

# COVID-19 vaccination: Adults

## Anaphylaxis guide for clinics and outreach vaccination units



Western Cape  
Government  
Health



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.

### Follow standard vaccine precautions

Check emergency kit:

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, discuss with doctor and observe for 30 minutes post-vaccination, if vaccine given.

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



Generalised itch/rash or face/tongue swelling



Difficulty breathing



Dizziness/collapse or BP < 90/60



Abdominal pain or vomiting



Usually within minutes

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** 0.5mL (1:1000 solution) IM into mid-outer thigh. Repeat every 5 minutes if needed.
4. Give 1-2L **sodium chloride 0.9%** rapidly regardless of BP. Then, if BP < 90/60, give a further 500mL **sodium chloride 0.9%** rapidly, repeat until systolic BP > 90. 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/slow IV and **hydrocortisone** 200mg IM/slow IV.

**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.

Created February 2021 for use by clinics and outreach vaccination teams.