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# Missouri COVID-19 Vaccinator Newsletter

February 20, 2021

[MStopsCovid.com](https://MStopsCovid.com)

[MStopsCovid.com/vaccinators](https://MStopsCovid.com/vaccinators)

## How do I request vaccine doses for the week of March 1?

Enrolled providers who would like to submit an order request for vaccine the week of March 1 have until Wednesday, February 24 at 5 p.m. to submit order requests at <https://health.mo.gov/COVIDVaccineOrders>.

Providers will receive an automated response that the order request has been received. An email confirmation will be sent if an order is placed on the provider's behalf. Please do not send multiple order requests within the same week.

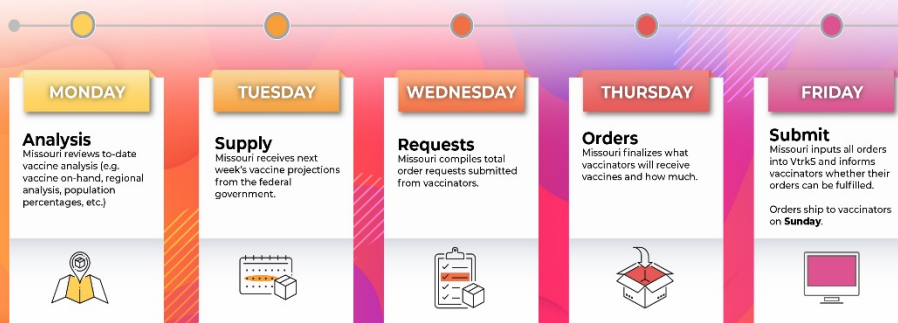
It is acceptable and encouraged to submit a new order request for each week that your facility desires vaccines. Order requests that are not fulfilled will not be held over week to week. The State's ability to fill vaccine order requests is contingent on vaccine supply. The submission of an order request does not guarantee an order will be filled.

Normal ordering operations for prime doses: Orders placed should arrive Tuesday or Wednesday the following week. Ex. the State places orders between the 18th and 20th → Vaccinators receive confirmation emails from the State and shippers (McKesson and/or Pfizer) of shipment → Vaccines normally arrive the following Tuesday or Wednesday, so in this case either the 23rd or 24th.

- State has no role in shipment and the weather has a huge role: Once the State places the order, we have no role in vaccine delivery. The weather also gets a vote on when vaccine will arrive. As such, vaccinators who schedule an event for Tuesday or Wednesday run the risk of cancellation due to weather in the event of delayed delivery. Again, the State can do nothing to help with delivery.

## Federal Ordering Process & Timeline

The state of Missouri never handles, stores or ships COVID-19 vaccines. They are distributed from manufacturers directly to vaccinators each week.



# Pfizer Ordering Cadence

First Dose			Second Dose – vaccinator does not place order	
Deadline for Vaccinator to Place Order	Order Placed by State	Order Received	Order Placed by State	Order Received
2/17/2021	2/20/2021	2/23/2021	3/8/2021	3/11/2021
2/24/2021	2/27/2021	3/2/2021	3/15/2021	3/18/2021
3/3/2021	3/6/2021	3/9/2021	3/22/2021	3/25/2021
3/10/2021	3/13/2021	3/16/2021	3/29/2021	4/1/2021
3/17/2021	3/20/2021	3/23/2021	4/5/2021	4/8/2021
3/24/2021	3/27/2021	3/30/2021	4/12/2021	4/15/2021
3/31/2021	4/3/2021	4/6/2021	4/19/2021	4/22/2021
4/7/2021	4/10/2021	4/13/2021	4/26/2021	4/29/2021
4/14/2021	4/17/2021	4/20/2021	5/3/2021	5/6/2021
4/21/2021	4/24/2021	4/27/2021	5/10/2021	5/13/2021
4/28/2021	5/1/2021	5/4/2021	5/17/2021	5/20/2021

# Moderna Ordering Cadence

First Dose			Second Dose – vaccinator does not place order	
Deadline for Vaccinator to Place Order	Order Placed by State	Order Received	Order Placed by State	Order Received
2/17/2021	2/21/2021	2/23/2021	3/9/2021	3/11/2021
2/24/2021	2/28/2021	3/2/2021	3/16/2021	3/18/2021
3/3/2021	3/7/2021	3/9/2021	3/23/2021	3/25/2021
3/10/2021	3/14/2021	3/16/2021	3/30/2021	4/1/2021
3/17/2021	3/21/2021	3/23/2021	4/6/2021	4/8/2021
3/24/2021	3/28/2021	3/30/2021	4/13/2021	4/15/2021
3/31/2021	4/4/2021	4/6/2021	4/20/2021	4/22/2021
4/7/2021	4/11/2021	4/13/2021	4/27/2021	4/29/2021
4/14/2021	4/18/2021	4/20/2021	5/4/2021	5/6/2021
4/21/2021	4/25/2021	4/27/2021	5/11/2021	5/13/2021
4/28/2021	5/2/2021	5/4/2021	5/18/2021	5/20/2021

## Standing Order Updates

Pfizer and Moderna administration [standing orders](#) were revised on Feb. 18 to allow physician assistant students that are working under the license and direction of a licensed physician to administer the vaccine.

### Clarification of vaccination eligibility

**Family caregivers** often serve in the role of an unpaid healthcare worker, providing in-home care to those at an increased risk for severe illness as a result of COVID-19. These family and household members serve in a role to meet the daily care needs of an adult unable to complete those tasks independently or for a child with specialized medical needs. As unpaid healthcare providers, these caregivers are currently eligible to receive the vaccine.

**Clergy** who minister to those in long-term care/congregate facilities or hospitals are eligible for vaccination now with healthcare workers in Phase 1A.

### Update from McKesson

Beginning with orders approved on Saturday, February 20, vaccine shipments to providers will be preceded by two emails from McKesson:

1. **An order acknowledgment email** that is sent once the order has been received into the McKesson system (**NEW**)
2. **An advance shipment email** that is sent once the order has shipped from the McKesson depot and contains the carrier tracking details

Both of these emails will be sent to: the provider (facility) level email address that is transmitted with the order in VTrckS.

Both of these emails will be sent from: [CDCNotifications@mckesson.com](mailto:CDCNotifications@mckesson.com) (Note: This is a **NEW** email address for emails from McKesson. Awardees should request that providers whitelist this address so that the emails are not blocked. Please do not send correspondence to this mailbox as it is not monitored for incoming emails.

If you have questions, please contact McKesson Specialty Customer Care at (833) 343-2703 Monday – Friday, 8 a.m. - 8 p.m. ET or [COVIDVaccineSupport@McKesson.com](mailto:COVIDVaccineSupport@McKesson.com).

### Missouri's guidance for patient residency

On Feb. 15, the State released additional guidance for Missouri vaccinators regarding the residency status of those seeking a COVID-19 vaccine in the state. With many of Missouri's metropolitan areas located near state borders, and Missourians and non-Missourians regularly crossing the borders, a common question has been raised regarding who is eligible to be vaccinated in Missouri.

The federal government delegated the prioritization and distribution of the COVID-19 vaccine to individual states and has allocated vaccine doses to each state to distribute accordingly. To date, Missouri vaccinators have administered more than 873,600 total vaccine doses to Missourians.

Just as other states are prioritizing their own citizens, Missouri's plan prioritizes the vaccination of Missouri residents first. Using a self-attestation process, vaccinators should either use the state's screening form or a similar process asking individuals to self-attest to their status in a prioritized population and verify their residency.

There are certain exceptions, however. If an employer-based vaccination clinic is arranged, and a Missouri employee lives in a neighboring state, vaccination of this person is allowed.

Infrequently, for the sole purpose of preventing a dose being wasted, it may be necessary to vaccinate a person who is ineligible and has not been determined to have a unique clinical situation that warrants an immediate vaccination. In no case should a vaccinator waste a dose.

Vaccinators found to not be in compliance with Missouri's vaccination plan may be penalized and risk losing future vaccine allocations.

To view the residency guidance for vaccinators, please [click here](#).

### **Frequently Asked Questions:**

**Q: Is an established patient eligible to receive the COVID-19 vaccine through his or her Missouri-based primary care provider if such patient resides outside of Missouri?**

**A:** No. Effective February 19, 2021, only Missouri residents are eligible to receive the vaccine from their Missouri-based primary care providers. These doses are provided to these Missouri-based providers from the state of Missouri's allocation from the federal government. The federal government allocates vaccine to each state based on population, and so each state's allocation reflects their own population. Non-Missouri residents must seek their vaccine in their home state.

**Q: Are Missouri vaccinators expected to cancel non-Missouri residents that were scheduled but have yet to receive a prime dose prior to the announcement of new guidelines?**

**A:** Missouri vaccinators must complete any vaccinations for non-Missouri residents that were scheduled before February 19, 2021 no later than March 1, 2021. Missouri-based vaccinators may not schedule new vaccinations with non-residents.

**Q: Can Missouri vaccinators vaccinate patients who qualify for vaccination due to their employment (ex. police officer who works in Missouri but lives in Illinois, contract staff working in a Missouri healthcare facility)?**

**A:** Yes, in certain situations. As noted in DHSS's COVID-19 Vaccinator - Residency Status Guidance effective February 19, 2021, certain employers may arrange a vaccination clinic on site for their employees. It is assumed that these vaccination events are generally directed to a specific population at the facility, rather than the general public. In order to reduce the complexity of these situations, the state understands that non-Missourians may be included in these vaccination events. Vaccinators may vaccinate the population at these locations, regardless of a person's residency status. Adherence to the state's priority phases is required. Thus, providers may vaccinate non-residents in conjunction with an employer-coordinated vaccine clinic. Providers may not, however, vaccinate non-residents who present themselves independently seeking vaccination due to their employment status.

**Q: Can Missouri vaccinators administer a second dose to non-residents who received their first dose before the residency guidance was issued?**

**A:** Yes.

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## Vaccine Navigator Resources/Tutorials

- [Event Registration Survey Guide](#)
- [Patient Registration Survey Guide](#)
- [Patient Scheduling Guide](#)
- [Provider Dashboard](#)
- [Scheduled Patient List Vaccine Table Survey Guide](#)
- [Event Survey Guide](#)
- Patient Registration Vaccine Navigator: <https://youtu.be/ZM2iOmsjtOk>
- Vaccine Navigator Dashboard Overview: <https://youtu.be/yhLZ6psOjGo>
- Vaccine Navigator Event Registration Survey: <https://youtu.be/7zMTp-bhZYI>
- Vaccine Navigator Vaccine Event Tutorial: <https://youtu.be/Tum6t8EhqZO>

## Missouri's approach to distribution

**The State currently receives a constrained supply** – All allocation considerations are tradeoffs.

**To increase efficiency and equity of limited supply, we empowered our high-throughput health care providers (HTHC)** – By leading as a HTHC, these entities committed to the following:

- Equitable allocation HTHC vaccinate more than just their own patients. They work with community partners—specifically those LPHA and FQHCs in their county and the surrounding counties—to identify the most vulnerable eligible Missourians.
- Efficient allocation: HTHC expend their vaccine within seven days of receipt.
- Ease of access to allocation: Ease of access is not the same as promising vaccine; however, HTHCs will post their reservation systems and contact details on the State's website, make this information accessible to the public, and share it with their community partners.

**With the remaining weekly vaccine allocation, the State promises to fill the remaining population and geographical gaps** – With ~80% of weekly allocation going to HTHC and mass events, the State will prioritize the remaining ~20% to those entities and areas with less accessibility to HTHC and Mass Vax events. Here are the implications of our “fill the gaps” approach:

- Focus on less connected FQHCs and LPHAs: The remaining 20% of weekly vaccine will start by looking at order requests from those FQHCs and LPHAs not located in the vicinity—i.e., within the county of—a Mass Vax event or HTHCs. This does not mean that FQHCs and LPHAs located in those counties are prohibited from ordering or barred from receiving vaccine. However, it is an acknowledgment of the constrained federal supply and our need as a State to serve the entire State. In sum, priority will be given to the former category of FQHC and LPHAs before the latter.
- Protect rural Missouri from becoming a “vaccine desert”: To this point, our allocation across Missouri's nine regions parallels Missouri's populations +/- three percentage points. We realize these metrics can belie the reality of rural communities with little healthcare infrastructure. Using analysis, we will identify these communities and allocate part of the remaining 20% of vaccine to serve them.
- Respond to the most vulnerable who are missing out: We will also comb through the incoming data from our HTHC and Mass Vax events to identify what vulnerable populations near these events aren't

receiving vaccine. Informed by this data, we will shift the HTHC and Mass events to connect vaccine to these populations.

The plan above reflects the current realities. As our plan unfolds and supply increases, we plan to adapt our approach accordingly. Thank you for your understanding and participation. We could not do it without your leadership.

## New supply / demand webpage

In an effort to provide further transparency, the State launched a supply and demand webpage was launched on Feb. 19 showing allocations, order requests and distributions. Soon, historical distribution information will be added at [MOStopsCovid.com/supply](https://MOStopsCovid.com/supply).

Missouri COVID-19 Vaccines Delivered by Region				
Region	Vaccines Delivered	Portion of State's Total Vaccine Allocation (%)	Regional Population (%)	Population
A	175,875	20%	23%	1,404,163
B	39,950	4%	3%	178,846
C	315,200	35%	37%	2,267,790
D	123,250	14%	15%	907,893
E	66,525	7%	5%	324,353
F	99,250	11%	8%	503,604
G	15,700	2%	2%	137,110
H	41,400	5%	4%	232,576
I	21,025	2%	3%	181,093
Missouri Total	898,175	100%	100%	6,137,428

\* Vaccines delivered are those that have been received by a provider, excluding federal partners. This count, therefore, will not match the total count of vaccines administered.

## Use online form to request vaccine transfers

### Redistribution requests

A redistribution request form has been added to the vaccinators resource webpage. Moving forward, please use this form to submit all redistribution requests. All requests **must be approved prior to the redistribution** of COVID-19 vaccines. Please allow 24 business hours for redistribution requests to be processed and approved. The form can be accessed at <https://covidvaccine.mo.gov/vaccinators/resources/>.

In order to request to transfer vaccine from your location to another, a redistribution agreement **must** first be in place.

When transferring vaccine, make sure you are also transferring the ancillary kits. Only unopened vaccines should be transferred. No open vials or partial doses in syringes should be transferred. Transferring of inventory must be documented in ShowMeVax in the On Hand Inventory Module by clicking on Action, then Transfer.

Questions? Contact [covidvaccineredistribution@health.mo.gov](mailto:covidvaccineredistribution@health.mo.gov). Please do NOT contact VFC SUPPORT for vaccine transfer assistance.

# Ordering and reporting updates - First / second doses

## VaccineFinder Reporting

All doses must be reported to Vaccine Finder. Please ensure that both first dose and second doses shipments are reported. We are aware that Vaccine Finder does not differentiate between first and second doses in the inventory. However, please continue to report both first and second doses.

We are able to look at the doses shipped in the past seven days, as well as a provider's complete ordering history to be better gauge between first and second doses. We are closely monitoring this and will be able to determine how many first doses are on hand. Please continue to utilize doses within ten days.

## **Clarifying second dose confusion**

The State continues to field questions about Moderna and Pfizer second doses—also known as “boosters.” Here are a few of the most common questions we see:

1. How do I know if a shipment is a second dose shipment?
2. What do I do with an “unclaimed” second dose?
3. What do I do if I accidentally gave out my second doses as prime doses?

Please see our answers below, and we encourage you to reach out to DHSS if anything remains unclear.

### **1. How do I know if a shipment is a second dose shipment?**

You can differentiate a first and second dose shipment in three ways.

- Confirmation email: For each first dose shipment, there is a matching second dose shipment. Before providers receive a shipment of vaccine, they first receive a confirmation email from DHSS. This email informs providers if they are receiving a first dose, or if the upcoming shipment is the matching second dose to a provider's previous order.
  - *Subject line* – The subject line of the email will indicate if it's a first or second dose shipment
  - *Body of the email* – In the email, DHSS will tell you if this is a first or second dose shipment
- Arrival date: Recall that the State places the booster order on your behalf—no action is required by you. The second dose shipment for Pfizer usually ships 14 days after the receipt of the first dose shipment. The second dose shipment for Moderna is usually sent 21 days after the receipt of the first dose shipment. Second dose shipments usually arrive on Thursdays. First dose shipments usually arrive on Tuesdays. Thus, if you're receiving doses on Thursday, they are most likely second doses.
- Your internal systems: In addition to all DHSS does to help you distinguish first from second dose, we encourage you to speak with your peers around the State to understand how their systems demarcate first and second dose orders.

If you are unsure about your shipment, please refer to the confirmation email provided by DHSS to the Primary and Back-Up Vaccine Coordinator. Providers can also email the DHSS COVID-19 Vaccine Orders [covidvaccineorders@health.mo.gov](mailto:covidvaccineorders@health.mo.gov) with the following subject line:

- “(Provider Pin) Assistance needed: 1st or 2nd dose”

### **2. What do I do with an “unclaimed” second dose?**

#### **Preventing unclaimed doses**

Before we provide guidance about what to do with an unclaimed booster, we believe it's productive to discuss how to prevent the problem from ever arising. Best practices from vaccinators around the state show how we can limit the amount of unclaimed second dose shots:

- Making the most of the first shot – Vaccinators should schedule the booster appointment before the patient leaves, and should collect multiple piece of contact information. Patients should receive a

direct line they can contact if they have questions. In sum, “time, place, and process”—when they will get their second dose, where they will get it, and how.

- **Reminding the patient before** – At minimum, patients should receive at least one reminder. If possible, the state encourages multiple touch points in between the first and second dose. Two-way communication always trumps one-way, and if the patient responds that will increase the likelihood they will return.
- **Guiding the patient the day-of** – Vaccinators should remind the patient on the day of the patient’s appointment and establish a direct line of communication for the patient to reach out with questions or concerns. If life gets in the way, patients should know how to reschedule. In the event the patient misses their appointment, vaccinators should reach out and attempt to make contact to reschedule.
- **Reaching out one last time** – In the unfortunate event a patient misses their appointment and does not communicate why, vaccinators should again reach out the next day, leaving specific guidance about the timeline to reschedule and the implications of not rescheduling. If the provide doesn’t hear back within 24 hours—so two full days after the scheduled appointment—that vaccine is now available for alternative use.

To reiterate the effort vaccinators should make:

- Reach out on the day-of the missed appointment (Day-of appointment)
- Reach out the following day (Day +1 of appointment)
- Provide a final full-day for the patient to reach out (Day +2 of appointment)
- After two full days and two attempts, the vaccine is now open to alternative use

### **Understanding the problem of using booster doses as primes**

In addition to no-shows for second dose appointments, we also hear of vaccinators extracting a seventh dose from Pfizer vials and administering them. Both of these situations can cause “unmatched” doses—meaning, an intended second dose becomes a prime for someone new. The issue with “unmatched” doses is that a booster dose—so a second-dose shipment of vaccine—used as a first dose will not have another shipment, meaning the person who receives that booster as a prime now does not have a matching vaccine.

### **Following-up with the State after administering a booster as a prime**

After making every effort to prevent using a booster as a prime, we realize situations will still arise. The state cannot guarantee we will be able to provide you a matching dose; however, we will make every effort on your behalf. Here’s what we need you to do:

- Weekly email on Monday mornings: If you used a booster as a prime and now need a matching vaccine, please send consolidate your request and submit an email on Monday mornings by 9:00 a.m. to [covidvaccineorders@health.mo.gov](mailto:covidvaccineorders@health.mo.gov).
  - Subject line – The subject line should read “(Provider Pin) Unmatched Vaccine Assistance”
  - Content required – We will need to know what kind of vaccine, how many, and when you need them by.

Due to minimum orders and severely limited supply, the state cannot guarantee vaccine. Please make every effort to prevent unmatched doses. We thank you for all you’ve done to this point.

### **3. What do I do if I accidentally gave out my second doses as prime doses?**

Question two is different from question three in terms of operational mismanagement: In the previous section, the need arose through no fault of the vaccinator. In this case, a vaccinator mistakenly administered large number of boosters as primes. As detailed above, this creates a need for matching vaccines. In short, the State cannot assist in these cases due to supply constraints and a commitment to equitable distribution. In the event a vaccinator administers a large number of boosters as primes, they will need to solve the problem internally.

### **Ordering**

As of January 26, allocations provided to jurisdictions are now based on the six-dose yield. Allocations will continue to reflect the 195 vials per tray; however, the dosage will now total 1,170. (195 vials x 6 doses = 1,170).



## Supplies

Ancillary supplies will contain supplies necessary to deliver the additional dose. These supplies have been added to the boxes. While the number of syringes in each ancillary box will increase to support six doses, this does not necessarily guarantee that every vial will yield six doses. Only low dead-volume syringes and/or needles will consistently ensure extraction of six doses from a single vial. If standard syringes and needles are used, there may not be sufficient volume to extract a sixth dose from a single vial.

Early testing shows that three low dead-volume syringes used in combination with three standard needle/syringe units may yield the sixth dose. Every effort is being made to reconfigure the ancillary kits with syringes that enable the six-dose draw without impacting the availability or slowing the delivery of supplies to jurisdictions.

Providers should be reminded that irrespective of the type of syringe and needle, each dose must contain 0.3 mL of vaccine. If the amount in the vial cannot provide a full sixth dose of 0.3 mL, the vial and content should be discarded. Excess vaccine should never be pooled from multiple vials to make up a full dose.

## Product Information Guide

An [updated Product Information Guide for COVID-19 Vaccines and Associated Products](#) is available to reflect information related to the ancillary kit change.

## Updated CDC Guidance for Fully Vaccinated Individuals Following Exposure to COVID-19

Fully vaccinated individuals who are exposed to COVID-19 do not need to quarantine if they:

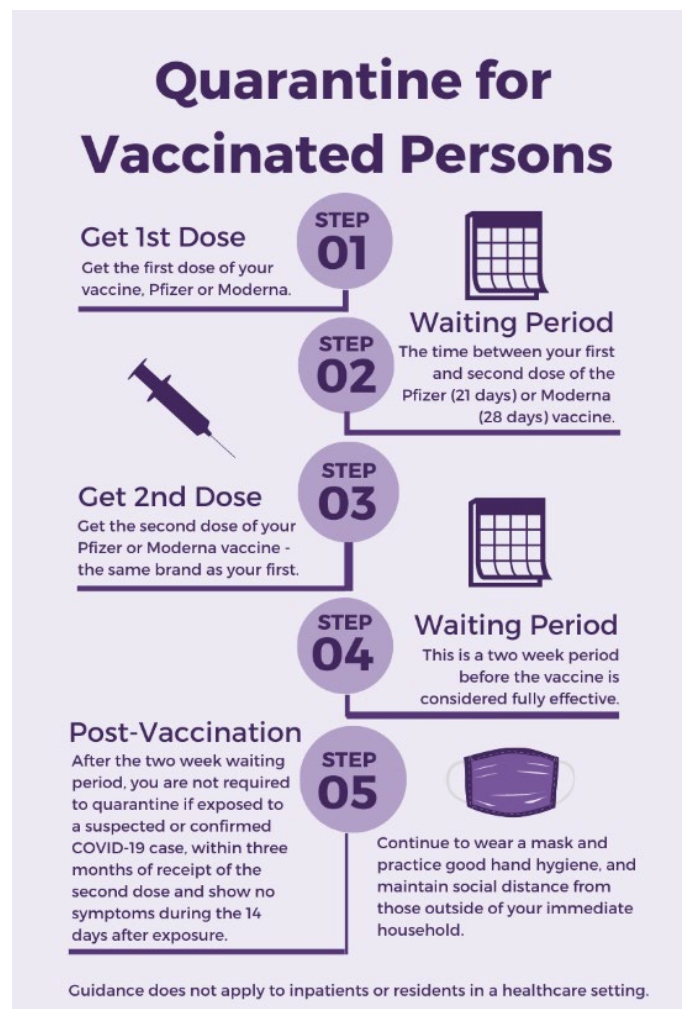
- Are fully vaccinated (i.e.,  $\geq 2$  weeks following receipt of the second dose in a 2-dose series, or  $\geq 2$  weeks following receipt of one dose of a single-dose vaccine);
- Are within 3 months following receipt of the last dose in the series; and
- Have remained asymptomatic since the current COVID-19 exposure.

Persons who do not meet all three of the above criteria should continue to follow current quarantine guidance after exposure to someone with suspected or confirmed COVID-19. If symptoms start to develop, the individual should start isolating.

## Vaccine Administration Errors

If an error occurs during the administration of a vaccine dose, vaccinators should:

- 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.
- Report the error to the Vaccine Adverse Event Reporting System (VAERS), unless otherwise indicated in the table. Providers are required to report all COVID-19 vaccine administration



errors—even those not associated with an adverse event — to the VAERS. To file an electronic report, please see the [VAERS websiteexternal icon](#).

- Determine how the error occurred and implement strategies to prevent it from happening again. A discussion on strategies to prevent errors can be found in the [Vaccine Administration chapter](#) of the [Epidemiology and Prevention of Vaccine-Preventable Diseases](#) (Pink Book). Additional resources can be found on CDC’s [vaccine administration](#) web page, including a job aid for preventing errors.

Type of Error	Description of Error	Interim Recommendation
Incorrect Site/Route	Vaccine administered in location other than deltoid or thigh, or subcutaneous instead of Intermuscular	Do not repeat dose*
Age	Unauthorized age group	If received 1 <sup>st</sup> < 16 years of age no further doses should be given. ∞  If 16 or 17 and Moderna is inadvertently given instead of Pfizer, administer a 2 <sup>nd</sup> dose of Moderna.
Intervals	Second dose administered less than recommended spacing	Do not repeat dose.*
	Second dose administered longer than 42 days after first dose	Do not repeat dose, do not complete a VAERS.
	Dose administered within 14 days before or after a dose of another non COVID-19 vaccine	Do not repeat the dose of COVID-19 vaccine*, do not report to VAERS.
Mixed Series	Pfizer vaccine started but completed with a Moderna vaccine, or started with Moderna and completed with Pfizer	Do not repeat dose. §
Wrong Dose	Larger dose than authorized	Do not repeat dose, inform patient of potential for local and systemic side effects. *†
	Lower dose than authorized (leakage, patient pulled away, equipment failure)	If more than half the dose was administered do not repeat.*  If less than half the dose was administered or you cannot estimate, administer a second dose immediately in opposite arm. #
Storage and Handling Errors	Dose administered after improper storage and handling, more than 6 hours after 1 <sup>st</sup> puncture	Contact the manufacturer for guidance. If the manufacturer states to repeat the dose, do so immediately, administering the vaccine in the opposite arm.
	Administering an expired dose	Contact the manufacturer for guidance, if the manufacturer states to repeat the dose do so immediately, administering the vaccine in the opposite arm.

Diluent issues	Diluent instead of vaccine administered	Immediately administer the vaccine in the opposite arm.
	Vaccine administered was not diluted	Do not repeat dose, inform patient of potential for local and systemic side effects. #
	Incorrect diluent used	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.
	Wrong amount of diluent used, however dose was still 0.3ml	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).
* If the dose given in error is the first dose, a second dose should be administered at the recommended interval (21 days [Pfizer-BioNTech] or 28 days [Moderna]). If this dose is the second dose, the series is complete and no additional doses are needed.		
# If the dose given in error is the first dose, the second dose should be administered at the recommended interval (21 days [Pfizer-BioNTech] or 28 days [Moderna]) from the date of receipt of the valid dose (not the date of receipt of the erroneous dose).		
† If the administration error resulted in a higher-than-authorized vaccine dose, in general the second dose may still be administered at the recommended interval. However, if local or systemic side effects following vaccination are clinically concerning (outside of the expected side effect profile), lead to serious adverse reactions, or are ongoing at the time of the second dose, the decision to administer the second dose may be assessed on a case-by-case basis.		
§ Although CDC provides considerations for a mixed series in exceptional circumstances, this is still considered an administration error that requires VAERS reporting (as a mixed series is not authorized under the vaccine Emergency Use Authorization).		

## What inventory reporting requirements do I have?

### Current federal inventory requirements

CDC requires **daily** reporting to VaccineFinder for any provider who receives vaccines, either through direct shipment or redistribution. Our federal partners use the information in Vaccine Finder to inform decisions regarding COVID-19 vaccination allocations by CDC and other federal agencies. Moving forward DHSS will also use the amount of available vaccine reported in Vaccine Finder to inform order requests. Large numbers of vaccine still showing as available may be a factor in a facility receiving additional dose as requested.

### Inventory reporting requirements

#### 1. Vaccine Finder - Federal requirement-Daily Reporting Required

What is it? A CDC requirement mandatory for all COVID vaccinators today

- What is required? **Update vaccine inventory in VaccineFinder each day no later than midnight local time** (federal requirement)
  - Mandate: Inventory reporting to CDC required for all vaccinators beginning upon receipt of first vaccine shipment or receipt of redistributed vaccine. Public Reporting of vaccine location optional at this point.
  - [Overview](#)
  - [Factsheet](#)
  - [Provider resources](#)
- VaccineFinder Support number: 1-855-886-4317

How will I be notified? After you enroll as a COVID provider in ShowMeVax (SMV) an email to create an account to complete the registration will be sent to the provider organization's email address submitted in the provider enrollment form. The email will be from [vaccinefinder@auth.castlighthealth.com](mailto:vaccinefinder@auth.castlighthealth.com).

- Do you know who is listed for your organization?
  - Please also check spam/junk folders for this email.
  - This is a personalized link that will expire in 7 days.

**Do not contact VaccineFinder for the registration email until you have physically received vaccine.**

What if I haven't been notified? If you do not receive an email and have received vaccine, please email [eocevent522@cdc.gov](mailto:eocevent522@cdc.gov) for registration assistance. You should send an email here for assistance if your link has expired.

For technical assistance with account log-in problems, password resets, file upload errors, etc. please email [vaccinefinder@castlighthealth.com](mailto:vaccinefinder@castlighthealth.com).

## 2. ShowMeVax (SMV) - State requirement-Weekly/Monthly Reporting Required

What is it? State system that helps us monitor and help redistribute vaccines to those who need them the most. We can only do this if the inventories we use to plan are accurate. That's why we need your help!

Where can I find out more? Provider resources are available in the Report Module in the Missouri Forms and Document section. You can also reach out to [vfc-smvsupport@health.mo.gov](mailto:vfc-smvsupport@health.mo.gov)

What do I need to do? Upon receipt of vaccine (direct ship or redistribution) log into SMV and add the inventory to your on-hand inventory. Log into SMV, go to Inventory>Vaccines>On Hand. Look for a blue link at top of page regarding shipments/transfers. Click on blue link and verify if shipment has been received. Click on Receive and the doses will populate over to your on hand inventory. If you do not see a blue link, you will need to add manually. Directions for this process are located in the "Reports "section of SMV, under "Missouri Forms and Documents" --> "Adding Vaccine Inventory".

What if I received vaccine through a redistribution? Redistributed vaccine must be documented in SMV. Here's how:

- The sending facility will create an 'Adjustment' in the On Hand Inventory as a 'Transfer' to the receiving facility.
- The receiving facility will accept the transfer by clicking on the blue link located at the top of the page in the On Hand Inventory module.

How do I reconcile/report my inventory on a weekly basis in SMV? You can reconcile/report in two ways:

**DO NOT ENTER 'ADJUSTMENTS' (SUBTRACT DOSES) FROM YOUR ON HAND INVENTORY. THIS IS NOT THE PROPER WAY TO RECONCILE INVENTORY.**

- Manual entry - Please refer to the "User Guide" in the "Report module"
- Auto-decrementing for HL7 Interface Users - Please refer to the "User Guide" in the "Report" module

Inventory reporting is required to ensure you are eligible to receive additional orders/shipments of vaccine. Failure to report could cause failure to receive vaccine.

## Reminder!

Please be sure to turn off digital data loggers before sending the Pfizer shipper back. Pfizer is getting a lot of false alarms from loggers not being turned off.

## Vaccinator webinar opportunities

Recordings of previous Missouri vaccinator webinars are available [here](#).

The next webinar is scheduled for 3-4 p.m., Tuesday, February 23. [Click here to attend](#).

## Can entities outside of normal health care/pharmacy settings enroll as vaccinators?

While we have many various groups that wish to assist by serving as vaccinators, ensuring only appropriate access to HIPAA-protected information is of paramount importance. While there may be a few limited circumstances in which these arrangements with external partners may be the appropriate course of action, generally, DHSS will be working with Regional Implementation Teams, LPHAs, health care providers and pharmacies for the purpose of registering as vaccinators. Generally, these groups will be the only ones that may have access to or register as ShowMeVax providers.

## Vaccinator map

We are asking all vaccinators to go to the [vaccinator map](#) and review the information for your site(s).

- Review the posted information for accuracy and send any updates to [CovidVaccine@health.mo.gov](mailto:CovidVaccine@health.mo.gov).
  - If you prefer for your site name to appear differently due to a DBA or other business arrangement, please communicate this.
- If you have not sent preferred contact information for your site, please do so as soon as possible.
  - A phone number, contact person, email and/or website address may also be added for each site.
  - Providing a phone number is very beneficial for those who may not have internet access or computer proficiency.
  - **We highly encourage vaccinators to include a website address where the public can find detailed information regarding how to coordinate with your site.**
  - This information should be emailed to [CovidVaccine@health.mo.gov](mailto:CovidVaccine@health.mo.gov).
- If you have several sites, be sure to specify the exact physical address of the site for which you are providing information.

## The second dose

**Question:** How do we place our Dose #2 order?

**Answer:** Second dose orders are automatically placed on your behalf by the State. If you received Dose #1 by means of redistribution from another provider, the same will need to happen with Dose #2.

**Question:** Should vaccinators alter previously scheduled second dose clinics or use corresponding second dose shipments received in the next two weeks as first doses?

**Answer:** No. Until DHSS provides further notice, corresponding second dose clinics should proceed as

scheduled and second dose vaccine currently on-hand or received in the next two weeks should be used for its intended second dose purpose.

**Question:** How important is the second dose?

**Answer:** The second dose is critical to ensure individual and community protection. At this time, research cannot confirm how long a single dose of Pfizer or Moderna will offer adequate protection. To maximize the efficacy of the prime dose of vaccine, a booster dose should be administered as soon as possible after 28 days for those receiving Moderna, and as soon as possible after 21 days for those receiving Pfizer vaccine.

## Interim clinical guidance

Multiple recent changes occurred in the CDC's [interim clinical considerations for vaccine use](#)

- Updated recommendations on intervals between the first and second dose
- Updated recommendations on interchangeability of vaccine products
- Updated language on vaccination of persons with a history of SARS-CoV-2 infection
- New vaccination recommendations in persons with a history of dermal fillers
- Additional resources on vaccine excipients (Appendix B)

## Are COVID-19 providers allowed to store Pfizer COVID-19 vaccine off-site in an ultra-low freezer?

Yes, with the following conditions:

- Storing site must be an enrolled COVID-19 Vaccine Provider
- Storing site must be less than 10 miles away from the site of the original provider  
*(Clarification: This statement is only referring to storage and is not intended to limit redistribution efforts with mileage limits.)*
- Storing site must provide daily temperature logs to original provider
- Provider must use vaccine within 10 days of receipt
  - All inventory must be entered into SMV and reported to Vaccine Finder daily
  - Vaccine administration must be reported within 24 hours of dose administration
- All other requirements listed in the COVID-19 Provider Agreement must be honored

## Transport of Moderna COVID-19 Vaccine

Moderna vaccine should be stored and transported in the frozen state at 2-8oC to -15oC (-13oF to 5oF) and should not be transported or stored below -40oC (-40oF).

However, the manufacturers of Moderna understand that there are circumstance in which frozen state transport is not feasible. In order to assess the impact of local (also know as “Last Mile”) transportation conditions in a liquid state at 2-8oC, Moderna has conducted transportation studies. These studies have shown that Moderna vaccine maintains its quality attributes in the liquid state at 2-8oC for up to 12 hours when shipped: (i) using shipping containers which have been qualified to maintain 2-8oC; and (ii) under routine road and air transport conditions with shaking and vibration minimized.

Please note: once thawed and transported in liquid state at 2-8oC, the Moderna vaccine should not be refrozen and should be stored at 2-8oC until use.

## Extra doses

Some have expressed concern about being able to get the same number of vaccines when it's time to receive their second doses since they were able to extract extra doses out of their first shipment. **Our CDC partners have reminded us that second dose shipments will be the same as the prime dose shipments, and facilities need to ensure they are using the same needle/equipment to extract the same amount of doses when administering the second doses.**

Because of the extra doses being available in some of the vials, ancillary supplies shipped may have been

insufficient. Pfizer will now be shipping 2 extra boxes of ancillary supplies for each order to help ensure there are enough ancillary supplies to cover the extra doses providers are getting from the vials.

## Resources: provider liability information

### Public Readiness and Emergency Preparedness Act

The Public Readiness and Emergency Preparedness Act (PREP Act) authorizes the Secretary of the Department of Health and Human Services (Secretary) to issue a PREP Act declaration. The declaration provides immunity from liability (except for willful misconduct) for claims:

- of loss caused, arising out of, relating to, or resulting from administration or use of countermeasures to diseases, threats and conditions
- determined by the Secretary to constitute a present, or credible risk of a future public health emergency
- to entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of such countermeasures

A PREP Act declaration is specifically for the purpose of providing immunity from liability, and is different from, and not dependent on, other emergency declarations.

Under the **PREP Act**, “covered persons” engaged in the administration of medical countermeasures against COVID-19 (“covered countermeasures”) are afforded liability immunity provided that the device is being appropriately used. Both COVID-19 vaccines (Pfizer & Moderna) fall within the definition of a “covered countermeasure.”

## Disposal of COVID-19 vaccine waste

The COVID-19 vaccination provider agreement states that the provider must dispose of wasted COVID-19 vaccines according to the state’s procedures. Sites should dispose of COVID-19 vaccine waste in accordance with local regulations and processes they are currently using to dispose of regulated medical waste. In addition, COVID-19 vaccine program requirements include providers reporting wastage (e.g., unused, spoiled, or expired) information according to the ShowMeVax system.

To report wastage, such as drawn but not administered, diluted but not administered, etc, go to the location’s On Hand Inventory and find the lot number of the vaccine. Click on Action, then Adjustment. In the Reason box, please select one of the VtrkS options for reasons that best describes the situation. Enter the number of doses you are wasting and enter any comments necessary. Then click on the green Create button.

To report a return, such as expired or spoiled due to temperature excursion, go to Inventory, then Vaccines, then Vaccine Return. Click on the green ‘Add New Vaccine Return’ button at the top of the screen and then select the location where the vaccine is located, then select Next. You will then be able to fill out the return request based on the vaccine in your location’s inventory. Once completed, click on the green “Create” button. Information will be sent to our Support Team for processing. You will receive additional information via email as well as a return shipping label to return the vaccine to the manufacturer.

Please contact the support team at [vfc-smvsupport@health.mo.gov](mailto:vfc-smvsupport@health.mo.gov) should you have questions on how to process wastage and/or return.

## How do I report vaccine administration information?

Vaccinators are required to report all vaccinations in ShowMeVax and VaccineFinder within 24 hours (with a 72-hour grace period to start). This information is critical for us to monitor supply and vaccination levels around the state.

There are several options available to providers for transmitting the required data elements of the COVID-19 vaccination to ShowMeVax:

- HL7 Interface
- HL7 Batch Upload
- Manual Entry through the ShowMeVax portal

Please know that if your organization is not documenting priority population administration in your electronic health record or utilizing a hub, an HL7 batch upload or manual entry are your options for populating ShowMeVax. If your organization is not utilizing an electronic health record or hub, manual entry is your only option for populating ShowMeVax.

Please communicate your strategy for transmitting vaccinations to ShowMeVax to the Reporting Team at [immunizationhl7onboarding@health.mo.gov](mailto:immunizationhl7onboarding@health.mo.gov). Once registered, the Reporting Team will provide the appropriate implementation guides and how-to procedures. It is important to test your documentation option with the Reporting Team prior to your first vaccination. Thank you for your diligence in reporting this information.

Please ensure staff are verifying patient and dose information before submitting the dose documentation. (For example, ensure the correct administration date is listed in the patient record/HL7 message).

**Note: The ShowMeVax legacy system will be discontinued on January 31, 2021. Legacy ShowMeVax will not accept COVID-19 dose administration, therefore providers currently submitting vaccination records through that previous process should take steps today to work with the Reporting Team to create interfaces with the enhanced ShowMeVax.**

For more information about VaccineFinder enrollment, please visit [their website](#).

## How do I document a vaccine administered into a patient's immunization record?

- Providers with an electronic medical record system actively submit immunizations to ShowMeVax via an HL7 message. Do not manually enter into ShowMeVax;
- Providers with an electronic medical record system and not currently submitting to ShowMeVax must manually enter immunizations into ShowMeVax. There are two options:
  - IZ Quick Add method –**Does not deduct from current vaccine inventory**; Inventory will not be updated, until a reconciliation is completed by manually reporting total doses administered and total doses currently on hand;
  - Enter immunizations using the Patient Module. Search for patient. Click on arrow beside “Demographics” and select “Immunizations”. Click on ‘Select Action” arrow and click on “Add Administered”. You will be able to add the vaccines administered and the ability to select the vaccine information from your on hand inventory. This will then deduct the dose from the on hand inventory.

A COVID Administrator user has been added as a drop down option for vaccine administrator. Please use this option when temporary staff or outside resources are being utilized to assist with vaccination efforts. You will still need to have the actual name of the person and their signature on all paper and electronic consents for vaccination.

Instruction guides are also available within ShowMeVax in the Report Module under Missouri Forms and Documents.



## What am I supposed to do with my temperature storage documentation?

COVID Providers must document temperatures for each storage unit that maintains COVID vaccine. However, providers are not required to report or upload their temperatures in ShowMeVax. A paper temperature log can be maintained on site and available for review upon request. A temperature log template is available in ShowMeVax in the Report module under Missouri Forms and Documents. VFC Providers must still report their temperatures in ShowMeVax.

## What is "Controlant" for Pfizer vaccines and what is required of me?

After the Pfizer vaccine shipment arrives you will receive an email from Controlant@. If the shipper will not be used to store vaccine you will need to respond to the email to opt of this program.

If your organization has a firewall that blocks access to the activation link you will need to follow the steps below:

1. Open Google Chrome (do not use another browser)
2. Go to: <https://usg.bi.controlant.info/account/login>
3. Use the username and password provided in the email
4. You will be directed to the Controlant dashboard and asked to reset your password

## How do I report adverse effects?

Providers are required to report adverse effects as quickly as possible via VAERS.

The CDC has issued Interim Considerations for Preparing for the Potential Management of Anaphylaxis at COVID-19 Vaccination Sites. Appropriate medical treatment for severe allergic reactions must be immediately available in the event that an acute anaphylactic reaction occurs following administration of Pfizer-BioNTech COVID-19 vaccine.

Vaccination providers should also be reminded to review, implement, and consult CDC's Interim Clinical Considerations for Use of Pfizer-BioNTech COVID-19 vaccine. All ACIP recommendations related to COVID-19 vaccine can be found at ACIP COVID-19 Vaccine Recommendations.

Providers may report any vaccine adverse event that occurs. Reports are reviewed daily and weekly by CDC to determine if follow-up is needed.

For adverse event questions that need to be addressed quickly, please email Lana Hudanick.

## Where can I find more information?

We continuously update Missouri's vaccinator resource hub with the latest information. Some important resources include the following:

- [Vaccinator Checklist](#)
- [ShowMeVax training videos](#)
- [Vaccinator FAQ](#)
- [Missouri vaccinator reporting guidance re: required data fields](#)
- [Vaccinator locator map](#)

### Contacts by topic area:

- ShowMeVax enrollment support: [Cathy Kennon](#)

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

### Upcoming Meetings

- Vaccine Call for local public health agencies: every **Monday**, reach out to [Tiffany Bayer](#) for more information.
- Vaccinator webinar: Past vaccinator webinars can be found [here](#). The next opportunity will be from **3-4 p.m. on Tuesday, Feb. 23**. [Click here to attend.](#)