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NH DIVISION OF Public Health Services
Department of Health and Human Services

COVID-19 Pandemic, Update # 59

Updated Vaccine Recommendations and Test Reporting Requirements

Key Points and Recommendations:

- The CDC has updated their Interim Clinical Considerations for Use of COVID-19 Vaccines to allow for a 2nd booster dose in certain persons (in addition to other updates):
  - Persons 12 years of age or older who are moderately or severely immunocompromised may choose to receive a 2nd mRNA booster at least 4 months after their 1st booster
  - All persons 50 years of age or older (regardless of immunocompromised status) may choose to receive a 2nd mRNA booster at least 4 months after their 1st booster
  - Persons 18-49 years of age (regardless of immunocompromised status) who received the Janssen COVID-19 vaccine for both their primary series and 1st booster may receive a 2nd mRNA booster at least 4 months after their Janssen booster
  - Providers should note that time intervals differ depending on the vaccine product a person received for primary vaccination, their immunocompromised status, and booster dose number (see COVID-19 vaccination schedules, and Table 2 & Table 3)
  - Review updated guidance when vaccinating people with a history of Multisystem Inflammatory Syndrome in children (MIS-C) or adults (MIS-A)
  - Review CDC's updated table of vaccine Contraindications and Precautions
  - Review Appendix D (Tables D1 and D2) for additional guidance on primary series and additional dose vaccination in people moderately or severely immunocompromised
  - There will soon be a new multi-dose vial presentation of the Moderna vaccine with a blue cap (see new FDA Fact Sheet) which is authorized for use ONLY as a 50 mcg booster dose (not for primary series vaccination); however, it is administered at a different volume then a 50 mcg booster dose given from a Moderna vial with a red cap (see separate FDA Fact Sheet)

- The federal CARES Act has updated COVID-19 test reporting requirements (see also CDC Lab Advisory). Beginning April 4th:
  - All Nucleic Acid Amplification Test (NAAT) results (positive, negative, inconclusive, etc.) which are performed in a facility certified by CLIA must continue to be reported
  - Only positive antigen (or other rapid non-NAAT) test results must be reported from providers and testing locations operating under a CLIA certificate; negative antigen tests do NOT need to be reported
  - At-home or self-administered tests do NOT need to be reported
  - Antibody test results do NOT need to be reported
  - See NH DPHS guidance for reporting point of care test results

- Due to an increasing proportion of BA.2 variant SARS-CoV-2 infections in our region (see CDC genomic surveillance data), providers should stop administering the monoclonal antibody Sotrovimab because it is ineffective against BA.2 (see FDA announcement).

- Distribution of the oral antiviral medications (Paxlovid and molnupiravir) to healthcare facilities and pharmacies is expanding – check the COVID-19 Therapeutics Locator for availability of therapeutics by location.

- NH DPHS will also discuss these updates at the next **Healthcare Provider and Public Health Partner** webinar on Thursday, April 14th from 12:00 – 1:00 pm (webinars occur the 2nd and 4th Thursday of each month):
    - Zoom link: https://nh-dhhs.zoom.us/s/94059287404
    - Call-in phone number: (646) 558-8656
    - Meeting ID: 940 5928 7404
    - Password: 353809

- For any questions regarding this notification, please call the NH DHHS, DPHS, Bureau of Infectious Disease Control at (603) 271-4496 during business hours (8:00 a.m. – 4:30 p.m.).
- If you are calling after hours or on the weekend, please call the New Hampshire Hospital switchboard at (603) 271-5300 and request the Public Health Professional on-call.
- To change your contact information in the NH Health Alert Network, please send an email to DHHS.Health.Alert@dhhs.nh.gov.

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