine Administration (Co-WIN) and member, National Expert Group on Vaccine Administration of COVID-19 (NEGVAC) chaired a high-level review meeting today with Addl. Chief Secretaries, Principal Secretaries and Secretaries (H&FW) of States and UTs through a video conference (VC) today. They reviewed the status and pace of the next phase of the country-wide COVID vaccination program which commenced from 1st March 2021.

In addition to all government health facilities, all Private Hospitals empanelled under Central Government Health Scheme (CGHS), Ayushman Bharat- Pradhan Mantri Jan Aarogya Yojana (AB-PM JAY) and similar State Health Insurance Schemes can function as COVID Vaccination Centers (CVCs), subject to them mandatorily adhering to some specific norms.

After a detailed presentation on the status of vaccination in various States/UTs, they were urged to ensure the following:

1. To utilise 100% capacities of all private hospitals empanelled under Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), Central Government Health Scheme (CGHS), and State Health Insurance Schemes to enable them to effectively function as COVID Vaccination Centers (CVCs). To regularly collaborate with the private hospitals to ensure that their optimum capacities for vaccination are fully utilised.
2. Private hospitals not empanelled under the above mentioned three categories have also been permitted to operate as CVCs if they have adequate number of vaccinators, adequate space for observation of the

vaccinated, adequate cold chain arrangement and adequate arrangement for management of AEFI. States/UTs can proactively make efforts to use these private hospitals as CVCs.

3. Ensure adequate allocation of vaccines to all hospitals (government and private) for the entire duration for which sessions has been planned, to enable them to function as CVCs in a smooth and obstruction free manner. It was reiterated that there is no shortage of COVID vaccines, hence adequate vaccine doses should be allocated to the CVCs. States/UTs should not store, reserve, conserve or create a buffer stock of the COVID vaccines at the State and district levels. The Central Government has adequate stock and will provide the required vaccine doses to the States and UTs.
4. All Private Vaccination Centres should have in place effective crowd management protocols along with facilities for seating, water, proper signage etc. They should also ensure adherence of Covid-appropriate behaviour among the citizen beneficiaries. State and District administration would proactively facilitate this.
5. States/UTs in consultation with the Private Hospitals should open the vaccination slots for 15 days to a month and announce this as part of their Vaccine Time Table.
6. The Co-WIN2.0 portal can be scaled up to accommodate all potential and eligible citizen beneficiaries. This portal should be put to effective use as the backbone of the vaccination program.

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