

4 keys for doctors to know on Pfizer COVID-19 vaccine booster

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Sara Berg, MS

Senior News Writer

With the recent approval of Pfizer-BioNTech COVID-19 vaccine booster shots, physicians—and their patients—are attempting to navigate a barrage of information. But confusion remains around the Pfizer COVID-19 vaccine booster, who should get the extra shot and when they can get it. One physician aims to cut through some of the information clutter about Pfizer COVID-19 vaccine boosters.

The Biden administration, in August, announced plans to give COVID-19 vaccine boosters to nearly everyone in the U.S. But a month later, the Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC) rejected that approach. Instead, they recommended third shots of Pfizer's vaccine for people 65 or older as well as certain others who are at high risk from COVID-19.

During a recent episode of the “AMA COVID-19 Update,” Sandra Fryhofer, MD, an Atlanta general internist who serves as the AMA's liaison to the CDC's Advisory Committee on Immunization Practices (ACIP), discussed what physicians need to know about Pfizer COVID-19 vaccine booster shots.

Include those at high risk of infection

While “the ACIP vote on boosters for occupational risk was very close, it was far from unanimous, and it was contrary to FDA's advisory group recommendation,” said Dr. Fryhofer, noting that those at occupational risk would include “health care workers, teachers, day care staff, grocery workers and those in homeless shelters and prisons.”

But this required sign off from CDC Director Rochelle P. Walensky, MD, MPH, which is standard procedure.

Dr. Walensky “explained that making booster shots available to health care workers, teachers and others who risk contracting disease on the job would best serve the nation's public health needs,” Dr. Fryhofer said, noting that “she showed great leadership in making this decision.”

This means that “people 18 to 49 with underlying medical conditions and people 18 to 64 at increased risk for COVID exposure and transmission because of occupational or institutional setting may also receive a Pfizer booster shot,” she said.

More people need to get vaccinated

“We need to keep these front-line workers protected well and able to work,” said Dr. Fryhofer. “Our teachers need to be able to teach. Our health care workforce needs to stay well, so they can care for our patients, but most of all we still need to get everyone vaccinated.”

“Even with all this talk about boosters, the top priority is still we need to vaccinate those not vaccinated,” she said. “As of Sept. 14, only 63.1% of those eligible have been fully vaccinated, so we still have much work to do.”

Dr. Fryhofer recently shared what patients need to know about COVID-19 vaccines during a recent presentation with the AMA and Medical Society of DC.

Booster recommendation only applies to Pfizer

“These recommendations only apply to people who previously received a Pfizer two-dose primary series,” said Dr. Fryhofer. “The time interval for getting the booster is at least six months after completing the primary series.”

But there should be no mixing and matching of vaccines.

“There's a whole lot we don't know, and the data keeps rolling in,” she said. “We still don't have a correlate of protection when it comes to antibody levels. We still don't know about mixing and matching different vaccine platforms and brands.”

Additionally, “we still don't have booster guidance from Moderna or Janssen—these are interim ACIP recommendations,” Dr. Fryhofer said, noting that “recommendations could change and likely will change in the future based on new evidence,” she added.

Discover what FDA's full approval of Pfizer-BioNTech COVID-19 vaccine means.

Small declines in effectiveness

There are “three safe and highly effective COVID vaccines” that “continue to maintain high protection against severe disease, hospitalization and death,” said Dr. Fryhofer.

She noted, however, a CDC study published recently in *Morbidity and Mortality Weekly Report* finding that “Pfizer's vaccine effectiveness declined significantly from 91% down to 77% at more than four months after the second vaccine dose.”

“This is sort of a wake-up call. Pfizer data presented showed waning immunity with time at six to eight months after the second vaccine dose based on neutralization titers,” Dr. Fryhofer said. “There were significant declines in VE—vaccine effectiveness—against infection in individuals 65 and older for mRNA vaccines in the Delta period.”

For “those under 65, vaccines remained effective in preventing hospitalization and severe disease, but vaccines may be less effective in preventing infection or symptomatic illness due to waning immunity over time and the Delta variant,” she said.

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