

CORONAVIRUS DISEASE 2019 (COVID-19)

Vaccine Administration Timing for Patients in the Ambulatory Care Setting and for PUIs and Those with COVID-19



Audience: Providers and Clinicians

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What's Changed: Updated to reflect recent recommendations from CDC's Advisory Committee on Immunization Practices (ACIP)

Timing of administration of COVID-19 and other vaccines: COVID-19 vaccines and other vaccines may be administered without regard to timing. This includes simultaneous administration of COVID-19 vaccines and other vaccines on the same day, as well as coadministration within 14 days. It is unknown whether reactogenicity of COVID-19 vaccine is increased with coadministration (including, for example, with other vaccines known to be more reactogenic, such as adjuvanted vaccines or live vaccines). When deciding whether to co-administer another vaccine(s) with COVID-19 vaccine, providers should consider whether the patient is behind or at risk of becoming behind on recommended vaccines, their risk of vaccine-preventable disease (e.g., during an outbreak or occupational 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. For adolescents and adults, the deltoid muscle can be used for more than one intramuscular injection.
- Label each syringe with the name and the dosage (amount) of the vaccine, lot number, the initials of the preparer, and the exact beyond-use time, if applicable.
- Separate injection sites by 1 inch or more, if possible.
- Administer the COVID-19 vaccines and vaccines that may be more likely to cause a local reaction (e.g., tetanus-toxoid-containing and adjuvanted vaccines) in different limbs, if possible

Provision of Vaccines, including influenza, for Patients with COVID-19 or PUIs during inpatient admission

Administration of Other Vaccines to PUI or Patient with COVID-19 : CDC recommends that influenza vaccine **and other vaccinations for which a PUI or patient with confirmed, acute COVID-19 might be eligible**, be deferred (postponed) until the person has recovered from the acute illness (if the person had symptoms) and they have met criteria to discontinue isolation. This applies to people who experience SARS-CoV-2 infection before receiving any vaccine dose,

as well as those who experience SARS-CoV-2 infection after the first dose of an mRNA vaccine but before receipt of the second dose.

- While there is no recommended minimum interval between infection and vaccination, current evidence suggests that the risk of SARS-CoV-2 reinfection is low in the months following (e.g. through 3 months post infection) the initial infection but may increase with time due to waning immunity. **Refer to this guide (link) for details on timing of discontinuation of isolation:** [Discontinuation of Isolation for a COVID-19 Patient](#)
- For a recovered COVID-19 patient who is out of isolation (10 days or more have passed since the initial, positive test, AND the patient is afebrile for 24 hours without the use of fever-reducing medications, AND experiencing improvement in symptoms) who is being discharged from the hospital, the provider may consider administering **vaccinations for which the patient meets the criteria** on or close to the day of planned discharge.

If vaccinations are delayed, patients should be reminded to obtain their influenza or any other recommended vaccines once they have recovered from their acute illness from their primary care provider or other health professional.

Provision of Vaccines, including influenza, for Patients with COVID-19 or PUIs in Ambulatory Care Settings

Routine vaccination is an essential preventive care service for children, adolescents, and adults (including pregnant women) that should not be delayed because of the COVID-19 pandemic. Providers should assess the status of all patients at each visit to avoid missed opportunities for vaccination and ensure timely vaccine catch-up as indicated.

Vaccination visits for individuals with less severe COVID-19 who do not need inpatient admission or who are asymptomatic but have lab confirmed SARS-CoV-2 should be postponed, **regardless of the absence of symptoms**, to avoid exposing health care personnel and other patients until they are past the time in which they need isolation precautions (10 days or more have passed since the initial, positive test, AND the patient is afebrile for 24 hours without the use of fever-reducing medications, AND experiencing improvement in symptoms). When scheduling or confirming appointments for vaccination, patients should be instructed to notify the provider's office or clinic in advance if they currently have or develop any symptoms of COVID-19,ⁱ or have tested positive for COVID-19 within the last two weeks.

If influenza **or other vaccinations** are delayed, patients should be reminded to return for **recommended vaccination(s)** once they have recovered from their acute illness.

References:

[Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC](#)

[ACIP General Best Practice Guidelines for Immunization | CDC](#)