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DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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Technical Bulletin

Date: May 27, 2021
Topic: Clinical Considerations for Use of COVID-19 Vaccines
Contact: Karissa Loper, MPH, Bureau Chief, Bureau of Child, Family and Community Wellness
To: All Health Care Providers and Facilities, Local Health Districts, and Pharmacists

COVID-19 Vaccines May Now Be Coadministered

On May 12, 2021, the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) [recommended that COVID-19 vaccines and other vaccines may now be administered without regard to timing](#); this includes simultaneous administration of COVID-19 vaccines and other vaccines on the same day, as well as administration of COVID-19 vaccine within 14 days of another vaccine and vice versa.

The previous recommendation to not coadminister COVID-19 vaccines with any other vaccine was made out of an abundance of caution and not due to any safety or immunogenicity concerns. Since that recommendation was made, substantial data has been collected, further proving the safety of COVID-19 vaccines. It is unknown whether reactogenicity of COVID-19 vaccine is increased with coadministration, including with other vaccines known to be more reactogenic, such as adjuvanted vaccines or live vaccines.

When deciding whether to coadminister vaccine(s) with COVID-19 vaccines, providers should consider whether the patient is behind or at risk of becoming behind on recommended vaccines, their risk of vaccine-preventable disease (e.g., during an outbreak or occupational exposures), and the reactogenicity profile of the vaccines.

If multiple vaccines are administered at a single visit, administer each injection in a different injection site.

For adolescents and adults, the deltoid muscle can be used for more than one intramuscular injection. [Best practices](#) for multiple injections include:

- Label each syringe with the name and the dosage (amount) of the vaccine, lot number, the initials of the preparer, and the exact beyond-use time, if applicable.
- Separate injection sites by 1 inch or more, if possible.
- **Administer the COVID-19 vaccines and vaccines that may be more likely to cause a local reaction (e.g., tetanus-toxoid-containing and adjuvanted vaccines) in different limbs, if possible.**

Take Every Opportunity to Vaccinate Every Eligible Person

COVID-19 vaccine supply is now larger than demand; therefore, wastage of COVID-19 vaccine is permissible when attempting to prevent a missed opportunity to vaccinate.

Providers are encouraged to offer COVID-19 vaccine to all eligible patients they see as well as those individuals who accompany the patient to their appointment. The Nevada State Immunization Program recognizes that with opportunities to vaccinate more people it may increase the likelihood of leaving unused doses in a vial. While providers should continue to follow best practices to use every dose possible, the Nevada State Immunization Program does not want a fear of wastage to cause a missed an opportunity to vaccinate every eligible person at the time they are present to receive a vaccine dose.

To ensure providers do not miss an opportunity to vaccinate every eligible person, CDC recommends:

- Providers follow [clinical best practices for vaccination](#) as well as best practices when managing vaccine inventory to maximize vaccination and minimize dose wastage.
 - **To prevent missed opportunities, providers should consider keeping COVID-19 vaccine inventory on hand at all times.**
 - It is acceptable if some of this vaccine goes to waste due to punctured or unpunctured vial expiration.
- Providers should not miss any opportunities to vaccinate every eligible person who presents at a vaccination site, even if it means puncturing a multidose vial to administer vaccine without having enough people available to receive each dose in the vial.
- Consider establishing and promoting standing vaccination days or half-days to increase likelihood of larger numbers of people presenting for vaccination on the same day.
- Offer to vaccinate family members and/or friends who accompany patients to medical visits even if they are not established patients at the vaccinating practice.
- Continue outreach to employers and other community partners that have a large membership or network to arrange vaccination events.
- As a contingency plan, vaccine providers should attempt to contact additional persons (e.g., from a waitlist or through personal contacts of persons being vaccinated) to use as many vaccine doses as possible.

Acceptable vaccine wastage may increase as the vaccine rollout continues, due to:

- More providers, including smaller provider sites, receiving vaccine.
- Vial sizes for some vaccines have increased.
- Vaccine vials may be opened without every dose being used.

The Nevada State Immunization Program continues to monitor COVID-19 vaccine storage and handling. Vaccine loss due to vaccine storage and handling errors is closely monitored and ongoing training is provided. Providers should strictly follow the [CDC's Vaccine Storage and Handling Toolkit](#) to prevent vaccine waste of this nature.

Resources:

- [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States](#)
- [Vaccinate with Confidence](#)
- [Clinical Considerations for Administering COVID Vaccine in Adolescents](#)
- [NVCovidFighter.org](#)
- [Morbidity and Mortality Weekly Reports covering COVID-19 vaccine ACIP recommendations](#)

Questions: For updated guidance, please review the DPBH Technical Bulletin website and Nevada's COVID-19 response website regularly.^{1,2} If you have other questions regarding the COVID-19 Vaccine Response, please email dpbh-covid19vax@health.nv.gov.



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¹ http://dpbh.nv.gov/Resources/Technical_Bulletins-New/

² <https://nvhealthresponse.nv.gov/>