

Health Advisory

COVID-19 Vaccine Updates: Adolescent Immunization, Coadministration, and History of MIS-C/A May 21, 2021

Adolescent Immunization

On May 10, 2021, the Food and Drug Administration (FDA) expanded Emergency Use Authorization (EUA) for Pfizer-BioNTech COVID-19 vaccine to adolescents 12-15 years. On May 12, 2021, the Advisory Committee on Immunization Practices (ACIP) made an interim recommendation for use of the vaccine in this age group for prevention of COVID-19.

Safety, immunogenicity, and reactogenicity data were similar to that of young adults ages 16-25 years. Given that syncope (fainting) in association with vaccination can be more common in adolescents, providers should implement procedures to prevent falling injuries and manage syncopal reactions.

Coadministration

The Centers for Disease Control and Prevention (CDC) has issued guidance that all COVID-19 vaccines may now be administered without regards to timing of other (non-COVID-19) vaccines. Previously, out of an abundance of caution, COVID-19 vaccines were recommended to be administered alone and a minimum of 14 days before or after any other vaccine. This updated guidance is based on extensive safety data collected on currently authorized COVID-19 vaccines and knowledge that non-COVID-19 vaccine immunogenicity and adverse event profiles are similar when administered either together or alone.

When deciding to coadminister another vaccine(s) with a COVID-19 vaccine, providers should consider the following for a patient:

- Risk of becoming behind on recommended vaccines
- Risk of vaccine-preventable disease
- Reactogenicity profile of the vaccines

Administer each vaccine in a different injection site (deltoid muscle can be used for more than one injection), separated by 1 inch or more. If possible, vaccines more likely to cause a local reaction (e.g. tetanus-toxoid-containing and adjuvanted vaccines) should be administered in different limbs. Use best practices to label each syringe with name, dose of vaccine, lot number, preparer initials, and beyond-use time where applicable.

History of MIS-C/A

Persons with a history of multisystem inflammatory syndrome in children (MIS-C) or adults (MIS-A) may choose to be immunized with COVID-19 vaccines. Theoretical concerns regarding risk of recurrence following reinfection with SARS-CoV-2 or in response to vaccination should be weighted against known risk of COVID-19 reinfection and benefits of protection from COVID-19 vaccine. Consideration should be given for delaying vaccination until recovery from illness and 90-days after diagnosis, given that risk of SARS-CoV-2 reinfection may increase over time.

Additional Information:

- [The Advisory Committee on Immunization Practices' Interim Recommendation for Use of Pfizer-BioNTech COVID-19 Vaccine in Adolescents Aged 12-15 Years – United States, May 2021 | MMWR \(cdc.gov\)](#)
- [Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC](#)

Guidance adapted from the above references.

SUMMARY POINTS

- Emergency Use Authorization of Pfizer-BioNTech COVID-19 vaccine has been expanded to adolescents ages 12-15 years.
- All COVID-19 vaccines may now be administered without regards to timing of other non-COVID-19 vaccines.
- Guidance has been issued regarding COVID-19 immunization for persons with a history of multisystem inflammatory syndrome in children (MIS-C) or adults (MIS-A).