Health Updates: COVID-19 Vaccination, Hepatitis B Screening, Mpox Vaccination

May 12, 2023

COVID-19 Vaccination Update

On 4/18/23 FDA updated its authorizations for Pfizer and Moderna vaccines, as follows. (No changes were made to authorizations of Novavax or Janssen COVID-19 vaccines.)

- Monovalent mRNA vaccines are no longer to be used.
- Instead, ***the current bivalent formulations are to be used for all doses*** administered to individuals aged 6 months and older.
- For persons aged 6 years and older without moderate-to-severe immunocompromise, a single, age-appropriate bivalent dose now serves as the primary series (if unvaccinated) or as the only needed booster dose (if prior doses were solely monovalent).
- Persons aged 65 years and older who received a single bivalent dose may receive 1 additional dose at least 4 months following their initial bivalent dose.
- Persons with moderate-to-severe immunocompromise who received a bivalent COVID-19 vaccine may receive 1 additional bivalent dose at least 2 months following their previous bivalent dose, plus additional bivalent doses at the discretion of their healthcare provider.

Updated fact sheets for healthcare providers and vaccine recipients have been published in several languages for the Pfizer and Moderna products.

These changes simplify COVID-19 mRNA vaccination recommendations for most persons aged 6 years and older, whose current up-to-date status can now be determined simply by whether they received 1 dose of age-appropriate bivalent Pfizer or Moderna mRNA vaccine.

The COVID-19 mRNA vaccination recommendations for children aged 6 months through 5 years, and for persons aged 6 months and older who have moderate-to-severe immunocompromise, are a bit more complex.

CDC updated its guidance as of 5/1/23 (Interim Clinical Considerations for Use of COVID-19 Vaccines). While CDC job aids, infographics, and standing orders are still pending, excellent materials are currently available from CDPH at EZIZ.org/covid and providers are recommended to review and update all their COVID-19 vaccine-related materials.

- IMM-1396 summarizes vaccine timing and dose presentation guidance, by age bracket, for persons with and without moderate-to-severe immunocompromise.
- IMM-1464 alerts providers when to use Blue or Pink Cap vials of Moderna vaccine formulations. See also 4/18 FDA Addendum.
- IMM-1399 details all the currently available COVID-19 vaccine products.

For patients aged 6 months through 5 years (please refer to IMM-1396 and IMM-1464):

- Primary vaccination remains a multi-dose series in this age group, now consisting of bivalent doses.
- A distinct set of recommendations is called out for 5-year-olds because the age cutoffs for the vial presentations and dose volumes differ by brand.
- With few exceptions, heterologous “mix-and-match” dosing is not authorized for children under age 6 years. Best practice is to use vaccine from the same brand for all doses.
- CDC has specific recommendations for children transitioning from a younger to an older age group in the midst of a series.
- The number of previous monovalent doses received may affect both the recommended spacing between bivalent doses and the vial presentation to be used, so check the guidance carefully.

Please continue to bring all your patients up to date with their COVID-19 vaccinations. Additional guidance is expected later this year to inform the availability, acquisition, and use of a new, 2023-24 formulation of bivalent COVID-19 mRNA vaccine.

See COVID-19 vaccination resources in San Francisco.

Adult Hepatitis B Screening Update

New CDC guidance recommends screening all adult patients (18 years or older) for hepatitis B virus (HBV) at least once per lifetime and during each pregnancy, regardless of whether hepatitis B risk factors are present.

Universal screening can improve detection of chronic HBV and reduce health disparities by eliminating the need for disclosure of potentially stigmatizing risk factors. Periodic testing should

continue to be provided to patients with increased risk for HBV. These risk factors have been expanded to include current or former incarceration, a history of sexually transmitted infections or multiple sex partners, and a history of hepatitis C infection.

Screening should consist of a triple panel test consisting of hepatitis B surface antigen (HBsAg), antibody to hepatitis B surface antigen (anti-HBs), and total antibody to hepatitis B core antigen (total anti-HBc). Interpretation is based on results of all 3 tests. Those who test positive for chronic HBV infection should receive or be referred for ongoing monitoring and evaluation for treatment of their chronic HBV.

Adults who test negative for both chronic infection and immunity (I.e., they are susceptible to infection) should complete an HBV vaccine series, in accordance with CDC recommendations for universal HBV vaccination of all adults ages 19-59 and of adults age 60 and above who have HBV risk factors or who otherwise wish to be vaccinated. The first dose of vaccine can be administered at the screening visit. Blood should be drawn before vaccine administration. Those who test positive for HBV infection should not receive additional vaccine doses.

AB789, a 2022 California law that requires primary care providers to screen insured patients for hepatitis B and C infection according to US Preventive Services Task Force recommendations, remains in effect. See our May 9, 2022 Health Advisory for more information.

Use the CDC online form to add your clinic to the Treatment Locator or to Get Tested, CDC's public list of screening and vaccination sites. Additional HBV materials are available on the CDPH Hepatitis B Clinical Resources page.

Mpox Vaccination Update

Mpox case counts have remained very low in the US and worldwide during 2023, however 12 new mpox cases have been confirmed in the Chicago area during the past several weeks. Additionally, in recent weeks there has been a nationwide increase in the number of counties reporting mpox cases. The CDC estimates that the risk of mpox resurgence is greater than 35% in most parts of the U.S.

Please consider and test for mpox in patients presenting with a characteristic rash or rectal symptoms and ensure that your patients at risk for mpox or interested in vaccination have completed 2 doses of Jynneos vaccine given at least 28 days apart.

- Vaccine may be administered by either the subcutaneous or intradermal route, and ideally per the patient's preference.
- The series does not need to be restarted if the first dose was administered more than a month prior.

- There is currently no recommendation for those at risk to receive a booster dose of Jynneos once the 2-dose primary series is complete.
- For more information about vaccination consideration in specific populations, including persons who were previously infected or who are immunocompromised, see footnote 7 for CDC guidance.
- See mpox vaccination resources in San Francisco.

Getting vaccinated is a great way to protect individuals and communities from a resurgence of mpox disease, but it is not 100% effective. Using condoms and reducing number of sex partners are additional strategies for reducing risk of mpox infection.

Additional mpox guidance for healthcare providers: SFDPH Mpox Info & Guidance, CDPH Mpox site, and CDPH April 2023 Mpox Update.

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