COVID-19 VACCINE BULLETIN 3

Welcome to the third bulletin from the HSE National Immunisation Office. Bulletins will be published every week or more frequently, if required.

Check list for vaccinators before giving someone a second dose of COVID-19 vaccine:

As people are beginning to receive their second dose of COVID-19 vaccine, below is a checklist for vaccinators before giving someone a second dose:

Check:

- Dose interval - at least 17 days for Pfizer/BioNTech vaccine
- If diagnosis of COVID-19 since last dose - delay second dose until clinical recovery from COVID-19 and at least four weeks after diagnosis or onset of symptoms, or four weeks from the first PCR positive specimen in those who are asymptomatic
- If history of allergic reaction to the vaccine after first dose (or any new allergic reactions since first dose?)
- No other vaccines have been given within the last 14 days
- If pregnant since first dose - delay second dose until at least 14 weeks of pregnancy

Vaccine management

There should be careful management of vaccine supplies at vaccination sessions. Diluting vaccine vials in excess of the doses required to vaccinate people booked in for vaccination should be avoided.

At the end of a vaccination session, if there is vaccine remaining in diluted vials (that is within the discard time), every effort should be made to contact individuals who are scheduled for second vaccination the following day and vaccinate them with the remaining vaccine rather than giving new dose 1 vaccinations to other healthcare workers. A dose interval of 17 days is within NIAC recommendations.

Changed advice about vaccinating close contacts of a case of COVID-19

Asymptomatic close contacts of cases of COVID-19 may receive COVID-19 vaccine. This includes residents of long term care facilities as well as healthcare staff in all settings who are currently restricting their movements at home. Vaccinators should apply contact precautions to vaccinate these close contacts (gloves and aprons). Where feasible, precautions should be taken to limit mixing of these individuals with other residents or non-essential staff.

Asymptomatic individuals who have undergone testing for COVID-19 may be vaccinated while awaiting the results of their tests. This applies also to healthcare staff who have undergone serial testing.

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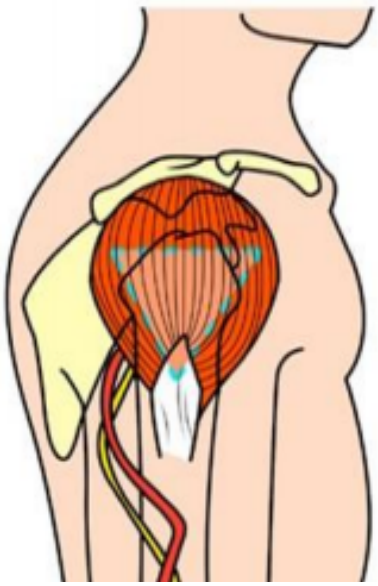
Intramuscular (IM) injection technique

All vaccinators must be competent in IM injection technique. Below is a reminder of IM injection technique. Note: COVID-19 vaccine should be given IM only.



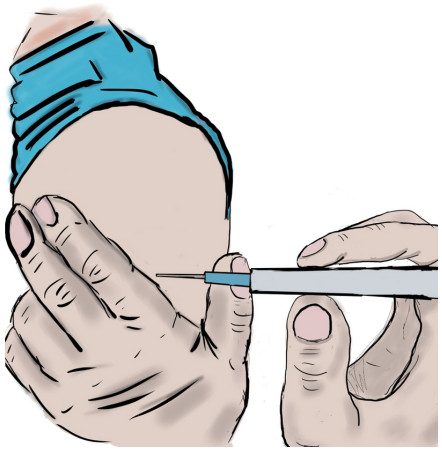
1. **Apply standard aseptic technique throughout the procedure.**

2. **It is not necessary to use gloves** if the vaccinator's and patient's skin is intact.

3. **It is not necessary to use a skin disinfectant e.g. alcohol swabs.**
   - If the skin at the injection site is visibly dirty, clean with soap and water. If an alcohol swab is used, delay injection for ≥30 seconds, to ensure the alcohol will have evaporated.

4. **Land mark the injection site in the deltoid muscle:**
   - Two finger widths down from the acromion process; the bottom edge is at an imaginary line drawn from the axilla
   - Injection site: 5cms below acromion process

5. **At the injection site spread the skin taut between the thumb and forefinger with the non-dominant hand.**
   - **Do <u>NOT</u> bunch up the skin** as this leads to administering the vaccine into subcutaneous tissue inadvertently.



6. **Use the dominant hand to inject the medication.** This ensures control of the needle and syringe during the procedure.
   - Hold the syringe firmly between thumb and forefinger, with heel of hand resting on the thumb of the non-dominant hand. This ensures a 90-degree angle is achieved and the correct site is targeted.

7. Insert the needle smoothly and swiftly.

8. Inject at a 90-degree angle, to ensure the medication reaches the muscle. Inject medication over 1-2 seconds.

9. After removing the needle, use gentle pressure with a cotton ball or gauze. Do not massage the injection site.

10. If there is a leakage at the injection site after withdrawal of needle: apply light pressure with gauze.

Swift needle entry

Slow injection of medication = **Less pain**

Swift needle withdrawal

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How to manage, store and handle vaccines

Comirnaty® and COVID-19 Vaccine Moderna® are mRNA vaccines and are very fragile.

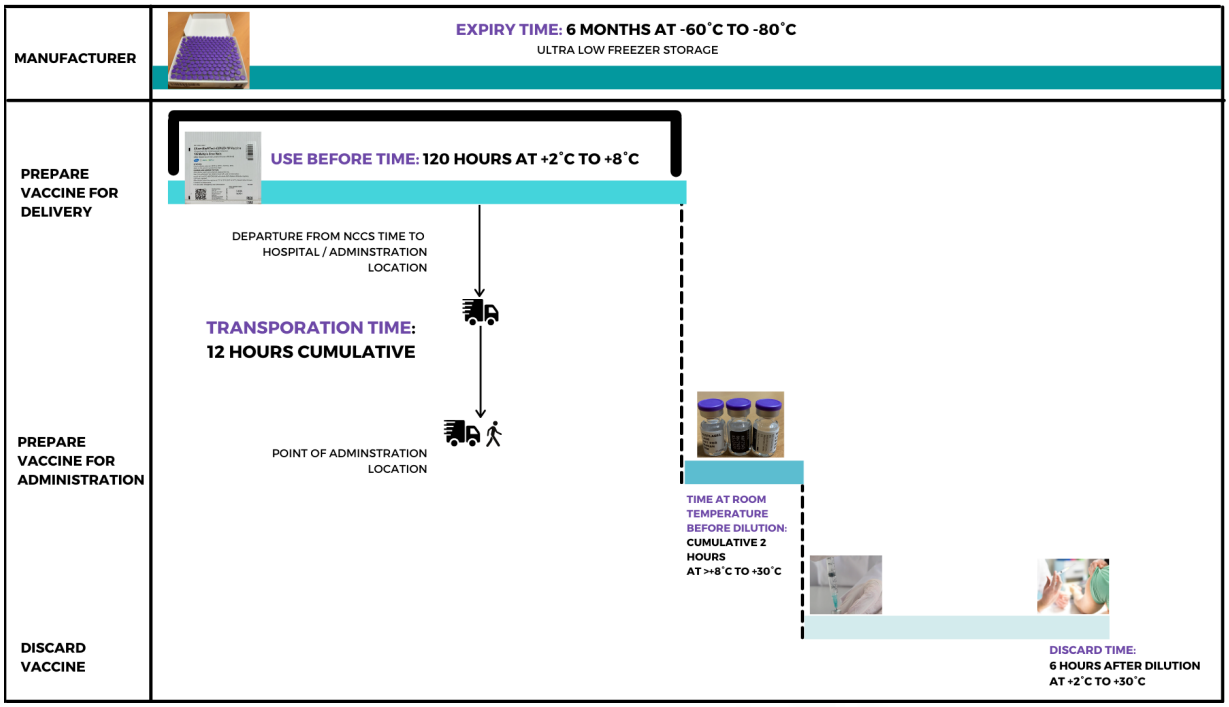
- Vaccines must be stored upright during refrigerated storage.
- They should not be stored upside down or on their side.
- Pfizer/BioNTech has no stability data for thawed vials stored on their side for a prolonged period and cannot support the use of these vials.
- If a vial falls on its side for a short period during handling and is on its side for a short period then it should be righted and can be used.
- If a vial falls to the floor, there is the risk of hairline fractures that may not be visible to the naked eye. For this reason the manufacturer recommends it should not to be used.
- Do not shake vaccine vials.

Please refer to Clinical Guidance on COVID-19 Vaccination for details of vaccine preparation: ***Read It Here***

See Pfizer/BioNTech video for preparation of Comirnaty® vaccine ***Watch It Here***

Updated advice on transportation time of Comirnaty® vaccine

Undiluted vials of Comirnaty® have a shelf life of 120 hours when stored at +2°C to +8°C and another 2 hours undiluted at room temperature. Following dilution, there are 6 hours to complete the administration after which the vial should be discarded.



Any unused vials need to be stored at +2°C to +8°C and sent back to the CHO or hospital pharmacy in the original box.

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Dilution of Comirnaty® vaccine

Each vial of Comirnaty® must be diluted with 1.8mls of 0.9% Sodium Chloride as per the Summary of Product Characteristics (SmPC) and the manufacturer's instructions.

Dilution with more or less than the recommended volume of Sodium Chloride is outside the licensed documentation for the vaccine and outside the manufacturer's instructions.

If an over or under diluted vaccine is given the person will not have received the required dose of vaccine for protection.

This should be explained to the person and a correctly diluted dose of the vaccine should be given as soon as possible. This should be reported to HPRA and an incident report form completed.

COVID-19 vaccines and allergies

The Irish Association of Allergy and Immunology, together with the National Immunisation Advisory Committee have developed a Frequently Asked Questions document to guide vaccinators who are administering COVID-19 vaccines.

Read It Here

Update from HPRA

The 1st HPRA Safety Update COVID-19 Vaccines, Overview of National Reporting Experience was published on 21 January 2021. Highlights are as follows:

- Up to 18 January, a total of 257 reports of suspected side effects were notified to the HPRA
- The cumulative total doses administered of COVID 19 vaccines was reported as 77,303 (dose 1) up to 13 January
- Of the reports notified to the HPRA, the most commonly reported suspected side effects are in line with those typically associated with vaccination, including the types of side effects described in COVID-19 vaccine product information
- National reporting experience to date supports the favourable assessment that the benefits of COVID-19 vaccines outweigh any risks

Read Full Report Here

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The CDC have reported on cases of anaphylaxis following the administration of Comirnaty® (Pfizer/BioNTech) vaccine in the USA.

- Early safety monitoring detected 21 cases of anaphylaxis after administration of 1,893,360 first doses of Pfizer/BioNTech COVID-19 vaccine (11.1 cases per million vaccine doses)
- 86% of anaphylaxis cases had symptom onset within 30 minutes of vaccination
- 81% of these cases had a history of allergies or allergic reactions, including some with previous anaphylaxis events
- 90% of these anaphylaxis cases after receipt of Pfizer/BioNTech COVID-19 vaccine occurred in women (a higher frequency than the 64% of recipients who are women)

Frequently asked clinical questions

What if somebody is diagnosed with COVID-19 infection after a first dose of vaccine?

The second dose of vaccine should be deferred until clinical recovery from COVID-19 and at least four weeks after diagnosis or onset of symptoms, or four weeks from the first PCR positive specimen in those who are asymptomatic.

Can women who are breast feeding receive COVID-19 vaccines?

Yes.

There is no known reason to avoid breastfeeding. If remnants get into breast milk they are digested in the baby's stomach.

Has the interval between dose 1 and dose 2 of the Comirnaty® (Pfizer/BioNTech) mRNA vaccine changed?

Yes.

There should be an interval of 28 days between dose 1 and dose 2 for anyone receiving their first dose Comirnaty® (Pfizer/BioNTech) mRNA vaccine from 18th January 2021.

Please make sure that everyone receiving their first dose from 18th January 20201 receives the up to date leaflet ie Version 4.0 and all previous versions of the leaflet should be destroyed.

*Recommendations about COVID-19 vaccine are changing as more information becomes available so please check our **website** for the most up to date information.*