

Vaccine Label Examples

With the large amount of vaccine carried in most clinics, staff can easily become confused about vaccines within the storage unit. Labeling the area where vaccines are stored can help staff quickly locate and choose the correct vaccine – perhaps preventing a vaccine administration error. Depending on how the vaccines are organized within the storage unit, labels can be placed on the containers or bins or directly attached to the shelves where the vaccines are placed. Other helpful strategies to prevent administration errors include color-coding the labels (e.g., one color for pediatric and another for adult vaccines) and providing additional information such as age indications or other information unique to the vaccine.

In addition, some vaccines must be reconstituted before administration. These vaccines have two components – a lyophilized vaccine and diluent that must be mixed. **The lyophilized vaccine should only be reconstituted or mixed using the diluent supplied by the manufacturer.** Consider posting reminders or labeling the vaccine to remind staff to reconstitute certain vaccines prior to administration.



The following labels are examples that may be used to help organize vaccines. Labels are based on recommendations from the Advisory Committee on Immunization Practices (ACIP) and may include indications different from those of the Food and Drug Administration. The Centers for Disease Control and Prevention (CDC) also recommends that vaccines be stored in the original packaging to protect contents from light, to help maintain the recommended temperature range, and to help prevent administration errors. Those labels highlighted in green are for pediatric use, those highlighted in yellow for travel, and those highlighted in blue are military specific vaccines.

Note: Some vaccine preparations are being transitioned from vials and prefilled syringes that contain latex (natural rubber) to vials and prefilled syringes that are not made with natural rubber latex. Read the package insert that accompanies the product to check for the presence of natural rubber or latex. Additionally, consult the package insert for the “beyond use date” (BUD) for multi-dose vials (MDVs) of vaccine, since for some vaccines, the expiration rule may be different from the normal 28-day rule for medications. Per CDC guidance, MDVs of vaccine can be used until the expiration date printed on the vial unless the vaccine is contaminated or compromised in some way or there is a “beyond use date” noted in the manufacturers’ package insert. Mark MDVs of vaccine (e.g., influenza) and reconstituted MDVs (e.g., smallpox) with the date, time, and initials when first dose is withdrawn and/or vial is reconstituted and with a revised “beyond use date” if required and store at appropriate temperatures when not in use.

Adapted by DHA-IHD, courtesy of the Centers for Disease Control and Prevention

Diphtheria and Tetanus Toxoid- and acellular Pertussis – containing Vaccine

Daptacel® (DTaP)

Ages: 6 weeks through 6 years

Use for: Any dose in the series.

Route: Intramuscular (IM) Injection

Kinrix® (DTaP-IPV)

Ages: 4 years through 6 years

Use for: DTaP dose #5, IPV dose #4

Do NOT use for DTaP doses 1 – 4 or IPV doses 1- 3

Route: Intramuscular (IM) Injection

Tip cap of prefilled syringe contains latex.

Infanrix® (DTaP)

Ages: 6 weeks through 6 years

Use for: Any dose in the series.

Route: Intramuscular (IM) Injection

Tip cap of prefilled syringe contains latex.

Pediarix® (DTaP-IPV-HepB)

Ages: 6 weeks through 6 years

Use for: DTaP & IPV: Doses #1, #2, and/or #3

HepB - Any dose in the series

Do NOT use for the HepB birth dose.

Route: Intramuscular (IM) Injection

Diphtheria and Tetanus Toxoid- and acellular Pertussis – containing Vaccine

Pentacel® (DTaP–IPV-Hib)

Ages: 6 weeks through 4 years

Use for: DTaP & IPV doses #1, #2, #3, and/or #4
Hib - Any dose in the series.

Route: Intramuscular (IM) Injection

*Reconstitute Hib powder **ONLY** with manufacturer-supplied DTaP-IPV liquid diluent.*

Do NOT administer DTaP-IPV w/o Hib.

Beyond Use Time: Use immediately after reconstitution.

Vaxelis® (DTaP–IPV-HepB-Hib)

Ages: 6 weeks through 4 years

Use for: DTaP & IPV doses #1, #2, and/or #3

HepB – Any dose in the series

(Do not use for HepB birth dose)

Hib - Any dose in the series

Route: Intramuscular (IM) Injection

[Keep in original package to protect from light.](#)

Quadracel® (DTaP-IPV)

Ages: 4 years through 6 years

Use for: DTaP dose #5

IPV dose #4 or #5

Do NOT use for DTaP doses 1 through 4 or IPV doses 1 through 3.

Route: Intramuscular (IM) Injection

Haemophilus influenzae type b – containing Vaccine

ActHIB® (Hib)

Ages: 6 weeks through 4 years

Use for: Any dose in the series.

Route: Intramuscular (IM) Injection

Reconstitute Hib powder ONLY with manufacturer-supplied 0.4% sodium chloride diluent.

Beyond Use Time: If not used immediately after reconstitution, store at 2°C to 8°C (36°F to 46°F) and discard if not used within 24 hours.

Shake well prior to administration.

PedvaxHIB® (Hib)

Ages: 6 weeks through 4 years

Use for: Any dose in the series.

Route: Intramuscular (IM) Injection

Vial stopper contains latex.

Hiberix® (Hib)

Ages: 6 weeks through 4 years

Use for: Any dose in the series.

Route: Intramuscular (IM) Injection

Reconstitute Hib powder ONLY with manufacturer-supplied 0.9% sodium chloride diluent.

Beyond Use Time: If not used immediately after reconstitution, store at 2°C to 8°C (36°F to 46°F) and discard if not used within 24 hours.

Shake well prior to administration.

Keep in original package to protect from light.

Hepatitis Vaccine

Havrix® (HepA)

Pediatric Formulation

Ages: 12 months through 18 years

Use for: Any dose in the series.

Route: Intramuscular (IM) Injection

Tip cap of prefilled syringe contains latex.

Engerix-B® (HepB)

Pediatric Formulation

Ages: Birth through 19 years

Use for: Any dose in the series.

Route: Intramuscular (IM) Injection

Tip cap of prefilled syringe contains latex.

Vaqta® (HepA)

Pediatric Formulation

Ages: 12 months through 18 years

Use for: Any dose in the series.

Route: Intramuscular (IM) Injection

Vial stopper and syringe plunger stopper and tip cap contains latex.

Recombivax HB® (HepB)

Pediatric Formulation

Ages: Birth through 19 years

Use for: Any dose in the series.

Route: Intramuscular (IM) Injection

Vial stopper and syringe plunger stopper and tip cap contains latex.

Keep in original package to protect from light.

Hepatitis Vaccine

Havrix® (HepA) **Adult Formulation**

Ages: 19 years and older

Use for: Any dose in the series.

Route: Intramuscular (IM) Injection

Syringe tip cap contains latex.

Engerix-B® (HepB) **Adult Formulation**

Ages: 20 years and older

Use for: Any dose in the series.

Route: Intramuscular (IM) Injection

Syringe tip cap contains latex.

Vaqta® (HepA) **Adult Formulation**

Ages: 19 years and older

Use for: Any dose in the series.

Route: Intramuscular (IM) Injection

Vial stopper and syringe plunger stopper and tip cap contains latex.

Recombivax HB® (HepB) **Adult Formulation**

Ages: 20 years and older

Use for: Any dose in the series.

Alternate adolescent schedule for 11-through 15-year-olds: Two 1 mL doses 4 to 6 months apart

Route: Intramuscular (IM) Injection

Vial stopper and syringe plunger stopper and tip cap contains latex.

Keep in original package to protect from light.

Hepatitis Vaccine

Hepelisav-B® (HepB)

Ages: 18 years and older

Use for: Any dose in the series (two 0.5 mL doses 1 month apart)

Route: Intramuscular (IM) Injection

Twinrix® (HepA–HepB)

Ages: 18 years and older

Contains: HepA = Pediatric dosage
HepB = Adult dosage

Schedule: 0, 1, and 6 months

Alternate Schedule: 0, 7, and 21 to 30 days, followed by booster at 12 months.

Route: Intramuscular (IM) Injection

PreHevbrio® (HepB)

Ages: 18 years and older

Use for: Any dose in the series.

Route: Intramuscular (IM) Injection

[Keep in original package to protect from light.](#)

Human Papillomavirus Vaccine

Gardasil®9 (9vHPV)

Ages: 9 years through 45 years

Recommended ages: 11 years or 12 years.

Catch-up ages: 13 years through 26 years

Shared clinical decision-making ages: 27 through 45 years.

Route: Intramuscular (IM) Injection

[Keep in original package to protect from light.](#)

Measles – Mumps – Rubella Vaccine

M-M-R II® (MMR) - *LIVE*

Ages: 12 months and older

Use for: Any dose in the series.

Route: Subcutaneous (SUBCUT) OR Intramuscular (IM) injection

Reconstitute MMR powder ONLY with manufacturer-supplied sterile water diluent.

Beyond Use Time: If not used immediately after reconstitution, store in vaccine vial in dark place at 2°C to 8°C (36°F to 46°F) and discard if not used within 8 hours.

[Always protect from light.](#)

Priorix® (MMR) - *LIVE*

Ages: 12 months and older

Use for: Any dose in the series.

Route: Subcutaneous (SUBCUT) injection

Reconstitute MMR powder ONLY with manufacturer-supplied sterile water diluent.

Beyond Use Time: If not used immediately after reconstitution, store in vaccine vial in dark place at 2°C to 8°C (36°F to 46°F) and discard if not used within 8 hours.

[Always protect from light.](#)

Meningococcal Vaccine

Menactra® (MenACWY-D)

Ages: 9 months and older

Use for: Any dose in the series (and certain high-risk groups)

Route: Intramuscular (IM) Injection

Menveo® (MenACWY-CRM)

(Pink Cap: single-dose vial presentation)

Ages: 10 years through 55 years

Use for: Any dose in the series (and certain high-risk groups)

Route: Intramuscular (IM) Injection

[Keep in original package to protect from light.](#)

MenQuadfi® (MenACWY-TT)

Ages: 2 years and older

Use for: Any dose in the series (and certain high-risk groups)

Route: Intramuscular (IM) Injection

Menveo® (MenACWY-CRM)

(Grey Cap + Orange Cap: 2 vial presentation)

Ages: 2 months and older

Use for: Any dose in the series (and certain high-risk groups)

Route: Intramuscular (IM) Injection

Reconstitute the MenA lyophilized conjugate component ONLY with manufacturer supplied MenCWY liquid conjugate component.

Do NOT administer MenCWY w/o MenA.

Beyond Use Time: Should be used immediately after reconstitution but may be stored between 2° and 25°C (36° and 77°F) for up to 8 hours.

[Keep in original package to protect from light.](#)

Meningococcal B Vaccine

Bexsero® (MenB-4C)

*Bexsero and Trumenba are NOT interchangeable.
Complete series with same vaccine product*

Ages: 10 years and older

Use for: Any dose in the series.

Route: Intramuscular (IM) Injection

[Keep in original package to protect from light.](#)

Trumenba® (MenB-FHbp)

*Bexsero and Trumenba are NOT interchangeable.
Complete series with same vaccine product*

Ages: 10 years and older

Use for: Any dose in the series.

Route: Intramuscular (IM) Injection

Pneumococcal Vaccine

Prevnar 13® (PCV13)

Licensed for Ages: Persons 6 weeks of age and older.

Use for: Administer product in accordance with ACIP recommendations.

Route: Intramuscular (IM) Injection

Prevnar 20® (PCV20)

Licensed for Ages: Persons 6 weeks of age and older.

Use for: Administer product in accordance with ACIP recommendations.

Route: Intramuscular (IM) Injection

Vaxneuvance® (PCV15)

Licensed for Ages: Persons 6 weeks of age and older.

Use for: Administer product in accordance with ACIP recommendations.

Route: Intramuscular (IM) Injection

[Keep in original package to protect from light.](#)

Pneumovax 23® (PPSV23)

Licensed for Ages: Persons 50 years of age and older and persons aged ≥ 2 years who are at increased risk for pneumococcal disease.

Use for: Administer product in accordance with ACIP recommendations.

Route: Intramuscular (IM) OR Subcutaneous (SUBCUT) injection

Poliovirus Vaccine

IPOL® (IPV)

Ages: 6 weeks and older

Use for: Any dose in series.

Route: Intramuscular (IM) OR Subcutaneous (SUBCUT) injection

[Keep in original package to protect from light.](#)

Respiratory Syncytial Virus (RSV) Vaccine

ABRYSVO® (RSV)

Ages: Adults 60 years and older

Pregnant women at 32 through 36 weeks gestational age.

Dosage: Single lifetime 0.5 mL dose

Route: Intramuscular (IM)

Reconstitute antigen powder ONLY with manufacturer-supplied sterile water diluent.

Beyond Use Time: If not used immediately after reconstitution, store at controlled room temperature up to 15°C to 30°C (59°F to 86°F) and discard if not used within 4 hours.

AREXVY® (RSV)

Ages: Adults 60 years and older

Dosage: Single lifetime 0.5 mL dose

Route: Intramuscular (IM)

Reconstitute antigen powder ONLY with manufacturer-supplied adjuvant suspension component.

Beyond Use Time: If not used immediately after reconstitution, store at 2°C to 8°C (36°F to 46°F) or at controlled room temperature up to 25°C (77°F) and discard if not used within 4 hours.

[Keep in original package to protect from light.](#)

Rotavirus Vaccine

Rotarix® (RV1) - *LIVE*

(Vial + Oral dosing applicator presentation)

Ages: 6 weeks through 8 months, 0 days

Maximum age for 1st dose is 14 weeks, 6 days.

Maximum age for last dose is 8 months, 0 days.

Route: Oral (PO) - **Do NOT inject**

Reconstitute RV1 powder ONLY with manufacturer-supplied sterile water/calcium chloride/xanthan diluent.

Beyond Use Time: If not used immediately after reconstitution, store at 2°C to 8°C (36°F to 46°F) or at controlled room temperature up to 25°C (77°F) and discard if not used within 24 hours.

Tip cap for the diluent oral applicator contains latex.

[Always protect from light.](#)

RotaTeq® (RV5) - *LIVE*

Ages: 6 weeks through 8 months 0 days

Maximum age for 1st dose is 14 weeks, 6 days.

Maximum age for last dose is 8 months, 0 days.

Route: Oral (PO) - **Do NOT inject**

[Always protect from light.](#)

Rotarix® (RV1) - *LIVE*

(Squeezable tube applicator only presentation)

Do not reconstitute!

Ages: 6 weeks through 8 months, 0 days

Maximum age for 1st dose is 14 weeks, 6 days.

Maximum age for last dose is 8 months, 0 days.

Route: Oral (PO) - **Do NOT inject**

Tip cap for the diluent oral applicator contains latex.

[Always protect from light.](#)

Tetanus and Diphtheria Toxoid- containing vaccine

Tenivac® (Td)

Ages: 7 years and older

Use for: Primary series and booster doses for persons previously vaccinated with Tdap.

Route: Intramuscular (IM) Injection

Syringe tip cap contains latex.

DT (Generic)

Ages: 6 weeks through 6 years

Use for: Primary series and booster doses **ONLY** for children with a contraindication or precaution to pertussis vaccine.

Route: Intramuscular (IM) Injection

Td (Generic)

Ages: 7 years and older

Use for: Primary series and booster doses for persons previously vaccinated with Tdap.

Route: Intramuscular (IM) Injection

Tetanus and Diphtheria toxoid- and acellular Pertussis-containing Vaccine

Adacel® (Tdap)

Ages: 7 years and older

Use for: Routine adolescent dose at 11 to 12 years of age

Each pregnancy

Patients not fully vaccinated for pertussis.

Route: Intramuscular (IM) Injection

Boostrix® (Tdap)

Ages: 7 years and older

Use for: Routine adolescent dose at 11 to 12 years of age

Each pregnancy

Patients not fully vaccinated for pertussis

Route: Intramuscular (IM) Injection

Syringe tip cap contains latex.

Frozen Varicella – containing Vaccine

Varivax® (VAR) - *LIVE*

Ages: 12 months and older

Use for: Any dose in the series.

Route: Subcutaneous (SUBCUT) OR Intramuscular (IM) injection

Reconstitute VAR powder ONLY with manufacturer-supplied sterile water diluent.

Beyond Use Time: Discard reconstituted vaccine if not used within 30 minutes.

[Protect from light before reconstitution.](#)

ProQuad® (MMRV) - *LIVE*

Ages: 12 months through 12 years

Use for: Any dose in the series.

Route: Subcutaneous (SUBCUT) OR Intramuscular (IM) injection

Reconstitute MMRV powder ONLY with manufacturer-supplied sterile water diluent.

Beyond Use Time: Discard reconstituted vaccine if not used within 30 minutes.

[Always protect from light.](#)

Refrigerated Varicella-containing Vaccine

Shingrix® (RZV)

Refrigerate both components; DO NOT freeze.

Ages: Adults 50 years and older

Adults 19 years and older who are or will be immunodeficient or immunosuppressed because of disease or therapy.

Use for: Any dose in the series.

Route: Intramuscular (IM) Injection

Reconstitute lyophilized varicella zoster component with manufacturer supplied adjuvant suspension.

Beyond Use Time: Discard reconstituted vaccine if not used within 6 hours.

[Always protect from light.](#)

Travel Vaccine

Imovax® (Rabies-HDCV)

Ages: All age groups

Use for: Any dose in the series and booster.

Route: Intramuscular (IM) Injection

Reconstitute RAB-HDCV powder with ONLY manufacturer-supplied sterile water diluent.

Beyond Use Time: Use immediately after reconstitution.

RabAvert® (Rabies-PCECV)

Ages: All age groups

Use for: Any dose in the series and booster.

Route: Intramuscular (IM) Injection

Reconstitute RAB-PCECV powder with ONLY manufacturer-supplied sterile water diluent.

Beyond Use Time: Use immediately after reconstitution.

[Keep in original package to protect from light.](#)

IXIARO® (Japanese Encephalitis)

Ages: 2 months through <3 years of age

Use for: Any 0.25 mL dose in primary series and booster
14 months to <3 years of age.

Ages: 3 years of age and older

Use for: Any 0.5mL dose in primary series and booster.

Route: Intramuscular (IM) Injection

[Keep in original package to protect from light.](#)

YF-VAX® (Yellow Fever) - *LIVE*

Ages: 9 months of age and older

Use for: Any dose and booster.

Route: Subcutaneous (SUBCUT) injection

Reconstitute YF-VAX powder with ONLY manufacturer-supplied 0.9% sodium chloride diluent.

Beyond Use Time: If not used immediately after reconstitution, store at 2°C to 8°C (36°F to 46°F) and discard if not used within 60 minutes.

Travel Vaccine (continued)

Typhim Vi® (Typhoid)

Ages: 2 years of age and older

Use for: Any dose and booster.

Route: Intramuscular (IM) Injection

TICOVAC™ (Tick-borne Encephalitis)

Ages: 1 year of age and older

Use for: All doses in series and booster.

1 through 15 years of age: each dose 0.25 mL

16 years of age and older: each dose 0.5 mL

Route: Intramuscular (IM) Injection

[Keep in original package to protect from light.](#)

DENGVAXIA (Live Dengue Vaccine)

Ages: 9 years through 16 years (with laboratory-confirmed previous dengue infection and living in dengue-endemic areas)

Dosage: 0.5 mL each, 6 months apart (at 0, 6, and 12)

Route: Subcutaneous (SUBCUT) injection

Reconstitute ONLY with 0.6 mL of manufacturer-supplied 0.9% saline diluent.

After reconstitution, administer immediately or store at 2°C to 8°C (36°F to 46°F) and use within 30 minutes.

[Keep in original package to protect from light.](#)

Military Specific Vaccine

ACAM2000® (Smallpox) - *LIVE*

Ages: Adult population

Use for: Any dose and booster.

Route: Percutaneous 15 jabs with a bifurcated needle

Reconstitute ACAM2000 powder ONLY with 0.3mL of manufacturer-supplied 50% glycerin, 0.25% phenol, and sterile water diluent.

Beyond Use Time: After reconstitution store at 2°C to 8°C (36°F to 46°F) and discard reconstituted vaccine if not used within 30 days.

Adenovirus Type 4 and Type 7 - *LIVE*

Ages: 17 through 50 years of age

Use for: One-time dose in military recruits.

Route: Oral (PO) (2 enteric-coated tablets: (1) Type-4 and (1) Type-7)

Keep bottle tightly closed and protect from moisture.

Do not remove Desiccant from bottle.

BioThrax® (Anthrax)

Ages: 18 through 65 years of age

Use for: Any dose in the series and booster.

Schedule: 0 & 4 weeks, 6, 12, and 18 months

Route: Intramuscular (IM) Injection

Beyond Use Date: Once the stopper of the multi-dose vial has been pierced, discard within 28 days.

Vial stopper contains latex.

Jynneos® (MPOX)

Ages: 18 years of age and older

Use for: Any dose in series and booster.

Schedule: 0 and 28 days

Route: Subcutaneous (SUBCUT) injection

Beyond Use Time: Once thawed, the vaccine may be kept at 2°C to 8°C (36°F to 46°F) for up to 8 weeks (this differs from the package insert, see manufacturer letter). Do NOT re-freeze vial once it has been thawed.

Keep in original package to protect from light.

2023-24 COVID-19 Vaccine

Comirnaty® COVID-19, Monovalent

(Grey Cap/Grey Label)

0.3 mL/30 mcg single dose vial

Ages: 12 years and older

Dosage: 0.3 mL

Route: Intramuscular (IM) Injection

STORE IN ULTRACOLD FREEZER OR REFRIGERATOR

[Keep in original package to protect from light.](#)

Pfizer-BioNTech COVID-19 EUA, Monovalent

(Yellow Cap/Yellow Label)

0.3 mL/3 mcg 3-dose multi-dose vial

Ages: 6 months through 4 years of age

Dosage: 0.3 mL

Route: Intramuscular (IM) Injection

Prior to administration, mix with 0.9% sodium chloride diluent only.

Beyond Use Date: Use within 12 hours of mixing.

STORE IN ULTRACOLD FREEZER OR REFRIGERATOR

[Keep in original package to protect from light.](#)

Comirnaty® COVID-19, Monovalent

(Grey Cap/Grey Label)

0.3 mL/30 mcg pre-filled syringe

Ages: 12 years and older

Dosage: 0.3 mL

Route: Intramuscular (IM) Injection

STORE IN ULTRACOLD FREEZER OR REFRIGERATOR

[Keep in original package to protect from light.](#)

Pfizer-BioNTech COVID-19 EUA, Monovalent

(Blue Cap/Blue Label)

0.3 mL/10 mcg single dose vial

Ages: 5 to 11 years of age

Dosage: 0.3 mL

Route: Intramuscular (IM) Injection

STORE IN ULTRACOLD FREEZER OR REFRIGERATOR

[Keep in original package to protect from light.](#)

2023-24 COVID-19 Vaccine

Spikevax® COVID-19, Monovalent

(Dark Blue Cap/Blue Label)

0.5 mL/50 mcg pre-filled syringe

Ages: 12 years and older

Dosage: 0.5 mL

Route: Intramuscular (IM) Injection

[Keep in original package to protect from light.](#)

Moderna COVID-19 EUA, Monovalent

(Dark Blue Cap/Green Label)

0.25 mL/25 mcg single dose vials

Ages: 6 months through 11 years of age

Dosage: 0.25 mL

Route: Intramuscular (IM) Injection

[Keep in original package to protect from light.](#)

Spikevax® COVID-19, Monovalent

(Dark Blue Cap/Blue Label)

0.5 mL/50 mcg single dose vials

Ages: 12 years and older

Dosage: 0.5 mL

Route: Intramuscular (IM) Injection

[Keep in original package to protect from light.](#)

Novavax COVID-19, Adjuvanted

Ages: 12 years and older

Dosage: 0.5 mL

Route: Intramuscular (IM) Injection

Beyond Use Date: After the first needle puncture, hold the vial between 2° to 25°C (36° to 77°F) for up to 6 hours. Discard the vial 6 hours after the first puncture.

[Keep in original package to protect from light.](#)

2023-2024 Influenza Season Vaccine

Afluria® (IIV4) 0.5 mL pre-filled syringe

(Quadrivalent Inactivated Influenza Vaccine)

Ages: 3 years and older

Dosage: 0.5 mL

Route: Intramuscular (IM) Injection

[Keep in original package to protect from light.](#)

Fluad® (aIIV4) 0.5 mL pre-filled syringe

(Quadrivalent Inactivated Influenza Vaccine, Adjuvanted)

Ages: 65 years and older

Dosage: 0.5 mL

Route: Intramuscular (IM) Injection

[Keep in original package to protect from light.](#)

Afluria® (IIV4) 5 mL multi-dose vial

(Quadrivalent Inactivated Influenza Vaccine)

Ages: 6 months and older

Dosage: 0.25 mL for 6 months through 35 months
0.5 mL for 3 years and older

Route: Intramuscular (IM) Injection

Beyond Use Date: Discard within **28 days** after the vial has been opened or punctured. Number of needle punctures should not exceed 20 per multi-dose vial.

May use PharmaJet® Stratis® Needle-free Injection System for 18 years through 64 years.

[Keep in original package to protect from light.](#)

Fluarix® (IIV4) 0.5 mL pre-filled syringe

(Quadrivalent Inactivated Influenza Vaccine)

Ages: 6 months and older

Dosage: 0.5 mL

Route: Intramuscular (IM) Injection

[Keep in original package to protect from light.](#)

IIV: _____

(Product Name)

Ages: _____

Dosage: _____

Route: Intramuscular (IM) Injection

2023-2024 Influenza Season Vaccine (continued)

FluBlok® (RIV4) 0.5 mL pre-filled syringe

(Quadrivalent Recombinant Inactivated Influenza Vaccine)

Does NOT contain egg protein.

Ages: 18 years and older

Dosage: 0.5 mL

Route: Intramuscular (IM) Injection

[Keep in original package to protect from light.](#)

FluLaval® (IIV4) 0.5 mL pre-filled syringe

(Quadrivalent Inactivated Influenza Vaccine)

Ages: 6 months and older

Dosage: 0.5 mL

Route: Intramuscular (IM) Injection

[Keep in original package to protect from light.](#)

Flucelvax® (ccIIV4) 0.5 mL pre-filled syringe

(Quadrivalent Cell Culture Inactivated Influenza Vaccine)

Ages: 6 months and older

Dosage: 0.5 mL

Route: Intramuscular (IM) Injection

[Keep in original package to protect from light.](#)

FluMist® (LAIV4)

(Quadrivalent Live Attenuated Influenza Vaccine)

Ages: 2 years through 49 years

Dosage: 0.2 mL (0.1 mL in each nostril)

Route: IN (Intranasal) - **Do NOT Inject**

[Keep in original package to protect from light.](#)

Flucelvax® (ccIIV4) 5 mL multi-dose vial

(Quadrivalent Cell Culture Inactivated Influenza Vaccine)

Ages: 6 months and older

Dosage: 0.5 mL

Route: Intramuscular (IM) Injection

[Keep in original package to protect from light.](#)

2023-2024 Influenza Season Vaccine (continued)

Fluzone® (IIV4) 0.5 mL pre-filled syringe
(Quadrivalent Inactivated Influenza Vaccine)

Ages: 6 months and older

Dosage: 0.5 mL

Route: Intramuscular (IM) Injection

Fluzone® High-Dose (HD-IIV4)
0.7 mL pre-filled syringe

(Quadrivalent Inactivated Influenza Vaccine)

Do NOT administer to anyone younger than 65 years of age.

Ages: 65 years and older

Dosage: 0.7 mL

Route: Intramuscular (IM) Injection

Fluzone® (IIV4) 5 mL multi-dose vial
(Quadrivalent Inactivated Influenza Vaccine)

Ages: 6 months and older

Dosage: 0.25 mL or 0.5 mL for 6 months through 35 months

0.5 mL for 3 years and older

Route: Intramuscular (IM) Injection

A maximum of 10 doses can be withdrawn from the multi-dose vial.

Fluzone® Southern Hemisphere (SH-IIV4)
0.5 mL pre-filled syringe

(Quadrivalent Inactivated Influenza Vaccine)

Ages: 6 months and older

Dosage: 0.5 mL

Route: Intramuscular (IM) Injection