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Massachusetts Department of Public Health (DPH)
Massachusetts COVID Vaccine Program (MCVP)

COVID-19 Guidance on Vaccine Management and Administration for Healthcare Providers and Organizations

Updated December 19, 2020

The goal of the Massachusetts COVID-19 Vaccination Program (MCVP) is to protect the residents of the Commonwealth through the safe and efficient administration of COVID-19 vaccine. In order to assist health care providers and organizations in preparing for COVID-19 vaccination, we are providing this guidance based on the information that is currently available.

This information will continue to be updated as new information become available about the availability of COVID-19 vaccine; the recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Massachusetts COVID-19 Vaccine Advisory Committee; and guidance from the Centers for Disease Control and Prevention (CDC) and vaccine manufacturers.

In the meantime, there are many activities that providers can undertake now to prepare for the arrival of the vaccine.

Please note that this information is current as of December 19, 2020, and the details may change. Always review all guidance delivered with every COVID-19 vaccine delivery to ensure that you are following the most up-to-date guidance for specific vaccine formulations. Important sites to check frequently include: (New 12/17/20)

- COVID-19 ACIP Vaccine Recommendations
  https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html
- CDC. COVID-19 Vaccination Clinical Resources for Each COVID-19 Vaccine
  https://www.cdc.gov/vaccines/covid-19/index.html
- Information About Pfizer-BioNTech COVID-19 Vaccine (also known as BNT162b2)
  https://www.cvdvaccine.com/
- DPH. COVID-19 Vaccine Information for Providers https://www.mass.gov/info-details/massachusetts-covid-19-vaccine-information#guidance-for-health-care-professionals-and-organizations-

New! 12/19/2020 The FDA has issued an emergency use authorization (EUA) for the Moderna COVID-19 vaccine. For more information about the Moderna COVID-19 vaccine and EUA factsheets

for providers, and vaccine recipients and their care givers, please see: https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/moderna-covid-19-vaccine

Moderna COVID-19 Vaccine

- First doses of Moderna COVID-19 vaccine expected in Massachusetts on December 21.
- The Moderna vaccine comes 10-dose multidose vials shipped in 100 dose increments.
- It should be stored -25°C to -15°C (-13°F to 5°F) in vaccine storage unit for up to 6 months, or at 2° to 8°C (36° to 46°F) in vaccine storage unit for up to 30 days if the vial is not entered.
- If vial is entered, vaccine should be used within 6 hours.
- Freezer temperature settings will require adjustment if storing this vaccine and varicella-containing vaccines in the same unit. he temperature range required for freezer storage of the Moderna COVID-19 vaccine is narrower compared to varicella-containing vaccines. Be sure to adjust your freezer temperatures to accommodate the temperature requirements for the Moderna vaccine. (Updated 12/17/20)
- Does not require reconstitution.
- Requires 2 doses, 28 days apart.

Standard COVID-19 Vaccine Adult Ancillary Kit Supports administration of 100 doses (products may vary)		
Product	**Product Description**	**Quantity**
Needles	22 – 25G, 1”	85
Needles	22 – 25G, 1.5”	20
Syringes	1 ml or 3 ml	105
Alcohol pads	Sterile, individual	210
Vaccination record card		100
Needle guide		1
Face shield		2
Face Mask		4
Standard Ancillary Adult Kit Dimensions: 14” x 13” x 9” Weight: 3.5 lbs		

Pfizer COVID-19 vaccine

The first COVID-19 vaccine to receive an Emergency Use Authorization (EUA) for vaccination is the Pfizer-BioNTech COVID-19 Vaccine, which is authorized for use in people 16 years of age and older. For Interim clinical considerations for use of this vaccine, go to (New 12/17/20) https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/clinical-considerations.html

This vaccine is being shipped in 975-dose increments in 5-dose multidose vials, 195 multidose vials/tray. The Pfizer vaccine:

- Requires ultra-cold storage (-60^0 to -80^0 C). **Facilities are not required to purchase ultra-cold freezers.** This vaccine can be stored for up to 30 days in the thermal shopping containers in which the vaccine is delivered. If using the thermal shipping container to store vaccine, add dry ice pellets (9 mm to 16 mm) within 24 hours of delivery and every 5 days.
    - Dry ice will be delivered within 24 hours of vaccine delivery to refill the thermal shipping container for the first re-ice only. Additional dry ice will not be provided. Locate a dry ice source if planning to use the shipping container to store vaccine for more than 5 days.
    - The initial dry ice replenishment will come with a Dry Ice Starter Kit, which includes:
        - Dry ice
        - Gloves for working with dry ice (1 pair)
        - Face shield (1)
        - Ice scoop (1)
        - OSHA dry ice safety card (1)
    - **Note:** Do not use or store dry ice or liquid nitrogen (LN2) in confined areas, walk-in refrigerators, environmental chambers or rooms without ventilation. A leak in such an area could cause an oxygen-deficient atmosphere.
- Requires reconstitution with a diluent. Once reconstituted, the vaccine can be at room temperature for up to 6 hours.
- Requires two doses, 21 days apart.

Note: Special instructions for using the thermal shipping containers for ultra-cold storage of the Pfizer vaccine can be found starting on p. 13 of this guidance.

Once reconstituted, some users have found that an additional dose or even 2 may be present in a vial. Under current availability, federal guidance allows these additional doses to be used. (New 12/17/20)

Pfizer COVID-19 Vaccine Adult Ancillary Kit Supports Administration of 975 Doses (products may vary)		
Product	**Product Description**	**Quantity**
Needles, for vaccine administration	22 – 25G, 1"	829
Needles, for vaccine administration	22 – 25G, 1.5"	200
Syringes, for vaccine administration	1 ml	1,024
Alcohol pads	Sterile, individual	2,458
Vaccination record card		1,000
Needle guide		10
Face shield		20
Face Mask		40
Diluent vials		200
Needles, for vaccine reconstitution	21 – 25G, 1.5 "	205
Syringes, for vaccine reconstitution	3 ml or 5 ml	205
Pfizer Ancillary Adult Kit Dimensions: 24" x 20" x 24" Weight: 40 lbs		

Steps to Take to Prepare for Receipt and Administration of COVID-19 Vaccine

- Identify the lead person at your facility for HCP COVID-19 vaccination planning and implementation.
- **Note:** Only sites that have registered with the MIIS AND submitted a signed MCVP Enrollment Form will be able to receive COVID-19 vaccine.
    - Confirm that your facility is fully registered and on-boarded to submit vaccine-administered data to the Massachusetts Immunization Information System (MIIS) by emailing the MIIS at miishelpdesk@mass.gov.
    - Confirm that your facility has signed and electronically submitted the Massachusetts COVID-19 Program (MCVP) Enrollment Form by contacting the DPH Vaccine Unit at dph-vaccine-management@massmail.state.ma.us.

Preparing for Receipt of COVID-19 Vaccine

- Once you have submitted your Massachusetts COVID-19 Vaccine Program (MCVP) Agreement, review the following information regarding COVID-19 ordering, shipments, storage and handling, and redistribution.
- Monitor all your facility's email addresses frequently to confirm your COVID-19 vaccine orders. Orders may be rejected if emails are not monitored. Please ensure that you are able to receive e-mails from the following addresses:

Important Emails for Vaccine Shipping	
DPH Vaccine Unit	Dph-vaccine-management@massmail.state.Ma.us
Pfizer Customer Service	cvgovernment@pfizer.com
For confirmation of the ancillary kit shipment	donotreply@pfizer.com
For communication from Controlant, including: o Notice at time of vaccine shipment with tracking information o Exceptions for either shipment delay or cancellation o Delivery Quality Report	Pfizer.logistics@controlant.com
For communication from McKesson about ancillary kits	SNSSupport@McKesson.com

- In the first phase, sites will not order vaccines. The DPH Immunization Division will allocate vaccine to your site based on the information that you provided in the MCVP Agreement and through the hospital survey.
- When COVID-19 vaccine is available, you will receive an email that confirms your allocation and the number of doses shipped in the first order. Please email the Vaccine Unit at DPH-Vaccine-Management@massmail.state.ma.us if you have any concerns with your first shipment.
- Shortly after your allocation confirmation you will receive a second email from the CDC informing you that the vaccine has been shipped. It will arrive within 48-72 hours of the order. Notify your Front Desk/Receiving Department to expect this shipment and review proper handling procedures for your practice.

Steps to take while waiting for your COVID-19 vaccine shipment

- Ensure that all staff who handle or administer vaccines are properly training on COVID-19 Vaccine storage and handling requirements. Visit the CDC COVID-19 Vaccine Training site and review the training modules.
    - The CDC Vaccine Storage and Handling Toolkit has been updated to include a COVID-19 Vaccine Storage and Handling Addendum with information on storage and handling best practices for COVID-19 vaccines. This addendum will be updated with specific information for COVID-19 vaccine product. https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html
        - Please sign up for email alerts on this page to be notified of updates.
    - COVID-19 vaccine manufacturers will also provide video and written guidance on the storage and handling of the vaccine. All staff involved in the storage, handling, and administration of the COVID-19 vaccine should review the manufacturer's guidance for their specific vaccine product.

- Ensure all staff that might handle or administer the Pfizer vaccine receives appropriate training on handling dry ice.
- Per the CDC, sites that administer COVID-19 Vaccine must report the recipient's vaccine record to the state registry within 24 hours. Ensure that your site is onboarded with the MIIS (Massachusetts Immunization Information System) and able to report immunization data. Please contact the MIIS Help Desk at 617-983-4335 with questions or concerns regarding the onboarding process.

COVID-19 Vaccine Storage and Handling

- COVID-19 vaccine providers must have proper storage and temperature monitoring equipment to meet the specific needs of the COVID-19 vaccine product in their inventory. Below are storage and handling best practices to consider.
    - Ensure that vaccine temperature is being monitored continuously by using a digital data logger (DDL).
    - Develop and maintain Standard Operating Procedures to ensure that the vaccine cold chain is maintained.
    - Temperature readings outside of the recommended temperature ranges are considered excursions. Contact the vaccine manufacturer to evaluate any temperature excursion before continued use of the vaccine.
- COVID-19 vaccines may not contain printed expiration dates. Providers will have to access an HHS website for up-to-date expiration information by vaccine lot.

Redistribution of COVID-19 Vaccine

- It may be necessary to transport vaccine to be redistributed at other locations. Providers must ensure that COVID-19 vaccine cold chains are maintained when transporting vaccine.
    - Vaccine should be transported in stable storage units and staff must continuously monitor temperature.
    - When distributing to a clinic, transport plus clinic workday should be a maximum of eight hours.
    - Ensure you have equal amounts of vaccines, diluents, and ancillary supplies.
    - Never transport partially used vials.
    - Follow manufacturer guidelines to maintain the vaccine cold chain.

Determine your facility's readiness to administer COVID-19 vaccine

- Review your facility's current emergency HCP vaccination plan and update as needed.
    - Determine if your HCP vaccination program will be located on-site at your facility or off-site, at another location.
    - Resources for clinic planning:
        - *Interim Guidance for Routine and Influenza Immunization Services During the COVID-19 Pandemic* (https://www.cdc.gov/vaccines/pandemic-guidance/index.html), especially these sections:
            - General Practices for The Safe Delivery of Vaccination Services

        - Additional Considerations for Alternative Vaccination Sites
    - Protective Measures for Vaccinating During the Pandemic https://www.immunize.org/catg.d/p2009.pdf
    - Guidance for Planning Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/index.html
    - CDC's Infection Control Guidance for Healthcare Professionals about Coronavirus (COVID-19) gateway page: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html
- Establish or review security procedures for the vaccine.
- Review your process for annual employee influenza vaccination and identify what needs to be changed or enhanced for COVID-19 vaccination. Differences between annual influenza vaccination and COVID-19 vaccination include:
    - Strict requirements for COVID-19 vaccine storage and handling.
    - **Most COVID-19 vaccine products require 2 doses** (New 12/17/20)
        - For the Pfizer COVID-19 vaccine, the 2nd dose is due 21 days after the first dose. Administration of 2nd dose within 4-day grace period (e.g., day 17-21) is considered valid.
        - If it has been >21 days since 1st dose, 2nd dose should be administered at earliest opportunity (but no doses need to be repeated). Both doses are necessary for protection; efficacy of a single dose has not been systematically evaluated.
        - **For COVID-19 vaccines requiring 2 doses, the 2nd dose must be the same vaccine product as the first dose.**
            - If two doses of different mRNA COVID-19 vaccine products are inadvertently administered, no additional doses of either vaccine are recommended at this time. Recommendations may be updated as further information becomes available or additional vaccine types authorized.
        - **Schedule the 2nd dose when scheduling or administering the first dose.** Ensure that before they leave the clinic, everyone receiving the first dose knows when and where they will receive the 2nd dose.
        - **Develop a system for recalling vaccine recipients for the 2nd dose.**
            - The Massachusetts Immunization Information System (MIIS) provides reminder/recall reports with a list of patients who are due or overdue for a recommended vaccine.

              Reminders are created for patients who will soon be due for a particular immunization and recalls are created for patients that are currently overdue for a particular immunization.

              Once the Reminder/Recall Report is run you can choose to print letters, postcards, and/or address labels for the resulting list of

patients. The ability to send text reminders through the MIIS is expected to be functional in February 2021.

- For more information on using the MIIS for reminder/recall for the 2nd dose of COVID-19 vaccine, please see https://resources.miisresourcecenter.com/trainingcenter/Reminder%20Recall_2018_Mini%20Guide.pdf

- Provide every vaccinee a Personal Vaccine Record that will be included in the ancillary supply kits (see ancillary kit tables above) that you will receive with every shipment of vaccine

- **Do not plan to hold COVID-19 vaccine in reserve for 2nd doses.** Second doses are being withheld by the federal government and will be shipped as needed for the second dose.

- **Emergency Use Authorization (EUA)** COVID-19 vaccine will be made available through an EUA, which will require a different information sheet from the traditional Vaccine Information Statement (VIS). Vaccine-specific fact sheets for providers and for patients will become available when the Federal Drug Administration (FDA) issues the EUA.

  Decisions about which eligible patients receive the COVID Vaccine should be based on the clinical judgment of hospitals and providers, consistent with the terms of the EUAs and with this guidance. Provider criteria for the COVID Vaccine use should be as clear, transparent, and objective as possible, and be based on biological factors related only to the likelihood and magnitude of benefit from the medical resources and should at all times minimize inequitable outcomes. Factors that have no bearing on the likelihood or magnitude of benefit, include but are not limited to, race, disability, gender, sexual orientation, gender identity, ethnicity, ability to pay or insurance status, socioeconomic status, English language proficiency, perceived social worth, perceived quality of life, immigration status, incarceration status, homelessness or past or future use of resources.

  The provider and patient fact sheets for the Pfizer vaccine are now available for: (New 12/17/2020)

  - Healthcare providers administering the Pfizer vaccine https://www.fda.gov/media/144413/download
  - Patients and caregivers of patients receiving the Pfizer vaccine https://www.fda.gov/media/144414/download

  FDA's Center for Biologics Evaluation and Research and Joint Information Center are currently working with FDA's Office of Minority Health and Health Equity (OMHHE) to translate the patient fact sheet for the Pfizer-BioNTech vaccine into ~25 additional languages. https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine

- **Enhanced vaccine safety monitoring**

  - **Vaccine Adverse Event Reporting System (VAERS)**

    - Healthcare providers should report to VAERS (New 12/17/20)

- Vaccine administration errors, whether or not associated with an adverse event
- Serious adverse events (irrespective of attribution to the vaccine). Serious adverse events include death; a life-threatening adverse event; inpatient hospitalization or prolongation of existing hospitalization; a persistent or significant incapacity or substantial disruption of the ability to conduct normal life functions; a congenital anomaly or birth defect; and an important medical event that based on appropriate medical judgment may jeopardize the individual and may require medical or surgical intervention to prevent on of the outcomes listed above.
- Cases of Multisystem Inflammatory Syndrome (MIS) in adults and children
- Cases of COVID-19 that result in hospitalization or death

- Go to vaers.hhs.gov and submit a report online
- For help: call 1-800-822-7967, or email info@VAERS.org
- Video instructions https://www.youtube.com/watch?v=sbCWhcQADFE

- **V-Safe**: A new voluntary, smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins for COVID-19 vaccine recipients. V-safe allows participants to report any side effects after COVID-19 vaccination to CDC in almost real time. It also gives them a convenient reminder to get their second COVID-19 vaccine dose if they need one.

  Provide the V-Safe Information Sheet or QR code to every vaccine recipient and encourage them to enroll and complete the surveys when prompted to do so.

  For more information, or to register for V-Safe, go to (New 12/17/20) https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html

- Identify the first 100 or 975 health care personnel (HCP) at your facility who will receive COVID-19 vaccine, then the next 975, etc.
- Determine whether or not your facility will vaccinate **HCP** from other facilities or practices and, if so, which ones.

Prepare clinical staff to administer COVID-19 vaccine

- Ensure HCP handling and/or administering COVID-19 vaccine receive appropriate training
  - CDC: Preparing to Provide COVID-19 Vaccines to Your Patients https://www.cdc.gov/vaccines/covid-19/hcp/prepare.html
  - CDC: COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers

- DPH recorded webinars on COVID-19 vaccine storage and handling, and vaccine administration, available here: https://register.gotowebinar.com/recording/7634552857599743233

- Ensure staff has the correct PPE before administering vaccines.
  - All HCP must wear a mask. Ancillary kits will contain 4 surgical masks for every 100 doses (see ancillary kit tables above).
  - Eye protection is recommended when community transmission of COVID-19 is moderate to substantial. Ancillary kits will contain 2 face shields for every 100 doses (see ancillary kit tables above).
  - Gloves are optional when administering IM injections. When gloves are worn, they must be changed and hands washed between each patient. Providers are responsible for their own gloves.
  - Ensure availability of supplies for safe handling of dry ice and vaccine vials stored at ultra-cold temperatures.

Prepare HCP and patients for vaccination by providing them with information about the vaccine.

- CDC. COVID-19 Vaccine. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html
- COVID-19 vaccination is voluntary.

Post Vaccine Considerations for Healthcare Personnel (New 12/17/20)

Systemic signs and symptoms, such as fever, fatigue, headache, chills, myalgia, and arthralgia, can occur following COVID-19 vaccination. Most systemic post-vaccination signs and symptoms are mild to moderate in severity, occur within the first 3 days of vaccination (the day of vaccination and following 2 days, with most occurring the day after vaccination), resolve within 1-2 days of onset, and are more frequent and severe following the second dose and among younger persons compared to those who are older (>55 years). Cough, shortness of breath, rhinorrhea, sore throat, or loss of taste or smell are **not** consistent with post-vaccination symptoms, and instead may be symptoms of SARS-CoV-2 or another infection.

Because systemic post-vaccination signs and symptoms might be challenging to distinguish from signs and symptoms of COVID-19 or other infectious diseases, HCP with postvaccination signs and symptoms could be mistakenly considered infectious and restricted from work unnecessarily; this might have negative consequences for HCP, patients, and long-term care facility residents.

See DPH guidance about how health care personnel may continue to work in the safest manner possible while mildly symptomatic in the 3 days following COVID-19 vaccine administration. https://www.mass.gov/doc/considerations-for-health-care-personnel-after-covid-19-vaccination/download

Vaccination of pregnant and breastfeeding persons (New 12/17/20)

Women make up 75% of the health care workforce. Given the predominance of women of childbearing potential among the healthcare workforce, a substantial number of HCP are estimated to be pregnant or breastfeeding at any given time.

- There are no data on the safety of COVID-19 vaccines in people who are pregnant. Animal developmental and reproductive toxicity (DART) studies are ongoing. Studies in humans are also ongoing and more are planned.
- mRNA vaccines are not live vaccines. They are degraded quickly by normal cellular processes and don't enter the nucleus of the cell.
- COVID-19 infection during pregnancy can result in an increased risk of severe illness (ICU admission, mechanical ventilation, and death) and might result in an increased risk of adverse pregnancy outcomes, such as preterm birth.
- If a person is part of a group (e.g., healthcare personnel) who is recommended to receive a COVID-19 vaccine and is pregnant, that person may choose to be vaccinated after discussion with their healthcare provider.
- Consider the following when discussing COVID-19 vaccination with people who are pregnant:
    - Level of COVID-19 community transmission, (risk of acquisition)
    - Personal risk of contracting COVID-19, (by occupation or other activities)
    - The risks of COVID-19 to the person who is pregnant and potential risks to the fetus
    - The efficacy of the vaccine
    - The known side effects of the vaccine
    - The lack of data about the vaccine during pregnancy
- Pregnant people who experience fever following vaccination should be counseled to take acetaminophen as fever has been associated with adverse pregnancy outcomes.
- Routine testing for pregnancy prior to receipt of a COVID-19 vaccine is not recommended.

Lactating persons: There are no data on the safety of COVID-19 vaccines in lactating persons or the effects of mRNA vaccines on the breastfed infant or milk production/excretion. However, mRNA vaccines are not considered live virus vaccines and are not thought to be a risk to the breastfeeding infant. If a lactating person is part of a group (e.g., healthcare personnel) who is recommended to receive a COVID-19 vaccine, they may choose to be vaccinated. (New 12/17/2020)

For more information:

- For questions about COVID-19 vaccine ordering, storing, and handling, contact the DPH Vaccine Unit at dph-vaccine-management@massmail.state.ma.us or 617-983-6828
- For question**s** about submitting vaccine administration data to the MIIS, contact the MIIS at miishelpdesk@mass.gov or 617-983-4335
- For questions about COVID-19 vaccine administration, or planning and implementing temporary or off-site clinics, please contact the DPH Immunization Division at COVID-19-Vaccine-Plan-MA@mass.gov.
- For questions about where to access training to prepare for COVID-19 vaccination, please contact the DPH Immunization Division at COVID-19-Vaccine-Plan-MA@mass.gov.

Recommendations for Using Thermal Shipping Containers as Temporary Storage For the Pfizer COVID-19 Vaccine

Facilities without ultra-cold freezer capacity can use the thermal shipping containers in which the vaccine arrives to store COVID-19 vaccine.

- Materials needed:
  - Safety glasses
  - Carton sealing tape
  - Dry ice pellets (10 – 16 mm) for the second and third recharges
- The thermal shipping container is a passive device that contains dry ice as the mechanism to maintain the required temperatures when maintained properly as defined by the manufacturer's instructions. The dry ice in the shipping container will deplete over a number of days (duration will vary depending on use and care), which will impact how long the shipping container holds the temperature. This differs from ultra-low-temperature freezers, an active device, which, when plugged in, is designed to maintain ultra-low temperatures indefinitely. The longer the thermal shipping container remains closed, the longer it will take for the dry ice to deplete.
- Store the thermal shipping container at 15° to 25° C (59° to 77° F).
- The shipping container requires 23 kgs of dry ice pellets (10mm – 16 mm pellets). Upon receipt and after opening, inspect the box and replenish with dry ice within 24 hours of receipt by adding dry ice to the maximum within the payload insert areas and dry ice pod.
- Re-ice the thermal shipping container every 5 days. This will maintain the level of dry ice and the temperature of the vaccine.
  - Do not open the thermal shipping container more than 2 times a day.
  - Do not leave it open for more than 3 minutes at a time.
- Use local dry ice suppliers for re-icing the thermal shipping container.
- Use ultra-low temperature monitoring devices (probe or probeless) capable of being used with dry ice. Place the temperature-monitoring device in the location of the vial tray payload area within the thermal shipping container.
- Return the thermal shipping container within 20 business days of delivery, according to the manufacturers' instructions.

- **First dry ice recharge**
  - Dry ice for the **first** dry ice recharge for the Pfizer product will be provided, and will include a starter kit (gloves, scoop, instructions).
  - This will be auto-ordered with vaccine.
  - Sites may opt out of receiving dry ice.
  - Additional details on dry ice operations and ordering will be forthcoming.
  - Facilities are responsible for obtaining dry ice for the second and third recharges.

- **Thermal shipping container temperature monitoring device**

- For Pfizer thermal shipping containers, temperature device will deactivate at time of product receipt.
- For sites using the thermal shipping container as a storage unit, the temperature monitoring smart device may be **reactivated** for continued use for duration of product storage and handling.
- Additional details on reactivation process and monitoring device plan will be forthcoming.