



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

February 25, 2022

Medical Advisory: Updated Clinical Considerations for Use of COVID-19 Vaccines

Dear Healthcare Providers:

The Centers for Disease Control and Prevention (CDC) provides Clinical Considerations for the use of COVID-19 vaccines, based on information from the Advisory Committee on Immunization Practices (ACIP), CDC recommendations, data submitted to the U.S. Food and Drug Administration (FDA), other data sources, and expert opinion. The Clinical Considerations are updated as additional information becomes available or as additional vaccine products are approved or authorized.

Recent updates to the Clinical Considerations include:

INTERVALS FOR MRNA COVID-19 VACCINE PRIMARY SERIES

- An 8-week interval between dose #1 and dose #2 may be optimal for people ages 12 – 64 years who are not moderately or severely immunocompromised, especially for males ages 12 – 39 years. Potential benefits include:
 - Peak antibody responses and vaccine effectiveness may be increased
 - Small risk of myocarditis associated with mRNA COVID-19 vaccines might be reduced
- This extended interval is NOT recommended for:
 - People who are moderately to severely immunocompromised
 - Adults aged 65 years and older
 - Others who need rapid protection due to increased concern about community transmission or risk of severe disease
 - Recommended interval between the 1st and 2nd doses for the persons listed above: 3 weeks for Pfizer-BioNTech; 4 weeks for Moderna.

BOOSTER DOSE

- All people 12 years and older should receive an age-appropriate booster dose and formulation of COVID-19 vaccine
- Currently booster doses are not authorized for children ages 11 years and younger
- Interval between primary series and booster dose (for persons who are NOT immunocompromised)
 - At least 5 months after mRNA 2-dose primary vaccination OR
 - At least 2 months after Janssen single dose primary vaccination

PEOPLE WITH MODERATE OR SEVERE IMMUNOCOMPROMISE

- **mRNA COVID-19 vaccines**

- A 3-dose primary series is recommended for people ages 5 years and older who are moderately or severely immunocompromised
 - Pfizer-BioNTech (5 years and older): 2nd dose is administered 3 weeks after the first dose; 3rd dose is administered at least 4 weeks after the second dose
 - Moderna (18 years and older): 2nd dose is administered 4 weeks after the first dose; 3rd dose is administered at least 4 weeks after the 2nd dose. The dose is 100µg (0.5 mL) for all doses in the primary series.
- For persons ages 12 years and older, a single booster dose is recommended at least **3 months** after the third dose in the primary series, for a **total of four doses**, preferably with a mRNA vaccine.

- **Janssen COVID-19 vaccine**

- People 18 years and older who are moderately or severely immunocompromised and received a primary Janssen vaccine dose should receive a second (additional) dose using an mRNA COVID-19 vaccine, at least 4 weeks later.
- A single booster dose is recommended at least 2 months after the second (additional) dose, for a **total of 3 doses**. mRNA vaccines are preferred for the booster dose.
- If a person who received a primary dose of Janssen vaccine has already received a booster dose without having the second (additional) mRNA vaccine dose, administer a Pfizer vaccine or Moderna (100 µg) vaccine as the third dose at least 2 months after dose #2.

MYOCARDITIS AND PERICARDITIS

- Development of myocarditis or pericarditis after a dose of an mRNA COVID-19 vaccine is a **PRECAUTION** to a subsequent dose of any COVID-19 vaccine
- Until additional safety data are available, people who develop myocarditis or pericarditis after a dose of an mRNA COVID-19 vaccine generally **should not** receive a subsequent dose of any COVID-19 vaccine.

PEOPLE WHO RECEIVED PASSIVE ANTIBODY PRODUCTS

- 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.

For further information, please refer to the [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States](#).

Sincerely,



Sarah K. Kemble, M.D.
State Epidemiologist