Navigating Well-Child Visits and Vaccinations during COVID-19

Four strategies to increase well-child visits and routine vaccinations

August 24, 2021

Well-child visits and recommended vaccinations are essential, ensuring children stay healthy and are protected from preventable diseases and illnesses such as measles, whooping cough, and seasonal flu. But, as the COVID-19 pandemic persists, data shows that fewer childhood vaccinations have been given and many children have fallen behind on their scheduled appointments.

At the onset of the pandemic, public health measures were put in place to reduce the spread of COVID-19, but the increased safety measures also led to disruptions or changes in service utilization, difficulty accessing care, and increased barriers to receiving health services for both children and adults.

In a recent letter from the Maternal and Child Health Bureau at HRSA, Dr. Michael D. Warren, Pediatrician and Associate Administrator, shared alarming statistics that reveal rates of some routine childhood vaccinations are down by as much as 20 percent compared to before the pandemic.

Importance of Following Recommended Vaccine Schedules

-The recommended schedule protects infants and children by providing immunity early in life, before they encounter life-threatening diseases

-Routine vaccinations during childhood help prevent 16 diseases

Among children born from 1994-2018, vaccinations will prevent an estimated 936,000 early deaths, 8 million hospitalizations, and 419 million illnesses

*Click here to view the CDC’s 2021 Recommended Vaccinations for Infants and Children.*

Although many providers began seeing children return for well-child visits in recent months, Dr. Marian Earls, a clinical professor of pediatrics for the UNC Medical School and faculty chair for HRSA’s Early Childhood Comprehensive Systems Grant, which funded NICHQ’s Early Childhood Comprehensive Systems Collaborative Improvement and Innovation Network (ECCS CoIIN) multiyear initiative, said that the emergence of new COVID-19 variants and a surge in cases resulting in children being hospitalized may lead to another setback in routine immunizations.

According to a 2021 modeling study published in the *Lancet* Report, approximately 17 million children missed their vaccines during 2020. In response, continued coordinated efforts between healthcare providers and public health officials at the local, state, and federal levels will be key to achieving rapid catch-up vaccination.

Healthcare professionals should utilize the following strategies to work with parents and caregivers to get their children caught up on missed appointments and recommended vaccinations.

1. **Let families know what precautions are in place for safe delivery of in-person services.**

   The CDC reports that parental concerns about potentially exposing their children to COVID-19 during well child visits might contribute to the declines observed in vaccination rates. Reminding parents of the vital need to protect their children against serious vaccine-preventable diseases is vital, even as the COVID-19 pandemic continues.

   Dr. Earls explained that many parents and caregivers, such as those who are caring for children with special health needs and rare diseases like sickle cell disease, may have valid concerns about taking their children to appointments during the pandemic. However, these patients require specialized care that often makes in-person appointments necessary.

   “For kids with severe asthma and kids with health conditions like sickle cell disease, those kids absolutely need the in-person follow up visits, but you can tailor that sort of thing for patients,” Earls said.

   A 2020 survey conducted by the National Organization for Rare Disorders (NORD®) found that throughout the coronavirus pandemic, nearly 8 in 10 rare disease patients experienced canceled medical appointments.

   For that reason, Dr. Earls suggests that providers and hospital staff continue to reassure parents and caregivers about the health and safety measures they’ve implemented to help protect patients against the spread of COVID-19, but she also believes families should be empowered to ask about the precautions being taken at their doctor’s office.

   “If parents have concerns, calling your doctor's office and asking what they're doing for
precautions and letting them know what you would like is very reasonable,” Dr. Earls said. “That's the whole idea of a medical home. You're supposed to have a relationship and be able to have these conversations, in general.”

While the relationship between patients or caregivers and their providers is not the main problem behind missing critical appointments, improving that partnership is a big part of the solution.

Watch NICHQ’s interactive webinar for strategies and tools to improve patient/provider relationships and increase appointment attendance and read our helpful discussion guides for providers and CBOs to help get you started.

2. Provide telehealth options to families when possible.

To ensure patients have access to care and can maintain critical appointments throughout the pandemic, both federal and state governments have taken action to expand access to telehealth services. Twenty-three percent of households with children surveyed by the Household Pulse Survey from June 23-July 5, 2021, reported a child having a telehealth appointment in the past 4 weeks.

Dr. Earls said expanded telehealth services have been established in many areas, and providers should ensure they are presenting these options to patients.

“We did a lot of visits, for several months before the vaccine was available, that were telehealth,” Dr. Earls said. “Depending on the complaint or need, there are things that you could really do by telehealth. I know that during the pandemic, they were still bringing kids into do EEGs and things, but everybody was masked, and some facilities were even requiring face shields.”

3. Focus on closing equity gaps in access to service and care.

Children already affected by inequities in access to needed care, including children who are Black, Indigenous, or people of color, children in rural areas, children with special health care needs, and children in families with low incomes, uninsured parents, members with limited English proficiency, or a mix of immigration statuses, could see these disparities widen as COVID-19 continues to spread.

During the pandemic, Black and Latinx/Hispanic children missed well-child visits at rates greater than their white counterparts (33% and 35%, compared to 27%, respectively). Many factors contribute to this disparity, including barriers to accessing healthcare via telehealth, especially for low-income patients or patients in rural areas.

Additionally, a new analysis of Census Household Pulse Survey, analyzed by Child Trends, found that 29 percent of Latinx and 31 percent of Black households with children are experiencing three or more health and economic difficulties at the same time, including unemployment, difficulty paying expenses, not being caught up on rent or mortgage payments, as well as food insufficiency, lack of health insurance, and poor physical or
mental health.

It’s important for providers to view immunization efforts through an equity lens to ensure all children are protected as they return to in-person learning (in some cases, unmasked) and participate in recreational activities again.

4. Ensure parents understand the importance of vaccines in preventing disease.

Throughout the course of the pandemic, people have witnessed the tragedy and impact of disease outbreak, as well as the role vaccines play in preventing severe illness and death.

Recommendation from providers is the number one reason parents choose to vaccinate their children on time, so pediatric healthcare professionals play a critical role in helping parents and guardians understand the importance of adhering to the CDC’s recommended vaccine schedule and vaccinating their children against COVID-19.

Pediatricians, providers, and other healthcare professionals must remind parents that the best way to protect their children, families, and others around them from COVID-19 is to get all family members 12 years and older vaccinated.

While the COVID-19 vaccine has still not been made available to children younger than 12, Dr. Earls said she is hopeful that parents will choose to vaccinate their children when the time comes.

“In states where the government won’t mandate masks, people are standing up and saying, ‘I’m not endangering my child,’” Dr. Earls said. “I believe that we’re going to have pretty good uptake for that 5-to-11 age range too, and evidently, they’re working on a vaccine for infants to 4 years old. Right now, the primary concern is school-aged children.”

With millions of children falling behind in vaccinations and well-child visits, creative campaigns such as HRSA’s Maternal Child Health Bureau P4 Challenge have emerged to encourage healthcare systems to share their innovative strategies and help get more children and adolescents caught up on missed appointments and immunizations.

MCBH recently announced 50 Phase I winners, who earned a $10,000 prize. The two-part competition will commence in October 2021 and up to 20 Phase II winners will evenly split a $500,000 prize.