



# Additional, extra, and expiring doses

How to avoid and how to manage

COVID-19 Vaccine ICS team

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# Definitions

- Extra doses
  - E.g. You are allocated 100 vials of Pfizer but needed only 95 and have 5 extra unopened vials
- Additional doses
  - E.g. You open a vial and administer 4 doses, and 2 additional doses remain but no immediate recipients
- Expiring
  - You have 2 unopened vials in the refrigerator, and they will expire tomorrow



## Extra doses

- To prevent having extra:
  - Estimate your declinations
  - Estimate additional doses per vial beyond the package insert
  - Do NOT include ineligible tiers
  - Do NOT save for 2<sup>nd</sup> doses, better to use to expand 1<sup>st</sup> doses in others
- Adjust allocation requests accordingly
- See guidance for expiring doses on how to use these



## Additional doses

- Only open vials when there are sufficient recipients
  - ‘Sufficient’ recipients should be screened and consented, not simply scheduled
  - If there are insufficient recipients, ask them to return at the beginning of the next vaccination opportunity and give them priority
- For large facilities: sufficient means 100% of the package insert doses, i.e. 5 for Pfizer and 10 for Moderna
- For small facilities: more difficult to organize re-grouping so 80% is acceptable, i.e. 4 for Pfizer and 8 for Moderna



## Expiring doses

- Active outreach to find appropriate targets for these vials ASAP
  - Use prioritization guidance, administer yourself
  - Extra work but a valuable community service
- Can give away vials as repositioned doses
  - They can now administer offsite, all doses must be used
  - They must be registered to report or you must report for them
- Can use for 2<sup>nd</sup> doses that are due
- Discuss with DPH early if help is needed
  - Within 5 days of Moderna expiry
  - Within 48 hours of Pfizer expiry



# Who to prioritize for extra, additional, or expiring doses

- The overall goal to maintain public trust in the process
- Offer the vaccine to the current Phase of eligible recipients.  
Currently for 1A:
  - Other nearby healthcare workers (outpatient, dialysis, EMTs, CHWs etc)
  - Ensure non-employees such as visiting students, agency staff, EVS, etc are offered vaccine if they are regular at your facility
  - Vaccinate LTCF patients (those admitted from SNFs or will be discharged to one)
- If none of the above available for remaining doses in an opened vial, or an unused vial <24 hours from expiry, then criteria may be relaxed to include older adults, visitors, essential workers, Phase 1B. to prevent wastage



# Who to prioritize for extra, additional, or expiring doses

- Staff family members
  - Can certainly vaccinate if part of the current or next phase
    - Health workers, essential workers
    - Elderly
  - Please be mindful if other recipients in the current phase or next phase available and prioritize the latter
  - If no one else is possible, e.g. doses expiring and late in the evening, permissible to prevent wastage
  - Important for public trust to limit to this contingency only and not abuse



## Who to prioritize for extra, additional, or expiring doses

- The best approach for that goal is to stick to Phase 1A populations: healthcare staff and long-term care residents
- At the end of the day it's a good faith exercise
- Gross deviations however will be investigated and can result in various sanctions
- We know everyone wants to do right and we are confident you'll find a way