

NOTICE | MAY 2020¹

This resource is a translation of *Les activités de vaccination en période de pandémie de COVID-2019 : RÉVISION DU 6 MAI 2020 (V2.0)* produced by the Institut national de santé publique du Québec (INSPQ). The original document in French can be found at <https://www.inspq.qc.ca/publications/avis-ciq-covid-2019-2020-166>.

Notice of the Comité sur l'immunisation du Québec

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TITLE:	Vaccination Activities during the COVID-19 Coronavirus Pandemic: Revised on May 6, 2020 (V2.0)

Question 1:

Should vaccination activities for infants, preschool and school children, including vaccination against influenza, continue during the pandemic?

Question 2:

If vaccination activities continue, what are the recommendations for people with symptoms of acute respiratory infection who have had no contact with a confirmed case of COVID-19?

¹ This notice was updated on May 6, 2020. The previous notice was translated into English, and published in April 2020.

Answer to Question 1:

Background

The first notice from the Comité sur l'immunisation du Québec (CIQ) regarding Question 1 was approved on March 18, 2020 (INSPQ, 2020). The CIQ had recommended that vaccinations scheduled at 2, 4 and 12 months be prioritized. The postponement of all vaccination sessions was also deemed acceptable until the epidemiological situation or organizational context improved. A periodic re-evaluation of these recommendations was scheduled. In response to this notice, several regions prioritized their vaccination activities. A significant decrease in the number of doses administered and entered in the Vaccination Registry (Infocentre, 2020) was also noted for vaccines scheduled beginning at the age of 18 months (according to data from April 1 to 15, 2020).

A revision of the recommendations issued on March 18, 2020 is now required. These recommendations were made during the implementation of exceptional province-wide physical distancing measures due to the emergence of the COVID-19 epidemic. As of May 3, 2020, the daily number of new hospitalizations and deaths due to COVID-19 has been relatively stable in Quebec. Quebec is expecting a gradual resumption of activities soon, including the opening of daycares and elementary schools (MSSS, 2020A). In the absence of a COVID-19 vaccine, community transmission of the virus could persist for several months.

Vaccination is considered an essential health service (WHO, 2020) and should not be interrupted for extended periods, especially for children under 2 years of age. As a result of a prolonged interruption, the number of individuals susceptible to diseases such as measles, pertussis, invasive pneumococcal infections and rotavirus gastroenteritis will rise. This increase in vaccine-preventable diseases can have serious consequences for the health system, which is already under severe strain from the COVID-19 pandemic (WHO, 2020).

The following recommendations of the Comité sur l'immunisation du Québec are based on:

- Vaccination being an essential health service;
- The negative impact of a prolonged interruption of vaccination being potentially greater for doses targeting children under 2 years of age;
- The low severity of COVID-19 symptoms in children;
- The importance of avoiding COVID-19 transmission during consultations in health care facilities, especially for more vulnerable individuals; and
- The need to adjust specific vaccination services according to the local epidemiology of COVID-19 and the organizational context.

CIQ recommendations:

1) Vaccination of infants and school-aged children

Vaccination of children under 2 years of age should continue (at 2, 4, 12 and 18 months) and resume in areas where there has been a temporary interruption. The same applies to the Pneu-C and DTaP-IPV-Hib vaccine doses scheduled at 6 months of age for children at increased risk. Children whose vaccinations have been postponed should receive catch-up doses as soon as possible.

Vaccinations scheduled at 4-6 years of age should also continue, but can be postponed in regions where COVID-19 transmission is high and the health network is under significant strain. These catch-up doses can be given over a period of three years. In case of postponement, vaccination should be offered as soon as the situation allows and before children reach the age of 7.

Vaccinations scheduled for grade 4 and at the age of 14-16 (secondary III) may be postponed. Since the pandemic has had a major impact on school activities, short-term school-based vaccination is currently not feasible. Furthermore, high schools will resume their activities through distance learning before the end of the school year. Children and adolescents can be vaccinated in schools when the epidemiological and organizational context allows. Postponement (e.g., to grade 5) is unlikely to increase the frequency of infections targeted by school vaccination. Furthermore, one or more doses of the scheduled vaccines have already been given to children in grade 4 (HPV, HB) and secondary III (Men C-C, DT), and the remaining dose is a booster. The Vaccination Registry shows that more than 90% of students currently in grade 4 have received at least one dose of the hepatitis B vaccine, and more than 80% have received at least one dose of the HPV vaccine (Infocentre, 2020).

2) Vaccination of pregnant women

Vaccination of pregnant women is part of prenatal monitoring and must be continued whenever possible. Vaccinations can be done during already-scheduled visits or vaccination appointments (e.g., at CLSCs). Combining vaccination with a pregnancy follow-up appointment or a previously scheduled visit is preferable in the appropriate organizational context (MSSS, 2020B; Bogler, 2020).

3) Vaccination of adults

Regular scheduled visits that target adults may be postponed in areas where high COVID-19 transmission is significantly taxing health care resources. Where vaccination services are available (e.g., at pharmacies or vaccination clinics), appropriate physical distancing and infection control measures must be put in place.

Urgent vaccinations, including those for post-exposure prophylaxis, should continue. When immunosuppressive therapy is required, it should be administered when the individual's immunity is maximal, even if this involves additional vaccination visits.

Vaccination appointments (e.g., at CLSCs or pharmacies) for older adults, those with a chronic disease, and those who are immunocompromised should be made according to the COVID-19 epidemiological context and following government recommendations regarding containment measures. It is still preferable that vaccinations take place during already-scheduled follow-ups, thus reducing additional visits to health care facilities and the risk of COVID-19 transmission.

4) Physical distancing and infection control measures

Relevant infection control measures should be integrated in vaccination activities. Guidelines can be found in: *COVID-19: Mesures de prévention et contrôle des infections pour les cliniques médicales/cliniques externes/cliniques COVID-19/GMF : recommandations intérimaires*². Other measures to help reduce the risk of COVID-19 transmission include organizing vaccination clinics in settings where individuals do not present with respiratory symptoms.

5) Other considerations

In cases where vaccination must be postponed, a plan should be in place to facilitate catch-up as soon as vaccination can resume.

The CIQ will periodically re-evaluate these recommendations after considering surveillance data on vaccine-preventable diseases and the evolving COVID-19 pandemic. A separate notice regarding influenza vaccination for the 2020-2021 season will be issued at a later date.

Answer to Question 2:

To limit the spread of COVID-19 cases, the CIQ maintains its recommendation to postpone vaccination of individuals with symptoms of acute respiratory infection, regardless of these individuals' level of risk of exposure to COVID-19.

² https://www.inspq.qc.ca/sites/default/files/publications/2907_prevention_controle_infection_cliniques_medicales_externes_deginees_covid_gmf.pdf

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