

Immunizing during the COVID Pandemic FAQs

GENERAL WEBINAR

1. **Where can we access the slides for this webinar, “Guidance for Immunization During COVID-19 Pandemic”?**

All of our [Afternoon TEACH webinars](#) are archived on EZIZ.org. [Slides](#) for this webinar as well as the [webinar recording](#) are also posted.

VACCINATING DURING COVID-19

2. **Should clinics continue to schedule visits for well-child care and immunizations during the COVID-19 pandemic?**

The federal Centers for Disease Control and Prevention (CDC), American Academy of Pediatrics (AAP), and American Academy of Family Physicians (AAFP) encourage pediatricians and family physicians to continue providing childhood immunizations during the COVID-19 pandemic. Because of personal, practice, or community circumstances related to COVID-19, some providers may not be able to provide well child visits, including provision of immunizations, for all patients in their practice. **If a practice can provide only limited well child visits, healthcare providers are encouraged to prioritize newborn care and vaccination of infants and young children (through 24 months of age) when possible.**

Physicians may choose to reschedule well visits for those in middle childhood and adolescence to a later date. Please refer to these resources for additional information:

- [Information for Pediatric Healthcare Providers](#) (CDC)
- [Critical Updates on COVID-19](#) (AAP)
- [COVID-19: Guidance for Family Physicians on Preventive and Non-Urgent Care](#) (AAFP)

As an important note, your clinic should track patients who will need to catch up with routine well-child care and immunizations once the pandemic threat ends.

3. **Parents with children less than 24 months of age have been more likely to refuse to come in for missing well check and vaccines. How can we emphasize the importance of vaccines for babies and well checks for babies?**

Please refer to this [recent EZIZ message](#) for some talking points and suggestions.

4. Is it okay to see any child due for 4-5-year-old shots, or behind on vaccines, and kids in the 11-12-year-old booster range in any county?

Yes. Each practice is encouraged to immunize the age groups it judges it can immunize safely; the age groups may vary by practice. See [CDC's immunization schedule](#) for more information.

5. What about providing immunizations to adults at this time?

Delivery of some clinical preventive services, such as immunizations, requires face-to-face encounters. These should be postponed in areas with COVID-19 spread except when:

- An in-person visit must be scheduled for another purpose and the clinical preventive service can be delivered during that visit **with no additional risk**; or
- The patient and clinician agree that the benefit of receiving the preventive service outweighs the risk of exposure to COVID-19.

Assess immunization status of adults at all in-person visits and administer any vaccine that is due. This allows providers to take advantage of an opportunity when the patient is in the office to ensure protection against vaccine-preventable diseases. When a provider is seeing prenatal patients in person, the opportunity should also be taken to deliver influenza and Tdap vaccines to expectant mothers.

See below for additional guidance:

- [Preparedness Tools for Healthcare Professionals and Facilities Responding to Coronavirus \(COVID-19\)](#) (CDC)
- [Coronavirus \(COVID-19\), Pregnancy, and Breastfeeding: A Message for Patients](#) (ACOG)

6. Does the influenza vaccine protect against COVID-19?

No, the influenza vaccine does not provide protection against COVID-19. However, when children are immunized against influenza, this decreases their chances of becoming ill from influenza, which has symptoms that can be similar to COVID-19, such as fever and cough. This then decreases the worry that parents and healthcare providers may have that a child with a febrile illness could be infected with COVID-19 and decreases the need for a child to be seen at the doctor's office for a febrile illness during this time.

7. Is there a vaccine that can prevent the spread of COVID-19?

No, at this time there is not a vaccine available that can prevent the spread of COVID-19. There are several vaccines being developed and tested, but none yet available.

8. Should a second influenza shot be administered this season for those who need it?

Yes, children who are due for a second dose at a clinic visit should receive it. Children who miss their second dose this season will in many cases need two doses in the fall of 2020.

Continuing to provide influenza vaccine appropriately can decrease spread of influenza in the community. This means there will be fewer febrile illnesses to be concerned about that could be confused with COVID-19

For those children aged 6 months to 8 years who have had fewer than 2 doses of influenza vaccine before July 1, 2019, or who have an unknown history, a second dose of influenza vaccine should be given 4 weeks after the first dose. For children aged 6 months to 8 years who have received at least 2 doses of influenza vaccine before July 1, 2019, only one dose is needed. For all persons, age 9 years and over, only one dose is needed.

9. How can healthcare providers continue to provide care for their patients at this time?

CDC, AAP, AAFP, American College of Physicians (ACP), and American College of Obstetricians and Gynecologists (ACOG), all provide suggestions on how to continue caring for patients who need non-COVID-19 related services during the pandemic. Some suggestions include:

- Reduce or postpone non-urgent, outpatient face-to-face care.
- Limit non-essential elective surgery and procedures.
- Provide routine, chronic and preventive visits by telehealth, virtual or e-visits as much as possible.
- Ensure delivery of newborns and well-child care is maintained, including childhood immunizations.
- If only limited well-child visits can be provided, family physicians are encouraged to prioritize newborn care and vaccination of infants and young children (<24 months), when possible.

10. In order to minimize exposure to staff and patients alike, would it be acceptable to only administer the immunizations now and do the well child physical exam later?

Yes, some practices are also choosing to conduct a telemedicine/phone appointment to address parents' concerns and questions and to screen children, followed by a brief immunization visit. For other tips, see this [recent EZIZ message](#).

INFECTION CONTROL & MASKING

11. How can immunizations be administered with decreased risk to patients and staff?

It is always recommended to follow standard precautions when providing medical care. Meticulous hand washing practices should be adhered to, as well. In addition, CDC and CDPH recommend social distancing and routine wearing of face covers to limit spread of the virus. In the healthcare setting when providing immunizations, it is reasonable for medical staff, parents and patients to practice social distancing and routine wearing of face covers as well. The purpose of face covering, with surgical masks or cloth coverings, is for source control. Source control masks limit spread of a virus FROM a person who may be shedding virus but who is not having any symptoms. When the healthcare providers wear a mask, this protects the patient and parent; when the parent and patient wear a mask, this protects the healthcare provider.

In addition, after patients leave, clean frequently touched surfaces with EPA-registered disinfectants—counters, beds, seating, etc.

See the following guidance for more information:

- [Get Your Clinic Ready for Coronavirus Disease 2019 \(COVID-19\)](#) (CDC)
- [Use of Cloth Face Coverings to Help Slow the Spread of COVID-19](#) (CDC)

12. Should we check parent's/patient's temperature when they come into the office?

Yes. CDC recommends that you actively screen everyone for fever and symptoms of COVID-19 before they enter the healthcare facility. See other [infection control recommendations](#).

13. Due to the concern of asymptomatic people possibly transmitting COVID, is it recommended to decontaminate/clean the exam room after each well patient visit?

Ensure facility policies and practices are in place to minimize exposures to respiratory pathogens including SARS-CoV-2, the virus that causes COVID-19. Measures should be implemented before patient arrival, upon arrival, throughout the duration of the patient's visit, and until the patient's room is cleaned and disinfected. It is particularly important to protect individuals at increased risk for adverse outcomes from COVID-19 (e.g., older individuals with comorbid conditions), including healthcare providers who are in a recognized risk category. Fastidious hand washing is a must. For more information, review the CDC materials at:

- [CDC Infection Control Recommendations](#)
[Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](#).

14. Is there a suggested time frame between using rooms once the room has been cleaned?

Using a patient exam room after being thoroughly cleaned and the waiting period before allowing another patient in the room, depends on the type of cleaning products being used. Refer to the Material Safety Data Sheet (MSDS) that should accompany the cleaning product for more information.

For a suspect or confirmed COVID-19 case, CDC states the following:

Although spread of SARS-CoV-2 is believed to be primarily via respiratory droplets, the contribution of small respirable particles to close proximity transmission is currently uncertain. Airborne transmission from person-to-person over long distances is unlikely.

The amount of time that the air inside an examination room remains potentially infectious is not known and may depend on a number of factors including the size of the room, the number of air changes per hour, how long the patient was in the room, if the patient was coughing or sneezing, and if an aerosol-generating procedure was performed. Facilities will need to consider these factors when deciding when the vacated room can be entered by someone who is not wearing PPE.

For a patient who was not coughing or sneezing, did not undergo an aerosol-generating procedure, and occupied the room for a short period of time (e.g., a few minutes), any risk to HCP and subsequent patients likely dissipates over a matter of minutes. However, for a patient who was coughing and remained in the room for a longer period of time or underwent an aerosol-generating procedure, the risk period is likely longer.

For these higher risk scenarios, it is reasonable to apply a similar time period as that used for pathogens spread by the airborne route (e.g., measles, tuberculosis) and to restrict HCP and patients without PPE from entering the room until sufficient time has elapsed for enough air changes to remove potentially infectious particles.

General guidance on [clearance rates under differing ventilation conditions](#) is available.

In addition to ensuring sufficient time for enough air changes to remove potentially infectious particles, HCP should clean and disinfect environmental surfaces and shared equipment before the room is used for another patient.

15. How do we enforce mandatory masking for patients coming into the clinics?

[CDC recommends](#) wearing cloth face coverings in public settings where other social distancing measures (6 feet distance) are difficult to maintain. Many clinics are requiring patients over 2 years of age and their parents/guardians to wear a mask when they enter the clinic. You can try:

- Alerting patients before their appointment that cloth masks are required for everyone, including patients and staff
- Posting a sign in front of your facility to remind patients that cloth masks are required
- Having extra disposable non-medical masks on-hand
- Sharing these easy “how-to make a mask” [tips from the CDC](#)

As a reminder, children under 2 years of age should **not** wear a mask.

16. If patient (pediatric) presents with upper-respiratory (URI) symptoms or cough and their parent has no symptoms, do you recommend both being masked?

Many clinics are requiring patients over 2 years of age and their parents/guardians to wear a mask when they enter the clinic. However, if a patient presents with URI symptoms, CDC recommends the following: “Facemasks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance. Patients may remove their cloth face covering when in their rooms but should put them back on when leaving their room or when others (e.g., HCP, visitors) enter the room. Screening for symptoms and appropriate triage, evaluation, and isolation of individuals who report symptoms should still occur.” See [CDC’s Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#) for additional information.

17. What can we do to prevent COVID-19 at home? What are the procedures or recommendations to follow once we get home from work?

Keeping family members safe after working with patients who may be infected with COVID-19 is of great concern. While there is no specific guidance from the CDC regarding this topic, there are some anecdotal ideas to consider after coming from working in a clinical setting. These might include, but are limited to:

- Change out of your work clothes (scrubs) at the facility where you work
- Before leaving the facility, wash your hands. Wipe down all equipment used during your shift at the healthcare facility
- If not feasible, once home, remove work clothes and place in the laundry room, wash as soon as possible
- After removing soiled clothing, shower as soon as possible before greeting your family

- Dawn clean clothes
- Monitor yourself for COVID-19 symptoms

Also refer to [CDC's tips for cleaning and disinfecting your home](#) .

18. With the problem of COVID-19 carriers can we mask everyone?

Answered in question #15

19. Does a person build immunity for COVID-19 after testing positive?

As of May 1, 2020, we don't know how long people are protected against COVID-19 after they recover from their first infection. The World Health Organization recently [concluded](#) that "there is currently no evidence that people who have recovered from COVID-19 and have antibodies are protected from a second infection."

TELE-MEDICINE

20. How can providers provide services through telehealth, e-visits or virtual visits?

According to the California Department of Health Care Services (DHCS) as of March 17, 2020, "Medi-Cal providers may utilize existing telehealth policies as an alternative modality for delivering Medi-Cal covered health care services when medically appropriate, as a means to limit patients' exposure to others who may be infected with COVID-19, and to increase provider capacity.

As a reminder, Medi-Cal's telehealth policy gives Medi-Cal providers broad flexibility to determine if a particular Medi-Cal covered service or benefit is clinically appropriate based upon the individual needs of their patients on a case-by-case basis pursuant to evidence-based medicine and/or best practices.

The ACP (American College of Physicians) has provided guidance for practices pertaining to [telehealth and billing resources](#). Additional resources include:

- Resources pertaining to coverage of Telehealth during the COVID-19 pandemic, including the [COVID-19 Medi-Cal NewsFlash](#) and the [New and Expanded Flexibilities for Rural Health Clinics \(RHCs\) and Federally Qualified Health Centers \(FQHCs\) During the COVID-19 Public Health Emergency \(PHE\)](#).
- [Note from HHS about use of telehealth](#)
- Medicare coverage and payment of virtual services, including the [Medicare Telemedicine Health Care Provider Fact Sheet - CMS](#) and this [CMS press release](#)

21. How does our practice code and bill for telehealth visits?

Please see these resources provided by various professional organizations to assist with coding and billing for telehealth services:

- [Telemedicine Coding Fact Sheet](#) (AAP)
- [Operationalizing Virtual Visits During a Public Health Emergency](#) and [More](#) (AAFP)
- [Operationalizing Virtual Visits During a Public Health Emergency](#) and [other COVID-19 Related Resources](#) (AAFP)
- [Coronavirus \(COVID-19\): new telehealth rules and procedure codes for testing](#) (AAFP)
- [Telehealth Coding and Billing During COVID-19](#) (ACP)
- [Managing Patients Remotely: Billing for Digital and Telehealth Services](#) (ACOG)

Other resources:

- [Outpatient and Ambulatory Care Settings: Responding to Community Transmission of COVID-19 in the United States](#) (CDC)
- [Preparedness Tools for Healthcare Professionals and Facilities Responding to Coronavirus \(COVID-19\)](#) (CDC)

SCHOOL IMMUNIZATIONS & REQUIREMENTS

22. Are students entering school in the fall still going to be required to have all their shots for school?

At this moment, immunization requirements for school and childcare entry are still in place. Please check shotsforschool.org for any updates and the current list of required immunizations.

23. In the month of May we have an uptake of patients who need vaccine for school enrollment. Do you have any recommendation(s) for clinic flow?

See the following guidance for more information:

- [Get Your Clinic Ready for Coronavirus Disease 2019 \(COVID-19\)](#) (CDC)
- [Use of Cloth Face Coverings to Help Slow the Spread of COVID-19](#) (CDC)
- [Pediatric Practice Management Tips During the COVID-19 Pandemic](#) (AAP)
- Consider using separate entrances and exits if feasible to reduce contacts
- Use appointment times or other spacing measures to reduce contacts

24. Our School District is about to start enrolling students. They are very concerned that students will not be getting vaccinated due to the pandemic. Do we enroll these students under a ""conditional admission" or do we refuse enrollment?

We appreciate that the pandemic has made routine immunization more difficult. At this moment, immunization requirements for school and childcare entry have not changed. Consider collecting current records from students as you usually do, and then giving students until the first day of school to provide additional records, as needed, to meet current requirements for unconditional or conditional admission.

Please check shotsforschool.org for any updates to procedures for the 2020-2021 school year.

25. We have a small school-based immunization-only clinic. We are usually closed while schools are out (holidays, summers, etc.). Would it be helpful if we could open during the summer--after stay at home order has ceased?

Yes, it is likely to be helpful; extending clinic hours may help children catch up with their required immunizations.

26. What if we have students that are not vaccinated by choice? How can we help encourage vaccinations to their individuals?

Encouraging our parents and patients can be challenging at the best of times. Many parents have questions about their children's vaccines, and answering their questions can help parents feel confident in choosing to immunize their child according to the CDC's recommended immunization schedule. Fortunately, there are some excellent resources available for discussing vaccinations with our parents. These can be found at the following links:

- [Talking with Parents about Vaccines](#) (CDC)
- [Talking about Vaccines](#) (Immunization Action Coalition)

27. We are a school immunization clinic, can we continue to provide the required immunizations for school entry by limiting exposure through use of PPE such as mask, gloves? Will student need to wear masks as well?

Yes. Use of masks by staff and patients is recommended. Please see FAQs on infection control and masks above.

OTHER IMMUNIZATION QUESTIONS

28. Until how many weeks can we give first rotavirus dose?

A child should receive the first dose of rotavirus vaccine [before 15 weeks of age](#).

29. Can a child who is 4 years of age with three PCV13 receive a 4th dose of PCV13? At what age do you not give that 4th dose?

It depends:

- If a healthy four-year-old child has received at least one dose of PVC13 at 24 months of age or older, or at least two prior doses, at least one of which was given at 12 months of age or older, then the child is considered to be fully immunized.
- If a healthy four-year-old child received three doses before 12 months of age, then a fourth dose is recommended as the final dose in the series.

PCV13 is recommended to be given to healthy children before their 5th birthday. Children with certain medical conditions are also recommended for immunization at older ages. See CDC's [pneumococcal job aid](#) for additional details.

30. At what age do you stop giving Hib?

Hib vaccine is recommended for healthy children until their fifth birthday, by which time they are no longer at risk of illness. Unvaccinated children age 60 months or older who are not considered high-risk do not require vaccination.

The first dose of Hib should be given at 2 months of age; subsequent doses depend on the formulations used:

- **ActHIB, Hiberix, or Pentacel:** 4-dose series at 2, 4, 6, 12–15 months
- **PedvaxHIB:** 3-dose series at 2, 4, 12–15 months

Unvaccinated children, ages 15–59 months, need only 1 dose of Hib. See [CDC's catch-up schedule](#) for additional guidance.