

# Prepare for Patients Needing Multiple Vaccines

**Patients will ask about getting multiple vaccines at the same time...**with COVID-19 and flu immunizations in full swing.

Listen for concerns. Note that getting multiple vaccines at the same visit generally doesn't impact efficacy...and children often get many vaccines.

Be aware, there's no max number of vaccines a patient can get at one visit. Consider patient risks and likelihood of a return visit...to avoid a missed opportunity.

If you're an immunizer and giving more than one vaccine, use different arms...especially with vaccines that might cause local reactions (COVID-19, Tdap, etc).

When using the same arm, separate injection sites by at least 2.5 cm (1 inch)...to make it easier to identify local reactions.

Try to inject the most painful vaccine (HPV, MMR, etc) last in an arm by itself, if possible.

Keep in mind, different vaccines shouldn't be combined in a single syringe. But give combo vaccines if possible. For instance, pick the combo hep A/B series (*Twinrix*) for adults who need both.

If patients opt to get vaccines at different visits, tell them to come back at any time for inactivated vaccines (COVID-19, flu, etc).

But separate live vaccines (*FluMist*, MMR, varicella, etc) by at least 4 weeks if they're not given during the same visit.

Keep a callback list or make reminder calls for follow-up vaccines.

Let patients know to expect arm soreness or pain for a couple days after any intramuscular vaccine...and that flu-like symptoms (aches, fever, etc) are possible. But these shouldn't be confused with the illness the vaccine is trying to prevent.

Acetaminophen or NSAIDs should be saved for AFTER vaccination if needed...these work quickly to treat symptoms if they occur.

## Key References:

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