
# **August 19:** Guidelines for Third Vaccine Dose and Booster Shots, Monoclonal Antibody Treatment Update, and IDPH Launches the Vax Verify System

*Today's issue features Northwestern Medicine's guidelines for patients who are eligible for a third dose of the COVID-19 vaccine, as well as the announcement from federal health officials about booster shots. It also includes an update on monoclonal antibody treatment and an announcement from the Illinois Department of Public Health regarding the launch of their new COVID-19 vaccination verification system.*

**GUIDELINES FOR THIRD VACCINE DOSE AND BOOSTER SHOTS**
The Centers for Disease Control and Prevention (CDC) now recommends a third dose of the Pfizer-BioNTech or Moderna vaccine for patients who:

- Have cancer and are receiving treatment
- Have had an organ transplant
- Underwent CAR T-cell or stem cell transplant within the last two years
- Are taking medicine to suppress the immune system, such as high-dose corticosteroids or biologics that are immunosuppressive
- Have moderate or severe primary immunodeficiency
- Have an advanced or untreated HIV infection

The third dose should be given at least 28 days after the second dose and should be the same mRNA vaccine as previously received. There is not enough data at this time to support an additional dose of the Johnson & Johnson vaccine. Patients are encouraged to receive the additional dose wherever it is most convenient. To support physicians in their discussions with patients, a **.covid19thirddose** dot phrase has been created.

Federal health officials **announced** Wednesday plans for U.S. adults to receive booster shots, beginning as early as September 20. Additional information and plans for scheduling and administering booster vaccinations for NM patients, physicians and employees will be shared as soon as it becomes available.

For additional information regarding third dose and other vaccination protocols, visit the COVID-19 main page on **Physician Forum** and **NM Interactive**. Please direct patient inquiries to **nm.org/covid-19** for the most updated vaccination information.

**MONOCLONAL ANTIBODY TREATMENT UPDATE**

Monoclonal antibody treatment (mAb) targeting SARS-CoV-2 has been available through an Emergency Use Authorization (EUA) issued by the FDA. Initial data with bamlanivimab and bamlanivimab/estesevimab demonstrated decreased disease progression and hospital admissions when administered to high-risk outpatients with mild symptoms. Timely administration, as soon as possible after symptoms develop, was a key to successful outcomes. These data were replicated for casirivmab/imdevimab (Regen-COV). Subsequent viral variant evolution resulting in resistance to bamlanivimab and bamlanivimab/etesevimab led to casirivmab/imdevimab becoming the only SARS-CoV-2 mAb used by NM.

Increased community viral prevalence has again highlighted the potential utility of this therapy. The FDA has revised the EUA and added some additional potential indications. Below is a brief overview of EUA changes and current status of SARS-CoV-2 mAb therapy at NM.

**EUA updates**

On July 30, the FDA updated the casirivmab/imdevimab EUA. The following are the major changes:

- Added indication for post-exposure prophylaxis for high-risk individuals
- Added dosing information for post-exposure prophylaxis
- Updated information about the subcutaneous route of administration as an alternative for those who cannot receive IV
- More information can be found on the **Health Care Provider fact sheet**

**What this means for casirivmab/imdevimab access at NM sites**

- Local site operations have been established in each region to administer infusion treatment across NM's geographic footprint:
    - Visits are scheduled using the mAb referral order indicating patient's preferred infusion location.
    - The referral order guides the physician/provider through eligibility criteria and requires the physician to confirm patient interest prior to order placement.
- Some EDs have offered mAb to ED patients when current census allows.
- **Unfortunately, with increasing patient volume, NM does not have capacity at this time to expand our offering to include post-exposure prophylaxis.** We are working quickly to expand capacity to make this treatment available.
- Subcutaneous administration requires the administration of four 2.5 ml injections, which may be difficult for some patients to tolerate. IV administration remains strongly recommended in the EUA. **At this time, NM has not implemented the subcutaneous route of administration.**

SARS-CoV-2 mAb treatment remains an important treatment modality to help prevent disease progression and hospital admission for high-risk patients who test positive for COVID-19 and are mildly symptomatic. Timely administration, as soon as possible after symptoms develop, is a key to successful outcomes. Referring patients for administration of this therapy should be considered for high-risk individuals who qualify.

For additional mAb treatment information and resources, please visit the **Treatment Resources page** on Physician Forum and **NMI** (login required).

**IDPH LAUNCHES ONLINE VAX VERIFY SYSTEM**

The Illinois Department of Public Health (IDPH) **announced** August 11 that it is launching a new

immunization portal, called Vax Verify, that will allow Illinois residents age 18 and older to check their COVID-19 vaccination record. Vax Verify can be accessed at **idphportal.illinois.gov**.

After the verification process, individuals can access their own vaccination record in the Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE). Immunization records are kept confidential, and only the individual can access their vaccination history.

For more information, view the **announcement** or visit the **IDPH website**.

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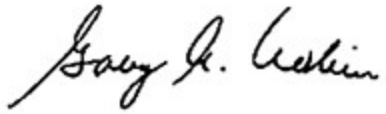
Over the past several weeks, the Chicago metropolitan area is observing high rates of community transmission of COVID-19, including breakthrough cases among those previously vaccinated. Therefore, effective August 20, Chicago has reinstated a mask requirement for all indoor public settings regardless of vaccination status. Please remind your patients of this requirement.



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