

COVID-19 Vaccine Transfer and Redistribution Checklist

Guidelines

The COVID-19 vaccine program is designed to get vaccine to enrolled providers quickly and efficiently. This means that vaccine ships and the provider should receive vaccine within 24-48 hours of orders being placed with the Department of Health (DOH). Vaccine transfers increase the risk of a temperature excursion and therefore are not a recommended practice. However, for orders smaller than the minimum order size or for large organizations whose vaccine is shipped to a central depot and requires redistribution to additional clinic locations vaccine redistribution may be allowed with proper documentation and approval.

If transfer of vaccine is needed, the following process must be completed prior to the first vaccines being transported.

- Email the CDC Redistribution Agreement to COVID.Vaccine@doh.wa.gov (only required once).
- Complete a COVID-19 [Vaccine Transfer Request](#) in IIS at least 24 hours before each intended movement of vaccine.
 - Vaccine cannot be moved prior to Transfer Request approval from DOH.
- Ensure receiving provider is enrolled and approved as a COVID-19 vaccine provider with DOH.
- Ensure that the receiving facility is within **1 hour** drive of the distributing facility.
- Requirements for transporting vaccines (also [CDC Storage Tool Kit pages 53-54](#)):
 - Working digital data logger, with a current certificate of calibration, for use during transport.
 - **Pfizer COVID-19 Vaccine:**
 - FOR 12 YEARS OF AGE AND OLDER (**purple cap**)
 - Only full trays of 195 vials (975 doses) can be transported at -90°C to -60°C (-130°F to -76°F) with a portable Ultra Low Temperature unit.
 - Undiluted vials may be transported frozen at -25°C to -15°C (-13°F to 5°F) in a qualified packout or portable refrigeration unit.
 - Undiluted vials may be transported at refrigerated 2°C to 8°C (35°F to 46°F) in a qualified packout or portable refrigeration unit.

- FOR 5 THROUGH 11 YEARS OF AGE (**orange cap**)
 - Undiluted vials may be transported at -90°C to -60°C (-130°F to -76°F) with a portable Ultra Low Temperature unit.
 - Undiluted vials may be transported refrigerated at 2°C to 8°C (35°F to 46°F) in a qualified packout or portable refrigeration unit.
 - Do **NOT** store or transport at standard freezer temperatures.
- COMIRNATY - FOR 12 YEARS OF AGE AND OLDER (**gray cap**)
 - May be transported at -90°C to -60°C (-130°F to -76°F) with a portable Ultra Low Temperature unit.
 - May be transported refrigerated at 2°C to 8°C (35°F to 46°F) in a qualified packout or portable refrigeration unit.
 - Do **NOT** store or transport at standard freezer temperatures.
- **Moderna COVID-19 Vaccine:**
 - May be transported frozen at -50° to -15°C (-58° to 5°F) in a qualified packout or portable refrigeration unit.
 - May be transported refrigerated at 2°C to 8°C (35°F to 46°F) in a qualified packout or portable refrigeration unit.
- **Janssen (Johnson & Johnson) COVID-19 Vaccine:**
 - Must be transported refrigerated at 2°C to 8°C (35°F to 46°F) in a qualified packout or portable refrigeration unit.
 - Do **NOT** store or transport at standard freezer temperatures.
- Transferring provider is responsible for:
 - Sending appropriate amount of **ancillary kit supplies**, including diluent, with accompanying the vaccine doses.
 - Reporting transferred doses in IIS and [VaccineFinder](#) as outlined in the provider agreement.
 - Reporting any [excursions](#) that occurred during transport immediately to COVID.vaccine@doh.wa.gov **after** calling the manufacturer to assess viability of the vaccine.
- Receiving provider is responsible for:
 - Reporting number of doses received in IIS and [VaccineFinder](#) as outlined in the provider agreement.
 - Reporting all doses administered as outlined in the provider agreement.

Reminders

- As the supply and logistics of COVID-19 vaccines change, these policies, procedures, and guidelines may also change.
- Prior to any movement of vaccine, DOH must receive a signed Redistribution Agreement.
- Each movement of vaccine requires an approved Transfer Request. DOH intends to review and respond to transfer request within 24 hours.
- Vaccine is an asset and the location and usage of that asset must be known at all times.
- This process applies only to COVID-19 vaccine and does NOT apply to Childhood Vaccine Program.
- See CDC's [Vaccine Storage and Handling Toolkit](#) for information on qualified containers and pack-outs.
- See DOH's quick reference guide on [Online Transfers in IIS](#).

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (WashingtonRelay) or email civil.rights@doh.wa.gov.

CDC Supplemental COVID-19 Vaccine Redistribution Agreement



The Centers for Disease Control and Prevention (CDC) plans to ship a minimum order size of COVID-19 vaccine, constituent products, and ancillary supplies at no cost directly to enrolled COVID-19 vaccination providers throughout the United States. The federally contracted vaccine distributor uses validated shipping procedures to maintain the vaccine cold chain and minimize the likelihood of vaccine loss or damage during shipment. There may be circumstances where COVID-19 vaccine needs to be redistributed beyond the identified primary CDC ship-to sites (i.e., for orders smaller than the minimum order size or for large organizations whose vaccine is shipped to a central depot and requires redistribution to additional clinic locations). In these instances, vaccination provider organizations/facilities, third-party vendors, and other vaccination providers may be allowed to redistribute vaccine, if approved by the jurisdiction's immunization program and if validated cold chain procedures are in place in accordance with the manufacturer's instructions

and CDC's guidance on COVID-19 vaccine storage and handling. There must be a signed *CDC Supplemental COVID-19 Vaccine Redistribution Agreement* for the facility/organization conducting redistribution and a fully completed *CDC COVID-19 Vaccination Provider Profile Information* form (Section B of the CDC COVID-19 Vaccination Program Provider Agreement) for each receiving vaccination location.

The parties to this agreement are CDC and healthcare organizations, third-party vendors, and vaccination providers that redistribute COVID-19 vaccine. CDC cannot reimburse costs of redistribution beyond the initial designated primary CDC ship-to site(s), or for purchase of any vaccine-specific refrigerators or qualified containers. Therefore, organizations planning for redistribution of COVID-19 vaccine must carefully assess the associated risks and costs (e.g., vaccine loss due to temperature excursions, purchase of vaccine-specific portable refrigerators and/or containers) before planning this activity.

Organization information

Organization/facility name:

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VTckS ID:

Unique COVID-19 Organization ID (from Section A):

Primary address and contact information of COVID-19 vaccination organization

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

Telephone:

Fax:

Responsible officers

Medical Director (or Equivalent) Information

Last name:

First name:

Middle initial:

Title:

Licensure state:

Licensure number:

Telephone:

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

Chief Executive Officer (or Chief Fiduciary) Information

Last name:

First name:

Middle initial:

Telephone number:

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

Primary point of contact responsible for receipt of COVID-19 vaccine
(if different than medical director listed above)

Last name: _____ First name: _____ Middle initial: _____

Telephone number: _____ Email: _____

Secondary point of contact for receipt of COVID-19 vaccine

Last name: _____ First name: _____ Middle initial: _____

Telephone number: _____ Email: _____

COVID-19 vaccination organization redistribution agreement requirements

To redistribute COVID-19 vaccine, constituent products, and ancillary supplies to secondary sites, this organization agrees to:

1. Sign and comply with all conditions as outlined in the CDC COVID-19 Vaccination Program Provider Agreement.
2. Ensure secondary locations receiving redistributed COVID-19 vaccine, constituent products, or ancillary supplies also sign and comply with all conditions in the CDC COVID-19 Vaccination Program Provider Agreement.
3. Comply with vaccine manufacturer instructions on cold chain management and CDC guidance in CDC's *Vaccine Storage and Handling Toolkit*, which will be updated to include specific information related to COVID-19 vaccine, for any redistribution of COVID-19 vaccine to secondary locations.
4. Document and make available any records of COVID-19 vaccine redistribution to secondary sites to jurisdiction's immunization program as requested, including dates and times of redistribution, sending and receiving locations, lot numbers, expiration dates, and numbers of doses. *Neither CDC nor state, local, or territorial health departments are responsible for any costs of redistribution or equipment to support redistribution efforts.*

By signing this form, I understand this is an agreement between my Organization and CDC, implemented and maintained by my jurisdiction's immunization program. I also certify on behalf of myself, my medical practice, or other legal entity with staff authorized to administer vaccines, and all the practitioners, nurses, and others associated with this Organization that I have read and agree to the COVID-19 vaccine redistribution agreement requirements listed above and understand my Organization and I are accountable for compliance with these requirements. Non-compliance with the terms of this Redistribution Agreement may result in suspension or termination from the CDC COVID-19 Vaccination Program and criminal and civil penalties under federal law, including but not limited to the False Claims Act, 31 U.S.C. § 3729 et seq., and other related federal laws, 18 U.S.C. §§ 1001, 1035, 1347, 1349.

Organization Medical Director (or equivalent)

Last name: _____ First name: _____ Middle initial: _____

Signature: _____ Date: _____

Chief Executive Officer (chief fiduciary role)

Last name: _____ First name: _____ Middle initial: _____

Signature: _____ Date: _____

¹ Requirements incorporated by reference; refer to www.cdc.gov/vaccines/hcp/admin/storage-handling.html.