

Planning for influenza vaccination during COVID-19 pandemic

The potential for asymptomatic transmission of the coronavirus underscores the importance of implementing IPAC and public health measures. The Ministry of Health has issued a [guidance for immunization services during COVID-19](#) to assist health care professionals. This is a quick summary to ensure safe administration of influenza vaccine during the COVID-19 pandemic.

Defer flu vaccination in patients with symptoms

Defer flu vaccination in patients with acute respiratory symptoms. Patients with respiratory symptoms should get a COVID-19 test, and if negative and symptoms are improving can be vaccine, or if not tested, should self-isolate for 10 days, from the onset of their symptoms. Individuals with suspected, or confirmed COVID-19, and their close contacts should not attend immunization appointments during their self-isolation.

Measures for operating clinics safely:



Proximity

Maintain physical distancing, wear a mask or PPE to avoid respiratory droplets



Limit Attendance

Reduce number of patients & staff in clinic for physical distancing & better ventilation.



Limit Duration

Limit the length of time patients are in the clinic.

Duration of post-vaccination observation period

It is best to maintain a 15 minutes post-vaccination observation period to monitor for potential reactions. However, during the COVID-19 pandemic, a shorter post-influenza vaccination observation time, between 5 to 15 minutes may be considered, in waiting areas where clients are unable to maintain physical distancing due to volume, under the following conditions:

- The person has previously received an influenza vaccine and has no known history of severe allergic reactions
- No history of other immediate post-vaccination reactions (e.g., syncope with or without seizure) after receipt of any vaccines.
- A child has a parent/guardian to watch for reactions. Two adults can observe each other for reactions (both can be vaccinated). Information is provided on what to do for assistance.
- No operation of a vehicle for 15 minutes post-vaccination.

Approaches to consider

- Extend clinic hours to reduce crowding.
- Use every client visit as an opportunity to vaccinate.
- Encourage use of appointments for vaccination services.
- Offer outdoor vaccination services, such as car park, weather permitting.
- Designate specific clinic hours for vaccination, to ensure only well patients are in the clinic during those times, or
- Screen, conduct the assessment, vaccinate and complete the 15 minute post immunization monitoring in the same clinic room; or
- Have a separate room for patients to wait, post vaccination, ensuring the physical distancing between patients.
- Limit one person to accompany their child, unless vaccinating the entire family.

Communicate

- Communicate clinic changes by web, social media or voice mail.
- For vaccination appointments, asking clients not to attend clinic if they are feeling ill.
- Advise everyone they must wear a mask and maintain 2 metres distance from others while in the clinic.
- Ask patients to wait outside, and call the clinic when they arrived.
- Post signage on COVID-19 health screening and proper hand hygiene.

Before clients attend the clinic

- Remind staff to stay home if they are unwell.
- Modify clinic layout to allow more space for physical distancing.
- Calculate the number of people allowed in the clinic at any one time to allow for ease of moving while maintaining physical distancing.
- Remove toys, magazines, flyer and other items to reduce share touched surfaces.
- Schedule increased cleaning and disinfection in administration and clinic areas, according to standard IPAC practices.
- Have a process to keep well patients separated from symptomatic patients, particularly people with suspected COVID-19 illness.
- Have PPE and immunization supplies in clinic rooms to minimize unnecessary movement.
- Use physical barriers, signs, ropes and floor markings to ensure physical distancing measures.
- Install plexiglass barriers to create distance between staff and patient and to limit physical contact with patients at triage.
- For clinical examination or treatment, use appropriate PPE.

Clinic day

- Limit and monitor points of entry to the clinic.
- Assign a staff to screen and manage physical distancing for people attending the clinic. Options may include:
 - create an appointment system for vaccination visits
 - when patients call with their arrival, screen for illness before they enter the clinic
 - ask patients to wait in their vehicle (if it is safe to do so)
 - call them when to enter the clinic
- Have alcohol hand sanitizer at the entrance or reception area.
- Minimize patient movement in the clinic as much as possible.

Providing flu vaccination

- Have a single-use immunization assessment checklist for each client. Toronto Public Health's consent form can be used. Email PublicHealth@toronto.ca for the consent form.
- Use of surgical mask and eye protection is required.
- Gloves are not needed unless the patient's skin is not intact. If gloves are used, they should be changed between patients, in addition to performing hand hygiene.
- Q-LAIV (nasal spray) is not publicly funded this year.
- High-dose (HD-TIV) flu vaccine is the preferred choice for adults 65 years and older. Older adults have a higher burden of illness from influenza A (H3N2) and the high-dose vaccine provides a better effectiveness against A (H3N2) than the standard dose vaccine.
- Don't delay vaccination. If HD-TIV is not available, provide standard QIV dose.
- Offer additional vaccines, if indicated for patient (e.g. pneumococcal, shingles, Tdap), to avoid additional visits.
- Refer to the Ministry guidance for [provision of catch up vaccines for missed doses](#).

Considering alternate vaccination clinic models (larger clinics)

When setting up alternate clinic locations, consider the following:

- Physical distancing and enhanced infection control requirements
- Patient and staff safety and comfort (weather and nearby traffic for outdoor clinics)
- Ability to maintain confidentiality for pre-vaccination assessment
- Cold chain management
- Pre-vaccination waiting area, ability to physical distance
- Post vaccination observation area, ability to manage adverse events
- Maintaining vaccination records
- Bathroom and break facilities for staff (and/or patients)
- Messaging to patients

- Accessibility to clinic location
- Vaccine delivery from OGPMS (defer larger clinics to late October)

References

Ontario Ministry of Health. Guidance for Immunization Services during COVID-19. August 25, 2020. Accessed Sept 25, 2020:

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/Immunization_Services_during_COVID-19_08-26-2020.pdf

Australian Capital Territory. Canberra. March 2020. Planning and managing influenza vaccination during the COVID-19 pandemic. Accessed Sept 25, 2020:

https://www.health.act.gov.au/sites/default/files/2020-04/Information%20-%20Flu%20vaccination%20clinics%20during%20COVID-19_0.pdf

US Centres for Disease Control and Prevention. Vaccination Guidance during a Pandemic. June 9, 2020. Accessed Sept 25, 2020: <https://www.cdc.gov/vaccines/pandemic-guidance/index.html>

NACI Guidance on the use of influenza vaccine in the presence of COVID-19

<https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/guidance-use-influenza-vaccine-covid-19.html>

NACI Guidance for influenza vaccine delivery in the presence of COVID-19

<https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/guidance-influenza-vaccine-delivery-covid-19.html>

NACI Recommendations on the Duration of the Post-vaccination Observation Period for Influenza Vaccination during the COVID-19 Pandemic