Standing Order for Administering COVID-19 Vaccine (Adult)

Purpose: To reduce morbidity and mortality from COVID-19 disease by vaccinating all individuals who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), the Food and Drug Administration (FDA) product labeling, and the Department of Defense (DoD).

Policy: Under this standing order, eligible health care professionals working within their scope of practice may vaccinate patients who meet the criteria below.

Procedure:

1. Identify individuals ≥ 18 years of age in need of vaccination against SARS-CoV-2 infection based on the following criteria:
   - No documented evidence of receipt of a complete series of COVID-19 vaccine at the appropriate ages and intervals
   - No documented evidence of receipt of at least one bivalent COVID-19 mRNA vaccine dose
2. Using DHA Form 207, screen all patients for contraindications and precautions to COVID-19 vaccine:

Contraindications:

- History of a serious reaction (e.g., anaphylaxis) or diagnosed allergy to a previous dose of COVID-19 vaccine or to a vaccine component
- Novavax only: known allergy to polysorbate
- For information on vaccine components, refer to the FDA Fact Sheets for Moderna, Novavax, and Pfizer-BioNTech, or the CDC Interim Clinical Guidance.

Precautions:

- History of anaphylaxis after any other vaccine or injectable therapy (excluding "allergy shots")
- History of a non-severe, immediate (onset less than 4 hours) allergic reaction after a dose of one type of COVID-19 vaccine is a precaution to **the same type of COVID-19 vaccine**.
- History of an allergy-related contraindication to one type of COVID-19 vaccine is a precaution to **other types of COVID-19 vaccines.**
- Moderate or severe acute illness with or without fever
- History of MIS-C or MIS-A
- History of myocarditis or pericarditis
- mRNA vaccines only: known allergy to polysorbate
- For questions or concerns, consider consulting the DHA Immunization Healthcare Support Center at (877) 438-8222, Option 1 or DSN 761-4245.

Special Populations:

- **Pregnancy and Lactation:** Pregnant and postpartum/lactating individuals may receive any current FDA-licensed or FDA EUA-authorized COVID-19 vaccine. Routine pregnancy testing before receipt of COVID-19 vaccine is not required, and pregnancy need not be delayed after vaccination.
- **Immunocompromised**: Individuals who are or become moderately or severely immunocompromised should receive the COVID-19 vaccine and dosage appropriate for their age and immune status on the day of vaccination. COVID-19 vaccination should not be delayed in patients taking immunosuppressive therapies, but whenever possible:
  - Administer ≥ 2 weeks before initiation or resumption of immunosuppressive therapies
  - Receipt of B-cell-depleting therapies on a continuing basis: administer approximately 4 weeks before the next scheduled therapy
- **Vaccinated outside the U.S. with any number and combination of:**
  - An FDA-licensed or authorized COVID-19 vaccine or a World Health Organization emergency use listed (WHO-EUL) COVID-19 vaccine not FDA-licensed or authorized: do not restart the series, vaccinate as described below (#4).
  - A non-FDA or non-WHO-EUL COVID-19 vaccine: doses do not count towards U.S. schedule. These individuals are considered unvaccinated: administer as described below

(#4) beginning ≥ 28 days after the last dose of vaccine.

- **COVID-19 Vaccine Clinical Trial Participants:** Individuals who completed a primary series of a WHO-EUL COVID-19 vaccine (not a placebo) can receive additional age-appropriate mRNA COVID-19 vaccine doses as indicated. These individuals should confer with their trial POCs before vaccination.

3. Provide all patients (or their parent/legal representative) with a copy of the COVID-19 Vaccine Fact Sheet for Recipients and Caregivers (Moderna, Novavax, or Pfizer-BioNTech) or the VIS, as applicable. You must document, in the patient's medical record, the publication date of the Fact Sheet or VIS and the date it was given to the patient (or parent/legal representative). Provide non-English speaking patients with a copy in their native language, if available and preferred.
4. Provide COVID-19 vaccine as follows:
   - Administer the appropriate vaccine intramuscularly (IM) according to Tables 1 – 3 (also see graphics on pages 4 - 5).
   - Moderna bivalent and Pfizer-BioNTech bivalent vaccines are interchangeable in persons ≥ 6 years of age; the same product is recommended, but not required.
   - Individuals age ≥ 65 years may receive 1 additional bivalent mRNA dose ≥ 4 months after the first dose of a bivalent mRNA vaccine
   - Janssen COVID-19 vaccine is no longer authorized for use in the US.
   - Novavax remains authorized to provide primary and booster doses:
     - Unvaccinated: 2-dose primary series at 0, 3 - 8 weeks; booster 6 months after completion of the primary series
       - An 8-week primary series interval may be optimal for some ages 6 months–64 years (especially males ages 12–39 years) as it may reduce the small risk of myocarditis and pericarditis.
   - COVID-19 vaccine and other vaccines may be co-administered without regard to timing, including same-day administration, with one exception:
     - Smallpox/mpox vaccine (ACAM2000 or JYNNEOS) should be separated from any COVID-19 vaccine by ≥ 28 days.
   - Certain situations are not covered under this standing order. These patients must obtain a written order from a privileged provider:
     - History of MIS-C, MIS-A, myocarditis, or pericarditis
     - Vaccination of immunocompromised patients outside the dosing intervals described above (see "Special Populations")
     - Revaccination of certain immunocompromised patients who received COVID-19 vaccine during treatment (e.g., recipients of HCT, CAR-T-cell, or limited B-cell-depleting therapy)

TABLE 1. IM Needle Length and Injection Site Guide

- Use a 22 – 25-gauge needle
- Choose needle gauge and length appropriate to the patient's age, sex, and weight

Patient age	Needle Length	Injection Site
Children & Adolescents, 11-18 years	5/8* - 1 inch (16-25 mm)	Deltoid muscle of arm†
	1 - 1.5 inches (25-38 mm)	Anterolateral thigh
Adults (≥ 19 years)		
Men and women, <60 kg (130 lbs)	5/8* - 1 inch (16-25 mm)	Deltoid muscle of arm
Men and women, 60-70 kg (130-152 lbs)	1 inch (25 mm)	
Men, 70-118 kg (152-260 lbs)	1-1.5 inches (25-38 mm)	
Women, 70-90 kg (152-200 lbs)		
Men, >118 kg (260 lbs)	1.5 inches (38 mm)	
Women, >90 kg (200 lbs)		
Men and women, any weight	1 inch* - 1.5 inches (25-38 mm)	Anterolateral thigh

Adapted from the CDC General Best Practice Guidelines: https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html.

* If skin is stretched tightly and subcutaneous tissues are not bunched.

† Preferred site.

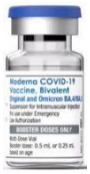
TABLE 2. COVID-19 Vaccine Product Summary, ≥ 18 years of age		
• Moderna COVID-19 Vaccine, Bivalent • Age: ≥ 6 months • Do not dilute • Discard 12 hours after 1st puncture  Blue cap; gray label border	• Novavax COVID-19 Vaccine (Nuvaxovid) • Age: ≥ 12 years • Do not dilute • Discard 6 hours after 1st puncture  Dark blue cap	• Pfizer COVID-19 Vaccine, Bivalent • Age: ≥ 12 years • Do not dilute • Discard 12 hours after 1st puncture  Gray cap and label

TABLE 3. COVID-19 Vaccine Schedule by Age and History, ≥ 18 years of age			
COVID-19 vaccination history	Bivalent vaccine	# of bivalent doses	Intervals*
Individuals who are NOT immunocompromised			
Unvaccinated	Moderna (Blue cap/gray label)	1	NA
	Pfizer (Gray cap)	1	NA
≥ 1 dose monovalent mRNA, Janssen, or Novavax (no doses bivalent mRNA)	Moderna (Blue cap/gray label)	1	≥ 8 weeks after last monovalent dose
	Pfizer (Gray cap)	1	
1 dose bivalent mRNA (regardless of monovalent history)	18 – 64 years of age: No additional bivalent doses indicated		
	≥ 65 years of age: may receive 1 additional bivalent mRNA vaccine dose **≥ 4 months** after their first dose of a bivalent mRNA vaccine.		
Individuals who ARE immunocompromised			
Unvaccinated	Moderna (Blue cap/gray label)	3	Dose 1 to 2: 4 weeks Dose 2 to 3: ≥ 4 weeks
	Pfizer (Gray cap)	3	Dose 1 to 2: 3 weeks Dose 2 to 3: ≥ 4 weeks
1 dose monovalent Moderna or monovalent Pfizer	Moderna (Blue cap/gray label)	2	Dose 1 to 2: 4 weeks Dose 2 to 3: ≥ 4 weeks
	Pfizer (Gray cap)	2	Dose 1 to 2: 3 weeks Dose 2 to 3: ≥ 4 weeks
2 doses monovalent Moderna or monovalent Pfizer	Moderna (Blue cap/gray label)	1	≥ 4 weeks after last monovalent dose
	Pfizer (Gray cap)		
3 doses monovalent Moderna or monovalent Pfizer **-OR-** ≥ 1 dose of Janssen or Novavax (no doses bivalent mRNA)	Moderna (Blue cap/gray label)	1	≥ 8 weeks after last monovalent dose
	Pfizer (Gray cap)		
3 doses monovalent **and** 1 dose bivalent (Moderna or Pfizer)	May receive 1 additional bivalent mRNA dose (Moderna or Pfizer) **≥ 2 months** after their last recommended bivalent mRNA dose		

* An 8-week interval may be optimal for some ages 6 months–64 years (especially males ages 12–39 years) as it may reduce the small risk of myocarditis and pericarditis.

5. Document all immunizations administered in the patient's electronic health record and the appropriate immunization tracking system. Include date, immunization given, dose, anatomical location of administration, lot number, manufacturer, Fact Sheet or Vaccine Information Sheet (VIS) date, and the identification of the person administering the vaccine. If vaccine was not given, record the reason for non-receipt.

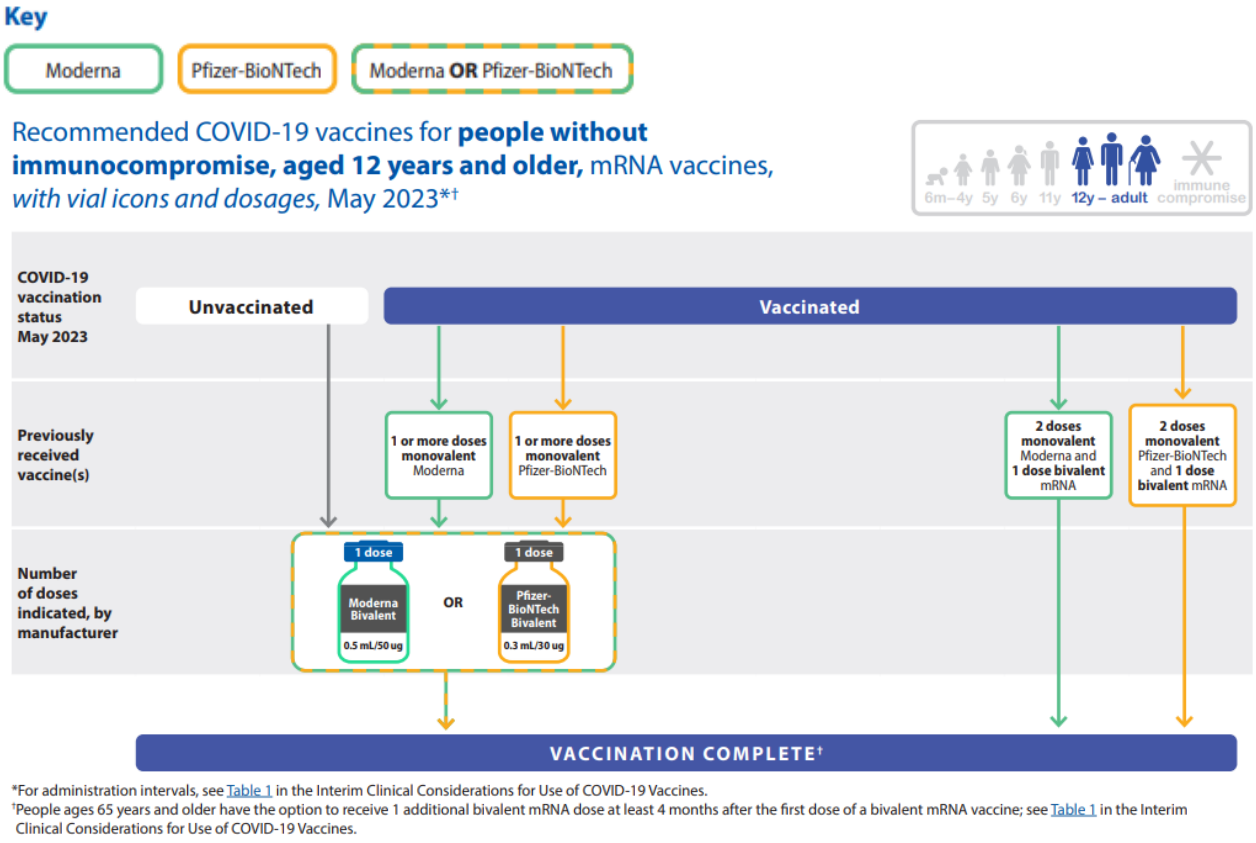
6. **Mandatory observation:** All individuals who receive any COVID-19 vaccine must be monitored as follows:
   - **30 minutes** - individuals with:
     - Allergy-related contraindication to a different type of COVID-19 vaccine
     - Non-severe, immediate (onset within 4 hours) allergic reaction after a previous dose of COVID-19 vaccine
     - Anaphylaxis after non-COVID-19 vaccines or injectable therapies
   - **15 minutes**: all other individuals
7. Be prepared to manage a medical emergency related to the administration of vaccines by having a written emergency medical protocol available, as well as equipment and medications.
8. It is **MANDATORY** for vaccination providers to file a report with the Vaccine Adverse Event Reporting System (VAERS) for all vaccine administration errors, serious adverse events, cases of Multisystem Inflammatory Syndrome in adults (MIS-A) or children (MIS-C), cases of myopericarditis or pericarditis, and hospitalized or fatal cases of COVID-19 following vaccination with any COVID-19 vaccine**.** Reports can be submitted to VAERS online at https://vaers.hhs.gov. Additional VAERS information is available by telephone at (800) 822-7967.
9. This standing order shall remain in effect for all patients of the _____ until rescinded and/or upon a change in the Medical Director, whichever is earlier.

_____ _____

Medical Director's Signature Date

Individuals who are NOT immunocompromised----------

Infographics and additional information: https://www.cdc.gov/vaccines/covid-19/downloads/COVID19-vaccination-recommendations-most-people.pdf

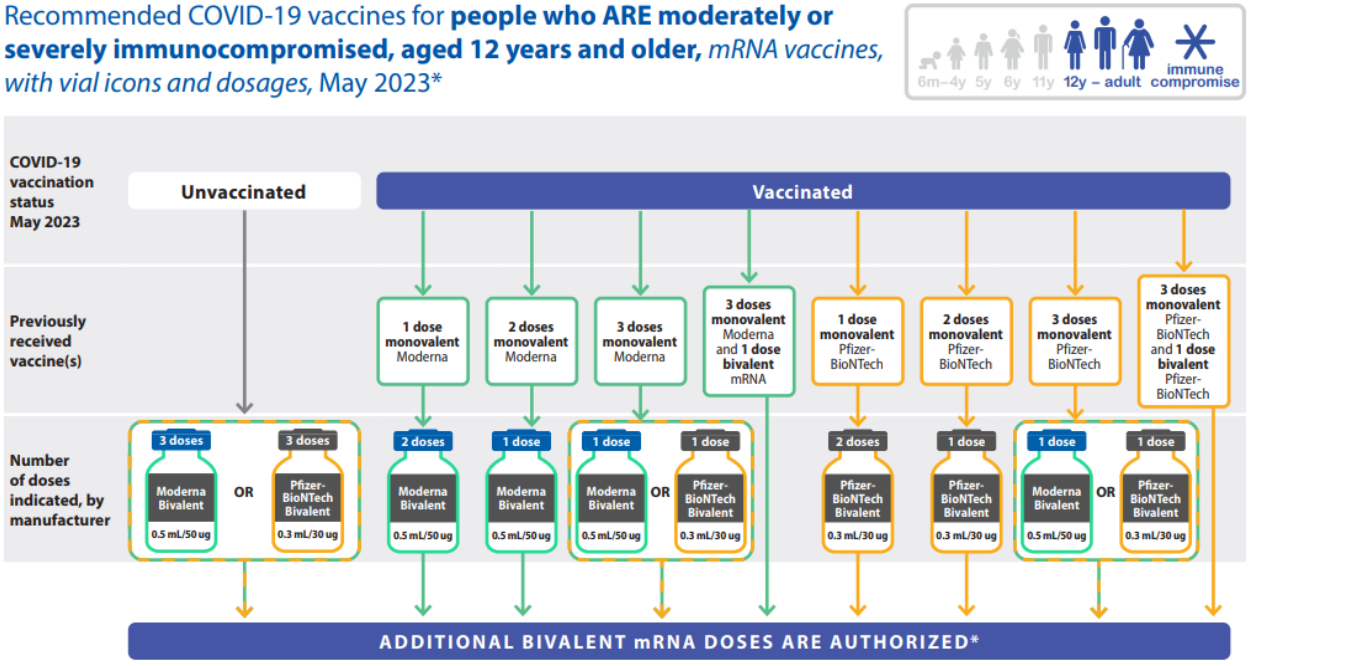


*For administration intervals, see Table 1 in the Interim Clinical Considerations for Use of COVID-19 Vaccines.
†People ages 65 years and older have the option to receive 1 additional bivalent mRNA dose at least 4 months after the first dose of a bivalent mRNA vaccine; see Table 1 in the Interim Clinical Considerations for Use of COVID-19 Vaccines.

Individuals who ARE immunocompromised----------

Infographics and additional information: https://www.cdc.gov/vaccines/covid-19/downloads/COVID19-vaccination-recommendations-immunocompromised.pdf

Recommended COVID-19 vaccines for **people who ARE moderately or severely immunocompromised, aged 12 years and older,** *mRNA vaccines, with vial icons and dosages, May 2023**



*For administration intervals, additional dose information, and options for heterologous dosing, see Table 2 in the Interim Clinical Considerations for Use of COVID-19 Vaccines.