ACIP recommendations for Pfizer COVID-19 Vaccine Administration:

- Recommended for persons 16 years of age and older.
- 2-dose series administered IM 3 weeks apart (4-day grace period (e.g. 17-21 days) is valid)
- Use same product for both doses. However, if two different products inadvertently given, no additional doses recommended.
- Wait at least 14 days before or after administration of any other vaccines, if inadvertently administered within 14 days of another vaccine, doses do not need to be repeated.

Vaccination of special populations:

1.) **Persons with a history of COVID-19 infection**: should be offered to persons regardless of history of prior symptomatic or asymptomatic SARS-CoV-2 infection. Viral or serologic testing for acute or prior infection not recommended.

2.) **Persons with known current COVID-19 infection**: defer until recovery from acute illness and has met de-isolation criteria. No minimal interval between infection and vaccination.

3.) **Persons who recovered from COVID-19 in the last 90 days**: reinfection uncommon in the 90 days after initial infection, may defer vaccination until the end of this period, if desired.

4.) **Persons who previously received passive antibody therapy for COVID-19**: defer for at least 90 days to avoid interference of the treatment with vaccine-induced immune response.

5.) **Persons with a known SARS-CoV-2 exposure**: defer until quarantine period has ended to avoid exposing vaccine providers and other recipients.

6.) **Persons with underlying medical conditions**: may receive vaccination, as long as no contraindications to vaccination. Phase 2/3 clinical trials demonstrate similar safety and efficacy profiles in persons with underlying medical conditions.

7.) **Immunocompromised persons**: may receive vaccination, as long as no contraindications to vaccination, since they are at risk for severe COVID-19 disease.

   Individuals should be counseled about:
   - Unknown vaccine safety and efficacy profiles in immunocompromised persons
   - Potential for reduced immune responses
   - Need to continue to follow all current guidance to protect themselves against COVID-19

8.) **Pregnant women**: If a woman is part of a group (e.g., healthcare personnel) who is recommended to receive a COVID-19 vaccine and is pregnant, she may choose to be vaccinated. A discussion with her healthcare provider can help her make an informed decision.

   - mRNA vaccines are not live vaccines and are degraded quickly by normal cellular processes and don’t enter the nucleus of the cell.
   - There are no data on the safety of COVID-19 vaccines in pregnant women, however, pregnant women are at increased risk of severe illness and might be at increased risk of adverse pregnancy outcomes such as preterm birth.
   - Considerations for vaccination:
     - level of COVID-19 community transmission (risk of acquisition)
Pfizer COVID-19 Vaccination Considerations 12/13/20

– her personal risk of contracting COVID-19 (by occupation or other activities) and the risks of COVID-19 to her and potential risks to the fetus

– the efficacy of the vaccine and its known side effects
– the lack of data about the vaccine during pregnancy
– Pregnant women who experience fever following vaccination should be counseled to take acetaminophen as fever has been associated with adverse pregnancy outcomes.
– Routine testing for pregnancy prior to receipt of a COVID-19 vaccine is not recommended.

9.) Breastfeeding/Lactating women: If a lactating woman is part of a group (e.g., healthcare personnel) who is recommended to receive a COVID-19 vaccine, she may choose to be vaccinated.
– mRNA vaccines are not considered live virus vaccines and are not thought to be a risk to the breastfeeding infant
– no data on safety

Algorithm for the triage of persons presenting for Pfizer-COVID-19 vaccine

Pfizer's Fact Sheets:
• EUA Fact Sheet for Vaccine Providers
• EUA Fact Sheet for Recipients and Caregivers