Clinical Update

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CDC Morbidity & Mortality Weekly Report (MMWR)

Increasing Community Access to Testing (ICATT) Partnership: VE analysis for symptomatic infection

- Nationwide community-based drive-through COVID-19 testing via pharmacies
- Self-reported vaccine history at time of registration for COVID-19 testing; excluded those who did not report vaccination status
- Design: Test-negative, case-control analysis
- Population: Persons with ≥1 COVID-like symptom and nucleic acid amplification testing (NAAT); immunocompromised excluded
- Adjusted for:
  - Demographics, social vulnerability index of the testing location, underlying conditions (presence versus absence), state of residence of person tested, pharmacy chain conducting the test, local incidence (cases per 100,000 by site zip code in the 7 days before test date), and date of testing
  - Excluded individuals reporting a positive test <90 days prior to current test
- Period for analysis:
  - Tested: September 14, 2022 – November 11, 2022
  - Majority BA.4/BA.5 predominant period; included weeks when BQ.1, BQ.1.1, BF.7, etc. circulated

Link-Gelles, Ciesla, Fleming-Dutra, et al. *MMWR* https://www.cdc.gov/mmwr/volumes/71/wr/mm7148e1.htm

Relative vaccine effectiveness of a single bivalent mRNA COVID-19 booster dose against symptomatic SARS-CoV-2 infection received after ≥ 2 monovalent vaccine doses, by age group and interval since last monovalent dose

Age Group	Relative VE: last monovalent dose received 2-3 months ago	Relative VE: last monovalent dose received 8+ months ago
18-49 years	30% (22%-37%)	56% (53%-58%)
50-64 years	31% (24%-38%)	48% (45%-51%)
65+ years	28% (19%-35%)	43% (39%-46%)

rVE was calculated by comparing the odds of receiving a bivalent booster dose (after 2, 3, or 4 monovalent doses) versus not receiving a bivalent booster dose (but receiving 2, 3, or 4 monovalent doses).

CDC MMWR, Early Release November 22, 2022

An updated (bivalent) COVID-19 booster provides *additional protection* against symptomatic COVID-19 illness*

COVID-19 spread has increased during the last two winters; stay up to date with COVID-19 vaccination

* Among immunocompetent adults with COVID-19-like symptoms, the vaccination status of 121,687 adults with a positive COVID-19 test was compared to that of 238,939 adults with a negative COVID-19 test

bit.ly/mm7148e1

NOVEMBER 22, 2022

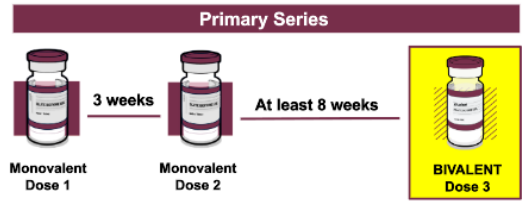
MMWR

CDPH RSV Page

- What is RSV?
- Symptoms
- Caring for Your Child at Home
- When to Seek Care
- Is Your Child at Higher Risk for Severe RSV?
- Prevention
- Prevention in High-Risk Infants
- Information for HCP

FDA Authorizes and CDC Recommends Updated (Bivalent) COVID-19 Vaccines for Children Down to 6 Months of Age

- **Moderna** (6 months – 5 years)
  - Bivalent vaccine authorized as single booster at least 2 months after Moderna primary series
- **Pfizer** (6 months – 4 years)
  - Bivalent vaccine authorized as third dose of Pfizer primary series
  - Monovalent vaccine is **no longer authorized** for use as the third dose of the three-dose primary series
  - Children who completed 3-dose Pfizer series not eligible for any bivalent vaccine
- No "mix-and-match" for infant/toddler bivalent vaccine



FDA Press Release 12/8/22
CDC Press Release 12/9/22

Covid-19 Primary Series Vaccination Recommendations

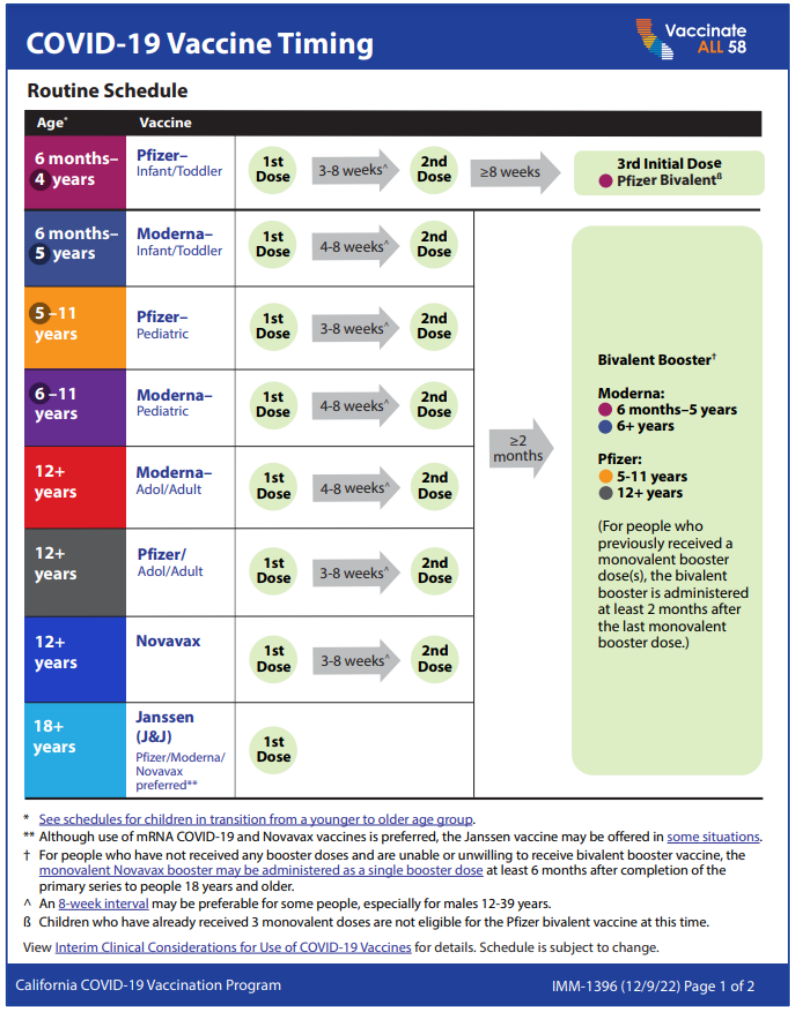
- **People ages 6 months and older are recommended to complete a primary series.**

- **Monovalent vaccines should be used for the primary series, with one EXCEPTION:**
  - Children ages 6 months–4 years who received 2 doses of a monovalent Pfizer-BioNTech vaccine are authorized to receive a **bivalent Pfizer-BioNTech vaccine as their third primary series dose**.

COVID-19 Bivalent Booster Recommendations

- **People ages 6 months and older are recommended to receive a bivalent booster with one EXCEPTION:**
  - Children 6 months–4 years who receive a **3-dose Pfizer-BioNTech primary series** are **not authorized to receive a booster dose** at this time regardless of which Pfizer-BioNTech vaccine (i.e., monovalent or bivalent) was administered for the third primary dose.

Job Aid: COVID-19 Vaccine Timing Schedules



COVID-19 Vaccine Timing

Vaccinate ALL 58

Routine Schedule

Age*	Vaccine								
6 months–4 years	Pfizer–Infant/Toddler	1st Dose	3-8 weeks^	2nd Dose	≥8 weeks	3rd Initial Dose ● Pfizer Bivalent[ß]			
6 months–5 years	Moderna–Infant/Toddler	1st Dose	4-8 weeks^	2nd Dose					
5–11 years	Pfizer–Pediatric	1st Dose	3-8 weeks^	2nd Dose					
6–11 years	Moderna–Pediatric	1st Dose	4-8 weeks^	2nd Dose					
12+ years	Moderna–Adol/Adult	1st Dose	4-8 weeks^	2nd Dose					
12+ years	Pfizer/Adol/Adult	1st Dose	3-8 weeks^	2nd Dose					
12+ years	Novavax	1st Dose	3-8 weeks^	2nd Dose					
18+ years	Janssen (J&J) Pfizer/Moderna/Novavax preferred**	1st Dose							

≥2 months

Bivalent Booster†

Moderna:
● 6 months–5 years
● 6+ years

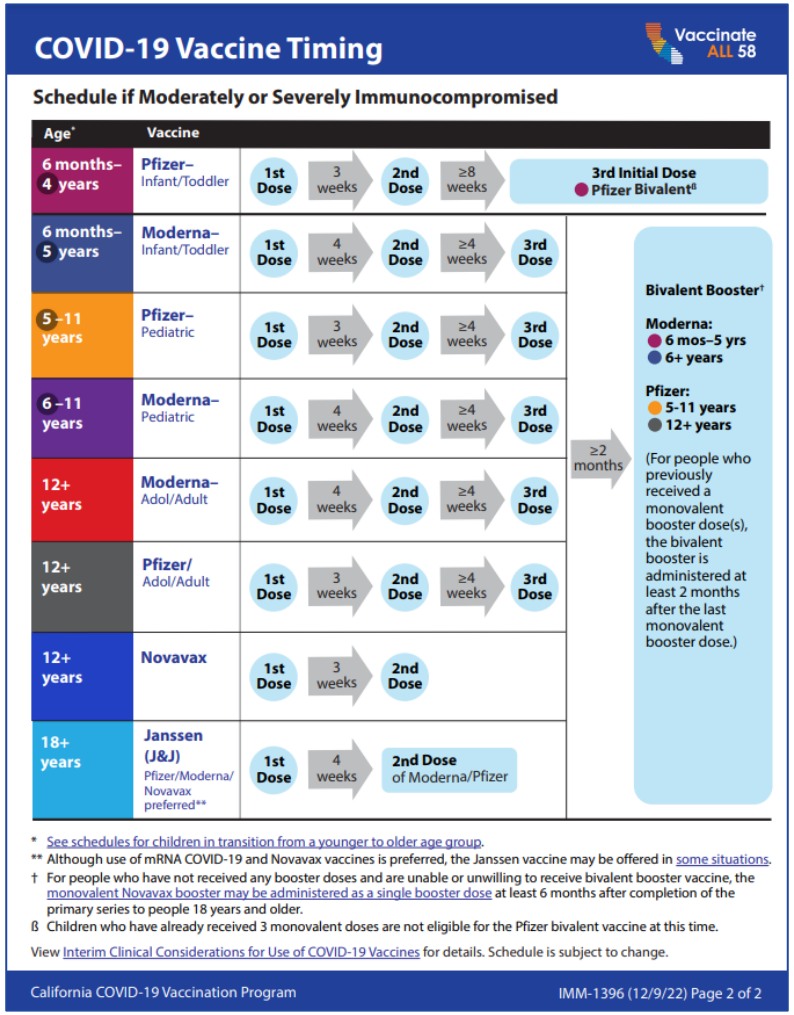
Pfizer:
● 5-11 years
● 12+ years

(For people who previously received a monovalent booster dose(s), the bivalent booster is administered at least 2 months after the last monovalent booster dose.)

* See schedules for children in transition from a younger to older age group.
** Although use of mRNA COVID-19 and Novavax vaccines is preferred, the Janssen vaccine may be offered in some situations.
† For people who have not received any booster doses and are unable or unwilling to receive bivalent booster vaccine, the monovalent Novavax booster may be administered as a single booster dose at least 6 months after completion of the primary series to people 18 years and older.
^ An 8-week interval may be preferable for some people, especially for males 12-39 years.
ß Children who have already received 3 monovalent doses are not eligible for the Pfizer bivalent vaccine at this time.

View Interim Clinical Considerations for Use of COVID-19 Vaccines for details. Schedule is subject to change.

California COVID-19 Vaccination Program IMM-1396 (12/9/22) Page 1 of 2



COVID-19 Vaccine Timing

Vaccinate ALL 58

Schedule if Moderately or Severely Immunocompromised

Age*	Vaccine									
6 months–4 years	Pfizer–Infant/Toddler	1st Dose	3 weeks	2nd Dose	≥8 weeks	3rd Initial Dose ● Pfizer Bivalent[ß]				
6 months–5 years	Moderna–Infant/Toddler	1st Dose	4 weeks	2nd Dose	≥4 weeks	3rd Dose				
5–11 years	Pfizer–Pediatric	1st Dose	3 weeks	2nd Dose	≥4 weeks	3rd Dose				
6–11 years	Moderna–Pediatric	1st Dose	4 weeks	2nd Dose	≥4 weeks	3rd Dose				
12+ years	Moderna–Adol/Adult	1st Dose	4 weeks	2nd Dose	≥4 weeks	3rd Dose				
12+ years	Pfizer/Adol/Adult	1st Dose	3 weeks	2nd Dose	≥4 weeks	3rd Dose				
12+ years	Novavax	1st Dose	3 weeks	2nd Dose						
18+ years	Janssen (J&J) Pfizer/Moderna/Novavax preferred**	1st Dose	4 weeks	2nd Dose of Moderna/Pfizer						

≥2 months

Bivalent Booster†

Moderna:
● 6 mos–5 yrs
● 6+ years

Pfizer:
● 5-11 years
● 12+ years

(For people who previously received a monovalent booster dose(s), the bivalent booster is administered at least 2 months after the last monovalent booster dose.)

* See schedules for children in transition from a younger to older age group.
** Although use of mRNA COVID-19 and Novavax vaccines is preferred, the Janssen vaccine may be offered in some situations.
† For people who have not received any booster doses and are unable or unwilling to receive bivalent booster vaccine, the monovalent Novavax booster may be administered as a single booster dose at least 6 months after completion of the primary series to people 18 years and older.
ß Children who have already received 3 monovalent doses are not eligible for the Pfizer bivalent vaccine at this time.

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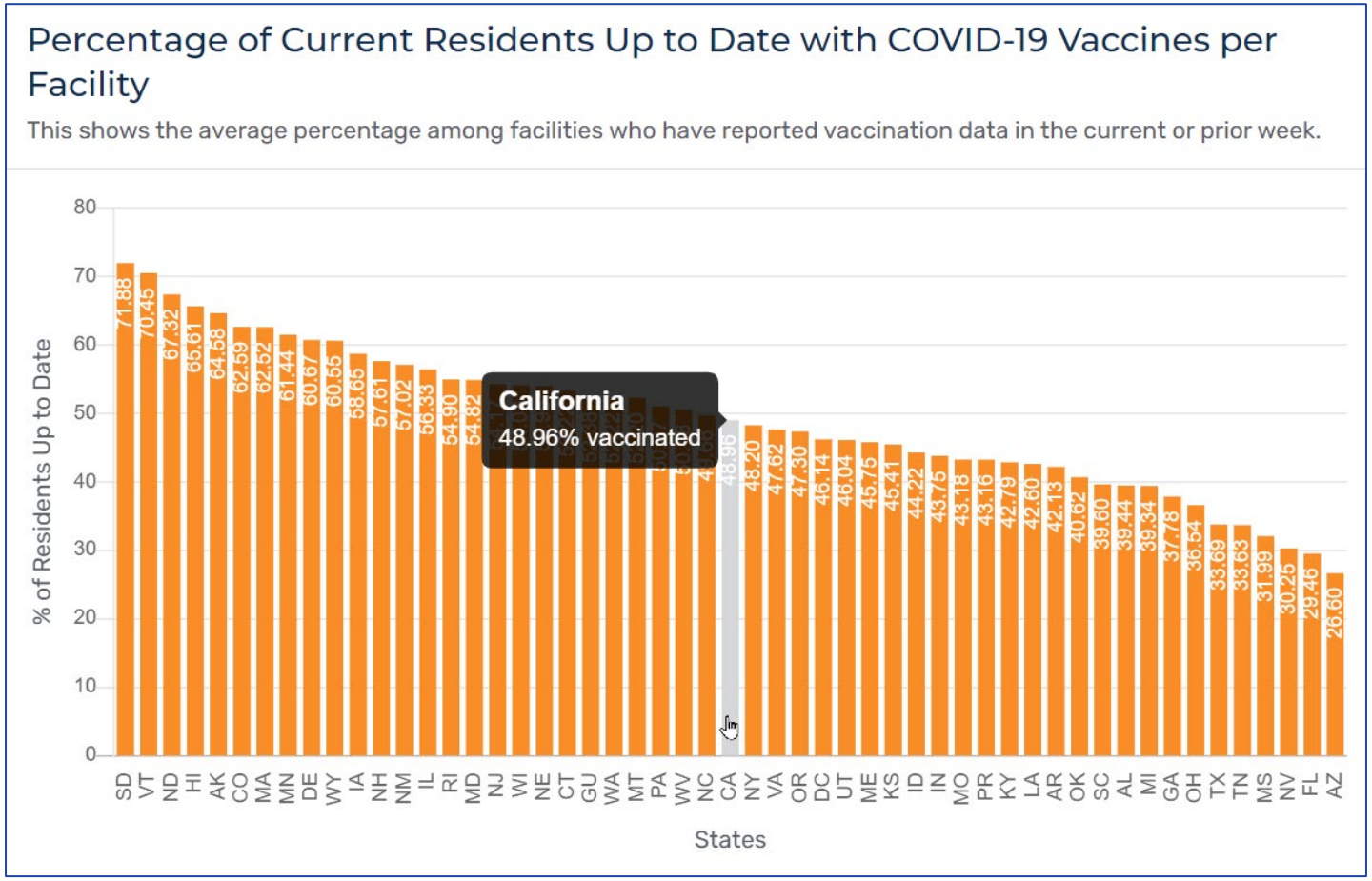
California COVID-19 Vaccination Program IMM-1396 (12/9/22) Page 2 of 2

SNF data on up-to-date vaccination of residents and staff – NHSN* (Latest data available November 27, 2022)



*CDC's National Healthcare Safety Network (NHSN)

SNF data on up-to-date vaccination of residents and staff – NHSN (Latest data available November 27, 2022)