

PC-402/7/nCoV/DGAFMS/DG-3A

08 Mar 2021

DGMS (Army)/5B

DGMS (Navy)/ Health

DGMS (Air)/ Med-5

**GUIDELINES FOR COVID-19 VACCINATION OF DEPENDANTS OF SERVING PERSONNEL  
AND ECHS MEMBERS IN AFMS HEALTHCARE FACILITIES**

1. Ref this Office letter of even No. dt 24 Dec 2020.
2. Govt of India has extended COVID-19 vaccination (Covishield and Covaxin) to include following categories:-
  - (a) All senior citizens of 60 years and above (age of 60 years or more as on 01 Jan 2022).
  - (b) All citizens with co-morbidities between 45 years to 59 years (aged or will attain the age of 45 years to 59 years as on 01 Jan 2022). List of the specified co-morbidities is attached as Appx 'A'.
3. Categories of beneficiaries mentioned in para 2 (a) and 2 (b) in Armed Forces will include dependants of serving personnel and ECHS members. Vaccination for these two categories will be conducted using Co-WIN portal at AFMS healthcare facilities which are being registered in Co-WIN portal as 'COVID Vaccination Centres (CVC)'. These AFMS CVCs will be available as a choice for vaccination of dependants of serving personnel and ECHS members after online registration. The aforesaid categories of beneficiaries can also exercise the option of getting vaccinated at Government or private COVID Vaccination Centres.
4. Registration for vaccination can be done by the a/m beneficiaries on CoWIN app or Arogya Setu app. However, if self registration is not feasible, on spot registration facilities will be made available at the designated healthcare facilities.
5. To streamline the process of registration of Healthcare facilities and beneficiaries on Co-WIN portal and Co-WIN app, officials from this Office have met the technical team at MOHFW on 05 Mar 2021 and necessary modifications to the existing software to suit the requirements of the Armed Forces have been proposed. It is expected that any outcome in the context following a favorable decision from MOHFW is likely to fructify within a period of 01 week.
6. To address the clientele requirement in the meanwhile, it is recommended that the fwg actions will be initiated by the Armed Forces Healthcare facilities imdt:-
  - (a) All Healthcare facilities which have been designated by the Line Dtes as COVID Vaccination Centres shall approach their respective DIOs for getting their facility registered on the Co-WIN portal. A minimum of 2-3 pers from each HCF will be trained by the DIO for operating the Co-WIN portal, planning vaccination sessions, registering beneficiaries etc. The option of 'Offline and Online' registration will be clearly understood to plan the sessions.
  - (b) One Officer from each Healthcare facility will be nominated as the Vaccination Site Manager who during the initial training session with the DIO shall also work out the modalities for vaccine collection in this regard.

(c) Having registered on the Co-WIN portal, HCFs will begin 'Spot Registration' of beneficiaries using the 'Offline' (100%) registration option. This modality will be adopted till such time the software modification for beneficiary registration is integrated into the existing system by MoHFW. Registration of beneficiaries can be done as 'Spot Registration' based on a 'First come, First serve' basis or through a telephonic appointment based system through creation of a Helpline Number.

(d) Subsequently, after the software modification has been integrated, HCFs, depending on beneficiary load and response may plan for a percentage of the total capacity per day to be 'Spot Registered', keeping the rest available only for Online registration.

(e) **Issues related to IT support in terms of hardware, Internet connection, data entry etc and crowd control will be projected to the Stn HQ/ Fmn HQ for necessary assistance and support.**

7. Misc issues:-

(a) Co-morbid conditions qualifying for vaccination of those in the age group of 45-59 years will be strictly in accordance to those specified by the MOHFW.

(b) Medical Officers and Specialists of the AFMS are authorized signatories for the certificate, based on which dependents can avail the vaccination.

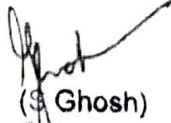
(c) Wide publicity utilizing all channels of communication will be given to ensure that maximum beneficiaries are able to avail the facility.

(d) The vaccines currently available with the AFMS are for HCWs and FLWs. **These vaccines will not be utilized ab-initio for vaccination of dependents and ESM till such time clarifications in this context is received from the MoHFW.**

(e) Daily category-wise report of the number of vaccinations carried out will be fwd in the format attached as Appx 'B' to this office by 1700h.

8. This is for your further necessary action please.

9. This has the approval of DGAFMS.

  
(S Ghosh)  
CD  
Co. AFMS (Health)

Encl: As above

Copy to:

MoD/D (Med) - for info of Nodal Officer, MoD

CDS Sectt  
COAS Sectt  
CNS Sectt  
CAS Sectt

} for info please

MoHFW, Nirman Bhawan, New Delhi : for info of JS, MoHFW, Mr Vishal Chauhan, IAS.

Central Organization, ECHS : for necessary action please

LIST OF SPECIFIED CO-MORBIDITIES FOR DETERMINATION OF ELIGIBILITY OF CITIZENS IN  
AGE GROUP 45 TO 59 YEARS

| <u>Ser No.</u> | <u>Criterion</u>  |
|----------------|---|
| 1.             | Heart Failure with hospital admission in past one year  |
| 2.             | Post Cardiac Transplant/ Left Ventricular Assist Device (LVAD)  |
| 3.             | Significant Left Ventricular systolic dysfunction (LVEF <40%)   |
| 4.             | Moderate or Severe Valvular Heart Disease   |
| 5.             | Congenital heart disease with severe PAH  |
| 6.             | Coronary Artery Disease with past CABG/ PTCA/ MI<br>AND Hypertension/ Diabetes on treatment   |
| 7.             | Angina AND Hypertension/ Diabetes on treatment  |
| 8.             | CT/ MRI documented stroke AND Hypertension/ Diabetes on treatment   |
| 9.             | Pulmonary artery hypertension AND Hypertension/ Diabetes on treatment   |
| 10.            | Diabetes (> 10 years OR with complications) AND Hypertension on treatment   |
| 11.            | Kidney/ Liver/ Hematopoietic stem cell transplant: Recipient/ On wait-list  |
| 12.            | End Stage Kidney Disease on haemodialysis/ CAPD   |
| 13.            | Current prolonged use of oral corticosteroids/ immunosuppressant medications  |
| 14.            | Decompensated cirrhosis   |
| 15.            | Severe respiratory disease with hospitalizations in last two years/ FEV1 <50%   |
| 16.            | Lymphoma/ Leukaemia/ Myeloma  |
| 17.            | Diagnosis of any solid cancer on or after 1 <sup>st</sup> July 2020 OR currently on any cancer therapy  |
| 18.            | Sickle Cell Disease/ Bone marrow failure/ Aplastic Anemia/ Thalassemia Major  |
| 19.            | Primary Immunodeficiency Diseases/ HIV infection  |
| 20.            | Persons with disabilities due to Intellectual disabilities/ Muscular Dystrophy/ Acid attack with involvement of respiratory system/ persons with disabilities having high support needs/ multiple disabilities including deaf-blindness |

**CERTIFICATE TO IDENTIFY INDIVIDUALS WITH CO-MORBIDITIES THAT ENHANCE THE RISK  
OF MORTALITY IN COVID-19 DISEASE FOR PRIORITY VACCINATION  
(TO BE FILLED BY AMA/CONCERNED SPL)**

Name of beneficiary : \_\_\_\_\_  
 Age : \_\_\_\_\_ Gender \_\_\_\_\_  
 Address \_\_\_\_\_  
 Mobile phone Number \_\_\_\_\_  
 Identification document : \_\_\_\_\_

I, Dr \_\_\_\_\_, working as \_\_\_\_\_ have reviewed the above named individual and certify that he/she has the below mentioned conditions based on the records presented to me. A copy of the records on which this certificate is based is attached.

Presence of ANY ONE of the following criteria will prioritize the individual for vaccination :

| <u>Ser No</u> | <u>Criteria</u>  | <u>Yes/No</u> |
|---------------|--|---------------|
| 1.            | Heart Failure with hospital admission in past one year   |               |
| 2.            | Post Cardiac Transplant/ Left Ventricular Assist Device (LVAD)   |               |
| 3.            | Significant Left Ventricular systolic dysfunction (LVEF <40%)  |               |
| 4.            | Moderate or Severe Valvular Heart Disease  |               |
| 5.            | Congenital heart disease with severe PAH   |               |
| 6.            | Coronary Artery Disease with past CABG/ PTCA/ MI<br>AND Hypertension/ Diabetes on treatment            |               |
| 7.            | Angina AND Hypertension/ Diabetes on treatment   |               |
| 8.            | CT/ MRI documented stroke AND Hypertension/ Diabetes on treatment                                      |               |
| 9.            | Pulmonary artery hypertension AND Hypertension/ Diabetes on treatment                                  |               |
| 10.           | Diabetes (> 10 years OR with complications) AND Hypertension on treatment                              |               |
| 11.           | Kidney/ Liver/ Hematopoietic stem cell transplant : Recipient/ On wait-list                            |               |
| 12.           | End Stage Kidney Disease on haemodialysis/ CAPD  |               |
| 13.           | Current prolonged use of oral corticosteroids/ immunosuppressant medications                           |               |
| 14.           | Decompensated cirrhosis  |               |
| 15.           | Severe respiratory disease with hospitalizations in last two years/ FEV1 <50%                          |               |
| 16.           | Lymphoma/ Leukaemia/ Myeloma   |               |
| 17.           | Diagnosis of any solid cancer on or after 1 <sup>st</sup> July 2020 OR currently on any cancer therapy |               |
| 18.           | Sickle Cell Disease/ Bone marrow failure/ Aplastic Anemia/ Thalassemia Major                           |               |
| 19.           | Primary Immunodeficiency Diseases/ HIV infection   |               |

20.

Persons with disabilities due to Intellectual disabilities/ Muscular Dystrophy/  
Acid attack with involvement of respiratory system/ persons with disabilities  
having high support needs/ multiple disabilities including deaf-blindness

I am aware that providing false information is an offence.

Name of MO/Spl : \_\_\_\_\_

Medical Council registration of MO/Spl : \_\_\_\_\_

Date of issuing the certificate \_\_\_\_\_

Place of issue \_\_\_\_\_

(signature of MO/Spl)

