Additional, extra, and expiring doses

How to avoid and how to manage

COVID-19 Vaccine ICS team

1.15.21
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 2nd doses, better to use to expand 1st 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\textsuperscript{nd} 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