**Vaccine FAQ for Local Health Departments**

**Important Links**

Kansas Vaccine Website: <https://www.kansasvaccine.gov/>

* Kansas Vaccine Provider Guidance Documents (including reporting instructions): <https://www.kansasvaccine.gov/166/Guidance-Documents-Resources>
* Kansas Vaccine Provider Distribution Manual: <https://www.kansasvaccine.gov/DocumentCenter/View/333/KS-Vaccine-Abbreviated-Provider-Distribution-Manual-PDF?bidId=>
* Kansas Vaccine Data Dashboard: <https://www.kansasvaccine.gov/158/Data>
* Vaccine Information: <https://www.kansasvaccine.gov/180/About-the-Vaccine>
  + Moderna (Spikevax): <https://www.kansasvaccine.gov/187/Moderna-Vaccine>
  + Pfizer (Comirnaty): <https://www.kansasvaccine.gov/186/Pfizer-Vaccine>
  + Janssen (Johnson & Johnson): <https://www.kansasvaccine.gov/194/Janssen-J-J-Vaccine>
  + Novavax (Adjuvanted): <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/novavax-covid-19-vaccine-adjuvanted#additional> (authorized but not yet available)

CDC Vaccination Data Tracker: <https://covid.cdc.gov/covid-data-tracker/#vaccinations>

CDC Vaccine Adverse Event Reporting System - <https://vaers.hhs.gov/index.html>

KDHE Social Media Toolkit: <https://www.coronavirus.kdheks.gov/265/Publications>

**Vaccine Distribution from KDHE**

**Q: How do we receive doses from KDHE?**

A: LHDs and other providers receiving vaccine from the state’s supply will now order the doses they need when they need them, as they do with other vaccines. This includes any boost doses that will be needed as they will not be shipped automatically. If you need information regarding the ordering process, please contact [malik.pragya@bcg.com](mailto:malik.pragya@bcg.com) and [phil.griffin@ks.gov](mailto:phil.griffin@ks.gov).

**Q: What is the minimum number of doses that a facility can currently order?**

A: One vial (number of doses varies by manufacturer). This request can be made in the comment section of the allocation form, or you can send your request to [kdhe.vaccine@ks.gov](mailto:kdhe.vaccine@ks.gov) by 5:00 p.m. on Wednesday. For a quick guide on how to order, visit <https://www.kansasvaccine.gov/DocumentCenter/View/333/KS-Vaccine-Abbreviated-Provider-Distribution-Manual-PDF>.

**Q: Will the Pfizer doses continue to be shipped in their frozen state, even if ordered in smaller quantities?**

A: Yes, they will be shipped in standard frozen condition (not ultra-cold) and will remain usable for a maximum of 14 days. If moved to refrigeration prior to 14 days, they must be used within in 120 hours. For vaccine kept frozen longer than 14 days, the vaccine should be quarantined and the manufacturer should be contacted for directions on use. For more information on storage, visit: <https://www.cdc.gov/vaccines/covid-19/info-byproduct/pfizer/downloads/storage-summary.pdf>.

**Q: Are single dose vials available for order?**

A: Not at this time. It is anticipated that Pfizer will begin distributing pre-mixed single dose vials of Comirnaty in the future.

**Q: Who does a pharmacy or other provider contact to register to order and deliver vaccine?**

A: Provider enrollment instructions are available at <https://www.kansasvaccine.gov/167/How-to-Participate>.

**Q: If a Health Department gives vaccine to a county hospital, does a redistribution form need to be completed?**

A: Redistribution Agreements are only completed one time by organizations. These are placed on file with KDHE. When vaccine is moved to another location, a transfer form and temperature log is required.

**Q: Who do we contact if we do not receive ancillary supplies for the Janssen vaccine?**

A: Ancillary supplies for the Janssen vaccine may have a 1-2 day delay. If you do not receive the supplies within that time period, please contact the KDHE Vaccine Program.

**Leftover or Expired Vaccine/Ancillary Supplies**

**Q: How long do we hold expired doses of Pfizer vaccine in the refrigerator?**

A: If you have verified doses are past the expiration date printed on the vial, please dispose of them according to protocol. There is no need to hold these beyond the printed date.

**Q: What should we do to repurpose or redistribute leftover ancillary supplies?**

A: Please email [kdhe.vaccine@ks.gov](mailto:kdhe.vaccine@ks.gov) to make arrangements for movement of ancillary supplies.

**Q: If the LHD has an overstock of vaccine and wants to reallocate to other local partners, does a reallocation agreement need to be on file with KDHE or is it solely a local agreement? Do we have to notify KDHE if we share vaccine within the county?**

A: The reallocation agreement is a federal agreement that is in the provider enrollment packet (form B). If you need to reallocation request an agreement or aren’t sure if you have an agreement in

place you can check with [KDHE.COVIDEnrollment@ks.gov](mailto:KDHE.COVIDEnrollment@ks.gov) and they can assist you. Vaccine can only be moved to enrolled providers and the chain of custody must be maintained through the whole process.

**Q: We are unable to administer all of the vaccine that we have received. Who do we contact?**

A: Please contact [Phil.Griffin@ks.gov](mailto:Phil.Griffin@ks.gov) or [Allison.Alejos@ks.gov](mailto:Allison.Alejos@ks.gov) in the Kansas Vaccine Program for assistance transferring supply to another location.

**Third doses and Boosters**

**Q: What is the difference between a “3rd primary dose” and a “booster” dose?**

A: Individuals who are moderately to severely immunocompromised at the time of their initial vaccine series may not achieve the same level of protection as someone who is healthy and, so, the CDC recommends that they receive an additional dose of the same mRNA vaccine (Moderna or Pfizer) at least 28 days after the initial 2nd dose. For a list of individuals who are eligible for a 3rd dose, visit: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html>.

Individuals who do not meet the above criteria may see immunity wane over time and, therefore, require a booster dose to regain their level of protection.

**Q: Should individuals who receive a 3rd primary dose be monitored for 15 minutes following administration?**

A: Yes, all patients receiving COVID vaccines should be monitored after each dose.

**Q: If a person receives a booster dose of Moderna instead of an intended 3rd primary dose, what do we do?**

A: Vaccine administration error guidance can be found in Appendix A of the CDC Interim Clinical Consideration website. [https://www.cdc.gov/vaccines/covid-19/clinicalconsiderations/covid-19-vaccines-us.html#](https://www.cdc.gov/vaccines/covid-19/clinicalconsiderations/covid-19-vaccines-us.html).

**Q: Who is currently eligible for a booster dose?**

A: According to the CDC, all individuals aged 5 years and older **SHOULD** receive a booster dose of a mRNA vaccine on the following schedule:

* Received Pfizer or Moderna as their primary series – at least **5 months** after their final dose of the primary series (3 months if immunocompromised).
* Received Janssen (J&J) as the primary vaccine – at least **2 months** after the shot.
* **Adults aged 50 years and older (or 12 and older with certain immunocompromising conditions) SHOULD receive a 2nd booster** at least 4 months after receiving the 1st booster of a mRNA vaccine.

More information, including a booster calculator, is available at: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html>

**Q: Do boosters have to be the same brand as the primary vaccine series?**

A: Possibly. Individuals aged 18 years and older may choose which vaccine they receive as a booster dose. Some people may prefer the vaccine type that they originally received, and others may prefer to get a different booster. CDC’s recommendations now allow for a mix and match dosing for booster shots and the mRNA vaccines are preferred in most situations. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html>

**Q: What is the dosing for booster shots?**

For vaccine clinical resources information, visit: <https://www.cdc.gov/vaccines/covid-19/> or see the FDA fact sheets at the top of this document.

**Q: Are immunocompromised individuals who received a 3rd primary dose eligible for a booster?**

A: Moderately and severely immunocompromised people aged ≥12 years who completed an mRNA COVID-19 vaccine primary series and received an 3rd mRNA primary vaccine dose **should** receive a single COVID-19 booster dose (Pfizer-BioNTech, Moderna according to age) at least 5 months after completing their third mRNA vaccine dose or 2 months following a single Janssen dose (18 years and older). It is recommended that individuals age 50 and older receive a 2nd booster at least 4 months after the first.

**Q: If an immunocompromised individual who received an initial J&J shot and then a booster as scheduled, can they get another booster at a later time (a 3rd shot)?**

A: Possibly. For individuals age 5-49 years, the initial dose of J&J and the booster 2 months later completes the series. Individuals age 50 and older are recommended to receive a 2nd booster at least 4 months after the first.

**Q: Can the current supply of Pfizer BioNTech doses be used for boosters?**

A: Yes, the Pfizer BioNTech vaccine also currently marketed under the trade name “Comirnaty” are the same product. (Once the Pfizer vaccine was fully approved, it was given a trade name. However, vials labeled under this name are not yet in distribution.) Remember only those 12 and older are eligible for boosters, so only vials with the gray cap should be used for this.

**Q: Can someone who has recently been infected with COVID-19 receive a booster dose?**

A: Individuals who are eligible to receive the booster dose may receive it regardless of their history of previous infection (with or without symptoms). If eligible to receive a booster, that dose can be administered once the infected person has met the criteria for being released from isolation.

**Q: Can someone who was vaccinated outside the U.S. receive a third primary dose or a booster?**

A: People who are moderately or severely immunocompromised and were vaccinated with a 2-dose mRNA COVID-19 vaccine primary series should receive an additional primary dose as detailed in Considerations for COVID-19 vaccination in moderately or severely immunocompromised people.

People vaccinated with an FDA-approved or FDA-authorized COVID-19 vaccine outside the United States should also follow guidance for booster doses as detailed in the [Booster dose section](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#booster-dose). For more information, visit <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#people-vaccinated-outside-us>

**Isolation and Quarantine**

**Q: What is the quarantine protocol for individuals who have been vaccinated?**

A: Individuals who are “up-to-date” on their vaccines (based on age and immune status) **and** are asymptomatic do not need to quarantine. For the most recent information please review the [KDHE Isolation and Quarantine FAQ](https://www.coronavirus.kdheks.gov/DocumentCenter/View/134/Isolation--Quarantine-Guidance-and-FAQs-PDF---2-15-21). For individuals who have had tested positive for COVID-19 in the past, “natural immunity” is 90 days.

**Q: What is the protocol for vaccinated individuals who subsequently test positive for COVID-19?**

A: **All** individuals who test positive for COVID-19 – regardless of vaccine status – are required to isolate for at least 5 days as directed in the [KDHE Isolation and Quarantine FAQ](https://www.coronavirus.kdheks.gov/DocumentCenter/View/134/Isolation--Quarantine-Guidance-and-FAQs-PDF---2-15-21). If the person is identified during routine testing but is asymptomatic and there is a unique circumstance (for instance, they have had COVID-19 in the past and may still be testing positive), call the KDHE Epidemiology Hotline for additional guidance.

**Q: Is it possible for vaccinated individuals to carry and transmit the virus?**

A: Possibly. Clinical trials indicate that the vaccine is effective in reducing symptomatic disease, but more study is needed related to contracting and transmitting the virus

to others. Because no vaccine is 100% effective, communities should continue to implement additional precautions such as mask-wearing and physical distancing to further reduce the risk of contracting and transmitting the virus to others.

**Q: How do we respond to people from Long-Term Care Facilities who resist quarantine after they have had the vaccine?**

A: It is important to emphasize that the vaccine is effective at preventing serious symptoms or death but is not a guarantee that someone will not contract or spread the disease. This is why vaccines are important, particularly in high-risk settings with extremely vulnerable populations.

**Miscellaneous Issues and Concerns**

**Q: Should individuals who have previously been infected with COVID-19 still get vaccinated? If so, how long do they need to wait to receive the vaccine?**

A: Yes! The science is showing that those who have been infected and receive the vaccine experience a more robust immune response than those with “natural immunity” alone. Individuals who have tested positive for COVID-19 should wait until they have completed isolation requirements before seeking the vaccine.

**Q: What can you tell us about reported outbreaks in vaccinated individuals?**

A: Most of the current outbreaks are in people who are not vaccinated. KDHE has reviewed data from outbreaks in long-term care facilities and most start with a staff member who is not vaccinated.

While there is some breakthrough disease in those who are vaccinated, the symptoms are generally mild or nonexistent. KDHE continues to analyze incoming data to determine what strain is most common in these breakthrough cases and whether one vaccine seems to be more effective over another.

**Q: Do the vaccines that are available cover the known variants?**

A: Research on this continue to be in its early stages. However, the data thus far indicate that the vaccines are effective against severe illness and hospitalization related to the current known variants. Sequencing data related to variants is available at <https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas>

**Q: If someone has received the first dose of a vaccine in another country, what do they need to do to complete the series?**

A: People who were vaccinated outside the United States with an FDA-authorized COVID-19 vaccine and have received all the recommended doses do not need any additional doses. People who received the first dose of an WHO or FDA-authorized COVID-19 vaccine that requires two doses do not need to restart the vaccine series in the United States but should receive the second dose as close to the recommended time as possible. People who were vaccinated in countries where only a single mRNA dose is recommended in certain populations (e.g., people with a history of SARS-CoV-2 infection, adolescents) are not considered fully vaccinated in the United States until after completion of the 2-dose series.

Some people may have received a COVID-19 vaccine that is not currently authorized in the United States. No data are available on the safety or efficacy of receiving a COVID-19 vaccine currently authorized in the United States after receipt of a non-FDA-authorized COVID-19 vaccine. However, in some circumstances people who received a COVID-19 vaccine not currently authorized in the United States may be offered revaccination with an FDA-authorized vaccine:

* COVID-19 vaccines not authorized by FDA but listed for emergency use by the World Health Organization (WHO) (Click [here](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#footnote-02) for a full list of these vaccines.)
  + People who have received all recommended doses of a COVID-19 vaccine that is listed for emergency use by WHO do not need any additional doses with an FDA-authorized COVID-19 vaccine.
  + People who have not received all the recommended doses of a COVID-19 vaccine listed for emergency use by WHO may be offered a complete, FDA-authorized COVID-19 vaccine series.
* COVID-19 vaccines neither authorized by FDA nor listed for emergency use by WHO
  + People who received all or some of the recommended doses of a COVID-19 vaccine that is neither authorized by FDA nor listed for emergency use by WHO may be offered a complete, FDA-authorized COVID-19 vaccine series.

The minimum interval between the last dose of a non-FDA authorized vaccine or a WHO-listed vaccine and an FDA-authorized COVID-19 vaccine is 28 days. Only people who have received all recommended doses of an FDA-authorized or WHO-listed COVID-19 vaccine are considered fully vaccinated for the purpose of [public health guidance](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html).

**Q: For individuals who are up-to-date on their vaccines, how long does it take for a PCR or antibody test to show as positive?**

A: The results of an antigen/PCR test will NOT be affected by receiving the vaccine. It will take 2-3 weeks for an antibody test to indicate that the person has mounted an immune response to the vaccine. However, antibody testing is not recommended either before or after receiving the vaccine because it is rare for people not to mount an immune response (unless the person has an underlying immuno-deficiency disorder).

**Q: If someone received the Janssen (J&J) vaccine and then tested positive for a known variant, can they receive one of the other vaccines later?**

A: Yes. They may receive a booster dose of the vaccine of their choice 2 months or more from their initial J&J dose.

**Q: For those who have received the Janssen (J&J) vaccine, is there a timeframe after receiving that vaccine that clinicians agree the risk of clotting has passed?**

A: Based on the data that is available, the current guidance and recommendations is a risk window of up to 3 weeks post-vaccine.

**Q: What is the recommended timing for vaccinating individuals who are hospitalized?**

A: In general, it is recommended these patients are vaccinated at or near discharge. However, this should be individually evaluated based on the current condition of the patient.

**Q: What is the best way to properly dispose of empty vaccine vials?**

A: Empty vials should be crushed or disposed of through the Biohazard process to prevent reuse of the vial.

**Q: We completed a VAERS report for a Pfizer vaccine. We received a letter from Pfizer asking for additional information. Is this normal?**

A: Yes, it is typical for additional information to be requested as the company completes its investigation.

**Q: If a person tests positive after receiving their first dose of the vaccine how do you handle their 2nd dose? Do you have them wait or go ahead and get it as long as they are not symptomatic or wait until they are outside of their isolation period?**

A: Anyone who is considered a confirmed case should finish their isolation period before getting any subsequent doses. This is to protect the people administering the vaccine, not because it is a contraindication. This is also true for those people in quarantine - they should wait until their quarantine period ends.

**Q: What type of testing should be performed for individuals who are up-to-date on their vaccines but exhibiting symptoms of COVID-19?**

A: You may use an antigen or PCR test in this instance. A PCR test would be preferred as this would also allow for genome sequencing to be performed to determine the type of virus that is present. If positive, please also notify the EPI Hotline so they may track potential breakthrough infections.

**Q: If someone has received the 1st dose of vaccine and misses the scheduled 2nd dose in 3 weeks because they are in quarantine, will it still be effective for them to receive their 2nd dose 6 weeks after the first?**

A: Yes, the amount of time recommended between the first and second dose is the minimum amount of time.

**Q: Can an individual receive other vaccines at the same time as the COVID-19 vaccine?**

A: Yes. Co-administration of vaccines is allowed. (This does not apply to TB testing.) Other vaccines can be given without regard to the timing of other vaccines. When deciding whether to administer an(other) vaccine(s) with a COVID-19 vaccine, vaccination 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. <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#Coadministration>

**Q: If a person has an anaphylactic reaction to the Moderna or Pfizer vaccine, can they receive another type of vaccine?**

A: If a person has an anaphylactic reaction to Moderna or Pfizer, they should consult with their physician and consider an allergist/immunologist to determine if other types of vaccines are

appropriate for them. For more information on each of the vaccines, visit <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines>

**Q: For patients who had an adverse reaction with mRNA vaccine and only received the 1st dose, if they are given the J&J vaccine are they considered fully vaccinated?**

1. They will be considered to have completed the series using the J&J protocol. They would also then be eligible for any booster doses based on the J&J criteria.

**Q: Is it okay to give a COVID vaccine to someone who is on high-dose steroids or is there a waiting period?**

A: More information on this issue can be located by visiting <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>, then scroll down to “Considerations for vaccination of people who are immunocompromised”.

**Q: If someone has been diagnosed with Latent TB, are they still recommended to get the COVID-19 vaccine or should they wait till their treatment is complete?**

A: They can be vaccinated without concern

**Q: Can people who are taking immunomodulating therapy, or have recently completed it, get vaccinated?**

A: Patients who are currently taking immunomodulating therapy or have recently completed therapy may choose to get vaccinated.

**Q: Can individuals who are working in Kansas on a temporary U.S. Work Visa be vaccinated?**

A: Yes. All persons aged 6 months and older are eligible to receive a vaccine at this time.

**Q: Can vaccines be given in someone’s home?**

A: Yes, as long as a Redistribution Agreement is on file with KDHE and appropriate supplies/orders are available for responding to vaccine reactions. Local health departments should work with community partners to see how to fit this need within your community plan.

**Q: Long-Term Care Facilities (LTCFs) are reporting that they no longer have access to vaccine now that the Federal Pharmacy Partnership Program has ended. How do they access vaccines for new admissions and staff?**

A: LTCFs should work through their traditional channels to access vaccines (such as their contracted pharmacist.) If their contracted pharmacist does not have access to the COVID vaccine, they will need to work local partners to access vaccines for their residents and staff. Social distancing and masking requirements should also remain in place to provide additional protection for residents.

**Q: How does someone receive a vaccine card if it is lost, or their provider did not issue one?**

A: The CDC requires that all providers issue a vaccine card. For individuals who need it, they can contact their provider and request a new card. If the provider does not have them, small quantities may be ordered, or the provider can print the vaccine record from the immunization registry. Individuals may also request their immunizations via KDHE at: <https://www.kdhe.ks.gov/326/Statewide-Immunization-Registry>

**Data/Tracking/Reporting**

**Q: What system is to be used to document COVID-19 vaccines?**

A: WebIZ and Vaccine Finder.

**Q: Are we supposed to report to Vaccine Finder on weekends also?**

A: Yes, Vaccine Finder reports should be submitted daily by 6pm CT. This is a stipulation of the CDC Vaccine Provider agreement and includes weekends/holidays. (If you submit on Friday and have zero activity over the weekend, you may resume reporting on Monday.)

**Q: Are partners who are receiving federal allocations (specifically tribal authorities and military bases) reporting their vaccinations in WebIZ?**

A: Those partners who receive federal allocations are required to report through the CDC’s data lake. While there is often a lag, this data is eventually entered into WebIZ. Some programs are double-entering data into the lake and WebIZ to assure the data is current, but this is not a requirement. As a result, vaccination rates via federal programs (including Board of Prisons, Department of Defense, Indian Health Services, and Veterans Health Administration) are likely to be underreported in WebIZ. This is also true for Kansans who were vaccinated out-of-state. The federal government has stated they plan to dump their data into WebIZ in the fourth quarter.

**Q: Is data available related to individuals who are vaccinated testing positive for COVID-19 vs. those who are not vaccinated?**

A: Not at this time. KDHE is currently working to connect the immunization registry to the disease registry and are hoping this will be possible soon.

**Q: Can COVID Vaccine information be shared with schools?**

A: Not without consent of the individual. This information would be considered protected health information (provision of health to an individual) that identifies the individual. It can be provided to the individual, for treatment, to public health authorities as permitted, or when required by law. This situation would not fit any of the exceptions.

**Q: I sent throughput in last week, however, it has changed. Can I update it?**

A: We will provide all LHDs and providers the ability to change their throughput on an ongoing basis. This will be done through a weekly survey.

**Q: Is throughput reporting just for the LHD or for the county in general?**

A: Just for the LHD and all LHD-controlled operations. We are asking other providers for throughput separately.

**Q: Should LHDs adjust their weekly throughput and storage to account for the providers we are transferring doses to?**

A: Yes, this is necessary to account for any vaccine that is sent to LHDs and then redistributed.

**Q: How is interstate data being handled?**

A: We have bilateral data sharing with Missouri and Arkansas. If a Kansas resident is vaccinated in either of those states, it will appear in KSWebIZ.

**Q: Who do we contact if the number of vaccines given in our county is not correct?**

A: Please send an email to [KDHE.vaccine@ks.gov](mailto:KDHE.vaccine@ks.gov).

**Q: How do we know how many residents are vaccinated in our county?**

A: Providers can run a report in WebIZ to determine the number of people who are vaccinated in your county. This report will include all vaccines administered via state and federal partners. The information is gathered by address of residence and, therefore, will include any residents who may have received the vaccine in another county. County level vaccination rates for individuals who have received the first dose are also listed on the Kansas Vaccine dashboard, listed under “Vaccine Administration”.

**Q: We have noticed significant differences in vaccination rates reported by KDHE and the CDC. Can you explain why?**

A: The county field in KS WebIZ, which CDC is using for their county fields, is often missing or inappropriately assigned in KS WebIZ. For the state dashboard, zip code is used to associate records with counties. Data is submitted to CDC within 24 hours of its submission to KS WebIZ. While records may have been updated to include county since their original submission, CDC COVID Data Tracker will reflect the original county submitted – CDC has not yet worked out a way to “correct” or update data submitted so even if they have filled in it won’t be reflected in CDC data. Records should continue to be updated with appropriate addresses and completing the county field for purposes of the KDHE dashboard and an eventual update of the CDC data dashboard.