

Advice for Health Care Practitioners on routine childhood vaccinations during COVID-19 pandemic

Updated 4th June 2020

FAQs - VACCINATIONS

Should vaccinations still continue whilst the threat from COVID-19 is high?

Yes, given the risk of the serious infections that the vaccines protect against, Public Health England are recommending that the routine primary immunisation schedule should not be delayed.

Are any vaccinations more important than others?

Priority should be given to time sensitive vaccines for babies, children and pregnant women. These include:

1. All routine childhood vaccinations offered to babies, infants and pre-school children including first and second MMR dose.
2. All doses of targeted hepatitis B vaccines for at-risk infants should also be offered in a timely manner.
3. Pertussis vaccination in pregnancy.

Should opportunistic vaccinations still take place?

Yes, other non-scheduled vaccinations should still be given opportunistically, for example, missing doses of MMR.

Should live vaccines be delayed?

No, both live and inactivated vaccines should continue to be given when due.

What steps could be taken if a child or someone in the family are shielding or particularly vulnerable?

If it is the family member who is particularly vulnerable, then where possible, they should not be the one to bring the child. If the child is the one at risk, then making arrangements such as making them the first patient of the day will allow the family to come into a clean environment and leave before any other patients arrive. If home visits are possible to give the vaccinations, this would be preferable.

FAQs - POST VACCINATION CARE

If a child develops a fever post vaccination, is this due to the vaccines or COVID -19?

Parents and carers should be advised that the vaccines given may cause a fever which is usually resolved within 48 hours (or 6 to 11 days following MMR). This is a common expected reaction and isolation is not required, unless COVID-19 is suspected. When the MenB vaccine (Bexsero) is given with other vaccines at 8 and 16 weeks of age, fever is more common. Where parents are able to obtain liquid infant paracetamol, they should follow existing Public Health England (PHE) guidance on the use of prophylactic paracetamol following MenB vaccination available at:

<https://www.gov.uk/government/publications/menb-vaccine-and-paracetamol>

A parent cannot get hold of liquid paracetamol, is there an alternative?

Ibuprofen can alternatively be used to treat a fever and other post-vaccination reactions. Prophylactic ibuprofen at the time of vaccination is not effective. Ibuprofen is not licensed for infants under the age of 3 months or body-weight under 5 kg. However, the BNF for Children advises that ibuprofen can be used for post-immunisation pyrexia in infants aged 2 to 3 months, on doctor's advice only, using 50 mg for 1 dose, followed by 50 mg after 6 hours if required.

What about the concern of using non-steroidal anti-inflammatory medications (NSAIDs) such as ibuprofen, in relation to COVID-19?

NHS England do advise for patients who have confirmed or suspected COVID-19, to use paracetamol in preference to NSAIDs. Given the child will have been assessed as being well before vaccination and providing the child has fever only with no symptoms consistent with COVID-19 infection, consideration should be given to using ibuprofen as described above.

FAQs - VACCINATION APPOINTMENT

What PPE should the vaccine administrator wear?

There is no evidence that crying or screaming are aerosol generating. The immunising clinician should risk assess their need to wear PPE. All other infection prevention precautions, such as handwashing and sharps disposal should continue.

The link to the PPE guidance: https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control?fbclid=IwAR1Ca_GbbhhBqAW5wZOmzTiXS2lr_MhxTvmjjJDA7_MtsIDnNLkwxsfmB0c

FAQs - VACCINATION ADMINISTRATION

What about all those individuals who do not attend for vaccinations?

It is important that a record is kept of all children who miss vaccinations or whose parents refuse to bring them for an appointment. This will allow for rescheduling of these missed immunisations as soon as is reasonably practical.

Is there anything particularly our admin teams should be aware off?

It is important that all practice colleagues and reception staff have the same clear message, should parents or carers contact the practice. All parents should be told of the importance of maintaining the national vaccination programme during the pandemic and what preventative steps the practice is taking to reduce the risk of infection from COVID-19.

RESOURCES

- Childhood vaccination training guide – designed for practice nurses: <https://vimeo.com/406007795> (password NHS)
- Resources for parents during COVID-19: <https://www.cc4c.imperial.nhs.uk/our-experience/blog/coronavirus-resources-for-parents>
- Parent resource; what to expect after vaccinations: <https://www.gov.uk/government/publications/what-to-expect-after-vaccinations>
- PHE vaccine update: <https://www.gov.uk/government/collections/vaccine-update>

EXAMPLE OF HOW GP PRACTICES HAVE ADAPTED

- **Moved the 6 week baby checks to 8 weeks** meaning babies get the NIPE and their first immunisations together in one appointment
- Undertake a pre-appointment phone call to discuss the vaccinations and reduce the time spent in the appointment.
- Operate people management systems such as using one way systems, different entrances and exits to other patients or using premises that are closed to other patients.
- Spaced out timed appointments so there is time to clean premises between patients and ensure social distancing measures
- Identified two connected sites; one became a site for patients with Covid-19 symptoms and one a site for patients without. All **immunisations are held at the non-Covid-19 site**
- Told carers **not to bring a buggy** and instead have babies in a carrier so they can walk straight in and out of the appointment and do not have deal with the buggy. This reduces the amount of time and contact the child has in the surgery
- Performed telephone consultation with parents to complete as much of the **pre-immunisation discussion**, including consent and post-immunisation advice prior to the patient attending the practice, reducing the face to face appointment time
- Organised a **drive through** vaccination clinic, giving the vaccinations to the child in the car or pram in the car park. More info: <https://www.theprojectsurgery.com/news/drive-thru-immunisation>
- Instead of the routine call from a receptionist to book a vaccination appointment, **GPs and practice nurses called parents directly** to discuss the upcoming vaccination. The practice found that this greatly increased patient attendance