

# COVID-19 Vaccine Quick Reference Sheet

Updated 10-27-2021

## First Dose

- Pfizer-BioNTech (mRNA)
  - Ages 12-15 (FDA Emergency Use Authorization), Ages 16 and up (FDA Approved)
  - 2 shots given 3 weeks (21 days) apart
  - Considered fully vaccinated 2 weeks after second shot
  - First dose order codes **91300** and **0001A (1st Dose)**
  - Second dose order codes **91300** and **0002A (2nd Dose)**
- Moderna (mRNA)
  - Ages 18 and older (FDA Emergency Use Authorization)
  - 2 shots given 4 weeks (28 days) apart
  - Considered fully vaccinated 2 weeks after second shot
  - First dose order codes **91301** and **0011A (1st Dose)**
  - Second dose order codes **91301** and **0012A (2nd Dose)**
- Johnson & Johnson's Janssen (Viral Vector)
  - Ages 18 and older (FDA Emergency Use Authorization)
  - 1 shot
  - Considered fully vaccinated 2 weeks after single shot
  - First dose order codes **91303** and **0031A (Single Dose)**

## Third Dose (Immunocompromised Individuals, mRNA Only)

- Pfizer-BioNTech (mRNA)
  - Third dose order codes **91300** and **0003A (3rd Dose)**
- Moderna (mRNA)
  - Third dose order codes **91301** and **0013A (3rd Dose)**

Patients must have completed an initial two-dose Pfizer or Moderna COVID-19 vaccine series at least 28 days ago. Immunocompromised individuals may include those who are:

- Undergoing active cancer treatment for tumors or blood cancers
- Organ transplant recipients taking medicine to suppress the immune system
- Stem cell transplant recipients within the last two years or who are taking medicine to suppress the immune system
- In a state of moderate or severe primary immunodeficiency (such as with DiGeorge syndrome or Wiskott-Aldrich syndrome)
- HIV-positive (advanced or untreated)
- Under active treatment with high-dose corticosteroids or other drugs that may suppress immune response

The CDC recommends receiving the same vaccine as the original 2-dose series whenever possible. However, either mRNA vaccine may be used based on available supply.

## Booster Dose (General Public)

- Pfizer-BioNTech (mRNA)
  - Booster dose order code **91300** and **0004A (Booster)**
- Moderna (mRNA)
  - Booster dose order codes **91306** and **0064A (Booster)**

A single booster dose of the **Pfizer-BioNTech or Moderna** vaccines is available to those who have completed their initial two-dose mRNA series at least six months ago. The CDC offers the following eligibility guidelines:

- Age 65 years and older
- Age 18+ who live in [long-term care settings](#)
- Age 18+ who have [underlying medical conditions](#)
- Age 18+ who work or live in [high-risk settings](#)

A single booster dose of **Johnson & Johnson's Janssen** vaccine may be administered to individuals aged 18 and older at least two months after completing an initial single dose.

Any authorized COVID-19 booster vaccine may be used as a heterologous ("mix and match") booster dose in eligible individuals following completion of primary vaccination. However, it is recommended to administer the same primary vaccine whenever possible.

[CDC Expands Eligibility for COVID-19 Booster Shots | CDC Online Newsroom | CDC](#)

## FAQ's

### What's the difference between a COVID-19 booster dose and a third dose?

- A **booster dose** is recommended for **the general public** when the immunity gained from the patient's original single dose or 2-dose series has reduced.
- A **third dose** is recommended for **immunocompromised** patients at least 28 days after their second dose because they may not have received full protection from their original 2-dose mRNA vaccine series (Pfizer or Moderna). This is not a "booster" because these patients were unable to reach standard immunity levels to start.

### Are there COVID-19 vaccine exceptions for patients who have received Monoclonal Antibody Therapy or convalescent plasma treatment?

The CDC recommends deferring vaccination for at least 90 days after receipt of passive antibody therapy (monoclonal antibodies or convalescent plasma). This recommendation applies to:

- Patients who receive passive antibody therapy **before** receiving any COVID-19 vaccine
- Patients who receive passive antibody therapy **after** the first dose of an mRNA COVID-19 vaccine but **before** the second dose. In this case the second dose should be deferred for at least 90 days following receipt of the antibody therapy.

**Can I give the COVID-19 and flu vaccines at the same appointment?**

You may administer a COVID-19 vaccine and other vaccines without regard to timing. This includes simultaneous administration of a COVID-19 vaccine and other vaccines (including live, attenuated vaccines such as the measles-mumps-rubella [MMR] vaccine) on the same day, as well as coadministration at any time interval.

Yes, unless the patient has been treated with monoclonal antibody therapy within the last 90 days as noted above. When deciding whether to coadminister other vaccines with a COVID-19 vaccine, consider:

- Whether the patient is behind or at risk of becoming behind on recommended vaccines
- The patient’s risk of vaccine-preventable disease (e.g., during an outbreak or occupational exposures)
- The reactogenicity profile of the vaccines

Learn more about coadministration with other vaccines [here](#).

**Can I administer the COVID-19 vaccine to patients with a history of Multisystem Inflammatory Syndrome in Children (MIS-C) or Adults (MIS-A)?**

The CDC recommends MIS-C and MIS-A patients consider delaying vaccination until they have recovered from their illness and for 90 days after the date of diagnosis. Considerations for vaccination may include:

- Clinical recovery from MIS-C or MIS-A, including return to normal cardiac function
- Personal risk of severe acute COVID-19 (e.g., age, underlying conditions)
- Level of COVID-19 community transmission and personal risk of reinfection
- Lack of safety data of COVID-19 vaccines following these illnesses
- Timing of any immunomodulatory therapies

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