

TOOLKIT

SECTION 5: VACCINE ADMINISTRATION

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PREPARATION

The process for preparing COVID-19 vaccines is similar to the process for preparing other vaccines. Here are a few reminders to prepare COVID-19 vaccines:

DO	DO NOT
Allow the vaccine and diluent (if necessary) to come to room temperature before administration.	DO NOT shake vaccines or diluent.
Before mixing, check the expiration dates of the vaccine and diluent. NEVER use expired vaccines or diluent!	DO NOT combine residual vaccines from multiple vials to obtain a full dose. It's ok to waste a small amount of vaccine if you cannot get a full dose!
Diluent can only be used in a single draw.	DO NOT refreeze thawed vaccines.

For Pfizer vaccines that need to be reconstituted.

- Pfizer Infant and Pediatric COVID-19 vaccine may be reconstituted and are good for 12 hours once vial is punctured or in labeled syringe
- It is important to label reconstituted vials or syringes with expiration date so expired vaccines are not inadvertently given

Best Practices

- Prepare vaccines in a designated area away from any space where potentially contaminated items are placed.
- Only prepare vaccines when you are ready to administer them.
- Always check expiration dates and confirm that you have selected the correct vaccine.
 - Confirm the product and dose are age-appropriate
- Extra care should be taken when preparing multi-dose vials in order to avoid contamination
- Ensure you are administering the vaccine into the right patient by verifying patient's name and date of birth.

ELIGIBILITY

Should these groups be vaccinated?

✓ **Underlying medical condition:** YES

✓ **Pregnant and lactating persons:** YES

- In 2020 and 2021, COVID-19 contributed to 25% of maternal deaths, disproportionately impacting Black women

✓ **Previous COVID-19 infection:** YES

- Recommended for everyone ages 6 months+, regardless of a history of symptomatic or asymptomatic infection

✓ **Recent COVID-19 infection:** YES

- May give COVID-19 vaccine if individuals have:
 - Have completely recovered from the acute illness AND they have met criteria to discontinue isolation
- Individuals with recent Asymptomatic SARS-CoV-2 infection may consider delaying COVID-19 vaccine booster dose by 3 months from symptom onset or positive test.
 - Studies have shown that there is a low risk of reinfection in the weeks to months following infection
 - Some studies showed that individuals with prior SARS-CoV-2 infection who had

extended time between infection and vaccination may result in an improved immune response to vaccination

- Providers recommendation to delay COVID-19 vaccination after recent SARS-CoV-2 Infection:
- Assess the following factors:
 - Individual risk of COVID-19 severe disease
 - COVID-19 community level and characteristics of the predominant SARS-CoV-2 strain
- Getting COVID-19 vaccine after recent COVID-19 infection is safe and may help to prevent long COVID

✓ **Monoclonal antibodies or convalescent plasma treatment:** YES

- People who previously received antibody products as part of:
 - COVID-19 treatment
 - Post-exposure prophylaxis or
 - Pre-exposure prophylaxis can be vaccinated at any time
- People who previously received a COVID-19 vaccine, administration of tixagevimab/cilgavimab

ELIGIBILITY (CONTINUED)

(EVUSHELD™) for pre-exposure prophylaxis should be deferred for at least two weeks after vaccination.

- As of January 26, 2023 EVUSHELD™ is no longer authorized for use in the US.
- There are no effective treatments against COVID-19 other than vaccines. COVID-19 has developed resistance to monoclonal antibodies.

History of Multisystem Inflammatory Syndrome in Children (MIS-C): YES

People who meet all the following criteria can be vaccinated:

- Clinical recovery has been achieved, including return to normal cardiac function;
- It has been ≥ 90 days since their diagnosis of MIS-C;

Vaccination may also be considered for people who had MIS-C and do not meet both criteria, at the discretion of their clinical care team. One Pfizer COVID-19 vaccination study showed individuals 12 to 18 (who were fully vaccinated) COVID-19 vaccination is 91% effective in preventing MIS-C. All critically ill MIS-C patients were unvaccinated.

ELIGIBILITY (CONTINUED)

Contraindications and Precautions

All Illinoisans ages 6 months and up are eligible for the COVID-19 vaccine.

As of September 23rd, the CDC considers the following to be contraindications and precautions to vaccination with COVID-19 vaccines:

CONTRAINDICATION	RECOMMENDED ACTION(S)
History of a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine	Do not vaccinate with the same type of COVID-19 vaccine. See Appendix E for actions and additional information.
History of a known diagnosed allergy to a component of the COVID-19 vaccine	Do not vaccinate with a COVID-19 vaccine that contains that component. See Appendix E for actions and additional information.
For the Janssen COVID-19 Vaccine , TTS following receipt of a previous Janssen COVID-19 Vaccine (or other COVID-19 vaccines not currently authorized in the United States that are based on adenovirus vectors, e.g., AstraZeneca)*	Do not vaccinate with Janssen COVID-19 Vaccine. See Considerations for Janssen COVID-19 Vaccine for additional information on vaccinating with an mRNA COVID-19 vaccine.

Contraindications and Precautions (Continued)

PRECAUTION	RECOMMENDED ACTION(S)
History of anaphylaxis after any vaccine other than COVID-19 vaccine or to any injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies [excluding subcutaneous immunotherapy for allergies, i.e., “allergy shots”])	The benefit of vaccination outweighs the risks for most people. See Appendix E for actions and additional information.
People with a history of a non-severe, immediate (onset less than 4 hours) allergic reaction after a dose of one type of COVID-19 vaccine (i.e., mRNA, protein, or adenovirus) have a precaution to the same type of COVID-19 vaccine	
People with an allergy-related contraindication to one type of COVID-19 vaccine have a precaution to the other type of COVID-19 vaccine (e.g., people with a contraindication to an mRNA COVID-19 vaccine have a precaution to Janssen COVID-19 vaccine and vice versa). Special situation: People with a known allergy to polysorbate have a contraindication to both Novavax and Janssen COVID-19 vaccines.	
Moderate or severe illness, with or without fever	Defer vaccination until the illness has improved.
History of MIS-C or MIS-A	See COVID-19 vaccination and MIS-C and MIS-A
History of myocarditis or pericarditis after a dose of an mRNA or Novavax COVID-19 vaccine	A subsequent dose of any COVID-19 vaccine should generally be avoided. See COVID-19 vaccination and myocarditis and pericarditis for additional considerations.
For Janssen COVID-19 Vaccine , a history of GBS†	See Considerations for Janssen COVID-19 Vaccine and Special populations for additional information.

NOT RECOMMENDED ACTION(S)	RECOMMENDED ACTION(S)
History of an episode of an immune-mediated syndrome characterized by thrombosis and thrombocytopenia, such as spontaneous or classic HIT	Do not vaccinate with Janssen COVID-19 Vaccine. These people should receive an mRNA or Novavax COVID-19 vaccine.
GBS within 6 weeks after receipt of Janssen COVID-19 Vaccine	Do not vaccinate with Janssen COVID-19 Vaccine. These people should receive a booster dose using a bivalent mRNA COVID-19 vaccine.

Contraindications and Precautions (Continued)

An **immediate allergic reaction** to a vaccine or injectable therapy is defined as any hypersensitivity-related signs or symptoms such as urticaria (hives), angioedema (visible swelling), respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occurs within four hours following administration.

Severe allergic reactions include:

- Possible anaphylaxis, a progressive life-threatening reaction that typically includes urticaria but also with other symptoms such as wheezing, difficulty breathing, or low blood pressure (see [Appendix E](#))
- Any angioedema affecting the airway (i.e., tongue, uvula, or larynx)
- Diffuse rash which also involves mucosal surfaces (e.g., Stevens-Johnson Syndrome)

Non-severe allergic reactions include:

- Urticaria beyond the injection site
- Angioedema involving lips, facial skin, or skin in other locations. NOTE: Any angioedema affecting the airway (i.e., tongue, uvula, or larynx) is considered a severe allergic reaction (see above).

Healthcare professionals or health departments in the United States can request a consultation from the [Clinical Immunization Safety Assessment COVIDvax](#) project for a complex COVID-19 vaccine safety question not readily addressed by CDC guidance.

See:

- [Appendix E](#) for triage of people with a history of allergies or allergic reactions
- [Frequently Asked Questions](#) for information on ingredients in COVID-19 vaccines
- [Managing Anaphylaxis](#) for information on allergic reactions, including severity of allergic reactions.

Risk assessment: The following considerations can be used to help the vaccination provider conduct a risk assessment for vaccination in people with a precaution to vaccination because of allergy:

- Risk of exposure to SARS-CoV-2 virus (e.g., because of occupational or institutional setting)
- Risk of severe disease or death due to COVID-19 (e.g., because of age, underlying medical conditions)

Contraindications and Precautions (Continued)

- The unknown risk of anaphylaxis following COVID-19 vaccination in a person with a history of an immediate allergic reaction to other vaccines or injectable therapies. Consultation with an allergist-immunologist may help to clarify the risk assessment for these people.
- Ability of the patient to be vaccinated in a setting where appropriate medical care is immediately available for anaphylaxis. For people with a contraindication due to allergy to one type of COVID-19 vaccines (e.g., mRNA vaccines), who are receiving another type (e.g., Janssen vaccine) and for people with an immediate, non-severe allergic reaction after a previous dose of COVID-19 vaccine who are receiving vaccination with a subsequent dose of that COVID-19 vaccine type, vaccination should only be undertaken in an appropriate setting under the supervision of a healthcare professional experienced in the management of severe allergic reactions. Consultation with an allergist-immunologist may help to clarify the risk assessment for these people.



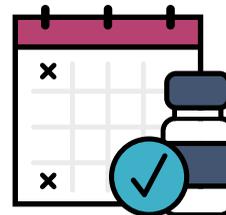
Source(s): [CDC: Use of COVID-19 Vaccines in the United States](#); [CDC: Contraindications and Precautions](#); [Illinois.gov: Vaccination Eligibility](#)

DOSING AND SCHEDULING

- The purpose of additional doses is to help the immune system reach the same level of baseline immunity.
- The purpose of booster doses is to raise the level of immunity that decreases over time.
- On pages **5-11**, **5-12**, **5-13**, **5-14**, and **5-15** you will find charts we created based on the CDC schedule (primary series AND boosters) and the appropriate dosage for each of these vaccines. This is meant to give you this combined information in one chart.
- The numbers below each noted vaccine are the dose and the injection volume where applicable:
e.g. 10 µg / .2 mL

Other important notes:

- Per the CDC: Some studies in adolescents and adults have shown the small risk of myocarditis associated with mRNA COVID-19 vaccines might be reduced and peak antibody responses and vaccine effectiveness may be increased with an interval longer than 4 weeks. An 8-week interval may be optimal for people who are not moderately or severely immunocompromised and ages 6 months–64 years, especially for males ages 12–39 years
- An mRNA COVID-19 vaccine is preferred over the Janssen COVID-19 or Novavax vaccines for booster vaccination of people ages 18 years and older.



Recommendations change frequently, please check the [CDC's latest recommendations](#) for guidance.

PFIZER-BIONTECH COVID-19 VACCINATION SCHEDULE AND DOSING

FOR NON-IMMUNOCOMPROMISED POPULATIONS

Pfizer-BioNTech Ages 6 months–4 years

dose/injection volume
(dilute before use)

Primary Dose:

Pfizer Maroon Cap

Bivalent Booster:

Pfizer Maroon Cap



 See the [Pfizer-BioNTech COVID-19 Age Transition Vaccine Guidance](#) for children who are transitioning from a younger to older age group during their vaccination window.

Pfizer-BioNTech 5 year olds ONLY

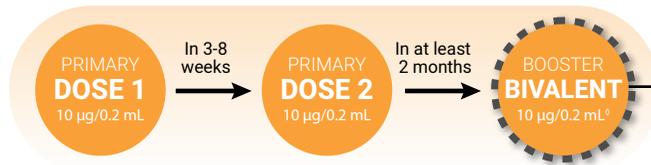
dose/injection volume
(dilute before use)

Primary Dose:

Pfizer Orange Cap

Bivalent Booster Options:

Pfizer Orange Cap



† Only those who have been 5 years old for their entire primary series.

* Complete the primary series with same product. If the vaccine product previously administered cannot be determined or is no longer available, any age-appropriate mRNA COVID-19 vaccine product may be administered at least 28 days after the first dose. Any COVID-19 vaccine product (age appropriate) may be administered for a booster dose. It does not need to be the same product used for the primary series.

Pfizer-BioNTech Ages 6 years–11 years

dose/injection volume
(dilute before use)

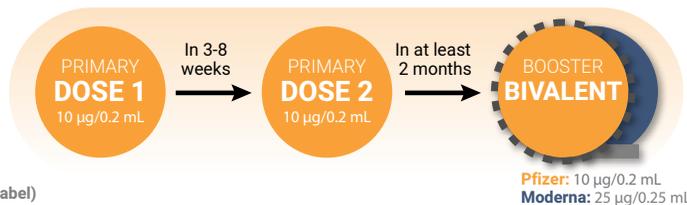
Primary Dose:

Pfizer Orange Cap

Bivalent Booster Options:

Pfizer Orange Cap

Moderna Dark Blue Cap (gray label)



† Persons with a recent SARS-CoV-2 infection may consider delaying a primary series or booster dose by 3 months from symptom onset or positive test (if infection was asymptomatic).

Pfizer-BioNTech Ages 12 years and older

dose/injection volume
(Do NOT dilute before use)

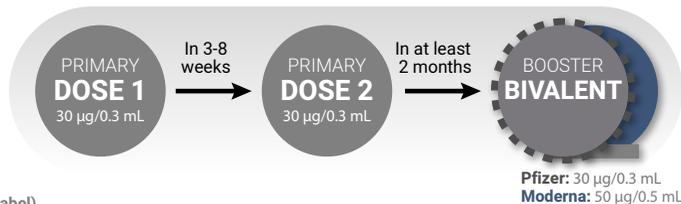
Primary Dose:

Gray Cap

Bivalent Booster Options:

Pfizer Gray Cap

Moderna Dark Blue Cap (gray label)



‡ Some studies in adolescents and adults have shown the small risk of myocarditis associated with mRNA COVID-19 vaccines might be reduced and peak antibody responses and vaccine effectiveness may be increased with an interval longer than 4 weeks. An 8-week interval may be optimal for people who are not moderately or severely immunocompromised and ages 6 months–64 years, especially for males ages 12–39 years. Source: [CDC](#).

See the [CDC's Guidance](#) for latest updates and information on who is considered moderately or severely immunocompromised.

PFIZER-BIONTECH COVID-19 VACCINATION SCHEDULE AND DOSING

FOR IMMUNOCOMPROMISED POPULATIONS

Pfizer-BioNTech Ages 6 months–4 years

dose/injection volume
(dilute before use)

Primary Dose:

Maroon Cap

Bivalent Booster:

Pfizer Maroon Cap



Pfizer-BioNTech 5 year olds ONLY

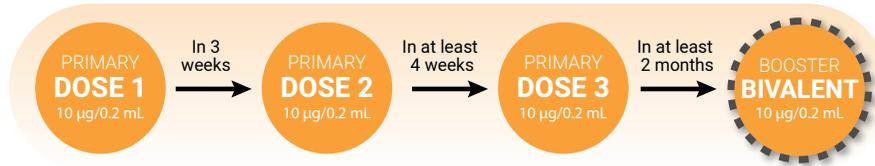
dose/injection volume
(dilute before use)

Primary Dose:

Pfizer Orange Cap

Bivalent Booster Options:

Pfizer Orange Cap



Pfizer-BioNTech Ages 6 years–11 years

dose/injection volume
(dilute before use)

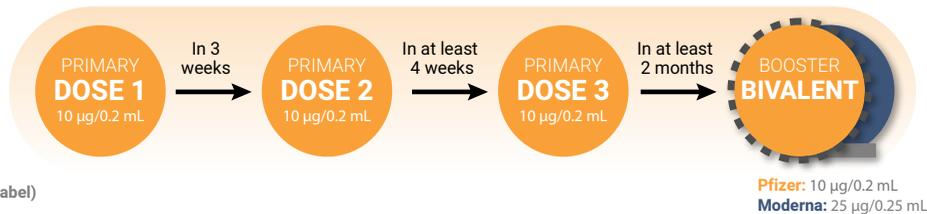
Primary Dose:

Pfizer Orange Cap

Bivalent Booster Options:

Pfizer Orange Cap

Moderna Dark Blue Cap (gray label)



Pfizer-BioNTech Ages 12 years and older

dose/injection volume
(Do NOT dilute before use)

Primary Dose:

Gray Cap

Bivalent Booster Options:

Pfizer Gray Cap

Moderna Dark Blue Cap (gray label)



* Complete the primary series with same product. If the vaccine product previously administered cannot be determined or is no longer available, any age-appropriate mRNA COVID-19 vaccine product may be administered at least 28 days after the first dose. Any COVID-19 vaccine product (age appropriate) may be administered for a booster dose. It does not need to be the same product used for the primary series.

† Persons with a recent SARS-CoV-2 infection may consider delaying a primary series or booster dose by 3 months from symptom onset or positive test (if infection was asymptomatic).

‡ Some studies in adolescents and adults have shown the small risk of myocarditis associated with mRNA COVID-19 vaccines might be reduced and peak antibody responses and vaccine effectiveness may be increased with an interval longer than 4 weeks. An 8-week interval may be optimal for people who are not moderately or severely immunocompromised and ages 6 months–64 years, especially for males ages 12–39 years. Source: [CDC](#).

See the [CDC's Guidance](#) for latest updates and information on who is considered moderately or severely immunocompromised.

MODERNA COVID-19 VACCINATION SCHEDULE AND DOSING

FOR NON-IMMUNOCOMPROMISED POPULATIONS

Moderna

Ages 6 months–4 years

dose/injection volume
(Do NOT dilute before use)

Primary Dose:

Blue Cap (magenta label)

Bivalent Booster Options:

Moderna Dark Pink Cap (yellow label)



Moderna

5 year olds ONLY

dose/injection volume
(Do NOT dilute before use)

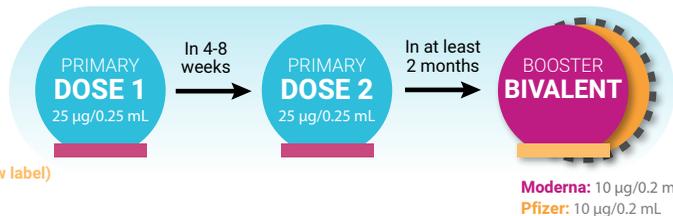
Primary Dose:

Blue Cap (magenta label)

Bivalent Booster Options:

Moderna Dark Pink Cap (yellow label)

Pfizer Orange Cap



Moderna

Ages 6 years–11 years

dose/injection volume
(Do NOT dilute before use)

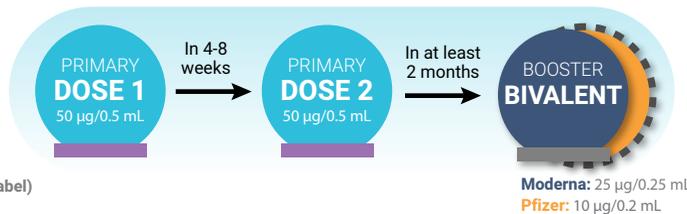
Primary Dose:

Blue Cap (purple label)

Bivalent Booster Options:

Moderna Dark Blue Cap (gray label)

Pfizer Orange Cap



Moderna

Ages 12 years and older

dose/injection volume
(Do NOT dilute before use)

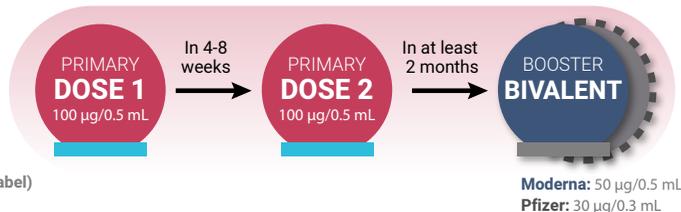
Primary Dose:

Red Cap (blue label)

Bivalent Booster Options:

Moderna Dark Blue Cap (gray label)

Pfizer Gray Cap



See the [Moderna COVID-19 Age Transition Vaccine Guidance](#) for children who are transitioning from a younger to older age group during their vaccination window.

* Complete the primary series with same product. If the vaccine product previously administered cannot be determined or is no longer available, any age-appropriate mRNA COVID-19 vaccine product may be administered at least 28 days after the first dose. Any COVID-19 vaccine product (age appropriate) may be administered for a booster dose. It does not need to be the same product used for the primary series.

† Persons with a recent SARS-CoV-2 infection may consider delaying a primary series or booster dose by 3 months from symptom onset or positive test (if infection was asymptomatic).

‡ Some studies in adolescents and adults have shown the small risk of myocarditis associated with mRNA COVID-19 vaccines might be reduced and peak antibody responses and vaccine effectiveness may be increased with an interval longer than 4 weeks. An 8-week interval may be optimal for people who are not moderately or severely immunocompromised and ages 6 months–64 years, especially for males ages 12–39 years. Source: [CDC](#).

See the [CDC's Guidance](#) for latest updates and information on who is considered moderately or severely immunocompromised.

MODERNA COVID-19 VACCINATION SCHEDULE AND DOSING

FOR IMMUNOCOMPROMISED POPULATIONS

Moderna

Ages 6 months–4 years

dose/injection volume
(Do NOT dilute before use)

Primary Dose:

Blue Cap (magenta label)

Bivalent Booster Options:

Moderna Dark Pink Cap (yellow label)



Moderna

5 year olds ONLY

dose/injection volume
(Do NOT dilute before use)

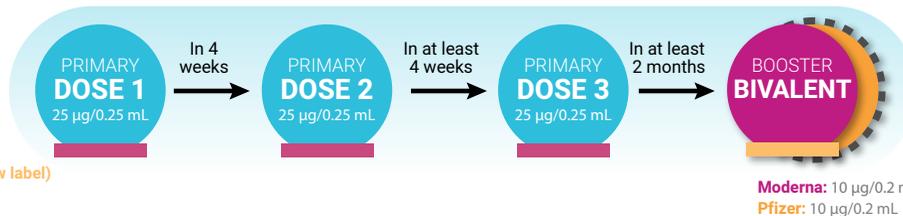
Primary Dose:

Blue Cap (magenta label)

Bivalent Booster Options:

Moderna Dark Pink Cap (yellow label)

Pfizer Orange Cap



Moderna

Ages 6 years–11 years

dose/injection volume
(Do NOT dilute before use)

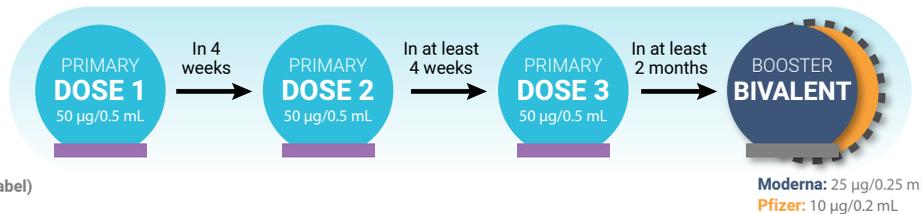
Primary Dose:

Blue Cap (purple label)

Bivalent Booster Options:

Moderna Dark Blue Cap (gray label)

Pfizer Orange Cap



Moderna

Ages 12 years and older

dose/injection volume
(Do NOT dilute before use)

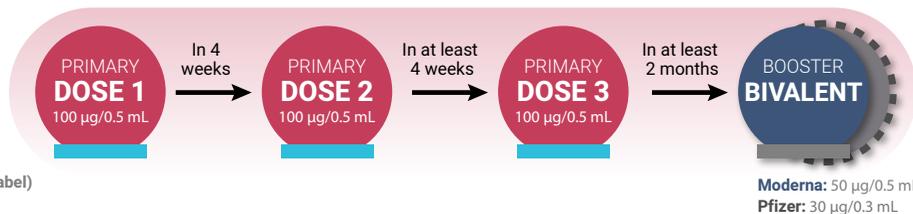
Primary Dose:

Red Cap (blue label)

Bivalent Booster Options:

Moderna Dark Blue Cap (gray label)

Pfizer Gray Cap (gray label)



* Complete the primary series with same product. If the vaccine product previously administered cannot be determined or is no longer available, any age-appropriate mRNA COVID-19 vaccine product may be administered at least 28 days after the first dose. Any COVID-19 vaccine product (age appropriate) may be administered for a booster dose. It does not need to be the same product used for the primary series.

† Persons with a recent SARS-CoV-2 infection may consider delaying a primary series or booster dose by 3 months from symptom onset or positive test (if infection was asymptomatic).

‡ Some studies in adolescents and adults have shown the small risk of myocarditis associated with mRNA COVID-19 vaccines might be reduced and peak antibody responses and vaccine effectiveness may be increased with an interval longer than 4 weeks. An 8-week interval may be optimal for people who are not moderately or severely immunocompromised and ages 6 months–64 years, especially for males ages 12–39 years. Source: [CDC](#).

See the [CDC's Guidance](#) for latest updates and information on who is considered moderately or severely immunocompromised.

OTHER COVID-19 VACCINATION SCHEDULE AND DOSING

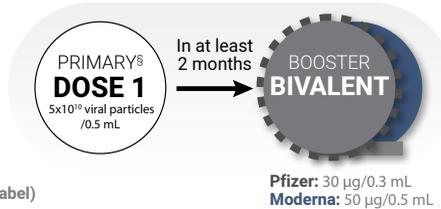
FOR NON-IMMUNOCOMPROMISED POPULATIONS

Janssen (J&J) Ages 18 years and older

dose/injection volume
(dilute before use)

Bivalent Boosters:

Pfizer Gray Cap (gray label) or
Moderna Dark Blue Cap (gray label)



Novavax Ages 12 years and older

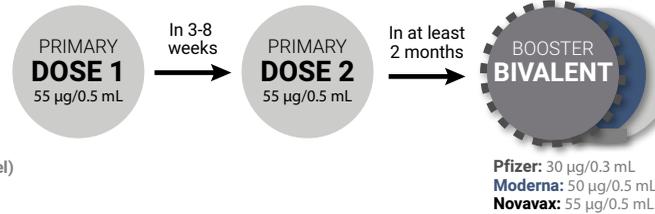
dose/injection volume

Bivalent Booster Options:

Pfizer Gray Cap (gray label)
Moderna Dark Blue Cap (gray label)

Monovalent Booster:

Novavax Light Gray Cap¹



¹ Per the [CDC](#): A single Novavax booster dose (instead of a bivalent mRNA booster dose) may be given to persons 18 years of age or older who have not received a previous booster dose in limited situations. These situations are 1. an mRNA vaccine is contraindicated, or not available or 2. the recipient is unwilling to receive an mRNA vaccine and would otherwise not receive a booster dose. Administer the booster dose at least 6 months after the last primary series dose.

FOR IMMUNOCOMPROMISED POPULATIONS

Janssen (J&J) Ages 18 years and older

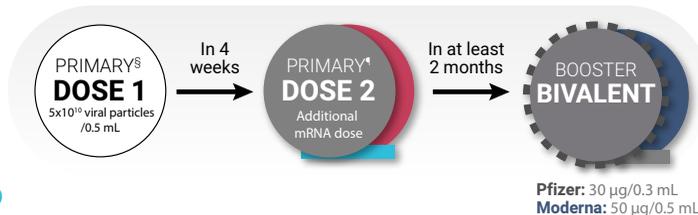
dose/injection volume
(dilute before use)

Primary Dose:

Pfizer's Gray Cap
Moderna's Red Cap (blue label)

Bivalent Boosters:

Pfizer Gray Cap (gray label) or
Moderna Dark Blue Cap (gray label)



§ Age-appropriate mRNA COVID-19 vaccines are preferred over the Janssen COVID-19 Vaccine for all vaccine doses for all vaccine-eligible people 18 years of age and older. Janssen COVID-19 vaccine should only be used in limited situations. See [CDC](#).

¶ mRNA vaccine must be used.

Source: [COVID-19 Vaccine Interim COVID-19 Immunisation Schedule for 6 Months of Age and Older](#)

See the [CDC's Guidance](#) for latest updates and information on who is considered moderately or severely immunocompromised.

VACCINE INTERCHANGEABILITY

All COVID-19 vaccine primary series doses should be from the same manufacturer. A mixed primary series composed of any combination of Moderna, Novavax, and Pfizer-BioNTech vaccines has not been approved by CDC. Monovalent vaccines are used for all primary series doses, except for the third dose for children ages 6 months to 4 years old, who receive Pfizer.

If a mixed primary series is inadvertently administered, the series is complete, and doses do not need to be repeated.

Children ages 6 months to 4 years who receive different mRNA products for the first 2 doses of an mRNA COVID-19 vaccine series should follow a 3-dose schedule. A third dose of either a monovalent Moderna vaccine or a bivalent Pfizer-BioNTech vaccine should be administered at least 8 weeks after the second dose to complete the 3-dose primary series. Currently, children in this age group who receive a mixed 3-dose primary series with any combination of Moderna and Pfizer-BioNTech vaccines are not authorized for a bivalent booster dose.

In the following exceptional situations, a different, age-appropriate COVID-19 vaccine may be administered to complete a primary series at a minimum interval of 28 days

from the last COVID-19 vaccine dose. No VAERS report is required.

- The same vaccine is not available
- The previous dose is unknown
- Person would otherwise not complete the primary series
- A person starts but is unable to complete a primary series with the same COVID-19 vaccine due to a contraindication.

People who received Janssen COVID-19 Vaccine after a dose of another COVID-19 vaccine should be considered to have received a valid, single-dose Janssen primary series.

Any age-appropriate mRNA bivalent vaccine can be used for booster doses. Monovalent mRNA boosters are not authorized for people ages 6 months and older. According to the CDC: Heterologous (mix-and-match) bivalent vaccines are authorized except for children ages 6 months to 4 years. This means eligible people who completed a primary series of Pfizer-BioNTech vaccine would be able to receive a bivalent Moderna vaccine (or vice versa).

Source: [Timing, spacing, and interchangeability of COVID-19 vaccines](#)

VACCINE INTERCHANGEABILITY (CONTINUED)

Bivalent Boosters

Although COVID-19 vaccines remain effective in preventing severe disease, we know that effectiveness at infection prevention or severe illness wanes over time, especially in people ages 65 and older.

The updated, or bivalent boosters, can both help restore protection that has decreased since previous vaccination and provide broader protection against newer variants. Updated target Omicron subvariants, BA.4 and BA.5, that are more contagious and more resistant than earlier strains of Omicron. Reported side effects are similar to monovalent vaccines.

Monovalent boosters are no longer authorized.

Novavax Booster: People ages 18 years and older who completed primary vaccination using any COVID-19 vaccine and have not received any previous booster dose(s) may receive a monovalent Novavax booster dose at least 6 months after completion of the primary series if they are unable (i.e., contraindicated or not available) or unwilling to receive an mRNA vaccine and would otherwise not receive a booster dose.

VACCINE MANUFACTURER	AGE INDICATION, YEARS	DOSE	INJECTION VOLUME
Bivalent Pfizer-BioNTech	5-11 years	10 µg	.2 mL
Bivalent Pfizer-BioNTech	≥12 years	30 µg	.3 mL
Bivalent Moderna	6-11 years	25 µg	.25 mL
Bivalent Moderna	≥12 years	50 µg	.5 mL
Janssen	≥18 years	5 X 10 ¹⁰ viral particles	.5 mL



Use of different (heterologous) booster doses is authorized.

Source: [CDC: Use of COVID-19 Vaccines in the United States](#); [CDC: COVID-19 Vaccine Boosters](#); [CDC: Updates to the Evidence to Recommendation Framework: Pfizer-BioNTech and Moderna COVID-19 vaccine booster doses](#)

ADMINISTRATION

Age Groups

Children should receive the age-appropriate vaccine product and follow the schedule based on their age on the day of vaccination, regardless of their size or weight. If a person moves from a younger age group to an older age group during the primary series or between the primary series and receipt of booster dose(s), they should receive the vaccine dosage for the older age group for all subsequent doses. The only exception is for children who receive the Pfizer-BioNTech COVID-19 Vaccine and transition from age 4 years to 5 years during the primary series who must complete the series they start.

Use the guidance here for any further questions on age transitions!

Grace Period

There is a 4-day grace period for COVID-19 vaccine administration. Vaccines given during this time are considered valid. According to the CDC, if a vaccine is given before this grace period,

- it should be repeated; the repeat dose should be spaced from the date of the dose given in error by the recommended minimum interval.

Doses administered at any time after the recommended interval are valid.

Source: [Timing, spacing, and interchangeability of COVID-19 vaccines](#)



Test Your Skills!

Use the CDC Vaccine Administration Competencies Assessment Form to test your skills, techniques, and procedures on COVID-19 vaccines.

Visit the link below:

[COVID-19 Vaccine: Vaccine Administration Competencies Assessment Form-February 28, 2021](#)

ADMINISTRATION (CONTINUED)

Needle Sizes

When administering the vaccines, make sure you are keeping in mind the patient’s age and body build so you can determine the proper needle size and injection site.

For supplementary material on Intramuscular Injection Children 7 through 18 years of age please follow this [PDF](#).

Link: [CDC: Vaccine Administration: Intramuscular \(IM\) Injection Children 7 through 18 years of age](#)

¹May be administered into the upper outer triceps area if necessary

²If the skin is stretched tightly and subcutaneous tissues are not bunched

³Preferred site

⁴Some experts recommend a 5/8-in needle for men and women weighing less than 60 kg, if used, skin must be stretched tightly and subcutaneous tissues must not be bunched

⁵The vastus lateralis muscle in the anterolateral thigh can also be used.

Source: [CDC: Vaccine Administration: Needle Gauge and Length](#)

ROUTE	AGE	NEEDLE GAUGE AND LENGTH	INJECTION SITE
Subcutaneous Injection	All Ages	23-25-gauge 5/8 in (16 mm)	Thigh for infants younger than 12 months of age ¹ ; upper outer triceps area for persons 12 months of age and older
	Neonate, 28 days and younger	22-25-gauge 5/8 (16 mm ²)	Vastus lateralis muscle of anterolateral thigh
Intramuscular Injection	Infants, 1-12 months	22-25-gauge 1 inch (25 mm ²)	Vastus lateralis muscle of anterolateral thigh
	Toddlers, 1-2 years	22-25-gauge 1-1.25 inch (25-32 mm)	Vastus lateralis muscle of anterolateral thigh (Preferred)
		22-25-gauge 5/8 ² -1 in (16-25 mm)	Deltoid muscle of arm
	Children, 3-10 years	22-25-gauge 5/8 ² -1 in (16-25 mm)	Deltoid muscle of arm (Preferred)
		22-25-gauge 1-1.25 inch (25-32 mm)	Vastus lateralis muscle of anterolateral thigh
	Children, 11-18 years	22-25-gauge 1-1.25 inch (25-32 mm)	Deltoid muscle of arm ^{3,5}
Adults, 19 years and older	22-25-gauge	Deltoid muscle of arm ^{3,5}	
	• 130 lbs (60kg) or less	• 1 inch (25 mm ⁴)	
	• 130-152 lbs (60-70 kg)	• 1 inch (25 mm)	
	• Men, 152-260 lbs (70-90 kg)	• 1 -1.5 inch (25-38 mm)	
	• Men, ≥ 260 lbs (118 kg)	• 1 -1.5 inch (25-38 mm)	
	• Women, ≥ 200 lbs (90 kg)	• 1.5 inch (38 mm)	
		• 1.5 inch (38 mm)	

ADMINISTRATION (CONTINUED)

Co-administering with Other Vaccines

COVID-19 vaccines may be administered with any other vaccines on the same day. This is a great way to reach new patients. For example, if someone comes in for a flu vaccine, take that opportunity to ask about the COVID-19 vaccine.

If multiple vaccines are administered at a single visit, administer each injection in a different injection site. For children ≥ 11 years, the deltoid muscle can be used for more than one intramuscular injection administered at different sites in the muscle. For children 5–10 years, if more than two vaccines are injected in a single limb, the vastus lateralis muscle of the anterolateral thigh is the preferred site because of greater muscle mass and should be separated by 1 inch.

Monkey pox vaccine (JYNNEOS or ACAM2000), may be given before, after or at the same time as most vaccines. Individuals at increased risk of myocarditis (inflammation of the heart), particularly young adult males, might consider waiting four weeks after their JYNNEOS vaccine to get a dose of the Pfizer or Moderna COVID-19 vaccine.

If Monkey pox vaccination is recommended due to a known exposure to monkeypox, you should get the monkey pox vaccine even if you recently got the Pfizer or Moderna vaccine.

Best Practices

- Label each syringe with the name and dosage of the vaccine, lot number, initials of preparer, exact beyond-use time, if applicable
- If vaccinating infants, children or adolescents ask their age to make sure you are giving the correct COVID-19 vaccine
- Separate injection sites by 1 inch or more and give in different limbs
- Administer COVID-19 vaccines and vaccines that may be more likely to cause a local reaction in different limbs, if possible

Source: [CDC: Use of COVID-19 Vaccines in the United States, Timing, spacing, and interchangeability of COVID-19 vaccines](#)

ADMINISTRATION (CONTINUED)

CDC Checklist for Vaccine Administration:

- ✓ Assess vaccination and booster status, link with I-CARE
- ✓ Strongly encourage and offer vaccination, including accompanying friends or family
- ✓ Hospital providers: offer vaccine at bedside or during discharge process
- ✓ Encourage patients to enroll in [V-SAFE](#)
- ✓ Complete vaccine card
Mention Vax Verify, downloadable Smart Health Card, or electronic records, recommend taking a photo
- ✓ Schedule additional doses or booster appointment, if applicable
- ✓ Document receipt and/or refusal in chart and I-CARE



Source: [CDC: How to Increase COVID-19 Vaccination upon Discharge from Hospitals, Emergency Departments & Urgent Care Facilities](#)

POST-VACCINE PROCESS

Health care providers are required by law to record certain information in a patient's medical record. This record can be electronic or paper form. Health care providers who administer vaccines covered by the National Childhood Vaccine Injury Act are required to ensure that the permanent medical record of the recipient indicates:

- Date of administration
- Vaccine manufacturer
- Vaccine lot number
- Name and title of the person who administered the vaccine and address of the facility where the permanent record will reside
- Vaccine information statement
 - Date printed on the VIS
 - Date the VIS was given to the patient or parent/guardian

From the CDC: There is no VIS for COVID-19 vaccines authorized under an EUA. Instead, the FDA-issued EUA Fact Sheet for Recipients and Caregivers for each COVID-19 vaccine must be used.



You must report any adverse events that occur during the vaccination process in VAERS, even if you aren't sure if the vaccine caused it.



Remember:

Report the vaccination in I-CARE **within 24 hours** of administration

Source: [CDC: Healthcare Providers/ Professionals](#)

POST-VACCINE PROCESS (CONTINUED)

Post-vaccination Observation

Some populations like adolescents are vulnerable to syncope (fainting) so providers should consider observing vaccine recipients for 15 minutes after vaccination.



Who should wait 30 minutes:

Providers should consider observing people with the following medical histories for 30 minutes after COVID-19 vaccination to monitor for allergic reactions:

- Allergy-related contraindication to a different type of COVID-19 vaccine (for example, people with a contraindication to mRNA COVID-19 vaccines who receive Janssen viral vector vaccine should be observed for 30 minutes following Janssen vaccination)
- Non-severe, immediate (onset within 4 hours) allergic reaction after a previous dose of COVID-19 vaccine.
- Anaphylaxis after non-COVID-19 vaccines or injectable therapies

Source: [CDC: Interim Considerations: Preparing for the Potential Management of Anaphylaxis after COVID-19 Vaccination](#)

POST-VACCINE PROCESS (CONTINUED)

Vaccine Cards

Always provide a personal vaccination record to the patient or parent that includes the names of vaccines administered and the dates of administration.

If a vaccine card is full:

- Complete a new card for the patient
- Staple both cards together
- Ask them to bring both cards to future vaccination appointments

Encourage your patients to:

- Take a photo of the vaccine card. Make sure to update the photo when receiving booster doses.
- Not post their vaccine card on social media to avoid identity fraud.
- Not to laminate their cards, as that makes it difficult to record boosters.
- Download IDPH Vax Verify Smart Health Card

A fun incentive that you can use to help encourage people to get vaccinated is providing vaccine card protectors. These can be bulk ordered at multiple locations online.



NOTE:

Some people might not want a card and that is okay! They may want to keep their decision to vaccinate private.

POST-VACCINE PROCESS (CONTINUED)



What if someone loses their vaccine card?

Illinois SMART Health Card

The Vax Verify SMART Health Card is a digital version of your COVID vaccination history. The SMART Health Card provides a convenient way to keep a copy of your records on hand and easily share this information if needed.

Immunization records are confidential and only the individual can access their vaccination history. Some individuals with very common names will need to take additional steps to securely prove their identities.



Steps to get started:

1

Register Yourself

Enter the name and address you use with your primary care provider. Take your time to make sure all your information is correct.

Here: [IDPH Account Portal](#)

Source: [IDPH: Vax Verify](#)

POST-VACCINE PROCESS (CONTINUED)



2 Account Activation

Click the link in the registration email (check your spam folder).
Complete the password setup process.



3 Identity Verification

Proceed by answering questions to verify your identity.
See FAQs for Experian identity verification details.



4 View Immunizations

See your immunization records. Print, download, and get your
COVID SMART Health card!

POST-VACCINE PROCESS (CONTINUED)

For Post-vaccination Patient Check-ins:

V-Safe

This tool uses text messaging and web surveys to provide near real-time health check-ins after patients receive COVID-19 vaccination. Reports to V-Safe indicating a medically significant health impact, including pregnancy, are followed up by the CDC/V-Safe call center to collect additional information to complete a VAERS report, if appropriate.

- Used to monitor vaccine safety
- Sends out appointment reminders
- Does not give medical advice
- Cannot schedule COVID-19 vaccination appointments
- Not an official record of being vaccinated against COVID-19



Source: [CDC: V-Safe After Vaccination Health Checker](#)

VACCINATION FOR HOMEBOUND INDIVIDUALS

IDPH is partnering with home health providers to administer COVID-19 vaccines for homebound individuals, their caregivers, and immediate family members. IDPH considers someone to be homebound if they:

- Are unable to leave home due to any illness or injury
- Experience considerable and taxing effort to leave and are absent from home infrequently, for a short duration, or to receive medical care
- Require the assistance of a device, other people, or special transportation



VACCINATION FOR HOMEBOUND INDIVIDUALS (CONTINUED)

Homebound Vaccination Providers

Anyone who meets this definition of a homebound individual or are a family member or caretaker of a homebound person, can be referred to the providers below:

PROVIDER NAME	CONTACT	AREAS SERVED
American Home Care Express	POC: Kristen Nicole Figueroa 847-763-9420 ext. 6107	Cook, Lake County, McHenry, Winnebago
Carle Health	POC: Linda Fred Linda.Fred@Carle.com 217-902-6100 https://tinyurl.com/Carlehomebound	Champaign, Clark, Clay, Coles, Crawford, Cumberland, Dewitt, Douglas, Edgar, Edwards, Effingham, Ford, Hamilton, Iroquois, Jasper, Lawrence, Livingston, Logan, Macon, Marshall, McLean, Moultrie, Piatt, Richland, Shelby, Tazwell, Vermilion, Wabash, Wayne, White, Woodford
Iroquois Memorial Hospital	POC: Michelle Fairley michelle.fairley@imhrh.org 815-432-7951	Iroquois, Ford, Livingston, Vermilion
Prime Care Physicians	POC: Roshani Patel LHD: rpatel@primecarephysicians.org Public: covid@primecarephysicians.org	Cook, DuPage, Lake, McHenry, Boone, Kane, Kendall, Grundy, Kankakee, Will
Southern Illinois Home Care	POC: Theresa Schultz, Terrie Lamar 618-332-6120	St. Clair, Madison, Monroe

VACCINATION FOR HOMEBOUND INDIVIDUALS (CONTINUED)

Additional options for in-home vaccinations are available through certain local health departments, including:

Cook County In-Home Vaccination Program

Cook County In-Home Vaccination Program eligibility includes anyone that attests that it is “difficult to leave their home to receive a vaccination”, covering anyone with any medical or social barrier to getting a vaccination outside of their home. This program is available to anyone ages 6 months and up.

To sign up for this program, patients can use this [link](#) and fill out the form. They can also call the hotline at:

833-308-1988

Monday-Friday 7am–6pm

Saturday 7am–4pm CT



VACCINATION FOR HOMEBOUND INDIVIDUALS (CONTINUED)

Protect Chicago at Home Program

Vaccine

Moderna (age 6 months through 6 years) and Pfizer (age 6 months and older) will be offered, including updated Pfizer bivalent boosters. Flu shots are also available as long as one resident registers to receive the COVID-19 vaccine.

Appointments are available 4 days a week, Saturday through Tuesday, 8am to 6:30pm. To sign up, patients can call 312-746-4835 or sign up by community area.

REGION	NEIGHBORHOOD
Far South	Beverly, Burnside, Calumet Heights, East Side, Hegewisch, Morgan Park, Mount Greenwood, Pullman, Riverdale, Roseland, South Deering, Washington Heights, West Pullman
Near South	Auburn Gresham, Avalon Park, Chatham, Douglas, Englewood, Fuller Park, Grand Boulevard, Greater Grand Crossing, Hyde Park, Kenwood, Oakland, South Chicago, South Shore, Washington Park, West Englewood, Woodlawn
North/Central	Edgewater, Lake View, Lincoln Park, Lincoln Square, Loop, Near North Side, Near South Side, North Center, Rogers Park, Uptown, West Ridge
Northwest	Albany Park, Avondale, Belmont Cragin, Dunning, Edison Park, Forest Glen, Hermosa, Irving Park, Jefferson Park, Logan Square, Montclare, North Park, Norwood Park, Portage Park
Southwest	Archer Heights, Armour Square, Ashburn, Bridgeport, Brighton Park, Chicago Lawn, Clearing, Gage Park, Garfield Ridge, McKinley Park, New City, West Elsdon, West Lawn
West	Austin, East Garfield Park, Humboldt Park, Lower West Side, Near West Side, North Lawndale, South Lawndale, West Garfield Park, West Town

VACCINATION FOR HOMEBOUND INDIVIDUALS (CONTINUED)

DuPage County Homebound COVID-19 Vaccination Program

The registration form link below will ask about medical history, including allergies and current medications. If you are registering on behalf of someone else, please provide their information.

Helpline: 630-682-7400

Register: [DuPage County COVID-19 Vaccine Registration](#)

Kane County AMITA at home vaccination

Help Line: 855-452-6382

Lake County Health Department

Temporary service. Call to inquire: 847-377-8130

Livingston County Health Department Homebound COVID-19 Vaccination

To be eligible: participants must live in Livingston County AND leaving home is not an option because doing so requires considerable and taxing effort AND be a person with a disability who requires in-home assistance OR need adaptive and/or accessible transportation to leave home.

Please contact the Livingston Health Department if eligible at 815-844-7174 ext. 238.

Macon County Health Department Homebound Vaccination

To schedule call Rachel Deerwester at 217-718-6205

VACCINATION FOR HOMEBOUND INDIVIDUALS (CONTINUED)

Macoupin County Homebound COVID-19 Vaccination

To be eligible a patient must be Macoupin County resident and age 12 and over. Language assistance available. To schedule call 217-839-7710 or email covidvaccine@mcphd.net

McHenry County Department of Health Homebound Vaccination

To schedule please call 815-334-4045

Tazewell County Homebound COVID-19 Vaccination

Contact Angie Phillips, Director of Clinical Services, at 309-929-0236.

Will County In-Home COVID-19 Vaccination

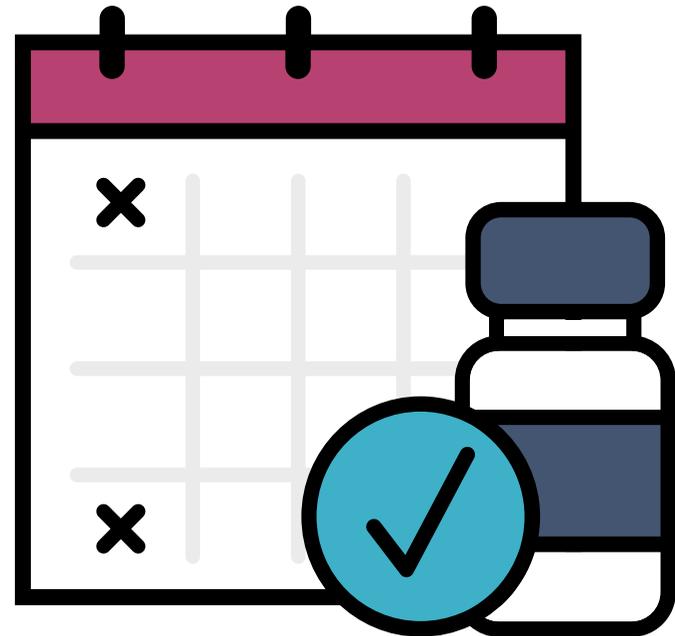
To be eligible participants must live in Will County AND leaving home is not an option for them because doing so requires considerable and taxing effort AND they must be a person with a disability who requires in-home assistance OR need adaptive and/or accessible transportation to leave home

Helpline: 630-682-7400

Register: [Will County In-Home COVID-19 Vaccination Contact Form](#)

NEXT DOSE SCHEDULING TIPS

- ✓ **Schedule**
Schedule next dose appointments at the time of current dose appointment or immediately after the current dose.
- ✓ **Remind**
Provide next dose reminders via electronic (e.g., V-Safe, VaxText, I-CARE) and/or paper means (vaccination reminder card).
- ✓ **Administer**
Administer the next dose as close to the recommended interval as possible.



STANDING ORDERS

Where authorized under state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to assess and vaccinate persons who meet the criteria without the need for clinician examination or direct order from the attending provider at the time of the interaction.

All standing orders are available here: [U.S. COVID-19 Vaccine Product Information](#)

Moderna

- [6 Months Through 5 Years of Age Moderna COVID-19 Vaccine \(Monovalent and Bivalent\) Standing Orders for Administering Vaccine](#)
- [6 Years through 11 Years of Age Moderna COVID-19 Vaccines Standing Orders](#)
- [12 Years of Age and Older Moderna COVID-19 Vaccine Standing Orders for Administering Vaccine](#)

Pfizer

- [6 Months Through 4 Years of Age Pfizer BioNTech COVID-19 Vaccine Standing Orders for Administering Vaccine](#)
- FORMULATION: 5 Through 11 Years of Age Pfizer-BioNTech COVID-19 Vaccine Standing Orders for Administering Vaccine: [Pfizer-BioNTech COVID-19 Vaccine: 5 Through 11 Years of Age • Standing Orders for Administering Vaccine](#)
- [12 Years of Age and Older \(Gray Cap\) Pfizer-BioNTech COVID-19 Vaccine Standing Orders for Administering Vaccine](#)

Novavax

- [Novavax COVID-19 Vaccine \(Monovalent\) Standing Orders for Administering Vaccine to Persons 12 Years of Age and Older](#)

Janssen

- [Janssen COVID-19 Vaccine \(Johnson & Johnson\) Standing Orders for Administering Vaccine to Persons 18 Years of Age and Older](#)