



## 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"><li>Defer until the patient has recovered from the acute illness (if the person had symptoms) and criteria have been met to discontinue isolation.</li><li>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.</li></ul>	<a href="#">CDC Isolation Duration Guidance</a>
Received another vaccine in the past 14 days	<ul style="list-style-type: none"><li>The vaccine series should be administered alone, with a minimum interval of 14 days before or after administration with any other vaccines.</li><li>If mRNA COVID-19 vaccines are inadvertently administered within 14 days of another vaccine, doses do not need to be repeated for either vaccine.</li></ul>	<a href="#">Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States</a>
Received monoclonal antibodies for COVID-19 in the past 90 days	<ul style="list-style-type: none"><li>If a patient gets monoclonal antibody therapy, vaccine should be delayed at least 90 days post therapy.</li><li>If a patient gets the first dose of vaccine, then gets monoclonal antibody therapy, the second dose should be delayed 90 days.</li></ul>	<a href="#">Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States</a>
Immunosuppressants	<ul style="list-style-type: none"><li>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.</li></ul>	<a href="#">Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States</a>  <a href="#">NEJM- COVID19 Vaccine FAQs</a>
Surgery (non-transplant)	<ul style="list-style-type: none"><li>Currently, there is no evidence to suggest that there is a need to delay vaccination around surgery.</li></ul>	
Breast Imaging	<ul style="list-style-type: none"><li>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.</li></ul>	<a href="#">SBI Recommendations for the Management of Axillary Adenopathy in Patients with Recent COVID-19 Vaccination</a>

Special Consideration	Guidance	Source
Solid Organ Transplant (SOT)	<ul style="list-style-type: none"> <li>• <i>Vaccination prior to transplant:</i> ≥2 weeks prior to transplant.</li> <li>• <i>Vaccination post – transplant:</i> beginning 1 to 6 months after transplant.</li> <li>• If patient received thymoglobulin or rituximab, vaccinate at &gt;3 months after receiving the drug.</li> <li>• If patient received alemtuzumab, vaccinate at &gt;6 months after receiving the drug.</li> <li>• If patient undergoes transplant between the first and second dose, provide second dose at 1-month post-transplant.</li> </ul>	<a href="#">American Society of Transplantation: COVID-19 Vaccine FAQ Sheet</a>
Stem Cell Transplant (HSCT)	<ul style="list-style-type: none"> <li>• <i>Autologous:</i> wait at least 3 months before COVID-19 vaccine.</li> <li>• <i>Allogeneic:</i> wait at least 3 months before COVID-19 vaccine.</li> <li>• CAR-T recipients: wait at least 3 months before COVID-19 vaccine.</li> <li>• Defer if significant immunosuppressive therapy for GVHD (e.g., &gt; 20 mg prednisone).</li> <li>• Defer for 3-6 months after cell depleting therapies (e.g., rituximab, thymoglobulin, alemtuzumab).</li> <li>• In general, give both doses before HSCT if possible, but do not delay HSCT to receive vaccine.</li> </ul>	

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*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.*