## Vaccination checklist with mRNA vaccines

### Before 2nd injection / 3rd injection / booster

#### Adverse vaccine reactions (AVRs) after first injection?
- Document using IT-Tool
- Severe or unexpected adverse vaccination reactions must be reported to Swissmedic by the healthcare professional who identifies the AVR
- If an anaphylactic reaction occurs after the first vaccine dose, the 2nd dose of the same mRNA vaccine is contraindicated for the time being and requires clarification and confirmation by a specialist in allergology and clinical immunology. Please refer also to the vaccination recommendations: [www.bag.admin.ch/covid-19-dokumente-gesundheitsfachpersonen](http://www.bag.admin.ch/covid-19-dokumente-gesundheitsfachpersonen)
- The appearance of a “COVID arm” is not a contraindication to receive a second vaccine dose
- In case of myocarditis/pericarditis after the 1st vaccination dose, the 2nd dose should only be administered after consultation with a specialist after an individual assessment of the risks and benefits

#### AVR reporting to Swissmedic

#### Clarification of indication for 2nd injection/ COVID-19 medical history
- Confirmed SARS-CoV-2 infection:
  - a) Proof before 1st vaccine dose: PCR/antigen test/anti-spike or anti-nucleocapsid IgG; self-tests are not valid
  - b) Proof after 1st vaccine dose: PCR/antigen test/anti-nucleocapsid IgG; self-tests are not valid
    → broad indication for vaccination following thorough assessment of benefits and risks by a specialist and appropriate patient information
- From a confirmed SARS-CoV-2 infection up to 4 weeks after the first injection, vaccination is possible.
- Exception (1): anti-nucleocapsid IgG testing at least 4 weeks after the first vaccination dose recommended: - 2 vaccine doses within 3 months
- ICD-10 codes: J12.0 (SARS-CoV-2 infection in people with severe immunodeficiency)

#### Clarification of indication for 3rd vaccine dose (basic immunisation)
- For people with severe immunodeficiency (see vaccination recommendation)

#### Clarification of indication for booster
- From 6 months after complete basic immunisation (i.e. 2 vaccine doses spaced 28 days apart or one vaccine dose in combination with a confirmed SARS-CoV-2 infection at least 4 weeks apart). If a confirmed SARS-CoV-2 infection occurs within 6 months after completion of the basic immunisation, a booster vaccination is recommended 6 months after this infection. CAUTION: A confirmed infection up to 6 months after basic immunisation is considered equivalent to a booster; no booster is therefore necessary.
- For residents of and those cared for in care facilities for the elderly
- In individual cases, a booster can be recommended for vulnerable persons aged 16-64 years with chronic illnesses with the highest risk (Table 2 vaccination recommendation) following an individual medical risk-benefit analysis. Caution: no more than 3 vaccine doses in total are currently recommended

### Administrative clarification
- Clarify how the person to be vaccinated is insured (compulsory health insurance/insurance card)
- Verify the identity of the person to be vaccinated

### Clarification of the indication for vaccination
- Vaccination recommended for all persons from 12 years of age including pregnant women from the 2nd trimester of pregnancy
- Based on the current vaccination recommendation of the federal vaccination commission (CFV)/FOPH [www.bag.admin.ch/covid-19-dokumente-gesundheitsfachpersonen](http://www.bag.admin.ch/covid-19-dokumente-gesundheitsfachpersonen)

### Clarification of contraindications
- Known hypersensitivity to ingredients of the vaccine (particularly polyethylene glycol [PEG]/macrogol, tromethamine (trometamol, [TRIS]))
- For further specification of relative or absolute contraindications of allergic or non-allergic nature, see the vaccination recommendation for mRNA vaccines chapter 2.3.1, chapter 9.5 and appendix 2.

### Vaccination currently not recommended
- Children under the age of 12 years
Procedure for 1st injection / 2nd injection / 3rd injection / booster

Current health
- Clarify current general health and decide: Can the vaccination proceed today?
  - Acute febrile illness (fever)? Postpone vaccination until the symptoms have subsided

Client briefing
- Does the person to be vaccinated have any questions?
- Has he/she read the information material?
- Mention possible AVR, and particularly possible allergic reactions and signs of myocarditis and pericarditis, such as chest pain, shortness of breath or palpitations.

Client consent
- Obtain oral consent to the vaccination from the person to be vaccinated on the basis of an informed consent and to the electronic recording of the vaccination in the data entry system
- Make written note of consent to vaccination in vaccination data sheet / IT tool
- Capacity to consent: For adolescents aged 12 years and over who consult without a legal representative, the capacity to consent must be assessed on an individual basis.
- If the person is incapable of giving consent, the consent must be obtained by his/her legal representative

Completing the vaccination data sheet / recording in IT-Tool
- Enter the relevant details of the person to be vaccinated in the IT Tool

Preparing the vaccine
- Possible procedures for the withdrawal of 6 doses of Comirnaty®
- Do not shake; only invert several times; do not move unnecessarily
- If possible, the stopper should only be pierced once with the needle and the movement of the needle should be minimised.
- Booster vaccination: Spikevax® recommended at a reduced dose of 50 µg.

Administering the vaccine
- i.m. in deltoid muscle
- Basic immunisation: Both vaccination doses with the same vaccine, spaced 28 days apart recommended
- Booster vaccination: with the same vaccine as used for basic immunisation where possible
- For anticoagulated patients: the vaccination is also injected intramuscularly, and subsequent firm compression is important [www.bag.admin.ch/impfplan](http://www.bag.admin.ch/impfplan) (in German, French and Italian)

After all vaccine doses

Explain how to behave in the event of an AVR
- Tell the client to report any serious or unexpected AVRs to a doctor/pharmacist/vaccination site
- If applicable, give the client a contact number

Explain how to behave generally after injection
- Continue to follow rules of social distancing and hygiene with the exception of private meetings between fully vaccinated persons (waiver of mask and distance possible) as well as events with a certificate (according to the organizer’s instructions).
- If a booster vaccination is needed, patients will be informed
- For severely immunodeficient persons, a determination of the anti-spike IgG is recommended 4 weeks after the 3rd dose (see chapter 3.3 vaccination recommendation).
- If symptoms consistent with COVID-19 occur, do a test (vaccination not 100% effective)
- In fully vaccinated persons, contact and travel quarantine as well as certain other border sanitary measures may be waived for a period of 12 months after the last dose (according to cantonal directive and information on the FOPH website: [Travel](http://travel.admin.ch)).
- No minimum interval to other vaccines is necessary.

Issuing a vaccination certificate
- Issue the client with a vaccination certificate from the IT-Tool or make an entry in the vaccination record
- If possible, stamp and signature of the person administering the vaccine
- Affix/enter LOT number in the vaccination certificate
- Inform on the vaccination certificate and issue on request: [COVID certificate](http://admin.ch)

Arrange follow-up appointment (if needed)
- Note appointment at the same vaccination site in the IT-Tool
- Give appointment card if appropriate
- Give client information sheet with instructions on behaviour after the vaccination

Observation time after injection
- Trained healthcare personnel and an emergency kit including adrenaline must be available in case an allergic reaction takes place
- Monitor particularly those who had experienced problems directly after the injection, e.g. circulatory problems
- All people who are vaccinated should remain on the premises for at least 15 minutes after the vaccination. If the first dose is well tolerated it is sufficient to monitor for 5 minutes after the second dose.