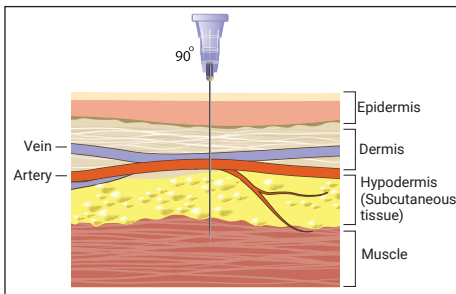




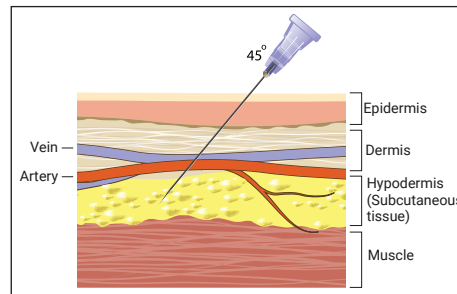
Vaccine Administration: A Guide to Landmarking

Before injection, the skin should be cleansed with a suitable antiseptic and allowed to dry.

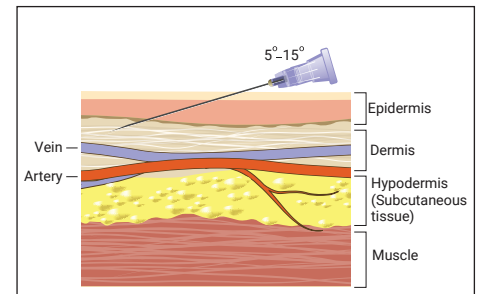
Intramuscular



Subcutaneous



Intradermal

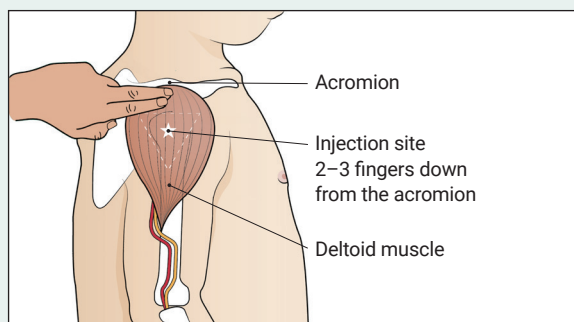


Administration by the Intramuscular (IM) Route

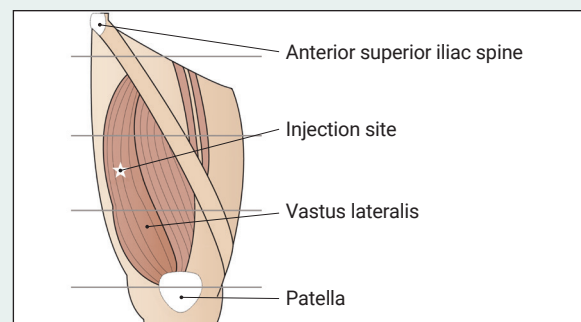
- Administered at a 90° angle.
- The needle should be inserted as far as possible into the muscle.
- Stretch skin flat (between thumb and forefinger).
- Aspirating before IM vaccination is not recommended.

Intramuscular landmarking

Deltoid



Anterolateral thigh muscle (vastus lateralis)

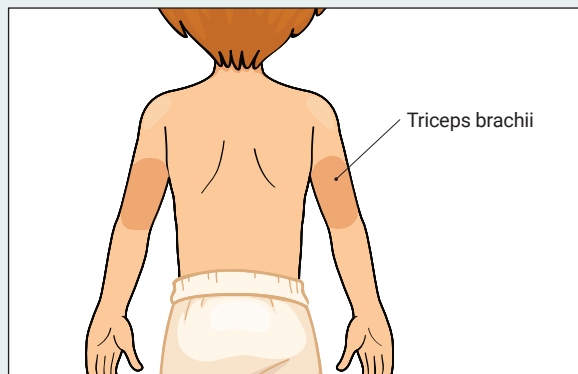


Administration by the Subcutaneous (SC) Route

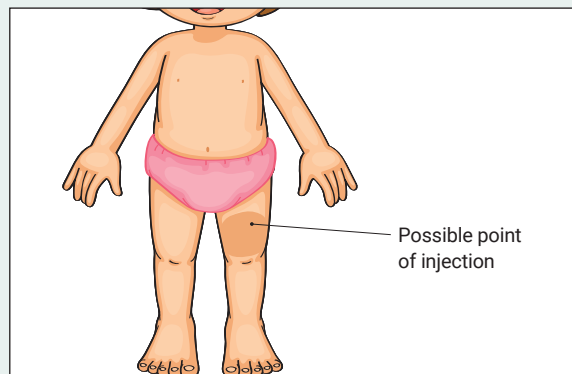
- Administered at a 45° angle.
- Pinching of the skin may be necessary to ensure injection into the subcutaneous tissue.
- Aspirating before SC vaccination is not recommended.

Subcutaneous landmarking

Upper tricep



Anterolateral thigh

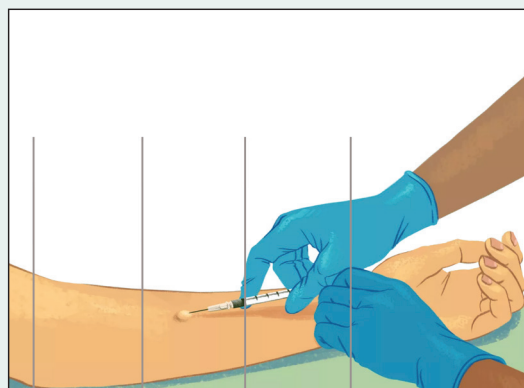


Administration by the Intradermal (ID) Route

- Typically administered at a 5° to 15° angle.
- Common locations: inner (volar) forearm and the area over the deltoid muscle.
- Possible locations: the suprascapular area on the back or the area over the anterolateral thigh.
- ID is product-specific. Review the product monograph and the Canadian Immunization Guide.
- Glove use during immunization is not routinely recommended unless the skin on the vaccine provider's hands is not intact or when administering certain vaccines.
- Aspirating before ID vaccination is not recommended.

Intradermal landmarking

Inner (volar) forearm



Area over the deltoid muscle



Canadian Immunization Guide
[Route, site and technique for vaccine administration](#)