



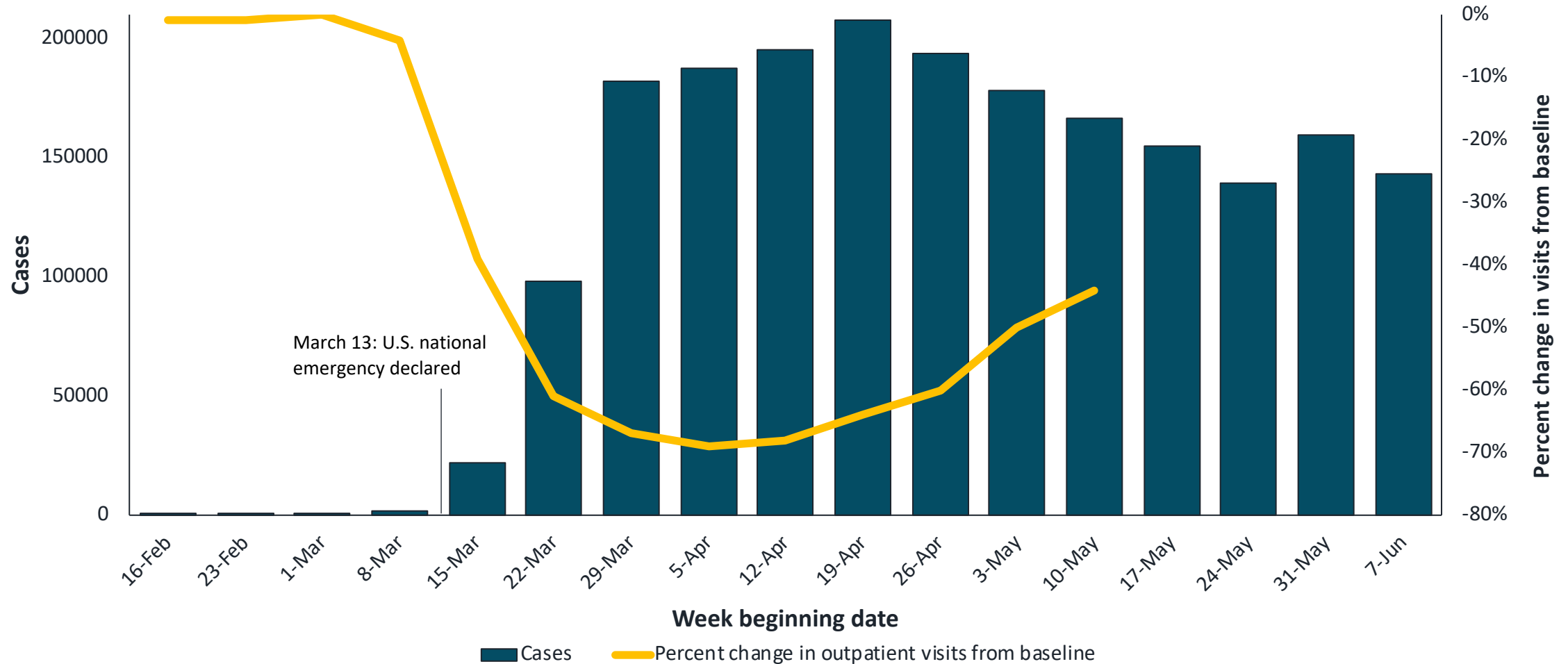
Interim Guidance for Immunization Services During the COVID-19 Pandemic

Tara C. Jatlaoui, MD, MPH, FACOG
LCDR, US Public Health Service
Immunization Services Division

National Network of Immunization Coalitions
June 25, 2020

Substantial disruptions to outpatient medical care during COVID-19 pandemic

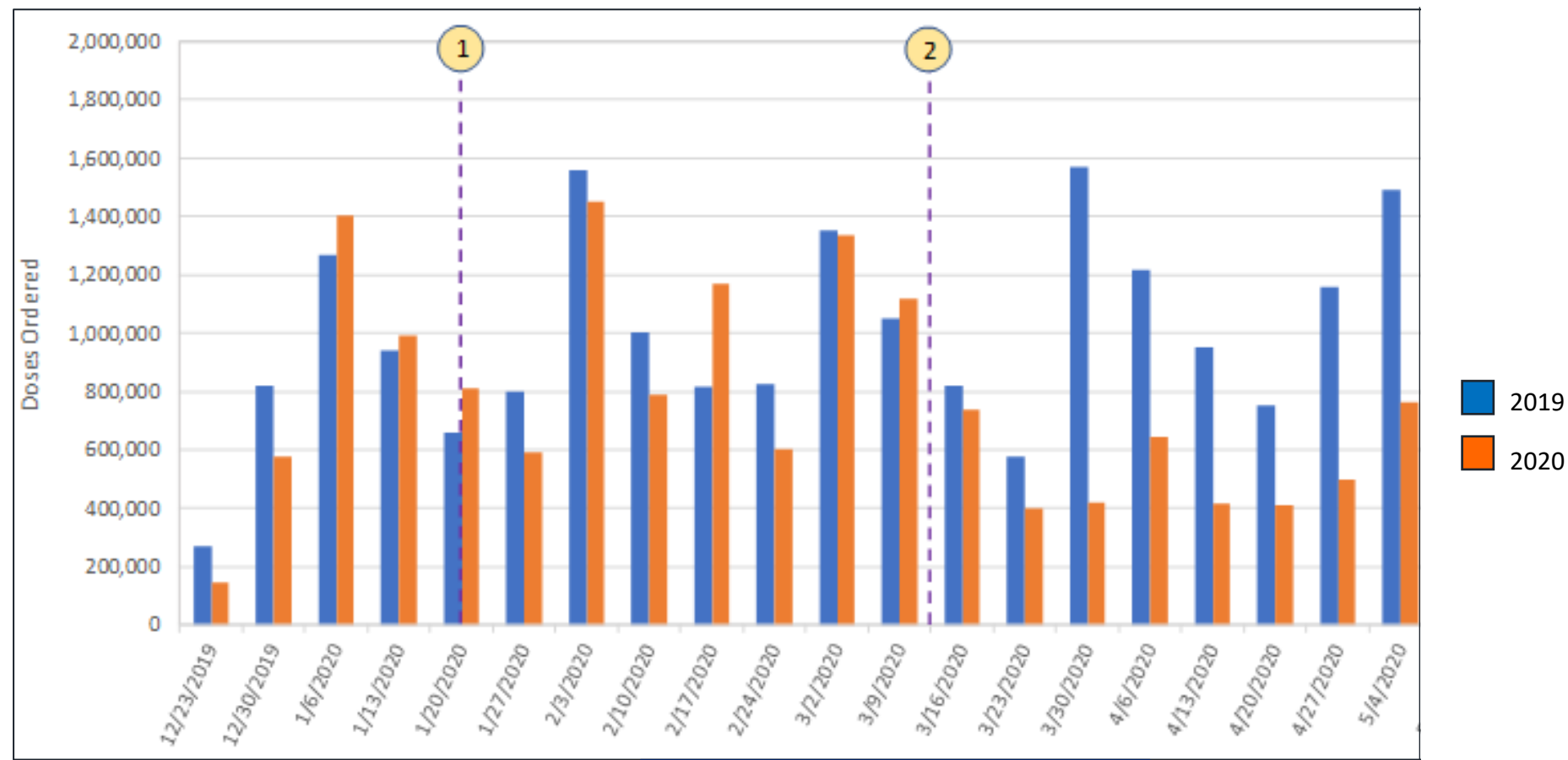
As number of COVID-19 cases increased and stay-at-home orders implemented, nearly 70% reduction in outpatient visits before starting to rebound



COVID-19 pandemic and disruptions to routine childhood vaccination

Weekly decreases in Vaccines for Children program provider orders for pediatric vaccines – United States, December 23, 2019-May 10, 2020

All non-influenza vaccines



- Notable Dates:
- 1 1/20/2020: First US case reported (Washington state)
 - 2 3/13/2020: US national emergency declared

Source: CDC

CDC activities with immunization programs and partners to support routine childhood vaccination

- **Monitor** vaccination service delivery to inform targeted interventions
- **Support**
 - Providers through the development of guidance and support materials
 - Catch-up vaccination through reminder/recall systems
 - Access to vaccines by identifying gaps in VFC provider network and increasing funding for VFC vaccine purchase and operations
 - Identification of policy interventions to support healthcare providers
- **Communicate**
 - Importance of vaccination to parents, providers, and partners
 - Information on VFC program to families
- **Plan** back-to-school vaccination activities during the summer and influenza vaccination in the fall

CDC Interim Guidance for Immunization Services During COVID-19 Pandemic

- Vaccination is an essential medical service for all children and adolescents, ideally in the medical home
- Administer all due or overdue vaccines according to routine immunization schedule during the same visit
- Implement strategies to catch all patients up on vaccines
 - Start with newborns, infants and children up to age 24 months, young children, and extending through adolescence
- Includes guidance for the safe delivery of vaccines (e.g., use of personal protective equipment, physical distancing)



Routine immunization services remain critical

- Routine vaccination prevents illnesses that lead to unnecessary medical visits and hospitalizations further straining the healthcare system.
- Influenza vaccination will be paramount to reduce the impact of respiratory illnesses and resulting burdens on the healthcare system during the COVID-19 pandemic.

Decreasing immunization rates means it is particularly important to:

- Assess the vaccination status of all patients to avoid missed opportunities and ensure timely vaccination catch-up
- Administer all vaccines due or overdue according to the recommended [CDC immunization schedules](https://www.cdc.gov/vaccines/imz/downloads/index.html) during a visit

Child and Adolescent Immunization Schedule (birth through 18 years)

Table 1 Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2020

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.

Vaccine	Birth	1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	19–23 mo	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Hepatitis B (HepB)	1 st dose	2 nd dose					3 rd dose										
Diphtheria, tetanus, acellular pertussis (DTaP) (3-dose series)			1 st dose	2 nd dose	3 rd dose												
Poliovirus (IPV) (3-dose series)			1 st dose	2 nd dose	3 rd dose												
Measles, mumps, rubella (MMR)																	
Varicella (VAR)																	
Tetanus, diphtheria, pertussis (Tdap or Td)																	
Human papillomavirus (HPV) (3-dose series)																	
Influenza (IV)																	
Influenza (LAIV)																	

Adult Immunization Schedule (19 years and older)

Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2020

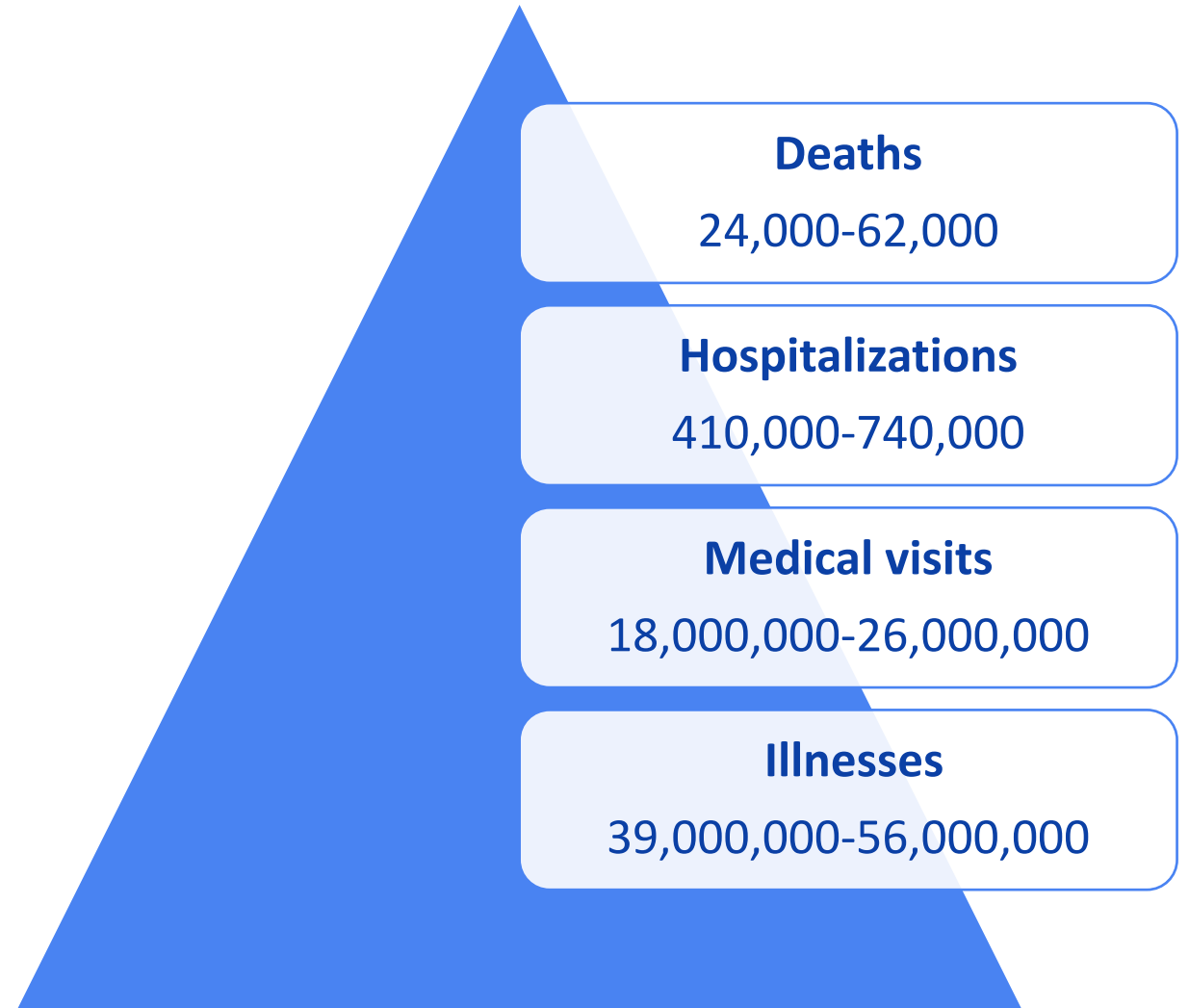
Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
Influenza inactivated (IV) or influenza recombinant (RIV)	1 dose annually	1 dose annually	1 dose annually	1 dose annually
Influenza live, attenuated (LAIV)	1 dose annually	1 dose annually	1 dose annually	1 dose annually
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years	1 dose Tdap, then Td or Tdap booster every 10 years
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)	1 or 2 doses depending on indication (if born in 1957 or later)	1 or 2 doses depending on indication (if born in 1957 or later)	1 or 2 doses depending on indication (if born in 1957 or later)
Varicella (VAR)	2 doses (if born in 1980 or later)	2 doses (if born in 1980 or later)	2 doses (if born in 1980 or later)	2 doses (if born in 1980 or later)
Zoster recombinant (RZV) (preferred)	2 doses	2 doses	2 doses	2 doses
Zoster live (ZVL)	1 dose	1 dose	1 dose	1 dose
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years	27 through 45 years	27 through 45 years

Considerations for Routine Vaccination

- **Children and adolescents:** Reschedule missed well-child visits and/or recommended vaccinations; prioritize newborns, infants and children up to 24 months, young children, and extending through adolescence.
- **Pregnant women:** If vaccination has been delayed administer vaccination during the next in-person appointment.
- **Adults:** Continue to ensure patients are receiving recommended vaccines. Older adults and those with underlying medical conditions are particularly at increased risk if vaccination is deferred.

Summary of 2019-2020 influenza season

- Two consecutive waves
 - 1st wave predominantly influenza B/Victoria viruses
 - 2nd wave driven by influenza A (H1N1)
- Pediatric deaths reported to CDC for the 2019-2020 season: **185***

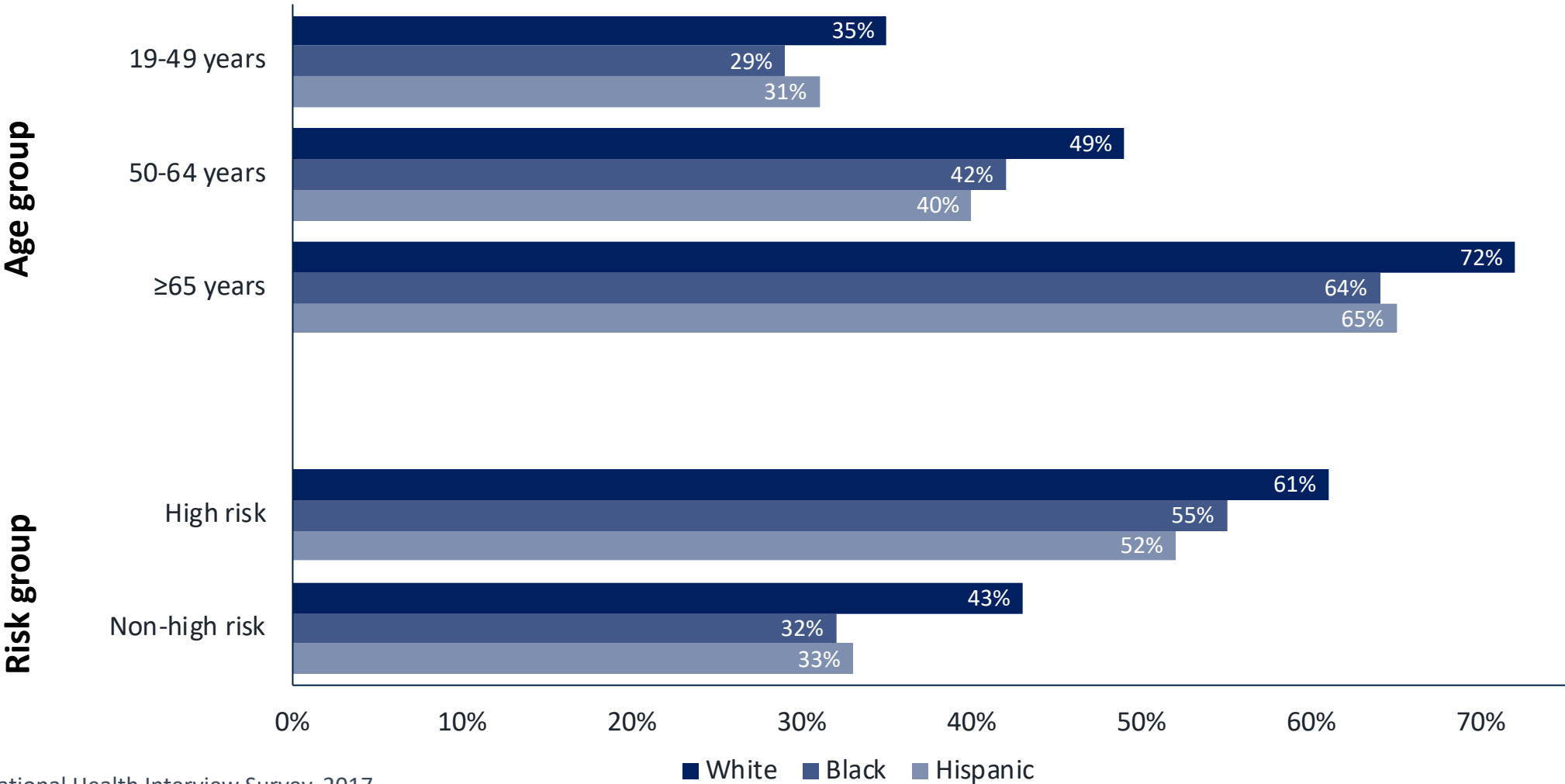


*As of June 13, 2020

<https://www.cdc.gov/flu/about/burden/preliminary-in-season-estimates.htm>

Racial and ethnic disparities in influenza coverage

Reducing existing disparities will be important to protect minority and at-risk populations for both influenza and future COVID-19 vaccines



Source: National Health Interview Survey, 2017

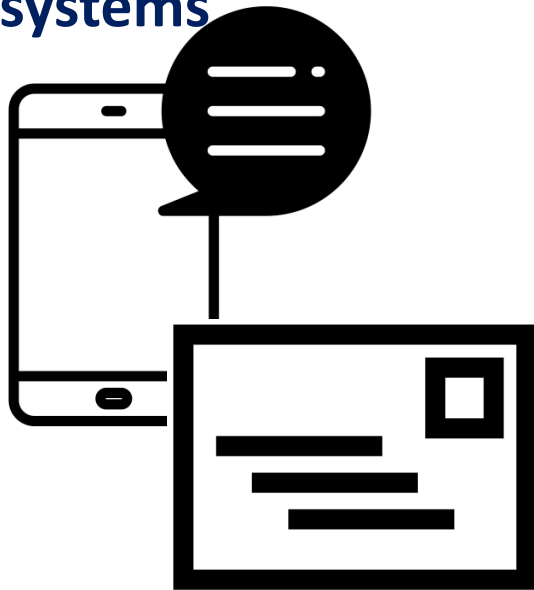
Influenza Vaccination

Use every opportunity to administer influenza vaccines to all eligible persons including:

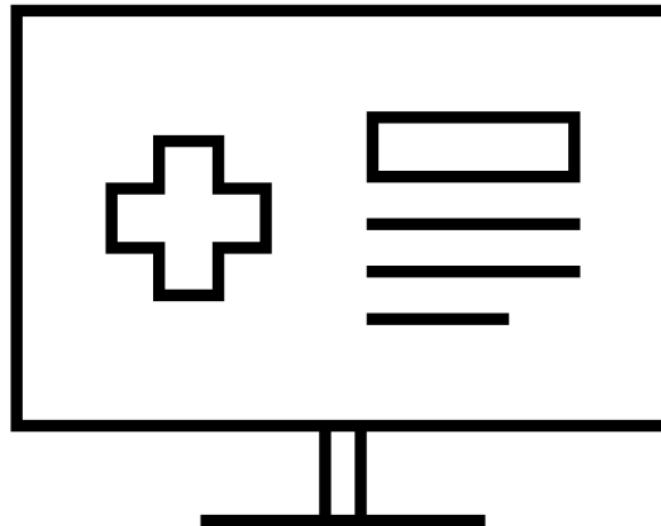
- *Essential workers:* Healthcare personnel and other critical infrastructure workforce
- *Persons at increased risk for severe illness from COVID-19.* Severe illness from COVID-19 has been observed to disproportionately affect members of certain racial/ethnic minority groups.
- *Persons at high risk for influenza complications*

Catch-up Vaccination Strategies

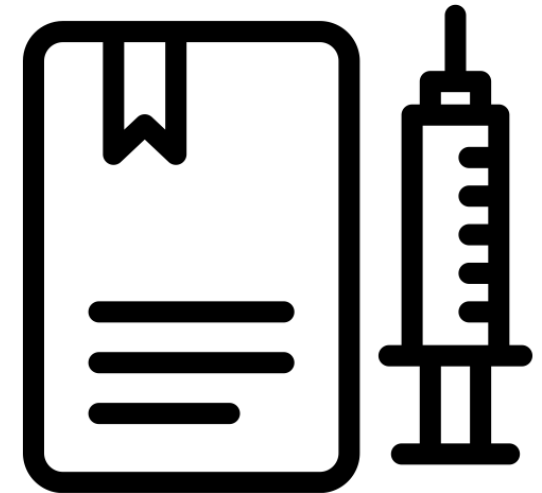
Reminder/recall systems



Forecasting through EMR or IIS

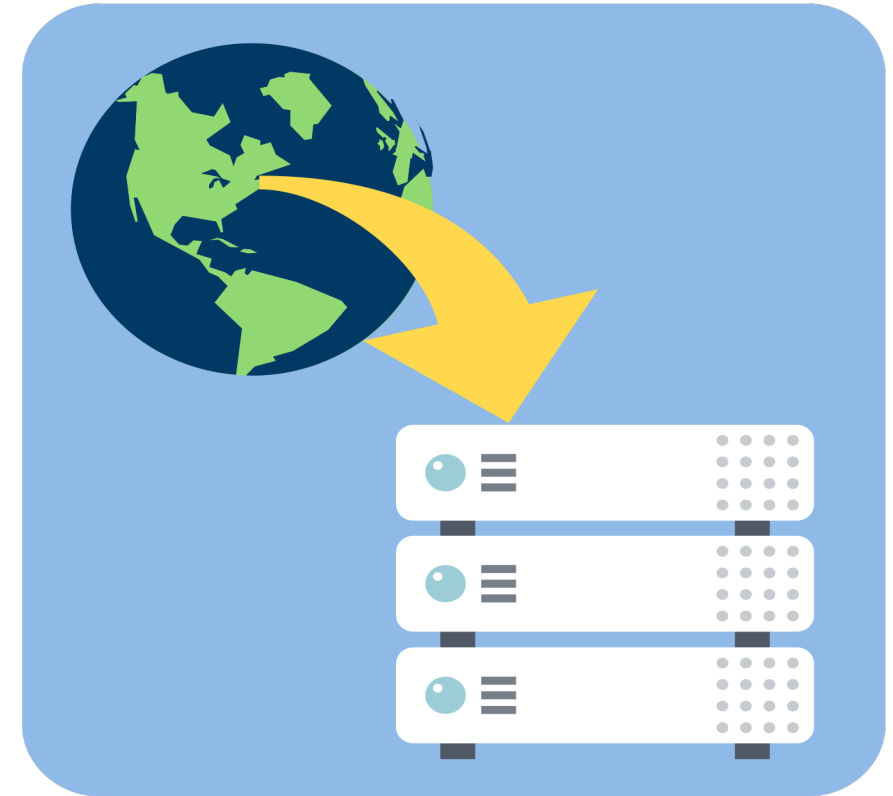


Standing orders



Vaccination Documentation

Because patients may be receiving vaccines outside their medical home, it is critical all vaccines are documented for accurate and timely information on patient vaccination status.



How to safely administer vaccines during the COVID-19 pandemic

Persons with Suspected or Confirmed COVID-19

- Routine vaccination should be deferred for persons with suspected or confirmed COVID-19, regardless of symptoms.



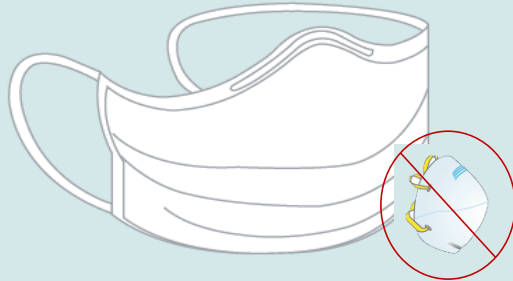
Implement Enhanced Infection Control Measures

- Screen patients for COVID-19 symptoms before and during the visit
- Physical distance (at least 6-feet apart, where possible)
- Limit and monitor facility points of entry and install barriers to limit physical contact with patients at triage
- Respiratory hygiene (facemasks for staff and face coverings for patients over 2 years of age, if tolerated) and cough etiquette
- Hand hygiene (including at least 60% alcohol hand sanitizer for patients)
- Enhanced surface decontamination

Refer to guidance to prevent the spread of COVID-19 in [healthcare settings](#), including [outpatient and ambulatory care settings](#).

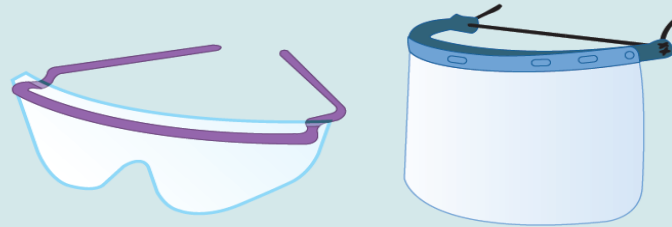
Use Personal Protection Equipment

Face mask



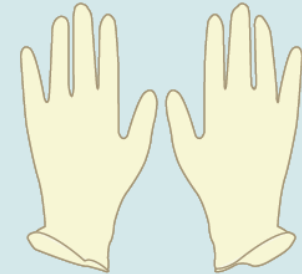
- **Recommended:** All healthcare providers (N95 masks not recommended)

Eye protection



- **Recommended:** Areas of moderate/substantial community transmission
- **Optional:** Areas of minimal/no community transmission

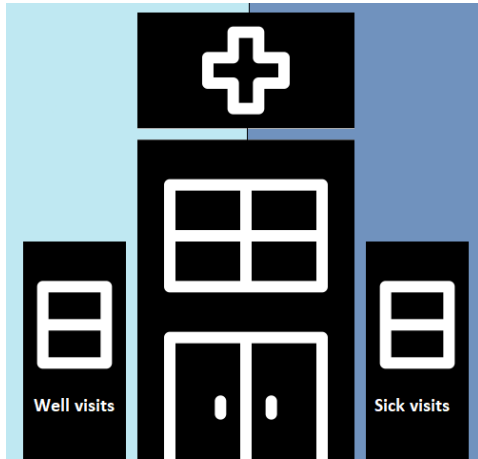
Gloves



- **Recommended:** intranasal or oral vaccines
- **Optional:** intramuscular or subcutaneous vaccines

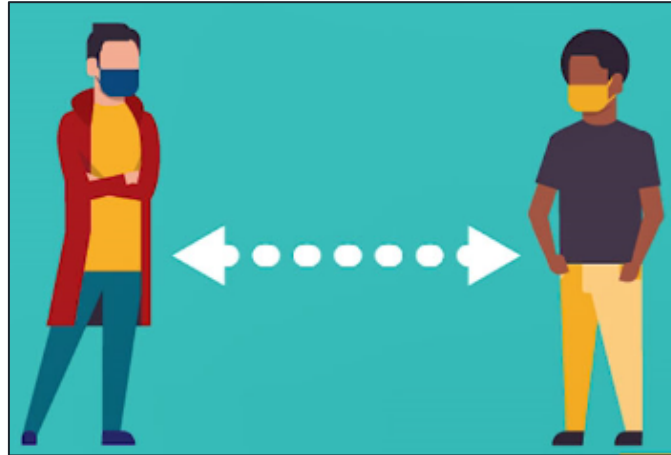
Ensure physical distancing during vaccination visits

Separate sick from well patients



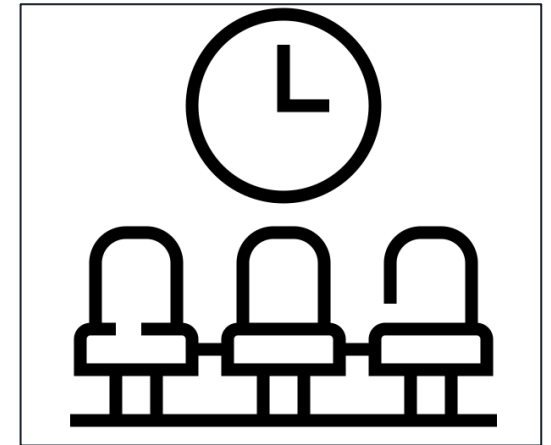
- Schedule well and sick visits at different times of the day
- Place sick visits in different areas of the facility or different locations

Ensure physical distancing measures



- At least 6 feet during all aspects of visit: check-in, checkout, screening procedures, postvaccination monitoring
- Use strategies such as physical barriers, signs, ropes, floor markings

Reduce crowding in waiting room



- Ask patients to wait outside (e.g., in their vehicles) until called in

Information for alternative vaccination sites



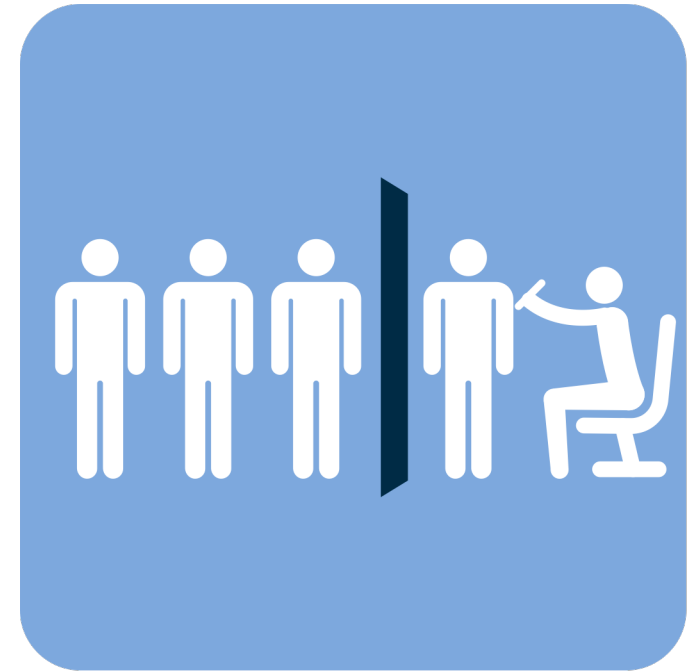
Alternative Vaccination Sites

- Pharmacies
- Non-traditional facilities such as schools and churches
- Curbside clinics
- Drive-through clinics
- Mobile outreach units
- Home visits

Alternative Vaccination Site Guidance During COVID-19

Follow clinical setting guidance and take additional precautions by:

- Selecting a space large enough to ensure physical distancing
- Providing specific appointment times or other strategies to manage patient flow and avoid crowding.
- Setting up unidirectional site flow with signs, ropes, or other measures.
- Considering a separate vaccination area or separate hours for persons at increased risk for severe illness from COVID-19



Updates and resources

COVID-19 Operational Guidance

- **State and Local Health Departments:**

<https://www.cdc.gov/coronavirus/2019-ncov/php/index.html>

- **Clinical Care:**

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care.html>

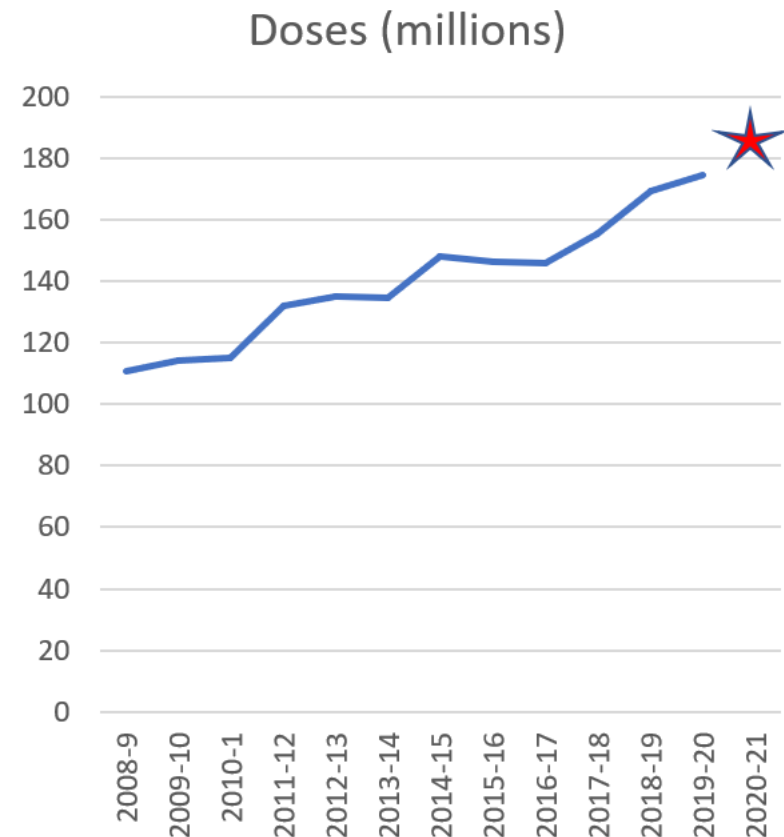
- **Long-term Care Facilities:**

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

Influenza vaccination planning for 2020-2021 season

- Maximize available vaccine supply
 - Expect >180M doses for U.S. market
- Operational considerations
 - Outreach to those at higher risk
 - Planning for potential need for social distancing
 - Extending influenza vaccination season (September through December or later)
- Enhancing communication
 - Align with COVID-19 messaging
 - Messaging for African-American and Hispanic communities

Influenza Vaccine Doses Distributed By Season, 2008-9 to 2019-20, and Projected, 2020-21



Supplemental Resources for Public Sector Influenza Vaccination for the 2020-2021 Influenza Season

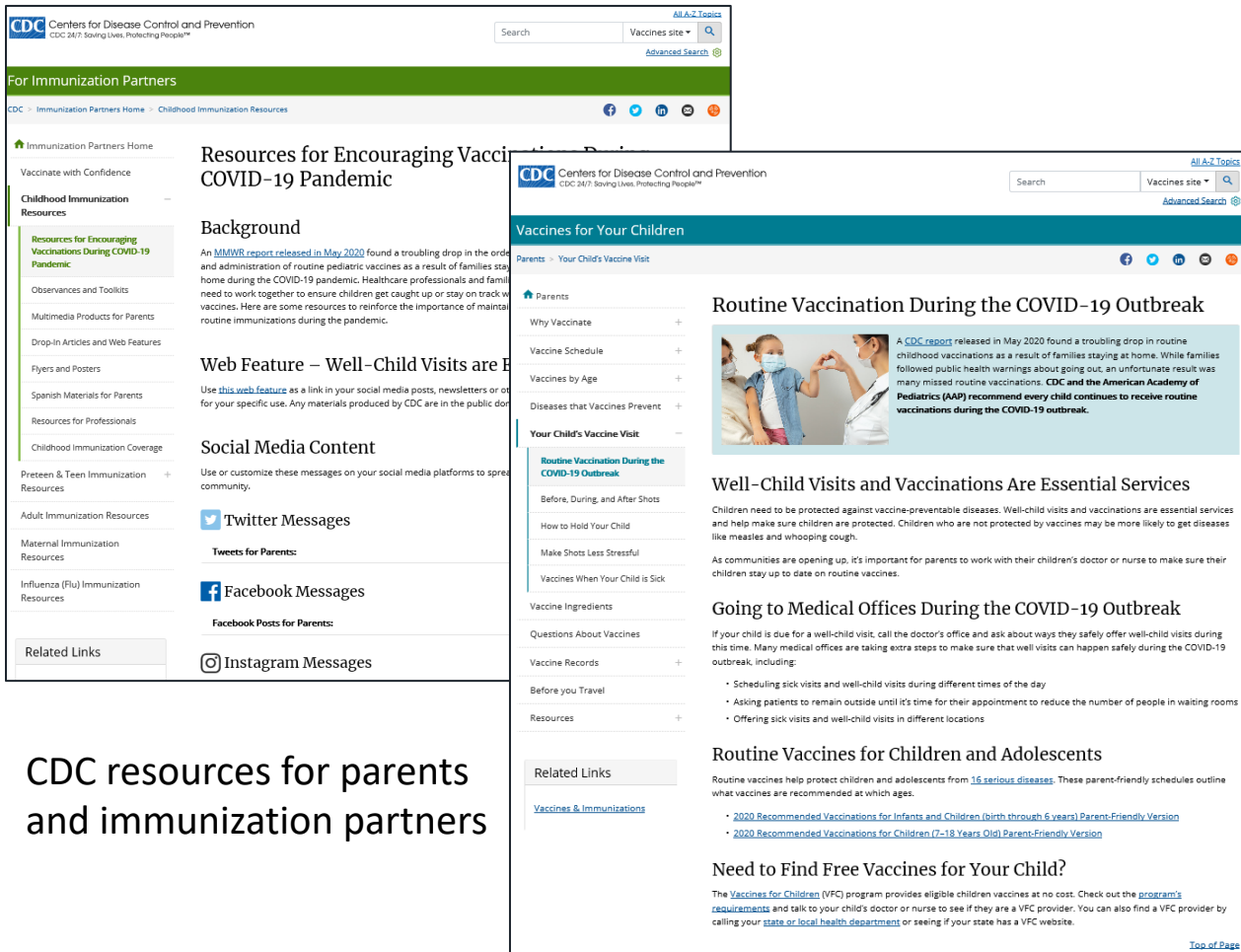
- Two Components
 - Cooperative Agreement with 64 Immunization Program Awardees (2020-2021; \$140 million)
 - Supplemental influenza vaccine doses (2020; 7.1 million doses)
- Funding to support operational costs associated with planning and implementation of expanded influenza vaccination program extending into December or later
- Supplemental vaccine doses to be allocated among the awardees
 - Strong recommendation for awardee partnerships with Community Health Centers (CHCs)
 - Facilitating connections with CHCs through CDC relationship with the National Association of Community Health Centers

Promoting awareness of vaccines for Children (VFC) program among parents

- Prior to the pandemic, ~50% of U.S. children eligible to receive free vaccines through VFC
 - More may be eligible now due to recent loss insurance or increased economic hardship
- Parents of recently-eligible children may not be aware of VFC
- Partners and providers can help improve vaccine access by increasing awareness and enrollment in VFC program



Resources for communicating with parents about routine vaccination during the COVID-19 pandemic



The screenshot displays the CDC's 'Resources for Encouraging Vaccinations During COVID-19 Pandemic' page. It features a sidebar with navigation links such as 'Vaccinate with Confidence', 'Childhood Immunization Resources', and 'Related Links'. The main content area includes sections for 'Background', 'Web Feature – Well-Child Visits are Essential', 'Social Media Content' (with links to Twitter, Facebook, and Instagram messages), and 'Vaccines for Your Children'. The 'Vaccines for Your Children' section lists various vaccine topics and provides links to related resources.

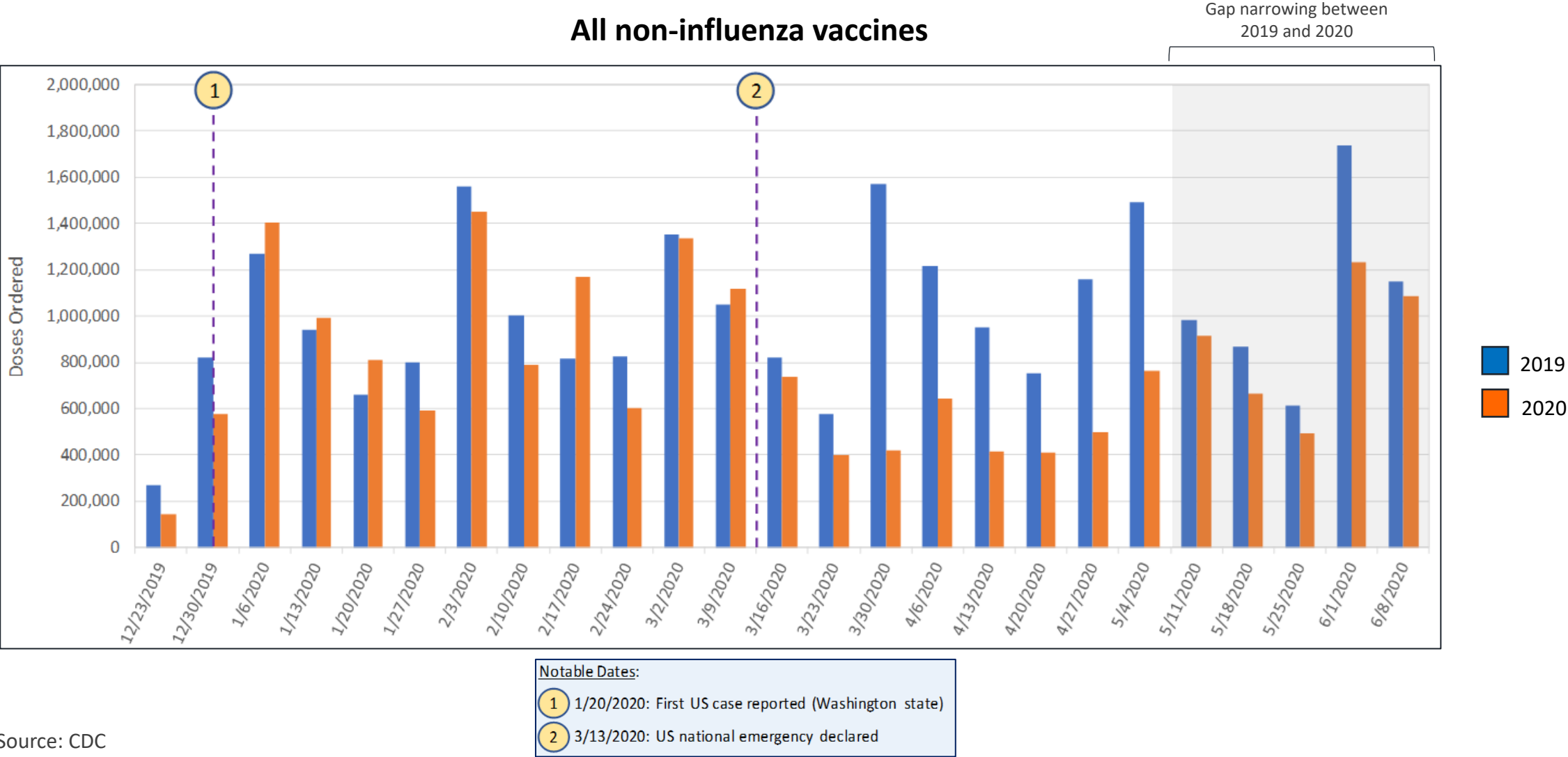
CDC resources for parents and immunization partners



AAP's #CallYourPediatrician campaign

Signs of recovery in routine childhood vaccination

Weekly Vaccines for Children program provider orders for pediatric vaccines – United States, January 6-June 1, 2020



Source: CDC

Vaccination Guidance is Continuously being Reviewed and Updated

- Visit <https://www.cdc.gov/vaccines/pandemic-guidance/index.html> for the most recent guidance.
- Sign up to be notified when information on the webpage changes.

Thank you

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Photographs and images included in this presentation are licensed solely for CDC/NCIRD online and presentation use. No rights are implied or extended for use in printing or any use by other CDC CIOs or any external audiences.

