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EPIC Immunization 2023 Update

SARS-CoV-2 (COVID-19)

October 17, 2023

Updated October 9, 2023

EPIC[®] is presented by:

- Georgia Chapter - American Academy of Pediatrics
- Georgia Department. of Public Health/Immunization Program
- *In Cooperation with:*

Georgia Academy of Family Physicians

Georgia Chapter - American College of Physicians

Georgia OB/Gyn Society

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Faculty Disclosure Information

- In accordance with ACCME* and ANCC-COA** Standards, all faculty members are required to disclose to the program audience any real or apparent conflict of interest to the content of their presentation.
- This presentation will include the most current ACIP recommendations for frequently used vaccines but is not a comprehensive review of all available vaccines.
- Some ACIP recommendations for the use of vaccines have not currently been approved by the FDA.
- Detailed information regarding all ACIP Recommendations is available at www.cdc.gov/vaccines/acip/recs/index.html

*Accreditation Council for Continuing Medical Education

**American Nurses Credentialing Center Commission on Accreditation

Objectives

At the end of this presentation, you will be able to:

- Name 4 possible symptoms of COVID-19 disease
- Name 3 vaccines approved to prevent COVID-19 disease
- Discuss at least 2 clinical recommendations for use of COVID-19 vaccines and storage, handling, and administration of COVID-19 vaccines
- Name 3 of 5 keys to prevention of COVID-19 disease

SARS – CoV-2 (COVID-19)

- <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>



COVID-19 VARIANTS



Viruses constantly change through mutation, and new variants are expected to occur over time.

Multiple COVID-19 variants are circulating globally.

CDC is studying these variants as they appear to understand whether the variants

- Spread more easily from person to person
- Cause milder or more severe disease in people
- Are detected by currently available viral tests
- Respond to medicines currently being used to treat people for COVID-19
- Change the effectiveness of COVID-19 vaccines.

History of COVID-19 vaccines in the U.S. 2020 – present (Monovalent and Bivalent)

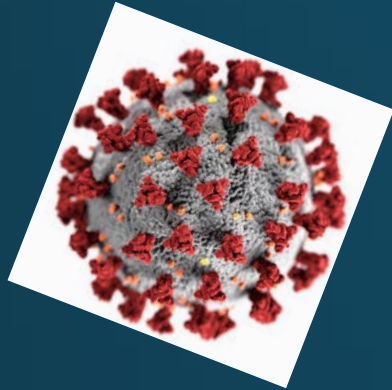
Original Monovalent vaccine: The vaccine product is based on the original (ancestral) strain of SARS-CoV-2. No longer available in the U.S. as of 4/18/2023

Bivalent booster vaccine (“updated vaccine”): The vaccine product is based on the original (ancestral) strain of SARS-CoV-2 and the Omicron BA.4 and BA.5 (BA.4/BA.5) variants of SARS-CoV-2. No longer available in the U.S. as of 9/11/2023.

As of 10/3/2023: Monovalent 2023-2024 Updated COVID-19 Vaccines (mRNA Pfizer, mRNA Moderna and Novavax): The 2023–2024 updated COVID-19 vaccines more closely target the XBB lineage of the Omicron variant and could restore protection against severe COVID-19 that may have decreased over time. We anticipate the updated vaccines will be better at fighting currently circulating variants. Bivalent mRNA COVID-19 vaccines are no longer recommended in the United States. There is no preferential recommendation for the use of any one COVID-19 vaccine over another when more than one licensed or authorized, recommended, and age-appropriate vaccine is available. These vaccines are now termed the updated COVID-19 vaccines. ⁹

SOURCE: CDC

10/9/2023



SARS-CoV-2 virus (COVID-19 disease)*

SARS-CoV-2, the virus that causes COVID-19 disease affects the respiratory system primarily, but other organ systems may also be impacted

Transmission is through droplet and respiratory spread but may also include indirect contact with contaminated objects

Access current data on COVID-19 cases and deaths in Georgia** and nationally***

*Georgia data**Georgia data (2)

***National data

COVID-19 disease

Symptoms can be mild to severe and can develop 2-14 days after exposure

Fever or chills

Cough

Shortness of
breath

Fatigue

Myalgia

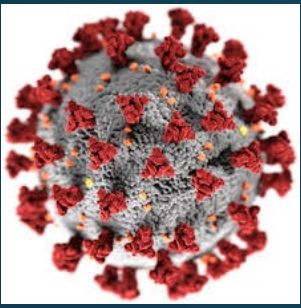
Headache

Loss of taste or
smell

Sore throat

GI symptoms
(nausea,
vomiting,
diarrhea)

Source: CDC



SARS-CoV-2 virus (COVID-19 disease) in children and adolescents

National data

10/9/2023

Children can be infected with the virus that causes COVID-19, can get sick from COVID-19, and can spread the virus that causes COVID-19 to others. Children, like adults, who have COVID-19 but have no symptoms (“asymptomatic”) can still spread the virus to others.

(As of data collected by AAP by 5/2023) Over 15 million children have tested positive for COVID-19 since the onset of the pandemic.

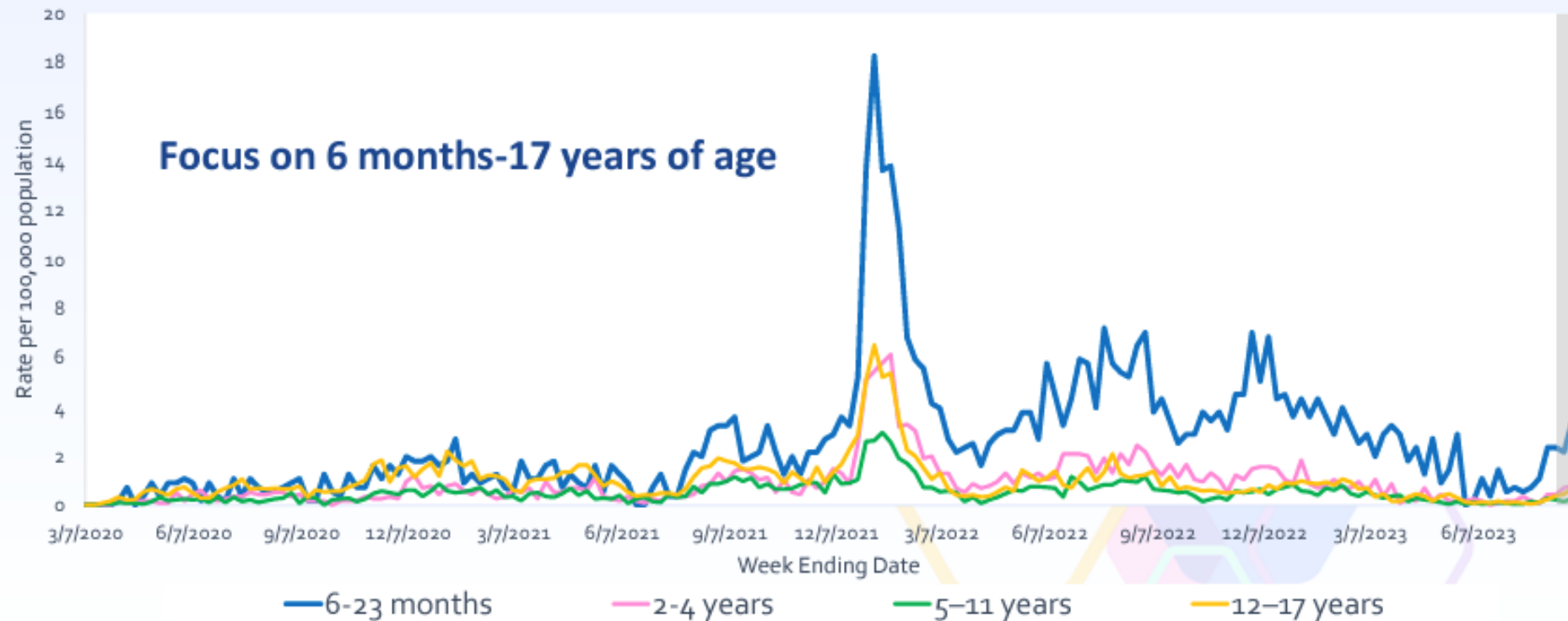
A significant increase seen during the initial Omicron wave. Children represented nearly 18% of total cumulated cases since the pandemic began.

Data may vary. Access current pediatric data on COVID-19 cases, hospitalizations and deaths at [AAP's site](#).

For data on cases in Georgia, visit [Georgia data](#) and [Georgia data \(2\)](#)

Hospitalizations among Children

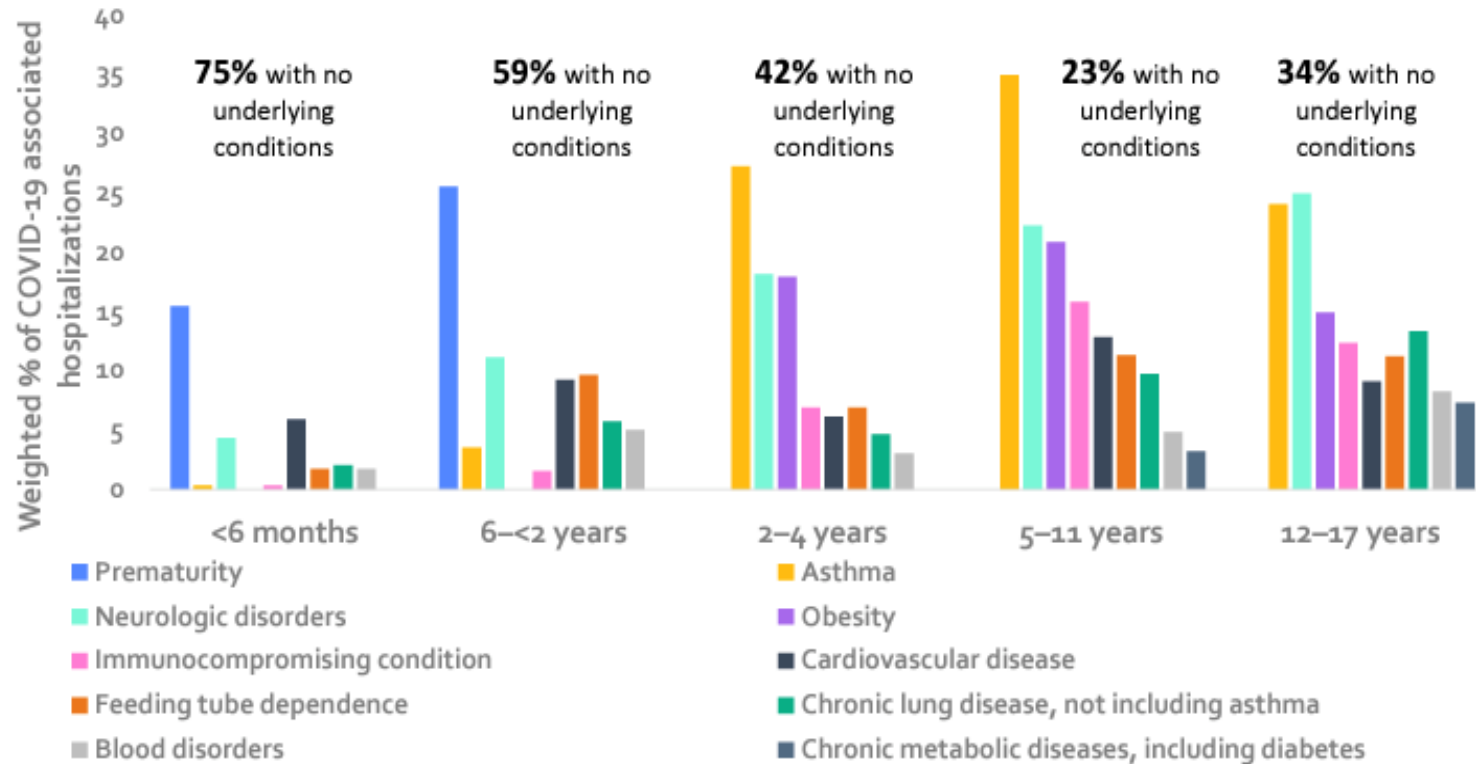
Weekly COVID-19-Associated Hospitalization Rates among Infants, Children and Adolescents Ages 6 months – ≤17 Years — COVID-NET, March 2020–August 26, 2023



Gray boxes indicate potential reporting delays. Interpretation of trends should be excluded from these weeks.

Hospitalizations among Children (2)

Percent of COVID-19-Associated Hospitalizations with Underlying Medical Conditions among Children and Adolescents Ages 5–17 Years by Age Group — COVID-NET, January–June 2023

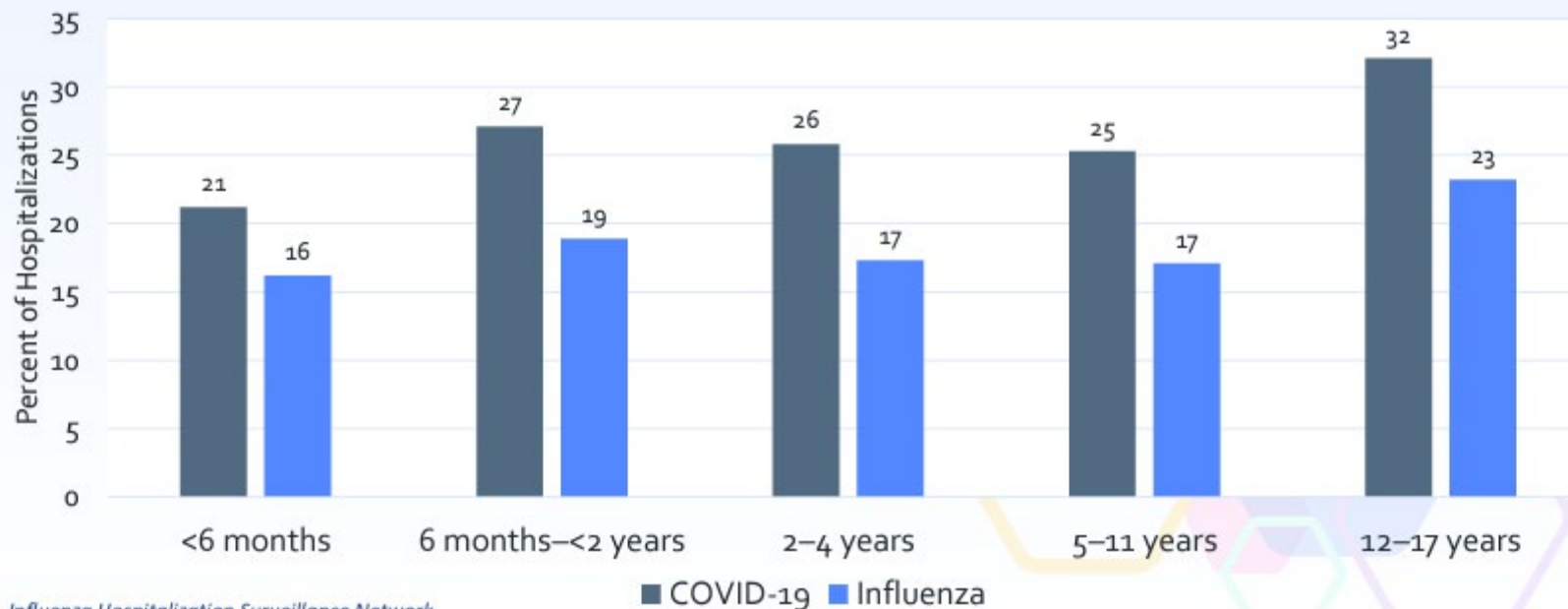


- 54% of hospitalized infants, children, and adolescents ages ≤17 years have **no underlying medical conditions**.
- Hospitalizations children and adolescents **ages ≥5 years** are **more likely to have underlying medical conditions** relative to children and infants ages ≤4 years.

Data are limited to hospitalizations where COVID-19 is a likely primary reason for admission. Figure displays underlying medical conditions present in ≥5% in ≥1 age group.

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Percent of COVID-19- and Influenza-Associated Hospitalizations with ICU Admission among Infants, Children, and Adolescents by Age Group — COVID-NET and FluSurv-NET*, October 2022–April 2023



* Influenza Hospitalization Surveillance Network

Limited to COVID-NET hospitalizations with COVID-19-related illness as likely reason for admission

From: **Assessment of COVID-19 as the Underlying Cause of Death Among Children and Young People Aged 0 to 19 Years in the US**

JAMA Netw Open. 2023;6(1):e2253590. doi:10.1001/jamanetworkopen.2022.53590

Table 1. Deaths Among Individuals Aged 0 to 19 Years

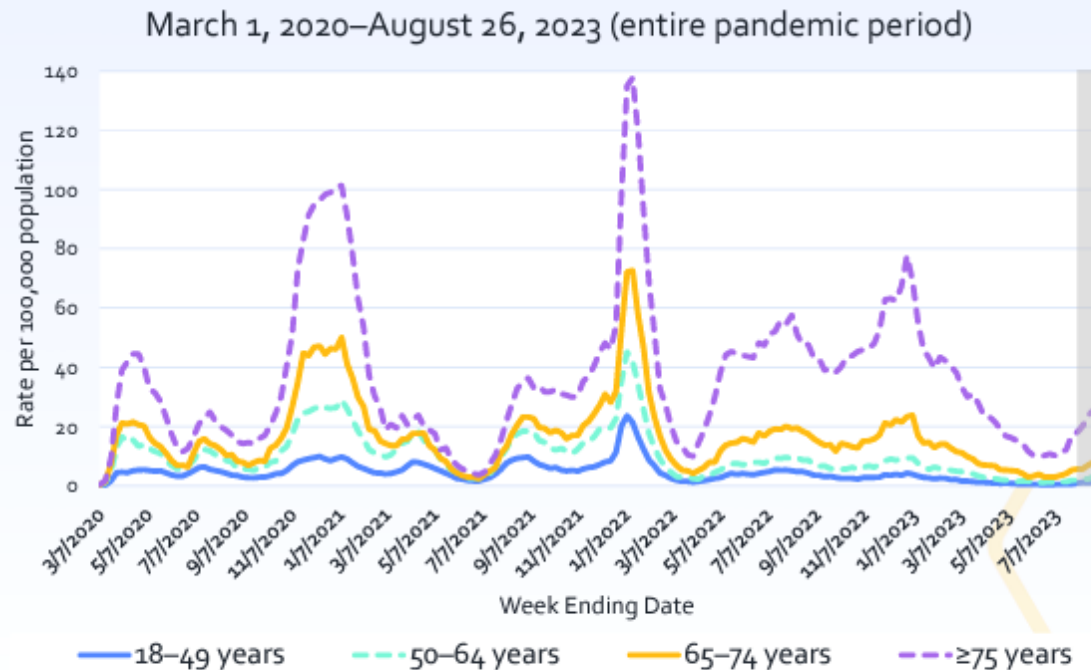
Leading causes of death (ICD-10 codes) ^a	Crude rate per 100 000	Deaths, No.	Rank	% Of all causes
#Certain conditions originating in the perinatal period (P00-P96)	12.7	10 387	1	25.7
#Accidents (unintentional injuries) (V01-X59, Y85-Y86)	9.1	7444	2	18.4
#Congenital malformations, deformations, and chromosomal abnormalities (Q00-Q99)	6.5	5286	3	13.1
#Assault (homicide) (*U01-*U02, X85-Y09, Y87.1)	3.4	2770	4	6.9
#Intentional self-harm (suicide) (*U03, X60-X84, Y87.0)	3.4	2756	5	6.8
#Malignant neoplasms (C00-C97)	2.1	1704	6	4.2
#Diseases of heart (I00-I09, I11, I13, I20-I51)	1.1	867	7	2.1
#COVID-19 (U07.1)	1.0	821	8	2.0
#Influenza and pneumonia (J09-J18)	0.6	472	9	1.2
#Cerebrovascular diseases (I60-I69)	0.4	297	10	0.7

^a Leading causes of death from the rankable causes on the National Center for Health Statistics 113 Selected Causes of Death List, for children and young people aged 0 to 19 years in 2019 in the US ranked, compared with COVID-19 deaths (August 1, 2021-July 31, 2022). COVID-19 was the eighth leading cause of death, and the fifth leading cause of death in disease-related causes of deaths (excluding unintentional injuries, assault, and suicide). The National Center for Health Statistics 113 Selected Causes of Death can be grouped into rankable causes of death, indicated by the # symbol. The * symbol indicates that U01-U03 are not ICD-10 codes but were introduced by NCHS in 2001 to classify deaths due to acts of terrorism.

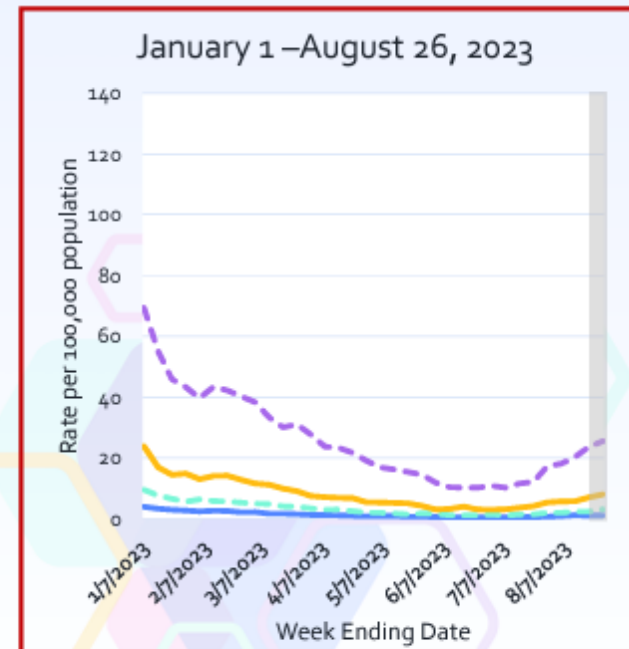
Table Title:

Deaths Among Individuals Aged 0 to 19 Years^a Leading causes of death from the rankable causes on the National Center for Health Statistics 113 Selected Causes of Death List, for children and young people aged 0 to 19 years in 2019 in the US ranked, compared with COVID-19 deaths (August 1, 2021-July 31, 2022). COVID-19 was the eighth leading cause of death, and the fifth leading cause of death in disease-related causes of deaths (excluding unintentional injuries, assault, and suicide). The National Center for Health Statistics 113 Selected Causes of Death can be grouped into rankable causes of death, indicated by the # symbol. The * symbol indicates that U01-U03 are not ICD-10 codes but were introduced by NCHS in 2001 to classify deaths due to acts of terrorism.

Weekly Population-Based Rates of COVID-19-Associated Hospitalizations among Adults Ages ≥ 18 Years — COVID-NET, March 2020–August 2023

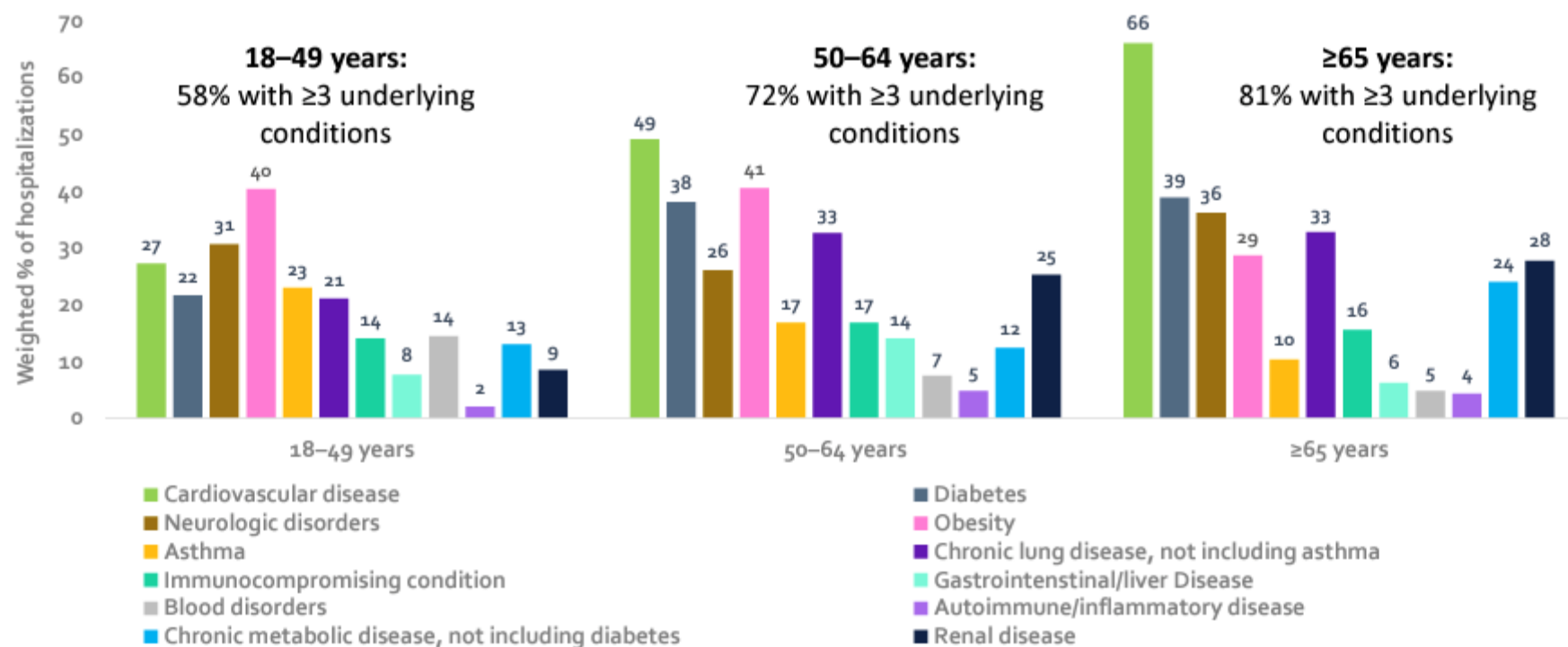


Gray boxes indicate potential reporting delays. Interpretation of trends should be excluded from these weeks.



12

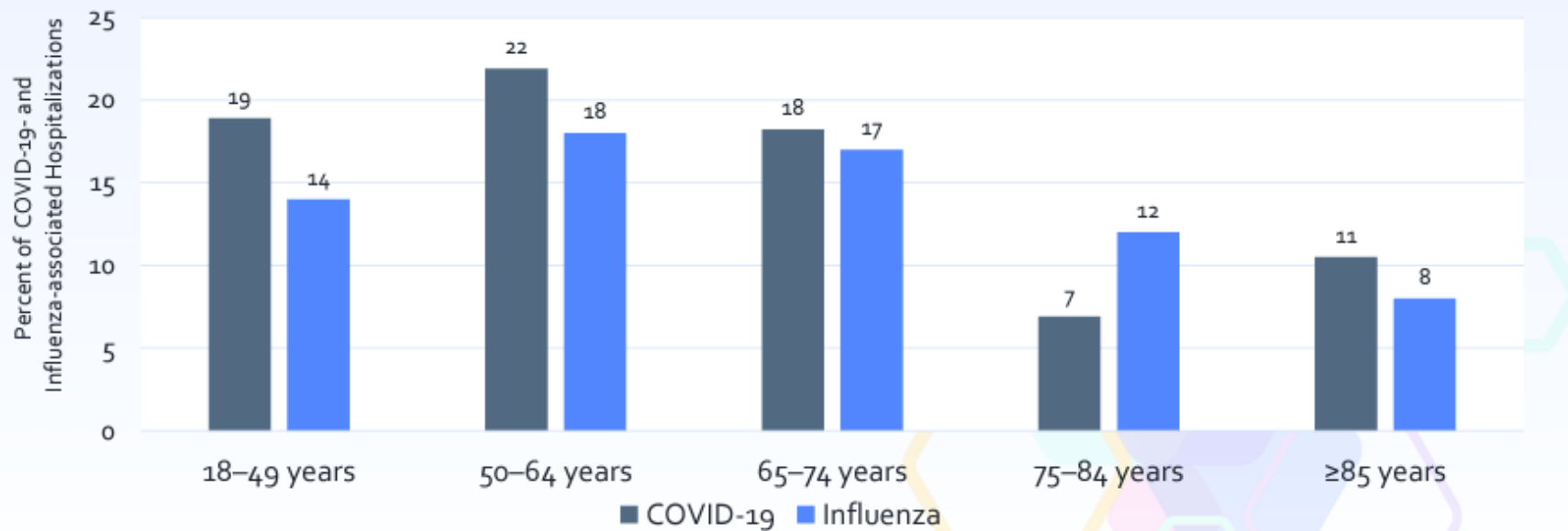
Underlying Medical Conditions among Adults Ages ≥18 Years Hospitalized for COVID-19, by Age Group — COVID-NET, January–June 2023



Data are limited to hospitalizations where COVID-19 is a likely primary reason for admission.

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Percent of COVID-19- and Influenza-Associated Hospitalizations with ICU admission among Adults by Age Group — COVID-NET and FluSurv-NET*, 13 States, October 2022–April 2023



* Influenza Hospitalization Surveillance Network
Limited to COVID-NET hospitalizations with COVID-19-related illness as likely reason for admission

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Post-COVID conditions

- Long COVID, Post-COVID, Long Haul COVID
- Most patients appear to recover from acute COVID-19 illness within four weeks. However, some continue to have on-going symptoms or new or recurrent symptoms and conditions after this acute phase. **So at least four weeks after infection** is the start of when Post-COVID Conditions could first be identified.
- Estimates of the proportion of people who had COVID-19 that go on to experience Post-COVID Conditions can vary.
- For the most current data on post-COVID occurrence in the U.S., visit:
<https://www.cdc.gov/nchs/covid19/pulse/long-covid.htm>



Common symptoms of Long COVID in adults

- Dyspnea or increased respiratory effort
- Fatigue
- Post-exertional malaise* and/or poor endurance
- Cognitive impairment or "brain fog"
- Cough
- Chest pain
- Headache
- Palpitations and tachycardia
- Arthralgia
- Myalgia
- Paresthesia
- Abdominal pain
- Diarrhea
- Insomnia and other sleep difficulties
- Fever
- Lightheadedness
- Impaired daily function and mobility
- Pain
- Rash (e.g., urticaria)
- Mood changes
- Anosmia or dysgeusia
- Menstrual cycle irregularities
- Erectile dysfunction

* [Post-exertional malaise \(PEM\)](#) is the worsening of symptoms following even minor physical or mental exertion, with symptoms typically worsening 12 to 48 hours after activity and lasting for days or even weeks.

Similar to adults there is a wide range in prevalence of post-COVID conditions among children

- Symptoms lasting 4 weeks or longer following SARS-CoV-2 infection are common among children and adolescents.
- The most common symptoms include:
 - Headache or respiratory symptoms (~7%)
 - Sleep disorders (~8%)
 - Fatigue (9%)
 - Mood disorders (~16%)



[Zimmermann et al. The Challenge of Studying Long COVID: An Updated Review : The Pediatric Infectious Disease Journal \(lww.com\)](#)

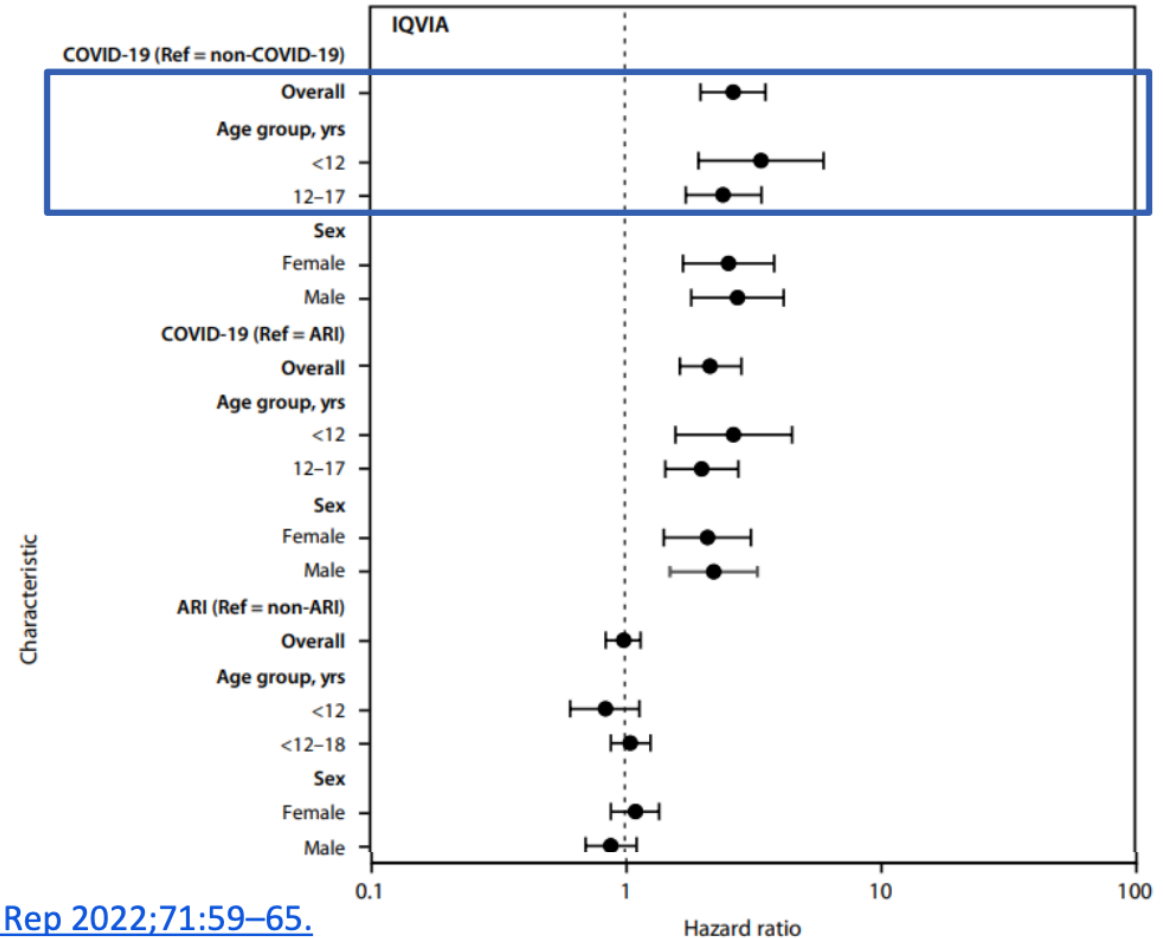
[Lopez-Leon et al. Long-COVID in Children and Adolescents: A Systematic Review and Meta-analyses | medRxiv](#)

Risk for Newly Diagnosed Diabetes >30 Days After SARS-CoV-2 Infection Among Persons Aged <18 Years — United States, March 1, 2020–June 28, 2021

Centers for Disease Control and Prevention

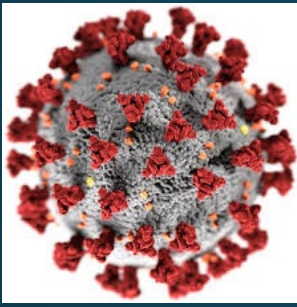
MMWR

- Retrospective cohorts constructed using IQVIA healthcare claims data from March 1, 2020, through February 26, 2021
- Incidence of new diabetes diagnosis among COVID-19 patients, matched by age and sex, was higher compared to no COVID-19 diagnosis and to pre-pandemic non-COVID acute respiratory infection (ARI)
- Hazard ratio of **2.66** overall



[Barrett CE, et al. MMWR Morb Mortal Wkly Rep 2022;71:59–65.](#)





MIS-C in children and adolescents

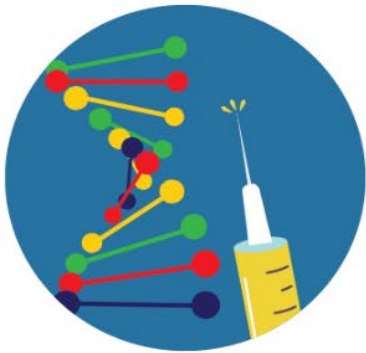
Multisystem inflammatory syndrome in children (MIS-C) is a rare condition that can occur in children and adolescents who develop COVID-19 disease. However, though rare, when it occurs, it can be serious.

In MIS-C, different body parts can become inflamed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs. We do not yet know what causes MIS-C. MIS-C can be serious, even deadly, but most children diagnosed with this condition have gotten better with medical care.

Over 9500 MIS-C cases and over 79 deaths due to MIS-C have been reported in the U.S. as of August 2023. Half of children with MIS-C were between the ages of 5 and 13 years, with a median age of 9 years. MIS-C cases have occurred in children and adolescents from <1 year old to 20 years old.

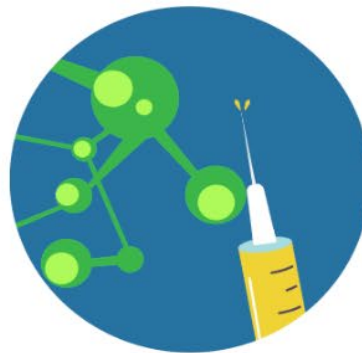
Different Types of COVID-19 Vaccines

THREE MAIN TYPES OF VACCINES



mRNA

mRNA is a molecule that tells our bodies to make proteins. mRNA in the COVID-19 vaccine tells our cells to make harmless proteins just like those on the virus. The Pfizer and Moderna vaccines work this way.



Protein Subunit

Protein subunit vaccines, such as the Novavax vaccine, contain harmless pieces of proteins unique to the COVID-19 virus.



Vector

Vector vaccines, like the J&J vaccine, use another virus that has been made safe to deliver material that tells our cells to make harmless proteins unique to the COVID-19 virus.

Viral vector vaccine, J and J/Janssen COVID-19 vaccine

is no longer authorized for use in the U.S.

mRNA vaccines

Pfizer-BioNTech and Moderna are the two mRNA COVID-19 vaccines authorized for use in the U.S. under an EUA.

The vaccines work by:

- Teaching our cells how to make the spike protein of the SARS- CoV2 virus. This triggers an immune response inside our bodies through the formation of antibodies to prevent infection and to develop 'memory cells' to help protect us against infection with the actual SARS-CoV2 virus in the future.

Myths and facts about mRNA vaccines:

- mRNA vaccines cannot give someone COVID-19.
- mRNA vaccines do not use the live virus that causes COVID-19.
- They do not affect or interact with our DNA in any way.
- mRNA never enters the nucleus of the cell, which is where our DNA (genetic material) is kept.
- The cell breaks down and gets rid of the mRNA soon after it is finished using the instructions.

Protein subunit COVID-19 Vaccine (Novavax)

- Protein subunit vaccines contain pieces (proteins) of the virus that causes COVID-19. The virus pieces are the spike protein.
- The Novavax COVID-19 vaccine contains another ingredient called an adjuvant. It helps the immune system respond to that spike protein.
- After learning how to respond to the spike protein, the immune system will be able to respond quickly to the actual virus spike protein and protect you against COVID-19.

COVID-19 Vaccines

None of the COVID-19 vaccines affect or interact with our DNA and the following are **not** included in the vaccines:

- **No preservatives** such as thimerosal or mercury or any other preservatives.
- **No antibiotics** such as sulfonamide or any other antibiotics.
- **No medicines or therapeutics** such as ivermectin or any other medications.
- **No tissues** such as aborted fetal cells, gelatin, or any materials from any animal.
- **No food proteins** such as eggs or egg products, gluten, peanuts, tree nuts, nut products, or any nut byproducts. (COVID-19 vaccines are not manufactured in facilities that produce food products).
- **No metals** such as iron, nickel, cobalt, titanium, or rare earth alloys. They also do not have any manufactured products like microelectronics, electrodes, carbon nanotubes or other nanostructures, or nanowire semiconductors.
- **No latex**. The vial stoppers used to hold the vaccine also do not contain latex.

After the body produces an immune response, it discards all of the vaccine ingredients, just as it would discard any substance that cells no longer need. This process is a part of normal body functioning.

COVID-19 vaccination schedule for most people (download most current version)

Ages 6 months–4 years

COVID-19 vaccination history prior to updated (2023–2024 Formula) vaccine*	Updated (2023–2024 Formula) vaccine	Number of updated (2023–2024 Formula) vaccine doses indicated	Dosage (mL/ug)	Vaccine vial cap and label colors	Interval between doses
Unvaccinated	Moderna	2	0.25 mL/25 ug	Dark blue cap; green label	Dose 1 and Dose 2: 4–8 weeks†
	OR				
	Pfizer-BioNTech	3	0.3 mL/3 ug	Yellow cap; yellow label	Dose 1 and Dose 2: 3–8 weeks†

Ages 5–11 years‡

1 dose any Moderna	
2 or more doses any Moderna	
1 dose any Pfizer-BioNTech	Pfizer-BioNTech
2 doses any Pfizer-BioNTech	Pfizer-BioNTech
3 or more doses any Pfizer-BioNTech	Pfizer-BioNTech

COVID-19 vaccination history prior to updated (2023–2024 Formula) vaccine*	Updated (2023–2024 Formula) vaccine	Number of updated (2023–2024 Formula) vaccine doses indicated
Unvaccinated	Moderna	1
	OR	
	Pfizer-BioNTech	1
1 or more doses any mRNA	Moderna	1
	OR	
	Pfizer-BioNTech	1

Ages 12 years and older

COVID-19 vaccination history prior to updated (2023–2024 Formula) vaccine*	Updated (2023–2024 Formula) vaccine	Number of updated (2023–2024 Formula) vaccine doses indicated	Dosage (mL/ug)	Vaccine vial cap and label colors [§]	Interval between doses
Unvaccinated	Moderna	1	0.5 mL/50 ug	Dark blue cap; blue label	—
	OR				
	Novavax	2	0.5 mL/5 ug rS protein and 50 ug Matrix-M adjuvant	Blue cap; blue label	Dose 1 and Dose 2: 3–8 weeks†
	OR				
	Pfizer-BioNTech	1	0.3 mL/30 ug	Gray cap; gray label	—
	OR				
1 or more doses any mRNA; 1 or more doses Novavax or Janssen, including in combination with any Original monovalent or bivalent COVID-19 vaccine doses	Moderna	1	0.5 mL/50 ug	Dark blue cap; blue label	At least 8 weeks after last dose
	OR				
	Novavax	1	0.5 mL/5 ug rS protein and 50 ug Matrix-M adjuvant	Blue cap; blue label	At least 8 weeks after last dose
	OR				
	Pfizer-BioNTech	1	0.3 mL/30 ug	Gray cap; gray label	At least 8 weeks after last dose
	OR				

COVID-19 vaccination schedule for people who are moderately or severely immunocompromised (download most current version)

Ages 6 months–4 years					
COVID-19 vaccination history prior to updated (2023–2024 Formula) vaccine*	Updated (2023–2024 Formula) vaccine	Number of updated (2023–2024 Formula) doses indicated			

Unvaccinated	Moderna	3
	Pfizer-BioNTech	3
1 dose any Moderna	Moderna	2
2 doses any Moderna	Moderna	1
3 or more doses any Moderna	Moderna	1
1 dose any Pfizer-BioNTech	Pfizer-BioNTech	2
2 doses any Pfizer-BioNTech	Pfizer-BioNTech	1
3 or more doses any Pfizer-BioNTech	Pfizer-BioNTech	1

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#timing-spacing-interchangeability>

10/9/2023

Ages 5–11 years*

COVID-19 vaccination history prior to updated (2023–2024 Formula) vaccine†	Updated (2023–2024 Formula) vaccine	Number of updated (2023–2024 Formula) doses indicated‡	Dosage (mL/ug)	Vaccine vial cap and label colors	Interval between doses
Unvaccinated	Moderna	3	0.25 mL/25 ug	Dark blue cap; green label	Dose 1 and Dose 2: 4 weeks Dose 2 and Dose 3: At least 4 weeks
	OR				

1 dose any Moderna	Moderna
2 doses any Moderna	Moderna
1 dose any Pfizer-BioNTech	Pfizer-BioNTech
2 doses any Pfizer-BioNTech	Pfizer-BioNTech
3 or more doses any mRNA vaccine	Moderna
	Pfizer-BioNTech

Ages 12 years and older*					
COVID-19 vaccination history prior to updated (2023–2024 Formula) vaccine†	Updated (2023–2024 Formula) vaccine	Number of updated (2023–2024 Formula) doses indicated‡	Dosage (mL/ug)	Vaccine vial cap and label colors§	Interval between doses
Unvaccinated	Moderna	3	0.5 mL/50 ug	Dark blue cap; blue label	Dose 1 and Dose 2: 4 weeks Dose 2 and Dose 3: At least 4 weeks
	OR				
	Novavax	2	0.5 mL/5 ug rS protein and 50 ug Matrix-M adjuvant	Blue cap; blue label	Dose 1 and Dose 2: 3 weeks
	OR				
1 dose any Moderna	Pfizer-BioNTech	3	0.3 mL/30 ug	Gray cap; gray label	Dose 1 and Dose 2: 3 weeks Dose 2 and Dose 3: At least 4 weeks
	Moderna	2	0.5 mL/50 ug	Dark blue cap; blue label	Dose 1: 4 weeks after last dose Dose 1 and Dose 2: At least 4 weeks
	Moderna	1	0.5 mL/50 ug	Dark blue cap; blue label	At least 4 weeks after last dose
	Pfizer-BioNTech	2	0.3 mL/30 ug	Gray cap; gray label	Dose 1: 3 weeks after last dose Dose 1 and Dose 2: At least 4 weeks

Staying up to date with COVID-19 vaccines

CDC recommends the 2023–2024 updated COVID-19 vaccines: Pfizer-BioNTech, Moderna, or Novavax, to protect against serious illness from COVID-19.

- Everyone aged 5 years and older should get **1 dose of an updated COVID-19 vaccine** to protect against serious illness from COVID-19.
- Children aged 6 months–4 years need multiple doses of COVID-19 vaccines to be up to date, including at least 1 dose of updated COVID-19 vaccine.
- People who are moderately or severely immunocompromised may get additional doses of updated COVID-19 vaccine.
- COVID-19 vaccine recommendations will be updated as needed.

Recommendations
for people who are
moderately or
severely
immunocompromised

Moderate or severely immunocompromised people may get additional doses of updated COVID-19 vaccines.

Guidance varies by age and vaccination history.

Visit Table 2. at <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#not-immunocompromised> for detailed guidance.

COVID-19 vaccines for people who are moderately or severely immunocompromised



People can **self-attest** to their moderately or severely immunocompromised status and receive COVID-19 vaccine doses wherever vaccines are offered.



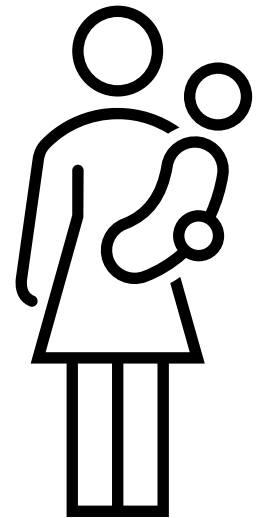
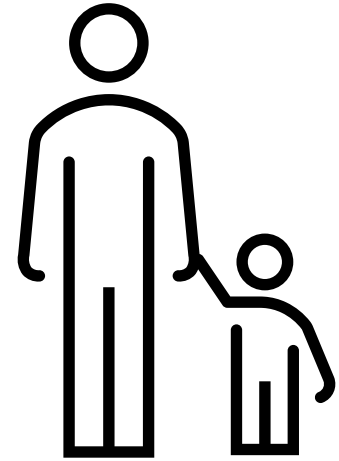
Vaccinators should not deny COVID-19 vaccination to a person due to lack of documentation.



Factors to consider in assessing a patient's general level of immune competence include disease severity, duration, clinical stability, complications, comorbidities, and any potentially immune-suppressing treatment.

Recommendations for Children 6 months – 4 years of age

- Children 6 months–4 years old
 - Initial vaccination: should receive either 2 doses of updated (2023–2024 Formula) Moderna or 3 doses of updated (2023–2024 Formula) Pfizer-BioNTech COVID-19 vaccine
 - Received previous mRNA doses: need 1 or 2 doses of updated (2023–2024 Formula) Moderna or updated (2023–2024 Formula) Pfizer-BioNTech COVID-19 vaccine, depending on the number of prior doses



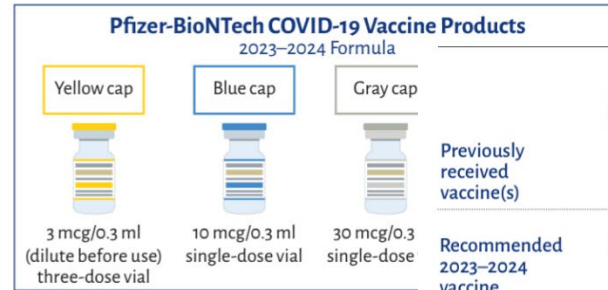
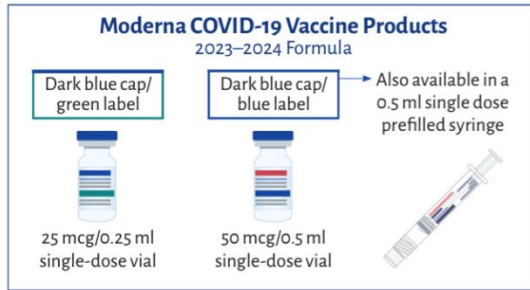
AAP Dosing guide for Children

Pediatric COVID-19 Vaccine Dosing Quick Reference Guide Moderna and Pfizer-BioNTech COVID-19 Vaccine Products

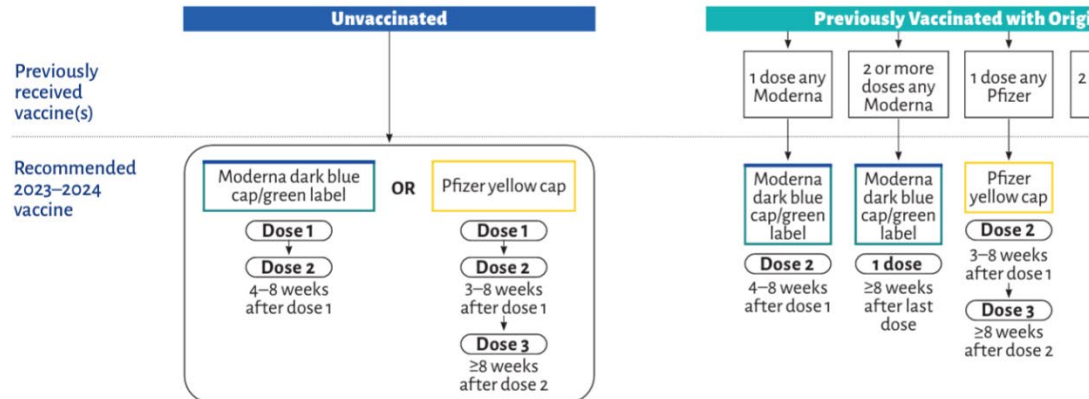
American Academy
of Pediatrics



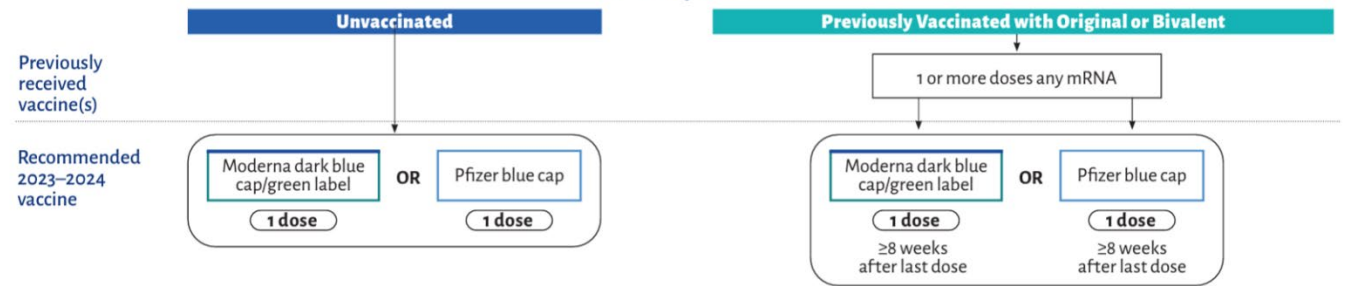
DEDICATED TO THE HEALTH OF ALL CHILDREN®



6 months – 4 years^a



5^a – 11 years



12 years and older



a. For children who turn 4 to 5 years during their vaccine series, follow dosing recommendations based on age at the start of the vaccine series.

View online at aap.org/CovidVaccineGuide

Last updated September 2023

When is a child/adolescent considered up to date?



Children 6 months through 4 years of age:

are up to date when they receive 3 doses of Pfizer-BioNTech vaccine or 2 doses of Moderna vaccine. At least 1 dose should be an updated Pfizer-BioNTech or Moderna COVID vaccine.

Children 5 years and older

are up to date when they receive **1 updated COVID-19 vaccine.**

Additional doses of the updated 2023-2024 COVID vaccine may be recommended if a child has certain medical conditions or is moderately or severely immunocompromised.

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When is an adult considered up to date?



Everyone 5 years and older

You are up to date when you receive **1 updated COVID-19 vaccine**.

People ages 12 years and older have the option of receiving either the updated (2023–2024 Formula) mRNA (Moderna, Pfizer-BioNTech) or updated (2023–2024 Formula) Novavax vaccine.

Additional doses of the updated 2023-2024 COVID vaccine may be recommended if a person has certain medical conditions or is moderately or severely immunocompromised.

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COVID-19 Vaccination of Pregnant People or Lactating People



- Pregnant and recently pregnant people with COVID-19 are at increased risk for severe illness when compared with non-pregnant people.
- Severe illness includes illness that requires hospitalization, intensive care unit admission, mechanical ventilation, or extracorporeal membrane oxygenation; or illness that results in death.
- Additionally, pregnant people with COVID-19 are at increased risk for preterm birth and might be at increased risk for other adverse pregnancy complications and outcomes, such as preeclampsia, coagulopathy, and stillbirth.

COVID-19 Vaccination of Pregnant People or Lactating People (2)

SOURCE: CDC

SOURCE: ACOG

COVID-19 vaccination is recommended for all people aged 6 months and older, including people who are pregnant, lactating, trying to get pregnant now, or might become pregnant in the future.

There is no evidence that any of the COVID-19 vaccines affect current or future fertility.

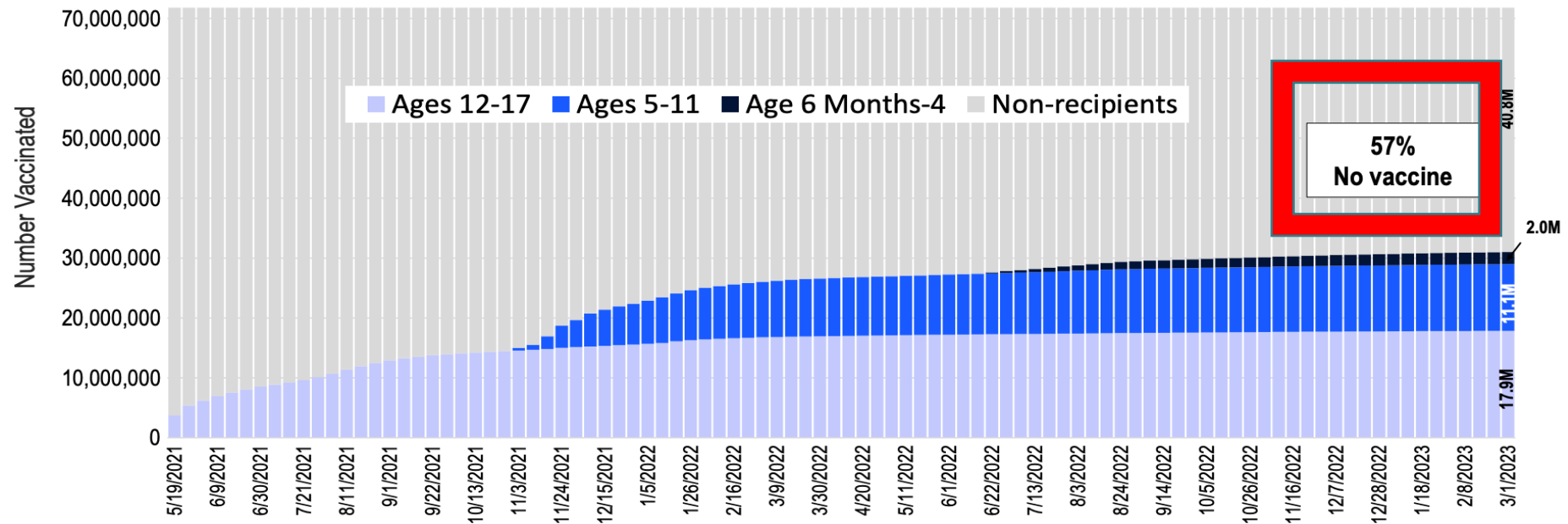
People who previously received the J and J, Janssen Vaccine

People who got the Johnson & Johnson/Janssen COVID-19 vaccine

- You are up to date when you get **1 updated COVID-19 vaccine.**

Cumulative Number of US Children (6 months – 17 years) Receiving At Least Initial Dose of COVID-19 Vaccine

5.19.21 to 3.1.2023



Sources: AAP analysis of data series titled "COVID -19 Vaccinations in the United States, Jurisdiction". CDC COVID -19 Data Tracker. Includes 50 states and DC. (URL: <https://data.cdc.gov/Vaccinations/COVID-19-Vaccinations-in-the-United-States-Jurisdiction/uns-kb7fc>). Population totals are based on 2021 population estimates (SC-EST2021) published by the US Census Bureau (URL: <https://www.census.gov/data/datasets/time-series/demo/popest/2020s-state-detail.html>).

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



VACCINE ADVERSE EVENTS (1)

- Usually appear in the first two days and then resolve within a week after vaccination. Side effects may be more pronounced after the 2nd dose of vaccine and after prior COVID19 infection. Unless people have a contraindication to vaccination, they should be encouraged to complete the series to optimize protection against COVID-19 even if they experience local or systemic symptoms following the first dose.

LOCAL REACTIONS

- Pain
- Redness
- Swelling

SYSTEMIC REACTIONS

- Fatigue
- Headache
- Chills
- Fever
- Muscle pain
- Nausea

Vaccine Adverse Events (2)

- Syncope risk after vaccination
 - Before vaccination, counsel patients about expected local and systemic reactions, especially syncope
 - Have patient sit or lie down to receive vaccine
 - Observe for 15 minutes under medical supervision
 - Wait 30 minutes if history of allergic reaction



Vaccine adverse events (3)

- Adverse events that occur in a recipient following COVID-19 vaccination should be reported to VAERS. Vaccination providers are required by the FDA to report the following that occur after COVID-19 vaccination under EUA:
 - Vaccine administration errors
 - Serious adverse events
 - Cases of Multisystem Inflammatory Syndrome
 - Cases of COVID-19 that result in hospitalization or death

VAERS---<https://vaers.hhs.gov/>

VSD---<https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/vsd/index.html>

V-safe---<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html>

Safety considerations for mRNA COVID-19 vaccines in children

- Febrile seizures can occur in infants and young children ages 6 months–5 years with any condition that causes a fever (most common with high fevers), including COVID-19.
- Febrile seizures are not common after vaccination. Febrile seizures were rare in COVID-19 vaccine clinical trials for young children.
- In most cases, simultaneous vaccination (different vaccines on the same day) does not lead to higher rates of febrile seizures, although administering more than one vaccine at the same clinic visit has been associated with increased risk for febrile seizures in some studies of young children. The impact of coadministration of COVID-19 and routine vaccines on the risk of febrile seizures has not been specifically studied. CDC will monitor for febrile seizures following COVID-19 vaccination in young children.

Myocarditis and pericarditis

- A rare risk for myocarditis and pericarditis has been observed following receipt of mRNA COVID-19 vaccines (i.e., Moderna or Pfizer-BioNTech) and Novavax COVID-19 Vaccine.
- Rare cases of myocarditis and pericarditis have occurred most frequently, in adolescent and young adult males within the first week after receiving the second dose.
- People who have experienced myocarditis/pericarditis after a dose of COVID-19 vaccine, generally should not receive a subsequent dose of any COVID-19 vaccine.

Myocarditis and pericarditis after vaccination in younger children

- In post-authorization surveillance, cases of myocarditis and pericarditis among children ages 5–11 years after Pfizer-BioNTech COVID-19 vaccination have been rarely reported, primarily in males and after dose 2.
- No cases of myocarditis or pericarditis were reported in children in the pre-authorization clinical trials of Pfizer-BioNTech (ages 6 months–4 years) or Moderna (ages 6 months–5 years) vaccines.
- To date, post-authorization surveillance has not detected an increased risk for myocarditis and pericarditis following mRNA COVID-19 vaccination in children ages 6 months–4 years (i.e., Pfizer-BioNTech) and ages 6 months–5 years (i.e., Moderna).

Myocarditis and pericarditis (2)

- People receiving Moderna, Novavax, and Pfizer-BioNTech COVID-19 vaccines, especially males ages 12–39 years, should be made aware of the rare risk of myocarditis and pericarditis following receipt of these vaccines and the benefit of COVID-19 vaccination in reducing the risk of severe outcomes from COVID-19, including the possibility of cardiac sequelae.
- Counseling should include the need to seek care if symptoms of myocarditis or pericarditis, *such as chest pain, shortness of breath, or tachycardia develop after vaccination, particularly in the week after vaccination*.
- In younger children, symptoms of myocarditis may also include non-specific symptoms such as irritability, vomiting, poor feeding, tachypnea, or lethargy.

Considerations for extending intervals for mRNA COVID-19 vaccine primary series (Pfizer and Moderna)

- An 8-week interval between the first and second primary series doses of Moderna, Novavax, and Pfizer-BioNTech COVID-19 vaccines may be optimal for some people as it may reduce the small risk of myocarditis and pericarditis associated with these COVID-19 vaccines.
- People who have a history of myocarditis or pericarditis that occurred before COVID-19 vaccination or later than 3 weeks after COVID-19 vaccination may receive any currently FDA-approved or FDA-authorized COVID-19 vaccine after the episode of myocarditis or pericarditis has completely resolved (i.e., resolution of symptoms, no evidence of ongoing heart inflammation or sequelae as determined by the person's clinical team). This includes people who had myocarditis or pericarditis due to SARS-CoV-2 or other viruses.
- People who have a history of other heart disease, including congenital heart disease and Kawasaki disease, may receive any currently FDA-approved or FDA-authorized COVID-19 vaccine.

Can I administer a COVID-19 Vaccine and another vaccine on the same day?

Answer YES.

- COVID-19 vaccines may now be administered without regard to the timing of other vaccines.
- If multiple vaccines are administered at a single visit, administer each injection in a different injection site.
- Administer the COVID-19 vaccines and vaccines that may be more likely to cause a local reaction (e.g., tetanus-toxoid-containing and adjuvanted vaccines) in different limbs, if possible.
- In accordance with General Best Practice Guidelines for Immunization, simultaneous administration of COVID-19 vaccine and nirsevimab (a long-acting monoclonal antibody for certain infants and young children for prevention of RSV) is recommended.

Should someone who has had COVID-19 disease get the vaccine?

Should someone who has had COVID-19 disease get the vaccine?

- Yes!!
- COVID-19 vaccination is recommended for everyone ages 6 months and older, regardless of a history of symptomatic or asymptomatic SARS-CoV-2 infection, including people with prolonged post-COVID-19 symptoms.
- People with known current SARS-CoV-2 infection should defer any COVID-19 vaccination at least until recovery from the acute illness (if symptoms were present) and criteria to discontinue isolation have been met.
- People who recently had SARS-CoV-2 infection may consider delaying a COVID-19 vaccine dose by 3 months from symptom onset or positive test (if infection was asymptomatic). Studies have shown that increased time between infection and vaccination might result in an improved immune response to vaccination.
- Consider masking and follow all precautions if you choose to wait.

Critical elements

Vaccine Schedules, Storage and Handling,
Administration, Special circumstances

Storage and Handling Guidelines

- **Follow Georgia Department of Health, CDC's and manufacturer's guidance for vaccine storage.** Some vaccine storage conditions are associated with beyond-use dates and times. Providers should track these time frames.
- Vaccine should **NOT** be used after the expiration date or beyond-use date/time.

The image shows the cover of the 'Vaccine Storage and Handling Toolkit'. It features a hand holding a magnifying glass over a person icon, with various medical icons like a syringe, a plus sign, and a stethoscope floating around. The background is a light blue with a grid pattern.

Vaccine Storage and Handling Toolkit

Updated with COVID-19 Vaccine Storage and Handling Information
Addendum added April 12, 2022

 U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

April 2022

STORAGE AND HANDLING GUIDELINES (See detailed guidelines for each vaccine)

Follow Georgia Department of Health guidelines

Vaccines & Immunizations

CDC > COVID-19 Vaccination > Product Info by U.S. Vaccine > Pfizer-BioNTech Vaccines

COVID-19 Vaccination

Product Info by U.S. Vaccine

Pfizer-BioNTech Vaccines

Storage & Handling

Administration

Moderna Vaccine +

Janssen/J&J Vaccine

EUA

EUI

FAQs for Healthcare Professionals +

Interim Clinical Considerations +

Clinical Care +

Provider Requirements and Support +

Training and Education

Vaccine Recipient Education +

Health Departments +

Storage and Handling of Pfizer-BioNTech COVID-19 Vaccines

 Follow CDC's and manufacturer's guidance for vaccine storage. Some vaccine storage conditions are associated with beyond-use dates and times. Providers should track these time frames.

Vaccine should **NOT** be used after the expiration date or beyond-use date/time.

Storage and Handling Overview

- Ensure staff are knowledgeable about correct storage of the vaccines.
- Follow CDC's guidance for storage units and temperature monitoring.
- Vaccines and diluents must be unpacked, stored at recommended temperatures, and documented immediately after arrival.

Storage and Handling Summaries

Purple Cap-12 years of age and older	Orange Cap- 5 through 11 years of age
Gray Cap-12 years of age and older	Maroon Cap-6 months through 4 years of age (Updated: 6/20/22)

Storage & Handling Toolkit



CDC: Pfizer

Storage and Handling of Novavax COVID-19 Vaccines

 Follow CDC's and manufacturer's guidance for vaccine storage. Some vaccine storage conditions are associated with beyond-use dates and times. Providers should track these time frames. Vaccine should **NOT** be used after the expiration date or beyond-use date/time.

Storage and Handling Overview

- Ensure staff are knowledgeable of correct storage of the vaccines.
- Follow CDC's guidance for storage units and temperature monitoring.
- Vaccines must be unpacked, stored at recommended temperatures, and documented immediately after arrival.

Storage & Handling Toolkit



Storage and Handling Labels

Storage and Handling Summaries

CDC: Novavax

CDC:Moderna

Vaccines & Immunizations

CDC > COVID-19 Vaccination > Product Info by U.S. Vaccine > Moderna Vaccine

COVID-19 Vaccination

Product Info by U.S. Vaccine

Pfizer-BioNTech Vaccines +

Moderna Vaccine

Storage & Handling

Administration

Janssen/J&J Vaccine

EUA

EUI

FAQs for Healthcare Professionals +

Interim Clinical Considerations +

Clinical Care +

Provider Requirements and Support +

Training and Education

Storage and Handling of Moderna COVID-19 Vaccines

 Follow CDC's and manufacturer's guidance for vaccine storage. Some vaccine storage conditions are associated with beyond-use dates and times. Providers should track these time frames.

Vaccine should **NOT** be used after the expiration date or beyond-use date/time.

Storage and Handling Overview

- Ensure staff are knowledgeable about correct storage of the vaccines.
- Follow CDC's guidance for storage units and temperature monitoring.
- Vaccines and diluents must be unpacked, stored at recommended temperatures, and documented immediately after arrival.

Storage & Handling Toolkit



Storage and Handling Summaries

Blue cap with magenta bordered label -6 months through 5 years of age (Updated: 6/20/22)	Red cap - 18 years of age and older
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CDC considers COVID-19 vaccination to be contraindicated or a precaution in the following situations:

Table 4. Contraindications and precautions to COVID-19 vaccination

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 .*
History of a known diagnosed allergy to a component of the COVID-19 vaccine†	Contraindication	Do not vaccinate with a COVID-19 vaccine that contains that component.*
History of anaphylaxis after any vaccine other than COVID-19 vaccine or after any injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies [excluding subcutaneous immunotherapy for allergies, i.e., "allergy shots"])	Precaution	The benefit of vaccination outweighs the risks for most people.*
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 have a precaution to the same type of COVID-19 vaccine .*	Precaution	
People with an allergy-related contraindication to one type of COVID-19 vaccine have a precaution to the other types of COVID-19 vaccines . Special situation: People with a known allergy to polysorbate have a contraindication to both Novavax and Janssen COVID-19 vaccines.**	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 after a dose of an mRNA or Novavax 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

Contraindications and Precautions (1)

- [SOURCE: CDC](#)

Can you interchange mRNA COVID-19 vaccine products

Children ages 6 months–4 years should receive all doses of COVID-19 vaccine from the same manufacturer; this includes children who are moderately or severely immunocompromised and those who are not.

People ages 5 years and older who are moderately or severely immunocompromised should receive a 3-dose initial vaccination series using vaccines from the same manufacturer.

In the following exceptional situations, a different age-appropriate COVID-19 vaccine may be administered:

- Same vaccine not available
- Previous dose unknown
- Person would otherwise not complete the vaccination series
- Person starts but unable to complete a vaccination series with the same COVID-19 vaccine due to a contraindication

Best practices for multiple injections

- Label each syringe with the name and the dosage (amount) of the vaccine, lot number, initials of the preparer, and exact beyond-use time, if applicable.
- Administer each injection in a different injection site; separate injection sites by 1 inch or more, if possible.
- Administer the COVID-19 vaccine and vaccines that may be more likely to cause a local reaction in different limbs, if possible. (e.g. High dose flu vaccine and COVID-19 vaccine)
- See ACIP's general best practices and *Epidemiology and Prevention of Vaccine-Preventable Diseases (Pink Book)* for further information.

COVID-19 Vaccines when Transitioning from a younger to older age group

In general, CDC recommends that people receive the age-appropriate vaccine product and dosage based on their age on the day of vaccination

- If a person moves to an older age group between vaccine doses, they should receive the vaccine product and dosage for the older age group for all subsequent doses with one exception:
- The FDA EUA provides that children who transition from age 4 years to age 5 years during the Pfizer-BioNTech COVID-19 vaccination series complete the 3-dose series with updated (2023–2024 Formula) Pfizer-BioNTech COVID-19 Vaccine for ages 6 months–4 years, 0.3 mL/3 ug (yellow cap; yellow label).
- In addition, the FDA EUA provides that children who transition from age 4 years to age 5 years during the Moderna vaccination series complete the 2-dose series; there is no dosage change.

See most current guidance at: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#safety-mRNA>

COVID-19 Vaccine Interim Clinical Considerations

Vaccine counseling

- Before vaccination, counsel patients about expected local and systemic reactions and the availability of the v-safe program
- CDC VIS is available for FDA approved COVID-19 vaccines
- Give appropriate EUA Fact sheets/VIS to vaccine recipients

Preparing for the potential management of anaphylaxis at COVID-19 vaccine sites

Should be available at all locations	If feasible, include at locations (not required)
Epinephrine (e.g., prefilled syringe, autoinjector)*	Pulse oximeter
H1 antihistamine (e.g., diphenhydramine, cetirizine)†	Oxygen
Blood pressure monitor‡	Bronchodilator (e.g., albuterol)
Timing device to assess pulse	H2 antihistamine (e.g., famotidine, cimetidine)
	Intravenous fluids
	Intubation kit
	Pocket mask with one-way valve (also known as cardiopulmonary resuscitation [CPR] mask) sized for adults and children

•Observation after COVID-19 vaccination

30 minutes:

-An allergy-related contraindication to a different type of COVID-19 vaccine

-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

15 minutes:

All other people

Recognizing and Responding to Anaphylaxis

How to recognize anaphylaxis

Healthcare personnel should consider anaphylaxis when patients present with generalized signs or symptoms such as **hives, serious or life-threatening symptoms** (e.g., hypotension, respiratory distress, or significant swelling of the tongue or lips), or **symptoms that involve more than one body system**.



Respiratory:

- sensation of throat closing
- stridor (high-pitched sound while breathing)
- shortness of breath
- wheeze, cough



Gastrointestinal:

- nausea
- vomiting
- diarrhea
- abdominal pain



Cardiovascular:

- dizziness
- fainting
- tachycardia (abnormally fast heart rate)
- hypotension (abnormally low blood pressure)



Skin/mucosal:

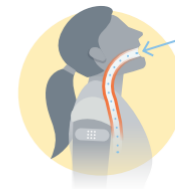
- generalized hives
- itching
- swelling of lips, face, or throat



Neurological:

- agitation
- convulsions
- acute change in mental status
- sense of impending doom (a feeling that something bad is about to happen)

What to do if you suspect anaphylaxis



Assess airway, breathing, and circulation



Administer epinephrine



Call Emergency Medical Services (EMS)



Place in supine position

Detailed information can be found in the Interim Considerations:
[Preparing for the Potential Management of Anaphylaxis After COVID-19 Vaccination](#)



Improper Immunization Administration Practices with Any Vaccine

SOURCE: CDC

SOURCE: IMMUNIZATION ACTION COALITION

10/9/2023

DO NOT re-use needles or syringes, due to the possibility of:

- Transmission of blood-borne viruses (HCV, HBV, HIV)
- Referral of providers to licensing boards for disciplinary action
- Malpractice suits filed by patients

Never use partial doses from 2 or more vials to obtain a dose of vaccine.

Per OSHA and the CDC, you MAY use the same needle to withdraw a diluent, inject this into a lyophilized vaccine vial, and then administer to a patient, providing the needle or syringe has not otherwise been contaminated or damaged.

COVID-19 Vaccine Errors

Dilution Errors

- If an incorrect amount of diluent is used, the patient may get too much or too little vaccine. Using the wrong diluent.

Administering vaccine vial contents WITHOUT adding diluent first

Product Packaging and Labeling Issues

- Vials of vaccine and Regeneron antibodies have been mixed up, partially due to similar packaging and inattention to the vial label

Waste of Vaccine Doses

- Doses wasted due to canceled appointments or leftovers at the end of the clinic day
- Use of certain syringes that contain a dead space between the hub and needle, thus wasting small amounts of vaccine

Errors with Scheduling the 2nd Dose

[SOURCE: ISMP](#) and [SOURCE: CDC](#)

COVID-19 Vaccine Administration errors

- Appendix D. Vaccine administration errors and deviations
- <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us-appendix.html>

Type	Administration error/deviation	Interim recommendation
Site/route	Incorrect site (i.e., site other than the deltoid muscle or vastus lateralis muscle)	Do not repeat dose.
	Incorrect route (e.g., subcutaneous)	- Do not repeat dose. - Inform the recipient of the potential for local and systemic adverse events.
Age	Unauthorized age group (recipients younger than 6 months)	Do not give another dose at this time.*
	Unauthorized age group (recipients ages 6 months–17 years)	- If Moderna vaccine administered: - As a booster dose, do not repeat the dose with Pfizer-BioNTech vaccine - If Janssen vaccine administered - As a primary dose, do not count the dose and begin or continue the age-appropriate mRNA COVID-19 vaccine primary series (Table 1) at least 28 days after the Janssen vaccine - As a booster dose, do not count the dose and repeat the dose with Pfizer-BioNTech vaccine at least 28 days after the Janssen vaccine
Product and dosage	If the incorrect product/dosage is administered, resulting in a higher-than-authorized dose	Do not repeat dose.^{†‡}
	If the incorrect product/dosage is administered, resulting in a lower-than-authorized dose	- Repeat dose immediately (no minimum interval) with the age-appropriate product/dosage. - Some experts suggest delaying the repeat dose for 8 weeks after the invalid dose based on the potential for increased reactogenicity and the rare risk of myocarditis from mRNA COVID-19 vaccine, especially in males ages 12–39 years.^{1‡}
	Higher-than-authorized dose volume administered of the correct product	Do not repeat dose.[†]
	Lower-than-authorized dose volume administered of the correct product (e.g., leaked out, equipment failure, recipient pulled away)	- Repeat dose immediately (no minimum interval).[‡] - However, if a half-volume dose of vaccine is administered to a patient recommended for the full volume, another half-volume dose can be administered on the same clinic day, and the 2 doses can count as 1 full dose. - See Appendix D for guidance on addressing situations in which a booster dose is administered prior to completing the primary series.

Vaccine Administration Best practices – Route, Dose, Site, Needle Size

Administering Vaccines: Dose, Route, Site, and Needle Size

Vaccine	Dose	Route	Injection Site and Needle Size
COVID-19 Pfizer-BioNTech • age 5 to <12 yrs: 0.2 mL pediatric formulation ("orange cap") • age ≥12 yrs: 0.3 mL adult/adolescent formulation for primary and booster doses Moderna; ≥18 yrs: 0.5 mL primary series*; 0.25 mL booster Janssen: ≥18 yrs: 0.5 mL for primary & booster doses		IM	Subcutaneous (Subcut) injection Use a 23–25 gauge needle. Choose the injection site that is appropriate to the person's age and body mass.
Diphtheria, Tetanus, Pertussis (DTaP, DT, Tdap, Td)	0.5 mL	IM	
Haemophilus influenzae type b (Hib)	0.5 mL	IM	
Hepatitis A (HepA)	≤18 yrs: 0.5 mL ≥19 yrs: 1.0 mL	IM	
Hepatitis B (HepB) <i>Persons 11–15 yrs may be given Recombivax HB (Merck) 1.0 mL adult formulation on a 2-dose schedule.</i>	Engerix-B; Recombivax HB ≤19 yrs: 0.5 mL ≥20 yrs: 1.0 mL Heplisav-B ≥18 yrs: 0.5 mL	IM	
Human papillomavirus (HPV)	0.5 mL	IM	
Influenza, live attenuated (LAIV)	0.2 mL (0.1 mL in each nostril)	Intra-nasal spray	
Influenza, inactivated (IIV); for ages 6–35 months	Afluria: 0.25 mL Fluzone: 0.25 or 0.5 mL Fluarix, Flucelvax, FluLaval: 0.5 mL	IM	
Influenza, inactivated (IIV), ≥3 yrs; recombinant (RIV), ≥18 yrs; high-dose (HD-IIV) ≥65 yrs	0.5 mL FluZone HD: 0.7 mL	IM	

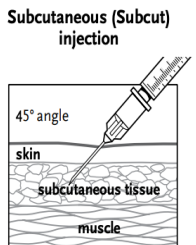
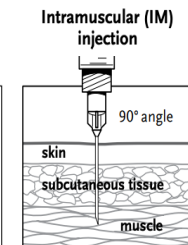
AGE	NEEDLE LENGTH	INJECTION SITE
Infants (1–12 mos)	5/8"	Fatty tissue over anterolateral thigh muscle
Children 12 mos or older, adolescents, and adults	5/8"	Fatty tissue over anterolateral thigh muscle or fatty tissue over triceps
Intramuscular (IM) injection Use a 22–25 gauge needle. Choose the injection site and needle length that is appropriate to the person's age and body mass.		
AGE	NEEDLE LENGTH	INJECTION SITE
Newborns (1st 28 days)	5/8" ¹	Anterolateral thigh muscle
Infants (1–12 mos)	1"	Anterolateral thigh muscle
Toddlers (1–2 years)	1–1¼"	Anterolateral thigh muscle ²
	5/8–1"	Deltoid muscle of arm
Children (3–10 years)	5/8–1"	Deltoid muscle of arm ²
	1–1¼"	Anterolateral thigh muscle
Adolescents and teens (11–18 years)	5/8–1"	Deltoid muscle of arm ²
	1–1½"	Anterolateral thigh muscle
Adults 19 years or older		

Measles, Mumps, Rubella (MMR)	0.5 mL	Subcut
Meningococcal serogroups A, C, W, Y (MenACWY)	0.5 mL	IM
Meningococcal serogroup B (MenB)	0.5 mL	IM
Pneumococcal conjugate (PCV)	0.5 mL	IM
Pneumococcal polysaccharide (PPSV)	0.5 mL	IM or Subcut
Polio, inactivated (IPV)	0.5 mL	IM or Subcut
Rotavirus (RV)	Rotarix: 1.0 mL Rotateq: 2.0 mL	Oral
Varicella (VAR)	0.5 mL	Subcut
Zoster (Zos)	Shingrix: 0.5 [†] mL	IM
Combination Vaccines		
DTaP-HepB-IPV (Pediarix) DTaP-IPV/Hib (Pentacel) DTaP-IPV (Kinrix; Quadracel) DTaP-IPV-Hib-HepB (Vaxelis)	0.5 mL	IM
MMRV (ProQuad)	≤12 yrs: 0.5 mL	Subcut
HepA-HepB (Twinrix)	≥18 yrs: 1.0 mL	IM

* If immunocompromised, Moderna 0.5 mL for 3-dose primary series, then 0.25 mL for booster dose.

[†] The Shingrix vial might contain more than 0.5 mL. Do not administer more than 0.5 mL.

Intranasal (NAS) administration of Flumist (LAIV) vaccine



Female or male <130 lbs	5/8–1" ¹	Deltoid muscle of arm
Female or male 130–152 lbs	1"	Deltoid muscle of arm
Female 153–200 lbs Male 153–260 lbs	1–1½"	Deltoid muscle of arm
Female 200+ lbs Male 260+ lbs	1½"	Deltoid muscle of arm
Female or male, any weight	1½"	Anterolateral thigh muscle

¹ A 5/8" needle may be used in newborns, preterm infants, and patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle only if the skin stretched tight, the subcutaneous tissue is not bunched, and the injection is made at a 90-degree angle to the skin.

² Preferred site

NOTE: Always refer to the package insert included with each biologic for complete vaccine administration information. CDC's Advisory Committee on Immunization Practices (ACIP) recommendations for the particular vaccine should be reviewed as well. Access the ACIP recommendations at www.immunize.org/acip.

IMMUNIZATION ACTION COALITION Saint Paul, Minnesota · 651-647-9009 · www.immunize.org · www.vaccineinformation.org

www.immunize.org/catg.d/p3085.pdf · Item #P3085 (11/21)

How to administer IM and SC vaccine injections

How to Administer Intramuscular and Subcutaneous Vaccine Injections Administration by the Intramuscular (IM) Route

Administer these vaccines via IM route

- Diphtheria-tetanus-pertussis (DTaP, Tdap)
- Diphtheria-tetanus (DT, Td)
- *Haemophilus influenzae* type b (Hib)
- Hepatitis A (HepA)
- Hepatitis B (HepB)
- Human papillomavirus (HPV)
- Inactivated influenza (IIV)
- Meningococcal serogroups A, C, W, Y (MenACWY)
- Meningococcal serogroup B (MenB)
- Pneumococcal conjugate (PCV13)
- Zoster, recombinant (RZV)

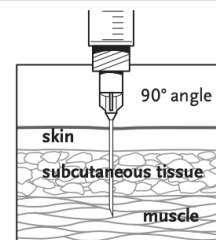
Administer inactivated polio (IPV) and pneumococcal polysaccharide (PPSV23) vaccines either IM or subcutaneously (Subcut).

PATIENT AGE	INJECTION SITE	NEEDLE SIZE
Newborn (0–28 days)	Anterolateral thigh muscle	5/8" (22–25 gauge)
Infant (1–12 mos)	Anterolateral thigh muscle	1" (22–25 gauge)
Toddler (1–2 years)	Anterolateral thigh muscle	1–1¼" (22–25 gauge)
	Alternate site: Deltoid muscle of arm if muscle mass is adequate	5/8"–1" (22–25 gauge)
Children (3–10 years)	Deltoid muscle (upper arm)	5/8"–1" (22–25 gauge)
	Alternate site: Anterolateral thigh muscle	1–1¼" (22–25 gauge)
Children and adults (11 years and older)	Deltoid muscle (upper arm)	5/8"–1" (22–25 gauge)
	Alternate site: Anterolateral thigh muscle	1–1½" (22–25 gauge)

* A 5/8" needle usually is adequate for neonates (first 28 days of life), preterm infants, and children ages 1 through 18 years if the skin is stretched flat between the thumb and forefinger and the needle is inserted at a 90° angle to the skin.

† A 5/8" needle may be used in patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle only if the skin is stretched flat between the

thumb and forefinger and the needle is inserted at a 90° angle to the skin; a 1" needle is sufficient in patients weighing 130–152 lbs (60–70 kg); a 1–1¼" needle is recommended in women weighing 153–200 lbs (70–90 kg) and men weighing 153–260 lbs (70–118 kg); a 1½" needle is recommended in women weighing more than 200 lbs (91 kg) or men weighing more than 260 lbs (118 kg).



Needle insertion

Use a needle long enough to reach deep into the muscle.

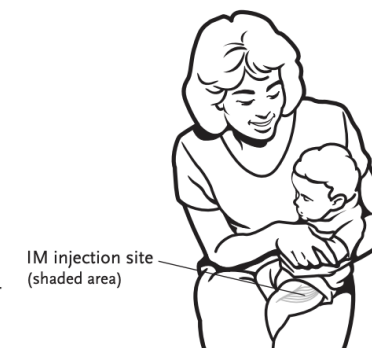
Insert needle at a 90° angle to the skin with a quick thrust.

(Before administering an injection of vaccine, it is not necessary to aspirate, i.e., to pull back on the syringe plunger after needle insertion.†)

Multiple injections given in the same extremity should be separated by a minimum of 1", if possible.

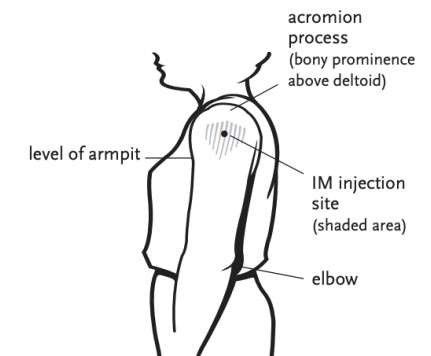
† CDC. "General Best Practices Guidelines for Immunization: Best Practices Guidance of the ACIP" at <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/downloads/general-recs.pdf>

Intramuscular (IM) injection site for infants and toddlers



Insert needle at a 90° angle into the anterolateral thigh muscle.

Intramuscular (IM) injection site for children and adults



Give in the central and thickest portion of the deltoid muscle – above the level of the armpit and approximately 2–3 fingerbreadths (~2") below the acromion process. See the diagram. To avoid causing an injury, do not inject too high (near the acromion process) or too low.

Vaccine administration

Administration

Age	Needle gauge	Needle length	Injection Site
6 months through 2 years	22- to 25-gauge needle	1-inch (25mm) needle*	Vastus lateralis in the anterolateral thigh
3 years and older	22- to 25-gauge needle	5/8- to 1-inch (25mm) needle†	Deltoid muscle

*Use a 5/8 to 1-inch (16 to 5 mm) if using the deltoid muscle. A 5/8 inch needle may be used only if the skin is stretched tightly and the subcutaneous tissue is not bunched.

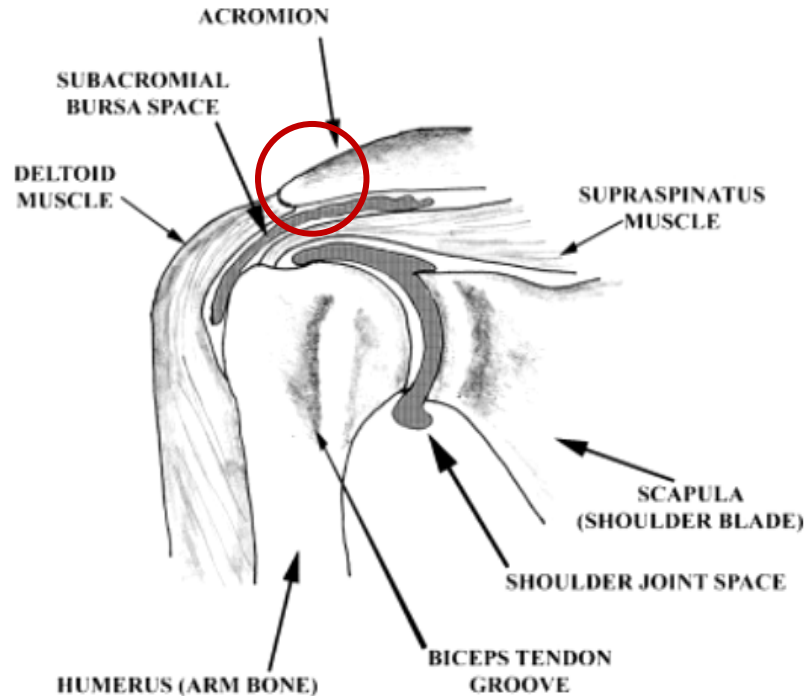
† Use a 1 to 1.25-inch (25–32 mm) needle if administering vaccine in the vastus lateralis muscle in the anterolateral thigh

- Intramuscular (IM) Injection Infants 11 months of age and younger:
<https://www.cdc.gov/vaccines/hcp/admin/downloads/IM-Injection-Infants-508.pdf>
- Intramuscular (IM) Injection Children 1 through 2 years of age:
<https://www.cdc.gov/vaccines/hcp/admin/downloads/IM-Injection-1-2-Years508.pdf>
- Intramuscular (IM) Injection Children 3 through 6 years of age:
<https://www.cdc.gov/vaccines/hcp/admin/downloads/IM-Injection-3-6-Years.pdf>

- Intramuscular (IM) Injection Infants 11 months of age and younger:
<https://www.cdc.gov/vaccines/hcp/admin/downloads/IM-Injection-Infants-508.pdf>
- Intramuscular (IM) Injection Children 1 through 2 years of age:
<https://www.cdc.gov/vaccines/hcp/admin/downloads/IM-Injection-1-2-Years-508.pdf>
- • Intramuscular (IM) Injection Children 3 through 6 years of age:
<https://www.cdc.gov/vaccines/hcp/admin/downloads/IM-Injection-3-6-Years.pdf>

SIRVA

Shoulder anatomy



HRSA
Healthcare Systems

4

SIRVA = Shoulder Injury
Related to Vaccine
Administration

TIPS TO AVOID THIS INJURY

- Landmark the site---don't "eyeball" it
- If possible, be seated to vaccinate a seated pt.
- Expose the shoulder completely
- Roll the sleeve up---don't pull the shirt over the neck
- **REMEMBER!**

2-3 FINGERS DOWN
FROM THE ACROMION

SOURCE: HHS

Training Tools: Skills Checklist for Vaccine Administration

Skills Checklist for Vaccine Administration

During the COVID-19 pandemic, the CDC recommends additional infection control measures for vaccination (see www.cdc.gov/vaccines/pandemic-guidance/index.html).

The Skills Checklist is a self-assessment tool for healthcare staff who administer immunizations. To complete it, review the competency areas below and the clinical skills, techniques and procedures outlined for each area. Score yourself in the Self-Assessment column. If you check **Needs to Improve**, you indicate further study, practice, or change is needed. When you check **Meets or Exceeds**, you indicate you believe you are performing at the expected level of competence, or higher.

Supervisors: Use the Skills Checklist to clarify responsibilities and expectations for staff who administer vaccines. When you use it to assist with performance reviews, give staff the opportunity to score themselves in advance. Next, observe their performance as they

administer vaccines to several patients, and score in the Supervisor Review columns. If improvement is needed, meet with them to develop a Plan of Action (see bottom of page 3) to help them achieve the level of competence you expect; circle desired actions or write in others.

The video "Immunization Techniques: Best Practices with Infants, Children, and Adults" helps ensure that staff administer vaccines correctly. (View at www.youtube.com/watch?v=W6Z6NEjffI or order online at www.immunize.org/dvd/.) Another helpful resource is CDC's Vaccine Administration eLearn course, available at www.cdc.gov/vaccines/hcp/admin/resource-library.html.

COMPETENCY	CLINICAL SKILLS, TECHNIQUES, AND PROCEDURES	Self-Assessment		Supervisor Review		
		NEEDS TO IMPROVE	MEETS OR EXCEEDS	NEEDS TO IMPROVE	MEETS OR EXCEEDS	PLAN OF ACTION
A Patient/Parent Education	1. Welcomes patient/family and establishes rapport.					
	2. Explains what vaccines will be given and which type(s) of injection(s) will be done.					
	3. Answers questions and accommodates language or literacy barriers and special needs of patient/parents to help make them feel comfortable and informed about the procedure.					
	4. Verifies patient/parents received Vaccine Information Statements (VISs) for indicated vaccines and has had time to read them and ask questions.					
	5. Screens for contraindications (if within employee's scope of work).					
	6. Reviews comfort measures and aftercare instructions with patient/parents, and invites questions.					
B Medical and Office Protocols	1. Identifies the location of the medical protocols (e.g., immunization protocol, emergency protocol, reporting adverse events to the Vaccine Adverse Event Reporting system [VAERS], reference material).					
	2. Identifies the location of epinephrine, its administration technique, and clinical situations where its use would be indicated.					
	3. Maintains up-to-date CPR certification.					
	4. Understands the need to report any needlestick injury and to maintain a sharps injury log.					
	5. Demonstrates knowledge of proper vaccine handling (e.g., maintains and monitors vaccine at recommended temperature and protects from light).					

CONTINUED ON THE NEXT PAGE ►

IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

Skills Checklist for Vaccine Administration (continued)

COMPETENCY	CLINICAL SKILLS, TECHNIQUES, AND PROCEDURES	Self-Assessment		
		NEEDS TO IMPROVE	MEETS OR EXCEEDS	NEEDS TO IMPROVE
C Vaccine Preparation	1. Performs proper hand hygiene prior to preparing vaccine.			
	2. When removing vaccine from the refrigerator or freezer, looks at the storage unit's temperature to make sure it is in proper range.			
	3. Checks vial expiration date. Double-checks vial label and contents prior to drawing up.			
	4. Prepares and draws up vaccines in a designated clean medication area that is not adjacent to areas where potentially contaminated items are placed.			
	5. Selects the correct needle size for IM and Subcut based on patient age and/or weight, site, and recommended injection technique.			
	6. Maintains aseptic technique throughout, including cleaning the rubber septum (stopper) of the vial with alcohol prior to piercing it.			
	7. Prepares vaccine according to manufacturer instructions. Inverts vial and draws up correct dose of vaccine. Rechecks vial label.			
	8. Prepares a new sterile syringe and sterile needle for each injection. Checks the expiration date on the equipment (syringes and needles) if present.			
	9. Labels each filled syringe or uses labeled tray to keep them identified.			
D Administering Immunizations	1. Verifies identity of patient. Rechecks the provider's order or instructions against the vial and the prepared syringes.			
	2. Utilizes proper hand hygiene with every patient and, if it is office policy, puts on disposable gloves. (If using gloves, changes gloves for every patient.)			
	3. Demonstrates knowledge of the appropriate route for each vaccine.			
	4. Positions patient and/or restrains the child with parent's help.			
	5. Correctly identifies the injection site (e.g., deltoid, vastus lateralis, fatty tissue over triceps).			
	6. Locates anatomic landmarks specific for IM or Subcut injections.			
	7. Preps the site with an alcohol wipe, using a circular motion from the center to a 2" to 3" circle. Allows alcohol to dry.			

CONTINUED ON THE NEXT PAGE ►

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Skills Checklist for Vaccine Administration (continued)

page 3 of 3

COMPETENCY	CLINICAL SKILLS, TECHNIQUES, AND PROCEDURES	Self-Assessment		Supervisor Review		
		NEEDS TO IMPROVE	MEETS OR EXCEEDS	NEEDS TO IMPROVE	MEETS OR EXCEEDS	PLAN OF ACTION
D Administering Immunizations (continued)	8. Controls the limb with the non-dominant hand; holds the needle an inch from the skin and inserts it quickly at the appropriate angle (90° for IM or 45° for Subcut).					
	9. Injects vaccine using steady pressure; withdraws needle at angle of insertion.					
	10. Applies gentle pressure to injection site for several seconds (using, e.g., gauze pad, bandaid).					
	11. Uses strategies to reduce anxiety and pain associated with injections.					
	12. Properly disposes of needle and syringe in "sharps" container.					
E Records Procedures	13. Properly disposes of vaccine vials.					
	1. Fully documents each vaccination in patient chart: date, lot number, manufacturer, site, VIS date, name/initials.					
	2. If applicable, demonstrates ability to use state/local immunization registry or computer to call up patient record, assess what is due today, and update computerized immunization history.					
	3. Asks for and updates patient's vaccination record and reminds them to bring it to each visit.					

Plan of Action

Circle desired next steps and write in the agreed deadline for completion, as well as date for the follow-up performance review.

- Watch video on immunization techniques and review CDC's Vaccine Administration eLearn, available at www.cdc.gov/vaccines/hcp/admin/resource-library.html.
- Review office protocols.
- Review manuals, textbooks, wall charts, or other guides (e.g., Key Vaccination Resources for Healthcare Professionals at www.immunize.org/catg.d/p2005.pdf).
- Review package inserts.
- Review vaccine storage and handling guidelines or video.
- Observe other staff with patients.

- Practice injections.
- Read Vaccine Information Statements.
- Be mentored by someone who has demonstrated appropriate immunization skills.
- Role play (with other staff) interactions with parents and patients, including age appropriate comfort measures.
- Attend a skills training or other appropriate courses/training.
- Attend healthcare customer satisfaction or cultural competency training.
- Renew CPR certification.
- Other _____

File the Skills Checklist in the employee's personnel folder.

PLAN OF ACTION DEADLINE _____

DATE OF NEXT PERFORMANCE REVIEW _____

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____

IMMUNIZATION ACTION COALITION Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org | www.immunize.org/catg.d/p7010.pdf • Item #P7010 (2/21)

<https://www.immunize.org/catg.d/p7010.pdf>

10/9/2023

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Monitoring Vaccine Safety



- **VAERS—Vaccine Adverse Event Reporting System**

- **Option 1 - Report Online to VAERS (Preferred)**

- Submit a VAERS report online. The report must be completed online and submitted in one sitting and cannot be saved and returned to at a later time. Your information will be erased if you are inactive for 20 minutes; you will receive a warning after 15 minutes.

- **Option 2 - Report using a Writable PDF Form**

- Download the Writable PDF Form to a computer. Complete the VAERS report offline if you do not have time to complete it all at once. Return to this page to upload the completed Writable PDF form by clicking here.

- **If you need further assistance with reporting to VAERS, please email info@VAERS.org or call 1-800-822-7967.**

- **FDA and Vaccine Data Link Safety Project**

- **VERP: Vaccine Error Reporting System**

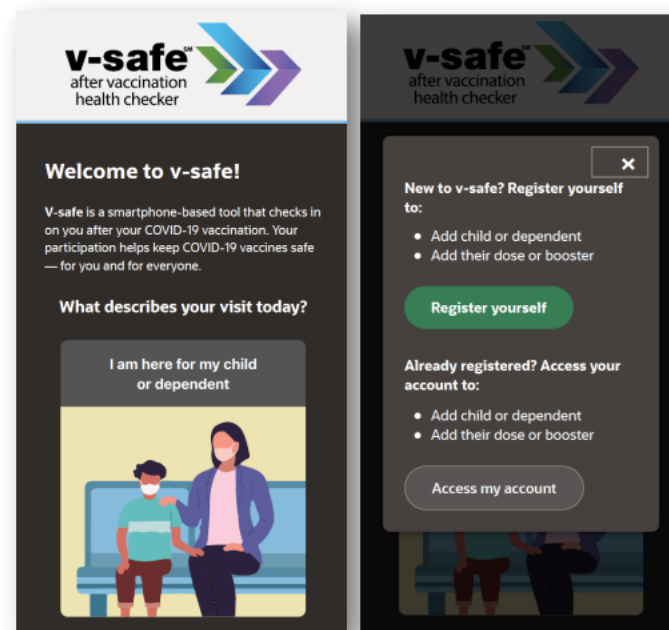
- ✓ On-line reporting at <http://verp.ismp.org/>
 - ✓ Report even if no adverse events associated with incident
 - ✓ Will help identify sources of errors to help develop prevention strategies

Post vaccination: Vaccine safety monitoring

Smartphone-based safety monitoring for COVID-19 vaccines

v-safe is a CDC smartphone-based monitoring program for COVID-19 vaccine safety in the U.S.

- A parent must be registered with v-safe in order to add a child to their account
- If a parent is already registered, they can access their account to add a child
- To register or access your account go to <https://vsafe.cdc.gov/en/>



There may be changes after June 30, 2023

Health Care Provider Role

- Set a good example. Get vaccinated yourself!
- Recommend the vaccine (Engage in effective COVID-19 vaccine conversations)
 - Start from a place of empathy and understanding
 - Assume patients will want to be vaccinated but may not know what to expect
 - Discuss anticipated side effects
 - Give a strong recommendation! Listen to and respond to patient questions
- Encourage registration in v-safe
- Document the vaccine in GRITS and on a personal record for the patient

AAP Resources for Providers and Parents (Vaccine Campaign Toolkit)

Masks do not harm
children's speech
development.



Real Talk

Masks Do Not Harm Children's Speech Development

Being around adults wearing
masks doesn't delay
babies' speech or language
development.



Real Talk

Being Around Adults Wearing Masks Doesn't Delay Babies' Speech

Social Media Graphics



This is Their Shot!

Select Language ▼ Select Platform ▼



The Vaccine is Here!

Select Language ▼ Select Platform ▼



THE CONVERSATION™
ABOUT THE **COVID VACCINES & KIDS**
Presented with the American Academy of Pediatrics

Pediatricians answer questions about the COVID-19 vaccines for children.



Kids & the COVID Vaccines: W. Kamau Bell Talks to Pediatricians



Which COVID vaccines are available for kids?



How were the COVID vaccines studied in kids?

SOURCE:AAP

10/9/2023

How to Talk with Parents about COVID-19 Vaccination

Tips for Pediatricians, Family Medicine Practitioners, Pharmacists & Other Pediatric Providers



Parents consider their child's healthcare providers to be their most trusted source of information when it comes to vaccines. You play a critical role in helping them understand the importance of COVID-19 vaccination and assuring them that [COVID-19 vaccines are safe and effective](#).

<https://www.cdc.gov/vaccines/covid-19/hcp/pediatrician.html>

How to Talk with parents about COVID-19 vaccination

AAP and Greater Than COVID

GREATER THAN COVID

NEW VIDEOS EXPAND THE CONVERSATION: Pediatricians Answer Questions about Children and the COVID-19 Vaccines

THE CONVERSATION / LA CONVERSACIÓN expands to address information needs about the COVID-19 vaccines available to children 12 and older and the status of vaccines for younger children. Produced by KFF under its [Greater Than COVID](#) public information response, this campaign is presented with the American Academy of Pediatrics. The new videos join the expansive living video library featuring Black and Latinx health care workers answering common questions on the COVID vaccines (available in English and Spanish). YouTube/Google, Facebook, Twitter and Pinterest are supporting distribution.



THE CONVERSATIONSM
ABOUT THE COVID VACCINES & KIDS
Presented with the American Academy of Pediatrics

HOW TO BE A VACCINE ALLY

5 TIPS FOR COUNTERING ANTI-VAXX MISINFORMATION



DON'T ENGAGE WITH ANTI-VACCINE MISINFORMATION ONLINE



DON'T OVERREACT - JUST BECAUSE YOU SEE IT DOESN'T MEAN IT'S WIDELY BELIEVED



CORRECT MISINFORMATION FROM FAMILY AND FRIENDS PRIVATELY



SPREAD PRO-VACCINE MESSAGES



GET VACCINATED AND GET LOUD ABOUT IT

CCDH 

How to Stop the Spread of Misinformation about COVID-19 Vaccines

Changing the Covid Conversation



de Beaumont
BOLD SOLUTIONS FOR HEALTHIER COMMUNITIES

**LANGUAGE THAT WORKS
TO IMPROVE VACCINE ACCEPTANCE**
Communications Cheat Sheet

TIPS



TAILOR YOUR MESSAGE FOR YOUR AUDIENCE. Americans' perceptions about vaccines and their safety differ by political party, race, age, and geography.



EXPLAIN THE BENEFITS OF GETTING VACCINATED, NOT JUST THE CONSEQUENCES OF NOT DOING IT. Say, "Getting the vaccine will keep you and your family safe," rather than calling it "the right thing to do." Focus on the need to return to normal and reopen the economy.



TALK ABOUT THE PEOPLE BEHIND THE VACCINE. Refer to the scientists, the health and medical experts – not the science, health, and pharmaceutical companies.



AVOID JUDGMENTAL LANGUAGE WHEN TALKING ABOUT OR TO PEOPLE WHO ARE CONCERNED. Acknowledge their concern or skepticism and offer to answer their questions.



USE (AND REPEAT) THE WORD "EVERY" TO EXPLAIN THE VACCINE DEVELOPMENT PROCESS. For example: "Every study, every phase, and every trial was reviewed by the FDA and a safety board."

Use These Words MORE:

Use These Words LESS:

The benefits of taking it	The consequences of not taking it
Getting the vaccine will keep you safe	Getting the vaccine is the right thing to do
A return to normal	Predictability/certainty
Your family	Your community
Medical experts	Scientists/health experts
Research	Discover/create/invent
Medical researchers	Drug companies
Damage from lockdowns	Inability to travel easily and safely
A transparent, rigorous process	The dollars spent; number of participants
Safety	Security
Pharmaceutical companies	Drug companies
Advanced/groundbreaking	Historic
Vaccination	Injection/inoculation
America's leading experts	The world's leading experts
Skeptical/concerned about the vaccine	Misled/confused about the vaccine





10/9/2023 www.changingthecovidconversation.org

CHANGING THE COVID CONVERSATION
Communications Cheat Sheet

Effective communication is always important in public health, but it's never been more important to understand the perceptions of Americans and modify your language accordingly. These recommendations are based on the "Changing the COVID Conversation" poll, conducted by Frank Luntz in partnership with the de Beaumont Foundation, Nov. 21-22, 2020. Learn more at debeaumont.org/changing-the-covid-conversation.

TIPS



FOCUS ON THE BENEFITS OF SUCCESS, NOT JUST THE CONSEQUENCES OF FAILURE.

- We understand that people are tired, but public health measures are not the enemy — they are the roadmap for a faster and more sustainable recovery.
- Scientists and medical professionals are developing and preparing to distribute a safe and effective vaccine that will help us return to normal day-to-day activities.



EMPHASIZE THAT THE SCIENCE IS SETTLED.

- The science is clear. There is no doubt that mask wearing, hand washing, and social distancing reduce the spread of COVID-19 and saves lives.



DON'T EXPECT PEOPLE TO TAKE PUBLIC HEALTH MEASURES BECAUSE IT'S GOOD FOR THEM. SPEAK TO THE CONSEQUENCES OF NOT TAKING THESE MEASURES.

- Because COVID-19 is highly infectious, one infection can quickly grow into an outbreak that could shutter a neighborhood, community, or entire city.



DON'T LET POLITICS OR PARTISANSHIP SLIP INTO YOUR MESSAGING, BECAUSE THAT WILL HARM YOUR CREDIBILITY. KEEP YOUR LANGUAGE NEUTRAL AND REPEATEDLY EMPHASIZE "EVERY" AND "ALL."

Use These Words MORE:

Use These Words LESS:

the pandemic	the coronavirus
eliminate/eradicate/get rid of the virus	defeat/crush/knock out the virus
social distancing	physical distancing
an effective and safe vaccine	a vaccine developed quickly
protocols	orders/imperatives/decrees
face masks	facial coverings
essential workers	frontline workers
personal responsibility	national duty
a stay-at-home order	a government lockdown/shutdown
public health agencies	government health agencies
policies that are based on facts/science/data	policies that are sensible/impactful/reasonable

Sample Language

SHORT: We all have a responsibility to slow the spread of COVID-19. It is imperative that we protect each other by doing things like wearing masks and practicing social distancing so we can return to a strong economy and normal day-to-day activities.

LONGER: We all want a return to normal, and we all want the economy and our schools to open. And we also want to protect our family and friends from the pandemic. Our finest medical researchers are clear: If we fail, there will be even worse consequences for our families and our economy. We all have a personal responsibility to slow the spread of the pandemic and eliminate the virus as quickly as possible. Therefore, it's imperative that we take an effective, fact-based approach ... by doing things like wearing face masks and practicing social distancing. Let's do what needs to be done now so we can return to a strong economy and normal day-to-day activities.



de Beaumont
BOLD SOLUTIONS FOR HEALTHIER COMMUNITIES

SOURCE: de Beaumont

Resources for parents and providers

- Recipient Education:
 - <https://www.cdc.gov/vaccines/covid-19/hcp/index.html>
- COVID-19 Vaccination for Children:
 - <https://www.cdc.gov/vaccines/covid19/planning/children.html>

Quick Conversation Guide on Pediatric COVID-19 Vaccination

Now that COVID-19 vaccination is available for everyone ages 5 years and older, parents may have questions for you. Hearing your answers to their questions can help parents feel more confident vaccinating their children and teens.

<https://www.cdc.gov/vaccines/covid-19/downloads/talking-to-parents.pdf>

COVID-19 Vaccination for Children

Information for Jurisdictions, Healthcare Providers, Pharmacists, and Community Partners

On This Page

[COVID-19 Vaccination Recommendations for Children](#)

[Clinical Resources for Vaccine Providers](#)

[Planning and Promoting COVID-19 Vaccination in Your Community](#)

[Clinical Training and Education for Vaccinators](#)

[Data and Scientific Research](#)

[Information Regarding Children with Disabilities](#)



[COVID-19 vaccine equity](#) is when all people who are eligible — including children — have fair access to COVID-19 vaccination. Use these resources to help children get vaccinated against COVID-19.

Information for
Jurisdictions



Information for
Healthcare Providers



Information for
Pharmacists



Information for
Parents and Caregivers



Patient and Health Care Provider Resources

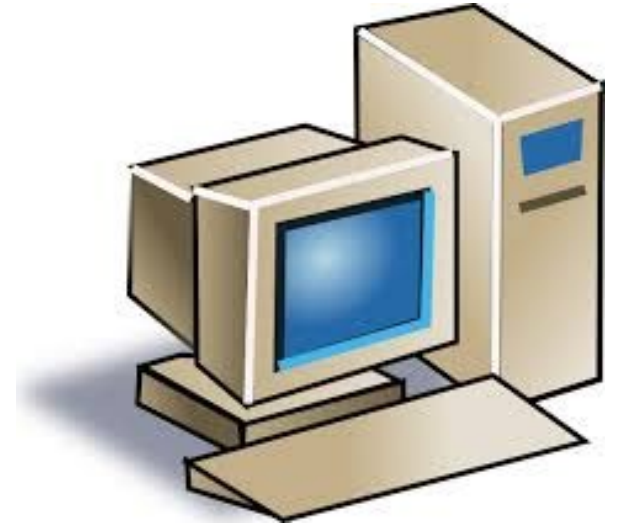
Vaccine Package Inserts

- Pfizer---<https://www.fda.gov/media/144413/download> (for providers)
- Moderna---<https://www.fda.gov/media/144637/download> (for providers)
- Janssen---<https://www.fda.gov/media/146304/download> (for providers)

VIS/Emergency Use Authorization (EUA) – Fact sheets for recipients

- Pfizer---<https://www.fda.gov/media/144414/download> (for vaccine recipients and caregivers)
- Moderna---<https://www.fda.gov/media/144638/download> (for vaccine recipients and caregivers)
- Janssen--- <https://www.fda.gov/media/146305/download> (for vaccine recipients and caregivers)

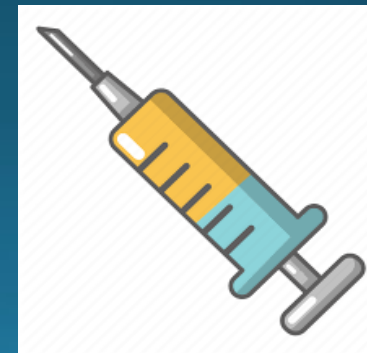
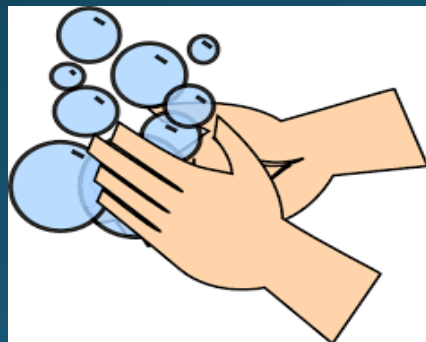
CDC resources for healthcare providers and vaccine recipients---
<https://www.cdc.gov/vaccines/>



Health Care Provider Training

- Training opportunities for HCPs (COVID-19 vaccines, talking to patients, FAQs)
 - <https://www.cdc.gov/vaccines/covid-19/training.html>
 - <https://www2.cdc.gov/vaccines/ed/covid19/SHVA/index.asp>
 - <https://www2.cdc.gov/vaccines/ed/covid19/pfizer/index.asp>
 - <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/>
 - <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/covid-19-vaccine-frequently-asked-questions/>
 - https://www.gritstest.state.ga.us/docs/COVID-19_Clinical_Training_and_Resources_for_HCPs.pdf

KEYS TO PREVENTION



Questions?

Contacts for more immunization information and resources!

National Center for Immunization and Respiratory Diseases, CDC

E-mail ► NIPInfo@cdc.gov

Hotline 800.CDC.INFO

Website <http://www.cdc.gov/vaccines>

Georgia Immunization Program

E-mail DPH-Immunization@dph.ga.gov

Hotline 404-657-3158

Website <http://dph.georgia.gov/immunization-section>

Immunization Action Coalition

E-mail admin@immunize.org

Phone 651.647.9009

Website www.immunize.org