

COVID-19 Vaccine Timing for Special Populations

Special Consideration	Guidance	Source
Tested positive for COVID-19 in the past 10 days	<ul style="list-style-type: none"> Defer until the patient has recovered from the acute illness (if the person had symptoms) and criteria have been met to discontinue isolation. This applies to patients who develop SARS-CoV-2 infection before receiving any vaccine doses as well as those who develop SARS-CoV-2 infection after the first dose but before receipt of the second dose. 	CDC Isolation Duration Guidance
Received another vaccine in the past 14 days	<ul style="list-style-type: none"> The vaccine series should be administered alone, with a minimum interval of 14 days before or after administration with any other vaccines. If mRNA COVID-19 vaccines are inadvertently administered within 14 days of another vaccine, doses do not need to be repeated for either vaccine. 	Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States
Received monoclonal antibodies for COVID-19 in the past 90 days	<ul style="list-style-type: none"> If a patient gets monoclonal antibody therapy, vaccine should be delayed at least 90 days post therapy. If a patient gets the first dose of vaccine, then gets monoclonal antibody therapy, the second dose should be delayed 90 days. 	Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States
Immunosuppressants	<ul style="list-style-type: none"> Currently, there is no evidence to support delaying or holding immunosuppressant before starting COVID-19 vaccine. Clinicians should consider vaccination on an individual basis, depending on the severity of the medical condition and the urgency of its treatment. 	Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States NEJM- COVID19 Vaccine FAQs
Breast Imaging	<ul style="list-style-type: none"> If possible, and when it does not unduly delay care, consider scheduling screening exams prior to the first dose of a COVID-19 vaccination or 4-6 weeks following the second dose of a COVID-19 vaccination. 	SBI Recommendations for the Management of Axillary Adenopathy in Patients with Recent COVID-19 Vaccination
Surgery (non-transplant)	<ul style="list-style-type: none"> Currently, there is no evidence to suggest that there is a need to delay vaccination around surgery. 	

<p>Solid Organ Transplant (SOT)</p>	<ul style="list-style-type: none"> • <i>Vaccination prior to transplant:</i> ≥ 2 weeks prior to transplant. • <i>Vaccination post – transplant:</i> beginning 1 to 6 months after transplant. • If patient received thymoglobulin or rituximab, vaccinate at > 3 months after receiving the drug. • If patient received alemtuzumab, vaccinate at > 6 months after receiving the drug. • If patient undergoes transplant between the first and second dose, provide second dose at 1-month post-transplant. 	<p>American Society of Transplantation: COVID-19 Vaccine FAQ Sheet</p>
<p>Stem Cell Transplant (HSCT)</p>	<ul style="list-style-type: none"> • <i>Autologous:</i> wait at least 3 months before COVID-19 vaccine. • <i>Allogeneic:</i> wait at least 3 months before COVID-19 vaccine. • CAR-T recipients: wait at least 3 months before COVID-19 vaccine. • Defer if significant immunosuppressive therapy for GVHD (e.g., > 20mg prednisone). • Defer for 3-6 months after cell depleting therapies (e.g., rituximab, thymoglobulin, alemtuzumab). • In general, give both doses before HSCT if possible, but do not delay HSCT to receive vaccine. 	