Continuity, Prioritization and Safe Delivery of Immunization Services during COVID-19 Response
Updated October 15, 2021

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. Public health, primary care and other health-care providers continue to take measures to prevent and reduce the spread of COVID-19 and must also carefully consider the continuity and prioritization of immunization programs, in order to avoid unintentional consequences such as unimmunized cohorts and increases in vaccine preventable diseases.

1.3. Key Considerations
In planning the immunization services, a number of key factors should be considered:

- Delivery of the COVID-19 immunization program concurrently with routine immunization programs
- 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 some immunizations to provide COVID-19 vaccination balanced with fully continuing immunization 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 two months to 12 months including measles, mumps, rubella (MMR) and varicella vaccines, be maintained. This provides infants with all recommended protection including against diphtheria, tetanus, pertussis, hepatitis B, polio, *Haemophilus influenzae* type b, meningococcal C, invasive pneumococcal disease and rotavirus. These immunizations are routinely provided at two, four, six and twelve months of age. 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 and opportunities to reach these populations through school-based immunization services are appreciably increased.
• 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

If necessary due to resource issues, 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 immunizations, public health will need to continue to work in collaboration with physician offices to ensure the continuity of immunization services. 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

Immunization remains a core service and there are strategies immunizers, staff, volunteers and clients should use to minimize the risk of COVID-19 infection.

Planning should include adherence to provincial and regional recommendations for infection prevention and control (IPC). The Ministry of Health has developed IPC guidance for community immunization clinics with suggested measures to reduce the risk of transmission.

• Immunizers: should wear a medical mask, as should other staff who are in close contact with clients (e.g., recovery room monitors and first aid providers); eye protection may also be used based on a point-of-care risk assessment, and per additional precautions, where indicated. 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

• Clients: should clean their hands upon entry to a clinic and wear a mask that fully covers their mouth and nose. Provide masks in a hygienic manner (e.g., using tongs) to clients coming in without masks. For immunization in community settings, clients can continue wearing their own masks and are not required to change to medical masks. 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.

Pre-screening

- Adults, infants and children who are sick, even with a mild viral illness, with or without fever, should not be at the clinic. Defer the appointment until symptoms have resolved. Provide an appointment time 10 days to two weeks later.
- Ensure any adult bringing a child to the clinic does not have COVID-19-compatible symptoms and is 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:
  - Do not come 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, please see the COVID-19 entrance screening tool for health-care facilities.
- If any persons are identified with symptoms on arrival at the venue, they should be instructed to perform hand hygiene, put on a medical mask and be redirected for assessment, if appropriate (e.g., to a health care provider or COVID-19 assessment site depending on their symptoms). Immunization may proceed at the discretion of the immunizer.
- Reinforce that only one parent/guardian is able to bring the child into the clinic
- Provide hand sanitizer with minimum 70% alcohol for all people entering the clinic area
- Show the family directly into a clinic room upon arrival in order to minimize use of the waiting room, if possible. Capacity limit in the waiting area is no longer required; however, clinics are recommended to ensure there is enough space in the waiting area for people to be respectful of others’ personal space (i.e., the distance from which a person feels comfortable being next to another person, and sufficient space is available to prevent involuntary physical contact with another person).
- Adjust the waiting room seating to ensure that people are able to spread out within the available space.

The appointment

- Screen for eligibility and contraindications to vaccination and immunize early in the visit. 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 strategies are in place in the waiting area to ensure people have enough space available to be respectful of others’ personal space.
- The National Advisory Committee on Immunization 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 five 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 of 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
9. BC Ministry of Health. COVID-19 Infection Prevention and Control: Guidance for Primary Care Practitioners, Community-Based Physicians, Nurse Practitioners, Nurses and Midwives in Clinic Settings. September 1, 2021

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\(^2\) 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.