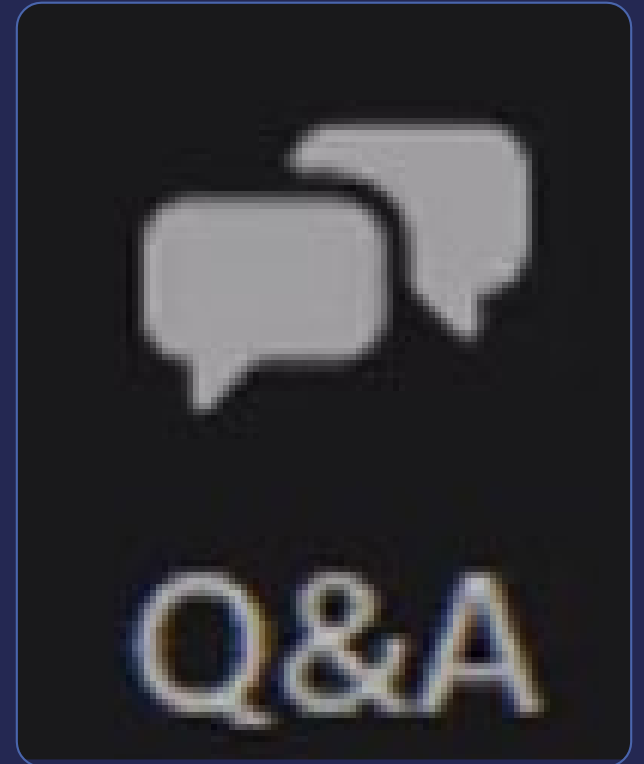


Hawaii VFC Program COVID-19 Vaccine

Updates,
Formulations, Storage
& Handling,
Preparation and
Administration

Questions

- During today's webinar, please use the Q&A panel to ask your questions so the Hawaii VFC Program subject matter experts can respond directly.
- We will be answering your questions at the end of the presentation.



Housekeeping

- **Reminder for QA Team:**

- Please mute yourself when not speaking.
- Please monitor the Q&A panel for questions you may be able to answer.

- **Reminder to Attendees:**

- Today's session is being recorded. Slides and webinar recordings will be uploaded to:
 - <https://health.hawaii.gov/docd/for-healthcare-providers/vaccination-resources/vaccines-for-children-program-vfc/>
- To be added to the Hawaii VFC Program email list, please email your request to hawaiiivfc@doh.Hawaii.gov. In the subject line of the email, please write EMAIL LIST.

Objectives

Addition to VFC Program

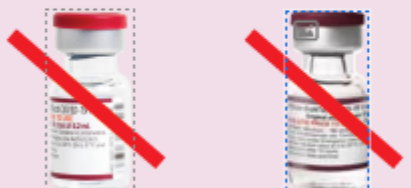


- Approved by the Advisory Committee on Immunization Practices (ACIP) for VFC on September 12, 2023

**Do we need
to offer
COVID-19
Vaccines?**

- **YES. VFC providers must offer all ACIP recommended vaccines.**
 - **EXCEPTION:** Birthing hospitals

DEAUTHORIZED PRODUCTS

Pfizer

| Infant/Toddler 6 months–4 years | Pediatric 5–11 years | Adol/Adult 12+ years |
|--|---|--|
|  <p>2021 Monovalent</p> <p>Bivalent</p> |  <p>2021 Monovalent</p> <p>Bivalent</p> |  <p>2021 Monovalent</p> <p>Multi-dose Bivalent</p> <p>Single Bivalent</p> |






Janssen (J&J)

Adult
18+ years



2021 Monovalent

Moderna

| Infant/Toddler 6 months–5 years | Infant/Toddler 6 months–5 years | 6 months+ | Pediatric 6–11 years | Adol/Adult 12+ years |
|--|---|---|---|---|
|  <p>2021 Monovalent</p> <p>Magenta Border</p> |  <p>Bivalent</p> |  <p>Bivalent</p> <p>Gray Border</p> |  <p>2021 Monovalent</p> <p>Purple Border</p> |  <p>2021 Monovalent</p> <p>Light Blue Border</p> |

Novavax

Primary 12+ yrs
Booster 18+



2022 Monovalent

COVID-19 Formulations

Updated 2023-2024 Formula

Moderna

- 6 months to 11 years
- 12 to 18 years

Pfizer

- 6 months to 4 years
- 5 to 11 years
- 12 to 18 years



Novavax

- 12 to 18 years

*These are brand choices – Do not need to stock all brands

Moderna

Moderna Updated 2023 – 2024 Formula

| Moderna Product | Pediatric 6 months – 11 years | Spikevax 12+ years |
|-----------------|---|---|
| Image |  |  |
| Packaging | Dark Blue Cap | Dark Blue Cap |
| Doses per Vial | 1 dose | 1 dose |
| Carton Size | 10 doses | 10 doses |

ALL FORMULATIONS

Refrigerator

Up to 30 days at 2°C to 8°C
(36°F to 46°F)

Not to exceed beyond use date (BUD) or expiration date
whichever occurs first

Standard Freezer

-50°C to -15°C
(-58°F to 5°F)

Until expiration date

Moderna Storage

Moderna Preparation

| Moderna Product | Pediatric 6 months – 11 years | Spikevax 12+ years |
|---|---|-----------------------|
| Diluent | DO NOT DILUTE* | |
| Dose Volume | 0.25 mL | 0.5 mL |
| Dose | 25 mcg | 50 mcg |
| Refrigerator Thaw Time DO NOT REFREEZE | 45 minutes | 45 minutes |
| | 2°C to 8°C (36°F to 46°F)* Let stand at room temp for 15 min before administering* | |
| Room Temp Thaw Time DO NOT REFREEZE | 15 minutes | 15 minutes |
| | 15°C to 25°C (59°F to 77°F)* | |
| Total Time at Room Temp | Store up to 24 hours at 8°C to 25°C (46°F to 77°F)* | |

***ALL FORMULATIONS**

Moderna Pediatric 6 months – 11 years

Vials may be overfilled.

Please ensure correct volume of the vaccine (0.25 mL) is withdrawn from the vial and administered.

Discard vial and excess volume after extracting a single dose.

Moderna Preparation

If frozen, allow to thaw.




Before preparing the vaccine, let vaccine stand at room temperature for 15 minutes.

Do NOT shake.

If using a single vial dose, gently swirl prior to withdrawing vaccine.

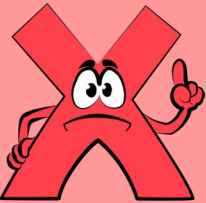
Pfizer

Pfizer Updated 2023 – 2024 Formula

| Pfizer Product | Infant/Toddler 6 months – 4 years | Pediatric 5 - 11 years | Comirnaty 12+ years |
|----------------|--|---|---|
| Image |  |  |  |
| Packaging | Yellow Cap | Blue Cap | Gray Cap |
| Doses per Vial | 3 doses Multi dose vial | 1 dose | 1 dose |
| Carton Size | 30 doses | 10 doses | 10 doses |

To check for expiration: <https://lotexpiry.cvdvaccine.com/>

Pfizer Storage

| ALL FORMULATIONS | | |
|---|--|--|
| Refrigerator | Standard Freezer | Ultra Low/Cold Freezer |
| Up to 10 weeks at 2°C to 8°C (36°F to 46°F) Not to exceed expiration date |  | -90°C to -60°C (-130°F to -76°F) Until expiration date |

DO NOT STORE PFIZER VACCINES IN STANDARD FREEZER!

Ultra low/cold freezer not necessary to order Pfizer COVID-19 vaccine

Pfizer COVID-19 vaccine is shipped in ultra cold temperatures
Diluent shipped separately

Pfizer Shipping

Pfizer Preparation

| Pfizer Product | Infant/Toddler 6 months – 4 years | Pediatric 5 - 11 years | Comirnaty 12+ years |
|---|---|---------------------------|---------------------------|
| Diluent | 1.1 mL per vial | DO NOT DILUTE | DO NOT DILUTE |
| Dose Volume | 0.3 mL | 0.3 mL | 0.3 mL |
| Dose | 3 mcg | 10 mcg | 30 mcg |
| Refrigerator Thaw Time DO NOT REFREEZE | 2 hours at 2° to 8°C (36°F to 46°F)* | | |
| Room Temp Thaw Time DO NOT REFREEZE | 30 minutes up to 25°C (77°F)* | | |
| Total Time at Room Temp | Up to 12 hours (including thaw time) at 8°C to 25°C (46°F to 77°F)* | | |
| Storage Limits after Puncture | Discard 12 hours after dilution. Keep at 2°C to 25°C (35°F to 77°F) | N/A Single Use Product | N/A Single Use Product |

*ALL FORMULATIONS

Pfizer Preparation

| | |
|--------------|---|
| Thaw | If frozen, thaw before use |
| Mix | Infant/Toddler 6 months to 4 years: Mix with 1.1 mL diluent. Record date/time vial was punctured. |
| DO NOT SHAKE | DO NOT SHAKE. If using a single dose vial, invert prior to withdrawing vaccine. |

**Pfizer
Pediatric 6
months – 4
years**


Multi dose vial.

Dilution required.


Please ensure correct volume of the vaccine (0.3 mL) is withdrawn from the vial and administered.

Novavax

Novavax Updated 2023 – 2024 Formula

| | |
|------------------------|---|
| Novavax Product | 12+ years |
| Image |  |
| Packaging | Royal Blue Cap |
| Doses per Vial | 5 doses |
| Carton Size | 10 doses |

Novavax Storage

| ALL FORMULATIONS | |
|---|--|
| Refrigerator | Standard Freezer |
| 2°C to 8°C (36°F to 46°F) Until expiration date |  DO NOT STORE IN FREEZER |

| | |
|-------------------------------|--|
| Novavax Product | 12+ years |
| Diluent | DO NOT DILUTE |
| Dose Volume | 0.5 mL |
| Dose | 5 mcg |
| Storage Limits After Puncture | Discard 12 hours after puncture. Keep at 2° to 25°C (36° to 77°F) |

Novavax Preparation

Novavax Preparation


Gently swirl the multi-dose vial before each dose withdrawal

Do NOT shake

LABEL ALL VACCINES with Beyond Use Date!

**Updated 2023-2024 Formula
Pfizer-BioNTech COVID-19 Vaccine**


STORAGE LABEL Store vaccine between -90°C and -60°C (-130°F and -76°F) until the expiration date.



Ages: 6 months through 4 years

Note when (time) the vial is first punctured and use within 12 hours.
Discard vial and any remaining vaccine after 12 hours.


Updated 2023-2024 Vaccine
Diluent Required



**Updated 2023-2024 Formula
Pfizer-BioNTech COVID-19 Vaccine**

BEYOND-USE LABEL Store vaccine between 2°C and 8°C (36°F and 46°F) for up to 10 weeks.

Ages: 6 months through 4 years




Lot number(s): _____

Today's date: ____/____/____

Use by Date*: ____/____/____

Updated 2023-2024 Vaccine
Diluent Required



***Vaccine must be used within 10 weeks. Do NOT use after this date.**

LABEL ALL PUNCTURED MULTIDOSE VIALS

COVID-19 VACCINE

Mfr. _____

Lot# _____

Prep Dt: _____ Tm: _____

Volume _____

Do Not Use After: _____ Tm: _____

COVID-19 VACCINE

Mfr. _____

Lot# _____

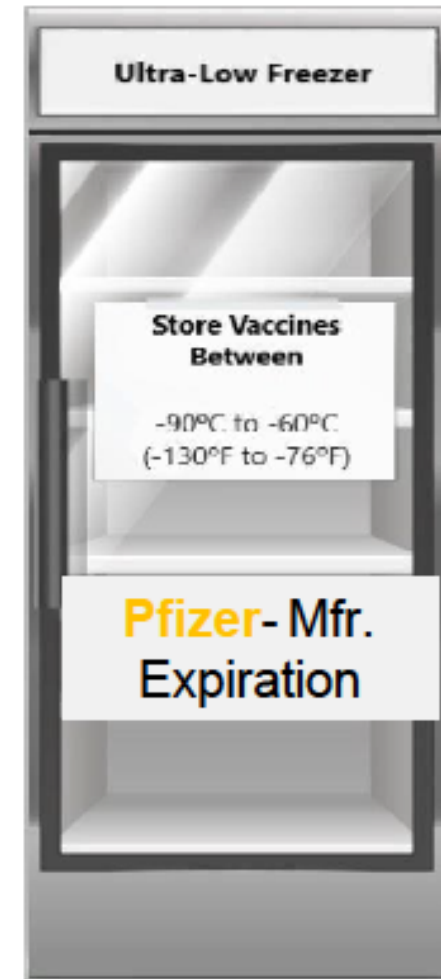
Prep. Dt: _____ Tm: _____

Volume _____

Do Not Use After

Dt: _____ Tm: _____

COVID-19 Vaccine Storage Demonstration



COVID-19 VACCINES: TAKE NOTE

If using a multi-dose vial, do not “pool vaccine” from more than 1 vial to obtain a full dose.

- If a full dose cannot be withdrawn, discard vial and any remaining vaccine
- Draw

If using a single-dose vial, withdraw 1 dose.

- Discard vial and any residual vaccine after dose has been drawn

May be administered at the same time as other routinely recommended vaccines

Administer IM

COVID-19 Vaccine Timing 2023-24 –Routine Schedule

| Age* | Vaccine | If unvaccinated: | If had any prior doses, give 2023-24 doses: |
|-------------------|-------------------------------|------------------|--|
| 6 months–4 years† | Pfizer–Infant/Toddler | | If 1 prior dose, then: 3-8** weeks 1 ≥8 weeks 2 If ≥2 prior doses, then: ≥8 weeks 1 |
| | Moderna–Pediatric* | | If 1 prior dose, then: 4-8 weeks 1 If ≥2 prior doses then: ≥8 weeks 1 |
| 5–11 years | Moderna–Pediatric* | 1 Dose | If 1 or more prior doses (of any of the brands), then [^] : ≥2 months 2023-24 Formulation: Moderna/Pfizer |
| | Pfizer–Pediatric | 1 Dose | |
| 12+ years | Pfizer–Adol/Adult (Comirnaty) | 1 Dose | If 1 or more prior doses (of any of the brands), then [^] : ≥2 months 2023-24 Formulation: Moderna/Pfizer/Novavax |
| | Moderna–Adol/Adult (Spikevax) | 1 Dose | |
| | Novavax | | |

* See [CDC recommendations](#) for children transitioning from a younger to older age group

† Children 6 months – 4 years should receive the same brand of the updated vaccine as the prior doses they received.

** An 8-week interval may be preferable for some people, especially for males 12-39 years.

≠ All Moderna doses 6 months – 11 years are 0.25 mL (25 mcg).

[^] Janssen (J & J) vaccine has been deauthorized. Follow schedule for 12+ years for any prior doses.

View [Interim Clinical Considerations for Use of COVID-19 Vaccines](#) for details. Schedule is subject to change.

COVID-19 Vaccine Timing 2023-24 if Moderately/Severely Immunocompromised

| Age | Vaccine | If unvaccinated: | If had any prior doses give 2023-24 doses: |
|------------------|-------------------------------|---|--|
| 6 months–4 years | Pfizer Infant/Toddler | 1st Dose → 3 weeks → 2nd Dose → ≥8 weeks → 3rd Dose → ≥2 months → Optional Dose* | 1 prior dose: 3 w → 1 → ≥8 w → 2 → ≥2 m → Optional Dose* ≥2 prior doses: → ≥8 w → 1 → ≥2 m → Optional Dose* |
| | Moderna–Pediatric | 1st Dose → 4 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → ≥2 months → Optional Dose* | 1 prior dose: 4 w → 1 → ≥4 w → 2 → ≥2 m → Optional Dose* 2 prior doses: → ≥4 w → 1 → ≥2 m → Optional Dose* |
| 5–11 years | Moderna–Pediatric | 1st Dose → 4 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → ≥2 months → Optional Dose* Moderna/Pfizer | ≥3 prior doses** → ≥8 w → 1 → ≥2 m → Optional Dose* (for ages 5+ yrs, Pfizer dose is also OK) |
| | Pfizer–Pediatric | 1st Dose → 3 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → ≥2 months → Optional Dose* Moderna/Pfizer | 1 prior dose: 3 w → 1 → ≥4 w → 2 → ≥2 m → Optional Dose* 2 prior doses: → ≥4 w → 1 → ≥2 m → Optional Dose* |
| 12+ years | Pfizer–Adol/Adult (Comirnaty) | 1st Dose → 3 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → ≥2 months → Optional Dose* Moderna/Pfizer/Novavax | ≥3 prior doses** → ≥8 w → 1 → ≥2 m → Optional Dose* |
| | Moderna–Adol/Adult (Spikevax) | 1st Dose → 4 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → ≥2 months → Optional Dose* Moderna/Pfizer/Novavax | 1 prior dose: 4 w → 1 → ≥4 w → 2 → ≥2 m → Optional Dose* 2 prior doses: → ≥4 w → 1 → ≥2 m → Optional Dose* ≥3 prior doses** → ≥8 w → 1 → ≥2 m → Optional Dose* |
| | Novavax | 1st Dose → 3 weeks → 2nd Dose → ≥2 months → Optional Dose* Moderna/Pfizer/Novavax | ≥1 prior doses** → ≥2 m → 1 → ≥2 m → Optional Dose* |

* An **optional dose** may be given ≥2 months after the last dose. **Further doses** may be given at the healthcare provider’s discretion. See [Table 2](#) for vial and dosage.

** Ages 5-11 years may be given Moderna or Pfizer after ≥3 prior doses. Ages 12+ years may be given Moderna, Pfizer, or Novavax.



| |
|--------------|
| PROVIDER PIN |
| |

COVID-19 VACCINE PRE-ORDER FORM 2023 - Please submit orders to hawaiiivfc@doh.hawaii.gov.

| | | | |
|--|-------|---------------|-------------------------------------|
| NAME OF PHYSICIAN'S OFFICE, PRACTICE, CLINIC, ETC. | | DATE | CHECK HERE IF THIS IS A NEW ADDRESS |
| DELIVERY ADDRESS (Number and Street – No P.O. Boxes) | | CITY | ZIP CODE |
| DELIVERY DAYS & TIMES | MON | TUES | WED |
| | THURS | FRI | |
| CONTACT PERSON | | EMAIL ADDRESS | TELEPHONE |

ALL SECTIONS MUST BE COMPLETED FOR YOUR ORDER TO BE PROCESSED.

| NDC | 2023-2024 COVID-19 VACCINE | Manufacturer & Presentation | Minimum Direct Ship Amount | VFC Age Indication | Estimated VFC patient population per age indication | Vaccine PRE-ORDER (# of Doses) |
|------------------------------|---|--|----------------------------|---------------------------|---|--------------------------------|
| PFIZER | | | | | | |
| 00069-2362-10 | Comirnaty 30mcg COVID-19 single-dose vials Minimum direct ship 10 doses | PFIZER 1-dose SDV 10 SDV per carton | 10 doses | *12 to 18 years of age | | |
| 39267-4331-02 | COVID-19 Vaccine 10mcg COVID-19 single-dose vials Minimum direct ship 10 doses | PFIZER 1-dose SDV 10 SDV per carton | 10 doses | *5 to 11 years of age | | |
| 39267-4315-02 | COVID-19 Vaccine 3mcg COVID-19 multi-dose vials Minimum direct ship 30 doses | PFIZER 3-dose MDV 10 MDV per carton | 30 doses | *6 mo. to 4 years of age | | |
| MODERNA | | | | | | |
| 80777-0102-95 | SPIKEVAX 0.5mL COVID-19 single-dose vials Minimum direct ship 10 doses | MODERNA 1-dose SDV 10 SDV per carton | 10 doses | *12 to 18 years of age | | |
| 80777-0287-92 | COVID-19 Vaccine 0.25mL COVID-19 single-dose vials Minimum direct ship 10 doses | MODERNA 1-dose SDV 10 SDV per carton | 10 doses | *6 mo. to 11 years of age | | |
| Special Order Vaccine | | | | | | |
| 80631-0105-02 | COVID-19 Vaccine 0.5mL COVID-19 multi-dose vials Minimum direct ship 10 doses | NOVAVAX 3-dose MDV 2 MDV per carton | 10 doses | *12 to 18 years of age | | |

Storage and Handling

- Pfizer**
- 90°C to -60°C (-130°F to -76°F) in an ultracold (ULT) vaccine storage unit until expiration date
 - 2° C to 8°C (36° F to 46°F) in a refrigerated vaccine storage unit for up to 10 weeks
 - Discard multi-dose vial and any remaining vaccine after 12 hours from puncture
 - DO NOT STORE AT FROZEN -25°C to -15°C (-13°F to 5°F) TEMPERATURES**
- Moderna**
- 50°C to -15°C (-58°F to 5°F) in a frozen vaccine storage unit until expiration date
 - 2° C to 8°C (36° F to 46°F) in a refrigerated vaccine storage unit for up to 30 days
 - 8° C to 25° C (46° F to 77° F) at room temperature for a total of 24 hours
- Novavax**
- 2° C to 8°C (36° F to 46°F) in a refrigerated vaccine storage unit until expiration date
 - Discard multi-dose vial and any remaining vaccine after 12 hours from puncture
 - DO NOT STORE AT FROZEN -25°C to -15°C (-13°F to 5°F) TEMPERATURES**

Vaccine Storage and Handling

ALL VACCINES MUST BE STORED AT MANUFACTURER INDICATED TEMPERATURES UPON RECEIPT AND MUST REMAIN WITHIN TEMPERATURE RANGE UNTIL EXPIRATION OR BEYOND USE DATE IS REACHED.
[Reference Guide for COVID-19 Vaccine Storage and Handling](#)

Vaccine Ordering Instructions

- To avoid delivery errors and vaccine wastage, please be sure to enter the current address, telephone number, contact person, office hours, and any holidays/half days/lunch periods that may occur during the time of expected delivery.

SUBMIT ORDER FORM BY EMAIL TO HAWAIIIVFC@DOH.HAWAII.GOV

Questions? Please contact the Hawaii Vaccines for Children Program at (808) 586-8300 or 1-800-933-4832 (Neighbor Islands)

COVID-19 Vaccine Ordering

- Must be ordered using COVID-19 vaccine order form
- Online ordering through HIR unavailable due to monitoring of allocation

Loss Reporting

- Spoiled, expired, and wasted COVID-19 Vaccine must be reported on the Vaccine Loss Reporting Form
- Spoiled and expired COVID-19 vaccine must be returned

HAWAII DEPARTMENT OF HEALTH
IMMUNIZATION BRANCH
VACCINE LOSS REPORTING FORM

INSTRUCTIONS: Report VFC VACCINES that have expired, spoiled, or were wasted WITHIN 6 MONTHS after loss. Fax Reporting Form to: (808) 586-8302 or E-mail Reporting Form to: deh.hawaii.vfc@deh.hawaii.gov. Do **NOT** return expired and spoiled vaccines to the Hawaii Immunization Branch. A return label will be sent via email from United Parcel Service (UPS). Enclose a copy of this form with the return shipment. Keep a copy for your records.

EXPIRED VACCINES

| VACCINE TYPE | MANUFACTURER | NDC NUMBER | LOT NUMBER | EXPIRATION DATE | NUMBER OF DOSES |
|--------------|--------------|------------|------------|-----------------|-----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SPOILED VACCINES

| VACCINE TYPE | MANUFACTURER | NDC NUMBER | LOT NUMBER | EXPIRATION DATE | NUMBER OF DOSES | REASON (SELECT CODE) |
|--------------|--------------|------------|------------|-----------------|-----------------|--|
| | | | | | | 1-Failure to store properly upon receipt 2-Refrigerator/Freezer too cold 3-Refrigerator/Freezer too warm 4-Natural Disaster: Power outage, Hurricane, etc. 5-Spoiled in transit (Cold/Freezen, Warm/Dairasted) 6-Spoiled: (other reason) 7-Mechanical failure/Technical issue 8-Recall: (reason) 9-Other: (state reason with detailed information) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

WASTED VACCINES [DISPOSE OF WASTED VACCINES AFTER REPORTING. DO NOT SHIP TO CDC'S VACCINE DISTRIBUTOR/MCKESSON]

| VACCINE TYPE | MANUFACTURER | NDC NUMBER | LOT NUMBER | EXPIRATION DATE | NUMBER OF DOSES | REASON (SELECT CODE) |
|--------------|--------------|------------|------------|-----------------|-----------------|---|
| | | | | | | 1-Broken vial/syringe 2-Drawn up, but not administered 3-Lost or unaccounted for 4-Open vial, but all doses not administered 5-Non-vaccine product (e.g., H ₂ O, Ig, Diluent, etc.) 6-Other: (state reason with detailed information) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

NAME OF PHYSICIAN'S OFFICE, PRACTICE, CLINIC _____ VFC PIN NO. _____ DATE _____

ADDRESS _____ CITY _____ ZIP _____

CONTACT PERSON _____ EMAIL ADDRESS (MANDATORY- WHERE RETURN LABEL WILL BE SENT) _____ PHONE NO. _____

For DOH Use
Entered in
VLS
/ /
Revise:17/2022
GRANT# CODE: HIA



Vaccines for Children Program Vaccine Administration Visit Record (VAVR)

Vaccine Administration Visit Record 06/01/23

DOH COPY

IMPORTANT: Print Legibly in Capital Letters Using Black Ink. Use one VAVR per visit.

| | | | | | |
|-------------------------------|-----|--|---|-----|-----|
| Other: (Do not record PPD) | / / | <input type="checkbox"/> RA <input type="checkbox"/> RT <input type="checkbox"/> LA <input type="checkbox"/> LT | <input type="checkbox"/> PPSV23 <input type="checkbox"/> Td <input type="checkbox"/> DT | / / | / / |
|-------------------------------|-----|--|---|-----|-----|

Record COVID-19 vaccine administration in Other section of VAVR for paper VAVR

VAVR not needed if you have completed data quality check with HIR

Q&A

The image features three-dimensional, blocky letters arranged horizontally. From left to right, the characters are 'Q', '&', and 'A'. The 'Q' and 'A' are rendered in a dark blue color, while the ampersand '&' is rendered in a lighter, pale blue color. All letters have a thick, uniform thickness and are set against a plain white background. Each letter casts a soft, light blue shadow directly beneath it, suggesting a light source from above. The overall aesthetic is clean and modern.

Post Webinar Survey

- Format
- Topics of interest
- Date/times preferred