

# Alameda County COVID-19 Community Advisory Group

[COVAX@acgov.org](mailto:COVAX@acgov.org)

Meeting 23  
May 10, 2022



Alameda County  
Health Care Services Agency



Alameda County Public Health Department  
Celebrating Healthy People in Healthy Communities

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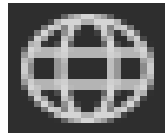
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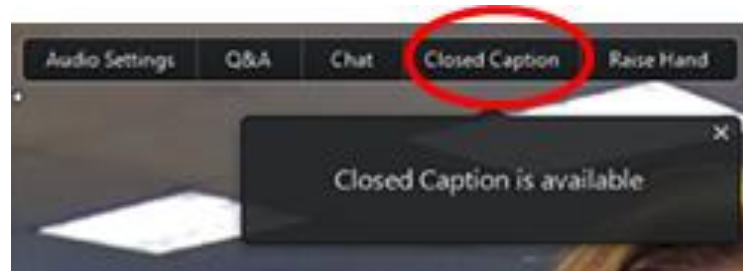
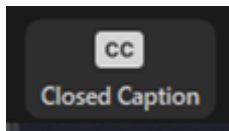
For PC and Android



For iPhone and Mac

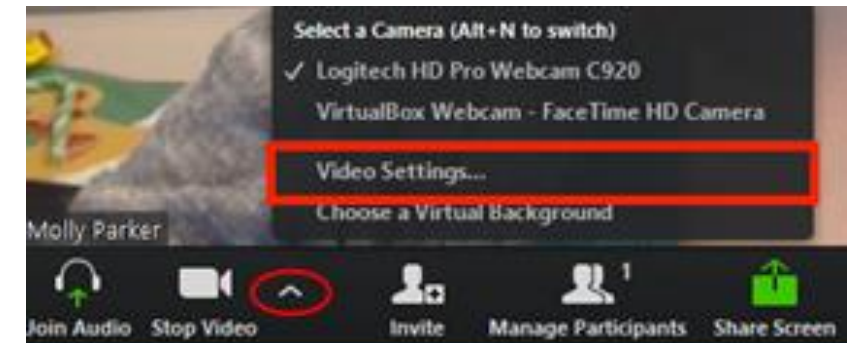
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  - Move the slider to adjust the caption size



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# Agenda

1. Housekeeping & Welcome
2. Partner Updates & Lessons & Advice from the Field
3. Center for Healthy Schools & Communities + Alameda County Behavioral Health
4. Strategic Refresh

**Everyone:**

Please mute your microphone  
when not speaking

Please ask your questions  
in the Chat



## 2. Partner Updates & Lessons & Advice from the Field



# 3. Center for Healthy Schools & Communities + Alameda County Behavioral Health Care Services

Kate Graves







# ALAMEDA COUNTY SCHOOL-BASED BEHAVIORAL • HEALTH INITIATIVE

A CROSS-DEPARTMENTAL COLLABORATION WITHIN HEALTH CARE SERVICES AGENCY

# School Based Behavioral Health (SBBH)

## *Initiatives Background*

In 2009, the Alameda County Center for Healthy Schools and Communities (CHSC) and Alameda County Behavioral Health (ACBH) launched the **School-Based Behavioral Health Initiative**.

Our shared mission is ***to strengthen and expand school-based behavioral health practice, finance, evaluation, and policy in Alameda County***. In partnership with school districts and service providers, and by leveraging local, state and federal resources, the Initiative invests over \$50 million annually toward school-based behavioral health supports in schools and school districts throughout Alameda County.

ACBH provides SBBH services in nearly 200 schools throughout Alameda County in partnership with their Provider Network.

ACBH contracts with approximately 18 community organizations to provide SBBH services and Educationally Related Mental Health (ERMHS) services to children and youth in the school system and other community providers.

*By being present and available at the school site, school-based providers can serve youth and families, and positively impact the school climate and environment in partnership with students, family and staff.*



# School Based Behavioral Health (SBBH)

Our shared model for a school-based behavioral health system is focused on enhancing youth health, wellness and readiness to engage in learning.

## 3 Tiers of support

- Universal prevention
- Early intervention
- Intensive intervention

**District Capacity** to implement health and wellness system

**Cultural responsiveness** to students and families

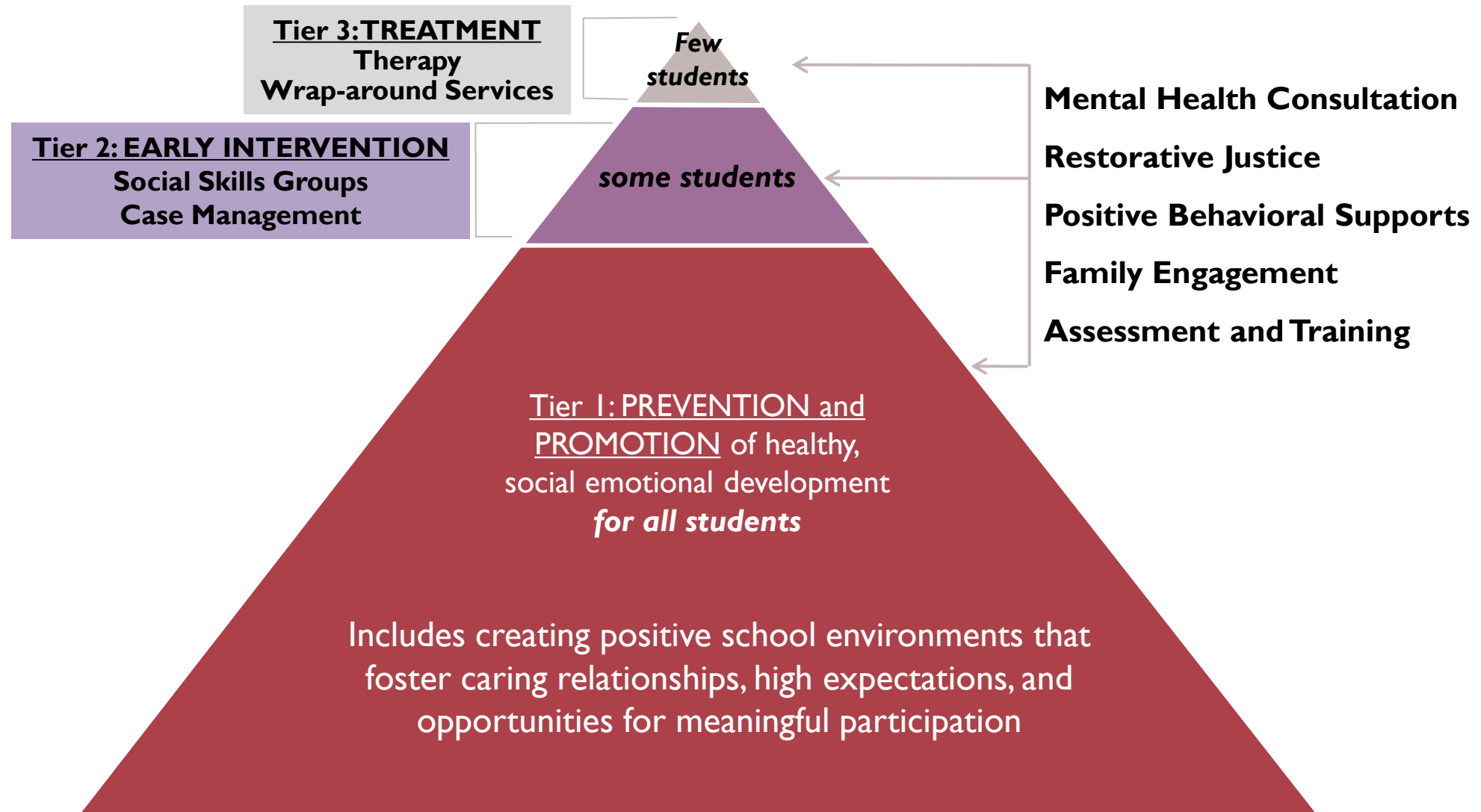
**Coordinated Strategy** at district and individual school level

**Schoolwide responsibility** to support social-emotional health of all students

**On going assessments** of needs and strengths of students

The work is oriented around **prevention and wellness**, and provides support for students, while also building the capacity for all adults in their lives to address social-emotional needs at school and at home.

# Multi-Tiered Systems of Support (3 Tiers of Support)



# ACBH School Based Behavioral Health (SBBH) Model

Alameda County Behavioral Health (ACBH) is part of a larger Managed Health Care plan that provides health care services to youth and their families who meet service criteria. One of the ways to provide these services and make them accessible to families is to provide support in schools. School Based Behavioral Health Services partnerships between ACBH, the ACBH Provider Network, and School Districts within Alameda County.

- SBBH programs are designed to include clinical staff co-located on campuses to provide on-site mental health treatment and interventions to students that have Medi-Cal as their health insurance.
- SBBH Programs are staffed with internal ACBH clinicians however, most clinical teams are from ACBH contracted Community Based Organizations.
- Interventions may include classroom observations, mental health consultation to school faculty and staff, and student psycho-educational groups to address school climate needs and family collateral groups to support parents, guardians and caregivers of the clients in addressing the youth's mental health needs.
- Restorative Justice practice models are encouraged. Providers will participate in Coordination of Service Teams (COST) to determine along with school staff and school supports, what the best resource(s) would be to meet the needs of a particular student(s).

# ACBH School Based Behavioral Health Initiatives

## PROGRAM DESIGN

ACBH provides limited mental health services through collaboration with community-based mental health providers through Educationally Related Mental Health Services (ERMHS).

ACBH contracts with approximately 18 community organizations to provide SBBH services and Educationally Related Mental Health (ERMHS) services to children and youth in the school system and other community providers.

ACBH provides SBBH and ERMHS to students and families across 16 school districts through EPSDT, MHSA, and school district funding.

## Tier 2 & 3 Services Provided

Students are referred through School Coordination of Services Team (COST) or Alameda County ACCESS and are eligible with Full scope Medi-Cal and meet medical necessity for Medi-Cal specialty mental health services.

- ✓ Mental health consultation
- ✓ Individual/ group therapy
- ✓ Individual/ group rehabilitation
- ✓ Family therapy
- ✓ Case management
- ✓ Assessment
- ✓ Working students support network (collateral)
- ✓ Plan development (e.g., Service team meetings, IEP)

# CHSC School Based Behavioral Health Initiatives

## Youth Development (Tiers 1 & 2)

- Peer to Peer Mentoring
- Youth internships
- Newcomer student language navigation

## Restorative Practices (Tiers 1 & 2)

- Classroom Community Circles
- Calm Classrooms
- Monthly learning Community

## Family Engagement (Tiers 1 & 2)

- Parent workshops (Bilingual Spanish)
- Care Coordination

## Student Mental Health Support (Tiers 2 & 3)

- Group therapy
- Individual therapy/check-ins
- Social Skills Groups

## School Staff Support (Tiers 1 & 2)

- Counseling staff/ internship program development
- Training, support and consultation (Positive Behavior Interventions and Supports - PBIS, Social Emotional Learning - SEL, Trauma Informed/Healing Classrooms, etc.)
- School staff wellness groups/activities

## Building District Capacity (Tier 1)

- Districtwide Behavioral Health Assessments (Resource Mapping, etc.)
- Planning and Implementation of School Health Initiatives
- District Infrastructure (Coordination of Services Teams, Standardized Crisis Protocols, etc.)
- Maximizing community partnerships

# Systems Integration: Connecting the work

## ➤ **Health Care Services Agency**

- *Intra-agency collaborations and ongoing shared initiatives*

## ➤ **Alameda County Probation**

- *Partnership around student return to school and positive activities*

## ➤ **Alameda County Office of Education**

- *HCSA staff collaboration of services at the Juvenile Justice Center in partnership with ACOE*

## ➤ **School Health Centers**

- *Integrating mental, physical, behavioral health on campus*

## ➤ **Community Based Organizations**

- *Youth & Family Organizations funding & capacity building support*
- *Collaborating with agency staff providing EPSDT & ERMHS services at schools*
- *Community school services linkages*



# Funding and Expansion Opportunities

## State MHSSA Grant (Alameda County Strategies) 2021-2026

- *Creating Trauma Informed / Healing Environments*
- *Multi-Tiered Systems of Support*
- *Youth Leadership Development*

## School Based Health Initiative Program (SBHIP)

- *Improve coordination of child and adolescent student behavioral health services with schools, school affiliated programs, managed care providers, counties, and mental health providers.*
- *Increase the number of TK-12 students enrolled in Medi-Cal receiving behavioral health services.*
- *Increase non-specialty services on or near school campuses.*
- *Address health equity gap, inequalities, and disparities in access to behavioral health services.*

# 4. Strategic Refresh

Facilitators: Dr. Noha Aboelata, Gary Blodger, Dr. Donna Carey, Dr. Bruch Gach, Gabriela Galicia

Tuere Anderson

Pegah Shahmirzadi



# 2-YEAR COVID-19 STRATEGY

*Strategic refresh process*



## Three Phases of COVID-19 Strategy Refresh

**Step 1: Tonight-** Review of high-level activities of the plan and get feedback from community

**Step 2:** Use **June 14 CAG meeting** to discuss criteria for how to prioritize using a racial equity, community-focused lens

**Step 3:** Share community feedback with COVID Division, ACPHD and HCSA leadership to shape the strategic refresh update by **July 2022**.

## Parts of the COVID-19 Strategy

1. Goals= Alameda County population level health outcomes for the COVID-19 response focused on:
  - Prevention
  - Disease containment
  - Health disparities
  - Public health infrastructure
2. Strategies= actions to accomplish the goals
3. Implementation Plan= largely unseen and internal to operations team

**Objective of today's meeting:** Ensuring the next version of the Alameda County COVID-19 Strategy has community input

Alameda County Health Care Services Agency-Public Health Department

# 2-YEAR COVID-19 STRATEGY/ESTRATEGIA DE 2 AÑOS COVID-19

*Strategic refresh process/Proceso de actualización estratégica*



## Tres fases de la actualización de la estrategia COVID-19

Paso 1: **Esta noche**-revisar las actividades de alto nivel del plan y recibir comentarios de la comunidad

Paso 2: Use **la reunión del CAG del 14 de junio** para discutir los criterios sobre cómo priorizar el uso de una perspectiva de equidad racial y centrada en la comunidad

Paso 3: Comparta los comentarios de la comunidad con el liderazgo de la División COVID, ACPHD y HCSA para dar forma a la actualización de actualización estratégica para **julio de 2022**.

## Partes de la estrategia COVID-19

1. Objetivos = Los resultados de salud a nivel de la población del condado de Alameda para la respuesta al COVID-19 se centraron en:
  - Prevención
  - Contención de enfermedades
  - Disparidades de salud
  - Infraestructura de salud pública
2. Estrategias= acciones para lograr los objetivos
3. Plan de implementación = en gran medida invisible e interno para el equipo de operaciones

**Objetivo de la reunión de hoy:** Asegurar que la próxima versión de la estrategia COVID-19 del condado de Alameda tenga aportes de la comunidad

# 2-YEAR COVID-19 STRATEGY

Updated May 2021-GOALS



## GOALS

**Prevent COVID-19 infection, transmission, and serious illness.**



**Test, isolate, and support care of people with COVID-19.**



**Redress COVID-19-related racial/ethnic health disparities.**



**Strengthen, align, and evaluate public health infrastructure.**



# ESTRATEGIA DE 2 AÑOS COVID-19

Actualizado mayo 2021-OBJETIVOS



## METAS

**Prevenir la  
infección por  
COVID-19,  
transmisión y  
enfermedades  
graves.**



**Examinar, aislar y  
apoyar el cuidado  
de  
personas con  
COVID-19.**



**Reparación  
relacionada con  
COVID-19  
disparidades de  
salud  
raciales/étnicas.**



**Fortalecer,  
alinear y evaluar  
infraestructura de  
salud pública.**

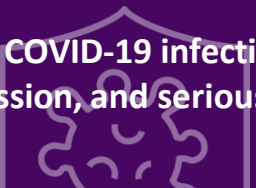

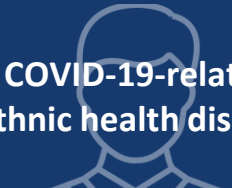





# 2-YEAR COVID-19 STRATEGY

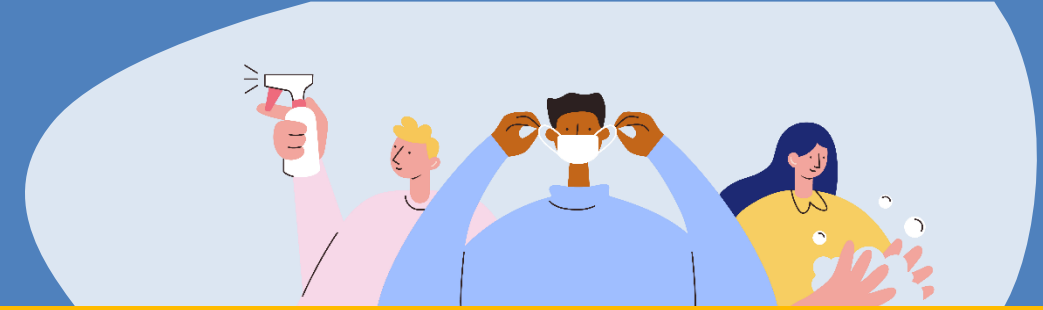
DRAFT FOR 2022



| GOALS      |  <p>Prevent COVID-19 infection, transmission, and serious illness.</p>   |  <p>Test, isolate, and support care of people with COVID-19.</p>  |  <p>Redress COVID-19-related racial/ethnic health disparities.</p>   |  <p>Strengthen, align, and evaluate public health infrastructure.</p>  |
|------------|---|---|---|---|
| STRATEGIES | <ul style="list-style-type: none"> <li>✓ Maintain and implement new measures as needed and provide guidance to individuals, organizations, and businesses on how to minimize risk, exposure and transmission.</li> <li>✓ Protect populations most vulnerable to exposure and transmission.</li> <li>✓ Support community-informed and community-led outreach, testing, prevention, health promotion, and education initiatives.</li> <li>✓ Align prevention, health promotion, and education initiatives with testing programs;</li> <li>✓ Communicate effectively through multiple means to inform and educate.</li> <li>✓ Supply or link people to resources that they need to protect themselves, their families, and their communities.</li> <li>✓ Vaccinate Alameda County residents and work with the health system for vaccine maintenance for the population.</li> </ul> | <ul style="list-style-type: none"> <li>✓ Expand access to, promote, innovate, and conduct testing.</li> <li>✓ Investigate cases and trace contacts.</li> <li>✓ Isolate people who tested positive for COVID and follow current guidelines for quarantine of contacts.</li> <li>✓ Ensure equitable and ethical access to medication and therapies.</li> <li>✓ Incorporate prevention into outbreak management strategies.</li> <li>✓ Explore housing options for residents who test positive for SARS-CoV-2 in congregate settings.</li> </ul> | <ul style="list-style-type: none"> <li>✓ Track epidemiologic trends by race/ethnicity, SES, gender, sexual orientation, and age.</li> <li>✓ Target COVID-19-related services to communities shouldering disproportionate disease burden.</li> <li>✓ Address root causes to disparities in COVID-19 and other health conditions like overcrowded housing, no paid leave for essential workers, lack of health insurance, high-rates of unemployment, and anti-immigrant policies. Ensure that all services are acceptable, accessible, of high quality, culturally competent, and linguistically appropriate.</li> <li>✓ Increase funding to community-based organizations led by and serving people shouldering disproportionate disease burden.</li> </ul> | <ul style="list-style-type: none"> <li>✓ Innovate and strengthen testing, prevention and education, and case investigation and contact tracing, and outbreak investigation.</li> <li>✓ Modernize and expand surveillance (behavioral and epidemiologic) and laboratory services.</li> <li>✓ Expand program evaluation and community research capacities.</li> <li>✓ Continue to use data to drive decisions.</li> <li>✓ Meaningfully engage communities most impacted by COVID-19 and fund the organizations they lead.</li> <li>✓ Strengthen the infrastructure, core operating and technical capacities of public health staff and community partners.</li> <li>✓ Support and institutionalize the county's disaster service worker corp.</li> <li>✓ Expand quality improvement and assurance initiatives within the public health department.</li> <li>✓ Expand bilingual capacities across the agency.</li> </ul> |

# 2-YEAR COVID-19 STRATEGY

DRAFT FOR 2022



| METAS       | Prevenir la infección por COVID-19, transmisión y enfermedades graves.   | Examinar, aislar y apoyar el cuidado de personas con COVID-19.  | Reparación relacionada con COVID-19 disparidades de salud raciales/étnicas.  | Fortalecer, alinear y evaluar infraestructura de salud pública.  |
|-------------|--|---|--|--|
| ESTRATEGIAS | <ul style="list-style-type: none"> <li>✓ Mantenga e implemente nuevas medidas según sea necesario y brinde orientación a individuos, organizaciones y empresas sobre cómo minimizar el riesgo, la exposición y la transmisión.</li> <li>✓ Proteger a las poblaciones más vulnerables a la exposición y transmisión.</li> <li>✓ Apoyar las iniciativas de divulgación, pruebas, prevención, promoción de la salud y educación informadas y dirigidas por la comunidad.</li> <li>✓ Alinear las iniciativas de prevención, promoción de la salud y educación con los programas de pruebas;</li> <li>✓ Comunicarse efectivamente a través de múltiples medios para informar y educar.</li> <li>✓ Suministrar o vincular a las personas con los recursos que necesitan para protegerse a sí mismos, a sus familias y a sus comunidades.</li> <li>✓ Vacunar a los residentes del condado de Alameda <b>y trabajar con el sistema de salud para el mantenimiento de vacunas para la población.</b></li> </ul> | <ul style="list-style-type: none"> <li>✓ Ampliar el acceso, promover, innovar y realizar pruebas.</li> <li>✓ Investigar casos y rastrear contactos.</li> <li>✓ Aísle a las personas que dieron positivo por COVID <b>y siga las pautas actuales para la cuarentena de contactos.</b></li> <li>✓ Asegurar el acceso equitativo y ético a medicamentos y terapias.</li> <li>✓ <b>Incorporar la prevención en las estrategias de gestión de brotes.e housing options for residents who test positive for SARS-CoV-2 in congregate settings.</b></li> </ul> | <ul style="list-style-type: none"> <li>✓ Realice un seguimiento de las tendencias epidemiológicas por raza/etnicidad, SES, género, orientación sexual y edad.</li> <li>✓ Dirigir los servicios relacionados con COVID-19 a las comunidades que soportan una carga de enfermedad desproporcionada.</li> <li>✓ Aborde las causas fundamentales de las disparidades en COVID-19 y otras condiciones de salud como viviendas superpobladas, ausencia de licencia paga para trabajadores esenciales, falta de seguro médico, altas tasas de desempleo y políticas antiinmigrantes. Asegúrese de que todos los servicios sean aceptables, accesibles, de alta calidad, culturalmente competentes y lingüísticamente apropiados.</li> <li>✓ Aumentar la financiación de las organizaciones comunitarias dirigidas y que atienden a personas que soportan una carga de enfermedad desproporcionada.</li> </ul> | <ul style="list-style-type: none"> <li>✓ Innovar y fortalecer las pruebas, la prevención y la educación, la investigación de casos y el rastreo de contactos, y la investigación de brotes.</li> <li>✓ Modernizar y ampliar los servicios de vigilancia (comportamental y epidemiológica) y de laboratorio.</li> <li>✓ Ampliar las capacidades de evaluación de programas y de investigación comunitaria.</li> <li>✓ Continúe utilizando los datos para impulsar las decisiones.</li> <li>✓ Involucrar significativamente a las comunidades más afectadas por el COVID-19 y financiar las organizaciones que lideran.</li> <li>✓ Fortalecer la infraestructura, las capacidades básicas operativas y técnicas del personal de salud pública y los socios comunitarios.</li> <li>✓ Apoyar e institucionalizar el cuerpo de trabajadores de servicios de desastres del condado.</li> <li>✓ Ampliar las iniciativas de garantía y mejora de la calidad dentro del departamento de salud pública.</li> <li>✓ Ampliar las capacidades bilingües en toda la</li> </ul> |

Alameda County Health Care Services Agency-Public Health Department

# 2-YEAR COVID-19 STRATEGY/ESTRATEGIA DE 2 AÑOS COVID-19

Strategic refresh process/Proceso de actualización estratégica



## Breakout Groups: Questions for Discussion/Grupos de Trabajo: Preguntas para Discusión

1. Where are the places that community partnership needs to deepen in order to execute strategies and achieve goals?/  
¿Cuáles son las áreas en las que la colaboración comunitaria necesita fortalecer para mejor ejecutar nuestras estrategias y lograr objetivos?
2. What are some examples of where strategies to reach communities with the lowest vaccination rates are working? *For example: locations or communities that statistically have lower vaccination rates but you know of successful events, outreach, etc.* /¿Cuáles son algunos ejemplos que muestran que están funcionando las estrategias para llegar a las comunidades con las cifras de vacunación más bajas? *Por ejemplo: ubicaciones o comunidades que estadísticamente tienen cifras de vacunación más bajas pero donde están disponibles eventos exitosos, promoción, etc.*
3. What does vaccination success look like for Alameda County?/¿Que se considera un éxito de la vacunación en el condado de Alameda?
4. What critical messages do communities want to hear from the Public Health Department (PHD)/Health Care Services Agency (HCSA) regularly?/¿Qué mensajes críticos quieren escuchar las comunidades del Departamento de Salud Pública (PHD)/Agencia de Servicios de Atención Médica (HCSA) con regularidad?

# THANK YOU!

**COVID-19 Vaccine**

[covid-19.acgov.org/vaccines](https://covid-19.acgov.org/vaccines)

**(510) 208-4829**

**COVID-19 Testing**

[covid-19.acgov.org/testing](https://covid-19.acgov.org/testing)

**@Dare2BWell**



## WAYS TO STAY INFORMED



### **Community Advisory Group (CAG)**

2<sup>nd</sup> Tues. of the month, 5:30-7:00 PM; next on 6/13

[covid-19.acgov.org/community-advisory-group](https://covid-19.acgov.org/community-advisory-group)



### **Public Health Commission**

2<sup>nd</sup> Thurs. of the month, 6:00-8:00 PM; next on 6/9

[acphc.wordpress.com](https://acphc.wordpress.com)



### **Health Care Services Agency (HCSA)**

#### **COVID-19 Updates**

Includes presentations & newsletters

[covid-19.acgov.org/response](https://covid-19.acgov.org/response)



# Extra Slides

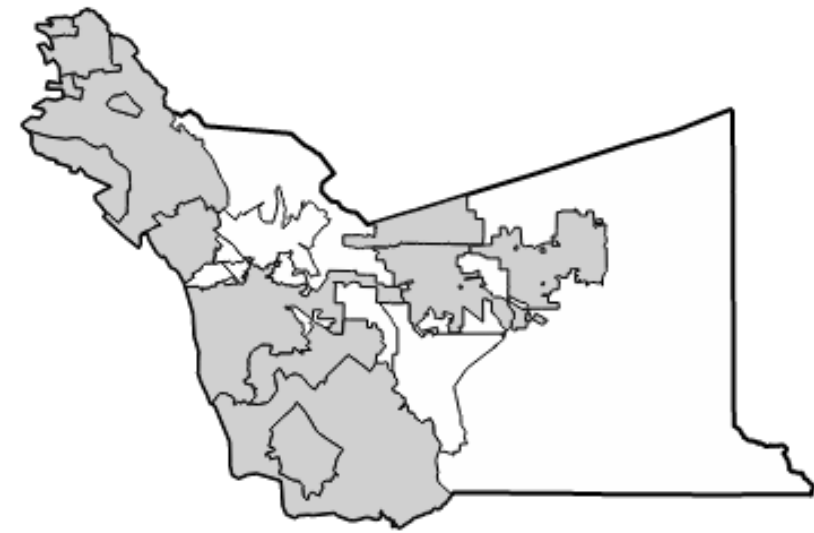
# Joint Venture Resources for Community Development- \$2,000,000

## Coalition Partners

- La Familia
- Eden United Church of Christ
- Regional Pacific Islander Taskforce
- Umoja Health Partners

## Prioritized Neighborhoods

- 94603 – Deep East Oakland
- 94541 – Ashland-Cherryland
- 94578 – Ashland-Cherryland (Ashland)
- 94580 – Ashland-Cherryland (San Lorenzo)





# Boosters Now Recommended for 12+



**Get boosted!**  
**12 + are eligible  
for COVID - 19  
boosters**

**BE Well**

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY @Dare2BWell



**G**ET **VAXXED AND BOOSTED**  
**U**P**GRADE YOUR MASK**  
(FIT AND FILTRATION MATTER A LOT!)  
**T**EST FOR  
EARLY SYMPTOMS, EXPOSED  
CONTACT, PRE/POST RISKY EVENTS  
**S**TAY HOME IF **SICK**  
**I**MPROVE  
INDOOR **VENTILATION AND**  
**AIR-FILTRATION**

**BE Well**

@Dare2BWell ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

# ISOLATION + QUARANTINE GUIDELINES

## TESTED POSITIVE

(Everyone)



Stay home for at least 5 days



Wear a well-fitting mask around others for a total of 10 days



### ISOLATION ENDS:

After day 5 with negative test AND if symptoms are not present, fever free or other symptoms are resolving OR after day 10 without a test if fever free and symptoms are resolving



## EXPOSED

(Unvaccinated or not boosted but booster-eligible)



Stay home for at least 5 days then test on day 5



Wear a well-fitting mask around others for a total of 10 days



If testing positive, follow isolation recommendations OR if symptoms develop, test and stay home



### QUARANTINE ENDS:



After day 5 with negative test AND if symptom free OR after day 10 without a test if symptom free



## EXPOSED

(Boosted or vaccinated but not yet booster-eligible)



Test on day 5



Wear a well-fitting mask around others for a total of 10 days



If testing positive, follow isolation recommendations OR if symptoms develop, test and stay home



@Dare2BWell

ALAMEDA COUNTY  
HEALTH CARE  
SERVICES AGENCY

\*Vaccinated, booster eligible but unboosted workers may attend work during quarantine with test between day 3 and 5



# When choosing a COVID-19 testing site

# LESS is More

Make sure the site you choose is:

|   |                 |   |
|---|-----------------|---|
| ✓ | <b>L</b> egal   | Test kits have received FDA emergency use authorization. Testing sites do not need your social security number or immigration status.                                   |
| ✓ | <b>E</b> thical | Your test should be free, affordable or billable to insurance. Any additional cost should be clearly explained.   |
| ✓ | <b>S</b> afe    | Staff wear medical grade protective equipment. Gloves are worn and changed in-between clients. Testing staff implements COVID-19 safety protocols including distancing. |
| ✓ | <b>S</b> ecure  | Testing site and lab information are available and you should know how your personal information will be used.  |



Questions or concerns? Please send to: [ncov@acgov.org](mailto:ncov@acgov.org)

Alameda County Health Care Service Agency





Alameda County  
Health Care Services Agency



Alameda County Public Health Department  
Celebrating Healthy People in Healthy Communities

# Updated State of California Masking Requirements

|                           |   | REQUIRED   | STRONGLY<br>RECOMMENDED | RECOMMENDED                         | OPTIONAL |
|---------------------------|---|--|-------------------------|-------------------------------------|----------|
| Vaccinated & Unvaccinated | <b>Public Indoor</b><br>(Effective end of day <b>February 28</b> )        |  |                         | <input checked="" type="checkbox"/> |          |
|                           | <b>Schools &amp; Childcare</b><br>(Effective end of day <b>March 11</b> ) |  |                         | <input checked="" type="checkbox"/> |          |
|                           | <b>Health Care</b>  | <input checked="" type="checkbox"/>  |                         |                                     |          |
|                           | <b>Long-Term Care</b>   | <input checked="" type="checkbox"/>  |                         |                                     |          |
|                           | <b>Jails &amp; Prisons</b>  | <input checked="" type="checkbox"/>  |                         |                                     |          |



# COVID-19 Vaccine Timing by Age



Routine  
schedule  
for most  
persons

## Routine Schedule

| Age  | Vaccine  | Primary Doses   | Booster Dose  | Consider 2nd Booster  |
|------|--|---|---|---|
| 5-11 | Pfizer–Pediatric (5-11)                        | 1st Dose → 3 weeks → 2nd Dose                             |   |   |
| 12+  | Pfizer/Comirnaty (12+)                         | 1st Dose → 3 weeks (8 weeks for some people^*) → 2nd Dose | 1st Booster<br>Ages 12-17: Pfizer<br>18+: Moderna/Pfizer (mRNA preferred) or J&J* | 2nd Booster<br>Ages 50+: Moderna/Pfizer<br>18-49: Not currently recommended |
| 18+  | Moderna/Spikevax                               | 1st Dose → 4 weeks (8 weeks for some people^*) → 2nd Dose | 1st Booster<br>18+: Moderna/Pfizer (mRNA preferred) or J&J*                       | 2nd Booster<br>18-49: Not currently recommended                             |
| 18+  | Johnson & Johnson<br>Pfizer/Moderna preferred* | 1st Dose → ≥2 months →                                    | 1st Booster<br>18+: Moderna/Pfizer (mRNA preferred) or J&J*                       | 2nd Booster<br>18-49: Not currently recommended                             |

^ An 8-week interval may be preferable for some people, especially for males 12-39 years.

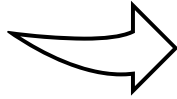
\* Although use of mRNA COVID-19 vaccines is preferred, the Janssen vaccine may be offered in [some situations](#).

View [Interim Clinical Considerations for Use of COVID-19 Vaccines](#) for details. Schedule is subject to change.



# COVID-19 Vaccine Timing by Age

Schedule if  
moderately  
or severely  
immuno-  
compromised



## Schedule if Moderately or Severely Immunocompromised

| Age  | Vaccine  | Primary Doses   | Booster Dose  | Consider 2nd Booster               |
|------|--|---|---|------------------------------------|
| 5-11 | Pfizer-Pediatric (5-11)                        | 1st Dose → 3 weeks → 2nd Dose → ≥4 weeks → 3rd Dose             |   |                                    |
| 12+  | Pfizer/Comirnaty (12+)                         | 1st Dose → 3 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → ≥3 months | 1st Booster<br>Ages 12-17: Pfizer                           | 2nd Booster<br>Ages 12-17: Pfizer  |
| 18+  | Moderna/Spikevax                               | 1st Dose → 4 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → ≥3 months | 1st Booster<br>18+: Pfizer/Moderna (mRNA preferred) or J&J* | 2nd Booster<br>18+: Moderna/Pfizer |
| 18+  | Johnson & Johnson<br>Pfizer/Moderna preferred* | 1st Dose → 4 weeks → 2nd Dose of Moderna or Pfizer → ≥2 months  |   |                                    |

\*Although use of mRNA COVID-19 vaccines is preferred, the Janssen vaccine may be offered in [some situations](#).

View [COVID-19 Vaccines for Moderately or Severely Immunocompromised People](#) for details. Schedule is subject to change.