

## Information for Healthcare Providers and Caregivers Patient Counseling for COVID-19 Vaccine

Product	Authorized age Group	Dosing Schedule (Can be given up to 4 days in advance. No maximum interval between 1 <sup>st</sup> and 2 <sup>nd</sup> dose)
Pfizer-BioNTech COVID-19 Vaccine	16 years of age and older	21 Days
Moderna COVID-19 Vaccine	18 years of age and older	28 Days

Pre-Vaccine Questions for COVID-19	Recommendations for Patient Counseling
1. Is the patient ill now?	<p>There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events.</p> <p><b>Mild illness: Okay to vaccinate.</b></p> <p><b>On antibiotics: Okay to vaccinate.</b></p> <p><b>If ill with COVID-19/SARS COV-2: Defer vaccination until patient has recovered from acute illness and no longer in isolation.</b></p> <p>There is no current minimal interval between infection and vaccination; however, evidence suggests reinfection is uncommon in first 90 days after illness. Patient with documented COVID-19 in the preceding 90 days <u>may</u> delay vaccination until near end of 90-day period if desired.</p>
2. Has the patient had a positive test for COVID-19 or has the patient reported they had COVID-19?	<p><b>Okay to vaccinate.</b> Vaccination should be offered to patient regardless of history of prior symptomatic or asymptomatic SARS-CoV-2 infection. Vaccination of patients with known current SARS-CoV-2 infection should be deferred until the patient has recovered from the acute illness (if the patient had symptoms) and criteria have been met for them to discontinue isolation.</p>
3. Has the patient ever had a severe allergic reaction to COVID-19 vaccine? (e.g., anaphylaxis, treated with epinephrine or EpiPen, or had to seek medical care)	<p><b>Patient should not be vaccinated if reaction to ANY COVID-19 vaccine or a COVID-19 vaccine component.</b></p>
4. Has the patient ever had a severe allergic reaction to something such as foods, latex, or medication that was treated with epinephrine, EpiPen, or for which you had to seek medical care?	<p><b>Okay to vaccinate. Patient should stay for 30 minutes of observation.</b></p> <p>Counsel allergic reactions, including severe allergic reactions, NOT related to vaccines or injectable therapies (e.g., food, pet, venom, environmental, or latex allergies; oral medications) are NOT a contraindication or precaution to vaccination with currently authorized COVID-19 vaccine.</p>
5. If yes to severe reaction, was the severe allergic reaction after receiving another vaccine or another injectable medication?	<p><b>Okay to vaccinate. Patient should stay for 30 minutes of observation.</b></p> <p>Counsel patient about unknown risks of developing a severe allergic reaction and the need to balance against benefits of the vaccine.</p>
6. Has the patient received passive antibody therapy as treatment for COVID-19 in the last 90 days?	<p><b>Patient should defer vaccination for 90 days after finishing therapy.</b></p> <p>Delay is based on evidence that reinfection within 90 days is uncommon after initial infection and as a precautionary measure until additional information becomes available to avoid interference of the antibody treatment with vaccine-induced responses.</p>
7. Has the patient received any vaccinations in the last 14 days, or has plans to receive any vaccinations in the next 14 days?	<p><b>Patient should defer vaccination until after 14 days of receiving any vaccine.</b></p> <p>Counsel patient about unknown if effectiveness is decreased if vaccinated with a different vaccine within 14 days.</p>

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8. Does the patient have an autoimmune condition or a weakened immune system caused by something such as HIV infection, cancer, or having therapies such as cortisone, prednisone, or other steroids, anticancer drugs, or radiation treatments?	<b>mRNA COVID-19 vaccines may be administered to patients with underlying medical conditions who have no contraindications to vaccination</b> Patients with HIV infection or other immunocompromising conditions, or who take immunosuppressive medications or therapies might be at increased risk for severe COVID-19. However, they should be counseled about the unknown vaccine safety profile and effectiveness in immunocompromised populations, as well as the potential for reduced immune responses and the need to continue to follow all current guidance to protect themselves against COVID-19, including wearing a mask, social distancing, and washing hands frequently.
9. Does the patient have a bleeding disorder or take a blood thinner?	<b>Okay to vaccinate.</b> As with all IM injections, there is a chance for increased bleeding after vaccination. The clinician vaccinating the patient can bandage and apply pressure without rubbing for 2 minutes.
10. Is the patient pregnant or breastfeeding?	If pregnant people are part of a group that is recommended to receive a COVID-19 vaccine (e.g., healthcare personnel), they may choose to be vaccinated. For pregnant people seeking guidance in making a decision, pregnant people and their healthcare providers should consider the level of COVID-19 community transmission, the patient’s personal risk of contracting COVID-19, the risks of COVID-19 to the patient and potential risks to the fetus, the efficacy of the vaccine, the side effects of the vaccine, and the lack of data about the vaccine during pregnancy.  A lactating person who is part of a group recommended to receive a COVID-19 vaccine (e.g., healthcare personnel) may choose to be vaccinated. There are no data on the safety of COVID-19 vaccines in lactating people or the effects of mRNA COVID-19 vaccines on the breastfed infant or milk production/excretion.  <a href="#">More guidelines</a> are available here.

### COVID- 19 Vaccine Components

Description	Pfizer-BioNTech COVID-19 Vaccine	Moderna COVID-19 Vaccine
mRNA	Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2	Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2
Lipids	2[(polyethylene glycol)-2000]-N, N-ditetradecylacetamide	Polyethylene glycol (PEG) 2000 dimyristoyl glycerol (DMG)
	1,2-distearoyl-sn-glycero-3-phosphocholine	1,2-distearoyl-sn-glycero-3-phosphocholine
	Cholesterol	Cholesterol
	(4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl) bis(2-hexyldecanoate)	SM-102 (Proprietary to Moderna)
Salts, Sugars, buffers	Potassium chloride	Tromethamine
	Monobasic potassium phosphate	Tromethamine hydrochloride
	Sodium chloride	Acetic acid
	Dibasic sodium phosphate dihydrate	Sodium acetate
	Sucrose	Sucrose

Reference: <https://www.cdc.gov/vaccines/covid-19/downloads/pre-vaccination-screening-form.pdf>

Vaccine fact sheets for providers and other resources for VMC caregivers are [available here](#).