Purpose

- To reduce morbidity and mortality from coronavirus disease 2019 (COVID-19) by vaccinating persons who meet the criteria established by the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices (ACIP).

Policy

- Where authorized under state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to assess and vaccinate persons who meet the criteria in the "Procedure" section below without the need for clinician examination or direct order from the attending provider at the time of the interaction.

Procedure

Assess persons 18 years of age and older for vaccination with Moderna COVID-19 Vaccine based on the following criteria:

- No complete 2-dose COVID-19 vaccination history, regardless of brand. If 2 doses of a same-brand or mixed-brand series have been administered, no additional doses are recommended.
  - If the recipient has received 1 previous dose of Moderna COVID-19 Vaccine, a second dose of the same brand should be administered.
  - This vaccine is administered in a 2-dose series. Separate doses by at least 28 days.*
- Moderna COVID-19 Vaccine should not be administered at the same time as other vaccines. Separate Moderna COVID-19 Vaccine from other vaccines by 14 days before or after the administration of Moderna COVID-19 Vaccine.
- Moderna COVID-19 Vaccine should be deferred for at least 90 days for persons who received passive antibody therapy (monoclonal antibodies or convalescent plasma) as part of COVID-19 treatment.
- Screen for contraindications and precautions.

Contraindications

- Severe allergic reaction (e.g., anaphylaxis) to a previous dose or component of either mRNA COVID-19 vaccine
- Immediate allergic reaction of any severity to a previous dose or component of an mRNA COVID-19 vaccine (including polyethylene glycol [PEG]). See Table 1 of vaccine components on page 3.
- Immediate allergic reaction of any severity to polysorbate (due to potential cross-reactive hypersensitivity with the vaccine ingredient PEG)

Precautions

- History of an immediate allergic reaction to any other vaccine or injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies not related to a component of mRNA COVID-19 vaccines or polysorbate)
- Moderate to severe acute illness

Provide all recipients with a copy of the current federal Emergency Use Authorization (EUA) Fact Sheet for Recipients and Caregivers.

Prepare to administer the vaccine.

- Choose the correct needle gauge, needle length, and injection site for persons:
  - 18 years of age: 1-inch needle is recommended.
  - 19 years of age and older: See table below.
- Follow the manufacturer’s guidance for storing/handling punctured vaccine vials.

Sex and Weight of Patient | Needle Gauge | Needle Length | Injection Site†
--------------------------|--------------|---------------|------------------
Female or male fewer than 130 lbs | 22–25 | %5 – 1" | Deltoid muscle of arm
Female or male 130–152 lbs | 22–25 | 1" | Deltoid muscle of arm
Female 152–200 lbs | 22–25 | 1–1½" | Deltoid muscle of arm
Male 153–260 lbs | 22–25 | 1–1½" | Deltoid muscle of arm
Female 200+ lbs | 22–25 | 1½" | Deltoid muscle of arm
Male 260+ lbs | 22–25 | 1½" | Deltoid muscle of arm

*Vaccine doses administered as/after day 24 are considered valid. The 4-day grace period should not routinely be used to schedule doses.

†For the purpose of this guidance, an immediate allergic reaction is defined as any hypersensitivity-related signs or symptoms such as urticaria, angioedema, respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within 4 hours following exposure to a vaccine or medication.

‡Alternatively, the anterolateral thigh also can be used.

§Some experts recommend a 5/8-inch needle for men and women who weigh less 130 pounds. If used, skin must be stretched tightly (do not bunch subcutaneous tissue).
○ Administer 0.5 mL Moderna COVID-19 Vaccine by intramuscular (IM) injection.

■ Document vaccination.

○ COVID-19 vaccination providers must document vaccine administration in their medical record systems within 24 hours of administration and use their best efforts to report administration data to the relevant system (e.g., immunization information system) for the jurisdiction as soon as practicable and no later than 72 hours after administration.

○ Document each recipient’s vaccine administration information:
  » Medical record: The vaccine and the date it was administered, manufacturer, lot number, vaccination site and route, name and title of the person administering the vaccine
  » Vaccination record card: Date of vaccination, product name/manufacturer, lot number, and name/location of the administering clinic or healthcare professional. Give to the vaccine recipient.
  » Immunization information system (IIS): Report the vaccination to the appropriate state/local IIS.

■ Additional preparation and administration information is available on the manufacturer’s website at https://www.modernatx.com/.

■ Be prepared to manage medical emergencies.

○ Vaccination providers should observe patients after vaccination to monitor for the occurrence of immediate adverse reactions:
  » 30 minutes: Persons with a history of an immediate allergic reaction of any severity to a vaccine or injectable therapy and persons with a history of anaphylaxis due to any cause
  » 15 minutes: All other persons.

○ Have a written protocol to manage medical emergencies following vaccination, as well as equipment and medications, including at least 3 epinephrine prefilled syringes or autoinjectors, H1 antihistamine, blood pressure cuff, and stethoscope and timing device to assess pulse.

○ For more information, please see:
  » CDC’s General Best Practice Guidelines for Immunization, “Preventing and Managing Adverse Reactions,” at https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/adverse-reactions.html
  » Immunization Action Coalition’s “Medical Management of Vaccine Reactions in Adults in a Community Setting” at https://www.immunize.org/catg.d/p3082.pdf

■ Report adverse events to the Vaccine Adverse Event Reporting System (VAERS).

○ While this vaccine is under Emergency Use Authorization (EUA), healthcare professionals are required to report to VAERS:
  » Vaccine administration errors (whether associated with an adverse event [AE] or not)
  » Serious AEs (irrespective of attribution to vaccination)
  » Multisystem inflammatory syndrome (MIS) in adults or children
  » Cases of COVID-19 that result in hospitalization or death
  » Any additional AEs and revised safety requirements per the Food and Drug Administration’s conditions for use of an authorized vaccine throughout the duration of the EUA

○ Healthcare professionals are encouraged to report to VAERS:
  » Clinically important adverse events that occur after vaccination, even if you are not sure whether the vaccine caused the adverse event

> Standing Orders Authorization

This policy and procedure shall remain in effect for all patients of the ______________________ effective ___________ until rescinded or until ______________.

Medical director (or other authorized practitioner) ________________________/______________________/_____________________.

Adapted with appreciation from the Immunization Action Coalition (IAC) standing orders
An immediate allergic reaction to any component or previous dose of an mRNA COVID-19 vaccine is a contraindication to vaccination with both the Pfizer-BioNTech and Moderna vaccines. The following is a list of ingredients for the Pfizer-BioNTech and Moderna COVID-19 vaccines, as reported in the prescribing information for each vaccine.

<table>
<thead>
<tr>
<th>Description</th>
<th>Pfizer-BioNTech COVID-19 vaccine</th>
<th>Moderna COVID-19 vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>mRNA</td>
<td>Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2</td>
<td>Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2</td>
</tr>
<tr>
<td>Lipids</td>
<td>2[(polyethylene glycol)-2000]-N, N-ditetradecylacetamide</td>
<td>PEG2000-DMG: 1, 2-dimyristoyl-rac-glycerol, methoxy polyethylene glycol</td>
</tr>
<tr>
<td></td>
<td>1,2-distearoyl-sn-glycero-3-phosphocholine</td>
<td>1,2-distearoyl-sn-glycero-3-phosphocholine</td>
</tr>
<tr>
<td>Cholesterol</td>
<td></td>
<td>Cholesterol</td>
</tr>
<tr>
<td></td>
<td>(4-hydroxybutyl)azanediy1bis(hexane-6,1-diy1)bis(2-hexyldecanoate)</td>
<td>SM-102: heptadecane-9-yl 8-((2-hydroxethyl) (6-oxo-6-(undecyloxy) hexyl) amino) octanoate</td>
</tr>
<tr>
<td>Salts, sugars, buffers</td>
<td>Potassium chloride</td>
<td>Tromethamine</td>
</tr>
<tr>
<td></td>
<td>Monobasic potassium phosphate</td>
<td>Tromethamine hydrochloride</td>
</tr>
<tr>
<td></td>
<td>Sodium chloride</td>
<td>Acetic acid</td>
</tr>
<tr>
<td></td>
<td>Dibasic sodium phosphate dihydrate</td>
<td>Sodium acetate</td>
</tr>
<tr>
<td></td>
<td>Sucrose</td>
<td>Sucrose</td>
</tr>
</tbody>
</table>

*Neither vaccine contains eggs, gelatin, latex, or preservatives.

Note: Both the Pfizer-BioNTech and Moderna COVID-19 vaccines contain polyethylene glycol (PEG). PEG is a primary ingredient in osmotic laxatives and oral bowel preparations for colonoscopy procedures, an inactive ingredient or excipient in many medications, and is used in a process called “PEGylation” to improve the therapeutic activity of some medications (including certain chemotherapeutics). Additionally, cross-reactive hypersensitivity between PEG and polysorbates (included as an excipient in some vaccines and other therapeutic agents) can occur.

Information on whether a medication contains PEG, a PEG derivative, or polysorbates as either active or inactive ingredients can be found in the package insert. The National Institutes of Health DailyMed database (https://dailymed.nlm.nih.gov/dailymed/index.cfm) may also be used as a resource. Medications that contain PEG and/or polysorbate are also described in the supplementary materials of Stone CA, et al. “Immediate hypersensitivity to polyethylene glycols and polysorbates: more common than we have recognized.” The Journal of Allergy and Clinical Immunology: In Practice 7.5 (2019): 1533–1540. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6706272/pdf/nihms-1019221.pdf
### General Information
- **Vaccine:** COVID-19 vaccine (Moderna)
- **Multidose vial:** 10 doses per vial
- **Dosage:** 0.5 mL
- Do NOT mix with a diluent. Discard vial when there is not enough vaccine to obtain a complete dose. Do NOT combine residual vaccine from multiple vials to obtain a dose.

### Thawing Frozen Vaccine
- **Vaccine** may be thawed in the refrigerator or at room temperature. Do **NOT** refreeze thawed vaccine.
- **Refrigerator:** Between 2°C and 8°C (36°F and 46°F) 25 to 195 vials may take 2 to 3 hours to thaw in the refrigerator. Fewer number of vials will take less time.
- **Room temperature:** Up to 25°C (77°F) between 30 minutes and 2 hours. Vials at room temperature must be mixed between 30 minutes and 2 hours or returned to the refrigerator.

### Expiration Date
To determine the expiration date, scan the QR code located on the vial or carton. The QR code will bring up a website; then choose the lookup option, enter the lot number, and the expiration date will be displayed.

An alternate option is accessing the website directly: [http://www.modernatx.com/covid19vaccine-eua](http://www.modernatx.com/covid19vaccine-eua).


### Prepare and Administer the Vaccine

<table>
<thead>
<tr>
<th>Assess recipient status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Screen for contraindications and precautions.</td>
</tr>
<tr>
<td>○ Review vaccination history.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Follow aseptic technique. Perform hand hygiene before vaccine preparation, between patients, when changing gloves (if worn), and any time hands become soiled.*</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Unpunctured vials:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check the expiration date. Never use expired vaccine.</td>
</tr>
<tr>
<td>Punctured vials:</td>
</tr>
<tr>
<td>Check the beyond-use time. Never use vaccine after the beyond-use time.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>With the vial upright, gently swirl the vaccine. <strong>DO NOT</strong> shake. If the vial is shaken, contact the manufacturer.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Examine the vaccine. It should be white to off-white in color and may contain white particles. Do not use if liquid contains other particulate matter or is discolored.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Using a new, sterile alcohol prep pad, cleanse the stopper of the multidose vaccine vial.</th>
</tr>
</thead>
</table>

| Choose the correct equipment, including the correct needle size. Use a new, sterile needle and syringe for each injection. |

**Note:**
- Gloves are not required unless the person administering the vaccine is likely to come in contact with potentially infectious body fluids or has open lesions on the hands. If worn, perform hand hygiene and change gloves between patients.
- Changing needles between drawing vaccine from a vial and injecting it into a recipient is not necessary unless the needle has been damaged or contaminated.

<table>
<thead>
<tr>
<th>Withdraw 0.5 mL of vaccine into the syringe.†</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure the prepared syringe is not cold to the touch.</td>
</tr>
<tr>
<td>Note the date and time the vial was first punctured.</td>
</tr>
<tr>
<td>Keep the vaccine between 2°C and 25°C (36°F and 77°F) for up to 6 hours.</td>
</tr>
<tr>
<td>Discard any unused vaccine after 6 hours.</td>
</tr>
<tr>
<td>Bring the dose of vaccine from the designated preparation area immediately to the patient treatment area for administration.</td>
</tr>
<tr>
<td>Ensure staff has the correct PPE before administering vaccines and implement policies for the use of face coverings for vaccine recipients older than 2 years of age (if tolerated).</td>
</tr>
<tr>
<td>Administer the vaccine immediately by intramuscular (IM) injection in the deltoid muscle.</td>
</tr>
<tr>
<td>Observe recipients after vaccination for an immediate adverse reaction:</td>
</tr>
<tr>
<td>○ <strong>30 minutes:</strong> Persons with a history of an immediate allergic reaction of any severity to a vaccine or injectable therapy and persons with a history of anaphylaxis due to any cause</td>
</tr>
<tr>
<td>○ <strong>15 minutes:</strong> All other persons</td>
</tr>
</tbody>
</table>

---

*Gloves are not required unless the person administering the vaccine is likely to come in contact with potentially infectious body fluids or has open lesions on the hands. If worn, perform hand hygiene and change gloves between patients.

†Changing needles between drawing vaccine from a vial and injecting it into a recipient is not necessary unless the needle has been damaged or contaminated.
Moderna COVID-19 Vaccine
Vaccine Preparation and Administration Summary

Scheduling Doses

<table>
<thead>
<tr>
<th>Vaccination History*</th>
<th>And</th>
<th>Then</th>
<th>Next Dose Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 doses</td>
<td></td>
<td>Give dose 1 today</td>
<td>Give dose 2 at least 28 days after dose 1</td>
</tr>
<tr>
<td>1 dose (Moderna)</td>
<td>It has been at least 28 days since dose 1</td>
<td>Give dose 2 today</td>
<td>Series complete; no additional doses needed</td>
</tr>
<tr>
<td></td>
<td>It has NOT been at least 28 days since dose 1</td>
<td>No dose today</td>
<td>Give dose 2 at least 28 days after dose 1</td>
</tr>
<tr>
<td>2 doses (Moderna) at least 28 days apart†</td>
<td></td>
<td></td>
<td>Series complete; no additional doses needed</td>
</tr>
</tbody>
</table>

*COVID-19 vaccine (Moderna) should not be administered at the same time as other vaccines. Separate COVID-19 vaccine (Moderna) from other vaccines by 14 days before or after administration of COVID-19 vaccine (Moderna).
†Vaccine doses administered at/after day 24 are considered valid. The 4-day grace period should not routinely be used to schedule doses.

Contraindications and Precautions

Contraindications:
- Severe allergic reaction (e.g., anaphylaxis) to a previous dose or component of either mRNA COVID-19 vaccine
- Immediate allergic reaction§ of any severity to a previous dose or component of an mRNA COVID-19 vaccine (including polyethylene glycol [PEG]). See table 1 of vaccine components on Page 3.
- Immediate allergic reaction of any severity to polysorbate (due to potential cross-reactive hypersensitivity with the vaccine ingredient PEG)

Precautions:
- History of an immediate allergic reaction to any other vaccine or injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies not related to a component of mRNA COVID-19 vaccines or polysorbate)
- Moderate to severe acute illness

Management of Anaphylaxis

Healthcare professionals should be familiar with identifying immediate-type allergic reactions, including anaphylaxis, and should be competent in treating these events at the time of vaccine administration. Equipment and medications should be available, including at least 3 epinephrine prefilled syringes or autoinjectors, H1 antihistamine, blood pressure cuff, and stethoscope and timing device to assess pulse.


Document the Vaccination

COVID-19 vaccination providers must document vaccine administration in their medical record systems within 24 hours of administration and use their best efforts to report administration data to the relevant system (i.e., immunization information system) for the jurisdiction as soon as practicable and no later than 72 hours after administration. Document each recipient vaccine administration information in the:

- Medical record
  - Vaccine and the date it was administered
  - Manufacturer and lot number
  - Vaccination site and route
  - Name and title of the person administering the vaccine
- Personal vaccination record card (shot card):
  - Date of vaccination
  - Product name/manufacturer
  - Lot number
  - Name/location of the administering clinic or healthcare professional.
  - Give to the vaccine recipient.
- Immunization information system (IIS) or “registry”:
  - Report the vaccination to the appropriate state/local IIS.
Reporting Adverse Events

Healthcare professionals are required to report to the Vaccine Adverse Event Reporting System (VAERS):

- Vaccine administration errors (whether associated with an adverse event (AE) or not)
- Serious AEs (irrespective of attribution to vaccination)
- Multisystem inflammatory syndrome (MIS) in adults or children
- Cases of COVID-19 that result in hospitalization or death
- Any additional AEs and revised safety reporting requirements per the Food and Drug Administration’s conditions for use of an authorized vaccine throughout the duration of the EUA

Adverse events should be reported even if the cause is uncertain. Healthcare professionals are also encouraged to report any clinically significant AEs that occur after vaccine administration. Submit reports to www.vaers.hhs.gov. For additional information, see the vaccine manufacturer’s product information at https://www.modernatx.com/covid19vaccine-eua/.

Table 1: Ingredients included in Pfizer-BioNTech and Moderna mRNA COVID-19 vaccines

An immediate allergic reaction to any component or previous dose of an mRNA COVID-19 vaccine is a contraindication to vaccination with both the Pfizer-BioNTech and Moderna vaccines. The following is a list of ingredients for the Pfizer-BioNTech and Moderna COVID-19 vaccines, as reported in the prescribing information for each vaccine.

<table>
<thead>
<tr>
<th>Description</th>
<th>Pfizer-BioNTech COVID-19 vaccine</th>
<th>Moderna COVID-19 vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>mRNA</td>
<td>Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2</td>
<td>Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2</td>
</tr>
<tr>
<td>Lipids</td>
<td>2[(polyethylene glycol)-2000]-N, N-ditetradecylacetamide</td>
<td>PEG2000-DMG: 1, 2-dimyristoyl-rac-glycerol, methoxypolyethylene glycol</td>
</tr>
<tr>
<td></td>
<td>1,2-distearoyl-sn-glycero-3-phosphocholine</td>
<td>1,2-distearoyl-sn-glycero-3-phosphocholine</td>
</tr>
<tr>
<td></td>
<td>Cholesterol</td>
<td>Cholesterol</td>
</tr>
<tr>
<td></td>
<td>(4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl) bis(2-hexyloctanoate)</td>
<td>SM-102: heptadecane-9-yl 8-(2-hydroxyethyl) (6-oxo-6-(undecyloxy) hexyl amino) octanoate</td>
</tr>
<tr>
<td>Salts, sugars, buffers</td>
<td>Potassium chloride</td>
<td>Tromethamine</td>
</tr>
<tr>
<td></td>
<td>Monobasic potassium phosphate</td>
<td>Tromethamine hydrochloride</td>
</tr>
<tr>
<td></td>
<td>Sodium chloride</td>
<td>Acetic acid</td>
</tr>
<tr>
<td></td>
<td>Dibasic sodium phosphate dihydrate</td>
<td>Sodium acetate</td>
</tr>
<tr>
<td></td>
<td>Sucrose</td>
<td>Sucrose</td>
</tr>
</tbody>
</table>

*Neither vaccine contains eggs, gelatin, latex, or preservatives.

Note: Both the Pfizer-BioNTech and Moderna COVID-19 vaccines contain polyethylene glycol (PEG). PEG is a primary ingredient in osmotic laxatives and oral bowel preparations for colonoscopy procedures, an inactive ingredient or excipient in many medications, and is used in a process called “pegylation” to improve the therapeutic activity of some medications (including certain chemotherapeutics). Additionally, cross-reactive hypersensitivity between PEG and polysorbates (included as an excipient in some vaccines and other therapeutic agents) can occur.

Information on whether a medication contains PEG, a PEG derivative, or polysorbates as either active or inactive ingredients can be found in the package insert. The National Institutes of Health DailyMed database (https://dailymed.nlm.nih.gov/dailymed/index.cfm) may also be used as a resource. Medications that contain PEG and/or polysorbate are also described in the supplementary materials of Stone CA, et al. “Immediate hypersensitivity to polyethylene glycols and polysorbates: more common than we have recognized.” The Journal of Allergy and Clinical Immunology: In Practice 7.5 (2019): 1533–1540. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6706272/pdf/nihms-1019221.pdf.
Basics

- Store vaccine in a freezer or refrigerator. See guidance below for each storage unit.
- Each box contains 10 multidose vials (100 doses).
- Use vaccine vials stored in the refrigerator before removing vials from frozen storage.
- This vaccine does not need to be mixed with a diluent before administration.
- Check and record storage unit temperature each workday. See guidance below for each type of temperature monitoring device. Save storage records for 3 years, unless your jurisdiction requires a longer time period.

Deliveries

Vaccine

1. The vaccine will arrive frozen between -25°C and -15°C (-13°F and 5°F).
2. Examine the shipment for signs of damage.
3. Open the box and remove TagAlert Temperature Monitor from box (placed in the inner box next to vaccine).
4. Check the TagAlert temperature monitoring device by pressing the blue “start and stop” button.
   - Left arrow points to a green checkmark: The vaccine is ready to use. Store the vaccine at proper temperatures immediately.
   - Right arrow points to a red X: The numbers 1 and/or 2 will appear in the display. Store the vaccine at proper temperatures and label DO NOT USE! Call the phone number indicated in the instructions or your jurisdiction’s immunization program IMMEDIATELY!

Ancillary Supply Kit

An ancillary supply kit will be provided for administering the vaccine and includes enough supplies to administer 100 doses of vaccine.

Administration supplies include needles, syringes, sterile alcohol prep pads, vaccination record cards (shot cards), and some PPE.

The kit is delivered separately from the vaccine. Unpack the kit and check for receipt of the correct administration supplies and quantities.

Freezer

Vaccine may be stored in a freezer between -25°C and -15°C (-13°F and 5°F).

Note: These temperatures are within the appropriate range for routinely recommended vaccines BUT the temperature range for this vaccine is tighter.

- If storing the vaccine in a freezer with routinely recommended vaccines, carefully adjust the freezer temperature to the correct temperature range for this vaccine.

Store in the original carton and protect from light. Do not use dry ice for storage.
Refrigerator

- Vaccine vials may be stored in the refrigerator between 2°C and 8°C (36°F and 46°F) for up to 30 days before vials are punctured. After 30 days, remove any remaining vials from the refrigerator and discard following manufacturer and jurisdiction guidance on proper disposal.
- Thawed vaccine cannot be refrozen.
- Use beyond-use date labels to track how long the vaccine has been in the refrigerator. Monitor the beyond-use date/time.
  - Remove the box from frozen storage.
  - Complete the information on the storage label and attach it to the box holding the vaccine vials.
  - Once labeled, store vaccine in the refrigerator.

Temperature Monitoring

Storage unit temperatures must be monitored regularly and checked and recorded at the beginning of each workday to determine if any excursions have occurred since the last temperature check. For accurate temperature monitoring, use a digital data logger (DDL) with a detachable probe that best reflects vaccine temperatures (e.g., probe buffered with glycol, glass beads, sand, or Teflon®). Check and record the temperature daily using a temperature log and one of the options below:

- **Option 1: Minimum/Maximum Temperatures (preferred)**
  Most DDLs display minimum and maximum (min/max) temperatures. Check and record the min/max temperatures at the start of each workday.

- **Option 2: Current Temperature**
  If the DDL does not display min/max temperatures, check and record the current temperature at the start and end of the workday. Review the continuous DDL temperature data daily.

For CDC temperatures logs, see [https://www.cdc.gov/vaccines/covid-19/info-by-product/moderna/index.html](https://www.cdc.gov/vaccines/covid-19/info-by-product/moderna/index.html).

For additional information, refer to the manufacturer’s product information at [https://www.modernatx.com/covid19vaccine-eua/](https://www.modernatx.com/covid19vaccine-eua/).
Ages: 18 years of age and older

Use for: Any dose in the 2-dose series. COVID-19 vaccines are NOT interchangeable. Both doses MUST be COVID-19 vaccine (Moderna).

Route: Intramuscular (IM) injection

Beyond Use Time: Use within 6 hours after the vial is first punctured.
Use this tracking tool to record updated expiration dates for COVID-19 vaccine as additional stability data are available from the manufacturer. When the current expiration date gets close, contact the manufacturer before discarding vaccine. Document the current date, the vaccine lot number, and the updated expiration date in the appropriate columns, including the information source and the name of the person completing this form. Keep this document for 3 years or longer if required by your jurisdiction.

Product name: ___________________________ Manufacturer: ___________________________ Original Expiration Date: ___________________________

Expiration date info is available at (include all available information from manufacturer; website, app, phone number.)

<table>
<thead>
<tr>
<th>Date</th>
<th>Lot Number</th>
<th>Updated Expiration Date</th>
<th>Info Source</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: 09/01/2020</td>
<td>ABC123DEF456</td>
<td>06/30/2021</td>
<td>☑ Website ☐ Barcode</td>
<td>Susie Smith RN</td>
</tr>
</tbody>
</table>