Rational allocation of coronavirus disease 2019 (COVID-19) vaccines to healthcare personnel and patients: A role for antimicrobial stewardship programs?

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To the Editor—Vaccine allocation planning is not traditionally considered a core activity of antimicrobial stewardship programs (ASPs).

Since the COVID-19 pandemic began, ASPs have developed rapid, adaptive, and effective strategies to mitigate the pandemic through the coordinated efforts of health care workers, public health officials, and government leaders. The need for coordination has increased with the advent of COVID-19 vaccines, which require complex logistics for transportation, storage, and monitoring of side effects.

ASPs have become a trusted resource for vaccine allocation planning, as they have expertise in health system–wide vaccine distribution systems, which can be harnessed to create streamlined processes for vaccine distribution. ASPs can leverage their expertise in vaccine allocation planning to inform the distribution of COVID-19 vaccines, ensuring equitable access to all populations.

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Preauthorization and careful tracking mechanism is ideal; however, ASP preauthorization is primarily limited to antimicrobials used in the inpatient setting, and vaccines are outside the scope of this paradigm. Additionally, employee health records systems can exist separately from patient electronic medical records systems, and close coordination with hospital occupational health programs will be required. Another major hurdle is an “infodemic” of COVID-19 misinformation.8 However, as mentioned above, ASPs are a trusted source of information, and they have considerable experience educating both HCWs and patients on appropriate antimicrobial use. This skill will prove useful when addressing hesitancy concerning novel vaccines with only short-term safety data. For instance, ASPs can reinforce Centers for Disease Control and Prevention recommendations regarding the role of COVID-19 vaccination in individuals with past infection and evidence of natural immunity.9,10 Patient and staff education are routinely conducted by ASP staff.11 Notably, ASP involvement in COVID-19 vaccination efforts will require a significant investment of effort at a time when ASPs are already tasked with other important pandemic-related roles (eg, developing outpatient monoclonal antibody infusion programs).12 This effort will naturally come at the expense of other ASP activities such as ensuring appropriate perioperative prophylaxis for elective surgical procedures, which may continue at certain hospitals to financially support institutions. Health systems will need to invest in ASPs in terms of dedicated effort and resources to achieve desired outcomes during the pandemic. To mitigate potential loss of other critical ASP functions, tracking, and reporting of vaccinations should be diverted to other hospital personnel after initial ASP-lead education and allocation planning.
“Would you like a flu shot with your order?”—A coronavirus disease 2019 (COVID-19) pandemic drive-through response to address delayed pediatric immunization in Detroit, Michigan

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To the Editor—Since the coronavirus disease 2019 (COVID-19) pandemic and associated “shelter in place” orders in the spring of 2020, numerous children in the United States,1 but especially in Michigan,2 have not received the recommended immunizations. Furthermore, baseline Michigan vaccination rates have been low. Here, we describe an effort to address this public health crisis within the COVID-19 crisis.

A “drive-through” immunization fair1–6 was held Saturday, October 10, 2020, in which parents and their children (aged 6 weeks to 18 years) stayed in their vehicles and all participants received vaccines in their upper thigh. Parents were encouraged to call the DHD to schedule a drive-through appointment before the day of the event, but patients who showed up to the event without an appointment were also seen. Before the event, local families were informed about the event through advertising with bulk mailings of postcards, by social media, by e-mail alerts to community partners, and by other widespread marketing publicity.

Routine vaccines from the 2020 pediatric schedule7 were offered to participants due for immunization or requesting influenza vaccine. Immunizations were supplied by the DHD. The WP clinic-building parking lot was used for one-way traffic flow (Fig. 1). Henry Ford Pediatrics donated their pediatric mobile vehicle and professional driver for the event. Older children could receive vaccines in their deltoid or shoulder though their vehicle window, and the mobile unit was used for privacy for infants and very young children vaccinates in the upper thigh.

The DHD dedicated staff members included an immunization coordinator, 2 nurses, 2 patient navigators, and 2 registration staff. The WP clinic staff volunteers included a nurse, 4 medical assistants, the coordinator, 2 nurses, 2 patient navigators, and 2 registration staff. The WP clinic-building parking lot was used for one-way traffic flow (Fig. 1). Henry Ford Pediatrics donated their pediatric mobile vehicle and professional driver for the event. Older children could receive vaccines in their deltoid or shoulder though their vehicle window, and the mobile unit was used for privacy for infants and very young children vaccinates in the upper thigh.

The DHD dedicated staff members included an immunization coordinator, 2 nurses, 2 patient navigators, and 2 registration staff. The WP clinic staff volunteers included a nurse, 4 medical assistants, the coordinator, a clinical supervisor, 2 medical secretaries, and 6 physicians. Each completed a 4.5-hour shift for the 12-hour event.

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