

Ministry of Health

Health Unit Immunization Programming and Services During COVID-19

Date: August 25, 2020

The response to the COVID-19 pandemic has impacted the delivery of public health programs including immunization services.

Immunization Services

As we move forward into the fall in the context of a continued COVID-19 response, there will be the need for local adaptation and responses regarding immunization programming as we work towards the common goal of high vaccine uptake and low vaccine preventable disease rates. This will include:

- Planning for and offering immunization clinics and/or individual appointments for routine, catch-up, high risk, and/or outbreak purposes through health unit offices.
- Providing influenza immunization clinics during the 2020/21 Universal Influenza Immunization Program (UIIP).
 - A variety of delivery mechanisms and alternate sites could be considered based on jurisdictional needs such as the use of mass influenza immunization clinics with adequate spacing, flow and accessibility, drive-through services, mobile outreach units, home visits, use of health care agencies etc.
- Communicating the importance of vaccination to individuals and providing reassurance to those who may be hesitant to present for immunizations due to COVID-19 by:
 - Outlining the safety procedures that are being taken.
 - Encouraging infection prevention and control practices to minimize the risk of disease transmission.
- Encouraging and assisting health care providers to continue the safe provision of routine immunization in their facilities, by providing them with relevant materials and resources (e.g. Ministry's *Guidance for Immunization Services During COVID-19* document).

- Collaborate with school operators to schedule school-based vaccine clinics when schools re-open, if feasible, and consider/plan for alternate delivery options for school-based vaccines (e.g., health unit clinics, dose release).

Routine (Annual) Inspections

- Prioritize and complete on-site inspections for newly enrolled health care providers.
- Complete all UIIP inspections by mid-October.
- For providers who receive publicly funded vaccines throughout the year, the routine inspection is to be completed within 12 months after the previous routine inspection.
 - Prioritize inspections of premises that are approaching their 12-month period and sequence inspections based on the last previous inspection.
- Review the requirements in the Vaccine Storage and Handling [Protocol](#) and the Vaccine Cold Chain Inspection Report form to determine the elements that could be done virtually, i.e., through video conferencing, and elements that would need to be conducted in person.

Vaccine Eligibility – Missed Doses

- Since several vaccines have age- or grade-based eligibility, some individuals may have missed their opportunity to receive these recommended vaccines. The Vaccine Eligibility – Missed Doses table on page 10 of the *Guidance for Immunization Services During COVID-19* document indicates the applicable vaccines, eligible cohorts, and the duration of time that they have to receive missed vaccine doses.
- Utilize Panorama to identify students who missed immunizations given as part of the school-based programs, especially those individuals in which eligibility will be ending in August 2021. Notices can be sent to these individuals (or their parents/guardians) including information on where the missed dose can be accessed.
- **Special release doses** may be coordinated for school-based vaccines (i.e., HPV, Hep B, and Men-C-ACYW) to health care providers. A bulk release model is permissible where facilities could order in small quantities based on their practice size/number of immunizers.
 - Health units must have a procedure in place to carefully monitor special release vaccines to ensure that:
 - vaccines only are provided to eligible individuals;

- vaccine wastage is minimized; and
- individual level immunization data is recorded in the Digital Health Immunization Repository for doses received from a health care provider.
- Additional information and sample documents (workflow procedures, letters, order forms, etc.) will be provided in forthcoming correspondence to Vaccine Preventable Disease Managers/staff.
- Health units will be asked to report back specific information to the ministry regarding special release doses. Additional details to be provided following consultation through public health unit vaccine programs.