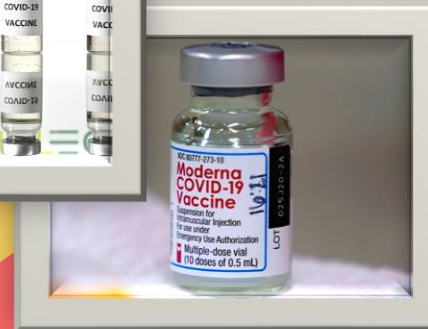


01 • 14 • 2021

Mass Immunization Training **COVID-19 Vaccine Storage, Handling & Distribution Plan**



For medical staff including mass immunizers, those responsible for managing PODS, fire departments, and emergency managers



Mission

We foster community wellness and advocate for good public policy and best immunization practices.

- Partners like you!
- Over 400 coalition members
- Working **together** can improve outcomes





Welcome

Machrina Leach, RN, BSN

Nurse Program Manager
Maricopa County Department
of Public Health
Immunization Expert



Rebecca Nevedale

The Arizona Partnership for
Immunization (TAPI)
Facilitator



Jennifer Tinney

The Arizona Partnership for
Immunization (TAPI)
Program Director



Previous Topics

- Selecting a Site
- Staffing Your Clinic
- Vaccine Storage & Handling
- Screening for Contraindications
- Vaccine Administration
- Typical Reactions vs. Adverse Reactions
- Workflows (including drive-thru)
- The Safety of Immunizations
- Creating a COVID-19 Vaccine

Register Today!

MASS IMMUNIZATION TRAININGS

For personnel responsible for managing PODS (program directors and managers)

Session 1: September 29, 2020
9:00 – 10:30 AM
Planning your POD: Vaccine Storage & Handling Procedures and How to Select & Staff Your Site

Session 2: October 22, 2020
9:00 – 10:30 AM
Managing Day-Of Operations: Tools and Resources to Keep Patients and Staff Safe

Are you helping your fire department or EMS program plan and execute a mass flu immunization clinic?

Are you starting to think about how your EMS program will distribute a COVID-19 vaccine to large groups of people?

If so – this training is for you!

PREWORK REQUIRED*

Register: <https://whyimmunize.org/mass-immunization-trainings/>

tapi The Arizona Partnership for Immunization
whyimmunize.org

***PREWORK REQUIRED!** You will be required to take a Community Clinic Module before Session 1. Look for the link to the module once you register.



COVID-19 Distribution Plan, Storage & Handling

Vaccine Distribution Plan

Vaccine Storage & Handling

Top Mistakes

Q&A



COVID-19 Distribution Plan, Storage & Handling

Vaccine Distribution Plan

Vaccine Storage & Handling

Top Mistakes

Q&A



POLL

**What are your NEXT
STEPS related to COVID-19
vaccine distribution?**





Vaccine Distribution

AZ IMMUNIZATION DATA/INVENTORY EXCHANGE

- CDC sends ADHS # of doses for AZ.
- ADHS divides by county population, gives allocation to Counties.
- County allocates doses to providers/partners by tier group or POD.
- ADHS links doses in ASIIS to provider.
- Providers accept doses in ASIIS.
- Doses shipped to location by CDC distributor.
- Doses administered by provider.
- Provider reports patient record to ASIIS and vaccine inventory adjusted.
- Provider bills health plan for admin fee.
- ADHS runs doses administered report sends to county to track allocation.
- ASIIS reports inventory to CDC.



Adult/Specialty
EMRs connect to HIE



Hospital EMRs
connect to HIE



Pharmacy HIE/ASIIS
by middle Interface.
~2,000 connected



Traditional Vaccine Providers: Pediatrics,
FQHCs and LHD use data entry & 500
locations EMR exchanges. IHS HL7/data entry



December 2020 – Spring 2021

PHASE 1A

People at risk of exposure to COVID-19 through their work in any role in direct health care or long-term care settings

Vaccinating NOW

- ✓ Healthcare Workers & Healthcare Support Occupations
- ✓ Emergency Medical Services Workers
- ✓ Long-Term Care Facility Staff & Residents

January 2021 – Spring 2021

PHASE 1B

People at risk of exposure to COVID-19 through their work in any role in direct health care or long-term care settings

Vaccinating NOW

- ✓ Education & Childcare Workers
- ✓ Protective Services Occupations
- ✓ Adults 75 and Older
- ✓ Essential Services/Critical Industry Workers
- ✓ Adults with High-Risk Conditions in Congregate Settings

January 2021 – Spring 2021

PHASE 1C

People at risk of exposure to COVID-19 through their work in any role in direct health care or long-term care settings

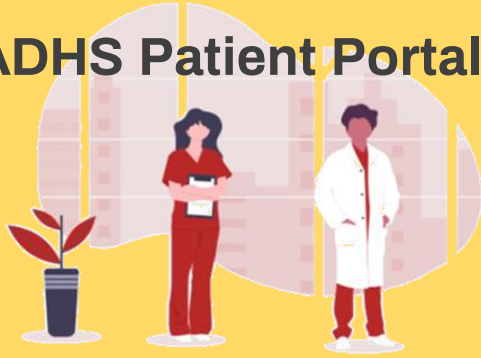
Vaccinating NEXT

- ✓ Adults 65 and Older - NEW
- ❑ Adults of Any Age with High-Risk Medical Conditions
- ❑ Adults Living in Congregate Settings



Arizona's COVID-19 Vaccine Schedule 1/13

ADHS Patient Portal



- ✓ Book and Schedule Vaccination Appointment in minutes
- ✓ Create Multiple Appointments for your Family Members.
- ✓ Keep your Data Confidential on our Secure Servers.

Patient Registration Help 1-844-542-8201
azhealth.gov/findvaccine

Partner Vaccine Clinics

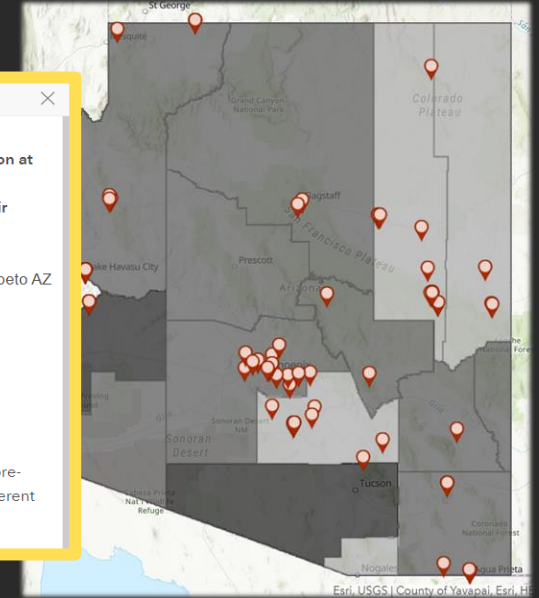
Showing 1

Canyonlands

For the most up to date vaccine information at this location, including scheduling an appointment, call the provider or visit their website.

Address: E Hwy 160 to Route 59, Chilchinbeto AZ 86033

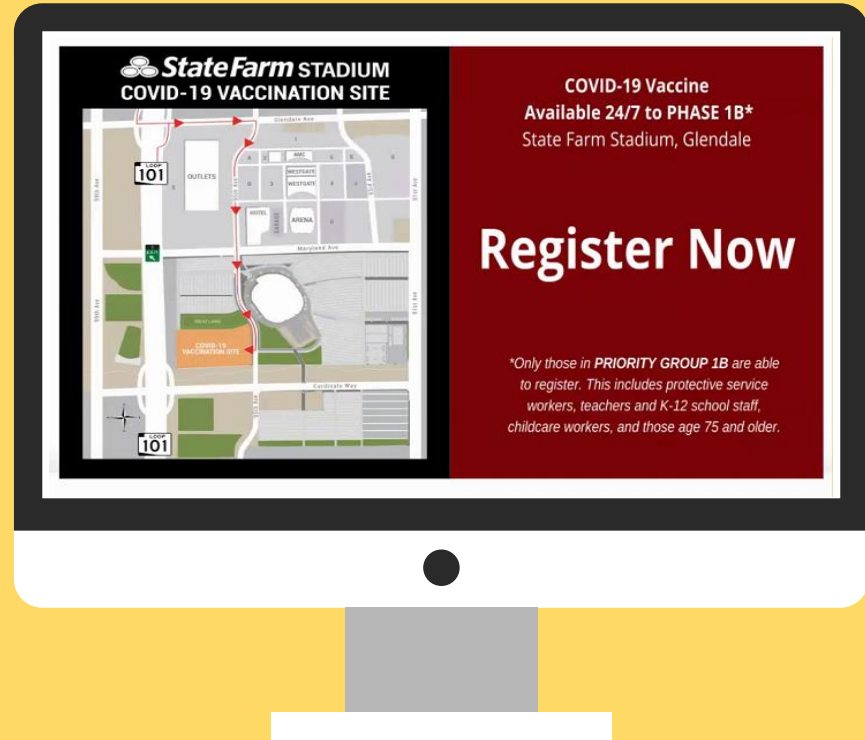
Site Details
Pre-registration req'd? Yes
[Registration website](#)
Phone #:
Additional Information:
Patients will have to have a valid email to pre-register and these facilities many have different dates and times for the COVID-19 vaccine



<https://www.azdhs.gov/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/index.php#novel-coronavirus-find-vaccine>

Stadium Clinic

- ❑ Over 81,000 appointments booked through 1/31
- ❑ More appointment slots are available for Priority Group 1B & will be opening more times for second doses
- ❑ Open to all Arizonans





AZ COVID-19 Vaccine Supply

- HHS and CDC will be releasing the entire supply of vaccine to states to be allocated by county population
- That means they will not hold back 2nd doses
- Organizations will have to manage 1st dose and 2nd dose appointments with allocations
- Be sure to order enough to cover 2nd doses



COVID-19 Vaccine Numbers

- Over 165,000 doses have been reported administered out of 456,000 doses delivered to Arizona (1/12)
- Over 560,000 doses are expected to arrive in Arizona by the end of the week, including both first and second doses
- **180+** Phase 1A-1B sites have received supplies, including county health departments, hospitals, FQHCs, pharmacies, and other key providers



COVID-19 Vaccine Numbers

- CVS, Walgreens, and pharmacy partners are scheduled to provide onsite vaccination clinics at 146 skilled nursing facilities by the end of this week
- 2,000 are signed up through the CDC pharmacy program
- ADHS is requesting to activate the CDC Retail Pharmacy Program with **100+** retail pharmacy store partners statewide – This will come out of the AZ allocation



Doses Administered by County & Current Priority Groups

County	Phase Vaccinating	Total Vaccines Administered	Vaccination Rate* (per 100,000)
Apache	1B	623	868
Cochise	Priorit. 1B	2,963	2,265
Coconino	Priorit. 1B	4,735	3,215
Gila	Priorit. 1B	2,095	3,798
Graham	Priorit. 1B	722	1,876
Greenlee	Priorit. 1B	227	2,188
La Paz	1A	205	928
Maricopa	Priorit. 1B	95,715	2,191
Mohave	Priorit. 1B	3,262	1,503
Navajo	1B	2,231	1,977
Pima	1A	33,108	3,169
Pinal	1B	7,839	1,722
Santa Cruz	1B	925	1,740
Yavapai	1A	3,733	1,606
Yuma	Priorit. 1B	4,389	1,909
Statewide	--	165,531	2,303

Allocation & Prioritization 609,925 Ordered



Jurisdiction		Doses Ordered	Jurisdiction		Doses Ordered
Apache	1B	2400	Mohave	1B	9600
Cochise	1A	5200	Navajo	1A	4300
Coconino	1A	7575	Pima	1A	81550
Gila	1B	3000	Pinal	1B	14500
Graham	1A	1500	Santa Cruz	1A	1900
Greenlee	1A	500	Yavapai	1A	10400
La Paz	1A	500	Yuma	1A	7400
Maricopa	1A	378100	ADHS		*included in Maricopa
LTCF		74200	Tribal Entities		3300

Orders should be fulfilled with
expected allocation

Allocation

Ordered

Tough Decisions

Santa Cruz:

1000+ Health Care workers

2000+ Border Patrol & Police

3200+ Age 75 and over

6,200 Needed in tier 1a & 1b

1900 allocated this week

Will take a while before they will be
ready for tier 1c patients

Jurisdiction
Apache
Cochise
Coconino
Gila
Graham
Greenlee
La Paz
Maricopa
LTCF

es Ordered
9600
4300
81550
14500
1900
10400
7400
included in Maricopa
3300



be fulfilled with
expected allocation



COVID-19 Vaccinators

- Additional statewide sites will be phased in as supplies become available in January-March 2021
- 730+ providers have onboarded with ADHS & are approved to receive vaccine
- Check to make sure your onboarding is complete

ARIZONA DEPARTMENT OF HEALTH SERVICES
PANDEMICS

Pandemic Vaccine Provider Onboarding Tool

How to get started

1. Click the onboarding link [Pandemic Vaccine Provider Onboarding Form](#) and fill out the form
2. Click submit - this will take you to survey done page
3. Continue to complete other surveys that are not marked "Complete" A link to this page will be emailed to you

Contact and Shipping Information

- 1
 - Facility location information
 - Signatory provider info (title, license, NPI)
 - Primary and backup vaccine coordinator information
 - Not sure if you're a VFC/VCA provider? Select no when it asks if you are a VFC provider; this is not necessary to participate

Storage and Handling

- 2
 - Photos of your cold storage units showing the inside of the units
 - Brand and model of each cold storage unit
 - Data logger usage info
 - Read requirements

Arizona State Immunization Information System (ASIIIS)

- 3
 - Are you currently entering/transferring immunization data into ASIIIS?
 - Read requirements

Vaccine Planning

- 4
 - Read through content so you can plan and be prepared

CDC Agreement Section A

- 5
 - CHO & CEO signatures
 - For organizations: follow the instructions for Section A in FAQs. Follow the decision tree on the final page to determine whether you need to follow organization instructions

CDC Agreement Section B

- 6
 - Facility type
 - Populations served
 - Storage unit capacity
 - Must be signed by the signatory provider/the primary vaccine coordinator

Prescribing Providers (part of CDC Agreement)

- 7
 - Submit multiple times - one for each prescribing provider
 - Enter each prescriber's name, title, and license number

Revised November 2020



VMS Clinician Guide

VMS Patient Guide

Patient Portal

Clinician Help Desk 602.542.1000

Patient Registration Help 1-844-542-8201

Next Steps for Vaccine Allocation



Continue to partner with
county health
departments



Check to make sure your
onboarding/training is
complete



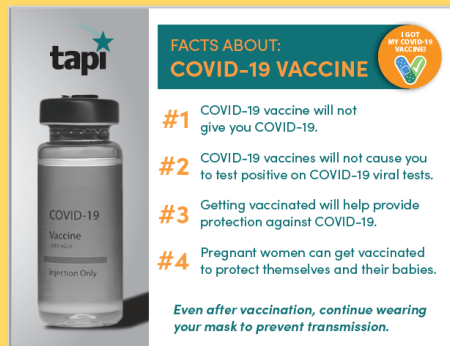
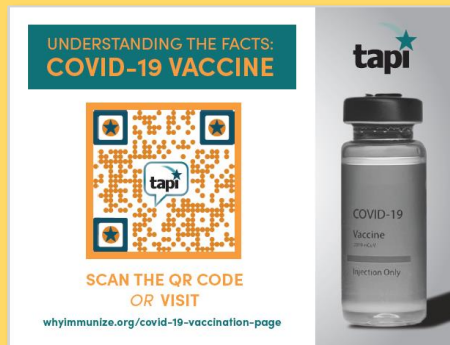
Start planning your
employee clinics and
organizing patient lists by
tier group



Are you ready to bill for
the admin fee? Reach out
for help
jennifert@tapi.org

EUA Handout

Order for your Patients



Button Up!

Order for your team



WhyImmunize.org

Distribution Q&A



This is MY Shot!



Storage & Handling of the PFIZER COVID-19 Vaccine

Machrina Leach





Pfizer Vaccine

- Multi-dose vial containing 5 doses
- 195 Vials or 975 doses per tray
- Shipped at -80-60 degrees Celsius
- Store Vaccine
 - Thermal Shipper
 - Ultra-Cold Freezer
 - **Refrigerated 2-8 Degrees Celsius for up to 5 Days** (120 hours)
 - **Room Temperature - No more the 2 hours**
- Ancillary Kits





Pfizer Vaccine - Thaw

1. **Plan ahead** by removing the number of multiple dose vials you'll need from the freezer or thermal shipping container.
2. **Tally** the number of doses needed for the immunization session.
3. **Thaw** vial(s) of Vaccine before use either by:
 - a. Allowing vial(s) to thaw **in the refrigerator** [2°C to 8°C (35°F to 46°F)]
 - b. Allowing vial(s) to **sit at room temperature** [up to 25°C (77°F)] for 30 minutes, **for immediate use.**

After 2 hours it must be wasted.





Pfizer Vaccine - Equilibrate and Dilute



1. **Before dilution, invert vaccine** vial gently 10 times. **DO NOT SHAKE.**
2. **Dilute the vaccine** with 1.8 mL of 0.9% Sodium Chloride using a transfer syringe (21-gauge or narrower needle) into the vaccine vial.
 - a. You may feel some pressure in the vial as you add the diluent
1. **Ensure vial pressure is equalized** by withdrawing 1.8 mL of air into the empty diluent syringe before gently invert the diluted vial 10 times to mix. **DO NOT SHAKE.**
2. **Record date and time** of dilution.



Pfizer – Vaccine Schedule

- 2 doses
- Separated by 21 days
- 16 years of age and older





Pfizer – Vaccine Screening



- Do you have a history of severe allergic reaction to any component of the vaccine, specifically Polyethylene glycol or PEG?
Yes ☐ No ☐
- Do you have a history of severe allergic reaction to another vaccine or injectable medication?
Yes ☐ No ☐
If yes recommended to observe for 30 minutes.
- If you have an immunocompromised condition, are pregnant or breastfeeding, have you had the opportunity to discuss the decision to vaccinate with your healthcare provider and/or are you ready to proceed with vaccination?
Yes ☐ No ☐
If Yes, proceed with vaccination.
If No, provide immunosuppression, pregnancy, lactation fact sheet and let them determine if they wish to be immunized.



Pfizer-Vaccine Administration & Observation

- Intermuscular in the Deltoid
- Dosage-0.3 mL
- 1 mL syringe
- 22-25 gauge needle



- **Be prepared to manage medical emergencies.**
- Vaccination providers should observe patients after vaccination to monitor for the occurrence of immediate adverse reactions:
 - Persons with a **history of any anaphylaxis: 30 minutes**
 - **All other persons: 15 minutes**





Pfizer-BioNTech COVID-19 Vaccine Info on CDC Website

<https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/index.html>

Pfizer-BioNTech COVID-19 Vaccine



General Information:

Vaccine: Pfizer-BioNTech
COVID-19 Vaccine
Diluent: 0.9% sodium
chloride (normal saline,
preservative-free)

**Vaccine MUST be mixed
with diluent before
administration.**

Multidose vial: Up to 6
doses per vial
Dosage: 0.3 mL

Age Indications:

16 years of age and older

Schedule:

2-dose series separated by
21 days)
A series started with
COVID-19 vaccine (Pfizer)
should be completed with
this product.

Administer:

Intramuscular (IM)
injection in the deltoid
muscle

POLL

Which vaccine did YOU get?



Participant Question:

Do we need to buy a separate refrigerator, or will the equipment be provided as well for storage?



Storage & Handling of the MODERNA COVID-19 Vaccine

Machrina Leach





Moderna Vaccine

- Multi-Dose Vial containing 10 doses
 - Packaged 100 doses/10 vials per box
 - Minimum order – 100 doses
- Stored between -25 and -15 degrees Celsius
 - Can be stored at 2-8 degrees Celsius for up to 30 days
- Ancillary Kits





Moderna Vaccine - Thaw

- Vaccine may be **thawed in the refrigerator or at room temperature.**
 - **Refrigerator:** Between 2°C and 8°C (36°F and 46°F) for 2 hours and 30 minutes
 - **Room temperature:** Between 15°C and 25°C (59°F and 77°F) for 1 hour
- Vials that have **not been punctured** may be kept between 8°C and 25°C (46°F and 77°F) for **up to 12 hours.**
- ***Do NOT refreeze thawed vaccine.***





Moderna- Vaccine Preparation and Administration



- **Gently Swirl Vaccine. DO NOT SHAKE.**
- Withdraw 0.5 ml-vaccine
- Should **not** be cold to the touch
- **Note date and time** vial was punctured
 - **Must discard after 6 hours**
- Intermuscular in the Deltoid
 - 1 mL of 3mL syringe
 - 22-25 gauge needle





Moderna – Vaccine Schedule

- 2 doses
- Separated by 28 days
- 18 year of age and older





Moderna – Vaccine Screening



- Do you have a history of severe allergic reaction to any component of the vaccine, specifically Polyethylene glycol or PEG?
Yes ☐ No ☐
- Do you have a history of severe allergic reaction to another vaccine or injectable medication?
Yes ☐ No ☐
If yes recommended to observe for 30 minutes.
- If you have an immunocompromised condition, are pregnant or breastfeeding, have you had the opportunity to discuss the decision to vaccinate with your healthcare provider and/or are you ready to proceed with vaccination?
Yes ☐ No ☐
If Yes, proceed with vaccination.
If No, provide immunosuppression, pregnancy, lactation fact sheet and let them determine if they wish to be immunized.



Moderna – Vaccine Observation



- **Be prepared to manage medical emergencies**
- Vaccination providers should observe patients after vaccination to monitor for the occurrence of immediate adverse reactions:
 - Persons with a **history of any anaphylaxis: 30 minutes**
 - **All other persons: 15 minutes**





Moderna COVID-19 Vaccine Info on CDC Website

<https://www.cdc.gov/vaccines/covid-19/info-by-product/moderna/index.html>

Moderna COVID-19 Vaccine



General Information:

Multidose vial: 10 doses
per vial

Dosage: 0.5 mL

Do NOT mix with a diluent.
Discard vial when there is
not enough vaccine to
obtain a complete dose.

Do NOT combine residual
vaccine from multiple vials
to obtain a dose.

Age Indications:

18 years of age and older

Schedule:

2-dose series separated by
28 days

A series started with
COVID-19 vaccine
(Moderna) should be
completed with this
product.

Administer:

Intramuscular (IM)
injection in the deltoid
muscle

Storage & Handling Q&A



Participant Question:

If a patient only received one dose of the vaccine and forgot or didn't come back for the second dose until 3 months later, can we still give the vaccine or do we need to start all over with the dose?



Participant Question:

Is there a grace period for the second dose? What if we accidentally give the second dose early?



Participant Question:

I got my first dose, but then tested positive for COVID-19 a few days later. When should I get my second dose?



Top Mistakes



Immunization Record

- Immunization type
- Lot #

COVID-19 Vaccination Record Card

Please keep this record card, which includes medical information about the vaccines you have received.

Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

Last Name: Leach First Name: Machrina MI:

Date of birth: Patient number (medical record or IIS record number):

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	<u>Pfizer</u> <u>EH9899</u>	<u>12/21/20</u> mm dd yy	<u>Banner Health AZ</u> <u>Fair</u>
2 nd Dose COVID-19	<u>Pfizer, EL0142</u>	<u>1/11/2021</u> mm dd yy	<u>BH Arizona</u> <u>Fairgrounds</u>
Other		mm dd yy	
Other		mm dd yy	



Wait Time

CDC recommends:

- Patients wait **15 minutes** in an observation area
- Patients **with severe allergies wait 30 minutes** in an observation area



Anticipated Demand

- How to order
- NOT wasting doses



Scheduling

- Clearly instruct patients to book their appointment
- Expect walk-ins



Honest Communication with Patients About Immune Responses

What “side effects”



What to Expect after Getting a COVID-19 Vaccine

Accessible version: <https://www.cdc.gov/coronavirus/2019-nCoV/vaccines/expect/after.html>

COVID-19 vaccination will help protect you from getting COVID-19. You may have some side effects, which are normal signs that your body is building protection. These side effects **may feel like flu** and **may even affect your ability** to do daily activities, but they should go away in a few days.

Common side effects

On the arm where you got the shot:

- Pain
- Swelling

Throughout the rest of your body:

- Fever
- Tiredness
- Chills
- Headache

Helpful tips

If you have pain or discomfort, talk to your doctor about taking an over-the-counter medicine, such as ibuprofen or acetaminophen.

To reduce pain and discomfort where you got the shot:

- Apply a clean, cool, wet washcloth over the area.
- Use or exercise your arm.

To reduce discomfort from fever:

- Drink plenty of fluids.
- Dress lightly.

When to call the doctor

In most cases, discomfort from fever or pain is normal. Contact your doctor or healthcare provider:

- If the redness or tenderness where you got the shot increases after 24 hours
- If your side effects are worrying you or do not seem to be going away after a few days

Remember

Side effects may feel like flu and even affect your ability to do daily activities, but they should go away in a few days.

- Side effects may feel like flu and even affect your ability to do daily activities, but they should go away in a few days.
- With most COVID-19 vaccines, you will need 2 shots in order for them to work. Get the second shot even if you have side effects after the first one, unless a vaccination provider or your doctor tells you not to get a second shot.
- It takes time for your body to build protection after any vaccination. COVID-19 vaccines that require 2 shots may not protect you until a week or two after your second shot.
- It's important for everyone to continue using all the tools available to help stop this pandemic as we learn more about how COVID-19 vaccines work in real-world conditions. Cover your mouth and nose with a mask when around others, stay at least 6 feet away from others, avoid crowds, and wash your hands often.

HEALTHCARE PROVIDER, PLEASE FILL IN THE INFORMATION BELOW:

If your temperature is ____°F or ____°C or higher or if you have questions, call your healthcare provider.

Tell your healthcare provider about:

Healthcare provider phone number: _____

Medication (if needed):

Take _____ every _____ hours as needed.
(type and dose or amount)



Ask your healthcare provider about getting started with v-safe

Use your smartphone to tell CDC about any side effects after getting the COVID-19 vaccine. You'll also get reminders if you need a second dose.

Learn more about v-safe.
www.cdc.gov/vsafe



cdc.gov/coronavirus

Insurance Status

- Medicare # or SSN
- Uninsured – Driver's License or SSN
- Private insurance information



Q&A



ADHS COVID-19 Vaccine Consent Form

Use this form in conjunction with the [ADHS Pre-Vaccination Checklist for COVID-19 Vaccines](#)

Patient Information

Last Name: _____ First Name: _____ Middle Name (optional): _____

Mother's Maiden Name (Optional): _____ Date of Birth (MM/DD/YYYY): _____ Gender: _____

Address: _____ Apartment Number: _____ City: _____ State: _____ Zip: _____

☐ No address available _____ Phone Number: _____

Insurance Information

Do you have insurance? ☐ Yes ☐ No

Plan Name: _____ Plan Group ID #: _____ Plan Individual ID #: _____

Name of Person Covered by Plan: _____ Plan Responsible Person Name: _____

Private Insurance Address and Phone Number (If Available)

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Consent

I, the undersigned, hereby agree to: _____

I agree to allow the health care provider to release information to the Arizona State Immunization Information System (ASIS) to record that I or the person for whom I am authorized to consent have received this COVID-19 vaccine. This information will then be made available to the manufacturer and others in the system.

I have had a copy of the Emergency Use Authorization for the COVID-19 vaccine made available to me. I have had a chance to ask questions and I believe I understand the benefits and risks of the COVID-19 vaccine requested. I am that the vaccine be administered to me or the person for whom I am authorized to make this request.

Signature and Date

Patient Printed Name: _____ Patient Signature: _____ Date Signed: _____

Authorized Person's Printed Name (if applicable): _____ Authorized Person's Signature: _____ Date Signed: _____

Vaccine Administration Information for Immunizer Use Only

Administration Date: _____ Manufacturer: _____ NDC #: _____

Lot Number: _____ Expiration Date: _____ Route: _____ Site: _____

Administering Immunizer Name and Title: _____ Administering Immunizer Signature: _____

Is this the patient's first or second dose? ☐ First ☐ Second

Pfizer-BioNTech COVID-19 Vaccine

Standing Order for Administering Vaccine to Persons 16 Years of Age and Older

Notes: For more information/guidance, please contact the immunization program at your state or local health department or the appropriate state body (e.g., state board of medical/nursing/pharmacy practice).

Purpose

- To reduce morbidity and mortality from coronavirus disease 2019 (COVID-19) by vaccinating persons who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

Policy

- When authorized under state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to create and administer vaccines without the need for physician authorization or direct order from the attending provider at the time of the interaction.

Procedure

- Administer persons 16 years of age and older for vaccination with Pfizer-BioNTech COVID-19 vaccine based on the following criteria:
 - No complete 2-dose COVID-19 vaccination history, regardless of brand. If 2 doses of a same brand or mixed brand vaccine have been administered, no additional doses are recommended.
 - If the recipient has received 1 previous dose of Pfizer-BioNTech COVID-19 vaccine, the second dose of the same brand should be administered.
 - This vaccine is administered in a 2-dose series. Separate doses must be at least 21 days.
 - If Pfizer-BioNTech COVID-19 vaccine should not be administered at the same time as other vaccines. Separate Pfizer-BioNTech COVID-19 vaccine from other vaccines by 14 days before or after the administration of Pfizer-BioNTech COVID-19 vaccine.
 - Pfizer-BioNTech COVID-19 vaccine should be deferred for at least 10 days for persons who received passive antibody therapy (passive antibodies or convalescent plasma) as part of COVID-19 treatment.
- Screen for contraindications and precautions.
 - Contraindications:
 - Severe allergic reaction (e.g., anaphylaxis) to a previous dose or component of either mRNA COVID-19 vaccine.
 - Immediate allergic reaction* of any severity to a previous dose or component of an mRNA COVID-19 vaccine (including polyethylene glycol (PEG). See Table 1 of vaccine components on page 1).
 - Immediate allergic reaction of any severity to polypurine (due to potential cross-reactivity hypersensitivity with the vaccine ingredient PEG).
 - Precautions:
 - History of an immediate allergic reaction to any other vaccine or injectable product (e.g., tetanus, diphtheria, or pertussis vaccine) or therapies not related to a component of mRNA COVID-19 vaccine (or polypurine).
 - Moderate to severe acute illness.
- Provide all recipients with a copy of the current federal Emergency Use Authorization (EUA) for Pfizer-BioNTech COVID-19 vaccine.
- Choose the correct needle gauge, needle length, and injection site for persons:
 - 16 through 18 years of age: 1-inch needle is recommended.
 - 19 years of age and older: See table below.

Sex and Weight of Patient	Needle Length	Needle Gauge	Injection Site
Female or male: fewer than 130 lbs	2.25-2.5	16-17	Deltoid muscle of arm
Female or male: 130-152 lbs	2.25-2.5	17	Deltoid muscle of arm
Female: 152-200 lbs	2.25-2.5	1.5-1.6	Deltoid muscle of arm
Male: 153-200 lbs	2.25-2.5	1.5-1.6	Deltoid muscle of arm
Female: 201+ lbs	2.25-2.5	1.6	Deltoid muscle of arm
Male: 201+ lbs	2.25-2.5	1.6	Deltoid muscle of arm

*This guidance for Pfizer-BioNTech COVID-19 vaccine recipients is only in 17 states after the first dose. There is no known severe allergic reaction to the vaccine. However, severe allergic reactions (e.g., anaphylaxis) have been reported in persons receiving the vaccine. If a person has an allergic reaction, symptoms (e.g., swelling, hives, or anaphylaxis) that occur within 4 hours of the vaccine should be reported immediately to the state health department.

*However, the evidence suggests that in most cases, severe allergic reactions (e.g., anaphylaxis) to the vaccine occur within 4 hours of the vaccine. If a person has an allergic reaction, symptoms (e.g., swelling, hives, or anaphylaxis) that occur within 4 hours of the vaccine should be reported immediately to the state health department.

Prevaccination Checklist for COVID-19 Vaccines

For vaccine recipients: The following questions will help us determine if there is any reason you should not get the COVID-19 vaccine today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. In just minutes additional questions may be asked. If a question is not clear, please ask your healthcare provider to explain it.

Patient Name: _____ **Age:** _____

1. Are you feeling sick today? ☐ Yes ☐ No ☐ Don't know

2. Have you ever received a dose of COVID-19 vaccine? ☐ Pfizer ☐ Moderna ☐ Another product

3. Have you ever had an allergic reaction to:

- A component of the COVID-19 vaccine, including polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures.
- Polypurine.
- Any dose of COVID-19 vaccine.

4. Have you ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication? (This includes a severe allergic reaction, e.g., anaphylaxis, that required treatment with epinephrine or other* or that caused you to go to the hospital.)

5. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something other than a component of COVID-19 vaccine, polypurine, or any vaccine or injectable medication? (This would include food, ink, environmental, or oral medication allergies.)

6. Have you received any vaccine in the last 14 days?

7. Have you ever had a positive test for COVID-19 or had a doctor ever told you that you had COVID-19?

8. Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?

9. Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?

10. Do you have a bleeding disorder or are you taking a blood thinner?

11. Are you pregnant or breastfeeding?

Form reviewed by: _____ **Date:** _____

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Links to Resources

- [ADHS](#)
- [CDC](#)
- [Pfizer](#)
- [Moderna](#)
- [TAPI](#)
- [Maricopa County](#)

Recap & Next Steps



POLL

Do you think that you
will need another
webinar in 4 weeks?



POLL

Do you need webinars specific to EMS and medics, or do you think webinars for a broader healthcare audience would meet your needs?





Thank you.