COVID-19 vaccination guidance for people who are moderately or severely immunocompromised

People with immunocompromising conditions or who take immunosuppressive therapies are at increased risk for severe COVID-19. Their immune response to COVID-19 vaccination might not be as strong as in people who are not immunocompromised.

Moderate and severe immunocompromising conditions and treatments include but are not limited to:

- Active treatment for cancer
- Receipt of a solid-organ transplant (e.g., kidney, liver, heart, lung, liver) and taking immunosuppressive therapy
- Receipt of chimeric antigen receptor (CAR)-T-cell therapy or a stem cell transplant (within the last 2 years or taking immunosuppressive therapy)
- Moderate or severe primary immunodeficiency condition (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection (CD4 <200)
- Are receiving active/ongoing treatment with medications that suppress the immune system such as:
  - Cancer chemotherapy
  - High-dose corticosteroids (e.g., prednisone > 20 mg/day for more than 2 weeks — does not include topical steroids or joint injections)
- Other medications that suppress the immune system (This is not a full list of medicines. Consult provider or pharmacist.)
  - 6-mercaptopurine (Purixan)
  - abatacept (Orencia)
  - adalimumab (Humira)
  - alemtuzumab (Lemtrada, Campath)
  - anakinra (Kineret)
  - azathioprine (Imuran)
  - baricitinib (Olumiant)
  - belatacept (Nulojix)
  - belimumab (Benlysta)
  - certolizumab (Cimzia)
  - cladribine (Mavenclad)
  - cyclophosphamide
  - cyclosporine (Gengraf, Neoral, Sandimmune)
  - etanercept (Enbrel)
  - fingolimod (Gilenya)
  - golimumab (Simponi)
  - infliximab (Remicade)
  - leflunomide (Arava)
  - methotrexate
  - mycophenolate (Cellcept, Myfortic)
  - obinutuzumab (Gazyva)
  - ocrelizumab (Ocrevus)
  - ofatumumab (Kesimpta)
ozanimod (Zeposia)
- ponesimod (Ponvory)
- rituximab (Rituxan)
- siponimod (Mayzent)
- sirolimus (Rapamune)
- tacrolimus (Prograf, Envarsus XR)
- tocilizumab (Actemra)
- tofacitinib (Xeljanz, Xeljanz XR)
- upadacitinib (Rinvoq)

**Revaccination**

Certain individuals should be revaccinated for any monovalent primary series and bivalent booster dose(s) received prior to or during the following treatments:

- Hematopoietic cell transplant (HCT) (> 3 months after transplant)
- Chimeric antigen receptor (CAR)-T-cell therapy (>3 months after therapy)
- B-cell-depleting therapy administered over a limited period (e.g., rituximab, ocrelizumab) (>6 months after completion of therapy)

There is no revaccination for monovalent booster doses. Revaccination cannot exceed the number of primary series and booster doses currently authorized.

**COVID-19 vaccination and EVUSHELD™**

- People 12 years and older who are moderately or severely immunocompromised or severely allergic to COVID-19 vaccines, may be eligible for EVUSHELD™, a monoclonal antibody combination given every 6 months to help prevent them from getting COVID-19.

- EVUSHELD™ must be prescribed by the patient’s healthcare provider. Patients should talk to their healthcare provider to find out if EVUSHELD™ is right for them.

- EVUSHELD™ is not a substitute for vaccination. EVUSHELD™ should be given at least 2 weeks after any COVID-19 vaccine dose. A COVID-19 vaccine dose can be given any time after EVUSHELD™.