



GUIDING PRINCIPLES FOR MAINTAINING IMMUNISATION SERVICES DURING THE COVID-19 PANDEMIC

Immunisation is an essential health service during the COVID-19 pandemic. **Immunisation providers must maintain routine immunisation services and ensure on-time vaccination according to the current recommended schedules.**

Immunisation providers will need to adapt their procedures and practice to **comply with measures in place, including physical distancing, to reduce the transmission of COVID-19.** This is to ensure that immunisation services can continue to be conducted safely without exposing healthcare workers, vaccinees, their caregivers and the wider community to undue risk.

Importance of maintaining immunisation services

Immunisation protects individuals and the community from vaccine preventable diseases (VPDs). If scheduled vaccine doses are missed or delayed, or overall vaccination coverage rates are diminished, there is a risk of resurgence of some well-controlled VPDs or outbreaks of some VPDs, such as measles, during and/or after the COVID-19 pandemic. This will put further strain on the healthcare system.

Importantly, preventing influenza through vaccination is essential in reducing strain on the healthcare system.

Challenges to providing and accessing immunisation services

General practices and other immunisation providers will have to implement measures to reduce transmission of COVID-19. These measures may pose challenges for providers in offering immunisation services using their current delivery model. Additionally, community members may have concerns about or difficulties in accessing immunisation services because of physical distancing requirements.

It is critical to **communicate** to the community that **receiving vaccinations on time remains essential** during the COVID-19 pandemic, and that it is safe to attend an immunisation service that has taken extra precautions and implemented procedures (such as pre-booking or restricted attendance time) to control risks of exposure to and transmission of COVID-19.

Individuals/carers should contact their immunisation provider before attending an immunisation service.

Providers should give clear information about their immunisation clinic procedures to individuals and carers seeking vaccination before they attend the clinic. This will allow providers to identify, and cater to, specific needs of individuals and reduce barriers to accessing their immunisation service during the COVID-19 pandemic.

Guiding principles for immunisation providers

Immunisation providers should adhere to the following guiding principles to support the maintenance and continuation of immunisation services during the COVID-19 pandemic:

1. Specifically plan and implement the full hierarchy of COVID-19 infection prevention and control measures, including physical distancing, for the provision of immunisation services, according to the existing national and state/territory guidelines. This is to ensure the safety of staff and patients/clients attending the practice.

These will involve implementation of:

- i. policies and guidelines for COVID-19 infection control for the practice

- ii. additional administrative processes (e.g. dedicated clinics, telecommunications for scheduling appointments, separate staff administering vaccinations)
- iii. systems and processes for identifying individuals who may have COVID-19, including screening questions, procedures
- iv. additional environmental measures (e.g. clinic set up, signage, dedicated areas/rooms)

Alternate models of providing service may also be implemented (e.g. alternative locations such as outdoor areas for vaccination).

Advice and guidance may be available from your local primary health network and/or state/territory department of health.¹

Standard infection control precautions should be observed by all staff and patients/clients. National advice on non-inpatient care of people with suspected or confirmed COVID-19, including use of PPE, is available from the Australian Government Department of Health.²

Screening of all attendees for vaccinations to identify those who have suggestive symptoms or epidemiological risk factors for COVID-19 (including returned overseas travellers, close contacts of a person with confirmed COVID-19, as of April 2020) should be undertaken, with appropriate use of PPE as recommended for assessment and collection of specimens. Otherwise, standard precautions are sufficient for vaccinations of individuals who do not have any suggestive symptoms of COVID-19.

2. Maintain a safe post-vaccination observation period. This includes ensuring no driving for at least 15 minutes after vaccination. Vaccinees are required to be observed for 15 minutes post vaccination. However, in circumstances where adequate social distancing at the clinic is not possible, refer to the ATAGI clinical advice³ regarding guidance and the criteria for permissible shortened post-vaccination observation time.
3. Continue routine immunisation according to the national and state/territory immunisation schedules at the specified age schedule points.
4. If an immunisation service does not have capacity to meet the immunisation needs of its patients/clients, it should:
 - i. explore alternative models of delivery and/or suggest alternative immunisation providers to facilitate timely vaccination
 - ii. prioritise population groups whose recommended vaccination doses should not be missed or delayed, such as:
 - a) newborns, infants and children aged <2 years requiring primary series vaccinations (e.g. all infant vaccine doses, measles-containing vaccines on the National Immunisation Program [NIP] schedule)
 - b) pregnant women
 - c) individuals who have a specified risk condition that increases risk of a VPD
 - d) Aboriginal and Torres Strait Islander people
 - e) older individuals (aged ≥65 years).
5. Encourage uptake of, and opportunistically offer, the seasonal influenza vaccine. While certain population groups are eligible for funded doses through the NIP, all individuals aged ≥6 months are recommended to receive the influenza vaccine. This will reduce the risk of another serious respiratory infection in an individual as well as reduce strain on the healthcare system.
6. Ensure maintenance of essential core practices of quality immunisation service, including:
 - a) maintenance of cold chain, including when there are modifications to the routine immunisation service delivery model
 - b) timely recording of all vaccinations on the Australian Immunisation Register to allow uptake of vaccination to be monitored
 - c) management, reporting and accurate recording of adverse events following immunisation.

¹ New South Wales: <https://www.health.nsw.gov.au/immunisation/Pages/vaccination-advice-during-covid-19.aspx>

Victoria: <https://www.dhhs.vic.gov.au/victorian-immunisation-services-coronavirus>

² <https://www.health.gov.au/resources/publications/interim-advice-on-non-inpatient-care-of-persons-with-suspected-or-confirmed-coronavirus-disease-2019-covid-19-including-use-of-personal-protective-equipment-ppe>

³ ATAGI Clinical Advice: Statement on the duration of observation after vaccination in the context of minimising risk of exposure to COVID-19 at healthcare facilities April 2020 [<https://www.health.gov.au/resources/publications/atagi-clinical-statement-on-vaccination-observation-time>]

7. Implement strategies to facilitate follow-up of patients requiring catch-up vaccination. Some individuals may inevitably miss vaccine doses during the COVID-19 pandemic period. Refer to the online Australian Immunisation Handbook for guidance and resources for scheduling of catch-up vaccinations (<https://immunisationhandbook.health.gov.au/catch-up-vaccination>)

Special settings: Aged care facilities and healthcare facilities

From 1 May 2020 all visitors and workers of aged care facilities will be required to have received the influenza vaccine. This requirement aims to reduce the risk of severe disease in older people if they contract influenza.⁴ During the COVID-19 pandemic, prevention of other respiratory diseases is essential.

Workers in aged care or healthcare facilities who develop a fever within several days after receiving the influenza vaccine should be clinically assessed and tested for COVID-19 according to the clinical guidance at the time. Fever post vaccination should not be assumed to be due to receipt of an influenza vaccine. Only a small proportion of adults, up to about 1–2%,⁵ develop fever after receiving an influenza vaccine (trivalent, quadrivalent or adjuvanted quadrivalent influenza vaccine) within the first few days; the fever is mostly mild and lasts 1–2 days.

It is important to read this statement in conjunction with The Australian Immunisation Handbook available at immunisationhandbook.health.gov.au.

⁴ <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-advice-for-the-health-and-aged-care-sector>

⁵ Clinical trials suggested the frequency of fever reported as 0.0 to 1.6% generally within 7 days of post-vaccination observation; an Australian large-scale active surveillance system (AusVaxSafety) reported fever in 0.77% [range 0.4%-1.1% depending on brand of vaccine] among approximately 90,000 adult influenza vaccine recipients in 2019; a systematic review showed a 0.8% higher proportion reporting fever with inactivated influenza vaccine compared with placebo (2.3% vs 1.5%).