OMA Ontario Medical Association

Influenza Immunization During COVID-19

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In years past, surges of influenza (flu) during the winter months have stressed Ontario's health care system. Throughout the upcoming 2020-2021 winter we will have to contend not only with influenza but also subsequent surges of COVID-19. Thus, preventing influenza through vaccination is more important now than ever to enhance our ability to manage any increased demand on the healthcare system as a result of the pandemic. The benefits of influenza immunization are not limited to reducing the spread of influenza and preserving hospital capacity for those most vulnerable to flu as well as to COVID-19; but also, to minimize children with flu-like symptoms needing testing for COVID-19 and to pave the way for widespread COVID-19 vaccination.

Ontario's immunization strategy must ensure enhanced rates of immunization as well as foster sustained disease prevention strategies (physical distancing, hand washing). Physicians in primary care—specifically family medicine and pediatrics—as well as geriatrics, long term care, public health, and other specialties are critical to the success of this immunization strategy along with public health units, others in primary care, pharmacists, employers and other vaccine providers. Further, the province must support vaccine providers with the necessary resources and infrastructure to safely administer influenza vaccines using traditional and innovative models at a community level.

In a typical year around 25-30% of Ontarians or 4.37 million people get their influenza vaccine (1). Of those vaccinated, approximately 55% (2.4 million Ontarians) received their vaccination from a physician. This year, Ontario has ordered approximately 13% more flu vaccine doses than last year (2). This means that should the influenza vaccine be delivered as in the past, physicians will be expected to deliver 2.71 million doses of the influenza vaccine in the 2020 season. This comes as COVID-19 imposes significant time and resource hurdles to administering even traditional numbers of immunizations due to infection prevention and control protocols, let alone an additional 310,000 doses.

The OMA and Ontario's physicians share the government's longstanding goal of maximizing flu vaccination. Given the complexities of flu vaccine administration this year, this document outlines the issues that have been identified by the OMA and its members and propose recommendations to mitigate these issues. Key learnings from other stakeholders, including other jurisdictions were considered in developing these recommendations.

Vaccine Delivery

Issue 1: Physicians experience significant uncertainty around when flu vaccine doses will arrive and how many they will receive. This issue is not unique this year, however, it is more challenging due to COVID-19 complexity.

- This impacts physicians' ability to plan for when they can offer influenza vaccines to their patients and to how many and impacts their ability to schedule larger scale influenza vaccine clinics.

- This is especially problematic this influenza season when influenza vaccination clinics require significantly more advance planning and resources to account for physical distancing and infection prevention and control, and when it is especially important for patients to be vaccinated.
- Several physicians have also noted that there is inconsistent information provided across public health units.
- Some have been informed that pharmacies are being prioritized for flu vaccine this year. While that information has not been provided to the OMA, it is paramount that there be clarity in the messaging across the province, and that all have up-to-date and accurate information.
- We have heard inconsistencies within communities from vaccine providers about their delivery and ordering processes and experiences, especially in terms of ordering the high dose vaccine.

Short-term recommendations:

- Each practice that has ordered flu vaccine should receive an update on their orders from Public Health Units/the government on:
    - Order status;
    - Expected delivery; and,
    - Expected quantity of standard dose and high dose vaccines to be received.
- The province should support public health units and facilitate this information sharing given the significant strain on public health units in responding to COVID-19.

Long-term recommendations:

- The province together with public health units should ensure vaccine quantities and their delivery timing are known in advance and sufficient for a provider's patient population.
- The province should explore how physicians inside and outside of the M postal code region experience their different ordering and delivery processes, to ensure that primary care providers and patients across the province benefit from the most efficient and effective system for their local/regional needs. We have heard different accounts based on the reason, so to accomplish this goal, public health units across the province could share best practises in regard to the ordering and delivery of vaccinations. Pharmacies and family physicians, pediatricians, and other physicians should begin to receive communication with expected delivery dates of the flu vaccine within a consistent timeframe.

Issue 2: Unused or wasted influenza vaccines across Ontario.

- Industry standard guidance for maximum wastage allowance is 5% (3, 4).

Long-term recommendation:

- To support reducing wastage of vaccines, the province must provide infrastructure that enables the transportation of excess influenza vaccines between vaccine providers. Consideration will need to be given for cold chain monitoring standards that are acceptable to all providers.

Traditional Administration

Issue 3: Due to the need for more time, more space, more staff, more cleaning supplies, and more PPE, the administration of influenza vaccines in the context of COVID-19 is considerably more resource-intensive than in past years and requires certainty that those resources such as PPE are available.

- Flu shot delivery requires supplies of PPE and cleaning equipment to ensure infection prevention and control procedures are met.
- Patient screening and post-visit cleaning mean it takes longer to provide a flu vaccine safely.
- Many physicians have limited physical space to allow for adequate physical distancing, which further extends the amount of time required to see even the same number of patients, let alone a greater number given greater patient demand and provincial vaccination targets due to COVID-19.
- Longer hours for staff and/or more staff are required to accommodate the greater time needed per patient, greater patient demand, and higher provincial vaccination targets.
- These resources require additional costs while many physicians already struggled to stay afloat during the pandemic.

Short-term recommendation:

- The province should provide additional and adequate funding to vaccine providers to support the costs of additional staff and/or longer staff hours, of PPE, of cleaning supplies for infection prevention and control, and to account for the additional time required to administer a flu vaccine to a patient.
- One way to implement this, consistent with some other provinces, would be a temporary increase to the administration fee code.

Innovative Administration Models

Issue 4: Given the challenges of flu vaccine delivery, innovative models of delivery are needed, requiring investments of time, funding, resources and personnel.

- With 55% of vaccines administered by physicians, there is a critical need for funding and resource allocation to support these providers in delivering alternative and innovative models of administration and to support the infrastructure required for such an undertaking.
- While various models have been proposed, implementation requires local and tailored solutions that consider the context of individual providers.

Short-term recommendations:

- The province must provide adequate funding to vaccine providers to support additional staffing, PPE, and infection prevention and control (IPAC) resources required to support innovative models of vaccine delivery such as drive-through clinics (Refer to Appendix 1 for several proposed alternate administration models and strategies for delivery):
    - Facilitation of administration of vaccines in outdoor setting (if weather permits), e.g., in provider's parking lot;
    - Additional refrigeration to support cold chain management;
    - Technology to support documentation;

    - Establishment of mobile clinics in vans or buses to visit neighbourhoods and administer vaccinations;
    - Establishment of outdoor arenas/ tents in which vaccines can be administered on a larger scale and face to face interaction/ crowding is limited.
- The province should support public health units to facilitate and develop the infrastructure required to organize centralized large-scale clinics with adequate support and staffing, to assist primary care providers who are unable to develop their own clinics (e.g. several medical practices operating together to form a joint influenza vaccine clinic with dedicated space and staff). This is not a traditional or expected role for public health units and we have seen great willingness to collaborate with primary care to ensure maximum flu vaccine uptake. Provincial support to public health units could help with implementation.
- The province should support the development of a centralized influenza vaccine clinic database led by public health and supported/staffed by primary care providers who do not have capacity within their own practices to meet the increased demand of patients.

Long-term recommendations:

- Given that the influenza vaccine is widely available through different providers and locations, the province should ensure system supports are in place to promote inter-professional communication and information sharing.

Clinical Guidance

Issue 5: Lack of clear guidance and support on how to set up alternative delivery models for influenza vaccine clinics.

- Alternative and innovative delivery models for the influenza vaccine are underscored by a number of barriers not directly related to clinical care and guidance. Providers looking to establish alternative delivery models need clear guidance regarding both liability and consent provisions, specifically if holding an outdoor clinic or a clinic outside of the provider's own medical clinic.

Short-term Recommendation:

- The province should develop clear guidance on how to establish alternative models of influenza vaccine clinics. Guidance should include direction on:
    - Vaccine provider liability;
    - Consent provisions;
    - Cold chain management; and,
    - How to properly document vaccination in an alternative delivery model.

Issue 6: Lack of or poorly communicated clinical guidance for influenza vaccine providers.

- Clinical guidance is either lacking or confusing for providers seeking direction for high-dose influenza vaccines and wait time post vaccine administration.

Short-term Recommendations:

- The province should provide clear and consistent guidance to both vaccine providers and to the public that patients 65 years of age and over should be offered the high-dose trivalent influenza vaccine if available.

- The province should provide clear guidance on the 15-minute wait time after vaccine administration.
- The province should clearly communicate when shorter observation periods may be considered post influenza vaccine administration.

Long-term Recommendations:

- The province should develop specific guidance that clearly outlines who qualifies for a high-dose influenza vaccine and ensure sufficient supply.
- The province should provide clear guidance on the 15-minute wait time after vaccine administration.

Targeted Populations

Issue 7: Preventing influenza is more important this season than ever. Reaching vulnerable populations will be critical to managing increased strain on the healthcare system but will also be difficult to achieve within the constraints of the pandemic.

Populations that should be targeted through specific outreach include:

- Adults 65 and older.
- Adults aged 18-64 with chronic medical conditions.
- Seniors who are housebound

Short-term Recommendations:

- The province should make the high-dose influenza vaccine available where the opportunity presents itself to administer to specialized populations (e.g. provide high-dose vaccine during senior shopping hours).
- The province should establish mobile clinics in vans or buses to visit targeted neighbourhoods or regions with populations that have increased chronic medical conditions.

Long-term Recommendations:

- Given that the influenza vaccine is widely available through different providers and locations, the province should ensure system supports and or infrastructure are in place to promote inter-professional communication and information sharing.

Issue 8: Access for children aged 6 months to 5 years when their pediatrician or family physician is unable to provide the influenza vaccination for various reasons, including constraints of the pandemic, inability to implement innovative models of delivery and prioritizing backlog of patients.

Short-term recommendation:

- The province should clearly communicate that children aged 6 months to 5 years can only receive the flu vaccine from physicians, which is an important consideration for patients and the public.
- To target school-aged children, the province should consider implementing a “school-based approach” (e.g. teams to go into schools and vaccinate all families affiliated with each student at the school).

Issue 9: Clear and consistent messaging needs to be communicated to the public.

- To attain population immunity, we would need a much higher vaccination coverage. With an R_0 for seasonal influenza of around 1.3 and an estimated vaccine effectiveness of the 2019/2020 vaccine of 45%, this would require a minimum immunization coverage of 51% of the population, a 28% increase from the norm (5, 6).

Short-term Recommendations:

- The province should develop and deploy a robust public education campaign to ensure the public is aware of the importance of getting an influenza vaccine this year, the appropriate safeguards (PPE, physical distancing, screening) at vaccination sites, what the process for getting a vaccine will look like this season (e.g. make an appointment with your doctor or pharmacist vs. walk-in).
- To achieve consistency in messaging to the public, the province should develop signage with consistent messaging about the importance getting the influenza vaccine this season. Messaging should be used in different healthcare settings (e.g. hospitals, primary care clinics, influenza vaccine clinics, pharmacies).

References

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Appendix 1: Alternate Administration Models

Alternate models of influenza vaccine delivery that may be considered and/or are already underway this fall with the goal of reducing crowding while maintaining or increasing vaccine uptake include:

- Outdoor non-drive-through clinics (e.g., in provider's parking lot)
- Drive-through clinics
- School-based clinics
- Mobile clinics in vans or buses
- Utilization of primary care providers' building lobbies for additional space
- Centralized larger scale clinics organized by public health units with support and staffing by primary care physicians unable to develop their own clinics
- Cooperation between several medical practices to operate a joint influenza vaccine clinic with dedicated space and staff

Safe and accessible flu vaccine administration can also be facilitated through the following strategies:

- Designated days and/or timeslots for influenza vaccination clinics in primary care settings to ensure that only well patients are in the area at the same time
- Immunization during home care visits
- Immunization within congregate living centres (including group homes, shelters, correctional facilities)
- Collaboration between primary care physicians and additional vaccine providers (e.g. nurses, nurse practitioners, pharmacists, paramedics)
- Multiple smaller public clinics instead of large clinics
- Opportunistic immunization (primary care offices, outpatient clinics, pharmacies, assessment centres)
- Provision of high-dose vaccine during senior shopping hours