

Moderna COVID-19 Vaccine

Standing Orders for Administering Vaccine to Persons 18 Years of Age and Older



Vaccine	Dosage (amount)/ Route
Moderna-Primary Series	0.5 mL/IM injection
Moderna-Booster Dose	0.25mL/IM injection

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 persons 18 years of age and older for vaccination with Moderna COVID-19 Vaccine based on the following criteria:

- Primary-series vaccination
 - 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 an interval of least 28 days.*
 - If the vaccine product given as the first dose cannot be determined or is no longer available, any mRNA COVID-19 vaccine product may be administered at least 28 days after the first dose.
 - If 2 doses of an mRNA vaccine or a single dose of Janssen COVID-19 Vaccine has been administered, the person is considered fully vaccinated 2 weeks after completing the primary vaccination series.
- Persons with a history of myocarditis or pericarditis:
 - If history is prior to COVID-19 vaccination may receive any FDA-authorized COVID-19 vaccine after the episode of myocarditis or pericarditis has completely resolved
 - If myocarditis or pericarditis occurs after a dose of an mRNA vaccine, do not administer a subsequent dose of any COVID-19 vaccine. Administration of the subsequent dose of COVID-19 vaccine can be considered in certain circumstances after the episode of myocarditis or pericarditis has completely resolved. Decisions regarding vaccination should be made in consult with the clinical team. Considerations can be found at <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#considerations-pfizer-biontech-moderna>
- Inform recipients, especially males 12 through 29 years of age and their 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.†
- Additional primary dose for persons who are moderately or severely immune compromised‡
 - For a person aged 18 years and older who received a Moderna primary mRNA vaccine series: Consider an additional primary dose of Moderna vaccine at least 28 days after an initial 2-dose Moderna primary series. If the vaccine product cannot be determined or is no longer available, administer either mRNA COVID-19 product.
- Persons who have received HCT or CAR-T-cell therapy
 - Revaccinate persons who received doses of COVID-19 vaccine prior to receiving HCT or CAR-t-cell therapy with a primary series at least 3 months (12 weeks) after transplant or CAR-T-cell therapy.
- Booster doses
 - A booster dose, at least 6 months after the last dose of a primary series (i.e., the 2nd dose or additional primary series dose for moderately or severely immunocompromised persons) **should** be given to:
 - » People 50 years of age and older
 - » Residents of long-term care settings 18 years of age and older
 - A booster dose, at least 6 months after the last dose of a primary series (i.e., the 2nd dose or additional primary series dose for moderately or severely immunocompromised persons) **may** be given to all other persons 18 years of age and older based on their individual risks and benefits.
 - Persons previously vaccinated with Janssen COVID-19 vaccine: A booster dose, **should** be given at least 2 months after the Janssen COVID-19 Vaccine primary dose.

* If the second dose is administered less than 24 days after the first dose (4-day grace period), the dose should be repeated. The repeat dose should be spaced at least 28 days after the improperly administered Moderna dose.

† Educational materials are available at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/myocarditis.html>

‡ For a list of conditions associated with moderate to severe immune compromise, see: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#considerations-covid19-vax-immunocompromised>

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- For moderately and severely immunocompromised persons, the booster dose may be given after an additional (3rd) primary series dose (for a total of 4 doses) For additional information, see Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#considerations-covid19-vax-immunocompromised>
- Use of heterologous booster doses is allowed. Any FDA-approved or FDA-authorized COVID-19 vaccine product can be administered.
- **Additional Clinical Considerations**
 - For persons who received a COVID-19 vaccine:
 - » Outside of the United States
 - » Not currently authorized/approved in the United States
 See clinical guidance at <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#people-vaccinated-outside-us>
 - 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 <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#CoV-19-vaccination>
- **Screen for contraindications and precautions.**
 - **Contraindications:**
 - » History of a:
 - Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine
 - Known diagnosed allergy to a component of the COVID-19 vaccine (see <https://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.
 - » Immediate allergic reaction[§] to any non-COVID-19 vaccine or injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies [excluding subcutaneous immunotherapy for allergies, i.e., “allergy shots”])
 - This includes non-COVID-19 vaccines and therapies with multiple components and the component(s) that elicited the reaction is unknown
 - » Immediate (within 4 hours after vaccination) non-severe, allergic reaction to a previous dose of the COVID-19 vaccine
 - » Contradiction to one type of COVID-19 vaccines (mRNA) is a precaution to other types of COVID-19 vaccines (Janssen)[¶]
 - » Moderate to severe acute illness

Sex and Weight of Patient	Needle Gauge	Needle Length	Injection Site**
Female or male fewer than 130 lbs	22–25	5/8 ^{††} – 1"	Deltoid muscle of arm
Female or male 130–152 lbs	22–25	1"	Deltoid muscle of arm
Female 152–200 lbs	22–25	1–1½"	Deltoid muscle of arm
Male 152–260 lbs	22–25	1–1½"	Deltoid muscle of arm
Female 200+ lbs	22–25	1½"	Deltoid muscle of arm
Male 260+ lbs	22–25	1½"	Deltoid muscle of arm

§ 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.

¶ Consider consultation with an allergist-immunologist to help determine if a patient with a contraindication to an mRNA vaccine can safely receive the Janssen COVID-19 Vaccine. Healthcare providers and health departments may also request a consultation from the [Clinical Immunization Safety Assessment COVIDvax project \(https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/cisa/index.html\)](https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/cisa/index.html). Vaccination of these individuals should only be done in an appropriate setting under the supervision of a healthcare provider experienced in the management of severe allergic reactions.

- People with a contraindication to mRNA COVID-19 vaccines (including due to a known PEG allergy) have a precaution to Janssen COVID-19 vaccination. People who have previously received an mRNA COVID-19 vaccine dose should wait at least 28 days to receive Janssen COVID-19 Vaccine.
- People with a contraindication to Janssen COVID-19 Vaccine (including due to a known polysorbate allergy) have a precaution to mRNA COVID-19 vaccination.

** Alternately, the anterolateral thigh can be used. A 1.5-inch needle may be used if administering vaccine in this site.

†† Some experts recommend a 5/8-inch needle for men and women who weigh less 130 pounds. If used, skin must be stretched tightly (**do not bunch subcutaneous tissue**).

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- Provide all recipients with a copy of the current federal Emergency Use Authorization (EUA) Fact Sheet for Recipients and Caregivers.
- Prepare to administer the vaccine. Choose the correct needle gauge, needle length, and injection site for persons:
 - 18 years of age:
 - » Needle gauge/length: 22-25 gauge, 1-inch.
 - » Site: Deltoid muscle of arm.
 - 19 years of age and older: See chart.
- Follow the manufacturer's guidance for storing/handling punctured vaccine vials.
- Administer Moderna COVID-19 Vaccine by intramuscular (IM) injection
 - 0.5 mL for primary series and additional primary dose (moderately to severely immunocompromised persons)
 - 0.25 mL for booster dose
- 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 including booster dose information is available on the manufacturer's website at <https://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:
 - A contraindication to another type of COVID-19 vaccine product.
 - Immediate (within 4 hours of exposure) non-severe allergic reaction to a COVID-19 vaccine.
 - » **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>
 - » **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 \(EUA\)](#), 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](#) or [children](#)
 - » Cases of COVID-19 that result in hospitalization or death
 - » Any additional AEs and revised safety requirements per the [Food and Drug Administration's](#) conditions for use of an authorized vaccine throughout the duration of the EUA
 - Healthcare professionals are encouraged to report to [VAERS](#):
 - » Clinically important adverse events that occur after vaccination, even if you are not sure whether the vaccine caused the adverse event

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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