

**Clinical Guidance for Healthcare Professionals on Maintaining Immunisation Programmes During the COVID-19 Pandemic**

**16th April 2020**

**Version 1.1**

**General principles**

Immunisation services have not been identified as specific terms that can be suspended within the GP contract and should continue.

Whilst preventing the spread of COVID-19 and caring for those infected is a public health priority, it is very important to maintain our national immunisation programmes. The national immunisation programmes are highly successful in reducing the incidence of serious and sometimes life-threatening diseases such as pneumococcal and meningococcal infections, whooping cough, diphtheria and measles. It remains important to maintain the best possible vaccine uptake to prevent a resurgence of these infections. It will also avoid increasing further the numbers of patients requiring health services as well as outbreaks of vaccine-preventable diseases and allow us to provide important protection to children and other vulnerable groups. Where possible, the routine immunisation programmes should be maintained and offered in a timely manner.

**GP Practices**

While preventing the spread of COVID-19 and caring for those infected is a public health priority, it is very important to maintain good vaccine uptake and coverage of immunisations. The routine immunisation programme will continue to play a critical role in preventing ill-health through diseases other than COVID-19.

In exceptional circumstances and when practices experience high demand on services, it is important to prioritise time sensitive vaccines for babies, children and pregnant women:

* All routine childhood immunisations offered to babies, infants and pre-school children including first and second MMR dose
* All doses of targeted hepatitis B vaccines for at-risk infants should also be offered in a timely manner
* Pertussis vaccination in pregnancy
* Pneumococcal vaccination for those in risk groups from 2 to 64 years of age and those aged 65 years and over (subject to supplies of PPV23 and clinical prioritisation).

In addition to protecting the individual, this will avoid outbreaks of vaccine preventable diseases that could increase further the numbers of patients requiring health services. Due to the public health advice on social distancing and shielding, practices are not expected to offer the opportunistic shingles vaccine for those aged 70 years, unless the patient is already in the GP practice for another reason.

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

Anyone who has had their appointment cancelled as part of the COVID-19 response, should be invited for vaccination as soon as possible.

Providing those attending for vaccination (including parents and carers) are well, are not displaying symptoms of COVID-19 or other infections and are not self-isolating because they are contacts of suspected COVID-19 cases, immunisation should proceed.

Anyone with an acute febrile illness should not be immunised until the condition has resolved.

Post-immunisation fever is not a reason to self-isolate.

Child Health Surveillance (NIPE Infant Check)- To reduce the number of visits to the general practice, consideration could be given to carrying out the 6 to 8-week NIPE check at the same time as the 8-week scheduled vaccinations. Please note if the 6 to 8-week baby check has not been completed, immunisation should still start at eight weeks of age.

**Advice for healthcare workers where parents/patients have concerns about immunisation in general practice**

Parents, carers and patients may be worried that by attending the practice, they or their baby may be exposed to coronavirus.

Individuals and carers should be informed that, despite the COVID-19 pandemic, it is important that routine childhood immunisations are started and completed on time. This will help protect the infant or child from a range of serious and sometimes life-threatening infections. Whilst infections such as invasive pneumococcal and meningococcal disease are now much reduced in incidence, this has only come about because of high levels of vaccination. To prevent resurgence, infants still need protecting through vaccination. Pertussis continues to circulate at elevated levels and it remains important that pregnant women are offered the pertussis vaccine, and that their babies start receiving protection against this, and other infections, from 8 weeks of age.

Practices should reassure individuals that the most up to date guidance on maintaining social distance in the waiting room, (for example separating individuals by 2 metres) and decontamination of premises and equipment is being strictly followed. In practice, this may be achieved by using an appointment system and adjusting appointment times to avoid waiting times with others. In some areas, practices may also be working with neighbouring practices to deliver COVID-19 and non-COVID-19 activity on separate sites. NHSEI are also liaising with Medicines and Healthcare Products Regulatory Agency (MHRA) to provide advice to support this approach.

Compliance with national advice on preventing spread of coronavirus through appropriate infection control measures will help ensure parents, carers, and pregnant women feel confident that it is safe for them to attend for vaccination.

Further information on COVID19 precautions for primary care is available here: <https://www.england.nhs.uk/publication/coronavirus-standard-operating-procedures-for-primary-care-settings/>

Parents and carers may be concerned that their baby’s/child’s immune system cannot cope with COVID-19 and immunisations and that in responding to vaccines, their ability to fight COVID-19 will be reduced/affected.

Parents and carers should be reassured that as vaccines contain either weakened viruses, or only a small amount of the inactivated organism/toxoid, that responding to vaccines uses only a tiny proportion of the capacity of an individual’s immune system. Vaccination will not overload their immune system, does not make them more susceptible to other infections and if they do contract an infection in the immediate post-immunisation period, or were already incubating one when vaccination took place, this will not prevent their immune system from responding to the infection.

By vaccinating babies, the chances of co-infection with COVID19 and a serious vaccine-preventable disease is reduced.

Both live and inactivated vaccines should continue to be given when due.

**Infant paracetamol and primary immunisations**

Parents and carers may be concerned that if their baby/child develops a fever following immunisation, they won’t know if it is 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>

Indications to date suggest that COVID-19 causes mild or asymptomatic illness in infants and children. As has always been recommended, any infant with fever after vaccination should be monitored and if parents are concerned about their infant’s health at any time, they should seek advice from their GP or NHS 111. Post-immunisation fever alone is not a reason to self-isolate.

This advice applies to recently vaccinated people of all ages.

Given the risk of the serious infections that the vaccines protect against, PHE are recommending that the routine primary immunisation schedule should not be delayed.

Parents may be concerned that they have not been able to obtain liquid infant paracetamol

Whilst parents should continue to try to obtain and administer infant paracetamol if possible, infant vaccines can and should still be given even if it is not possible to give prophylactic paracetamol.

Where parents have been unable to obtain infant paracetamol, the following advice is for clinical staff in primary care and parents.

* Fever can be expected after any vaccination but is more common when the MenB vaccine (Bexsero) is given with the other routine vaccines at eight and sixteen weeks of age.
* In infants who do develop a fever after vaccination, the fever tends to peak around six hours after vaccination and is nearly always gone completely within two days.
* 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. See the BNF for Children for more details <https://bnfc.nice.org.uk/drug/ibuprofen.html#indicationsAndDoses>
* There have been concerns about the use of non-steroidal anti-inflammatory medications (NSAIDs) such as ibuprofen, in relation to COVID-19. This is being investigated by the Commission on Human Medicines and NICE. NHS England have advised in the interim for patients who have confirmed COVID-19, or believe they have COVID-19, that they use paracetamol in preference to NSAIDs. If parents cannot obtain their own supply of infant paracetamol and it has not been possible to prescribe it, as their baby will have been assessed as being well before vaccination, providing their baby has fever only and no symptoms consistent with COVID-19 infection, consideration should be given to using ibuprofen as described above. <https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103001>
* Information about treating a fever in children is available from the NHS UK webpage “Fever in children” at [www.nhs.uk/conditions/fever-in-children/](http://www.nhs.uk/conditions/fever-in-children/).
* If an infant still has a fever 48 hours after vaccination or if parents are concerned about their infant’s health at any time, they should be advised to seek help from their GP or NHS 111*.*
* The diseases that the vaccines protect against are very serious and therefore vaccination should not be delayed because of concerns about post-vaccination fever.

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

Those who have missed the opportunity to be vaccinated will still require their missing vaccinations. Without these they remain unprotected against vaccine-preventable disease. This makes the retention of accurate records of unvaccinated individuals important so that their appointments can be rescheduled as soon as is reasonably practical.

What is the advice about PPE and immunisations?

Well individuals should attend for vaccination (including parents and carers). Those displaying symptoms of COVID-19, other infections or are self-isolating because they are contacts of suspected COVID-19 cases should not attend. 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_MtslDnNLkwksfmB0c>

Can practice nurses use Patient Group Directions (PGDs) in Primary Care Networks (PCNs) where practice nurses will be vaccinating children at various general practice sites?

NHS Specialist Pharmacy Services (SPS) have published guidance on this question here: <https://www.sps.nhs.uk/articles/patient-group-direction-use-in-primary-care-networks/>

What should I do about vaccine ordering during the COVID-19 pandemic?

Continue to order vaccines through the usual routes ensuring that no more than 2 weeks supply is maintained as stock in your vaccine fridge. This will help to avoid vaccine shortages and reduces wastage. Vaccines near their expiry date should be used first.

How do I maintain vaccine cold chain across practices where one site may be closed?

Where the same practice has more than one site or branch, vaccines can be transferred to the operational site, providing the cold chain is maintained.

Where vaccines remain in a site or branch that has become non-operational during the COVID-19 pandemic, usual cold chain guidance still applies. Further detail can be found in chapter 3 of the Green Book: <https://www.gov.uk/government/publications/storage-distribution-and-disposal-of-vaccines-the-green-book-chapter-3>

What should I do about informing my local Child Health Information System (CHIS) about vaccines administered?

It is important to share clinical data with CHIS. The purpose of Child Health Information Services (CHIS), and the systems which support them, is to ensure that each child in England has an accurate active record supporting delivery of public health interventions including; screening, immunisation and the other Healthy Child Programme services. CHIS providers will continue to deliver these vital services as business as usual during the COVID-19 incident. It is therefore important that all clinical colleagues contribute to ensuring that each child’s CHIS record is up to date by ensuring the timely transfer of data from clinical systems to the local CHIS provider. This will ensure those involved in the care for young children will have access to contemporaneous health record to support any rescheduling and catch-up programmes at a later date for those who have missed appointments for public health programmes.

CHIS are the definitive source of immunisation uptake and coverage data within England and, as such, are essential to limiting the spread of communicable diseases. This is particularly important to monitor and ensure uptake levels during the COVID-19 pandemic. In the event of a cluster or an outbreak of a vaccine-preventable disease, CHIS is the primary source of information to help target resources.

What do I need to do to prepare for the next flu season?

To reduce the risk of respiratory disease, protect those most vulnerable and reduce pressure on health services, please ensure that you have ordered sufficient stock of the recommended adult flu vaccines for 2020/21[[1]](#footnote-1) to meet your local needs as soon as possible.

In summary these are:

* For over 65s aTIV
* For under 65s at risk, including pregnancy women either QIVc or QIVe.

Below are some Frequently Asked Questions (FAQs) to aid discussions with individuals, parents or carers.

**NHS Immunisations FAQs (for public)**

**Why aren’t you stopping routine immunisations?**

Whilst preventing the spread of COVID-19 and caring for those infected is a public health priority, it is very important to maintain good coverage of immunisations, particularly in the childhood programme. In addition to protecting the individual, this will avoid outbreaks of vaccine-preventable diseases that could harm individuals and increase further the numbers of patients requiring health services.

**Should people/babies really still go and be immunised at their GP surgery even though there is a risk that by doing this they may be infected with COVID-19?**

Your GP surgery or health clinic will take all possible precautions to protect you and your baby from COVID-19. People should still attend for routine vaccinations unless they are unwell (check with your GP whether you should still attend) or self-isolating because they have been in contact with someone with COVID-19. In these circumstances please rearrange your appointment. Vaccines are the most effective way to prevent against other infectious diseases. Babies, toddlers and pre-school children in particular need vaccinations to protect them from measles, mumps, rubella (MMR), rotavirus, diphtheria, whooping cough, meningitis, polio, tetanus, hepatitis B, TB and more.

**What are “routine” childhood immunisations?**

Different vaccines are given at different ages to protect you and your child. They form part of the national immunisation programme and are offered free of charge by the NHS. The national immunisation programme is highly successful in reducing the incidence of serious and sometimes life-threatening diseases such as pneumococcal and meningococcal infections, whooping cough, diphtheria and measles. It remains important to maintain the best possible vaccine uptake to prevent a resurgence of these infections.

Some children will also need protection with neonatal BCG and hepatitis B vaccination. Both BCG and all doses of targeted hepatitis B vaccines should also be offered in a timely manner.

**If you are not doing school age immunisations, isn’t there a risk that we will see big increases in the diseases those children are normally vaccinated against?**

School aged immunisations will be rescheduled. UK government has provided clear public health advice on specific measures to take to prevent further Coronavirus cases which includes social distancing.

**Do GP surgeries really still have the time to do immunisations?**

Practices will be busy responding to the COVID-19 pandemic. Nonetheless, the routine childhood immunisation programme will continue to play an important role in preventing ill-health through causes other than coronavirus infection.

**How important is it that you get your immunisation at the time you are called? Is there a risk in delaying for a few months and if there isn’t then why don’t we stop and reduce the risk of contracting COVID-19 through a visit to the general practice?**

Despite the COVID-19 pandemic, it is important that routine childhood immunisations are started and completed on time. This will help protect the infant or child from a range of serious and sometimes life-threatening infections. Whilst infections such as invasive pneumococcal and meningococcal disease are now much reduced in incidence, this has only come about because of high levels of vaccination. To prevent resurgence, infants still need protecting through vaccination. Pertussis continues to circulate at elevated levels, and it remains important that pregnant women are offered the pertussis vaccine, and that their babies start receiving protection against this, and other infections, from 8 weeks of age.

**There is a shortage of liquid infant paracetamol which is often used by parents and carers to help manage a baby’s reaction to their routine immunisations so won’t parents stop bringing their babies because of this?**

Vaccination to protect from serious conditions should not be delayed. Whilst parents should continue to try to obtain and administer infant paracetamol if possible, infant vaccines can and should still be given even if it is not possible to give prophylactic paracetamol.

Where parents have been unable to obtain infant paracetamol, the following advice will apply.

* Fever can be expected after any vaccination but is more common when the MenB vaccine (Bexsero) is given with the other routine vaccines at eight and sixteen weeks of age.
* In infants who do develop a fever after vaccination, the fever tends to peak around six hours after vaccination and is nearly always gone completely within two days.
* Information about treating a fever in children is available from the NHS UK webpage “Fever in children” at [www.nhs.uk/conditions/fever-in-children/](http://www.nhs.uk/conditions/fever-in-children/).
* If an infant still has a fever 48 hours after vaccination or if parents or carers are concerned about their infant’s health at any time, they should seek advice from their GP or NHS 111.
* The diseases that the vaccines protect against are very serious and therefore vaccination should not be delayed because of concerns about post-vaccination fever.

**How will parents and carers know when their babies have a temperature after their regular immunisations whether it is an expected reaction or COVID-19?**

The vaccines given may cause a fever which 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 and carers are able to obtain liquid infant paracetamol, they should follow existing PHE guidance on the use of prophylactic paracetamol following MenB vaccination available at: <https://www.gov.uk/government/publications/menb-vaccine-and-paracetamol>.

Indications to date suggest that COVID-19 causes mild or asymptomatic illness in infants and children. As has always been recommended, any infant with fever after vaccination should be monitored and if parents or carers are concerned about their infant’s health at any time, they should seek advice from their GP or NHS 111. Post-immunisation fever alone is not a reason to self-isolate.

This advice applies to recently vaccinated people of all ages.

Any infant with fever after vaccination should be monitored and if parents or carers are concerned about their infant’s health at any time, they should seek advice from their GP or NHS 111.

1. <https://www.england.nhs.uk/wp-content/uploads/2019/12/NHS-England-JCVI-advce-and-NHS-reimbursement-flu-vaccine-2020-21.pdf>  [↑](#footnote-ref-1)