Vaccine Label Examples

With the large amount of vaccine carried in most clinics, staff can easily become confused about vaccines within the storage unit. Labeling the area where vaccines are stored can help staff quickly locate and choose the correct vaccine – perhaps preventing a vaccine administration error. Depending on how the vaccines are organized within the storage unit, labels can be placed on the containers or bins or directly attached to the shelves where the vaccines are placed. Other helpful strategies to prevent administration errors include color-coding the labels (e.g., one color for pediatric and another for adult vaccines) and providing additional information such as age indications or other information unique to the vaccine.

In addition, some vaccines must be reconstituted before administration. These vaccines have two components – a lyophilized vaccine and diluent that must be mixed. The lyophilized vaccine should only be reconstituted or mixed using the diluent supplied by the manufacturer. Consider posting reminders or labeling the vaccine to remind staff to reconstitute certain vaccines prior to administration.

The following labels are examples that may be used to help organize vaccines. Labels are based on recommendations from the Advisory Committee on Immunization Practices (ACIP) and may include indications different from those of the Food and Drug Administration. The Centers for Disease Control and Prevention (CDC) also recommends that vaccines be stored in the original packaging to protect contents from light, to help maintain the recommended temperature range, and to help prevent administration errors. Those labels highlighted in green are for pediatric use, those highlighted in yellow for travel, and those highlighted in blue are military specific vaccines.

Note: Some vaccine preparations are being transitioned from vials and prefilled syringes that contain latex (natural rubber) to vials and prefilled syringes that are not made with natural rubber latex. Read the package insert that accompanies the product to check for the presence of natural rubber or latex. Additionally, consult the package insert for the “beyond use date” (BUD) for multi-dose vials (MDVs) of vaccine, since for some vaccines, the expiration rule may be different from the normal 28-day rule for medications. Per CDC guidance, MDVs of vaccine can be used until the expiration date printed on the vial unless the vaccine is contaminated or compromised in some way or there is a “beyond use date” noted in the manufacturers’ package insert. Mark MDVs of vaccine (e.g., influenza) and reconstituted MDVs (e.g., smallpox) with the date, time, and initials when first dose is withdrawn and/or vial is reconstituted and with a revised “beyond use date” if required and store at appropriate temperatures when not in use.

Adapted by DHA-IHD, courtesy of the Centers for Disease Control and Prevention
### Diphtheria and Tetanus Toxoid- and Acellular Pertussis – containing Vaccines

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Ages</th>
<th>Use for</th>
<th>Route</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Daptacel® (DTaP)</strong></td>
<td>6 weeks through 6 years</td>
<td>Any dose in the series</td>
<td>Intramuscular (IM) Injection</td>
<td></td>
</tr>
<tr>
<td><strong>Kinrix® (DTaP-IPV)</strong></td>
<td>4 years through 6 years</td>
<td>DTaP dose #5, IPV dose #4</td>
<td>Intramuscular (IM) Injection</td>
<td>Tip cap of prefilled syringe contains latex</td>
</tr>
<tr>
<td><strong>Infanrix® (DTaP)</strong></td>
<td>6 weeks through 6 years</td>
<td>Any dose in the series</td>
<td>Intramuscular (IM) Injection</td>
<td>Tip cap of prefilled syringe contains latex</td>
</tr>
<tr>
<td><strong>Pediatrix® (DTaP-IPV-HepB)</strong></td>
<td>6 weeks through 6 years</td>
<td>DTaP &amp; IPV: Doses #1, #2, and/or #3 HepB - Any dose in the series</td>
<td>Intramuscular (IM) Injection</td>
<td>Tip cap of prefilled syringe contains latex</td>
</tr>
</tbody>
</table>
**Diphtheria and Tetanus Toxoid- and acellular Pertussis – containing Vaccines**

**Pentacel® (DTaP–IPV-Hib)**

**Ages:** 6 weeks through 4 years  
**Use for:** DTaP & IPV doses #1, #2, #3, and/or #4  
**Hib - Any dose in the series**  
**Route:** Intramuscular (IM) Injection  
*Reconstitute Hib powder ONLY with manufacturer-supplied DTaP-IPV liquid diluent*  
*Do NOT administer DTaP-IPV w/o Hib*  
Beyond Use Time: Use immediately after reconstitution.

**Quadracel® (DTaP-IPV)**

**Ages:** 4 years through 6 years  
**Use for:** DTaP dose #5  
IPV dose #4 or #5  
*Do NOT use for DTaP doses 1 through 4 or IPV doses 1 through 3*  
**Route:** Intramuscular (IM) Injection

**Vaxelis® (DTaP–IPV-HepB-Hib)**

**Ages:** 6 weeks through 4 years  
**Use for:** DTaP & IPV doses #1, #2, and/or #3  
**HepB – Any dose in the series**  
(Do not use for HepB birth dose)  
**Hib - Any dose in the series**  
**Route:** Intramuscular (IM) Injection  
*Keep in original package to protect from light*
**Haemophilus influenza type b – containing Vaccines**

**ActHIB® (Hib)**

**Ages:** 6 weeks through 4 years  
**Use for:** Any dose in the series  
**Route:** Intramuscular (IM) Injection  
*Reconstitute Hib powder ONLY with manufacturer-supplied  0.4% sodium chloride diluent*  
Beyond Use Time: If not used immediately after reconstitution, store at 2°C to 8°C (36°F to 46°F) and discard if not used within 24 hours.  
*Shake well prior to administration.*

**PedvaxHIB® (Hib)**

**Ages:** 6 weeks through 4 years  
**Use for:** Any dose in the series  
**Route:** Intramuscular (IM) Injection  
*Vial stopper contains latex*

**Hiberix® (Hib)**

**Ages:** 6 weeks through 4 years  
**Use for:** Any dose in the series  
**Route:** Intramuscular (IM) Injection  
*Reconstitute Hib powder ONLY with manufacturer-supplied  0.9% sodium chloride diluent*  
Beyond Use Time: If not used immediately after reconstitution, store at 2°C to 8°C (36°F to 46°F) and discard if not used within 24 hours.  
*Shake well prior to administration.*  
*Keep in original package to protect from light*
Hepatitis Vaccines

**Havrix® (HepA)**  
**Pediatric Formulation**  
**Ages:** 12 months through 18 years  
**Use for:** Any dose in the series  
**Route:** Intramuscular (IM) Injection  
*Tip cap of prefilled syringe contains latex*

**Engerix–B® (HepB)**  
**Pediatric Formulation**  
**Ages:** Birth through 19 years  
**Use for:** Any dose in the series  
**Route:** Intramuscular (IM) Injection  
*Tip cap of prefilled syringe contains latex*

**Vaqta® (HepA)**  
**Pediatric Formulation**  
**Ages:** 12 months through 18 years  
**Use for:** Any dose in the series  
**Route:** Intramuscular (IM) Injection  
*Vial stopper and syringe plunger stopper and tip cap contains latex*

**Recombivax HB® (HepB)**  
**Pediatric Formulation**  
**Ages:** Birth through 19 years  
**Use for:** Any dose in the series  
**Route:** Intramuscular (IM) Injection  
*Vial stopper and syringe plunger stopper and tip cap contains latex*

*Keep in original package to protect from light*
**Hepatitis Vaccines**

**Havrix® (HepA)**

*Adult Formulation*

- **Ages:** 19 years and older
- **Use for:** Any dose in the series
- **Route:** Intramuscular (IM) Injection

*Syringe tip cap contains latex*

**Engerix-B® (HepB)**

*Adult Formulation*

- **Ages:** 20 years and older
- **Use for:** Any dose in the series
- **Route:** Intramuscular (IM) Injection

*Syringe tip cap contains latex*

**Vaqta® (HepA)**

*Adult Formulation*

- **Ages:** 19 years and older
- **Use for:** Any dose in the series
- **Route:** Intramuscular (IM) Injection

*Vial stopper and syringe plunger stopper and tip cap contains latex*

**Recombivax HB® (HepB)**

*Adult Formulation*

- **Ages:** 20 years and older
- **Use for:** Any dose in the series
- **Alternate adolescent schedule for 11-through 15-year-olds:** Two 1 mL doses 4 to 6 months apart
- **Route:** Intramuscular (IM) Injection

*Vial stopper and syringe plunger stopper and tip cap contains latex*

*Keep in original package to protect from light*
Hepatitis Vaccines

Heplisav-B® (HepB)
Ages: 18 years and older
Use for: Any dose in the series (two 0.5 mL doses 1 month apart)
Route: Intramuscular (IM) Injection

PreHevbrio® (HepB)
Ages: 18 years and older
Use for: Any dose in the series
Route: Intramuscular (IM) Injection

Twinrix® (HepA–HepB)
Ages: 18 years and older
Contains: HepA = Pediatric dosage
          HepB = Adult dosage
Schedule: 0, 1, and 6 months
Alternate Schedule: 0, 7, and 21 to 30 days, followed by booster at 12 months
Route: Intramuscular (IM) Injection
        Syringe tip cap contains latex
**Human Papillomavirus Vaccines**

**Gardasil®9 (9vHPV)**

**Ages:** 9 years through 45 years  
**Recommended ages:** 11 years or 12 years  
**Catch-up ages:** 13 years through 26 years  
**Shared clinical decision-making ages:** 27 through 45 years  
**Route:** Intramuscular (IM) Injection  
*Keep in original package to protect from light*

**Measles – Mumps – Rubella Vaccine**

**M-M-R II® (MMR) - *LIVE***

**Ages:** 12 months and older  
**Use for:** Any dose in the series  
**Route:** Subcutaneous (SUBCUT) OR Intramuscular (IM) injection  
*Reconstitute MMR powder ONLY with manufacturer-supplied sterile water diluent*

Beyond Use Time: If not used immediately after reconstitution, store in vaccine vial in dark place at 2°C to 8°C (36°F to 46°F) and discard if not used within 8 hours.  
*Protect from light at all times*

**Priorix® (MMR) - *LIVE***

**Ages:** 12 months and older  
**Use for:** Any dose in the series  
**Route:** Subcutaneous (SUBCUT) injection  
*Reconstitute MMR powder ONLY with manufacturer-supplied sterile water diluent*

Beyond Use Time: If not used immediately after reconstitution, store in vaccine vial in dark place at 2°C to 8°C (36°F to 46°F) and discard if not used within 8 hours.  
*Protect from light at all times*
### 2023-2024 Influenza Season Vaccines (contracted by DoD)

#### Afluria® (IIV4) 0.5 mL pre-filled syringe
*(Quadrivalent Inactivated Influenza Vaccine)*

- **Ages:** 3 years and older  
- **Dosage:** 0.5 mL  
- **Route:** Intramuscular (IM) Injection  

*Keep in original package to protect from light*

#### Afluria® (IIV4) 5 mL multi-dose vial
*(Quadrivalent Inactivated Influenza Vaccine)*

- **Ages:** 6 months and older  
- **Dosage:** 0.25 mL for 6 months through 35 months  
- **0.5 mL** for 3 years and older  
- **Route:** Intramuscular (IM) Injection  

*Beyond Use Date: Discard within 28 days after the vial has been opened or punctured. Number of needle punctures should not exceed 20 per multi-dose vial.  
*May use PharmaJet® Stratis® Needle-free Injection System for 18 years through 64 years  
*Keep in original package to protect from light*

#### Fluzone® (IIV4) 0.5 mL pre-filled syringe
*(Quadrivalent Inactivated Influenza Vaccine)*

- **Ages:** 6 months and older  
- **Dosage:** 0.5 mL  
- **Route:** Intramuscular (IM) Injection

#### Fluzone® High-Dose (HD-IIV4)
*(Quadrivalent Inactivated Influenza Vaccine)*

- **Ages:** 65 years and older  
- **Dosage:** 0.7 mL  
- **Route:** Intramuscular (IM) Injection  

*Do NOT administer to anyone younger than 65 years of age*

#### Fluzone® Southern Hemisphere (SH-IIV4)
*(Quadrivalent Inactivated Influenza Vaccine)*

- **Ages:** 6 months and older  
- **Dosage:** 0.5 mL  
- **Route:** Intramuscular (IM) Injection
## 2023-2024 Influenza Season Vaccines (available thru Direct Vendor Delivery (DVD))

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Dose</th>
<th>Package Type</th>
<th>Ages</th>
<th>Dosage</th>
<th>Route</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fluad® (aIIV4)</strong></td>
<td>0.5 mL</td>
<td>Pre-filled syringe</td>
<td>65 years and older</td>
<td>0.5 mL</td>
<td>Intramuscular (IM) Injection</td>
<td>Keep in original package to protect from light</td>
</tr>
<tr>
<td><strong>Flucelvax® (ccIIV4)</strong></td>
<td>0.5 mL</td>
<td>Pre-filled syringe</td>
<td>6 months and older</td>
<td>0.5 mL</td>
<td>Intramuscular (IM) Injection</td>
<td>Keep in original package to protect from light</td>
</tr>
<tr>
<td><strong>Fluarix® (IIV4)</strong></td>
<td>0.5 mL</td>
<td>Pre-filled syringe</td>
<td>6 months and older</td>
<td>0.5 mL</td>
<td>Intramuscular (IM) Injection</td>
<td>Keep in original package to protect from light</td>
</tr>
<tr>
<td><strong>Flucelvax® (ccIIV4)</strong></td>
<td>5 mL</td>
<td>Multi-dose vial</td>
<td>6 months and older</td>
<td>0.5 mL</td>
<td>Intramuscular (IM) Injection</td>
<td>Keep in original package to protect from light</td>
</tr>
<tr>
<td><strong>Flublok® (RIV4)</strong></td>
<td>0.5 mL</td>
<td>Pre-filled syringe</td>
<td>18 years and older</td>
<td>0.5 mL</td>
<td>Intramuscular (IM) Injection</td>
<td>Does NOT contain egg protein</td>
</tr>
<tr>
<td><strong>Flulaval® (IIV4)</strong></td>
<td>0.5 mL</td>
<td>Pre-filled syringe</td>
<td>6 months and older</td>
<td>0.5 mL</td>
<td>Intramuscular (IM) Injection</td>
<td>Keep in original package to protect from light</td>
</tr>
</tbody>
</table>
### 2023-2024 Influenza Season Vaccines (available thru Direct Vendor Delivery (DVD))

#### FluMist® (LAIV4)
(Qquadrivalent Live Attenuated Influenza Vaccine)
- **Ages:** 2 years through 49 years
- **Dosage:** 0.2 mL (0.1 mL in each nostril)
- **Route:** IN (Intranasal) - **Do NOT Inject**
  - Keep in original package to protect from light

### IIV:
(Product Name)
- **Ages:** ________________
- **Dosage:** ________________
- **Route:** Intramuscular (IM) Injection

#### Fluzone® (IIV4) 5 mL multi-dose vial
(Quadrivalent Inactivated Influenza Vaccine)
- **Ages:** 6 months and older
- **Dosage:** 0.25 mL or 0.5 mL for 6 months through 35 months
  - 0.5 mL for 3 years and older
- **Route:** Intramuscular (IM) Injection
  - A maximum of 10 doses can be withdrawn from the multi-dose vial.
**Menactra® (MenACWY-D)**
*Ages*: 9 months and older
*Use for*: Any dose in the series (and certain high-risk groups)
*Route*: Intramuscular (IM) Injection

**Menveo® (MenACWY-CRM)**
*Grey Cap + Orange Cap: 2 vial presentation*
*Ages*: 2 months and older
*Use for*: Any dose in the series (and certain high-risk groups)
*Route*: Intramuscular (IM) Injection

*Reconstitute the MenA lyophilized conjugate component ONLY with manufacturer-supplied MenCWY liquid conjugate component*
*Do NOT administer MenCWY w/o MenA*
*Beyond Use Time: Should be used immediately after reconstitution, but may be stored between 2° and 25°C (36° and 77°F) for up to 8 hours.*
*Keep in original package to protect from light*

**MenQuadfi® (MenACWY-TT)**
*Ages*: 2 years and older
*Use for*: Any dose in the series (and certain high-risk groups)
*Route*: Intramuscular (IM) Injection

**Menveo® (MenACWY-CRM)**
*Pink Cap: single-dose vial presentation*
*Ages*: 10 years through 55 years
*Use for*: Any dose in the series (and certain high-risk groups)
*Route*: Intramuscular (IM) Injection
*Keep in original package to protect from light*
Meningococcal B Vaccines

Bexsero® (MenB-4C)

Bexsero and Trumenba are NOT interchangeable
Complete series with same vaccine product

Ages: 10 years and older
Use for: Any dose in the series
Route: Intramuscular (IM) Injection

Syringe tip cap contains latex
Keep in original package to protect from light

Trumenba® (MenB-FHbp)

Bexsero and Trumenba are NOT interchangeable
Complete series with same vaccine product

Ages: 10 years and older
Use for: Any dose in the series
Route: Intramuscular (IM) Injection
### Pneumococcal Vaccines

#### Prevnar 13® (PCV13)
**Ages:** All children 6 weeks through 5 years
**Certain high-risk groups:** 6 years through 18 years who have never received PCV13 or received an incomplete PCV13 series
**Route:** Intramuscular (IM) Injection

#### Pneumovax 23® (PPSV23)
**Ages:** Adults 65 years and older who received PCV13 or PCV15
**Certain high-risk groups:** 2 years through 64 years with certain medical conditions or risk factors who received PCV13 or PCV 15
**Route:** Intramuscular (IM) OR Subcutaneous (SUBCUT) injection

#### Prevnar 20® (PCV20)
**Ages:** Adults 65 years and older
**Certain high-risk groups:** 19 – 64 years with certain medical conditions or risk factors
**Route:** Intramuscular (IM) Injection

#### Vaxneuvance® (PCV15)
**Ages:** Adults 65 years and older
**Certain high-risk groups:** 19 – 64 years with certain medical conditions or risk factors
**Route:** Intramuscular (IM) Injection
**Poliovirus Vaccine**

**IPOL® (IPV)**
- **Ages:** 6 weeks and older
- **Use for:** Any dose in series
- **Route:** Intramuscular (IM) OR Subcutaneous (SUBCUT) injection

*Keep in original package to protect from light*

**Respiratory Syncytial Virus (RSV) Vaccine**

**ABRYSVO® (RSV)**
- **Ages:** Adults 60 years and older in consultation with doctor
- **Dosage:** Single lifetime 0.5 mL dose
- **Route:** Intramuscular (IM)

Reconstitute antigen powder ONLY with manufacturer-supplied sterile water diluent

Beyond Use Time: If not used immediately after reconstitution, store at controlled room temperature up to 15°C to 30°C (59°F to 86°F) and discard if not used within 4 hours.

**AREXVY® (RSV)**
- **Ages:** Adults 60 years and older in consultation with doctor
- **Dosage:** Single lifetime 0.5 mL dose
- **Route:** Intramuscular (IM)

Reconstitute antigen powder ONLY with manufacturer-supplied adjuvant suspension component

Beyond Use Time: If not used immediately after reconstitution, store at 2°C to 8°C (36°F to 46°F) or at controlled room temperature up to 25°C (77°F) and discard if not used within 4 hours.

*Keep in original package to protect from light*
**Rotarix® (RV1) - *LIVE* (Vial + Oral dosing applicator presentation)**

**Ages:** 6 weeks through 8 months, 0 days  
Maximum age for 1st dose is 14 weeks, 6 days  
Maximum age for last dose is 8 months, 0 days  
**Route:** Oral (PO) - **Do NOT inject**  
*Reconstitute RV1 powder ONLY with manufacturer-supplied sterile water/calcium chloride/xanthan diluent*  
Beyond Use Time: If not used immediately after reconstitution, store at 2°C to 8°C (36°F to 46°F) or at controlled room temperature up to 25°C (77°F) and discard if not used within 24 hours.  
*Tip cap for the diluent oral applicator contains latex*

---

**RotaTeq® (RV5) - *LIVE***

**Ages:** 6 weeks through 8 months 0 days  
Maximum age for 1st dose is 14 weeks, 6 days  
Maximum age for last dose is 8 months, 0 days  
**Route:** Oral (PO) - **Do NOT inject**  
*Protect from light at all times*

---

**Rotarix® (RV1) - *LIVE* (Squeezable tube applicator only presentation)**

**Do not reconstitute**  
**Ages:** 6 weeks through 8 months, 0 days  
Maximum age for 1st dose is 14 weeks, 6 days  
Maximum age for last dose is 8 months, 0 days  
**Route:** Oral (PO) - **Do NOT inject**  
*Tip cap for the diluent oral applicator contains latex*  
*Keep in original package to protect from light*
**Tetanus and Diphtheria Toxoid-containing vaccines**

**Tenivac® (Td)**
- **Ages:** 7 years and older
- **Use for:** Primary series and booster doses for persons previously vaccinated with Tdap
- **Route:** Intramuscular (IM) Injection

**Syringe tip cap contains latex**

**DT (Generic)**
- **Ages:** 6 weeks through 6 years
- **Use for:** Primary series and booster doses **ONLY** for children with a contraindication or precaution to pertussis vaccine
- **Route:** Intramuscular (IM) Injection

**Td (Generic)**
- **Ages:** 7 years and older
- **Use for:** Primary series and booster doses for persons previously vaccinated with Tdap
- **Route:** Intramuscular (IM) Injection
Adacel® (Tdap)
Ages: 7 years and older
Use for: Routine adolescent dose at 11 to 12 years of age
        Each pregnancy
        Patients not fully vaccinated for pertussis
Route: Intramuscular (IM) Injection
       Syringe tip cap contains latex

Boostrix® (Tdap)
Ages: 7 years and older
Use for: Routine adolescent dose at 11 to 12 years of age
        Each pregnancy
        Patients not fully vaccinated for pertussis
Route: Intramuscular (IM) Injection
       Syringe tip cap contains latex
**Frozen Varicella – containing Vaccines**

**Varivax® (VAR) - *LIVE***
Ages: 12 months and older
Use for: Any dose in the series
Route: Subcutaneous (SUBCUT) OR Intramuscular (IM) injection
*Reconstitute VAR powder ONLY with manufacturer-supplied sterile water diluent*
Beyond Use Time: Discard reconstituted vaccine if not used within 30 minutes.
Protect from light before reconstitution

**ProQuad® (MMRV) - *LIVE***
Ages: 12 months through 12 years
Use for: Any dose in the series
Route: Subcutaneous (SUBCUT) OR Intramuscular (IM) injection
*Reconstitute MMRV powder ONLY with manufacturer-supplied sterile water diluent*
Beyond Use Time: Discard reconstituted vaccine if not used within 30 minutes.
Protect from light at all times

**Refrigerated Varicella-containing Vaccine**

**Shingrix® (RZV)**
Refrigerate both components; DO NOT freeze
Ages: Adults 50 years and older
Adults 19 years and older who are or will be immunodeficient or immunosuppressed because of disease or therapy
Use for: Any dose in the series
Route: Intramuscular (IM) Injection
*Reconstitute lyophilized varicella zoster component with manufacturer supplied adjuvant suspension*
Beyond Use Time: Discard reconstituted vaccine if not used within 6 hours.
Protect from light at all times
<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Ages</th>
<th>Use for</th>
<th>Route</th>
<th>Reconstitution Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Travel Vaccines</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Imovax® (Rabies-HDCV)</strong></td>
<td>All age groups</td>
<td>Any dose in the series and booster</td>
<td>Intramuscular (IM)</td>
<td>Reconstitute RAB-HDCV powder with ONLY manufacturer-supplied sterile water diluent</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Injection</td>
<td>Beyond Use Time: Use immediately after reconstitution.</td>
</tr>
<tr>
<td><strong>RabAvert® (Rabies-PCECV)</strong></td>
<td>All age groups</td>
<td>Any dose in the series and booster</td>
<td>Intramuscular (IM)</td>
<td>Reconstitute RAB-PCECV powder with ONLY manufacturer-supplied sterile water diluent</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Injection</td>
<td>Beyond Use Time: Use immediately after reconstitution.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Keep in original package to protect from light</td>
</tr>
<tr>
<td><strong>IXIARO® (Japanese Encephalitis)</strong></td>
<td>2 months through &lt;3 years of age</td>
<td>Any 0.25 mL dose in primary series and booster 14 months to &lt;3 years of age</td>
<td>Intramuscular (IM)</td>
<td>Keep in original package to protect from light</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Injection</td>
<td></td>
</tr>
<tr>
<td><strong>YF-VAX® (Yellow Fever) - <em>LIVE</em></strong></td>
<td>9 months of age and older</td>
<td>Any dose and booster</td>
<td>Subcutaneous (SUBCUT)</td>
<td>Reconstitute YF-VAX powder with ONLY manufacturer-supplied 0.9% sodium chloride diluent</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Injection</td>
<td>Beyond Use Time: If not used immediately after reconstitution, store at 2°C to 8°C (36°F to 46°F) and discard if not used within 60 minutes.</td>
</tr>
</tbody>
</table>
**Travel Vaccines (continued)**

**Typhim Vi® (Typhoid)**

**Ages:** 2 years of age and older  
**Use for:** Any dose and booster  
**Route:** Intramuscular (IM) Injection

**TICOVAC™ (Tick-borne Encephalitis)**

**Ages:** 1 year of age and older  
**Use for:** All doses in series and booster  
1 through 15 years of age: each dose 0.25 mL  
16 years of age and older: each dose 0.5 mL  
**Route:** Intramuscular (IM) Injection  
*Keep in original package to protect from light*

**DENGVAXIA (Live Dengue Vaccine)**

**Ages:** 9 years through 16 years (with laboratory-confirmed previous dengue infection and living in dengue-endemic areas)  
**Dosage:** 0.5 mL each, 6 months apart (at 0, 6, and 12)  
**Route:** Subcutaneous (SUBCUT) injection  
*Reconstitute ONLY with 0.6 mL of manufacturer-supplied 0.9% saline diluent*  
After reconstitution, administer immediately or store at 2°C to 8°C (36°F to 46°F) and use within 30 minutes  
*Keep in original package to protect from light*
**ACAM2000® (Smallpox) - *LIVE***

**Ages:** Adult population  
**Use for:** Any dose and booster  
**Route:** Percutaneous 15 jabs with a bifurcated needle

*Reconstitute ACAM2000 powder ONLY with 0.3mL of manufacturer-supplied 50% glycerin, 0.25% phenol, and sterile water diluent*

Beyond Use Time: After reconstitution store at 2°C to 8°C (36°F to 46°F) and discard reconstituted vaccine if not used within 30 days.

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**Adenovirus Type 4 and Type 7 - *LIVE***

**Ages:** 17 through 50 years of age  
**Use for:** One-time dose in military recruits  
**Route:** Oral (PO) (2 enteric-coated tablets: (1) Type-4 and (1) Type-7)

*Keep bottle tightly closed and protect from moisture. Do not remove Desiccant from bottle.*

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**BioThrax® (Anthrax)**

**Ages:** 18 through 65 years of age  
**Use for:** Any dose in the series and booster  
**Schedule:** 0 & 4 weeks, 6, 12, and 18 months  
**Route:** Intramuscular (IM) Injection

Beyond Use Date: Once the stopper of the multi-dose vial has been pierced, discard within 28 days

Vial stopper contains latex

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**Jynneos® (Smallpox and Monkeypox)**

**Ages:** 18 years of age and older  
**Use for:** Any dose in series and booster  
**Schedule:** 0 and 28 days  
**Route:** Subcutaneous (SUBCUT) injection

Beyond Use Time: Once thawed, the vaccine may be kept at 2°C to 8°C (36°F to 46°F) for up to 8 weeks (this differs from the package insert, see manufacturer letter). Do NOT re-freeze vial once it has been thawed.

Keep in original package to protect from light
**COVID-19 Bivalent Vaccines**

**Pfizer-BioNTech COVID-19, Bivalent (Gray Cap w/gray border)**

**Ages:** 12 years and older  
**Use for:** Any dose in series and booster dose.  
**Route:** 0.3 mL dose/Intramuscular (IM) Injection  

*DO NOT DILUTE*

*Beyond Use Date: Use within 12 hours after the vial is first punctured.*  
*Keep in original package to protect from light*

**Pfizer-BioNTech COVID-19, Bivalent (Orange Cap)**

**Ages:** 5 to 11 years of age  
**Use for:** Any dose in series and booster dose.  
**Route:** 0.2 mL dose/Intramuscular (IM) Injection  

*Prior to administration, mix with 0.9% sodium chloride diluent only.*  
*Beyond Use Date: Use within 12 hours of mixing.*  
*DO NOT PUT IN FREEZER*  
*Keep in original package to protect from light*

**Pfizer-BioNTech COVID-19, Bivalent (Maroon Cap)**

**Ages:** 6 months through 4 years of age  
**Use as:** Any dose in series and booster dose.  
**Route:** 0.2 mL dose/Intramuscular (IM) Injection  

*Prior to administration, mix with 0.9% sodium chloride diluent only.*  
*Beyond Use Date: Use within 12 hours of mixing.*  
*DO NOT PUT IN FREEZER*  
*Keep in original package to protect from light*
**COVID-19 Bivalent Vaccines (cont.)**

**Moderna COVID-19, Bivalent**
*(Dark Blue Cap w/gray border)*

**Ages:**
- 6 years through 11 years of age: 0.25 mL dose
- 12 years and older: 0.5 mL dose

**Use for:** Any dose in series and booster dose.

**Route:** Intramuscular (IM) Injection

Beyond Use Date: Use within 12 hours after the vial is first punctured.

*Keep in original package to protect from light*

**Novavax (NVX) COVID-19, Adjuvanted**

**Ages:** 12 years and older

**Use for:** Any dose in the series and booster dose.

**Route:** 0.5 mL dose/Intramuscular (IM) Injection

Beyond Use Date: After the first needle puncture, hold the vial between 2° to 25°C (36° to 77°F) for up to 6 hours. Discard the vial 6 hours after the first puncture.

*Keep in original package to protect from light*

**COVID-19 Monovalent Vaccine**

**Moderna COVID-19, Bivalent**
*(Dark Pink Cap w/yellow border)*

**Ages:** 6 months through 5 years of age

**Use for:** Any dose in series and booster dose.

**Route:** 0.2 mL dose/Intramuscular (IM) Injection

Beyond Use Date: Use within 8 hours after the vial is first punctured.

*Keep in original package to protect from light*