

Attention: This document is adapted from the National Advisory Committee on Immunization. Guidance for influenza vaccine delivery in the presence of COVID-19.

Guidance for Influenza Vaccine Delivery in the Presence of COVID-19

Preamble

The purpose of this document is to provide guidance for the delivery of seasonal influenza vaccine in fall 2020, when ongoing COVID-19 activity may continue to stress public health capacity and affect clinic operations and attendance. This guidance has been adapted from the Public Health Agency of Canada (PHAC) in consultation with the Canadian Immunization Committee and the National Advisory Committee on Immunization (NACI).

Seasonal influenza presents an ongoing disease burden in Canada during the fall and winter months. Influenza vaccine is the most effective way to prevent influenza illness and influenza-related complications, and will be an important component of managing health care system capacity during the next influenza season in the context of an ongoing COVID-19 pandemic. Reducing the burden of influenza is particularly important this year to prevent an increase in health care utilization at the same time as there is a potential resurgence of COVID-19 activity. In its [seasonal influenza vaccine statement](#) for 2020-2021, NACI advises that priority should be given to providing influenza vaccine to persons at high risk of influenza complications and those capable of transmitting infection to them.

The seasonal influenza immunization campaign provides an opportunity to develop and practice approaches that may be used for the anticipated COVID-19 immunization program and to ensure consideration of the diverse needs of population groups based on access to services, vulnerability, ethnicity/culture, ability status and other socioeconomic and demographic factors. These approaches may also be useful for the provision and catch-up of routine immunization. Additional advice for the provision of routine immunization programs during the COVID-19 pandemic is available from [NACI](#).

Challenges posed by COVID-19

The COVID-19 pandemic creates a series of challenges for the delivery of the seasonal influenza immunization program, including:

- Need for measures to avoid transmission of COVID-19 to staff, volunteers and clients (many of whom are at increased risk of severe disease from both influenza and COVID-19);
- Availability of personnel to provide immunizations, as staff may be deployed to COVID-19 work and cautions apply to the involvement of staff or volunteers who are considered to be at [high risk for severe illness from COVID-19](#);
- Access to sufficient PPE supplies for vaccinators and other staff;
- Access to or suitability of usual venues for immunization administration;
- Risk of a resurgence of COVID-19 activity concurrently with scheduled influenza immunization delivery;

- Public fear of exposure to COVID-19 while accessing immunization services; and
- Potentially increased demand for influenza vaccine starting early in the campaign, as seen in the Southern hemisphere.

Recommendations for influenza immunization programs

Consider alternate models of influenza vaccine delivery this fall

Clinics, hospitals and health centers across the Northwest Territories use varying systems for their seasonal influenza program, and local factors also play an important role in the planning and delivery of influenza vaccine. This fall, a wide range of strategies to deliver influenza vaccine should be considered, with the goal of reducing crowding while maintaining or increasing vaccine uptake. Alternate models include the use of non-traditional settings as permitted by Territorial legislation. (e.g., Recommend immunizations in nonconventional delivery sites, for example Primary Care clinics, Emergency rooms, and coordinating flu vaccine with any access to healthcare.

If demand is high, potential vaccine supply limitations may affect the decision to use some alternate delivery models.

Approaches to be considered include:

- Holding multiple smaller public clinics instead of large clinics with many attendees;
- Considering extended clinic hours to avoid crowding;
- Providing immunization opportunistically to patients and their accompanying persons when they are discharged from hospital or are seen for other reasons (e.g., at primary care offices, outpatient clinics);
- In primary care settings, designating specific times for immunization clinics to ensure that only well persons are in the area at the time, e.g., at the start or end of the day;
- Cooperation between several medical practices to operate a joint influenza vaccine clinic in a dedicated space with dedicated staff;
- Developing an outreach strategy to administer influenza vaccine to vulnerable persons, housebound persons, and seniors who are sheltering in place;
- Providing immunization during home care visits;
- Administering influenza vaccine at congregate living centres, e.g., retirement homes, group homes, homeless shelters, student residences and in correctional facilities;
- Having health care organizations, including long-term care facilities provide their own immunization for staff, volunteers and patients/clients (usual practice); and
- Encouraging workplaces to organize their own on-site immunization programs.

Adaptations to usual immunization procedures

The text box below highlights the types of adaptations to usual immunization practices that are recommended in the presence of COVID-19 activity. The sections that follow provide additional details.

Adaptations to usual immunization procedures

- ✓ Screening for illness/exposure to COVID-19 – staff, volunteers and clients
- ✓ Physical distancing – may affect the physical layout and number of clients that can be accommodated at any given time
- ✓ Infection prevention and control (IPC) requirements, including the need for personal protective equipment (PPE)
- ✓ Increased environmental cleaning
- ✓ Potential need for longer hours and increased staff
- ✓ Use of appointment systems to reduce clinic crowding
- ✓ Use of technology and other methods to reduce contact (e.g., on-line registration, paperless registration, consent and recording processes)
- ✓ Visible and audible communications explaining COVID-19 adaptations to influenza immunization campaigns in accessible formats

Screening and entry – all venues

All persons attending the venue should be passively screened (through signage) and actively screened before entry, even if they were already pre-screened by telephone when the appointment was made. Staff and volunteers should be screened before each shift. There are various options for active screening, for example:

- Providing or linking to an online screening tool to be used the day of immunization;
- Screening clients by telephone on arrival before they enter the building (e.g., while still in their car); and
- Screening arrivals in person, preferably before entering the building.

Signage at the door should advise visitors not to enter if they are ill, to put on their [non-medical mask or face covering](#), use the hand sanitizer provided on entry, practice healthy respiratory practices, and maintain physical distancing. If required, masks should be available for those who come without.

If any persons are identified with symptoms on arrival at the venue, they should be instructed to perform hand hygiene, put on a medical mask and be redirected for assessment (e.g., to a health care provider or COVID-19 assessment site depending on their symptoms).

[Territorial guidance](#) should be consulted for screening language and tools.

Physical distancing

A two-metre physical distance should be maintained as much as possible, using strategies such as:

- Scheduling/appointments to avoid crowds;
- Asking people to arrive at their assigned time;
- Having people wait in cars and calling them in when ready (by phone or text);
- Using signage, barriers or floor markings for persons who are waiting;

- Spacing chairs in waiting areas two metres apart. Increased space should be allotted for people using wheelchairs, walkers or strollers and for families and accompanying persons; and
- Monitoring entries and exits, waiting areas and lineups to maintain physical distancing.

Infection prevention and control

IPC measures are needed to prevent transmission of COVID-19 in the immunization setting. These include:

- Requiring ill staff and volunteers to stay at home;
- Screening clients as per territorial advice and not proceeding if they are ill;
- Implementing engineering controls if feasible, e.g., installing clear plastic barriers at reception areas and between immunization stations in community clinics;
- Implementing administrative controls to maintain physical distancing (as described in the Physical distancing and Clinic set-up sections);
- Providing hand sanitizer stations throughout the venue, including entry, immunization stations and exit;
- Ensuring that administration, clinical and patient areas, and washrooms are cleaned and disinfected frequently. (Guidance for cleaning and disinfection is available for [ambulatory care settings](#) and for [public spaces](#));
- Cleaning and disinfecting immunization stations between clients (e.g., with wipes);
- Carrying out hand hygiene before and after providing immunization; and
- Ensuring that all staff are trained in the use of PPE.

Considerations for PPE selection

Physical distancing may be difficult to maintain at immunization venues and the immunization procedure requires close physical proximity between the vaccinator and the client. The following recommendations are based on PHAC [IPC guidance for ambulatory care settings](#) and apply in geographical areas where there is known or possible community transmission of COVID-19. Readers should refer to local or territorial guidance and organizational policies for specific recommendations for use of masks, eye protection and other PPE, PPE conservation strategies, and the use of non-medical masks by the public. These may differ over time based on the changing epidemiology of COVID-19. The NWT Department of Health and Social Services provides information on the use of [Non-medical masks](#) as well as [proper use of PPE](#)

Staff and volunteers

- Vaccinators should wear a medical mask and eye protection as should other staff who are not able to maintain a two-metre physical distance
- Vaccinators need not wear gloves except when administering intranasal influenza vaccine or oral non-influenza vaccines, because of an increased likelihood of contact with a client's mucous membranes and bodily fluids during these procedures. Gloves should be changed between clients and hand hygiene performed after gloves are removed. Precautions for aerosol-generating procedures are not necessary for administration of nasal or oral vaccines;¹

¹ Centres for Disease Control and Prevention. Interim guidance for immunization services during the COVID-19 pandemic. Available from: <https://www.cdc.gov/vaccines/pandemic-guidance/>

- Staff and volunteers who are able to maintain a two-metre physical distance or will have only transitory closer contact (such as walking by) should wear a medical mask;
- Staff who are behind a barrier do not need to use PPE, except for protection between co-workers behind the barrier;
- PPE may be used for the full duration of a shift, i.e., extended use of the same mask and eye protection but should be replaced after a break. Soiled, wet or damaged masks should be replaced; and
- PPE including medical mask, eye protection, gown and gloves should be immediately available to all personnel who need to provide first aid or respond to a health emergency.

When immunization is provided during another health care visit (e.g., primary care visit, home care or while in hospital), it is anticipated that the health care professional will already be using PPE appropriate for the situation. In addition to the ambulatory care guidance already cited, IPC guidance is available for [home care providers](#).

Clients and their accompanying persons

Depending on OCPHO advice, clients and their accompanying persons should be asked to wear a non-medical mask or face covering. This recommendation may be waived for young children for whom mask use is problematic. In addition, non-medical masks or face coverings should not be placed on children under the age of two years, anyone who has trouble breathing, or is unable to remove the mask without assistance.

Clinic set up and immunization process

Priority clinic modifications for COVID-19 have already been identified in this document (screening for illness, physical distancing, and IPC measures). The following are additional suggestions for modifying the clinic set up and immunization process:

- Assessing the physical suitability of the site, including the adequacy of ventilation; however, it is appreciated that ideal sites are not always available;
- Considering the size of the site, physical distancing requirements, and OCPHO restrictions on the size of gatherings when determining the number of clients that can be scheduled in a given time period;
- Providing extra clinic staff and volunteers as needed, e.g., for monitoring traffic flow and waiting areas, screening, assistance with registration and consent processes, and cleaning;
- Using an appointment system (e.g., online or through a call centre) to make appointments, collecting registration information and conduct pre-clinic wellness screening;
- Minimizing the number of persons coming to the appointment, (e.g., only the client plus a caregiver if necessary; only bringing children if they are being immunized);
- Instructing clients to wear accessible clothing (e.g., short sleeves) to minimize the need for removal of clothing and possibly the mask to gain access to the arm, and to bring a non-medical mask to wear at the clinic;
- Adjusting consent and recording processes to reduce contact, making them paperless if possible; having staff complete information forms on behalf of clients, and if a signature is needed for consent, having each client use a separate pen and cleaning pens between use;
- Minimizing movement through the clinic to avoid clients walking through administrative areas, e.g., by using a dedicated entrance/exit (where available) and establishing one-way traffic flow;

- Ensuring that the [cold chain](#) is maintained in all settings including outreach and mobile clinics and;
- Ensuring that clients can be monitored for the recommended observation period following immunization in all settings including mobile clinics, and that the supplies necessary to manage anaphylaxis are readily available.²; and
- Maintaining a list of staff and clients attending each clinic to facilitate contact tracing if needed.

Vaccine information can be provided in ways that minimize the use of paper, for example:

- Considering providing vaccine information online or in advance by mail or email;
- At the clinic, providing pre-immunization information on large wall posters or using videos in pre-immunization and post immunization observation areas; and
- Ensuring that information is accessible (e.g., available in multiple languages as needed).

Additional considerations for other settings

Off site clinics in the Northwest Territories are required to ensure the proper precautions are met prior to offering vaccine delivery in off site settings. Every workplace is different and will have different requirements. All employers must be able demonstrate that they are running their workplaces safely and that they have identified what additional safety measures and controls are in place in response to COVID-19. Special considerations will need to be given for outdoor or drive-thru clinics.

Here is what you need to do:

- Meet the requirements for your type of business in [Appendix A](#) of the [Emerging Wisely Plan](#).
- Complete a [Workplace Risk Assessment](#) for your business.
- Make sure workers perform a [Worker Hazard Assessment](#) for their particular job or task.
- Use your risk and hazard assessments to create an [Exposure Control Plan](#). This plan outlines how employers, supervisors, and workers will eliminate or control the risk of COVID-19 exposure at work.
- Develop, and provide training to workers about infection control and other protective measures workers must take to protect themselves

Workers and employers with questions or concerns about managing the risks of exposure to COVID-19 for their workplace can visit the WSCC website for information or contact a WSCC OHS Inspector by emailing covid-19@wsc.nt.ca

² National Advisory Committee on Immunization. Canadian Immunization Guide: Part 2 – Vaccine Safety. Early vaccine reactions including anaphylaxis. June 2013. Available from: <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-2-vaccine-safety/page-4-early-vaccine-reactions-including-anaphylaxis.html>

School-based clinics

School-based clinics are used to deliver routine immunizations to children and teens, including influenza vaccine and routine immunizations.

Considerations for delivery of vaccines at school should include:

- Potential need to hold clinics over several days if student attendance is staggered;
- Provision of other needed vaccines in addition to influenza vaccine;
- Accessibility of sites usually used for immunization such as gyms or cafeterias;
- Staggering immunization tables and seating in waiting areas to maintain physical distance; and
- Calling in students according to classroom cohorts.

Outreach and mobile clinics

Outreach clinics are an effective way to reach underserved and vulnerable populations and persons unable to attend conventional immunization sites.^{3,4,5} It is important to choose the location carefully. The best options are places that are most frequented by the vulnerable population(s) being targeted, e.g., food banks, shelters for persons experiencing homelessness, centres providing free meals, centres for immigrants and refugees. Partnering with trusted community leaders is also recommended along with advance clinic promotion to encourage attendance.

Additional information can be found in the references provided above and a CDC resource: [Checklist of best practices for vaccination clinics held at satellite, temporary or off-site locations](#).

Remote and isolated communities

Remote and isolated communities have many years of experience with influenza immunization campaigns. In these settings, many of the adaptations outlined earlier in this document will be applicable; however, additional considerations may be needed. Suggestions include:

- Collaboration with trusted community leaders and Community Health Representatives;
- Promoting the clinics as a way to provide community protection in addition to personal protection; Implementation of additional precautions to ensure safety of public when administering clinics in off site locations.

Note that lack of connectivity in many remote and isolated communities may prevent the use of electronic systems for appointments, registration or recording.

³ Weatherill SA, Buxton JA, Daly PC. Immunization programs in non-traditional settings. *Can J Public Health* 2004;95(2):133-7.

⁴ Kong KL, Chu S, Giles ML. Factors influencing the uptake of influenza vaccine vary among different groups in the hard-to-reach population. *Aust NZ Public Health* 2020;44:163-8. Doi:10.1111/1753-6405.12964.

⁵Thomsen R, Smyth W, Gardner a, et al. Centrelink; an innovative urban intervention for improving adult Aboriginal and Torres Strait Islander access to vaccination. *Healthcare Infection* 2012;17;136-41. Doi: 10.1071/HI12035

Additional Resources

Canada:

Public Health Agency of Canada. Infection prevention and control for COVID-19: Interim guidance for outpatient and ambulatory care settings. May 23, 2020. Available from: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/interim-guidance-outpatient-ambulatory-care-settings.html>

Public Health Agency of Canada. Infection prevention and control for COVID-19: Interim guidance for home care settings. 2020-05-01. Available from: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/infection-prevention-control-covid-19-interim-guidance-home-care-settings.html>

National Advisory Committee on Immunization. Interim guidance on continuity of immunization programs during the COVID-19 pandemic. May 13, 2020. Available from: <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/interim-guidance-immunization-programs-during-covid-19-pandemic.html>

Public Health Agency of Canada. Vaccine annex: Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector. Appendix B – Planning Guidance for Mass Immunization Clinics. Available from: <https://www.canada.ca/en/public-health/services/flu-influenza/canadian-pandemic-influenza-preparedness-planning-guidance-health-sector/vaccine-annex.html#appb>

CDC:

Centers for Disease Control and Prevention. Interim guidance for immunization services during the COVID-19 pandemic. Available from: <https://www.cdc.gov/vaccines/pandemic-guidance/>

Centers for Disease Control and Prevention. Guidance for pharmacists. May 28, 2020. Available from: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/pharmacies.html>

Centers for Disease Control and Prevention. Guidelines for Large-scale influenza vaccination clinic planning. 2015 Dec 16. Available from: https://www.cdc.gov/flu/professionals/vaccination/vax_clinic.htm

Centers for Disease Control and Prevention. Checklist of best practices for vaccination clinics held at satellite, temporary or off-site locations. Available from: <https://www.izsummitpartners.org/content/uploads/2019/02/off-site-vaccination-clinic-checklist.pdf>

Australia

NSW Health. Guidance for drive-in immunization clinics. Advice for Providers During COVID-19. 4 May 2020. Available from: <https://www.cesphn.org.au/preview/population-health/immunisation-1/3157-drive-in-flu-vaccination-clinics/file>

WHO:

World Health Organization. Framework for decision-making: implementation of mass vaccination campaigns in the context of COVID-19. 22 May 2020. Available from:

<https://apps.who.int/iris/handle/10665/332159>

World Health Organization. Guiding principles for immunization activities during the COVID-19 pandemic. Interim guidance 26 March 2020. Available from:

<https://www.who.int/publications/i/item/guiding-principles-for-immunization-activities-during-the-covid-19-pandemic-interim-guidance>

World Health Organization. Immunization in the context of COVID-19 pandemic. Frequently Asked Questions (FAQ). 16 April 2020. Available from: <https://apps.who.int/iris/handle/10665/331818>

References

1. Centers for Disease Control and Prevention <https://www.cdc.gov/>
2. Government of Canada: Canadian Immunization Guide <https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html>
3. Government of Canada: Coronavirus disease (COVID-19) <https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html>
4. Government of the Northwest Territories; GNWT's Response to COVID-19 <https://www.gov.nt.ca/covid-19/>
5. National Advisory Committee on Immunization. Canadian Immunization Guide Chapter on Influenza and Statement on Seasonal Influenza Vaccine for 2020-2021. <https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/canadian-immunization-guide-statement-seasonal-influenza-vaccine-2020-2021.html>
6. National Advisory Committee on Immunization. Interim guidance on continuity of immunization programs during the COVID-19 pandemic. May 13, 2020. Available from: <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/interim-guidance-immunization-programs-during-covid-19-pandemic.html>
7. National Advisory Committee on Immunization. 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>
8. Workers Safety and Compensation Commission. (2020). COVID-19 Resources: Workplace Safety Planning for COVID-19. Employer resources on website accessed here: <https://www.wscn.ca/health-safety/covid-19/forms>