Encouraging Vaccination During the COVID-19 Pandemic

The COVID-19 pandemic continues to have an impact on clinical preventive services, including routine immunizations. Based on data from the Massachusetts Immunization Information System (MIIS), state-supplied vaccine ordering has decreased by as much as 60%. The MDPH Immunization Division supports healthcare providers who maintain access to clinical services in environments that are safe for all. We would like to share some strategies for addressing well-child and sick visits while maintaining immunization services, and also address proper storage and handling of state-supplied vaccines.

Well-child visits should occur in-person when possible. However, COVID-19 activity in communities may limit pediatric well visits. If your facility is still able to conduct well-child visits, we urge you to continue to vaccinate children on schedule. All providers should wear a facemask and other PPE, as appropriate, and patients over 2 years of age should wear a facemask or cloth face covering, if possible, to help limit the spread of the coronavirus. Vaccines for Children (VFC) compliance site visits are suspended; however, regional Quality Assurance Analysts are contacting providers to ask questions with a limited scope.

The following is a compilation of suggestions from the Centers for Disease Control and Prevention (CDC), professional organizations, and providers about how to facilitate vaccination during the pandemic, while protecting patients and staff. Pediatricians should inform families about the strategies they are implementing to assure safety.

Separation of visits

- Stagger scheduling of well-child and sick visits. In particular, schedule well visits for the morning, when the office has the lowest chance of contamination.
- Stagger scheduling of patients by age groups, concentrating on newborn and well-baby visits, up to age 2, in the morning, and well-child or adolescent physicals in the afternoon.
- Create separate areas for sick visits and well visits, including separate entrances and exits, if possible.
- Consider working with other practices in your organization or community to hold well visits in a place other than your typical location.
- If your practice has more than one location, consider designating one for well visits and one for sick visits.

Avoiding missed opportunities

- Continue to check immunization records of patients who arrive for sick visits. In some cases, patients can continue to be immunized.
- Use a combined telehealth/in-person visit, performing most of the visit via telehealth, so the patient needs to visit the office only for measurements and immunizations.
- Now, or upon re-opening, pediatricians should identify children who have missed well-child visits and/or recommended vaccinations and contact them to schedule in-person appointments, inclusive of newborns, infants, children, and adolescents. Pediatricians should work with families to bring children up to date as quickly as possible.
Limiting potential exposure

- Allot more time for each visit to allow for vigorous cleaning and disinfecting.
- Decrease the number of appointments for each time slot, to decrease the number of people in the office at any one time.
- Reduce the number of people in waiting rooms by checking-in patients remotely and have them wait outside or in their car until they can be brought directly into an exam room.
- Limit visitors to the office by allowing only one adult for each patient.

Alternative vaccination locations

- If there is space, consider setting up a stationary mobile van or tent to serve as an exam room. Patients can receive care without entering your clinic.
- If there is access, consider using a mobile van or ambulance to conduct home visits. Patients would enter the van/ambulance for exams and vaccinations.
- Please contact the Vaccine Management Unit for temporary vaccine storage guidance. The following items are required for temporary vaccine storage:
  o Hard-sided cooler
  o Water bottles
  o Corrugated cardboard
  o Bubble wrap
  o Additional Digital Data Logger (DDL). When possible, sites should use a back-up DDL, but the Vaccine Management Unit has a limited supply of additional DDLs that can be made available for temporary vaccine storage.
- Sites that plan on setting up temporary vaccine storage must upload DDL reports weekly.

State-supplied vaccine storage and handling considerations during/after temporary provider closings

- Call the Vaccine Management Unit for any temporary provider closings.
- Continue to upload digital data logger reports monthly as long as possible. If not possible, contact the Vaccine Management Unit.
- Prior to resuming administering state-supplied vaccines, review and upload digital data logger data to ensure that there are no temperature excursions.
- The Vaccine Management Unit is open, and remote staff are still processing orders and are available to answer questions and troubleshoot storage and handling issues.
Resources

CDC Immunization Schedule Changes and Guidance
Includes changes to the immunization recommendations for children and adults, due to the COVID-19 pandemic. https://www.cdc.gov/vaccines/schedules/hcp/schedule-changes.html

AAP Guidance on Providing Pediatric Well-Care during COVID-19

AAFP COVID-19 Guidance for Family Physicians on Preventive and Non-Urgent Care

American College of Physicians (ACP), Statement on Non-Urgent In-Person Medical Care
https://www.acponline.org/acp_policy/policies/statements_on_non_urgent_in-person_medical_care_2020.pdf


Recommended Immunization Schedules for Children and Adults, United States, 2020, CDC, 2/20
https://www.cdc.gov/vaccines/schedules/index.html