

# COVID-19 vaccination: Adults and adolescents Anaphylaxis guide for clinics and outreach vaccination units



Western Cape  
Government



Any medicine carries a very small risk of anaphylaxis (a severe and often sudden allergic reaction). Anaphylaxis is very rare with vaccines. It is important to clinically tell the difference between minor reactions, like anxiety-associated fainting, which are more common, and anaphylaxis, as this can be life threatening.

## Check the emergency kit and follow standard vaccine precautions

Medications	Equipment
<ul style="list-style-type: none"> <li>Adrenaline (epinephrine) injection (1:1000) solution – 5 ampoules</li> <li>Sodium chloride 0.9% IV fluid (1L) - 2 bags</li> <li>Salbutamol inhaler - 1 inhaler</li> <li>Promethazine injection (25mg/mL) - 2 ampoules</li> <li>Hydrocortisone injection (100mg) -2 vials, + diluent<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>Syringe 2mL and 22G IM needle – 4 sets</li> <li>Syringe 5mL and 24G IM needle – 2 sets</li> <li>IV catheters (20G + 18G) + drip set - 2 sets</li> <li>Adhesive dressing</li> <li>Inhaler spacer (and facemask, if available)</li> <li>Blood pressure cuff, baumanometer and pulse oximeter</li> </ul>
Adverse Events Following Immunisation (AEFI) reporting form: available via NICD website.	

<sup>1</sup>Sterile water for injection.

## Ask about allergy

If any previous history of severe allergy or anaphylaxis to any food, medicines or vaccines, then observe for 30 minutes post-vaccination.

## Give urgent attention and inform supervisor and a doctor if patient has any of:



Usually  
within  
minutes



Generalised itch/rash or  
face/tongue swelling



Difficulty  
breathing



Dizziness/collapse  
or BP < 90/60



Abdominal pain  
or vomiting

First  
line  
priority

1. Ask colleague to call emergency medical services and report suspected anaphylaxis.
2. Lie patient down and raise legs. If vomiting, place in left lateral position.
3. Give immediately **adrenaline** IM into mid-outer thigh (see table). Repeat every 5 minutes if needed.
4. If signs of shock (cold peripheries, prolonged capillary refill time, tachycardia or low BP) present: give **sodium chloride 0.9%** 500mL IV rapidly. Repeat until signs of shock have resolved. Stop if breathing worsens.
5. If wheeze persists, give 2-3 puffs **salbutamol** via spacer and, if available, face mask. Repeat, as needed.
6. If severe symptoms or if known asthma and wheeze persisting after other anaphylaxis symptoms/signs have resolved, give **promethazine** 25mg IM (if < 16 years old, give 15mg IM) and **hydrocortisone** 200mg IM/slow IV (if < 16 years old, give 100mg IM).

### Adrenaline (1:1000 solution) dosing

Age	Injection (1mg/mL)	Weight
12 years old	0.3mL	25-40kg
≥ 13 years old	0.5mL	> 40kg

**If client has been managed as anaphylaxis, ensure referral to hospital for test/s (tryptase sampling) to confirm vaccine-related anaphylaxis.**

## Report as Adverse Events Following Immunisation (AEFI)

Once patient stable/referred, complete Case Reporting Form (CRF) for Adverse Events Following Immunisation (AEFI) and report to sub-district or district office and provincial EPI manager within 24 hours.



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Replace all medications/equipment used and seal emergency kit.