



STATE OF HAWAII
DEPARTMENT OF HEALTH
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In reply, please refer to:
File:

September 30, 2021

Medical Advisory: Pfizer-BioNTech COVID-19 Booster Dose

- **The COVID-19 vaccine primary series should be prioritized over booster doses**
- **CDC recommends booster doses at least 6 months after completion of the primary Pfizer-BioNTech series for persons in the following categories:**
 - **Aged 65 years and older**
 - **In long-term care settings**
 - **Aged 50–64 years with [underlying medical conditions](#)**
- **Pfizer-BioNTech booster doses may be administered to other eligible populations based on individual benefits and risks**
- **Booster doses are NOT recommended at this time for persons who received Moderna or Johnson & Johnson's Janssen COVID-19 vaccines**

Dear Healthcare Providers:

On September 24, 2021, the Centers for Disease Control and Prevention (CDC) released recommendations for a booster dose of Pfizer-BioNTech COVID-19 vaccine in certain populations at least 6 months after completing their primary series. The Hawaii Department of Health issued the following prioritization guidelines for implementation of the CDC's recommendations:

- **First and second doses should be prioritized over booster doses**
 - Ensuring unvaccinated people complete their primary vaccine series will reduce COVID-related morbidity and mortality
- **Booster doses should be prioritized for people at highest risk for severe disease**
 - Persons aged 65 years and older
 - Persons aged 18 years and older in long-term care settings
 - Persons aged 50–64 years with [underlying medical conditions](#)

The risk of severe illness from COVID-19 increases with age and in persons with underlying medical conditions. Although COVID-19 vaccination remains effective in preventing severe disease, recent data suggests protection against the virus may decrease over time. Lower vaccine effectiveness is likely due to the combination of waning immunity as well as the greater infectiousness of the Delta variant. The evidence for waning immunity is strongest in people over 65 years of age and residents of long-term care facilities.

As supply allows, booster doses may be administered to other eligible people, based on individual benefits and risks, including the following groups:

- Persons aged 18–49 years with [underlying medical conditions](#)
- Persons aged 18–64 years at increased risk for COVID-19 exposure and transmission because of [occupational or institutional setting](#)

There are two distinct potential uses for an additional dose of COVID-19 vaccine.

- **Additional dose** after a primary vaccine series:
 - Administered when the immune response following a primary vaccine series is likely to be insufficient
 - Recommended for people with moderate-to-severe immunocompromise at least 28 days after completion of the two-dose mRNA primary vaccine series
 - Booster doses are not recommended for people who receive an additional dose at this time
- **Booster dose:**
 - Administered when the initial immune response to a primary vaccine series may have waned over time
 - A single vaccine booster dose at least 6 months after completion of the Pfizer-BioNTech COVID-19 primary vaccine series is recommended as listed above.

People are considered fully vaccinated 2 weeks after their second dose of a two-dose mRNA vaccine series or 2 weeks after one dose of Johnson & Johnson’s Janssen vaccine. Administration of an additional dose to people with moderate-to-severe immunocompromise or a booster dose is **not** required to be considered fully vaccinated.

The booster dose recommendations **only** apply to people who previously received a Pfizer-BioNTech primary series. There are **no** changes for persons who received the Moderna or Johnson & Johnson’s Janssen COVID-19 vaccines. Providing a Pfizer-BioNTech booster dose to those who received Moderna or Johnson & Johnson’s Janssen vaccines is **not** recommended at this time. Data on the effectiveness and safety of Moderna or Johnson & Johnson’s Janssen booster doses are expected soon.

This guidance may be updated in the future as new information on COVID-19 vaccine effectiveness, safety, and benefit-risk analyses becomes available. For further information, see the [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States](#).

Sincerely,



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