Updated Interim Clinical Considerations for COVID-19 Vaccination Guidance

Updated COVID-19 Vaccination Primary Series Schedule
Following a thorough evaluation of the latest safety and effectiveness data, the CDC have provided new information to help healthcare providers recommend the optimal COVID-19 vaccination schedule based on the individual patient.

- This updated guidance is specific to the mRNA (Pfizer-BioNTech or Moderna) COVID-19 vaccine primary series and is only for some patients who have not yet completed their two-dose primary vaccine series.

- Some people may benefit from getting their second mRNA COVID-19 vaccine dose 8 weeks after their first dose, instead of after the FDA-approved or FDA-authorized 3-week (Pfizer-BioNTech) or 4-week (Moderna) interval. This applies to the following not yet fully vaccinated people:
  - People ages 12 through 64 years, particularly males ages 12 through 39 years, AND
  - People who are not moderately or severely immunocompromised.

Potential Benefits
The potential benefits of this extended interval are two-fold:

- **Stronger immune response:** Data show that a longer interval between the first and second doses may give the body a chance to build a stronger immune response, increasing the effectiveness of these vaccines.

- **Further minimization of the rare risk of adverse events:** New studies have shown the small risk of myocarditis and pericarditis associated with mRNA COVID-19 vaccination—mostly among males between the ages of 12 and 39 years—might be reduced with a longer interval.

Patients who meet these criteria and have already received their primary mRNA series at the 3-week (Pfizer-BioNTech) or 4-week (Moderna) interval remain well-protected—especially if they have received a booster dose—and do not need to repeat any doses.
Clarifications

The extended interval is not recommended for all people ages 12 through 64 years, and there are situations where providers should continue to recommend the 3-week (Pfizer-BioNTech) or 4-week (Moderna) intervals between primary doses. These include:

- When there is concern about high levels of community transmission.
- Among people who are moderately or severely immunocompromised. These include those with a genetic mutation or a disease, such as HIV, that causes a loss of immune function; and those who take certain medications, including immunotherapy, to treat specific diseases.
- In addition, the extended interval is not recommended for anyone ages 65 years or older.

The COVID-19 vaccination primary series schedule for the general public (individuals not immunocompromised), with updates highlighted:

<table>
<thead>
<tr>
<th>Primary vaccination</th>
<th>Age Group</th>
<th>Number of primary and/or additional vaccine doses</th>
<th>Number of booster doses</th>
<th>Interval between 1st and 2nd dose</th>
<th>Interval between primary series and booster dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pfizer-BioNTech</td>
<td>5-11 years</td>
<td>2</td>
<td>N/A</td>
<td>3 weeks</td>
<td>N/A</td>
</tr>
<tr>
<td>Pfizer-BioNTech</td>
<td>&gt;12 years</td>
<td>2</td>
<td>1</td>
<td>3-8 weeks*</td>
<td>&gt;5 months</td>
</tr>
<tr>
<td>Moderna</td>
<td>&gt;18</td>
<td>2</td>
<td>1</td>
<td>4-8 weeks*</td>
<td>&gt;5 months</td>
</tr>
<tr>
<td>J&amp;J Janssen</td>
<td>&gt;18</td>
<td>1</td>
<td>1</td>
<td>N/A</td>
<td>&gt;2 months</td>
</tr>
</tbody>
</table>

*An 8-week interval may be optimal for people ages 12 years through 64 years, and especially for males ages 12 through 39 years, who are not moderately or severely immunocompromised. A shorter interval (3 weeks for Pfizer-BioNTech; 4 weeks for Moderna) between the first and second dose remains the recommended interval for: people who are moderately or severely immunocompromised; adults ages 65 years and older; and others who need early protection due to increased concern about community transmission or risk of severe disease.