To: The Honorable Chair and Members
   Pima County Board of Supervisors

From: C.H. Huckelberry
   County Administrator

Re: Pima County Booster Vaccination Plan

On September 23, 2021, the Advisory Committee on Immunization Practices (ACIP) endorsed a Pfizer mRNA booster for individuals who are 6 months from their last vaccination and are:

- 65 and older;
- at high risk of severe COVID-19;
- age 18+ who -
  - live in long term care settings; or
  - have underlying medical conditions; or
  - work or live in high-risk settings with exposure to coronavirus.

In response to this approval, the Pima County Health Department (PCHD) has developed a plan to ensure the ethical and equitable distribution of this vaccine for boosters. Pending more data and ACIP approval, it is anticipated that both the Moderna mRNA and Johnson & Johnson vaccines will also be incorporated into booster vaccine planning in the coming months.

Currently, 218,850 individuals meet the 65+ criteria with 86.9 percent (183,619) having a completed series as of September 29, 2021. About half are or will become eligible for the Pfizer booster in the near future, with those that received Moderna and Johnson & Johnson becoming eligible upon federal approval in the weeks that follow.

The estimated number of individuals who are at high risk for serious outcomes as a result of COVID-19 infection is estimated to be approximately 217,491 individuals. Additionally, occupations with high risk for exposure to COVID-19 are also eligible for booster vaccines.

Based on current vaccination rates with completed vaccination series with a presumed booster uptake estimated at 80 percent, our Health Department has made a plan to support up to 258,700 booster doses from October through December. Although at this time only the Pfizer/Biontech vaccine is available for booster doses. (Attachment – Booster Plan)
The Honorable Chair and Members, Pima County Board of Supervisors  
Re: Pima County Booster Vaccination Plan  
October 6, 2021  
Page 2

Booster vaccinations will be broadly available at Health Department and partner sites throughout Pima County including:

- Retail Pharmacies
- Select Clinical Providers
- Pima County Health Department Clinics (East, North, Theresa Lee)
- Abrams Public Health Center
- Pima County Coordinated Mobile Clinics
- Tucson Convention Center (depending on demand)

Providing booster vaccinations is a critical component of Pima County's pandemic response. This will not, however, detract from our effort to continue to expand vaccine coverage among the remaining significant proportion of the population that is not vaccinated (or not fully vaccinated). This continues to be the overriding priority and our most promising path out the pandemic.

CHH/dym

Attachment

c: Jan Lesher, Chief Deputy County Administrator  
   Carmine DeBonis, Jr., Deputy County Administrator for Public Works  
   Francisco García, MD, MPH, Deputy County Administrator & Chief Medical Officer,  
   Health and Community Services  
   Terry Cullen, MD, MS, Public Health Director, Health Department
Pima County COVID-19 Booster Vaccination Plan

Supplement To Accelerated Immunization Plan

Prepared by the Pima County Health Department
October 5, 2021
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I. **INTRODUCTION**

On September 23, 2021, the Advisory Committee on Immunization Practices (ACIP) endorsed a Pfizer mRNA booster for individuals who are 6 months from their last vaccination and are (a) 65 and older; (b) at high risk of severe COVID-19; (c) age 18+ who (1) live in long term care settings, (2) have underlying medical conditions, or (3) work or live in high-risk settings with exposure to coronavirus.

As a result of this approval, the Pima County Health Department (PCHD) has developed this plan to ensure the ethical and equitable distribution of this vaccine for boosters. Pending more data and ACIP approval, it is anticipated that both the Moderna mRNA and Johnson & Johnson vaccines will also be incorporated into booster vaccine planning in the coming months.

**Statement of Purpose**

This plan outlines strategies to be used to assure vaccine access and equity to Pima County residents that are eligible for boosters.

**Problem Statement**

Existing inequities coupled with other social determinants of health have contributed to historical health disparities across the US and in Pima County. Ongoing delays in access to testing, care and interventions have continued throughout the course of the COVID-19 pandemic. These disparities have affected all ages and, when coupled with the surging Delta variant, have led to inherent challenges and the need to ensure booster vaccines for vulnerable populations.

COVID-19 vaccines authorized in the United States continue to be remarkably effective in reducing risk of severe disease, hospitalization, and death, including against the widely circulating Delta variant. However, available data make very clear that immune response against SARS-CoV-2 infection begins to wane over time following the completion of the vaccine series.

Scientific data from the United States and around the world is closely monitored to better understand how long protection will last by the NIH, CDC and FDA. Based on NIH, CDC and FDA assessment, the current protection for fully vaccinated individuals against severe disease, hospitalization, and death may be expected to diminish, especially among those who are at higher risk or were vaccinated more than 6 months prior to the current date.

**Scope**

This plan augments the Pima County’s *COVID-19 Accelerated Immunization Plan, Vaccine Equity for Vulnerable Populations in Pima County, COVID-19 Response Point of Dispensing Playbook*, and the *COVID-19 Phase 3 Strategic Communications*
Overview with countywide actions and messaging to provide boosters and ensure access for vulnerable and high-risk individuals in marginalized communities.

Strategy and Stakeholders

Multi-agency, cross-disciplinary advisory groups have been established with the mission to expeditiously and skillfully vaccinate in Pima County during all vaccination phases identified in the CDC COVID-19 Vaccination Program Interim Operational Guidance for Jurisdictions Playbook. These groups have developed and continue to implement a vaccination plan to meet this goal, including defining the scope and designing risk/crisis response communication protocols.
II. BACKGROUND

The approval of the Pfizer mRNA booster for individuals who are 65 and older and those at high risk of severe COVID-19 and subsequent approval of the Moderna mRNA and Johnson & Johnson booster vaccines will impact a significant percentage of Pima County residents.

Currently, 218,850 individuals meet the 65+ criteria with 95.7% (203,506) of those individuals having received at least one dose of COVID-19 vaccine and 86.9% (183,619) having a completed series as of September 29, 2021. Of these individuals, an estimated 52% are eligible for the Pfizer booster with the remaining percentage of the population becoming eligible once Moderna and Johnson & Johnson boosters are approved.

**Figure 1. Pima County Population Age 65 and over**

<table>
<thead>
<tr>
<th>Pima County Residents Age 65+ (+/-)</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 65-74</td>
<td>125,300</td>
</tr>
<tr>
<td>Age 75+</td>
<td>93,550</td>
</tr>
<tr>
<td><strong>Total Eligible Population</strong></td>
<td><strong>218,850</strong></td>
</tr>
</tbody>
</table>

In addition to those 65+, individuals at high risk of severe COVID-19 have been made eligible to receive the Pfizer booster. Per CDC guidance, individuals with the following medical conditions are considered to be at high risk:

- Cancer
- Chronic kidney disease
- Chronic lung diseases, including COPD (chronic obstructive pulmonary disease), asthma (moderate-to-severe), interstitial lung disease, cystic fibrosis, and pulmonary hypertension
- Dementia or other neurological conditions
- Diabetes (type 1 or type 2)
- Down syndrome
- Heart conditions (such as heart failure, coronary artery disease, cardiomyopathies or hypertension)
- HIV infection
- Immunocompromised state (weakened immune system)
- Liver disease
- Overweight and obesity
- Pregnancy
- Sickle cell disease or thalassemia
- Smoking, current or former
- Solid organ or blood stem cell transplant
- Stroke or cerebrovascular disease, which affects blood flow to the brain
- Substance use disorders
In Pima County, the percentage or number of individuals that meet the above classification is difficult to estimate with precision. However, based on self-reported data from the 2018 Behavioral Risk Factor Surveillance System (BRFSS), the conditions of chronic kidney disease, chronic lung disease, diabetes, heart, and obesity accounted for approximately 41% of adults 18+ nationwide, including 31% obesity. The estimated prevalence of one or more of the five conditions captured by BRFSS in Pima County was 40%. Of fully vaccinated persons in Pima County, this could account for approximately 217,491 individuals.

Figure 2. Pima County Population at High Risk of Severe COVID-19 (as of 2020)

<table>
<thead>
<tr>
<th>Pima County Residents at Risk of Severe COVID-19</th>
<th>Approx. Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>All At-Risk Residents (40% of county residents)</td>
<td>418,800</td>
</tr>
<tr>
<td>Vaccinated At-Risk Residents</td>
<td>217,491</td>
</tr>
</tbody>
</table>

Finally, all occupations with high-risk exposure to coronavirus need to be considered in the administration of boosters. Although specific employment industries that meet this classification have yet to be defined, health care workers, teachers and day care staff, grocery workers, those in homeless shelters or prisons, and others may be considered. Nearly 68% of Pima County’s 18+ population will become eligible for boosters in the next four months since they have been fully vaccinated; however, the percentage of these fully vaccinated individuals who are likely to seek boosters is anticipated to be approximately 80%.

Figure 3. Pima County Employment Industry Populations (as of 2020)

<table>
<thead>
<tr>
<th>Population Group</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Practitioners and Technical Occupations</td>
<td>55,435</td>
</tr>
<tr>
<td>Federal Bureau of Prisons</td>
<td>2,238</td>
</tr>
<tr>
<td>Department of Defense</td>
<td>6,835</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>14,259</td>
</tr>
<tr>
<td>Education</td>
<td>59,432</td>
</tr>
<tr>
<td>Childcare Providers</td>
<td>5,883</td>
</tr>
<tr>
<td>Food and Agriculture</td>
<td>66,507</td>
</tr>
<tr>
<td>Utilities</td>
<td>4,992</td>
</tr>
<tr>
<td>Transportation and Material Moving Occupations</td>
<td>18,093</td>
</tr>
<tr>
<td>State and Local Government Workers</td>
<td>16,713</td>
</tr>
<tr>
<td>Business and Financial Services</td>
<td>31,277</td>
</tr>
<tr>
<td>Critical Trades</td>
<td>37,374</td>
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<tr>
<td>Funeral Services</td>
<td>409</td>
</tr>
<tr>
<td><strong>Total Eligible Population</strong></td>
<td><strong>638,485</strong></td>
</tr>
</tbody>
</table>
Although the exact number of individuals who will take advantage of a booster vaccine remains to be seen, over the next four months Pima County may see upwards of 400,000 booster vaccines potentially administered based on the six-month recommendation.

**Figure 4. Estimated Population Eligibility for Booster Doses from October 2021 – January 2022**

<table>
<thead>
<tr>
<th>Population Group</th>
<th>October 2021</th>
<th>November 2021</th>
<th>December 2021</th>
<th>January 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Pfizer booster eligibility/month</td>
<td>68,128</td>
<td>56,357</td>
<td>32,842</td>
<td>17,150</td>
</tr>
<tr>
<td>Estimated Moderna booster eligibility/month</td>
<td>43,985</td>
<td>100,924</td>
<td>33,203</td>
<td>16,579</td>
</tr>
<tr>
<td>Estimated Janssen J&amp;J booster eligibility/month</td>
<td>0</td>
<td>10,000</td>
<td>10,000</td>
<td>10,000</td>
</tr>
<tr>
<td>Estimated booster doses/month</td>
<td><strong>112,113</strong></td>
<td><strong>167,281</strong></td>
<td><strong>76,045</strong></td>
<td><strong>43,932</strong></td>
</tr>
<tr>
<td>Targeted booster doses/week to meet need</td>
<td>28,028</td>
<td>41,820</td>
<td>19,011</td>
<td>10,983</td>
</tr>
<tr>
<td><strong>Cumulative</strong> booster doses at end of month</td>
<td><strong>112,113</strong></td>
<td><strong>279,395</strong></td>
<td><strong>355,439</strong></td>
<td><strong>399,167</strong></td>
</tr>
</tbody>
</table>
III. STRATEGIC ACTION PLAN

The Pima County Health Department is committed to:

- **Equitably** allocate sufficient doses to vaccinate all Pima County residents eligible for boosters.
- Develop an **efficient** distribution system with the capacity to transport, store, and administer the vaccines to ensure that eligible individuals receive vaccines in a safe and timely fashion.
- Provide evidence-based, non-partisan **information** on vaccine safety, physical distancing, and mask wearing to maximize the impact of these vaccines.

The Pima County strategic action plan for COVID-19 vaccination of populations is a three-pronged approach to (1) **identify and prioritize** eligible individuals and communities, (2) engage those individuals and communities with a targeted **outreach and communication plan**, and (3) **administer the vaccines**.

**Identify and immunize 65 and over, occupations with high risk exposure, and those of high risk of severe COVID-19**

Despite the current activation of vaccination distribution across the County, a proportion of the population continues to face barriers to information, technology, and access to vaccination services. These key issues of concern, including the inability to navigate complex electronic registration requirements and/or lack of access to the existing vaccination locations, either due to mobility issues and/or a lack of transportation, may persist for booster access.

**Figure 5. Neighborhood Vulnerability Index**

*The lightest purple color indicates “Less Vulnerable” tracts; progressively darker colors indicate increasing levels of “Vulnerability”*
Vulnerable and high-risk communities have been prioritized through the vaccine distribution map overlaid with Social Vulnerability Index (SVI). Selection criteria and specific community needs will continue accommodated. PCHD is evaluating previous mobile clinic sites for booster mobile clinics to address some of these concerns.

Engage the Community

Relevant and intelligible communication that has been adapted to the cultural and linguistic needs of the targeted communities in a variety of media and formats is essential to implementing a successful adolescent vaccination program. Dispelling misinformation and building vaccine confidence is vital to ensuring uptake. The information will be adapted to local needs and presented in plain language so that it is easily understood, as per Pima County Health Department’s Cultural Competency AD-20OPP. Health Communications will assist in developing and disseminating critical communication about vaccines, as well as access and availability.

Community Health Workers (CHWs) will continue to support outreach efforts via canvassing, tabling, and other community engagement efforts.

Communication Objectives

- Engage internal and external partners to understand their key concerns and needs related to the COVID-19 vaccine
- Ensure accessible, effective, evidence-based, trauma-informed, and timely messaging and outreach adapted to the cultural and linguistic needs of the targeted community
- Evaluate local attitudes, concerns, and knowledge regarding the COVID-19 vaccine and respond to information needs
- Follow up with information ensuring those who receive the initial vaccine know when to return for the boosters.
- Increase vaccine confidence and reduce community members’ hesitancy
- Increase messaging about vaccination from a diverse array of voices

Communication Activities

- Engage with Community Health Workers (CHWs) to co-create and disseminate messaging.
- Engage existing community partners to co-brand outreach materials to reduce government mistrust by leveraging trusted relationships by non-governmental organizations with the community.
- Ensure all communication efforts meet the requirements for the Americans with Disabilities Act, the Rehabilitation Act, the Patient Protection and Affordable Care Act, the Plain Language Act, Culturally and Linguistically Appropriate Services (CLAS) Standards, and other disability rights laws for accessibility.
- Engage with a wide range of partners, collaborators, and utilize
communication and news media channels to achieve communication goals.

- Messaging
  - Studies show that the COVID vaccine booster is safe and effective.
  - Engage with a wide range of partners, collaborators, and utilize communication and news media channels to achieve communication goals.
  - To be young and healthy is great, but others aren’t. Get the vaccine for your friends and family.
  - Understand the consent process
- Educate health professionals and the community on what side effects may look like.

Considerations for Administering Boosters

As booster become available, the County will continue to host a variety of both mobile and static vaccine clinic sites. The current model for the distribution of vaccine consists of the following:

- Federally Qualified Community Health Centers and Medical Practices
- Retail Pharmacies
- Mobile Clinics (Pop-Ups)
- Pima County Health Department Clinics
- Abrams Public Health Center Static Site
- Tucson Community Center Static Site

There is still a need to increase vaccination rates among the unvaccinated or partially vaccinated. Regardless of the option that it utilized for distribution of booster vaccines, retail pharmacies, and medical practices will need to be leveraged as a resource to offset the increased initial demand. Currently retail pharmacies are averaging 10,000 administered doses a week.

Vaccination Plan

PCHD will utilize a hybrid model to provide vaccine boosters to the community. This plan will consist of:

- Increasing capacity at PCHD’s three clinical sites (North, East, Theresa Lee) by providing supplemental staffing through the Medical Reserve Corps of Southern Arizona (MRCSA), other volunteer organizations, and increasing days of operation. Extended clinic hours that currently exist and have been effective will remain.
- Demand will be assessed and capacity increased based on available space for the operational footprint.
- Shift contractor operational staff at PCHD to vaccine administration in
Abrams space with supplementation of volunteers.

- Standup Tucson Convention Center through an agreement with City of Tucson with operations facilitated by contractors with supplementation of volunteers.
- Provide increased mobile clinic (pop-ups) in areas of high SVI and sites where a historically high uptake of vaccine has occurred. To date, mobile clinics have been most heavily utilized by Hispanics/Latinos (47.42%) ages 18-49 (45.73%).

**Figure 6. Pharmacies Map**

In addition to implementing the community engagement plan, the PCHD communications team will continue to support all static and mobile vaccine clinics.

- Regular communication with the vaccine planning team to confirm sites and schedules, adjust messaging accordingly, and update the PCHD website.
- Publish information on the PCHD website and social media for community stakeholders.
- Circulate vaccination location information in the form of flyers and door hangers in collaboration with other partners including community health workers, the area council on aging and PCHD employees working at vaccination sites.
- Share information and documentation regarding the consent process.

**Figure 7. Preliminary Estimate of Maximum COVID-19 Vaccine Boosters: October 2021 to January 2022**

<table>
<thead>
<tr>
<th>Vaccine Locations</th>
<th>Starting Date</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>January</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCHD East Clinic</td>
<td>10/4/21</td>
<td>20/120</td>
<td>2,400</td>
<td>19/120</td>
<td>2,280</td>
</tr>
<tr>
<td>PCHD North Clinic</td>
<td>10/4/21</td>
<td>20/120</td>
<td>2,400</td>
<td>19/120</td>
<td>2,280</td>
</tr>
<tr>
<td>Theresa Lee Public Health Center</td>
<td>10/18/21</td>
<td>10/240</td>
<td>2,400</td>
<td>19/240</td>
<td>4,560</td>
</tr>
<tr>
<td>Abrams Public Health Center</td>
<td>10/4/21</td>
<td>20/810</td>
<td>16,200</td>
<td>19/810</td>
<td>15,390</td>
</tr>
<tr>
<td>Tucson Convention Center</td>
<td>10/6/21</td>
<td>24/675</td>
<td>16,200</td>
<td>23/675</td>
<td>15,525</td>
</tr>
<tr>
<td>Mobile Clinics</td>
<td>10/4/21</td>
<td>27/150</td>
<td>4,050</td>
<td>27/250</td>
<td>6,750</td>
</tr>
<tr>
<td>Pharmacies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaccine Clinic Totals</td>
<td></td>
<td>83,650</td>
<td>86,785</td>
<td>88,265</td>
<td>88,575</td>
</tr>
</tbody>
</table>
IV. LOGISTCS

Staffing, registration, data collection, reporting, and other operational and logistical aspects will draw upon existing protocols from Pima County’s *COVID-19 Accelerated Immunization Plan, Vaccine Equity for Vulnerable Populations in Pima County* and the *COVID-19 Response Point of Dispensing Playbook*. Vaccine will be stored and handled using the CDC’s *Vaccine Storage and Handling Toolkit*. Storage and handling information specifically pertaining to Pfizer can be found on the *Pfizer-BioNTech COVID-19 Vaccine Storage and Handling Summary*. Logistical needs will be assessed and updated based on revised guidance and operational needs.
APPENDIX 1A: OBTAINING CONSENT FOR MINORS

Several factors must be considered to vaccinate youth under the age of 18. Appendix 1A outlines terms and County recommendations that apply to these factors.

Definitions

- **Authorized adult**: Any adult acting as a Power of Attorney for a minor or a case where another adult may be acting in a legal capacity on behalf of a patient.
- **Consent**: Approval of an individual to perform a service
- **Minor**: Any individual legally under the age of 18 is considered a minor.
- **Parent/Guardian**: The definition of a “parent” is “the natural or adoptive mother or father, a legal guardian appointed by a court, or a “custodian” as defined in A.R.S. 8-201. A parent is a person generally recognized as having care and decision-making responsibility for the child.

Acceptable Consent

- **Written consent** includes a signature from the parent or guardian on an appropriate vaccine administration consent form. Written consent may be accepted on a printed or electronic medium.
- **Written consent** from a parent or guardian who is **not on site** with the minor can be in the form of a letter written/typed and signed by the parent or guardian. The acceptance of a letter of consent must be documented by the vaccinating agency and the letter should be retained with the patient record.
- **Verbal consent** can be provided by a parent or guardian who is physically present with the minor at the vaccine site. Acceptance of verbal consent must be documented by the vaccinating agency. Documentation of verbal consent should include name, relationship and phone number of the person issuing consent.
- **Verbal consent** may also be obtained **over the phone** from a parent or guardian if the minor is accompanied by another adult as designated by the parent or guardian. Acceptance of verbal consent must be documented by the vaccinating agency. Documentation of verbal consent should include name, relationship, and phone number of the person issuing consent.

Additional Consent Considerations

- **Emancipated minors** can consent for themselves if they can provide proof of legal emancipation.
- Any of the above forms of acceptable consent can be given by an **authorized adult**.
- **Proof of parent/guardian status will not be routinely requested**. However, it can be requested if there are concerns about the safety or wellbeing of the minor.
- **Minors experiencing homelessness** can have consent issued by a legal
authority responsible for care or organization overseeing care. A minor experiencing homelessness can also receive vaccination if reasonable attempts have been made to obtain consent by the vaccinating provider.

Consent and Vaccine Information Documentation

Consent forms (Appendix 1B) should include demographics (name, address, DOB), questions for any medical reasons why NOT vaccinated, place for parent/guardian signature, place to indicate approval to release identifiable information to medical provider, and a place for vaccinator to note date and lot number and type of vaccine.

Consent forms should be accompanied by appropriate vaccine information statements (VIS) for fully approved vaccines or FDA Fact Sheet for Recipients and Caregivers for vaccines on an Emergency Use Authorization. All documentation should be provided in multiple languages as needed for patient comfort and comprehension. Vaccinators must review Pima County consent form, clarifying any questions with “Do Not Know” as a response to avoid potential medical complications.

Managing Emergencies

Defer to Management of Reactions standing order (Appendix 1C) for management of medical emergencies for minors and adults. In case of adverse reaction in a minor, ensure immediate notification of on-site emergency response and parents or guardians.
APPENDIX 1B: SAMPLE CONSENT FORM

Pfizer COVID-19 Vaccine
COVID-19 VACCINE INFORMATION AND CONSENT FORM

NAME (Last) (First) Date of Birth: Age:

ADDRESS

CITY STATE ZIP DAYTIME PHONE NUMBER

EMERGENCY CONTACT: Name Relation Phone Number

Race: (check only 1)
☐ Asian/Pacific Islander ☐ Black
☐ Multiracial ☐ Native American/Alaskan
☐ White ☐ Unknown

Ethnicity: (check only 1)
☐ Not Hispanic ☐ Hispanic ☐ Unknown

Primary Language: ☐ English ☐ Other ☐ Other

Gender: ☐ Male ☐ Female ☐ Other

Please answer the health questions below:

1. Are you feeling sick today?
2. Have you ever received a dose of COVID-19 vaccine?
   *If yes, which vaccine product and the date administered:
   ☐ Pfizer ☐ Moderna ☐ Other
   ☐ Moditab ☐ Moderna ☐ Other
3. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something? For example, a
   reaction for which you were treated with Epinephrine or EpiPen, or for which you had to go to the
   hospital?
   *Was the severe reaction after receiving a COVID-19 vaccine?
   *Was the severe reaction after receiving another vaccine or another injectable medication?
4. Have you received another vaccine in the last 14 days?
5. Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as
   treatment for COVID-19?
6. Do you have a weakened immune system caused by something such as HIV infection or cancer
   or do you take immunosuppressive drugs or therapies?
7. Do you have a bleeding disorder or are you taking a blood thinner?
8. Are you pregnant or breastfeeding?

I have been given a copy and have read the Emergency Use Authorization (EUA) and reviewed the
FDA Fact Sheet for Recipients and Caregivers (https://www.fda.gov/media/144414/download) prior to receiving the COVID-19 vaccine. I
have had the chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the
vaccine indicated and ask that it be given to me or the person named for whom I am authorized to make this request.

My signature acknowledges that I was advised to remain on site for 15 minutes after receiving the vaccine.
Those with previous anaphylactic reactions should stay for 30 minutes.

Date Print Name Patient or Parent/Guardian Signature

FOR ADMINISTRATIVE USE ONLY

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Dose</th>
<th>Route</th>
<th>Date Dose Administered</th>
<th>Vaccine Manufacturer</th>
<th>Lot Number</th>
<th>Expiration Date</th>
<th>Name of Vaccine Administrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>ml</td>
<td>IM-L Arm</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
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</table>
### Vacuna COVID-19 de Pfizer

**Informe y formulario de consentimiento para la vacuna contra Covid-19**

<table>
<thead>
<tr>
<th>APELLIDO</th>
<th>NOMBRE</th>
<th>FECHA DE NACIMIENTO</th>
<th>EDAD:</th>
</tr>
</thead>
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**DIRECCIÓN**

<table>
<thead>
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<th>CIUDAD</th>
<th>ESTADO</th>
<th>CÓDIGO POSTAL</th>
<th>TELÉFONO DE CONTACTO DURANTE EL DÍA</th>
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**CONTACTO PARA EMERGENCIAS**

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<thead>
<tr>
<th>Raza: (seleccione solo uno)</th>
<th>Grupo étnico: (seleccione solo uno)</th>
<th>Idioma principal:</th>
<th>Sexo:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Asiático o polinesio</td>
<td>☐ No hispano</td>
<td>☐ Inglés</td>
<td>☐ Masculino</td>
</tr>
<tr>
<td>☐ Negros</td>
<td>☐ Hispano</td>
<td>☐ Otro</td>
<td>☐ Femenino</td>
</tr>
<tr>
<td>☐ Multirracial</td>
<td>☐ No sabe</td>
<td>☐ Otro</td>
<td></td>
</tr>
<tr>
<td>☐ Indígena americano / Alaska</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Responda a estas preguntas sobre su salud:**

1. ¿Se siente enfermo hoy?
2. ¿Ha recibido alguna dosis de la vacuna contra el Covid-19?
   *Si responde sí, ¿qué vacuna recibió y en qué fecha?:
   ☐ Pfizer
   ☐ Moderna
   ☐ Otra

3. ¿Ha tenido alguna reacción alérgica grave (como anafilaxia); por ejemplo, una reacción que debió ser tratada con epinefrina o una EpiPen, o por la que tuvo que ir al hospital?

4. ¿Ha recibido alguna vacuna en los últimos 14 días?

5. ¿Ha recibido terapia de anticuerpos pasivos (anticuerpos monoclonales o plasma convaleciente) para tratar el Covid-19?

6. ¿Tiene un sistema inmunitario debilitado por cáncer o por una infección por HIV, toma medicamentos inmunosupresores o recibe terapias inmunosupresoras?

7. ¿Tiene problemas de coagulación o está tomando algún medicamento anticoagulante?

8. ¿Está embarazada o amamantando?

---

He recibido una copia, leído la Autorización de uso de emergencia (EUA) y he revisado la información de la Hoja informativa para receptores y cuidadores de la FDA (https://www.fda.gov/media/144712/download), antes de recibir la vacuna contra el Covid-19. Pude hacer preguntas que me contestaron a cabalidad. Entiendo los riesgos y beneficios de la vacuna y solicito que me la pongan a mí o la persona para la que estoy autorizado a hacer este pedido.

Con mi firma confirme que me recomendaron quedarme en el sitio 15 minutos luego de recibir la vacuna. Quienes hayan tenido reacciones alérgicas graves previas deben quedarse 30 minutos.

Fecha: 
Nombre en letra de imprenta: 
Firma del paciente / Padre o tutor: 

---

**FOR ADMINISTRATIVE USE ONLY (ÁREA EXCLUSIVA PARA USO ADMINISTRATIVO)**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Dose</th>
<th>Route</th>
<th>Date Dose Administered</th>
<th>Vaccine Manufacturer</th>
<th>Lot Number</th>
<th>Expiration Date</th>
<th>Name of Vaccine Administrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>ml: 1*</td>
<td>IM - L Arm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ml: 2*</td>
<td>IM - R Arm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 1C: MEDICAL MANAGEMENT OF REACTIONS

MEDICAL MANAGEMENT OF REACTIONS IN CHILDREN AND ADULTS

All vaccines or medications have the potential to cause an adverse reaction. In order to minimize adverse reactions, patients should be carefully screened for precautions and contraindications before a vaccine or medication is administered. Even with careful screening, reactions may occur. These reactions can vary from trivial and inconvenient (e.g., soreness, itching) to severe and life-threatening (e.g., anaphylaxis). Clinical staff should be familiar with identifying immediate-type allergic reactions, including anaphylaxis, and be competent in treating these events at the time of vaccine or medication administration. Staff should also have a plan in place to contact emergency medical services immediately in the event of a severe reaction. The table below describes procedures to follow if various reactions occur.

<table>
<thead>
<tr>
<th>REACTION</th>
<th>SYMPTOMS</th>
<th>MANAGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Localized</td>
<td>Soreness, redness, itching, or swelling at the injection site</td>
<td>Apply a cold compress to the injection site.</td>
</tr>
<tr>
<td>Slight bleeding</td>
<td></td>
<td>Apply an adhesive compress over the injection site.</td>
</tr>
<tr>
<td>Continuous bleeding</td>
<td></td>
<td>Place thick layer of gauze pads over site and maintain direct and firm pressure; raise the bleeding injection site (e.g., arm) above the level of the patient’s heart.</td>
</tr>
<tr>
<td>Psychological fright and syncope (fainting)</td>
<td>Fright before injection is given</td>
<td>Have patient sit or lie down before vaccination.</td>
</tr>
<tr>
<td>Extreme paleness, sweating, coldness of the hands and feet, nausea, light-headedness, dizziness, weakness, or visual disturbances</td>
<td>Have patient lie flat or sit with head between knees for several minutes. Loosen any tight clothing and maintain an open airway. Apply cool, damp cloths to patient’s face and neck.</td>
<td></td>
</tr>
<tr>
<td>Fall, without loss of consciousness</td>
<td></td>
<td>Examine the patient to determine if injury is present before attempting to move the patient. Place patient flat on back with feet elevated.</td>
</tr>
<tr>
<td>Loss of consciousness</td>
<td></td>
<td>Check the patient to determine if injury is present before attempting to move the patient. Place patient flat on back with feet elevated. Call 911 if patient does not recover immediately.</td>
</tr>
<tr>
<td>Anaphylaxis</td>
<td>Sudden or gradual onset of generalized itching, erythema (redness), or urticaria (hives); angioedema (swelling of the lips, face, or throat); severe bronchospasm (wheezing); shortness of breath; shock; abdominal cramping; or cardiovascular collapse.</td>
<td>See &quot;Emergency Medical Protocol for Management of Anaphylactic Reactions in Children and Adults&quot; on the next page for detailed steps to follow in treating anaphylaxis.</td>
</tr>
</tbody>
</table>
Emergency Medical Protocol for Management of Anaphylactic Reactions in Children and Adults

1. If itching and swelling are confined to the injection site where the vaccination was given, observe patient closely for the development of generalized symptoms.

2. If symptoms are generalized, stay with the client, yell for help, and instruct the first responder to CALL 911 and get the automated external defibrillator (AED). The primary healthcare professional assesses the airway, breathing, circulation, and level of consciousness of the patient. Vital signs should be monitored continuously.

3. First-Line Medication Treatment: The first-line and most important therapy in anaphylaxis is epinephrine. There are NO contraindications to epinephrine in the setting of anaphylaxis.

   Aqueous Epinephrine 1:1000 dilution (1mg/1mL) is available in ampules, vials of solution, or prefilled syringes, including epinephrine auto injectors (e.g., EpiPen, EpiPen Jr., Auvi-Q). * If auto injectors are stocked, at least three should be available (in both pediatric and adult formulations).

   a. **CHILDREN**: Administer aqueous epinephrine 1:1000 dilution (i.e. 1 mg/mL) intramuscularly. Epinephrine should be given in the vastus lateralis muscle, and can be injected through clothing if necessary. The standard dose is 0.01 mg/kg body weight, up to 0.5 mg maximum single dose in children and adolescents. * See dosing charts on page 3.

   b. **ADULTS**: Administer aqueous epinephrine 1:1000 dilution intramuscularly. Epinephrine should be given in the vastus lateralis muscle, and can be injected through clothing if necessary. The standard dose is 0.01 mg/kg body weight. The adult dose ranges from 0.3mL to 0.5mL, with maximum single dose of 0.5 mL.

4. Monitor the patient closely until EMS arrives. Perform cardiopulmonary resuscitation (CPR), if necessary, and maintain airway. Keep patient in supine position (flat on back) unless he or she is having breathing difficulty. If breathing is difficult, patient’s head may be elevated, provided blood pressure is adequate to prevent loss of consciousness. If blood pressure is low, elevate legs. Monitor blood pressure and pulse every 5 minutes.

5. If EMS has not arrived and symptoms are still present, repeat dose of epinephrine every 5-15 minutes for up to 3 doses, depending on patient’s response.

6. Record the patient’s reaction (e.g. hives, anaphylaxis) to the vaccine or medication, all vital signs, medications administered to the patient, including the time, dosage, response, and the name of the medical personnel who administered the medication, and other relevant clinical information. If the reaction is due to a vaccine, report the incident to the Vaccine Adverse Event Reporting System (VAERS).
<table>
<thead>
<tr>
<th>Age Group</th>
<th>Range of weight (lb)</th>
<th>Range of weight (kg)</th>
<th>1mg/mL injectable (1:1000 dilution); Intramuscular Minimum dose: 0.05 mL</th>
<th>Epinephrine auto injector, 0.15 mg or 0.3 mg/dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants and Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-6 months</td>
<td>9-19 lbs</td>
<td>4-8.5 kg</td>
<td>0.05 mL (or mg)</td>
<td>Off label</td>
</tr>
<tr>
<td>7-36 months</td>
<td>20-32 lbs</td>
<td>9-14.5 kg</td>
<td>0.1 mL (or mg)</td>
<td>Off Label</td>
</tr>
<tr>
<td>37-59 months</td>
<td>33-39 lbs</td>
<td>15-17.5 kg</td>
<td>0.15 mL (or mg)</td>
<td>0.15 mg/dose</td>
</tr>
<tr>
<td>5-7 years</td>
<td>40-56 lbs</td>
<td>18-25.5 kg</td>
<td>0.2-0.25 mL (or mg)</td>
<td>0.15 mg/dose</td>
</tr>
<tr>
<td>8-10 years</td>
<td>57-76 lbs</td>
<td>26-34.5 kg</td>
<td>0.25 – 0.3 mL (or mg)</td>
<td>0.15 mg or 0.3 mg/dose</td>
</tr>
<tr>
<td>Teens</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11-12 years</td>
<td>77-99 lbs</td>
<td>35-45 kg</td>
<td>0.35 – 0.4 mL (or mg)</td>
<td>0.3 mg/dose</td>
</tr>
<tr>
<td>13 years &amp; older</td>
<td>100+ lbs</td>
<td>46+ kg</td>
<td>0.5 mL (or mg) – max. dose</td>
<td>0.3 mg/dose</td>
</tr>
</tbody>
</table>

***NOTE:*** If body weight is known, then dosing by weight is preferred. If weight is not known or not readily available, dosing by age is appropriate.

This policy and procedure shall remain in effect for all patients of the Pima County Health Department until rescinded or until one year after review.

Jill Weinstein, Clinician DNP, FNP-C

Date

Revised July 2021