

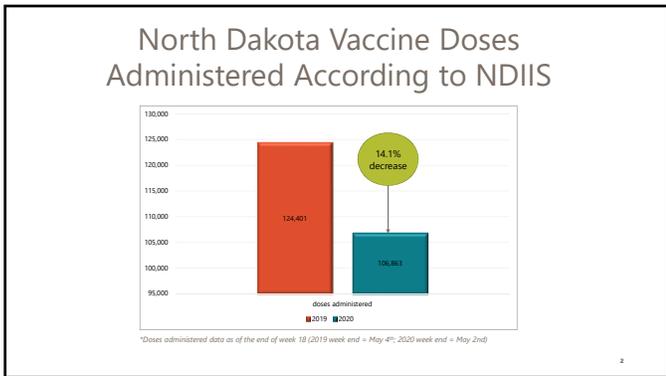


North Dakota Immunization Practices During the COVID-19 Pandemic Response

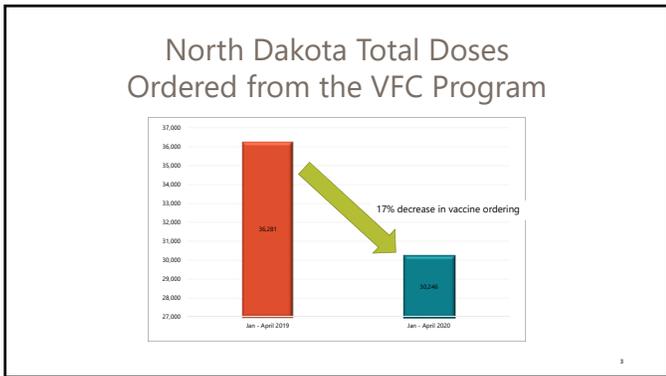
Mary Woinarowicz, NDIIS Manager
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May 13, 2019

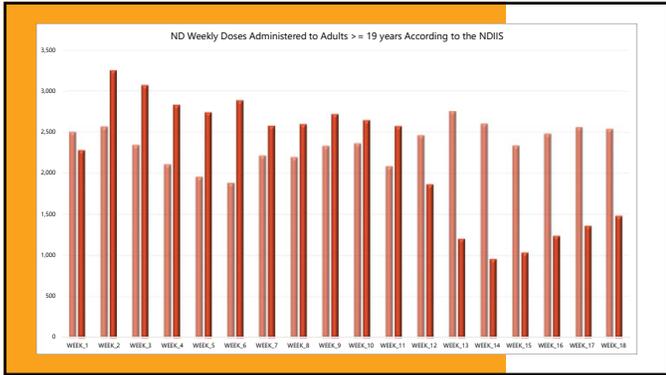
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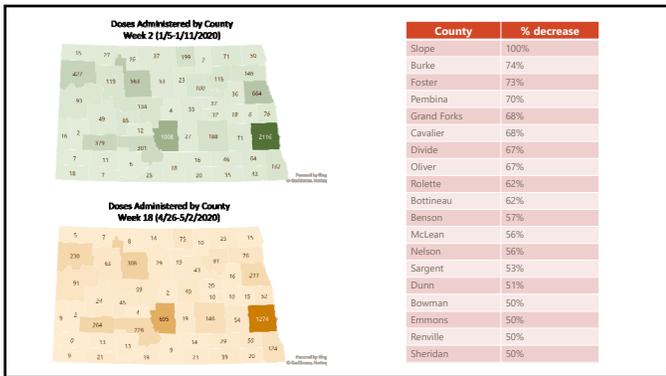
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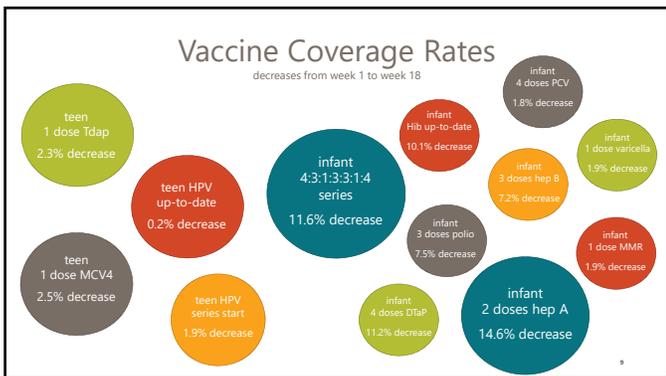
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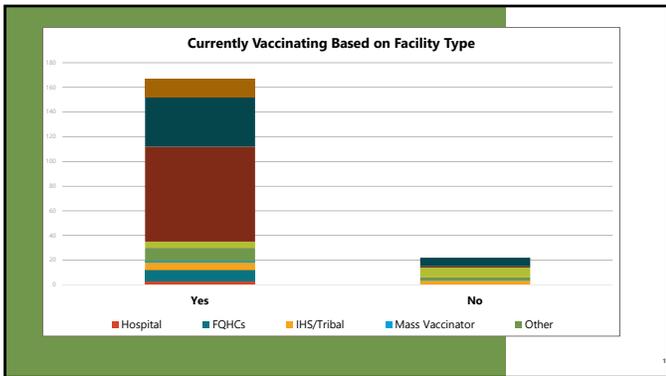


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STATE OF VACCINATION SURVEY

- Due May 6th
- 189 respondents, not just VFC enrolled
 - 3 hospitals
 - 9 FQHCs
 - 8 IHS/Tribal
 - 1 Mass Vaccinator
 - 14 Other (correctional, university health, long term care)
 - 13 Pharmacy
 - 79 Private providers
 - 47 Local public health
 - 15 Rural health centers

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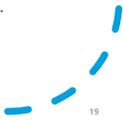
CURRENTLY VACCINATING?

- No (22)
 - 7 Local public health offices
 - 2 Urban, 5 rural
 - 8 Pharmacies
 - 1 Private provider
 - 3 IHS/Tribal
 - 3 Other (university health, long term care, corrections)

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REASONS FOR NOT VACCINATING

- Staff pulled for COVID-19 response.
- Offices are closed to the public.
- Pharmacies doing curbside service so vaccination isn't possible.
- Concerns over exposing staff and other patients/ customers.

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CURRENTLY VACCINATING?



- Yes (154)
 - 3 Hospitals
 - 9 Federally Qualified Health Centers (FQHCs)
 - 6 Tribal
 - 1 Mass vaccinator
 - 11 Other
 - 5 Pharmacies
 - 77 Private Providers
 - 40 LPHUs
 - 15 Rural Health Centers (RHCs)

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WAYS TO ENSURE HEALTH OF PATIENTS

- Options selected frequently were:
 - Screening patients for symptoms
 - Staggering appointments
 - Rooming patients immediately
 - Cohorting ill patients to separate sections, floors, wings or buildings to reserve clinic space for well patients
 - Utilizing drive-thru COVID testing sites to allow for vaccination in clinics
 - Working with LPHUs to partner for vaccinations

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WAYS TO ENSURE HEALTH OF PATIENTS

- Other:
 - Requiring mask wearing 100% of the time by staff and patients.
 - Separating pediatric and adult vaccination days
 - Patients call in from parking lot and are called back when their exam room is ready. Roomed immediately upon entry.
 - Well child exams and vaccination in the morning, sick visits in afternoon.
 - Clinics closing early for deep cleaning.
 - Only allowing one parent for minors, everyone else must come alone.

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WAYS TO ENSURE HEALTH OF PATIENTS

- Registration, consent and screening done over the phone prior to appointments
- Call upon arrival and prepare vaccinations prior to them entering the office
- Alternative vaccination opportunities such as using time when students are scheduled to return their school equipment
- Use separate doors for well patients
- Discontinuation of walk-in vaccinations, by appointment only

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WAYS TO ENSURE HEALTH OF PATIENTS

- Nurses doing home visits for vaccination while wearing PPE
- Only allowing one family/client in the facility at a time
- Space appointments to allow for cleaning in between
- Curbside vaccination

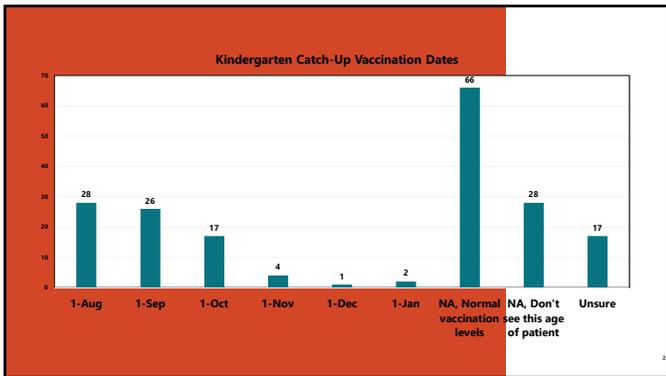
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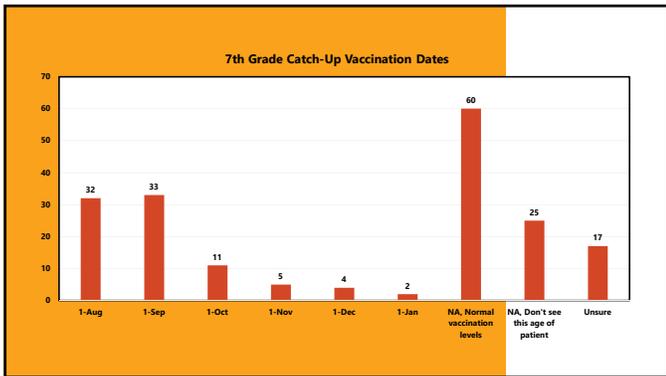
AGES VACCINATING

- Almost all providers are vaccinating all age-appropriate groups at their facilities.
- Two private providers were only vaccinating 0 – 24 months old.
- One health system is only vaccinating children under 6 years of age.
- One district LPHU is only vaccinating 0 – 24 months,

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CURRENTLY OFFERING WELL CHILD VISITS

- Yes (104)
- No (8)
 - 7 IHS/Tribal
 - 1 RHC
- Not applicable (77)
 - This is based on facility type: pharmacy, LPHU, hospital etc.

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BARRIERS TO VACCINATION

- Office closed
- Clients don't want to come in
- Rural areas will require more planning because they usually use school vaccination clinics to catch children up
- Lack of school clinics
- Prioritizing facilities/appointments for ill children
- Telehealth appointments
- Staff responding to COVID-19 cases and investigations
- Staff shortages/furloughs
- Clinic is housed within a closed building
- Staff do not feel comfortable
- Lack of PPE

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PARENTAL ATTITUDES TOWARDS VACCINATION

- Overwhelming majority said that parents are willing to vaccinate but don't want to bring children into facility
- Many also reported mixed feelings such as some parents delaying while others prioritizing vaccinations to keep their children safe.
- Parents of infants more willing to vaccinate and hold off on bringing in older children.
- Some LPHUs are seeing more children as parents feel more comfortable at their offices, instead of large health systems or pediatrician's office.

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CONCLUSIONS

- North Dakotans are at risk for vaccine preventable diseases if not caught up on missed immunizations.
- Health care providers and local public health units can implement safe ways to immunize.
- Back-to-school immunization requirements cannot be relaxed due to the risk of outbreaks in schools.

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RECOMMENDATIONS

- Use NDIIS reminder/recall functionality to bring patients back in for missed immunizations.
- Conduct mass, drive-thru back-to-school immunization clinics.
 - Use NDIIS reminder/recall to notify patients of events.
- Vaccinate at every opportunity, even sick visits.
- Work collaboratively in your communities to ensure access to immunizations.
- Communicate the importance of immunizations to parents/patients.
- Promote the VFC Program, as many North Dakotans have experienced unemployment.

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2020 – 2021 INFLUENZA VACCINE PREBOOK



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INCREASE FLU PREBOOK?

- Yes (65)
- No (87)
- Unknown (37)
- Influenza vaccine is going to be increasingly important this season.

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INCREASING INFLUENZA VACCINATION THIS FALL

- Expect SARS-CoV-2 to still circulate in Fall
- Increasing flu vaccination coverage will decrease stress on healthcare
 - Decrease doctor visits and hospitalizations
 - Decrease individuals seeking diagnostics
- Focus on adults at higher risk from COVID-19
 - staff and residents of LTCF
 - adults with underlying illnesses and African-Americans
 - adults who are part of critical infrastructure.
- Vaccinating children prevents flu in adults. **

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INCREASING INFLUENZA VACCINATION THIS FALL

- Plan for how to increase influenza vaccination rates this fall.
- Prebook additional doses of influenza vaccine.
- How will you replace workplace vaccination, if employees are working from home?
- How will you ensure influenza vaccination while social distancing?
 - Drive-thru clinics
 - Staggering of patients

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CHANGE IN REMOVAL FROM ISOLATION

- **Symptom-based strategy:**
 - At least 10 days have passed since symptoms first appeared, **AND**
 - At least 3 days (72 hours) have passed since recovery, defined as:
 - Resolution of fever, without the use of fever-reducing medications, **AND**
 - Progressive improvement or resolution of respiratory symptoms (e.g., cough, shortness of breath)

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CHANGE IN REMOVAL FROM ISOLATION

- **Test-based Strategy:**
 - Resolution of fever without the use of fever-reducing medications, **AND**
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath), **AND**
 - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive upper respiratory specimens collected at least 24 hours apart (total of two negative specimens).

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CHANGE IN REMOVAL FROM ISOLATION

- For patients with laboratory-confirmed COVID-19 who have not had any symptoms, health care providers might use either:
 - **Time-based Strategy:** At least 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test. Because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness.
 - **Test-based Strategy:** Because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness. Follow the Test-based Strategy above with the modification that initiation of testing can begin immediately.

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COVID-19 TESTING GUIDANCE

- The NDDoH continues to recommend that clinicians use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Health care providers should not turn patients away for COVID-19 testing who have upper or lower respiratory illness. **COVID-19 testing is critical in order to identify cases and prevent further spread through case investigation and contact tracing. Health care providers are asked to have a high suspicion for COVID-19 and test accordingly.**

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COVID-19 TESTING GUIDANCE

- Clinicians should consider testing any patient with **one (1)** of the following signs/symptoms with new or worsening onset:
 - cough
 - shortness of breath
 - difficulty breathing

OR

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COVID-19 TESTING GUIDANCE

- **Two (2)** of the following signs/symptoms with new or worsening onset:
 - fever (measured or subjective)
 - runny nose
 - sore throat
 - chills
 - myalgia
 - fatigue
 - headache
 - loss of taste and/or smell

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MULTISYSTEM INFLAMMATORY SYNDROME IN CHILDREN REPORTED IN THE UNITED STATES

- **May 4:** NYC Health Department disseminated HAN regarding 15 children with multisystem inflammatory syndrome hospitalized between April 17 and May 1
- **May 6:** NYS Department of Health disseminated HAN regarding 64 children (including NYC) since May 5th
- More than 150 suspected cases of MIS in children have been reported to NYS to date
- Unverified reports from Atlanta, Boston, Minnesota, and New Jersey

Per CDC: 05/11/2020

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MULTISYSTEM INFLAMMATORY SYNDROME IN CHILDREN ASSOCIATED WITH SARS-COV-2

- **Prominent Features**
 - Persistent fever
 - Inflammation
 - Increased lab values: neutrophilia, elevated C-reactive protein, lymphopenia, etc
 - Evidence of single or multi-organ dysfunction
 - Shock, cardiac, respiratory, renal, gastrointestinal or neurological disorder
 - Some had features consistent with Kawasaki disease
 - About two-third had PCR negative, but vast majority were serology positive
 - Mostly teenagers

Per CDC: 05/11/2020

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MULTISYSTEM INFLAMMATORY SYNDROME IN CHILDREN ASSOCIATED WITH SARS-COV-2

- Case definition
- Health advisory
- Reporting to NDDoH

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NORTH DAKOTA IMMUNIZATION PROGRAM

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