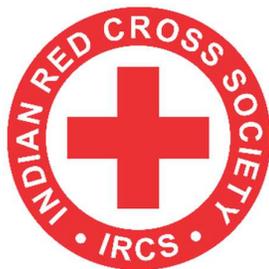


**COVID-19 – New Waves Guidance**  
**for National Societies that are**  
**preparing for a new wave**  
**(Omicron)**



## An Introduction

The COVID 19 pandemic has placed unprecedented demands on the governments in all regions especially on the provision, continuation and maintenance of required preventive, curative, therapeutic and rehabilitative services. National Societies as auxiliary to governments have been proactively supporting the governments in all their endeavors for saving lives and ensuring safety of people throughout in the last 2 years.

The Indian Red Cross is a voluntary humanitarian organization having a network of over 1100 branches throughout the country, providing relief in times of disasters/emergencies and promotes health & care of the vulnerable people and communities. It is a leading member of the largest independent humanitarian organization in the world, the International Red Cross & Red Crescent Movement. The movement has three main components, the International Committee of Red Cross (ICRC), 192 National Societies and International Federation of Red Cross and Red Crescent Societies (IFRC).

The Mission of the Indian Red Cross is to inspire, encourage and initiate at all times all forms of humanitarian activities so that human suffering can be minimized and even alleviated and thus contribute to creating more congenial climate for peace.

- Indian Red Cross Society (IRCS) was established in 1920 under the Indian Red Cross Society Act and incorporated under Parliament Act XV of 1920.
- The IRCS has 36 State/Union Territory Branches with their more than 1100 district and sub district branches.
- Hon'ble President of India is the President and Hon'ble Union Health Minister is the Chairman of the Society.
- The Vice Chairman is elected by the members of the Managing Body.
- The National Managing Body consists of 19 members, including the Chairman.
- The Chairman and 6 members are nominated by the President. The remaining 12 are elected by the state and union territory branches through an electoral college.
- The Managing Body is responsible for governance and supervision of the functions of the society through several committees.
- The Secretary General is the Chief Executive officer of the Society.

On 26th November 2021, WHO has officially announced the onset of a new variant and designated the mutant B.1.1.529, a variant of concern (VOC) as OMICRON because of preliminary suggestive evidence of a detrimental change in COVID 19 epidemiology. Within a short period of 3 weeks more than 89 countries in the world have started reporting the cases of this new variant.

## What is Omicron?

Omicron is a variant of concern with a high number of mutations, some of which are concerning and may be associated with escaping immunity developed by vaccination and higher transmissibility. However, there are still considerable uncertainties.

The main uncertainties are: 1) how transmissible the variant is; (2) how well vaccines protect against infection, transmission, clinical disease of different degrees of severity and death; and (3) does the variant present with a different severity profile

## Why are we so concerned about this variant - Omicron?

It is not yet clear whether Omicron is more transmissible or whether it causes more severe disease, compared Delta variant. However, it is a clear reminder that this pandemic is not over. There is substantial uncertainty regarding Omicron's transmissibility, immune escape potential (from either infection- or vaccine), clinical presentation, severity of disease, and response to other available countermeasures (e.g. diagnostics, therapeutics).

A number of researchers around the world are carrying out studies to assess these characteristics of Omicron. Depending on these characteristics if another major surge of COVID-19 takes place driven by Omicron, consequences may be severe. Increasing cases, regardless of a change in severity, may pose overwhelming demands on health care systems and may lead to increased morbidity and mortality.

In our region also, India has so far reported 155 cases in a span of 18 days with initial onset on 2nd December. Sri Lanka (4) and Maldives (1) also have reported cases. The initial evidence suggests this VOC to be highly transmissible with plausible immune invading properties. More evidence on these characteristics is yet to come.

Earlier, the World Health Organization (WHO) on Saturday stressed on urgent scale-up of public health and social measures to curtail its further spread, with seven countries in the South-East Asia Region confirming cases of new COVID-19 variant Omicron. Countries can and must prevent the spread of Omicron with proven health and social measures as per the statement issued by WHO

## Why do New Waves Happen in a Pandemic?

There are several scenarios in which multiple new waves would occur in populations that have not achieved immunity through vaccination. In the context of COVID-19, vaccines can change the dynamics. However, vaccine roll-out has been slow across Asia Pacific, especially for low-risk populations.

- When the virus is not eliminated from the population, it will continue to circulate among vulnerable people. If public health measures are not in place to effectively identify and isolate cases, transmission will eventually reach a new phase of exponential growth and a new peak. This can be caused by ending public health control measures too early, before the transmission has truly been stopped, or if these measures are not widespread enough to cover the population. Effective measures include widespread testing, isolation of all cases, quarantine of all contacts (i.e., contact tracing), and personal preventive measures like wearing masks, hand washing, physical distancing, etc.
- Even when the virus has been suppressed in a community or country, it can be reintroduced through human movement. Several holidays have shown to be followed by a surge in cases. For this reason, limitation of displacements, quarantine, point of entry screening, and enhanced surveillance are critical to rapidly detect imported cases and quickly isolate them from the susceptible population.

- It is now established that super spreader events cause a large proportion of COVID-19 outbreaks<sup>1</sup> with the majority of new cases being caused by a minority of infected individuals. Multiple studies have found that a small percentage (as few as 10 to 20 percent) of infected people may be responsible for as much as 80 to 90 percent of transmission to new people. This points to the need to reduce the potential for superspreading events, which are most common when a group of people are in close contact indoors and places with poor ventilation.
- Virus mutation is a major factor – allowing a large number of persons to be re-infected by the new strain. A mutated virus could be resistant to current therapeutics and/or current vaccines could be less protective.

### **Experience of National Societies that have responded to a second wave (Delta variant) in South Asia**

Several South Asian countries have experienced a second wave to which their National Societies (NS) have responded. India started its second wave in April followed by Nepal, and Sri Lanka. Several of these countries have had to respond to other disasters at the same time as contributing to the COVID-19 response. Afghanistan and Bangladesh are now seeing surges of cases.

### Lessons learned from the second wave in selected countries in South Asia

Issues encountered	Best practices
<ul style="list-style-type: none"> <li>• Sudden and overwhelming surge in cases and deaths</li> <li>• Concurrent outbreaks (mucormycosis or black fungus) and disasters (cyclones, population movement, conflict)</li> <li>• Overwhelmed health systems that have been unable to respond to needs</li> <li>• Very high needs in oxygen</li> <li>• Important logistics bottlenecks including increased market demand, extended lead time and delays in delivery leading to untimely deliveries</li> <li>• Increase in mis and disinformation and increase in information requests by community members</li> <li>• Vaccine inequity</li> <li>• Surge demands on all support services (finance, HR, etc.)</li> <li>• Media crisis and intense scrutiny leading to surge in media demands</li> </ul>	<ul style="list-style-type: none"> <li>• Support to the Ministry of health</li> <li>• Preposition lifesaving medical equipment including oxygen delivery equipment in anticipation of a new wave.</li> <li>• Rapid scale up response including strengthening health awareness, with new methods to engage communities to abide by basic public health measures</li> <li>• Update business continuity plans</li> <li>• Use of creative ways to provide services remotely (helplines, telemedicine)</li> <li>• Provision of non-professional support to health activities including vaccination (crowd and flow control, registration, IPC measures in vaccine centers, support vulnerable people to reach vaccination center, etc.)</li> <li>• Advocate to reach hard to reach area with vaccines</li> <li>• Support to border areas (point of entry/exit screening, isolation facilities, etc.)</li> <li>• Scale up of clinical services where capacity exist in response to expressed needs</li> <li>• Protection of staff and volunteers (SOPs, provision of PPE, advocacy for vaccination as frontline workers, insurance, and solidarity fund discussions)</li> <li>• Training of volunteers in epidemic control for volunteers</li> <li>• Provision of cash interventions</li> <li>• Distribution of COVID-19 prevention kits</li> <li>• Psychological wellbeing of staff and volunteers</li> <li>• Prepare for COVID-19 safe disaster response</li> </ul>

## What can National Societies do to Avoid or Reduce Impact of New Waves?

Establishing and maintaining essential public health epidemic control measures—even after a plateau in cases and a decrease in transmission—is critical to preventing multiple waves of cases. The effectiveness of any one public health intervention to the exclusion of others is likely to be limited. Multiple effective interventions must be implemented simultaneously to reduce risk, reduce transmission, detect and isolate cases, and trace contacts. New waves can be avoided or reduced by ensuring these critical public health epidemic control measures are effective, scaled, and reach all affected and at-risk populations.

National Societies can support their health authorities to avoid or reduce the impact of new waves of the pandemic in four important ways:

1. **Maintain public health measures:** Support maintenance of the public health measures in the population already in place. National Societies are well placed to support the community-level public health measures, and many have extensive experience in epidemic control. National Societies can provide a critical workforce to scale these measures and are trusted voices in their communities to help engage and educate communities by addressing knowledge gaps, concerns and supporting community led initiatives.

### 2. **Prepare for a new wave**

- ✓ **Assess**
- ✓ Follow closely the epidemiology and map risks (mass gathering, populations unable to follow prevention strategies or not reached by messaging or not able to reach out to NS, etc.)
- ✓ In countries that have already experienced a first wave of cases, National Societies can assess the gaps in response public health systems (e.g. testing, contact tracing, isolation/quarantine, risk communication, and behavior change communication) that contributed to the sustained transmission.
- ✓ Use lessons learned from the first wave and second wave in other countries to inform the probable critical needs as well as bottlenecks for response and support preparedness
- ✓ **Preposition:** Plan the response to a second or a third wave and preposition lifesaving medical equipment including oxygen delivery equipment, and consumables to respond in a timely manner.
- ✓ **Ensure readiness to respond:** As per the National Society auxiliary role, work on readiness to respond.

**Internally:** update business continuity plans, identify program changes needed to allow outbreak response, discuss with donors and/or partners resources can be diverted to response in case of need, do scenario planning, update communication strategy, support remote work.

- ✓ **Externally:** approach (sometimes for the second time) respective health authorities to support where public health gaps exist, approach local grassroots organizations that can help engage marginalized and vulnerable groups and reach out to CEA related working groups (Accountability to Affected Populations, Risk Communication and Community Engagement, Communicating with Communities).

3. **Scale up COVID-19 vaccination:** IFRC has prepared a vaccination annex<sup>2</sup> with 5 pillars to support NS to contribute to this effort. Activities that can be realized in preparation include:
  - ✓ **Assess:** capacities of your NS in each pillar and needs of the Ministry of Health to support the vaccination campaign.
  - ✓ **Engage** with the National Immunization task force for COVID-19 vaccine
  - ✓ **Prepare** to support vaccination drive
  
4. **Prepare to respond to other disasters:** COVID-19 pandemic is expected to last for several more years during which disasters and crisis will continue to strike and for which National Societies will be called upon to respond. Ensuring that response to co-occurring disaster can be done safely for the affected populations as well as the responders and take into account the added complexity of providing COVID-19 care within the disaster will be key.
  - ✓ **Assess:** assess gaps in readiness plans in terms of capacity and tools
  - ✓ **Prepare:** ensure protocols for response are ready and that staff and volunteers are protected and insured (use IFRC [COVID-safe best practice guide Asia-Pacific](#) guide and checklist to support preparation)
  - ✓ **Train:** train staff and volunteers to ensure they can respond safely to other disaster should they strike in the preparedness period or at the same time of a second wave
  - ✓ **Preposition:** ensure PPE and other materials needed for response such as sanitizer, hygiene kits, masks, COVID-19 protection kits, are prepositioned

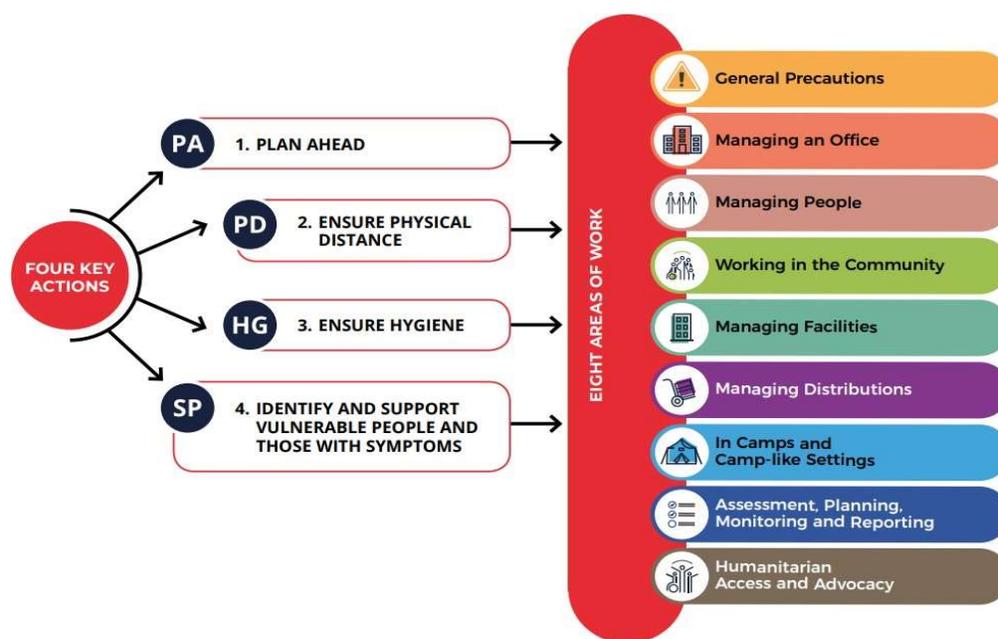


Figure: The Asia Pacific COVID-Safe Best Practice Guide outlines steps that can be taken in four key actions in eight areas of RCRC work.

## Suggested activities for National Societies to limit impact of new waves

### 1. SUSTAINING HEALTH & WASH

#### Epidemic Control Measures

Support government testing activities at the community level, in support of health authorities (e.g. running testing sites, mass screening initiatives using MoH testing approaches);

- Train volunteers or prepare training material for contact tracing
- Offer technical support/training materials or supervision for contact tracing.
- Support point of entry/point of control screening, in support of health authorities.
- Help essential public spaces such as schools, markets, and other places put in place preventive measures such as hand washing points and people flows to improve physical distancing.
- Adequate amount of PPE is available to support RCRC activities in the case of new waves of the pandemic.
- Support the government with isolation facilities Distribute COVID-19 prevention kit

#### Scale up Water Sanitation and Hygiene (WASH) services in the community and in the health sector

Resume routine WASH programming with COVID-19 safe precautions.

- Coordinate planning and service delivery with relevant sectors and partners.
- Engage with health service providers to provide and strengthen WASH support for health and treatment facilities.
- Collaborate with the education sector to provide WASH support to functioning schools
- Scale up WASH services in vulnerable communities such as IDP, refugee camps, slums, settlements, and poverty-stricken areas.
- Mainstream CEA and PGI throughout WASH programming to strengthen outcomes and extend outreach.

#### Clinical Support during an overwhelmed health system response

Ensure adequate supply of medicines, medical equipment (including oxygen delivery equipment), and PPE are procured and prepositioned

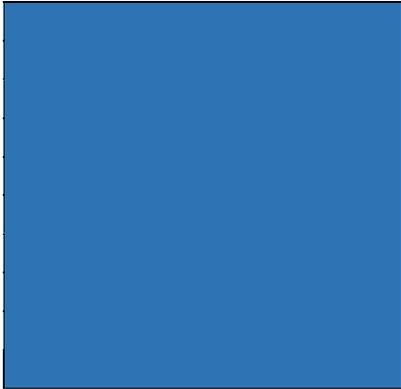
- Support government response to scale up provision of clinical care for COVID-19 patients (diagnostic and laboratory services, isolation, treatment, and referral services)
- Ensure clinical staff and volunteers of NSs engaged in clinical care

	<p>are trained in Infection Prevention and Control</p> <ul style="list-style-type: none"> <li>• Ensure vehicles used for transportation of cases and referrals are well equipped with staff and volunteers trained to use PPE</li> </ul>
<b>Maintain essential health services</b>	<p>Scale up and adapt pre hospital services to COVID-19 IPC measures as mandated by MoH like – ambulance services.</p> <ul style="list-style-type: none"> <li>• Maintain/strengthen blood services as per existing mandated roles as a response to decreased health services available as a result of COVID-19</li> </ul>
<b>Scaled up Public Health messaging and risk</b>	<p>Identify and use trusted communication channels and languages to reach most at-risk populations with key health messages like – hand washing, physical distancing, mask wearing, avoiding indoor and crowded places, ventilation, vaccination, etc.</p> <ul style="list-style-type: none"> <li>• Prepare for new communication campaigns if a new wave impacts other age groups, has other common symptoms, is more virulent and therefore requires stronger messaging around early diagnosis Map vulnerable populations that have not been affected yet and plan strategies to reach them effectively</li> <li>• Set up or scale up community feedback mechanisms that allow diverse community voices, priorities, and perspectives to be heard and responded</li> </ul>
<b>Mental Health and Psychosocial support</b>	<p>Provide psychosocial support to staff, volunteers, frontline workers and/or their families</p> <ul style="list-style-type: none"> <li>• Provide direct psychosocial support and psychological first aid (PSS/PFA) to affected people, at-risk individuals, communities, and psycho education materials in the format of IEC materials to the general public, addressing the MHPSS components in infection control, eg. Pandemic fatigue and self-care in pandemic</li> <li>• Ensure the availability and access to mental health referral pathways for staff and volunteers as well as community members</li> <li>• Provide direct psychosocial support and psychological first aid at the quarantine facilities</li> <li>• Staff and volunteers might encounter Pandemic Fatigue which might present itself as a lack of adherence to public health and protective measures and other emotional and cognitive reactions under prolonged exposure of stressors in the pandemic.</li> <li>• Our frontline workers might also have a higher risk of exposure due to Pandemic Fatigue or other longer-term impact under the pandemic, so clearly communicated safety and self-care measures</li> </ul>

	<p>and support are accessible to them</p> <ul style="list-style-type: none"> <li>• Adverse impact on economic situation and job availability as a result of prolonged pandemic may also add on the stress level of certain groups in the population. Be mindful of the various socioeconomic backgrounds as these can have a large influence on access to information, health literacy, resources, and ability to comply with the measures.</li> </ul>
<p><b>Support immunization and COVID-19 Vaccine</b></p>	<p>Ensure Readiness for COVID-19 Vaccine roll out</p> <ul style="list-style-type: none"> <li>• Prepare staff and volunteers with appropriate tools and skills to roll out COVID-19 vaccine ADVOCATE for equitable access to COVID-19 vaccines:</li> <li>• Advocate for equitable access to vaccines starting with priority groups</li> <li>• Participate in National Working group for COVAX and vaccine roll-out planning</li> <li>• Support for micro planning of the vaccination campaign</li> <li>• Identify and advocate for excluded populations for COVID-19 vaccination.</li> <li>• Identify vulnerable and excluded groups (migrants, humanitarian populations, refugees, persons in urban poor settings, etc) and advocate for them to access vaccines</li> <li>• Identify barriers to vaccine access including misconceptions and financial and advocate for measures to be embedded in the campaign to overcome them</li> <li>• Advocate for protection of staff and volunteers supporting the campaign including access to vaccines as first responders TRUST: build community trust and acceptance of COVID-19 vaccines and help manage people's expectations</li> <li>• Scale up CEA activities including putting in place community feedback mechanisms that will document and address questions, concerns, complaints, thanks and other types of feedback related to the pandemic and vaccine roll out</li> <li>• Use feedback and perception survey data to inform any content that you produce (such as IEC, campaigns, other engagement)</li> <li>• Coordinate with religious leaders, sports personalities and community leaders to increase trust for vaccines</li> <li>• Collect, analyze and address data to understand and manage vaccine</li> </ul>

	<p>hesitancy and other factors such as fear, beliefs, mistrust that decreases vaccine uptake</p> <ul style="list-style-type: none"> <li>• Train and assess barriers in National Societies staff and volunteers in order for them to champion immunization HEALTH: Support the distribution and delivery of COVID-19 vaccines in health facilities and during outreach activities</li> <li>• Assess the capacity of your NS and the government needs for the vaccination campaign</li> <li>• Train and mobilize staff and volunteers</li> <li>• Procure and preposition required material if needed</li> <li>• Support the government vaccination activities at the community level: running vaccination sites, supporting with crowd or flow control, establish or support mobile vaccination clinics for harder to reach populations and communities, etc. REACH underserved communities:</li> <li>• Support the government in accessing communities affected by disasters and crisis, weak development programmes, violence and conflict, geographic or social isolation, and ongoing or new emergencies equitable with their vaccination campaign</li> <li>• Ensure community engagement with these groups suits them (adapting languages, formats and channels)</li> <li>• Coordinate with ICRC for access to conflict area MAINTAIN immunization services:</li> <li>• Support routine immunization for vaccine-preventable diseases, as a response to decreased health service availability resulting from the pandemic</li> <li>• Promote seasonal influenza vaccination among vulnerable groups</li> </ul>
<p><b>ADDRESSING SOCIO-ECONOMIC IMPACT</b></p>	
<p><b>Services for people in quarantine or isolation, in facilities or at home</b></p>	<p>Offer cash and/or services (e.g., grocery delivery) to assist people in quarantine and isolation (with a focus on people who are unable to safely isolate/quarantine due to income loss or need to care for family)</p> <ul style="list-style-type: none"> <li>• Offer temporary shelter services for people who cannot isolate alone (e.g., big family sizes or communal living arrangements)</li> <li>• Plan to scale up shelters in case of surge in cases</li> <li>• Link to local health services, or other groups who provide economic, or social support (such as childcare, counseling, medications, etc.)</li> </ul>

	<ul style="list-style-type: none"> <li>• Technical support/ training materials or supervision support of volunteers for home-based care</li> </ul>
<b>3. STRENGTHENING NATIONAL SOCIETIES</b>	
<b>Auxiliary Role</b>	<p>Identify role of national societies together with MoH in the multiple new waves</p> <ul style="list-style-type: none"> <li>• Identify systems gaps that contributed to previous waves, and advocate with government for NS to help fill those gaps</li> <li>• Prepare for compounding disasters through analysis, coordination, planning, training and pre-positioning of stock and personnel – especially in areas that are hard to reach during COVID times</li> </ul>
<b>COVID-19 safe Disaster Response</b>	<p>Adhere to precautionary measures outlined in Asia Pacific COVID-19-safe Best Practice Guide for Disaster Response. Specifically, with regards to person-to-person transmission, the NS will follow the four key actions:</p> <ul style="list-style-type: none"> <li>• Plan ahead including risk analysis and site preparation.</li> <li>• Maintain physical distance using specific measures to manage the movement and interactions between people. <ul style="list-style-type: none"> <li>• Ensure hygiene (use surgical masks, practice hand washing with soap (or use 60 percent alcohol-based hand rub), always carry personal hygiene kits, clean and disinfect surfaces regularly (especially transport vehicles during field assessments).</li> <li>• Identify and support vulnerable people including immediate actions to be triggered as per the guidelines in the case of contact with a suspected/confirmed case of COVID-19 during line of work</li> </ul> </li> </ul> <p>Ensure protocols are in place to protect NS volunteers &amp; staff</p> <ul style="list-style-type: none"> <li>• Preposition and provide adequate PPE</li> <li>• Train volunteers and staff on prevention measures and use of PPE</li> <li>• Implement regular feedback sessions or perception surveys with staff/volunteers to ensure their concerns, questions and suggestions can be addressed and their knowledge utilized.</li> <li>• Advocate for NS volunteer and staff vaccination as frontline workers</li> <li>• Ensure support is available in case of accident, disease or mental health distress</li> </ul>
<b>Mainstream COVID-19 health-related activities in all NS activities</b>	<p>Mainstream COVID-19 risk communication and prevention measures in all programming</p> <ul style="list-style-type: none"> <li>• Update and test contingency plans for other risks, taking COVID-19 preventive measures into consideration.</li> <li>• Update business continuity plans based on lessons learned from previous surges in cases and the expected NS scope of COVID-19 and non-COVID response activities in the new surge.</li> </ul>
<b>Support to volunteers &amp; staff</b>	<p>Ensure volunteers are insured</p> <ul style="list-style-type: none"> <li>• Ensure protocols are in place to protect NS volunteers &amp; staff</li> </ul>

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