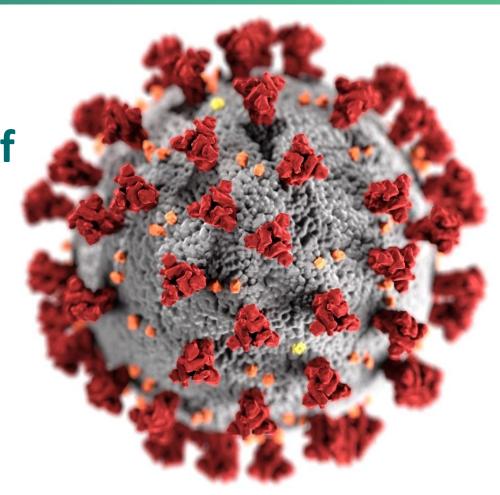
Considerations for booster doses of COVID-19 vaccines

Sara Oliver MD, MSPH ACIP Meeting August 13, 2021





cdc.gov/coronavirus

Policy questions:

Recommendations for booster doses of COVID-19 vaccines

• Main policy question: Are booster doses of COVID-19 vaccines needed for those previously vaccinated with a primary series?

Policy on booster doses coordinated with FDA for regulatory allowance,
 and ACIP for recommendations around use in specific populations

Roles of an Additional Dose

There are two distinct potential uses for an additional dose:

- Additional dose after an initial primary vaccine series: administration of an additional vaccine dose when the initial immune response following a primary vaccine series is likely to be insufficient.
- <u>Booster dose</u>: a dose of vaccine administered when the initial sufficient immune response to a primary vaccine series is likely to have waned over time.

Roles of an Additional Dose

There are two distinct potential uses for an additional dose:

- Additional dose after an initial primary vaccine series: administration of an additional vaccine dose when the initial immune response following a primary vaccine series is likely to be insufficient.
- <u>Booster dose</u>: a dose of vaccine administered when the initial sufficient immune response to a primary vaccine series is likely to have waned over time.

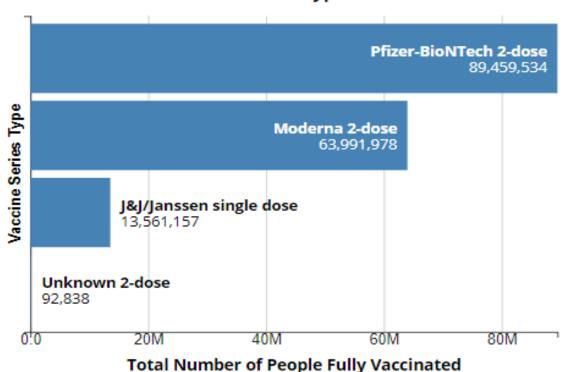
COVID-19 vaccines administered

As of August 11, 2021

Total Vaccine Doses Administered:

353,205,544

Number of People Fully Vaccinated in the U.S. by COVID-19 Vaccine Series Type



% of Population Fully Vaccinated:



≥12 years of age:

58.9%



≥**18** years of age:

61.3%



≥**65** years of age:

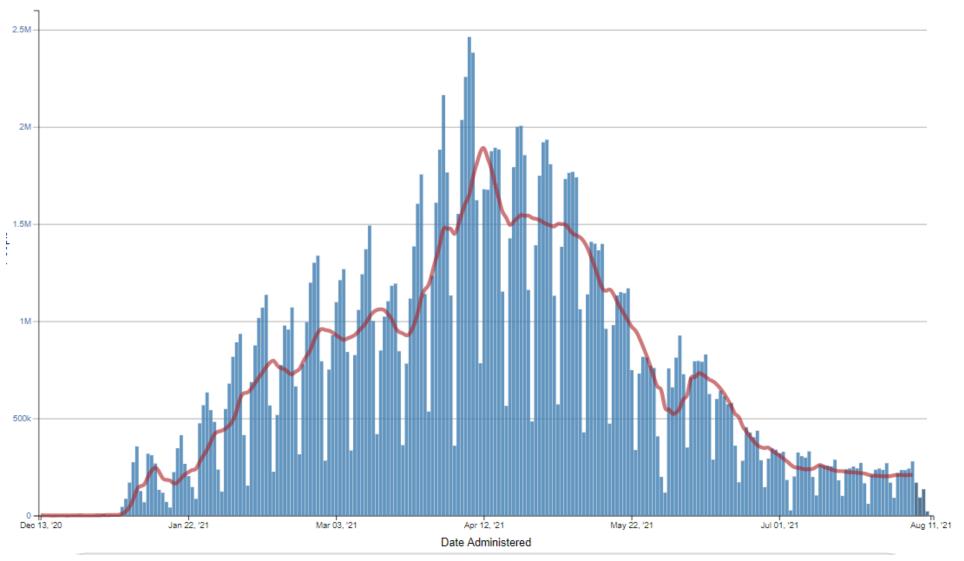
80.5%

CDC. https://covid.cdc.gov/covid-data-tracker

COVID-19 vaccines administered

As of August 11, 2021

Daily Count of Fully Vaccinated People

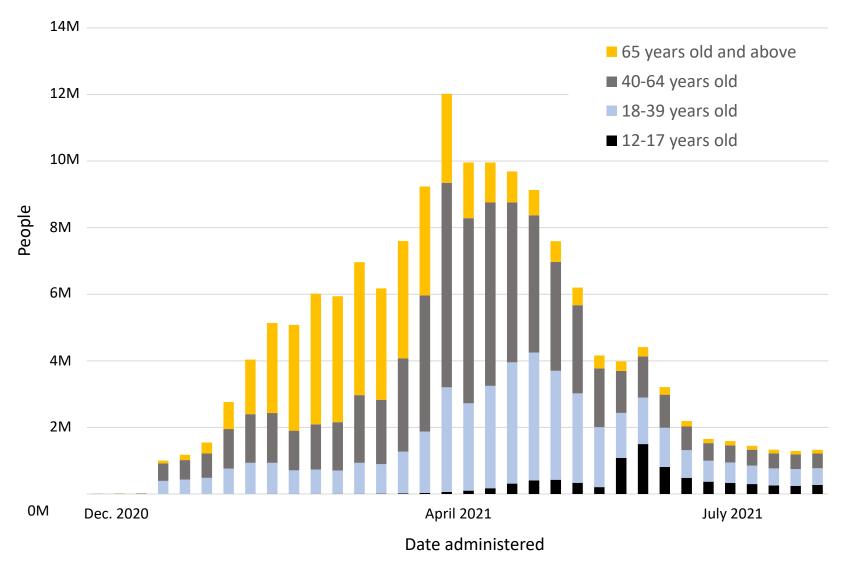


A person is considered fully vaccinated against COVID-19 ≥2 weeks after receipt of the second dose in a two-dose series (Pfizer-BioNTech and Moderna) or ≥2 weeks after receipt of the single dose of the Janssen vaccine; CDC. https://covid.cdc.gov/covid-data-tracker

COVID-19 vaccines administered

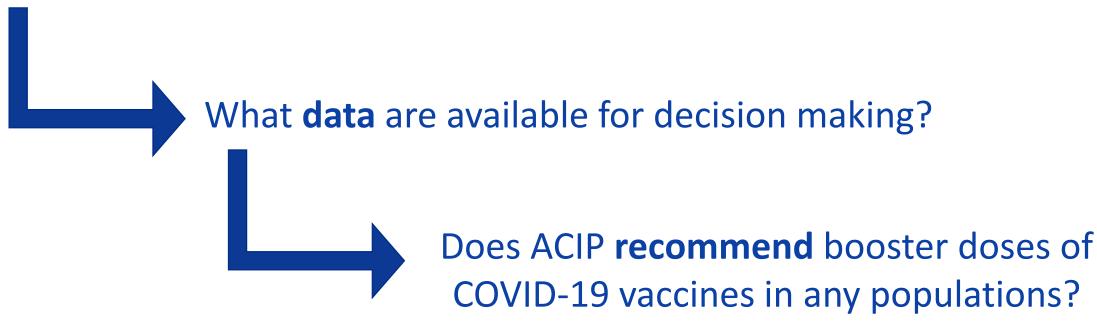
As of August 11, 2021

Weekly Count
of Fully
Vaccinated
People in US,
by age group



A person is considered fully vaccinated against COVID-19 ≥2 weeks after receipt of the second dose in a two-dose series (Pfizer-BioNTech and Moderna) or ≥2 weeks after receipt of the single dose of the Janssen vaccine; CDC. https://covid.cdc.gov/covid-data-tracker

What are the key considerations for decision making?



What are the **key considerations** for decision making? What data are available for decision making? Does ACIP recommend booster doses of COVID-19 vaccines in any populations?

Data to inform recommendations

Risk of COVID-19 complications

Risk of COVID-19 exposure

Risk of waning immunity

Risk of COVID-19 variants

Do we need them?

Do they work?

Public Health Problem Benefits and Harms

Public Health Problem Benefits and Harms

Is vaccine effectiveness (VE) waning over time?

Is VE **reduced** for the **Delta variant**?

Does the data vary by sub-population?

Are booster doses of COVID-19 vaccines safe and immunogenic?

Will booster doses of COVID-19 vaccines reduce COVID-19 incidence, hospitalization and/or mortality?

Do booster doses **improve VE** against the Delta variant?

12

Public Health Problem Is vaccine effectiveness (VE) waning over time?

Is VE at **6-8 months** similar to what was noted at **2 months** after vaccination?

How does this data vary by **severity** of disease?

What data on waning VE would identify a need for booster dose of COVID-19 vaccines?

Public Health Problem Is VE reduced for the Delta variant?

How does this vary by **severity** of disease?

How would this information impact VE for **future variants**?

Data to inform recommendations

Public Health Problem Does the data vary by **sub-population**?

Residents of long-term care facilities

Adults ≥65 years of age

Healthcare personnel

Public Health Problem

Booster doses of COVID-19 vaccines: Data to inform recommendations

Does the data vary by **sub-population**?

LTCF residents, adults ≥65 years of age

- Vaccinated in early phase of COVID-19 vaccine roll-out
- Needed special considerations for other vaccines (boosters, higher-dose vaccines)

Healthcare personnel

- Vaccinated in early phase of COVID-19 vaccine roll-out
- Continued exposure to SARS-CoV-2
- Additional considerations include continuity of healthcare systems
 - May have need to prevent asymptomatic or mild infections in healthcare personnel

Are booster doses of COVID-19 vaccines **safe** and **immunogenic**?

Do COVID-19 vaccines provide a **boost** in neutralizing antibody response?

How do neutralizing antibodies correlate to **clinical protection** from COVID-19?

Benefits and Harms

Will booster doses of COVID-19 vaccines reduce COVID-19 incidence, hospitalization and/or mortality?

Benefits and Harms

Do boosters **improve VE** against the Delta variant and other variants of concern?

How can we use this data to inform VE for **future variants**?

Benefits and Harms

Booster doses of COVID-19 vaccines:Work Group interpretation

Public Health Problem

- Receipt of COVID-19 vaccine primary series will continue to have the largest public health impact
- Decisions for boosters need to focus on prevention of severe disease, hospitalization and death
- Important to ensure global vaccine availability: new variants could emerge from regions with low vaccine coverage and high community transmission

Booster doses of COVID-19 vaccines:Work Group interpretation

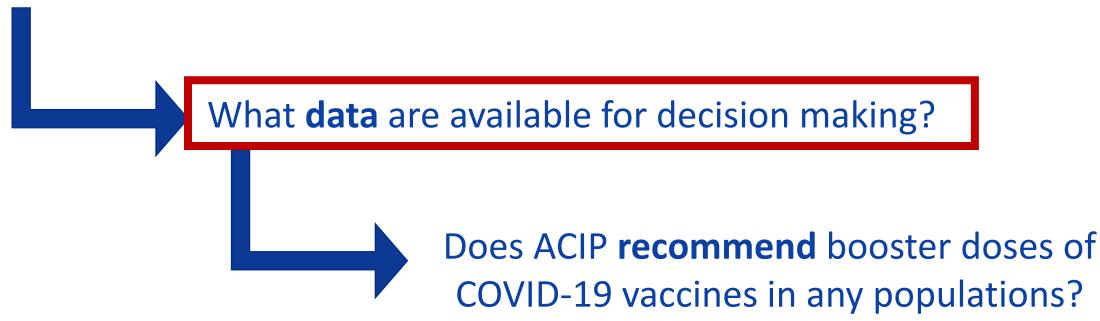
- Neutralizing antibody data will be important for booster dose discussions, but may not represent the entire immune response to COVID-19 vaccines
 - Cellular immune response can be difficult to measure, but important
 - Commercial antibody testing not authorized or recommended to evaluate post-vaccination immune response
- Based on available data and timing of vaccine roll-out, initial booster vaccine policy focused on at-risk adult populations
 - At-risk populations could include:
 Adults ≥65 years of age, LTCF residents, healthcare personnel

Benefits and Harms

What are the key considerations for decision making?



What are the **key considerations** for decision making?



Booster doses of COVID-19 vaccines: Remaining questions

• How does VE vary by specific COVID-19 vaccine in each sub-population?

• What is the VE for booster doses of COVID-19 vaccines, and how does it vary by sub-population?

• How will the need for booster doses of COVID-19 vaccines evolve as the pandemic evolves?

Benefits and Harms

Acknowledgements

- Kathleen Dooling
- Amy Blain
- Mary Chamberland
- Julia Gargano
- Jack Gersten
- Monica Godfrey
- Stephen Hadler
- Danielle Moulia
- Heidi Moline
- Ian Plumb
- Nicole Reisman
- Hannah Rosenblum
- Heather Scobie

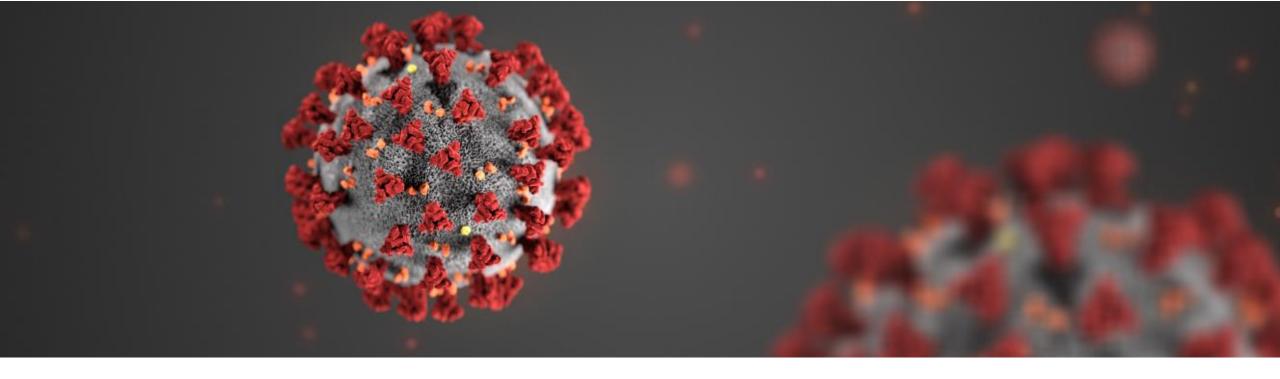
- Eddie Shanley
- Megan Wallace
- Neela Goswami
- Kristine Schmidt

- Vaccine Task Force
- Epi Task Force
- Respiratory Viruses Branch

Questions for ACIP

1. Does ACIP agree with the framework laid out to address COVID-19 booster dose recommendations?

2. What other questions would be important for ACIP to address?



For more information, contact CDC 1-800-CDC-INFO (232-4636)

TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

