COVID-19 astho

Issue Brief

COVID-19 Vaccine Comparison

Last updated on July 6, 2022

Three COVID-19 vaccines, <u>Pfizer-BioNTech</u>, <u>Moderna</u>, and <u>Johnson & Johnson (J&J</u>) are available in the United States. A listing of key details for each vaccine can be found below, which has evolved over time. This list is not exhaustive.

Vaccine Administration for Primary Series and Additional Doses

Pfizer-BioNTech/COMIRNATY		Moderna/SPIKEVAX		Janssen (J&J) Vaccine
Vaccine		Vaccine		
Primary Series		Primary Series		Primary Series
Update: <u>6 months</u> <u>to 4 years</u> <u>old</u>	Emergency Use Authorization (EUA). Administered by intramuscular (IM) injection using 0.2 mL (3 µg), mixed with a 0.9% sodium chloride diluent, with a maximum of 10 doses per vial, using a vial with a maroon cap and a label with a maroon border. Three shots are required. The first and second doses are separated by 3-8 weeks and the second and third doses are separated by at least 8 weeks.	Update: <u>6 months</u> <u>to 5 years</u> <u>old</u>	EUA. Administered by IM injection using 0.25 mL (25 µg), not mixed with a diluent, with a maximum of 10 doses per vial, using a vial with a <u>dark blue cap</u> and a label with a <u>magenta border</u> . <u>Two</u> <u>shots</u> are required, separated by 4-8 weeks.	No J&J vaccine authorized for this age group.
5-11 years old	EUA. Administered by IM injection using 0.2 mL (10 μg), mixed with a 0.9% sodium chloride diluent, with a maximum of 10 doses per vial, using a vial with an orange cap and a label with an orange border. <u>Two shots</u> are required, separated by 3- 8 weeks.	Update: <u>6-11 years</u> <u>old</u>	EUA. Administered by IM injection using 0.5 mL (50 µg), not mixed with a diluent, with a maximum of 5 doses per vial, using a vial with a <u>dark</u> <u>blue cap</u> and a label with a <u>purple</u> border ^. <u>Two shots</u> are required, separated by 4-8 weeks. <i>^The cartons and vial</i> <i>labels state</i> <i>"BOOSTER DOSES ONLY."</i> <i>This presentation may be</i> <i>used to provide primary</i> <i>series doses to</i>	No J&J vaccine authorized for this age group.

	Pfizer Wall Chart for Healthcare		individuals 6 years		
	Providers		through 11 years of age.		
12-15	EUA. Administered by IM	Update:	EUA. Administered	No J&J vaccine a	authorized for this
years old	injection using:	12-17	by IM injection using	age group.	
	Purple cap vial: A 0.3 mL dose $(30 \mu g)$, mixed with a 0.9%	years old	0.5 mL (100 μg), not mixed with a diluent,		
	sodium chloride diluent, with		using a vial with a <u>red</u>		
	a maximum of six doses per		cap and a label with a		
	vial, OR		light blue border.		
	<u>Gray cap vial</u> : A 0.3 mL dose (30 μg) with a maximum of six		<u>Two shots</u> are required, separated		
	doses per vial (Do not dilute		by 4-8 weeks.		
	this formulation).				
	Two shots are required, separated by 3-8 weeks (21				
	days).				
16 years	Fully licensed (Biologics	18 years	Fully licensed	18 years	EUA.
and older	License Application) under the name Comirnaty.	and older	(Biologics License	and older	Administered by
	Administered by IM injection		Application) under the name SPIKEVAX.		IM injection using a 0.5 mL
	using either:		Administered by IM		dose with a
	Purple cap vial: A 0.3 mL dose		injection using a 0.5		maximum of five
	(30 μg), mixed with a 0.9% sodium chloride diluent, with		mL (100 μg) dose, not mixed with a diluent,		doses per vial, using a vial with
	a maximum of six doses per		using a vial with a <u>red</u>		a <u>blue cap</u> . <u>One</u>
	vial, OR		<u>cap</u>		shot is required.
	Gray cap vial: A 0.3 mL dose		(Moderna/SPIKEVAX.		
	(30 μg) with a maximum of six doses per vial (Do not dilute		<u>Two shots</u> are required, separated		
	this formulation).		by 4-8 weeks.		
	Two shots are required,				
	separated by 3-8 weeks.				
	Dose for People with Modera		-	Decide and C	
. –	ve years and older should get (third) primary shot of Pfizer-	Update: Ages 6-months to 17 years		People ages 18 years and older who received J&J for their first	
BioNTech COVID-19 vaccine given 28 days		may get an <u>additional (third) primary</u> <u>shot</u> of Moderna COVID-19 vaccine		dose should receive an <u>additional</u>	
after the second dose using the vial and cap		given at least 4 weeks after the 2 nd		primary dose of mRNA vaccine*	
<u>colors</u> referenced above, for the appropriate age group.		dose, using the <u>vial and cap colors</u>		at least 28 days later. If Moderna COVID-19 vaccine is used for the	
age group.		referenced above, for the appropriate age group.		second dose, administer a 0.5 ml	
				(100 µg) dose us	sing a vial with a
			8 years and older	-	nical Guidance for
			e an <u>additional primary</u> se) of Moderna vaccine	COVID-19 Vaccin information.	nation for more

(0.5 mL) at least 28 days after the second dose using a vial with a red cap (Moderna/SPIKEVAX).	
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Vaccine Administration of Booster, Second Booster, and Heterologous Booster Doses

Pfizer-BioNTech/COMIRNATY	Moderna/SPIKEVAX	Janssen (J&J) Vaccine
Vaccine	Vaccine	
First Booster Dose	First Booster Dose	First Booster Dose
6-months to 4 years old: No booster dose	6-months to 5 years old: No booster	
authorized.	dose authorized.	
5-11 years old: A single Pfizer-BioNTech COVID-19 Vaccine <u>booster dose</u> 0.2 mL (10 μg), supplied in multiple dose vials with an <u>orange cap</u> and a label with an <u>orange border</u> should be administered, after dilution, to individuals 5 through 11 years of age, at least 5 months after completing a primary series of the Pfizer-BioNTech COVID-19 Vaccine.	6-17 years old: No booster dose authorized.	
12 years and older:	18 years and older:	18 years and older:
A single <u>booster dose</u> should be administered	A single <u>booster dose</u> * (mRNA	A single <u>booster dose</u> * (mRNA
to all individuals 12 and older , ⁺ ** at least	preferred) should be administered to	preferred) should be
five months after completion of the primary	all individuals ages 18 years and $\frac{1}{2}$	administered to persons ages 18 years and older at least two
(two-dose) series.	older , ⁺ at least five months after completion of the primary (two dose)	months after primary vaccination
• Ages 12 to 17 years with moderate	series.	(one-dose) with the J&J COVID-19
to severe immunocompromise who	50105.	vaccine. mRNA vaccine is
received an additional primary	• Ages 18 years and older	preferred. ⁺
Pfizer-BioNTech dose (third dose),	with moderate to severe	
should also receive a <u>booster dose</u>	immunocompromise who	
(fourth dose) (0.3 ml) of Pfizer-	received a two-dose mRNA	
BioNTech vaccine with a purple cap	primary series and an	
vial or gray cap vial at least three	additional primary dose	
months after completing their	(three total mRNA doses)	
primary series.	can receive a single COVID-	
 Ages 18 years and older with 	19 <u>booster dose</u> * (mRNA	
moderate to severe	preferred) at least three	
immunocompromise who received a	months after completing	
two-dose mRNA primary series, and	their third mRNA vaccine	
an additional primary dose (three	dose.	
total mRNA doses) should receive a single COVID-19 booster dose (Pfizer-	Either Moderna COVID-19 Vaccine	
BioNTech, Moderna, or J&J) at least	supplied in a vial with a <u>red cap</u> (0.25	
three months after completing their	mL injection volume) or Moderna	
third mRNA vaccine dose.	COVID-19 Vaccine supplied in a vial	

	with a <u>dark blue cap</u> (0.5 mL injection volume) can be used to administer a 50 μg booster dose.	
Second Booster Dose	Second Booster Dose	Second Booster Dose
Adults 50 years and older should receive a second booster dose using an mRNA COVID- 19 vaccine at least four months after the first booster dose. People ages 12 years** and older who are moderately or severely immunocompromised should receive a <u>second booster dose</u> using an mRNA COVID-19 vaccine at least four months after the first booster dose.*	Adults 50 years and older should receive a second booster dose using an mRNA COVID-19 vaccine at least four months after the first booster dose. People ages 18 years and older who are moderately or severely immunocompromised should receive a <u>second booster dose</u> of mRNA vaccine, at least four months after their first booster dose.	Adults ages 18-49 years who received J&J COVID-19 vaccine as both their primary series dose and booster dose, may receive a second booster dose of an mRNA COVID-19 vaccine at least four months after the first J&J booster dose. Adults 50 years and older who first received J&J, regardless of what type of booster they received, should receive a second booster dose using an mRNA COVID-19 vaccine at least four months after the first booster dose.
		See <u>Clinical Guidance for COVID-</u> <u>19 Vaccination</u> for more information.

* Although mRNA vaccines are preferred, J&J/Janssen COVID-19 vaccine <u>may be considered in some situations</u>.
 ** For 12–17-year-olds, only the Pfizer-BioNTech COVID-19 vaccine is authorized and recommended for use.
 * CDC recommendations allow a person to choose which vaccine booster product they receive (mix and match).
 Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) are preferred in most situations.

Vaccine Information for Children who Transition from a Younger to an Older Age Group

CDC recommends vaccine recipients receive the recommended age-appropriate vaccine product and dosage based on their age on the day of vaccination. If a person moves from a younger age group to an older age group during the primary series, they should receive the vaccine product and dosage for the older age group for all subsequent doses. FDA emergency use authorization (EUA) allows for different dosing for certain age transitions, which are not considered vaccine administration errors and do not need to be reported to the Vaccine Adverse Event Reporting System (VAERS).

- Moderna COVID-19 Vaccine: For Children who Transition from a Younger to Older Age Group.
- Pfizer-BioNTech COVID-19 Vaccine: For Children who Transition from a Younger to Older Age Group.

Side Effects

The benefits of vaccine outweigh the risks. However, side effects have been reported. <u>Serious health events</u> <u>after COVID-19 vaccination are rare</u>. Common side effects include pain, redness and swelling at the injection site, tiredness, headache, muscle pain, chills, nausea, joint pain, and fever. Less common severe side effects

include severe allergic reactions. See additional information on vaccine side effects for <u>Pfizer-BioNTech</u>, <u>Moderna</u>, and <u>J&J</u>.

Since April 2021, FDA has investigated rare but severe side effects associated with the COVID-19 vaccines. The mRNA vaccines (Pfizer-BioNTech and Moderna) were found to have a suggested <u>increased</u> risk of myocarditis and pericarditis. The J&J vaccine was found to have a suggested increased risk of <u>thrombosis with</u> <u>thrombocytopenia syndrome</u> and <u>Guillain-Barré Syndrome</u>. All events were found to be uncommon, and the vaccines' benefits continue to outweigh the risks found.

Coadministration of Vaccine

Following an emergency Advisory Committee for Immunization Practices (ACIP) meeting on May 12, 2021, CDC revised vaccine administration guidance indicating that COVID-19 vaccines can be co-administered with other vaccines without regard to timing. Coadministration information is summarized in <u>CDC's Interim Clinical</u> <u>Considerations guidance</u>.

Variants

Update: The <u>Omicron variant</u> was first detected in the United States in December 2021 and quickly became the dominant variant. Like other variants, Omicron is comprised of a number of lineages and sublineages. Current COVID-19 vaccines to protect against severe illness, hospitalizations, and deaths from infection with the Omicron variant. However, breakthrough infections in people who are fully vaccinated can occur. People who are <u>up to date</u> with their COVID-19 vaccines and get COVID-19 are less likely to develop serious illness than those who are unvaccinated and get COVID-19. CDC and WHO continue to monitor other <u>variants of interest</u>, <u>concern</u>, and high consequence. Track COVID-19 variant proportions <u>here</u>.

CDC and ACIP Recommend mRNA Vaccines to Combat COVID-19

On Dec. 16, CDC <u>endorsed</u> ACIP's updated COVID-19 vaccine recommendations. ACIP unanimously voted to say mRNA vaccines are preferred over the use of the Johnson & Johnson vaccine for all persons 18 years and older in the United States.

Considerations for an Eight-Week Interval Between the First and Second Doses of a Primary mRNA Vaccine

Following a thorough evaluation of the latest <u>safety and effectiveness data</u>, CDC is providing <u>new information</u> to help healthcare providers recommend the optimal COVID-19 vaccination schedule based on the individual patient. This updated guidance is specific to the mRNA (Pfizer-BioNTech or Moderna) COVID-19 vaccine primary series and is only for some patients who are not yet vaccinated. Specifically, people ages 12-64 years old who are not moderately or severely immunocompromised—and particularly males ages 12-39 years—may benefit from getting their second mRNA COVID-19 vaccine dose eight weeks after their first dose, instead of after the FDA-approved or FDA-authorized three-week (Pfizer-BioNTech) or four-week (Moderna) interval.

Extending the time interval between primary mRNA COVID-19 vaccine doses from the FDA-approved or authorized three weeks (Pfizer-BioNTech) or four weeks (Moderna) to eight weeks may help increase how long protection lasts against COVID-19. It may also help lower the (small) risk of myocarditis (inflammation of the heart muscle) and pericarditis (swelling of tissue around the heart), which has been associated—mostly among adolescent and young adult males—with mRNA COVID-19 vaccination.

Population Specific Considerations

Pregnant and Lactating People

The <u>American College of Obstetricians and Gynecologists</u>, the <u>Society for Maternal-Fetal Medicine</u>, and <u>CDC</u> recommend that all pregnant and lactating people should be vaccinated against COVID-19 in response to <u>growing evidence</u> of safe and effective use of COVID-19 vaccines during pregnancy and breastfeeding. <u>Safety</u> <u>monitoring systems</u> from FDA and CDC have not identified any safety concerns among pregnant or lactating people. Additionally, completed data from animal studies show no issues. Pregnant and lactating people should discuss the risks and benefits with their provider.