

Tips for Vaccinating Children Against COVID-19 at Home



When providing vaccinations to children at home, jurisdictions should consider the local environment, patient and staff safety, and how to use resources efficiently to start up, scale, and sustain the practice.



Understand the local environment in your jurisdiction

- Work with local partners who understand the local environment and needs of the community.
- Understand which providers in your jurisdiction can and will vaccinate children in their homes to inform your staffing plans.
- Consider how policies on minor consent for vaccination affect in-home program processes and protocols to obtain consent from parents or minors.
- Consider whether any local groups would attempt to hinder implementation of your program.



Consider the cost and feasibility to start up, scale, and sustain the practice

- Understand expenses will vary widely based on jurisdiction specifics and use of existing staff, infrastructure, funding support, and partnerships.
- Mitigate costs by partnering with organizations that can support the infrastructure to deliver vaccines to homes.
- Determine if staff can use ridesharing services to deliver vaccines to homes rather than having to purchase a vehicle.

During the COVID-19 public health emergency (PHE), government funding was available that offered a large number of allowances and flexibilities for spending, including spending on the leasing, rental, and purchase of vans. In the post-PHE environment, jurisdictions will have less of this type of government funding and will likely need to find new ways to fund practice implementation. For example, government funding is now available for the leasing of vehicles, but not purchase.



Understand safety concerns for staff and patients

- Adopt procedures for staff safety, including visiting homes in pairs or small teams, scheduling appointments during daylight hours, and checking in with centralized staff when entering and leaving a home and any time they feel unsafe.
- Make patients and families more comfortable letting staff into their homes by asking staff to wear uniforms and name badges and follow standard procedures when conducting in-home vaccinations.



Plan for vaccine side effects and adverse events

- Hire emergency medical service staff or other personnel trained in emergency medical response as part of the in-home vaccination team.
- Bring medical emergency supplies, such as a blood pressure monitor, epinephrine, and an H1 antihistamine (e.g., diphenhydramine) to in-home appointments.



Focus the intervention to effectively use staff time and resources

- Offer in-home vaccination to a subset of patients who would especially benefit from the intervention, such as homebound children.
- Conduct in-home vaccination as a later step of phased outreach, beginning with less-intensive forms such as reminder/recall.

About Association of Immunization Managers:

The Association of Immunization Managers (AIM) is a nonprofit membership association comprised of the directors of the 64 federally funded state, territorial, and local public health immunization programs. AIM is dedicated to working with its partners nationwide to reduce, eliminate, or eradicate vaccine-preventable diseases. AIM also works to ensure the success of its members by providing support in their programming interests. Since 1999, AIM has enabled collaboration among immunization managers to effectively control vaccine-preventable diseases and improve immunization coverage in the United States. For more information on AIM, please visit www.immunizationmanagers.org/.

This publication was supported by the Centers for Disease Control and Prevention (CDC) Immunization Services Division (ISD)/Immunization Operations Services Branch (IOSB) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$3 million, with 100 percent funded by Immunization Services Division (ISD)/Immunization Operations Services Branch (IOSB). The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by, the CDC/ISD/IOSB or the U.S. Government.