Adolescent COVID-19 Vaccination

The Pfizer-BioNTech COVID-19 vaccine is now authorized and recommended for the prevention of COVID-19 disease in persons 12 years of age and older. On May 12, 2021, the Centers for Disease Control and Prevention (CDC) announced expanded use of the Pfizer-BioNTech COVID-19 vaccine to adolescents ages 12–15 years old. The official CDC recommendation follows the Food and Drug Administration's (FDA) decision to authorize emergency use of the Pfizer-BioNTech vaccine in this population on May 10, 2021.

Quick Links

- CDC's Pediatric Healthcare Professionals COVID-19 Vaccination Toolkit
- CDC's COVID-19 Vaccines for Children and Teens
- CDC's Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States—Vaccination of Children and Adolescents
- FDA's Pfizer-BioNTech COVID-19 Vaccine EUA Fact Sheet for Healthcare Providers and for Recipients and Caregivers

What is the Pfizer-BioNTech COVID-19 vaccine dosing regimen for adolescents ages 12-15 years old?

The dosing regimen for this population is the same as adults. Adolescents aged 12-15 years old should receive 2 doses (0.3mL each) 21 days apart.

Who is authorized to order and administer the Pfizer-BioNTech COVID-19 vaccine at the pharmacy?

The U.S. Department of Health and Human Services (HHS) expanded COVID-19 vaccination authority under the Public Readiness and Emergency Preparedness (PREP) Act for pharmacists, pharmacy technicians, student pharmacists and interns, and retired or inactive pharmacists and interns nationwide during the public health emergency. Each of these pharmacy team members may administer the COVID-19 vaccines to persons 3 years of age and older, as recommended. **Pharmacists can order the Pfizer-BioNTech vaccine for eligible persons ages 12 and up. No prescription is required.** For more information, refer to "Authority to Immunize During COVID-19" in APhA's Know the Facts practice resource library.

What evidence is available to support the safety and efficacy of the Pfizer-BioNTech COVID-19 vaccine in adolescents?

CDC reports that a study of 2,200 participants ages 12-15 years old found that the Pfizer-BioNTech COVID-19 vaccine was 100% effective in preventing COVID-19. No safety concerns were identified in the study.

Adolescent COVID-19 Vaccination (continued)

Should other vaccines be co-administered with the Pfizer-BioNTech COVID-19 vaccine?

All authorized COVID-19 vaccines, including the Pfizer-BioNTech COVID-19 vaccine, **may now be administered without regard to timing to other vaccines**. 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 the reactogenicity of COVID-19 vaccine is increased with coadministration, including with other vaccines known to be more reactogenic, such as adjuvanted vaccines or live vaccines. When deciding whether to co-administer other vaccine(s) with COVID-19 vaccines, providers should consider:

- Whether the patient is behind or at risk of becoming behind on recommended vaccines
- The patient risk of vaccine-preventable disease (e.g., during an outbreak or occupational exposures), and
- The reactogenicity profile(s) of the vaccines.

What steps should vaccine providers take when administering multiple vaccines during a single visit?

If multiple vaccines will be administered during a single visit, administer each injection at a different injection site. For adolescents and adults, the deltoid muscle can be used for more than one intramuscular injection. Best practices for multiple injections include:

- Separate injection sites by one 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.

How should adolescents be monitored after vaccination?

The post-observation time and process is the same for adolescents as it is for adults. Individuals with no history of allergic reaction should be monitored for 15 minutes. Adolescents with a history of allergic reaction should be monitored for 30 minutes.

Adolescents may be at increased risk of experiencing a syncopal (fainting) episode after receiving any immunization, including COVID-19. Providers should pay particular attention to potential syncope reactions in this age group.

Adolescent COVID-19 Vaccination (continued)

What should adolescents and their caregivers expect after vaccination?

Post-vaccination symptoms are common, such as a sore arm, redness at the injection site, fever, fatigue, headache, and chills. For all currently authorized COVID-19 vaccines, antipyretic or analgesic medications (e.g., acetaminophen, non-steroidal anti-inflammatory drugs) can be taken for the treatment of post-vaccination local or systemic symptoms, if medically appropriate. However, routine prophylactic administration of these medications for the purpose of preventing post-vaccination symptoms is not currently recommended.

Myocarditis (inflammation of the heart muscle) and **pericarditis** (inflammation of heart lining) have been reported after mRNA vaccination in adolescents, particularly male adolescents and young adults 16 years of age and older. The symptoms of myocarditis and pericarditis include acute chest pain, shortness of breath, or palpitations. Patients who sought medical care for these symptoms responded well to medication and rest, in most cases. The table below can be used to compare the potential risk for unvaccinated adolescents (COVID-19 infection, hospitalization, death) vs. the potential risk of myocarditis in vaccinated adolescents.

Predicted COVID-19 Cases Prevented vs. Myocarditis Cases

For every million second dose vaccinations over 120 days

Gender	Females			Males		
Age (Years)	12-17	18-24	24-29	12-17	18-24	24-29
COVID-19 Cases Prevented	8,500	14,000	15,000	5,700	12,000	15,000
Hospitalizations Prevented	183	1,127	1,459	215	530	936
ICU Admissions Prevented	38	93	87	71	127	215
Deaths Prevented	1	13	4	2	3	13
Myocarditis Cases	8-10	4-5	2	56-69	45-56	15-18

Reference CDC's COVID-19 mRNA vaccines in adolescents and young adults: Benefit-risk discussion

For more information, reference CDC's Clinical Considerations: Myocarditis and Pericarditis after Receipt of mRNA COVID-19 Vaccines Among Adolescents and Young Adults.

Adolescent COVID-19 Vaccination (continued)

What steps should caregivers take to monitor for safety related to COVID-19 vaccination?

V-safe has been updated to allow parental input and management. Parents or guardians can register their adolescent children in v-safe and complete the health surveys on their behalf. CDC's v-safe call center follows up on reports to v-safe that include possible medically significant health events to collect additional information for completion of a VAERS report.

What steps should vaccination providers take to monitor for safety related to COVID-19 vaccination?

Vaccination providers are required to report vaccination administration errors, serious adverse events, cases of multisystem inflammatory syndrome, and cases of COVID-19 that result in hospitalization or death after administration of COVID-19 vaccine under an emergency use authorization (EUA).

Adverse events that occur after receipt of any COVID-19 vaccine should be reported to the Vaccine Adverse Events Reporting System (VAERS). Information on how to submit a report to VAERS is available at their website or 1-800-822-7967.

What additional requirements should pharmacies be prepared to meet?

If the patient is 18 years of age or younger, the vaccination provider must inform the patient and the adult caregiver accompanying the patient of the importance of a well-child visit with a pediatrician or other licensed primary care provider and refer patients as appropriate. The following materials were designed by APhA and others to help pharmacy teams meet this requirement:

- Well-Child Visit Brochure
- Template Referral Form Well-Child Visit
- Well-Child Checkup Letter