

Booster Dose of Pfizer mRNA Vaccine for Eligible Individuals 9.25.21

The U.S. Food and Drug Administration (FDA) amended the emergency use authorization (EUA) of Pfizer-BioNTech COVID-19 Vaccine (Comirnaty) to allow for use of a single booster dose, to be administered at least six months after completion of the primary series of Pfizer in certain individuals. The FDA-approved COMIRNATY (COVID-19 Vaccine, mRNA) and the EUA-authorized Pfizer-BioNTech COVID-19 Vaccine have the same formulation and can be used interchangeably to provide the COVID-19 vaccination series and booster.

Booster Dose Eligibility

Eligible individuals must have received Pfizer vaccine as their primary COVID vaccination series, and it must be at least 6 months since the series was completed.

The following individuals are eligible for a booster dose at NYS MVS sites:

- Individuals 65 years of age and older at least 6 months after completion of the primary series
- Residents of long-term care facility 18 years or older at least 6 months after completion of the primary series
- Individuals 50-64 years of age with one or more [underlying medical conditions](#)* at least 6 months after completion of the primary series
- Individuals 18-49 years of age with one or more [underlying medical conditions](#)* based on individual benefit and risk
- Individuals 18-64 years of age who are at **increased risk for COVID-19** exposure and transmission because of occupational or institutional setting, based on their individual benefit and risk, including:
 - [An essential worker](#) (frontline and non-frontline)
 - An unpaid caregiver of a frail or immunocompromised person
 - A paid or unpaid worker who interacts within less than 6ft of others
 - Lives in a congregate setting (e.g. homeless shelter, correctional facility)

***Underlying medical conditions** that can increase risk of moderate or severe illness or death from the virus that causes COVID-19 include:

- Cancer (current or in remission, including 9/11-related cancers)
- Chronic kidney disease
- Pulmonary Disease, including but not limited to, COPD (chronic obstructive pulmonary disease), asthma (moderate-to-severe), pulmonary fibrosis, cystic fibrosis, and 9/11 related pulmonary diseases
- Intellectual and Developmental Disabilities including Down Syndrome
- Heart conditions, including but not limited to heart failure, coronary artery disease, cardiomyopathies, or hypertension (high blood pressure)
- Immunocompromised state (weakened immune system) including but not limited to solid organ transplant or from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, use of other immune weakening medicines, or other causes

- Severe Obesity (BMI 40 kg/m²), Obesity (body mass index [BMI] of 30 kg/m² or higher but < 40 kg/m²)
- Pregnancy
- Sickle cell disease or Thalassemia
- Type 1 or 2 diabetes mellitus
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Neurologic conditions including but not limited to Alzheimer's Disease or dementia
- Liver disease.

At this time, **all other fully vaccinated individuals, are not eligible for a COVID 19 booster** including:

- All persons vaccinated with a primary series of Janssen or Moderna vaccine
- All persons who have received all recommended doses of a COVID-19 vaccine primary series that has been listed for emergency use by WHO only and not by the FDA.

Registration for a Booster Dose Appointment

Appointments are strongly recommended for booster doses. However, subject to availability, walk-in appointments for booster doses may be available.

To register in [Am-I-Eligible](#) or as a Walk-in, recipients must provide the dates the 1st and 2nd dose vaccination was administered and it must be at least 6 months since the primary vaccination series was completed. Recipients are encouraged to bring record of vaccination (CDC card, Excelsior Pass, NYSIIS record, etc.), but proof of vaccination is not required.

Individuals who received a complete primary series of vaccine with Moderna, Janssen, or other COVID vaccine listed for emergency use by WHO only and not by the FDA, are not eligible for Pfizer booster vaccine.

Documentation of Booster Doses of mRNA vaccine

Document dates of 1st and 2nd doses or all available prior vaccination information in notes section of third dose record in CDMS.

Additional doses of mRNA vaccine should be added to the recipient's COVID-19 Vaccination Record Card in the 'Other' line and should include the product name/Manufacturer and lot number, date of administration and MVS site name.

If an eligible recipient presents for a booster dose and does not have their COVID-19 Vaccination Record Card documenting their primary COVID Vaccine series, a new vaccination record card may be provided as follows:

- If all doses were administered at that MVS site **AND** can be confirmed in the CDMS record, a new card may be reissued with primary series information documented. **Verify the date of the booster dose is at least 6 months after the date of administration of the last dose of the primary vaccine series.** Document the Booster dose in the 'Other' line.

- If some or all of the primary vaccine series was administered outside of the MVS site, a new card may be reissued documenting only the booster dose information. A note should be made in the 1st dose and 2nd dose lines stating, 'Doses by prior provider.' **Do not leave blank 1st and 2nd dose line blank**. Explain to the recipient that their full record can be provided by their primary care provider.

COVID-19 Vaccination Record Card			
Please keep this record card, which includes medical information about the vaccines you have received.			
Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.			
Pascal		Blaise	
Last Name		First Name	MI
June 19th, 1962			
Date of birth		Patient number (medical record or IIS record number)	
Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	<i>Doses by Prior provider</i>	mm / dd / yy	
2 nd Dose COVID-19		mm / dd / yy	
Other	Booster Dose Pfizer EL4669	08 / 18 / 21 mm / dd / yy	Crossgates Albany
Other		mm / dd / yy	