



**NC State Health Director's Statewide Standing Order for  
FDA Authorized Janssen COVID-19 Vaccine Administration  
Revised January 7, 2022**

**Purpose:** To meet the goal of administering FDA- Emergency Use Authorization Janssen COVID-19 vaccine, and to protect and save lives in the COVID-19 pandemic by vaccinating persons who meet the criteria authorized by the Food and Drug Administration and recommended by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

**Policy:** This standing order authorizes any North Carolina healthcare provider, in accordance with the conditions of their licensure, or pursuant to orders issued under North Carolina [Executive Order 245](#) or as a covered person under the federal PREP Act, functioning as vaccinating providers (collectively "vaccinators") to administer COVID-19 Vaccines authorized by the FDA through an Emergency Use Authorization (EUA) and per conditions of this order.

<b>COVID-19 Vaccination</b>	
<b>Condition or Situation</b>	<p>mRNA COVID-19 vaccines, such as Pfizer/ COMIRNATY and Moderna, are <b>preferred</b> (both for the primary series and the booster) over the Janssen COVID-19 vaccine for the prevention of COVID-19. Janssen COVID-19 vaccine may be offered only when:</p> <ul style="list-style-type: none"><li>• A patient has a contraindication to receiving an mRNA vaccine (refer to contraindications for Pfizer/COMIRNATY and Moderna COVID-19 vaccines)</li><li>• A patient would otherwise remain unvaccinated for COVID-19 due to limited access to mRNA COVID-19 vaccine at the vaccinating site/service/facility. (Note: uncertain future access to a second dose of an mRNA primary series, such as in correctional or transient populations, is not an indication to use Janssen COVID-19 vaccine when an mRNA COVID-19 vaccine is available)</li><li>• A patient prefers to receive the Janssen COVID-19 vaccine after they have received education about the risk for adverse events specific to Janssen COVID-19 vaccine, including Thrombosis with Thrombocytopenic Syndrome (TTS) and Guillain Barre Syndrome</li></ul> <p>When one or more of the above conditions are met, patients may be vaccinated with Janssen COVID-19 vaccine under the following conditions:</p> <p><b><u>Primary Vaccination:</u></b></p> <ul style="list-style-type: none"><li>• 18 years of age and older, who present requesting and consent to single dose of primary vaccination with Janssen COVID-19 vaccine.</li></ul> <p><b><u>Janssen Booster Dose Situations</u></b></p> <ul style="list-style-type: none"><li>• <u>Janssen COVID-19 vaccination primary series:</u> Anyone 18 years and older, who received primary COVID-19 vaccination with Janssen at least 2 months ago.</li><li>• <u>Pfizer/COMIRNATY COVID-19 vaccination primary series:</u> Anyone 18 years of age and older, who present requesting a booster dose at least 5 months after completion of their primary series. Anyone aged 12-17 years who presents is not eligible for a Janssen vaccine booster.</li><li>• <u>Moderna COVID-19 Vaccination primary series:</u> Anyone 18 years of age and older, who present requesting a booster dose at least 5 months after completion of their primary series.</li></ul>



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Regarding booster doses: patients 18 years of age and older can receive any brand of COVID-19 vaccine for their booster shot, upon their request.

**Assessment Criteria**

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Patients shall be vaccinated with Janssen COVID-19 Vaccine based on:

1. the conditions of this order
2. If patient is presenting for first dose of Janssen: ensure there is no history of previous COVID-19 vaccination, regardless of brand.
3. If patient is presenting for booster dose of Janssen: ensure that the minimum interval between doses has been met. **Timing (interval) of booster dose is determined by what brand of COVID-19 Vaccine was administered for Primary Series.**

See the below chart for minimum intervals between booster doses:

Intervals for Booster Doses			
Primary Series Vaccine	Age for vaccine booster	Interval between final primary dose and booster dose	COVID-19 product that may be given as a booster dose
<b>Pfizer/COMIRNATY</b>	≥ 18 years	≥ 5 months	Pfizer Moderna Janssen
<b>Pfizer/COMIRNATY</b>	12-17 years	≥ 5 months	This age group only eligible for Pfizer
<b>Moderna</b>	≥ 18 years	≥ 5 months	Pfizer Moderna Janssen
<b>Janssen</b>	≥ 18 years	≥ 2 months	Pfizer Moderna Janssen

Moderately and severely immunocompromised people over the age of 12 who qualify for a third dose of an mRNA primary series may receive a single COVID-19 booster dose (Pfizer/COMIRNATY, Moderna, or Janssen; as appropriate based on age and assessment criteria above). These patients **may receive a total of four COVID-19 vaccine doses.**

**Plan of Care**

**Actions**

**Patient Education and Data Collection:**

1. Prior to patient receiving the COVID-19 vaccine, the vaccinator shall provide the following anticipatory guidance regarding the Janssen vaccine:  
*“FDA and CDC have jointly made a recommendation that mRNA COVID-19 vaccines are preferred over the Janssen COVID-19 vaccine for those 18 years of*



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*age and older. Janssen may be offered when other COVID-19 vaccines are contraindicated (see contraindications for Pfizer and Moderna mRNA vaccines) OR when other COVID-19 vaccines are inaccessible (thus delaying vaccination). This preferential recommendation provided by FDA/CDC applies to primary or booster dose of Janssen. ([CDC Media Statement 12/16/21](#))*

2. The vaccinator shall also provide anticipatory guidance to include:
  - a. [CDC Pre-Vaccination Checklist for COVID-19 Vaccine](#)
  - b. All patients should be made aware of the rare risk of thrombosis with thrombocytopenia syndrome (TTS) and Guillain Barre Syndrome among Janssen COVID-19 recipients and the availability of other FDA-authorized and FDA-approved COVID-19 vaccines.
  - c. [Fact Sheet for Recipients and Caregivers Emergency Use Authorization \(EUA\) of the Janssen COVID-19 Vaccine](#)
  - d. Provide the V-safe information sheet to vaccine recipients/caregivers and encourage vaccine recipients to participate in [V-safe](#).

**Janssen COVID-19 Vaccination Administration Procedures**

1. Review [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States](#).
2. Review the Fact Sheets for Healthcare Providers Administering Vaccine (Vaccination Providers) for [Janssen \(Johnson & Johnson\)](#).
3. Appropriate medical treatment and clinical staff able to manage immediate allergic reactions must be immediately available in the event an acute anaphylactic reaction occurs following administration of COVID-19 vaccine.
4. A medical provider, defined as a physician, physician assistant, nurse practitioner, or a pharmacist authorized to order COVID-19 vaccines by the PREP Act must be accessible to provide medical supervision of the vaccination site/service, to assess and evaluate individuals who present with contraindications or precautions to vaccination, and to answer questions or address problems with carrying out this standing order. This may be telephone or virtual accessibility.
5. Review [Precautions](#), [Special Circumstances](#), [Contraindications](#), and [Criteria or Circumstances for Notifying Medical Provider](#) sections of this standing order **before** administering the COVID-19 vaccine.
6. Follow the current [CDC Pre-Vaccination Checklist for COVID-19 Vaccines Information for Healthcare Providers](#), and instruct patients accordingly or consult with overseeing provider.
7. Consent must be obtained from the patient or the patient's legally authorized representative prior to vaccine administration per agency policy and in accordance with [G.S. 90-21.13](#).
8. Personal Protective Equipment: Before administering the COVID-19 vaccination, don appropriate personal protective equipment (PPE) per [CDC guidelines for COVID-19 vaccinations](#) to protect against the transmission of COVID-19.



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9. **Vaccine Preparation and Administration:**

- a. **Preparation:** Follow manufacturer’s guidance for thawing, storing/handling and mixing vaccine. Refer to: <https://www.fda.gov/media/146304/download>
- b. **Vaccine Product and Dosing:**
  - i. **Primary Vaccination (Single Dose): Administer 0.5 mL Janssen COVID-19 Vaccine.** This vaccination is administered as a single dose primary vaccination.
  - ii. **Booster dose of Janssen: Administer 0.5 mL Janssen COVID-19 Vaccine.** \*Single booster dose of COVID-19 vaccine is recommended to all patients, age 18 years of age and older, who received their first Janssen COVID-19 vaccine at least 2 months ago. \*\*Single booster dose of the Janssen COVID-19 vaccine may be administered as a heterologous booster dose following completion of primary vaccination series with Pfizer/COMIRNATY or Moderna at least five months ago. (See above chart in Assessment Criteria for clarification of intervals)
  - iii. Moderately and severely immunocompromised people over the age of 12 who qualify for a third dose of an mRNA primary series may receive a single COVID-19 booster dose (Pfizer/COMIRNATY, Moderna, or Janssen; as appropriate based on age and assessment criteria above). These patients **may receive a total of four COVID-19 vaccine doses.**
- c. **Route of Administration:** Administer Janssen vaccine via intramuscular (IM) injection in the deltoid muscle of the arm to patients 18 years of age and older. If contraindications exist to using the deltoid, the anterolateral thigh also can be used.
- d. **Needle Gauge:** Changing needles between drawing up vaccine from a vial and injecting it into a patient is not necessary unless the needle has been damaged, contaminated, or if the needle used to draw up the vaccine is not the correct size for the patient based on their reported weight. Patients may self-report their weight for needle selection purposes. See needle sizing chart below:

<b>Sex and Weight of Patient</b>	<b>Needle Gauge</b>	<b>Needle Length</b>	<b>Injection Site*</b>
Female or male fewer than 130 lbs.	22–25	5/8 ** –1"	Deltoid muscle of arm
Female or male 130–152 lbs.	22–25	1"	Deltoid muscle of arm
Female 152–200 lbs.	22–25	1-11/2"	Deltoid muscle of arm
Male 153–260 lbs.	22–25	1-11/2"	Deltoid muscle of arm
Female 200+ lbs.	22–25	1 1/2"	Deltoid muscle of arm
Male 260+ lbs.	22–25	1 1/2"	Deltoid muscle of arm

\* Alternatively, the anterolateral thigh also can be used.



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	<p>** Some experts recommend a 5/8-inch needle for men and women who weigh less 130 pounds. If used, skin must be stretched tightly (<b>do not bunch subcutaneous tissue</b>).</p> <p>e. <b>Multiple vaccinations:</b> If multiple vaccinations are administered at a single visit, administer each injection in a different injection site following guidance in the CDC Interim Clinical Considerations at: <a href="https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html">https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html</a></p> <p>f. <b>Bleeding Risk:</b> Patients with blood disorders or who are on blood thinners: administer the vaccine using a 23 gauge or smaller caliber needle, followed by firm pressure on the site, without rubbing, for at least 2 minutes.</p> <p>10. <b>Timing:</b> *Single booster dose of COVID-19 vaccine is recommended to all patients, age 18 years of age and older, who received their first Janssen COVID-19 vaccine at least 2 months ago. **Single booster dose of the Janssen COVID-19 vaccine may be administered as a heterologous booster dose following completion of primary vaccination series with Pfizer/COMIRNATY or Moderna at least 5 months. (See above chart in Assessment Criteria for clarification of intervals). There is a 4-day grace period for booster doses; booster doses administer 4 days before the required interval are considered valid and do not need to be repeated.</p> <p>11. <b>Documentation:</b></p> <p>a. <b>CVMS:</b> Document vaccine record in CVMS <b>within 24 hours</b> after vaccine administration per system guidelines found at: <a href="https://covid19.ncdhhs.gov/vaccines/providers/covid-19-vaccine-management-system-cvms">https://covid19.ncdhhs.gov/vaccines/providers/covid-19-vaccine-management-system-cvms</a>. If vaccine is documented in the EHR within 24 hours, providers have <b>no more than 72 hours</b> from administration to also enter data in CVMS.</p> <p>b. <b>Electronic Medical Record:</b> If necessary, for billing or other purposes, document patient COVID-19 vaccination in agency electronic medical record per agency policy.</p> <p>c. Provide vaccine recipients and/or their legal representative COVID-19 Vaccination Record Card indicating the vaccine dose number, product name/manufacturer, lot number, date of vaccination, name/location of vaccinator and clinic site.</p>
	<p><b>Janssen COVID-19 Vaccination Observation and Follow Up</b></p> <p>1. <b>Post-vaccination Observation:</b> Nurses, EMS, or other individuals who are trained and supervised by clinical staff shall observe patients post-vaccination for immediate allergic reactions according to the Centers for Disease Control and Prevention guidelines (<a href="https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html">https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html</a>) for the following time periods:</p> <p>a. <b>30 minutes:</b></p> <p>i. Persons with a history of an immediate allergic reaction of any severity to a non-COVID-19 vaccine</p> <p>ii. Persons with a history of anaphylaxis due to any cause</p>



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	<ul style="list-style-type: none"> <li>iii. Persons with a contraindication to a different type of COVID-19 vaccine (for example, people with a contraindication to mRNA COVID-19 vaccines who receive Janssen/Johnson and Johnson viral vector vaccine should be observed for 30 minutes following Janssen vaccination).</li> <li>iv. Persons with an immediate (within 4 hours of exposure) non-severe allergic reaction to a COVID-19 vaccine or injectable therapy</li> </ul> <p>b. <b>15 minutes:</b> All other persons</p> <ol style="list-style-type: none"> <li>2. <b>Anaphylaxis Management:</b> Be prepared to manage medical emergencies by following your emergency response policies, procedures, and standing orders for any vaccine reaction, which must include appropriate equipment and medications (e.g., epinephrine, diphenhydramine) where vaccines are provided to respond to severe allergic reactions and anaphylaxis. <a href="https://www.cdc.gov/vaccines/covid-19/clinical-considerations/managing-anaphylaxis.html">https://www.cdc.gov/vaccines/covid-19/clinical-considerations/managing-anaphylaxis.html</a></li> <li>3. <b>Syncope:</b> Be prepared to manage syncope as it may occur in association with administration of injectable vaccines, in particular in adolescents. Procedures should be in place to avoid injury from fainting.</li> </ol>
<p><b>Special Circumstances</b></p>	<ol style="list-style-type: none"> <li>1. <b>People who were vaccinated outside the United States with a currently FDA-approved or FDA-authorized COVID-19 vaccine:</b> <ol style="list-style-type: none"> <li>a. If they received all of the recommended doses of a single dose or 2-dose primary COVID-19 vaccine series, they are considered <a href="#">fully vaccinated</a>. People who are moderately or severely immunocompromised and were vaccinated with a 2-dose mRNA COVID-19 vaccine primary series should receive an additional primary dose as detailed in <a href="#">Considerations for COVID-19 vaccination in moderately or severely immunocompromised people</a>. People vaccinated with an FDA-approved or FDA-authorized COVID-19 vaccine outside the United States should also follow guidance for booster doses as detailed in <a href="#">Considerations for use of a COVID-19 booster dose</a>.</li> <li>b. If they received the first dose of a 2-dose mRNA COVID-19 vaccine series, they <b>do not need to restart</b> the vaccine series in the United States. They should receive the second dose as close to the recommended time as possible and are considered fully vaccinated upon completion of the 2-dose primary series. This also applies to people who were vaccinated in countries where only a single mRNA dose is administered; they are not considered <a href="#">fully vaccinated</a> in the United States until after completion of the 2-dose series.</li> </ol> </li> <li>2. <b>People who completed all of the recommended doses of an <a href="#">WHO-EUL COVID-19 vaccine</a> not approved or authorized by FDA, or people who completed a heterologous (mix and match) series composed of any combination of FDA-approved, FDA-authorized, or WHO-EUL COVID-19 vaccines:</b> <ol style="list-style-type: none"> <li>a. Are considered <a href="#">fully vaccinated</a>.</li> </ol> </li> </ol>



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- b. Under the [CDC's Emergency Use Instructions](#) (EUI), moderately or severely immunocompromised people aged  $\geq 12$  years should receive an additional primary dose of Pfizer-BioNTech COVID-19 vaccine (30  $\mu\text{g}$  formulation [purple cap]) at least 28 days after receiving the second vaccine dose of their primary series as detailed in [Considerations for COVID-19 vaccination in moderately or severely immunocompromised people](#).
  - c. Under the EUI, people aged  $\geq 18$  years (including moderately or severely immunocompromised people who received an additional primary dose) are eligible to receive a single booster dose of Pfizer-BioNTech COVID-19 vaccine (30  $\mu\text{g}$  formulation [purple cap]) at least 6 months after completing their primary series, if they fall into one of the groups at increased risk for serious complications of COVID-19 or exposure to SARs-CoV-2 as detailed in [Considerations for use of a COVID-19 vaccine booster dose](#).
3. **People who received only the first dose of a multidose [WHO-EUL COVID-19 primary series](#) that is not FDA-approved or FDA-authorized, or who received all or some of the recommended doses of a COVID-19 vaccine primary series that is not listed for emergency use by WHO:**
- a. Should be offered primary vaccination with an FDA-approved or FDA-authorized COVID-19 vaccine (i.e., 2-dose mRNA series or single Janssen dose), with a minimum interval of at least 28 days since receipt of the last dose of a non-FDA-approved/authorized vaccine.
  - b. After completion of primary vaccination with an FDA-approved or FDA-authorized COVID-19 vaccine, these individuals are considered [fully vaccinated](#).

⌘**These persons require medical consultation**

4. **Participants in clinical trials within or outside the United States who received all of the recommended "active" (not placebo) primary series doses of a [WHO-EUL COVID-19 vaccine](#) that is not FDA-approved or FDA-authorized or a vaccine that is not listed for emergency use by WHO but for which a U.S. data and safety monitoring board or equivalent has independently confirmed efficacy (i.e., Novavax COVID-19 vaccine, Moderna COVID-19 vaccine in children aged 6-17 years):**
- a. Are considered [fully vaccinated](#).
  - b. Unless they have received or plan to receive an additional dose through a clinical trial, under EUI, moderately or severely immunocompromised clinical trial participants aged  $\geq 12$  years should receive an additional primary dose of Pfizer-BioNTech COVID-19 vaccine (30  $\mu\text{g}$  formulation [purple cap]) at least 28 days after receiving the second vaccine dose of their primary series as detailed in the [Considerations for COVID-19 vaccination in moderately or severely immunocompromised people](#).



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	<p>c. Unless they have received or plan to receive a booster dose through a clinical trial, under EUI, clinical trial participants aged <math>\geq 18</math> years (including moderately or severely immunocompromised people who received an additional primary dose) are eligible to receive a single booster dose of Pfizer-BioNTech COVID-19 vaccine (30 <math>\mu\text{g}</math> formulation [purple cap]) at least 6 months after completing their primary series, if they fall into one of the groups at increased risk for serious complications of COVID-19 or exposure to SARS-CoV-2 as detailed in <a href="#">Considerations for use of a COVID-19 booster dose</a>.</p> <p>d. If clinical trial participants have questions about whether they should receive an additional and/or booster dose outside of the clinical trial, they should consult with their healthcare provider.</p> <p>***Clinical trial participants who did not receive all of the recommended doses, or who received other vaccines not listed above, should consult with their healthcare provider to determine if they should receive an FDA-approved or FDA-authorized COVID-19 vaccine series.</p>
<p><b>Follow-up</b></p>	<p>Adverse events that occur in a recipient following COVID-19 vaccination should be reported to VAERS. Vaccination providers are required by the FDA to report the following that occur after COVID-19 vaccination under BLA or EUA:</p> <ul style="list-style-type: none"> <li>• Vaccine administration errors</li> <li>• Serious adverse events</li> <li>• Cases of Multisystem Inflammatory Syndrome</li> <li>• Cases of COVID-19 that result in hospitalization or death</li> </ul> <p>Reporting is encouraged for any other clinically significant adverse event, even if it is uncertain whether the vaccine caused the event. Information on how to submit a report to VAERS is available at <a href="https://vaers.hhs.gov/external/icon">https://vaers.hhs.gov/external/icon</a> or by calling 1-800-822-7967.</p>
<p><b>Precautions for Use of this Order</b></p>	<ol style="list-style-type: none"> <li>1. Persons with a history of an immediate allergic reaction to any other vaccine other than COVID-19 vaccine or to any injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies [excluding subcutaneous immunotherapy for allergies, i.e., “allergy shots”]). This includes people with a history of an immediate allergic reaction to a vaccine or injectable therapy that contains multiple components, one of which is a COVID-19 vaccine component, even if it is unknown which component elicited the immediate allergic reaction.</li> <li>2. Persons with a contraindication to one type of a COVID-19 vaccine (e.g., mRNA-COMIRNATY/Pfizer or Moderna) have a precaution to the other (e.g., viral vector-Janssen/Johnson and Johnson) because of potential cross-reactive hypersensitivity. Consultation with an allergist-immunologist should be considered prior to vaccination and patients with this precaution should be vaccinated in a health care setting where allergic reactions can be immediately managed and under the supervision of a health care provider experienced in the management of severe allergic reactions.</li> <li>3. Patient self-reported moderate to severe acute illness.</li> <li>4. Persons with a precaution to vaccination must be counseled about the unknown risks of experiencing a severe allergic reaction and balance these risks against the benefits of vaccination.</li> </ol>





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Table with 2 columns: Category (e.g., Contraindications for Use of this Order) and Description (e.g., 5. History of immune-mediated syndrome characterized by thrombosis and thrombocytopenia, such as heparin-induced thrombocytopenia.)

Handwritten signature of Elizabeth Cuervo Tilson

Approved by: Elizabeth Cuervo Tilson, MD, MPH NPI: 1760540421

Date Signed: \_1-7-22\_

This order is effective immediately upon signing and may be revised or revoked by the State Health Director according to his/her discretion. This order will expire upon rescission off the State of Emergency Executive Order Number 116. Legal Authority: Executive Order 245.