TOOLKIT

SECTION 5: VACCINE ADMINISTRATION

Dosing Charts last updated March 13, 2024, all other pages last updated March 13, 2024.

Funding for this project was made possible by the Office of Disease Control, through the Illinois Department of Public Health.

CONTENTS

PREPARATION

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

DO	DO NOT
Allow the vaccine and diluent (if necessary) to come to room temperature before administration.	**DO NOT** shake vaccines or diluent.
If diluent is needed, check the expiration dates on both the vaccine and diluent. Never use expired vaccine 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.

Pfizer COVID-19 vaccines for 6 months to 4 year olds need to be reconstituted. Remember that they are good at room temperature for 12 hours once vial is punctured.

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 their 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, disproportionally 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:
  - Completely recovered from the acute illness AND they have met criteria to discontinue isolation
- Individuals with a recent SARS-CoV-2 infection may consider delaying COVID-19 vaccine 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
- Assess the following factors:
  - Individual risk of COVID-19 severe disease
- Getting a COVID-19 vaccine after a recent COVID-19 infection is safe and may help to prevent long COVID

COVID-19 treatment: YES

- People who have been treated for COVID-19 with FDA approved treatments can be vaccinated at any time after they are clinically well.
  - Paxlovid
  - Lagevrio (molnupiravir)
  - Veklury® (remdesivir)

ELIGIBILITY (CONTINUED)

History of Multisystem Inflammatory Syndrome in Children (MIS-C) and Multisystem Inflammatory Syndrome in Adults (MIS-A): 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 at least 90 days since their diagnosis of MIS-C or MIS-A;

Vaccination may also be considered for people who had MIS-C or MIS-A and do not meet both criteria. Please reference the **CDC MIS-C/MIS-A Guidance** for the latest updates.

ELIGIBILITY (CONTINUED)

Contraindications and Precautions

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

As of October 6, 2023, the CDC considers the following to be contraindications and precautions to vaccination with COVID-19 vaccines:

MEDICAL CONDITION OR HISTORY	GUIDANCE	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*	Contraindication	Do not vaccinate with the same type of COVID-19 vaccine.* May administer the alternate COVID-19 vaccine type.
History of a diagnosed non-severe allergy* to a component of the COVID-19 vaccine	Precaution	May administer the alternate COVID-19 vaccine type.
History of a non-severe, immediate (onset less than 4 hours) allergic reaction* after administration of a previous dose of one COVID-19 vaccine type§	Precaution	
Moderate or severe acute illness, with or without fever	Precaution	Defer vaccination until the illness has improved.
History of MIS-C or MIS-A	Precaution	See COVID-19 vaccination and MIS-C and MIS-A.
History of myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine	Precaution	A subsequent dose of any COVID-19 vaccine should generally be avoided. See COVID-19 vaccination and myocarditis and pericarditis for additional considerations.

Abbreviations: MIS-C = multisystem inflammatory syndrome in children; MIS-A = multisystem inflammatory syndrome in adults

* See Appendix E for definitions of allergic reactions, and risk assessment and triage of people with a history of allergies or allergic reactions.

† See FDA EUA fact sheets for a full list of vaccine ingredients.

§ The mRNA COVID-19 vaccines (Moderna and Pfizer-BioNTech) are one type of COVID-19 vaccine and the protein subunit vaccine (Novavax) is another type of 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
- 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 D 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)

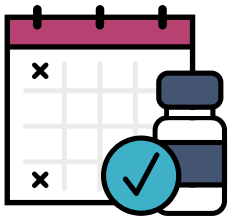
Contraindications and Precautions (Continued)

- 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 vaccine who are receiving another type that has been deemed a precaution 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 updated formulas is to have a vaccine that effectively targets the currently circulating strains of COVID-19.
- On pages **5-10**, **5-12**, **5-13**, **5-14**, **5-15**, **5-16**, and **5-17** you will find charts we created based on the CDC schedule 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 / 0.2 mL
- Healthcare providers who administer the Moderna COVID-19 Vaccine (2023-2024 Formula) to individuals ages 6 months through 11 years should ensure the correct volume of the vaccine (0.25 mL) is withdrawn from the vial and administered to the recipient. Discard vial and excess volume after extracting a single dose.



Recommendations change frequently, please check the CDC's latest recommendations for guidance.

COVID-19 VACCINATION SCHEDULE AND DOSING

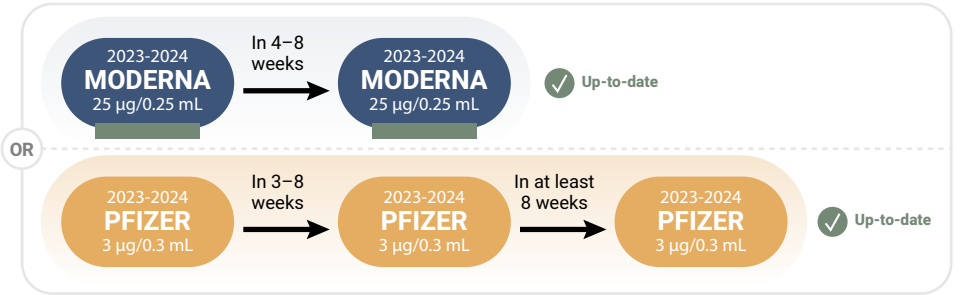
AGES 6 MONTHS TO 4 YEARS

UNVACCINATED

dose/injection volume

Moderna 2023-2024:
(**Do NOT** dilute before use)
Dark Blue Cap (green label)

Pfizer 2023-2024:
(dilute before use)
Yellow Cap



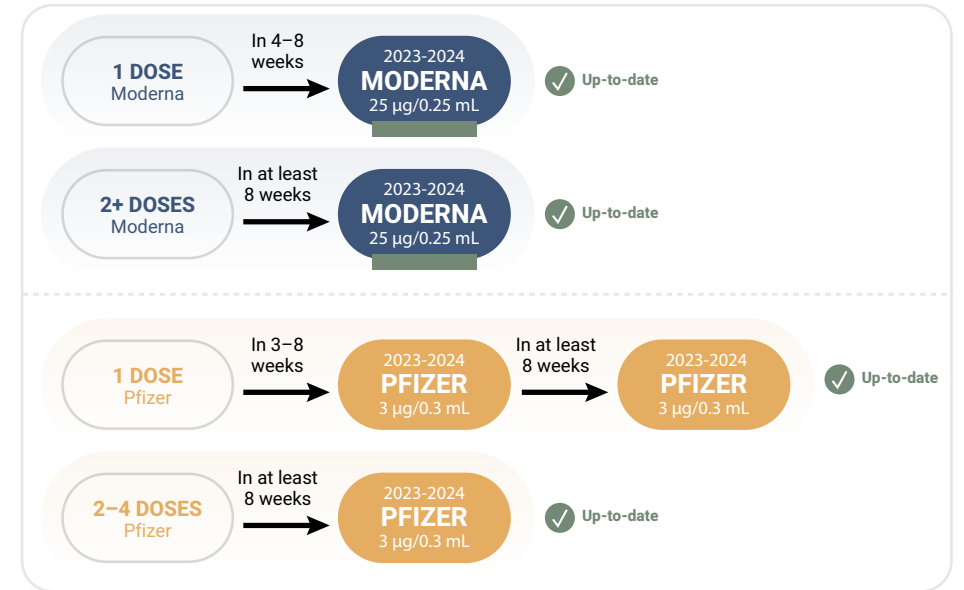
PREVIOUSLY VACCINATED

dose/injection volume

Previously Received COVID-19 Vaccines

Moderna 2023-2024:
(**Do NOT** dilute before use)
Dark Blue Cap (green label)

Pfizer 2023-2024:
(dilute before use)
Yellow Cap



COVID-19 VACCINATION SCHEDULE AND DOSING

AGES 6 MONTHS TO 4 YEARS IMMUNOCOMPROMISED

UNVACCINATED

dose/injection volume

Moderna 2023-2024:
(**Do NOT** dilute before use)
Dark Blue Cap (green label)

Pfizer 2023-2024:
Yellow Cap (dilute before use)

2023-2024 **MODERNA** 25 µg/0.25 mL → In 4 weeks → 2023-2024 **MODERNA** 25 µg/0.25 mL → In at least 4 weeks → 2023-2024 **MODERNA** 25 µg/0.25 mL → Up-to-date

OR

2023-2024 **PFIZER** 3 µg/0.3 mL → In 3 weeks → 2023-2024 **PFIZER** 3 µg/0.3 mL → In at least 8 weeks → 2023-2024 **PFIZER** 3 µg/0.3 mL → Up-to-date

PREVIOUSLY VACCINATED

dose/injection volume

Previously Received COVID-19 Vaccines

Moderna 2023-2024:
(**Do NOT** dilute before use)
Dark Blue Cap (green label)

Pfizer 2023-2024:
Yellow Cap (dilute before use)

DOSE 1 Moderna → In 4 weeks → 2023-2024 **MODERNA** 25 µg/0.25 mL → In at least 4 weeks → 2023-2024 **MODERNA** 25 µg/0.25 mL → Up-to-date

DOSE 1 Moderna → **DOSE 2** Moderna → In at least 4 weeks → 2023-2024 **MODERNA** 25 µg/0.25 mL → Up-to-date

If previously received **3+ doses** of Moderna: give 1 dose in at least 8 weeks.

DOSE 1 Pfizer → In 3 weeks → 2023-2024 **PFIZER** 3 µg/0.3 mL → In at least 8 weeks → 2023-2024 **PFIZER** 3 µg/0.3 mL → Up-to-date

DOSE 1 Pfizer → **DOSE 2** Pfizer → In at least 8 weeks → 2023-2024 **PFIZER** 3 µg/0.3 mL → Up-to-date

If previously received **3+ doses** of Pfizer: give 1 dose in at least 8 weeks.

PLEASE NOTE

Children ages 6 months–4 years who are moderately or severely immunocompromised may receive 1 additional dose of a homologous updated (2023–2024 Formula) mRNA vaccine at least 2 months after the last updated (2023–2024 Formula) mRNA vaccine dose. Further additional homologous updated (2023–2024 Formula) mRNA dose(s) may be administered, informed by the clinical judgement of a healthcare provider and personal preference and circumstances. Any further additional doses should be administered at least 2 months after the last updated (2023–2024 Formula) mRNA vaccine dose. For Moderna, administer 0.25 mL/25 ug (dark blue cap; green label); for Pfizer-BioNTech, administer 0.3 mL/3 ug (yellow cap; yellow label).

COVID-19 VACCINATION SCHEDULE AND DOSING

AGES 5 TO 11 YEARS

UNVACCINATED

dose/injection volume

Moderna 2023-2024:
(**Do NOT** dilute before use)
Dark Blue Cap (green label)

Pfizer 2023-2024:
(**Do NOT** dilute before use)
Blue Cap

2023-2024
MODERNA
25 µg/0.25 mL
Up-to-date

OR

2023-2024
PFIZER
10 µg/0.3 mL
Up-to-date

PREVIOUSLY VACCINATED

dose/injection volume

Previously Received COVID-19 Vaccines

Moderna 2023-2024:
(**Do NOT** dilute before use)
Dark Blue Cap (green label)

Pfizer 2023-2024:
(**Do NOT** dilute before use)
Blue Cap

1+ DOSE
Moderna or Pfizer

In at least 8 weeks →

2023-2024
MODERNA
25 µg/0.25 mL

OR

In at least 8 weeks →

2023-2024
PFIZER
10 µg/0.3 mL

Up-to-date

COVID-19 VACCINATION SCHEDULE AND DOSING

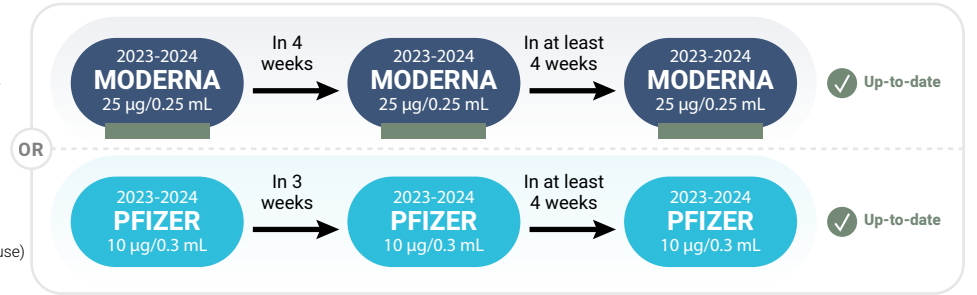
AGES 5 TO 11 YEARS IMMUNOCOMPROMISED

UNVACCINATED

dose/injection volume

Moderna 2023-2024:
(**Do NOT** dilute before use)
Dark Blue Cap (green label)

Pfizer 2023-2024:
Blue Cap (**Do NOT** dilute before use)



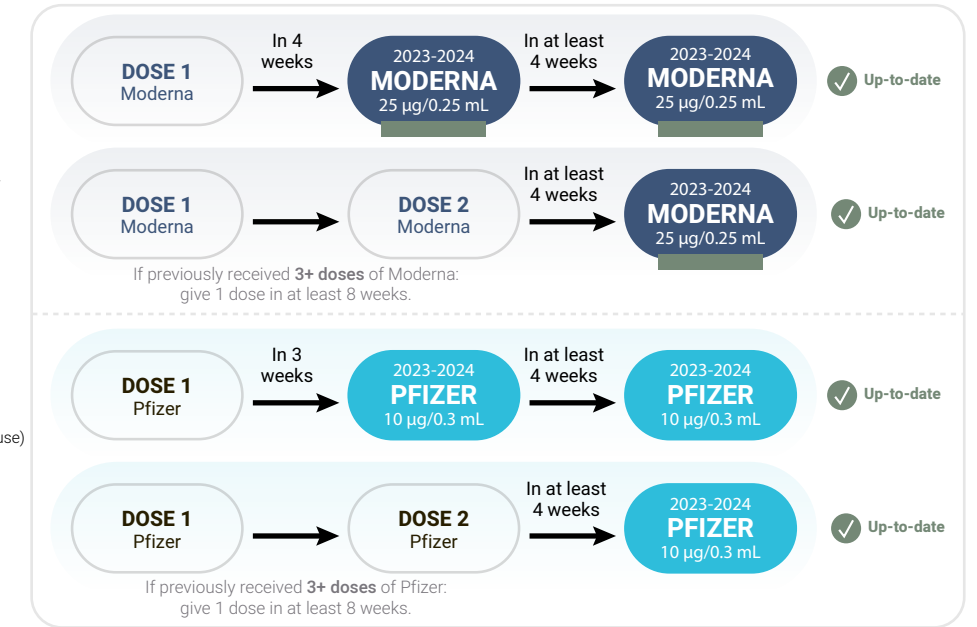
PREVIOUSLY VACCINATED

dose/injection volume

Previously Received COVID-19 Vaccines

Moderna 2023-2024:
(**Do NOT** dilute before use)
Dark Blue Cap (green label)

Pfizer 2023-2024:
Blue Cap (**Do NOT** dilute before use)



PLEASE NOTE

Children ages 5–11 years who are moderately or severely immunocompromised may receive 1 additional dose of updated (2023–2024 Formula) Moderna COVID-19 Vaccine, 0.25mL/25 ug (dark blue cap; green label) or updated (2023–2024 Formula) Pfizer-BioNTech COVID-19 Vaccine, 0.3 mL/10 ug (blue cap; blue label) at least 2 months after the last updated (2023–2024 Formula) mRNA vaccine dose. Further additional dose(s) may be administered, informed by the clinical judgement of a healthcare provider and personal preference and circumstances. Any further additional doses should be administered at least 2 months after the last updated (2023–2024 Formula) mRNA vaccine dose.

COVID-19 VACCINATION SCHEDULE AND DOSING

AGES 12 YEARS AND OLDER

UNVACCINATED

dose/injection volume

Moderna 2023-2024:
(**Do NOT** dilute before use)
Dark Blue Cap (dark blue label)

Pfizer 2023-2024:
(**Do NOT** dilute before use)
Gray Cap

2023-2024 **MODERNA** 50 µg/0.5 mL — Up-to-date

OR

2023-2024 **PFIZER** 30 µg/0.3 mL — Up-to-date

PREVIOUSLY VACCINATED

dose/injection volume

Previously Received COVID-19 Vaccines

Moderna 2023-2024:
(**Do NOT** dilute before use)
Dark Blue Cap (dark blue label)

Pfizer 2023-2024:
(**Do NOT** dilute before use)
Gray Cap

1+ DOSE Moderna or Pfizer → In at least 8 weeks → 2023-2024 **MODERNA** 50 µg/0.5 mL

OR

In at least 8 weeks → 2023-2024 **PFIZER** 30 µg/0.3 mL — Up-to-date

AGES 65+ YEARS

ADDITIONAL DOSES

In at least 4 months →

2023-2024 **MODERNA** 50 µg/0.5 mL

OR

2023-2024 **PFIZER** 30 µg/0.3 mL

OR

2023-2024 **NOVAVAX** 55 µg/0.5 mL — Up-to-date

COVID-19 VACCINATION SCHEDULE AND DOSING

AGES 12 YEARS AND OLDER IMMUNOCOMPROMISED

UNVACCINATED

dose/injection volume

Moderna 2023-2024:
(**Do NOT** dilute before use)
Dark Blue Cap (dark blue label)

Pfizer 2023-2024:
(**Do NOT** dilute before use)
Gray Cap

2023-2024 **MODERNA** 50 µg/0.5 mL → In 4 weeks → 2023-2024 **MODERNA** 50 µg/0.5 mL → In at least 4 weeks → 2023-2024 **MODERNA** 50 µg/0.5 mL → Up-to-date

OR

2023-2024 **PFIZER** 30 µg/0.3 mL → In 3 weeks → 2023-2024 **PFIZER** 30 µg/0.3 mL → In at least 8 weeks → 2023-2024 **PFIZER** 30 µg/0.3 mL → Up-to-date

PREVIOUSLY VACCINATED

dose/injection volume

Previously Received COVID-19 Vaccines

Moderna 2023-2024:
(**Do NOT** dilute before use)
Dark Blue Cap (dark blue label)

Pfizer 2023-2024:
(**Do NOT** dilute before use)
Gray Cap

DOSE 1 Moderna → In 4 weeks → 2023-2024 **MODERNA** 50 µg/0.5 mL → In at least 4 weeks → 2023-2024 **MODERNA** 50 µg/0.5 mL → Up-to-date

DOSE 1 Moderna → **DOSE 2** Moderna → In at least 4 weeks → 2023-2024 **MODERNA** 50 µg/0.5 mL → Up-to-date

If previously received **3+ doses** of Moderna: give 1 dose in at least 8 weeks.

DOSE 1 Pfizer → In 3 weeks → 2023-2024 **PFIZER** 30 µg/0.3 mL → In at least 4 weeks → 2023-2024 **PFIZER** 30 µg/0.3 mL → Up-to-date

DOSE 1 Pfizer → **DOSE 2** Pfizer → In at least 4 weeks → 2023-2024 **PFIZER** 30 µg/0.3 mL → Up-to-date

If previously received **3+ doses** of Pfizer: give 1 dose in at least 8 weeks.

PLEASE NOTE

People ages 12–64 years who are moderately or severely immunocompromised may receive 1 additional dose of any updated (2023–2024 Formula) COVID-19 vaccine (i.e., Moderna, Novavax, Pfizer-BioNTech) at least 2 months after the last dose of updated (2023–2024 Formula) COVID-19 vaccine. Further additional doses may be administered, informed by the clinical judgement of a healthcare provider and personal preference and circumstances. Any further additional doses should be administered at least 2 months after the last updated (2023–2024 Formula) COVID-19 vaccine dose.

AGES 65+ YEARS

ADDITIONAL DOSES

In at least 2 months → 2023-2024 **MODERNA** 50 µg/0.5 mL **OR** 2023-2024 **PFIZER** 30 µg/0.3 mL **OR** 2023-2024 **NOVAVAX** 55 µg/0.5 mL → Up-to-date

OTHER COVID-19 VACCINATION SCHEDULE AND DOSING

AGES 12 YEARS AND OLDER

UNVACCINATED

dose/injection volume

Novavax 2023-2024:
(**Do NOT** dilute before use)
Royal Blue Cap

2023-2024 **NOVAVAX** 55 µg/0.5 mL → In 3-8 weeks → 2023-2024 **NOVAVAX** 55 µg/0.5 mL → Up-to-date

PREVIOUSLY VACCINATED

dose/injection volume

Previously Received COVID-19 Vaccines

Novavax 2023-2024:
(**Do NOT** dilute before use)
Royal Blue Cap

1+ DOSE Any COVID-19 Vaccine → In at least 8 weeks → 2023-2024 **NOVAVAX** 55 µg/0.5 mL → Up-to-date

AGES 65+ YEARS

ADDITIONAL DOSES

In at least 4 months →

2023-2024 **MODERNA** 50 µg/0.5 mL

OR

2023-2024 **PFIZER** 30 µg/0.3 mL

OR

2023-2024 **NOVAVAX** 55 µg/0.5 mL

Up-to-date

OTHER COVID-19 VACCINATION SCHEDULE AND DOSING

AGES 12 YEARS AND OLDER IMMUNOCOMPROMISED

UNVACCINATED

dose/injection volume

Novavax 2023-2024:
(**Do NOT** dilute before use)
Royal Blue Cap

2023-2024 **NOVAVAX** 55 µg/0.5 mL → In 3 weeks → 2023-2024 **NOVAVAX** 55 µg/0.5 mL ✓ Up-to-date

PREVIOUSLY VACCINATED

dose/injection volume

Previously Received COVID-19 Vaccines

Novavax 2023-2024:
(**Do NOT** dilute before use)
Royal Blue Cap

1+ DOSE Any COVID-19 Vaccine → In at least 8 weeks → 2023-2024 **NOVAVAX** 55 µg/0.5 mL ✓ Up-to-date

AGES 65+ YEARS ADDITIONAL DOSES

In at least 2 months →
2023-2024 **MODERNA** 50 µg/0.5 mL
OR
2023-2024 **PFIZER** 30 µg/0.3 mL
OR
2023-2024 **NOVAVAX** 55 µg/0.5 mL
✓ Up-to-date

PLEASE NOTE

People ages 12–64 years who are moderately or severely immunocompromised may receive 1 additional dose of any updated (2023–2024 Formula) COVID-19 vaccine (i.e., Moderna, Novavax, Pfizer-BioNTech) at least 2 months after the last dose of updated (2023–2024 Formula) COVID-19 vaccine. Further additional doses may be administered, informed by the clinical judgement of a healthcare provider and personal preference and circumstances. Any further additional doses should be administered at least 2 months after the last updated (2023–2024 Formula) COVID-19 vaccine dose.

INTERCHANGEABILITY OF COVID-19 VACCINES

According to the AAP: "Mix and match" dosing is allowed for children 5 years of age and older. Children 6 months – 4 years of age who previously completed a primary series with one brand may switch to a different brand when receiving an updated dose, if:

A Vaccine Adverse Event Reporting System (VAERS) report is required following administration of a vaccine in an unauthorized manner.

- The brand used for the primary series is not readily available on the day of vaccination.
  Whenever possible, use the same brand for all recommended doses in a primary series for children 6 months – 4 years of age. If not possible, use of another brand is acceptable.
- The previous dose is unknown
- Person would otherwise not receive a recommended vaccine dose.
- A person starts but is unable to complete a vaccination series with the same COVID-19 vaccine due to a contraindication.

Updated 2023-2024 Vaccines

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.

Vaccines can help restore protection that has decreased since previous vaccination and provide broader protection against newer variants. 2023/2024 authorized COVID-19 vaccines target Omicron XBB.1.5. Reported side effects are similar to other monovalent vaccines.

Bivalent mRNA vaccines are no longer authorized. Everyone 6 months and older is recommended to receive at least 1 dose of monovalent vaccine. Timing and number of doses is dependent on age and previous vaccination, as outlined on pages 5-11—5-15.

People ages 12 years and older who receive a first dose of Novavax COVID-19 Vaccine should complete the 2-dose initial vaccination series with Novavax vaccine.

Source: Interchangeability of COVID-19 vaccines; 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 series, they should receive the vaccine dosage for the older age group for all subsequent doses. However, for children who transition from age 4 years to age 5 years and children who are moderately or severely immunocompromised and transition from age 11 years to age 12 years, FDA authorization allows for an alternative dosage (see Table 1 and Table 2).

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 up to 4 days before the minimum interval 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.

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

Source: Timing, spacing, age transitions, and coadministration of COVID-19 vaccines

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

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

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

[3] Preferred site

[4] Some 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

[5] The 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
Intramuscular Injection	Neonate, 28 days and younger	22-25-gauge 5/8 (16 mm[2])	Vastus lateralis muscle of anterolateral thigh
	Infants, 1-12 months	22-25-gauge 1 inch (25 m[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 • 130 lbs (60kg) or less • 130-152 lbs (60-70 kg) • Men, 152-260 lbs (70-90 kg) • Men, ≥ 260 lbs (118 kg) • Women, ≥ 200 lbs (90 kg)	22-25-gauge • 1 inch (25 mm[4]) • 1 inch (25 mm) • 1 -1.5 inch (25-38 mm) • 1 -1.5 inch (25-38 mm) • 1.5 inch (38 mm) • 1.5 inch (38 mm)	Deltoid muscle of arm[3,5]

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 over 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.

Mpox 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 Mpox vaccination is recommended due to a known exposure to Mpox, you should get the Mpox 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 status, link with I-CARE
- Address vaccine hesitancy as part of routine practice
- Strongly encourage and offer vaccination, including accompanying friends or family
- Hospital providers: offer vaccine at bedside or during discharge process
- Schedule appointments for additional doses, if applicable
- Document receipt and/or refusal in chart and I-CARE
- Always provide a personal vaccination record to the patient or parent that includes the names of vaccines administered and the dates of administration

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 or same type of COVID-19 vaccine

Source: CDC: Interim Considerations: Preparing for the Potential Management of Anaphylaxis after COVID-19 Vaccination

POST-VACCINE PROCESS (CONTINUED)

How can patients access their vaccine records?

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!

VACCINATION FOR HOMEBOUND INDIVIDUALS

Home health providers may be available to help vaccinate homebound individuals. 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:

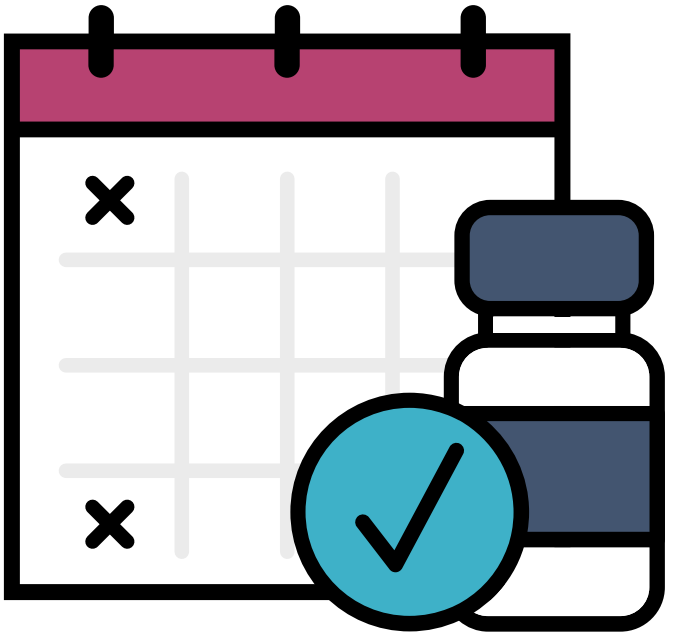
PROVIDER NAME	CONTACT	AREAS SERVED
Iroquois Memorial Hospital	POC: Michelle Fairley michelle.fairley@imhrh.org 815-432-7951	Iroquois, Ford, Livingston, Vermilion
Prime Care Physicians	POC: Roshani Patel LHD: rpatel@primecarephysicians.org Public: covid@primecarephysicians.org	Cook, DuPage, Lake, McHenry, Boone, Kane, Kendall, Grundy, Kankakee, Will

NEXT DOSE SCHEDULING TIPS IF APPLICABLE

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., 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 4 years Updated 2023-2024 Moderna COVID-19 Standing Orders
- 5 years and older Updated 2023-2024 Moderna COVID-19 Standing Orders

Pfizer

- 6 months through 4 years Updated 2023-2024 Pfizer-BioNTech COVID-19 Vaccine Standing Orders
- 5 years and older Updated 2023-2024 Pfizer-BioNTech Standing Orders

Novavax

- Novavax COVID-19 Vaccine (Monovalent) Standing Orders for Administering Vaccine 12 years and Older