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Letter to the Editor

Influenza in India-can COWIN model help?

Sir,

Globally, the Influenza virus contributes a substantial burden of morbidity and mortality among the pediatric population causing 10% of respiratory hospitalization in children <18 years of age.[1] Influenza virus hits India mainly in June-September and November-February. There are seasonal variations in the peaking of cases in different parts of the country which poses a greater challenge in implementing a nationwide vaccination policy for the target population.[2] As seasonal Influenza usually presents as a mild infection among adults, it is usually ignored. It is learnt from the previous outbreaks that certain strains can cause serious illness in children, people aged more than 65 years, and people with chronic health conditions, and other comorbidities. The Ministry Of Health And Family Welfare guidelines (latest dated 24th February 2021) recommends Influenza vaccination for all frontline health care workers, people with chronic health conditions and advises people ≥65 years and for children between 6 months and 8 years of age.[3] The World Health Organization periodically looks at the circulating strain and has recommended a quadrivalent vaccine to be effective for the people in the northern hemisphere during February 2022.[4] Even though WHO advisory is recommended by the Government of India, awareness among the public and even among health care workers on Influenza vaccination is questionable. This is evidenced in a questionnaire-based study conducted among physicians which showed that only 3.97% of the physicians had a high level of awareness about Influenza vaccination.[5] Because of the low level of awareness among medical professionals, the reach to the public is lacking. In most of the private hospitals where Influenza vaccination policy is enforced, the vaccine has been deferred during the COVID-19 pandemic due to hesitancy, and lack of scientific evidence in co-administration, or intervals between two vaccines for adults. In children, vaccination dropouts were increased due to lack of access during the national lockdown and other factors. Influenza virus has a history of emerging and re-emerging over the past 100 years hence the approach to this virus should be a sustained way to understand the nature of the virus. Regular genomic surveillance of the Influenza virus in our country will help to understand the nature of circulating strains and help design indigenous vaccines. The COVID-19 pandemic has been a gamechanger in the field of vaccination and public health and paved way for effective vaccine delivery systems with support from technology. Although Influenza vaccination is not included in the National Immunization Schedule, India, (2022) most private hospitals deliver vaccines for children and for elderly. As COVID-19 has become endemic now, it is time to utilize the digital portal used for vaccination (COWIN) to target other vaccinations in partnership with private hospitals. The electronic data capture of vaccination right from birth will help to generate data on susceptible populations for targeted interventions. This data comparison of children between those who are immunized and not immunized will help to understand the real-time efficacy of the Influenza vaccine against the circulating strains.

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