



TO: West Virginia Healthcare Providers, Hospitals and Other Healthcare Facilities

**FROM: Ayne Amjad, MD, MPH, Commissioner and State Health Officer
West Virginia Department of Health and Human Resources, Bureau for Public Health**

DATE: August 14, 2021

LOCAL HEALTH DEPARTMENTS: Please distribute to community health providers, hospital-based physicians, infection control preventionists, laboratory directors and other applicable partners.

OTHER RECIPIENTS: Please distribute to association members, staff, etc.

On August 13, 2021, the Advisory Committee on Immunization Practices (ACIP) met and reviewed the data for use of an additional dose of mRNA COVID-19 vaccine for immunocompromised people. ACIP made an interim recommendation for use of an additional dose of Pfizer-BioNTech COVID-19 vaccine (for persons aged ≥ 12 years) or Moderna COVID-19 vaccine (for persons aged ≥ 18 years) after an initial 2-dose primary mRNA COVID-19 vaccine series for moderately to severely immunocompromised people and does not apply to people who received the Johnson & Johnson/Janssen vaccine.

Studies indicate some immunocompromised people have a reduced immune response following a primary COVID-19 vaccine series compared to vaccine recipients who are not immunocompromised and that a third dose may enhance immune response. For people with moderate to severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, the potential to increase immune response coupled with an acceptable safety profile, support the recommendation for an additional mRNA vaccine dose after an initial 2-dose primary mRNA COVID-19 vaccine series.

The Centers for Disease Control and Prevention (CDC) recommends the additional dose of an mRNA COVID-19 vaccine be administered at the earliest four weeks at least 28 days after a second dose and a person should not receive more than three mRNA vaccine doses total. The additional mRNA COVID-19 vaccine dose should be the same vaccine product as the initial 2-dose mRNA COVID-19 primary 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.

The specific list of eligible people includes:

- Active treatment for solid tumor and hematologic malignancies
- Receipt of 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 (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)

- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids (i.e., ≥20mg 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

While immunocompromised individuals do not need a prescription, or proof of their condition to get a third dose, individuals are encouraged to talk to their healthcare provider about their medical condition, and whether getting an additional dose is appropriate for them. West Virginians who are immunocompromised and meet CDC eligibility recommendations are strongly encouraged to choose COVID-19 vaccination, which now includes a third dose for mRNA vaccines (Pfizer or Moderna).

For more information concerning this release, please see the following references:

Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized
<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>

COVID-19 Vaccines for Moderately to Severely Immunocompromised People
<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html>

West Virginia Board of Pharmacy
<https://www.wvbop.com/COVIDVaccineFAQ.asp>.

For questions about this advisory, contact the Office of Epidemiology and Prevention Services (OEPS) at 1-800-423-1271, ext. 1; 304-558-5358, ext. 2; or the 24/7 answering service at 304-342-5151.