

## NEQCA COVID Vaccine Frequently Asked Questions (FAQ)

The NEQCA COVID vaccine webpage is live and includes many of the common topics related to the COVID vaccine (<https://www.neqca.org/Resources/COVID-19-Vaccine-Resources>). Below, we are providing guidance and answers to FAQs NEQCA has received directly from our practices.

If you have any additional questions, not included below, please contact the NEQCA COVID Vaccine Answer Center at [neqcacovidquestions@neqca.org](mailto:neqcacovidquestions@neqca.org) or fill out the form directly on the NEQCA COVID vaccine webpage.

### Timing of receiving vaccine

***A number of practices, registered and approved to receive the COVID vaccine at their practice, have reached out asking about a timeline; when should they expect to receive the vaccine supply.***

We have attempted to gather more information on the COVID vaccine distribution timeline, unfortunately we have been unsuccessful to date. We will continue to monitor and update the Network as we learn of any new information.

Please note: **COVID-19 supply is in very short supply in the State. As such, not all MCVP-enrolled providers may be able to receive vaccine while supply is limited.** State allocation decisions are based on number of priority patients in your practice, weekly throughput, storage capacity, and openness to people who are not patients within your practice.

We have been directed to the following contact information:

- Confirm that your facility is fully registered and on-boarded to submit data about administered vaccine to the MIIS by contacting the MIIS team [MIIShelpdesk@state.ma.us](mailto:MIIShelpdesk@state.ma.us).
- Confirm that your facility has signed and electronically submitted the Massachusetts COVID-19 Provider (MCVP) Enrollment Form in the MIIS by contacting the DPH Vaccine Unit at [dph-vaccine-management@massmail.state.ma.us](mailto:dph-vaccine-management@massmail.state.ma.us).

### COVID-19 information in other languages

***Is there information on COVID-19 and the vaccine in other languages on the Wellforce website?***

Yes, the [2/4/21 NEQCA COVID-19 Vaccine Briefing](#) discussed where to find COVID information in multiple languages at the following [Wellforce webpage](#).

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**Patient eligibility**

***Phase 2, Group 2: Does this include people 65 years old AND with 2 conditions (so 65 with no conditions not eligible?) or is it all 65 year olds even with no conditions AND all ages with 2 conditions?***

When we get to this phase, both groups will be eligible:

1. Patients 65 years and older  
OR
2. Patients at any age with 2+ comorbidities (from the ["at increased risk" CDC conditions list](#)).

***Are parents of children with high risk health conditions eligible to receive the COVID-19 vaccine?***

Per DPH, parents of children with high risk conditions are not eligible to receive the vaccine. They will be prioritized based on personal eligibility (i.e. age, personal health conditions, occupation)

***We have patient's that are on list for COVID vaccine. Their spouses or family member are not our patient's. Can we administer vaccine to them at our office? If so would we need referrals from their PCP? How would we handle this?***

Technically, you may need to register as a public site, but likely not many negative consequences unless there will be a HUGE volume of non-patients or selecting individuals in a racially discriminatory manner. Family members would need to be registered in your own systems and report the doses given to MIIS.

Referrals are never needed for immunizations, so you would not need to worry about that.

***Can the individual accompanying their elderly parents receive the vaccine as well? She is not over 75, she is in her 60's. However, she is bringing her mother whom is 90 and is her mother's caregiver.***

The State has said (see [link](#)) at this time the caregiver option is for the 4 mass vaccination sites only (Gillette, Fenway, Danvers and Springfield). Practices should **only** be vaccinating patients in the currently eligible priority grouping.

**Reminder:**

Providers already administering vaccine must abide by the following requirements to *remain eligible* to receive vaccine:

- ✓ Complete MCVP weekly survey by Tuesday at 5PM
  - ✓ Must have used at least 85% of doses already supplied when responding to MCVP survey (new)
  - ✓ All vaccine must be used within 10 days
  - ✓ Request 1<sup>st</sup> and 2<sup>nd</sup> doses via weekly MCVP Survey
- ✓ Report vaccinations to MIIS within 24 hours (new – used to be 72 hours)

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### Leftover doses and prioritizing patients

***Once our phase 1 patients are scheduled if anyone does not show up for their vaccine I have a list ready to call of patients the same phase as back up. However, if no one in the current phases can come to our practice for the vaccine belonging to the no-show patient are we allowed to give the vaccines to someone whom is not in the phase so it does not go bad?***

Practices should have a strategy to prevent any wastage of opened vaccine. Both vaccines (Pfizer and Moderna) have a short shelf-life at room temperature (6 hours) and every effort should be made to use all doses before they expire.

MA state officials have said that “If the vaccine will expire, Healthcare Professionals are allowed to give the shot to a person in another priority group.” (see [link](#))

MHA has shared the following strategies to avoid wasting vaccine doses. Please remember that any strategy to avoid wasting vaccine should be equitable, prioritize patients based on need, and explicitly avoid any unintentional discrimination.

- **Maintain a list of patients** - 65 and over who have expressed interest in receiving the vaccine. If, at the end of the day, there are extra doses remaining, select 5 patients at a time from the lottery system to outreach for vaccine administration
- **Create a ‘standby’ list** - of patients in the next priority grouping with 2+ comorbidities. Patients are notified that they are on the standby list and told to be prepared for a phone call to come to the office on short notice for vaccine
- **Vaccinate patients in-office** – If no other patients are available on short notice – offer vaccine to patients that are in-office

### Administering COVID vaccine to patients with certain conditions

***Is it safe for individuals who take daily immunosuppressant medications (long-time BMT) able to receive the vaccine? What are recommendations for such an individual who is likely to undergo major surgery in the next 30 days?***

Yes, it is safe. The current vaccines (mRNA platform, Pfizer and Moderna) contain no virus, live or inactivated, so are safe for immunocompromised patients. With regard to upcoming major surgery, it shouldn't be an issue with safety or efficacy per se. However, fever is a fairly common side effect of the vaccine. A fever in the immediate preop or postop periods would likely be problematic in terms of raising concerns of infection (preventing the surgery preop, triggering a workup postop). This should be discussed with the surgeon and the patient's specialty provider.

***Is a recent cardiac ablation a reason not to be vaccinated?***

Ablation would NOT be a contraindication. In general, the biggest thing to consider in post-procedural/surgical situations is whether a fever would be harmful or raise confusion about infection that would require a big workup. If someone had a fever within a couple of days after a pacemaker was inserted, for example, I might worry about infection of the site-better to avoid that if possible.

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***I have a patient who is a 67-year old female with hypertension, sleep apnea, and long-term smoker who was recently diagnosed with herpes zoster and is currently under treatment with Valacyclovir starting yesterday. She is scheduled to receive her COVID-19 vaccine. Would you recommend deferring while she has active shingles and is on an antiviral or would you proceed with vaccination?***

Valacyclovir is pretty herpes-family specific, but even more reassuring is that the mRNA vaccines don't involve any viral replication to be blocked by valacyclovir. So no interaction between the drug and the current Covid vaccines.

### COVID vaccine side effects

***I received 2nd dose of Pfizer vaccine on 1/13 developed a cold and tested positive for COVID on 1/17 no one else in my family subsequently tested positive. Is it possible the vaccine induced a false positive covid test Sars Covid antibody blood test. Will this be positive after vaccine or only after infection?***

The vaccine does NOT create a false + PCR test.

Your serology to SARS-CoV-2 will likely become positive after vaccine, and there is no routine clinical test for distinguishing between antibody from vaccine or from infection.

***Lots of people are avoiding ibuprofen after the vaccine due to its anti-inflammatory qualities and the worry of undermining the effect of the vaccine. Does science support this in any way? Same with acetaminophen?***

This is a surprisingly understudied question given the number of side effects with vaccines. A few studies in children have been conducted, some in adults, where there is a noticeable decrease in antibody titers. However, not enough to where it appears the vaccine was not given.

#### **Recommendation:**

- ✓ Do not take acetaminophen or ibuprofen as a pre-medication prior to COVID-19 vaccine.
- ✓ Try to avoid both acetaminophen and ibuprofen as much possible if side effects can be tolerated by using non-pharmacological options.
- ✓ If have to use one, try to use the one that works for you.
- ✓ If you use it chronically for a current condition, don't need to stop.

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### Traveling during COVID pandemic

*Is travelling abroad okay after vaccination. will I have to quarantine for 2 weeks after I return from India. Is it safe to travel am I putting my patients at risk? Is travelling in august better. Hope I am not bothering you with all these questions. wanted to go to India to attend my niece's wedding. Will my vaccine be good in August?*

1. Regarding vaccinating patients at home: I would not recommend this be done by an MA.

A visiting nurse can do this but she would be a licensed professional skilled at recognizing anaphylaxis and able to judge whether a 911 call is needed in case of an adverse reaction or not. Legally, an MA doing a shot is under your direct (physical onsite) supervision—doing it off-site without you present endangers your license.

2. Splitting vaccine requires explicit DPH involvement and written permission.

Under the circumstances you describe, they might be OK with it. We expect that depot hospitals will also be able to split the large batches and dispense them to smaller practices in small batches.

The MIIS has been enhanced to allow providers to transfer vaccine to other providers who have completed the MCVP agreement.

- Transfer Vaccines functionality in MIIS allows the user to transfer excess inventory or receive excess inventory that is expiring soon from other providers
- All staff handling vaccines must read, sign, and adhere to the protocols described in the [SOP template](#) to ensure the vaccine cold chain is maintained for optimum potency.
  - Critically important that cold chain is maintained during transport!
- Can arrange for transfer with known entity – another provider in your LCO
- MIIS has made a [guide](#) for completing this transfer – Practices considering this should contact DPH @ [DPH-VaccineManagement@massmail.state.ma.us](mailto:DPH-VaccineManagement@massmail.state.ma.us)

### 3. Reporting of doses administered

MA law has long required that **ALL VACCINES ADMINISTERED IN THE STATE MUST BE RECORDED IN THE MASS IMMUNIZATION INFORMATION SYSTEM (MIIS)** (the state immunization registry).

Some EMRs are set up to automatically transmit that info to the state once you record the dose in the EMR, but you have to know if you have that functionality or not. If not, you are **legally obligated to go report EACH DOSE of EVERY VACCINE** (regular flu vaccine every year, Td, etc as well as the COVID vaccine) to the MIIS via webpage where the patient needs to be identified and the dose needs to be fully entered in.

- ✓ Report vaccinations to MIIS within 24 hours (new – used to be 72 hours)

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***Can I go (or send staff) to vaccinate a patient at home?***

Yes, however it is important to remember Providers vaccinating homebound persons should carefully pre-plan to understand how they can most efficiently prevent vaccine wastage and ensure safe and effective vaccination. CDC has guidelines available [here](#)