

**From the Chief Medical Officer**  
Dr Michael McBride



Department of  
**Health**  
An Roinn Sláinte  
Máinnystrie O Poustie  
[www.health-ni.gov.uk](http://www.health-ni.gov.uk)

**HSS(MD)10/2021**

**FOR ACTION**

Chief Executives, Public Health Agency/Health and Social Care Board/HSC Trusts/NIAS  
GP Medical Advisers, Health and Social Care Board  
All General Practitioners and GP Locums (for onward distribution to practice staff)  
OOHs Medical Managers (for onward distribution to staff)

Castle Buildings  
Stormont  
BELFAST  
BT4 3SQ

Tel: 028 9052 0563  
Email: [michael.mcbride@health-ni.gov.uk](mailto:michael.mcbride@health-ni.gov.uk)  
Your Ref:  
Our Ref: HSS(MD) 10/2021  
Date: 21 January 2021

**PLEASE SEE ATTACHED FULL CIRCULATION LIST**

Dear Colleague

**GUIDANCE ON THE USE OF THE COVID-19 VACCINE ASTRAZENECA TO VACCINATE HOUSEBOUND PATIENTS**

There have been queries around the movement of the COVID-19 AstraZeneca Vaccine once the vial has been punctured. We have worked with the Public Health Agency Infection Prevention and Control team to agree a way forward that maintains the integrity of the product during transit and reduces the risk of microbiological contamination of the unpreserved AZ vaccine and therefore the risk of infection to patients. The following statement is our recommendation.

**General considerations**

Practices and district nursing teams should refer to the current '[Guidance on vaccine handling and storage in GP practices](#)' document developed by the Public Health Agency and the Health and Social Care Board, last updated in January 2020. In particular, care should be given to the section on 'Transporting small amounts of vaccines for use in satellite clinics, care homes/patient's own home using short transit times of under two hours' on page 9.

The above guidance applies to all staff involved in the planning or delivery of immunisation programmes in primary care settings, and can be applied to the COVID-19 vaccination programme. It outlines the minimum standards that are required to ensure that vaccines are stored and managed properly so that immunisations are carried out safely and efficiently, minimising the risk of compromising the effectiveness of vaccines given to patients and thus reducing risk to patients and wastage of expensive medicines. Primary care practices are expected to align their practice policies regarding vaccine storage and handling.

Practices should also refer to the information contained within the existing guidance and the recommendations in [Chapter 3 of Immunisation against Infectious Disease 2006 \(the Green Book\)](#).

### **Specific considerations – COVID-19 VACCINE ASTRAZENECA**

There are no concerns from a movement stability perspective of transporting the Covid-19 AstraZeneca vaccine from house to house to support vaccination of housebound patients. The vaccine should be stored at 2 to 8°C until first use. After the vial has been punctured, the vaccine should be used as soon as practically possible and within 6 hours. The vaccine may be stored between 2°C and 25°C during the in-use period.<sup>1</sup>

All existing processes for delivery of vaccination services, including training and competency requirements, record keeping, waste disposal, provision of anaphylaxis kits, continue to apply. General practice or district nursing teams who are considering transporting the AstraZeneca vaccine in order to vaccinate housebound patients should consider the following points, as part of the development of local policies designed to ensure the safety, quality and efficacy of the vaccine in use.

- Vaccination sessions should be planned in accordance with the number of doses in the AstraZeneca vaccine. The vaccine is currently supplied by two manufacturers and comes as a multi-dose vial containing either 8 doses per vial, or 10 doses per vial. As part of the manufacturing process, some vials may contain enough fluid volume to administer additional doses following administration of the designated 8 or 10 doses, however as this cannot be guaranteed practices should plan vaccination sessions on the basis that additional doses are not always available.
- The required number of vials should be removed from the practice fridge – this may not be a complete carton. It should be the minimum number required for the planned session.
- Care must be taken to minimise exposure of the vaccine to room temperature. The process should be undertaken swiftly and fridge door openings kept to a minimum.
- If individual vials are selected place them in a suitable container that will keep them from moving and securely hold them during transportation. They should be protected from light. An example of a locally sourced suitable container could be a plastic box with foam supports.
- Vaccines transported outside of the practice for administration should only be transported using a validated cool box (with a minimum/maximum thermometer or data logger). Pack this container into the validated cool box in such a way that it minimises the movement of the vials. Take care to ensure that the product does not come into contact with cool packs.
- Collect and pack separately the associated consumables required for the vaccination session.

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<sup>1</sup> <https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca/information-for-healthcare-professionals-on-covid-19-vaccine-astrazeneca>

- After the vaccine vial has initially been punctured, the vaccine should be used within 6 hours and any unused vaccine disposed of as pharmaceutical waste in line with existing procedures after this time.
- All efforts should be made to minimise wastage with the COVID-19 vaccine and as part of this district nursing teams should consider the feasibility of vaccinating patients from multiple practices in a locality as part of the same vaccination session, in order to ensure that all doses are administered.

In addition to the above points, practices should also give due regard to the following infection control considerations when transporting punctured vials between patients own homes:

- Ensure that current [Public Health Agency 'Infection Prevention Control Guidance for Adult COVID-19 Vaccination Clinics'](#) is followed and incorporated into local policies. Key points include:
  - Risk assessment to ensure a COVID-19 secure environment
  - Strict adherence to hand hygiene between all recipients of the vaccine
  - All staff should wear a fluid resistant surgical mask
  - On a risk assessed basis, wear single use gloves, an apron and eye protection if there is a risk of contact with blood and bodily fluids
- As standard practice for this vaccine, swab the vial septum with an alcohol swab prior to every dose withdrawn and leave to dry for 30 seconds.
- In addition, after vaccination, decontaminate the vial and the vial transport container using an alcohol wipe rather than a detergent wipe before putting it back into the validated cool box for onward transport in view of the unknown risk from other infectious pathogens within the environment in the home.
- The validated cool box should only be decontaminated leaving the home if there is contamination or if the person in the household has a known infectious pathogen.

General practice, district nursing and pharmacy teams may wish to refer to the [NHS Specialist Pharmacy Service SOP AVH7 'Transporting AZ Covid-19 Vaccine'](#) which outlines best practice for transporting vaccine from home to home. It advocates transporting the vaccine in a validated cool box to further limit the risk of microbiological contamination of an unpreserved vaccine and segregation of punctured and un-punctured vials.

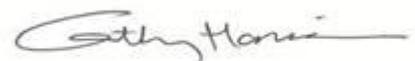
Yours sincerely



**Dr Michael McBride**  
Chief Medical Officer



**Professor Charlotte McArdle**  
Chief Nursing Officer



**Mrs Cathy Harrison**  
Chief Pharmaceutical Officer

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