

YOU CALL THE SHOTS

Vaccine Administration: Intramuscular (IM) Injection Children 1 through 2 years of age

Administer these vaccines by IM injection:

- COVID-19 (1vCOV-mRNA)
- Diphtheria, tetanus, and pertussis (DTaP)
- Diphtheria, tetanus, pertussis, polio, and hepatitis B (DTaP-IPV-HepB)
- Diphtheria, tetanus, pertussis, polio, and *Haemophilus influenzae* type b (DTaP-IPV/Hib)
- Diphtheria, tetanus, pertussis, polio, *Haemophilus influenzae* type b and hepatitis B (DTaP-IPV-Hib-HepB)
- Haemophilus influenzae* type b
- Hepatitis A (HepA)
- Hepatitis B (HepB)
- Influenza vaccine, inactivated (IIV)
- Inactivated polio vaccine (IPV)*
- Measles, mumps, and rubella (MMR)*
- Meningococcal conjugate (MenACWY)
- Pneumococcal conjugate (PCV15, PCV20)
- Pneumococcal polysaccharide (PPSV23)*
- Respiratory syncytial virus monoclonal antibody (RSV-mAb)
- Varicella (VAR)*

Note: Age, recommendations for use, and other indications vary by product. Always review manufacturers' product information as well as the current immunization schedule for children and adolescents (www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html) before administering vaccine.

* May also be administered by subcutaneous injection.

To ensure vaccines are safe and effective, it's important to prepare and administer them correctly:

- Follow aseptic technique.
- Use a new, separate needle and syringe for each injection.
- Perform hand hygiene before vaccine preparation, between patients, when changing gloves (if worn), and any time hands become soiled.†

†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.

1. Use the correct syringe and needle.

- Administer the vaccine using either a 1-mL or 3-mL syringe.
- Use the correct gauge and needle length.‡
 - 22- to 25-gauge needle
 - 1-inch to 1.25-inch (25 mm-32 mm) needle

‡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.

2. Identify the injection site.

- Recommended site: the vastus lateralis muscle in the anterolateral thigh[§]
- Use anatomical landmarks to determine the injection site. The muscle is located on the anterior lateral aspect of the thigh. The middle third of the muscle is used for injections - above the lateral condyle and below the greater trochanter.

§The deltoid muscle can be used if the muscle mass is adequate.

3. Administer the vaccine correctly.

- Inject the vaccine into the middle and thickest part of the muscle. Insert the needle at a 90-degree angle and inject all the vaccine in the muscle tissue.
- Aspiration (i.e., pulling back on the plunger) is not necessary before injecting the vaccine. No large blood vessels are present at the recommended injection sites, and a process that includes aspiration might be more painful. For more information, see www.cdc.gov/vaccines/hcp/imz-best-practices/vaccine-administration.html
- If administering more than one injection in the same limb:
 - Use the vastus lateralis muscle in the anterolateral thigh. It is preferred because of its larger muscle mass.
 - Separate the injection sites by 1 inch if possible.
- For additional information**, go to CDC's clinical resources on vaccine administration; General Best Practices for Immunization: Vaccine Administration section at www.cdc.gov/vaccines/hcp/imz-best-practices/vaccine-administration.html Vaccine administration resource library at www.cdc.gov/vaccines/hcp/admin/resource-library.html

Vastus Lateralis Muscle

1 in (25 mm)

