

**Moderna COVID-19 Vaccine**

Standing Orders for Administering Vaccine



| Vaccine   | Dose/Injection Amount              | Route                           |
|---|------------------------------------|---------------------------------|
| 6 years through 11 years of age<br>(blue vial cap with purple-bordered label) | Primary dose: <b>50 µg/ 0.5 mL</b> | Intramuscular (IM)<br>injection |

**NOTE:**

- Vial label states booster doses only, which are authorized for persons ages 18 years and older.
- FDA has also authorized this product for primary series doses for children ages 6 years through 11 years.
- This is NOT authorized for booster doses for persons 6 months through 17 years.

**Purpose**

- To reduce morbidity and mortality from coronavirus disease 2019 (COVID-19) by vaccinating persons who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

**Policy**

- 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 in the "Procedure" section below without the need for clinician examination or direct order from the attending provider at the time of the interaction.

**Procedure**

Assess children 6 through 11 years of age for vaccination with Moderna COVID-19 Vaccine based on the following criteria:

- Children who ARE NOT moderately or severely immunocompromised\*†
  - If the recipient has never received a COVID-19 vaccine, administer 1 dose of Moderna COVID-19 Vaccine.
  - If the recipient has received 1 previous dose of Moderna COVID-19 Vaccine, administer the second dose at least 4–8 weeks after Dose 1.
- Children who ARE moderately or severely immunocompromised†
  - If the recipient has never received a COVID-19 vaccine, administer 1 dose of Moderna COVID-19 Vaccine.
  - If the recipient has received 1 previous dose of Moderna COVID-19 Vaccine, administer the second dose at least 4 weeks after Dose 1.
  - If the recipient has received 2 previous doses of Moderna Vaccine, administer the third dose at least 4 weeks after Dose 2.

- Children with a history of myocarditis or pericarditis:
  - If history is prior to COVID-19 vaccination, may receive Moderna vaccine product for 6 years through 11 years of age. after the episode of myocarditis or pericarditis has completely resolved.
  - If myocarditis or pericarditis occurred after the first dose of an mRNA vaccine, experts advise no additional doses of any COVID-19 vaccine, including Moderna product for children 6 through 11 years of age. Administration of the second dose of an mRNA COVID-19 vaccine series can be considered in certain circumstances after the episode of myocarditis or pericarditis has completely resolved. Considerations can be found at [www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#considerations-Moderna-moderna](http://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#considerations-Moderna-moderna)
- Additional clinical considerations
  - For children who received a COVID-19 vaccine that is not currently authorized or approved in the United States, guidance can be found at: [www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#not-authorized-vaccines](http://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#not-authorized-vaccines).
  - Moderna COVID-19 Vaccine may be coadministered with other vaccines without regard to timing, including simultaneous administration.
  - For recommendations for COVID-19 vaccination and SARS-CoV-2 infection, see [www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#CoV-19-vaccination](http://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#CoV-19-vaccination).

**Screen for contraindications and precautions****Contraindications:**

History of:

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to component of the COVID-19 vaccine

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

† Inform parents/legal representative (when relevant) of the possibility of myocarditis or pericarditis following receipt of mRNA COVID-19 vaccines and the need to seek care if symptoms of myocarditis or pericarditis develop after vaccination. Educational materials are available at [www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/myocarditis.html](http://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/myocarditis.html)

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- Known diagnosed allergy to a component of the vaccine (see [www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#Appendix-C](http://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#Appendix-C) for a list of vaccine components)

### Precautions:

Most people determined to have a precaution to a COVID-19 vaccine at their appointment can and should be administered vaccine.

History of:

- Immediate allergic reaction<sup>‡</sup> to any non-COVID-19 or injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies [excluding subcutaneous immunotherapy for allergies, i.e., “allergy shots”])
- Immediate (within 4 hours after vaccination) non-severe, allergic reaction to a previous dose of the COVID-19 vaccine
- Moderate to severe acute illness, with or without fever
- MIS-C or MIS-A
- Myocarditis or pericarditis after a dose of an mRNA COVID-19 vaccine

### Vaccine Administration

- Provide all recipients and/or parents/legal guardians with a copy of the current Fact Sheet for Recipients and Caregivers.
- Prepare to administer vaccine (dark blue cap and label with a purple border) by IM injection.
  - Needle gauge and length: Use a 22-25 gauge, 1 inch<sup>§</sup>
- For children:
  - 6 through 11 years: Deltoid muscle in the upper arm<sup>¶</sup>
- Administer 0.5 mL of Moderna COVID-19 Vaccine for children 6 through 11 years of age (blue vial cap with purple-bordered label).
- Document vaccination.
  - COVID-19 vaccination providers must document vaccine administration in their medical record systems within 24 hours of administration and use their best efforts to report administration data to the relevant system (e.g., immunization information system) for the jurisdiction as soon as practicable and no later than 72 hours after administration.
  - Document each recipient's vaccine administration information:
    - » Medical record: The vaccine and the date it was administered, manufacturer, lot number, vaccination site

and route, name and title of the person administering the vaccine.

- » Vaccination record card: Date of vaccination, product name/manufacturer, lot number, and name/location of the administering clinic or healthcare professional. Give to the vaccine recipient.
- » Immunization information system (IIS): Report the vaccination to the appropriate state/local IIS.
- Additional preparation and administration information is available on the manufacturer's website at [www.modernatx.com](http://www.modernatx.com).
- Be prepared to manage medical emergencies.
  - Vaccination providers should observe patients after vaccination to monitor for the occurrence of immediate adverse reactions, including syncope:
    - » **30 minutes:** Persons with a history of:
      - Immediate (within 4 hours of exposure) non-severe allergic reaction to a COVID-19 vaccine.
      - Immediate allergic reaction of any severity to a non-COVID-19 vaccine or injectable therapies
      - Anaphylaxis due to any cause.
    - » **15 minutes:** All other persons
  - Syncope may occur in association with injectable vaccines, in particular among adolescents. Procedures should be in place to avoid falling injuries and manage syncopal reactions.
  - Have a written protocol to manage medical emergencies following vaccination, as well as equipment and medications, including at least 3 doses of epinephrine, H1 antihistamine, blood pressure monitor, and timing device to assess pulse.
  - Healthcare personnel who are trained and qualified to recognize the signs and symptoms of anaphylaxis as well as administer intramuscular epinephrine should be available at the vaccination location at all times.
  - For more information, please see:
    - » **Interim Considerations: Preparing for the Potential Management of Anaphylaxis after COVID-19 Vaccination** at <https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/anaphylaxis-management.html>
    - » **CDC's General Best Practice Guidelines for Immunization, “Preventing and Managing Adverse Reactions,”** at <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/adverse-reactions.html>

<sup>‡</sup> An immediate allergic reaction is defined as any hypersensitivity-related signs or symptoms such as urticaria, angioedema, respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within 4 hours following exposure to a vaccine or medication.

<sup>§</sup> A 5/8 inch needle may be used if administering the vaccine in the deltoid muscle AND the skin is stretched tightly and the subcutaneous tissue is not bunched.

<sup>¶</sup> The vastus lateralis muscle in the anterolateral thigh may also be used

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- » Immunization Action Coalition’s “Medical Management of Vaccine Reactions in Adults in a Community Setting” at <https://www.immunize.org/catg.d/p3082.pdf>
- Report adverse events to the Vaccine Adverse Event Reporting System (VAERS).
  - While this vaccine is under Emergency Use Authorization (EUA) (<https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>), healthcare professionals are required to report to VAERS:
    - » Vaccine administration errors (whether associated with an adverse event [AE] or not)
    - » Serious AEs (irrespective of attribution to vaccination)
  - » Multisystem inflammatory syndrome (MIS) in adults (<https://www.cdc.gov/mis-c/mis-a.html>) or children (<https://www.cdc.gov/mis-c/index.html>)
  - » Cases of COVID-19 that result in hospitalization or death
  - » Any additional AEs and revised safety requirements per the Food and Drug Administration’s (<https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>) conditions for use of an authorized vaccine throughout the duration of the EUA
  - Healthcare professionals are encouraged to report to VAERS (<https://vaers.hhs.gov/>):
    - » Clinically important adverse events that occur after vaccination, even if you are not sure whether the vaccine caused the adverse event

**Note:** For more information/guidance, please contact the immunization program at your state or local health department or the appropriate state body (e.g., state board of medical/nursing/pharmacy practice).

### Standing Orders Authorization

This policy and procedure shall remain in effect for all patients of the \_\_\_\_\_ effective \_\_\_\_\_ until rescinded or until \_\_\_\_\_ .  
 Medical director (or other authorized practitioner)  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ .

Adapted with appreciation from the Immunization Action Coalition (IAC) standing orders