

**Information current as of 10/20/21 and is subject to change – this is NOT official guidance**

## **Ordering**

**Are vials coming in a tray or box?** The 10-vial carton size is 37 mm x 47 mm x 89 mm.

**What if our office does not have enough demand/population for 300 pediatric patients?** *Practices outside of Chicago* that are unable to utilize the number of doses distributed in a minimum order are encouraged to consider prudent inventory management:

- Partner with other providers in a hub and spoke model
- Utilize the Vaccine Matchmaker Tool
- Work with your local health department to obtain smaller amounts of vaccine

If you utilize these options, ensure you are familiar with proper cold storage/handling during transfers and complete appropriate paperwork with IDPH so your inventory remains up-to-date. Only transfer vaccine to providers with approved COVID-19 provider agreements (PINs start with “v”). *Practices inside Chicago* should contact [Kevin Hansen](#).

**If we want to get 100 dose shipments, we should not order until after week one?** For direct shipments, yes. Please work with your local health department or other practices if you are looking for less than 300 doses.

**Will we be notified when we can pre-order?** Yes. An alert was sent to providers via Siren 10/20/21 (IDPH). Chicago providers should look out for a HAN alert or contact [Kevin Hansen](#) with any questions.

**Are you limited to how many orders you can place per month like VFC ordering?** No.

**If we order 300 doses in week one, will we always have to order 300 doses?** No.

**Will CDPH distribute vaccine to city clinics, or will the supply come from IDPH?** From CDPH.

## **Supplies**

**Will supplies for 5-11 be the same as adult dosages?** There will be a pediatric ancillary supply kit and IDPH is working to get a list of what that includes. It will likely be similar to the kits available to order now for 12+ (however, those kits only have one-inch needles).

**After vaccine dilution, how long is the vial good for?** It is expected to be good for use for up to six hours.

## **Administration**

**Is the series given on the same schedule as adult vaccines?** Yes, the series for 5-11 is two doses, 21 days apart, pending emergency use authorization and ACIP recommendation. Please consider the holidays when you are planning your vaccine clinics and appointments.

**What if a patient turns 12 between their first dose and second dose?** According to Pfizer/BioNTech, this is an age specific vaccine. [More on this from the AAP](#).

**If we are administering this with influenza or other vaccines and there is an adverse event, how will we report this?** The event must be reported no matter what. You don't need to say the cause when you report to [VAERS](#). If it is something CDC is looking in to, they will contact you for more information. When reporting to VAERS, all vaccines administered should be reported, as indicated on the form.

**Are there any contraindications to COVID-19 vaccination in children?** It is expected that the contraindications and precautions will be the same as the adult vaccine, but this is pending emergency use authorization and ACIP recommendation. According to the CDC: *CDC considers a history of the following to be a contraindication to vaccination with COVID-19 vaccines: Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine OR Immediate allergic reaction of any severity to a previous dose or*



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**If we decide to do a mass vaccination site, would we need an order from a pediatrician to provide the vaccine?** There will need to be a standing order like you would for any other vaccine clinics. IDPH will follow up if there are additional limitations.

**Do we have more detailed information regarding side effects to expect in this age group?** Not currently. But we can extrapolate from data/information from the other age groups in terms of what we might expect.

**Have there been any studies in children around vaccinations with COVID vaccines?** According to the CDC: *Studies to assess the safety and immunogenicity of coadministration of COVID-19 vaccines with other vaccines are underway or in development. As detailed in general best practices, extensive research on the simultaneous administration of the most widely used live and inactivated vaccines has demonstrated seroconversion rates and rates for adverse reactions similar to those observed when the vaccines are administered separately.*

**Is it recommended that patients wait for 15 minutes after the dose before leaving the clinic after immunization?** This guidance has not yet been issued, but the 15-minute and 30-minute waiting periods are expected to be included for 5–11-year-olds.

**Do you have a summary of the vaccine trials (number of children enrolled, etc.)?** We are receiving study information at the same time as the general public. Study information is and will be available on the [CDC website](#) and the [Pfizer/BioNTech website](#). There were more than 2,000 children enrolled in the 5-11 clinical trials, [according to the AAP](#).

**How do you address parent's concern about long term effects when the vaccine is relatively new?** Millions of people have received COVID-19 vaccines, and no long-term side effects have been observed. Side effects mostly happen within 6 weeks of receiving any vaccine and COVID-19 vaccines have been studied for at least 8 weeks after the final dose. The Pfizer/BioNTech & Moderna vaccines were created with a scientific method that had already been in progress for years. Quick talking points for providers are available on [ICAAP's website](#).

**If a patient has already had COVID-19 are you still recommending a vaccine? How long after (+) test/infection?** Yes. According to the CDC: *People should be offered vaccination regardless of their history of SARS-CoV-2 infection; this includes people with prolonged post-COVID-19 symptoms. Data from clinical trials indicate that the currently approved or authorized COVID-19 vaccines can be given safely to people with evidence of a prior SARS-CoV-2 infection. Viral testing to assess for acute SARS-CoV-2 infection or serologic testing to assess for prior infection is not recommended for the purposes of vaccine decision-making. Vaccination of people with known current SARS-CoV-2 infection should be deferred until the person has recovered from the acute illness (if the person had symptoms) and they have met criteria to discontinue isolation. This recommendation applies to people who experience SARS-CoV-2 infection before receiving any vaccine dose and those who experience SARS-CoV-2 infection after the first dose of an mRNA vaccine but before receipt of subsequent doses.*

**Will recommendations about school quarantine be the same for fully vaccinated kids 5-11 as they are for teens?** We can only speculate but remain hopeful that this will be the same and disruptions will be minimized through vaccination.