

August 14, 2021

Dear Provider,

Late yesterday, the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices (ACIP) recommended that people whose immune systems are moderately to severely compromised receive an additional dose of mRNA COVID-19 vaccine at least four weeks after an initial two-dose mRNA series.

With the Delta variant surging and cases of COVID-19 increasing significantly across the United States, an additional dose could help prevent serious and possibly life-threatening COVID-19 in immunocompromised people. Federal health officials were acting on studies demonstrating that immunosuppressed people are more likely to get severely ill from COVID-19, are at higher risk for prolonged infection, are more likely to transmit the virus, and experience lower vaccine effectiveness. The eligible population is thought to comprise approximately 3% of the US adult population. While a HAN will be forthcoming, I did want to provide some initial guidance and information. It will also be helpful to review the CDC website updated materials:

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html>

People are considered moderately to severely immunocompromised if they have:

- Active treatment for solid tumor and hematologic malignancies
- Receipt of a 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 (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids ( $\geq 20$ 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.

It’s important to note that an additional dose is only recommended for individuals who are moderately or severely immunocompromised —CDC does **not** recommend additional doses or booster shots for any other population at this time. This includes patients with many of the previous “high risk conditions” such as heart disease, obesity, and diabetes.

The eligible population, already living with heightened concern, will most likely be very eager to get their dose. They will be calling your offices for advice, not only because of their desire to be vaccinated





but also because the CDC website states: People should talk to their healthcare provider about their medical condition, and whether getting an additional dose is appropriate for them.

I encourage you to do your best to meet this new demand for vaccine if you are an enrolled practice and schedule these patients when they call. The majority of the pharmacy chains have also informed us they will continue to play a role with this population. Pop-up sites are also being made aware and will be available for this purpose later in the week.

Some important specifics:

- 1) CDC recommends that people who are moderately to severely immunocompromised receive an additional dose of an mRNA COVID-19 Vaccine (Pfizer-BioNTech or Moderna) at least 28 days after completion of the initial mRNA COVID-19 vaccine series.
- 2) The additional dose should be the same vaccine product as the initial two-dose mRNA COVID-19 vaccine series (Pfizer-BioNTech or Moderna). If the mRNA COVID-19 vaccine product given for the first two doses is not available, the other mRNA COVID-19 vaccine product may be administered. A person should not receive more than three mRNA COVID-19 vaccine doses.
- 3) This announcement does not pertain to those who have received an initial dose of J&J vaccine. There is not enough data at this time to determine whether immunocompromised people who received Johnson & Johnson's Janssen (J&J/Janssen) COVID-19 Vaccine also have an improved antibody response following an additional dose of the same vaccine.
- 4) Vermont will use a self-attestation model at pharmacies and state vaccine administration sites. Documentation of health status will not be required.

Clinicians will want to check the vaccine card or Immunization Registry to confirm the appropriate vaccine is administered at the appropriate time interval.

Sincerely,

Mark Levine, MD  
Commissioner of Health

