

Vaccine Label Examples

With the large amount of vaccine carried in most clinics, staff can easily become confused about vaccines within the storage unit. Labeling the area where vaccines are stored can help staff quickly locate and choose the correct vaccine – perhaps preventing a vaccine administration error. Depending on how the vaccines are organized within the storage unit, labels can be placed on the containers or bins or directly attached to the shelves where the vaccines are placed. Other helpful strategies to prevent administration errors include color-coding the labels (e.g., one color for pediatric and another for adult vaccines), and providing additional information such as age indications or other information unique to the vaccine.

In addition, some vaccines must be reconstituted before administration. These vaccines have two components – a lyophilized vaccine and diluent that must be mixed together. **The lyophilized vaccine should only be reconstituted or mixed using the diluent supplied by the manufacturer.** Consider posting reminders or labeling the vaccine to remind staff to reconstitute certain vaccines prior to administration.



The following labels are examples that may be used to help organize vaccines. Labels are based on recommendations from the Advisory Committee on Immunization Practices (ACIP) and may include indications different from those of the Food and Drug Administration. The Centers for Disease Control and Prevention (CDC) also recommends that vaccines be stored in the original packaging to protect contents from light, to help maintain the recommended temperature range, and to help prevent administration errors. Those labels highlighted in green are for pediatric use, those highlighted in yellow for travel, and those highlighted in blue are military specific vaccines.

Note: Some vaccine preparations are being transitioned from vials and prefilled syringes that contain latex (natural rubber) to vials and prefilled syringes that are not made with natural rubber latex. Read the package insert that accompanies the product to check for the presence of natural rubber or latex. Additionally, consult the package insert for the “beyond use date” (BUD) for multi-dose vials (MDVs) of vaccine, since for some vaccines, the expiration rule may be different from the normal 28-day rule for medications. Per CDC guidance, MDVs of vaccine can be used until the expiration date printed on the vial unless the vaccine is contaminated or compromised in some way or there is a “beyond use date” noted in the manufacturers’ package insert. Mark MDVs of vaccine (e.g., influenza) and reconstituted MDVs (e.g., smallpox) with the date, time, and initials when first dose is withdrawn and/or vial is reconstituted and with a revised “beyond use date” if required and store at appropriate temperatures when not in use.

Adapted by DHA-IHD, courtesy of the Centers for Disease Control and Prevention

Diphtheria and Tetanus Toxoid- and acellular Pertussis – containing Vaccines

Daptacel® (DTaP)

Ages: 6 weeks through 6 years

Use for: Any dose in the series

Route: Intramuscular (IM) Injection

Kinrix® (DTaP-IPV)

Ages: 4 years through 6 years

Use for: DTaP dose #5, IPV dose #4

Do NOT use for DTaP doses 1 – 4 or IPV doses 1- 3

Route: Intramuscular (IM) Injection

Tip cap of prefilled syringe contains latex

Infanrix® (DTaP)

Ages: 6 weeks through 6 years

Use for: Any dose in the series

Route: Intramuscular (IM) Injection

Tip cap of prefilled syringe contains latex

Pediarix® (DTaP-IPV-HepB)

Ages: 6 weeks through 6 years

Use for: DTaP & IPV: Doses #1, #2, and/or #3
HepB - Any dose in the series

Do NOT use for the HepB birth dose

Route: Intramuscular (IM) Injection

Tip cap of prefilled syringe contains latex

Diphtheria and Tetanus Toxoid- and acellular Pertussis – containing Vaccines

Pentacel® (DTaP–IPV-Hib)

Ages: 6 weeks through 4 years

Use for: DTaP & IPV doses #1, #2, #3, and/or #4
Hib - Any dose in the series

Route: Intramuscular (IM) Injection

***Reconstitute Hib powder ONLY with manufacturer-supplied
DTaP-IPV liquid diluent***

Do NOT administer DTaP-IPV w/o Hib

Beyond Use Time: Use immediately after reconstitution.

Vaxelis® (DTaP–IPV-HepB-Hib)

Ages: 6 weeks through 4 years

Use for: DTaP & IPV doses #1, #2, and/or #3
HepB – Any dose in the series
(Do not use for HepB birth dose)
Hib - Any dose in the series

Route: Intramuscular (IM) Injection

Keep in original package to protect from light

Quadracel® (DTaP-IPV)

Ages: 4 years through 6 years

Use for: DTaP dose #5

IPV dose #4 or #5

**Do NOT use for DTaP doses 1 through 4 or IPV doses 1
through 3**

Route: Intramuscular (IM) Injection

Haemophilus influenzae type b – containing Vaccines

ActHIB® (Hib)

Ages: 6 weeks through 4 years

Use for: Any dose in the series

Route: Intramuscular (IM) Injection

Reconstitute Hib powder ONLY with manufacturer-supplied 0.4% sodium chloride diluent

Beyond Use Time: If not used immediately after reconstitution, store at 2°C to 8°C (36°F to 46°F) and discard if not used within 24 hours.

Shake well prior to administration.

PedvaxHIB® (Hib)

Ages: 6 weeks through 4 years

Use for: Any dose in the series

Route: Intramuscular (IM) Injection

Vial stopper contains latex

Hiberix® (Hib)

Ages: 6 weeks through 4 years

Use for: Any dose in the series

Route: Intramuscular (IM) Injection

Reconstitute Hib powder ONLY with manufacturer-supplied 0.9% sodium chloride diluent

Beyond Use Time: If not used immediately after reconstitution, store at 2°C to 8°C (36°F to 46°F) and discard if not used within 24 hours.

Shake well prior to administration.

Keep in original package to protect from light

Hepatitis Vaccines

Havrix® (HepA)

Pediatric Formulation

Ages: 12 months through 18 years

Use for: Any dose in the series

Route: Intramuscular (IM) Injection

Tip cap of prefilled syringe contains latex

Engerix-B® (HepB)

Pediatric Formulation

Ages: Birth through 19 years

Use for: Any dose in the series

Route: Intramuscular (IM) Injection

Tip cap of prefilled syringe contains latex

Vaqta® (HepA)

Pediatric Formulation

Ages: 12 months through 18 years

Use for: Any dose in the series

Route: Intramuscular (IM) Injection

Vial stopper and syringe plunger stopper and tip cap contains latex

Recombivax HB® (HepB)

Pediatric Formulation

Ages: Birth through 19 years

Use for: Any dose in the series

Route: Intramuscular (IM) Injection

Vial stopper and syringe plunger stopper and tip cap contains latex

Keep in original package to protect from light

Hepatitis Vaccines

Havrix® (HepA)

Adult Formulation

Ages: 19 years and older

Use for: Any dose in the series

Route: Intramuscular (IM) Injection

Syringe tip cap contains latex

Engerix-B® (HepB)

Adult Formulation

Ages: 20 years and older

Use for: Any dose in the series

Route: Intramuscular (IM) Injection

Syringe tip cap contains latex

Vaqta® (HepA)

Adult Formulation

Ages: 19 years and older

Use for: Any dose in the series

Route: Intramuscular (IM) Injection

Vial stopper and syringe plunger stopper and tip cap contains latex

Recombivax HB® (HepB)

Adult Formulation

Ages: 20 years and older

Use for: Any dose in the series

Alternate adolescent schedule for 11-through 15-year olds: Two 1 mL doses 4 to 6 months apart

Route: Intramuscular (IM) Injection

Vial stopper and syringe plunger stopper and tip cap contains latex

Keep in original package to protect from light

Hepatitis Vaccines

Hepelisav-B® (HepB)

Ages: 18 years and older

Use for: Any dose in the series (two 0.5 mL doses 1 month apart)

Route: Intramuscular (IM) Injection

PreHevbrio® (HepB)

Ages: 18 years and older

Use for: Any dose in the series

Route: Intramuscular (IM) Injection

Twinrix® (HepA–HepB)

Ages: 18 years and older

Contains: HepA = Pediatric dosage
HepB = Adult dosage

Schedule: 0, 1, and 6 months

Alternate Schedule: 0, 7, and 21 to 30 days, followed by booster at 12 months

Route: Intramuscular (IM) Injection

Syringe tip cap contains latex

Human Papillomavirus Vaccines

Gardasil®9 (9vHPV)

Ages: 9 years through 45 years

Recommended ages: 11 years or 12 years

Catch-up ages: 13 years through 26 years

Shared clinical decision-making ages: 27 through 45 years

Route: Intramuscular (IM) Injection

[Keep in original package to protect from light](#)

Measles – Mumps – Rubella Vaccine

M-M-R II® (MMR) - *LIVE*

Ages: 12 months and older

Use for: Any dose in the series

Route: Subcutaneous (SUBCUT) OR Intramuscular (IM) injection

Reconstitute MMR powder ONLY with manufacturer-supplied sterile water diluent

Beyond Use Time: If not used immediately after reconstitution, store in vaccine vial in dark place at 2°C to 8°C (36°F to 46°F) and discard if not used within 8 hours.

[Protect from light at all times](#)

Priorix® (MMR) - *LIVE*

Ages: 12 months and older

Use for: Any dose in the series

Route: Subcutaneous (SUBCUT) injection

Reconstitute MMR powder ONLY with manufacturer-supplied sterile water diluent

Beyond Use Time: If not used immediately after reconstitution, store in vaccine vial in dark place at 2°C to 8°C (36°F to 46°F) and discard if not used within 8 hours.

[Protect from light at all times](#)

2022-2023 Influenza Season Vaccines (contracted by DoD)

Afluria® (IIV4) 5 mL multi-dose vial
(Quadrivalent Inactivated Influenza Vaccine)

Ages: 6 months and older

Dosage: 0.25 mL for 6 months through 35 months
0.5 mL for 3 years and older

Route: Intramuscular (IM) Injection

Beyond Use Date: Discard within 28 days after the vial has been opened or punctured. Number of needle punctures should not exceed 20 per multi-dose vial.

May use PharmaJet® Stratis® Needle-free Injection System for 18 years through 64 years

[Keep in original package to protect from light](#)

FluLaval® (IIV4) 0.5 mL pre-filled syringe
(Quadrivalent Inactivated Influenza Vaccine)

Ages: 6 months and older

Dosage: 0.5 mL

Route: Intramuscular (IM) Injection

[Keep in original package to protect from light](#)

Fluzone® (IIV4) 5 mL multi-dose vial
(Quadrivalent Inactivated Influenza Vaccine)

Ages: 6 months and older

Dosage: 0.25 mL or 0.5 mL for 6 months through 35 months
0.5 mL for 3 years and older

Route: Intramuscular (IM) Injection

A maximum of 10 doses can be withdrawn from the multi-dose vial.

Fluad® (aIIV4) 0.5 mL pre-filled syringe

(Quadrivalent Inactivated Influenza Vaccine, Adjuvanted)

Ages: 65 years and older

Dosage: 0.5 mL

Route: Intramuscular (IM) Injection

[Keep in original package to protect from light](#)

Fluzone® Southern Hemisphere (SH-IIV4)
(Quadrivalent Inactivated Influenza Vaccine)

Ages: 6 months and older

Dosage: 0.5 mL

Route: Intramuscular (IM) Injection

2022-2023 Influenza Season Vaccines (available thru Direct Vender Delivery (DVD))

Afluria® (IIV4) 0.5 mL pre-filled syringe

(Quadrivalent Inactivated Influenza Vaccine)

Ages: 3 years and older

Dosage: 0.5 mL

Route: Intramuscular (IM) Injection

[Keep in original package to protect from light](#)

Flucelvax® (ccIIV4) 0.5 mL pre-filled syringe

(Quadrivalent Cell Culture Inactivated Influenza Vaccine)

Ages: 6 months and older

Dosage: 0.5 mL

Route: Intramuscular (IM) Injection

[Keep in original package to protect from light](#)

Fluarix® (IIV4) 0.5 mL pre-filled syringe

(Quadrivalent Inactivated Influenza Vaccine)

Ages: 6 months and older

Dosage: 0.5 mL

Route: Intramuscular (IM) Injection

[Keep in original package to protect from light](#)

Flucelvax® (ccIIV4) 5 mL multi-dose vial

(Quadrivalent Cell Culture Inactivated Influenza Vaccine)

Ages: 6 months and older

Dosage: 0.5 mL

Route: Intramuscular (IM) Injection

[Keep in original package to protect from light](#)

FluBlok® (RIV4) 0.5 mL pre-filled syringe

(Quadrivalent Recombinant Inactivated Influenza Vaccine)

Ages: 18 years and older

Dosage: 0.5 mL

Route: Intramuscular (IM) Injection

Does NOT contain egg protein

Fluzone® (IIV4)

0.5 mL pre-filled syringe and single dose vials

(Quadrivalent Inactivated Influenza Vaccine)

Ages: 6 months and older

Dosage: 0.5 mL

Route: Intramuscular (IM) Injection

2022-2023 Influenza Season Vaccines (available thru Direct Vender Delivery (DVD))

FluMist® (LAIV4)

(Quadrivalent Live Attenuated Influenza Vaccine)

Ages: 2 years through 49 years

Dosage: 0.2 mL (0.1 mL in each nostril)

Route: IN (Intranasal) - **Do NOT Inject**

[Keep in original package to protect from light](#)

IIV: _____

(Product Name)

Ages: _____

Dosage: _____

Route: Intramuscular (IM) Injection

Fluzone® High-Dose (HD-IIV4)

(Quadrivalent Inactivated Influenza Vaccine)

Ages: 65 years and older

Dosage: 0.7 mL

Route: Intramuscular (IM) Injection

Do NOT administer to anyone younger than 65 years of age

Meningococcal Vaccines

Menactra® (MenACWY-D)

Ages: 9 months and older

Use for: Any dose in the series (and certain high-risk groups)

Route: Intramuscular (IM) Injection

MenQuadfi® (MenACWY-TT)

Ages: 2 years and older

Use for: Any dose in the series (and certain high-risk groups)

Route: Intramuscular (IM) Injection

Menveo® (MenACWY-CRM)

(Pink Cap: single-dose vial presentation)

Ages: 10 years through 55 years

Use for: Any dose in the series (and certain high-risk groups)

Route: Intramuscular (IM) Injection

[Keep in original package to protect from light](#)

Menveo® (MenACWY-CRM)

(Grey Cap + Orange Cap: 2 vial presentation)

Ages: 2 months and older

Use for: Any dose in the series (and certain high-risk groups)

Route: Intramuscular (IM) Injection

*Reconstitute the MenA lyophilized conjugate component **ONLY** with manufacturer-supplied MenCWY liquid conjugate component*

Do NOT administer MenCWY w/o MenA

Beyond Use Time: Should be used immediately after reconstitution, but may be stored between 2° and 25°C (36° and 77°F) for up to 8 hours.

[Keep in original package to protect from light](#)

Meningococcal B Vaccines

Bexsero® (MenB-4C)

*Bexsero and Trumenba are NOT interchangeable
Complete series with same vaccine product*

Ages: 10 years and older

Use for: Any dose in the series

Route: Intramuscular (IM) Injection

Syringe tip cap contains latex

Keep in original package to protect from light

Trumenba® (MenB-FHbp)

*Bexsero and Trumenba are NOT interchangeable
Complete series with same vaccine product*

Ages: 10 years and older

Use for: Any dose in the series

Route: Intramuscular (IM) Injection

Pneumococcal Vaccines

Prevnar 13® (PCV13)

Ages: All children 6 weeks through 5 years

Certain high-risk groups: 6 years through 18 years who have never received PCV13 or received an incomplete PCV13 series

Route: Intramuscular (IM) Injection

Vaxneuvance® (PCV15)

Ages: Adults 65 years and older

Certain high-risk groups: 19 – 64 years with certain medical conditions or risk factors

Route: Intramuscular (IM) Injection

Prevnar 20® (PCV20)

Ages: Adults 65 years and older

Certain high-risk groups: 19 – 64 years with certain medical conditions or risk factors

Route: Intramuscular (IM) Injection

Pneumovax 23® (PPSV23)

Ages: Adults 65 years and older who received PCV13 or PCV15

Certain high-risk groups: 2 years through 64 years with certain medical conditions or risk factors who received PCV13 or PCV 15

Route: Intramuscular (IM) OR Subcutaneous (SUBCUT) injection

Poliovirus Vaccine

IPOL® (IPV)

Ages: 6 weeks and older

Use for: Any dose in series

Route: Intramuscular (IM) OR Subcutaneous (SUBCUT) injection

[Keep in original package to protect from light](#)

Rotavirus Vaccines

Rotarix® (RV1) - *LIVE*

(Vial + Oral dosing applicator presentation)

Ages: 6 weeks through 8 months, 0 days

Maximum age for 1st dose is 14 weeks, 6 days

Maximum age for last dose is 8 months, 0 days

Route: Oral (PO) - Do NOT inject

Reconstitute RV1 powder ONLY with manufacturer-supplied sterile water/calcium chloride/xanthan diluent

Beyond Use Time: If not used immediately after reconstitution, store at 2°C to 8°C (36°F to 46°F) or at controlled room temperature up to 25°C (77°F) and discard if not used within 24 hours.

Tip cap for the diluent oral applicator contains latex

RotaTeq® (RV5) - *LIVE*

Ages: 6 weeks through 8 months 0 days

Maximum age for 1st dose is 14 weeks, 6 days

Maximum age for last dose is 8 months, 0 days

Route: Oral (PO) - Do NOT inject

Protect from light at all times

Rotarix® (RV1) - *LIVE*

(Squeezable tube applicator only presentation)

Do not reconstitute

Ages: 6 weeks through 8 months, 0 days

Maximum age for 1st dose is 14 weeks, 6 days

Maximum age for last dose is 8 months, 0 days

Route: Oral (PO) - Do NOT inject

Tip cap for the diluent oral applicator contains latex

Keep in original package to protect from light

Tetanus and Diphtheria Toxoid- containing vaccines

Tenivac® (Td)

Ages: 7 years and older

Use for: Primary series and booster doses for persons previously vaccinated with Tdap

Route: Intramuscular (IM) Injection

Syringe tip cap contains latex

DT (Generic)

Ages: 6 weeks through 6 years

Use for: Primary series and booster doses **ONLY** for children with a contraindication or precaution to pertussis vaccine

Route: Intramuscular (IM) Injection

Td (Generic)

Ages: 7 years and older

Use for: Primary series and booster doses for persons previously vaccinated with Tdap

Route: Intramuscular (IM) Injection

Tetanus and Diphtheria toxoid- and acellular Pertussis-containing Vaccines

Adacel® (Tdap)

Ages: 7 years and older

Use for: Routine adolescent dose at 11 to 12 years of age
Each pregnancy
Patients not fully vaccinated for pertussis

Route: Intramuscular (IM) Injection

Syringe tip cap contains latex

Boostrix® (Tdap)

Ages: 7 years and older

Use for: Routine adolescent dose at 11 to 12 years of age
Each pregnancy
Patients not fully vaccinated for pertussis

Route: Intramuscular (IM) Injection

Syringe tip cap contains latex

Frozen Varicella – containing Vaccines

Varivax® (VAR) - *LIVE*

Ages: 12 months and older

Use for: Any dose in the series

Route: Subcutaneous (SUBCUT) OR Intramuscular (IM) injection

Reconstitute VAR powder ONLY with manufacturer-supplied sterile water diluent

Beyond Use Time: Discard reconstituted vaccine if not used within 30 minutes.

Protect from light before reconstitution

ProQuad® (MMRV) - *LIVE*

Ages: 12 months through 12 years

Use for: Any dose in the series

Route: Subcutaneous (SUBCUT) OR Intramuscular (IM) injection

Reconstitute MMRV powder ONLY with manufacturer-supplied sterile water diluent

Beyond Use Time: Discard reconstituted vaccine if not used within 30 minutes.

Protect from light at all times

Refrigerated Varicella-containing Vaccine

Shingrix® (RZV)

Refrigerate both components; DO NOT freeze

Ages: Adults 50 years and older

Adults 19 years and older who are or will be immunodeficient or immunosuppressed because of disease or therapy

Use for: Any dose in the series

Route: Intramuscular (IM) Injection

Reconstitute lyophilized varicella zoster component with manufacturer supplied adjuvant suspension

Beyond Use Time: Discard reconstituted vaccine if not used within 6 hours.

Protect from light at all times

Travel Vaccines

Imovax® (Rabies-HDCV)

Ages: All age groups

Use for: Any dose in the series and booster

Route: Intramuscular (IM) Injection

Reconstitute RAB-HDCV powder with ONLY manufacturer-supplied sterile water diluent

Beyond Use Time: Use immediately after reconstitution.

RabAvert® (Rabies-PCECV)

Ages: All age groups

Use for: Any dose in the series and booster

Route: Intramuscular (IM) Injection

Reconstitute RAB-PCECV powder with ONLY manufacturer-supplied sterile water diluent

Beyond Use Time: Use immediately after reconstitution.

[Keep in original package to protect from light](#)

IXIARO® (Japanese Encephalitis)

Ages: 2 months through <3 years of age

Use for: Any 0.25 mL dose in primary series and booster
14 months to <3 years of age

Ages: 3 years of age and older

Use for: Any 0.5mL dose in primary series and booster

Route: Intramuscular (IM) Injection

[Keep in original package to protect from light](#)

YF-VAX® (Yellow Fever) - *LIVE*

Ages: 9 months of age and older

Use for: Any dose and booster

Route: Subcutaneous (SUBCUT) injection

Reconstitute YF-VAX powder with ONLY manufacturer-supplied 0.9% sodium chloride diluent

Beyond Use Time: If not used immediately after reconstitution, store at 2°C to 8°C (36°F to 46°F) and discard if not used within 60 minutes.

Travel Vaccines (continued)

Typhim Vi® (Typhoid)

Ages: 2 years of age and older

Use for: Any dose and booster

Route: Intramuscular (IM) Injection

TICOVAC™ (Tick-borne Encephalitis)

Ages: 1 year of age and older

Use for: All doses in series and booster

1 through 15 years of age: each dose 0.25mL

16 years of age and older: each dose 0.5mL

Route: Intramuscular (IM) Injection

[Keep in original package to protect from light](#)

DENGVAXIA (Live Dengue Vaccine)

Ages: 9 years through 16 years (with laboratory-confirmed previous dengue infection and living in dengue-endemic areas)

Dosage: 0.5 mL each, 6 months apart (at 0, 6, and 12)

Route: Subcutaneous (SUBCUT) injection

Reconstitute ONLY with 0.6 mL of manufacturer-supplied 0.9 % saline diluent

After reconstitution, administer immediately or store at 2°C to 8°C (36°F to 46°F) and use within 30 minutes

[Keep in original package to protect from light](#)

Military Specific Vaccines

ACAM2000® (Smallpox) - *LIVE*

Ages: Adult population

Use for: Any dose and booster

Route: Percutaneous 15 jabs with a bifurcated needle

Reconstitute ACAM2000 powder ONLY with 0.3mL of manufacturer-supplied 50% glycerin, 0.25% phenol, and sterile water diluent

Beyond Use Time: After reconstitution store at 2°C to 8°C (36°F to 46°F) and discard reconstituted vaccine if not used within 30 days.

Adenovirus Type 4 and Type 7 - *LIVE*

Ages: 17 through 50 years of age

Use for: One-time dose in military recruits

Route: Oral (PO) (2 enteric-coated tablets: (1) Type-4 and (1) Type-7)

[Keep bottle tightly closed and protect from moisture.](#)

BioThrax® (Anthrax)

Ages: 18 through 65 years of age

Use for: Any dose in the series and booster

Schedule: 0 & 4 weeks, 6, 12, and 18 months

Route: Intramuscular (IM) Injection

Beyond Use Date: Once the stopper of the multi-dose vial has been pierced, discard within 28 days

[Vial stopper contains latex](#)

Jynneos® (Smallpox and Monkeypox)

Ages: 18 years of age and older

Use for: Any dose in series and booster

Schedule: 0 and 28 days

Route: Subcutaneous (SUBCUT) injection

Beyond Use Time: Once thawed, the vaccine may be kept at 2°C to 8°C (36°F to 46°F) for up to 8 weeks (this differs from the package insert, see manufacturer letter). Do NOT re-freeze vial once it has been thawed.

[Keep in original package to protect from light](#)

COVID-19 Monovalent Vaccines

Pfizer-BioNTech COVID-19-EUA (mRNA-LNP) **(Gray Cap)**

Ages: 12 years and older

Use for: Any dose in the primary series.

Route: 0.3 mL dose Intramuscular (IM) Injection

DO NOT DILUTE

Beyond Use Date: Use within 12 hours after the vial is first punctured.

DO NOT PUT IN FREEZER

[Keep in original package to protect from light](#)

Pfizer-BioNTech COVID-19 (mRNA-LNP) **(Maroon Cap)**

Ages: 6 months through 4 years of age

Use for: Any dose in the primary series.

Route: 0.2 mL dose Intramuscular (IM) Injection

Prior to administration, mix with 0.9% sodium chloride diluent only.

Beyond Use Date: Use within 12 hours of mixing.

DO NOT PUT IN FREEZER

[Keep in original package to protect from light](#)

Pfizer-BioNTech COVID-19 (mRNA-LNP) **(Orange Cap)**

Ages: 5 to 11 years of age

Use for: Any dose in the primary series.

Route: 0.2 mL dose Intramuscular (IM) Injection

Prior to administration, mix with 0.9% sodium chloride diluent only.

Beyond Use Date: Use within 12 hours of mixing.

DO NOT PUT IN FREEZER

[Keep in original package to protect from light](#)

Novavax (NVX) COVID-19, Adjuvanted

Ages: 12 years and older

Use for: Any dose in the primary series and booster dose.

Route: 0.5 mL dose Intramuscular (IM) Injection

Beyond Use Date: After the first needle puncture, hold the vial between 2° to 25°C (36° to 77°F) for up to 6 hours. Discard the vial 6 hours after the first puncture.

[Keep in original package to protect from light](#)

COVID-19 Monovalent Vaccines (cont.)

Moderna COVID-19 (mRNA-LNP)
(Dark Blue Cap w/magenta border)

Ages: 6 months through 5 years of age

Use for: Any 0.25 mL dose in the series.

Route: Intramuscular (IM) Injection

Beyond Use Date: Use within 12 hours after the vial is first punctured.

[Keep in original package to protect from light](#)

COVID-19 Bivalent Vaccines

Pfizer-BioNTech COVID-19, Bivalent **(Gray Cap w/gray border)**

Ages: 12 years and older

Use for: Single booster dose administered at least 2 months after completion of final primary series dose, or an original (monovalent) booster dose.

Route: 0.3 mL dose/Intramuscular (IM) Injection

DO NOT DILUTE

Beyond Use Date: Use within 12 hours after the vial is first punctured.

[Keep in original package to protect from light](#)

Pfizer-BioNTech COVID-19, Bivalent **(Maroon Cap)**

Ages: 6 months through 4 years of age

Use as: A substitute for dose 3 of Pfizer primary series administered 8 weeks after dose 2.

Children aged 6 months through 4 years who received 3 doses of monovalent Pfizer COVID-19 vaccine to complete their primary series are not authorized to receive a booster dose of bivalent COVID-19 vaccine at this time.

Route: 0.2 mL dose Intramuscular (IM) Injection

Prior to administration, mix with 0.9% sodium chloride diluent only.

Beyond Use Date: Use within 12 hours of mixing.

DO NOT PUT IN FREEZER

[Keep in original package to protect from light](#)

Pfizer-BioNTech COVID-19, Bivalent **(Orange Cap)**

Ages: 5 to 11 years of age

Use for: Single booster dose administered at least 2 months after completion of final primary series dose, or an original (monovalent) booster dose.

Route: 0.2 mL dose Intramuscular (IM) Injection

Prior to administration, mix with 0.9% sodium chloride diluent only.

Beyond Use Date: Use within 12 hours of mixing.

DO NOT PUT IN FREEZER

[Keep in original package to protect from light](#)

COVID-19 Bivalent Vaccines (cont.)

**Moderna COVID-19, Bivalent
(Dark Blue Cap w/gray border)**

Ages: 6 years through 11 years of age 0.25 mL dose
12 years and older 0.5 mL dose

Use for: Single booster dose administered at least 2 months after completion of final primary series dose, or an original (monovalent) booster dose.

Route: Intramuscular (IM) Injection

Beyond Use Date: Use within 12 hours after the vial is first punctured.

[Keep in original package to protect from light](#)

**Moderna COVID-19, Bivalent
(Dark Pink Cap w/yellow border)**

Ages: 6 months through 5 years of age

Use for: Single booster dose administered at least 2 months after completion of primary vaccination with any authorized or approved monovalent Covid-19 vaccine.

Route: 0.2 mL dose Intramuscular (IM) Injection

Beyond Use Date: Use within 8 hours after the vial is first punctured.

[Keep in original package to protect from light](#)