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).

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:
- No complete 2-dose COVID-19 vaccination history, regardless of brand. If 2 doses of a same-brand or mixed-brand series have been administered, no additional doses are recommended.
  - If the recipient has received 1 previous dose of Moderna COVID-19 Vaccine, a second dose of the same brand should be administered.
  - This vaccine is administered in a 2-dose series. Separate doses by at least 28 days.*
- Moderna COVID-19 Vaccine should not be administered at the same time as other vaccines. Separate Moderna COVID-19 Vaccine from other vaccines by 14 days before or after the administration of Moderna COVID-19 Vaccine.
- Moderna COVID-19 Vaccine should be deferred for at least 90 days for persons who received passive antibody therapy (monoclonal antibodies or convalescent plasma) as part of COVID-19 treatment.
- Screen for contraindications and precautions.

<table>
<thead>
<tr>
<th>Sex and Weight of Patient</th>
<th>Needle Gauge</th>
<th>Needle Length</th>
<th>Injection Site†</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female or male fewer than 130 lbs</td>
<td>22–25</td>
<td>¾ – 1¹”</td>
<td>Deltoid muscle of arm</td>
</tr>
<tr>
<td>Female or male 130–152 lbs</td>
<td>22–25</td>
<td>1”</td>
<td>Deltoid muscle of arm</td>
</tr>
<tr>
<td>Female 152–200 lbs</td>
<td>22–25</td>
<td>1–1½”</td>
<td>Deltoid muscle of arm</td>
</tr>
<tr>
<td>Male 153–260 lbs</td>
<td>22–25</td>
<td>1–1½”</td>
<td>Deltoid muscle of arm</td>
</tr>
<tr>
<td>Female 200+ lbs</td>
<td>22–25</td>
<td>1½”</td>
<td>Deltoid muscle of arm</td>
</tr>
<tr>
<td>Male 260+ lbs</td>
<td>22–25</td>
<td>1½”</td>
<td>Deltoid muscle of arm</td>
</tr>
</tbody>
</table>

*Vaccine doses administered at/after day 24 are considered valid. The 4-day grace period should not routinely be used to schedule doses.

†For the purpose of this guidance, 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.

†Alternatively, the anterolateral thigh also can be used.

¹Some 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).
○ Administer 0.5 mL Moderna COVID-19 Vaccine by intramuscular (IM) injection.

- 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 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:
  » 30 minutes: Persons with a history of an immediate allergic reaction of any severity to a vaccine or injectable therapy and persons with a history of anaphylaxis due to any cause
  » 15 minutes: All other persons.

○ Have a written protocol to manage medical emergencies following vaccination, as well as equipment and medications, including at least 3 epinephrine prefilled syringes or autoinjectors, H1 antihistamine, blood pressure cuff, and stethoscope and timing device to assess pulse.

- For more information, please see:
  » 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

### 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
## Table 1: Ingredients included in Pfizer-BioNTech and Moderna mRNA COVID-19 vaccines

An immediate allergic reaction to any component or previous dose of an mRNA COVID-19 vaccine is a contraindication to vaccination with both the Pfizer-BioNTech and Moderna vaccines. The following is a list of ingredients for the Pfizer-BioNTech and Moderna COVID-19 vaccines, as reported in the prescribing information for each vaccine.

<table>
<thead>
<tr>
<th>Description</th>
<th>Pfizer-BioNTech COVID-19 vaccine</th>
<th>Moderna COVID-19 vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>mRNA</strong></td>
<td>Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2</td>
<td>Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2</td>
</tr>
<tr>
<td><strong>Lipids</strong></td>
<td>2[(polyethylene glycol)-2000]-N, N-ditetradecylacetamide</td>
<td>PEG2000-DMG: 1, 2-dimyristoyl-rac-glycerol, methoxypolyethylene glycol</td>
</tr>
<tr>
<td></td>
<td>1,2-distearoyl-sn-glycero-3-phosphocholine</td>
<td>1,2-distearoyl-sn-glycero-3-phosphocholine</td>
</tr>
<tr>
<td></td>
<td>Cholesterol</td>
<td>Cholesterol</td>
</tr>
<tr>
<td></td>
<td>(4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate)</td>
<td>SM-102: heptadecane-9-yl 8-((2-hydroxyethyl) (6-oxo-6-(undecyloxy) hexyl) amino) octanoate</td>
</tr>
<tr>
<td><strong>Salts, sugars, buffers</strong></td>
<td>Potassium chloride</td>
<td>Tromethamine</td>
</tr>
<tr>
<td></td>
<td>Monobasic potassium phosphate</td>
<td>Tromethamine hydrochloride</td>
</tr>
<tr>
<td></td>
<td>Sodium chloride</td>
<td>Acetic acid</td>
</tr>
<tr>
<td></td>
<td>Dibasic sodium phosphate dihydrate</td>
<td>Sodium acetate</td>
</tr>
<tr>
<td></td>
<td>Sucrose</td>
<td>Sucrose</td>
</tr>
</tbody>
</table>

*Neither vaccine contains eggs, gelatin, latex, or preservatives.

Note: Both the Pfizer-BioNTech and Moderna COVID-19 vaccines contain polyethylene glycol (PEG). PEG is a primary ingredient in osmotic laxatives and oral bowel preparations for colonoscopy procedures, an inactive ingredient or excipient in many medications, and is used in a process called "pegylation" to improve the therapeutic activity of some medications (including certain chemotherapeutics). Additionally, cross-reactive hypersensitivity between PEG and polysorbates (included as an excipient in some vaccines and other therapeutic agents) can occur.

Information on whether a medication contains PEG, a PEG derivative, or polysorbates as either active or inactive ingredients can be found in the package insert. The National Institutes of Health DailyMed database ([https://dailymed.nlm.nih.gov/dailymed/index.cfm](https://dailymed.nlm.nih.gov/dailymed/index.cfm)) may also be used as a resource. Medications that contain PEG and/or polysorbate are also described in the supplementary materials of Stone CA, et al. "Immediate hypersensitivity to polyethylene glycols and polysorbates: more common than we have recognized." *The Journal of Allergy and Clinical Immunology: In Practice* 7.5 (2019): 1533–1540. [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6706272/pdf/nihms-1019221.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6706272/pdf/nihms-1019221.pdf)