

Concomitant vaccine administration



Note to healthcare providers (HCPs): The following summary is based on information provided by the US Centers for Disease Control and Prevention (CDC) and other published sources. Before administering any vaccine, please consult local guidelines and recommendations, and the full prescribing information of locally approved vaccines

CONTEXT

Concomitant vaccine administration has been routine practice in many national childhood immunisation programmes for decades but has not yet been routinely implemented in adult vaccination.¹ Increased awareness of the safety of concomitant vaccination may improve compliance with vaccine recommendations leading to improved adult vaccination rates¹

DEFINITION

When two or more vaccines are administered at different injection sites at the same appointment, this may be referred to as simultaneous, concomitant or co-administration^{1,2}







Concomitant vaccine administration is considered an effective way to improve vaccine coverage because it:

- reduces the number of vaccination consultations and thus costs¹
- raises compliance with recommendations¹
- facilitates timely administration of vaccines¹
- allows efficient adoption and implementation of new vaccines¹
- reduces the number of missed vaccination opportunities¹
- increases convenience for vaccinees and HCPs¹

DOES CONCOMITANT VACCINE ADMINISTRATION AFFECT IMMUNOGENICITY OR SAFETY?

Concomitant administration of the most widely used vaccines has generally produced immune responses and adverse reaction rates similar to those observed when the same vaccines are administered separately²

There are a few exceptions where vaccine coadministration is contraindicated*3



KEY CLINICAL CONSIDERATIONS

HCPs should consult the full Prescribing Information before administering any vaccine



Vaccines may be coadministered, irrespective of their route of administration (intramuscular or subcutaneous injection)⁴



When administering more than one injectable vaccine at the same appointment, each vaccine should be administered using a separate needle and syringe in a **different injection site**, at least 3cm apart⁴

Certain vaccines such as DTaP, Tdap, meningococcal B or pneumococcal vaccines are more likely to cause local reactions than others and should be administered in different limbs⁴

Read more about <u>How to Administer Multiple Intramuscular Vaccines to Adults During One</u> <u>Visit (immunize.org)</u>⁵ and take a look at this short video: <u>How to Administer Multiple</u> Intramuscular Vaccines to Adults During One Visit (youtube.com)⁶

DOES CONCOMITANT VACCINE ADMINISTRATION AFFECT IMMUNOGENICITY OR SAFETY?

Getting influenza vaccine with COVID-19 vaccine, **RSV vaccine**, or both is an option for eligible people²

There are some key considerations:







Influenza + COVID-19 vaccines²

- May be given to eligible people if the timing of each vaccine is right
- There is no recommended waiting time between getting these two vaccines
- A CDC study showed that people who received influenza and monovalent COVID-19 vaccines were slightly more likely to have reactions such as fatigue, headache and muscle ache than those who received COVID-19 vaccine alone, but the reactions were mostly mild and resolved quickly

Influenza + **RSV vaccines²**

- May be given to eligible people at the same visit
- Coadministration was shown to be safe in clinical trials, but data are currently limited
- Local reactions might be more common with vaccine coadministration than influenza vaccine alone – safety monitoring is ongoing

Influenza + COVID-19 + **RSV vaccines²**

- All three vaccines may be given to eligible people during the same visit which may be a more convenient option for patients
- If patients prefer to have vaccines on separate visits, there is no recommended waiting period

Adults and their doctors should remember that, when not specifically contraindicated by scientific data, simultaneous vaccinations are a resource-saving means to obtain maximum benefit for the health of adults¹

To download a copy of this infographic visit the Nivel FluCov website: FluCov: Influenza-COVID-19, understanding and communicating the impact of COVID-19 on influenza activity | Nivel

CDC, Centers for Disease Control and Prevention; COVID-19, coronavirus disease 2019; DTaP/Tdap, diphtheria, tetanus, acellular pertussis; HCP, healthcare provider;t IM, intramuscular; MMR, measles, mumps, rubella; MMRV, measles, mumps, rubella, varicella; PCV13, 13-valent pneumococcal conjugate vaccine; RSV, respiratory syncytial virus,

Reference: 1. Bonanni P, et al. Vaccine co-administration in adults: An effective way to improve vaccination coverage. Hum Vaccin Immunother 2023;19(1):2195786. 2. CDC. Getting a flu vaccine and other recommended vaccines at the same time. Available at: Getting a Flu Vaccine and other Recommended Vaccines at the Same Time | CDC. Accessed March 2024. 3. CDC. General best practice guidelines for immunization: timing and spacing of immunobiologics. Available at: Advisory Committee on Immunization Practices (ACIP) General Best Guidance for Immunization - Timing (cdc.gov). Accessed March 2024. 4. CDC. Administering more than one vaccine on the same day: clinical considerations. Available at: Vaccine Webinars (cdc.gov). Accessed March 2024. 5. Immunize.org. How to administer multiple intramuscular vaccines to adults in one visit. Available at: How to Administer Multiple Intramuscular Vaccines to Adults During One Visit (immunize.org). Accessed March 2024. 6. Immunize.org. Improving the vaccine experience. How to administer multiple intramuscular vaccines to adults in one visit. Available at: How to Administer Multiple Intramuscular Vaccines to Adults During One Visit - YouTube. Accessed March 2024.