

Oregon Survey of Clinic Immunization Practice Changes Due to the COVID-19 Pandemic

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Summary

An unintended consequence of the response to COVID-19 was a sharp reduction in routine immunization of children and adults. This brief describes the results of a survey of Vaccines for Children (VFC) participants in Oregon regarding their experience and operation changes due to the pandemic. Among clinics that routinely provide immunizations to infants and children, 95% reported changing their immunization practices; 65% reduced or limited well-child visits with 5% cancelling all well-child visits; 50% reported cancelling or rescheduling due immunizations for older children and adolescents; and 81% reported having trouble maintaining staffing. For children with missed immunizations, 58% of respondents indicated they had a plan for contacting and catching them up, while 36% reported that they were still thinking about it. In survey open-ended responses, clinics frequently brought up the need for assistance in getting children to return for missed immunizations.

Survey Origin

This brief describes the results of a survey of immunizing Oregon medical providers enrolled in the Vaccines for Children (VFC) program, which provides free vaccine for eligible children. In Oregon, almost all children receive their immunizations at clinics associated with the VFC program. The survey was conducted between April 18th and 29th of 2020 in response to concerns about clinic operations during the COVID-19 pandemic. The Oregon Immunization Program (OIP), which administers the VFC program in Oregon, maintains a list of designated contacts at each VFC clinic. These contacts may be medical doctors, nurses, immunizing medical assistants, clinic directors, or other staff who are concerned about immunizations at their clinic. This list is frequently used by OIP for not only routine communications regarding VFC, but also to ask research and assessment questions regarding immunization practice. VFC contacts were invited by email to complete a short survey regarding COVID effects on clinic immunization practice and provided a web link to the survey. The survey was only made available in an internet, and not printed, format.

The genesis of this survey was from multiple concerns and sources of information, including rapid declines in Oregon VFC vaccine orders, initial drops in weekly immunizations captured by Oregon's ALERT IIS; anecdotal accounts from providers about parent unwillingness to bring

kids into clinics during COVID; and accounts of difficulty in maintaining clinic operations, both financially and through issues maintaining staffing. The survey consisted of 16 categorical questions, with additional space for provider free-form comments. The primary purposes of the survey were to determine (1) the scope of clinic changes in immunization practice due to the pandemic (2) whether clinics were experiencing staffing issues and (3) if clinics were planning ahead to catch up missed shots.

Survey Response and Oregon Representativeness

By April 29th, OIP had received survey responses from 281 VFC clinic contacts. In some cases, a single response represented multiple clinics when large, multi-clinic systems had a single VFC contact. A number of VFC enrollees and survey respondents in Oregon also represented special sites, such as youth correction sites or school-based services, that do not serve young children or a general population- these sites were excluded from the main analysis and were assessed separately. In order to assess the representativeness of survey responses for Oregon providers who serve young children and infants, survey responding clinics were compared to all clinics in the ALERT IIS for those who had previously provided MMR (measles containing vaccine) to infants between 12 to 24 months of age. MMRs was chosen as a proxy measure for providing immunization services to infants and young children who would be at the greatest risk of disease if not immunized on-time, and who would pose a challenge for the timely catch-up of missed shots. Overall the responding clinics represented 44% of Oregon clinics who gave MMR between one and two years of age, and 52% of all MMRs given at this age range. Respondents represented all Oregon counties and communities, with a mix of reporting across rural and urban practices. Survey responses by county are included in figures 1 & 2.

Survey Analysis

The survey asked contacts to identify whether their clinic was a primary care site and if they provided immunizations to children only, adults only, or to both. The primary survey analysis was restricted to 203 contacts who self-identified their site as a primary care provider serving children (alone or with adults), and who were subsequently identified in ALERT IIS as providing child immunizations, with the clinic being either a private practice, a local health department or affiliated site, or an Indian Health Services site. Due to multi-clinic systems, these 203 responses represented over 230 distinct clinic sites.

Overall, 95% of respondents reported changing their immunization practice due to the pandemic. 81% of clinics reported having trouble maintaining staffing due to the pandemic, and 65% reported that they were limiting routine or well-child visits. Of those limiting well-child visits, 8% reported ceasing well-child visits altogether. Over half (61%) reported that they were prioritizing infant or newborn immunizations, while 50% stated that they were rescheduling or postponing all older child and adolescent visits to a later date. A majority (84%) reported that they were relying on telemedicine, while 69% reported they were separating sick and routine care clients at their practices. A majority of practices (58%) stated that they had a plan for contacting and catching children up on missed immunizations.

Caveats

This survey is broadly representative of clinics participating in the Vaccines for Children program; however, some individual communities and types of practice in Oregon may be underrepresented.

No follow-up was done with non-responding clinics. Survey responses are self-reported, and not verified against actual immunization behavior. Another concern is that the single largest source of non-response was from clinics belonging to the state's largest HMO. This HMO system, in response to the pandemic, initially closed the majority of their nonurgent/non-emergent sites, cancelling routine medical services except for early pediatric visits.

Key Survey Items (Among 203 Primary Sites)

- Q7. Have you modified your clinic's operations to adapt to the coronavirus pandemic? By "operations" we mean hours of operation, limiting certain services, decreased staff hours, etc.
 - Yes- 95%

- Q10. Has the clinic had trouble maintaining staffing since the pandemic began?
 - Yes- 81%
- Q11. In response to the pandemic, has the clinic made changes in its immunization workflow to emphasize or de-emphasize immunization opportunities?
 - Yes- 40%
- Q13. At this time, do staff routinely discuss immunizations that are due or overdue with patients at sick patient visits?
 - Yes- 61%
- Q14. Has time that was formerly devoted to managing the clinic's immunization program been diverted to the coronavirus response?
 - Yes- 31%
- Q16. For patients that fall behind on immunizations during the pandemic, does the clinic have a plan for contacting patients and catching them up once circumstances allow?
 - Yes- 58%
 - Considering- 36%
 - No- 6%
- Q8. Current COVID Practice Modifications
 - Limited Well-Care Visits- 65% (8% of those w/limits report no well-care)
 - Prioritizing Newborn/Infant Immunizations- 61%
 - Separating Sick & Well Patients- 69%
 - Increasing Telemedicine- 84%
 - Rescheduling Teen/Older Child Immunizations- 50%
 - Postponing Adult Immunizations (if adults seen)- 34%
 - Modifying Visit Availability- 44%