Moderna COVID-19 Vaccine EXAMPLE Competency Exam

Refer to the EUA Fact Sheet for Healthcare Providers (current as of 10/20/2021) for questions 1-20:

1. According to the Emergency Use Authorization (EUA), the Moderna COVID-19 vaccine can be used in the following individuals:
   a. 6 months & older  b. 12 years & older  c. 16 years & older  d. 18 years & older

2. NON-THAWED and unpunctured multiple-dose vials should be protected from light and stored at:
   a. -80°C to -60°C  b. -60°C to -20°C  c. -50°C to -15°C  d. 2°C to 8°C

3. The vaccine can be thawed in the REFRIGERATOR (2°C to 8°C) for _______ (depending on vial size) and safely stored for up to _______ prior to first use. When ready to administer, let the vial stand at room temperature for 15 minutes.
   a. 1 to 2 hours; 12 hours  b. 2.5 to 3 hours; 30 days  c. 1 to 2 hours; 5 days  d. 2 to 3 hours; 6 hours

4. Alternatively, the vaccine can be thawed at ROOM TEMP (15°C to 25°C) for _______ before administering.
   a. 30 minutes  b. 1 to 1.5 hours  c. 3 to 4 hours  d. 6 hours

5. Unpunctured vials may be stored between 8°C to 25°C for up to:
   a. 2 hours  b. 6 hours  c. 12 hours  d. 24 hours

6. After the first dose has been drawn, the vial should be stored between _______ and discarded after _______.
   a. -80°C to -60°C; 6 hours  b. -80°C to -60°C; 12 hours  c. 2°C to 25°C; 6 hours  d. 2°C to 25°C; 12 hours

7. The following are appropriate ways to transport vaccine according to the EUA:
   a. -50°C to -15°C  b. 2°C to 8°C (up to 12 hours; do not refreeze)  c. Both (a) and (b) are correct

8. The primary series is given as a _______ series with the 2nd dose ideally given on day _______.
   a. 2-dose; 21  b. 2-dose; 28  c. 3-dose; 14  d. 1-dose; 21

9. The vaccine should be given intramuscularly at what dose?
   a. 0.5mL for primary series  b. 0.5mL for additional dose (i.e., mod-severely immunocompromised)
   c. 0.25mL for booster dose  d. All are correct

10. True/False  It is encouraged to interchange with other COVID-19 vaccines to finish the primary series.

11. True/False  If a full dose cannot be drawn from a single vial, it is ok to pool vaccine from other vials.

12. True/False  After the first dose is withdrawn, record date and time immediately on the vial.

13. True/False  This vaccine must be diluted prior to administration.

14. True/False  Before drawing up a dose of the vaccine, vigorously shake the vial to properly mix the product.

15. True/False  Once thawed, the vaccine should not be refrozen.

16. True/False  Non-thawed and unopened vials can be stored on dry ice or below -50°C.

17. True/False  Do not puncture the vial stopper more than 20 times.

18. Regarding the “Fact Sheet for Recipients and Caregivers”, the vaccination provider MUST:
   a. Provide a copy of the Fact Sheet
   b. Direct the recipient/caregiver to www.modernatx.com/covid19vaccine-eua to obtain the Fact Sheet
   c. Any of the above are correct
   d. None of the above; providing the Fact Sheet is NOT Required

19. The vaccination provider is responsible for mandatory reporting of the following that occur post-administration of this vaccine to the Vaccine Adverse Event Reporting System (VAERS):
   a. Vaccine administration errors, even if no adverse event occurred
   b. Serious adverse events (life-threatening, death, hospitalization, etc.)
   c. Cases of Multisystem Inflammatory Syndrome (MIS) in adults
   d. Case of COVID-19 that result in hospitalization or death
   e. All of the above are correct

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20. The vaccination provider must communicate to the recipient/caregiver information consistent with the “Fact Sheet for Recipients and Caregivers” prior to vaccine administration, including:
   a. FDA has authorized the emergency use of the vaccine, which is not a fully licensed vaccine
   b. The recipient or caregiver has the option to accept or refuse the vaccine
   c. The significant known/potential risks and benefits of the vaccine, and the extent to which such risks and benefits are unknown
   d. Information about the available alternative vaccines and the risk and benefits of those alternatives
   e. All of the above are correct

Answers to questions 21-28 can be found on the CDC website regarding Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the US by clicking here (updated 10/25/2021):

21. True/False Patients considered moderately to severely immunocompromised per CDC should be offered an additional dose (i.e., 3rd dose) of mRNA vaccine at least 28 days after completing the series.

22. True/False Patients who are immunocompromised, pregnant, breast-feeding, or have history of a resolved COVID-19 infection can generally be offered this COVID vaccine.

23. True/False Patients who are currently on home isolation with suspected or confirmed COVID should come to the clinic to get vaccinated during their quarantine period.

24. True/False An unvaccinated patient just completed home isolation protocol due to resolved COVID-19 infection. However, the patient must wait at least 90 days before receiving the vaccine.

25. True/False Certain high-risk individuals fully vaccinated with Moderna may receive a heterologous booster dose at least 6 months after the 2nd dose of their primary series.

26. What is the minimum interval for the second dose of the vaccine to be considered as “valid”?
   a. 17 days  b. 21 days  c. 24 days  d. 28 days

27. Which of the following patients need to be observed for at least 30 minutes post-vaccination (versus the standard 15 minutes) to monitor for the occurrence of immediate adverse reactions?
   a. History of immediate allergic reaction to other vaccines unrelated to COVID vaccine components
   b. History of anaphylaxis due to any cause unrelated to COVID vaccine components
   c. History of immediate/severe allergic reaction to polyethylene glycol (PEG)
   d. Both (a) and (b) are correct
   e. All of the above are correct

28. Which of the following scenarios would be a CONTRAINDICATION to receiving the vaccine?
   a. 32-year male with history of anaphylaxis to amoxicillin for acute sinusitis
   b. 67-year old male with history of anaphylaxis following injectable promethazine for nausea
   c. 42-year old female with history of anaphylaxis to polyethylene glycol (PEG) when preparing for a colonoscopy procedure
   d. 86-year old female with history of anaphylaxis following a bee sting

__________________________   ________________________   ____________
Vaccine Provider’s Printed Name   Signature   Date

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