Guidance for Immunization during the COVID-19 Pandemic

California Department of Public Health
Immunization Branch
Webinar Tech Tips!

1. Listen to today’s webinar through the computer audio

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• Write down your questions in the Q&A box as we move through the presentation
In case you have technical difficulties during the webinar use the email address below for assistance.

Cecilia.LaVu@cdph.ca.gov
Today’s Speakers

CDPH Speakers:
Samantha Johnston, MD, MPH
Robert Schechter, MD, MPH

Special Guest:
Nelson Branco, MD, FAAP

Host:
Steven Vantine, Educational Consultant
To All Our Healthcare Workers on the Front Lines

Let’s take a minute to thank all those on the front lines of this pandemic helping to keep us safe and healthy:

- First responders
- Healthcare workers in hospitals
- Healthcare workers in offices and clinics
- Local, state and federal public health staff
Webinar Objectives

• What should you do?
  • Review changes to the 2020 Immunization Schedules
  • Review guidance on immunizations during the COVID-19 Pandemic

• What can you do?
  • Operational changes to protect staff and patients
  • Suggestions for storage and handling of vaccine

• How can we support you?
  • Changes to VFC to expedite enrollment of alternative sites

• Q & A
Unprecedented times

These are unprecedented times, and we understand that priorities are different in every practice.

Immunizations continue to be important, especially to protect our most vulnerable patients, like newborn babies and older adults.

Thank you for all the hard work you are doing and the care you are giving the patients who rely on you!
What should you do?
Keep Calm and Keep Vaccinating

• We have all been preoccupied by COVID-19 professionally and personally.

• In California: As of March 26, 18 pediatric influenza deaths this season; 706 total influenza deaths.

• Remember that continuing to provide immunizations is critical to controlling vaccine-preventable diseases, including influenza.

• When patients have COVID-19 concerns, it is a great opportunity to remind them of what they can do to prevent other illnesses in themselves and their children.
2020 ACIP Child and Adolescent Immunization Schedule

- CDPH will not provide copies of the immunization schedule this year
- Download the App
- Use the interactive website

INTERACTIVE WEBSITE: https://www.cdc.gov/vaccines/schedules/hcp/index.html
DOWNLOADABLE APP: https://www.cdc.gov/vaccines/schedules/hcp/schedule-app.html#download
How to use the child/adolescent immunization schedule

1. Determine recommended vaccine by age (Table 1)
2. Determine recommended interval for catch-up vaccination (Table 2)
3. Assess need for additional recommended vaccines by medical condition and other indications (Table 3)
4. Review vaccine types, frequencies, intervals, and considerations for special situations (Notes)

Notes

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

For vaccine recommendations for persons 19 years of age or older, see the Recommended Adult Immunization Schedule.

Additional information

- Consult relevant ACIP statements for detailed recommendations at www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- For information on contraindications and precautions for the use of a vaccine, consult the General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindations.html and relevant ACIP statements at www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- For calculating intervals between doses, 4 weeks = 28 days. Intervals of 4 or more months are determined by calendar months.
- Within a number range (e.g., 12–18), a dash (–) should be read as “through.”
- Vaccine doses administered ≤4 days before the minimum age or interval are considered valid. Doses of any vaccine administered ≥4 days earlier than the minimum age or minimum interval should not be counted as valid and should be repeated as age-appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. For further details, see Table 3-1, Recommended and minimum ages and intervals between vaccine doses, in General Best Practice Guidelines for Immunization at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html.
- Information on travel vaccine requirements and recommendations is available at www.cdc.gov/travel/.
- For information regarding vaccination in the setting of a vaccine-preventable disease outbreak, contact your state or local health department.
- The National Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the traditional legal system for resolving vaccine injury claims. All routine childhood and adolescent vaccines are covered by VICP except for pneumococcal polysaccharide vaccine (PPSV23). For more information, see the Vaccine Injury Compensation Program at www.hrsa.gov/vaccine compensation/index.html.

Diphtheria, tetanus, and pertussis (DTaP) vaccination

Routine vaccination

- 5-dose series at 2, 4, 6, 15–18 months, 4–6 years.
- Prophylactically: Dose 4 may be administered as early as age 12 months if at least 6 months have elapsed since dose 3.
- Retrospectively: A 4th dose that was inadvertently administered as early as 12 months may be counted if at least 4 months have elapsed since dose 3.

Catch-up vaccination

- Dose 5 is not necessary if dose 4 was administered at age 4 years or older and at least 6 months after dose 1.
- For other catch-up guidance, see Table 2.

Haemophilus influenzae type b vaccination

Routine vaccination

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

Catch-up vaccination

- Dose 1 at 7–11 months: Administer dose 2 at least 4 weeks later and dose 3 (final dose) at 12–15 months or 8 weeks after dose 2 (whichever is later).
- Dose 1 at 12–14 months: Administer dose 2 (final dose) at least 8 weeks after dose 1.
- Dose 1 before 12 months and dose 2 before 15 months: Administer dose 3 (final dose) 8 weeks after dose 2.
- 2 doses of PedvaxHIB before 12 months: Administer dose 3 (final dose) at 12–15 months and at least 8 weeks after dose 2.
- Unvaccinated at 15–19 months: 1 dose.
- Previously unvaccinated children age 60 months or older who are not considered high risk do not require catch-up vaccination.
- For other catch-up guidance, see Table 2.

Special situations

- Chemotherapy or radiation treatment: 12–59 months.
- Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart.
- 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose.
- Doses administered within 14 days of starting therapy or during therapy should be repeated at least 3 months after therapy completion.

- Hematopoietic stem cell transplant (HSCT): 3-dose series 4 weeks apart starting 6 to 12 months after successful transplant, regardless of HbA vaccination history.
- Anatomical or functional asplenia (including sickle cell disease): 12–59 months.
- Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart.
- 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose.
- Unvaccinated persons age 5 years or older: 1 dose.
- Elective splenectomy: Unvaccinated persons age 15 months or older: 1 dose (preferably at least 14 days before procedure).
- HIV infection: 12–59 months.
- Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart.
- 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose.
- Unvaccinated persons age 5–18 years: 1 dose.
- Immunoglobulin deficiency, early component complement deficiency: 12–59 months.
- Unvaccinated or only 1 dose before age 12 months: 2 doses, 8 weeks apart.
- 2 or more doses before age 12 months: 1 dose at least 8 weeks after previous dose.
- Unvaccinated persons age <15 years: 1 dose.
- Previously unvaccinated children age 60 months or older who are not considered high risk do not require catch-up vaccination.
- For other catch-up guidance, see Table 2.

- Maternal and postnatal immunization.
Changes to Best Practices and Schedules

• Updates and errata to best practices can be found at:  
  https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/general-recs-errata.html

• Detailed changes to the 2020 Child and Adolescent immunization schedule:  
  https://www.cdc.gov/mmwr/volumes/69/wr/mm6905a3.htm?s_cid=mm6905a3_w

• Detailed changes to the 2020 Adult immunization schedule:  
  https://www.cdc.gov/vaccines/schedules/hcp/schedule-changes.html#adult
<table>
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<th>Birth</th>
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<th>2-3 yrs</th>
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<td>3&quot;dose</td>
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<td>2-dose series, See Notes</td>
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<td>Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)</td>
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<td>Human papillomavirus (HPV)</td>
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<td>Meningococcal (MenA/C, Y/C, or W-135, MenACWY-CRM ≥2 mos)</td>
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<td>Pneumococcal polysaccharide (PPSV23)</td>
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* Range of recommended ages for all children
* Range of recommended ages for catch-up immunization
* Range of recommended ages for certain high-risk groups
* Recommended based on shared clinical decision-making or *can be used in this age group
* No recommendation/not applicable
<table>
<thead>
<tr>
<th>VACCINE</th>
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<td>Hepatitis B</td>
<td>- HIV infection CD4+ count&lt;15% and total CD4 cell count of 200/mi3</td>
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<td>- &lt;15% and total CD4 cell count of ≥200/mi3</td>
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<td>- ≥15% and total CD4 cell count of ≥200/mi3</td>
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<td>- Kidney failure, end-stage renal disease, or on hemodialysis</td>
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<td>- Heart disease or chronic lung disease</td>
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<td>- CSF leaks or cochlear implants</td>
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<td>- Asplenia or persistent complement component deficiencies</td>
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<td>- Chronic liver disease</td>
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<td>- Diabetes</td>
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<td>Rotavirus</td>
<td>- SCID</td>
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<td>Diphtheria, tetanus, &amp; acellular pertussis (DTaP)</td>
<td>- Asthma, wheezing; 2–4 yrs</td>
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<td>Haemophilus influenza type b</td>
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<td>Pneumococcal conjugate</td>
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<td>Influenza (IV)</td>
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<td>Influenza (LAIV)</td>
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<td>Measles, mumps, rubella</td>
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<td>Varicella</td>
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<td>Hepatitis A</td>
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<td>Tetanus, diphtheria, &amp; acellular pertussis (Tdap)</td>
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<td>Human papillomavirus</td>
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<td>Meningococcal A/C/Y</td>
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<td>Meningococcal B</td>
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<td>Pneumococcal polysaccharide</td>
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**Table Notes:**

- Vaccination according to the routine schedule recommended.
- Recommended for persons with an additional risk factor for which the vaccine would be indicated.
- Vaccination is recommended, and additional doses may be necessary based on medical condition. See Notes.
- Not recommended/contraindicated—vaccine should not be administered.
- Precaution—vaccine might be indicated if benefit of protection outweighs risk of adverse reaction.
- Delay vaccination until after pregnancy if vaccine indicated.
- No recommendation/not applicable.
Summarized changes to NOTES

• Td and Tdap may be used interchangeably in many situations
• Guidance for catch up DTaP/Tdap immunization for 7-18 year olds
• Guidance for MenACWY and MenB booster doses
• Hepatitis B revaccination
• *Haemophilus influenzae* type b catch up vaccination for ≥ 60 months
• Poliovirus: which oral doses count for catch up vaccines?
• Influenza: when to give 1 vs 2 doses
Either Td or Tdap can be used...

• For decennial tetanus booster
  • “To ensure continued protection against tetanus and diphtheria, booster doses of *either Td or Tdap* should be administered every 10 years throughout life.”

• For wound management
  • “For nonpregnant persons with documentation of previous Tdap vaccination, *either Td or Tdap* should be used if a tetanus toxoid-containing vaccine is indicated.”

• For prevention of neonatal and obstetric tetanus
  • “If more than one dose of a tetanus-toxoid containing vaccine is needed, *either Td or Tdap* vaccine can be used for those doses.”

https://www.cdc.gov/vaccines/acip/index.html
Catch up Tdap/DTaP

Never vaccinated 7-to 18-year-olds: 3-dose series, with *at least 1 dose* of Tdap.
Preferably:

- Tdap
- Tdap or Td
- Tdap or Td

> 4 weeks

6-12 months
Catch up Tdap/DTaP

- Not fully immunized 7-to 18-year-olds:
  - Receive 1 dose of Tdap in the series
  - If additional tetanus toxoid-containing doses are required, either Td or Tdap can be used.

- Adolescent Tdap booster: Tdap OR DTaP at ≥ 10 years of age counts.

- Dose 5 of DTaP not necessary IF: dose 4 was given at age ≥ 4 yrs. AND at least 6 months after dose 3.
2020 ACIP Adult Immunization Schedule

• Please see recent VFA webinar for updates to the adult schedule:
  https://eziz.org/vfa-317/vfa-resources/
References

• MMWR
  https://www.cdc.gov/mmwr/volumes/69/wr/mm6905a3.htm?s_cid=mm6905a3_w

• ACIP
  https://www.cdc.gov/vaccines/acip/index.html
  https://www.cdc.gov/vaccines/acip/recommendations.html

• Shots for school
  https://www.shotsforschool.org/

• Immunization schedule:
  https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html

• Polio guidance
  Guidance for Assessment of Poliovirus Vaccination Status and Vaccination of Children Who Have Received Poliovirus Vaccine Outside the United States.
Maintaining Immunizations during COVID

• Some strategies to slow spread of COVID-19 include postponing or canceling non-urgent elective procedures and using telemedicine for routine visits.

• Ensuring delivery of newborn and well-child care, including childhood immunization, requires different strategies.

Professional society guidance

• CDC, CDPH, AAP, AAFP, ACP, ACOG and other professional societies are issuing guidance that is changing with the changing situation.
  • Limited guidance now on how to proceed with outpatient care and immunizations.

• Continue to check CDC, CDPH and your relevant professional society websites for updates, as this information is likely to change.
CDC guidance: children

• 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, health care providers are encouraged to prioritize newborn care and vaccination of infants and young children (through 24 months of age)

• CDC is monitoring the situation and will continue to provide guidance.

Message from AAP

• In the midst of the COVID-19 pandemic, the benefit of attending a well visit and receiving necessary immunizations and screenings should be balanced with the risk of exposure to other children and adults with potential contagious diseases.

• **Immunizing the youngest children is top priority** in the context of well child care.

Message from AAFP

• Reduce or postpone non-urgent, outpatient face-to-face care.
• Limit non-essential adult 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.

Message from ACP

• Goal: maintain access to clinical services with safety for all.
• Reassess whether the patient requires an in-person visit.
• Transition patients who do not need to be seen in person to a virtual visit or else consider delaying the visit
• Provide an explanation to the patient for these changes.
• Cancel elective and nonurgent procedures.

What can you do?
Strategies to separate **Well** from **Sick** visits

- **Separate in time**
  - Well visits in the morning/sick visits in the afternoon

- **Separate in space**
  - Place patients with sick visits in a different area of the clinic, or another site if you have multiple sites
  - *Maintain environmental infection control measures*

- **Collaborate with your community**
  - Identify providers in the community who will hold well visits and those who will see sick patients
Delay visits

• Pediatricians and family physicians may choose to only conduct well visits for newborns and for infants and younger children (< 24 months) who require immunizations and to reschedule well visits for those in middle childhood and adolescence to a later date.

• Physicians may choose to increase their capacity to deliver telehealth.

• If available, physicians are encouraged to utilize “drive through” dedicated COVID-19 testing sites.
  • Maintain environmental infection control measures
Other strategies

• Try creative strategies to immunize vulnerable patients
  • Drive through vaccines
  • If providing outreach services for any reason (e.g., homeless services), may use to opportunity to immunize
  • Remember to comply with storage and handling guidelines

• Medicaid is covering telehealth as are private insurers by executive order. Contact Provider Services if you need more information.

CDC guidance: adults

• 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.

Seize the opportunity

- Influenza and other infections continue to circulate in our communities.
- Assess immunization status of adults at all in-person visits and administer any vaccine that is due.
- Remember, influenza and pneumococcal should be administered to those at higher risk of complicated infection:
  - Chronic conditions
  - Adults >65 years
- **IF THE PATIENT IS THERE FOR ANOTHER REASON**
Prenatal visits

• If you are seeing prenatal patients, use the opportunity to continue delivering influenza and Tdap vaccines to expectant mothers
Storage and handling of vaccine supply

• Follow VFC Program guidance regarding vaccine storage and handling.
  • Temperature monitoring and documentation during open hours
  • Taking action upon discovery of a temperature excursion
• Keep clinic hours up to date on your MYVFCVaccine.org account.
  • Reduced hours or clinic closures
• Crosstrain staff in order to continue these tasks in limited staffing situations or as your clinic’s vaccine coordinator(s) is diverted to COVID-19 response activities in your practice.
• Ensure ALL practice’s digital data loggers have a valid and current Certificate of Calibration.
• If practice closure is expected for several weeks, please make arrangements to transfer vaccines to other providers in your area when feasible, following VFC vaccine transport program guidance.
How can we help?
Changes to VFC enrollment

• New guidance is posted now on eziz/enrollment page for healthcare providers seeking to
  • temporarily relocate immunizations to an alternate site OR
  • seek expedited enrollment of a new site.
Resources on EZIZ

Available for download at: https://eziz.org/resources/flu-promo-materials/
Some of these materials are available for FREE from your local health department.
CDPH COVID-19 Resources

Novel Coronavirus Alert

If you have:
- been in contact with someone with COVID-19
- OR traveled to a country with apparent community spread in the last 14 days
- a fever
- cough or shortness of breath

Tell staff NOW and put on a mask.

https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Resources.aspx
Resources: CDC


Get Your Clinic Ready for Coronavirus Disease 2019 (COVID-19)

A new respiratory disease—coronavirus disease 2019 (COVID-19)—may impact your community. Get ready! Steps you take to prepare your clinic for this can also help protect your patients and healthcare workers from COVID-19.

Before Patients Arrive

- Prepare the clinic:
  - Know your source of patients are at higher risk of adverse outcomes from COVID-19.
  - Consider and plan for providing more same room appointments.
  - Know how to contact your health department.
  - Stay connected with your health department to know about COVID-19 in your community. Step up precautions where areas are isolated in your community.
  - Assess and stock supplies now and on a regular schedule.

- Communicate with patients:
  - Ask patients about symptoms during pre-visit calls.
  - Consider conducting non-emergent appointments.
  - Post signs at the entrance and in waiting areas about precautions.

- Prepare the waiting area and patient rooms:
  - Provide supplies—tissues, alcohol-based hand rubs, soap, and tissues.
  - Make chairs 1 to 2 feet apart, if possible.
  - Provide tissues, face masks, and hand sanitizer, if possible.

When Patients Arrive

- Please staff at the triage areas to ensure they have appropriate personal protective equipment (PPE) to triage patients.
- Provide masks to patients with respiratory symptoms.
- Guide any patients who develop symptoms when they arrive.
- Keep patients in a private room or in a COVID-19 isolation area.

After Patients are Assessed

- If a patient returns, close frequently touched surfaces using EPA-approved disinfectants—carts, beds, seating.
- Provide all-prone care instructions to patients with respiratory symptoms.
- Consider telehealth options for follow-up.
- Notify your health department of patients with COVID-19 symptoms.

Tasks and prepare your staff now:

- Ensure staff know their roles as PPE users, and take OFPSP training.
- Implement the symptoms protocol COVID—test, cough, symptoms, in order.
- Implement procedures to quickly tag and separate COVID patients.

For more information: www.cdc.gov/COVID19

Resources: CDC

• Immunizations

• Interim Guidance for Healthcare Facilities and Preparedness
Resources: CDC

• Interim Infection Prevention and Control Recommendations
Resources

• AAFP Guidance for Family Physicians on Preventive and Non-urgent Care

• AAP COVID-19 Clinical Guidance Q&A

• ACP Statement on Nonurgent In-Person Medical Care

• ACOG Clinical Guidance During Novel Coronavirus 2019
A view from the clinical side with our special guest: Nelson Branco MD, FAAP
Questions and Answers
Thank You for Protecting Californians!