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California Vaccines  
for Adults

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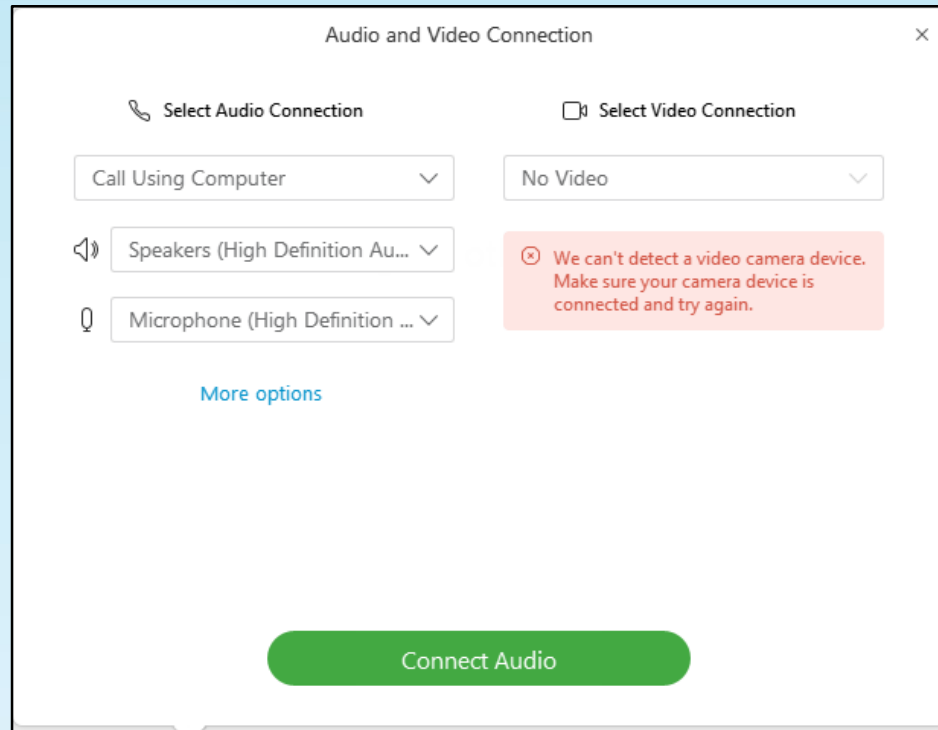
# Guidance for Immunization during the COVID-19 Pandemic

California Department of Public Health  
Immunization Branch



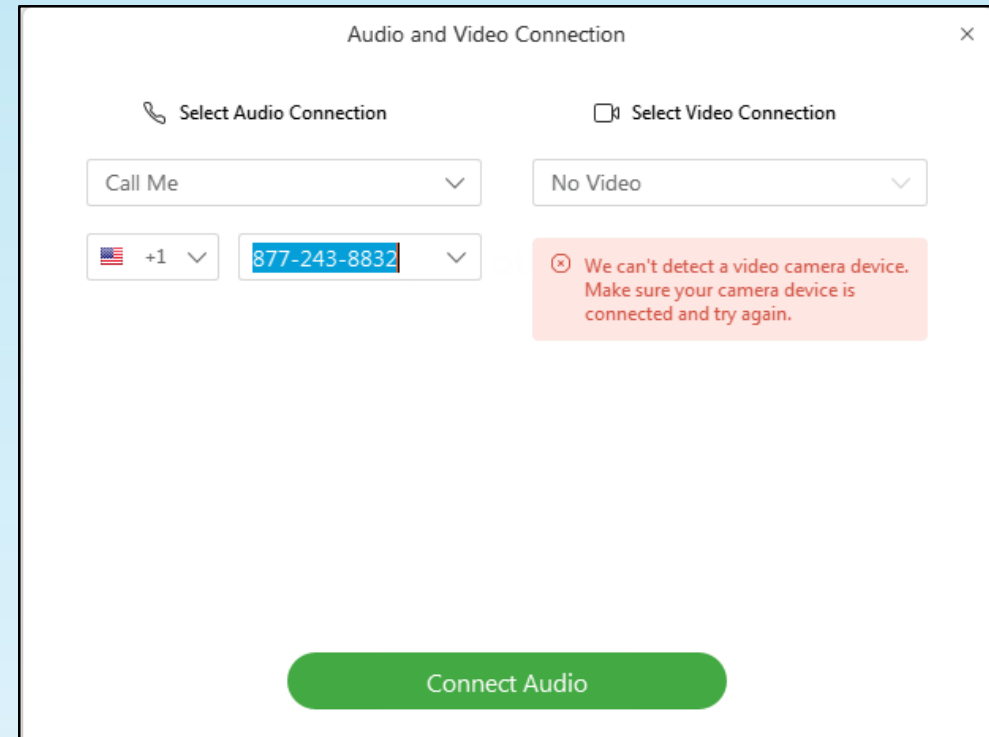
# Webinar Tech Tips!

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



The screenshot shows the 'Audio and Video Connection' window. Under 'Select Audio Connection', 'Call Using Computer' is selected. Under 'Select Video Connection', 'No Video' is selected. The audio output is set to 'Speakers (High Definition Au...)' and the input is 'Microphone (High Definition ...)'. A red error message states: 'We can't detect a video camera device. Make sure your camera device is connected and try again.' A green 'Connect Audio' button is at the bottom.

2. If you cannot connect through the computer audio, have WebEx call you



The screenshot shows the 'Audio and Video Connection' window. Under 'Select Audio Connection', 'Call Me' is selected. Under 'Select Video Connection', 'No Video' is selected. The audio output is set to 'Speakers (High Definition Au...)' and the input is 'Microphone (High Definition ...)'. A red error message states: 'We can't detect a video camera device. Make sure your camera device is connected and try again.' A green 'Connect Audio' button is at the bottom.



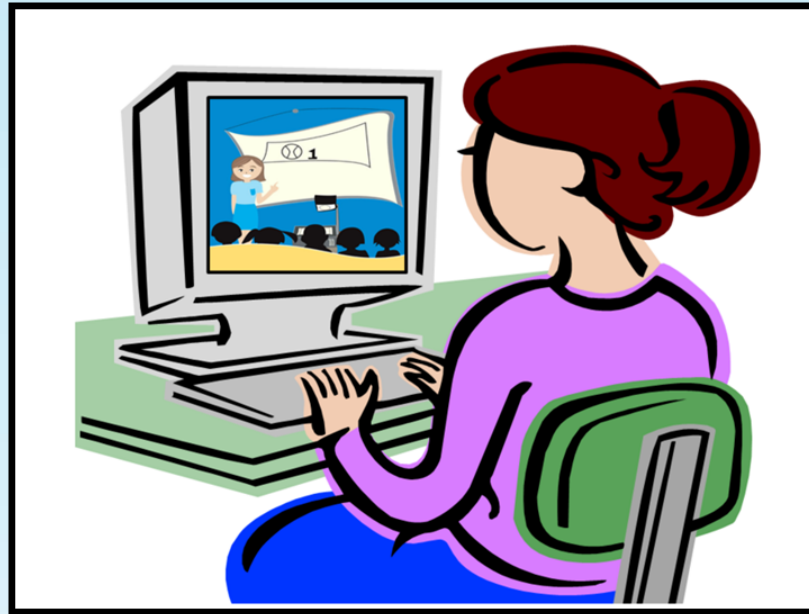
# Getting Your Question(s) and Answer(s) Submitted

- 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](mailto: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?



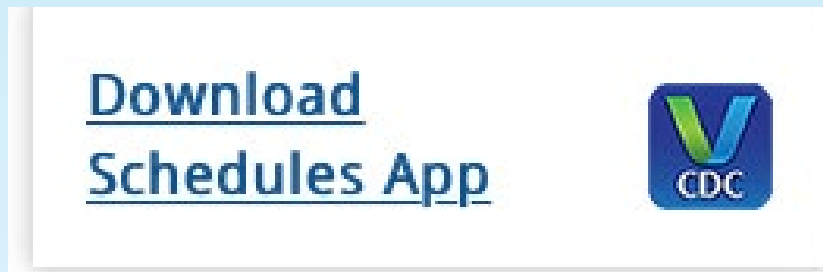
# Keep Calm and Keep Vaccinating

- 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



## Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger

UNITED STATES 2020

### Vaccines in the Child and Adolescent Immunization Schedule\*

Vaccines	Abbreviations	Trade names
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel* Infanrix*
Diphtheria, tetanus vaccine	DT	No trade name
Haemophilus influenzae type b vaccine	Hib (PRP-T) Hib (PRP-OMP)	ActHib* Hiberix* PedvaxHIB*
Hepatitis A vaccine	HepA	Havrix* Vaqta*
Hepatitis B vaccine	HepB	Engerix-B* Recombivax HB*
Human papillomavirus vaccine	HPV	Gardasil 9*
Influenza vaccine (inactivated)	IIV	Multiple
Influenza vaccine (live, attenuated)	LAIV	FluMist* Quadrivalent
Measles, mumps, and rubella vaccine	MMR	M-M-R* II
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-D MenACWY-CRM	Menactra* Menveo*
Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	Bexsero* Trumenba*
Pneumococcal 13-valent conjugate vaccine	PCV13	Prevnar 13*
Pneumococcal 23-valent polysaccharide vaccine	PPSV23	Pneumovax* 23
Poliovirus vaccine (inactivated)	IPV	IPOL*
Rotavirus vaccine	RV1 RV5	Rotarix* RotaTeq*
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel* Boostrix*
Tetanus and diphtheria vaccine	Td	Tenivac* Tdvax**
Varicella vaccine	VAR	Varivax*

### Combination vaccines (use combination vaccines instead of separate injections when appropriate)

DTaP, hepatitis B, and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix*
DTaP, inactivated poliovirus, and Haemophilus influenzae type b vaccine	DTaP-IPV/Hib	Pentacel*
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix* Quadracel*
Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad*

\*Administer recommended vaccines if immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended periods.

### 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)

Recommended by the Advisory Committee on Immunization Practices ([www.cdc.gov/vaccines/acip](http://www.cdc.gov/vaccines/acip)) and approved by the Centers for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov)), American Academy of Pediatrics ([www.aap.org](http://www.aap.org)), American Academy of Family Physicians ([www.aafp.org](http://www.aafp.org)), American College of Obstetricians and Gynecologists ([www.acog.org](http://www.acog.org)), and American College of Nurse-Midwives ([www.midwife.org](http://www.midwife.org)).

### Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to your state or local health department
- Clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or 800-822-7967

Download the CDC Vaccine Schedules App for providers at [www.cdc.gov/vaccines/schedules/hcp/schedule-app.html](http://www.cdc.gov/vaccines/schedules/hcp/schedule-app.html)

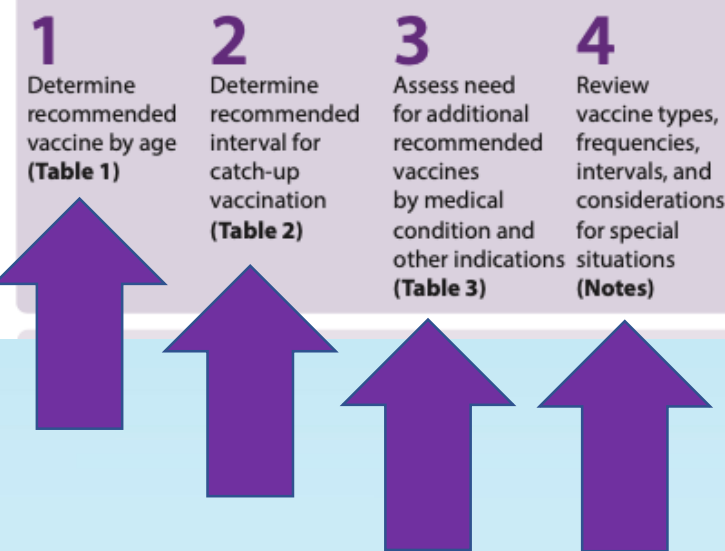
### Helpful information

- Complete ACIP recommendations: [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html)
- General Best Practice Guidelines for Immunization: [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html)
- Outbreak information (including case identification and outbreak response), see Manual for the Surveillance of Vaccine-Preventable Diseases: [www.cdc.gov/vaccines/pubs/surv-manual](http://www.cdc.gov/vaccines/pubs/surv-manual)

U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

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



## 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](http://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/contraindications.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html) and relevant ACIP statements at [www.cdc.gov/vaccines/hcp/acip-recs/index.html](http://www.cdc.gov/vaccines/hcp/acip-recs/index.html).
- For calculating intervals between doses, 4 weeks = 28 days. Intervals of  $\geq 4$  months are determined by calendar months.
- Within a number range (e.g., 12–18), a dash (–) should be read as “through.”
- Vaccine doses administered  $\leq 4$  days before the minimum age or interval are considered valid. Doses of any vaccine administered  $\geq 5$  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](http://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/](http://www.cdc.gov/travel/).
- For vaccination of persons with immunodeficiencies, see Table 8-1, Vaccination of persons with primary and secondary immunodeficiencies, in General Best Practice Guidelines for Immunization at [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html](http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html), and Immunization in Special Clinical Circumstances (In: Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. *Red Book: 2018 Report of the Committee on Infectious Diseases*. 31<sup>st</sup> ed. Itasca, IL: American Academy of Pediatrics; 2018:67–111).
- 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 child and adolescent vaccines are covered by VICP except for pneumococcal polysaccharide vaccine (PPSV23). For more information, see [www.hrsa.gov/vaccinecompensation/index.html](http://www.hrsa.gov/vaccinecompensation/index.html).

### Diphtheria, tetanus, and pertussis (DTaP) vaccination (minimum age: 6 weeks [4 years for Kinrix or Quadracel])

#### Routine vaccination

- 5-dose series at 2, 4, 6, 15–18 months, 4–6 years
- Prospectively:** Dose 4 may be administered as early as age 12 months if at least 6 months have elapsed since dose 3.
- Retrospectively:** A 4<sup>th</sup> 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 3.
- For other catch-up guidance, see Table 2.

### Haemophilus influenzae type b vaccination (minimum age: 6 weeks)

#### Routine vaccination

- ActHIB, Hiberix, 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 12–59 months and at least 8 weeks after dose 2.
- Unvaccinated at 15–59 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 Hib vaccination history

### Anatomic 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*

### 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 = Less than routine series (through 14 months) OR no doses (15 months or older)



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# 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](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 1** Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2020

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Hepatitis B (HepB)	1 <sup>st</sup> dose	2 <sup>nd</sup> dose			3 <sup>rd</sup> dose												
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See Notes												
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose			4 <sup>th</sup> dose				5 <sup>th</sup> dose					
Haemophilus influenzae type b (Hib)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See Notes		3 <sup>rd</sup> or 4 <sup>th</sup> dose, See Notes										
Pneumococcal conjugate (PCV13)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose		4 <sup>th</sup> dose										
Inactivated poliovirus (IPV <18 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose							4 <sup>th</sup> dose					
Influenza (IIV)																	
OR																	
Influenza (LAIV)																	
Measles, mumps, rubella (MMR)					See Notes		1 <sup>st</sup> dose					2 <sup>nd</sup> dose					
Varicella (VAR)							1 <sup>st</sup> dose					2 <sup>nd</sup> dose					
Hepatitis A (HepA)					See Notes												
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)															Tdap		
Human papillomavirus (HPV)															See Notes		
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos)															1 <sup>st</sup> dose	2 <sup>nd</sup> dose	
Meningococcal B																	
Pneumococcal polysaccharide (PPSV23)																	

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 3** Recommended Child and Adolescent Immunization Schedule by Medical Indication, United States, 2020

Always use this table in conjunction with Table 1 and the notes that follow.

VACCINE	INDICATION									
	Pregnancy	Immunocompromised status (excluding HIV infection)	HIV infection CD4+ count <sup>1</sup>		Kidney failure, end-stage renal disease, or on hemodialysis	Heart disease or chronic lung disease	CSF leaks or cochlear implants	Asplenia or persistent complement component deficiencies	Chronic liver disease	Diabetes
			<15% and total CD4 cell count of <200/mm <sup>3</sup>	≥15% and total CD4 cell count of ≥200/mm <sup>3</sup>						
Hepatitis B										
Rotavirus		SCID <sup>2</sup>								
Diphtheria, tetanus, & acellular pertussis (DTaP)										
<i>Haemophilus influenzae</i> type b										
Pneumococcal conjugate										
Inactivated poliovirus										
Influenza (IIV)										
or										
Influenza (LAIV)						Asthma, wheezing: 2–4yrs <sup>3</sup>				
Measles, mumps, rubella										
Varicella										
Hepatitis A										
Tetanus, diphtheria, & acellular pertussis (Tdap)										
Human papillomavirus										
Meningococcal ACWY										
Meningococcal B										
Pneumococcal polysaccharide										

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  $\geq 60$  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:



# 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  $\geq 10$  years of age counts.
- **Dose 5 of DTaP not necessary IF:** dose 4 was given at age  $\geq 4$  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](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.

COVID

IMMZ

Isolate sick patients

Newborn care

Reschedule elective visits

Continue immunization



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<https://www.cdc.gov/vaccines/news/newsletters/imwrks/2020/2020-03.html>  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html>

# 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.

<https://www.cdc.gov/vaccines/news/newsletters/imwrks/2020/2020-03.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html>



# 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.



<https://services.aap.org/en/pages/covid-19-clinical-guidance-q-a/>



# 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.

[https://www.acponline.org/acp\\_policy/policies/statement\\_on\\_non\\_urgent\\_in-person\\_medical\\_care\\_2020.pdf](https://www.acponline.org/acp_policy/policies/statement_on_non_urgent_in-person_medical_care_2020.pdf)



# 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.

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>



# 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.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/preparedness-checklists.html>



# 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

## Guess who? needs a Flu Vaccine?

**YOU!**

Everyone **6 months of age and older** needs a flu vaccine every year. Ask us about getting one today!

Todos las personas **mayores de 6 meses de edad** necesitan vacunarse contra la influenza (la gripe) todos los años.  
[Pregúntenos por la vacuna hoy mismo!]

The publication was supported by Grant Number H23/CC092507 from the Centers for Disease Control and Prevention (CDC). IMM-782 (7/17)

<https://eziz.org/assets/docs/IMM-782.pdf>

## Tips for Speaking with Parents about Flu Vaccine

### How to Address Common Concerns

**I heard the flu shot can give you the flu.**

- Flu vaccines are made with killed or weakened viruses that cannot give you the flu.
- Sometimes the body's immune response after vaccination can make some people feel a little ill, and that's normal. For example, some kids may get a slight fever, but that's their body responding and building antibodies to protect them from the flu.

**My child got vaccinated last year and still got sick.**

- Many other germs cause symptoms similar to flu—your child might have caught one of them.
- Flu vaccine takes 2 weeks to work. Your child may have been infected with flu or another virus before developing immunity.
- Flu vaccines are not 100% effective. However, even if your child catches the flu, the illness will be much less severe.

**Flu vaccine is not effective. Why bother?**

- Flu is very serious and can cause pneumonia, hospitalization, and death.
- Without the flu vaccine, your child has zero added protection if he/she gets exposed. It's not worth the risk. Healthy children who were vaccinated lowered their chance of dying from flu by 65%. That's pretty remarkable.

**My child is healthy and doesn't need a flu shot.**

- Flu viruses mutate constantly and change from year to year.
- Every year, healthy kids who have never caught the flu before, suddenly get it.
- Flu can spread easily at school, while playing with friends, or being out in the community.
- I am healthy and got my flu shot. I also immunized my kids, and as your doctor/nurse, I want your family to also be protected.
- Scarlet died from flu complications at age 5; to her mother's regret, she was not vaccinated. Watch Scarlet's Story and share with clinic staff and parents.

**I'm concerned about side effects.**

- Vaccines, like any medication, can cause side effects. With flu shots most effects are mild, primarily pain or redness in the arm.
- This should go away quickly. If you have any concerns after getting vaccinated, please call us.

**I don't want vaccines with thimerosal/mercury**

- Most flu vaccine is thimerosal-free.
- For kids under 3, you'll be getting the vaccine without any thimerosal. Flu vaccine with or without thimerosal is safe and effective.
- Only multi-dose vials contain thimerosal to prevent contamination when needles are inserted into the vial more than once.
- If parents are still concerned, you can show this 3 minute video: Is there Mercury in Vaccines? by the Children's Hospital of Philadelphia.

**The flu is just like a bad cold—it's not serious.**

- Flu is sometimes confused with a cold. Flu viruses are not the same as a cold. When a person catches the flu, they often have a fever and body aches; most also have to miss days of work or school. When complications set in, flu can be life-threatening. While babies, pregnant women, those with certain health conditions, and seniors are at highest risk, even healthy children can die from flu.
- More than 900,000 people were hospitalized and about 80,000 people died in the U.S. from flu in the 2017-18 season.

**My child is afraid of needles.**

- If available, offer the LAIV (nasal spray) flu vaccine.
- Let younger children sit in their parents' laps; practice distraction techniques. Suggest the parent bring a favorite snack, book or toy for comfort.
- Allow an older child to listen to music and ask them to take deep breaths.
- Reassure the parent and their child so they keep calm, and be honest about the pinch.
- Be supportive and offer praise. You can say: "I know you seemed worried about your visit today, but you did it! I'm so proud of you for being so brave! Maybe it will even get a little easier next time."

**VFC EZIZ.org**

California Department of Public Health, Immunization Branch  
This publication was supported by Grant Number H23/CC092507 from the Centers for Disease Control and Prevention (CDC)

IMM-1275 (11/19)

<https://eziz.org/assets/docs/IMM-1275.pdf>

## Wash Your Hands

**20 SECONDS**

**Protect yourself. Prevent disease!**

Lávese las manos 請洗手	Hãy rửa tay 手を洗きましょう。	Hugasan ang iyong mga kamay 손을 씻으십시오
ລ້າງມືຂອງທ່ານ Ob Txhais Tes	Ntxuav Koj Ob Txhais Tes	Мойте руки!
លាងដៃរបស់លោកអ្នក		မာမ္းစဲ ဝဲဒ မဲခဲ

A message from your local health officer and the California Department of Public Health, Division of Communicable Disease Control. IMM-825/18

<https://eziz.org/assets/docs/IMM-825.pdf>

## FLU PREVENTION TIPS

**Get vaccinated**

**Wash hands often**

**Cover coughs & sneezes**

**Stay home when sick**

Flu vaccine is recommended for everyone six months of age and older every year.

**PROTECT YOURSELF AND THOSE YOU LOVE AGAINST FLU**

For more information, visit [GetImmunizedCA.org](http://GetImmunizedCA.org)

IMM-909 ES (8-18)

<https://eziz.org/assets/docs/IMM-969.pdf>

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:



+



OR



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.**

CDPH California Department of Public Health, Immunization Branch

IMM-1293 (2/6/20)

## COVID-19

Protect yourself and loved ones

Help prevent the spread of respiratory diseases like COVID-19

### + WASH YOUR HANDS

Wash your hands with soap and warm water regularly.



### + COVER A COUGH OR SNEEZE

Cover your cough or sneeze with your sleeve, or tissue. Dispose of tissue and wash your hands afterward.



### + DON'T TOUCH

Avoid touching eyes, nose or mouth, especially with unwashed hands.



### + KEEP YOUR DISTANCE

Avoid close contact with people who are sick.



### + STAY HOME

If you experience respiratory symptoms like a cough or fever, stay home.



### + GET HELP

If you experience symptoms of COVID-19 (cough, fever, shortness of breath), call your health care provider or local health department before seeking care.



### MORE INFORMATION

Follow the California Department of Public Health:  
@capublichealth and [www.cdph.ca.gov/covid19](http://www.cdph.ca.gov/covid19)



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



VFA  
California Vaccines  
for Adults

VFC  
California Vaccines  
For Children



# Resources: CDC

The screenshot shows the CDC website's preparedness resources for COVID-19. The header includes the CDC logo and navigation links. The main content area is titled "Prepare your practice for COVID-19" and includes a paragraph about CDC's commitment to providing accurate information. Below this, there are two prominent buttons: "Get Your Clinic Ready for COVID-19" and "Phone Advice Line Tools". A sidebar on the left lists various topics like "Symptoms & Testing", "Prevent Getting Sick", and "Healthcare Professionals".

[https://www.cdc.gov/coronavirus/2019-ncov/hcp/preparedness-resources.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fpractice-preparedness.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/preparedness-resources.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fpractice-preparedness.html)



## 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 flu can also help protect your patients and healthcare workers from COVID-19:

### Before Patients Arrive

- Prepare the clinic.**
  - Know which of your patients are at higher risk of adverse outcomes from COVID-19.
  - Consider and plan for providing more telemedicine 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 when the virus is spreading in your community.
  - Assess and restock supplies now and on a regular schedule.
- Communicate with patients.**
  - Ask patients about symptoms during reminder calls.
  - Consider rescheduling non-urgent appointments.
  - Post signs at entrances and in waiting areas about prevention actions.
- Prepare the waiting area and patient rooms.**
  - Provide supplies—tissues, alcohol-based hand rub, soap at sinks, and trash cans.
  - Place chairs 3–6 feet apart, when possible. Use barriers (like screens), if possible.
  - If your office has toys, reading materials, or other communal objects, remove them or clean them regularly.

### When Patients Arrive

- Place staff at the entrance to ask patients about their symptoms.**
  - Provide symptomatic patients with tissues or facemasks to cover mouth and nose.
  - Limit non-patient visitors.
- Separate sick patients with symptoms.**
  - Allow patients to wait outside or in the car if they are medically able.
  - Create separate spaces in waiting areas for sick and well patients.
  - Place sick patients in a private room as quickly as possible.

### After Patients are Assessed

- After patients leave, clean frequently touched surfaces using EPA-registered disinfectants—counters, beds, seating.**
- Provide at-home care instructions to patients with respiratory symptoms.** Consider telehealth options for follow up.
- Notify your health department of patients with COVID-19 symptoms.**

### Train and prepare your staff now

- Ensure that clinical staff know the right ways to put on, use, and take off PPE safely.
- Recognize the symptoms of COVID-19—fever, cough, shortness of breath.
- Implement procedures to quickly triage and separate sick patients.
- Emphasize hand hygiene and cough etiquette for everyone.
- Ask staff to stay home if they are sick.
- Send staff home if they develop symptoms while at work.



For more information: [www.cdc.gov/COVID19](https://www.cdc.gov/COVID19)

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/Clinic.pdf>

# Resources: CDC

- Immunizations

<https://www.cdc.gov/vaccines/news/newsletters/imwrks/2020/2020-03.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html>

- Interim Guidance for Healthcare Facilities and Preparedness

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/preparedness-checklists.html>



# Resources: CDC

- Interim Infection Prevention and Control Recommendations

[https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html#infection\\_control](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html#infection_control)



# Resources

- AAFP Guidance for Family Physicians on Preventive and Non-urgent Care  
[https://www.aafp.org/dam/AAFP/documents/patient\\_care/public\\_health/AAFP-COVID-Non-Urgent-Care-Statement.pdf](https://www.aafp.org/dam/AAFP/documents/patient_care/public_health/AAFP-COVID-Non-Urgent-Care-Statement.pdf)
- AAP COVID-19 Clinical Guidance Q&A  
<https://services.aap.org/en/pages/covid-19-clinical-guidance-q-a/>
- ACP Statement on Nonurgent In-Person Medical Care  
[https://www.acponline.org/acp\\_policy/policies/statement\\_on\\_non\\_urgent\\_in-person\\_medical\\_care\\_2020.pdf](https://www.acponline.org/acp_policy/policies/statement_on_non_urgent_in-person_medical_care_2020.pdf)
- ACOG Clinical Guidance During Novel Coronavirus 2019  
<https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/03/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!



**VFA**  
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for Adults

 **VFC**  
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For Children

