



Public Health  
England

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Publications approval reference: 001559

# Clinical guidance for healthcare professionals on maintaining immunisation programmes during COVID-19

Supported by the Royal College of General Practitioners (RCGP) and the  
Royal College of Paediatrics and Child Health (RCPCH)

## General principles

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. This will also prevent 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.

Most vaccine preventable diseases are spread from person to person and so it is likely that social distancing to prevent COVID-19 will also reduce but not abolish the risk of some vaccine preventable diseases. Other factors, such as reduced travel overseas, may also reduce the overall risk. However, many vaccine preventable diseases are more infectious than COVID-19 – for example measles is around six times more infectious – and so vaccination is the only reliable way to avoid infection. In addition, for some vaccine preventable diseases, people can carry the organism for months or even years. Infections such as meningococcal, haemophilus influenzae type b (Hib), and pneumococcal infection are therefore most commonly acquired from other people in your own household. Timely vaccination is therefore still an important way of keeping people safe.

## General practices

The routine immunisation programme should be maintained.

As well as protecting the individual, this will avoid outbreaks of vaccine-preventable diseases that could further increase the numbers of patients requiring health services.

Non-scheduled vaccinations should still be given, e.g. for control of outbreak(s) of vaccine preventable conditions as well as opportunistically, e.g. 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.

Immunisation should proceed 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 or confirmed COVID-19 cases.

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 8 weeks of age.

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

Parents, carers and patients may be worried they or their baby may be exposed to coronavirus when attending the practice. Individuals and carers should be informed that, despite the COVID-19 pandemic, starting and completing routine childhood immunisations on time remain important. This will help protect the infant or child from a range of serious and sometimes life-threatening infections. The much-reduced incidence of infections such as invasive pneumococcal and meningococcal disease has only come about because of high levels of vaccination. To prevent resurgence, infants need protecting through vaccination. Pertussis still circulates at elevated levels and pregnant women must continue to be offered the pertussis vaccine, and their babies vaccinated 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 (e.g. separating individuals by 2m) and decontamination of premises and equipment is being strictly followed in line with Public Health England (PHE) guidance on [Infection Prevention and Control](#) (IPC). In practice, this may be achieved by adjusting appointment times to avoid waiting 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 (please below for additional information).

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

Further information on COVID-19 precautions for primary care is available at:

<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 both 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, the response 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 they were vaccinated, their immune system will still respond to it.

Vaccinating babies reduces the chances of co-infection with COVID-19 and a serious vaccine-preventable disease.

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 will not know if it is due to the vaccines or COVID-19.**

Parents and carers should be advised that the vaccines may cause a mild fever which usually resolves 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.

Fever is more common when the MenB vaccine (Bexsero) is given with other vaccines at 8 and 16 weeks of age. Where parents are able to obtain liquid infant paracetamol, they should follow existing Public Health England (PHE) guidance on its prophylactic use following MenB vaccination: <https://www.gov.uk/government/publications/menb-vaccine-and-paracetamol>

As has always been recommended, any infant with fever after vaccination should be monitored and, if parents or carers are concerned about the infant's health at any time, they should seek advice from their GP or NHS 111.

This advice applies to recently vaccinated people of all ages.

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

## **Parents may be unable to obtain liquid infant paracetamol.**

While parents should continue to try to obtain and administer infant paracetamol where possible, infant vaccines can and should still be given even if they do not have prophylactic paracetamol to hand.

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 8 and 16 weeks of age.

In infants who do develop a fever after vaccination, this tends to peak around 6 hours after vaccination and nearly always resolves completely within 2 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 with a body weight under 5kg. 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 50mg for one dose, followed by 50mg after 6 hours if required. See the BNF for Children for more details <https://bnfc.nice.org.uk/drug/ibuprofen.html#indicationsAndDoses>

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, should be advised to seek help from their GP or ring 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.

As a temporary measure, PHE have secured a small supply of liquid infant paracetamol in sachets which can be ordered from Immform. To support their use a protocol for health professionals to follow has been published here:

<https://www.gov.uk/government/publications/menb-vaccine-and-paracetamol>

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

Those who miss the opportunity to be vaccinated 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, and their appointments should be rescheduled as soon as is reasonably practical.

## **What personal protective equipment (PPE) should be worn when administering vaccines?**

Well individuals should attend for vaccination (with parents or carers) at premises that are following the recommended infection prevention and control (IPC) guidance.

<https://www.england.nhs.uk/coronavirus/primary-care/infection-control/>

Those displaying symptoms of COVID-19, other infections, or who are self-isolating because they are contacts of suspected or confirmed COVID-19 cases, should not attend.

There is no evidence that crying or screaming is aerosol generating. Coughing and sneezing which may occur following administration of live attenuated influenza vaccine (LAIV) are not included as high risk aerosol generating procedures, see this link:

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>

Coughing and sneezing are droplet forming, as defined here:

<https://www.england.nhs.uk/coronavirus/primary-care/about-covid-19/virus-transmission/>

The recommended PPE for administering all vaccines, including LAIV, is gloves, apron, fluid resistant (type IIR) surgical mask and eye protection.

Gloves and aprons are single use. Between vaccination of individuals they should be disposed of and hand hygiene performed. Fluid resistant (type IIR) surgical facemasks and eye protection can be subject to single session use, as outlined in the guidance linked below. Re-usable eye and face protection is acceptable if decontaminated between single or single sessional use, according to the manufacturer's instructions or local infection control policy.

Further guidance on the use of PPE can be found in the link below, it is recommended this guidance is read in full and in conjunction with the NHS England IPC guidance linked to above: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>.

## **Can practice nurses use patient group directions (PGDs) in primary care networks (PCNs) at various general practice sites where they will be vaccinating children?**

NHS Specialist Pharmacy Services (SPS) has published guidance on this question:

<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 and ensure that no more than 2 weeks' supply is maintained as stock in your vaccine fridge. This will help to avoid vaccine shortages and reduce 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 vaccines remain in a site or branch that has become non-operational during the COVID-19 pandemic, the 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>

## **Can I transfer vaccines between different branches of the same practice?**

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.

## **Can I transfer vaccines between completely different practices (different legal entities)?**

NHS England has recently published guidance on transferring vaccine stock between providers. In summary, the Medicines and Healthcare Products Regulatory Agency (MHRA) has confirmed that it would not prevent the transfer of locally held vaccine stock from the NHS routine immunisation services during COVID-19, provided that:

- the CCG, PCN or general practice believes the transfer of vaccine(s) is necessary to support the continued delivery of routine immunisations in primary care during the COVID-19 response and will ensure the effective use of available resource
- the CCG, PCN or general practice holding the vaccine stock has assurance that the vaccine has been stored in the correct temperature-controlled conditions
- confirmed daily record-keeping of temperature monitoring is available
- the CCG, PCN or general practice requiring locally held vaccine supply can verify the assurances given, and
- the vaccine(s) can be transported appropriately under the right cold chain conditions.

Regional NHS England and NHS Improvement commissioners should be informed of any incidents, including cold chain breaches during transfer of vaccines. CCGs, PCNs and primary care providers should refer to PHE's protocol for the ordering, storing and management of vaccines.



Further details can be found in the NHS England and NHS Improvement COVID-19 primary care bulletin: <http://createsend.com/t/d-E5434ABA283BEA792540EF23F30FEDED>

## **What information should I provide parent/ carer about vaccinations administered?**

It is important that parents and carers have a contemporaneous record of all immunisations administered. If local advice is to not bring the Red Book (personal child health record), the immuniser should provide sufficient information about the vaccines given to care giver to update the record themselves. For example, a print-out, text message, email with vaccine details.

## **What should I do to inform my local Child Health Information Services (CHIS) about vaccines administered?**

It is important to share clinical data with CHIS. CHIS's purpose, and that of the systems that support it, 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 transferring data from clinical systems in a timely manner to the local CHIS provider. This will ensure those involved in the care of young children have access to the contemporaneous health record to support any rescheduling and catch-up programmes for those who miss appointments for public health programmes.

CHIS is the definitive source of immunisation uptake and coverage data in England and, as such, is essential in limiting the spread of communicable diseases. This data is particularly important for monitoring and ensuring 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?**

The first annual flu letter has been published (see the link below). Further information will be published in due course.

<https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan>

Below we give answers to some frequently asked questions (FAQs) to help discussions with individuals, parents or carers.



## NHS Immunisations FAQs (for the public)

### **Why are you continuing to offer routine immunisations?**

While preventing the spread of COVID-19 and caring for those infected is a public health priority, it remains 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 still go and be immunised at their GP surgery?**

Yes, 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 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, 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 to be protected with neonatal BCG and hepatitis B vaccination. Both BCG and all doses of targeted hepatitis B vaccines should be offered in a timely manner.

### **When will young people get their school-age vaccinations?**

School-age vaccination providers are working to restore vaccination programmes, in line with local needs and arrangements. Young people will receive their vaccinations either in school premises or community clinics. Plans are being developed to use the summer breaks to catch up on the backlog from the 2019/20 school year, and any outstanding immunisations will be delivered during the 2020/21 school year.

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

GP practices will continue to ensure vaccinations are offered to all eligible individuals. Despite COVID-19, 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 my child is immunised at the time they are called? Is there a risk in delaying for a few months? If there isn't, why not stop immunisations for now and reduce the risk of contracting COVID-19 by visiting the general practice?**

It is very important that routine childhood immunisations are started and completed on time despite the COVID-19 pandemic. This will help protect the infant or child from a range of serious and sometimes life-threatening infections. The much-reduced incidence of infections such as invasive pneumococcal and meningococcal disease has only come about because of high levels of vaccination. To prevent resurgence, infants need protecting through vaccination. Pertussis still circulates at elevated levels and pregnant women must continue to be offered the pertussis vaccine, and their babies vaccinated against this and other infections from 8 weeks of age. Diseases such as pertussis, Hib, MenB, pneumococcal are more common or more serious in infants and so it is important not to delay vaccines. Measles can be a very serious disease and is still circulating so timely immunisation is important.

## **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 resolves 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.

Fever is more common when the MenB vaccine (Bexsero) is given with other vaccines at 8 and 16 weeks of age. Where parents are able to obtain liquid infant paracetamol, they should follow existing PHE guidance on its prophylactic use following MenB vaccination:

<https://www.gov.uk/government/publications/menb-vaccine-and-paracetamol>

As has always been recommended, any infant with fever after vaccination should be monitored and, if parents or carers are concerned about the infant's health at any time, they should seek advice from their GP or NHS 111.

This advice applies to recently vaccinated people of all ages.