TO: Vermont Health Care Providers and Health Care Facilities
FROM: Jennifer S. Read, MD, FIDSA; Medical Epidemiologist

COVID-19 Vaccination for People with Prior or Current SARS-CoV-2 Infection or Who Received Certain COVID-19 Treatments

According to the U.S. Centers for Disease Control and Prevention (CDC)'s Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States:

- Currently authorized COVID-19 vaccines can be given safely to people with evidence of a **prior SARS-CoV-2 infection**. Therefore, people should be offered COVID-19 vaccination regardless of a history of prior symptomatic or asymptomatic SARS-CoV-2 infection. Viral testing to assess for acute SARS-CoV-2 infection or serologic testing to assess for prior infection is not recommended for the purposes of vaccine decision-making.

- Vaccination of people with known **current SARS-CoV-2 infection*** should be deferred until the person:
  - has recovered from the acute illness (if the person was symptomatic); and
  - the person has met criteria to discontinue isolation.

  *whether the SARS-CoV-2 infection occurred before receiving any vaccine dose or whether the infection occurred after the first dose of an mRNA vaccine but before receipt of the second dose

- Current evidence suggests that the risk of SARS-CoV-2 reinfection is uncommon in the 90 days after the initial infection but may increase with time due to waning immunity.

> Vermonters with a prior SARS-CoV-2 infection who have met the criteria for recovery and release from isolation may be vaccinated as soon as they are eligible, even if their infection was within the preceding 90 days.

- Currently, there are no data on the safety and efficacy of COVID-19 vaccines in people who received monoclonal antibodies or convalescent plasma as part of COVID-19 treatment. But, based on the estimated half-life of such therapies and evidence suggesting that reinfection is uncommon in the 90 days after initial infection, vaccination should be deferred for at least 90 days. This is a precautionary measure until additional information becomes available, to avoid potential interference of the antibody therapy with vaccine-induced immune responses. This recommendation applies to people who receive passive antibody therapy before receiving any vaccine dose and to those who receive passive antibody therapy after the first dose of an mRNA

vaccine but before the second dose, in which case the second dose should be deferred for at least 90 days following receipt of the antibody therapy. Receipt of passive antibody therapy in the past 90 days is not a contraindication to receipt of COVID-19 vaccine. COVID-19 vaccine doses received within 90 days after receipt of passive antibody therapy do not need to be repeated.

- For people receiving antibody therapies not specific to COVID-19 treatment (e.g., intravenous immunoglobulin, RhoGAM), administration of COVID-19 vaccines either simultaneously with or at any interval before or after receipt of an antibody-containing product is unlikely to substantially impair development of a protective antibody response. Thus, there is no recommended minimum interval between antibody therapies not specific to COVID-19 treatment and COVID-19 vaccination.

REQUESTED ACTION:

Be familiar with current recommendations regarding COVID-19 vaccination:

- People should be offered COVID-19 vaccination regardless of a history of **prior** symptomatic or asymptomatic SARS-CoV-2 infection.
- Vaccination of people with known **current** SARS-CoV-2 infection should be deferred until recovery and end of isolation.

- There is no need for people with recent documented acute SARS-CoV-2 infection to temporarily delay vaccination.

- Vaccination should be deferred for at least 90 days after receipt of monoclonal antibodies or convalescent plasma as part of COVID-19 treatment.

- There is no recommended minimum interval between antibody therapies not specific to COVID-19 treatment and COVID-19 vaccination.

If you have any questions, please contact the HAN Coordinator at 802-859-5900 or vthand@vermont.gov.

HAN Message Type Definitions

Health Alert: Conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation may not require immediate action.

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.

Info Service Message: Provides general correspondence from VDH, which is not necessarily considered to be of an emergent nature.