PFIZER COVID VACCINE
(Interim Guidelines)

Objective
To provide Covid-19 vaccine coverage for children aged 12 years and above.

Context
Pfizer BioNTech (mRNA Covid-19 vaccine) is an effective vaccine which is approved for use in children and adults, including those with immunosuppression. Additional doses may be administered according to existing guidelines.

Eligibility
• General Public – inclusion of children 12-18 years of age
  o General public age group for vaccination is being lowered to 12 - 18 years, irrespective of their immune status.
  o Only Pfizer vaccine will be administered to age group 12 to 18 years (Free of Cost for unvaccinated)
  o Child Registration Certificate (B- Form) number will be used for registration in NIMS.
  o Vaccination Certificate can be obtained as per existing procedure through NADRA with entry of added dose(s) to it.

• Eligibility Criteria of Vaccination for Additional Dose for Travelers
  o Vaccination of 12-18 years will be free of cost with Pfizer if the individual is unvaccinated.
  o 18 years and above: On payment, additional dose of Pfizer can be administered to vaccinated individuals after showing valid travel documents.
  o Additional dose(s) of vaccine will be administered at individual’s risk; in case of children below 18 years of age, at parent’s / guardian’s risk
  o Parental “opt-out” (Annex B) needs to be submitted if any parent wishes his/her child not to be vaccinated with Pfizer vaccine during vaccination campaigns.

Miscellaneous Instructions
• NOTE: The Interval between the first and second dose of Pfizer BioNTech from last known dose received by the individual MUST be at least 28 days.
• Based on currently available information, do not administer any other type of vaccine even upon request
• People having record of moderate to severe AEFI will not be administered additional dose of the same vaccine
• Alien, Non CNIC holders should not be given additional doses without NIMS record.
• Individuals having high grade fever at the time of reporting for vaccination should be rescheduled for vaccination after the illness has resolved.
• Those with mild COVID-19 can receive the vaccine after recovery and once their isolation period is complete.

Steps of Administration

1. Wear mask and observe COVID-19 SOPs
2. Greet the client
3. Check and keep record of NBP payment challan.
4. Complete verification process in the NIMS
5. Ensure consent by stating “that you are receiving this COVID-19 vaccine because you have registered yourself into the system and you have travelling requirement”
6. Expose site (deltoid of non-dominant arm) for administration
7. Explain the procedure and inform that some pain on giving injection, discomfort at the site of injection or fever after the injection may happen
8. Swab the injection site with an alcohol swab for 30 seconds, then let the area dry for another 30 seconds so that the alcohol doesn’t enter the puncture and sting
9. Take vaccine vial out of the vaccine carrier
10. Cleanse the stopper on the vial vaccine with a new, sterile alcohol prep pad.
11. Take out 22G-25G 0.5ml syringe and remove needle cap
12. Discard the cap in safety box
13. Insert the syringe needle through the top rubber pad of vaccine vial
14. Draw 0.3 ml of the vaccine from the vial
15. Remove air bubbles if any while the needle is still in the vial to avoid loss of vaccine.
16. Ensure final dosing volume of 0.5 ml of vaccine.
17. Inject intra muscularly at the site of injection at an angle of 90° (right angle)
18. Dispose the syringe in the safety box
19. Complete entry in the NIMS
20. Send the client to observation area for 30 minutes
21. After 30 minutes if no acute adverse event is experienced by the client, send the client home. Also, advise the client to report to health facility /1166 helpline if any adverse event is experienced.

1 If the amount of vaccine remaining in the vial cannot provide a full 0.5 ml dose, discard the vial and contents. Do NOT combine vaccine from multiple vials to obtain a dose.
22. Second dose to be administered after 28 days

**Vaccine Waste Management**

- Used vials and syringes must be *collected safely* by the vaccinator.
- **Syringes must be disposed through environment friendly incinerators** where available.
- In case of non-availability of incinerators, follow the under mentioned link for proper disposal of the vaccine waste.
  
  https://apps.who.int/iris/bitstream/handle/10665/43476/9241594284_eng.pdf?sequence=1&isAllowed=y
- The *vaccinator under supervision of the health facility in-charge* of the concerned health facility will ensure proper disposal of COVID-19 vaccination waste.
- **Daily waste generation and disposal record** must be maintained by the vaccinator.

**During vaccination, Do NOT**

- Touch the rubber pad of vaccine vial (causes contamination and can result in an AEFI).
- Recap needle of syringes (to prevent needle stick injuries).
- Please refer to “Annexure A” checklist for covid-19 vaccine administration.

**Miscellaneous side effects**

- Pain, redness and swelling at the site of injection.
- Tiredness, headache, and muscle pains.
- Chills, fever, and nausea.
- Symptoms usually subide within a few days. Some people have no side effects.
- Mild oral analgesics are sufficient to relieve symptoms if the need be.
- In case symptoms do not relive or aggravate contact your physician for assistance.

*Note: The above recommendations are being regularly reviewed by the Ministry of National Health Services, Regulations & Coordination and will be updated based on the international & national recommendations and best practices.*

**For more information, please contact:**

HSA/ HPSIU/ NIH, PM National Health Complex, Islamabad

http://covid.gov.pk/


http://www.hsa.edu.pk/  https://twitter.com/nhsrofficial

# Annex-A

## Checklist for COVID-19 Vaccine Administration

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Greet the client</td>
</tr>
<tr>
<td>2.</td>
<td>Make sure that you and client are wearing face mask</td>
</tr>
<tr>
<td>3.</td>
<td>Complete the 2-step verification of client</td>
</tr>
<tr>
<td>4.</td>
<td>Ensure consent by stating that &quot;you are receiving this COVID-19 vaccine because you registered yourself in the system and need additional dose as travel requirement&quot;</td>
</tr>
<tr>
<td>5.</td>
<td>Prepare dose appropriate for age of the individual</td>
</tr>
<tr>
<td>6.</td>
<td>Explain the procedure and inform that some pain on giving injection, and discomfort or fever after the injection can occur</td>
</tr>
<tr>
<td>7.</td>
<td>Sterilize injection site with alcohol swab and wait till dry</td>
</tr>
<tr>
<td>8.</td>
<td>Administer injection</td>
</tr>
<tr>
<td>9.</td>
<td>Properly dispose the injection waste</td>
</tr>
<tr>
<td>10.</td>
<td>Send the client to observation section for 30 minutes</td>
</tr>
<tr>
<td>11.</td>
<td>After 30 minutes, and with no acute AEFI, client is ready to be sent home.</td>
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</tbody>
</table>
Parental “opt-out” instructions:

I __________________ [parent’s name] will NOT allow my child __________________ [child’s name] to be given the Covid-19 Pfizer vaccine, which is being administered at the school as part of vaccination campaign.

_____________________

Parent’s signature

Please return this form no later than [insert date] to the following school official:

[Provide name and mailing address.]