NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

COVID-19 Vaccine Transport Guidelines (Transfer or Redistribution)

COVID-19 Vaccine and supplies will be distributed by the Federal Government's contractor or directly from a manufacturer. Whenever possible, the COVID-19 Vaccine should be shipped to the location where it will be administered to minimize potential breaks in the cold chain.

Transfer:
An enrolled Vaccine Administration Site (VAS) location may have the need to transfer vaccine to support a closed POD clinic on campus, an off campus affiliated Employee Health location, or Mobile Vaccination POD in the community and return unused vaccine at the end of the operational period. **Transfer of vaccine should be avoided where possible and minimized when necessary.** All administration sites with the capacity to store vaccine should be enrolled with receiving address same as administering address. The time for transport alone or transport plus the clinic length of workday should be a maximum of eight hours. Transfer for off-site vaccination clinics must be planned such that transfer back to the primary storage location after clinics is minimized or eliminated.

Redistribution:
There may be circumstances requiring redistribution of the COVID-19 Vaccine beyond the identified primary receiving site. In these instances, NYS DOH may be allow redistribution of the vaccine, if and only when cold-chain procedures are in accordance with conditions in the *CDC COVID-19 Vaccine Redistribution Agreement.* The receiving location, must have submitted a CDC COVID-19 Vaccination Provider Profile form for each receiving location. Before moving vaccine, redistributors must submit the NYSDOH Request to Re-Distribute Vaccine Between Location, and must receive NYS DOH approval to resdistribute. The Redistribution Agreement and the Redistribution Request must be submitted to CovidVaccineHospitals@health.ny.gov.

Transport Guidelines (Transfer or Redistribution):

- Upon approval from the NYSDOH, the onsite Vaccine Coordinator will coordinate the movement of the vaccine from the sending entity to the approved receiving facility or location. The Vaccine Coordinator must ensure any vaccine transported is handled in accordance with CDC guidelines for safe vaccine transport (see Section 6 of the CDC Storage and Handling Toolkit).
- Pfizer vaccine can only be transported at ultra-low temperatures (ULT) if a portable ULT freezer is used. **Use of the thermal shipper for redistribution is prohibited.** If there is a need to transport Pfizer vaccine without portable ULT freezer it must be done at refrigerator temperature. Shelf-life of Pfizer vaccine at refrigerated temperature is only five days, so this should be done only once the receiving facility or location is prepared to administer all doses within such time frame.

- Designated transport staff will obtain cooler/unit and appropriate Data Loggers integrated with a monitoring system. Prepare unit for transport by loading cooling medium and confirm temperature prior to deploying to sending facility. Portable vaccine refrigerators / freezers and transport coolers are maintained with system Emergency Management and are hard-sided coolers specifically for medication transport. Coolant materials such as phase change materials (PCMs) or frozen water bottles that can be conditioned to 4 to 5 degrees Celsius can be used for transport. Do not use gel packs or coolant packs from other vaccine shipments. It is not recommended to transport vaccines on dry ice unless an emergency condition exists where a facility's ability to properly store vaccines is compromised.
- The onsite Vaccine Coordinator must confirm vaccine has been properly prepped for transport (thawed, if necessary) and that the receiving entity has cold chain storage capacity.
- Upon arrival at receiving facility or entity, data logger temperatures must be verified, and vaccine chain of custody receipt must be signed by the onsite receiving Vaccine Coordinator. The data logger temperature intervals must be printed and secured with the onsite Vaccine Coordinator.
- Any cold chain irregularities must be addressed before vaccine is administered. If the cold chain has been interrupted in storage or transport, the manufacturer must be contacted. If the manufacturer indicates that data is not available to support administration, vaccine should not be administered, a temperature excursion must be reported to the NYSDOH at vaccinetempexcursion@health.ny.gov and returns/wastage procedures should be followed, and if undertaken, must be reported to NYSDOH.

NEW YORK STATE Department of Health

New York State COVID-19 Vaccination Program
Request to Re-Distribute Vaccine Between Locations

Providers must submit this form to request approval to Re-Distribute vaccine

Approval to re-direct vaccine administration to a different target population is NOT the same as approval to re-distribute (i.e., ship or physically transfer) vaccine between locations. Re-distribution (i.e., shipping or physical transfer) of vaccine product from one location to another is strongly discouraged (due to cold chain storage requirements), requires pre-approval, and should be extremely rare.

- Re-distribution (i.e., shipping or physical transfer) of vaccine product from one location to another is strongly discouraged (due to cold chain storage requirements), requires pre-approval, and should be extremely rare. In general, re-distribution may be considered for large health care systems that need to manage the storage of supply for smaller affiliated locations.
- Re-distribution of the Pfizer vaccine in frozen state is not permitted at any time.
- Prior to requesting re-distribution (i.e., shipping or physical transfer) of vaccine supply between locations, to prevent waste, facilities must conduct outreach to the target priority population group(s) to bring them in to the facility with the vaccine supply to administer the vaccine, and document such efforts.

PROVIDER INFORMATION		
Facility Location Name: enter facility location here	**COVID Pin #:** enter pin # here	
Facility Contact Name: enter here	**Date of submission:** xx/xx/xx	
Email: enter email	**Phone #:** enter phone number	**Extension:** enter extension if applicable

RETARGETING COVID-19 VACCINE WITHIN PRIORITY GROUP PHASES

List Phase (1A, 1B, 1C, Other?): List phase you are redirecting vaccine within

FROM (Location):	**TO (Location):**	**# DOSES TO BE RE-DIRECTED**	
		From (mm/dd/yy)	**To (mm/dd/yy)**
From (Location)	To (Location)	Click or tap to enter a date.	Click or tap to enter a date.
From (Location)	To (Location)	Click or tap to enter a date.	Click or tap to enter a date.
From (Location)	To (Location)	Click or tap to enter a date.	Click or tap to enter a date.
From (Location)	To (Location)	Click or tap to enter a date.	Click or tap to enter a date.
Justification (explain in detail the reason for re-directing) and any outreach efforts to re-direct prior to making this request:			

I hereby certify, under penalty of law, that I represent the facility named herein, and that such facility is in compliance with all State and federal laws, regulations, and agreements concerning COVID-19 vaccine distribution, including but not limited to such facility's *CDC COVID-19 Vaccination Provider Agreement* executed with the Centers for Disease Control, and such facility's *Memorandum of Understanding Regarding COVID-19 Vaccine Administration* executed with the NYS Department of Health.

Signature _____

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

The Centers for Disease Control and Prevention (CDC) plans to ship a minimum order size of COVID-19 vaccine, constituent products, and ancillary supplies at no cost directly to enrolled COVID-19 vaccination providers throughout the United States. The federally contracted vaccine distributor uses validated shipping procedures to maintain the vaccine cold chain and minimize the likelihood of vaccine loss or damage during shipment. There may be circumstances where COVID-19 vaccine needs to be redistributed beyond the identified primary CDC ship-to sites (i.e., for orders smaller than the minimum order size or for large organizations whose vaccine is shipped to a central depot and requires redistribution to additional clinic locations). In these instances, vaccination provider organizations/facilities, third-party vendors, and other vaccination providers may be allowed to redistribute vaccine, if approved by the jurisdiction's immunization program and if validated cold chain procedures are in place in accordance with the manufacturer's instructions and CDC's guidance on COVID-19 vaccine storage and handling. There must be a signed *CDC Supplemental COVID-19 Vaccine Redistribution Agreement* for the facility/organization conducting redistribution and a fully completed *CDC COVID-19 Vaccination Provider Profile Information* form (Section B of the CDC COVID-19 Vaccination Program Provider Agreement) for each receiving vaccination location.

The parties to this agreement are CDC and healthcare organizations, third-party vendors, and vaccination providers that redistribute COVID-19 vaccine. CDC cannot reimburse costs of redistribution beyond the initial designated primary CDC ship-to site(s), or for purchase of any vaccine-specific refrigerators or qualified containers. Therefore, organizations planning for redistribution of COVID-19 vaccine must carefully assess the associated risks and costs (e.g., vaccine loss due to temperature excursions, purchase of vaccine-specific portable refrigerators and/or containers) before planning this activity.

Organization information

Organization/facility name:

FOR OFFICIAL USE ONLY

VTrckS ID:

Unique COVID-19 Organization ID (from Section A):

Primary address and contact information of COVID-19 vaccination organization

Street address 1: Street address 2:

City: County: State: ZIP:

Telephone: Fax:

Responsible officers

Medical Director (or Equivalent) Information

Last name: First name: Middle initial:

Title: Licensure state: Licensure number:

Telephone: Email:

Street address 1: Street address 2:

City: County: State: ZIP:

Chief Executive Officer (or Chief Fiduciary) Information

Last name: First name: Middle initial:

Telephone number: Email:

Street address 1: Street address 2:

City: County: State: ZIP:

CDC Supplemental COVID-19 Vaccine Redistribution Agreement

Primary point of contact responsible for receipt of COVID-19 vaccine
(if different than medical director listed above)

Last name: First name: Middle initial:

Telephone number: Email:

Secondary point of contact for receipt of COVID-19 vaccine

Last name: First name: Middle initial:

Telephone number: Email:

COVID-19 vaccination organization redistribution agreement requirements

To redistribute COVID-19 vaccine, constituent products, and ancillary supplies to secondary sites, this organization agrees to:

1. Sign and comply with all conditions as outlined in the CDC COVID-19 Vaccination Program Provider Agreement.
2. Ensure secondary locations receiving redistributed COVID-19 vaccine, constituent products, or ancillary supplies also sign and comply with all conditions in the CDC COVID-19 Vaccination Program Provider Agreement.
3. Comply with vaccine manufacturer instructions on cold chain management and CDC guidance in CDC's *Vaccine Storage and Handling Toolkit*, which will be updated to include specific information related to COVID-19 vaccine, for any redistribution of COVID-19 vaccine to secondary locations.
4. Document and make available any rrecords of COVID-19 vaccine redistribution to secondary sites to jurisdiction's immunization program as requested, including dates and times of redistribution, sending and receiving locations, lot numbers, expiration dates, and numbers of doses.
   Neither CDC nor state, local, or territorial health departments are responsible for any costs of redistribution or equipment to support redistribution efforts.

By signing this form, I understand this is an agreement between my Organization and CDC, implemented and maintained by my jurisdiction's immunization program. I also certify on behalf of myself, my medical practice, or other legal entity with staff authorized to administer vaccines, and all the practitioners, nurses, and others associated with this Organization that I have read and agree to the COVID-19 vaccine redistribution agreement requirements listed above and understand my Organization and I are accountable for compliance with these requirements. Non-compliance with the terms of this Redistribution Agreement may result in suspension or termination from the CDC COVID-19 Vaccination Program and criminal and civil penalties under federal law, including but not limited to the False Claims Act, 31 U.S.C. § 3729 et seq., and other related federal laws, 18 U.S.C. §§ 1001, 1035, 1347, 1349.

Organization Medical Director (or equivalent)

Last name: First name: Middle initial:

Signature: Date:

Chief Executive Officer (chief fiduciary role)

Last name: First name: Middle initial:

Signature: Date:

[1] *Requirements incorporated by reference; refer to* www.cdc.gov/vaccines/hcp/admin/storage-handling.html.

SUBMIT FORM