COVID-19 Vaccine: Second Dose Guidance for Providers

The Pfizer and Moderna COVID-19 vaccines require two doses. The vaccines are not interchangeable so the second dose must be from the same manufacturer as the first dose. Second dose reminders are critical to ensure compliance with vaccine dosing intervals and to achieve optimal vaccine effectiveness. COVID-19 vaccinators should make every attempt to schedule an individual’s second dose appointment when the individual gets their first dose.

The Wisconsin Department of Health Services (DHS) recognizes there are situations and barriers that interfere with some individuals obtaining the second dose from the same provider that administered the first dose. Some reasons for this are:

- A community-based vaccination clinic closes before second doses are administered.
- An individual has moved since receiving their first dose or is living in another part of the state for a temporary amount of time.
- The original provider did not properly manage their inventory and does not have supply to provide a second dose and/or the first dose vaccine type has changed.
- The individual missed the second dose clinic day.

DHS encourages providers to make every effort to administer second doses, when appropriate, to individuals who are unable to return to the original location where they received the first dose, regardless of the reason they are unable to return. These individuals should not be turned away if appropriate vaccine type is available and first dose information can be verified.

Below are several second dose situations that outline best practices and guidance for vaccinators to work towards successful administration of second doses.

**Individual Has Documentation of a First Dose, But The Vaccination Is Not Updated in the Wisconsin Immunization Registry (WIR)**

In these situations, the provider will need to enter the first dose information into WIR along with the second dose that the provider administers. For specific information on how to enter this information into WIR, see Appendix A.

**Individual Does Not Have Documentation of the First Dose**

This could include an individual receiving a vaccination in another state, such as a student returning home from college for the summer or an individual returning home after having spent the winter in another state.

A provider may be unable to confirm the first dose for a number of reasons:

- No vaccination card (lost, forgot at home)
- No information in WIR
- No paperwork from another vaccination clinic (VA clinic, clinic in another state, etc.)

When these type of situations occur, the provider should contact the clinic or vaccination site where the first dose was administered in order to verify the date and vaccine type that was administered. The provider should also guide the patient on different ways they could locate this information, this includes:

- Locating a registration or confirmation email.
- Going to their state department of health website (when received out of state) to search their vaccine registry site.
- Contacting the original provider that administered the first dose.
- Contacting their insurance provider, if the provider requested that information.
- Contacting their health care provider, if the vaccinator requested the individual’s physician information.
- Locating a digital copy of the after visit summary or electronic health record.
In situations where the mRNA vaccine product given for the first dose cannot be determined or is no longer available, any available mRNA COVID-19 vaccine may be administered at a minimum interval of 28 days between doses to complete the mRNA COVID-19 vaccination series.

In situations where the same mRNA vaccine product is temporarily unavailable, it is preferable to delay the second dose (up to six weeks) to receive the same product, rather than to receive a mixed series using a different product.

If two doses of different mRNA COVID-19 vaccine products are administered in these situations (or inadvertently), no additional doses of either product are recommended at this time. Such persons are considered fully vaccinated against COVID-19 two weeks after receipt of the second dose of an mRNA vaccine (refer to https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html).

**Individual Receives the First Dose in Another Country of a Vaccine Manufacturer that is Not Authorized in the U.S.**

The current Centers for Disease Control (CDC) guidance from the clinical considerations webpage states:

- **COVID-19 vaccines not authorized by the U.S. Food and Drug Administration (FDA) but authorized for emergency use by the World Health Organization (WHO):**
  - People who completed a COVID-19 vaccination series with a vaccine that has been authorized for emergency use by WHO do not need any additional doses with an FDA-authorized COVID-19 vaccine.
  - People who are partially vaccinated with a COVID-19 vaccine series authorized for emergency use by WHO may be offered an FDA-authorized COVID-19 vaccine series. This means that the individual should receive a first and second dose of the provider’s offered vaccine manufacturer.

- **COVID-19 vaccines not authorized by FDA or not authorized for emergency use by WHO:**
  - People who completed or partially completed a COVID-19 vaccine series with a vaccine that is not authorized by FDA or not authorized for emergency use by WHO may be offered an FDA-authorized COVID-19 vaccine series. This means that the individual should receive a first and second dose of the provider’s offered vaccine manufacturer.

**Best Practices to Manage and Track Vaccine Supply**

At times, providers are unable to administer a second dose to individuals they provided the first dose to because of improper or poor vaccine management and tracking. If the first and second dose inventory is not properly managed, a provider can lose track of their supply and deplete inventory to a point where they do not have sufficient vaccine for second dose appointments. To compound the problem, if the provider receives a different vaccine type the following week, they are in a position where they cannot make up for the error, resulting in an individual in search of a second dose.

Below are best practices to maintain and track vaccine supply to prevent this from occurring:

- Develop and implement an effective system to track and schedule second doses.
  - Schedule the second dose when the individual receives the first dose.
  - Screen individuals and confirm the appointment five to seven days before the second dose.
  - Implement a reminder system with various touch points and communications (email, call, text, etc.).

- Develop a comprehensive system for tracking inventory and projecting anticipated vaccine needs. Compare second dose inventory to roster of eligible individuals for the second dose.

If you have vaccine surplus (extra doses):

- Properly store doses for future use.
- Work with other providers in your region to identify who may need vaccine or who may have it available.
• Contact your regional manager for assistance if needed.
• Please note, all transfers must be completed in WIR and CDC redistribution form must be completed.

If you have a vaccine deficiency:
• Submit your request to DHS for additional vaccine as part of the daily on-demand request model.
• Use first doses for second doses to keep individuals on schedule.
• If the vaccine type has changed and there is insufficient supply to fulfill second dose appointments, assist individuals in locating another provider in the area with appropriate vaccine type and supply to schedule a second dose appointment with the correct timeframe.

**When Extra First Doses Are Taken from a Vial**

When ordering second doses, keep in mind the number of doses taken from a vial may vary. A provider may be able to draw up additional full doses from a vial, such as an eleventh or fifteenth dose from a Moderna vial. When a provider is able to draw extra doses from a first dose vial, they need to plan and use the same techniques in order to be able to extract the same number of extra doses from subsequent, second vials.

When a provider is unable to pull the same number of extra doses from a second dose vial, they will need to use vaccine from their first dose supply to have enough vaccine to administer the proper number of second doses. The provider will need to manage their first dose appointment schedule accordingly if this occurs.

The U.S. Pharmacopeia has released a toolkit to assist providers in best practices to reduce dose variability. The [toolkit](#) includes a number of strategies and lessons learned in the field.

**Never Waste an Opportunity**

As demand for vaccine changes, DHS is asking vaccinators to become increasingly creative to find new opportunities to vaccinate individuals in ways they trust that builds vaccine confidence, including in smaller settings such as primary care visits. DHS understands that there will be operational implications for providers, especially around wasted doses. While it is essential that vaccinators continue to be good stewards of public resources and leverage every dose to the fullest, the goal of getting vaccine into the arm of any willing, present individual must take precedence.

When faced with situations in which the choice is between opening a vial for a few individuals and assuming waste, or asking that individuals return another day - DHS encourages all vaccinators to prioritize vaccination. Every individual counts, and vaccinators must leverage every opportunity to vaccinate to the fullest. The goal at this point in the vaccination effort is “no missed opportunity,” rather than “no wasted doses.”
Appendix A

Entering First (Historical) Dose Data into the Wisconsin Immunization Record (WIR):

When an individual received their first dose of a vaccine from out of state, or from a Wisconsin vaccinator that did not enter the first dose vaccination in WIR, and presents to your site for their second dose, your site will need to enter that first dose into WIR along with the second dose that your site has administered.

For the purposes of entering this into WIR, the “First” dose (also known as the “Historical” dose) will refer to the dose that was previously given out of state or was not entered into WIR. The “Second” dose (also known as the “New” dose) will refer to the dose that your site provided.

Using the evidence provided by the individual, such as the COVID-19 vaccination record card or other documentation of the first dose, document to the best of your ability the: product name/manufacturer, lot number, the date the dose was administered, and the health care professional or clinic site that provided the first dose. Although it is not required to have all of these details other than the date the first dose was administered and vaccine type, they are highly recommended, as these details provide a correct and complete record for future review.

There are multiple ways to enter this information into WIR.

**Entering the Vaccinations(s) via Manage Immunizations**

This method is best used in a clinic setting and can be used for entering the first dose as well as the second dose.

1. Log into WIR.
2. Under Immunizations, choose Manage Immunizations.
3. Search for and select the correct client.
4. Under History, click Add Immunization.
5. Under Immunization, see COVID-19. You will have the option of entering one or both doses as historical, meaning the dose(s) was given elsewhere and is not yet entered into WIR, as well as a second/new dose, that your site administered.
   a. If your site has administered a dose that needs to be entered, check the New box. If entering a New dose, you will need to choose the funding source for the client for the New dose. There is an edit to remind you of this.
   b. If entering one or both doses that were given elsewhere and are not already in WIR, put the number of prior doses in the Hist # box. For example, if the client received one previous dose out of state, enter a 1 into the box. If the client received both doses out of state, leave the New box unchecked as you did not administer a dose, and enter 2 in the Hist # box to indicate that the client received both doses historically.
   c. **Important note:** The dose that your site administered must be listed under New in order to draw down from your inventory. Only the dose(s) that was administered elsewhere should be listed as a Historical.
6. Click the OK button next to Active Immunization Inventory.
7. Enter the data for both the New Immunization and the Historical Immunization. Note: For the Historical Immunization, please provide as much detail as available including the Date Provided, the Trade Name, the Lot Number, and the Provider Org that provided that initial immunization.
8. When done, click OK.
9. Confirm that the dose(s) are recorded. If an error was made, click the paper/pen icon to edit the information.
Entering the Vaccination(s) via Mass Vaccination

The method can be used for entering the First/Historical dose as well as the Second/New dose.

1. Log into WIR.
3. Search for and select the correct client.
4. You will have the opportunity to enter both the New Immunization (the second dose that you administered), as well as a Historical Immunization (the first dose that was received out of state or is not already entered into WIR).
   a. Under New Immunizations, make sure the box under the Remove column is unchecked. Enter the relevant data for the vaccination you administered. If there are any immunizations that you are not updating (such as Influenza), the Remove box should remain checked.
   b. Under Historical Immunizations, make sure the box under Remove column is unchecked for the COVID-19 box. Enter the relevant data for that initial immunization.
   c. Make sure any other vaccinations listed are checked under the Remove column.
   d. **Important note:** The dose that you are administering must be listed under New in order to draw down from your inventory. Only the dose(s) that was administered elsewhere should be listed as a Historical dose.
5. Click OK.
6. A new Client Search window opens up. Confirm Immunization(s) Added is indicated in blue in the top right corner before entering the search criteria for the next client.