12 Years of Age and Older (Gray Cap)

Pfizer-BioNTech COVID-19 Vaccine

Vaccine Preparation and Administration Summary

General Information
Vaccine: Pfizer-BioNTech, 12 years of age and older (gray cap)

Use the correct formulation based on the age of the recipient
Multidose vial: 6 doses per vial
Dosage: 0.3 mL. Do NOT dilute.

Age Indications
12 years of age and older

Thawing Frozen Vaccine
- Vaccine stored at ultra-cold temperatures must be thawed before use.
- Thaw vaccine in the refrigerator or at room temperature:
  - Unpunctured vials may be stored in the refrigerator for up to 10 weeks.

Prepare the Vaccine
Follow aseptic technique. Perform hand hygiene before vaccine preparation, between patients, when changing gloves (if worn), and any time hands become soiled.*

Remove vaccine from the storage unit. Check the vial label to ensure it is the correct formulation based on the age of the recipient. The vial for persons 12 years of age and older that does not require diluent has a gray cap and a gray border on the label. Allow vaccine to come to room temperature. Vials can be held at room temperature for up to 12 hours before first puncture of the vial stopper.

Administer the Vaccine
Assess recipient status:
- Screen for contraindications and precautions.
- Review vaccination history.
- Review medical considerations.

Choose the correct equipment, including the correct needle size. Use a new sterile needle and syringe for each injection.
- The vial for persons 12 years of age and older that does not require diluent has a gray cap and gray border on the label. Do NOT administer vaccine that has an orange cap or orange border label on the vial.

Check the:
- expiration date on the vaccine
- any beyond-use dates/times
NEVER use expired vaccine. NEVER use vaccine after the beyond-use date or times.

With the vaccine at room temperature, gently invert vial 10 times. Do not shake the vial. If the vial is shaken, contact the manufacturer. The vaccine is white to off-white in color with no visible particles. Do not use if liquid is discolored or if particles are observed after inverting.

Cleanse the stopper on the multidose vial of vaccine with a new, sterile alcohol prep pad. Withdraw 0.3 mL of vaccine into the syringe.
- Regardless of the type of syringe used, ensure the amount of vaccine in the syringe equals 0.3 mL.
- If the amount of vaccine remaining in the vial cannot provide a full 0.3 mL dose, discard the vial and contents.
- Do NOT combine vaccine from multiple vials to obtain a dose.

Remove any significant air bubbles with the needle still in the vial to avoid loss of vaccine. Ensure the prepared syringe is not cold to the touch.

* Gloves are not required unless the person administering the vaccine is likely to come in contact with potentially infectious body fluids or has open lesions on the hands. If worn, perform hand hygiene and change gloves between patients.
Administer the Vaccine (Continued)

Note the date and time the vaccine was first punctured on the vial. Keep punctured vials of vaccine between 2°C and 25°C (36°F to 77°F) for up to 12 hours. Discard any unused vaccine after 12 hours. Do not return to ultra-cold freezer storage.

Bring the dose of vaccine from the designated preparation area immediately to the patient treatment area for administration.

Ensure staff has the correct PPE before administering vaccines and implement policies for the use of face coverings for vaccine recipients older than 2 years of age (if tolerated).

Administer the vaccine immediately by intramuscular (IM) injection in the deltoid muscle.

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 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:

- History of 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”])
- History of a non-severe, immediate allergic reaction* after a dose COVID-19 vaccine
- Allergy-related contraindication to one type of COVID-19 vaccines (mRNA) is a precaution to other types of COVID-19 vaccines (Janssen)†
- History of multisystem inflammatory syndrome in children (MIS-C) and adults (MIS-A)
- History of myocarditis or pericarditis after a dose of an mRNA COVID-19 vaccine
- Moderate to severe acute illness, with or without fever

For more information, please see Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States at www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html.

Management of Anaphylaxis

Be prepared to manage medical emergencies.

- 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.


* 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 the patient can safely receive vaccination. Healthcare providers and health departments may also request a consultation from the Clinical Immunization Safety Assessment COIVIDrax Project (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.
Document the 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 (i.e., 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 in the:

- **Medical record:**
  - Vaccine and the date it was administered
  - Manufacturer and lot number
  - Vaccination site and route
  - Name and title of the person administering the vaccine

- **Personal vaccination record card (shot 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) or “registry”:** Report the vaccination to the appropriate state/local IIS.

Reporting Adverse Events

Healthcare professionals are required to report to the Vaccine Adverse Event Reporting System (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 reporting requirements per the Food and Drug Administration’s conditions for use of an authorized vaccine throughout the duration of the EUA

Adverse events should be reported even if the cause is uncertain. Healthcare professionals are also encouraged to report any clinically significant AEs that occur after vaccine administration. Submit reports to www.vaers.hhs.gov.

For additional information, see the vaccine manufacturer’s product information at www.cvdvaccine.com.

For additional information on preventing, reporting, and managing mRNA COVID-19 vaccine administration errors, see https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#Appendix-A