

State Health Advisory Supplement
COVID-19 Vaccine Boosters Recommended for Children
Aged 5-11 Years
Coronavirus Disease 2019 Supplemental Advisory #14.7
Wyoming Department of Health
May 23, 2022

The Centers for Disease Control and Prevention (CDC) and the Wyoming Department of Health (WDH) now recommend COVID-19 vaccine booster doses for all children aged 5-11 years. Children aged 5-11 years who are not moderately to severely immunocompromised and did not receive an additional (third) primary dose should receive a booster dose 5 months after completion of the primary series. Children aged 5-11 years who are moderately to severely immunocompromised and received an additional (third) primary dose should receive a booster dose 3 months after completion of the primary series. Only the Pfizer-BioNTech COVID-19 vaccine is authorized and recommended for children aged 5-17 years. CDC and WDH continue to recommend booster doses for all individuals aged 12 and older.

In addition, CDC strengthened its COVID-19 vaccination guidance to recommend that everyone ages 50 years and older who received any COVID-19 booster dose, as well as everyone aged 12 years and older who are moderately to severely immunocompromised who received a COVID-19 booster dose, receive a second booster dose using an mRNA COVID-19 vaccine. Previously, CDC had encouraged these individuals to consider receiving a second booster dose based on their individual circumstances. However, over the past few weeks there has been a steep and substantial increase in hospitalizations for older Americans. Another COVID-19 booster dose could help restore protection that may wane over time.

Moderate and severe immunocompromising conditions and treatments include but are not limited to:

- Active treatment for solid tumors and hematologic malignancies
- Receipt of solid organ transplant and taking immunosuppressive therapy
- Receipt of CAR-T-cell therapy or hematopoietic cell transplant (within two years of transplantation or taking immunosuppressive therapy)

- Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection (people with HIV and CD4 cell counts <200/mm³, history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV)
- Active treatment with high-dose corticosteroids (i.e., ≥20 mg prednisone or equivalent per day when administered for ≥2 weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory.

A summary of current vaccine and booster recommendations is found in the table below:

| | Primary Series | | |
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| | Pfizer | Moderna | Janssen ¹ |
| Eligibility for primary series | <ul style="list-style-type: none"> ● Ages 5+² | <ul style="list-style-type: none"> ● Ages 18+ | <ul style="list-style-type: none"> ● Ages 18+ |
| Timing between first and second doses in primary series | <ul style="list-style-type: none"> ● Consider an 8-week interval for individuals who are aged 12-64 years, especially males aged 12-39 years, who are not moderately to severely immunocompromised. Any interval between 3-8 weeks is acceptable. ● 3 weeks for individuals aged 5-11 years, aged ≥ 65 years, and individuals who are moderately to severely immunocompromised | <ul style="list-style-type: none"> ● Consider an 8-week interval for individuals who are aged 18-64 years, especially males aged 18-39 years, who are not moderately to severely immunocompromised. Any interval between 4-8 weeks is acceptable. ● 4 weeks for individuals aged ≥ 65 years and individuals who are moderately to severely immunocompromised | <ul style="list-style-type: none"> ● Not applicable |
| Additional Primary Dose for individuals with moderate to severe immune | <ul style="list-style-type: none"> ● Individuals aged 5+ who are moderately to severely immunocompromised ● Given at least 28 days after second dose of primary series | <ul style="list-style-type: none"> ● Individuals aged 18+ who are moderately to severely immunocompromised ● Given at least 28 days after the second dose of the primary series | <ul style="list-style-type: none"> ● Individuals aged 18+ who are moderately to severely immunocompromised ● Must be an mRNA vaccine ● Given at least 28 |

| compromise ³ | | | days after the Janssen dose |
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| Booster Dose for individuals with moderate to severe immune compromise and who received an additional primary dose | <ul style="list-style-type: none"> ● Individuals aged 5-17 can receive a booster dose of Pfizer given 3 months after the 3rd dose in their primary series. ● Individuals aged 18+ can receive a booster dose of Pfizer, Moderna⁴, or Janssen given 3 months after the 3rd dose in their primary series | <ul style="list-style-type: none"> ● Individuals aged 18+ can receive a booster dose of Pfizer, Moderna⁴, or Janssen given 3 months after the 3rd dose in their primary series. | <ul style="list-style-type: none"> ● Individuals aged 18+ can receive a booster dose of Pfizer, Moderna⁴, or Janssen given 2 months after the additional dose of mRNA vaccine |
| Booster Dose for individuals without moderate to severe immune compromise and who did not receive an additional primary dose | <ul style="list-style-type: none"> ● Individuals aged 5-17 can receive a booster dose of Pfizer given 5 months after the 2nd dose in their primary series. ● Individuals aged 18+ can receive a booster dose of Pfizer, Moderna⁴, or Janssen given 5 months after the 2nd dose in their primary series | <ul style="list-style-type: none"> ● Individuals aged 18+ can receive a booster dose of Pfizer, Moderna⁴, or Janssen given 5 months after the 2nd dose in their primary series. | <ul style="list-style-type: none"> ● Individuals aged 18+ can receive a booster dose of Pfizer, Moderna⁴, or Janssen given 2 months after the initial Janssen dose |
| Second booster dose | <ul style="list-style-type: none"> ● Individuals aged 50+ may receive a second booster dose of Pfizer or Moderna⁴ given at least 4 months after the first booster dose ● Individuals aged 18-49 who are moderately to severely immunocompromised may receive a second booster dose of Pfizer or Moderna⁴ given at least 4 months after | <ul style="list-style-type: none"> ● Individuals aged 50+ may receive a second booster dose of Pfizer or Moderna⁴ given at least 4 months after the first booster dose ● Individuals aged 18-49 who are moderately to severely immunocompromised may receive a second booster dose of Pfizer, Moderna⁴ given at least 4 months after the first booster dose | <ul style="list-style-type: none"> ● Individuals aged 50+ may receive a second booster dose of Pfizer or Moderna⁴ given at least 4 months after the first booster dose ● Individuals aged 18-49 who are moderately to severely immunocompromised may receive a second booster dose of Pfizer or Moderna⁴ given at least 4 months after |

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| | <ul style="list-style-type: none"> the first booster dose Individuals aged 12-17 who are moderately to severely immunocompromised may receive a second booster dose of Pfizer given at least 4 months after the first booster dose | | <ul style="list-style-type: none"> the first booster dose Individuals aged 18+ who received Janssen as both a primary series and booster dose may receive a second booster dose of Pfizer or Moderna⁴ at least 4 months after the Janssen booster dose |
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1. Due to the risk of thrombosis with thrombocytopenia syndrome, Janssen vaccine should only be given if there is a contraindication to the mRNA vaccines (Pfizer and Moderna), if an individual would otherwise remain unvaccinated for COVID-19 vaccines unless they received the Janssen vaccine, or if an individual wants to receive the Janssen vaccine despite the safety concerns.
2. The formulation and dosing of the Pfizer vaccine for 5-11 year olds is different from that for ages 12+. Dosing for additional primary doses and booster doses should be age-appropriate.
3. Dosing of the single additional primary dose is the same as for the primary series. For the Pfizer vaccine, dosing should be age-appropriate.
4. The single booster dose of Moderna is half that given during the primary series. The single booster dose of Pfizer and Janssen is the same as for the primary series. For the Pfizer vaccine, dosing should be age-appropriate.

Complete clinical considerations for COVID-19 vaccines from the CDC can be found here: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#vaccinating-exposure>

COVID-19 THERAPEUTICS

COVID-19 outpatient therapeutics, especially the preferred medication PAXLOVID (ritonavir-boosted nirmatrelvir), are currently in sufficient supply to treat any patient who meets the U.S. Food and Drug Administration Emergency Use Authorization (EUA) criteria (PAXLOVID EUA: <https://www.fda.gov/media/155050/download>). The number of locations carrying these therapeutics in Wyoming has significantly expanded and now includes commercial outpatient pharmacies. The U.S. Department of Health and Human Services provides updated information about locations that have received therapeutics on their COVID-19 Therapeutics Locator Website: <https://covid-19-therapeutics-locator-dhhs.hub.arcgis.com/>. In addition, WDH has published information about COVID-19 therapeutics for both healthcare providers and patients: <https://health.wyo.gov/publichealth/preparedness/covid-19-therapeutics/>.

PAXLOVID is authorized for the treatment of mild-to-moderate COVID-19 in adults and pediatric patients (12 years of age and older weighing at least 40 kg) with positive results of direct (molecular or antigen) SARS-CoV-2 viral testing, and who are at high risk for progression to severe COVID-19, including hospitalization and death. While the EUA refers to the CDC’s list of Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19 to help determine whether a patient is at higher risk and could benefit from PAXLOVID

(<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html>), CDC specifically notes that this list should not be used to exclude people with underlying conditions from receiving therapy and the EUA states that healthcare providers should consider the benefit-risk for an individual patient. A patient does not need to have one of the medical conditions on CDC's list for a clinician to determine that the patient is at high risk for severe illness and would benefit from PAXLOVID. The FDA has provided a PAXLOVID Patient Eligibility Screening Checklist Tool for Prescribers that may be useful but the use of this checklist is not required to prescribe PAXLOVID (<https://www.fda.gov/media/158165/download>).

WDH is enrolling additional providers to receive the outpatient therapeutics PAXLOVID, Molnupiravir, and Bebtelovimab. WDH is also enrolling providers to receive the pre-exposure prophylaxis medication EVUSHELD. Providers can request to be added to the Health Partner Ordering Platform (HPOP) to request therapeutics from Wyoming's allocation by filling out the [HPOP Therapeutic Provider Request Form](https://docs.google.com/forms/d/e/1FAIpQLSfV879fHBL2DMtg-sq3OOCKF_Ha29AhQtwwym4NBZJKUP28UUg/viewform) (https://docs.google.com/forms/d/e/1FAIpQLSfV879fHBL2DMtg-sq3OOCKF_Ha29AhQtwwym4NBZJKUP28UUg/viewform). For any questions or additional information please email wdh-therapeutics@wyo.gov.

Further information including links to the most current authorization criteria and healthcare provider fact sheets for COVID-19 therapeutics can be found here: <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization#coviddrugs>

CLINICAL RESOURCES

Clinical management guidance is available from the CDC (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>), the NIH (<https://www.covid19treatmentguidelines.nih.gov/>), and the IDSA (<https://www.idsociety.org/practice-guideline/covid-19-guideline-treatment-and-management/>). CDC's Clinical Outreach and Communication Activity (COCA) calls and webinars offer the most up to date information and guidance for clinicians. COCA calls can be accessed at <https://emergency.cdc.gov/coca/calls/index.asp>. The Wyoming Medical Society website contains clinical resources from the University of Washington, including treatment guidelines and algorithms: <https://www.wyomed.org/resources/covid-19/>.

CONTACT INFORMATION

For questions about the COVID-19 vaccines, providers should visit the WDH Immunization Unit website at <https://health.wyo.gov/publichealth/immunization/wyoming-covid-19-vaccine-information/> or email WDH.immunization@wyo.gov.

For questions about monoclonal antibody therapies, please contact wdh.covid19@wyo.gov.

Wyoming healthcare providers and facilities are reminded to check COVID-19 resources available from WDH and CDC. Healthcare providers or facilities can contact WDH through the following channels:

- Please email questions about preparedness, PPE, infection control, or other non-urgent topics to wdh.covid19@wyo.gov.
- Please contact WPHL with questions about specimen collection, storage, or shipping at 307-777-7431 or WPHL@wyo.gov.
- **Please use the WDH Public Health Emergency Line (1-888-996-9104) for urgent questions. This line is intended ONLY for healthcare providers. Do not share this number with the public.**

Please refer questions from the general public to 211 or to the WDH email box (wdh.covid19@wyo.gov).