

Prefilling Syringes

- **Prefilling Syringes** - CDC strongly discourages filling syringes in advance, because of the increased risk of administration errors. Once the vaccine is in the syringe it is difficult to identify the type or brand of vaccine. Other problems associated with this practice are vaccine wastage, and possible bacterial growth in vaccines that do not contain a preservative.

Furthermore, medication administration guidelines state that the individual who administers a medication should be the one to draw up and prepare it. An alternative to prefilling syringes is to use filled syringes supplied by the vaccine manufacturer. Syringes other than those filled by the manufacturer are designed for immediate administration, not for vaccine storage.

In certain circumstances, such as a large influenza clinic, more than one syringe can be filled. One person should prefill only a few syringes at a time, and the same person should administer them. Any syringes left at the end of the clinic day should be discarded.

Under no circumstances should MMR, varicella, or zoster vaccines ever be reconstituted and drawn prior to the immediate need for them. These live virus vaccines are unstable and begin to deteriorate as soon as they are reconstituted with diluent.

- **Labeling** - Once a vaccine is drawn into a syringe, the content should be indicated on the syringe. There are a variety of methods for identifying or labeling syringes (e.g. keep syringes with the appropriate vaccine vials, place the syringes in a labeled partitioned tray, or use color coded labels or preprinted labels).