Repositioning Vaccines: Guidance for Satellite, Temporary, and Off-Site Clinics

California COVID-19 Vaccination Program

Repositioning is the transport of doses for administration at another setting when unused doses will be returned to the original facility at the end of the day. Satellite, temporary and off-site clinics are authorized to reposition vaccines without prior authorization because ownership is not changing hands. However, these situations require additional oversight and enhanced storage and handling practices. Use the following guidance and resources when planning.

Planning Clinics

CDC has provided the following guidance for planning clinics.

- Guidance for Planning Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations
- Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations
- Considerations for Planning Curbside/Drive-Through Vaccination Clinics
- Vaccinating Homebound Persons With COVID-19 Vaccine
- Patient Safety Checklist for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations
- Accessibility at Drive-Through Medical Sites Fact Sheet | Checklist

Vaccine Orders

Vaccines should be shipped to the location where it will be administered to minimize potential breaks in the cold chain.

For large off-site events that can administer the minimum order: Ship vaccines to arrive at least the day before the event. Clinic must be able to store vaccines according to CDC's Vaccine Storage and Handling Toolkit.

For mobile clinics and PODs and temporary sites that lack a shipping address: Vaccines must be received at the primary location and transported to the clinic.

Vaccine Inventory Management

To minimize waste, transport only doses needed to meet the anticipated number of recipients for the clinic day/hours (e.g., 2000 ppl in 8-hour clinic = 250 ppl/hr.) and the ability of the vaccination provider to store, handle, and transport the vaccine properly. Factor in your average no-show rates and adjust the number of doses to transport.

Never miss a vaccination opportunity! Vaccinate every eligible person who presents at a vaccination site— even if it means puncturing a vial at the end of the day. On May 11, 2021, CDC acknowledged that vaccine wastage may increase as the vaccine rollout continues because more providers (including smaller provider sites) are now receiving

vaccine, vial sizes for some vaccines have increased, and vaccine vials may be opened without every dose being used. (See Missed Opportunities and Wastage.)

The top reasons for vaccine waste are (1) pre-drawing but not administering doses, and (2) open-vial doses not being used. Please follow this guidance to minimize waste. As your wastage levels reduce, make adjustments to increase throughput times.

- Don't remove more than 2 vials/vaccinator waiting to be pre-drawn.
- Don't draw up more than 1 vial/vaccinator at a time—even if it slows down your throughput times!
- Increase the number of runners to assist; use a flag system to indicate when a vaccinator is out of vaccine; don't try to estimate when vaccinators will run out.
- Create a standby list of patients you can call to come at the end of the day if there are leftover doses; consider patients scheduled to come in the next week or two; your Local health department may have a list of standby patients to use.
- Fill no-show appointments with walk-ins or waitlist of nearby eligible residents; consider overbooking if data is available to support it.
- Towards the last couple hours of the day:
    - Only pre-draw for the number of clients in line.
    - Only remove the number of vials for clients in line at that moment.
- Leave time at the end of the day without scheduled patients so that you have time to bring any standby patients to the clinic as needed.

Transport

Vaccines must be transported following product-specific guidelines in CDC's Vaccine Storage & Handling Toolkit COVID-19 Addendum. (For Pfizer Pediatric (5-11 Years), see Transporting Vaccine for Vaccination Clinics Held at Off-Site Locations.)

The total time for transport alone or transport plus clinic workday should be a maximum of 8 hours (e.g., if transport to an off-site clinic is 1 hour each way and the clinic runs for up to 6 hours). (Follow the manufacturer's guidance if it differs from this 8-hour timeframe.) The Vaccine Transport Time Tracker is available to help ensure transport time remains within limits.

Pfizer Pediatric (5-11 Years) Formulation

Ultra-cold transport: Between -90°C and -60°C (-130°F and -76°F) in a portable ultra-cold freezer or qualified container/packout using a digital data logger with a probe designed to measure ultra-cold temperatures. Unpunctured vials may be stored in an ultra-cold freezer until the expiration date (6 months from manufacturer date on vials).

Refrigerated transport: Between 2°C and 8°C (36°F and 46°F) in a portable refrigerator or qualified container/packout using a digital data logger with a buffered temperature probe that displays current, minimum, and maximum temperatures. Unpunctured vials may be stored at refrigerated temperatures for up to 10 weeks. Vials may be transported more than once.

Pfizer 12+ Formulation

Thermal shipper should not be opened more than **2 times a day** and shouldn't be opened for more than **3 minutes at a time**. To minimize the number of times the Pfizer thermal shipper is opened each day, remove the vials that you plan to use during clinic that day and place them into refrigerated storage or transport containers.

Transport punctured vials at refrigerator temperatures between 2°C and 8°C (35°F to 46°F); ensure vaccines don't freeze; once mixed, use within 6 hours; transport time counts towards 6-hour limit; discard after 6 hours.

Moderna Vaccine

Frozen transport -50° to -15°C (-58° to 5°F) is preferred; use of dry ice may subject vials to temperatures colder than -50°C (-58°F). Vaccine being transported at refrigerated temperatures (2° to 8°C; 36° to 46°F) should begin with the vaccine in the frozen state if at all possible. Refrigerated transport is permitted more than once for up to 12 hours total; use Beyond Use Date labels to track reduced shelf life.

Transport punctured vials at refrigerated temperatures (2° to 8°C; 36° to 46°F); once punctured, vaccines must be administered within 6 hours; transport time counts towards 6 hours; discard any remaining vaccine after 6 hours. Partially used vials cannot be transferred from one provider to another or across state lines.

Janssen Vaccine

Store unpunctured multi-dose vials at 2°C to 8°C (36°F to 46°F) and protect from light. Do not store frozen. Unpunctured vials may be stored between 9°C to 25°C (47°F to 77°F) for up to 12 hours.

After first puncture, store at room temperature (25°C/77°F) for up to 2 hours, or between 2° to 8°C (36° to 46°F) for up to 6 hours. Discard if vaccine is not used within these times. Partially used vials cannot be transferred from one provider to another or across state lines. (See Transporting Janssen Vaccine.)

Transporting Pre-Drawn Syringes

CDC recommends transport of punctured vials. If transport of pre-drawn syringes is required, transport at refrigerator temperatures between 2°C and 8°C (35°F to 46°F) following guidance in USP COVID-19 Vaccine Handling Toolkit.

Transporting Diluents & Ancillary Supplies

Transport equal amounts of vaccines, diluents, and ancillary supplies (including vaccination record cards and PPE) for each receiving location.

Transport diluents with their corresponding vaccines so there are always equal amounts of vaccines and diluents for reconstitution. Follow the manufacturer's guidance for specific temperature requirements. If diluents stored at room temperature (20° C to 25° C [68° F to 77° F]) are going to be transported with refrigerated vaccines, they should be refrigerated in advance for as long as possible so they do not raise the container temperature when placed with refrigerated vaccines.

Never freeze diluents—not even during transport. Place an insulating barrier like bubble wrap between the diluents and conditioned water bottles or phase change materials.

Transport System Recommendations

Vaccines may be transported using a portable vaccine refrigerator with a data logger placed with the vaccines. (If a portable vaccine refrigerator is not available, use qualified containers and pack out.)

Soft-sided containers specifically engineered for vaccine transport are acceptable. Do not use commercially available soft-sided food or beverage coolers because most are poorly insulated and likely to be affected by room or outdoor temperatures.

	Emergency Transport	Transport for Off-Site Clinic, Satellite Facility, or Relocation of Stock
Portable Vaccine Refrigerator or Freezer	Yes	Yes
Qualified Container and Packout	Yes	Yes
Conditioned Water Bottle Transport System†	Yes	No
Manufacturer's Original Shipping Container	Yes (last resort only)	No
Food/Beverage Coolers	No	No

Qualified container & pack-out are specifically designed for use when packing vaccines for transport. They are passive containers that do not require a power source and are "qualified" through laboratory testing under controlled conditions to ensure they achieve and maintain desired temperatures for a set amount of time. For example, PCM refrigerated or frozen vaccine transport container.

Coolants for Transport

Phase change materials (PCMs) at 4°C to 5°C (39°F to 41°F) can also be purchased to maintain proper temperatures. Follow the manufacturer's instructions for use to reduce the risk of out-of-range temperatures during transport. Do not use frozen gel packs or coolant packs from original vaccine shipments to pack refrigerated vaccines. (Guidance to follow for Moderna vaccine.)

Data Loggers

Each transport container must be monitored with a data logger to ensure vaccines are not exposed to out-of-range temperatures that may impact vaccine viability.

Vaccine Transport Log

Bring two copies of the Vaccine Transport Log: (1) Record inventory and temperatures on the Vaccine Transport Log prior to departure and upon arrival. At the end of the day, (2) record remaining inventory and temperatures prior to departure and upon return to the primary location.

Preparation & Planning

Prepare transport containers following guidelines in CDC's Vaccine Storage and Handling Toolkit before removing vaccines from storage units.

Assemble transport supplies and set up data loggers first. Complete as much of the COVID-19 Vaccine Transport Log as you can. Once vaccines are packed, ensure the data logger is recording temperatures. Insert completed vaccine transport log into transport container before sealing.

Pack diluents and ancillary supplies including PPE separately.

Vaccine Preparation & Administration

Follow product-specific guidance in Fact Sheets for HCPs or the COVID-19 Addendum to CDC's Vaccine Storage and Handling Toolkit. (For Pfizer Pediatric (5-11 Years) formulation, refer to CDC resources for summary sheets.)

Calculate Beyond Use Dates for diluted or punctured vials and pre-drawn syringes. It is critical to use pre-drawn syringes with the earliest discard time first to avoid waste. If pre-drawn syringes are used, consider the following manufacturer-released information supporting stability of vaccine in vials and in pre-drawn syringes.

Temperature Monitoring

Vaccine must be transported in a stable storage unit and monitored with a digital data logger. COVID-19 vaccines are sensitive to light and temperatures. Temperature data must be reviewed and documented according to guidance in the COVID-19 Addendum to CDC's Vaccine Storage and Handling Toolkit.

Hourly Temperature Log

Check and record temperatures hourly on the Hourly Temperature Log.

At the End of the Clinic

Record temperatures at the end of the clinic day. Assess temperature data prior to returning vaccine to fixed storage units to prevent administration of vaccines that may have been compromised.

Reporting Temperature Excursions

If vaccines are exposed to out-of-range temperatures at any time during the clinic, the affected vaccines must be labeled "Do not use" and stored at the required temperature until vaccine manufacturers make a viability determination. Report the temperature excursion at the end of the day following guidance in Reporting Temperature Excursions.

Reporting Doses Administered

COVID-19 vaccination providers must document vaccine administration in their medical record systems within 24 hours of administration and report doses administered daily. (See Reporting Doses Administered.)

Reporting Doses on Hand

Providers must report doses on hand daily following guidance in Reporting Inventory to VaccineFinder once they receive vaccine. Unused doses transported back to the primary site at the end of the day must be reflected in the organization's or provider location's inventory report (depending on how reporting has been structured).

Reporting Nonviable Doses

Manage your clinic inventory throughout the day to minimize spoiled or wasted doses. At the end of the day, report doses spoiled, expired or wasted (and dispose of nonviable doses following guidance therein) to the myCAvax provider system, Vaccine Inventory.

Resources

- Vaccine Storage and Handling Toolkit
- Missed Opportunities and Wastage
- Vaccine Transport Log
- Hourly Temperature Log
- Reporting Temperature Excursions
- Reporting Temperature Excursion Worksheet
- Reporting Doses Administered
- Reporting Inventory to VaccineFinder
- Infection Control Guidance for Healthcare Professionals about Coronavirus
- Interim Guidance for Routine and Influenza Immunization Services during the Pandemic