On August 12, the FDA amended the emergency use authorizations (EUAs) for both the Pfizer and Moderna COVID-19 Vaccine to allow for the use of an additional dose in certain immunocompromised individuals.

CDC followed by recommending a 3rd dose of mRNA vaccine for these individuals with moderate to severe immune compromise.

**List of Conditions Considered Moderate to Severe Immunocompromised (from CDC guidance)**

- 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.
- Others determined by providers' clinical judgement
**KEY POINTS**

1. **TIMING:** The 3rd dose should be administered at least 28 days after the 2nd mRNA COVID vaccine dose

2. **USE THE SAME PRODUCT, WHEN POSSIBLE:** People should receive a 3rd dose of the same mRNA product as their first two doses when feasible. If not feasible, a different mRNA product is allowed.

3. **NO INDICATIONS CURRENTLY FOR THOSE WHO RECEIVED J&J:** A 3rd dose is currently only recommended for immunocompromised people who received an mRNA vaccine, not those who received the J&J vaccine as their first shot. Further research is being done as to if there is an improved immune response with additional doses for those who received J&J.

4. **CONTINUE TO EMPHASIZE OTHER PREVENTION MEASURES:** Immunocompromised people should continue other prevention measures as well, including masking, distancing, and avoiding crowded indoor spaces. Additionally, close contacts of immunocompromised people should be encouraged to be vaccinated.

5. **NO SCRIPT NEEDED:** Patients do not need a referral from their provider to receive a 3rd dose. Self-attestation of moderate to severe immunocompromise is sufficient.

6. **SEROLOGIC TESTING NOT INDICATED:** The use of serologic testing to determine immune response is not recommended at this time. Providers' clinical judgement of the patient's general level of immune competence is sufficient.
IMPLEMENTATION

Use your EHR to create an eligible patient outreach list

Use your EHR to generate a list of your patients with moderate to severe immune compromise who received 2 mRNA vaccines, and contact these patients to recommend vaccination with a 3rd dose appointment. This list can be generated by including:

- Patients with organ transplant diagnoses and other conditions causing immune incompetence
- Patients currently taking immunosuppressive medications
  - You can use either of these lists as starting points, however note that neither is an exhaustive list

Use the CRISP Vaccine Tracker to Determine Vaccine Type and Dates

Use the CRISP Vaccine Tracker to understand which type of COVID-19 vaccine your patient previously received, and when.

Order additional vaccine in ImmuNet as needed

You may use existing vaccine inventory to administer 3rd doses to patients. If you need additional vaccine doses, you can place an order in ImmuNet.

1. See this ImmuNet Ordering Guide for instructions on how to place a COVID-19 vaccine order in ImmuNet.
   a. Note: only practices currently registered in ImmuNet as a COVID-19 vaccinator and reporting data to ImmuNet are eligible to order
   b. Orders can be placed Friday, August 20 from 8am-4pm, or Thursdays beginning August 26
2. Email mdh.covidvax@maryland.gov with any ordering issues

Vaccinate and Bill for Vaccine Administration

Use CPT codes:

- 0003A for the 3rd dose of Pfizer
- 0013A for the 3rd dose of Moderna