



Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



Continuity, Prioritization and Safe Delivery of Immunization Services during COVID-19 Response

Updated October 27, 2020

1.1. Purpose

To provide guidance to immunization providers on prioritization of infant, childhood and adult immunization programs during the COVID-19 pandemic.

1.2. Background

Immunization is an essential service. BC is currently responding to the global COVID-19 pandemic (caused by the novel SARS-CoV-2 virus). As cases increase, public health, primary care and other health care resources are challenged to continue to provide routine services, including immunization services. The continuity and prioritization of immunization programs must be carefully considered in order to avoid unintentional consequences such as unimmunized cohorts and increases in vaccine preventable diseases.

1.3. Key Considerations

In planning the continuity of immunization services, a number of key factors should be considered:

- The need to continue promotion of immunization for individuals without acute COVID-19 infection
- Local and provincial epidemiology and potential for outbreaks
- Severity of disease
- Risks associated with delays in immunizations balanced against the risk of continuing services
- Ability of the system to provide timely catch-up opportunities for any deferred immunizations

1.4. Infant and Childhood Immunizations

It is recommended that as a minimum the delivery of the infant series from 2 months to 12 months including MMR and varicella be maintained. This would also provide infants with all recommended protection including against rotavirus, pertussis, *Haemophilus influenzae b*, meningococcal C, invasive pneumococcal disease and rotavirus. These immunizations are routinely provided at 2, 4, 6 and 12 months. If a decision to defer some immunization programs is needed, the following order should be considered:

- Defer school based and adolescent immunization programs first – until regular classes resume opportunities to reach these populations through school-based immunization services are appreciably reduced.
- Secondly, defer the preschool booster. This dose is due between the ages of 4 and 6 years, providing flexibility on the timing of delivery.



- Delaying the 18-month booster should be the final consideration. If this booster is deferred, every effort should be made to provide catch up opportunities for children before the second birthday.

1.5. Immunizations for Adults and Special Populations

Routine adult immunizations may be deferred. Priority should be given to the ongoing immunization of high-risk individuals and special populations, including the provision of pneumococcal vaccine. Post-exposure prophylaxis must also continue to be offered.

1.6. Other Considerations

In areas where physicians provide the majority of these immunizations, Public Health may need to plan for physician office closure. In order to preserve resources and minimize potential transmission, well baby clinics should be streamlined to prioritize the provision of immunization services. The consideration of other health assessment activities (e.g., growth monitoring) should be based on clinical discretion and in accordance with health authority clinical practices. If possible, there should be minimal disruption to services provided to hard to reach populations, especially those at higher risk for vaccine preventable disease.

1.7. Precautions to Minimize Transmission of COVID-19 in Clinical Settings for Immunization Services

The COVID-19 response has affected many clinical services throughout the province. Although a variety of health care services can be delivered remotely through telehealth and some digital applications, maintaining an immunization program requires direct contact with the public. Immunization remains a core service, however, there are strategies immunizers should use to ensure prevention of droplet contact transmission of COVID-19 infection to protect patients and staff.

Planning should include the application of appropriate physical distancing principles and staff should adhere to regional recommendations for infection prevention and control. Immunizers should wear a medical mask and eye protection, as should other staff who are not able to maintain a two-metre physical distance. Immunizers need not wear gloves, except when administering intranasal influenza vaccine or oral vaccines (e.g., rotavirus) because of an increased likelihood of contact with a client's mucous membranes and bodily fluids during these procedures. Gloves should be changed between clients and hand hygiene performed after gloves are removed. Administration of intranasal influenza vaccine is not an aerosol-generating procedure, and additional precautions, such as N95 respirators for immunizers, are not recommended.¹

For additional information on the delivery of influenza vaccine and mass immunization clinics during the COVID-19 pandemic, go to [Guidance for Influenza Vaccine Delivery in the Presence of COVID-19](#)

At the time of appointment booking

- Inform the parent/guardian that only one adult should accompany the child, and the other family members should remain home.

¹ Centres for Disease Control and Prevention. Interim guidance for immunization services during the COVID-19 pandemic. Available from: <https://www.cdc.gov/vaccines/pandemic-guidance/>



Pre-screening

- Unlike routine practice in pre-COVID-19 years, at this time, infants and children with a mild viral illness, with or without fever, should not be brought to clinic. Ask parents to defer the appointment until symptoms have resolved. Provide an appointment time 10 days to 2 weeks later.
- Ensure any adult bringing a child to the clinic is not ill with COVID-19-like symptoms and not on isolation for illness or quarantine because of recent travel or exposure to a case of COVID-19.
- Post information on your website and signs on doors with the following messaging:
 - Avoid coming to the health unit/clinic if:
 - You or your child are feeling ill and/or have any of the following symptoms:
 - Runny nose, sore throat
 - Fever
 - Cough, shortness of breath or trouble breathing
 - Diarrhea or vomiting
 - You have been asked to quarantine because you have travelled out of Canada or been in contact or close proximity with someone with COVID-19

Screening at the door

- Review symptoms of respiratory illness with all people coming to the clinic
- Reinforce that only one adult is able to bring the child into the clinic
- Anyone who has symptoms of respiratory illness, with or without fever, should be sent home and asked to phone and rebook the appointment
- Provide hand sanitizer for all people entering the clinic area
- Show the family directly into a clinic room upon arrival in order to avoid use of the waiting room, if possible. If not possible, ensure physical distancing measures are in place in the waiting area.
- Adjust the waiting room seating by removing chairs and leaving remaining chairs at least 2 meters apart.

The appointment

- Screen for contraindications and immunize first. Perform any additional assessment(s) or answer questions during the 15-minute post-immunization wait in the clinic room. Do not send the family to wait in the waiting room, if possible. If not possible, ensure physical distancing measures are in place in the waiting area.
- The National Advisory Committee on Immunization (NACI) recommends a 15-minute observation period post-immunization because during this period of time a large proportion of rare but potentially serious allergic events (anaphylaxis) and syncope (fainting, including with fall and head injury or seizure) can occur.² However, in certain circumstances, a shorter observation period of at least 5 minutes may be considered after influenza immunization during the COVID-19 pandemic, but only during times when appropriate physical distancing in post-vaccination waiting areas cannot otherwise be maintained due to the volume of individuals seeking immunization. A shortened observation period following influenza vaccine administration may be considered on a case-by-case basis for clients who have received influenza vaccine before, do not have a history of severe allergic reaction to the influenza vaccine or its components, do not have a history of syncope following receipt

² Thirty minutes is a safer duration when there is a specific concern about a possible vaccine reaction to the biological product or a component of the biological product.



any vaccine, agree to stay in the vicinity of the clinic (e.g., parking lot) for at least 15 minutes post immunization with another responsible adult who knows when and how to seek prompt medical attention, and agree not to operate a motorized vehicle during that time.

Other

- Remove toys, books, magazines from any public areas
- Practice hand hygiene before and after each patient
- Encourage the family to use hand hygiene upon arrival and prior to leaving the clinic
- Disinfect frequently touched surfaces and clinic rooms frequently during the day.

Sources

1. Guidance on routine immunization services during COVID-19 pandemic in the WHO European Region (March 20, 2020)
2. BC Pandemic Influenza Preparedness Plan Supplement (August 10, 2009)
3. NACI Request for recommendations on a minimum routine immunization schedule during a pandemic (August 2009)
4. [Environmental Cleaning and Disinfectants for Clinic Settings](#)
5. BC College of Pharmacists https://www.bcpharmacists.org/covid19#visiting_pharmacy
6. CDC. Immunization Works March 2020 <https://www.cdc.gov/vaccines/news/newsletters/imwrks/2020/2020-03.html>
7. BC Centre for Disease Control/BC Ministry of Health. Coronavirus COVID-19. Caring for Children with COVID-19. April 3, 2020. <http://www.bccdc.ca/Health-Professionals-Site/Documents/Caring-for-children.pdf>
8. National Advisory Committee on Immunization (NACI). [Recommendations on the Duration of the Post-vaccination Observation Period for Influenza Vaccination during the COVID-19 Pandemic](#). October 15, 2020.

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