



Immunization Restart in the Era of COVID-19

Guidance for Local Health Departments



Welcome!

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Purpose

To provide LHD Immunization Coordinators and staff with the current information and resources available to:

- Re-start/catch-up childhood immunizations
- Prepare for flu vaccine administration

in the fall of 2020

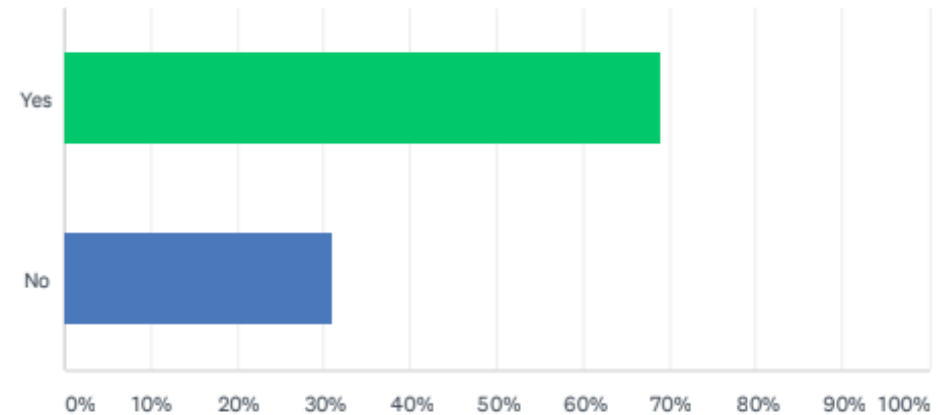
- Prepare for COVID-19 vaccine administration
in late 2020/early 2021

Restarting Recommendations for Clinics

Michigan Local Health Departments Immunization Re-Start Survey

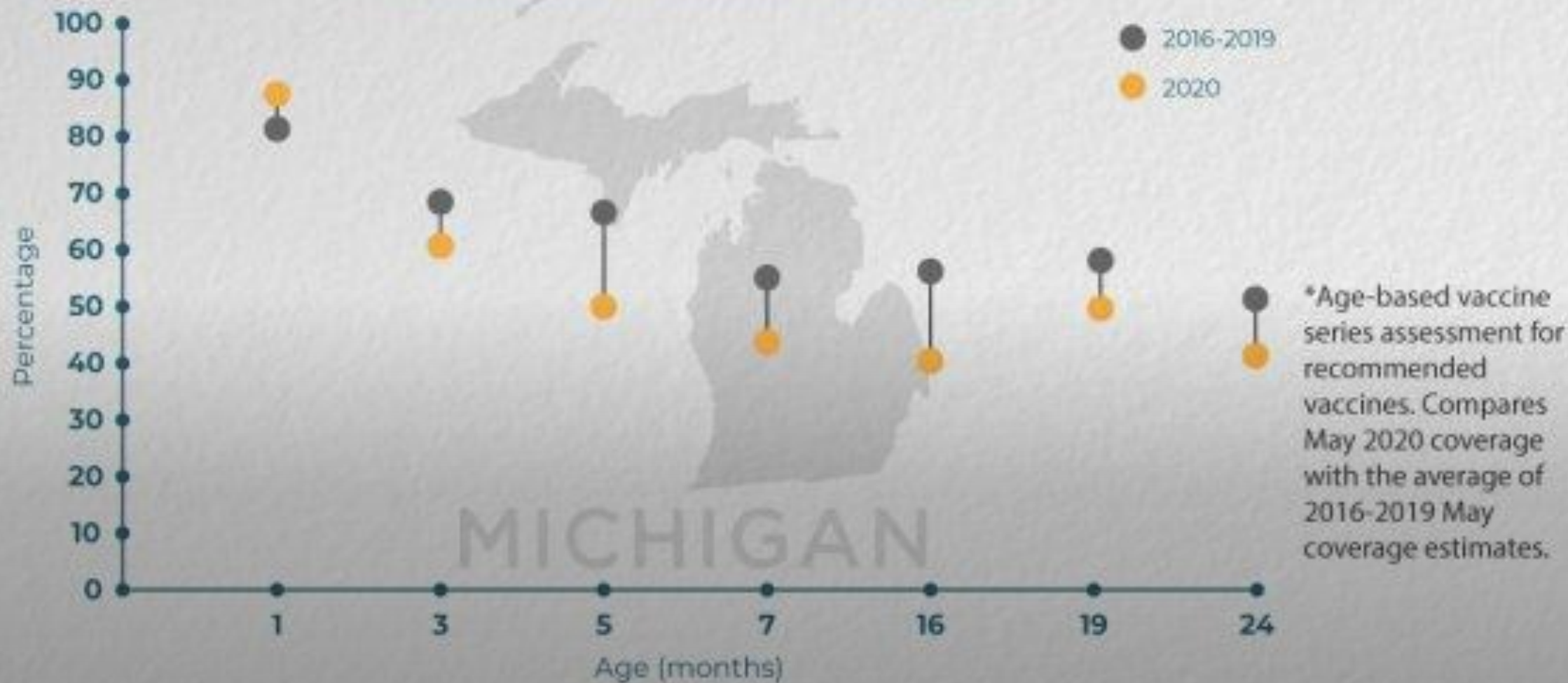
Q1 Is your local health department providing immunizations services as of June 1, 2020?

Answered: 42 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	69.05%	29
No	30.95%	13
TOTAL		42

UP-TO-DATE* VACCINATIONS HAVE DECLINED TO <50% AMONG MOST CHILDREN ≤2 YEARS



Guidance for Immunizations at the Health Department Clinics during the Pandemic (WHO, 2020)

- Immunizations should be a priority to prevent vaccine preventable disease (VPD) outbreaks
 - Should be adapted to be carried out safely (for staff and patients)
- Continued VPD surveillance is also important to prevent outbreaks
- Utilization of volunteer contact tracers to offset burden of COVID-19 case follow-up and allow for immunization staff to vaccinate
- Where limited immunization services are appropriate (or needed due to lack of staffing, etc): at-risk populations should be prioritized for immunization of outbreak-prone diseases first (still with appropriate safety precautions)
- Employee screenings as entering building

Volunteer Contact Tracers

- PLEASE take advantage of Michigan's registered volunteer contact tracers, some of whom are skilled and/or retired public health and healthcare professionals who are available and willing to help.
 - Will offset burden to allow for more immunizations by health dept staff
- You can do this by accessing the centralized volunteer pool from Michigan Volunteer Registry or ask for volunteers for local use by filling out the PHA COVID-19 Public Health Volunteer Request Form

Re-Opening Checklist

Staff need to know the plan! It should include:

- Daily health screening of all staff regardless of work location
- COVID Response Plan
- COVID Training Modules
- New workflow or updated policies
- Communication with cleaning crews
- Work with building maintenance to change HVAC for more air exchange

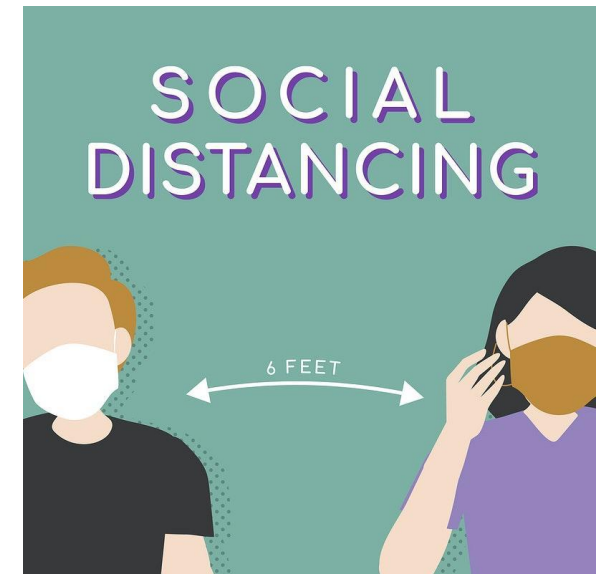
Re-Opening Checklist

Clinic operations include:

- Keep building locked
- Clearly post contact info
- Screen clients before entering and ensure masks are worn/provide if necessary
- Do not allow entry to anyone with symptoms – reschedule the appointment
- Remove all items from waiting room except 1-2 chairs
- Prop internal doors open
- Hand sanitizer available in multiple locations
- Clerks have clear physical barrier and wear surgical mask
- RNs wear N95 with face shield, gown and gloves

Checklist (cont.)

- Pre-register clients the day before appt over the phone
- Obtain verbal consent
- Clean vs. dirty pens
- Only the scheduled client (and parent if minor) allowed
- Lengthen appointment times to allow for proper sanitizing in between
- Deep clean examination rooms after patients with respiratory symptoms and clean rooms between all patients
- Use the same staff for all clinics, have a back up team of staff
- Maintaining physical distancing (6 ft) whenever possible
- Vaccinating in well-ventilated areas (even drive-thru) when/if possible
- Mask wearing (for staff and patients)
- Reorganizing waiting rooms to maintain distancing
 - Remove toys, magazines and other shared items



Screening/Visitors to Clinic

- **Executive Order No. 2020-72** Prohibits visitors from entering a healthcare facility unless the visitor is visiting under one or more of the following circumstances:
 1. Visit is required for the provision of medical care or support of activities of daily living (as determined by Practice employees on a case-by-case basis).
 2. Visitor is the power of attorney or court-appointed guardian for a patient.
 3. If patient is 21 years of age or under, visitor is patient's parent, foster parent or guardian.
 4. Visitor is visiting patient in serious or critical condition or in hospice care.
 5. Visitor is visiting under exigent circumstances or for the purpose of performing official government functions.

Screening Tool Example

1. **Have you or your child(ren) tested positive for COVID-19 in the last 14 days?**
2. **In the past 24 hours, have you or your child(ren) experienced any of the following symptoms?**
 - ☐ Fever (above 100.4) or chills
 - ☐ Cough
 - ☐ Shortness of breath or difficulty breathing
 - ☐ Fatigue
 - ☐ Muscle or body aches
 - ☐ Headache
 - ☐ New loss of taste or smell
 - ☐ Sore throat
 - ☐ Congestion or runny nose
 - ☐ Nausea or vomiting
 - ☐ Diarrhea
 - ☐ Rash
3. **In the last 14 days has anyone in your household been in close contact (6ft or less for more than 15 minutes) with anyone who is experiencing the above symptoms.**
 - ☐ Yes
 - ☐ No
4. **In the last 14 days has anyone in your household been in close contact (6ft or less for more than 15 minutes) with anyone who has tested positive for Covid-19?**
 - ☐ Yes
 - ☐ No
 - ☐ Not sure

Screening (cont.)

- If a patient answers “yes” to a screening question:
 - A designated health provider (nurse or supervisor) should evaluate the appropriateness of continuing the appt
 - The patient may be asked to reschedule appointment
- If a person “yes” to exposed to COVID-19 should first complete 14 days of self-isolation
 - If the contact does not develop symptoms of COVID-19 after 14 days of self-isolation, then this person can be vaccinated

Making expectations clear will be important.

Example of a screening policy:

COVID-19 SCREENING POLICY:

Every patient and permitted visitor must be screened prior to entry to facility.

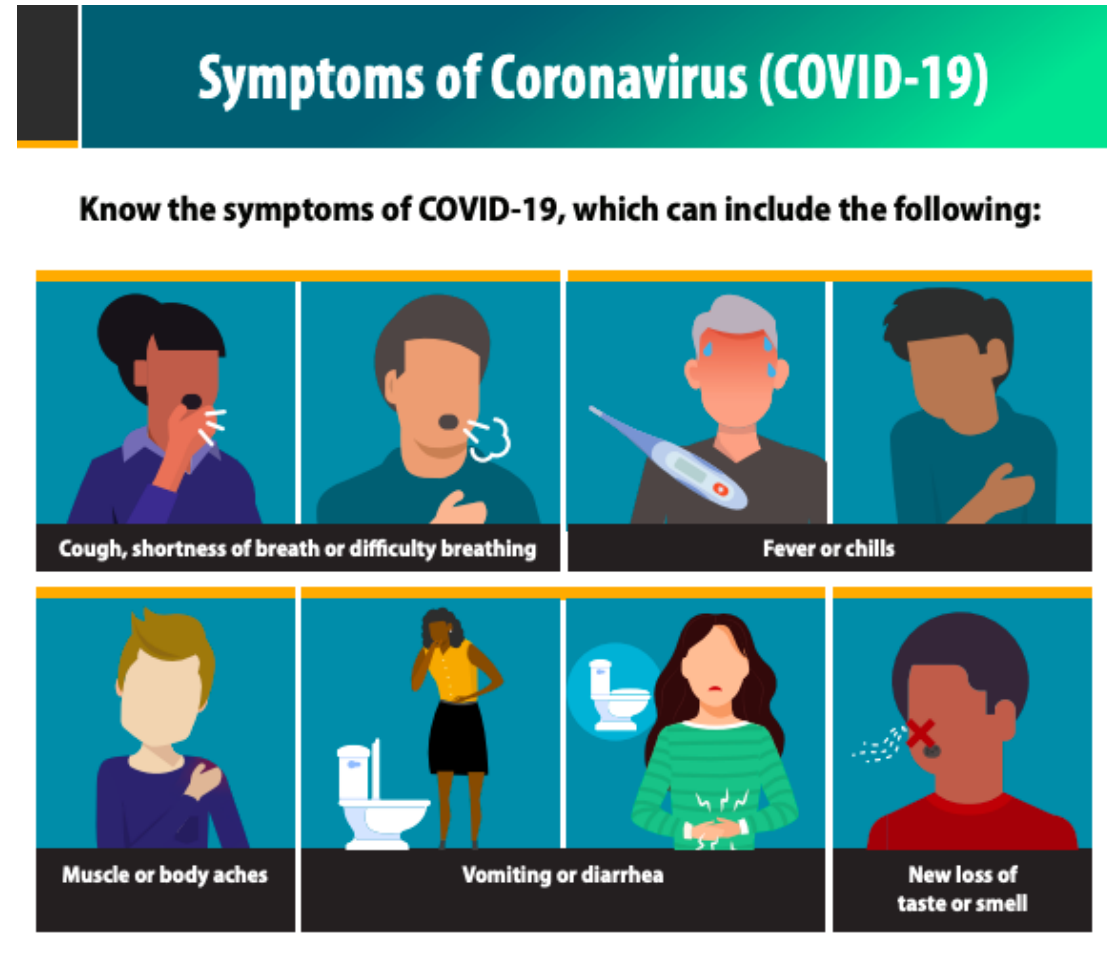
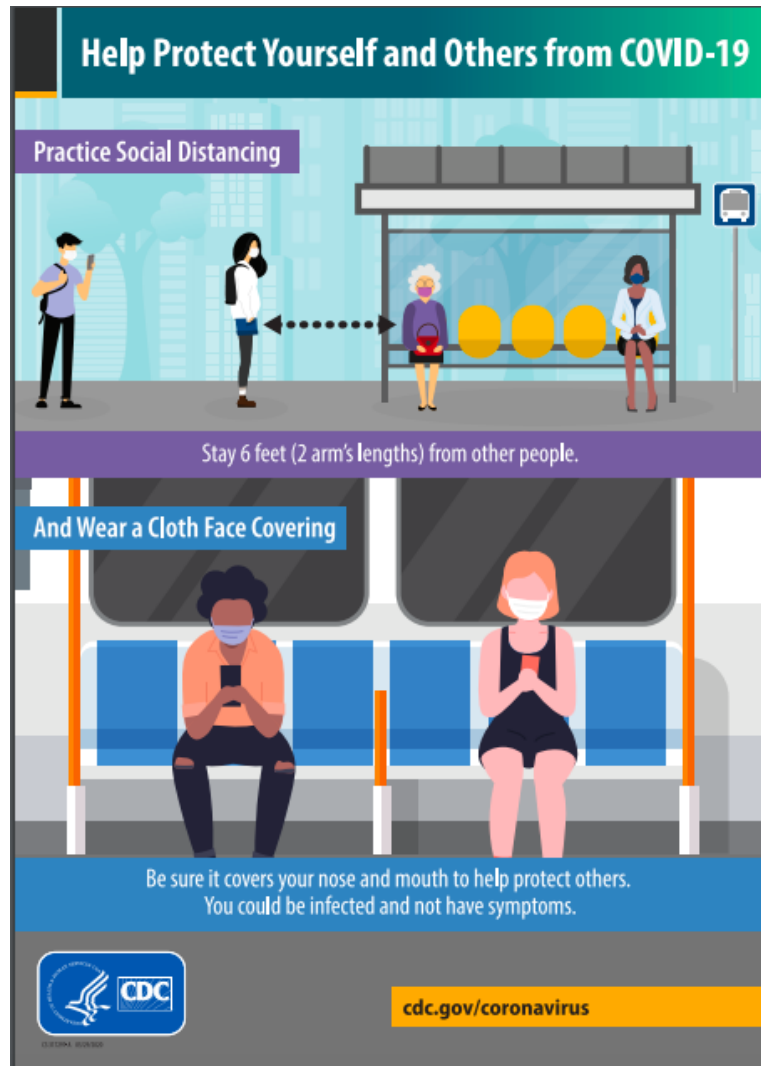
No visitors are allowed to enter facility if they have:

- Experienced any symptoms, including fever above 100.4 degrees, cough, shortness of breath or difficulty breathing, sore throat, chills, repeated shaking from chills, muscle pain, headache, new loss of taste or smell, flu-like symptoms or diarrhea, within the past 24 hours, or
- Other COVID-19 risk factors per CDC guidelines (international, cruise ship or river cruise voyages, exposure to person with confirmed COVID-19 diagnosis within the past 14 days, etc.).

Patients who have symptoms or other COVID-19 risk factors may be asked to reschedule their appointment.

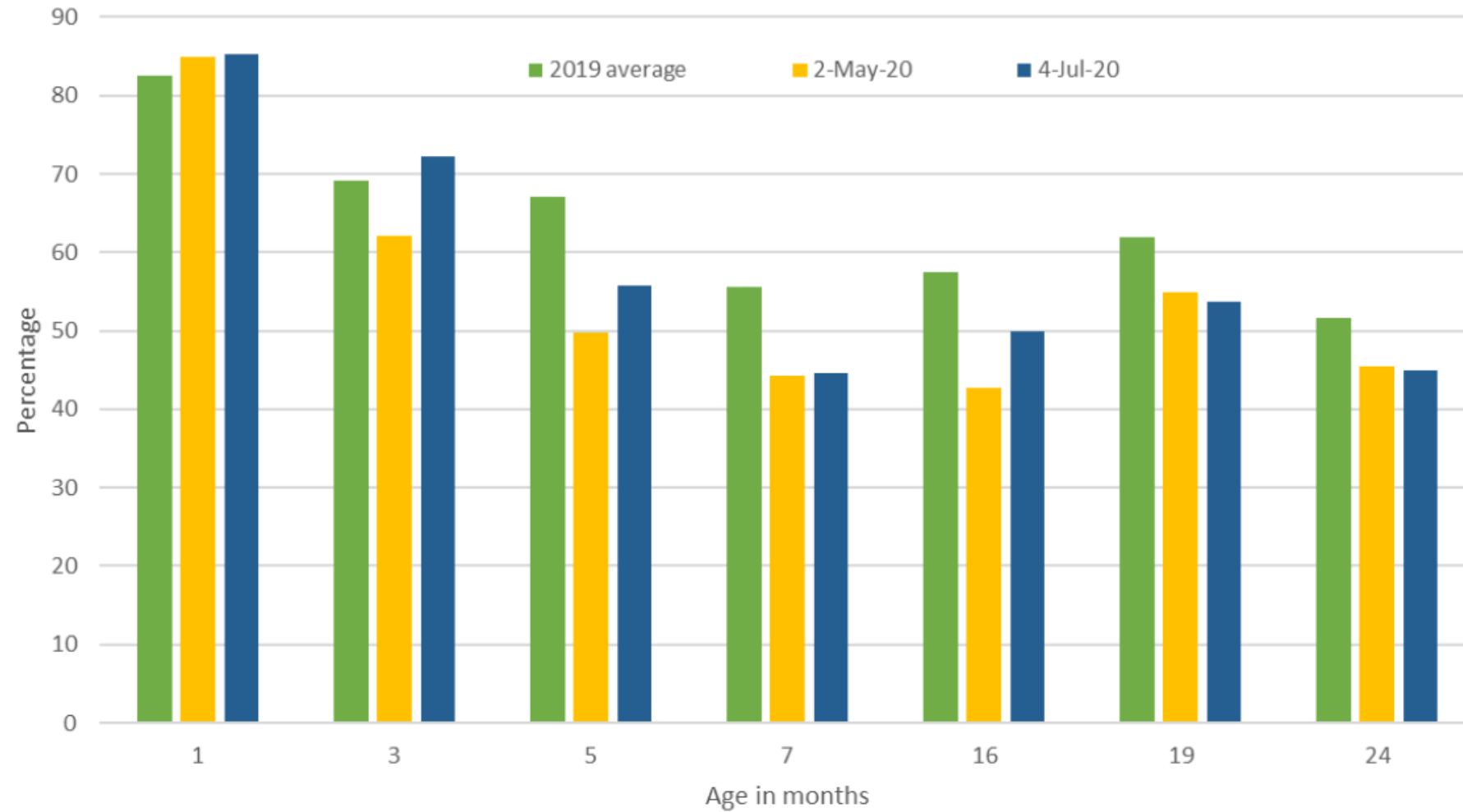
For the health and safety of patients, visitors and our health care staff, we reserve the right to deny visitation, reschedule patient appointments, or make alternative treatment arrangements at any time. We appreciate your patience and cooperation during this time.

Post Clear Safety Guidelines Throughout Facility



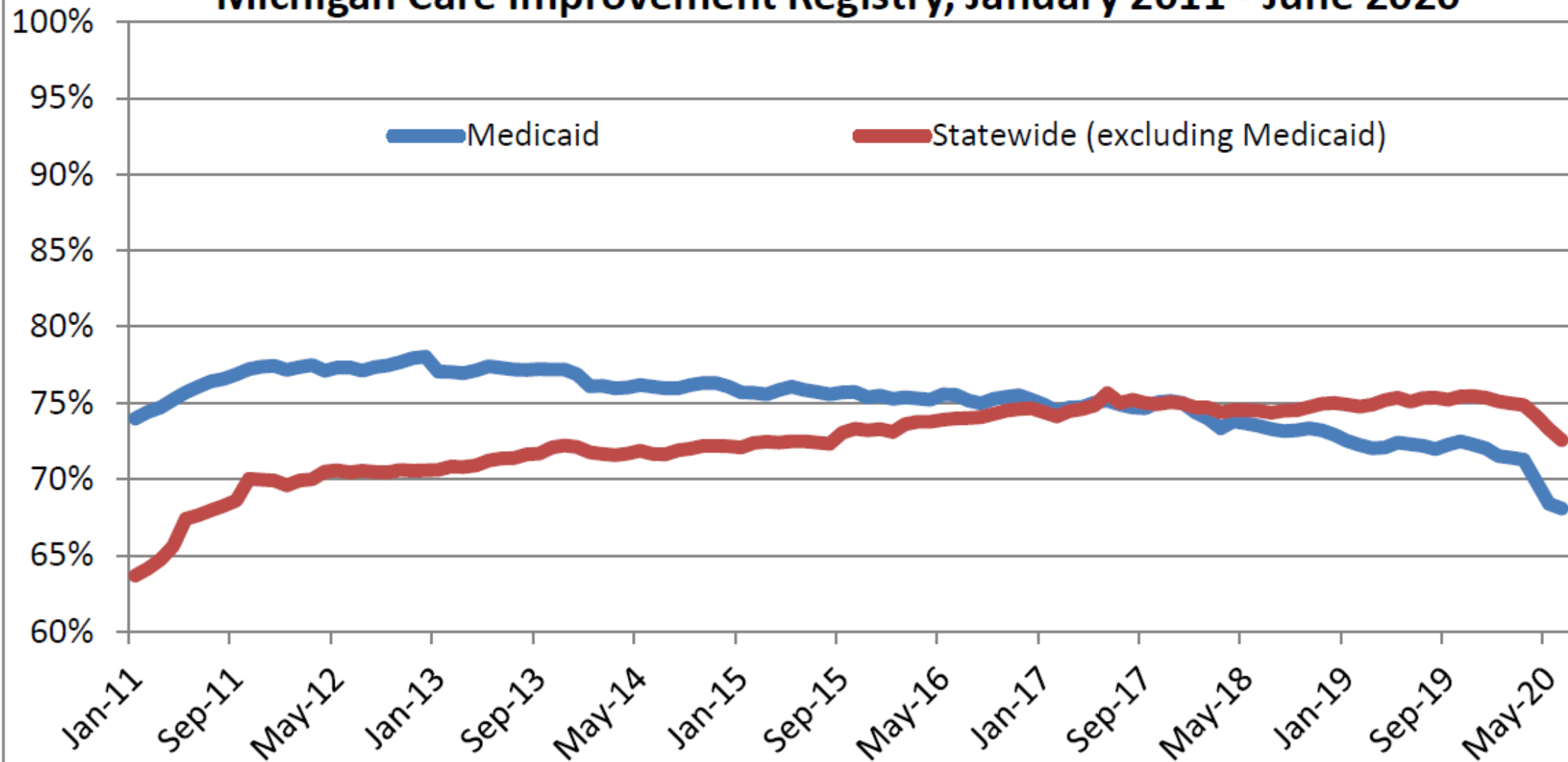
Be clear about social distancing, mask wearing, symptoms that will be screened

Figure 1. Percentage of Michigan children vaccinated at milestone ages for the ACIP recommended vaccines*, MCIR, 2019 average compared to May and July 2020 point estimates



**Age based cohort assessments: 1 month - 1 hepatitis B (HepB); 3 months - 2 HepB, 1 rotavirus (Rota), 1 diphtheria, tetanus, and acellular pertussis (DTaP), 1 *haemophilus influenzae* type b (Hib), 1 pneumococcal conjugate (PCV), 1 inactivated poliovirus (IPV); 5 months - 2 HepB, 2 Rota, 2 DTaP, 2 Hib, 2 PCV, 2 IPV; 7 months - 2 HepB, up-to-date (UTD) Rota, 3 DTaP, UTD Hib, 3 PCV, 2 IPV; 16 months - 2 HepB, 3 DTaP, UTD Hib, 4 PCV, 2 IPV, 1 measles, mumps, rubella (MMR), 1 varicella (Var); 19 months - 3 HepB, 4 DTaP, UTD Hib, 4 PCV, 3 IPV, 1 MMR, 1 Var; 24 months - 3 HepB, 4 DTaP, UTD Hib, 4 PCV, 3 IPV, 1 MMR, 1 Var, 2 hepatitis A.

**Figure 4. Estimated 4:3:1:3:3:1:4 Vaccination Coverage,
Children 19 through 35 months,
Michigan Care Improvement Registry, January 2011 - June 2020**

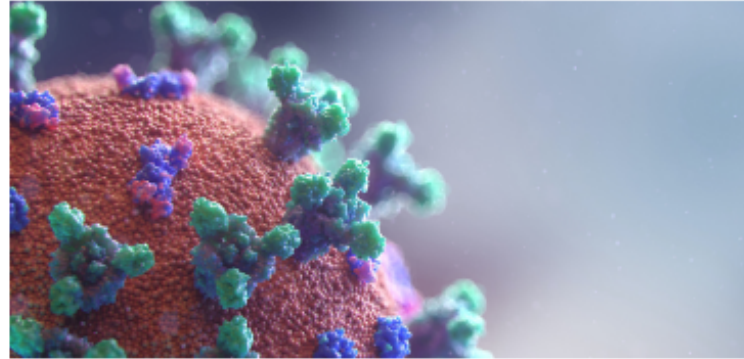


4313314 series: 4 DTap, 3 Polio, 1 MMR, 3 Hib, 3 HepB, 1 Varicella, 4 PCV

Newly developed website for PROVIDER support

- CDC: [Immunization Schedule Changes & Guidance](#)
 - This webpage includes the following CDC "Vaccination Recommendations During the COVID-19 Pandemic:"
 - Childhood Immunizations
 - Measles & Rubella Initiative Statement
 - Perinatal Hepatitis B Prevention
 - Catch-up Guidance Job Aids are also available here!
- AAP: [Guidance on Providing Pediatric Well-Care During COVID-19](#)
- AAP: [#CallYourPediatrician Campaign](#)
 - This campaign aims to reach parents with timely reminders that going to the pediatrician, even during COVID-19, is important and safe.
 - Sample texts, videos and photos sized for Facebook, Instagram, Twitter, LinkedIn and Pinterest
- ACOG: [COVID-19 FAQ's for OB-GYNs, Obstetrics](#)
- IAC: [Repository of Resources for Maintaining Immunization during the COVID-19 Pandemic](#)
- Vaccinate Your Family: [Call, Don't Cancel: Talking to People about Vaccinations During the COVID-19 Pandemic](#)

Vaccines During COVID-19



Immunization Resources for Providers During the COVID-19 Pandemic

Updates to this website are ongoing to support you with resources for vaccinating in the context of COVID-19. Please check back frequently for newly added resources!

- MDHHS: [Guidance for Providers Returning to Practice](#) - 6/1/2020 **NEW!**
- MDHHS: Perinatal Hepatitis B Prevention [Script - Promoting Hepatitis B Vaccine for Infants Born to Infected Mothers During COVID-19 & Guidance for When a Family Member/Close Contact has a COVID-19 Diagnosis](#) - 6/4/2020 **NEW!**
- MDHHS Memorandum to Immunizing Providers: [Vaccinating During and After the COVID-19 Pandemic](#)
- CDC MMWR Highlighting Michigan Coverage: [Decline in Child Vaccination Coverage During the COVID-19 Pandemic —Michigan Care Improvement Registry, May 2016–May 2020](#)
- MCIR: [Reminder/Recall Reference Guide](#)
- **COMING SOON** - NEW posters, social media messages and other resources to promote the importance of immunizations, including catching up those who have fallen behind due to COVID-19.

Newly developed website – where to locate



www.Michigan.gov/VaccinesDuringCOVID

- Also available at our main immunization website, www.Michigan.gov/immunize and other related webpages: www.Michigan.gov/vfc and www.Michigan.gov/VaccineQuickLooks

Tying it all together – new document

- Available on our new website
 - **Compilation of a variety of considerations discussed in this presentation**
- Guidance for Providers Returning to Practice
 - 4-page document
 - Your Health Care Team
 - Office Visit Protocols
 - Office Preparation
 - Immunization-Specific Information

GUIDANCE FOR PROVIDERS RETURNING TO PRACTICE

Re-opening for services will look a little different for every immunization provider office. This document provides some guidance to prepare your office for returning to practice.

Your Health Care Team

Immunization Specific Guidance

Since COVID-19, vaccination coverage estimates have declined in Michigan. Even short disruptions in routine immunization services can increase the risk of vaccine-preventable disease outbreaks, such as measles and pertussis (whooping cough). It is important to implement strategies specific to immunization visits as well as a process for calling back overdue patients as measures allow.

- Consider scheduling immunization visits and well-visits in the AM to limit exposure.
- Consider having immunization-only visits, immunization-only days, and/or extended hours dedicated to immunization-only appointments.
- Use PPE as appropriate. See CDC Coronavirus Disease 2019 Infection Control Guidance: www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html.
- Bringing patients back to the office and prioritizing care will be dependent on trends within your community, immunization need, and even your office immunization rates.
- Currently, CDC recommends that if a practice can provide only limited well-child visits, healthcare providers are encouraged to prioritize newborn care and vaccination of infants and young children (through 24 months of age) when possible, especially for those infants born to a hepatitis B surface antigen (HBsAg) positive mother.
- Generate reports in the Michigan Care Improvement Registry (MCIR) to determine immunization priorities within your office.
 - i.e., MCIR Recall functionality for patients overdue for vaccines. See the MCIR Reminder/Recall Manual here: www.mcir.org/wp-content/uploads/2017/08/RR-User-Reference-Guide.pdf.
 - i.e., Immunization Quality Improvement (QI) Reports are available to identify vaccine coverage percentages and patients due or overdue at the practice/clinic level. Contact your LHD for further guidance.
- Become familiar with and use the immunization catch-up schedule, which is recommended when a patient starts late or is more than one month behind. Once caught up on their immunizations, the recommended schedule should be followed:
 - The CDC Immunization Schedules (routine, catch-up, and catch-up guidance) can be found at: www.cdc.gov/vaccines/schedules/index.html.
- Please see the following links for additional information:
 - CDC's "Recommended and Minimum Ages and Intervals Between Doses of Routinely Recommended Vaccines": www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/a/age-interval-table.pdf.
 - CDC's "General Best Practice Guidelines for Immunizations: "Timing and Spacing of Immunobiologics" (Table 3-1): www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html.
- Use MDHHS and CDC immunization educational tools:
 - MDHHS posters encouraging patients to come in for vaccinations
 - Guidance documents
 - Social media messages about the importance of immunizations that can be used on different platforms (i.e., Facebook, Twitter, provider websites, etc.)

• il protective equipment (PPE) needs (based on levels of infection types of patients seen, and types of patient care procedures)
• nal information see the Occupational Safety and Health
• "Guidance for Preparing Workplaces for COVID-19":
[ons/OSHA3990.pdf](https://www.osha-slc.gov/files/2020/04/OSHA-3990.pdf).

owing:

ols (including staff sick leave policies and social distancing measures).
personnel (HCP) are educated, trained, and have practiced the
prior to caring for a patient, including attention to correct use of PPE
mination of clothing, skin, and the environment during the process of
nt.
nce of a consistent patient communication message.

rotocols:

aning of all staff for potential coronavirus disease-2019 (COVID-19)
as fever, chills, cough, shortness of breath, headache, and fatigue.
ff's temperature and document absence of symptoms consistent with
arred daily before start of the shift.
sent at any point during the day, have them keep their cloth face
mask on and leave the workplace.
ies for staff who are ill with a fever or symptoms consistent with
ot come to work).
ies on when symptomatic staff can safely return to work. Please see
Control and Prevention's (CDC) "Criteria for Return to Work for
ith Suspected or Confirmed COVID-19 (Interim Guidance)":
[us/2019-ncov/hcp/return-to-work.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html)

Stay tuned

- Save the website and check back frequently
 - We are developing several additional materials to post
- Coming soon
 - NEW materials in the form of posters and social media posts
 - Promoting **heroes for health** messaging – both patients and providers as being heroes by vaccinating
 - Theme of superheroes
 - Instilling trust in the public
 - Reminders to catch-up on vaccines if an appointment was missed
 - Highlighting how providers are keeping patients safe

LHD Most Important Role: Vaccine Confidence

Local Public Health: An Integral Partner for Increasing Vaccine Confidence



Vaccines remain the best defense against infectious diseases and play a vital role in protecting the health of individuals and the communities in which they live. Due to the development of safe and effective vaccines, immunization is one of the most successful and safest public health measures available to populations worldwide, with an unparalleled record of disease reduction and prevention. In the United States, relatively high immunization rates for many recommended vaccines have led to the near elimination of several vaccine-preventable diseases and significant reductions in mortality. Our nation's robust, scientifically-based vaccine safety system carefully studies, evaluates, and monitors vaccine safety and efficacy. Despite the success and strong safety record of vaccines, vaccine hesitancy continues to pose a significant public health threat by producing an environment where vaccine-preventable diseases can spread quickly from person-to-person among under-/un-immunized individuals and communities.

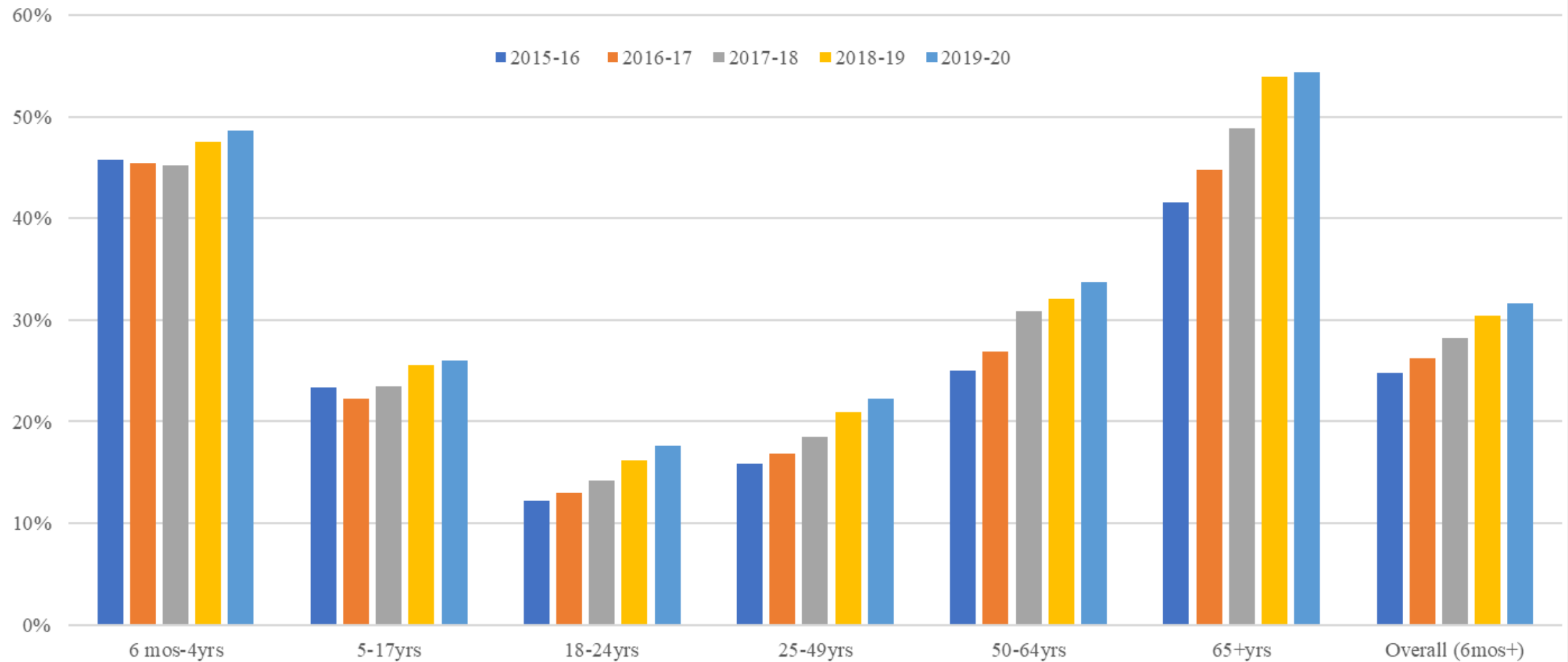


<https://www.naccho.org/>



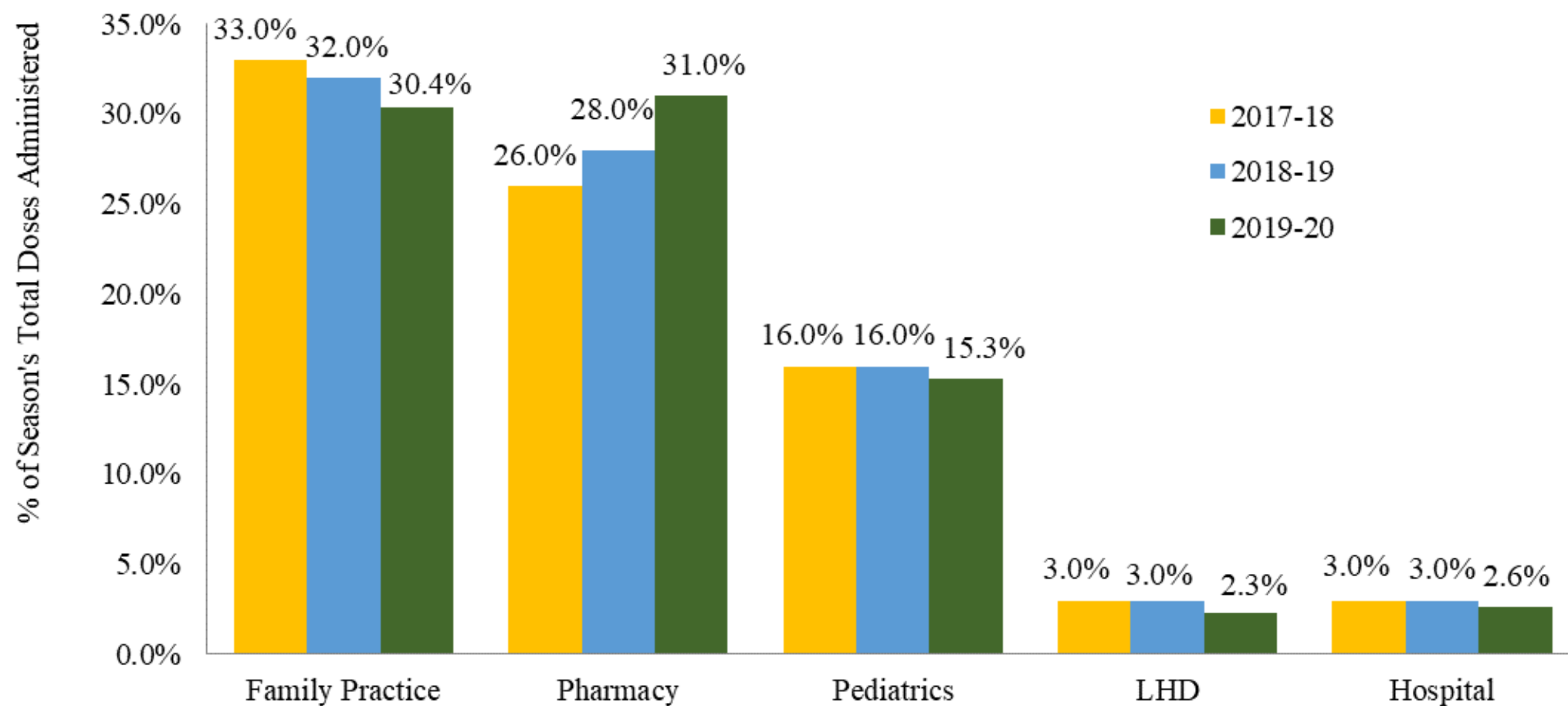
Influenza Vaccination Preparation

Influenza vaccination coverage (1 or more doses) by age group, Michigan Care Improvement Registry, 2015-2020



MCIR data are used for the numerator and denominator for childhood measures; 2018 US Census denominators are used for the adult data. Adult data reporting to MCIR is highly recommended but not required.

Seasonal influenza vaccine doses reported to the MCIR for persons 6 months of age and older by select* provider type
2017-2020



*MCIR includes 49 provider types, specific sites were selected to monitor trends in administration patterns.

Importance of Flu Vaccination this Year Especially

- Influenza Impact Nationally
 - 39 million – 56 million flu illnesses
 - 18 million – 26 million flu medical visits
 - 410,000 – 740,000 flu hospitalizations
 - 24,000 – 62,000 flu deaths
- Potential Resurgence of COVID
- Impact on the Health Care System
- Funding Available for Flu vaccination
- Vaccine Available to Support Expanded Flu Vaccination

Plan for the Upcoming Flu Season

- Expanded Flu Planning Sets the Stage to be prepared for the COVID vaccine when it arrives
- Funding for Local Health Departments
 - Outreach to the community to vaccinate the most vulnerable populations including minority health
 - Utilize existing relationships built in recent years
 - Hepatitis A: homeless shelters, SUD, needle exchange, etc.
 - COVID: LTC facilities, Nursing Care Facilities, Senior Centers, COVID Test Sites, etc.
 - Onboard additional providers for expanded flu vaccination

Surge Response for LHDs to consider

- Take advantage of the Volunteer Registry to Support Activities
- Look to bring back retired nurses or staff willing to work in the clinics
- Reach out to Community Vaccinators such as VNA that could assist with vaccination efforts

Other Partners We Are Working With

- Contract with MPCA for FQHCs to expand influenza vaccination
- MHA and Health Systems to do community outreach using existing mobile clinics and expanded outreach
- Pharmacies to expand reach and hold some mass vaccination clinics
- School Based Health Centers to expand outreach to teachers, family members and outreach into the community
- Alana's Foundation and VNA to manage community-based clinics focusing on underserved populations and work with Universities
- Expanded use of COVID Test Sites
- Extensive Media Campaign from September thru April
 - TV, radio, billboards, social media, print, mobile display, bloggers, etc.



Mass Vaccination Preparation

Influenza Mass Vaccination

- Notify 911/Local Law Enforcement /EMS / Fire/ Emergency Management in advance of event to develop and review safety and medical plan for event.
- Request all on stand-by during event (ask local public safety about staffing concerns for this). Plan for EMS to arrive/exit if necessary. Assure availability of security personnel to protect staff, supplies and patients. ***Have a plan in place for potentially threatening situations/persons.***
- Maintain a log for the accounting of personnel – both for paid staff and volunteers.
- Assign persons to serve as a “Greeter”.
 - Greeter must be knowledgeable, friendly, and have communications with a decision maker. Rotate this position often as it may be stressful to have one person as Greeter for entire event.
- Check a google map for anything in the area within 1 mile of event site, and/or any unique big buildings that may impact traffic flow.
 - Contact MDOT, local dept of public works, road commission for road/construction updates
- Drive-thru clinics
 - Placing post-its or numbers on cars for monitoring after vaccination (remove once person is safe to drive away)



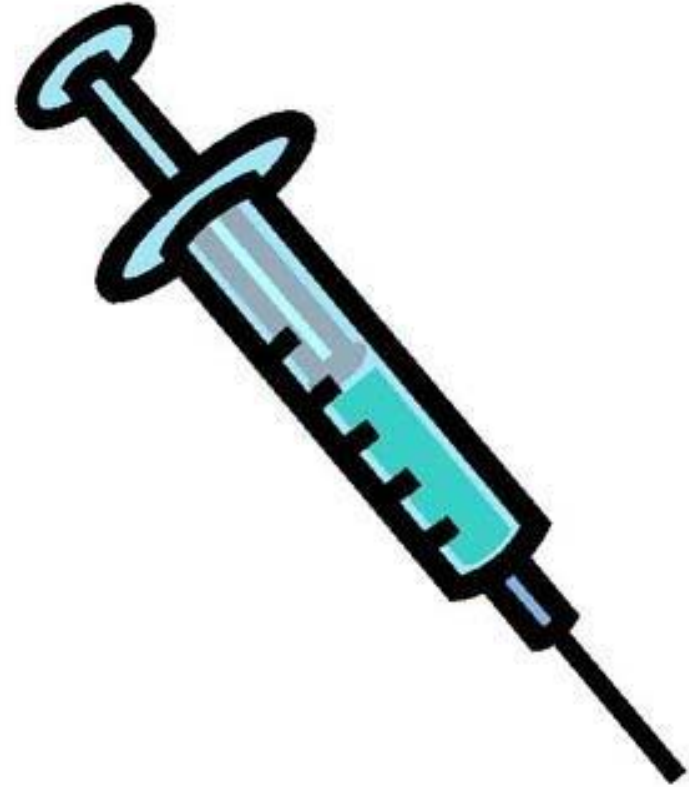
Influenza Mass Vaccination Recommendations (Cont.)

- Develop and communicate a Weather Emergency Plan.
- Notify surrounding businesses of the event in advance.
- Generate public awareness via media partners, social media, etc. Have a designated media staging area and public information officer/spokesperson available to answer questions and assure patient confidentiality.
- Develop a decontamination plan and area at the event site.
- Create barriers for lanes (concrete/water-filled barricades, vehicles) like a military check point to protect the staff and the patients.
- Have easy to read signage in multiple languages as appropriate and are color-blind sensitive.

Influenza Mass Vaccination (Cont.)

- Assure there is two-way communication and a clear communication plan for all clinic workers.
- Have mental health services on site for those who may require calming assistance.
- Assure adequate power source for vaccine storage if applicable.
- Assure adequate inventory & integrity of PPE and vaccine well in advance. Have a person designated as the “counter/logistics person” to know when the supply will run out to alert those who will not be able to receive the vaccine if the demand is greater than the supply.
- Consider how to minimize hand-to-hand contact – ask that forms be printed and signed in advance and brought to clinic. Have method to clean clipboards, pens, etc after every person.

COVID-19 Vaccination Preparedness



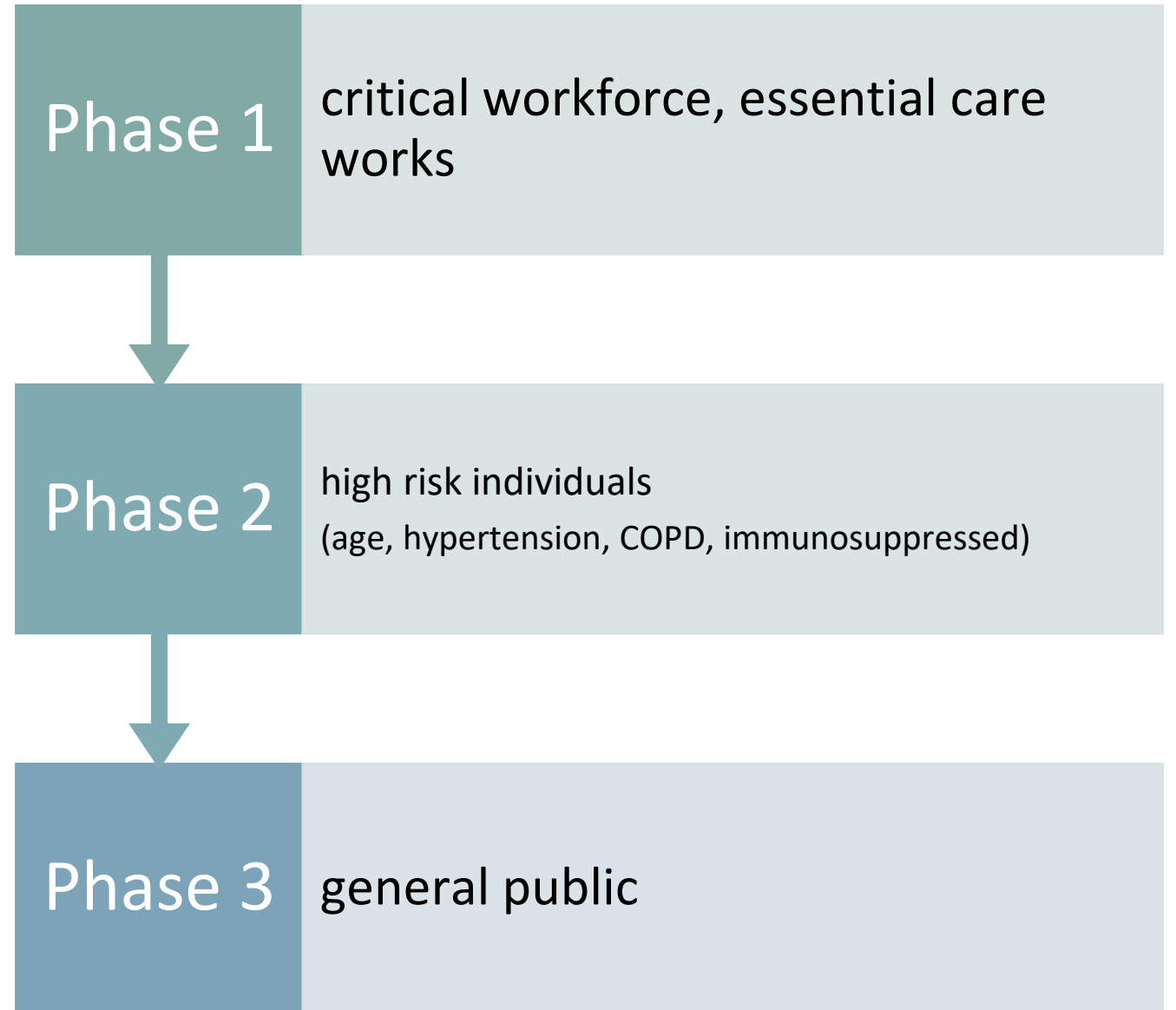
COVID-19 Vaccination Preparation

- Planning Assumptions:
 - COVID-19 vaccine could be available as early as late fall/early winter
 - Vaccine in limited supply at first and therefore vaccine will need to be prioritized
 - Prioritization being worked on at the National level
 - Most vaccines likely to be 2 dose series (21- or 28-day interval)
 - Same vaccine type will need to be used for sequential doses
 - Vaccine storage requirements currently unknown
 - Likely be available through emergency use authorization (EUA)

COVID-19 Vaccination Assumptions (cont.)

- Vaccine will be distributed directly to providers using the existing contracts with McKesson but other distribution paths are being considered such as DOD or pharmacies
- Other supplies (sharp containers, syringes, sharps, PPE) will be ordered when vaccine is ordered
- Providers administering will have to enroll in COVID-19 vaccine program (separate from VFC), ensure proper vaccine storage
- MCIR used to track inventory and doses of COVID-19 vaccine (regardless of patient age)
- MDHHS will have to report data to CDC weekly
- Different vaccine products may change how vaccine is distributed (from manufacturer right to provider)
- Mass clinics will need to occur under appropriate social distancing, safety precautions
- Jurisdictions should anticipate that allocations may shift during the course of the program based on supply, demand and disease epidemiology.

COVID-19 Vaccine Phases (possible)



The image features a large white circle centered on a solid blue background. A dashed blue line, composed of several short segments, curves along the upper-left edge of the white circle. A solid blue dot is positioned on the lower-right edge of the white circle. The text "Mental Health Resources" is centered within the white circle in a black, sans-serif font.

Mental Health Resources

Mental Health Resources – Staff

Coping with COVID-19 Stress and Anxiety

<https://www.baycounty-mi.gov/Docs/COVID19/Coping%20with%20COVID-19.pdf>

Headspace

https://www.headspace.com/mi?fbclid=IwAR0eGa4xgeNlo67u14M9qs5RJqHtx_q9Lt_7cqyakGx69osRHRD00ILBs1A

This special collection of meditation, sleep, and movement exercises below are designed to help you keep a strong and healthy mind in the midst of this global health crisis. All Michiganders — from the shores of Lake Superior to the streets of Detroit — will get through this together.

Mental Health Resources – Staff

- **Centers for Disease Control:**

<https://www.cdc.gov/coronavirus/2019-ncov/community/mental-health-non-healthcare.html>

<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>

Signs of staff burnout:

- Exhaustion
- Disengagement
- Overwhelming dread
- Depression
- Decreased productivity
- Increased absences

<https://www.mindgarden.com/184-maslach-burnout-toolkit>



More Mental Health Resources

Mount Sinai

<https://www.mountsinai.org/files/MHealth/Assets/HS/About/Coronavirus/mh-guide.pdf>

Workplace Incentive

<https://workplaceinitiative.org/managing-coronavirus-anxiety-tools-tips>

<https://workplaceinitiative.org/pandemic-stress-employee-support>

Sample Stress Policy

<https://www.hse.gov.uk/stress/assets/docs/examplepolicy.pdf>

Questions?

