From: Waterman, Autumn (DHHS) <WatermanA@michigan.gov>
Sent: Friday, April 23, 2021 2:42 PM
To: Waterman, Autumn (DHHS) <WatermanA@michigan.gov>
Subject: COVID-19 Vaccine Education Corner—Is there an interval to vaccinate after a positive COVID-19 test?
Importance: High

This message was sent to AIM, FAB, Health Systems, INE, IAP, LHD Health Officers, LHD Medical Directors, MACI, MACI 2, PH Imms Leads, MCIR Region Contacts, COVID-19 Vaccine Providers, and Imms All Staff. I apologize for any duplications.

Good Afternoon Immunization Partners,

We have been receiving numerous phone calls and emails about various COVID-19 vaccine administration questions. Due to all the questions we are receiving, we are planning to start a weekly COVID-19 Vaccine Education Corner. The plan will be to pick a "HOT TOPIC" question for the week and provide the answer to everyone with clinical resources. This weekly education is being planned to go out in an email on Fridays and today is our first email.

Question: If my patient has recently had a COVID-19 infection, when can I vaccinate them?

There is no interval between infection and vaccination. Here are some key points to remember:

- Vaccination with COVID-19 vaccine should be deferred until the person has recovered from acute illness and they have met criteria to discontinue isolation. This also applies to those who experience COVID-19 infection after the first dose of an mRNA vaccine but before a second dose.
- Clinical trial data indicates that COVID-19 vaccine can be given safely to people with evidence of a prior COVID-19 infection.
- People should be offered vaccination regardless of history of prior COVID-19 infection.
- Current evidence suggests that risk of infection is low in the months following initial infection but will increase over time due to waning immunity, thus people with a recent documented acute COVID-19 infection may choose to temporarily delay vaccination. However, it is important to recognize that the risk of reinfection may increase as the time following initial COVID-19 infection increases, so vaccination should be considered.

Bonus Question: What if my patient received monoclonal antibodies or convalescent plasma as part of COVID-19 treatment?

- Based on the estimated half-life of such therapies, evidence suggests that reinfection is uncommon in the 90 days after initial infections and vaccination should be deferred for at least 90 days.
- 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.

All this information and much more can be found in CDC's Interim Clinical Consideration for Use of COVID-19 Vaccines Currently Authorized in the United States. Please review this guidance document and bookmark this site for future use. This guidance is being continually evaluated and updated. It contains the most current information and will answer many of your questions. CDC has also created a Summary Document for Interim Clinical Considerations which can be a quick way to review CDC's clinical considerations guidance.

Another great resource to help address COVID-19 vaccine questions is the Immunization Action Coalition Ask the Experts COVID-19.
We cannot stress enough how important it is to use these great resources to help with any questions you have regarding vaccine administration and to help prevent vaccine administration errors. If you have any questions regarding vaccine administration, you may always reach out to us at CHECCimms@michigan.gov.

Thank you for all your hard work to protect Michiganders from vaccine-preventable diseases!

-The Immunization Nurse Education Team,
Andrea, Heidi, Maria, and Terri