6 Months Through 5 Years of Age

Moderna COVID-19 Vaccine

Vaccine Preparation and Administration Summary

General Information

Vaccine: Moderna: 6 months through 5 years of age (dark blue cap and label with a magenta border) **Use the correct formulation based on the age of the recipient**

Multidose vial: 10 doses per vial.

Dosage: 0.25mL

Age Indications

6 months through 5 years of age

Schedule for Primary Series

- For an up-to-date vaccination schedule for primary doses and an additional dose (for moderately or severely immunocompromised children) see https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-immunization-schedule-ages-5yrs-older.pdf

Administration

Intramuscular injection. For children:

- 6 months through 2 years: Vastus lateralis muscle in the anterolateral thigh*
- 3 through 5 years: Deltoid muscle†
- COVID-19 vaccines may be coadministered with other vaccines, including simultaneous administration.

Thawing Frozen Vaccine

- Frozen vaccine must be thawed before using.
- Thaw frozen vaccine in the refrigerator (2°C and 8°C (36°F and 46°F) or at room temperature (8°C to 25°C (46°F to 77°F). See vaccine's fact sheet for detailed information.

Prepare and Administer the Vaccine

Assess recipient status:

- Screen for contraindications and precautions.
- Review vaccination history.
- Review medical considerations.

Follow aseptic technique. Perform hand hygiene before vaccine preparation, between patients, when changing gloves (if worn), and any time hands become soiled.‡

Remove the vaccine from the storage unit. **Check the vial label to ensure it is the correct formulation based on the age of the recipient. The vial for children 6 months to 5 years of age has a dark blue cap and label with a magenta border.**

Vaccine must be thawed before using. If removing the vial from the refrigerator, let it stand at room temperature for 15 minutes.

Unpunctured vials: Check the expiration date. Never use expired vaccine. Note time the vaccine vial was first punctured. Vaccine should be given within 12 hours after the first puncture.

Punctured vials: Check when the vial was first punctured before preparing/administering vaccine. Vials and any unused vaccine should be discarded after 12 hours and NOT administered.

With the vial upright, gently swirl the vaccine. **Do NOT shake.** If the vial is shaken, contact the manufacturer. Note: Gently swirl the vaccine before withdrawing subsequent doses.

Examine the vaccine. It should be white to off-white in color and may contain white or translucent particles. Do not use if liquid contains other particulate matter or is discolored.

Using a new, sterile alcohol prep pad, cleanse the stopper of the multidose vaccine vial.

Choose the correct equipment, including the correct needle size. Use a new, sterile needle and syringe for each injection.

Ensure the needle and syringe are secured tightly together to prevent the vaccine from inadvertently leaking during preparation and administration.

* For children 1 through 2 years of age, the deltoid muscle in the upper arm may be used of the muscle mass is adequate.

† The vastus lateralis muscle in the anterolateral thigh may also be used.

‡ Gloves are not required unless the person administering the vaccine is likely to come in contact with potentially infectious body fluids or has open lesions on the hands. If worn, perform hand hygiene and change gloves between patients.

Prepare and Administer the Vaccine (continued)

Withdraw 0.25 mL into the syringe.*
Ensure the prepared syringe is not cold to the touch.

- Do NOT combine vaccine from multiple vials to obtain a dose.
- Once you can no longer withdraw a complete dose from a vaccine vial, dispose of the vial (with any remaining vaccine) as medical waste according to your local and state regulations. Contact your jurisdiction's immunization program (https://www.cdc.gov/vaccines/imz-managers/awardee-imz-websites.html) for guidance.

Note the date and time the vial was first punctured. **Keep the vaccine between 2°C and 25°C (36°F and 77°F) for up to 12 hours. Discard any unused vaccine after 12 hours.**

Bring the dose of vaccine from the designated preparation area immediately to the patient treatment area for administration.

Ensure staff has the correct PPE before administering vaccine and implement policies for the use of face coverings for vaccine recipients (if tolerated).

Administer the vaccine immediately by intramuscular injection (IM). For children:

- 6 months through 2 years: vastus lateralis muscle in the anterolateral thigh
- 3 through 5 years: Deltoid muscle in the upper arm.

Observe recipients after vaccination for an immediate adverse reaction:

- **30 minutes:** Persons with a history of:
  - » Immediate (within 4 hours of exposure) non-severe allergic reaction to a COVID-19 vaccine
  - » Immediate allergic reaction of any severity to a non-COVID-19 vaccine or injectable therapies
  - » Anaphylaxis due to any cause
- **15 minutes:** All other persons

* It is not necessary to change needles between drawing vaccine from a vial and injecting it into a recipient unless the needle has been damaged or contaminated.

Contraindications and Precautions

Contraindications:

History of:

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to component of the COVID-19 vaccine
- Known diagnosed allergy to a component of the vaccine (see https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#appendix-f)

Precautions:

Most people determined to have a precaution to a COVID-19 vaccine at their appointment can and should be administered vaccine.

- History of an immediate allergic reaction† to any vaccine other than COVID-19 vaccine or to any injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccine or therapies [excluding subcutaneous immunotherapy for allergies, i.e, "allergy shots"])
- History of a non-severe, immediate allergic reaction† after a dose of one type of COVID-19 vaccine (i.e., mRNA or Janssen) have a precaution to the **same type of COVID-19 vaccine**
- History of multisystem inflammatory syndrome in children (MIS-C) and adults (MIS-A)
- History of myocarditis or pericarditis after a dose of an mRNA COVID-19 vaccine
- Moderate or severe acute illness, with or without fever

For more information, please see Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States at www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html.

Management of Anaphylaxis

Be prepared to manage medical emergencies.

- Have a written protocol to manage medical emergencies following vaccination, as well as equipment and medications, including at least 3 doses of epinephrine, H1 antihistamine, blood pressure monitor, and timing device to assess pulse.

† 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.

- Healthcare personnel who are trained and qualified to recognize the signs and symptoms of anaphylaxis as well as administer intramuscular epinephrine should be available at the vaccination location at all times.

For more information, please see Interim Considerations: Preparing for the Potential Management of Anaphylaxis after COVID-19 Vaccination at www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/anaphylaxis-management.html.

Document the 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 (i.e., 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 in the:

- **Medical record:**
  - Vaccine and the date it was administered
  - Manufacturer and lot number
  - Vaccination site and route
  - Name and title of the person administering the vaccine
- **Personal vaccination record card (shot 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) or "registry":** Report the vaccination to the appropriate state/local IIS.

Reporting Adverse Events

Healthcare professionals are required to report to the Vaccine Adverse Event Reporting System (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 reporting requirements per the Food and Drug Administration's conditions for use of an authorized vaccine throughout the duration of the EUA

Adverse events should be reported even if the cause is uncertain. Healthcare professionals are also encouraged to report any clinically significant AEs that occur after vaccine administration. Submit reports to www.vaers.hhs.gov.

For additional information, see the vaccine manufacturer's product information at www.cvdvaccine.com.

For additional information on preventing, reporting, and managing mRNA COVID-19 vaccine administration errors, see https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#appendix-c