Planning for the Bivalent COVID-19 Vaccine Rollout

Part One - August 30, 2022
On Today’s Call

- Illinois Department of Public Health: Heidi Clark and Karyn Lyons
- Chicago Department of Public Health: Maribel Chavez-Torres and Kevin Hansen
- ICAAP: Jennifer Burns
Overview of Timeline/Expected Timeline

**JUNE**
Meetings among FDA, CDC, VRBPAC led to recommending an Omicron-specific booster for fall.

**AS OF AUGUST 23**
Pfizer and Moderna submitted their emergency use applications to the FDA for a bivalent booster.

**SEPTEMBER 1&2**
ACIP meetings scheduled. Anticipated: CDC sign off soon there after.

**AUGUST 16**
CDC released Fall Vaccination Operational Planning Guide.

**~AUGUST 30**
First wave pre-orders completed, second wave open/to end.

**~SEPTEMBER 6 OR 7**
Anticipated: First wave shipments arrive.

Administration of any new bivalent booster can only happen after approval is granted.
Bivalent COVID-19 Booster

Contains mRNA of two specific strains (or variants) of COVID-19.

- Elasomeran is a single-stranded, 5’-capped messenger RNA (mRNA) produced using a cell-free in vitro transcription from the corresponding DNA templates, encoding the viral spike (S) protein of SARS-CoV-2.

- Imelasomeran is a single-stranded mRNA, 5’-capped, encoding a full-length, codon-optimised pre-fusion stabilised conformation variant (K983P and V984P) of the SARS-CoV-2 spike (S) glycoprotein (Omicron variant, B.1.1.529).

Example: UK’s Moderna: One dose (0.5 mL) contains 25 micrograms of elasomeran, a COVID-19 mRNA Vaccine (embedded in SM-102 lipid nanoparticles) and 25 micrograms of imelasomeran, a COVID-19 mRNA Vaccine (embedded in SM-102 lipid nanoparticles).
Details & Eligibility

▶ Administered as single dose booster to people who previously completed a primary COVID-19 vaccination series

▶ Number of previous boosters received does not matter

▶ Ages
  ▶ 12 years+ (Pfizer)
  ▶ 18 years+ (Moderna)
  ▶ Expected that at least one bivalent vaccine for children ages 11 years and younger may be authorized within a short time following the authorization(s) for older age groups (weeks?)

▶ Providers do not have to carry the primary series to order boosters

*Anticipated*
Not Final Until ACIP/CDC Recommendations are Issued
### Storage & Handling Pfizer

<table>
<thead>
<tr>
<th>Age Indications</th>
<th>6 months through 4 years</th>
<th>5 years through 11 years</th>
<th>12 years and older</th>
<th><em>PENDING AUTHORIZATION</em> 12 years and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formulation</td>
<td>Primary Series</td>
<td>Primary Series and Booster Dose</td>
<td>Primary Series and Booster Dose</td>
<td>Single Bivalent Booster Dose</td>
</tr>
<tr>
<td>Vial Cap Color/Label with Color Border</td>
<td>Maroon</td>
<td>Orange</td>
<td>Gray</td>
<td>Gray</td>
</tr>
<tr>
<td>Preparation</td>
<td>Dilute Before Use</td>
<td>Dilute Before Use</td>
<td>Do Not Dilute</td>
<td>Do Not Dilute</td>
</tr>
<tr>
<td>Amount of Diluent Needed per Vial</td>
<td>2.2 mL</td>
<td>1.3 mL</td>
<td>0.3 mL/30 mcg</td>
<td>0.3 mL/30 mcg</td>
</tr>
<tr>
<td>Dose Volume/Dose</td>
<td>0.2 mL/3 mcg</td>
<td>0.2 mL/10 mcg</td>
<td>0.3 mL/30 mcg</td>
<td>0.3 mL/30 mcg</td>
</tr>
<tr>
<td>Doses per Vial</td>
<td>10 primary (after dilution)</td>
<td>10 primary/booster (after dilution)</td>
<td>6 primary/booster</td>
<td>6 booster</td>
</tr>
<tr>
<td>ULT Freezer (-90°C to -60°C)</td>
<td>12 months</td>
<td>12 months</td>
<td>12 months</td>
<td>12 months</td>
</tr>
<tr>
<td>Freezer (-25°C to -15°C)</td>
<td>DO NOT STORE</td>
<td>DO NOT STORE</td>
<td>10 weeks</td>
<td>10 weeks</td>
</tr>
<tr>
<td>Refrigerator (2°C to 8°C)</td>
<td>10 weeks</td>
<td>10 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Room Temperature (8°C to 25°C) including any thaw time</td>
<td>12 hours prior to first puncture</td>
<td>12 hours prior to first puncture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>After First Puncture (2°C to 25°C)</td>
<td>Discard after 12 hours</td>
<td>Discard after 12 hours</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Diluent: Sterile 0.9% Sodium Chloride Injection, USP. Do not use bacteriostatic 0.9% Sodium Chloride Injection or any other diluent.

b Regardless of storage condition, vaccines should not be used after 12 months from the date of manufacture printed on the vial and cartons.
## Storage & Handling Moderna

<table>
<thead>
<tr>
<th>Age Indications and Formulation</th>
<th>6 months through 5 years (Primary Series)</th>
<th>6 years through 11 years (Primary Series)</th>
<th>12 years and older (Primary Series)*</th>
<th><em>PENDING AUTHORIZATION</em> 18 years and older (Bivalent Booster Dose)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vial Cap Color</td>
<td>Dark blue</td>
<td>Dark blue</td>
<td>Red (5.5 mL)</td>
<td>Dark blue</td>
</tr>
<tr>
<td>Vial Label Border Color</td>
<td>Magenta</td>
<td>Purple</td>
<td>Light Blue</td>
<td>Gray</td>
</tr>
<tr>
<td>Preparation</td>
<td>Do Not Dilute</td>
<td>Do Not Dilute</td>
<td>Do Not Dilute</td>
<td>Do Not Dilute</td>
</tr>
<tr>
<td>Dose Volume/Dose</td>
<td>0.25 mL/25 mcg</td>
<td>0.5 mL/50 mcg</td>
<td>0.5 mL/100 mcg primary</td>
<td>0.5 mL/50 mcg</td>
</tr>
<tr>
<td>Doses per Vial</td>
<td>10 primary</td>
<td>5 primary/booster</td>
<td>11 max primary or 20 max primary/booster</td>
<td>5 booster</td>
</tr>
<tr>
<td>ULT Freezer (-90°C to -60°C)</td>
<td>DO NOT STORE</td>
<td>DO NOT STORE</td>
<td>DO NOT STORE</td>
<td></td>
</tr>
<tr>
<td>Freezer (-50°C to -15°C)a</td>
<td>Until Expiration</td>
<td>Until Expiration</td>
<td>Until Expiration</td>
<td></td>
</tr>
<tr>
<td>Refrigerator (2°C to 8°C)</td>
<td>30 Days</td>
<td>30 Days</td>
<td>30 Days</td>
<td></td>
</tr>
<tr>
<td>Room Temperature (8°C to 25°C)</td>
<td>24 hours</td>
<td>24 hours</td>
<td>24 hours</td>
<td></td>
</tr>
<tr>
<td>including any thaw time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After First Puncture (2°C to 25°C) b</td>
<td>Discard after 12 hours</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Regardless of storage condition, vaccines should not be used after the expiration date. a After a vial is punctured 20 times it should be discarded even if the 12-hour time limit has not been met. b Although labels may state "booster doses only", the blue cap, purple label border presentation is suitable for use as a primary dose in ages 6-11.
Bivalent Packing

Modernova COVID-19 Vaccine, Bivalent Original and Omicron BA.4/BA.5 Suspension for Intramuscular Injection

For use under Emergency Use Authorization

STORE FROZEN between -90°C to -15°C (36°F to 5°F).
Protect from light.
No preservative. After first use, hold at 2°C to 8°C (36°F to 77°F).
Discard after 12 hours.
Record date/time of first use:

BOOSTER DOES ONLY
Multi-Dose Vial
Booster dose: 0.5 mL or 0.25 mL based on age

Subject to Change
## Ordering Information

<table>
<thead>
<tr>
<th></th>
<th>Pfizer</th>
<th>Moderna</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Formulation</strong></td>
<td>6mos – 4 years</td>
<td>6mos – 5 years</td>
</tr>
<tr>
<td></td>
<td>5-11</td>
<td>6-11</td>
</tr>
<tr>
<td></td>
<td>12+</td>
<td>12+</td>
</tr>
<tr>
<td><strong>Bivalent Booster</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># vials per tray</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>5 or 195</td>
<td>10</td>
</tr>
<tr>
<td># doses per tray</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>300 or 1170</td>
<td>60</td>
</tr>
<tr>
<td>Minimum order</td>
<td>100 doses</td>
<td>100 doses</td>
</tr>
<tr>
<td>quantity</td>
<td>300 doses</td>
<td>100 doses</td>
</tr>
<tr>
<td>Delivery time</td>
<td>~1 week</td>
<td>~1 week</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Ancillary supplies will be provided for bivalent products, including a variety of 1-inch and 1.5-inch needles and syringes. Ancillary opt-out will be available.

*PENDING AUTHORIZATION*
Pre-EUA Orders for IDPH – has ended

Order approval and reduction of order sizes depends on:
- Allocation thresholds
- Demand
- Health equity
- I-CARE requirements being met by the ordering provider office
Post-EUA Orders for IDPH

▷ IDPH jurisdiction specific
▷ Orders may be placed directly into I-CARE
▷ Delivered following pre-orders
Additional Information

- If orders placed for pre-orders exceed the dose threshold for Illinois, IDPH will transmit orders to the CDC based on provider type.
- Preference for initial transmission to CDC will be for:
  - Local Health Departments
  - Federally Qualified Health Centers
  - Rural Health Clinics
  - Hospitals
- Update I-CARE to avoid delays!
  - Temperature logs
  - Digital data logger certificates of calibration
  - Inventory
  - Hours of operation
Additional Information

- Provider facilities that do not require minimum order quantities should contact their local health department or other typical sources for vaccine redistribution, such as the State Vaccine Reallocation Tool.
- After receiving initial vaccine orders, providers are asked to report their inventory to Vaccines.gov as soon as possible.
- Some wastage is expected in order to vaccinate all eligible Illinoisians.
- Providers will NOT be penalized for wasting the remainder of a vial if they are only able to utilize a portion of the doses in the vial.
COVID-19 Vaccination Record Cards

If vaccination card is full:

- CDC recommends completing a second card and stapling the two cards together
- Encourage the patient to photograph both cards in case the two become separated, if possible
- Both cards should be presented when vaccination history is required for travel, employment, or other purposes
- Encourage patients to download record from VaxVerify
COVID-19

▷ About 65% of Americans are not up to date with their vaccines.
▷ COVID-19 is the third leading cause of death this year so far - just like in 2021.
  ▷ 442 deaths in children 1-4 years old from COVID-19 as of June 2, 2022.
▷ A recent MMWR summarized that children who have had COVID-19 compared to those who have not, had higher rates of:
  ▷ acute pulmonary embolism
  ▷ myocarditis and cardiomyopathy
  ▷ venous thromboembolic event
  ▷ acute and unspecified renal failure
  ▷ type 1 diabetes

https://www.cdc.gov/mmwr/volumes/71/wr/mm7131a3.htm
Fig 2. Cumulative Number of Child COVID-19 Cases: 8/25/22

- 14,448,622 total child COVID-19 cases (cumulative)
- Among states reporting:
  - Eight states reported 500,000+ child cases
  - Three states reported fewer than 50,000 child cases

See detail in Appendix: Data from 48 states, NYC, DC, PR, and GU (TX excluded from figure)
All data reported by state/local health departments are preliminary and subject to change
Analysis by American Academy of Pediatrics and Children’s Hospital Association
For 7 states, due to available data and changes made to dashboards, cumulative child cases and total cases for all ages are not current. AL through 7/20/21, HI through 1/13/22, DC through 3/3/22, MS through 3/10/22, SC through 4/28/22, NE through 5/12/22, and MN through 5/30/22. These 7 states, TX, and GU are not included in the figure.
As of 6/9/22, due to available data for FL (case data updated every other week), child and total cases averaged across 2 week period accordingly.
On 8/25/22, due to available data, VA cumulative child cases and total cases through 8/18/22.
Fig 6. United States: Number of Child COVID-19 Cases Added in Past Week*

* Note: 8 states changed their definition of child cases: AL as of 8/13/20, HI as of 8/27/20, MI as of 9/10/20, MO as of 10/1/20, WV as of 8/12/21, WA as of 3/11/22. On 7/15/22, TX released new data that is NOT included in cumulative case counts or figures but located here and in Appendix 3B of this report (1,250,637 cumulative child cases as of 7/15/22). TX previously reported data for only a small proportion of total cases each week (eg, 2.10%), these cumulative cases through 8/26/21 are included (7,724).

Due to available data and calculations required to obtain MA child cases, weekly estimates fluctuate (eg, 8/19/22, due to available data, MA cumulative child cases and total cases through 8/11/22). For 7 states, due to available data and changes made to dashboards, cumulative child cases and total cases for all ages are not current: AL through 7/29/21, HI through 6/19/22, DC through 3/3/22, MS through 12/23, SC through 4/26/22, KS through 5/12/22, and MN through 6/30/22. As of 8/8/22, due to available data for FL, case data updated every other week, child and total cases averaged across 2 week period accordingly.

On 9/23/21, due to available data, VA cumulative child cases and total cases through 8/18/22.

See data in Appendix. Data from 49 states, DC, PR and GU.

All data reported by state/local health departments are preliminary and subject to change. Analysis by American Academy of Pediatrics and Children’s Hospital Association.
Pediatric Hospital Admissions in IL Due to COVID-19

- During Omicron, 5–11-year-old admissions were disproportionately driven by the unvaccinated.
- These admissions increased over time.
- Vaccines greatly reduce the risk of hospital admission among children.
  - 30x more likely when not boosted.
  - 15x more likely when not vaccinated.

Source: CDC, I-CARE, CDC Hospitalization Trackers, REDCap reports, INEDSS, IDPH data team, Census estimates (2018, 2019 American Community Survey – 1 year estimates)
Children 6 Months and Older ARE ELIGIBLE for COVID-19 Vaccines

Authorizations:
▷ Children ages 12 to 15 years since the week of 5.10.2021.
▷ Children ages 5 to 11 years since 11.2.2021.
▷ Children ages 6 months to 4 years since 6.18.2022.

Vaccine status of 8.17.22:
▷ Ages 12-17 Years: 15.0 million (59%) completed the 2-dose vaccination series.
▷ 8.5 million (30%) completed the 2-dose vaccination series.
▷ 1.1 million (6%) have received their initial dose.

Some parents do not know this.
Tell your patients. Send them information.
The AAP recommends COVID-19 vaccination for all infants, children, and adolescents 6 months of age and older who do not have contraindications to receiving a COVID-19 vaccine authorized or approved for use for their age. This includes primary series and/or booster doses as recommended by the CDC.
Children 6 Months and Older

• The AAP supports coadministration of routine childhood and adolescent immunizations with COVID-19 vaccines (or vaccination in the days before or after) for infants, children, and adolescents who are behind on or due for immunizations (based on the CDC/AAP Recommended Child and Adolescent Immunization Schedule) and/or at increased risk from vaccine-preventable diseases.

• Pediatricians are encouraged to promote vaccination and vaccine confidence through ongoing, proactive messaging (ie, reminder recall, vaccine appointment/clinics), and to use existing patient visits as an opportunity to promote and provide COVID-19 vaccines.
Children and COVID-19 Vaccination Trends (aap.org) Weekly report 8/24/22
Proportion of US Children Ages 5-11 Vaccinated Against COVID-19 by State of Residence

as of 8.24.2022

<table>
<thead>
<tr>
<th>State</th>
<th>2-Dose Series Completed</th>
<th>Initial Dose Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vermont</td>
<td>62%</td>
<td>7%</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>46%</td>
<td>22%</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>55%</td>
<td>10%</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>53%</td>
<td>12%</td>
</tr>
<tr>
<td>Connecticut</td>
<td>46%</td>
<td>9%</td>
</tr>
<tr>
<td>Hawaii</td>
<td>46%</td>
<td>6%</td>
</tr>
<tr>
<td>Maryland</td>
<td>45%</td>
<td>7%</td>
</tr>
<tr>
<td>Maine</td>
<td>45%</td>
<td>6%</td>
</tr>
<tr>
<td>Virginia</td>
<td>42%</td>
<td>8%</td>
</tr>
<tr>
<td>New Mexico</td>
<td>36%</td>
<td>12%</td>
</tr>
<tr>
<td>Minnesota</td>
<td>41%</td>
<td>5%</td>
</tr>
<tr>
<td>Illinois</td>
<td>40%</td>
<td>6%</td>
</tr>
<tr>
<td>New Jersey</td>
<td>39%</td>
<td>7%</td>
</tr>
<tr>
<td>New York</td>
<td>39%</td>
<td>7%</td>
</tr>
<tr>
<td>California</td>
<td>39%</td>
<td>7%</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>33%</td>
<td>12%</td>
</tr>
<tr>
<td>Washington</td>
<td>38%</td>
<td>6%</td>
</tr>
<tr>
<td>Colorado</td>
<td>37%</td>
<td>7%</td>
</tr>
<tr>
<td>Oregon</td>
<td>34%</td>
<td>8%</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>34%</td>
<td>7%</td>
</tr>
<tr>
<td>Delaware</td>
<td>31%</td>
<td>8%</td>
</tr>
<tr>
<td>Arizona</td>
<td>29%</td>
<td>10%</td>
</tr>
<tr>
<td>Texas</td>
<td>23%</td>
<td>16%</td>
</tr>
<tr>
<td>Utah</td>
<td>30%</td>
<td>7%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>32%</td>
<td>4%</td>
</tr>
<tr>
<td>North Carolina</td>
<td>26%</td>
<td>9%</td>
</tr>
<tr>
<td>Nebraska</td>
<td>29%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Proportion of US Children Ages 12-17 Vaccinated Against COVID-19 by State of Residence

as of 8.24.2022


Children and COVID-19 Vaccination Trends (aap.org) Weekly report 8/24/22
# Myocarditis

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Myocarditis associated with mRNA COVID-19 vaccination* ‡</th>
<th>Viral myocarditis†</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inciting exposure</strong></td>
<td>mRNA COVID-19 vaccination</td>
<td>Viral illness</td>
</tr>
<tr>
<td></td>
<td>• Dose 2 &gt; Dose 1</td>
<td>• 30–60% with asymptomatic viral course</td>
</tr>
<tr>
<td><strong>Demographics</strong></td>
<td>Most cases in adolescents and young adults, males &gt; females</td>
<td>Males &gt; females, male incidence peaks in adolescence and gradually declines</td>
</tr>
<tr>
<td><strong>Symptom onset</strong></td>
<td>A few days after vaccination, most within a week</td>
<td>1–4 weeks after viral illness</td>
</tr>
<tr>
<td><strong>Fulminant course</strong></td>
<td>Rare ‡</td>
<td>23%</td>
</tr>
<tr>
<td><strong>ICU level support</strong></td>
<td>~2%</td>
<td>~50%</td>
</tr>
<tr>
<td><strong>Mortality/transplant</strong></td>
<td>Rare ‡</td>
<td>11–22%</td>
</tr>
<tr>
<td><strong>Cardiac dysfunction</strong></td>
<td>12%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Recovery of cardiac function</strong></td>
<td>Nearly all</td>
<td>~75%</td>
</tr>
<tr>
<td><strong>Time to recovery of cardiac function (ejection fraction on cardiac echo), if initially poor</strong></td>
<td>Hours to days</td>
<td>Days to weeks to months</td>
</tr>
</tbody>
</table>

‡ Cotter et al. JAMA. 2022;327:331-340.
* There are rare reports in the literature, especially from other countries, but it is unclear to what extent such cases were investigated
Talking to Parents

▶ Some parents have been told mixed information by providers about whether to vaccinate their children.
▶ Parents want to discuss both pros and cons of vaccination.
▶ Avoid messages that are overly simplistic or positive.
▶ Incorporate more information into communications that provide reassurance about possible side effects.
▶ Acknowledge areas that need improvement:
  ▶ Public health and clinical trial research must be inclusive of historically marginalized populations, from before research initiation through completion and dissemination.

Resources

- CDC Fall Vaccination Operational Planning Guide – Information for the Fall Vaccine Campaign
- CDC Resources to Promote COVID-19 Vaccines for Children & Teens
- Illinois Vaccinates Against COVID-19 (I-VAC)
- Patient-Facing COVID-19 Vaccine FAQs
  - On pediatric COVID-19 vaccines [here](#) and on bivalent vaccines [here](#)
How to Hold Your Little One During a Vaccination

A comforting hold when getting your child vaccinated can help by giving them a feeling of safety and keeping them from being scared (you’ll be holding them rather than having to overpower them). These holds allow the vaccine to be given carefully. You can coach, talk to, or distract your child during their vaccination too - this can help them to focus on something else. Make sure you check in with your own feelings. Children feel calmer when you are calm.

**SWADDLE (FOR BABIES)**
1. Swaddle your baby
2. Take out the leg that the vaccine will be given in
3. Breastfeeding during vaccination is great to do too!

**CHEST-TO-CHEST**
1. Have your child sit on your lap facing you
2. Wrap their legs around your waist
3. Their arm can go under or over your arm

**BACK-TO-CHEST**
1. Hold your child on your lap facing out
2. Place your arms over theirs for a hug-like hold

**SIDEWAYS LAP SIT**
1. Have your child sit on your lap facing sideways
2. Secure the child’s arm with your own arm
3. Secure their legs with yours
PFIZER-BIONTECH COVID-19 VACCINATION SCHEDULE AND DOSING
FOR NON-IMMUNOCOMPROMISED POPULATIONS

We will update upon approval and post to I-VAC and ICAAP websites

See the Pfizer-BioNTech COVID-19 Vaccine Guidance for children who are transitioning from a younger to older age group during their vaccination window.
MODERNA COVID-19 VACCINATION SCHEDULE AND DOSING
FOR NON-IMMUNOCOMPROMISED POPULATIONS

**We will update upon approval and post to I-VAC and ICAAP websites**

- **Moderna**
  - Ages 6 months–5 years
dose/injection volume (Be NOT dilute before use)
  - Blue Cap (magenta label)

- **Moderna**
  - Ages 6 years–11 years
dose/injection volume (Be NOT dilute before use)
  - Blue Cap (purple label)

- **Moderna**
  - Ages 12 years–17 years
dose/injection volume (Be NOT dilute before use)
  - Red Cap (blue label)

- **Moderna**
  - Ages 18 years and older
dose/injection volume (Be NOT dilute before use)
  - Red Cap (blue label)
  - Blue Cap (purple label)

**I-VAC**
ILLINOIS VACCINATES AGAINST COVID-19

- **PRIMARY DOSE 1** 25 µg/0.5 mL
  - In 4-6 weeks

- **PRIMARY DOSE 2** 25 µg/0.5 mL

- **PRIMARY DOSE 1** 50 µg/0.5 mL
  - In 3-6 weeks

- **PRIMARY DOSE 2** 50 µg/0.5 mL

- **PRIMARY DOSE 1** 100 µg/0.5 mL
  - In 3-6 weeks

- **PRIMARY DOSE 2** 100 µg/0.5 mL

- **BOOSTER DOSE 3** 50 µg/0.25 mL
  - In at least 5 months

- **BOOSTER DOSE 4** 50 µg/0.25 mL
  - In at least 4 months

People ages 50 years and older should get a 2nd booster.
Upcoming Manufacturer Trainings

**Pfizer**

<table>
<thead>
<tr>
<th>Attendee link</th>
<th>Dates</th>
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<tbody>
<tr>
<td>Tuesday, August 30 - 3pm ET</td>
<td></td>
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<tr>
<td>Wednesday, August 31 - 12pm ET</td>
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<tr>
<td>Thursday, September 01 - 12pm ET</td>
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<td>*** Starting Sept 6, Presentation Platform will be MICROSOFT TEAMS - See information below ***</td>
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<tr>
<td>Tuesday, September 06 - 3pm ET</td>
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<td>Wednesday, September 07 - 12pm ET</td>
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<tr>
<td>Thursday, September 08 - 12pm ET</td>
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<tr>
<td>Friday, September 09 - 3pm ET</td>
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</table>

**Moderna**: National webinars and office hours with Q&A will be scheduled for after EUA.
Contact Information

**IDPH**
▷ To enroll in I-CARE: [dph.immunizations@illinois.gov](mailto:dph.immunizations@illinois.gov)
▷ For questions about vaccine orders: [dph.vaccines@illinois.gov](mailto:dph.vaccines@illinois.gov)

**CDPH**
▷ Kevin Hansen: [Kevin.Hansen@cityofchicago.org](mailto:Kevin.Hansen@cityofchicago.org)
▷ Provider resources: [https://www.chicagohan.org/covid-19-vaccine/provider](https://www.chicagohan.org/covid-19-vaccine/provider)

**ICAAP/I-VAC**
▷ Stephanie Atella: [satella@illinoisaap.com](mailto:satella@illinoisaap.com)
▷ Facts@ilvaccinates.com

**Pfizer**
▷ Customer Service: Call 1-800-879-3477
▷ General Product Inquiries: Call 1-877-829-2619
▷ Pfizer Medical Information: Call 1-800-438-1985 or Visit [PfizerMedicalInformation.com](https://www.pfizermedicalinformation.com)
▷ Controlant Customer Support: 1-701-540-4039
▷ Pfizer US Shipment Support: Call 1-800-666-7248

**Moderna**
▷ Customer Service: Call 1-866-MODERNA (1-866-663-3762) or Email [ModernaPV@modernatx.com](mailto:ModernaPV@modernatx.com)
▷ Chatbot [here](https://www.pfizermedicalinformation.com)

PLANNING FOR THE BIVALENT COVID-19 VACCINE ROLLOUT

PART TWO

Friday, September 9th
at 12:00pm

REGISTER AT ILLNOISAAP.ORG/EVENTS

- Ordering information, storage & handling
- What we know now regarding eligibility and clinical guidance (post ACIP meetings)
- Other COVID-19 vaccine updates