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NH-HAN 20220520



COVID-19 Pandemic, Update # 60 ***Booster Dose Recommended for Children Aged 5-11 Years*** ***Outpatient Prescribing of COVID-19 Therapeutics***

Key Points and Recommendations:

- A Pfizer-BioNTech COVID-19 vaccine booster dose is now [recommended](#) for all children 5-11 years of age starting at least 5 months after completion of their primary series.
 - The total number of doses a child is able to receive depends on their immunocompromised status (see CDC's COVID-19 vaccination schedules).
 - For children who are moderately or severely immunocompromised, the [recommended](#) primary series is 3 doses of an mRNA vaccine followed by a booster (4th dose).
 - For children NOT moderately or severely immunocompromised, the [recommended](#) primary series is 2 doses of an mRNA vaccine followed by a booster (3rd dose).
 - Review CDC's [Interim Clinical Considerations for Use of COVID-19 Vaccines](#) (pending update).
 - A booster dose in children 5-11 years of age resulted in a 22-fold increase in geometric mean neutralizing antibody titers against Omicron compared with levels after 2 doses (see updated [FDA Fact Sheet](#) and [ACIP meeting presentation](#)).
 - COVID-19 vaccines remain safe for children (see [Hause et al., Pediatrics. May 2022](#) and [ACIP meeting presentation](#)).
 - Rates of myocarditis after COVID-19 vaccination were very low in children 5-11 years of age and were near background population rates.
 - Risk of cardiac complications (e.g., myocarditis/pericarditis) in all age groups is significantly higher after SARS-CoV-2 infection compared with vaccination, including for adolescent males ([Block et al., MMWR. April 2022](#)).
- Currently, all persons 5 years of age and older are recommended to receive a “primary” mRNA vaccine series followed by an mRNA “booster”.
 - The “Prime + Boost” vaccination series should be recommended by all providers as part of the necessary initial vaccination series.
 - A booster dose produces higher antibody levels, a durable immune response, greater protection against infection and severe outcomes, protection from long-COVID, and results in a broader immune response that is able to protect against emerging variants ([Muecksch et al., Nature. April 2022](#)).
 - People previously infected should still receive all recommended COVID-19 vaccine doses – immunity from infection alone is insufficient, and vaccination is necessary for more consistent, durable, and cross-variant protection ([Suryawanshi et al., Nature. May 2022](#)).

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- CDC is also strengthening their [recommendations](#) for second booster doses – persons 12 years of age or older who are moderately or severely immunocompromised, and persons 50 years of age or older (based on age alone) are now recommended to receive a second booster dose (see CDC’s [guidance](#) for details when updated).
 - Oral COVID-19 therapeutics, like Paxlovid, are available for healthcare providers to prescribe through many NH pharmacies (check the [COVID-19 Therapeutics Locator](#)).
 - Refer to [NIH](#) and [IDSA](#) treatment guidelines.
 - See prior CDC HAN on [Availability and Use of Treatments for Outpatients with Mild to Moderate COVID-19 Who are at Increased Risk for Severe COVID-19](#).
 - [Paxlovid](#) is the preferred outpatient treatment for persons 12 years of age or older (weighing at least 40 kg) who have mild-moderate COVID-19, test positive for SARS-CoV-2 infection (e.g., by antigen or PCR test), and who are at risk for progressing to severe disease.
 - Providers should assess patients with even mild COVID-19 for treatment and, if appropriate, prescribe Paxlovid to prevent severe disease.
 - Refer to IDSA Resource for Clinicians on [Management of Drug Interactions with Nirmatrelvir/Ritonavir \(Paxlovid\)](#).
 - If a patient has a contraindication to oral Paxlovid, then consider referral for an intravenous therapy (e.g., remdesivir or monoclonal antibodies), or evaluate appropriateness for oral molnupiravir (with appropriate counseling).
 - NH Division of Public Health Services (DPHS) continues to host **monthly Healthcare Provider and Public Health Partner** webinars on the 2nd Thursday of each month from 12:00 – 1:00 pm (next webinar 6/9):
 - Zoom link: <https://nh-dhhs.zoom.us/j/94059287404>
 - Call-in phone number: (646) 558-8656
 - Meeting ID: 940 5928 7404
 - Password: 353809

- For any questions regarding this notification, please call the NH DHHS, DPHS, Bureau of Infectious Disease Control at (603) 271-4496 during business hours (8:00 a.m. – 4:30 p.m.).
- If you are calling after hours or on the weekend, please call the New Hampshire Hospital switchboard at (603) 271-5300 and request the Public Health Professional on-call.
- To change your contact information in the NH Health Alert Network, please send an email to DHHS.Health.Alert@dhhs.nh.gov.

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From: Benjamin P. Chan, MD, MPH; State Epidemiologist
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