

Ministry of Health

# Guidance for Routine Immunization Services During COVID-19

Version 3 – May - 2022

## Highlights of changes

- Program extensions to 2023 for the following vaccines:
  - Hepatitis B
  - Human papillomavirus (HPV)
  - Shingles
- Updated hyperlinks where appropriate
- Updated information regarding simultaneous administration of routine vaccines and COVID-19 vaccines for children

In the event of any conflict between this guidance document and any applicable emergency orders, or directives issued by the Minister of Health or the Chief Medical Officer of Health (CMOH), the order or directive prevails.

Immunization services have been impacted as a result of physical distancing and other public health measures in response to COVID-19. With fewer vaccine doses being administered, individuals and communities may be at risk for illness and outbreaks of vaccine preventable diseases.

This document is intended to complement existing Ministry of Health (MOH) guidance that can be found on the [Ministry of Health COVID-19 website](#).

Applicable Directives can be found on the [Directives, Memorandums and Other Resources](#) page.

This document is mainly for primary care providers in a community setting, however other immunization service providers can use this document for general immunization guidance.

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# Importance of Routine Immunization Services During COVID-19

To ensure that individuals and our communities remain safe from all vaccine preventable diseases (VPDs), and to maintain a high level of herd immunity, it is important that routine immunizations are provided despite the continued circulation of COVID-19.

Routine vaccination is an essential service and part of a health care provider's standard of care. Immunization can prevent illnesses that lead to unnecessary medical visits, hospitalizations, and further strain to the health care system.

## General Advice

- Recommendations and guidance on infection prevention and control (IPAC) are available from the Ministry of Health, Public Health Ontario and professional colleges and associations.
- As per the National Advisory Committee on Immunization (NACI) [Interim guidance on continuity of immunization programs during the COVID-19 pandemic](#):
  - During the COVID-19 pandemic, individuals with symptoms of acute respiratory infection, including minor symptoms such as sore throat or runny nose, should defer routine immunization until they have recovered because they can pose an unnecessary risk to the public and health care providers if they have COVID-19.
  - Individuals who are currently isolating due to COVID-19 should not attend scheduled immunization appointments during their period of isolation.

## Planning Considerations

- If feasible, have a dedicated clinic time and space for immunizations, offered by appointment only (e.g., well patient visits in the morning and sick patient visits in the afternoon).
- Equip immunization rooms with all necessary equipment in order to minimize unnecessary movement during the appointment.
- Minimize the number of persons coming to the appointment (e.g., only the patient plus a caregiver if necessary). If there are others in the household that

require immunizations (e.g., siblings), take the opportunity to offer appropriate immunizations to them as well.

- Ensure parents are aware not to attend the clinic if they or their child is sick, and communicate this when booking the appointment, through your website, voicemails, signage and active screening at the door.
  - Avoid waiting room use by having patients come directly to the immunization room; conduct assessment, immunization, and wait period in the same room.

## Infection Prevention and Control

- Ensure appropriate physical distancing (i.e., 2 metres or 6 feet) can be maintained in the clinic area and waiting room (e.g., space out chairs, use signs, physical barriers, floor markings) and/or have patients wait outside of the clinic area (e.g., in their car), and call or text when they can be taken directly to the immunization room.
- Patients (and those accompanying them, if applicable) should be advised to wear their own face covering (e.g., a well-fitted 2-3 layer non-medical mask or a medical mask) to the office/clinic if they have one available to them.
  - It is recommended that clinics provide a mask to those who arrive at the clinic without one. All patients should be advised to perform hand hygiene before donning their mask.
- Minimize time in the office as well as the use of materials such as clipboards and pens by utilizing electronic forms of communication, as feasible.
- Remind clinic visitors of respiratory etiquette and hand hygiene. Hand hygiene should be performed upon arrival and prior to departure. Disposable masks should be discarded in an appropriate manner after the appointment with hand hygiene after removal of the masks.
- All clinic staff should be reminded about taking appropriate precautions including frequent hand hygiene and the appropriate use of PPE.
- Disinfect high touch surfaces frequently throughout the day.

# Screening

The [COVID-19 Patient Screening Guidance Document](#) and the [COVID-19 Self Assessment Tool](#) can be used and adapted as needed for screening for in-person visits. This includes vaccine administration for infants, children and seniors:

- All primary care settings should be undertaking active and passive screening for COVID-19.
  - Patients should be screened over the phone for symptoms of COVID-19 before scheduling appointments. In cases where a patient screens positive over the phone, patients should be offered a telephone consultation and instructed to self-isolate.
  - In addition to screening over the phone, staff should again screen all patients (and those accompanying them, if applicable) at the point of entry to the office/clinic to assess for symptoms and exposure history.
  - Measures should be in place for the protection of staff conducting active screening on site.
  - Staff conducting screening on site should wear appropriate PPE and ideally be behind a barrier. If a plexiglass barrier is not available, staff should maintain a 2-metre distance from the patient. If the office is unable to provide this physical barrier for those screening, the health care worker (HCW) doing the screening should use Droplet and Contact Precautions which includes a medical mask, eye protection (e.g., face shield or goggles), gloves, and a gown.
- If a patient screens positive at the office/clinic:
  - For patients who have COVID-19 symptoms upon their arrival to the clinic, offer or arrange for testing if eligible, and re-schedule their immunization appointment over the phone or by email.
  - If feasible, the patient should be given a medical mask and placed immediately in a room with the door closed.
  - If assessing and/or offering testing, personal protective equipment (PPE) recommendations for Droplet and Contract Precautions should be followed.

## Providing Immunization Services

- As per the Ministry of Health's [Directive #1 for Health Care Providers and Health Care Entities](#):
  - A point-of-care risk assessment (PCRA) must be performed by every health care worker before every patient interaction.
- Following the PCRA, for patients who screen negative and are coming to the office/clinic for vaccine administration, ensure recommended public health measures are ensued with respect to mask and eye protection. Health care providers should wear a medical mask and eye protection (and gloves, when needed) for administering the Bacille Calmette-Guérin (BCG) vaccine as per the Canadian Immunization Guide.
  - In most cases gloves do not need to be worn except when: the skin on the vaccine provider's hands is not intact; administering intranasal or oral vaccines due to the increased likelihood of coming into contact with a patient's mucous membranes and body fluids; and/or administering BCG vaccine.
- Perform hand hygiene. If wearing gloves change after each use, also performing hand hygiene.
- Clean high touch surfaces and facilities after the patient leaves the room. Refer to [PIDAC's Best Practices for Environmental Cleaning for Prevention and Control in All Health Care Settings](#) for more information on environmental cleaning.

## Groups Requiring Routine Immunization

Routine immunization is essential to protect everyone against vaccine preventable diseases. Children, adolescents and adults (including pregnant individuals) should be assessed to ensure they are up to date with their immunizations:

- Identify the following individuals and offer vaccines at the earliest opportunity:
  - Those who are due for any vaccine, prioritizing infants and toddlers who require their primary vaccination series;
  - Those who are at increased risk for acquiring and/or transmitting VPDs (e.g., health care workers), and those at risk of VPD complications; and
  - Those who have missed vaccine doses.

- Take all opportunities to immunize and offer vaccines when combined with other visits (e.g., during routine well baby visits, prenatal visits).
- Ensure adequate assessment and vaccine inventory to ensure patient receives all indicated vaccines, minimizing the need for additional health care visits.
- Communicate the importance of immunization to patients and parents/caregivers as well as the procedures and recommendations outlined in this document to provide reassurance to those who may be reluctant to attend a clinic to receive their vaccines.
- Provide reminders to patients to ensure they are aware of when any subsequent doses are required.
- Maintain a complete, up to date immunization record for the patient.

## Provision of Catch-Up Vaccines for Missed Doses

If a vaccine dose has been delayed, the individual should be immunized at the earliest opportunity. In general, interruption of a vaccine series does not require restarting the series as delays between doses do not result in a reduction in final antibody concentrations for most products, except for cholera and rabies vaccines.

Maximum protection is generally not attained until the complete vaccine series has been administered. For this reason, catch-up schedules take into consideration the minimum interval between doses so that optimal protection can be achieved within the shortest amount of time while still being effective.

The interrupted schedules for vaccines that contain tetanus, diphtheria, pertussis, polio, and Hib, as well as the pneumococcal conjugate vaccine are included below as they are complex when the schedule has been interrupted. The other vaccines in the immunization schedule are more straightforward when providing catch-up doses (i.e., provide the dose at the earliest opportunity with no need to restart a series); use the product monographs and Tables 4 to 24 in the [Publicly Funded Immunization Schedules for Ontario](#) to assist with determining intervals between doses when immunizations are delayed or off-schedule. Also included below is the recommended and minimum interval table for the rotavirus Rotarix vaccine (Rot-1) which is not included in the current [Publicly Funded Immunization Schedules for Ontario](#). Minimum interval table for the Rotateq vaccine (Rot-5) can be found in table 21 of the [Publicly Funded Immunization Schedules for Ontario](#).

### Rot-1 Immunization Series for Infants <25 Weeks of Age

Recommended Intervals	Minimum Intervals
1 <sup>st</sup> dose between ages ≥2 months and <15 weeks 2 <sup>nd</sup> dose, 2 months after 1 <sup>st</sup> dose	1 <sup>st</sup> dose between ages ≥6 weeks and <15 weeks 2 <sup>nd</sup> dose, 4 weeks after 1 <sup>st</sup> dose

Notes:

- If an incomplete dose is administered for any reason (e.g., infant spits the vaccine) a replacement dose should NOT be administered.
- Vaccination should not be initiated in infant's ≥15 weeks of age, as the safety of providing the first dose of Rot-1 in older infants is not known. If Rot-1 is inadvertently administered at ≥15 weeks of age, the rest of the series should be completed with a minimum of 4 weeks between each dose and 2<sup>nd</sup> dose should be administered by <25 weeks of age.

### Tdap-IPV, Td and IPV, and/or Td schedule for individuals

#### 7 YEARS OF AGE AND OLDER

#### who have not completed their series

Number of DTaP-IPV-[Hib] doses received at age <7 years	Individual's current age	Continue with the following number of Tdap-IPV, Td and IPV, and/or Td doses to complete series (recommended intervals)
1 dose	7 to 17 years	1 dose of Tdap-IPV, 2 months after DTaP-IPV-[Hib] dose 1 dose of Tdap, 2 months after 1 <sup>st</sup> Tdap-IPV dose 1 dose of Tdap-IPV, 6-12 months after Tdap dose
	≥18 years	1 dose of Tdap-IPV 1 dose of Td dose, 2 months after Tdap-IPV dose 1 dose of Td and IPV, 6-12 months after Td dose
2 doses	7 to 17 years	1 dose of Tdap-IPV, 6-12 months after DTaP-IPV-[Hib] dose 1 dose of Tdap, 6-12 months after 1 <sup>st</sup> Tdap-IPV dose
	≥18 years	1 dose of Tdap-IPV 1 dose of Td, 6-12 months after Tdap-IPV dose

**Tdap-IPV, Td and IPV, and/or Td schedule for individuals**

**7 YEARS OF AGE AND OLDER**

**who have not completed their series**

Number of DTaP-IPV-[Hib] doses received at age <7 years	Individual's current age	Continue with the following number of Tdap-IPV, Td and IPV, and/or Td doses to complete series (recommended intervals)
3 doses	≥7 years	1 dose of Tdap-IPV, 6-12 months after DTaP-IPV-[Hib] dose
4 doses received at age <4 years	≥7 years	1 dose of Tdap-IPV

DTaP-IPV-[Hib] indicates the use of DTaP-IPV-Hib or DTaP-IPV depending on the age of the child

**Pneu-C-13 schedule for children <5 years of age who have not completed their series**

Child's current age	Applies to	Number of Pneu-C-13 doses received previously	Number of Pneu-C-13 doses required to complete series and recommended intervals
2 to 6 months	Healthy	1 dose (1 <sup>st</sup> dose)	2 <sup>nd</sup> dose, 2 months after 1 <sup>st</sup> dose 3 <sup>rd</sup> dose, 2 months after 2 <sup>nd</sup> dose and at age ≥12 months
		2 doses (1 <sup>st</sup> and 2 <sup>nd</sup> dose)	3 <sup>rd</sup> dose, 2 months after 2 <sup>nd</sup> dose and at age ≥12 months
	High risk	1 dose (1 <sup>st</sup> dose)	2 <sup>nd</sup> dose, 2 months after 1 <sup>st</sup> dose 3 <sup>rd</sup> dose, 2 months after 2 <sup>nd</sup> dose 4 <sup>th</sup> dose, 2 months after 3 <sup>rd</sup> dose and at age ≥12 months
		2 doses (1 <sup>st</sup> and 2 <sup>nd</sup> dose)	3 <sup>rd</sup> dose, 2 months after 2 <sup>nd</sup> dose 4 <sup>th</sup> dose, 2 months after 3 <sup>rd</sup> dose and at age ≥12 months
7 to 11 months	All	1 dose (1 <sup>st</sup> dose)	2 <sup>nd</sup> dose, 2 months after 1 <sup>st</sup> dose 3 <sup>rd</sup> dose, 2 months after 2 <sup>nd</sup> dose and at age ≥12 months

Pneu-C-13 schedule for children <5 years of age who have not completed their series			
Child's current age	Applies to	Number of Pneu-C-13 doses received previously	Number of Pneu-C-13 doses required to complete series and recommended intervals
7 to 11 months	All	2 doses (1 <sup>st</sup> and 2 <sup>nd</sup> dose)	3 <sup>rd</sup> dose, 2 months after 2 <sup>nd</sup> dose and at age ≥12 months
12 to 23 months	All	1 dose (1 <sup>st</sup> dose) at age <12 months	2 <sup>nd</sup> dose, 2 months after 1 <sup>st</sup> dose 3 <sup>rd</sup> dose, 2 months after 2 <sup>nd</sup> dose
		1 dose (1 <sup>st</sup> dose) at age ≥12 months	2 <sup>nd</sup> dose, 2 months after 1 <sup>st</sup> dose
		1 dose (1 <sup>st</sup> dose) at age <12 months and 1 dose (2 <sup>nd</sup> dose) at age ≥12 months	3 <sup>rd</sup> dose, 2 months after 2 <sup>nd</sup> dose
		2 or more doses at age <12 months	1 dose, 2 months after most recent dose
24 to 59 months	All	Any incomplete series	1 dose, 2 months after most recent dose

Notes:

- Pneu-C-13 is not recommended for healthy children beyond 5 years of age (60 months). Children 5 years of age and older who missed any previous doses of Pneu-C-13 do not require further catch-up doses.
- For high-risk individuals, refer to Ontario's high-risk immunization schedules for Pneu-C-13 immunization.

## General Timing of Vaccine Administration

All vaccines due or overdue should be administered according to the [Publicly Funded Immunization Schedules for Ontario](#) (and Rotarix vaccine (Rot-1) as per above schedule) during the visit, unless a specific contraindication exists, to provide protection as soon as possible as well as minimize the number of health care visits needed to complete vaccination.

For simultaneous administration with COVID-19 vaccines, recommendations from the [National Advisory Committee on Immunization](#) advises that children aged 5-11 years old and under should not routinely be given COVID-19 vaccines simultaneously (i.e., same day) with other vaccines (live or non-live).

- In the absence of evidence, it would be prudent to wait for a period of at least 14 days before or after the administration of another vaccine before administering a COVID-19 vaccine to prevent erroneous attribution of an AEFI to one particular vaccine or the other. This suggested minimum waiting period between vaccines is precautionary at this time. Simultaneous administration or a shortened interval between COVID-19 vaccines and other vaccines may be warranted on an individual basis in some circumstances at the clinical discretion of the healthcare provider.
- For adults and adolescents aged 12+, COVID-19 vaccines may be given simultaneously with (i.e., same day), or at any time before or after, non-COVID-19 vaccines (including live and non-live vaccines).
- Informed consent should include a discussion of the benefits and risks given the limited data available on administration of COVID-19 vaccines at the same time as, or shortly before or after, other vaccines.
- While no specific safety concerns have been identified for various other vaccines with concomitant administration regimens, there is potential for increased reactogenicity with concomitant administration of COVID-19 vaccines with other vaccines, particularly those known to be more reactogenic, such as newer adjuvanted vaccines. Studies to assess the safety and immunogenicity of concomitant administration of COVID-19 vaccines with other vaccines are ongoing.
- If more than one type of vaccine is administered at a single visit, they should be administered at different anatomical injection sites using separate syringe and needle.
- Inactivated vaccines generally can be given concomitantly with, or at any time before or after other inactivated vaccines or live vaccines.
- Live parenteral vaccines may be given concomitantly with other vaccines at the same visit. In general, if two live parenteral vaccines are not administered concomitantly, there should be a period of at least 4 weeks before the second live parenteral vaccine is given.
- Live oral and intranasal vaccines can be given concomitantly with, or any time before or after any other live or inactivated vaccine, regardless of the route of administration of the other vaccine. Exceptions include the oral (inactivated) cholera and oral (live) typhoid vaccines, which should be administered at least 8 hours apart.

It is important for an immunizer to know that Ontario's [Immunization of School Pupils Act \(ISPA\)](#) outlines specific requirements for children in school regarding vaccination against designated diseases with specific schedules for each vaccine. For example, the ISPA requires students receive 2 valid doses of measles-containing vaccine, with a minimum of 4 or 6 weeks between doses (depending on the live vaccine product), and the first valid dose must be given no earlier than 1 year of age.

For further reference: [Ontario's Publicly Funded Immunization schedule.](#)

## Vaccine Eligibility – Missed Doses

Since several vaccines have age- or grade-based eligibility, some individuals may have missed their opportunity to receive the recommended vaccines under the publicly funded program. The table below indicates the applicable vaccines, eligible cohorts, and how long individuals must receive missed vaccine doses. **Please note:** Restarting the vaccine series is not required, regardless of the time delay.

### School-based, grade 7 vaccines

Vaccine	Current eligibility	Impacted cohort	Remains eligible for missed doses until	Special considerations
Hep B (Recombivax or Engerix)	Grades 7 to 8	Grade 9 students in the 2020/21, 2021/22, and 2022/23 school years (born in 2006 <sup>a</sup> 2007, or 2008)	Aug 31, 2023 (must complete series)	These vaccines are typically provided through school-based clinics; however, if health care providers have eligible patients requesting a vaccine, contact the local health unit for a special release access to administer the vaccine(s) directly.
HPV-9 (Gardasil 9)	Grades 7 to 12	Students who graduated in the 2019/20*, 2020/21*, and 2021/22 school years (born in 2002, 2003, or 2004) <sup>b</sup>	Aug 31, 2023 (must complete series)	
Men-C-ACYW135 (Nimenrix)	Grades 7 to 12 and those born in or after 1997	N/A	Remains eligible until vaccine is received	

### Adult vaccine

Vaccine	Current eligibility	Impacted cohort	Remains eligible for missed doses until	Special considerations
HZ (Shingrix)	65 to 70 years old	Seniors born in 1949, 1950, 1951, 1952	Dec 31, 2023	

### High risk vaccines

Vaccine	Current eligibility	Impacted cohort	Remains eligible for missed doses until	Special considerations
HPV-9 <sup>c</sup> (Gardasil)	Males 9 to 26 years	Males born in 1993, 1994, 1995, and 1996	Dec 31, 2023	
4CMenB <sup>d</sup> (Bexsero)	2 months to 17 years	Individuals born in 2002, 2003, 2004, 2005	Dec 31, 2023	
Men-C-ACYW135 (Menactra) (Nimenrix)	9 months to 55 years <sup>e</sup>	Individuals born in 1964 <sup>f</sup> , 1965 <sup>g</sup> , 1966 <sup>h</sup> , 1967	Dec 31, 2023	

\*Females only as per publicly funded program criteria. Males in grade 7 became eligible in 2016. These males were born in 2004.

<sup>a</sup> Individuals aged 16 years and older require a 3-dose Hep B immunization schedule as per the [Canadian Immunization Guide](#)

<sup>b</sup> Individuals aged 15 years and older require a 3-dose HPV-9 immunization schedule as per the [Canadian Immunization Guide](#)

<sup>c, d</sup> Age of the impacted cohorts falls within the Health Canada product monograph age indications for product use

<sup>e</sup> Ontario publicly funds a single lifetime dose of Men-C-ACYW135 for individuals ≥56 years of age who meet high risk eligibility criteria listed in [Table 3: High Risk Vaccine Programs of the Publicly Funded Schedules for Ontario \(2020\)](#)

<sup>f, g, h</sup> Under the program extension high risk individuals born in 1964, 1965 and 1966 are eligible for 2 doses of Men-C-ACYW135, since they would have been 55 years of age in 2020, 2021 and 2022, respectively. Administration of two doses in these

cohorts aligns with NACI recommendations based on expert opinion to as the product monographs limits age indication to 55 years of age.

## COVID-19 Vaccination

Primary care providers that are participating in Ontario's COVID-19 vaccination program should refer to the Ministry of Health's [COVID-19 Vaccine-Relevant Information and Planning Resources](#) website which includes guidance on Vaccine storage and handling, vaccine administration and general immunization documents for patients.

## Questions and Additional Resources

The [Immunization Well-Child](#) Toolkit is intended to assist health care providers in communicating information about infectious diseases and the importance of vaccines in preventing many of these diseases.

Included in the Immunization Well-Child Toolkit are a number of simple handouts to share with parents:

- [Why Vaccinations Are a Healthy Choice for a Strong Immune System](#) addresses top concerns from parents about vaccines to help them make informed and healthy choices for their children.
- [Tips for a Positive Immunization Experience](#) encourages parents to take steps before, during, and after a vaccine for a better immunization experience.
- [If You Choose Not to Vaccinate Your Child](#), understand the risks and responsibilities.
- [Vaccine Safety is Important to All of Us](#), providing information to parents regarding vaccine safety.
- Fact sheets with information about symptoms, risks and prevention of vaccine-preventable diseases

For questions pertaining to the provision of immunization services, please contact your [local public health unit](#).