Ministry of Health

Guidance for Immunization Services During COVID-19

August 25, 2020

In the event of any conflict between this guidance document and any applicable emergency orders, or directives issued by the Minister of Health or the Chief Medical Officer of Health (CMOH), the order or directive prevails.

Immunization services have been impacted over the past several months as a result of physical distancing and other public health measures in response to COVID-19. While some clinics have continued to provide some immunizations, others may have been closed. With fewer vaccine doses being administered, individuals and communities may be at risk for illness and potential outbreaks of vaccine preventable diseases.

This document is intended to complement existing Ministry of Health (MOH) guidance that can be found on the Ministry of Health COVID-19 website including:

- COVID-19 Reference Document for Symptoms
- COVID-19 Operational Requirements: Health Sector Restart
- COVID-19 Guidance: Primary Care Providers in a Community Setting

Applicable Directives can be found on the Directives, Memorandums and Other Resources page.

This document is mainly for primary care providers in a community setting, however other immunization service providers can use this document for general immunization guidance.

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Importance of Immunization Services During COVID-19

To ensure that individuals and our communities remain safe from vaccine preventable diseases (VPDs), and to maintain a high level of herd immunity, it is important that routine immunizations are provided to the extent possible despite the continued circulation of COVID-19.

Routine vaccination is an essential service and part of a health care provider's standard of care. Immunization can prevent illnesses that lead to unnecessary medical visits, hospitalizations, and further strain to the health care system.

General Advice

- Recommendations and guidance on infection prevention and control (IPAC) are available from the Ministry of Health, Public Health Ontario and professional colleges and associations.
- As per the National Advisory Committee on Immunization (NACI) Interim guidance on continuity of immunization programs during the COVID-19 pandemic:
    - During the COVID-19 pandemic, individuals with symptoms of acute respiratory infection, including minor symptoms such as sore throat or runny nose, should defer routine immunization until they have recovered because they can pose an unnecessary risk to the public and health care providers if they have COVID-19.
    - Individuals with suspected, probable, or confirmed COVID-19, and those who are close contacts of a case, should not attend scheduled immunization appointments during their period of isolation.

Planning Considerations

- If feasible, have a dedicated clinic time and space for immunizations, offered by appointment only.
- Equip immunization rooms with all necessary equipment in order to minimize unnecessary movement during the appointment.
- Conduct immunizations and well patient visits in the mornings and sick patient visits in the afternoon.
- Minimize the number of persons coming to the appointment (e.g., only the patient plus a caregiver if necessary). If there are others in the household that require immunizations (e.g., siblings), take the opportunity to offer appropriate immunizations to them as well.
- Ensure parents are aware not to attend the clinic if they or their child is sick, and communicate this when booking the appointment, through your website, voicemails, signage and active screening at the door.
    - Avoid waiting room use by having patients come directly to the immunization room; conduct assessment, immunization, and 15-minute wait period in the same room.

Infection Prevention and Control

- Ensure appropriate physical distancing can be maintained in the clinic area and waiting room (e.g., space out chairs, use signs, physical barriers, floor markings) and/or have patients wait outside of the clinic area (e.g., in their car), and call or text when they can be taken directly to the immunization room.
- Patients (and those accompanying them, if applicable) should be advised to wear their own face covering (e.g. non-medical mask such as a cloth mask) to the office/clinic if they have one available to them.
    - Provide a mask to those who arrive at the clinic without one. All patients should be advised to perform hand hygiene before donning their mask.
- Minimize time in the office as well as the use of materials such as clipboards and pens by utilizing electronic forms of communication, as feasible.
- Remind clinic visitors of respiratory etiquette and hand hygiene. Hand hygiene should be performed upon arrival and prior to departure. Disposable masks should be discarded in an appropriate manner after the appointment.
- All clinic staff should be reminded about taking appropriate precautions including frequent hand hygiene and the appropriate use of PPE.
- Disinfect high touch surfaces frequently throughout the day.

Screening

Please see the COVID-19 Guidance: Primary Care Providers in a Community Setting, for screening guidance for in-person visits. This includes vaccine administration for infants, children and seniors:

- All primary care settings should be undertaking active and passive screening for COVID-19.
    - Patients should be screened over the phone for symptoms of COVID-19 before scheduling appointments. In cases where a patient screens positive over the phone.
    - In addition to screening over the phone, staff should again screen all patients (and those accompanying them, if applicable) at the point of entry to the office/clinic to assess for symptoms and exposure history.

- Measures should be in place for the protection of staff conducting active screening on site from contact/droplet spread.
    - Staff conducting screening on site should ideally be behind a barrier to protect from droplet and contact spread. If a plexiglass barrier is not available, staff should maintain a 2-metre distance from the patient. If the office is unable to provide this physical barrier for those screening, the health care worker (HCW) doing the screening should use Droplet and Contact Precautions.
- If a patient screens positive at the office/clinic:
    - For patients who have COVID-19 symptoms upon their arrival to the clinic, offer or arrange for testing at an assessment centre, and re-schedule their immunization appointment over the phone or by email.
    - If feasible, the patient should be given a surgical/procedure mask and placed immediately in a room with the door closed.
    - If assessing and/or offering testing, personal protective equipment (PPE) recommendations for Droplet and Contract Precautions should be followed.

Providing Immunization Services

- As per the Ministry of Health's Directive #1 for Health Care Providers and Health Care Entities:
    - A point-of-care risk assessment (PCRA) must be performed by every health care worker before every patient interaction.
- Following the PCRA, for patients who screen negative and are coming to the office/clinic for vaccine administration, a surgical/procedure mask should be worn, and eye protection should be strongly considered. Gloves should be considered (e.g. skin integrity and some vaccines) as per the Canadian Immunization Guide.
    - In most cases gloves do not need to be worn except when: the skin on the vaccine provider's hands is not intact; administering intranasal or oral vaccines due to the increased likelihood of coming into contact with a patient's mucous membranes and body fluids; and/or administering Bacille Calmette-Guérin (BCG) vaccine.
- Perform hand hygiene and change gloves after each client as needed.

- Clean high touch surfaces and facilities after the patient leaves. Refer to PIDAC's Best Practices for Environmental Cleaning for Prevention and Control in All Health Care Settings for more information on environmental cleaning.

Groups Requiring Immunization

Routine immunization is essential to protect everyone against vaccine preventable diseases. Children, adolescents and adults (including pregnant women) should be assessed to ensure they are up to date with their immunizations:

- Identify the following individuals and offer vaccines at the earliest opportunity:
    - Those who are due for any vaccine, prioritizing infants and toddlers who require their primary vaccination series;
    - Those who are at increased risk for acquiring and/or transmitting VPDs (e.g., health care workers), or those at risk of VPD complications; and
    - Those who have missed vaccine doses.
- Take all opportunities to immunize and offer vaccines when combined with other visits (e.g., during routine baby visits, prenatal visits).
- Ensure adequate assessment and vaccine inventory to ensure patient receives all indicated vaccines, minimizing the need for additional health care visits.
- Communicate the importance of immunization to patients and parents/caregivers as well as the procedures and recommendations outlined in this document to provide reassurance to those who may be reluctant to attend a clinic to receive their vaccines.
- Provide reminders to patients to ensure they are aware of when any subsequent doses are required.
- Maintain a complete, up to date immunization record for the patient.

Provision of Catch-Up Vaccines for Missed Doses

If a vaccine dose has been delayed, the individual should be immunized at the earliest opportunity. In general, interruption of a vaccine series does not require restarting the series as delays between doses do not result in a reduction in final antibody concentrations for most products, except for cholera and rabies vaccines.

Maximum protection is generally not attained until the complete vaccine series has been administered. For this reason, catch-up schedules take into consideration the minimum interval between doses so that optimal protection can be achieved within the shortest amount of time while still being effective.

The interrupted schedules for vaccines that contain tetanus, diphtheria, pertussis, polio, and Hib, as well as the pneumococcal conjugate vaccine are included below as they are complex when the schedule has been interrupted. The other vaccines in the immunization schedule are generally straightforward when providing catch-up doses (i.e., provide the dose at the earliest opportunity with no need to restart a series); use the product monographs and Tables 4 to 21 in the Publicly Funded Immunization Schedules for Ontario to assist with determining intervals between doses when immunizations are delayed or off-schedule. Also included below is the recommended and minimum interval table for the rotavirus (Rot-5) vaccine which is not included in the current Publicly Funded Immunization Schedules for Ontario.

Rot-5 Immunization Series for Infants <32 Weeks of Age	
Recommended Intervals	Minimum Intervals
1st dose between ages ≥2 months and <15 weeks 2nd dose, 2 months after 1st dose 3rd dose, 2 months after 2nd dose and at age ≤32 weeks	1st dose between ages ≥6 weeks and <15 weeks 2nd dose, 4 weeks after 1st dose 3rd dose, 4 weeks after 2nd dose and at age ≤32 weeks
Notes: • If an incomplete dose is administered for any reason (e.g., infant spits the vaccine) a replacement dose should NOT be administered. • Vaccination should not be initiated in infants ≥15 weeks of age, as the safety of providing the first dose of Rot-5 in older infants is not known. If Rot-5 is inadvertently administered at ≥15 weeks of age, the rest of the series should be completed with a minimum of 4 weeks between each dose and all doses should be administered at ≤32 weeks of age.	

Tdap-IPV, Td and IPV, and/or Td schedule for individuals 7 YEARS OF AGE AND OLDER who have not completed their series		
Number of DTaP-IPV-[Hib] doses received at age <7 years	Individual's current age	Continue with the following number of Tdap-IPV, Td and IPV, and/or Td doses to complete series (recommended intervals)
1 dose	7 to 17 years	1 dose of Tdap-IPV, 2 months after DTaP-IPV-[Hib] dose 1 dose of Tdap, 2 months after 1st Tdap-IPV dose 1 dose of Tdap-IPV, 6-12 months after Tdap dose
	≥18 years	1 dose of Tdap-IPV 1 dose of Td dose, 2 months after Tdap-IPV dose 1 dose of Td and IPV, 6-12 months after Td dose
2 doses	7 to 17 years	1 dose of Tdap-IPV, 6-12 months after DTaP-IPV-[Hib] dose 1 dose of Tdap, 6-12 months after 1st Tdap-IPV dose
	≥18 years	1 dose of Tdap-IPV 1 dose of Td, 6-12 months after Tdap-IPV dose
3 doses	≥7 years	1 dose of Tdap-IPV, 6-12 months after DTaP-IPV-[Hib] dos
4 doses received at age <4 years	≥7 years	1 dose of Tdap-IPV
DTaP-IPV-[Hib] indicates the use of DTaP-IPV-Hib or DTaP-IPV depending on the age of the child		

Pneu-C-13 schedule for children <5 years of age who have not completed their series			
Child's current age	**Applies to**	Number of Pneu-C-13 doses received previously	Number of Pneu-C-13 doses required to complete series and recommended intervals
2 to 6 months	Healthy	1 dose (1st dose)	2nd dose, 2 months after 1st dose 3rd dose, 2 months after 2nd dose and at age ≥12 months
		2 doses (1st and 2nd dose)	3rd dose, 2 months after 2nd dose and at age ≥12 months
	High risk	1 dose (1st dose)	2nd dose, 2 months after 1st dose 3rd dose, 2 months after 2nd dose 4th dose, 2 months after 3rd dose and at age ≥12 months
		2 doses (1st and 2nd dose)	3rd dose, 2 months after 2nd dose 4th dose, 2 months after 3rd dose and at age ≥12 months
7 to 11 months	All	1 dose (1st dose)	2nd dose, 2 months after 1st dose 3rd dose, 2 months after 2nd dose and at age ≥12 months
		2 doses (1st and 2nd dose)	3rd dose, 2 months after 2nd dose and at age ≥12 months
12 to 23 months	All	1 dose (1st dose) at age <12 months	2nd dose, 2 months after 1st dose 3rd dose, 2 months after 2nd dose
		1 dose (1st dose) at age ≥12 months	2nd dose, 2 months after 1st dose
		1 dose (1st dose) at age <12 months **and** 1 dose (2nd dose) at age ≥12 months	3rd dose, 2 months after 2nd dose
		2 or more doses at age <12 months	1 dose, 2 months after most recent dose
24 to 59 months	All	Any incomplete series	1 dose, 2 months after most recent dose

Notes:

- Pneu-C-13 is not recommended for healthy children beyond 5 years of age (60 months). Children 5 years of age and older who missed any previous doses of Pneu-C-13 do not require further catch-up doses.
- For high risk individuals, refer to Ontario's high-risk immunization schedules for Pneu-C-13 immunization.

General Timing of Vaccine Administration

All vaccines due or overdue should be administered according to the Publicly Funded Immunization Schedules for Ontario (and Rot-5 as per above) during the visit, unless a specific contraindication exists, to provide protection as soon as possible as well as minimize the number of health care visits needed to complete vaccination. More than one vaccine product can be administered safely in the same visit and will not affect vaccine efficacy. Exceptions include the following (for full details consult the Canadian Immunization Guide (CIG)):

- Inactivated vaccines – generally can be given concomitantly with, or at any time before or after other inactivated vaccines or live vaccines. Inactive vaccines that protect against the same disease, should be administered at different visits and per recommended internals (e.g., pneumococcal conjugate and pneumococcal polysaccharide vaccines).
- Live injectable vaccines - in general, if two live parenteral vaccines are not administered concomitantly, there should be a period of at least 4 weeks before the second live parenteral vaccine is given.
- Live oral and intranasal vaccines - can be given concomitantly with, or any time before or after any other live or inactivated vaccine, regardless of the route of administration of the other vaccine. Exceptions include the oral (inactivated) cholera and oral (live) typhoid vaccines, which should be administered at least 8 hours apart.

It is important for an immunizer to know that Ontario's Immunization of School Pupils Act (ISPA) outlines specific requirements for children in school regarding vaccination against designated diseases with specific schedules for each vaccine. For example, the ISPA requires students receive 2 valid doses of measles-containing vaccine, with a minimum of 4 or 6 weeks between doses (depending on the live vaccine product), and the first valid dose must be given no earlier than 1 year of age.

Vaccine Eligibility – Missed Doses

Since several vaccines have age- or grade-based eligibility, some individuals may have missed their opportunity to receive the recommended vaccines under the publicly funded program. The table below indicates the applicable vaccines, eligible cohorts, and how long individuals have to receive missed vaccine doses.

Vaccine	Current eligibility	Impacted cohort	Remains eligible for missed doses until	Special considerations
Hep B (Recombivax or Engerix)	Grades 7 to 8	Grade 9 students in the 2020/21 school year (born in 2006)	Aug 31, 2021 (must complete series)	Although these vaccines are typically provided through school-based clinics, if you have eligible patients requesting vaccine, contact your health unit for special release access so that you may provide vaccine(s).
HPV-9 (Gardasil 9)	Females: Grades 7 to 12 Males: Grades 7 to 10	Female students who graduated in the 2019/20 school year (born in 2002)	Aug 31, 2021 (must complete series)	
Men-C-ACYW (Menactra)	Grades 7 to 12 and those born in or after 1997	N/A	Remains eligible until vaccine is received	
HZ (Zostavax)	65 to 70 years old	70-year olds turning 71 in 2020 or 2021 (born in 1949 or 1950)	Dec 31, 2021	

Influenza Vaccination

Influenza vaccination is expected to be particularly important during the COVID-19 pandemic, benefiting individuals (especially those in high-risk groups), the larger community and the overall health care system.

Influenza vaccination should be offered to all patients who are 6 months of age and older this fall. In particular, health care workers, essential workers and vulnerable and high-risk groups should receive the influenza vaccine early in the season. The distribution of influenza vaccine doses is expected to begin in late September and continue across the province in early October when additional doses start to be received from manufacturers. Vulnerable and high-risk groups include:

- Individuals at increased risk for severe illness from COVID-19 and those at high risk for influenza complications, including residents of long-term care homes, retirement homes, and other chronic care and congregate facilities, and those 65 years of age and older.

Details and additional information regarding Ontario's Universal Influenza Immunization Program (UIIP) will be available as the flu season approaches.

Questions and Additional Resources

For questions pertaining to the provision of immunization services, please contact your local public health unit.

Additional information is available in the NACI Guidance for influenza vaccine delivery in the presence of COVID-19 document.