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## Guidance for Immunization Service Providers During COVID-19

With the declaration of an emergency in Ontario to help contain the spread of COVID-19 and protect the public, many changes have occurred that impact the delivery of immunization services.

During this phase of the COVID-19 response, we need to be working together to protect the health of our communities and our health system by minimizing the potential for the spread of COVID-19 through physical distancing. As a result of the emergency declaration in Ontario and the guidelines, directives and orders that are in place, the general risk of transmission of most vaccine preventable diseases via person-to-person is also reduced (e.g. travel restrictions, physical distancing, the closure of all non-essential establishments). One exception to this is tetanus, which is acquired from the environment. The occurrence of tetanus in Ontario is very rare.

Although the risk of transmission of vaccine preventable diseases through person-to-person spread is likely reduced at this time, there is still some potential for spread both within households and in the community, especially for those who are continuing to work in their normal community settings (e.g. first responders, health care workers). It is also important to maintain a high level of immunity within our communities for when physical distancing measures and other restrictions are lifted.

Therefore, we recommend the following immunization services should be provided in accordance with the guidelines set out below, so long as the proper infection prevention and control measures are in place, such as physical distancing and the use of personal protective equipment (if required), among other recommended and required practices.

Note: The provision of immunization services for the priority list below should consider a local / clinic risk assessment, including the identification of any localized vaccine preventable disease activity (i.e. cases, clusters, outbreaks) and COVID-19 cases, including the volume of patients being seen in an individual setting.

Immunization Program / Target Group	Priority for Vaccination	Other Opportunities and Considerations
<p><b>Routine vaccines for infants and children</b></p>	<p>Priority vaccinations for infants and children, primary series / booster doses:</p> <p>2, 4, and 6-month vaccines</p> <ul style="list-style-type: none"> <li>• Pertussis, tetanus, diphtheria, <i>Haemophilus influenzae b</i>, polio, pneumococcal and rotavirus</li> </ul> <p>12 and 15-month vaccines</p> <ul style="list-style-type: none"> <li>• Meningococcal, pneumococcal, measles, mumps, rubella and varicella</li> </ul> <p>18-month vaccine</p> <ul style="list-style-type: none"> <li>• Pertussis, tetanus, diphtheria, <i>Haemophilus influenzae b</i>, polio</li> </ul>	<p>If health care providers or the public health unit are seeing infants or children for milestone or other urgent health issues, the opportunity to provide immunizations according to the Ontario immunization schedules should be considered at the same time.</p> <p>This includes those individuals that are inpatients in hospital or residents of an institution, where clinical care is continuing to be provided, or in the home where care is continuing to be provided.</p>
<p><b>Routine vaccines for adolescents and adults</b></p>	<p>Most routine vaccines for adolescents and adults, if delayed, can be given at the earliest opportunity.</p> <p>If health care providers or the public health unit are seeing adolescents or adults for urgent health issues or for necessary visits such as prenatal care, the opportunity to provide immunizations according to the Ontario immunization schedules should be considered at the same time. This includes pregnant women who have not received their adult dose of Tdap, and individuals that are inpatients in hospital or residents of an institution, where clinical care is continuing to be provided, or in the home where care is continuing to be provided.</p>	<p>As school settings are closed, immunization programs that are provided in schools (hepatitis B, meningococcal-C-ACYW, and HPV) will be delayed, and local public health units should work with school partners and primary care providers (as necessary) to provide delayed doses at the earliest opportunity and after evaluating risk and benefit.</p>

<p><b>Seniors</b></p>	<p>Given that COVID-19 illness and outcomes are more severe for seniors and the virus affects respiratory function, opportunities to complete immunizations according to the Ontario immunization schedules against pneumococcal disease should be taken. This includes those individuals that are inpatients in hospital or residents of an institution, where clinical care is continuing to be provided, or in the home where care is continuing to be provided.</p>	<p>Having individuals attend a clinic setting at this time only for pneumococcal or other vaccines according to the Ontario immunization schedules should be avoided. This is especially true for individuals over 70 years of age who are being advised to self-isolate at this time.</p>
<p><b>High-Risk Immunization Schedule</b></p>	<p>Given that COVID-19 illness and outcomes are more severe for those with certain medical conditions (e.g. immunodeficiency, cardiovascular disease), if health care providers or the public health unit are seeing these individuals for urgent health issues or for other necessary visits, the opportunity to provide immunization according to the Ontario immunization schedules should be considered at the same time. This includes those individuals that are inpatients in hospital or residents of an institution, where clinical care is continuing to be provided, or in the home where care is continuing to be provided.</p>	<p>Having these individuals attend a clinic setting at this time only for vaccination according to the Ontario immunization schedules should be avoided.</p>
<p><b>Outbreak Response and Case and Contact Management for Vaccine-Preventable Diseases</b></p>	<p>Immunization services for post-exposure prophylaxis, including hepatitis B vaccination to newborns of carrier mothers, and outbreak control as a prevention and management strategy should not be delayed or deferred.</p>	<p>For additional details on outbreak control and case and contact management see the Infectious Disease Protocol and related appendices at <a href="http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/infdispro.aspx">http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/infdispro.aspx</a></p>
<p><b>Health Care Workers</b></p>	<p>Vaccinations for health care providers and those working in health care settings, such as hepatitis B and MMR, should not be delayed as these groups are at increased risk of exposure to vaccine preventable diseases and transmitting them to others.</p>	

### *Delayed and Catch-Up Immunization Schedules*

Most routine vaccines, if delayed, can be given at the earliest opportunity, and 'off-schedule' for children, adolescents and adults. For vaccines that are given as part of a series, subsequent doses can be adjusted accordingly. One exception is the vaccine that provides protection against rotavirus, as the schedule includes a minimum and maximum age, as per the product monograph and the National Advisory Committee on Immunization (NACI). The schedule is set in order to reduce the potential for adverse events, including intussusception.

The Canadian Immunization Guide (CIG) states that in general "regardless of the time between doses, 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 multi-dose products," with the exception of cholera and rabies vaccine. However, it should be noted that 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 vaccine doses so that optimal protection can be achieved within the shortest amount of time, while still being effective. Administration of multiple vaccines at the same visit is one strategy for ensuring catch-up immunization.

For details for specific vaccines and their schedules, consult:

- The product monograph in the Health Canada, Drug Product Database (<https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/drug-product-database.html>);
- The Ontario Publicly Funded Immunization Schedules ([http://www.health.gov.on.ca/en/pro/programs/immunization/docs/immunization\\_schedule.pdf](http://www.health.gov.on.ca/en/pro/programs/immunization/docs/immunization_schedule.pdf));
- The Canadian Immunization Guide (<https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html>).

### *Vaccine Storage and Handling*

The proper storage of publicly funded vaccines is important when providing immunization services. During this time, health care providers should:

- Continue to record minimum, maximum and current temperatures twice daily of the refrigerator storing publicly funded vaccines. If this is not possible:
  - record temperature at least weekly; and
  - if available, use a data logger and program it to record temperatures every 6 hours (the data logger can be programmed to record more frequently if it has storage capacity to record for at least 4 weeks without needing to download the temperatures).
- Indicate in the temperature logbook any closure dates.
- Maintain small inventories of vaccines.
- Report all cold chain incidents as soon as they are discovered, and:
  - maintain exposed vaccines in the refrigerator on hold; and
  - clearly indicate that these vaccines cannot be used until assessed by the public health unit.

## *Infection Prevention and Control*

It is important to maintain appropriate infection prevention and control practices including the necessary personal protective equipment (e.g. going to a home where individuals are in self-isolation) and disinfection practices, as appropriate.

For guidance on Infection Prevention and Control, Personal Protective Equipment, Self-Monitoring, Disinfection and other related topics please visit Public Health Ontario  
<https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/respiratory-diseases/novel-coronavirus>

For other health sector guidance from the Ministry of Health, such as guidance for primary care providers in a community setting, please visit  
[http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019\\_guidance.aspx](http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx)

Infection prevention and control strategies to consider for immunization services can include:

- Informing the parent/guardian at the time of booking that only one adult should accompany the child and the other family members should remain at home
- Pre-screening to ensure that ill children or accompanying adults stay home and do not come to the clinic
- Screening at the door to ensure anyone who has symptoms of respiratory illness is sent home and asked to rebook their appointment over the phone or via email
- Posting information on clinic websites and using appropriate signage throughout the clinic to communicate that patients should avoid coming to the clinic if they are feeling ill and proper hand hygiene practices.
- If feasible, have a dedicated clinic time and space for immunizations, offered by appointment only.
- Avoid using the waiting room by screening, conducting the assessment, immunizing, and completing the 15-minute post-immunization wait in the same clinic room, and/or ensuring physical distancing measures in the waiting area.

Thank you for your continued efforts in the COVID-19 response and your dedication to the health of Ontarians.