

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) and to administer Pfizer-BioNTech (herein-after Pfizer vaccines) to persons who meet criteria set-forth by the Food and Drug Administration in accordance with FDA <u>Emergency Use Authorization</u>.

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 <u>Session Law 2022-74</u>, <u>Sec. 9G.7.(a)-(e)</u> and <u>Session Law</u> <u>2023-65</u>, <u>Sec. 9G.7</u> (to extend authorization through December 31, 2024) 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.

	COVID-19 Vaccination
Condition/ Situation:	All children 6-months through age 11 years are eligible for Pfizer-BioNTech COVID-19 Vaccine (2024-2025 Formula). Patients present requesting vaccination will receive, with appropriate written consent from an authorized caregiver:
	 Individuals <u>6 Months Through 4 Years</u> of Age by Pfizer-BioNTech COVID-19 Vaccination Status: <u>Unvaccinated children</u>: Administer 3 doses 0.3 mL of Pfizer-BioNTech COVID-19 Vaccine (2024-2025 Formula). The first two doses are administered 3-8 weeks apart. The third dose is administered at least 8 weeks after the second dose. <u>Children who have received 1 dose of any Pfizer-BioNTech COVID-19 Vaccine</u>: Administer 2 doses 0.3 mL of Pfizer-BioNTech COVID-19 Vaccine (2024-2025 Formula). The first dose shall be given 3-8 weeks after receipt of the previous dose of Pfizer-BioNTech COVID-19 vaccine; BioNTech COVID-19 vaccine; the second dose shall be given at least 8 weeks after dose 1. <u>Children who have received 2 doses of Pfizer-BioNTech COVID-19 Vaccine</u>: Administer a single dose of Pfizer-BioNTech COVID-19 Vaccine. <u>Children who have received 3 or more doses of Pfizer-BioNTech COVID-19 Vaccine</u>, NOT including at least 1 dose 2024-2025 Pfizer-BioNTech: Administer a single dose of Pfizer-BioNTech COVID-19 Vaccine. <u>Children who have received 3 or more doses of Pfizer-BioNTech COVID-19 Vaccine</u>, NOT including at least 1 dose 2024-2025 Pfizer-BioNTech: Administer a single dose of Pfizer-BioNTech COVID-19 Vaccine.





$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	Number of Previous Doses of Pfizer-BioNTech COVID-19 vaccine(s) ^a	Pfizer-BioNTec h COVID-19 Vaccine, (2024-2025 Formula) Vial Cap and Label Border Color	Pfizer-BioNTech COVID-19 Vaccine (2042-2025 Formula) Dosing Regimen, Dose and Schedule ^b	 a. Previous doses of Pfizer- BioNTech COVID-19 vaccine(s) refers to doses of any prior Pfizer-BioNTech COVID-19 Vaccine that is no longer authorized for use in the United States. b. For individuals with certain kinds of immunocompromise previously vaccinated with Pfizer-BioNTech COVID-19
$\begin{array}{ c c c c c c c } 1 & Yellow cap; \\ yellow label \\ \hline 1 & Yellow cap; \\ yellow label \\ \hline 2 & Yellow cap; \\ yellow label \\ \hline 3 \text{ or more, NOT} \\ including at least 1 \\ \hline Yellow cap; \\ Yellow cap; $	0c		Dose 1: Week 0 Dose 2: 3-8 weeks Dose 3: At least 8 weeks after Dose 2	 vaccines, see below for dosing information. C. Not previously vaccinated with an COVID-19 vaccine. d. For individuals turning from 4 to 5 years of age during the
$\begin{array}{ c c c c c c c c } \hline & Single dose, 0.3 \text{ mL} & years of age. \\ \hline & 2 & Yellow cap; \\ yellow label & Pfizer-BioNTech COVID- \\ \hline & 19 \text{ vaccine}^{a} \\ \hline & 3 \text{ or more, NOT} \\ including at least 1 & Yellow cap; \\ \hline & Yellow cap; \\ \hline & Single dose, 0.3 \text{ mL} \\ \hline & \geq 8 \text{ weeks after receipt of the} \\ \hline & 18 \text{ vaccine}^{a} \\ \hline & Single dose, 0.3 \text{ mL} \\ \hline & \geq 8 \text{ weeks after receipt of the} \\ \hline & 18 \text{ vaccine}^{a} \\ \hline & 18 \text{ vaccine}$	1	•	Dose 1: 3-8 weeks after receipt of the previous dose of Pfizer-BioNTech COVID-19 vaccine ^a Dose 2: At least 8 weeks after Dose 1	received 1 or 2 doses of Pfizer-BioNTech COVID-19 Vaccine, administer a single dose of Pfizer-BioNTech COVID-19 Vaccine (2024- 2025 Formula) supplied in vials with blue caps and labels with blue borders, on or after
3 or more, NOT including at least 1 Yellow cap; ≥ 8 weeks after receipt of the last previous dose of Pfizer-	2	•	≥8 weeks after receipt of the last previous dose of Pfizer-BioNTech COVID-	
Pfizer-BioNTech vaccine ^a	including at least 1 dose 2024-2025	Yellow cap; yellow label	≥8 weeks after receipt of the last previous dose of Pfizer- BioNTech COVID-19	





	0	ist 30, 2024	
	Individuals 5 Years Through	• • •	ve of COVID-19
	Vaccination Stat Pfizer-BioNTech COVID-19 Vaccine (2024-2025 Formula) Vial Cap and Label Border Color	tus Pfizer-BioNTech COVID-19 Vaccine (2024-2025 Formula) Dosing Regimen, Dose and Schedule ^a	 a. For individuals with certain kinds of immunocompromise, see below for dosing information. b. Previous dose refers to a dose of any prior COVID-19 vaccine that is no longer authorized for use in the United States.
	Blue cap; blue label	Single dose, 0.3 mL (If previously vaccinated, administer the dose at least 8 weeks after receipt of the last previous dose of COVID-19 vaccine ^b)	
N	 years of age should follow refers to individuals who h diagnosed with conditions immunocompromise. Plea Moderately to Severely Immuno Age by Pfizer-BioNTech COVID Unvaccinated individuals: A Vaccine (2024-2025 Formula) weeks, and the third dose shou Individuals who have received 	rately to severely immunocon the schedule below. Certain have undergone solid organ to that are considered to have a ase see the CDC clinical cons compromised Individuals (0-19 administer three doses 0.3 ml b. The interval between the fin ald be given at least 8 weeks ed 1 dose of any Pfizer-Biol	mpromised 6 months through 11 kinds of immunocompromise ransplantation, or who are an equivalent level of sideration <u>here</u> for more detail. 6 Months Through 4 Years of L of Pfizer-BioNTech COVID-19 rst and second dose shall be 3 after the second dose. <u>NTech COVID-19 Vaccine</u> :
•	 dose shall be administered at least individuals who have received a single dose 0.3 mL of Pfizer-8 weeks after the last dose of F Individuals who have received including at least 1 dose 2024 	l be administered 3 weeks afte east 8 weeks after the first. ed 2 doses of any Pfizer-Bio- BioNTech COVID-19 Vacc Pfizer-BioNTech COVID-19 ed 3 or more doses any Pfiz 4-2025 Pfizer-BioNTech: A Vaccine (2024-2025 Formula /ID-19 Vaccine.	ter the last dose, and the second <u>oNTech COVID-19</u> : Administer tine (2024-2025 Formula), at least Vaccine. <u>ver-BioNTech Vaccine, NOT</u> dminister a single dose 0.3 mL of a), at least 8 weeks after the last





	Age b	y Pfizer-BioN Pfizer-BioNTec	Tech COVID-19 Vaccina	ation Status a. Previous doses of Pfizer-
	Number of Previous Doses of Pfizer-BioNTech COVID-19 vaccine(s) ^a	h COVID-19 Vaccine, (2024-2025 Formula) Vial Cap and Label Border Color	Pfizer-BioNTech COVID-19 Vaccine (2024-2025 Formula) Dosing Regimen, Dose and Schedule ^b	 a. Flevous objects of PTD-19 vaccine(s) BioNTech COVID-19 vaccine(s) refers to doses of any prior Pfizer-BioNTech COVID-19 Vaccine that is no longer authorized for use in the United States. b. For individuals with certain kinds of immunocompromise previously vaccinated with Pfizer-BioNTech COVID-19
	0c	Yellow cap; yellow label	3 doses ^d , 0.3 mL each Dose 1: Week 0 Dose 2: 3 weeks Dose 3: At least 8 weeks after Dose 2	 a relation of the rel
	1	Yellow cap; yellow label	2 doses ^d , 0.3 mL each Dose 1: 3 weeks after receipt of the previous dose of Pfizer-BioNTech COVID-19 vaccine ^a Dose 2: At least 8 weeks after Dose 1	vaccination series who have received 1 or 2 doses of Pfizer-BioNTech COVID-19 Vaccine, administer a single dose of Pfizer-BioNTech COVID-19 Vaccine (2024- 2025 Formula) supplied in vials with blue caps and labels with blue borders, on or after the date the individual turns 5
	2	Yellow cap; yellow label	Single dose, 0.3 mL At least 8 weeks after receipt of the last previous dose of Pfizer-BioNTech COVID- 19 vaccine ^a	years of age.,.
	3 or more, NOT including at least 1 dose 2024-2025 Pfizer-BioNTech	Yellow cap; yellow label	Single dose, 0.3 mL ≥8 weeks after receipt of the last previous dose of Pfizer- BioNTech COVID-19 vaccine ^a	
Admi	nistration of addit	ional doses as	follows:	
COV	00	1 0	ve 1 additional dose of 202 after the last 2024–2025 P	4–2025 Pfizer-BioNTech fizer-BioNTech COVID-19
admir prefer	istered, informed ence and circums	by the clinical tances. Such i	5 Pfizer-BioNTech COVID l judgment of a healthcare nstances are beyond the sc sessment of the individual'	provider and personal ope of this standing order.

determine the need for additional doses. Any further additional doses should be administered at

least 2 months after the last 2024–2025 Pfizer-BioNTech COVID-19 vaccine dose.





for Administering Pfizer-BioNTech Covid-19 Vaccine (2024-2025 Formula) Children 6 months through 11 Years August 30, 2024

		August 3	50, 2024	
				Years Through 11 Years of
Age by	y Pfizer-BioNTe	ch COVID-19	Vaccination Status	
• Un Va we • In Ad Fo do • In Ad Fo • In Ad Fo • In Ad Fo	Example 1 Automate 1 Automate 1 Automate 1 Automatic 1 Automa	viduals: Admi 5 Formula). The d dose should be ave received 1 ave received 1 dose should be histered at least ave received 2 dose 0.3 mL of weeks after the ave received 3 2024-2025 m -19 Vaccine (2 COVID-19 Vac	inister three doses 0.3 mL ne interval between the first be given at least 4 weeks a dose of any Pfizer-BioN Pfizer-BioNTech COVID- administered 3 weeks after t 4 weeks after the first. doses of any Pfizer-BioN of Pfizer-BioNTech COVI ne last dose of Pfizer-BioN or more doses of any ml RNA vaccine: Administer 024-2025 Formula), at lea cine	Tech COVID-19 Vaccine,:
Mod		•	ompromised Individuals Tech COVID-19 Vaccina	8
	Number of Previous Doses of Pfizer-BioNTech COVID-19 vaccine(s) ^a	Pfizer-BioNTec h COVID-19 Vaccine, (2024-2025 Formula) Vial Cap and Label Border Color		 a. Previous doses of Pfizer- BioNTech COVID-19 vaccine(s) refers to doses of any prior Pfizer-BioNTech COVID-19 Vaccine that is no longer authorized for use in the United States b. For individuals with certain kinds of immunocompromise previously vaccinated with
	0c	Blue cap; blue label	3 doses ^d , 0.3 mL each Dose 1: Week 0 Dose 2: 3 weeks Dose 3: At least 4 weeks after Dose 2	 Pfizer-BioNTech COVID-19 vaccines, see below for dosing information. C. Not previously vaccinated with any COVID-19 vaccine. d. For individuals turning from 4 to 5 years of age during the
	1	Blue cap; blue label	2 doses ^d , 0.3 mL each Dose 1: 3 weeks after receipt of the previous dose of Pfizer-BioNTech COVID-19 vaccine ^a Dose 2: At least 4 weeks after Dose 1	vaccination series who have received 1 or 2 doses of Pfizer-BioNTech COVID-19 Vaccine, administer a single dose of Pfizer-BioNTech COVID-19 Vaccine (2024- 2025 Formula) supplied in vials with blue caps and labels with blue borders, on or after the date the individual turns 5
	2	Blue cap; blue label	Single dose, 0.3 mL At least 4 weeks after receipt of the last previous dose of Pfizer-BioNTech COVID-19 vaccine ^a	years of age

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			August 3	-		
		3 or more any mRNA	Blue cap; blue label	Single dose, 0.3 mL At least 8 weeks after receipt of the last dose		
	Administration of additional doses as follows:					
	Children in this age group may receive 1 additional dose of 2024–2025 mRNA COVID-19 vaccine (either Moderna or Pfizer-BioNTech, regardless of the manufacturer for the initial series) at least 2 months after the last 2024–2025 mRNA vaccine dose.					
	Further additional mRNA dose(s) may be administered, informed by the clinical judgment of a healthcare provider and personal preference and circumstances. Such instances are beyond the scope of this standing order. Notify the medical provider for an assessment of the individual's clinical circumstances to determine the need for additional doses. Any further additional doses should be administered at least 2 months after the last 2024–2025 mRNA vaccine dose/					nd the ual's
			Assessmen	t Criteria		
Assessment Criteria	19 Vac	cine (2024-2025 The conditions, The patient is p history of previo The patient is p	Formula) base situations of the resenting for fination of the ous COVID-19 presenting for a for further guide medule)	ed on: his order (see above). rst dose or subsequent dos vaccination using another a dose of Pfizer and the m lance see <u>CDC Clinical C</u>	l with Pfizer BioNTech CC se/s of Pfizer and there is no vaccine brand. inimum interval between d onsiderations COVID-19)
			Plan of	Care		
Actions	Prior to permite the pat	ted by licensure a ient, which at a r Review <u>CDC S</u> <u>Fact Sheet for 1</u> <u>for 6 Months th</u> primary care of	ng the COVID and/or law) sha ninimum shall creening Chec Recipients and rough 11 Year other health c ccine they shou	-19 vaccine, the vaccinate all provide anticipatory guinclude: <u>klist for Contraindication</u> <u>Caregivers About Pfizer-</u> <u>cs of Age</u> . Patient's author are provider if they have	or or designee (if delegation uidance regarding vaccination <u>s</u> . BioNTech COVID-19 Vac rized caregiver should consi questions regarding which <u>m Clinical Considerations</u>	ion to <u>ccine</u> sult
Ctatowida Standing Orde		r DioNTach Couid	10 Vacaina Adr	ninistration in Dationta 6 ma	nths through 11 Years 8/302/2	





for Administering Pfizer-BioNTech Covid-19 Vaccine (2024-2025 Formula) Children 6 months through 11 Years August 30, 2024

COVID-19 Vaccine 6 months through 11 years:
nistration Procedures
Review Interim Clinical Considerations for Use of COVID-19 Vaccines Currently
Approved or Authorized in the United States.
Review the Fact Sheet for Healthcare Providers
Pfizer COVID-19 vaccine for pediatric patients 6 months through 4 years of age is
supplied in a YELLOW CAP formulation. No other formulation should be used in
this population.
Pfizer COVID-19 vaccine for pediatric patients 5 years through 11 years of age is
supplied in a BLUE CAP formulation. No other formulation should be used in this
population.
The vaccinator shall be familiar with procedures for preparation, storage &
handling of the Pfizer formulation they are using.
a. <u>Review the Fact Sheet for Healthcare Providers Administering Pfizer</u>
Vaccine for 6 Months Through 11 Years
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.
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.
Review Special Circumstances, Precautions, Contraindications, and Criteria or
Circumstances for Notifying Medical Provider sections of this standing order
before administering the COVID-19 vaccine. More information is available at the
Interim Clinical Considerations for Use of COVID-19 Vaccines in the United
States
Following the current <u>CDC Screening Checklist for Contraindications</u> , instruct
patients accordingly or consult with overseeing provider.
Individuals under 18 presenting for COVID vaccines under an Emergency Use
Authorization must have written consent from the patient's authorized parent or
caregiver prior to administration per agency policy and in accordance with <u>NC</u>
General Statute. 90-21.13.
Personal Protective Equipment: Before administering the COVID-19 vaccination,
don appropriate personal protective equipment (PPE) per <u>CDC guidelines for</u>
<u>COVID-19 vaccinations</u> to protect against the transmission of COVID-19.





for Administering Pfizer-BioNTech Covid-19 Vaccine (2024-2025 Formula) Children 6 months through 11 Years August 30, 2024

Vacina Duaduat & Dua	August 30, 2024		
Vaccine Product & Pre Vaccine product selected.	<u>paration</u>: <u>t</u> : Ensure the appropriate F	Pfizer formulation, based	l on age is
Vial Cap and Vial Label Border Color	Age of Recipient	Vial Type	Dilution Required
Yellow	6 months through 4 year age	rs of Multiple dose	Yes
Blue	5 through 11 years of a	ige Single dose	No
 Providers Admir Prior to use, mir vials or vaccine. Check the control liquid should be liquid is discolor 	torage and Handling in sec <u>histering Pfizer Vaccine for</u> ix by inverting thawed vial ents of the vaccine during clear to slightly opalescent ed or if other particles are	r 6 Months Through 11 gently 10 times. <u>NEVE</u> preparation and right be t with no visible particle observed.	Years. R shake the fore use. The
 For multiple dose vials w Dilute prior to us 	vith yellow caps and labels	with yellow borders:	
a. Add 1.1 vaccine b. Before r withdray c. Gently in d. Record t e. Store at • After dilution, m • If the amount of	mL of sterile 0.9% Sodiun	he vial, equalize vial pre- uent syringe. mes to mix. Do not shak n on the vial label. and discard after 12 ho doses of 0.3 mL each. provide a full dose of 0.	essure by ce. urs. 3 mL, discard
Pfizer-BioNTech COV Multiple Dose Vaccine		Amount of Sterile 0.9% Chloride Injection to Use	
Color		emonde injection to est	e as Diluent





for Administering Pfizer-BioNTech Covid-19 Vaccine (2024-2025 Formula) Children 6 months through 11 Years August 30, 2024

For single dos	e vials with blue caps and labels with blue borders:
For single dose	e viais with blue caps and labers with blue borders.
a.	Do Not Dilute.
b.	Prior to withdrawing the dose, mix by inverting the vial gently 10 times.
	Do not shake.
с.	Withdraw a single 0.3 mL dose.
d.	Discard vial and any excess volume.
• Dosing	<u>z:</u>
a.	Administer a single 0.3 mL dose intramuscularly.
b.	Patients 6 months to 4 years old or moderately to severely
	immunocompromised shall receive all doses of COVID-19 vaccine 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 (<u>CDC Interim Clinical Considerations</u>
	for COVID-19 Vaccine Administration Appendix B).
с.	When a patient inadvertently receives an incorrect/inappropriate dose of
0.	COVID-19 vaccine, review <u>Appendix B. Vaccine administration errors</u>
	and deviations, and take action as directed.
• <u>Timin</u>	
a.	All recommended doses of Pfizer 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.
b.	People should receive the recommended age-appropriate vaccine dosage
	based on their age on the day of vaccination. If a person moves from a
	younger age group to an older age group, the vaccinator should check the
	CDC Interim Clinical Considerations on <u>Transitioning from a younger to</u>
	older age group. Note: The <u>FDA EUA</u> provides that individuals turning
	from 4 to 5 years of age during the vaccination series who have received 1
	or 2 doses of Pfizer-BioNTech COVID-19 Vaccine, administer a single





for Administering Pfizer-BioNTech Covid-19 Vaccine (2024-2025 Formula) Children 6 months through 11 Years August 30, 2024

dose of Pfizer-BioNTech COVID-19 Vaccine (2024-2025 Formula) supplied in vials with blue caps and labels with blue borders, on or after the date the individual turns 5 years of age Administration: a. Route of Administration: Use the chart below to determine appropriate needle gauge and site of intramuscular injection. Needle Gauge Needle Length **Injection Site** Age of Patient Infants, 6-12 months 22-25-gauge 1 inch Vastus lateralis muscle of the anterolateral thigh Toddlers, 1-2 years 22-25-gauge 1-1.25 inch Vastus lateralis muscle of the anterolateral thigh *5/8 inch-1 inch 22-25-gauge Deltoid muscle Children, 3-10 years 22-25-gauge *5/8 inch-1 inch Deltoid muscle 22-25-gauge 1-1.25 inch Vastus lateralis muscle of the anterolateral thigh Children, 11 years 22-25-gauge *5/8 inch-1 inch Deltoid muscle b. 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, contaminated, or if the needle used to draw up the vaccine is not the correct size for the patient based on their reported weight. A 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). 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. **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. **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





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	 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. Pfizer COVID-19 Vaccine 6 months through 11 years: Observation and Follow-Up
	 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 <u>Centers for Disease Control and Prevention guidelines</u> for the following time periods: a. 30 minutes: Individuals with the following medical histories: 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 vaccine b. 15 minutes: All other persons 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. 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.
Special Circumstances	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 (2024-2025 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 (2024-2025 formula) mRNA COVID-19 vaccine that is FDA-approved or FDA-authorized (i.e., Moderna or Pfizer-BioNTech), or prequalified or listed for emergency use by the World Health Organization (WHO). COVID-19 vaccines that are pre-qualified or 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. Children ages 6 months – 4 years and those who are moderately or severely immunocompromised may be recommended to receive more than 1 dose of an updated (2024-2025 formula) mRNA vaccine depending on vaccination history as noted within this standing order. See

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	Appendix A in the Interim Clinical Considerations for Use of COVID-19 Vaccines in the
	United States for more information.
Follow-up	 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: Vaccine administration errors Serious adverse events Cases of myocarditis, cases of pericarditis, and cases of Multisystem Inflammatory Syndrome (MIS) Cases of COVID-19 that result in hospitalization or death.
	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 <u>https://vaers.hhs.gov</u> or by calling 1-800-822-7967.
Precautions for Use of this Order	 Persons with a history of a diagnosed non-severe allergy to a component of the COVID-19 vaccine. * Persons with a history of a non-severe, immediate (onset less than 4 hours) allergic
	 Persons with a history of a non-severe, hindeduce (onset less han 4 hours) unergie reaction after a dose of one type of COVID-19 vaccine have a precaution to the same type of COVID-19 vaccine. ** Patient self-reported moderate to severe acute illness, with or without fever. Persons with a history of myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine. Persons with a history of MIS-C or MIS-A. * 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.
	**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 be considered.
Contraindications	Do not administer the COVID-19 vaccine to individuals with a history of:
for Use of this Order	• Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine*
	See Table 3. Contraindications and precautions to COVID-19 vaccination:: <u>Interim Clinical</u> <u>Considerations for Use of Covid-19 Vaccines Currently Approved or Authorized in the United</u> <u>States</u>
	*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-

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	immunologist should be considered. See <u>Considerations for people with a history of allergies or</u>
	allergic reactions
Criteria or	1. Allergic reaction: Call 911, implement medical emergency protocols and immediately
Circumstances for	notify the medical provider providing clinical supervision of the vaccination
Notifying Medical	site/service.
Provider	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.
	Note: Healthcare providers or health departments in the United States can request a
	consultation from <u>CISA COVID</u> 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.
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CTilson

Approved by: ___

Elizabeth Cuervo Tilson, MD, MPH NPI: 1760540421 Date Signed: ___8-30-2024_

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 <u>Session Law 2022-74</u>, <u>Sec. 9G.7.(a)-(e)</u>. and <u>Session Law 2023-65</u>, <u>Sec. 9G.7</u> (to extend authorization through December 31, 2024) 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.