



COVID-19 VACCINE TIMING FOR SPECIAL POPULATIONS

Special Consideration	Guidance	Source
Tested positive for COVID-19 in the past 10 days	<ul style="list-style-type: none">Defer until the patient has recovered from the acute illness (if the person had symptoms) and criteria have been met to discontinue isolation.This applies to patients who develop SARS-CoV-2 infection before receiving any vaccine doses as well as those who develop SARS-CoV-2 infection after the first dose but before receipt of the second dose.	CDC Isolation Duration Guidance
Co-Administration of non-COVID-19 vaccines	<ul style="list-style-type: none">COVID-19 vaccines and other vaccines may now be administered without regard to timing. This includes simultaneous administration of COVID-19 vaccines and other vaccines on the same day, as well as co-administration within 14 days.	Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States
Received monoclonal antibodies for COVID-19 in the past 90 days	<ul style="list-style-type: none">If a patient gets monoclonal antibody therapy, vaccine should be delayed at least 90 days post therapy.If a patient gets the first dose of vaccine, then gets monoclonal antibody therapy, the second dose should be delayed 90 days.	Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States
Immunosuppressants	<ul style="list-style-type: none">Currently, there is no evidence to support delaying or holding immunosuppressant before starting COVID-19 vaccine. Clinicians should consider vaccination on an individual basis, depending on the severity of the medical condition and the urgency of its treatment.	Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States NEJM- COVID19 Vaccine FAQs
Surgery (non-transplant)	<ul style="list-style-type: none">Currently, there is no evidence to suggest that there is a need to delay vaccination around surgery.	
Breast Imaging	<ul style="list-style-type: none">If possible, and when it does not unduly delay care, consider scheduling screening exams prior to the first dose of a COVID-19 vaccination or 4-6 weeks following the second dose of a COVID-19 vaccination.	SBI Recommendations for the Management of Axillary Adenopathy in Patients with Recent COVID-19 Vaccination

Special Consideration	Guidance	Source
Tuberculin Skin Test	<ul style="list-style-type: none"> • COVID-19 vaccines should not be delayed because of testing for TB infection. • Testing for TB infection with one of the immune-based methods can be done before or during the same encounter as COVID-19 vaccination. • When testing with TST or IGRA cannot be done at the same time as COVID-19 vaccination, these tests should be delayed ≥ 4 weeks after the completion of COVID-19 vaccination but generally should not be cancelled. 	Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States
People vaccinated with COVID-19 vaccines not authorized in the United States	<ul style="list-style-type: none"> • <i>COVID-19 vaccines not authorized by FDA but authorized for emergency use by WHO</i> <ul style="list-style-type: none"> ○ People who completed a COVID-19 vaccination series with a vaccine that has been authorized for emergency use by the World Health Organization (WHO) do not need any additional doses with an FDA-authorized COVID-19 vaccine. ○ People who are partially vaccinated with a COVID-19 vaccine series authorized for emergency use by WHO may be offered an FDA-authorized COVID-19 vaccine series. • <i>COVID-19 vaccines not authorized by FDA or not authorized for emergency use by WHO</i> <ul style="list-style-type: none"> ○ People who completed or partially completed a COVID-19 vaccine series with a vaccine that is not authorized by FDA or not authorized for emergency use by WHO may be offered an FDA-authorized COVID-19 vaccine series. 	List of vaccines currently authorized by WHO UM Guidance/FAQs
Solid Organ Transplant (SOT)	<ul style="list-style-type: none"> • <i>Vaccination prior to transplant:</i> ≥ 2 weeks prior to transplant. • <i>Vaccination post – transplant:</i> beginning 1 to 6 months after transplant. • If patient received thymoglobulin or rituximab, vaccinate at >3 months after receiving the drug. • If patient received alemtuzumab, vaccinate at >6 months after receiving the drug. • If patient undergoes transplant between the first and second dose, provide second dose at 1-month post-transplant. 	American Society of Transplantation: COVID-19 Vaccine FAQ Sheet

Special Consideration	Guidance	Source
Stem Cell Transplant (HSCT)	<ul style="list-style-type: none"> • <i>Autologous</i>: wait at least 3 months before COVID-19 vaccine. • <i>Allogeneic</i>: wait at least 3 months before COVID-19 vaccine. • CAR-T recipients: wait at least 3 months before COVID-19 vaccine. • Defer if significant immunosuppressive therapy for GVHD (e.g., >20mg prednisone). • Defer for 3-6 months after cell depleting therapies (e.g., rituximab, thymoglobulin, alemtuzumab). • In general, give both doses before HSCT if possible, but do not delay HSCT to receive vaccine. 	

Antimicrobial Subcommittee Approval: N/A	Originated: 03/2021
P&T Approval: N/A	Last Revised: 05/2021
Endorsed by COVID-19 Safety and Efficacy Committee Revision History: 05/21: Revised Co-administration of non-COVID-19 vaccine, added tuberculin skin testing and people vaccinated with COVID-19 vaccines not authorized in the US sections	

The recommendations in this guide are meant to serve as treatment guidelines for use at Michigan Medicine facilities. If you are an individual experiencing a medical emergency, call 911 immediately. These guidelines should not replace a provider's professional medical advice based on clinical judgment, or be used in lieu of an Infectious Diseases consultation when necessary. As a result of ongoing research, practice guidelines may from time to time change. The authors of these guidelines have made all attempts to ensure the accuracy based on current information, however, due to ongoing research, users of these guidelines are strongly encouraged to confirm the information contained within them through an independent source.

If obtained from a source other than med.umich.edu/asp, please visit the webpage for the most up-to-date document.