

IOWA DEPARTMENT OF PUBLIC HEALTH

DIVISION OF ACUTE DISEASE PREVENTION AND EMERGENCY RESPONSE  
BUREAU OF IMMUNIZATION AND TUBERCULOSIS

# Vaccinating During the COVID-19 Pandemic

June 4, 2020

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# Iowa Immunization Program

## Vaccinating during the COVID-19 Pandemic

### June 1, 2020

#### **Decrease in Immunization Administration Data**

The mission of the Iowa Immunization Program is to decrease vaccine-preventable diseases through education, advocacy and partnership. The CDC has declared vaccines one of the greatest public health achievements of the 20th Century, second only to clean water. Today, the widespread use of vaccines protects all Iowans from once common infectious diseases. Vaccines have the ability to protect infants, adolescents and adults, including pregnant women, from 27 diseases.

However, since identified community spread of COVID-19 in Iowa, childhood immunizations have significantly decreased. The overall number of immunizations administered has decreased beginning in mid-March and continuing through May 2020, in comparison to the average for the same time over the past two years. This is a trend shared throughout the U.S. and worldwide. Concern exists that delays in vaccinations may result in secondary outbreaks of vaccine-preventable diseases. Given this trend, the Iowa Immunization Program is providing data and recommendations to health care providers to reduce risks in both the short and long terms.

The American Academy of Pediatrics (AAP) and American Academy of Family Physicians (AAFP) strongly supports the continued provision of health care for children during the COVID-19 pandemic. The AAP has set forth the below recommendations:

- Consistent with previous guidance, all well-child care should occur in person whenever possible and within the child's medical home where continuity of care may be established and maintained. For practices who have successfully implemented telehealth to provide appropriate elements of the well exam virtually, these telehealth visits should continue to be supported, followed by a timely in-person visit.
- Identify children who have missed well-child visits and/or recommended vaccinations and contact them to schedule in person appointments inclusive of newborns, infants, children and adolescents. Health care providers should work with families to bring children up to date as quickly as possible.
- Inform families about the strategies already implemented in primary care medical home offices to assure safety. These strategies may include these examples:
  - Scheduling well visits and sick visits at different times of the day.
  - Separating patients spatially, such as by placing patients with sick visits in different areas of the primary care clinic or another location from patients with well visits.
  - Collaborating with providers in the community to identify separate locations for providing well visits for children.

#### **Important**

Because of personal, practice or community circumstances related to COVID-19, some providers may not be able to provide well child visits, including provision of immunizations, for all patients in their practice. Recognizing that COVID-19 will likely be circulating in the community for many months to come, providers should consider longer term plans for providing immunizations safely, and communicate the safety provisions to patients.

## **Planning for Annual Influenza Vaccination**

Vaccinating a majority of patients against influenza this fall will be vital to reducing morbidity and mortality that would impact already fragile communities and high risk groups. Administration of influenza vaccine will also help alleviate further strain on medical facilities and the need for PPE. Using recommendations listed above, the Iowa Immunization Program encourages practices to begin considering the following:

- How will practices communicate to patients the importance of an annual influenza vaccine?
- How will practices safely provide influenza vaccines as well as other recommended vaccines?
- How will practices increase vaccination and aim to do so earlier compared to previous seasons?

### **COVID-19 Pandemic in Iowa:**

- On March 8, 2020, the first presumptive positive cases of COVID-19 in Iowa were identified and community spread was confirmed on March 14, 2020.
- Iowa implemented a variety of public health strategies to reduce spread of the virus through social distancing measures, including closing schools, limiting social gatherings, closing certain businesses, and recommending Iowans stay home as much as possible. Other strategies included postponing or canceling non-urgent elective procedures or using telemedicine in place of in-person routine medical visits to avoid unnecessary exposure risk and to limit use of limited personal protective equipment (PPE) by health care providers.
- Fear of COVID-19 may also contribute to reduced immunization activities. Individuals and parents may not feel safe to go to routine medical appointments out of fear of exposure to COVID-19 in clinics and medical facilities.
- The effects of the global pandemic and public health strategies to mitigate the spread of COVID-19 may have unintended and consequential impacts on the number of immunizations administered to Iowans.

### **Vaccinating during the COVID-19 Pandemic Analysis Methods:**

- This analysis examines the number of immunizations administered in Iowa before and during the current COVID-19 pandemic using data from Iowa's immunization information system, IRIS.
- This report includes two analysis from two different datasets:
  - The first analysis includes the number of non-influenza vaccines administered to Iowa residents in March and April of 2019 and 2020. This analysis includes Iowans of all ages to provide a snapshot at general immunization activities across the state.
  - The second analysis includes the number of immunizations administered to children 0-24 months in Iowa in the months of January-May in the years 2018, 2019 and 2020. This analysis examines whether the number of childhood vaccines administered has changed during the pandemic. The antigens included in the analysis include recommended doses from the Advisory Committee on Immunization Practices (ACIP).

### **Analysis 1: Number of non-influenza immunizations administered, Iowa Residents, 2019 and 2020**

**Table 1. Administration of Non-Influenza Immunizations, Iowa Residents, March and April, 2019 and 2020**

<b>Month and Year</b>	<b>March 2019</b>	<b>March 2020</b>	<b>April 2019</b>	<b>April 2020</b>	<b>March and April 2019</b>	<b>March and April 2020</b>
Number of Vaccines Administered	131,379	99,289	128,646	55,628	260,025	154,917
Count Difference	32,090		73,018		105,108	
Percent Difference	-24.4%		-56.8%		-40.4%	

**Data Notes:** Data from Iowa Immunization Registry Information System (IRIS) as of 5/20/2020. Reported by Iowa Immunization Program, 5/20/2020.

**Data Observation:** There has been a 40.4% decrease in vaccines administered in March and April 2020 compared to March and April 2019. A larger percent decrease in administered doses was observed in April (-56.8%) compared to March (-24.4%).

**Table 2. Administration of Non-Influenza Immunizations by Age Category, Iowa Residents, March, 2019 and 2020**

Age Category	March 2019	March 2020	Count Difference	Percent Difference
0-11 months	35,070	26,488	8,582	-24.5%
12-23 months	17,957	13,740	4,217	-23.5%
2-3 years	3,048	1,974	1,074	-35.2%
4-6 years	7,148	4,549	2,599	-36.4%
7-10 years	1,801	1,211	590	-32.8%
11-12 years	6,405	4,061	2,344	-36.6%
13-18 years	11,692	7,178	4,514	-38.6%
19-26 years	5,770	4,873	897	-15.5%
27-59 years	18,815	17,698	1,117	-5.9%
60+ years	23,673	17,517	6,156	-26.0%

**Data Notes:** Data from Iowa Immunization Registry Information System (IRIS) as of 5/20/2020. Reported by Iowa Immunization Program, 5/20/2020.

**Data Observation:** Fairly consistent percent difference values were observed among age groups. The smallest dip was among 27-59 year olds (-5.9%) followed by 19-26 year olds (-15.5%), and the largest decline was among 13-18 year olds (-38.6%) followed by 4-6 year olds (-36.6%).

**Table 3. Administration of Non-Influenza Immunizations by Age Category, Iowa Residents, April, 2019 and 2020**

Age Category	April 2019	April 2020	Count Difference	Percent Difference
0-11 months	33,019	21,406	11,613	-35.2%
12-23 months	18,922	12,369	6,553	-34.6%
2-3 years	3,133	852	2,281	-72.8%
4-6 years	8,106	2,381	5,725	-70.6%
7-10 years	1,289	237	1,052	-81.6%
11-12 years	7,083	1,807	5,276	-74.5%
13-18 years	9,093	1,967	7,126	-78.4%
19-26 years	5,576	2,296	3,280	-58.8%
27-59 years	18,904	7,302	11,602	-61.4%
60+ years	23,521	5,011	18,510	-78.7%

**Data Notes:** Data from Iowa Immunization Registry Information System (IRIS) as of 5/20/2020. Reported by Iowa Immunization Program, 5/20/2020.

**Data Observation:** The largest percent differences were among 7-10 year olds (-81.6%) and 60+ year olds (-78.7%). The smallest percent differences were among youngest age categories 0-11 months (-35.2%) and 12-23 months (-34.6%).

**Table 4. Administration of Non-Influenza Immunizations by Age Category, Iowa Residents, March and April, 2019 and 2020**

Age Category	March and April 2019	March and April 2020	Count Difference	Percent Difference
0-11 months	68,089	47,894	20,195	-29.7%
12-23 months	36,879	26,109	10,770	-29.2%
2-3 years	6,181	2,826	3,355	-54.3%
4-6 years	15,254	6,930	8,324	-54.6%
7-10 years	3,090	1,448	1,642	-53.1%
11-12 years	13,488	5,868	7,620	-56.5%
13-18 years	20,785	9,145	11,640	-56.0%
19-26 years	11,346	7,169	4,177	-36.8%
27-59 years	37,719	25,000	12,719	-33.7%
60+ years	47,194	22,528	24,666	-52.3%

**Data Notes:** Data from Iowa Immunization Registry Information System (IRIS) as of 5/20/2020. Reported by Iowa Immunization Program, 5/20/2020.

**Data Observation:** The largest percent differences were among 11-12 year olds (-56.5%) and 13-18 year olds (-56.0%). The smallest percent differences were among youngest age categories 12-23 months (-29.2%) and 0-11 months (-29.7%).

**Analysis 1: Overall data notes and other observations:**

- Data from Iowa Immunization Registry Information System (IRIS) as of 5/20/2020 and reported by Iowa Immunization Program, 5/20/2020. This data represents a snapshot in time and may be subject to change.
- Data represents individual doses of vaccine reported to IRIS. An individual may have received more than one vaccination at an appointment.
- The 0-11 month old age group may not have had as large of change due to administration of the birth does of Hep B vaccine. Michigan's *MMWR* article noted the birth dose of Hep B vaccine is usually administered in the hospital setting, unlike some of the other vaccines, which may contribute to continued immunization activities.
- This analysis includes recommended travel-related vaccines, which individuals may not seek due to restrictions on international flight travel during the pandemic.

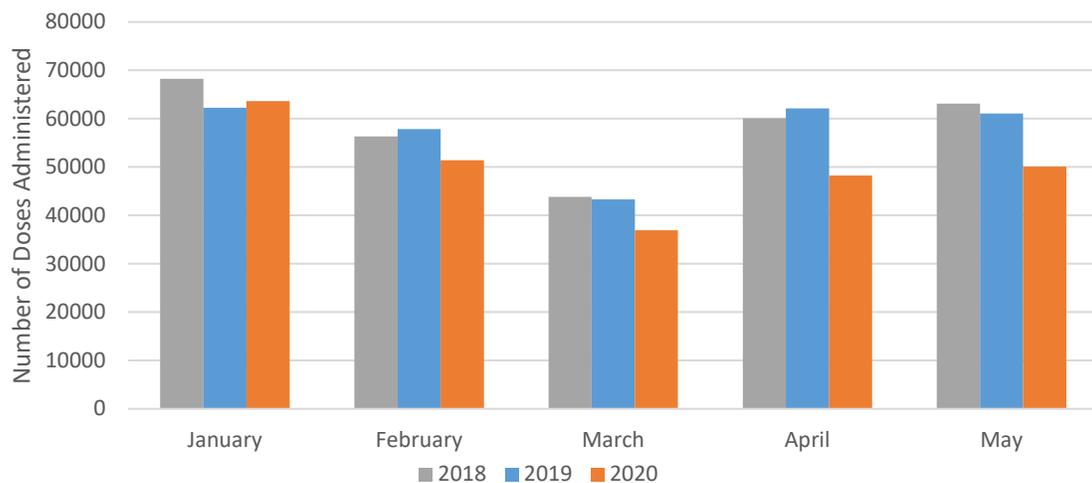
## Analysis 2: Number of Immunizations Administered to Children by age 24 months

**Table 5. Total Immunizations Administered by age 24 months, Childhood Platform, Iowa, 2018-2020**

2018	DTaP	Polio	MMR	HIB	Hep B	Varicella	Pneumo	Total Doses
January	13,468	11,010	3,300	11,722	12,172	3,194	13,394	68,260
February	11,013	8,948	2,729	9,570	10,292	2,620	11,144	56,316
March	8,725	7,011	2,037	7,498	8,062	2,034	8,474	43,841
April	11,840	9,459	2,943	10,187	10,950	2,960	11,755	60,094
May	12,361	9,974	3,097	10,686	11,577	3,105	12,336	63,136
2019	DTaP	Polio	MMR	HIB	Hep B	Varicella	Pneumo	Total Doses
January	12,320	9,922	2,943	10,614	11,337	2,910	12,236	62,282
February	11,412	9,102	2,939	9,771	10,457	2,828	11,368	57,877
March	8,556	6,933	2,028	7,335	7,963	1,981	8,530	43,326
April	12,171	9,683	3,372	10,380	11,197	3,172	12,132	62,107
May	11,849	9,438	3,331	10,201	11,226	3,031	11,976	61,052
2020	DTaP	Polio	MMR	HIB	Hep B	Varicella	Pneumo	Total Doses
January	12,675	10,115	3,035	10,725	11,560	3,026	12,484	63,620
February	10,114	8,102	2,483	8,662	9,503	2,449	10,128	51,441
March	7,251	5,952	1,646	6,115	7,063	1,618	7,276	36,921
April	9,420	7,711	2,221	8,006	9,167	2,195	9,518	48,238
May	9,983	7,942	2,471	8,466	8,899	2,406	9,897	50,064

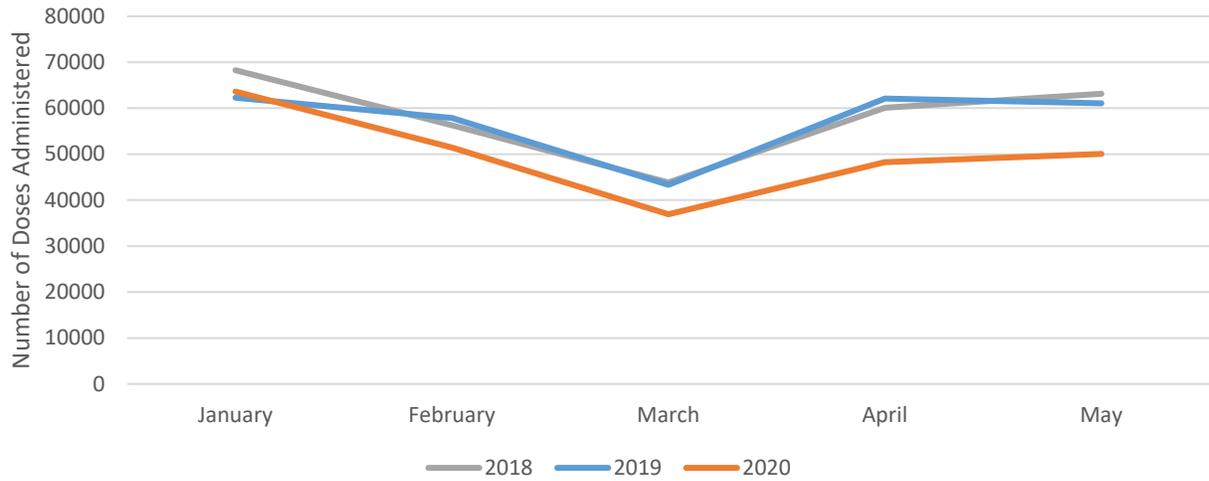
**Data Notes:** Data from Iowa Immunization Registry Information System (IRIS) as of 6/1/2020. Reported by Iowa Immunization Program, 6/1/2020. Data represents the number of doses administered to children 0-24 months of age by month and year. The childhood platform includes the recommended doses of 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 PCV vaccines by age 24 months. The recommended immunization schedule for 2 year olds can be found [here](#).

**Figure 1. Total Immunizations Administered by age 24 months, Childhood Platform, Iowa, 2018-2020**



**Data Notes:** Data from Iowa Immunization Registry Information System (IRIS) as of 6/1/2020. Reported by Iowa Immunization Program, 6/1/2020.

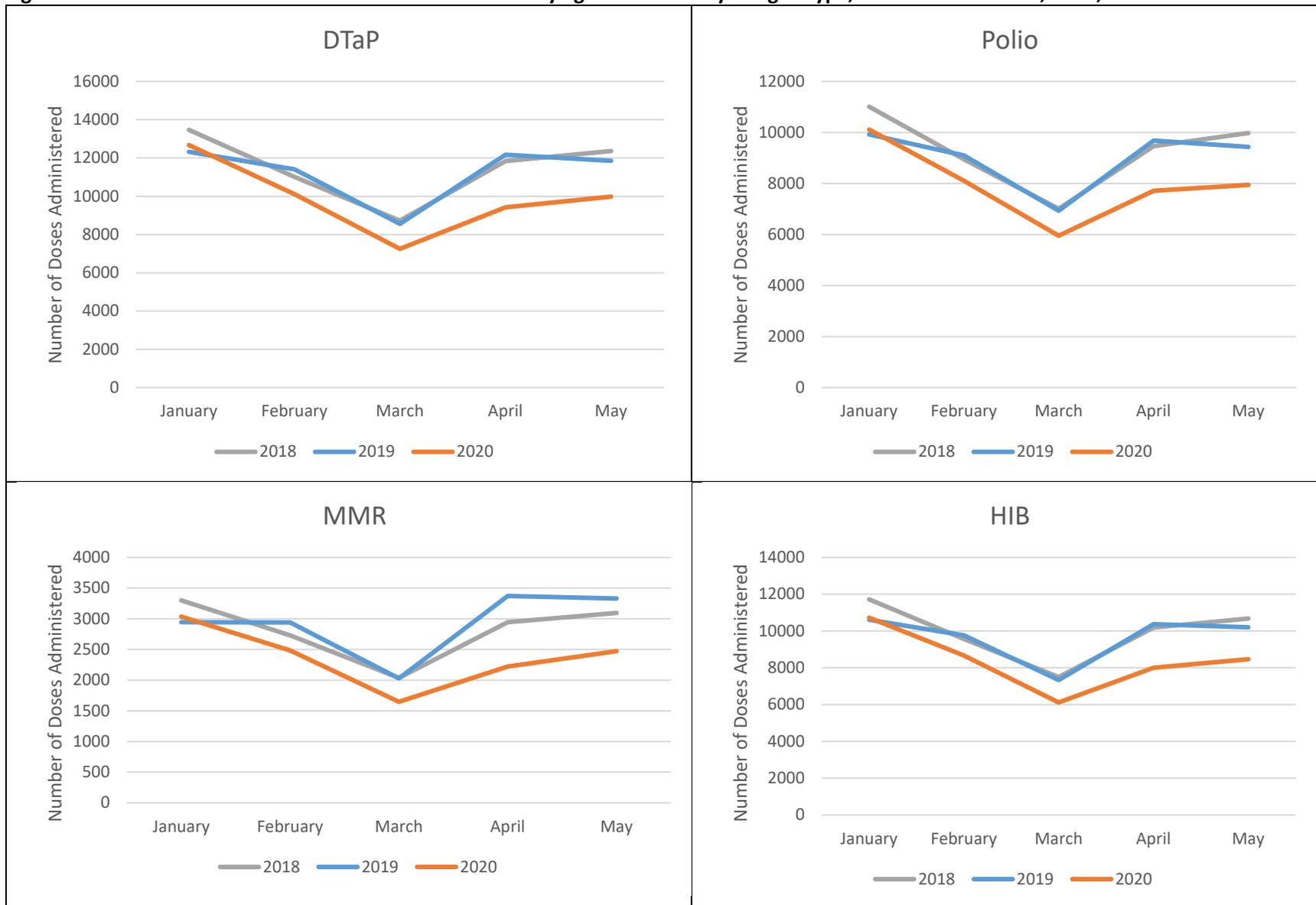
**Figure 2. Trend line - Total Immunizations Administered by age 24 months, Childhood Platform, Iowa, 2018-2020**

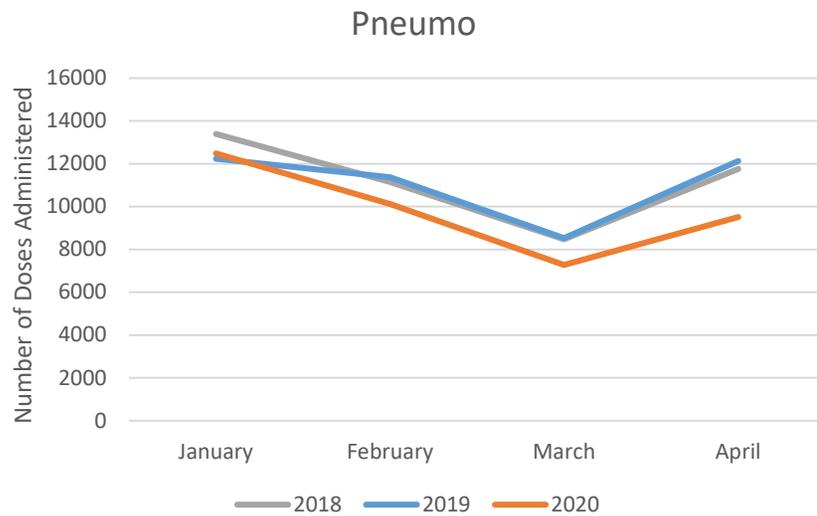
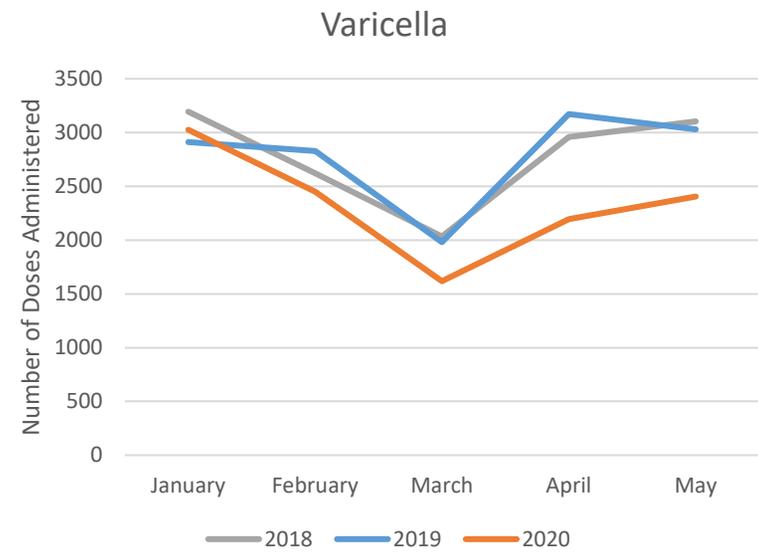
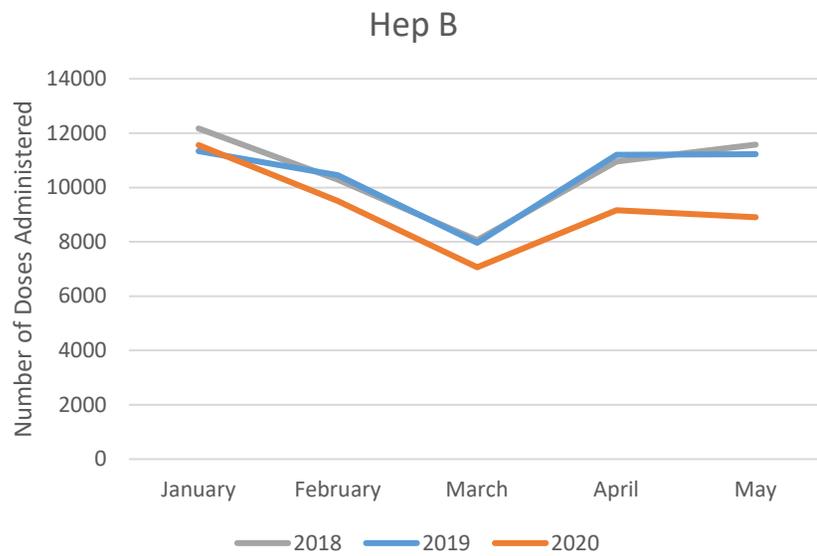


**Data Notes:** Data from Iowa Immunization Registry Information System (IRIS) as of 6/1/2020. Reported by Iowa Immunization Program, 6/1/2020.

**Data observation:** The year 2020 had fewer doses administered across every month except January. The overall trend line for 2020 follow a similar pattern for 2018 and 2019. There were fewer doses administered in March across each data year.

**Figure 3. Trend lines - Total Immunizations Administered by age 24 months by antigen type, Childhood Platform, Iowa, 2018-2020**





**Data Notes:** Data from Iowa Immunization Registry Information System (IRIS) as of 6/1/2020. Reported by Iowa Immunization Program, 6/1/2020.

-Antigens are presented in different figures and include different scales to accommodate the number of vaccine doses recommended by the ACIP.

**Data observations:**

-With the exception of Hep B, every antigen had an increase in number of doses administered between April and May.

-Each antigen had a decline in number of doses administered in March during each year.

**TABLES 6. Count and Percent Difference of Immunizations Administered by Month, Year, and Antigen, Childhood Platform, Iowa, January - May, 2018-2020**

January	DTaP	Polio	MMR	HIB	Hep B	Varicella	Pneumo	Total Doses
January 2018	13,468	11,010	3,300	11,722	12,172	3,194	13,394	68,260
January 2019	12,320	9,922	2,943	10,614	11,337	2,910	12,236	62,282
January 2020	12,675	10,115	3,035	10,725	11,560	3,026	12,484	63,620
Count difference 2019 to 2020	355	193	92	111	223	116	248	1,338
Percent Difference 2019 to 2020	2.9%	1.9%	3.1%	1.0%	2.0%	4.0%	2.0%	2.1%

**Data Notes:** Data from Iowa Immunization Registry Information System (IRIS) as of 6/1/2020. Reported by Iowa Immunization Program, 6/1/2020.

**Data observations:** There was an increase in the number of doses administered across each antigen type from 2019 to 2020. There was a 2.1% increase in doses administered in January 2020 compared to January 2019, which is equal to 1,338 additional doses administered. The largest percent change observed was among vaccine antigens with one recommended dose after 12 months of age (MMR and Varicella).

February	DTaP	Polio	MMR	HIB	Hep B	Varicella	Pneumo	Total Doses
February 2018	11,013	8,948	2,729	9,570	10,292	2,620	11,144	56,316
February 2019	11,412	9,102	2,939	9,771	10,457	2,828	11,368	57,877
February 2020	10,114	8,102	2,483	8,662	9,503	2,449	10,128	51,441
Count difference 2019 to 2020	-1,298	-1,000	-456	-1,109	-954	-379	-1,240	-6,436
Percent Difference 2019 to 2020	-11.4%	-11.0%	-15.5%	-11.3%	-9.1%	-13.4%	-10.9%	-11.1%

**Data Notes:** Data from Iowa Immunization Registry Information System (IRIS) as of 6/1/2020. Reported by Iowa Immunization Program, 6/1/2020.

**Data observation:** There was a decrease in the number of doses administered across each antigen type from 2019 to 2020. There was an 11.1% decrease in doses administered in February 2020 compared to February 2019, which is equal to 6,436 fewer doses administered. The largest percent change observed was among vaccine antigens with one recommended dose after 12 months of age (MMR and Varicella).

March	DTaP	Polio	MMR	HIB	Hep B	Varicella	Pneumo	Total Doses
March 2018	8,725	7,011	2,037	7,498	8,062	2,034	8,474	43,841
March 2019	8,556	6,933	2,028	7,335	7,963	1,981	8,530	43,326
March 2020	7,251	5,952	1,646	6,115	7,063	1,618	7,276	36,921
Count difference 2019 to 2020	-1,305	-981	-382	-1,220	-900	-363	-1,254	-6,405
Percent Difference 2019 to 2020	-15.3%	-14.1%	-18.8%	-16.6%	-11.3%	-18.3%	-14.7%	-14.8%

**Data Notes:** Data from Iowa Immunization Registry Information System (IRIS) as of 6/1/2020. Reported by Iowa Immunization Program, 6/1/2020.

**Data observations:** March typically has the fewest immunizations administered compared to the other four months. There was a decrease in the number of doses administered across each antigen type from 2019 to 2020. There was a 14.8% decrease in doses administered in March 2020 compared to March 2019, which is equal to 6,405 fewer doses administered. The largest percent change observed was among vaccine antigens with one recommended dose after 12 months of age (MMR and Varicella).

April	DTaP	Polio	MMR	HIB	Hep B	Varicella	Pneumo	Total Doses
April 2018	11,840	9,459	2,943	10,187	10,950	2,960	11,755	60,094
April 2019	12,171	9,683	3,372	10,380	11,197	3,172	12,132	62,107
April 2020	9,420	7,711	2,221	8,006	9,167	2,195	9,518	48,238
Count difference 2019 to 2020	-2,751	-1,972	-1,151	-2,374	-2,030	-977	-2,614	-13,869
Percent Difference 2019 to 2020	-22.6%	-20.4%	-34.1%	-22.9%	-18.1%	-30.8%	-21.5%	-22.3%

**Data Notes:** Data from Iowa Immunization Registry Information System (IRIS) as of 6/1/2020. Reported by Iowa Immunization Program, 6/1/2020.

**Data observations:** April had the largest decrease in doses administered across the five months included in this analysis. There was a decrease in the number of doses administered across each antigen type from 2019 to 2020. There was a 22.3% decrease in doses administered in April 2020 compared to April 2019, which is equal to 13,869 fewer doses administered. The largest percent change observed was among vaccine antigens with one recommended dose after 12 months of age (MMR and Varicella).

May	DTaP	Polio	MMR	HIB	Hep B	Varicella	Pneumo	Total Doses
May 2018	12,361	9,974	3,097	10,686	11,577	3,105	12,336	63,136
May 2019	11,849	9,438	3,331	10,201	11,226	3,031	11,976	61,052
May 2020	9,983	7,942	2,471	8,466	8,899	2,406	9,897	50,064
Count difference 2019 to 2020	-1,866	-1,496	-860	-1,735	-2,327	-625	-2,079	-10,988
Percent Difference 2019 to 2020	-15.7%	-15.9%	-25.8%	-17.0%	-20.7%	-20.6%	-17.4%	-18.0%

**Data Notes:** Data from Iowa Immunization Registry Information System (IRIS) as of 6/1/2020. Reported by Iowa Immunization Program, 6/1/2020.

**Data observations:** May had the second largest decrease in doses administered across the five months included in this analysis. There was a decrease in the number of doses administered across each antigen type from 2019 to 2020. There was an 18.0% decrease in doses administered in May 2020 compared to May 2019, which is equal to 10,988 fewer doses administered. The largest percent change observed was among the MMR vaccine, which has one recommended dose after age 12 months. Hepatitis B had the second highest percent change with three recommended doses, followed by Varicella (one recommended dose after age 12 months).

January-May Totals	DTaP	Polio	MMR	HIB	Hep B	Varicella	Pneumo	Total Doses
Jan-May 2018	57,407	46,402	14,106	49,663	53,053	13,913	57,103	291,647
Jan-May 2019	56,308	45,078	14,613	48,301	52,180	13,922	56,242	286,644
Jan-May 2020	49,443	39,822	11,856	41,974	46,192	11,694	49,303	250,284
Count difference 2019 to 2020	-6,865	-5,256	-2,757	-6,327	-5,988	-2,228	-6,939	-36,360
Percent Difference 2019 to 2020	-12.2%	-11.7%	-18.9%	-13.1%	-11.5%	-16.0%	-12.3%	-12.7%

**Data Notes:** Data from Iowa Immunization Registry Information System (IRIS) as of 6/1/2020. Reported by Iowa Immunization Program, 6/1/2020.

**Data observations:** There was a 12.7% decrease in doses administered in January - May 2020 compared to January - May 2019, which is equal to 36,360 fewer doses administered. The month of January was the only month in 2020 with the number of doses administered greater than administered in 2019. The increases in January were not large enough to offset the decreased in the other four months of 2020.

-The month of April had the largest decrease in number of doses administered and the highest percent difference in doses administered compared to 2019. The count difference in the month of April represents 38.1% of the difference in doses administered during the first five months of 2020 (13,869/36,360).

-The largest percent change observed was among vaccine antigens with one recommended dose after 12 months of age (MMR and Varicella). These antigens are the only series that directly correlate 1 to 1 doses administered to up to date children.

-The lowest percent change observed was in Hep B, which includes the birth dose Hep B administered in hospital compared to clinic visits for other antigens (as noted by Michigan’s *MMWR* article).

**Table 7. Count and Percent Difference of Immunizations Administered by Month and Antigen, Childhood Platform, Iowa, January - May, 2020**

<b>2020</b>	<b>DTaP</b>	<b>Polio</b>	<b>MMR</b>	<b>HIB</b>	<b>Hep B</b>	<b>Varicella</b>	<b>Pneumo</b>	<b>Total Doses</b>
<b>January</b>	12,675	10,115	3,035	10,725	11,560	3,026	12,484	63,620
<b>February</b>	10,114	8,102	2,483	8,662	9,503	2,449	10,128	51,441
Count Difference January to February	-2,561	-2,013	-552	-2,063	-2,057	-577	-2,356	-12,179
Percent Difference January to February	-20.2%	-19.9%	-18.2%	-19.2%	-17.8%	-19.1%	-18.9%	-19.1%
<b>March</b>	7,251	5,952	1,646	6,115	7,063	1,618	7,276	36,921
Count Difference February to March	-2,863	-2,150	-837	-2,547	-2,440	-831	-2,852	-14,520
Percent Difference February to March	-28.3%	-26.5%	-33.7%	-29.4%	-25.7%	-33.9%	-28.2%	-28.2%
<b>April</b>	9,420	7,711	2,221	8,006	9,167	2,195	9,518	48,238
Count Difference March to April	2,169	1,759	575	1,891	2,104	577	2,242	11,317
Percent Difference March to April	29.9%	29.6%	34.9%	30.9%	29.8%	35.7%	30.8%	30.7%
<b>May</b>	9,983	7,942	2,471	8,466	8,899	2,406	9,897	50,064
Count Difference April to May	563	231	250	460	-268	211	379	1,826
Percent Difference April to May	6.0%	3.0%	11.3%	5.7%	-2.9%	9.6%	4.0%	3.8%
<b>Total Doses Administered (Jan-May 2020)</b>	<b>49,443</b>	<b>39,822</b>	<b>11,856</b>	<b>41,974</b>	<b>46,192</b>	<b>11,694</b>	<b>49,303</b>	<b>250,284</b>

**Data Notes:** Data from Iowa Immunization Registry Information System (IRIS) as of 6/1/2020. Reported by Iowa Immunization Program, 6/1/2020.

**Data Observations:** There was a decrease in the number of doses administered from January to February and February to March in 2020. There is a seasonal decrease in number of doses administered from February to March, which was observed in 2020. There was an increase in the number of doses administered from March to April and April to May. There is a seasonal increase in number of doses administered from March to April, which was observed in 2020. The 3.8% increase from April to May may represent efforts to promote vaccination activities despite the ongoing COVID-19 pandemic.

**Analysis 2 Overall Data Notes and Data Observations:**

- Data from Iowa Immunization Registry Information System (IRIS) as of 6/1/2020. Reported by Iowa Immunization Program, 6/1/2020

- Data represents the number of doses administered to children 0-24 months of age by month and year. The childhood platform includes the recommended doses of 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 PCV vaccines by age 24 months. The recommended immunization schedule for 2 year olds can be found [here](#). Data does not include other immunizations administered, such as influenza or travel vaccines.
- Healthcare providers continuously report data to IRIS. This data represents a snapshot in time and counts may be subject to change.
- The childhood platform includes differences in the recommended number of doses for specific antigens, which accounts for the differences in the number of doses administered between antigens. For instance, the platform recommends four doses of DTaP compared to one dose of varicella, which results in fewer varicella doses administered.

Other Articles of Interest:

- Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration - United States, 2020: <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6919e2-H.pdf>
- Decline in Child Vaccination Coverage During the COVID-19 Pandemic - Michigan Care Improvement Registry, May 2016–May 2020: <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6920e1-H.pdf>

Short-term and long-term impacts on immunization:

- Declines in vaccination practices leave children and communities vulnerable to the spread of vaccine preventable diseases, such as measles, especially when social distancing measures are relaxed.
- Iowa immunization data illustrates large percent changes in the number of MMR and Varicella vaccines administered, which are series with one dose recommended after age 12 months. This large percent decrease indicates children are vulnerable to measles and chicken pox.

Healthcare providers in communities affected by COVID-19 are using strategies to separate well visits from sick visits. Examples include:

- Scheduling well visits in the morning and sick visits in the afternoon
- Separating patients spatially, such as by placing patients with sick visits in different areas of the clinic or another location from patients with well visits. Collaborating with providers in the community to identify separate locations for holding well visits for children.
- Continue to implement best practices such as reminder/recall activities.

Please visit the links below for more information related to providing immunizations during the COVID-19 Pandemic:

- [American Academy of Pediatrics](#)
- [Resources for Clinics and Healthcare Facilities](#)
- [Immunization Coalitions Network Repository of Resources](#)

For questions regarding childhood immunizations during COVID-19, please contact Shelly Jensen at 1-800-831-6293 ext. 2 or by email at [shelly.jensen@idph.iowa.gov](mailto:shelly.jensen@idph.iowa.gov)