



**Health Advisory #27:
Third Dose COVID-19 mRNA Vaccination for Immunocompromised
August 19, 2021**

Please distribute to all providers in the facility

Go to <https://tinyurl.com/ShastaCOVID-19> for an electronic version of this Health Advisory

Effective August 13, 2021, the Centers for Disease Control and Prevention (CDC) [recommends](#) that people who are moderately to severely immunocompromised receive an additional dose of an mRNA COVID-19 Vaccine (Pfizer-BioNTech or Moderna).

This includes people who have:

- 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 syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids (i.e., ≥ 20 mg prednisone or equivalent per day), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor-necrosis (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory.

Common chronic medical conditions and risk factors for severe COVID-19 such as diabetes and obesity are not the intended use, though CDC/ACIP agree that a patient's clinical team is best positioned to determine the degree of immune compromise and appropriate timing of vaccination.

This is an *additional mRNA dose* following an initial vaccine series given to people who may not have had a strong enough immune response after receiving the initial vaccine series. It is not a *booster* dose, which are intended for waning immunity.

Factors to consider in assessing the general level of immune competence in a patient include disease severity, duration, clinical stability, complications, comorbidities, and any potentially immune-suppressing treatment. Utility of serologic testing or cellular immune testing to assess immune response to vaccination and guide clinical care (e.g., need for an additional dose) has not been established and is ***not recommended at this time***.

Current Recommendations

- **Use the same vaccine product, when feasible:** People who need an additional dose and received either a Pfizer-BioNTech or Moderna vaccine series should receive a third dose of the same vaccine used. If the mRNA vaccine product given for the first two doses is not available, the other mRNA vaccine product may be administered. A person should not receive more than three mRNA COVID-19 vaccine doses
- **Timing.** Until additional data are available, the additional dose of an mRNA COVID-19 vaccine should be administered at least 28 days after completion of the initial 2-dose mRNA COVID-19 vaccine series. Whenever possible, mRNA COVID-19 vaccination doses should be completed at least two weeks before initiation or resumption of immunocompromised therapies, but timing of COVID-19 vaccination should take into consideration current or planned immunosuppressive therapies and optimization of both the patient’s medical condition and response to vaccine
- **No additional dose is approved for those who received the Janssen (Johnson & Johnson) vaccine.** It is unknown at this time whether immunocompromised individuals receiving an additional dose of Janssen vaccine (Johnson & Johnson) have an improved immune response. And there is insufficient data to support the use of an mRNA COVID-19 dose after a single dose of Janssen vaccine. FDA and CDC are working to provide guidance on this issue.
- The Western States Scientific Safety Workgroup addressed the issue of Janssen vaccine in their statement supporting an additional dose for immunocompromised people. [Recommendations on Additional Doses for People Whose Immune Systems are Compromised \(ca.gov\)](#)

The Workgroup believes clinicians should weigh the potential risk of COVID 19 infection and the unknown potential risks and benefits of a dose of an mRNA vaccine for each such patient and also consider the potential organizational and professional risks of the unauthorized administration of a supplementary dose of an mRNA vaccine.
- **Reinforce continued use of prevention measures.** People who are immunocompromised, including those who receive an additional mRNA COVID-19 vaccine dose, should be counseled about the potential for a reduced immune response to COVID-19 vaccines and the need to continue to follow [current prevention](#)

measures (including [wearing a mask](#), [staying 6 feet apart](#) from others they don't live with, and avoiding crowds and poorly ventilated indoor spaces).

In addition, close contacts of immunocompromised people should be strongly encouraged to be vaccinated against COVID-19 to protect these people.

- **Counsel on reactions** reported after the third mRNA dose which were like what people experienced after receiving the two-dose series. Fatigue and pain at injection site were the most reported side effects, and overall, most symptoms were mild to moderate.
- **Vaccinate or refer patient to receive an additional dose.** Self-attestation by patients that they have an immunocompromised condition is acceptable and documentation from medical providers is not necessary.

Where to get vaccinated: <https://www.co.shasta.ca.us/ready/covid-19/vaccinations>

Pregnancy and Breastfeeding

Based on new evidence about the safety of COVID-19 vaccines, CDC is strengthening its recommendation for COVID-19 vaccination during pregnancy. While COVID-19 vaccination during pregnancy has previously been identified as safer than illness due to COVID-19, and therefore an acceptable risk for pregnant persons to consider, vaccination is now *recommended* for all people aged 12 years and older, including people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future. The strength of the evolving science has informed this new recommendation.

The latest information from the CDC aligns with recent guidance from the American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM), who recently [recommended that all pregnant individuals be vaccinated against COVID-19](#).

References:

Interim Clinical Considerations for Use of COVID-19 Vaccines:

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>

For physicians - Talking with Patients who are Immunocompromised:

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/immunocompromised-patients.html>

For patients – Covid-19 Vaccines for Moderately to Severely Immunocompromised Individuals: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html>

Recommendations on Additional Doses for People whose Immune Systems are Compromised, Western States Workgroup statement:
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/RecommendationsforAdditionalDoses.aspx>

Covid-19 Vaccines While Pregnant or Breastfeeding, CDC:
<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy.html>

ACOG and SMFM Recommend COVID-19 Vaccination for Pregnant Individuals:
<https://www.acog.org/news/news-releases/2021/07/acog-smfm-recommend-covid-19-vaccination-for-pregnant-individuals>