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Missouri COVID-19 Vaccinator Newsletter

October 22, 2021

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Revised Vaccine Administration Standing Orders

Revised standing orders for Moderna and Johnson & Johnson vaccines can be found [on our website](#). Additionally, attestation forms for both booster doses and third doses (immunocompromised) for Moderna and Pfizer doses are available on this [page](#).

Summary of Oct. 21 ACIP Meeting

The ACIP committee voted unanimously to recommend both the Moderna 50 ug (half dose) booster dose and the Johnson & Johnson booster dose. Please see the [interim clinical considerations](#) to review the additional language for boosting and heterologous mixing reviewed by the committee.

- The committee voted 15-0 to recommend the **Moderna 50 µg (half dose) booster dose for adults 18+ at least 6 months after the second dose of the primary series in the same risk groups as recommended for the Pfizer booster**: “A single COVID-19 vaccine booster dose is recommended greater than or equal to 6 months after completion of an mRNA primary series, in the same risk groups for whom CDC recommended a booster of Pfizer-BioNTech, under FDA’s Emergency Use Authorization”
- The committee voted 15-0 to recommend the Johnson & Johnson booster dose for all adults **18 and older who received the J&J primary series at least 2 months after the initial dose** : “A single COVID-19 vaccine booster dose is recommended for persons aged 18 years and older, greater than or equal to 2 months after receipt of the initial Janssen dose, under the FDA’s Emergency Use Authorization.”

Moderna/J&J Boosters: The committee was presented sponsor data from Moderna, Johnson & Johnson, NIH (mixing and matching boosters), as well as safety data. Overall, the Moderna half dose booster and the Johnson & Johnson booster are safe and offer high levels of immunogenicity. There were similar rates of adverse reactions for both the J&J and Moderna booster doses as compared to the primary series, showing mild to moderate in severity with no severe SAE’s/ASEs of interest. Cases of myocarditis related to mRNA vaccines (mostly in young men), and cases of GBS (mostly in middle-aged adults) and Thrombosis with thrombocytopenia (mostly in young women) related to the Janssen vaccine continue to remain very rare. However, committee members remain concerned about lack of data on TTS and myocardial infarctions related to booster doses. The committee also discussed challenges in tracking and managing inventory for the 50 µg dose Moderna booster, but no resolutions to this issue were presented.

Heterologous Booster Doses: Heterologous booster doses elicited similar or higher serologic responses as compared to their respective homologous booster responses and no safety concerns were identified with “mixing” vaccine doses. The committee felt strongly that allowing for permissive and flexible language on heterologous booster doses will likely increase vaccine access, improve the booster dose campaign, reduce safety concerns, and increase equity. A few voting members noted that for young women with TTS concerns related to the J&J vaccine, and young men with myocardial concerns related to mRNA vaccines will have the opportunity to receive a potentially safer and equally efficacious booster dose. Overall, members did not express any large concerns regarding mixing booster doses and felt that this option is necessary. The clinical considerations for heterologous mixing read as follows. There was NO vote on mixing booster doses:

- The same product that was used for the primary regimen **should** be used for the booster. If that is not available **or** another product is preferred, heterologous boosting with a single dose of any of the authorized COVID-19 vaccine boosters is acceptable.
- Heterologous dosing may be considered for the booster dose only.
- Individual benefit-risk assessment may inform which booster product to use.

Final Discussion: Prior to the final vote, the committee had a robust discussion regarding the specific booster language for both the Moderna and J&J vaccines. While some felt that data fails to support the need for Moderna boosters for younger populations, others felt strongly that permissive and flexible language for boosting is necessary. Many voting members felt more strongly towards a J&J booster. Furthermore, there was discussion on whether or not those who received an “additional dose” of an mRNA vaccine due to immunocompromising conditions should/will receive a 4th dose (booster) in the coming months. This topic will likely be addressed in the near future.

VRBPAC will meet next week on **October 26** to discuss the pediatric Pfizer COVID-19 vaccine for ages 5-11. The current product available for individuals should **not** be used for pediatric populations 11 years of age and younger. A different formulation will be announced for this age group.

Entering Moderna Booster Doses

A Moderna booster dose is 0.25ml. The dose should be entered as follows:

- HL7 senders need to be sure and include the correct dosage volume in the message.
- Flat file senders need to be sure and include the correct dosage volume in the file.
- Direct entry users need to manually edit the dosage on the Administer Vaccines screen:

Administer

The screenshot shows the 'Administer' form with the following fields and options:

- Priority Group: [Dropdown]
- Patient is VFC eligible: [Red text]
- Vaccination Time: [HH:MM AM/PM] (HH:MM A/P)
- Administered By: [Dropdown]
- Refusal Reason: [Dropdown]
- Vaccine: COVID-19 mRNA (MOD) [Dropdown]
- Mfg | Lot | Exp Date (MM/DD/YY) | Funding Src | Inv Loc | NDC: [Dropdown]
- Did not Admin: [Checked]
- Delete: [Unchecked]
- VFC: Is underinsured [Text]
- Body Site: [Dropdown]
- Route: [Dropdown]
- Dosage: [Text input field, highlighted with a purple box and callout bubble]
- Refusal Reason: [Dropdown]
- Campaign: [Dropdown]

Clinical Guidelines for Moderna Booster and Third Doses

Moderna booster dose (this is for the 6-month booster dose only)

- Administer a 50mcg/ 0.25ml dose of Moderna at least 6 months after the last dose.
- Please note that the Moderna vial can only support 20 doses total. Any further puncture of the vial could result in contaminated doses of vaccines.

Moderna third doses (for moderately to severely immunocompromised individuals)

- This dose is still at 0.5ml administered at least 28 days after the second dose.

COVID-19 Vaccine Ordering Reminder

COVID-19 vaccine orders are not being accepted through ShowMeVax. Enrolled providers who would like to submit a vaccine order have until Wednesday at 5:00 p.m. for delivery the following week. Vaccine orders **must be** submitted at <https://health.mo.gov/COVIDVaccineOrders>.

Orders placed before Wednesday at 5:00 p.m. will be processed on Friday/Saturday and set for delivery the following week between Tuesday – Thursday. As there is not a shortage of vaccine, all orders are being processed as requested. If there are issues or questions regarding your order, you will be contacted by the ordering team. Email confirmations are no longer being sent once an order has been placed.

If you have questions or need to make changes to an order, please send an email to covidvaccineorders@health.mo.gov.

Pfizer Offers COVID-19 Vaccine Medical Updates

Pfizer Vaccines US Medical Affairs will be hosting “**Medical Updates**” for its COVID-19 vaccine (with its partner BioNTech) on Tuesdays, at 5pm ET, and Thursdays, at 12pm ET, for the remainder of 2021.

These sessions will be **continuously updated** to reflect new information and changes that evolve. Such updates will be identified at the start of each session and further explained during each presentation.

Session topics, subject to change, may include:

- FDA indication & authorizations
- CDC/ACIP recommendations
- Packaging/presentation updates
- Storage, handling, & administration
- Test your knowledge (Q&A scenarios for various storage & expiry conditions)

Remaining October 2021 Sessions

Please click on the links below to join the sessions at the designated times.

Date & Time	Password
Attendee link – October 26 – 5 PM ET	vuPhUsbD258
Attendee link – October 28 – 12 PM ET	9ywEun8Mjs7

CDC Statement on Pregnancy Health Advisory

Today, CDC issued an urgent health advisory to increase COVID-19 vaccination among people who are pregnant, recently pregnant (including those who are lactating), who are trying to become pregnant now, or who might become pregnant in the future to prevent serious illness, deaths, and adverse pregnancy outcomes.

The CDC health advisory [strongly recommends COVID-19 vaccination](#) either before or during pregnancy because the benefits of vaccination for both pregnant persons and their fetus or infant outweigh known or potential risks. Additionally, the advisory calls on health departments and clinicians to educate pregnant people on the benefits of vaccination and the safety of recommended vaccines.

According to CDC data, only 31 percent of pregnant people have been vaccinated against COVID-19 and vaccination rates vary markedly by race and ethnicity. Vaccination coverage is highest among Asian people who are pregnant (45.7 percent), but lower among Hispanic or Latino pregnant people (25 percent), and lowest among Black pregnant people (15.6 percent).

Through September 27th, there were more than [125,000 confirmed cases of COVID-19 in pregnant people](#) including more than 22,000 hospitalized and 161 deaths; of which, 22 deaths occurred in the month of August alone. Cases of COVID-19 in symptomatic, pregnant people have a two-fold risk of admission into intensive care and a 70 percent increased risk of death. Pregnant people with COVID-19 are at increased risk of adverse pregnancy outcomes that could include preterm birth, stillbirth, and admission into the ICU of a newborn also infected with COVID-19.

The advisory can be found at <https://emergency.cdc.gov/han/2021/han00453.asp>.

Upcoming Expirations

Enrolled providers have vaccine inventory that may expire soon (including many lots of the Johnson & Johnson/Janssen vaccine). We encourage all providers to check your inventory, dispose of expired vaccine, update vaccine inventory records, and submit vaccine wastage reports.

Check Inventory

- Determining when a vaccine or diluent expires is a critical step in proper storage and handling. Expired vaccines and diluents must be removed immediately from storage units to avoid inadvertently administering them.
- Any vial of J&J that has a date prior to September 23, 2021 has expired. There will be no more extension.
 - [J&J](#) has an expiration date look up website.
- [Moderna](#) also has an expiration date look up website.
- The COVID-19 Vaccine Lot Number report, available via CDC's Vaccine Code Set Management Service, can help identify expired inventory. The report is updated daily with COVID-19 vaccine lot numbers and expiration dates provided to CDC by vaccine manufacturers.
 - If you have not yet registered for the report, visit [CDC's Vaccine Lot Number and Expiration Date webpage](#) and complete the registration form to request access.

Update Vaccine Inventory Records

Update your inventory in Vaccinefinder/Vaccines.gov and in ShowMeVax.

Report Flu Vaccine Stock Status on Vaccines.gov

Providers and pharmacies are now able to report flu vaccine stock status (*In stock* or *Out of stock*) for display on [Vaccines.gov](https://www.vaccines.gov) through your COVID Locating Health Portal account. In the coming weeks, CDC's National Flu Vaccination Campaign will be promoting Vaccines.gov as a source to find flu vaccines. Please help ensure that the public can find flu vaccines near them by updating your flu vaccine stock status.

Flu vaccine stock status can be updated in the same way as COVID-19 vaccines in the COVID Locating Health Portal.

1. **Add vaccines:** Select from a list of 2021-2022 flu vaccine NDCs and add them to your locations to report stock status. The following flu vaccine categories will be displayed on Vaccines.gov:
 - a. Flu Shot: all non-high dose quadrivalent shot NDCs (Afluria, FluLaval, and Fluzone) will be grouped together under the searchable name "Flu Shot".
 - b. Flu Shot (egg-free): all egg free NDCs (Flublock and Flucelvax) will be grouped together under the searchable name "Flu Shot (Egg Free)".
 - c. Flu Shot (65+, high-dose or adjuvanted): all high-dose and adjuvanted NDCs (Fluzone High Dose and Fluad) will be grouped together under the searchable name "Flu Shot (65+, high-dose or adjuvanted)".
 - d. Flu Nasal Spray: FluMist nasal spray will be searchable under the name "Flu Nasal Spray".
2. **Display your locations** on Vaccines.gov and **update In Stock status** using the log manually or file upload options.
 - a. **Log manually:** Toggle Display to the Public to On and then update the In Stock status (Yes=In stock, No=Out of stock).
 - b. **File upload:** Download a blank file template with all your locations and update the In Stock column (Yes=In stock, No=Out of stock).
3. **Update information at least every 2 weeks.** Locations set to display to the public that have not updated their stock status in 2 weeks will show as "Call to confirm" for each flu vaccine.

Providers are not required to report on-hand inventory doses of flu vaccines. For more details on how to report this information, please review instructions on the Provider Resources page under the Flu Vaccine Reporting section (<https://www.vaccines.gov/covid-provider-resources/>).

Have Your Local Vaccination Events Posted for Public on MOStopsCovid.com

Want to further promote your COVID-19 vaccine clinic? MOStopsCovid.com continues to be the go-to place the State and many partners are pointing individuals to when they decide to become vaccinated. We now have a simple form you can fill out to have your standing clinic, one-time clinic or multi-day clinic listed on MOStopsCovid.com by region.



To have your clinic included, [complete this form](#).
To make *changes* to the clinic you have already submitted, [complete this form](#).

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Need more information?

We continuously update Missouri's [vaccinator resource hub](#) with information on the authorized vaccines, guidance, past newsletters, vaccinator FAQs and training opportunities. More commonly used resources are below.

- [Weekly vaccine distribution analyses](#)
- [Vaccinator supply data](#)
- [Vaccinations data – Missouri](#)
- [Vaccinations data – CDC](#)
- [Messaging toolkit](#)

DHSS contacts by topic area:

- ShowMeVax enrollment support: [Cathy Kennon](#)
- ShowMeVax troubleshooting: vfc-smvsupport@health.mo.gov
- Reporting Dose Administration assistance: ImmunizationHL7Onboarding@health.mo.gov
- Adverse events/clinical assistance: [Lana Hudanick](#)
- Vaccine redistribution: covidvaccineredistribution@health.mo.gov
- Ordering and supply management support: covidvaccineorders@health.mo.gov
- Additional PPE and other equipment: [Jenn Stockman](#)
- Newsletters/website: [Lisa Cox](#)
- All other questions: CovidVaccine@health.mo.gov



Missouri Department of Health & Senior Services

Health.Mo.Gov

COVID-19 Hotline: 877-435-8411