Updated ACIP Recommendation: Additional COVID-19 Vaccine Doses

By Summer Kelly, Public Vaccine Coordinator

As public concern over new COVID-19 variants is growing, ACIP voted to recommend an additional dose of mRNA vaccine (Moderna or Pfizer) specifically for those with moderate to severe immune compromise due to a medical condition or immunosuppressive treatment. This decision came after federal authorities analyzed data and determined that a 3rd dose of vaccine will increase immune response for those individuals.

Implementation Considerations

In addition to receiving a 3rd dose, immunocompromised people should be counseled about the potential for reduced immune response to COVID-19 and should continue to wear a mask, stay 6 feet apart from others they don't live with and avoid crowds and poorly ventilated indoor spaces.

- The additional dose should be the same mRNA vaccine as the primary series
- Alternate mRNA product can be used if primary series product not available
- Administer at least 28 days after completion of the initial primary series

Vaccination of the Immunocompromised

Factors to consider in assessing the general level of immune competence of patients with chronic diseases include disease severity, duration, clinical stability, complications, comorbidities, and any potentially immune-suppressing treatment. The patient's clinical team is best able to assess the degree of altered immunocompetence and optimal timing of vaccination, with specific attention paid to current or planned immunosuppressive therapies. Whenever possible, mRNA COVID-19 vaccination doses (including the primary series and an additional dose) should be given at least two weeks before initiation of immunosuppressive therapies. Like in our early phases last spring, no doctor's note or "proof" is required, just patient attestation of falling into one of the categories:

- Active treatment for solid tumor and hematologic malignancies
- Receipt of solid-organ transplant and taking immunosuppressive therapy
- Receipt of CAR-T-cell or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)
- Moderate or severe primary immunodeficiency (e.g., DiGeorge, Wiskott-Aldrich syndromes)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids (i.e., ≥20mg prednisone or equivalent per day), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, TNF blockers, and other biologic agents that are immunosuppressive or immunomodulatory

Additional Doses Given Inadvertently

A number of pharmacists and Public Health Offices have reported encountering patients who do not report their previous vaccine doses in order to get an additional dose.

At this time, additional doses or booster doses are not recommended for persons not falling into the above categories.

Currently there is no data to support the use of an additional mRNA COVID-19 vaccine dose after a primary Janssen COVID-19 vaccine in immunocompromised people. FDA and CDC are actively working to provide guidance on this issue.

Please diligently screen patients and check patients' vaccination history in the Wyoming Immunization Registry (WyIR) prior to administering the vaccine when possible. Should you discover that an dose was inadvertently administered, CDC advises the following:

- Review https://www.cdc.gov/vaccines/covid-19/downloads/covid19-vaccine-errors-deviations.pdf
- Contact the patient and provide the clinical guidance and that they need to monitor and report any side effects that occur to your office and through the V-Safe application.
    - Ensure the patient has received information on the V-Safe application.
    - Complete a VAERS report for the patients and keep a copy on file for a minimum of 3 years.
        - Amend the VAERS report as needed if the patient reports any further issues.
- Contact the patient's physician or primary health care provider to report the incident. Document the issue and keep a copy on file for a minimum of 3 years.
    - If the patient does not have a physician or primary health care provider, document this and maintain a copy in your files for a minimum of 3 years.
- Review the actions and processes that led to the administration error and take steps to correct and prevent this from occurring again.
    - Amend workflows to check with the WyIR before administering the vaccine to catch these types of issues.
- If administration fees were billed to the patient's insurance plans, reverse the claims to avoid potential audits related to fraudulent claims.

One way to avoid administration errors is to encourage all staff to complete the CDC online training available at Vaccine Webinars (cdc.gov). Updates to clinical resources will be posted at: https://www.cdc.gov/vaccines/covid-19/info-by-product/index.html.