

## COVID-19 Vaccination Additional Dose (Booster) FAQ

We are understandably receiving a large volume of calls and messages regarding COVID-19 vaccination additional doses (Boosters). Consistent with the recently released recommendations from the US FDA and CDC, we recommend that all our patients on immune-suppressing therapies receive an additional dose of an mRNA COVID-19 vaccine.

- If you have not yet been vaccinated, please get vaccinated as soon as possible.
- If you are immune compromised, it is important that your family and close contacts are also vaccinated.
- The risks of COVID-19 far outweigh any known risks of vaccination.
- Vaccination is the safest, most effective way to protect yourself, your family, your friends, your co-workers and anyone else who you know.
- We recommend our patients continue masking, hand hygiene, and social distancing in public, or when around people with unknown vaccination status, even after receiving a third dose.

**For specific questions regarding COVID-19 booster doses, please read the FAQ below before contacting the clinic.**

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### Should I take an additional dose of the COVID-19 vaccine? (Booster)

Yes, if you're on an immune suppressing medication or pregnant you should receive a third dose of the Moderna or Pfizer vaccine.

**CDC recommends "that people with moderately to severely compromised immune systems receive an additional dose of mRNA COVID-19 vaccine at least 28 days after a second dose of [Pfizer-BioNTech COVID-19 vaccine](#) or [Moderna COVID-19 vaccine](#)."**

**Please see below if initially vaccinated with the Johnson & Johnson vaccine.**

### Which medications are immune suppressing and require a third vaccine dose?

- Ocrelizumab (Ocrevus)
- Rituximab (Rituxan, Truxima, Riabni, Ruxience)
- Ofatumumab (Kesimpta)
- Inebilizumab (Uplizna)
- Fingolimod (Gilenya)
- Siponimod (Mayzent)
- Ozanimod (Zeposia)
- Alemtuzumab (Lemtrada)
- Cladribine (Mavenclad)
- Teriflunomide (Aubagio)
- Dimethyl fumarate (Tecfidera)
- Monomethyl fumarate (Bafiertam)
- Diroximel fumarate (Vumerity)
- Cyclophosphamide (Cytoxan)
- Methotrexate (Otrexup, Rasuvo, RediTrex, Trexall, Xatmep)
- Mycophenolate (CellCept, Myfortic)
- Infliximab (Remicade, Inflectra, Renflexis)
- Adalimumab (Humira)
- Arava (Leflunomide)
- Azathioprine (Imuran)
- Daily oral steroid (i.e. prednisone)

## **What if I'm on another medication like Avonex, Betaseron, Copaxone, Extavia, Enspryng, Glatopa, Glatiramer, Plegridy, Rebif, Soliris, or Tysabri?**

These medications are not expected to blunt vaccine response in the same way as the medications listed above. However, the vaccine is well tolerated and safe, so if you would like to be extra cautious or believe you may be immune suppressed for another reason you may proceed with obtaining a booster. In addition, the federal government just announced that starting in late September, all patients will be eligible for a booster shot 8 months after their second dose of the Pfizer-BioNTech or Moderna vaccine.

## **Where can I get the booster? Do I need a prescription / doctor's letter?**

- Most local pharmacies such as Safeway, CVS and Walgreen's are providing this booster on a walk-in basis. No documentation is needed, however, be sure you know which medication gives you eligibility. (For example, Ocrevus, Gilenya, Tecfidera, etc.)
- UCSF has set up COVID-19 vaccination clinics and can provide booster doses for immune compromised patients free of charge. UCSF patients can call 415-476-3307 to setup an appointment or drop-in to one of the following clinics.

### **Mount Zion campus**

2356 Sutter St., First Floor  
Ida Friend's Café  
Wednesdays, 8 a.m. - noon

### **Mission Bay campus**

Gateway Building  
1825 Fourth St., Fourth Floor  
Mondays and Thursdays, 8 a.m. - noon

### **Parnassus campus**

Millberry Union  
500 Parnassus Avenue  
Ocean View Room  
Tuesdays, 8 a.m. - 3 p.m.; Fridays, 10 a.m. - 4:30 p.m.

- Please check the UCSF COVID Vaccination website for more information:  
<https://www.ucsfhealth.org/covid/vaccine>

## **Should I have an antibody test done before / after the booster?**

The clinical utility of antibody testing to assess immune response to COVID-19 vaccination has not been established. A protective antibody level has not been clearly defined and commercial tests are not yet consistent between laboratories. Currently, there isn't enough evidence to show that antibody testing can reliably guide additional vaccine dosing. Whether antibody testing is positive or negative, the CDC recommends immune suppressed patients to get an additional dose of the COVID-19 vaccine. Your individual provider may still recommend antibody testing on a case-by-case basis.

## **When should I take a booster after my last Ocrevus, Rituxan or Uplizna infusion?**

Evidence suggests that the longer you wait after your infusion before taking the booster the better the immune response. Current guidelines recommend vaccination at least 12 weeks after the last B cell depleting antibody treatment. The optimal timing may be closer to 6 months or longer after the last

infusion. However, given the uncertainty about when the current COVID-19 surge will peak, optimal timing might not be easily achieved for recently infused patients. As a result, patients and their physicians may opt for a 3<sup>rd</sup> vaccine dose now given the increased burden of virus in the community. If you opt to delay your infusion in order to be vaccinated, please let your provider know as soon as possible.

### **What should I do if I take Methotrexate, CellCept, Aubagio, Arava or Imuran?**

Please **stop** taking Methotrexate CellCept (mycophenolate mofetil), Aubagio, Arava, or Imuran for **one week** after vaccination. If taking weekly methotrexate, skip your next week's dose. Please contact your physician if you have questions or concerns about this.

### **I'm due for an Ocrevus, Rituxan or Uplizna infusion in August or September. Should I take the booster now and wait for my infusion?**

Patients should wait at least two weeks after the last vaccination dose before being infused with a B cell depleting antibody therapy. If you opt to delay your infusion in order to be vaccinated please let your provider know as soon as possible.

### **Can I mix vaccine types when receiving an additional dose?**

The CDC is recommending a booster dose with the same vaccine manufacturer as you had initially, unless you had J&J (see below). Patients who had Pfizer initially should have a Pfizer booster and Moderna should receive Moderna. If no other option is available, it is likely safe and effective to switch.

### **What if I had the Johnson & Johnson vaccination?**

Unfortunately, the FDA does not yet have enough data to recommend a booster dose for immune compromised patients who received the Johnson & Johnson vaccine. More data is being collected and hopefully, the FDA will provide an update soon.

### **Is the vaccine I'll receive any different from the one I had the first time?**

No. The vaccine is the same formula and dose as what was initially given. Trials are underway to test new versions of the mRNA vaccines that are more specific to the delta strain, but there is still very strong evidence that the current vaccines are safe and effective against preventing hospitalization and death from all strains of SARS-CoV-2, including the delta strain.

### **Is a 3<sup>rd</sup> dose safe?**

The COVID-19 vaccines currently approved have been shown to be safe in the general population and those living with MS. Current evidence shows no new or unexpected reactions to a 3<sup>rd</sup> dose of mRNA vaccine (Pfizer or Moderna). Side effects reported were mostly mild or moderate and similar to those experienced with the initial vaccination series.

### **Is there any evidence a 3<sup>rd</sup> dose will help me get additional immunity?**

Yes. The CDC voted to approve a third dose of mRNA vaccines based on data that a third dose provides additional immunity. However, we do not know exactly how much more protection a third vaccine dose provides.