Indiana Department of Health

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**CSO-26-03**

**Statewide Standing Order ("Standing Order") for the Administration of Vaccines by Pharmacists and Pharmacist Interns**

**Purpose**: To permit pharmacists and/or pharmacist interns, to administer eligible vaccines as recommended by the latest federal Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) immunization recommendations to any individual not less than eleven (11) years of age. This Standing Order is to be used in conjunction with the Statewide Protocol for the Administration of Vaccines by Pharmacists (the "Protocol").

**Eligible Providers:** Pharmacists properly licensed pursuant to Indiana Code 25-26-13 may operate under this Standing Order. Pharmacist interns may also operate under this Standing Order in accordance with 856 IAC 4-1-1 et seq. and the Protocol.

**Eligible Recipients:** Individuals at least age eleven (11). Recipient eligibility is dependent on ACIP General Best Practice Guidelines for Immunization, applicable ACIP Vaccine – Specific Recommendations, and the Protocol**.** All eligible providers shall adhere to the immunization schedules as set forth in the Protocol.

**Eligible Vaccine:** Routine vaccinations recommended by the latest CDC ACIP immunization recommendations to any individual not less than eleven (11) years of age may be administered pursuant this standing order. This does not include non-routine vaccinations such as the yellow fever vaccine.

**Procedure:**

1. **Informed Consent:**
    a. Before administering an eligible vaccine, the eligible provider must receive informed consent in accordance with Indiana Code 25-26-13-31.2 and the Protocol.

2. **Provide Vaccine Information Statement:**
    a. Provide all patients with a copy of the most current federal Vaccine Information Statement (VIS). Provide non-English speaking patients with a copy of the VIS in their native language if one is available and desired; these can be found at www.immunize.org/vis.

3. **Screen for Contraindications and Precautions:**
    a. Prior to the administration of the eligible vaccine, the eligible provider shall screen all patients for contraindications and precautions using an appropriate screening questionnaire as stipulated in the current Protocol.

4. **Prepare to Administer Vaccine:**
    a. Choose the needle gauge, needle length, and route of administration according to the ACIP General Best Practice Guidelines for Immunization, the applicable ACIP Vaccine – Specific Recommendations, and the Protocol.

5. **Administration of Vaccine:**
    a. All eligible vaccines should be administered in accordance with the ACIP General Best Practice Guidelines for Immunization, ACIP Vaccine – Specific Recommendations, and the Protocol.

6. **Vaccination Document, Record, and Reporting Requirements:**
    a. Pursuant to 856 IAC 4-1-2, the pharmacist and/or pharmacist intern shall create a vaccination record for the patient which is to include the information as set forth in the Protocol.
    b. A copy of the patient's vaccination record shall be kept for a period of seven (7) years. A copy shall be made available to the patient and/or patient's provider upon request.
    c. The eligible provider shall report the vaccination of each patient to an immunization data registry maintained by the state department of health under Indiana Code 16-38-5.

7. **Management of Adverse Events**
    a. Per ACIP General Best Practice Guidelines for Immunizations, the patient who is administered an eligible vaccine should be monitored for adverse effects for at least fifteen (15) minutes in the general vicinity of the administering provider.
    b. In the event of an adverse reaction, the administering provider is to follow the procedures for the management of the reaction. The procedures for managing adverse reactions are set forth in the Protocol.
    c. Report all adverse events following the administration of a vaccine to the federal Vaccine Adverse Event Reporting System (VAERS). To submit a VAERS report online (preferred) or to download a writable PDF form, go to https://vaers.hhs.gov/reportevent.html.

**Geographic Region:** This Standing Order is applicable statewide.

**Standing Orders Authorization:** This Standing Order is issued pursuant to Indiana Code 16-19-4-11, which authorizes the State Health Commissioner to issue a standing order that allows pharmacists to administer an immunization that is recommended by the federal Centers for Disease Control and Prevention Advisory Committee on Immunization Practices for individuals who are not less than eleven (11) years of age. This standing order applies to pharmacists and pharmacist interns only.

This Standing Order shall be reviewed annually by the state department of health and revised as needed. This Standing Order is effective January 1 through December 31, 2026.

**Statewide Protocol for the Administration of Vaccines by Pharmacists**
**Pursuant to CSO-26-04**

## A. Introduction

This protocol is pursuant to Indiana Code 16-19-4-11 which authorizes the state health commissioner or a designated public health authority who is a licensed prescriber to issue a statewide protocol allowing pharmacists or pharmacist interns to administer vaccines as recommended by the latest federal Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) immunization recommendations. The protocol outlined below is designed to reduce the morbidity and mortality of vaccine preventable disease by creating a statewide vaccination protocol to allow pharmacists to access the need for, educate patients on, administer, monitor for, and manage adverse effects related to, and document the administration of vaccines.

## B. Authorization

Subject to the requirements of this Protocol, eligible providers meeting the qualifications specified in Section C below and applicable law and regulation may:

- determine the immunization needs in accordance with recommendations by the ACIP of the CDC;
- screen all patients for contraindications and precautions for vaccine(s) needed using an appropriate screening questionnaire (see Appendices A-C as examples) and vaccine-specific screening as set forth in other Appendices as stipulated in this protocol;
- administer vaccines according to directions of this protocol; and
- administer epinephrine and/or diphenhydramine in response to an adverse reaction following vaccination as delineated in this protocol.

## C. Qualifications

- A pharmacist or pharmacist intern seeking authorization to administer vaccines pursuant to this protocol shall meet the qualifications noted in 856 IAC 4-1-1.
- Pharmacist students and pharmacist interns shall be referred to as pharmacist interns in this protocol.

## D. Limitations on Pharmacy-based Immunization

- Any **eligible** vaccine authorized pursuant to this protocol shall not be administered to any persons under the age of eleven (11) years.

- Pursuant to 856 IAC 4-1-3, the pharmacist or pharmacist intern is prohibited from delegating the administration of the vaccine to another person.

## E. Protocol, Facility, and Equipment

- Pursuant to 856 IAC 4-1-2, pharmacists and pharmacist interns who administer eligible vaccines under this protocol shall maintain a current copy of this protocol to be available for inspection by the individual receiving the vaccination.
- Pursuant to IC 25-26-13-31.2, the name, license number, and contact information of the state health commissioner or designated public health authority whom authorized this protocol shall be posted at the location where the vaccine is administered.

## F. Informed Consent

Pursuant to IC 25-26-13-31.2, before administering a vaccine to an individual according to this protocol, the pharmacist must receive the consent of one (1) of the following:

- If the individual to whom the vaccine is to be administered is at least eleven (11) years of age but less than eighteen (18) years of age, the parent or legal guardian of the individual.
- If the individual to whom the vaccine is to be administered is at least eighteen (18) years of age but has a legal guardian, the legal guardian of the individual.
- If the individual to whom the vaccine is to be administered is at least eighteen (18) years of age but has no legal guardian, the individual.

A parent or legal guardian who is required to give consent under this subdivision must be present at the time of vaccination or must provide prior written or verbal consent for the administration of the vaccine.

Pursuant to 856 IAC 4-1-7, the pharmacist intern shall identify themselves to the patient as a pharmacist intern or pharmacist student and receive consent from the individual before being allowed to administer an eligible vaccine.

## G. Pharmacy-based Vaccination Record

Pursuant to 856 IAC 4-1-2,

- A vaccination record (see Appendix D and Appendix E as examples) shall be created for the patient;
- a copy of the patient's vaccination record and notification of vaccination to the patient's primary care provider shall be kept for seven (7) years in accordance with IC 16-39-7-1;

- the vaccination record shall contain the following information as recommended by the ACIP General Best Practice Guidelines for Immunization:
    - Patient's name
    - Patient's date of birth
    - Date the vaccine was administered
    - Vaccine administration route/site
    - Vaccine manufacturer
    - Vaccine lot number
    - Edition date of vaccine immunization schedule (VIS) distributed
    - Date of VIS was distributed to the patient
    - Name and title of pharmacist or pharmacist intern who administered the vaccine.
    - Address of location vaccine was administered

## H. Reporting Requirements

- Pursuant to 856 IAC 4-1-2, the State Health Commissioner or a designated public health authority approving this protocol shall be notified within fourteen (14) days after administration of a vaccine. A copy of the notification shall be kept in accordance with the statues and rules of the Indiana board of pharmacy.
- Pursuant to 856 IAC 4-1-2, a pharmacist or designee shall electronically report the vaccination of each patient to an immunization data registry maintained by the state department of health under IC 16-38-5.
    - The following patients shall be excluded from immunization data registry reporting requirements:
        - a written immunization data exception form has been completed and filed in accordance with IC 16-38-5-2; or
        - the patient is a resident of or receiving services from a facility licensed under IC 16-28.
    - Pursuant to IC 16-38-5-2, the minimum vaccination data that must be provided are the following:
        - Patient identification number
        - Patient first and last name
        - Patient date of birth
        - Patient address
        - Patient race
        - Patient gender

- Vaccine for Children program eligibility, if the patient is eligible for the Vaccine for Children program
- Dose at the administration level under the Vaccination for children program, if the patient is eligible for the Vaccine for Children program
- Vaccination presentation or vaccination code using approved Immunization Information System (IIS) code type
- Immunization Date administered
- Lot number of the administered vaccine

The Indiana Department of Health may expand or modify the list of minimum data that must be provided under this section based on Centers for Disease Control Immunization Information System (IIS) minimum field requirements.

- Pursuant to 856 IAC 4-1-4, the pharmacist or pharmacist intern's supervising pharmacist shall report vaccination-related adverse events to the patient's primary care physician and state health commissioner or a designated public health authority who approved this protocol within seventy-two (72) hours of the pharmacist's knowledge of the adverse event.
- Pursuant to 856 IAC 4-1-4, the pharmacist or pharmacist intern's supervising pharmacist shall report to the Vaccine Adverse Events Reporting Systems, the cooperative program for vaccine safety of the Centers for Disease Control and Prevention and the Food and Drug Administration.
- Pursuant to 856 IAC 4-1-4, the qualifying pharmacist is responsible for ensuring that records of the reporting of vaccination-related adverse events is maintained by the pharmacy.

## I. Management of Adverse Events

- Per ACIP General Best Practice Guidelines for Immunization, the patient who is administered a vaccine should be monitored for adverse effects for at least fifteen (15) minutes in the general vicinity of the administering pharmacist.
- In the event of an adverse reaction, the administering pharmacist is to follow the procedures for the management of the reaction. The procedures for managing adverse reactions are set forth in Appendix F and Appendix G.

## J. Vaccines

- Pharmacists or pharmacist interns who administer eligible vaccines under this protocol shall be authorized to administer any vaccine that is recommended by ACIP in the absence of contraindication to the vaccine.

This protocol shall be reviewed annually by the Indiana department of health and revised as needed. This protocol shall remain valid for the duration of the standing order. Appendices shall be updated as necessary.

*Last Reviewed December 30, 2025*

## Appendix Table of Contents

## APPENDIX A

# Screening Checklist for Contraindications to Vaccines for Children and Teens

PATIENT NAME _____

DATE OF BIRTH ____/____/____
month day year

**For parents/guardians:** The following questions will help us determine which vaccines your child may be given today. If you answer "yes" to any question, it does not necessarily mean your child should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

| | yes | no | don't know |
|---|---|---|---|
| **1.** Is the child sick today? | ☐ | ☐ | ☐ |
| **2.** Does the child have allergies to medicine, food, a vaccine component, or latex? | ☐ | ☐ | ☐ |
| **3.** Has the child had a serious reaction to a vaccine in the past? | ☐ | ☐ | ☐ |
| **4.** Does the child have a long-term health problem with heart, lung (including asthma), kidney, liver, nervous system, or metabolic disease (e.g., diabetes), a blood disorder, no spleen, a cochlear implant, or a spinal fluid leak? Are they taking regular aspirin or salicylate medication? | ☐ | ☐ | ☐ |
| **5.** For children age 2 through 4 years: Has a healthcare provider told you that the child had wheezing or asthma in the past 12 months? | ☐ | ☐ | ☐ |
| **6.** For babies: Have you ever been told the child had intussusception? | ☐ | ☐ | ☐ |
| **7.** Has the child, a sibling, or a parent had a seizure; has the child had a brain or other nervous system problem? | ☐ | ☐ | ☐ |
| **8.** Has the child ever been diagnosed with a heart condition (myocarditis or pericarditis) or have they had Multisystem Inflammatory Syndrome (MIS-C) after an infection with the virus that causes COVID-19? | ☐ | ☐ | ☐ |
| **9.** Does the child have an immune-system problem such as cancer, leukemia, HIV/AIDS? | ☐ | ☐ | ☐ |
| **10.** In the past 6 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs to treat rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments? | ☐ | ☐ | ☐ |
| **11.** Does the child's parent or sibling have an immune system problem? | ☐ | ☐ | ☐ |
| **12.** In the past year, has the child received immune (gamma) globulin, blood/blood products, or an antiviral drug? | ☐ | ☐ | ☐ |
| **13.** Is the child/teen pregnant? | ☐ | ☐ | ☐ |
| **14.** Has the child received vaccinations in the past 4 weeks? | ☐ | ☐ | ☐ |
| **15.** Has the child ever felt dizzy or faint before, during, or after a shot? | ☐ | ☐ | ☐ |
| **16.** Is the child anxious about getting a shot today? | ☐ | ☐ | ☐ |

FORM COMPLETED BY _____ DATE _____

FORM REVIEWED BY _____ DATE _____

**Did you bring your immunization record card with you?** yes ☐ no ☐

It is important to have a personal record of your child's vaccinations. If you don't have one, ask the child's healthcare provider to give you one with all your child's vaccinations on it. Keep it in a safe place and bring it with you every time you seek medical care for your child. Your child will need this document to enter day care or school, for employment, or for international travel.

# Information for Healthcare Professionals about the Screening Checklist for Contraindications to Vaccines (Children and Teens)

*Read the information below for help interpreting answers to the screening checklist. To learn even more, consult the references in* **Note** *below.*

**NOTE:** For additional details, see CDC's "Child and Adolescent Immunization Schedule" (www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html) and *General Best Practice Guidelines for Immunization* sections on "Contraindications and Precautions" (www.cdc.gov/vaccines/hcp/imz-best-practices/contraindications-precautions.html) and "Altered Immunocompetence" (www.cdc.gov/vaccines/hcp/imz-best-practices/altered-immunocompetence.html). For more details on COVID-19 vaccines, see "Use of COVID-19 Vaccines in the United States: Interim Clinical Considerations" at www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html.

1. **Is the child sick today?** *[all vaccines]*
   There is no evidence that acute illness reduces vaccine effectiveness or safety. However, as a precaution, all vaccines should be delayed until moderate or severe acute illness has improved. Mild illnesses with or without fever (e.g., otitis media, "colds," and diarrhea) and antibiotic use are not contraindications to routine vaccination.

2. **Does the child have allergies to medicine, food, a vaccine component, or latex?** *[all vaccines]*
   **Gelatin:** If a person has anaphylaxis after eating gelatin, do not give vaccines containing gelatin. **Latex:** An anaphylactic reaction to latex is a contraindication to vaccines with latex as part of the vaccine's packaging (e.g., vial stoppers, prefilled syringe plungers, prefilled syringe caps). For details on latex in vaccine packaging, refer to the package insert (listed at www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states). **COVID-19 vaccine:** History of a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a COVID-19 vaccine component is a contraindication to use of the same vaccine type. People may receive the alternative COVID-19 vaccine type (either mRNA or protein subunit) if they have a contraindication or an allergy-related precaution to one COVID-19 vaccine type. Allergy-related precautions include history of 1) diagnosed non-severe allergy to a COVID-19 vaccine component; 2) non-severe, immediate (onset less than 4 hours) allergic reaction after a dose of one COVID-19 vaccine type (see **Note**).
   *Not contraindications:* **Eggs:** ACIP and CDC do not consider egg allergy of any severity to be a contraindication or precaution to any egg-based influenza vaccine. **Injection site reaction** (e.g., soreness, redness, delayed-type local-reaction) to a prior dose or vaccine component is not a contraindication to a subsequent dose or vaccine containing that component.

3. **Has the child had a serious reaction to a vaccine in the past?** *[all vaccines]*
   - Anaphylaxis to a previous vaccine dose or vaccine component is a contraindication for subsequent doses of corresponding vaccines (see question 2).
   - Usually, one defers vaccination when a precaution is present, unless the benefit outweighs the risk (e.g., during an outbreak).
   - A history of encephalopathy within 7 days of DTP/DTaP is a contraindication for further doses of any pertussis-containing vaccine.
   - Other "serious reactions" that this child experienced following vaccination might constitute contraindications or precautions to future doses. See the appendix on vaccine contraindications and precautions in the **Note** section above.

4. **Does the child have a long-term health problem with heart, lung (including asthma), kidney, liver, nervous system, or metabolic disease (e.g., diabetes), a blood disorder, no spleen, a cochlear implant, or a spinal fluid leak? Are they taking regular aspirin or salicylate medication?** *[MMR, MMRV, LAIV, VAR]*
   **LAIV** is not recommended for children with cerebrospinal fluid leak, anatomic or functional asplenia, cochlear implant, a child age 2 through 4 years with a history of asthma or wheezing, or current aspirin or salicylate-containing medication use. Precautions to LAIV include any underlying health condition that increases the risk of influenza complications (see package insert or CDC schedule for details). **MMR & MMRV:** A history of thrombocytopenia or thrombocytopenic purpura is a precaution to MMR and MMRV. **VAR:** Aspirin use is a precaution to VAR due to the association of aspirin use, chickenpox, and Reye syndrome in children and adolescents.

5. **For children age 2 through 4 years: Has a healthcare provider told you that the child had wheezing or asthma in the past 12 months?** *[LAIV]*
   Children ages 2 through 4 years who had a wheezing episode within the past 12 months should not get LAIV. Give IIV or RIV instead.

6. **For babies: Have you ever been told the child had intussusception?** *[Rotavirus]*
   Infants who have a history of intussusception (i.e., the telescoping of one portion of the intestine into another) should ***not*** be given rotavirus vaccine.

7. **Has the child, a sibling, or a parent had a seizure; has the child had a brain or other nervous system problem?** *[DTaP, Td, Tdap, IIV, LAIV, MMRV, RIV]*
   For patients with stable neurologic disorders (including seizures) unrelated to vaccination, or with a family history of seizures, vaccinate as usual (exception: children with a first degree relative [e.g., parent or sibling] or personal history of seizures generally should receive separate MMR and VAR, not MMRV). **Pertussis-containing vaccines:** DTaP and Tdap are contraindicated in children who have a history of encephalopathy within 7 days following DTP/DTaP. An unstable progressive neurologic problem is a precaution to using DTaP and Tdap. **A history of Guillain-Barré syndrome (GBS):** a) Td/Tdap: GBS within 6 weeks of a tetanus-toxoid vaccine is a precaution; if the decision is made to vaccinate, give Tdap instead of Td; b) all influenza vaccines: GBS within 6 weeks of an influenza vaccine is a precaution; influenza vaccination should generally be avoided unless the benefits outweigh the risks (e.g., for those at higher risk for influenza complications).

8. **Has the child ever been diagnosed with a heart condition (myocarditis or pericarditis) or have they had Multisystem Inflammatory Syndrome (MIS-C) after an infection with the virus that causes COVID-19?**
   Precautions to COVID-19 vaccination include a history of myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine or a history of Multisystem Inflammatory Syndrome (MIS-C). Myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine is a precaution: the person should generally not receive additional COVID-19 vaccine. A child with a history of myocarditis or pericarditis unrelated to vaccination may receive a COVID-19 vaccine once the condition has completely resolved. A child with a history of MIS-C may be vaccinated if the condition has fully resolved and it has been at least 90 days since diagnosis. Refer to CDC COVID-19 vaccine guidance for additional considerations for myocarditis, pericarditis, and MIS (see **Note**).

9. **Does the child have an immune-system problem, such as cancer, leukemia, HIV/AIDS?** *[LAIV, MMR, MMRV, Rotavirus, VAR]*
   Live virus vaccines are usually contraindicated in immunocompromised people with exceptions. For example, **MMR** is recommended for asymptomatic HIV-infected patients who are not severely immunosuppressed. **VAR** should be administered (if indicated) to people with isolated humoral immunodeficiency. **LAIV** is contraindicated in immunosuppressed people; give IIV or RIV instead. Infants with severe combined immunodeficiency (SCID) should not be given a live virus vaccine, including **rotavirus vaccine**, but other forms of immunosuppression are a precaution, not a contraindication, to rotavirus vaccine. See "General Best Practice Guidelines: Altered Immunocompetence" at www.cdc.gov/vaccines/hcp/imz-best-practices/altered-immunocompetence.html.

10. **In the past 6 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs to treat rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments?** *[LAIV, MMR, MMRV, VAR]*
    Live virus vaccines should be postponed until after chemotherapy or long-term high-dose steroid therapy has ended. See **Note** above. Some immune mediator and modulator drugs (especially anti-necrosis factor [TNF] agents) may be immunosuppressive. Avoid live virus vaccines in people taking immunosuppressive drugs. A list of these is in CDC's *Yellow Book* at wwwnc.cdc.gov/travel/yellowbook/2024/additional-considerations/immunocompromised-travelers.

11. **Does the child's parent or sibling have an immune system problem?** *[MMR, MMRV, VAR]*
    MMR, MMRV, and VAR vaccines should **not** be given to a patient with a family history of congenital or hereditary immunodeficiency in first-degree relatives (e.g., parents, siblings) unless the patient's immune competence has been verified clinically or by a laboratory.

12. **In the past year, has the child received immune (gamma) globulin, blood/blood products, or an antiviral drug?** *[MMR, MMRV, LAIV, VAR]*
    See **Note** (schedule) for antiviral drug information (VAR, LAIV). See "Timing and Spacing of Immunobiologics" (www.cdc.gov/vaccines/hcp/imz-best-practices/timing-spacing-immunobiologics.html) for intervals between MMR, VAR, and certain blood/blood products, immune globulin.

13. **Is the child/teen pregnant?** *[HPV, IPV, LAIV, MenB, MMR, MMRV, VAR]*
    **Live virus vaccines** (e.g., LAIV, MMR, MMRV, VAR) are contraindicated in pregnancy due to the theoretical risk of virus transmission to the fetus. People who could become pregnant and receive a live virus vaccine should be instructed to avoid pregnancy for 1 month after vaccination. **IPV and MenB** should not be given except to those with an elevated risk of exposure during pregnancy. **HPV** is not recommended during pregnancy.

14. **Has the child received vaccinations in the past 4 weeks?** *[LAIV, MMR, MMRV, VAR, yellow fever]*
    Children given live virus vaccines, such as those listed above, should wait 28 days before receiving another live virus vaccine (wait 30 days for yellow fever vaccine). Inactivated vaccines may be given at the same time or at any spacing interval.

15. **Has the child ever felt dizzy or faint before, during or after a shot?**
    Fainting (syncope) or dizziness is not a contraindication or precaution to vaccination; it may be an anxiety-related response to any injection. CDC recommends vaccine providers consider observing all patients for 15 minutes after vaccination. See Immunize.org's resource on vaccination and syncope at www.immunize.org/catg.d/p4260.pdf.

16. **Is the child anxious about getting a shot today?**
    Anxiety can lead to vaccine avoidance. Simple steps can ease a patient's anxiety about vaccination. Visit Immunize.org's "Addressing Vaccination Anxiety" clinical resources at www.immunize.org/clinical/topic/addressing-anxiety/

**VACCINE ABBREVIATIONS**

DTaP = Diphtheria, tetanus, & acellular pertussis vaccine
HPV = Human papillomavirus vaccine
IIV = Inactivated influenza vaccine
ccIIV - cell culture inactivated influenza vaccine
IPV = Inactivated poliovirus vaccine
LAIV = Live attenuated influenza vaccine
MenB = Meningococcal B vaccine
MMR = Measles, mumps, and rubella vaccine
MMRV = MMR+VAR vaccine
RIV = Recombinant influenza vaccine
Td, Tdap = Tetanus, diphtheria, (acellular pertussis) vaccine
VAR = Varicella vaccine

## APPENDIX B

# Screening Checklist for Contraindications to HPV, MenACWY, MenB, and Tdap Vaccines for Teens

YOUR NAME _____

DATE OF BIRTH ____/____/____
month day year

**For parents/guardians:** The following questions will help us determine if human papillomavirus (HPV), meningococcal conjugate (MenACWY), meningococcal serogroup B (MenB), and tetanus, diphtheria, and acellular pertussis (Tdap) vaccines may be given to your teen today. If you answer "yes" to any question, it does not necessarily mean your teen should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

| | yes | no | don't know |
|---|---|---|---|
| 1. Is your teen sick today? | ☐ | ☐ | ☐ |
| 2. Does your teen have allergies to a vaccine component or to latex? | ☐ | ☐ | ☐ |
| 3. Has your teen had a serious reaction to a vaccine in the past? | ☐ | ☐ | ☐ |
| 4. Has your teen had a brain or other nervous system problem? | ☐ | ☐ | ☐ |
| 5. Is your teen pregnant? | ☐ | ☐ | ☐ |
| 6. Has your teen ever felt dizzy or faint before, during, or after a shot? | ☐ | ☐ | ☐ |
| 7. Is your teen anxious about getting a shot? | ☐ | ☐ | ☐ |

FORM COMPLETED BY _____ DATE _____

FORM REVIEWED BY _____ DATE _____

**Did you bring your teen's immunization record card with you?** yes ☐ no ☐

It is important to have a personal record of your teen's vaccinations. If you don't have one, ask your healthcare provider to give you one with all of your teen's vaccinations on it. Keep it in a safe place and be sure your teen carries it every time he/she seeks medical care. Your teen will likely need this document to enter school or college, for employment, or for international travel.

# Information for Healthcare Professionals about the Screening Checklist for Contraindications to HPV, MenACWY, MenB, and Tdap Vaccines for Teens

*Are you interested in knowing why we included a certain question on the screening checklist? If so, read the information below. If you want to find out even more, consult the references listed in* **Notes** *below.*

**NOTE:** For supporting documentation on the answers given below, go to the specific ACIP vaccine recommendation found at the following website: www.cdc.gov/acip-recs/hcp/vaccine-specific/

**NOTE:** For summary information on contraindications and precautions to vaccines, go to CDC's General Best Practices for Immunization at www.cdc.gov/vaccines/hcp/imz-best-practices/

1. **Is your teen sick today?** *(HPV, MenACWY, MenB, Tdap.)*

   There is no evidence that acute illness reduces vaccine effectiveness or safety. However, as a precaution, all vaccines should be delayed until moderate or severe acute illness has improved. Mild illnesses with or without fever (such as otitis media, "colds," diarrhea) and antibiotic use are not contraindications to routine vaccination.

2. **Does your teen have allergies to a vaccine component or to latex?** *(HPV, MenACWY, MenB, Tdap.)*

   **Latex:** An anaphylactic reaction to latex is a contraindication to vaccines with latex as part of the vaccine's packaging (e.g., vial stoppers, prefilled syringe plungers, prefilled syringe caps). For details on latex in vaccine packaging, refer to the package insert (listed at www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states).

   **An injection-site reaction** (e.g., soreness, redness, delayed-type local reaction) to a prior vaccine dose or vaccine component, including latex, is not a contraindication to a subsequent dose or vaccine containing that component.

3. **Has your teen had a serious reaction to a vaccine in the past?** *(HPV, MenACWY, MenB, Tdap.)*

   Anaphylaxis to a previous vaccine dose or vaccine component is a contraindication for subsequent doses of corresponding vaccines (see question 2). Usually, one defers vaccination when a precaution is present unless the benefit outweighs the risk (e.g., during an outbreak). **A history of encephalopathy** within 7 days of DTP/DTaP is a contraindication for further doses of any pertussis-containing vaccine, including Tdap.

4. **Has your teen had brain or other nervous system problems?** *(Td/Tdap.)*

   Tdap is contraindicated in teens who have a history of encephalopathy within 7 days following DTP/DTaP. An unstable progressive neurologic problem is a precaution to the use of Tdap. For people with stable neurologic disorders (including seizures) unrelated to vaccination, or for people with a family history of seizures, vaccinate as usual. A history of **Guillain-Barré syndrome** (GBS) within 6 weeks of a tetanus-toxoid vaccine is a precaution; if the decision is made to vaccinate, give Tdap instead of Td.

5. **Is your teen pregnant?** *(HPV and MenB.)*

   MenB should not be given except to those with an elevated risk of exposure during pregnancy. HPV vaccine is not recommended during pregnancy. Injectable influenza vaccine, COVID-19 vaccine, Tdap, and RSV vaccines are explicitly recommended during pregnancy.

6. **Has your teen ever felt dizzy or faint before, during, or after a shot?**

   Fainting (syncope) or dizziness (presyncope) is not a contraindication or precaution to vaccination. However, for some people these can be a response to vaccination anxiety. People in adolescent and young adult age groups are more likely to experience syncope. CDC recommends that vaccine providers consider observing all patients for 15 minutes after vaccination. This is especially important for people with a pattern of injection-related syncope. For more information about vaccination-related syncope, see www.immunize.org/catg.d/p4260.pdf.

7. **Is your teen anxious about getting a shot?**

   Anxiety can lead to vaccine hesitancy or avoidance. Simple steps can ease a patient's anxiety about vaccination. Visit Immunize.org's "Addressing Vaccination Anxiety" clinical resources at www.immunize.org/clinical/topic/addressing-anxiety.

**VACCINE ABBREVIATIONS**

DTP = Diphtheria, tetanus, pertussis vaccine
DTaP = Diphtheria, tetanus, (acellular) pertussis vaccine
HPV = Human papillomavirus vaccine
MenB = Meningococcal serogroup B vaccine
MenACWY = Meningococcal serogroups A, C, W, Y
RSV = Respiratory syncytial virus
Td/Tdap = Tetanus, diphtheria, (acellular) pertussis vaccine

## APPENDIX C

# Screening Checklist for Contraindications to Vaccines for Adults

YOUR NAME _____

DATE OF BIRTH _____/_____/_____
month day year

**For patients:** The following questions will help us determine which vaccines you may be given today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means we need to ask you more questions. If a question is not clear, please ask your healthcare provider to explain it.

| | yes | no | don't know |
|---|---|---|---|
| 1. Are you sick today? | ☐ | ☐ | ☐ |
| 2. Do you have allergies to medications, food, a vaccine component, or latex? | ☐ | ☐ | ☐ |
| 3. Have you ever had a serious reaction after receiving a vaccine? | ☐ | ☐ | ☐ |
| 4. Do you have any of the following: a long-term health problem with heart, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, a cochlear implant, or a spinal fluid leak? Are you on long-term aspirin therapy? | ☐ | ☐ | ☐ |
| 5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem? | ☐ | ☐ | ☐ |
| 6. Do you have a parent, brother, or sister with an immune system problem? | ☐ | ☐ | ☐ |
| 7. In the past 6 months, have you taken medications that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments? | ☐ | ☐ | ☐ |
| 8. Have you had a seizure or a brain or other nervous system problem? | ☐ | ☐ | ☐ |
| 9. Have you ever been diagnosed with a heart condition (myocarditis or pericarditis) or have you had Multisystem Inflammatory Syndrome (MIS-A or MIS-C) after an infection with the virus that causes COVID-19? | ☐ | ☐ | ☐ |
| 10. In the past year, have you received immune (gamma) globulin, blood/blood products, or an antiviral drug? | ☐ | ☐ | ☐ |
| 11. Are you pregnant? | ☐ | ☐ | ☐ |
| 12. Have you received any vaccinations in the past 4 weeks? | ☐ | ☐ | ☐ |
| 13. Have you ever felt dizzy or faint before, during, or after a shot? | ☐ | ☐ | ☐ |
| 14. Are you anxious about getting a shot today? | ☐ | ☐ | ☐ |

FORM COMPLETED BY _____ DATE _____

FORM REVIEWED BY _____ DATE _____

**Did you bring your immunization record card with you?** yes ☐ no ☐

It is important to have a personal record of your vaccinations. If you don't have a personal record, ask your healthcare provider to give you one. Keep this record in a safe place and bring it with you every time you seek medical care. Make sure your healthcare provider records all your vaccinations on it.

# Information for Healthcare Professionals about the Screening Checklist for Contraindications to Vaccines for Adults

*Read the information below for help interpreting answers to the screening checklist. To learn even more, consult the references in* **Note** *below.*

**NOTE:** For additional details, see CDC's "Adult Immunization Schedule" (www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html) and *General Best Practice Guidelines for Immunization* sections on "Contraindications and Precautions" (www.cdc.gov/vaccines/hcp/imz-best-practices/altered-immunocompetence.html) and "Altered Immunocompetence" (www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html). For more details on COVID-19 vaccines, see "Use of COVID-19 Vaccines in the United States: Interim Clinical Considerations" at www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html.

1. **Are you sick today?** *[all vaccines]*

   There is no evidence that acute illness reduces vaccine efficacy or safety. However, as a precaution, all vaccines should be delayed until moderate or severe acute illness has improved. Mild illnesses with or without fever (e.g., otitis media, "colds," diarrhea) and antibiotic use are not contraindications to routine vaccination.

2. **Do you have allergies to medications, food, a vaccine ingredient, or latex?** *[all vaccines]*

   **Gelatin:** If a person has anaphylaxis after eating gelatin, do not give vaccines containing gelatin. **Latex:** An anaphylactic reaction to latex is a contraindication to vaccines with latex as part of the vaccine's packaging (e.g., vial stoppers, prefilled syringe plungers, prefilled syringe caps). For details on latex in vaccine packaging, refer to the package insert (listed at www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states). **COVID-19 vaccine:** History of a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a COVID-19 vaccine component is a contraindication to use of the same vaccine type. People may receive the alternative COVID-19 vaccine type (either mRNA or protein subunit) if they have a contraindication or an allergy-related precaution to one COVID-19 vaccine type. Allergy-related precautions include history of 1) diagnosed non-severe allergy to a COVID-19 vaccine component; 2) non-severe, immediate (onset less than 4 hours) allergic reaction after a dose of one COVID-19 vaccine type (see **Note**). *Not contraindications:* **Eggs:** ACIP and CDC do not consider egg allergy of any severity to be a contraindication or precaution to any egg-based influenza vaccine. **Injection site reaction** (e.g., soreness, redness, delayed-type local-reaction) to a prior dose or vaccine component is not a contraindication to a subsequent dose or vaccine containing that component.

3. **Have you ever had a serious reaction after receiving a vaccine?** *[all vaccines]*
   - Anaphylaxis to a previous vaccine dose or vaccine component is a contraindication for subsequent doses of the vaccine or vaccine component. (See question 2.)
   - Usually, one defers vaccination when a precaution is present unless the benefit outweighs the risk (e.g., during an outbreak).

4. **Do you have any of the following: a long-term health problem with heart, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, a cochlear implant, or a spinal fluid leak? Are you on long-term aspirin therapy?** *[MMR, VAR, LAIV]*

   **LAIV** is not recommended for people with anatomic or functional asplenia, a cochlear implant, or cerebrospinal fluid (CSF) leak. Underlying health conditions that increase the risk of influenza complications such as heart, lung, kidney, or metabolic disease (e.g., diabetes) and asthma are precautions for LAIV. **MMR:** A history of thrombocytopenia or thrombocytopenic purpura is a precaution to MMR. **VAR:** Aspirin use is a precaution to VAR due to the association of aspirin use, wild type varicella infection, and Reye syndrome in children and adolescents.

5. **Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?** *[LAIV, MMR, VAR]*

   Live virus vaccines are usually contraindicated in immunocompromised people, with exceptions. For example, MMR vaccine is recommended and VAR may be considered for adults with CD4+ T-cell counts of greater than or equal to 200 cells/mcL. See **Note**.

6. **Do you have a parent, brother, or sister with an immune system problem?** *[MMR, VAR]*

   MMR or VAR should not be administered to a patient with congenital or hereditary immunodeficiency in a first-degree relative (e.g., parent, sibling) unless the patient's immune competence has been verified clinically or by a laboratory.

7. **In the past 6 months, have you taken medicines that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments?** *[LAIV, MMR, VAR]*

   Live virus vaccines should be postponed until chemotherapy or long-term high-dose steroid therapy concludes. See **Note**. Some immune mediator and modulator drugs (especially anti-tumor necrosis factor [TNF] agents) may be immunosuppressive. Avoid live virus vaccines in people taking immunosuppressive drugs. A list of such drugs appears in CDCs Yellow Book at wwwnc.cdc.gov/travel/yellowbook/2024/additional-considerations/immunocompromised-travelers.

8. **Have you had a seizure or a brain or other nervous system problem?** *[influenza, Td/Tdap]*

   **Tdap:** Tdap is contraindicated in people with a history of encephalopathy within 7 days following DTP/DTaP. An unstable progressive neurologic problem is a precaution to using Tdap. For people with stable neurologic disorders (including seizures) unrelated to vaccination, vaccinate as usual. **A history of Guillain-Barré syndrome (GBS):** 1) **Td/Tdap**: GBS within 6 weeks of a tetanus toxoid-containing vaccine is a precaution; if the decision is made to vaccinate, give Tdap instead of Td; 2) **all influenza vaccines**: GBS within 6 weeks of an influenza vaccine is a precaution; influenza vaccination should generally be avoided unless the benefits outweigh the risks (e.g., for those at high risk for influenza complications).

9. **Have you ever been diagnosed with a heart condition (myocarditis or pericarditis) or have you had Multisystem Inflammatory Syndrome (MIS-A or MIS-C) after an infection with the virus that causes COVID-19?**

   Precautions to COVID-19 vaccination include a history of myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine or a history of Multisystem Inflammatory Syndrome (MIS-C or MIS-A). Myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine is a precaution: the patient should generally not receive additional COVID-19 vaccine. A person with a history of myocarditis or pericarditis unrelated to vaccination may receive a COVID-19 vaccine once the condition has completely resolved. A person with a history of MIS-C or MIS-A may be vaccinated if the condition has fully resolved and it has been at least 90 days since diagnosis. Refer to CDC COVID-19 vaccine guidance for additional considerations for myocarditis, pericarditis, and MIS (see **Note**).

10. **In the past year, have you received immune (gamma) globulin, blood/blood products or an antiviral drug?** *[MMR, VAR, LAIV]*

    See **Note** (schedule) for antiviral drug information (VAR, LAIV). See "Timing and Spacing of Immunobiologics" (www.cdc.gov/vaccines/hcp/imz-best-practices/timing-spacing-immunobiologics.html) for intervals between MMR, VAR and certain blood/blood products, or immune globulin.

11. **Are you pregnant?** *[HPV, HepB, IPV, LAIV, MenB, MMR, VAR]*

    **Live virus vaccines** (e.g., LAIV, MMR, VAR) are contraindicated in pregnancy due to the theoretical risk of virus transmission to the fetus. People who could become pregnant and receive a live virus vaccine should be instructed to avoid pregnancy for 1 month after vaccination. **IPV and MenB** should not be given except to those with an elevated risk of exposure during pregnancy. **HPV** is not recommended during pregnancy.

12. **Have you received any vaccinations in the past 4 weeks?** *[LAIV, MMR, VAR, yellow fever]*

    People given live virus vaccines, such as those listed above, should wait 28 days before receiving another live virus vaccine (wait 30 days for yellow fever vaccine). Inactivated vaccines may be given at the same time or at any spacing interval.

13. **Have you ever felt dizzy or faint before, during, or after a shot?**

    Fainting (syncope) or dizziness is not a contraindication or precaution to vaccination; it may be an anxiety-related response to any injection. CDC recommends vaccine providers consider observing all patients for 15 minutes after vaccination. See Immunize.org's resource on vaccination and syncope at www.immunize.org/catg.d/p4260.pdf.

14. **Are you anxious about getting a shot today?**

    Anxiety can lead to vaccine avoidance. Simple steps can help a patient's anxiety about vaccination. Visit Immunize.org's "Addressing Vaccination Anxiety" clinical resources at www.immunize.org/clinical/topic/addressing-anxiety.

**VACCINE ABBREVIATIONS**

HepB = Hepatitis B vaccine
HPV = Human papillomavirus vaccine
IIV = Inactivated influenza vaccine
ccIIV = Cell culture inactivated influenza vaccine
IPV = Inactivated poliovirus vaccine
LAIV = Live attenuated influenza vaccine
MenB = Meningococcal B vaccine
MMR = Measles, mumps, and rubella vaccine
RIV = Recombinant influenza vaccine
Td/Tdap = Tetanus, diphtheria, (acellular pertussis) vaccine
VAR = Varicella vaccine

# APPENDIX D

# Vaccine Administration Record for Children and Teens

Patient name _____

Birthdate _____ Chart number _____

PRACTICE NAME AND ADDRESS

Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to the child's parent or legal representative and make sure they understand the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

| Vaccine | Type of Vaccine[1] | Date Vaccine Given (mo/day/yr) | Funding Source (F,S,P)[2] | Route & Site[3] | Vaccine | | Vaccine Information Statement (VIS) | | Vaccinator[5] (signature or initials and title) |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | Lot # | Mfr. | Date on VIS[4] | Date given[4] | |
| **Hepatitis B**[6] (e.g., HepB, DTaP-HepB-IPV, DTaP-IPV-Hib-HepB, HepA-HepB) Give IM.[3] | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **RSV-mAb**[7] Give IM.[3] | | | | | | | | | |
| | | | | | | | | | |
| **Diphtheria, Tetanus, Pertussis**[6] (e.g., DTaP, DTaP-HepB-IPV, DTaP-IPV-Hib-HepB, DTaP-IPV/Hib, DTaP-IPV, Tdap, Td) Give IM.[3] | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| *Haemophilus influenzae* **type b**[6] (e.g., Hib, Hib-DTaP-IPV/Hib, DTaP-IPV-Hib-HepB) Give IM.[3] | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Polio**[6] (e.g., IPV, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV, DTaP-IPV-Hib-HepB) Give IPV Subcut or IM.[3] Give all others IM.[3] | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Pneumococcal** (e.g., PCV15, PCV20; PPSV23) Give PCV IM.[3] Give PPSV23 Subcut or IM.[3] | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Rotavirus** (RV1, RV5) Give orally (po). | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| Abbreviation | Trade Name and Manufacturer |
|---|---|
| DTaP | Daptacel (Sanofi); Infanrix (GSK); Tripedia (Sanofi) |
| DTaP-HepB-IPV | Pediarix (GSK) |
| DTaP-IPV/Hib | Pentacel (Sanofi) |
| DTaP-IPV | Kinrix (GSK); Quadracel (Sanofi) |
| DTaP-IPV-Hib-HepB | Vaxelis (MCM Vaccine) |
| Tdap | Adacel (Sanofi); Boostrix (GSK) |
| Td | Tenivac (Sanofi); Tdvax (MA Biological Labs) |
| HepB (see note #1) | Engerix-B (GSK), Recombivax HB (Merck); Heplisav-B (Dynavax) for 18 yrs & older |
| HepA-HepB | Twinrix (GSK) for teens age 18 yrs & older |
| Hib | ActHIB (Sanofi), Hiberix (GSK), PedvaxHIB (Merck) |
| IPV | IPOL (Sanofi) |
| RSV-mAb | Beyfortus (Sanofi) |
| PCV15; PCV20; PCV21 | PCV15: Vaxneuvance (Merck); PCV20: Prevnar 20 (Pfizer); PCV21: Capvaxive (Merck) 18 yrs & older |
| PPSV23 | Pneumovax 23 (Merck) |
| RV1; RV5 | RV1: Rotarix (GSK); RV5: RotaTeq (Merck) |

CONTINUED ON THE BACK ▶

## How to Complete this Record

1. Record the standard abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at left). Use trade name for HepB if vaccinating an older teen (schedule varies by brand).
2. Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
3. Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (Subcut), or intranasal (NAS), and also the site where vaccine was administered as either RA (right arm), LA (left arm), RT (right thigh), LT (left thigh), or NAS (intranasal).
4. Record the publication date of each VIS as well as the date the VIS is given to the patient.
5. To meet the space constraints of this form and federal requirements for documentation, a healthcare setting should keep a reference list of vaccinators that includes their initials and titles.
6. For combination vaccines, fill in a row for each antigen in the combination.
7. RSV monoclonal antibody (mAb) is a passive immunization product, not a vaccine, routinely recommended for seasonal prevention of RSV disease in infants. Record administration in an equivalent manner.

www.immunize.org/catg.d/p2022.pdf
Item #P2022 (5/31/2025)

Scan for PDF

# Vaccine Administration Record for Children and Teens (continued)

Patient name _____

Birthdate _____ Chart number _____

Before administering any vaccines, give copies of all pertinent Vaccine Information Statements (VISs) to the child's parent or legal representative and make sure they understand the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

PRACTICE NAME AND ADDRESS

| Vaccine | Type of Vaccine[1] | Date Vaccine Given (mo/day/yr) | Funding Source (F,S,P)[2] | Route & Site[3] | Vaccine | | Vaccine Information Statement (VIS) | | Vaccinator[5] (signature or initials and title) |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | Lot # | Mfr. | Date on VIS[4] | Date given[4] | |
| **Measles, Mumps, Rubella**[6] (e.g., MMR, MMRV) Give MMRII and MMRV Subcut or IM; give Priorix Subcut.[3] | | | | | | | | | |
| | | | | | | | | | |
| **Varicella**[6] (e.g., VAR, MMRV) Give Subcut or IM.[3] | | | | | | | | | |
| | | | | | | | | | |
| **Hepatitis A**[6] (HepA, HepA-HepB) Give IM.[3] | | | | | | | | | |
| | | | | | | | | | |
| **Meningococcal ACWY**[6] (MenACWY, MenABCWY) Give IM.[3] | | | | | | | | | |
| | | | | | | | | | |
| **Meningococcal B**[6] (MenB-4C, MenB-FHbp, MenABCWY) Give IM.[3] | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Human papillomavirus** (HPV) Give IM.[3] | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Influenza** (IIV, ccIIV, RIV, LAIV) Give IIV, ccIIV, and RIV IM.[3] Give LAIV NAS.[3] | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **COVID-19** (e.g., 1vCOV-mRNA; 1vCOV-aPS) Give IM.[3] | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Other** (e.g., Mpox) | | | | | | | | | |
| | | | | | | | | | |

| Abbreviation | Trade Name and Manufacturer |
|---|---|
| MMR | MMR II (Merck); Priorix (GSK) |
| VAR | Varivax (Merck) |
| MMRV | ProQuad (Merck) |
| HepA | Havrix (GSK); Vaqta (Merck) |
| HepA-HepB | Twinrix (GSK) for teens age 18 and older |
| MenABCWY (see note #1) | Penbraya (Pfizer); Penmenvy (GSK) |
| MenACWY | MenQuadfi (Sanofi); Menveo (GSK) |
| MenB-4C (see note #1) | Bexsero (GSK) |
| MenB-FHbp (see note #1) | Trumenba (Pfizer) |
| HPV | Gardasil 9 (Merck) |
| ccIIV (cell culture-based IIV) | Flucelvax (Seqirus) for teens 18 and older |
| IIV (inactivated influenza vaccine) | Fluarix, FluLaval (GSK); Afluria (Seqirus); Flubok (Sanofi) |
| LAIV (live attenuated influenza vaccine) | FluMist (AstraZeneca) |
| RIV (recombinant influenza vaccine) | RIV: Flublok (Sanofi) for teens 18 and older |
| 1vCOV-mRNA (see note #1) | Comirnaty (Pfizer-BioNTech); Spikevax (Moderna) |
| 1vCOV-aPS (see note #1) | Novavax (Novavax) |
| Other (e.g., Mpox) | Jynneos (Bavarian Nordic) |

## How to Complete this Record

1. For meningococcal B vaccines (MenB or MenABCWY) and COVID-19 vaccines, record the trade name (see table at left); for all other vaccines, record the standard abbreviation (e.g., HPV) or trade name for each vaccine (see table at left).
2. Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
3. Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (Subcut), or intranasal (NAS), and also the site where vaccine was administered as either RA (right arm), LA (left arm), RT (right thigh), LT (left thigh), or NAS (intranasal).
4. Record the publication date of each VIS as well as the date the VIS is given to the patient.
5. To meet the space constraints of this form and federal requirements for documentation, a healthcare setting should keep a reference list of vaccinators that includes their initials and titles.
6. For combination vaccines, fill in a row for each antigen in the combination.

## APPENDIX E



# Vaccine Administration Record for Adults

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) and make sure they understand the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

Patient name _____

Birthdate _____ Chart number _____

PRACTICE NAME AND ADDRESS

| Vaccine | Type of Vaccine[1] | Date Vaccine Given (mo/day/yr) | Funding Source (F,S,P)[2] | Route & Site[3] | Vaccine | | Vaccine Information Statement (VIS) | | Vaccinator[5] (signature or initials and title) |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | Lot # | Mfr. | Date on VIS[4] | Date given[4] | |
| **Tetanus, Diphtheria, Pertussis** (e.g., Tdap, Td) Give IM.[3] | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Hepatitis A**[6] (e.g., HepA, HepA-HepB) Give IM.[3] | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Hepatitis B**[6] (e.g., HepB, HepA-HepB) Give IM.[3] | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Human papillomavirus** (HPV) Give IM.[3] | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Measles, Mumps, Rubella** (MMR) Give MMRII Subcut or IM; give Priorix Subcut.[3] | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Varicella** (VAR) Give Subcut or IM.[3] | | | | | | | | | |
| | | | | | | | | | |
| **Meningococcal ACWY**[6] (e.g., MenACWY, MenABCWY) Give IM.[3] | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Meningococcal B**[6] (e.g., MenB-4C, MenB-FHbp, MenABCWY) Give IM.[3] | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

CONTINUED ON THE BACK ▶

| Abbreviation | Trade Name and Manufacturer |
|---|---|
| Tdap | Adacel (Sanofi); Boostrix (GSK) |
| Td | Tenivac (Sanofi); Tdvax (MA Biological Labs) |
| HepA | Havrix (GSK); Vaqta (Merck) |
| HepB (see note #1) | Engerix-B (GSK); Recombivax HB (Merck); Heplisav-B (Dynavax) |
| HepA-HepB | Twinrix (GSK) |
| HPV | Gardasil 9 (Merck) |
| MMR | MMR II (Merck); Priorix (GSK) |
| VAR | Varivax (Merck) |
| MenACWY | MenQuadfi (Sanofi); Menveo (GSK) |
| MenB-4C (see note #1) | Bexsero (GSK) |
| MenB-FHbp (see note #1) | Trumenba (Pfizer) |
| MenABCWY (see note #1) | Penbraya (Pfizer); Penmenvy (GSK) |

## How to Complete this Record

1. For hepatitis B and meningococcal B vaccines (MenB or MenABCWY), record the trade name (see table at left); for all other vaccines, record the standard abbreviation (e.g., Tdap).
2. Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
3. Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (Subcut), or intranasal (NAS), and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
4. Record the publication date of each VIS as well as the date the VIS is given to the patient.
5. To meet the space constraints of this form and federal requirements for documentation, a healthcare setting should keep a reference list of vaccinators that includes their initials and titles.
6. For combination vaccines, fill in a row for each antigen in the combination.

# Vaccine Administration Record for Adults (continued)

Patient name _____

Birthdate _____ Chart number _____

PRACTICE NAME AND ADDRESS

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VISs) and make sure they understand the risks and benefits of the vaccine(s). Always provide or update the patient's personal record card.

| Vaccine | Type of Vaccine[1] | Date Vaccine Given (mo/day/yr) | Funding Source (F,S,P)[2] | Route & Site[3] | Vaccine | | Vaccine Information Statement (VIS) | | Vaccinator[5] (signature or initials and title) |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | Lot # | Mfr. | Date on VIS[4] | Date given[4] | |
| Poliovirus (IPV) Give IM or Subcut.[3] | | | | | | | | | |
| Pneumococcal conjugate (e.g., PCV15, PCV20, PCV21) Give IM.[3] | | | | | | | | | |
| | | | | | | | | | |
| Pneumococcal polysaccharide (e.g., PPSV23) Give IM or Subcut.[3] | | | | | | | | | |
| | | | | | | | | | |
| **Influenza** (IIV, ccIIV, RIV, LAIV) Give IIV, ccIIV, and RIV IM.[3] Give LAIV NAS.[3] | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Zoster (shingles)** Give RZV IM.[3] | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **COVID-19** (e.g., 1vCOV-mRNA; 1vCOV-aPS) Give IM.[3] | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Hib** Give IM.[3] | | | | | | | | | |
| **RSV** Give IM.[3] | | | | | | | | | |
| **Mpox** Give Subcut.[3] | | | | | | | | | |
| **Other:** | | | | | | | | | |
| **Other:** | | | | | | | | | |

| Abbreviation | Trade Name and Manufacturer |
|---|---|
| IPV | Ipol (Sanofi) |
| PCV15, PCV20, PCV21 | PCV15: Vaxneuvance (Merck); PCV20: Prevnar 20 (Pfizer); PCV21: Capvaxive (Merck) |
| PPSV23 | Pneumovax 23 (Merck) |
| aIIV (adjuvanted inactivated influenza vaccine [IIV]) | Fluad (GSK) |
| ccIIV (cell culture-based IIV) | Flucelvax (Seqirus) |
| HD-IIV (high-dose IIV) | Fluzone High-Dose (Sanofi) |
| LAIV (live attenuated influenza vaccine] | FluMist (AstraZeneca) |
| RIV (recombinant influenza vaccine) | Flublok (Sanofi) |
| SD-IIV (standard dose IIV) | Fluarix, FluLaval (GSK); Afluria (Seqirus); Fluzone (Sanofi) |
| Mpox | Jynneos (Bavaria Nordic) |
| RZV (recombinant zoster vaccine) | Shingrix (GSK) |
| 1vCOV-mRNA (see note #1) | Comirnaty (Pfizer-BioNTech); Spikevax (Moderna) |
| 1vCOV-aPS (see note #1) | Novavax (Novavax) |
| Hib | ActHIB (Sanofi); Hiberix (GSK); PedvaxHib (Merck) |
| RSV (respiratory syncytial virus vaccine) (see note #1) | Arexvy (GSK); Abrysvo (Pfizer), mResvia (Moderna) |

## How to Complete this Record

1. For RSV and COVID-19 vaccines, record the trade name (see table at left); for all other vaccines, record the standard abbreviation (e.g., Tdap) or the trade name for each vaccine (see table at left).
2. Record the funding source of the vaccine given as either F (federal), S (state), or P (private).
3. Record the route by which the vaccine was given as either intramuscular (IM), subcutaneous (Subcut), or intranasal (NAS), and also the site where it was administered as either RA (right arm), LA (left arm), RT (right thigh), or LT (left thigh).
4. Record the publication date of each VIS as well as the date the VIS is given to the patient.
5. To meet the space constraints of this form and federal requirements for documentation, a healthcare setting should keep a reference list of vaccinators that includes their initials and titles.

# Medical Management of Vaccine Reactions in Children and Teens in a Community Setting

***The table below describes steps to take if an adverse reaction occurs after vaccination.***

Administering any medicine, including vaccines, can cause an adverse reaction. Always verify container labels to ensure the correct product is being administered. To reduce the risk an adverse reaction, screen patients for vaccine contraindications and precautions before vaccination (see "Screening Checklist for Contraindications to Vaccines for Children and Teens" at www.immunize.org/catg.d/p4060.pdf).

When adverse reactions do occur, they can range from minor (e.g., soreness, itching) to serious (e.g., anaphylaxis). Be prepared.

Vaccinators should know how to recognize allergic reactions, including anaphylaxis. Have a plan and supplies ready to provide appropriate medical care if an event occurs.

| REACTION | SIGNS AND SYMPTOMS | MANAGEMENT |
|---|---|---|
| Injection site | Soreness, redness, itching, or swelling | Apply a wet cloth to the injection site. Consider giving medication to reduce pain (e.g., Tylenol) or itching (e.g., Benadryl) if needed. |
| | Slight bleeding | Apply pressure and an adhesive compress over the injection site. |
| | Continuous bleeding | Place thick layer of gauze pads over site and maintain direct and firm pressure; raise the bleeding injection site (e.g., arm) above the level of the patient's heart. |
| Psychological fright and syncope (fainting) | Anxiety before injection | Have patient sit or lie down for the vaccination. |
| | Paleness, sweating, coldness of the hands and feet, nausea, light-headedness, dizziness, weakness, or visual disturbances | Have patient lie flat. Loosen any tight clothing and maintain open airway. Apply cool, damp cloth to patient's face and neck. Keep patient under close observation until full recovery. |
| | Fall, without loss of consciousness | Check the patient for injury before trying to move the patient. Place patient flat on back with feet elevated. |
| | Loss of consciousness | Check the patient for injury before trying to move the patient. Place patient flat on back with feet elevated. Call 911 if patient does not recover promptly. |
| Anaphylaxis | **Skin and mucosal symptoms** such as generalized hives, itching, or flushing; swelling of lips, face, throat, or eyes. **Respiratory symptoms** such as nasal congestion, change in voice, sensation of throat closing, stridor, shortness of breath, wheeze, or cough. **Gastrointestinal symptoms** such as nausea, vomiting, diarrhea, cramping abdominal pain. **Cardiovascular symptoms** such as collapse, dizziness, tachycardia, hypotension. | See next page for details on treating anaphylaxis. |

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### Supply List for Managing Anaphylaxis

**FIRST-LINE medication**

- ☐ **Epinephrine** 1 mg/mL aqueous solution (1:1000 concentration) in prefilled autoinjector or various vials or ampules. At least three epinephrine doses should be available on site, dosages as appropriate for patient population.

**OPTIONAL medications: $H_1$ antihistamines**

- ☐ **Diphenhydramine** (e.g., Benadryl) oral, 12.5 mg/5 mL liquid; 25 or 50 mg capsules or tablets

### Additional emergency supplies

- ☐ Syringes (1 and 3 mL) and needles (22 and 25 g, 1", 1¼", 1½", and 2") if needed for epinephrine
- ☐ Alcohol wipes
- ☐ Stethoscope
- ☐ Blood pressure measuring device (with a variety of cuff sizes as needed)
- ☐ Light with extra batteries (for examination of the mouth and throat)
- ☐ A timing device, such as wristwatch, for measuring pulse
- ☐ Cell phone or access to onsite phone
- ☐ CPR rescue mask with one-way valve
- ☐ Oxygen (if available)

See also "Supplies You May Need at an Immunization Clinic" at www.immunize.org/catg.d/p3046.pdf.


**REFERENCES**

American Academy of Pediatrics. *Red Book: 2021-2024 Report of the Committee on Infectious Diseases. 32nd edition*, p. 64-67.

Campbell RL, Kelso JM, Anaphylaxis: Emergency treatment, updated August 4, 2022 in UpToDate, www.uptodate.com/contents/anaphylaxis-emergency-treatment

Kroger A, Bahta L, Long S, Sanchez P. General Best Practice Guide-lines for Immunization. Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP) at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html.


## Emergency medical protocol for managing anaphylaxis in children and teens

1 If itching and swelling are limited to the injection site, observe patient closely for the development of generalized symptoms.

2 If symptoms are generalized, alert the lead clinical healthcare professional on-site and call 911. A healthcare professional should assess the airway, breathing, circulation, and level of consciousness of the patient. Monitor vital signs at 5-minute intervals.

3 **DRUG DOSING INFORMATION: The most important therapy in anaphylaxis is epinephrine. There are NO absolute contraindications to epinephrine in the setting of anaphylaxis.**

a **First-line treatment: EPINEPHRINE is the first-line treatment for anaphylaxis.** Use **epinephrine** in a 1 mg/mL aqueous solution (1:1000 concentration). See page 3 to determine correct dose to be used based on child's weight. If using an autoinjector, administer a dose of 0.1 mg, 0.15 mg, or 0.3 mg IM (as appropriate for the patient's weight) into the anterolateral thigh. If using another epinephrine formulation, the recommended dose is 0.01 mg/kg per dose, up to a maximum single dose of 0.5 mg. Administer IM, preferably in the anterolateral thigh.

Epinephrine dose may be repeated every 5–15 minutes intervals while waiting for EMS to arrive.

b **Optional treatment: $H_1$ ANTIHISTAMINES** relieve itching and urticaria (hives). These medications DO NOT relieve upper or lower airway obstruction, hypotension, or shock. Consider giving **diphenhydramine** (e.g., Benadryl) for relief of itching or hives.

Administer **diphenhydramine** orally, standard dose of 1–2 mg/kg every 4–6 hours. See dosing chart on page 3.

4 Monitor the patient closely every 5 minutes. Perform cardiopulmonary resuscitation (CPR), if necessary, and maintain airway. Keep patient in recumbent position (flat on back) unless he or she is having breathing difficulty. If breathing is difficult, patient's head may be elevated, provided blood pressure is adequate to prevent loss of consciousness. If blood pressure is low, elevate legs.

5 Record the patient's reaction (e.g., hives, anaphylaxis) to the vaccine, all vital signs, medications administered to the patient, including the time, dosage, response, and the name of the medical personnel who administered the medi-cation, and other relevant clinical information.

6 Notify the patient's primary care physician.

7 Report the incident to the Vaccine Adverse Event Reporting System (VAERS) at https//www.vaers.hhs.gov/reportevent.html.

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*For your convenience, approximate dosages based on weight and age are provided in the following charts. Please confirm that you are administering the correct dose for your patient.*

Recommended dose is 0.01 mg/kg body weight up to 0.5 mg maximum dose. May be repeated at 5–15 minute intervals up to 3 times while waiting for EMS to arrive.

| First-Line Treatment: Epinephrine | | | | Epinephrine Dose | |
|---|---|---|---|---|---|
| | Age group | Range of weight (lb) | Range of weight (kg)* | 1 mg/mL aqueous solution (1:1000 concentration); intramuscular. Minimum dose: 0.05 mL | Epinephrine autoinjector (0.1 mg, 0.15 mg, 0.3 mg) |
| Infants and children | 1–6 months | 9–19 lb | 4–8.5 kg | 0.05 mL (or mg) | off label |
| | 7–36 months | 20–32 lb | 9–14.5 kg | 0.1 mL (or mg) | 0.1 mg† |
| | 37–59 months | 33–39 lb | 15–17.5 kg | 0.15 mL (or mg) | 0.15 mg/dose |
| | 5–7 years | 40–56 lb | 18–25.5 kg | 0.2–0.25 mL (or mg) | 0.15 mg/dose |
| | 8–10 years | 57–76 lb | 26–34.5 kg | 0.25–0.3 mL (or mg) | 0.15 mg or 0.3 mg/dose |
| Teens | 11–12 years | 77–99 lb | 35–45 kg | 0.35–0.4 mL (or mg) | 0.3 mg/dose |
| | 13 years & older | 100+ lb | 46+ kg | 0.5 mL (or mg) – max. dose | 0.3 mg/dose |

**NOTE:** If body weight is known, then dosing by weight is preferred. If weight is not known or not readily available, dosing by age is appropriate.

* Rounded weight at the 50th percentile for each age range

† 0.1 mg autoinjector is approved for use in 7.5 to 14 kg infants and children

▶ commonly known as Benadryl

Recommended dose is 1–2 mg/kg body weight every 4–6 hrs†

| Optional Treatment: Diphenhydramine | | | | Diphenhydramine dose calculations based on 1 mg/kg† |
|---|---|---|---|---|
| | Age group | Range of weight (lb) | Range of weight (kg)* | Liquid: 12.5 mg/5 mL<br>Capsules or tablets: 25 mg or 50 mg |
| Infants and children | 7–36 months | 20–32 lb | 9–14.5 kg | 10–15 mg/dose† |
| | 37–59 months | 33–39 lb | 15–17.5 kg | 15–20 mg/dose† |
| | 5–7 years | 40–56 lb | 18–25.5 kg | 20–25 mg/dose† |
| | 8–12 years | 57–99 lb | 26–45 kg | 25–50 mg/dose† |
| Teens | 13 years & older | 100+ lb | 46+ kg | 50 mg/dose (up to 50 mg or 100 mg single dose)† |

**NOTE:** If body weight is known, then dosing by weight is preferred. If weight is not known or not readily available, dosing by age is appropriate.

* Rounded weight at the 50th percentile for each age range

† AAP. Red Book: 2021–2024, 32nd ed. (p. 66). Diphenhydramine maximum single dose for children younger than age 12 years is 40 mg, for children age 12 years and older, 100 mg.

This policy and procedure shall remain in effect for all patients of the _____ (NAME OF PRACTICE OR CLINIC)

effective _____ (DATE) until rescinded or until _____ (DATE).

Medical Director _____ (PRINT NAME) / _____ (SIGNATURE) _____ (DATE)

## APPENDIX G

# Medical Management of Vaccine Reactions in Adults in a Community Setting

*The table below describes steps to take if an adverse reaction occurs after vaccination.*

Administering any medicine, including vaccines, can cause an adverse reaction. Always verify container labels to ensure the correct product is being administered. To reduce the risk of an adverse reaction, screen patients for vaccine contraindications and precautions before vaccination (see "Screening Checklist for Contraindications to Vaccines for Adults" at www.immunize.org/catg.d/p4065.pdf).

When adverse reactions do occur, they can range from minor (e.g., soreness, itching) to serious (e.g., anaphylaxis). Be prepared.

Vaccinators should know how to recognize allergic reactions, including anaphylaxis. Have a plan and supplies ready to provide appropriate medical care if an event occurs.

| REACTION | SIGNS AND SYMPTOMS | MANAGEMENT |
|---|---|---|
| Injection site | Soreness, redness, itching, or swelling | Apply a wet cloth to the injection site. Consider giving medication to reduce pain (e.g., Tylenol) or itching (e.g., Benadryl) if needed. |
| | Slight bleeding | Apply pressure and an adhesive compress over the injection site. |
| | Continuous bleeding | Place thick layer of gauze pads over site and maintain direct and firm pressure. Raise the bleeding injection site (e.g., arm) above the level of the patient's heart. |
| Psychological fright, presyncope, and syncope (fainting) | Anxiety before injection | Have patient sit or lie down for the vaccination. |
| | Patient feels "faint" (e.g., light-headed, dizzy, weak, nauseated, or has visual disturbance) | Have patient lie flat. Loosen any tight clothing and maintain open airway. Apply cool, damp cloth to patient's face and neck. Keep patient under close observation until full recovery. |
| | Fall, without loss of consciousness | Check the patient for injury before trying to move the patient. Place patient flat on back with feet elevated. |
| | Loss of consciousness | Check the patient for injury before trying to move the patient. Place patient flat on back with feet elevated. Call 911 if patient does not recover promptly. |
| Anaphylaxis | **Skin and mucosal symptoms** such as generalized hives, itching, or flushing; swelling of lips, face, throat, or eyes. **Respiratory symptoms** such as nasal congestion, change in voice, sensation of throat closing, stridor, shortness of breath, wheeze, or cough. **Gastrointestinal symptoms** such as nausea, vomiting, diarrhea, cramping abdominal pain. **Cardiovascular symptoms** such as collapse, dizziness, tachycardia, hypotension. | See next page for details on treating anaphylaxis. |

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## Supply List for Managing Anaphylaxis

**FIRST-LINE medication**

- ☐ **Epinephrine** 1 mg/mL aqueous solution (1:1000 concentration) in prefilled autoinjector or various vials or ampules. At least three epinephrine doses should be available onsite.

**OPTIONAL medications: $H_1$ antihistamines**

- ☐ **Diphenhydramine** (e.g., Benadryl) oral, 12.5 mg/5 mL liquid, 25 or 50 mg capsules or tablets

### Additional emergency supplies

- ☐ Syringes (1 and 3 mL) and needles (22 and 25 g, 1", 1½", and 2") if needed for epinephrine
- ☐ Alcohol wipes
- ☐ Stethoscope
- ☐ Blood pressure measuring device (with a variety of cuff sizes as needed)
- ☐ Light with extra batteries (for examination of the mouth and throat)
- ☐ A timing device, such as wristwatch, for measuring pulse
- ☐ Cell phone or access to onsite phone
- ☐ CPR rescue mask with one-way valve
- ☐ Oxygen (if available)

See also "Supplies You May Need at an Immunization Clinic" at www.immunize.org/catg.d/p3046.pdf.

### REFERENCES

Campbell RL, Kelso JM, Anaphylaxis: Emergency treatment, updated August 4, 2022 in UpToDate, www.uptodate.com/contents/anaphylaxis-emergency-treatment

Kroger A, Bahta L, Long S, Sanchez P. General Best Practice Guidelines for Immunization. Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP) at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html.

## Emergency medical protocol for managing anaphylaxis in adults

1. If itching and swelling are limited to the injection site, observe patient closely for the development of generalized symptoms.
2. If symptoms are generalized, alert the lead clinical healthcare professional on-site and call 911. A healthcare professional should assess the airway, breathing, circulation, and level of consciousness of the patient. Monitor vital signs at 5-minute intervals.
3. **DOSING INFORMATION: The most important therapy in anaphylaxis is epinephrine. There are NO absolute contraindications to epinephrine in the setting of anaphylaxis.**
   a. **First-line treatment: EPINEPHRINE is the first-line treatment for anaphylaxis.** Use **epinephrine** in a 1 mg/mL aqueous solution (1:1000 concentration). Administer a 0.3 mg dose IM using an autoinjector in the mid-outer thigh. If using another epinephrine formulation, the recommended dose is 0.01 mg/kg, ranging for adults from 0.3 mg to maximum dose of 0.5 mg. Administer IM, preferably in the mid-outer thigh.

   Epinephrine doses may be repeated 2 additional times at 5–15 minute intervals while waiting for EMS to arrive.

   b. **Optional treatment: $H_1$ ANTIHISTAMINES** relieve itching and urticaria (hives). These medications DO NOT relieve upper or lower airway obstruction, hypotension, or shock. Consider giving diphenhydramine (e.g., Benadryl) for relief of itching and hives. Administer orally 1–2 mg/kg every 4–6 hours, up to a maximum single dose of 100 mg.
4. Monitor blood pressure and pulse every 5 minutes. Perform cardiopulmonary resuscitation (CPR), if necessary, and maintain airway. Keep patient in recumbent position (flat on back) unless he or she is having breathing difficulty. If breathing is difficult, patient's head may be elevated, provided blood pressure is adequate to prevent loss of consciousness. If blood pressure is low, elevate legs.
5. Record the patient's reaction (e.g., hives, anaphylaxis) to the vaccine, all vital signs, medications administered to the patient, including the time, dosage, response, and the name of the medical personnel who administered the medication, and other relevant clinical information.
6. Notify the patient's primary care physician.
7. Report the incident to the Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov/reportevent.html.

This policy and procedure shall remain in effect for all patients of the _____ (NAME OF PRACTICE OR CLINIC)

effective _____ (DATE) until rescinded or until _____ (DATE).

Medical Director _____ (PRINT NAME) / _____ (SIGNATURE) _____ (DATE)

## Appendix H – Vaccine Names

For a list of the names of vaccines available in the U.S. please see this webpage from the CDC.

## Appendix I – CDC Immunization Schedules

For the most current CDC immunization schedules please see the following links:

- Child and Adolescent Immunization Schedule by Age
- Adult Immunization Schedule by Age

## Appendix J: Travel Vaccine Resource

The CDC Travelers' Health is a resource for individuals seeking immunizations for international travel. This is a resource only. Non-routine travel vaccines are not covered by this standing order.