

VCHIP VDH COVID-19 Q&A Chat March 2, 2022

UPDATED VACCINE DASHBOARD

Vaccine dashboard updated today at 12:11, <https://www.healthvermont.gov/covid-19/vaccine/covid-19-vaccine-dashboard>.

RE PAPER DR. LEE MENTIONED – HOSPITALIZATION CRITERIA

Q: Ben, I'm wondering if the paper described the hospitalization criteria. Anyone who swabbed positive? Or were these hospitalizations for COVID-related disease?

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: Data collection was via state database query, which included the primary reason for admission. The hospitalization outcome was defined as "New COVID-19 admissions as reported in HERDS" (the state database). So in fact I do think these data for hospitalization FOR COVID-19, although the authors don't explicitly discuss this.

INTERVAL DOSING

Q: I'm wondering about the CDC recommendation to consider extending the interval from dose 1-2 to 8 weeks in those 12 -17 years? Does VDH imms program recommend this? What are people doing? Discussing with families at time of scheduling? Calling patients already scheduled back?

A: I had not yet implemented change, will share with staff today and implement moving forward. Rarely end up doing first time teens, mostly teen boosters, and initial 5-11 yo.

Q: What is the rationale for increasing the interval between the first and second dose for Pfizer #1 and #2 in the 12 and up group?

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: That is pretty typical for all vaccines, a greater interval between doses allows for maturation of immune response. I was honestly surprised that Pfizer initially tested a 3-week interval, as that is a pretty short interval. I think this is one of the issues with the rush to get vaccines out as soon as possible. Understandable, but clearly as mentioned more optimal dosing strategies were probably initially dismissed in the interest of urgency.

A: Thanks, Ben! Specifying males in particular made me suspect that it might have been related to decreasing risk for myocarditis.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: That was in fact part of the consideration as well

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics:

<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-02-04/11-COVID-Moulia-508.pdf>

A: Merideth Plumpton, RN, Vermont Department of Health: [https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fclinical-considerations.html#:~:text=Considerations%20for%20intervals,12%E2%80%9317%20years)

[us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fclinical-considerations.html#:~:text=Considerations%20for%20intervals,12%E2%80%9317%20years](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Finfo-by-product%2Fclinical-considerations.html#:~:text=Considerations%20for%20intervals,12%E2%80%9317%20years).

A: Monica Ogelby, Vermont Department of Health: From the CDC: While absolute risk remains small, the relative risk for myocarditis is higher for males ages 12-39 years, and this risk might be reduced by extending the interval between the first and second dose. Some studies in adolescents (ages 12-17 years) and adults have shown the small risk of myocarditis associated with mRNA COVID-19 vaccines might be reduced and peak antibody responses and vaccine effectiveness may be increased with an interval longer than 4 weeks. Extending the interval beyond 8 weeks has not been shown to provide additional benefit. There are currently no data available

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for children ages 11 years and younger. Therefore, an 8-week interval may be optimal for some people ages 12 years and older, especially for males ages 12–39 years.

DOSING AMOUNT

Q: Can you clarify if any of the "booster" doses of Moderna are a full dose, or are all Moderna boosters a half dose?

A: Merideth Plumpton, RN, Vermont Department of Health: There is a chart in the guidance; I'll post the link for you.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: To my knowledge, all Moderna boosters are half doses.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: However, additional primary doses would be full doses, so important to make the distinction.

A: Monica Ogelby, Vermont Department of Health: Correct! All Moderna boosters are half dose.

Q: If someone gets a first dose at age 11 and then turns 12 before the second dose, do they get the age-specific dose each time?

A: Monica Ogelby, Vermont Department of Health: Age specific dose each time but it would not be an administration error if they received the 11 yo dose.

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: Technically, they are supposed to get the same dose they started with but there is allowance to get the higher dose...

A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: It is age-specific, but allowance to receive the LOWER dose if given in that scenario, <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/children-teens.html>.

A: Merideth Plumpton, RN, Vermont Department of Health (verbally): CDC says age that you are on the day you go in to get your dose. <https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-immunization-schedule-ages-5yrs-older.pdf>.

NEW OMICRON IN NE AND WEST

Q: Did I miss something at the beginning? Thought we would hear about the new Omicron in NE and out West?

A: Brena Holmes, MD, VCHIP: We can ask Ben/Bill to update on new variants next week!