

I-VAC Adult Learning Collaborative for COVID-19 Vaccination



Please use your first name and health center name when you join the session



Use the “**chat**” feature to let us know if you have a question



Please remember to **mute your microphone** unless speaking



If you can't connect audio via computer or lose computer audio at anytime, you can call in to session at **(669) 900-6833, Meeting ID 999-9467-0942##**

Disclosures

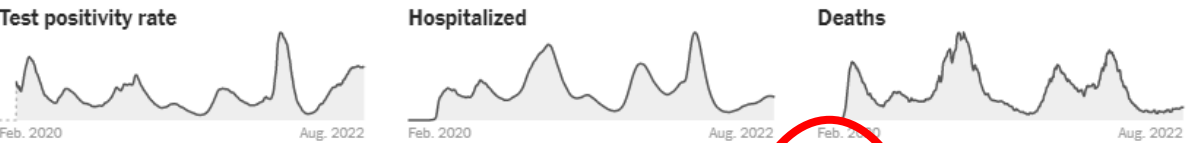
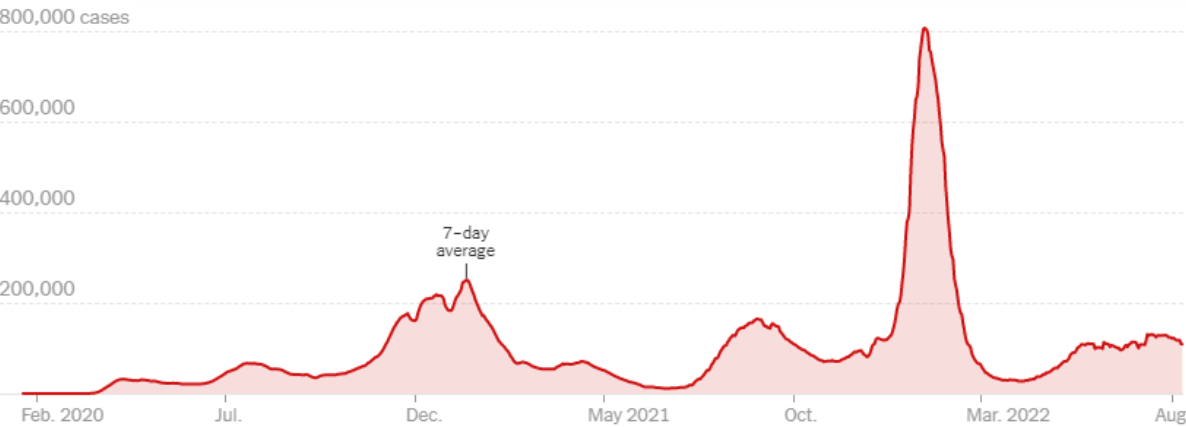
- Aniruddha (Anu) Hazra, MD has received grant funding from Gilead Sciences.
- No one else in a position to control the educational content of this activity has any relevant financial relationships with ineligible companies to disclose.
- All of the relevant financial relationships listed for these individuals have been mitigated.
- What gets said here today may change based on new data and recommendations
 - Knowledge is shared more rapidly through ECHO



Coronavirus in the U.S.: Latest Map and Case Count

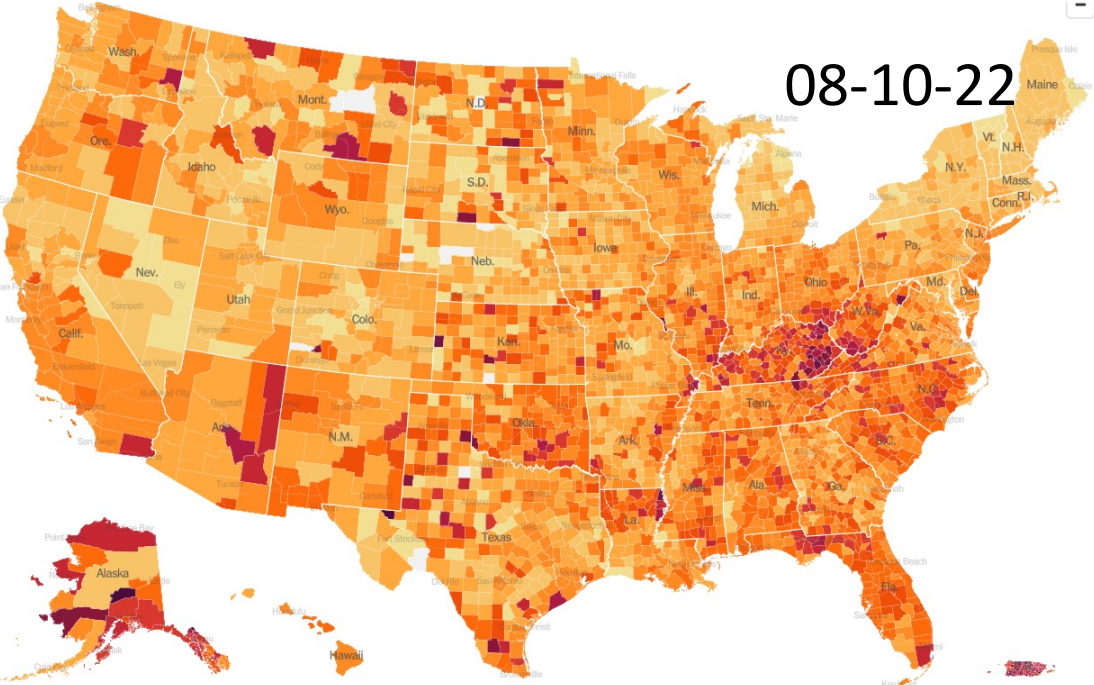
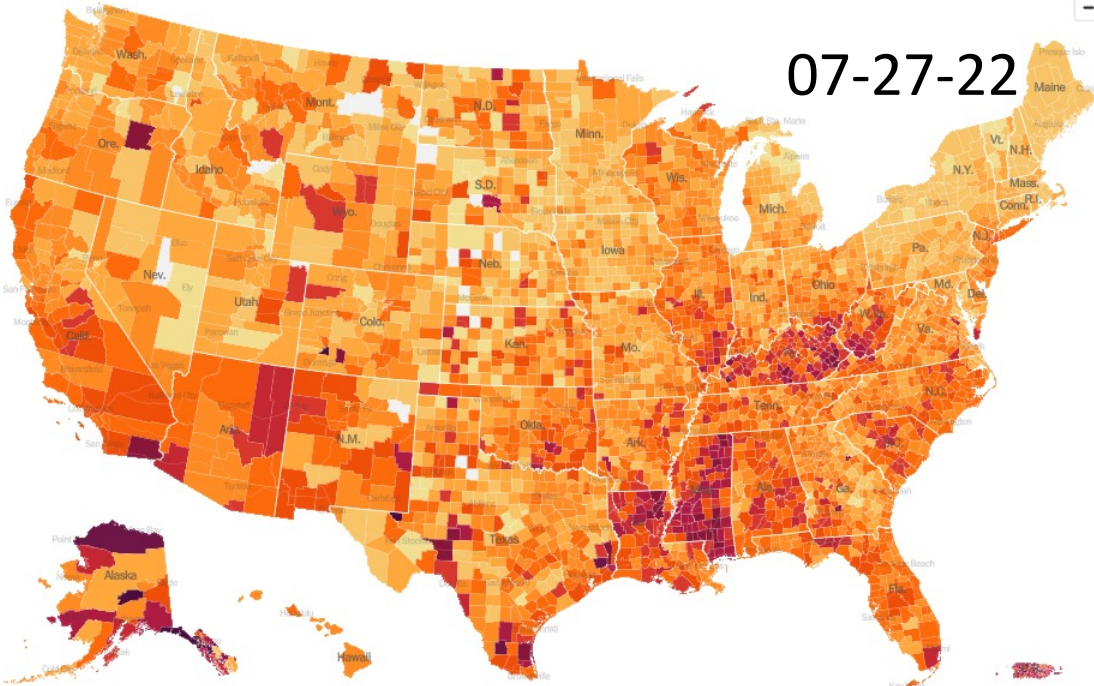
New reported cases

All time Last 90 days

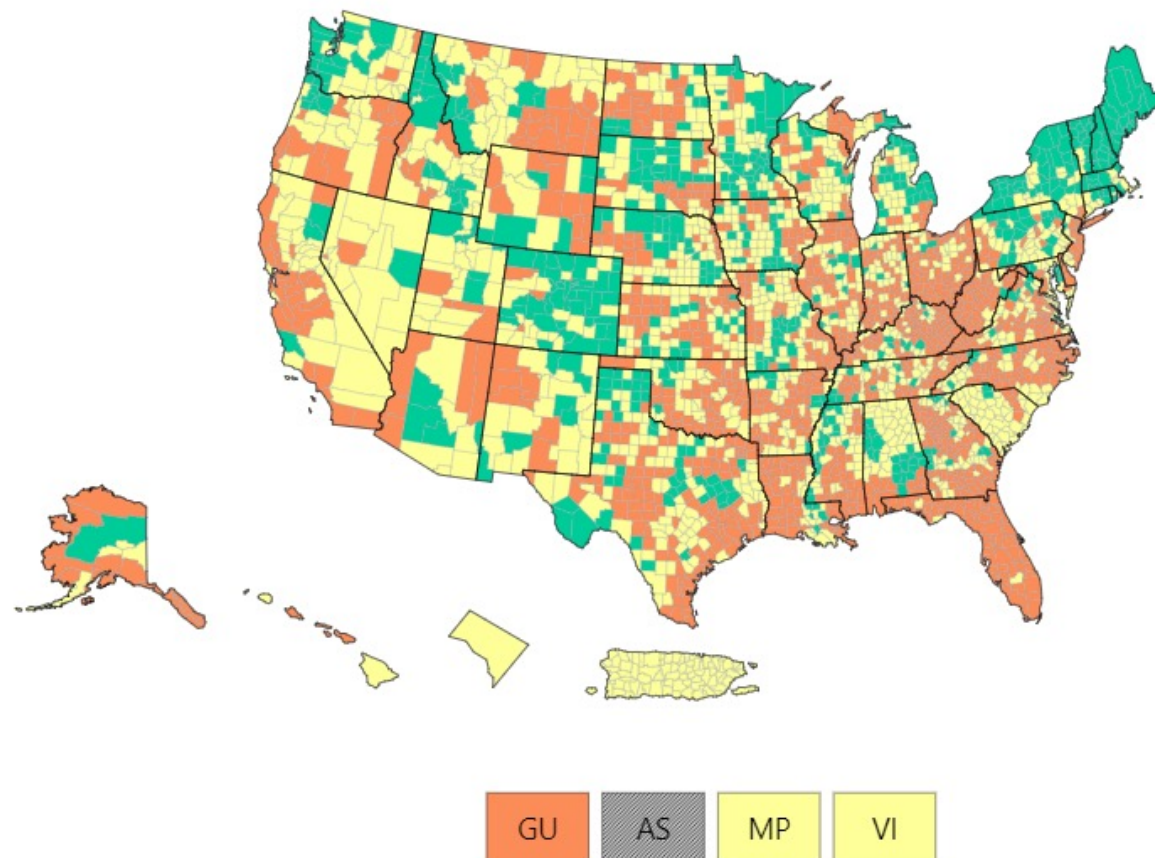


	DAILY AVG. ON AUG. 9	14-DAY CHANGE	TOTAL REPORTED
Cases	109,117	-15%	92,213,737
Test positivity	18%	—	—
Hospitalized	42,868	-2%	—
In I.C.U.s	4,957	Flat	—
Deaths	490	+13%	1,030,933

About this data



COVID-19 Community Levels of All Counties in US

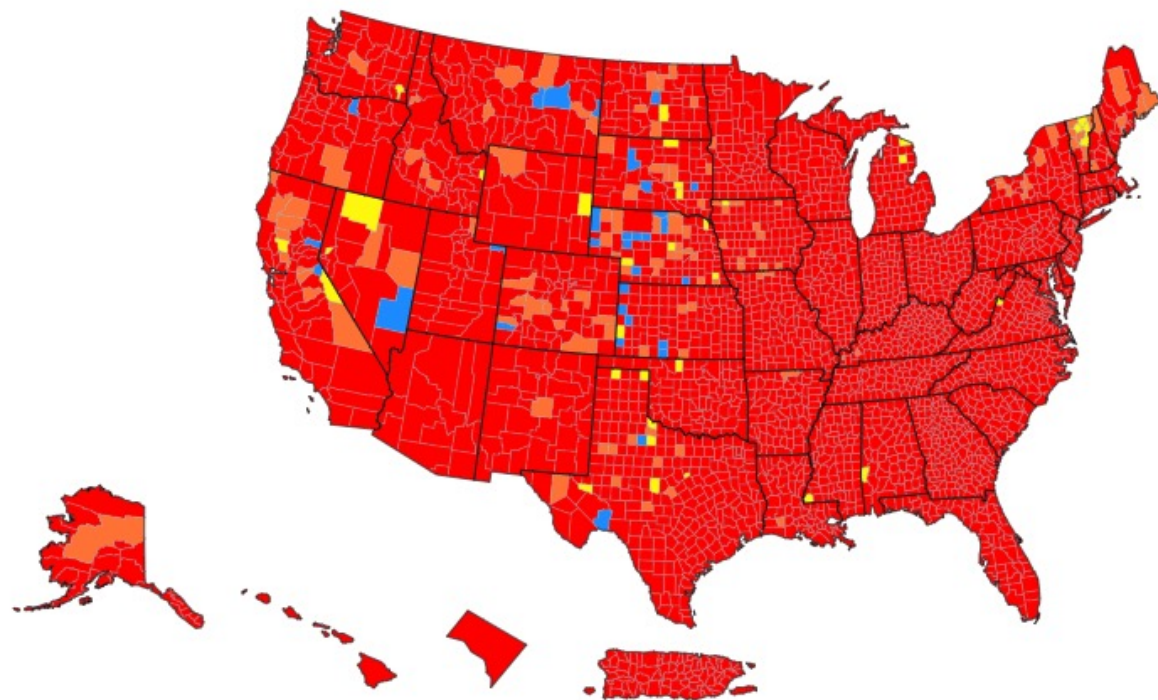


COVID-19 Community Levels in US by County

	Total	Percent	% Change
High	1344	41.7%	- 4.42%
Medium	1254	38.91%	3.49%
Low	625	19.39%	0.94%

[How are COVID-19 Community Levels calculated?](#)

Community Transmission of All Counties in US



Community Transmission in US by County

	Total	Percent	% Change
High	3026	93.92%	- 0.16%
Substantial	129	4%	0.4%
Moderate	35	1.09%	- 0.09%
Low	32	0.99%	- 0.16%

[How is community transmission calculated?](#)

SUMMARY CASES CASES BY ZIP TESTS VACCINES VACCINES BY ZIP

[? Learn how to use this dashboard.](#)

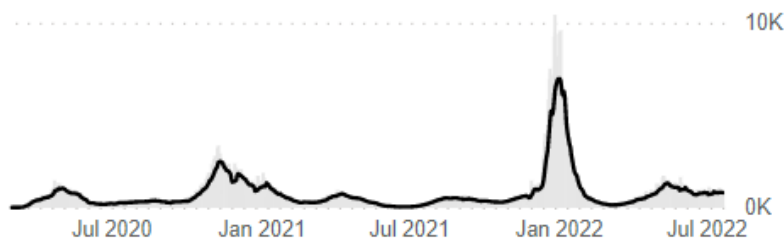
CASES

805 ▲
Current daily avg

804 (+0%)
Prior week

660,687
Cumulative

29.7
Daily rate per 100,000



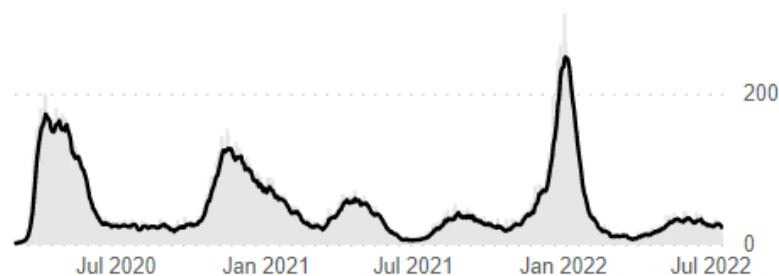
HOSPITALIZATIONS

23 ▼
Current daily avg

26 (-12%)
Prior week

44,372
Cumulative

0.8
Daily rate per 100,000



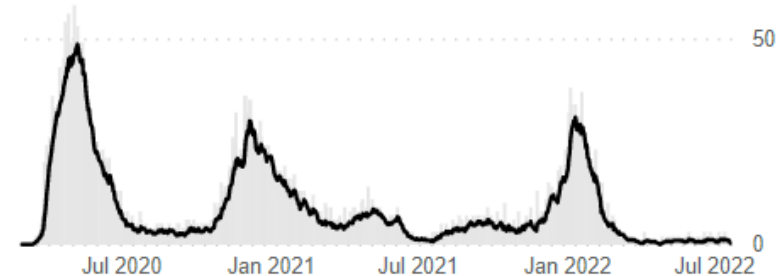
DEATHS

0.29 ▼
Current daily avg

1.29 (-78%)
Prior week

7,766
Cumulative

0.0
Daily rate per 100,000



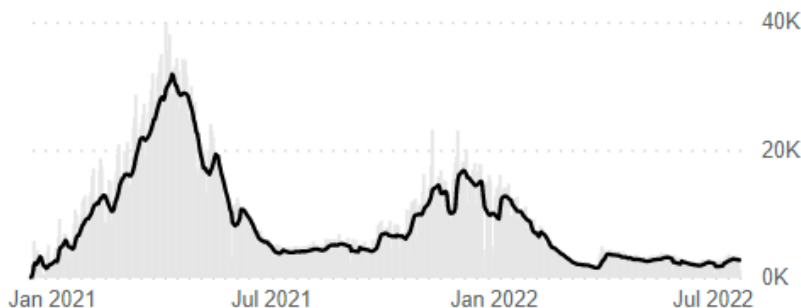
VACCINATIONS ADMINISTERED

2,736 ▼
Current daily avg

5,064,983
Cumulative

69.7%
Completed series

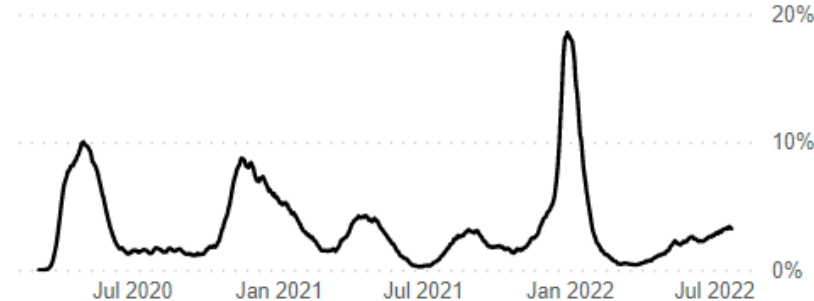
77.7%
At least one dose



EMERGENCY ROOM VISITS

3.2% ↔
Current daily avg

3.2%
Prior Week



HOSPITAL BEDS IN USE

4.5% ▲
Current daily avg

3.9%
Prior Week

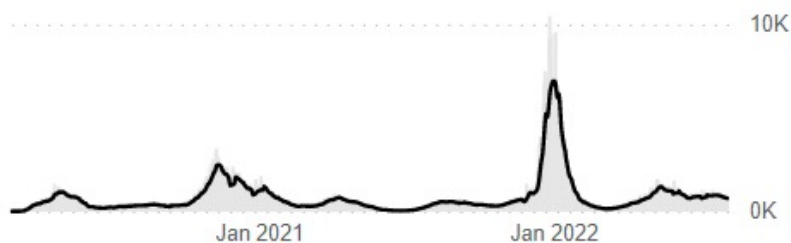


SUMMARY CASES CASES BY ZIP TESTS VACCINES VACCINES BY ZIP

[Learn how to use this dashboard.](#)

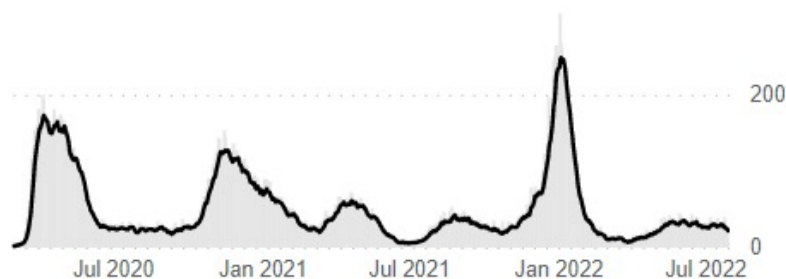
CASES

698 ▼ **804** (-13%) **671,952** **25.8**
Current daily avg Prior week Cumulative Daily rate per 100,000



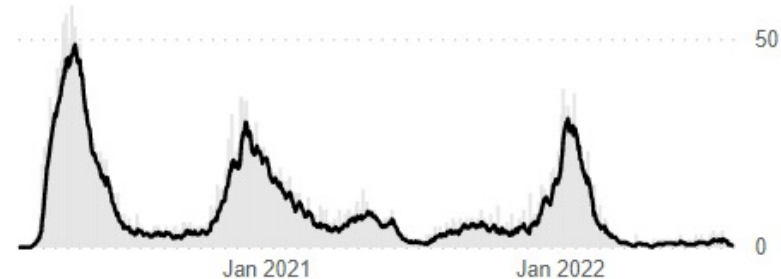
HOSPITALIZATIONS

22 ▼ **30** (-27%) **44,768** **0.8**
Current daily avg Prior week Cumulative Daily rate per 100,000



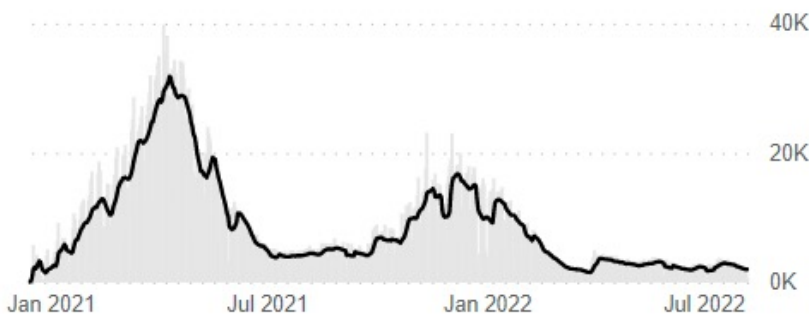
DEATHS

0.43 ▼ **1.43** (-70%) **7,792** **0.0**
Current daily avg Prior week Cumulative Daily rate per 100,000



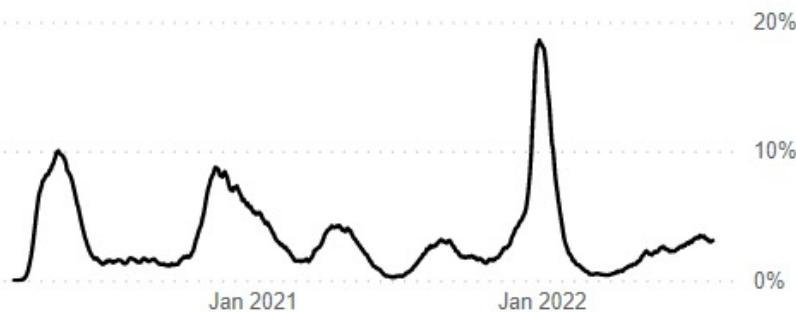
VACCINATIONS ADMINISTERED

1,977 ▼ **5,094,339** **69.9%** **77.9%**
Current daily avg Cumulative Completed series At least one dose



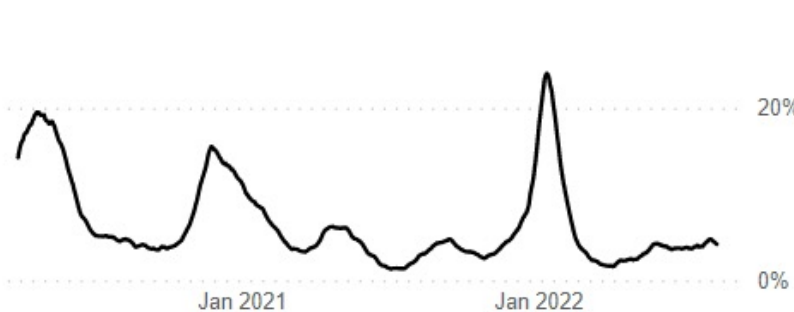
EMERGENCY ROOM VISITS

3.1% ▼ **3.2%**
Current daily avg Prior Week



HOSPITAL BEDS IN USE

4.2% ▼ **4.8%**
Current daily avg Prior Week



Our local risk based on CDC COVID-19 Community Levels is:

High

	New cases per 100,000 population (last 7 days) <i>[Goal is <200]</i>	New admissions per 100,000 population (last 7 days) <i>[Goal is <10]</i>	Percent of staffed inpatient beds occupied by COVID-19 patients (last 7 days) <i>[Goal is <10%]</i>
City of Chicago	200	4.8	4.7%
Cook County (including City of Chicago)	244	12.5	4.6%

Chicago metrics are calculated based on Chicago-level data.

Cook County metrics are calculated by the CDC and posted on the [CDC Community Levels website](#).

Data current as of 8/5/2022.

Ventilators In Use by COVID -19 Patients and Ventilators Available (8/9/2022)

25

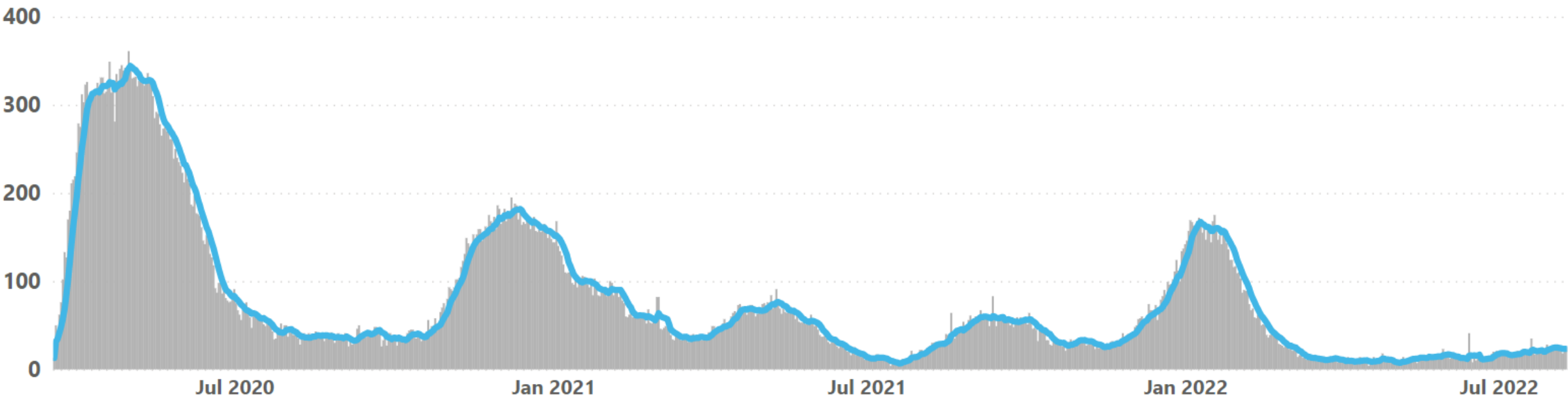
Ventilators In Use by COVID-19 Patients

70%

% Ventilators Available

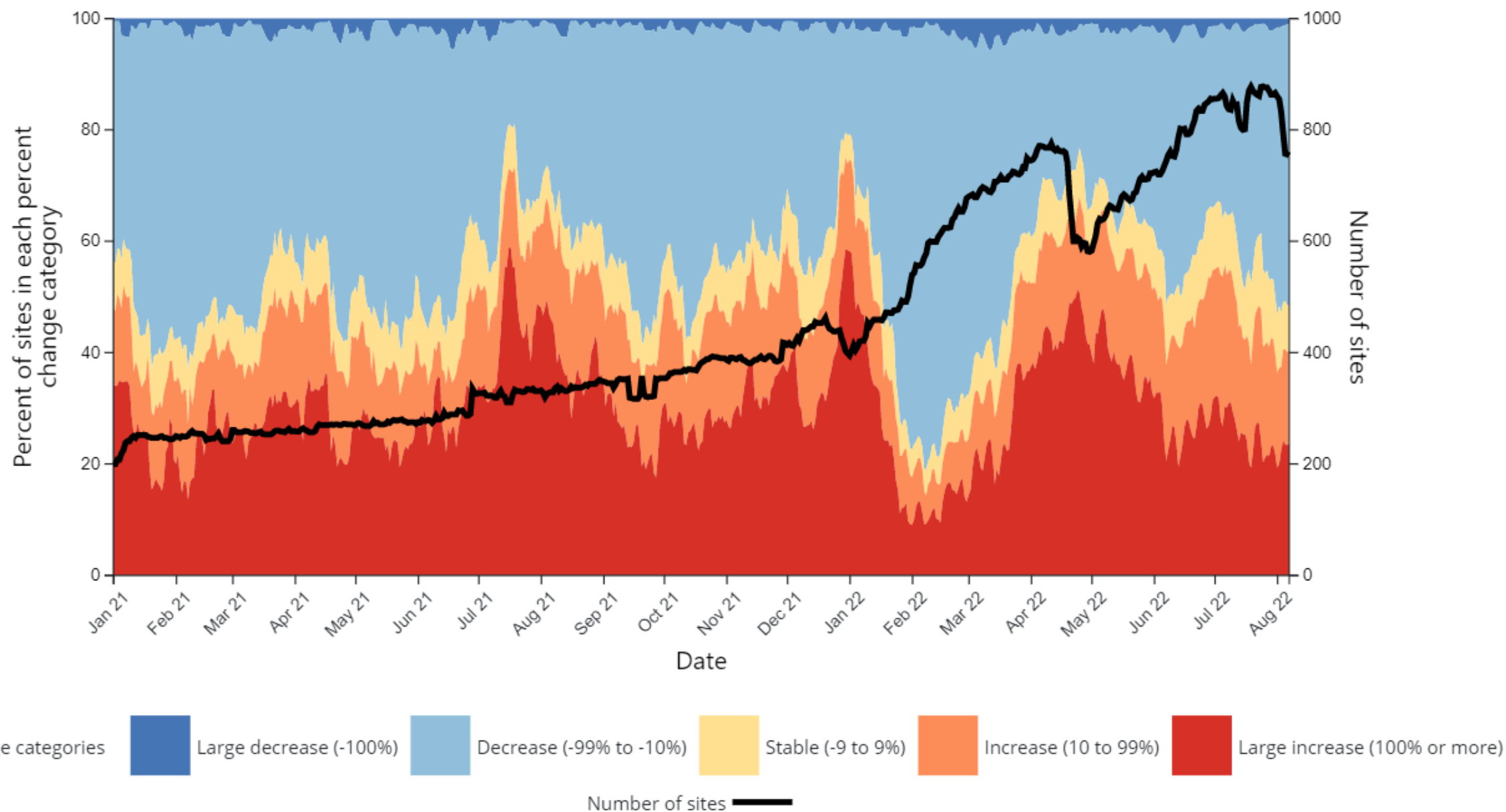
Ventilators In Use by COVID-19 Patients (3/19/2020 - 8/9/2022)

● Ventilators In Use by COVID-19 Patients ● 7-day Rolling Average



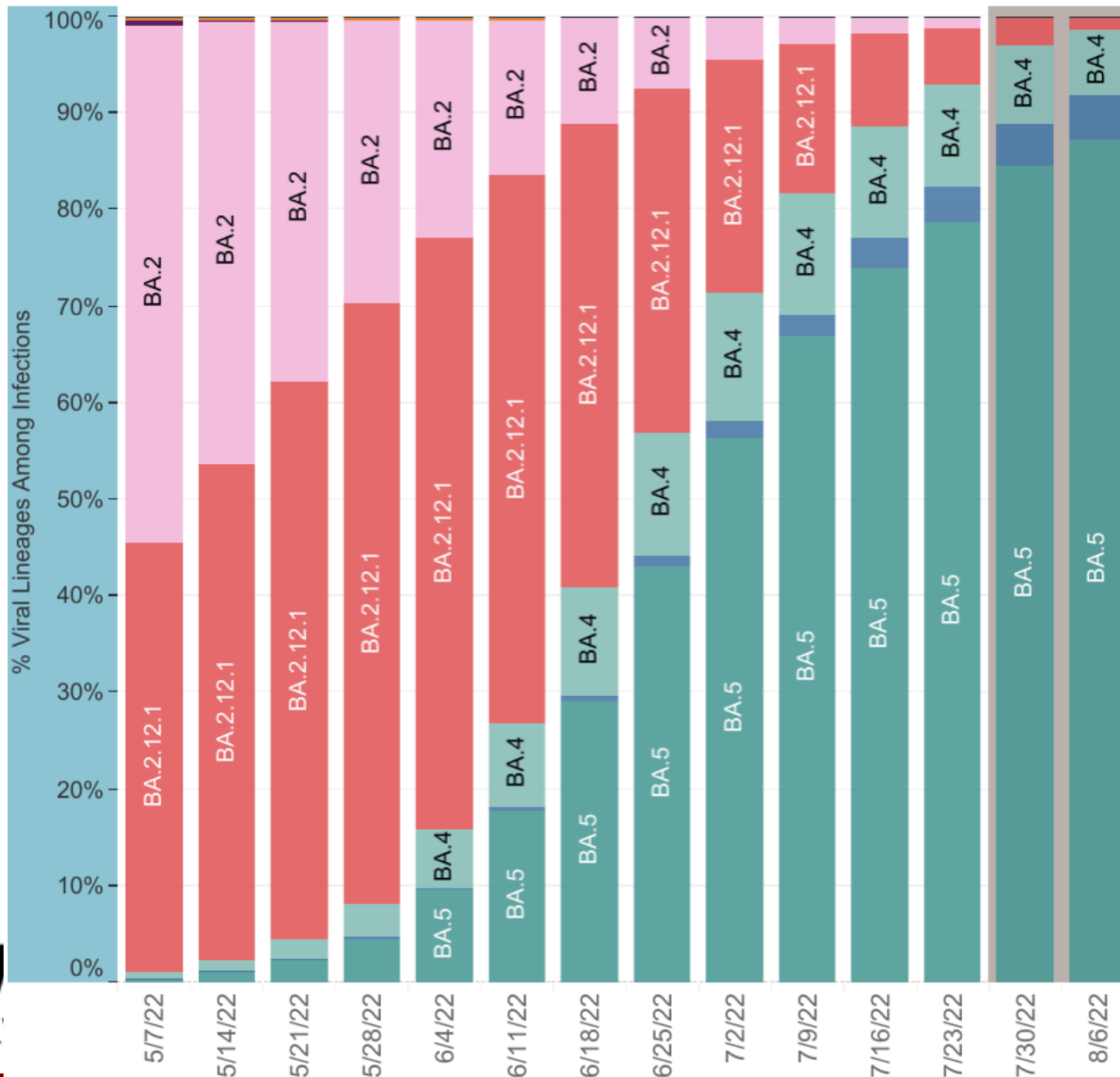
Last Updated (8/9/2022)

Percent of sites in each percent change category over time, United States



United States: 5/1/2022 – 8/6/2022

United States: 7/31/2022 – 8/6/2022 NOWCAST



USA

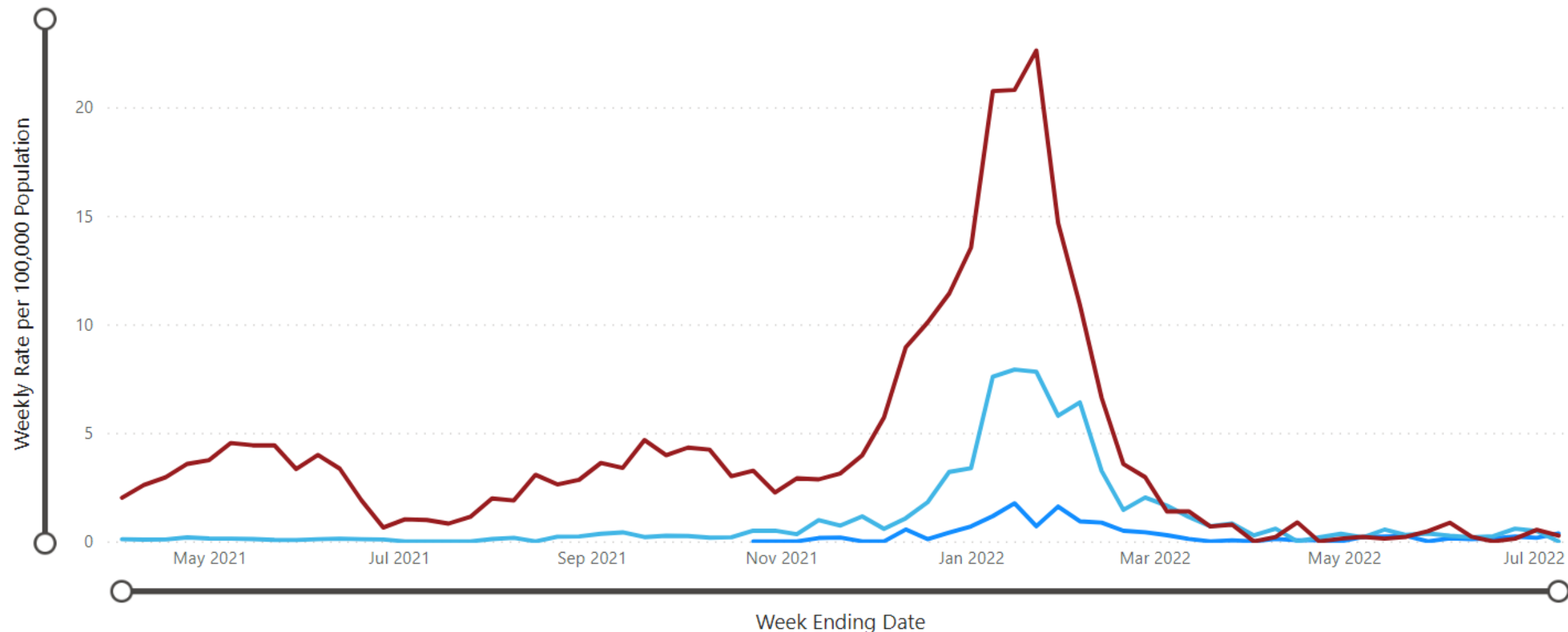
WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.5	VOC	87.1%	85.8-88.3%
	BA.4	VOC	6.6%	6.1-7.2%
	BA.4.6	VOC	4.8%	3.9-5.8%
	BA.2.12.1	VOC	1.5%	1.4-1.6%
	BA.2	VOC	0.1%	0.1-0.1%
	B.1.1.529	VOC	0.0%	0.0-0.0%
	BA.1.1	VOC	0.0%	0.0-0.0%
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
Other	Other*		0.0%	0.0-0.0%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.

** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates
 # AY.1-AY.133 and their sublineages are aggregated with B.1.617.2. BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. For regional data, BA.1.1 and its sublineages are also aggregated with B.1.1.529, as they currently cannot be reliably called in each region. Except BA.2.12.1, BA.2 sublineages are aggregated with BA.2. Except BA.4.6,

Weekly Rate of COVID-19 Deaths by Vaccination Status

● Boosted ● Fully Vaccinated ● Unvaccinated



Since the Omicron variant became dominant in Chicago, unvaccinated people had a

2.6X

higher risk of dying from COVID-19 compared to fully vaccinated people

Since the Omicron variant became dominant in Chicago, unvaccinated people had a

6.1X

higher risk of dying from COVID-19 compared to people who were boosted

COVID-19 Common Dosing Errors, Management and Prevention

General Best Practice Guidelines for Immunization

Clear Orders

Right Patient

Right Vaccine and Diluent

Right Dose

Right Site

Right Route

Right Needle Size

Right Documentation

<https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/downloads/general-recs.pdf>




Right Vaccine, Dose and Diluent

- Check vaccine and diluent
 - Do not mix vaccine vials of the same or different vaccines together
 - **Use only diluent supplied with vaccine (Peds Pfizer only)**
 - Do not mix COVID-19 Vaccines from different vials
 - If you do not have enough for a full dose you need to waste
 - Adjust in ICARE
- Label each vaccine after drawing up
- **Do you have the correct vaccine for patient age?**
 - Ask the patient their age not birthdate!
- Check again just before giving to patient

COVID-19 vaccine products currently approved or authorized in the United States

Pfizer-BioNTech							
Age indication	Vaccine vial cap color	Label border color	Dilution required	Primary series		Booster doses	
				Dose	Injection volume	Dose	Injection volume
6 months–4 years	Maroon	Maroon	Yes	3 µg	0.2 mL	NA	NA
5–11 years	Orange	Orange	Yes	10 µg	0.2 mL	10 µg	0.2 mL
12 years and older	Purple	Purple	Yes	30 µg	0.3 mL	30 µg	0.3 mL
12 years and older	Gray	Gray	No	30 µg	0.3 mL	30 µg	0.3 mL
Moderna							
Age indication	Vaccine vial cap color	Label border color	Dilution required	Primary series		Booster doses	
				Dose	Injection volume	Dose	Injection volume
6 months–5 years	Dark blue	Magenta	No	25 µg	0.25 mL	NA	NA
6–11 years	Dark blue	Purple	No	50 µg	0.5 mL	NA	NA
12–17 years	Red	Light blue	No	100 µg	0.5 mL	NA	NA
18 years and older	Red	Light blue	No	100 µg	0.5 mL	50 µg	0.25 mL
18 years and older	Dark blue	Purple	No	NA	NA	50 µg	0.5 mL
Janssen							
Age indication	Vaccine vial cap color	Label border color	Dilution required	Primary series		Booster doses	
				Dose	Injection volume	Dose	Injection volume
18 years and older	Blue	No Color	No	5×10 ¹⁰ viral particles	0.5 mL	5×10 ¹⁰ viral particles	0.5 mL
Novavax							
Age indication	Vaccine vial cap color	Label border color	Dilution required	Primary series		Booster doses	
				Dose	Injection volume	Dose	Injection volume
18 years and older	Royal blue	No Color	No	5 µg rS and 50 µg of Matrix-M™ adjuvant	0.5 mL	N/A	N/A

Pfizer Vaccine mcg/mL Dose and Diluent Chart

Pfizer-BioNTech COVID-19 Vaccine Products		
Maroon cap	Orange cap	Gray cap
		
3 mcg/0.2 ml (dilute before use)	10 mcg/0.2 ml (dilute before use)	30 mcg/0.3 ml

Age Indications and Formulation	6 months through 4 years (Primary Series)*	5 years through 11 years (Primary Series and Booster)	12 years and older (Primary Series and Booster)
Vial Cap Color	Maroon	Orange	Gray
Preparation	Dilute Before Use	Dilute Before Use	Do Not Dilute
Amount of Diluent Needed per Vial ^a	2.2 mL	1.3 mL	
Dose Volume/Dose	0.2 mL/3 mcg	0.2 mL/10 mcg	

Moderna Dosage Chart mcg/mL Dose

Moderna COVID-19 Vaccine Products

Blue cap/magenta label



25 mcg/0.25 ml

Blue cap/purple label



50 mcg/0.5 ml

Red cap/blue label



100 mcg/0.5 ml
booster: 50 mcg/0.25 ml

Age Indications and Formulation	6 months through 5 years (Primary Series)	6 years through 11 years (Primary Series) 18 years and older (Booster Dose)	12 years and older (Primary Series)* 18 years and older (Booster Dose)	
Vial Cap Color	Dark blue	Dark blue	Red (5.5 mL)	Red (7.5 mL)
Vial Label Border Color	Magenta	Purple	Light Blue	Light Blue
Preparation	Do Not Dilute	Do Not Dilute	Do Not Dilute	
Dose Volume/Dose	0.25 mL/25 mcg	0.5 mL/50 mcg	0.5 mL/100 mcg primary 0.25 mL/50 mcg booster	

Drawing Up Vaccines

- NO vaccine mixing
- Labeling system

Pfizer COVID-19 Vaccine

Dose: 10 mcg/0.2 mL

Lot # _____

BUD: _____ date @ _____ time

Age: 5 to 11 years

Moderna COVID-19 Vaccine Products

Blue cap/magenta label



25 mcg/0.25 ml

Blue cap/purple label



50 mcg/0.5 ml

Red cap/blue label



100 mcg/0.5 ml
booster: 50 mcg/0.25 ml

Pfizer-BioNTech COVID-19 Vaccine Products

Maroon cap



3 mcg/0.2 ml
(dilute before use)

Orange cap



10 mcg/0.2 ml
(dilute before use)

Gray cap



30 mcg/0.3 ml

Pfizer COVID-19 Vaccine

Dose: 30 mcg/0.3 mL

Lot # _____

BUD: _____ date @ _____ time

Age: 12 years to adult

Emergency Use Authorization (EUA)

- Allowance of access to critical medicines and medical products during a public health emergency.
 - An EUA is different from the Food and Drug Administration's (FDA's) authorization/approval versus licensure
- Criteria for an EUA Issuance:
 - Consent Form is not required at the federal level
 - Vaccine Information Sheet (VIS) will not be provided
 - EUA Fact Sheet will be provided

Adverse Reactions and Contraindications

Adverse Reactions

- Sometimes there are “side effects” that happen after a vaccine is given
- Types and examples of most common adverse reactions
 - Local (swelling at injection site)
 - Systemic (fever)
 - Allergic (anaphylaxis)
- Unsure whether a child has experienced an adverse reaction?
 - Check with the doctor or nurse
 - Use and review screening form
 - Screening for contraindications before administering vaccines can help prevent adverse reactions

Parent name: _____ Date of birth: ____/____/____
(mm) (dd) (yy)

Screening Checklist for Contraindications to Vaccines for Children and Teens

For parents/guardians: The following questions will help us determine which vaccines your child may be given today. If you answer "yes" to any question, it does not necessarily mean your child should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	Yes	No	Don't Know
1. Is the child sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the child have allergies to medications, food, a vaccine component, or latex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the child had a serious reaction to a vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the child had a health problem with lung, heart, kidney or metabolic disease (e.g., diabetes), asthma, or a blood disorder? Is he/she on long-term aspirin therapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If the child to be vaccinated is between the ages of 2 and 4 years, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If your child is a baby, have you ever been told he or she has had intussusception?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the child, a sibling, or a parent had a seizure, has the child had brain or other nervous system problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the child have cancer, leukemia, HIV/AIDS, or any other immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. In the past 3 months, has the child taken medications that weaken their immune system, such as corticosteroids, prednisone, other steroids, or anticancer drugs, or had radiation treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. In the past year, has the child received a transfusion of blood or blood products, or been given immune globulin or an antineoplastic drug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the child pregnant or is there a chance she could become pregnant during the next month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has the child received vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form completed by: _____ Date: _____
Form reviewed by: _____ Date: _____

Did you bring your child's immunization record card with you? yes ☐ no ☐

It is important to have a personal record of your child's vaccinations. If you don't have one, ask the child's healthcare provider to give you one with all your child's vaccinations on it. Keep it in a safe place and bring it with you every time you seek medical care for your child. Your child will need this document to enter day care or school, for employment, or for international travel.

National content reviewed by the Centers for Disease Control and Prevention. www.immunization.org/faq/faq03.pdf • Rev. 4/2010 (2010)
Immunization Action Coalition • 1175 S. Dearborn Ave. • 3d Fl. • Chicago, IL 60605 • (312) 447-8000 • www.immunization.org • www.vaccinationinformation.org

Know Possible Side-effects

- Unsure whether a child has experienced an adverse reaction?
 - Use and review screening form
 - Screening for contraindications before administering vaccines can help prevent adverse reactions
- Types and examples of most common adverse reactions
 - Local (swelling at injection site)
 - Systemic (fever)
 - Allergic (anaphylaxis)

Patient name: _____ Date of birth: ____/____/____

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	Yes	No	Don't know
1. Is the child sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the child have allergies to medications, food, a vaccine component, or latex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the child had a serious reaction to a vaccine in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the child had a health problem with lung, heart, kidney or metabolic disease (e.g., diabetes), asthma, or a blood disorder? Is he/she on long-term aspirin therapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If the child to be vaccinated is between the ages of 2 and 4 years, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If your child is a baby, have you ever been told he or she has had intussusception?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the child, a sibling, or a parent had a seizure, has the child had brain or other nervous system problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the child have cancer, leukemia, HIV/AIDS, or any other immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. In the past 3 months, has the child taken medications that weaken their immune system, such as corticosteroids, prednisone, other steroids, or anticancer drugs, or had radiation treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the child/teen pregnant or is there a chance she could become pregnant during the next month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has the child received vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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It is important to have a personal record of your child's vaccinations. If you don't have one, ask the child's healthcare provider to give you one with all your child's vaccinations on it. Keep it in a safe place and bring it with you every time you seek medical care for your child. Your child will need this document to enter day care or school, for employment, or for international travel.

Immunization Action Coalition • 1075 Selby Ave. • St. Paul, MN 55105 • (612) 647-9009 • www.imzaction.org • www.contraindication.org

Allergic Reactions or Syncope

rare, but be prepared

- Prevent syncope (teens, young adults)
 - Sit or lie down for immunization
 - Wait 15-20 minutes after immunization
- Allergic reactions
 - Have a written plan, practice drill
 - Keep CPR certification current
 - Know where epinephrine and equipment to maintain airway are kept
 - Call for MD or NP and call 911
- Document – patient chart, VAERS, registry

COVID-19:Administrative Errors and Deviations

Vaccines	Type	Administration error/deviation	Interim recommendation
All currently authorized vaccines (Pfizer-BioNTech Moderna, and Janssen COVID-19 vaccines) Inactive ingredients	Site/route	<ul style="list-style-type: none"> Incorrect site (i.e., site other than the deltoid muscle [preferred site] or anterolateral thigh [alternate site]) 	<ul style="list-style-type: none"> Do not repeat dose.* Inform the recipient of the potential for local and systemic adverse events.
		<ul style="list-style-type: none"> Incorrect route (e.g., subcutaneous) 	<ul style="list-style-type: none"> Do not repeat dose.* Inform the recipient of the potential for local and systemic adverse events.
	Age	<ul style="list-style-type: none"> Unauthorized age group 	<ul style="list-style-type: none"> If received dose at age less than 16 years, do not give any additional dose at this time.[∞] If age 16 to 17 years and a vaccine other than Pfizer-BioNTech was inadvertently administered: <ul style="list-style-type: none"> If Moderna vaccine administered as the first dose, may administer Moderna vaccine as the second dose (as off-label use, because Moderna vaccine is not authorized in this age group). If Janssen vaccine administered, do not repeat dose with Pfizer-BioNTech vaccine.
	Dosage	<ul style="list-style-type: none"> Higher-than-authorized dose volume administered 	<ul style="list-style-type: none"> Do not repeat dose.*†
		<ul style="list-style-type: none"> Lower-than-authorized dose volume administered (e.g., leaked out, equipment failure, recipient pulled away) 	<ul style="list-style-type: none"> If more than half of the dose was administered, do not repeat dose.* If less than half of the dose was administered or the proportion of the dose cannot be estimated, administer the authorized dose immediately (no minimum interval) in the opposite arm.[#]
	Storage and handling	<ul style="list-style-type: none"> Dose administered after improper storage and handling (e.g., temperature excursion, more than allowed time after first vial puncture) 	<ul style="list-style-type: none"> Contact the manufacturer for guidance. If the manufacturer provides information supporting that the dose should be repeated, the repeated dose may be given immediately (no minimum interval) in the opposite arm.
		<ul style="list-style-type: none"> Dose administered past the expiration/ beyond-use date 	<ul style="list-style-type: none"> Contact the manufacturer for guidance. If the manufacturer provides information supporting that the dose should be repeated, the repeated dose may be given immediately (no minimum interval) in the opposite arm.
	Coadministration	<ul style="list-style-type: none"> Dose administered within 14 days before or after another (i.e., non-COVID-19) vaccine 	<ul style="list-style-type: none"> Do not repeat COVID-19 vaccine* or other vaccine(s) doses. This deviation from CDC guidance does not require VAERS reporting.
		<ul style="list-style-type: none"> Dose administered within 90 days of monoclonal antibodies or convalescent plasma for COVID-19 treatment 	<ul style="list-style-type: none"> Do not repeat COVID-19 vaccine dose. If person has already received one mRNA COVID-19 vaccine dose, defer administration of second dose for 90 days following receipt of antibody therapy. This deviation from CDC guidance does not require VAERS reporting.

mRNA vaccines only (Pfizer-BioNTech and Moderna)	Intervals	<ul style="list-style-type: none"> Second dose administered fewer than 17 days (Pfizer-BioNTech) or fewer than 24 days (Moderna) after the first dose (i.e., administered earlier than the 4-day grace period) 	<ul style="list-style-type: none"> Do not repeat dose.
		<ul style="list-style-type: none"> Second dose administered more than 42 days after the first dose 	<ul style="list-style-type: none"> Do not repeat dose. This deviation from CDC guidance does not require VAERS reporting.
	Mixed series	<ul style="list-style-type: none"> Incorrect mRNA COVID-19 vaccine product administered for second dose in 2-dose series 	<ul style="list-style-type: none"> Do not repeat dose.[§]
Pfizer-BioNTech only	Diluent	<ul style="list-style-type: none"> ONLY diluent administered (i.e., sterile 0.9% sodium chloride) 	<ul style="list-style-type: none"> Inform the recipient that no vaccine was administered. Administer the authorized dose immediately (no minimum interval) in the opposite arm.[#]
		<ul style="list-style-type: none"> No diluent, resulting in higher than authorized dose (i.e., 0.3 ml of undiluted vaccine administered) 	<ul style="list-style-type: none"> Do not repeat dose.^{*†} Inform the recipient of the potential for local and systemic adverse events.
		<ul style="list-style-type: none"> Incorrect diluent type (e.g., sterile water, bacteriostatic 0.9% NS) 	<ul style="list-style-type: none"> Contact the manufacturer for guidance. If the manufacturer provides information supporting that the dose should be repeated, the repeated dose may be given immediately (no minimum interval) in the opposite arm.
		<ul style="list-style-type: none"> Incorrect diluent volume (i.e., the vial contents were diluted with a diluent volume other than 1.8 ml, but a 0.3 ml dose was still administered) 	<ul style="list-style-type: none"> For doses administered with diluent volume less than 1.8 ml, inform the recipient of the potential for local and systemic adverse events.^{*†} For doses administered with diluent volume greater than 1.8 ml, do not repeat dose. * (Note: Dilution with a volume up to 4.0 ml [which exceeds vial capacity] results in more-than-half of the authorized dose administered.)

COVID-19 Vaccine

Administration Errors and Deviations



A vaccine administration error is any preventable event that may cause or lead to inappropriate use of vaccine or patient harm. This table provides resources for preventing and reporting COVID-19 vaccine administration errors, as well as actions to take after an error has occurred. For completeness, it includes additional scenarios that deviate from CDC recommendations for vaccine intervals but are not considered administration errors.

For all vaccine administration errors:

- Inform the recipient of the vaccine administration error.
- Consult with the state immunization program and/or immunization information system (IIS) to determine how the dose should be entered into the IIS, both as an administered dose and to account for inventory.
- Follow the revaccination guidance below, using an age-appropriate COVID-19 vaccine and formulation. Continue with the recommended schedule of subsequent dose(s) unless otherwise noted.
 - For doses recommended to be repeated, consider delaying the repeat dose for 8 weeks after the invalid dose based on the potential for increased reactogenicity and the rare risk of myocarditis from mRNA COVID-19 vaccines, particularly among males 12-39 years of age.
- The recommendations apply to all FDA-approved or FDA-authorized COVID-19 vaccines and all doses unless otherwise stated.
- Providers are required to report all COVID-19 vaccine administration errors—even those not associated with an adverse event—to VAERS.
- Determine how the error occurred and implement strategies to prevent it from happening again.

VACCINE ADVERSE EVENT REPORTING SYSTEM (VAERS): providers

- Is a national vaccine safety surveillance program used to detect possible safety issues with vaccines?
- Submit all vaccine administration errors and adverse events to VAERS (link is external).
- Educate patients on VAERS and how to access the system.
- Familiarize yourself with the specific EUA reporting requirements including:
 - Vaccine administration errors whether associated with an adverse event or not
 - Serious adverse events; irrespective of attribution to vaccination
 - Cases of Multisystem Inflammatory Syndrome (MIS) in adults
 - Cases of COVID-19 that result in hospitalization or death

Questions?

Next Session: Wednesday, August 24th

For any questions, email us at
kshwest@peds.bsd.uchicago.edu