Direction to reduce unnecessary vaccine wastage at clinics

Direction to reduce unnecessary vaccine wastage at clinics are based on the Planning Principles (see https://www2.gnb.ca/content/gnb/en/corporate/promo/covid-19/vaccine.html#strat):

- **Secure Transportation**: To ensure that vaccine wastage is minimized, **vaccine should only be moved in a frozen state in its original packaging**. If fewer vaccines are required to be moved, then they should be transported at 2 and 8 degrees Celsius. (See SOP Transportation of COVID Vaccines).
- **Integrity**: Vaccine should be transported for just in time use for planned clinics, not for secondary storage at another facility. The main supply of vaccine should be housed at regional hospital location or with McKesson.
- **Reduce Wastage**: Have back up waiting lists for additional vaccine recipients from the Q1 priority list in the event of no shows or extra doses, with final option to provide to those available in the area at the time.

Extra doses

Prior to clinics, a plan should be made regarding the use of any extra thawed vaccine.

Consider contingency planning which includes sites are required to have a wait list identifying eligible people who can be called into the clinic on an urgent basis to receive any remaining doses; with the final option being to provide to those who are available in the area at the time.

The preferred approach is to administer extra doses to priority groups for Phase 1 such as:

1. Those 85 + , can work back to 80+, 75+ etc.
2. LTCF Staff and residents
3. HCWs
4. FN community and band members

**For LTCF sites** the following are some ideas to assist in identifying people from these categories

- LTCF staff that are not working that day
- LTCF and HCW staff from other facilities
- Resident’s close family members who are seniors
- Seniors 85+ in the community that can travel to the 1st and 2nd dose clinic (e.g. EMP clients)

If a **LTCF site** has left over doses and their waitlist has been exhausted at the end of a clinic, then facilities are encouraged not to waste vaccine and administer to the following types of individuals:

1. Volunteers who are involved with residents directly;
2. Designated Support Persons
3. Other seniors in the community (70+)
4. Other individuals available to attend the 2nd dose clinic.

Decisions that are made to give doses to those who are currently not eligible to avoid wastage should be documented. Tracking of those who receive the extra doses needs to be managed by the Clinic Lead and shared with the Regional Public Health.
Mixing and pooling of vials

Residual amounts of diluted vaccines have been noted in both Pfizer and Moderna vials. Neither product contains preservative therefore the more times the multi dose vials (MDV) are punctured, the risk of cross contamination and introduction of microbial contaminants increases.

Both companies have recently specified that if there is enough residual volume in the vaccine vial following withdrawal of the specified number of doses per product label, an additional dose can be withdrawn. current shortfall in vaccine supply has precipitated the option of pooling vaccine across two or more vials in order to maximize the number of doses available

Public Health New-Brunswick is supportive of a dose pooling when necessary for Pfizer and Moderna vaccines as per the following directions below:

- Adhere to aseptic technique while handling the vaccine and minimize contact with vials and minimize the number of vial punctures to reduce the risk of contamination.
- Perform hand hygiene before handling the vaccine
- Ensure the same person who is preparing the doses will be pooling the vials.
- When drawing up from the multi-dose vial, for initial and subsequent uses, firmly and briskly wipe the surface of the rubber seal with an alcohol swab, being sure to apply friction, and allow it to dry for at least 10 seconds.
- Obtain a full dose of either Pfizer or Moderna using up to a maximum of 3 separate vials of the same vaccine product (Pfizer with Pfizer, Moderna with Moderna) with the same lot number of the vaccine.
- Vials should be in use at approximately the same time and pooling of residual vaccine from two or more vials must occur as soon as possible following first vial puncture, i.e., it is not recommended to save multiple vials with residual volume for pooling e at the end of the 6-hour period of viability of the vaccine.
- Only vials containing residual volume are to be used to prepare a full dose when using multiple vials to constitute a single dose.
- Residual volume should not be added to contents from a different vial that still contains at least one full dose of the vaccine. to maximize retrieval of doses and offer immunization to larger numbers of individuals.
- To assist with the withdrawal of residual vaccine from the multi-dose vial, invert the vial and ensure the end of the needle is below fluid level and situated in the groove of the vial stopper. Once the residual vaccine is withdrawn, remove the needle from the vial and expel the air bubble(s).
• Check the syringe carefully to ensure that it contains the total dose volume recommended (0.3 ml for Pfizer, and 0.5 ml for Moderna mRNA vaccine) before administering the dose

**Shortage**

If there is a shortage of vaccine during the second dose clinic, the name and contact information of the person needs to be taken down and shared with Regional Public Health.

**Switching product per dose**

Switching products for second dose is not recommended. The National Advisory Committee on Immunization (NACI) states that if the vaccine product used for a previously received dose is not known, or not available, attempts should be made to complete the vaccine series with a similar type of COVID-19 vaccine (e.g. mRNA vaccine). Switching between products can be done, the above two options are preferable.

**Intervals between doses**

As per NACI, the second dose should be administered 28 days apart. This information is subject to change at any time as more data is being collected.