

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 institutional, local, and state policies and/or regulations.

Per CDC guidance, pharmacists should postpone the administration of vaccinations. However, if 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. 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, Phase I clinical trials 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?

The [CDC released guidance on April 6, 2020](#), indicating that clinical preventive services that require face-to-face encounters, and in areas with community transmission of SARS-CoV-2, should be postponed except when:

- An in-person visit must be scheduled for some other purpose and the clinical preventive service can be delivered during that visit with no additional risk; or
- An individual patient and their clinician believe that there is a compelling need to receive the service, based on an assessment that the potential benefit outweighs the risk of exposure to the virus that causes COVID-19.

For children and teens, the American Academy of Pediatrics (AAP) and CDC also [recommend](#) continuation of childhood vaccinations in accordance with childhood schedules. Whether or not to continue to administer vaccines at the pharmacy is a decision that should be made by the professional judgment of the individual pharmacist and discussed with their employer. This service may need to be restricted or interrupted if it poses a risk to the health care team and/or patient and if appropriate infection control procedures cannot be implemented. For example, 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.

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](#) webpage.

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. 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. 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 to minimize the risk posed by each patient encounter. 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 [Pharmacists' Guide to Coronavirus](#) to view the [APhA 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.

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.



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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](#).

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.

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.*