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**DEPARTMENT OF  
HEALTH AND HUMAN SERVICES**  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
*Helping people. It's who we are and what we do.*



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## Technical Bulletin

**Date:** February 25, 2022  
**Topic:** Updated Interim Clinical Considerations for COVID-19 Vaccine Use  
**Contact:** Susan Vilardi, RN, Nevada State Immunization Program  
**To:** All Health Care Providers and Facilities; Pharmacists; Local Health Authorities

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### Background:

On Feb. 4, 2022, the U.S. Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practice (ACIP) revised the Interim Clinical Considerations for administering booster doses and additional doses of COVID-19 vaccines to moderate to severely immunocompromised persons aged 5 years and older.

Certain immunocompromising conditions prevent an individual from mounting a protective immune response to the primary COVID-19 vaccine series and an additional dose of COVID-19 vaccine is necessary to increase protection against the risk of severe COVID-19 illness, hospitalization and death. After receiving an additional dose of COVID-19 vaccine in the primary series, people who are moderately or severely immunocompromised may need a booster dose sooner than other individuals because protective immunity wanes over time. People who are moderately or severely immunocompromised make up about 3 percent of U.S. adults (at least 10 million people) and include recipients of organ or stem cell transplants, people with advanced or untreated HIV infection, people currently undergoing treatment for cancer, people who are taking certain medications that weaken the immune system, and others. A complete list of conditions can be found on [CDC's website](#).

On Feb. 22, 2022, following a thorough evaluation of the latest safety and effectiveness data, CDC provided additional updates to the Interim Clinical Considerations for dose interval spacing for mRNA primary series vaccination for the general population. This update is intended to elicit a stronger immune response and to further minimize the risk of rare adverse events, specifically myocarditis and pericarditis associated with mRNA COVID-19 vaccines. Cases of myocarditis have been reported to the [Vaccine Adverse Event Reporting System \(VAERS\)](#) after mRNA COVID-19 vaccine administration, especially in male adolescents and young adults, generally following the second mRNA vaccine dose. This updated guidance is specific to the mRNA (Pfizer-BioNTech or Moderna) COVID-19 vaccine primary series and is only for some patients who are not yet vaccinated. Some people aged 12 through 64 years who are not immunocompromised — and especially males aged 12 through 39 years — may benefit from getting their second mRNA COVID-19 vaccine dose 8 weeks after receiving their first dose, instead of after the FDA-approved or FDA-authorized 3 weeks (Pfizer-BioNTech) or 4 weeks (Moderna).

### Key points:

- COVID-19 vaccines currently licensed or authorized for use in the U.S. by the Food and Drug Administration (FDA) are effective at preventing serious outcomes of COVID-19, including severe disease, hospitalization, and death.
- A 3-dose primary Pfizer-BioNTech COVID-19 vaccine series is recommended for people aged 5 years and older, who are moderately or severely immunocompromised, and followed by a booster dose three months later for those persons aged 12 years and older.

- A 3-dose primary Moderna COVID-19 vaccine series is recommended for people aged 18 years and older, who are who are moderately or severely immunocompromised, followed by a booster dose three months later.
- Moderately or severely immunocompromised people 18 years and older who initiated vaccination with Johnson & Johnson’s Janssen COVID-19 vaccine should receive a total of 3 doses: 1 Johnson & Johnson’s Janssen dose, followed by 1 additional mRNA dose at least 28 days later, then 1 mRNA booster dose at least 2 months after the second (additional) dose.
- In most situations, Pfizer-BioNTech or Moderna COVID-19 vaccines are preferred over the Janssen COVID-19 Vaccine for primary and booster vaccination.
- Timing of a booster dose varies based on COVID-19 vaccine product and immunocompetence.
- Primary series and additional primary dose should be with the same mRNA product.
- Any FDA-approved or FDA-authorized COVID-19 vaccine can be used for the booster dose (mRNA vaccines are preferred). If a different product is used, the eligible population and dosing intervals are those of the vaccine used for the primary series.
- The extended interval for an mRNA primary series is not recommended for all people aged 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, and among people who are moderately or severely immunocompromised.
- A longer time interval between the first and second mRNA COVID-19 vaccine dose gives the body a chance to build a stronger immune response, increasing the effectiveness of these vaccines, and offering individuals greater protection against COVID-19.
- The extended interval is not recommended for anyone aged 65 years or older.
- Individuals who have already received their primary mRNA series at the 3-week (Pfizer-BioNTech) or 4-week (Moderna) interval remain well-protected and do not need to repeat any doses.
- **Efforts to increase the number of people in the United States who are up to date with their COVID-19 vaccines remain critical to preventing illness, hospitalizations, and deaths from COVID-19.**

### Updated COVID-19 Vaccine Schedule for People Who Are Moderately or Severely Immunocompromised

Primary vaccine administered	Age group	# of primary and/or additional doses	# of booster doses	Interval between dose 1 and dose 2	Interval between dose 2 and dose 3	Interval between dose 3 and dose 4
Pfizer-BioNTech (orange cap)	5-11 years	3	Booster dose not recommended for this age group	21 days	28 days or more	N/A
Pfizer-BioNTech (Purple or grey cap)	12 years and older	3	1	21 days	28 days or more	At least 3 months after dose 3

<b>Moderna</b>	<b>18 years and older</b>	<b>3</b>	<b>1</b>	<b>28 days</b>	<b>28 days or more</b>	<b>At least 3 months after dose 3</b>
<b>J &amp; J / Janssen</b>	<b>18 years and older</b>	<b>2</b> (1 dose of Janssen followed by 1 dose, mRNA preferred)	<b>1</b>	<b>28 days or greater</b>	<b>2 months or more</b>	<b>N/A</b>

### COVID-19 Vaccination Primary Series Schedule for General Populations

Primary series vaccine manufacturer	Age group	Number of doses in primary series	Number of booster doses	Interval between 1st and 2nd dose	Interval between primary series and booster dose
Pfizer-BioNTech	5-11 Years	2	Not recommended for this age group	3 weeks	NA
Pfizer-BioNTech	12 years and older	2	1	3-8 weeks*	5 or more months
Moderna	18 years and older	2	1	4-8 weeks*	5 or more months
Janssen	18 years and older	1	1	NA	2 or more months

*\*An 8-week interval may be optimal for people ages 12 years through 64 years, and especially for males aged 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.*

[Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC](#)

Questions:

For updated guidance, please review the [Division of Public and Behavioral Health technical bulletins web page](#) and the [Nevada Health Response website](#) regularly. Email [dpbhcovid19vax@health.nv.gov](mailto:dpbhcovid19vax@health.nv.gov) with questions.



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