For Providers

California COVID-19 Vaccination Program Update

Recent Updates to Interim Clinical Considerations

*This message is being resent correction to clarify wording.

The mRNA COVID-19 vaccines are safe and effective at the FDA-approved or FDA-authorized intervals between the first and second dose of 3 (Pfizer) or 4 (Moderna) weeks. However, an interval up to **8 weeks** may be preferable for some people ages 12 years and older, especially for males ages 12-to-39-years-old. Please see the following considerations listed on the CDC's Primary Series COVID-19 Vaccination Schedule:

- While the absolute risk of myocarditis remains small, the relative risk is higher for males ages 12-to-39-years old.
- Some studies in adolescents and adults have shown an interval longer than 4 weeks to be associated with a possible decease in the risk of myocarditis and increase in peak antibody responses and vaccine effectiveness.
- A **shorter interval** (3 weeks for Pfizer-BioNTech; 4 weeks for Moderna) between the first and second doses remains the recommended interval for: people who are moderately to severely immunocompromised; adults ages 65 years and older; and others who need rapid protection due to increased concern about community transmission or risk of severe disease.

Moderately or Severely Immunocompromised People:

- Clarification of existing recommendation to receive a 3-dose mRNA vaccine primary series followed by a booster dose for a total of 4 doses.
- New guidance to shorten the interval between completion of the mRNA vaccine primary series and the booster dose to at least 3 months (instead of 5 months).
- New guidance for those who receive the Janssen COVID-19 vaccine primary series to receive an additional dose (of mRNA vaccine) and a booster dose, for a total of 3 doses
- Providers can refer to the new job aid: COVID-19 Vaccine Timing by Age, for a quick review of intervals.

- People who previously received antibody products (anti-SARS-CoV-2 monoclonal antibodies or convalescent plasma) as part of COVID-19 treatment, post-exposure prophylaxis, or pre-exposure prophylaxis can be vaccinated at any time; COVID-19 vaccination does not need to be delayed following receipt of monoclonal antibodies or convalescent plasma.
- Although some reduction in vaccine-induced antibody titers was observed in people who previously received antibody products, the clinical significance of this reduction is unknown, and the balance of benefits vs. risks favors proceeding with vaccination even considering the possibility of diminished vaccine effectiveness in this situation.
- In people who previously received a COVID-19 vaccine, administration of tixagevimab/cilgavimab (EVUSHELD™) for pre-exposure prophylaxis should be deferred for at least two weeks after vaccination, per the product EUA.

Persons who Received COVID-19 Vaccine Outside the United States

- See Appendix E for comprehensive guidance for persons who received FDA-approved or authorized, WHO-listed, or non-approved or listed vaccines.