



NC State Health Director’s Statewide Standing Order
Administration of SPIKEVAX mRNA in Individuals 12 Years of Age and Older
September 18, 2023

Purpose: To reduce morbidity and mortality from coronavirus disease 2019 (COVID-19) by vaccinating persons who meet the criteria established by the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices (ACIP)

Policy: This standing order authorizes any North Carolina healthcare provider, in accordance with the conditions of their licensure, or pursuant to orders issued under North Carolina Session Law 2022-74, Sec. 9G.7.(a)-(e) or as a covered person under the federal PREP Act functioning as vaccinating providers (collectively “vaccinators”) to administer COVID-19 Vaccines authorized by the FDA per conditions of this order.

Note: On September 11, 2023, the FDA rescinded the EUA for all mRNA bivalent COVID-19 vaccine products. Consistent with the totality of the evidence and input from the FDA’s expert advisors, the FDA provided approval of Spikevax (COVID-19 Vaccine, mRNA) (updated to include a monovalent (single component) that corresponds to the Omicron variant XBB.1.5 (also referred to as the 2023-2024 formula)) with a change to a single dose for individuals 18 years of age and older, and approval of a single dose for individuals 12 through 17 years of age. Spikevax was previously approved as a two-dose series for individuals 18 years of age and older.

SPIKEVAX® (COVID-19 Vaccine, mRNA) 2023-2024 Formula

Table with 2 columns: Condition/Situation and Note. The Note contains detailed instructions for SPIKEVAX administration, including dosage (0.5 mL), timing (at least 8 weeks after last dose), and specific protocols for unvaccinated individuals and those with previous Moderna COVID-19 vaccine doses (1 or 2 doses).



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- **Individuals who have received ≥ 3 doses of any mRNA COVID-19 Vaccine:** Administer a single dose 0.5 mL of SPIKEVAX, at least 8 weeks after the last dose of mRNA vaccine.
- **Individuals who have received 1 or more doses of Novavax or Janssen, including in combination with any mRNA COVID-19 Vaccine:** Administer a single dose 0.5 mL of SPIKEVAX, at least 8 weeks after the last COVID-19 vaccine dose.

COVID-19 vaccination history prior to updated (2023–2024 Formula) vaccine	Updated (2023–2024 Formula) mRNA vaccine	Number of updated (2023–2024 Formula) mRNA doses indicated	Dosage (mL/ug)	Interval between doses
Unvaccinated	Moderna	3	0.5 mL/50 ug	Dose 1 and Dose 2: 4 weeks Dose 2 and Dose 3: At least 4 weeks
1 dose any Moderna	Moderna	2	0.5 mL/50 ug	Dose 1: 4 weeks after last dose Dose 1 and Dose 2: At least 4 weeks
2 doses any Moderna	Moderna	1	0.5 mL/50 ug	At least 4 weeks after last dose
3 or more doses any mRNA vaccine	Moderna	1	0.5 mL/50 ug	At least 8 weeks after last dose
1 or more doses of Novavax or Janssen, including in combination with any mRNA vaccine dose(s)	Moderna	1	0.5 mL/50 ug	At least 8 weeks after last dose

Note: Children who transition from age 11 years to age 12 years during the Moderna initial vaccination series are recommended to receive updated (2023–2024 Formula) Moderna COVID-19 Vaccine (SPIKEVAX), 0.5 mL/50ug (dark blue cap; blue label) for all doses received on or after turning age 12 years. However, the [FDA EUA](#) provides that they may also receive the dosage for children ages 5–11 years, 0.25 mL/25ug (dark blue cap; blue label).

Assessment Criteria

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Patients 12+ years of age, including those with certain immunocompromising conditions shall be vaccinated with SPIKEVAX based on:

1. The conditions/situations of this order (see above).

Plan of Care



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Actions	<p>Patient Education and Data Collection</p> <p>Prior to patients receiving the SPIKEVAX vaccine, the vaccinator or designee (if delegation permitted by licensure and/or law) shall provide anticipatory guidance regarding vaccination to the patient, which at a minimum shall include:</p> <ol style="list-style-type: none">1. A review of the CDC Pre-Vaccination Checklist for COVID-19 Vaccine2. Information for Recipients and Caregivers SPIKEVAX <hr/> <p>SPIKEVAX, 12+ years of age</p> <p>Administration Procedures:</p> <ol style="list-style-type: none">1. Review Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States.2. Review the SPIKEVAX package insert. The vaccinator shall be familiar with procedures for preparation and storage & handling of SPIKEVAX according to the package insert.3. Appropriate medical treatment and clinical staff able to manage immediate allergic reactions must be immediately available in the event an acute anaphylactic reaction occurs following administration.4. A medical provider, defined as a physician, physician assistant, nurse practitioner, or a pharmacist authorized to order COVID-19 vaccines by the PREP Act must be accessible to provide medical supervision of the vaccination site/service, to assess and evaluate individuals who present with contraindications or precautions to vaccination, and to answer questions or address problems with carrying out this standing order. This may be telephone or virtual accessibility.5. Review <i>Special Circumstances, Precautions, Contraindications, and Criteria or Circumstances for Notifying Medical Provider</i> sections of this standing order before administering SPIKEVAX.6. Following the current CDC Pre-Vaccination Checklist for COVID-19 Vaccines, instruct patients accordingly or consult with overseeing provider.7. Personal Protective Equipment: Before administering the COVID-19 vaccination, don appropriate personal protective equipment (PPE) per CDC guidelines for COVID-19 vaccinations to protect against the transmission of COVID-19. <hr/> <p><u>Vaccine Product & Preparation:</u></p> <p>For intramuscular injection only.</p> <ul style="list-style-type: none">• SPIKEVAX multiple-dose vials, single dose vials, and single dose pre-filled syringes contain a frozen suspension that does not contain a preservative and must be thawed prior to administration.• There are 3 presentations of SPIKEVAX.• Thaw each vial or pre-filled syringe before use following the instructions below.
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	Thaw in Refrigerator	Thaw at Room Temperature
Multiple-Dose Vial Containing 5 Doses	Thaw between 2°C to 8°C (36°F to 46°F) for 2 hours. Let each vial stand at room temperature for 15 minutes before administering.	Alternatively, thaw between 15°C to 25°C (59°F to 77°F) for 45 minutes.
0.5 mL Single Dose Vial	Thaw between 2°C to 8°C (36°F to 46°F) for 45 minutes. Let each vial stand at room temperature for 15 minutes before administering.	Alternatively, thaw between 15°C to 25°C (59°F to 77°F) for 15 minutes.
0.5 mL Single Dose Pre-Filled Syringe	Thaw between 2°C to 8°C (36°F to 46°F) for 1 hour. Let each syringe stand at room temperature for 15 minutes before administering.	Alternatively, thaw between 15°C to 25°C (59°F to 77°F) for 45 minutes.

- After thawing, do not refreeze.
- Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit.
- SPIKEVAX is a white to off-white suspension. It may contain white or translucent product-related particulates. Do not administer if vaccine is discolored or contains other particulate matter.
- For multiple-dose vials:
 - Swirl vial gently after thawing and between each withdrawal. **Do not shake.** Do not dilute the vaccine.
 - Each 2.5 mL multiple-dose vial contains 5 doses of 0.5 mL.
 - If the amount of vaccine remaining in the vial cannot provide a full dose appropriate for the individual being vaccinated, discard the vial and contents. Do not pool excess vaccine from multiple vials.
 - After the first dose has been withdrawn, the vial should be held between 2°C to 25°C (36°F to 77°F). Record the date and time of first use on the SPIKEVAX vial label. Discard multiple-dose vials after 12 hours. Do not refreeze.
- For single dose vials:
 - Swirl vial gently after thawing. **Do not shake.** Do not dilute the vaccine.
 - Each vial is single use only.
- For single dose pre-filled syringes:
 - **Do not shake.** Do not dilute the vaccine.
 - Use a sterile needle of the appropriate size for intramuscular injection.
 - With tip cap upright, remove tip cap by twisting counterclockwise until tip cap releases. Remove tip cap in a slow, steady motion. Avoid pulling tip cap while twisting.
 - Attach the needle by twisting in a clockwise direction until the needle fits securely on the syringe.



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- Administer the 0.5 mL dose intramuscularly immediately after preparation. For the prefilled syringe, administer the entire volume to deliver a single 0.5 mL dose.
- Discard syringe after use.
- Individuals who are moderately or severely immunocompromised should receive a 3-dose initial vaccination series using vaccines from the same manufacturer, unless one of the following exceptional situations are present: Same vaccine not available; Previous dose unknown, Person would otherwise not complete the vaccination series; Person starts but is unable to complete a vaccination series with the same COVID-19 vaccine due to a contraindication. In such instances, a different age-appropriate COVID-19 vaccine may be administered. If a dose of a different mRNA product is inadvertently administered, that dose is valid and does not need to be repeated. For further information see guidance on vaccine administration errors and deviations ([CDC Interim Clinical Considerations for COVID-19 Vaccine Administration Appendix B](#)).
- When a patient inadvertently receives an incorrect/inappropriate dose of COVID-19 vaccine, review [Appendix B. Vaccine administration errors and deviations](#), and take action as directed.

Timing:

- All recommended doses of SPIKEVAX shall be administered as close to the recommended interval as possible. Doses that are given up to 4 days (the “grace period”) before the recommended interval are valid and should not be repeated. The 4-day grace period shall not be used to prospectively schedule or administer a COVID-19 vaccine dose earlier than recommended.

Administration:

- Route of Administration:** Use the chart below to determine appropriate needle gauge and site of intramuscular injection.

Age of Patient	Needle Gauge	Needle Length	Injection Site
Children, 12-18 years	22-25-gauge	*5/8 inch-1 inch	Deltoid muscle
Adults, 19 years and older	22-25-gauge	1-1.25 inch	Deltoid muscle
2. 130 lbs or less	• 1 inch		
3. 130-152 lbs	• 1 inch		
4. Men, 152-200 lbs	• 1-1.5 inches		
5. Women 152-200 lbs	• 1-1.5 inches		
6. Men, 260 lbs or more	• 1.5 inches		
7. Women, 200 lbs or more	• 1.5 inches		

- Needle Gauge:** Changing needles between drawing up vaccine from a vial and injecting it into a patient is not necessary unless the needle has been damaged,



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contaminated, or if the needle used to draw up the vaccine is not the correct size for the patient based on their reported weight. Patient's authorized caregiver may self-report the child's weight for needle selection purposes. *If a 5/8-inch needle is used, skin must be stretched tightly (**do not bunch subcutaneous tissue**).

Bleeding Risk: Patients with blood disorders or who are on blood thinners: administer the vaccine using a 23 gauge or smaller caliber needle, followed by firm pressure on the site, without rubbing, for at least 2 minutes.

Multiple vaccinations: If multiple vaccines are administered at a single visit, administer each injection in a different injection site following guidance in the CDC Interim Clinical Considerations on [Simultaneous administration of COVID-19 vaccines with other vaccines](#)

Documentation:

- a. Patient or caregiver attestation to severe or moderate immunocompromise should be documented within the patient's electronic health record or other documenting system.
- b. **NCIR:** Document vaccine record in NCIR at the time of administration or by close of business day, after vaccine administration.
- c. **Electronic Medical Record:** If necessary for billing or other purposes, document patient COVID-19 vaccination in agency electronic health record per agency policy.
- d. Provide a signed immunization record, at no charge, to the parent, guardian, or patient each time an immunization is given as specified in G.S. 130A-154 and when needed for schools, childcare facilities, colleges/universities, or wherever immunization records are required.
- e. Counsel when and how patient needs to schedule return appointment for subsequent doses of COVID-19 vaccine, if applicable.



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	<p>SPIKEVAX, 12+ years of age: Observation and Follow-Up</p> <p>Post-vaccination Observation: Nurses, EMS, or other individuals who are trained and supervised by clinical staff shall observe patients post-vaccination for immediate allergic reactions according to the Centers for Disease Control and Prevention guidelines for the following time periods:</p> <ul style="list-style-type: none">a. 30 minutes: Individuals with the following medical histories:<ul style="list-style-type: none">• Non-severe, immediate (onset within 4 hours) allergic reaction after administration of a previous dose of one COVID-19 vaccine type• Diagnosed non-severe allergy to a component of the COVID-19 vaccineb. 15 minutes: All other persons <p>Anaphylaxis Management: Be prepared to manage medical emergencies by following your emergency response policies, procedures, and standing orders for any vaccine reaction, which must include appropriate equipment and medications (e.g., epinephrine, diphenhydramine) where vaccines are provided to respond to severe allergic reactions and anaphylaxis.</p> <p>Syncope: Be prepared to manage syncope as it may occur in association with administration of injectable vaccines, particularly in adolescents. Procedures should be in place to avoid injury from fainting.</p>
Special Circumstances	<p>People who received COVID-19 vaccination outside the United States: Everyone ages 6 months and older vaccinated outside the U.S. should receive at least 1 dose of an updated (2023-2024 formula) mRNA COVID-19 vaccine regardless of past COVID-19 vaccination history (e.g., vaccine type(s), vaccine manufacturer(s), number of doses) unless they received an updated (2023-2024 formula) mRNA COVID-19 vaccine that is FDA approved or FDA authorized or listed for emergency use by the World Health Organization. COVID-19 vaccines that are listed for emergency use by WHO, but are not approved or authorized by FDA, have not been evaluated for efficacy or safety by CDC or ACIP. Those who are moderately or severely immunocompromised may be recommended to receive more than 1 dose of an updated (2023-2024 formula) mRNA vaccine depending on vaccination history as noted within this standing order.</p>



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<p>Follow-up</p>	<p>Adverse events that occur in a recipient following COVID-19 vaccination should be reported to VAERS. Vaccination providers are required by the FDA to report the following that occur after COVID-19 vaccination under BLA or EUA:</p> <ol style="list-style-type: none"> 1. Vaccine administration errors 2. Serious adverse events 3. Case of myocarditis, cases of pericarditis, and cases of Multisystem Inflammatory Syndrome (MIS) 4. Cases of COVID-19 that result in hospitalization or death. <p>Reporting is encouraged for any other clinically significant adverse event, even if it is uncertain whether the vaccine caused the event. Information on how to submit a report to VAERS is available at https://vaers.hhs.gov or by calling 1-800-822-7967.</p>
<p>Precautions for Use of this Order</p>	<ol style="list-style-type: none"> 1. Persons with a history of a diagnosed non-severe allergy to a component of the COVID-19 vaccine.** 2. Persons with a history of a non-severe, immediate (onset less than 4 hours) allergic reaction after a dose of one type of COVID-19 vaccine have a precaution to the same type of COVID-19 vaccine.** 3. Patient self-reported moderate to severe acute illness, with or without fever. 4. Persons with a history of myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine. 5. Persons with a history of MIS-C or MIS-A. <p>Persons with a precaution to vaccination must be counseled about the unknown risks of experiencing a severe allergic reaction and balance these risks against the benefits of vaccination.</p> <p>**Persons with an allergy-related precaution to one COVID-19 vaccine type may receive the alternative COVID-19 vaccine type in the usual vaccination setting. Vaccination with the same COVID-19 vaccine type may be considered on an individual basis; the same vaccine type should be administered in an appropriate setting and under the supervision of a health care provider experienced in the management of severe allergic reactions. -An observation period of 30 minutes post-vaccination should be followed. Referral to an allergist-immunologist should also be considered.</p>



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<p>Contraindications for Use of this Order</p>	<p>Do not administer the COVID-19 vaccine to individuals with a history of:</p> <ul style="list-style-type: none"> • Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine* <p>See Table 3. Contraindications and precautions to COVID-19 vaccination: Interim Clinical Considerations for Use of Covid-19 Vaccines Currently Approved or Authorized in the United States</p> <p>*People with a contraindication to one COVID-19 vaccine type may receive the alternative COVID-19 vaccine type in the usual vaccine setting. Consultation with an allergist-immunologist should be considered. See Considerations for people with a history of allergies or allergic reactions.</p>
<p>Criteria or Circumstances for Notifying Medical Provider</p>	<ol style="list-style-type: none"> 1. Allergic reaction: Call 911, implement medical emergency protocols and immediately notify the medical provider providing clinical supervision of the vaccination site/service. 2. Patient reports a precaution for the vaccine. 3. COVID-19 vaccine history cannot be determined or is not available. 4. Patients vaccinated with COVID-19 vaccines not authorized or approved in the US. 5. Patient reports they are an HCT, CAR-T cell, or B-cell-depleting therapy recipient. These patients may need revaccination, dependent on when the transplant or therapy occurred. 6. Notify the Medical Provider from the organization providing clinical supervision of the vaccination site/service at any time there are questions or problems with carrying out this standing order. <p>Note: Healthcare providers or health departments in the United States can request a consultation from CISA COVID for a complex COVID-19 vaccine safety question that is (1) about an individual patient residing in the United States or vaccine safety issue and (2) not readily addressed by CDC or Advisory Committee on Immunization Practices (ACIP) guidelines.</p>

Approved by: _____
Elizabeth Cuervo Tilson, MD, MPH
NPI: 1760540421

Date Signed: 9-18-23

This standing order is effective immediately and authorizes any North Carolina healthcare provider, in accordance with the conditions of their licensure, or pursuant to orders issued under North Carolina [Session Law 2022-74, Sec. 9G.7.\(a\)-\(e\)](#) or as a covered person under the federal PREP Act functioning as vaccinating providers (collectively “vaccinators”) to administer COVID-19 Vaccines authorized by the FDA per conditions of this order.