

# Minimizing Vaccine Waste

## BACKGROUND & PURPOSE

As vaccine availability has begun to surpass the demand in some instances, this updated document clarifies guidance on wasting vaccines versus missing a vaccine opportunity.

Efforts should be made on the part of the practice to administer all viable doses of the COVID-19 vaccine before their beyond use date/time (BUD).

This protocol provides specific actions that vaccine administration sites should use to plan and implement a process that minimizes vaccine waste.

## PRIORITIZATION

1. Minimize waste whenever possible, but the emphasis is on avoiding missed opportunities, and some wasted vaccine is inevitable and acceptable.
2. Offer vaccine at every encounter to all eligible people.
3. **Do not allow full vials of vaccine to expire.** Closely monitor COVID vaccine inventory. If you have expiring vials communicate with the Immunization Program to make a plan for transfer.
4. Plan to only have on hand what your anticipated need is.
5. In PCP offices, puncture only one vial at a time and make efforts to use as many doses out of a punctured vial as possible. A single open vial can be used for dose 1 or dose 2.

## PROTOCOL

### FOR USE IN A VACCINE CLINIC SETTING

1. Prepare a standby list appropriate to the setting and function of your site.
2. Review daily clinic/appointment schedule and calculate if there will be excess vaccine at the end of the clinic:
  - a. Pfizer: plan to 6 doses/vial
  - b. Moderna: plan to 10 doses/vial OR 14 doses/vial
  - c. Janssen: plan to 5 doses/vial
3. As a clinic or appointment day progresses, monitor appointments and inventory, including no-shows, and track the number of bonus doses (Pfizer >6, Moderna >10 OR >14, Janssen >5) to anticipate potential need/ability to reach additional people.
4. Halfway through your clinic, assess the need to activate the standby strategy.
5. Activate the standby strategy by calling people who can arrive at the administration site by the end of the clinic.

6. For vaccines administered to standby patients, sites should use relevant registration and reporting mechanisms and ensure that second dose appointments are scheduled for the appropriate timeframe at the same location.

### FOR USE IN A HOSPITAL (INPATIENT OR ED)

1. Make it part of your routine assessment to let patients know you have the COVID-19 vaccine and ask if they would like to receive it.
2. Before discharge, verify that the patient has been offered a COVID-19 vaccine.
  - a. Verify a dose is needed. You may use the Immunization Registry for this purpose.
3. Communicate with your pharmacy when you need a dose.

### FOR USE IN A PCP OFFICE SETTING

1. During clinic prep, make a note of those patients that have not received the COVID-19 vaccine.
  - a. You may use the Immunization Registry for this purpose.
2. Make it part of your office flow to let patients know you have the COVID-19 vaccine and ask if they would like to receive it.
3. Keep track of the open vial, communicate with providers and staff that you have a vial open, number of doses available, and the beyond use date/time.
4. Have a prepared standby list if you have an open vial with unused doses at the end of the day.

## PROTOCOL FOR USING OPEN MULTIDOSE VIALS IN MULTIPLE LOCATIONS

Opened vials or pre-drawn syringes **may not** be transferred to another provider office. Once a vial is punctured, all doses must be administered or wasted by the originating site.

Other special circumstances may warrant transport outside of your clinic setting, but generally, this should be rare. Even when transporting a short distance, proper temperature monitoring and documentation is required.

Each person administering vaccines should draw up no more than one multidose vial (up to 6 doses for Pfizer-BioNTech or 5 doses of Janssen COVID-19 vaccine or 10/14 doses of Moderna COVID-19 vaccine) at one time.

Additional instructions for the use of open multidose vials:

- Pack vaccine in a temperature monitored cooler according to the guidelines found in [Vermont's Vaccine Storage and Handling for Off-site Clinics](#) guidance document.
- Pack vaccine tightly in a cooler with additional stabilizing material to reduce movement.
- Protect the vaccine from exposure to light.
- Label the vaccine with the beyond-use date
  - Pfizer and Janssen, 6 hours after initial puncture/reconstitution

- Moderna, 12 hours after initial puncture/reconstitution
- Include all appropriate vaccine documentation with every transported dose.

## REVISION HISTORY

DATE	SUMMARY OF REVISIONS
1/26/2021	Initial Creation
3/30/2021	Version 2; Background information, protocol for use of multidose vials, BUD definition, and resource links added.
5/12/2021	Revision of policy, supply now exceeds demand, CDC update on waste, adding PCP's.

## DEFINITIONS

- **Beyond Use Date (BUD)** – Once thawed, COVID-19 vaccine has specific beyond-use dates/times for refrigerated storage and transport.
  - [Pfizer BUD](#)
  - [Moderna BUD](#)
  - [Janssen BUD](#)
- **Bonus Doses** – # doses in excess of FDA Emergency Use Authorized dosing
  - Pfizer: after dilution, one vial contains 6 doses
  - Moderna: one vial contains 10 doses OR 14 doses
  - Janssen: one vial contains 5 doses
- **No shows** – Scheduled appointments for which patients do not present at clinic/appointment.
- **Standby list**– A list of eligible people who may be ready to receive vaccine on short notice

## RESOURCES

- [Additional Information on Beyond Use Dates \(BUD\) for the Pfizer and Moderna COVID-19 vaccines](#)
- [Resources for Health Care Professionals](#)
- [Vermont COVID-19 Vaccine Program Training Guide](#)
- [Vaccine Inventory Management \(VIMS\) User Guide](#)
- CDC Waste Talking Points, sent to states 5/11/21