

COVID-19: Vaccination Basics

A Guide for Pharmacists Vaccinating During the COVID-19 Pandemic

While scientists around the world work to develop a vaccine against the novel coronavirus (SARS-CoV-2), many pharmacists remain on the front line, providing essential patient care services during this public health crisis, including vaccinations. The safety of pharmacists, pharmacy staff, and our patients is top priority. Therefore, *prior to administering any vaccinations*, it is important for the pharmacist to be familiar with current recommendations and best practices to optimize patient care delivery during the COVID-19 pandemic and to comply with best practices and/or institutional, local, and state policies and/or regulations.

The Centers for Disease Control and Prevention (CDC) issued [Interim Guidance for Immunization Services During the COVID-19 Pandemic](#) on June 9, 2020, to help immunization providers in a variety of clinical settings plan for safe vaccine administration during the COVID-19 pandemic. The guidance recommends pharmacists maintain or reinstate the administration of vaccinations. When providing vaccinations, it is important to follow the appropriate infection control procedures and to administer vaccines that can help prevent and/or decrease the severity of secondary infections resulting from [influenza](#) and [pneumococcal](#) pathogens. Patients with a high risk of developing these infections are also at a higher risk for complications from COVID-19. **Now is the time** to catch individuals up on their vaccinations! This [high-risk](#) population includes adults over the age of 65 years old, as well as younger people with chronic underlying medical conditions, including lung disease, heart disease, and diabetes. Pharmacists play an important role in educating patients about their risk and providing preventive care through appropriate vaccination.

Here are some Frequently Asked Questions about vaccinations.

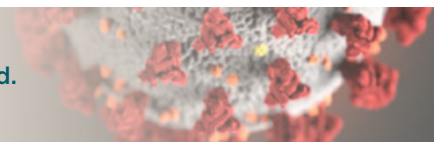
When will a vaccine be available to the public to protect against COVID-19?

There is currently no vaccine available to prevent infection with SARS-CoV-2, and experts predict it could take about 12 to 18 months until a vaccine is widely available. While no one knows for sure how long the development process will take, clinical trials in different phases are under way at numerous institutions. The first investigational vaccine was administered by a pharmacist on March 16, 2020.

Should I continue to administer vaccines during the COVID-19 pandemic?

According to the [CDC guidance](#) (June 9, 2020), routine vaccination is an essential preventive care service for children, adolescents, and adults (including pregnant women) that should not be delayed because of the COVID-19 pandemic. In light of COVID-19-related reductions in people accessing vaccination services, it is important to assess the vaccination status of all children, adolescents and adults at each patient visit to avoid missed opportunities for vaccination and ensure timely vaccine catch-up. All vaccines due or overdue should be administered according to the recommended CDC [immunization schedules](#) during that visit, unless a specific contraindication exists, to provide protection as soon as possible as well as to minimize the number of health care visits needed to complete vaccination.

Patients should be screened for possible symptoms of COVID-19 (e.g., fever, cough, shortness of breath) prior to administration of vaccine(s).



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Do I have expanded authority to administer vaccines during the pandemic?

You should check with the appropriate state agencies to ensure you comply with institution, local, and state laws and regulations. Some states have authorized waivers to existing laws and regulations. The National Alliance of State Pharmacy Associations (NASPA) is tracking state actions affecting pharmacy on their [COVID-19: Information from the States](#) webpage.

How should I prioritize childhood vaccinations?

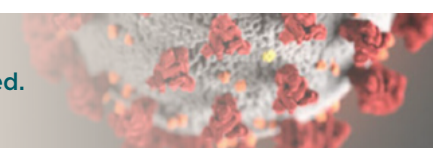
The CDC released guidance on maintaining childhood vaccinations during the COVID-19 pandemic and recommends that health care providers prioritize vaccination of infants and young children (through 24 months of age) when possible. This information can be found on the CDC's [Resources for Clinics and Healthcare Facilities](#) and [Vaccination Guidance During a Pandemic](#) webpages. As states develop plans for reopening, health care providers are encouraged to work with families to keep or bring children up to date with their vaccinations. Continue to use strategies to separate well visits from sick visits and educate parents/caregivers about the protective steps your pharmacy practice is utilizing.

Is personal protective equipment (PPE) necessary for me to wear when administering a vaccine?

Protective measures, such as a mask and gloves, are recommended when administering vaccines during this pandemic. Pharmacists and pharmacy staff should wear medical facemasks while they are in the pharmacy. Gloves should be changed in between patients in addition to performing hand hygiene. Use of other protection processes should be discussed with your employer and utilized when appropriate, safe, and effective. It is important to consider the prevalence of the virus in the community and to pay attention to local and state-specific recommendations. Use of eye protection is based on level of COVID include community transmission and practitioner preference. Follow Standard Precautions, which also include guidance for hand hygiene and cleaning the environment between patients. For more information on safety and PPE, visit [Pharmacists' Guide to Coronavirus](#) to view the [APhA FAQ](#), [access the recorded open forum webinar](#), and [view the webinar slides](#), or refer to the full [guidance](#) from the CDC.

Aside from PPE, what other measures should I take?

It is important to establish a site-specific process for administering vaccines during the COVID-19 pandemic. Screen for [symptoms of COVID-19](#) and contact with persons with possible COVID-19 prior to and upon arrival at the facility. Pharmacies should develop a strategy for screening patients for fever (i.e., take temperature) and other symptoms of COVID-19 prior to providing vaccinations. Everyone entering the pharmacy should wear a face covering for source control (i.e., to protect other people in case the person is infected), regardless of symptoms. [CDC recommends](#) persons entering public settings where other social distancing measures are difficult to wear a [cloth face covering](#), especially in areas of substantial community-based transmission. Cloth face coverings should not be placed on young children younger than 2 years of age, anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance. Limit and monitor points of entry to the facility and install barriers to limit physical contact at check-in and check-out. Reduce crowding in waiting areas by spacing chairs or asking individuals to remain outside (e.g., stay in their vehicles, if applicable) until the pharmacist is ready to administer the vaccine. For more information, view CDC's [Guidance for Pharmacies](#).



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Ensure physical distancing is maintained and utilize electronic communications as much as possible. Some pharmacies are offering “curbside vaccinations” to reduce the number of patients entering the pharmacy. Some have gotten creative, using a clear shower curtain with a hole for arm insertion to serve as a protective barrier between the pharmacist and patient. Similar to PPE, it is important that the pharmacy’s designated area for vaccinations is regularly cleaned and disinfected prior to the administration of any vaccines, as well as after each patient encounter. For more information, visit APhA’s [Pharmacists’ Guide to Coronavirus](#) to view the [FAQ on Cleaning and Disinfecting](#).

Should I avoid administering live vaccines during the COVID-19 pandemic?

There are currently no recommendations against administering live vaccines during the pandemic. Pharmacists should continue to follow CDC guidelines, taking into consideration vaccine-specific precautions and contraindications, the patient’s medical history, and current health status.

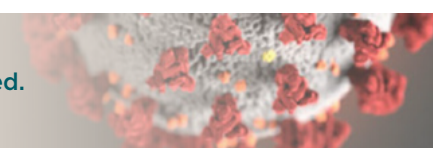
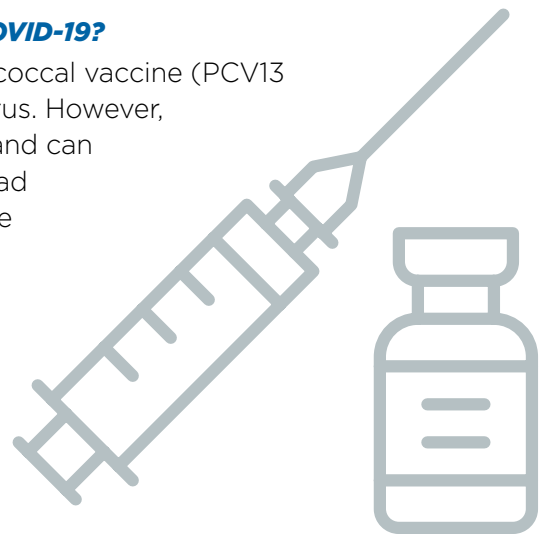
Pharmacists should wear gloves when administering intranasal or oral vaccines because of the increased likelihood of coming into contact with a patient’s mucous membranes and body fluids. Gloves should be changed between patients in addition to performing hand hygiene. Administration of these vaccines is not considered an [aerosol-generating procedure](#), and thus, the use of an N95 or higher-level respirator is not recommended.

Can the pneumococcal vaccines protect my patients against COVID-19?

No. Vaccines against pneumococcal bacteria, such as pneumococcal vaccine (PCV13 or PPSV23), do not provide protection against SARS-CoV-2 virus. However, vaccination against respiratory illness is [highly recommended](#) and can help reduce the risk of developing secondary infections that lead to pneumonia in patients who become hospitalized from severe COVID-19 infection.

Can the influenza (flu) vaccine protect my patients against COVID-19?

No. The influenza (flu) vaccine will not protect against COVID-19, but it may help reduce the onset and severity of secondary related infections that mimic COVID-19. To prevent the influenza (flu) and possible unnecessary evaluation for COVID-19, vaccination can still be effective for eligible patients who have not yet received the annual influenza (flu) vaccine. Some cases of co-infection with influenza and COVID-19 were reported in [China](#).



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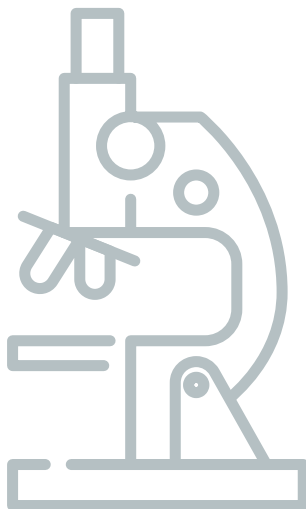
How long is the influenza (flu) season expected to last this year (2019–2020 season)?

Influenza is unpredictable. The timing, severity, and length of the season vary from season to season, and among various parts of the country. Laboratory-confirmed [flu activity](#), as reported by clinical laboratories, continues to decrease; however, influenza-like illness activity remains elevated. Influenza severity indicators remain moderate to low overall, but hospitalization rates differ by age group, with high rates among children and young adults. The [2018–2019](#) influenza (flu) season peaked in mid-February and returned to below baseline in mid-April. Influenza activity can continue to occur as late as May. As the COVID-19 pandemic unfolds, and influenza vaccine supply is available, it's important to continue to vaccinate patients against the influenza, particularly those individuals who are at high risk of developing complications of the influenza infection and their close contacts.

Annual influenza vaccination is recommended for all persons age 6 months and older to decrease morbidity and mortality caused by influenza. Pharmacists should consult current [influenza vaccine recommendations](#) for guidance around the timing of administration and use of specific vaccines. According to current [CDC Advisory Committee on Immunization Practices \(ACIP\) guidance](#), balance maximizing the likelihood of persistence of vaccine-induced protection through the season with avoiding missed opportunities (i.e., risk of patient not returning later in the season) to vaccinate or vaccinating after onset of influenza circulation occurs. Efforts should be structured to optimize vaccination coverage before influenza activity in the community begins. Vaccination should continue to be offered as long as influenza viruses are circulating and unexpired vaccine is available.

Can people who recover from COVID-19 be re-infected with SARS-CoV-2?

According to the [CDC](#), the duration of immunity to SARS-CoV-2 infection is not yet understood. Therefore, it is unknown if prior infection will provide any immune protection.



Disclaimer: Information related to the COVID-19 pandemic is changing rapidly and continuously. The material and information contained in this publication is believed to be current as of the date included on this document. The American Pharmacists Association assumes no responsibility for the accuracy, timeliness, errors or omission contained herein. Links to any sources do not constitute any endorsement of, validity, or warranty of the information contained on any site. The user of these materials should not under any circumstances solely rely on, or act based on this publication. Pharmacy professionals retain the responsibility for using their own professional judgment and practicing in accordance with all rules, regulations, and laws governing the pharmacy practice within their jurisdiction.

