

# COVID-19 Impact on Childhood Immunization Services Survey

You are being asked to participate in this survey as a health care practitioner who may provide care and immunizations to children in Canada. This survey aims to explore if and how the current COVID-19 pandemic has impacted routine childhood immunizations.

Your participation in this study will require the completion of the following survey. This should take approximately 5 minutes of your time. The survey asks questions about the impact of the COVID-19 pandemic on your practice and immunization services for children. Your participation will be anonymous and you will not be contacted again in the future. This survey involves minimal risk to you. The benefits, however, may impact society by helping increase knowledge about childhood immunization services during the COVID-19 pandemic.

You do not have to participate in this study if you do not want to. If you have any questions about this project, you may contact our research team at the following address: \*\*\*. If you have any questions about your rights as a research participant, you may contact the Office of the Hospital for Sick Children's Research Ethics at \*\*\* during business hours. By completing this survey you are consenting to its use in research.

Once you have submitted your answers, they will be put into a database and will not be identifiable to you. This means that once you have submitted your survey, your responses cannot be withdrawn from the study.

After submitting the survey, you will also be offered the possibility to provide your name and email if you wish to participate in a draw for a chance to win a 100\$ Amazon gift card. This is completely optional, and your name and email will not be linked to the answers you provided in the survey.

Thank you in advance for your time.

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## 1. Information on your primary practice

What is your specialty?

- Family physician
- Pediatrician (general)
- Pediatrician (subspecialist)
- Other

Please specify:

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Please specify:

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How many years have you been in practice?

- Less than 5 years
- 5 - 10 years
- 11 - 15 years
- 16 - 20 years
- 21 - 25 years
- More than 25 years

Where did you complete your medical school training?

- Canada
- Outside Canada

Please indicate your sex:

- Female  
 Male  
 Other  
 Prefer not to answer

Which setting would best describe your primary practice?

- Urban  
 Suburban  
 Rural  
 Remote

How would you describe your primary practice site?

- Community solo practice  
 Community group practice  
 Academic practice (eg. family health team, etc.)  
 Community hospital  
 Tertiary care hospital  
 Other

Please specify:

\_\_\_\_\_

Please indicate the first three digits of your practice's postal code.

\_\_\_\_\_

Does your practice involve caring for children and/or teenagers?

- Yes  
 No

Please indicate the proportion (%) of children (Less than 19 years old) in your practice. The number indicated in the box corresponds to the proportion of children in your practice.



(Place a mark on the scale above)

Which personal protective equipment (PPE) is currently available at your primary practice site? (Select all that apply)

- Surgical masks  
 N95 respirators  
 Gowns  
 Gloves  
 Eye protection  
 None  
 Other

Please specify:

\_\_\_\_\_

Which of these sources provide PPE at your primary practice site? (Select all that apply)

- Government  
 Public Health  
 Donations  
 The PPE is bought by the clinic  
 Other  
 Unsure

Please specify:

\_\_\_\_\_

## 2. Impact of COVID-19 on your practice

Has COVID-19 caused the complete closure of your primary practice site (ie. no patients seen in-person or remotely)?

- Yes  
 No

What are the reasons that led to the closure of your practice? (Select all that apply)

- Lack of medical staff due to redeployment to other services  
 Lack of medical staff due to illness or self-isolation  
 Lack of administrative staff due to illness or self-isolation  
 Lack of protective personal equipment  
 Large decrease in patient volume  
 Limited capacity for virtual care  
 Financial barriers  
 Other reason

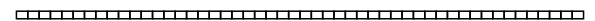
Please specify:

\_\_\_\_\_

Please indicate the proportion of visits done in person versus remotely (ie. secure messaging, video or phone calls) at your primary practice site before the COVID-19 pandemic. The number indicated in the box corresponds to the proportion of patients seen in person.

All visits done  
remotely

All visits in  
person

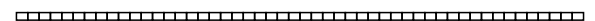


(Place a mark on the scale above)

Please indicate the proportion of visits done in person versus remotely (ie. secure messaging, video or phone calls) at your primary practice site during the COVID-19 pandemic. The number indicated in the box corresponds to the proportion of patients seen in person.

All visits done  
remotely

All visits in  
person



(Place a mark on the scale above)

## 3. Impact of COVID-19 on routine childhood immunizations

Does your primary practice site usually provide immunizations to children and/or teenagers?

- Yes  
 No

Who usually administers immunizations to children in your practice? (Select all that apply)

- Physicians  
 Nurse practitioners  
 Nurses  
 Trainees  
 Other

Please specify:

\_\_\_\_\_

Please indicate your degree of agreement with the following statements:

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
a) I feel it is safe to postpone routine childhood immunizations because current physical distancing measures decrease the risk of vaccine preventable diseases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I feel it is preferable to postpone routine childhood immunizations to limit the spread of COVID-19.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I feel it is preferable to postpone routine childhood immunizations to limit the risk of COVID-19 exposure for healthcare workers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Has COVID-19 modified the immunization services that you provide to children at any point during the pandemic?  Yes  No

Please indicate how your immunization services for children have been modified. (Select all that apply)

- Only some immunizations are provided, while others are postponed
- Immunizations are only provided to children of a specific age range
- Immunizations are only provided to groups of high-risk children with underlying medical conditions
- All routine childhood immunizations are postponed
- I tell my patients to get their immunizations in another clinic or setting
- Other

Please specify:

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Which immunizations are maintained? (Select all that apply)

- Diptheria, Tetanus, Pertussis (DTaP or Tdap)
- Polio (IPV)
- Haemophilus type b (Hib)
- Rotavirus
- Hepatitis B (HBV)
- Measles, Mumps, Rubella (MMR)
- Varicella (VZV)
- Meningococcus C (MenC)
- Pneumococcus
- Influenza
- Human papillomavirus (HPV)

To children of what age do you keep providing immunizations? (Select all that apply)

- 2 months old
- 4 months old
- 6 months old
- 12 months old
- 15 months old
- 18-months old
- 4 - 6 years old
- Grade 7
- Teenagers

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To which specific groups of high-risk children do you keep providing immunizations? (Select all that apply)

- Sickle cell disease
- Chronic kidney disease
- Chronic liver disease
- Malignancies
- Auto-inflammatory diseases (eg. Inflammatory bowel disease, lupus, etc)
- Immune deficiencies (eg. asplenia, primary immune deficiencies, etc)
- Patients who underwent solid organ or bone marrow transplant
- Other

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Please specify: \_\_\_\_\_

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Which element(s) do you consider as significant barriers to the immunization services you have been providing in your practice at any point during the COVID-19 pandemic? (Select all that apply)

- I haven't noted any barriers to the immunization services that I provide
- Parents concerned about risk of contracting COVID-19
- Staff concerned about risk of contracting COVID-19
- Lack of personal protective equipment
- Lack of medical staff (illness or self-isolation)
- Lack of medical staff (redeployment)
- Vaccine shortage or issue in supply chain
- Other

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Please specify: \_\_\_\_\_

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Which element do you consider as the most significant barrier to the immunization services provided in your practice during the COVID-19 pandemic? (Select one)

- Parents concerned about risk of contracting COVID-19
- Staff concerned about risk of contracting COVID-19
- Lack of personal protective equipment
- Lack of medical staff (illness or self-isolation)
- Lack of medical staff (redeployment)
- Vaccine shortage or issue in supply chain
- Other

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Please specify: \_\_\_\_\_

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In your clinic, have you provided immunizations to patients from other clinics that do not offer this service anymore because of the COVID-19 pandemic?

- Yes - frequently
- Yes - occasionally
- Yes - rarely
- No - no parents have requested this to my knowledge
- No - we do not provide immunizations to patients who are not rostered at our clinic
- Unsure
- Other

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Please specify: \_\_\_\_\_

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Please indicate which elements of personal protective equipment (PPE) you feel would be necessary and which you are currently using to provide immunizations to asymptomatic children in your setting. (Select all that apply)

	Would be necessary	Currently using
None	<input type="checkbox"/>	<input type="checkbox"/>
Medical grade surgical mask	<input type="checkbox"/>	<input type="checkbox"/>
Non-medical grade surgical mask	<input type="checkbox"/>	<input type="checkbox"/>
N95 respirator	<input type="checkbox"/>	<input type="checkbox"/>
Gown	<input type="checkbox"/>	<input type="checkbox"/>
Gloves	<input type="checkbox"/>	<input type="checkbox"/>
Eye protection (ie. face shield, goggles, etc)	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Please specify which elements of PPE you think would be necessary:

\_\_\_\_\_

Please specify which elements of PPE you are using:

\_\_\_\_\_

Is there a system in place to keep track of patients in your practice who may have missed immunizations?

- Yes  
 No

How do you keep track of your patients who have missed immunizations?

\_\_\_\_\_

What could help you keep track of these patients?

\_\_\_\_\_

How do you manage your patients who have missed immunizations due to your clinic's closure?

- Refer these patients to another clinic that still provides immunizations  
 Offer the missed immunizations at your clinic at a later time  
 Other

Please specify:

\_\_\_\_\_

How do you manage your patients who have missed immunizations due to school closures?

- Offer the missed immunizations at your clinic now  
 Offer the missed immunizations at your clinic at a later time, when physical distancing measures will be loosened  
 Leave the missed immunizations to the schools when they will reopen  
 Refer patients to public health clinics or other settings  
 Other

Please specify:

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Please provide any other comments on how COVID-19 has impacted your immunization services for children.

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We invite your ideas on how healthcare professionals could continue to safely provide routine childhood immunizations during the COVID-19 pandemic.

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