



Key takeaways from this message include:

Maintaining immunizations during pandemic:

- Prioritization of immunizations for children 0-24 months
- Considerations for adult immunizations
- Strategies for modifying clinic operations
- Links to AAP, CDC, ACP, AAFP and ACOG resources

BACKGROUND

The COVID-19 pandemic continues to affect communities across the United States. Maintaining immunizations during this period may not be feasible due to current impact of COVID-19 community transmission, staffing, and parental and patients' concerns. However, the American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC) have issued the following recommendations for prioritizing childhood immunizations during this pandemic period and strategies that can be implemented to slow the spread of disease.

PRIORITIZING IMMUNIZATIONS OF YOUNG CHILDREN

Because of personal, practice, or community circumstances related to COVID-19, some practices may have to limit well child visits or not offer them at all.

- If your practice can provide only limited well child visits, **prioritize newborn care and vaccination of infants and young children (through 24 months of age) when possible.**
- Reschedule well visits for older children and adolescents to a later date. Keep a list of rescheduled appointments to facilitate patient recall later on.

AAP STRATEGIES TO MODIFY CLINIC STRUCTURE FOR DELIVERY OF PRIORITIZED CARE

- Separate well visits from sick visits. Scheduling well visits in the morning and sick visits in the afternoon.
- Separate patients spatially (e.g., place sick patients in different areas of the clinic).

- Clinics with multiple practice sites may consider using one office location to see all well visits (staffed by those in higher risk categories) and another location for sick visits.
- Collaborate with nearby providers to identify separate locations for child well visits.
- If available, deliver telehealth and utilize “drive through” dedicated COVID-19 testing sites.

CONSIDERATIONS FOR IMMUNIZING ADULT PATIENTS

CDC recommends that in areas with community transmission of SARS-CoV-2, immunizations should be postponed except when:

- An in-person visit must be scheduled for some other purpose and the clinical preventive service can be delivered during that visit with no additional risk; or
- An individual patient and their clinician believe that there is a compelling need to receive the service based on an assessment that the potential benefit outweighs the risk of exposure to the virus that causes COVID-19.

Other considerations

- Some of the AAP strategies listed earlier may also apply to adult practices.
- Influenza and other vaccine-preventable diseases continue to circulate in our communities. If the patient is already in the clinic, use this opportunity to assess and administer any immunizations due, such as influenza and pneumococcal immunizations for those at higher risk for complications (e.g., those with chronic conditions and adults 65 years of age and older).
- Prenatal visits remain a good opportunity to continue delivering Tdap. ACOG encourages health care practitioners to group components of care together (e.g., vaccinations, glucose screenings, etc.) and continue offering influenza vaccine to their unvaccinated patients, particularly pregnant women.

ADDITIONAL INFORMATION

- CDC Guidance for [adults](#) and [children](#)
- [AAP COVID-19 Clinical Guidance](#)
- [ACP Statement on Nonurgent In-Person Medical Care](#)
- [AAFP Guidance for Family Physicians on Preventive and Non-urgent Care](#)
- ACOG [Guidance During Novel Coronavirus \(COVID-19\)](#) and [FAQs](#)

IMPORTANT: Local Health Departments (LHDs) immunization clinics may be impacted by current COVID-19 response activities led by public health staff. As a result, some may have also reduced or closed immunization clinics and may not

be able to immunize patients at this time. Please check with your LHDs before making any referrals.