COVID-19 vaccine for individuals 5-11 years of age (multiple dose vials with orange caps and labels). ***Ensure you are utilizing the correct standing order and product for your patient.***

- *Individuals who will turn from 11 years to 12 years of age* ***between*** *their 1st and 2nd primary dose may receive,* ***for either dose:*** *(1) the Pfizer-BioNTech COVID-19 vaccine formulation authorized for use in individuals 5- 11 years of age (10mcg/0.2 mL dose from the vial with an orange cap);* ***OR*** *(2) the Pfizer-BioNTech/COMIRNATY® vaccine authorized for use in individuals ≥ 12 years of age (30mcg/0.3 mL dose from a vial with a purple or gray cap).*

5. Using DHA Form 207, screen all individuals for contraindications and precautions to COVID-19 vaccine:

Contraindications:

- A history of a serious reaction (e.g., anaphylaxis) after vaccination or to any vaccine component to include polyethylene glycol (see the fact sheets for the purple cap and gray cap products for complete lists of excipients).

Precautions:

- Moderate or severe acute illness with or without fever.
- History of severe allergic reaction (e.g. anaphylaxis) to any injectable medication.
- Myocarditis or pericarditis after a dose of an mRNA COVID-19 vaccine: defer additional primary or booster doses.*
- Syncope (fainting) can occur in association with administration of injectable vaccines. Have procedures in place to avoid a falling injury (e.g. observation after administration) and to restore cerebral perfusion following syncope.
- For questions or concerns, consider consulting the DHA Immunization Healthcare Support Center at (877) 438-8222, Option 1 or DSN 761-4245.

Note:

** A subsequent dose or alternative COVID-19 vaccine may be considered using shared clinical decision-making but is not covered under these standing orders: these patients must obtain a written order from a privileged provider.*

Special Populations:

- **Pregnancy:** Pregnant and postpartum individuals may receive any current FDA-licensed or FDA EUA-authorized COVID-19 vaccine, to include additional primary or booster doses. Data on the safety of COVID-19 vaccines in pregnancy is limited, but reassuring. Encourage individuals vaccinated during pregnancy to enroll in the Pfizer-BioNTech/ COMIRNATY® COVID-19 Pregnancy Registry (https://mothertobaby.org/ongoing-study/covid19-vaccines) and the CDC v-safe surveillance system. Routine pregnancy testing before receipt of COVID-19 vaccine is not required, and pregnancy need not be delayed after vaccination.
- **Lactation:** COVID-19 vaccination is recommended for all lactating individuals. SARS- CoV-2 antibodies have been found in the breast milk of individuals who have received mRNA COVID-19 vaccines, suggesting a potential protective effect against infection in the infant; the degree of clinical benefit is not yet known.
- **Immunocompromised:** Individuals who are moderately or severely immunocompromised may be at increased risk for severe COVID-19. These individuals should discuss COVID- 19 vaccine receipt timing and medication management with their primary or specialty healthcare provider. These conditions can include (but are not limited to):

- Generalized malignancy
- Solid organ or stem cell transplant
- Congenital or acquired immunodeficiencies (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome, HIV/AIDS, or lymphocyte or complement deficiencies) Iatrogenic immunosuppression (e.g., treatment with immunosuppressive drugs, including long-term systemic corticosteroids, biologics, or radiation therapy)
- **COVID-19 Vaccine Clinical Trial Participants**: Unless they have received or plan to receive a booster dose through a clinical trial, participants ≥ 18 years of age (including moderately or severely immunocompromised people who received an additional primary dose) who completed a primary series of a WHO-EUL COVID-19 vaccine (not a placebo) can receive a single COVID-19 vaccine booster dose. These individuals should confer with their trial POCs before vaccination.

6. Provide all patients (or their parent/legal representative) with a copy of the Pfizer-BioNTech/COMIRNATY® COVID-19 vaccine Information Fact Sheet for Recipients and Caregivers or the VIS, as applicable. Provide non-English speaking patients with a copy in their native language, if available and preferred.
7. Provide Pfizer-BioNTech/COMIRNATY® COVID-19 vaccine as follows:

Table 1: Dosing intervals

COVID-19 Vaccine Product	Age group	# of primary doses	# of booster doses	Interval: 1st to 2nd primary dose	Interval: 2nd to 3rd primary dose	Interval: primary series to 1st booster dose	Interval: 1st booster dose to 2nd booster dose
Pfizer BioNTech	≥ 12 years						
• **Immunocompetent**		2	1 or 2*‡	3-8 weeks†	NA	≥ 5 months	≥ 4 months
• **Immunocompromised**		3	1 or 2*‡	3 weeks	≥ 4 weeks	≥ 3 months	≥ 4 months

*A 2nd booster dose with an mRNA COVID-19 vaccine is recommended for **immunocompromised** individuals ≥ 12 years of age and **immunocompetent** individuals ≥50 years of age ≥ 4 months after receipt of a 1st booster dose of any FDA-licensed or FDA-authorized COVID-19 vaccine.

†An 8-week interval may be optimal for some individuals ≥ 12 years of age, especially for males 12-39 years of age. A shorter interval (3 weeks for Pfizer-BioNTech) between the 1st and 2nd doses remains the recommended interval for: **immunocompromised** individuals; adults ≥ 65 years of age; and others who need rapid protection due to increased concern about community transmission or risk of severe disease.

‡**Immunocompetent** individuals 18-49 years of age who received Janssen COVID-19 vaccine as both their primary dose and 1st booster dose may receive a 2nd booster dose with an mRNA COVID-19 vaccine ≥ 4 months after the Janssen booster dose.

- Using a sterile needle and 1mL syringe, administer 0.3mL of the appropriate vaccine intramuscularly in the deltoid muscle. Separate multiple injection sites by 1 inch or more and if possible, administer COVID-19 vaccines and vaccines that may be likely to cause a local reaction in different limbs.

8. Dosing intervals:
   - An 8-week interval may be optimal for some people. While absolute risk remains small, the relative risk for myocarditis is higher for males 12-39 years of age; this risk might be reduced by extending the interval between the 1st and 2nd primary dose.
   - A 3-week interval between the 1st and 2nd primary doses is recommended for: moderately to severely immunocompromised individuals; adults ≥ 65 years of age; individuals needing rapid protection due to increased concern for community transmission or risk of severe disease.
   - DO NOT compress minimum intervals for clinic convenience. However, doses administered ≤ 4 days (the "grace period") before the minimum interval (e.g., prior to imminent travel, immunosuppressive therapies, etc.) are considered valid.
   - A 2nd or 3rd primary dose administered earlier than allowed by the grace period (17 days for primary dose #2 or 24 days for primary dose #3) is invalid and should be repeated. The repeat dose should be given ≥ 28 days after the invalid dose. Invalid doses do not count