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Guidance for the New York State COVID-19 Vaccination Program:
Vaccination of Children Ages 5-11

February 17, 2022

Note: This document applies specifically to healthcare providers offering COVID-19 vaccinations to children ages 5 to 11. Guidance for the New York State COVID-19 Vaccination Program pertaining to individuals ages 12 and older can be found on the New York State COVID-19 Vaccine Information for Providers page.

Purpose and Background:

On February 11, 2022, following review of the antibody response to COVID-19 vaccines among individuals who had received passive antibody products prior to vaccination, the CDC updated clinical guidance to recommend **no minimum interval** between receipt of passive antibody products and subsequent COVID-19 vaccine administration. A study among nursing home residents and staff demonstrated that recipients of bamlanivimab mounted a robust immune response to mRNA vaccination regardless of age, risk category, or vaccine type. Additionally, there was no correlation between the interval to COVID-19 vaccination and neutralizing titers in recent monoclonal antibody recipients. This guidance applies to individual who have received passive antibody products as treatment, post-exposure prophylaxis or pre-exposure prophylaxis prior to COVID-19 vaccination.

However, among individuals who receive COVID-19 vaccine before tixagevimab/cilgavimab (EVUSHELD™), subsequent doses of EVUSHELD™ should be deferred for at least two weeks after COVID-19 vaccination.

Important Information about Pfizer-BioNTech COVID-19 Vaccine for Children Ages 5-11:

All children ages 5 to 11 are eligible to receive a two-dose primary series of the pediatric formulation Pfizer-BioNTech COVID-19 vaccine (i.e., Pfizer Pediatric (orange cap) vaccine). Additionally, children 5 to 11 with certain immunocompromising conditions are eligible for a third additional dose. Further information on this third dose for immunocompromised ages 5 to 11 children can be found in the "Additional Doses of the Pfizer-BioNTech COVID-19 Vaccine for Immunocompromised Children" section on page 3 of this document. Parents or guardians with questions about the vaccine are encouraged to talk to their child's pediatrician or another trusted healthcare provider.

COVID-19 cases in children can result in hospitalizations, death, MIS-C (an inflammatory syndrome) and other long-term complications in children. Vaccination, along with other mitigation measures, can protect children from COVID-19 using a safe and effective vaccine already recommended for use in adolescents and adults, at a lower dose. The Pfizer-BioNTech COVID-19 vaccine has been shown to be 91% effective in preventing COVID-19 among children ages 5 to 11. In clinical trials, side effects were mild, self-limiting, and similar to those seen in adults. The most common side effect was a sore arm.

In clinical trials, myocarditis and/or pericarditis have occurred rarely in some people following receipt of mRNA COVID-19 vaccines, typically within a few days following receipt of the second dose. This risk is highest in males ages 12-29 years of age. This risk of myocarditis or pericarditis after receipt of an mRNA COVID-19 vaccine is lower than the risk of myocarditis associated with SARS-CoV-2 infection in adolescents and adults. It is important to clearly describe for parents and guardians the risks of side effects from SARS-CoV-2 infection in children, in addition to the rare risks of the vaccine.

New February 11, 2022: Myocarditis and pericarditis after receipt of an mRNA vaccine have been added to the precautions for COVID-19 vaccine. If myocarditis or pericarditis occurs after receipt of an mRNA COVID-19 vaccine, the individual generally **should not** receive subsequent doses of COVID-19 vaccine. If after a risk assessment it is decided to administer a subsequent dose of COVID-19 vaccine, the person should wait until after the episode of myocarditis or pericarditis has resolved. Considerations for subsequent COVID-19 vaccine dose may include:

- The myocarditis or pericarditis was considered unrelated to mRNA COVID-19 vaccine (e.g., due to SARS-CoV-2 or other viruses), especially if the episode occurred more than 3 weeks after the most recent dose of COVID-19 vaccine
- Personal risk of severe acute COVID-19
- Level of COVID-19 transmission and person risk of infection
- Timing of any immunomodulatory therapies

The Pfizer Pediatric (orange cap) vaccine may be considered for children ages 5 to 11 with a history of multisystem inflammatory syndrome in children (MIS-C), following careful consideration of risks and benefits. The benefits of COVID-19 vaccination in children and adolescents with a history of MIS-C are likely to outweigh a theoretical risk of an MIS-like illness or the known risks of COVID-19 vaccination for people who meet all of the following criteria; 1) clinical recovery has been achieved, including return to normal cardiac function; 2) it has been ≥ 90 days since their diagnosis of MIS-C; 3) they are in an area of high or substantial community transmission of SARS-CoV-2; 4) onset of MIS-C occurred before any COVID-19 vaccination.

Data from clinical trials in children 5-11 years old indicate that the Pfizer Pediatric (orange cap) vaccine can be given safely to those with evidence of prior SARS-CoV-2 infection. Growing epidemiologic evidence from adults and adolescents indicates that vaccination following infection increases protection from subsequent infections, including in the setting of highly infectious variants such as the Omicron variant.

Pfizer-BioNTech COVID-19 vaccine pediatric formulation:

The Pfizer-BioNTech vaccine for ages 5 to 11 has a different pediatric formulation (10 µg per dose), packaging, preparation, and national drug code (NDC) from the Pfizer-BioNTech COVID-19 vaccine for ages 12 years and older. The Pfizer vaccine formulations for adults and adolescents (purple cap and gray cap; 30 µg per dose) CANNOT be used in children ages 5 to 11 years old. Children ages 5 to 11 years old should receive the age-appropriate vaccine formulation regardless of their size or weight. The vaccine dosage should be based on the child's age on the day of vaccination. If a child turns from 11 to 12 years of age in between their first and second dose in the primary regimen, they may receive, for either dose, either: (1) the Pfizer-BioNTech COVID-19 Vaccine formulation for children aged 5 to 11 years (each 0.2 ml dose containing 10 µg in an orange cap vial); or (2) the Pfizer-BioNTech COVID-19 Vaccine formulation authorized for use in individuals 12 years of age and older (each 0.3 mL dose containing 30 µg in a purple cap or gray cap vial). If they receive the 10 µg dose for their second dose instead of the 30

µg dose, this is not considered an error, VAERS reporting is not required, and the child is considered fully vaccinated. However, based on clinical judgment, a repeat dose of the 30 µg adult formulation may be administered 21 days after the second pediatric formulation dose was administered.

The packaging configuration of Pfizer Pediatric (orange cap) vaccine is 10-dose vials in cartons of 10 vials each (100 doses total). The product is delivered in a single-use product shipper at -80°C (on dry ice). This shipper is for single use only and CANNOT be used for temporary vaccine storage with dry ice or for vaccine transport. The single-use shipper should be discarded after vaccine is transferred to the appropriate storage unit.

COVID-19 Pfizer pediatric (orange cap) vaccine requires dilution. Reconstitution of the product for use on ages 5 to 11 requires 1.3 mL of diluent, which is a different volume than the adolescent/adult Pfizer 12+ purple cap formulation. The diluent provided with ancillary supplies are 10 mL vials of sterile 0.9% Sodium Chloride. One vial of diluent is provided for each vial of vaccine ordered. While these vials appear to contain sufficient diluent for multiple vials, they must only be used once. Diluent vials are a one-time-use item and should be discarded with the remaining content after each use.

Please note that once a vial is reconstituted, all 10 doses must be used within **12 hours**. Vial labels and cartons may state that a vial should be discarded 6 hours after the first puncture. The information in the Fact Sheet supersedes the number of hours printed on vial labels and cartons.

Ordering Instructions:

Please see the NYSDOH COVID-19 Vaccine Information for Providers page for more information on ordering pediatric Pfizer-BioNTech COVID-19 vaccine in NYSIIS. Providers in New York City should follow instructions from NYC DOHMH and CIR.

Additional Doses of the Pfizer-BioNTech COVID-19 Vaccine for Immunocompromised Children:

On January 4, 2022, following an update to the EUA for the Pfizer-BioNTech COVID-19 Vaccine, the CDC issued recommendations for the Pfizer-BioNTech COVID-19 vaccine to allow for administration of an additional (i.e. third) dose at least 28 days after completion of the two-dose primary series for certain children who are **moderately or severely immunocompromised** due to a medical condition or receipt of immunosuppressive medications or treatments, consistent with previously-issued recommendations for adolescents and adults.

Children eligible for a third additional dose of an mRNA vaccine due to being moderately to severely immunocompromised include:

- Children ages 5 to 11 who received a primary series of Pfizer-BioNTech COVID-19 vaccine at least 28 days prior may receive a 3rd dose of the Pfizer-BioNTech vaccine.
- Children ages 5 to 11 who received a primary series of a non-FDA authorized or approved COVID-19 vaccine at least 28 days prior may receive a 3rd dose of ONLY the Pfizer vaccine.

Due to the risk of COVID-19 infection in this population, immunocompromised people should continue to be counseled regarding the potential for a reduced immune response after vaccination and the importance of additional protective measures, regardless of the decision to receive an additional dose of the COVID-19 vaccine. Prevention measures include wearing a well-fitting mask, staying six feet apart from others they don't live with, and avoiding crowds and poorly ventilated indoor spaces until advised

otherwise by their healthcare provider particularly in areas of increased transmission. Close contacts of immunocompromised people should be strongly encouraged to be vaccinated against COVID-19.

The EUA amendment for additional doses is not intended for children with chronic conditions such as diabetes or heart disease, for which there might be mild associated immunosuppression, nor for residents of pediatric long-term care facilities who do not otherwise meet the moderate to severe immunocompromised criteria.

Additional information about the level of immune suppression associated with a range of medical conditions and treatments can be found in general best practices for vaccination of people with altered immunocompetence, the CDC Yellow Book, and the Infectious Diseases Society of America policy statement, 2013 IDSA Clinical Practice Guideline for Vaccination of the Immunocompromised Host.

Whenever possible, mRNA COVID-19 vaccination doses (including the primary series and an additional dose) should be completed at least two weeks before initiation or resumption of immunosuppressive therapies, but timing of COVID-19 vaccination should take into consideration current or planned immunosuppressive therapies and optimization of both the child's medical condition and response to vaccine.

A child's clinical team is best positioned to determine the degree of immune compromise and appropriate timing of vaccination.

The utility of serologic testing or cellular immune testing to assess immune response to vaccination and guide clinical care (e.g., as part of need assessment for an additional dose) has not been established. Serologic testing or cellular immune testing outside of the context of research studies is **not recommended at this time**.

Updates to Pfizer-BioNTech Pediatric COVID-19 Vaccine Expiration:

On December 16, 2021, the FDA approved a shelf-life extension for the Pfizer Pediatric vaccine (Orange cap, ages 5 to 11 year old, diluent required). The approval and updated EUA Fact Sheet may be found at https://www.fda.gov/media/153714/download and takes effect immediately. **This extension applies to frozen (ULT) inventories only**.

The date printed on the Pfizer Pediatric (orange cap) vaccine vials indicate the manufacture date and NOT the expiration date. Originally, the expiration date was 6 months from the manufacture date, when stored in ultra-cold freezer temperatures (-90 to -60° C). **The expiration date for Pfizer orange cap vaccine has now been extended to 9 months (while held at ULT frozen.)** Vials may also be stored up to 10 weeks in the refrigerator (2-8° C). **No standard freezer storage is approved for the pediatric formulation.** Once thawed, vials CANNOT be refrozen.

The Fact Sheet for the pediatric orange cap vials provided by the FDA now reads, "regardless of storage conditions, vaccines should not be used after 9 months from the date of manufacture printed on the vial and cartons". Therefore, vaccine must be used by the expiration date, or the 10-week beyond use date for refrigerator storage, whichever comes first. The updated expiry dates for the orange cap vials based on 9 months from the date of manufacture are provided below.

Printed Manufacturing Date	9-Month Expiry Date*
06/2021	Feb. 28, 2022
07/2021	Mar. 31, 2022
08/2021	Apr. 30, 2022
09/2021	May 31, 2022
10/2021	Jun. 30, 2022
11/2021	July. 31, 2022
12/2021	Aug. 31, 2022
01/2022	Sept. 30, 2022
02/2022	Oct. 31, 2022

*Date of expiration always falls on the last day of the month

As noted below, responsible wastage policies remain in effect. Providers should plan to minimize waste to the best of their ability but should not miss the opportunity to vaccinate a willing individual, even if it results in other wasted doses.

Beyond Use Dates (BUDs):
All vaccines have expiration dates, and some routinely recommended vaccines have a beyond use date (BUD), which is calculated based on the date the vial is first punctured and the storage information in the package insert. Whenever a vial of COVID-19 vaccine is moved to storage conditions that affect BUD or a multidose vial is punctured, label the vial(s) with the beyond use date/time. The BUD must never exceed the labeled expiration date. Once the vaccine has reached its expiration or beyond use date/time, unused doses must be disposed of as medical waste and reported as wastage in NYSIIS or CIR. A summary of COVID-19 vaccine beyond use dates and resources are listed below.

- Pfizer Pediatric Tris (Orange Cap): Beyond-Use Date (BUD) Tracking Labels for Vaccine During Refrigerator Storage
    - Refrigerator (2° C to 8° C): 10 weeks
    - **NOTE: NO standard freezer (-25° C to -15° C) storage allowed**
    - Room temperature (8 ° C to 25° C): 12 hours prior to first puncture
    - After Puncture: 2° C to 25° C for up to 12 hours. Vial labels and cartons may state that a vial should be discarded 6 hours after the first puncture. The information in the EUA Fact Sheet (12 hours) supersedes the number of hours printed on vial labels and cartons.

Vaccine Provider Responsibilities:[1]

- COVID-19 vaccine must be given according to eligibility and criteria established by the ACIP recommendations as well as EUAs and associated fact sheets.

- When managing vaccine inventory, vaccines should always follow a first-in, first-out process in which vials that have the earliest expiration or beyond use date are used first.

[1] Individuals identified under COVID-19 Public Readiness and Emergency Preparedness Act (PREP Act) declarations are authorized to administer COVID-19 vaccinations in accordance with the PREP Act declaration requirements and subject to any additional guidance or training issued or identified by the New York State Department of Health.

- All vaccine providers should minimize the amount of vaccine that goes unused, consistent with CDC guidance, which states that while enrolled providers must continue to follow best practices to use every dose possible, it should not be at the expense of missing an opportunity to vaccinate every eligible person when they are ready to get vaccinated. (See Responsible Wastage section below for further guidance.)

- Providers should not prefill more syringes than they can use within thirty minutes. Excess prefilling can lead to waste if a clinic must end early or an excessive number of recipients fail medical screening or do not show up for their appointment.

- All facilities or practices are required to track vaccine uptake among their staff and must furnish uptake data to the NYSDOH via HERDS survey upon request, or as directed by your agency or organization.

Each provider that receives vaccine:

- Must ensure that parents/guardians of all children receiving the COVID-19 vaccine complete the New York State COVID-19 Vaccine Form for the first dose, and attest that they are eligible to be vaccinated. All practices, providers, and entities must confirm adherence to this requirement at the time of vaccine administration.

- Must make best efforts to use all vaccine doses before expiration or reaching beyond use dates based on temperature storage requirements by assessing the COVID-19 vaccination status of each patient and offering the vaccine to all eligible individuals. Pediatric vaccine vials do not have expiration dates printed on the label. Instead, the date of manufacture is printed on the label, along with the lot number. Vials must be used before the expiration date, which is **nine** months after manufacture date if stored ultra-cold, or the beyond use date of 10 weeks once placed in the refrigerator, whichever comes first.

- Providers should continue to report all doses administered to NYSIIS and CIR, including third vaccine doses and booster doses as appropriate based on ACIP recommendations. It is critical that providers follow the appropriate intervals and product combinations in order for these doses to be considered valid. Providers should fully utilize both NYSIIS and CIR to confirm patients' previous dose dates and vaccine type. Full contact information for the parent/guardian of the child receiving the vaccination, including phone number, email and zip code, should be entered as well.

In addition, to ensure all New Yorkers can find vaccination locations close to them, **vaccine providers are strongly encouraged to have their facility/facilities opt-in to the CDC's online VaccineFinder tool** (Vaccines.gov)**.** To do so, providers should set the display field in the COVID-19 Locating Health Portal to "display" if the facility is currently providing vaccinations to the general public. This will allow patients in the local area to see in real-time whether the facility has doses of each brand available, enabling vaccination access for a broader population.

- NYSDOH reports inventory to the CDC every Monday through Friday for each organization. Therefore, organizations do not need to report inventory to VaccineFinder (despite having access).
- Additional information on the VaccineFinder tool can be found here.

Vaccine Redistribution:

As the ordering quantities and the storage conditions have become more practical, providers are encouraged to place direct orders in NYSIIS and avoid redistribution whenever possible, even if all doses cannot be used. Vaccine may be redistributed to another facility, provider, practice, or local health department that is enrolled in the COVID-19 vaccination program, with proper notice to the NYSDOH. Prior to redistributing vaccine, facilities must submit a completed redistribution form to COVIDVaccineRedistribution@health.ny.gov and can proceed with the redistribution once submitted. Direct orders are the preferred and safest way to receive vaccine.

A provider may transport vaccine to another location for the purpose of holding a limited duration vaccination clinic without notifying the NYSDOH. If the provider is administering the doses and reporting doses administered against their own inventory in NYSIIS, all unused vaccine must be transported back to the original location at the conclusion of the clinic that day. The provider must retain possession and control of the vaccine for the duration of the transport and administration.

No Minimum Interval Between COVID-19 Vaccine and Other Vaccines:

The CDC's "Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States," current recommendations state that "COVID-19 vaccines **may be administered without regard to timing of other vaccines**. This includes simultaneous administration of COVID-19 vaccine and other vaccines on the same day."

When deciding whether to co-administer another vaccine(s) with COVID-19 vaccines, providers should consider whether the child is behind or at risk of becoming behind on recommended vaccines, their risk of vaccine-preventable disease (e.g., during an outbreak or likelihood of home, school, or extracurricular exposures), and the reactogenicity profile of the vaccines. If multiple vaccines are administered at a single visit, administer each injection in a different injection site, according to recommendations by age including, but not limited to:

- Consider injection sites separated by 1 inch or more.
- For older children (≥ 11 years old), the deltoid muscle can be used for multiple vaccinations.
- For younger children (5-10 years), if more than 2 vaccines are injected in a single limb, the vastus lateralis muscle of the anterolateral thigh is the preferred site because of the greater muscle mass.

The Second COVID-19 Vaccine Dose:

Pfizer-BioNTech vaccines require two doses. The second dose must be administered 21 days (Pfizer-BioNTech vaccine) after the first dose. To facilitate this, all providers **must** schedule the second dose appointment for recipients **at the time the first dose is administered**.

If a parent requests that their child receive a second dose after missing the 42-day window, a second dose should still be administered. There is no need to restart the series, pursuant to CDC guidance. Providers who have insufficient vaccine to administer a second dose that was delayed beyond the 42-day window should work with their local health department.

Circumstances may arise where a child may need to receive their second dose at a different location than their first. Providers who have determined that the child cannot return to the location where they received their first dose should schedule a second dose for these individuals or coordinate with the local health department to find a provider who has extra doses of the appropriate vaccine to vaccinate the individual. Vaccine availability can also be located using the CDC's VaccineFinder. Individuals should not be tasked with locating second dose appointments. This obligation is on the provider who administered the first dose.

Special Considerations for Individuals Receiving Their First Dose Outside New York State:

Children who received their first dose of COVID-19 vaccine outside of New York State will not have a record of this dose in NYSIIS or CIR. Providers administering a second dose should either enter the first dose in NYSIIS/CIR as part of the historical record using data listed on the child's COVID-19 Vaccination Record Card OR advise the parent that they ask their primary care provider to enter their first dose into NYSIIS/CIR so the state has a full record of both doses of COVID-19 vaccine.

Special Considerations for Individuals Receiving COVID-19 Vaccine Outside the United States:

The CDC guidance for fully vaccinated people states that "this [CDC] guidance can also be applied to COVID-19 vaccines that have been authorized for emergency use by the World Health Organization (WHO) (e.g., AstraZeneca/Oxford)."

Children who received the first dose of a two-dose mRNA COVID-19 vaccine are not considered fully vaccinated in the United States. They should be offered an age-appropriate second dose of an mRNA vaccine (i.e., Pfizer-BioNTech COVID-19 Vaccine formulation for children ages 5-11).

For COVID-19 vaccines not authorized by the FDA but listed for emergency use by the WHO:

- Children who have received all recommended doses of a COVID-19 vaccine that is listed for emergency use by the WHO **do not need** any additional doses with an FDA-authorized COVID-19 vaccine.
- For children who have not received all the recommended doses of a COVID-19 vaccine listed for emergency use by the WHO, the CDC does NOT consider these persons to be fully vaccinated. They should be offered a two-dose series of the age-appropriate COVID-19 vaccine (i.e. Pfizer-BioNTech COVID-19 Vaccine formulation for children ages 5-11).

For COVID-19 vaccines neither authorized by FDA nor listed for emergency use by the WHO:

- For children who received all or some of the recommended doses of a COVID-19 vaccine that is neither authorized by FDA nor listed for emergency use by the WHO, the CDC does NOT consider these persons to be fully vaccinated. They should be offered a two-dose series of the age-appropriate COVID-19 vaccine (i.e. Pfizer-BioNTech COVID-19 Vaccine formulation for children ages 5 to 11).

COVID-19 Vaccines Listed for Emergency Use by the WHO:

As of December 20, 2021, the WHO has listed the following COVID-19 vaccines for emergency use:

- Pfizer-BioNTech COVID-19 vaccines (e.g., COMIRNATY, Tozinameran)*
- Janssen (Johnson & Johnson) COVID-19 vaccine*

- Moderna COVID-19 vaccine (Spikevax)*
- AstraZeneca-Oxford COVID-19 vaccines (e.g., Covishield, Vaxzevria)
- Sinopharm Beijing Institute of Biological Products (BIBP) COVID-19 vaccine
    - Sinopharm Wuhan Institute of Biological Products (WIBP) is a separate vaccine from Sinopharm BIBP and has not been listed for emergency use by the WHO as of December 20, 2021
- Sinovac-Coronavac COVID-19 vaccine
- Bharat Biotech BBV152 COVID-19 Vaccine (COVAXIN)
- Novavax (Covovax, Nuvaxovid)

*Also authorized by the FDA for Emergency Use in the United States

The WHO maintains a list of COVID-19 vaccines listed for emergency use at https://extranet.who.int/pqweb/vaccines/vaccinescovid-19-vaccine-eul-issued.

Please note that the minimum interval between receipt of the non-FDA-approved/authorized vaccine and initiation of the FDA-approved/authorized COVID-19 vaccine primary series is at least 28 days.

Responsible Wastage:

The CDC released guidance on May 11, 2021, regarding wastage along with a critical message to "take every opportunity to vaccinate every eligible person." As more vaccination opportunities are created, the likelihood of leaving unused doses in a vial may increase. While enrolled providers must continue to follow best practices to use every dose possible, it should not be at the expense of missing an opportunity to vaccinate every eligible person when they are ready to get vaccinated.

To ensure providers do not miss an opportunity to vaccinate every eligible person:

- Providers must follow clinical best practice for vaccination as well as best practices when managing inventory to maximize vaccination and minimize dose wastage.
- Providers should not miss any opportunities to vaccinate every eligible person who presents at a vaccination site.
    - Consider establishing and promoting standing vaccination days or half-days to increase likelihood of larger numbers of people presenting for vaccination on the same day.
    - Vaccinate family members or friends who accompany patients to medical visits even if they are not established patients at the vaccinating practice.
    - Continue outreach to employers or other community partners that have a large membership or network to arrange vaccination events.
    - As contingency plan, vaccine providers should attempt to contact additional persons (i.e., from a standby list or through personal contacts of persons being vaccinated) to use as many vaccine doses as possible.
    - Once punctured, multidose vials of Pfizer Pediatric (orange cap) must be used within 12 hours.

Vaccine Safety:

Post-vaccination monitoring is an essential part of the COVID-19 vaccination program. The Centers for Disease Control and Prevention (CDC) is promoting and encouraging all those being vaccinated to

participate in V-Safe, a smart-phone based application that will allow those vaccinated to enter their symptoms in the days after vaccination using text messaging. V-Safe also provides reminders for the second dose and telephone follow up for anyone who reports medically significant adverse events. V-Safe materials can be found at http://www.cdc.gov/vsafe, including a V-Safe information sheet. Please print out the information sheet and hand to each person vaccinated. You must report any adverse events that occur after vaccination to the Vaccine Adverse Events Reporting System (VAERS) at info@VAERS.org or by calling 1-800-822-7967.

Equity and Access:

Effort must be made to do outreach to families in all communities and settings. Children and families in areas that have a high social vulnerability index are particularly vulnerable to COVID-19 and should be notified about how they can receive vaccine. Every effort should be made to increase their access to vaccination opportunities.

Communicating the Plan:

Please be sure to clearly communicate this critical guidance to all staff involved in the vaccination program.

This guidance is in effect from the date of issuance until it is updated, or additional guidance is issued by NYSDOH. For questions, please contact the New York State Department of Health, Bureau of Immunization at COVID19vaccine@health.ny.gov.

Resources:

- Vaccine Administration Resource Library for Healthcare Professionals (CDC)
- Epidemiology and Prevention of Vaccine-Preventable Diseases: Vaccine Administration (CDC)
- COVID-19 Vaccine Webinar Series (CDC)
- COVID-19 Vaccination Clinical and Professional Resources (CDC)
- How to Administer Intramuscular and Subcutaneous Vaccine Injections (Immunization Action Coalition)
- Medical Management of Vaccine Reactions in Children and Teens in a Community Setting (Immunization Action Coalition)
- Protective Measures for Vaccinating During the COVID-19 Pandemic (Immunization Action Coalition)
- Skills Checklist for Vaccine Administration (Immunization Action Coalition)
- Supplies You May Need at an Immunization Clinic (Immunization Action Coalition)
- Ask the Experts: COVID-19 Specific Information (Immunization Action Coalition)
- Ask the Experts: Administering Vaccines (Immunization Action Coalition)

New York State COVID-19 Vaccination Program Guidance: Vaccination of Children Ages 5-11
Appendix A

All individuals 5 years of age and older are eligible to be vaccinated. **However, minors ages 5 through 17 are NOT authorized to receive the Janssen/Johnson & Johnson or Moderna COVID-19 vaccines. They may ONLY receive Pfizer-BioNTech at this time pursuant to the FDA EUA. Children under 5 years of age are not yet authorized to receive ANY COVID-19 vaccine.**

It is important to verify the age of individuals who appear to be a minor to confirm eligibility and ensure the administration of the proper COVID-19 vaccine.

Proof of age should be requested but is not required where the parent or guardian is available to attest to the minor's age. Documentary proof may include (but is not limited to):

- Driver's license or non-driver ID
- Birth certificate issued by a state or local government
- Consulate ID
- Current US passport or valid foreign passport
- Permanent resident card
- Certificate of Naturalization or Citizenship
- Life insurance policy with birthdate
- Parent/guardian attestation

Minor Consent:

16 and 17-year olds:

For all minors, a parent or legal guardian must provide consent for vaccination. For minors 16 or 17 years of age, such consent should be provided either in person or by phone, at the time of vaccine appointment. Providers may elect whether to accept a written statement of consent from the parent or guardian, where the parent or guardian is not available by phone to provide consent to vaccinate an unaccompanied minor. The NYS COVID-19 Immunization Screening and Consent Form may be considered for this purpose.

5 through 15-year olds:

For minors who are 5 through 15 years of age, additionally, an adult caregiver should accompany the minor. If the adult caregiver is not the parent/guardian, the adult caregiver should be designated by the parent/guardian. The parent/guardian must still provide consent to the vaccination.