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COVID-19 Vaccines and Treatments Information and Resources

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The Pulmonary Fibrosis Foundation Medical Team is monitoring the development of vaccines and treatments for COVID-19.

Three vaccines have been approved for Emergency Use Authorization (EUA) by the FDA. Of these three vaccines, the Pfizer-BioNTech COVID-19 Vaccine, now marketed as Comirnaty, has recently received full approval from the FDA for use in individuals 5 years of age and older. The Moderna vaccine, using the brand Spikevax, has received full FDA approval for people 18 years and older, and EUA approval for use in individuals six months through 17 years of age. FDA guidance regarding the Janssen (Johnson & Johnson) COVID-19 vaccine has been updated to include contraindication in individuals with a history of thrombosis (development of blood clots) with thrombocytopenia (low blood platelet count) following the Janssen COVID-19 Vaccine or any other adenovirus-vectored COVID-19 vaccine.

In accordance with [Recommendations issued by the Centers for Disease Control and Prevention](#), the Pulmonary Fibrosis Foundation strongly encourages vaccination for COVID-19, as the benefits far outweigh the risks. To ensure that you are not part of the limited population for whom vaccination is not recommended at this time, reach out to your primary care physician and pulmonologist for more information.

COVID-19 variants have recently emerged around the world and in the U.S., and some of these strains of the virus are known to spread more easily. This may mean that for those who are exposed to these variants, immunity from a previous COVID-19 infection or from a COVID-19 vaccination may not be as effective at preventing infection, though more research needs to be done to fully understand the impact of the new COVID-19 variants.

The Delta and Omicron Variants

The Omicron variant has rapidly become the leading COVID-19 strain in the U.S. in 2022. Omicron is more transmissible than the Delta variant. Evidence suggests that while vaccines have reduced activity against the Omicron variant, a booster vaccine dose improves protection against infection.

The Delta variant was the predominant variant of the virus in 2021, The [Delta variant](#) is more infectious and is leading to higher transmissibility than earlier forms of COVID-19, even in some vaccinated individuals.

As a result, the CDC released [updated guidance](#) on the need for COVID-19 vaccination and a recommendation for everyone in areas of high transmission to [wear a mask](#) indoors in public places, even if they are fully vaccinated. Wearing a mask in public provides important protection. Some masks and respirators provide higher levels of protection than others. Those that are properly fitted offer the highest levels of protection. Learn more about how your mask protects you [here](#).

People who are eligible to receive the COVID-19 vaccine should proceed with vaccination, as the currently authorized vaccines are highly effective in reducing the severity and spread of disease. Strategies that are known to reduce the spread of infection, such as wearing a mask, social distancing, and frequent hand washing, remain crucial in limiting the spread of COVID-19, especially as new variants of the disease are discovered.

The CDC recommends using a [self-test](#) before gathering indoors with others, regardless of vaccination status, even if you do not have symptoms and have not been exposed to anyone with COVID-19. Self-testing is especially important before meeting with [unvaccinated children](#), [older individuals](#), those who are [immunocompromised](#), or [individuals at risk of severe disease](#). Free at-home COVID-19 tests are available by mail at [COVIDtests.gov](#).

Three-dose initial series for immunocompromised Individuals and Transplant Recipients

Lung transplant recipients and people taking medications that suppress their immune system may have a lower immune response to the COVID-19 vaccine according to a [recent study](#) by Johns Hopkins University. The study suggests that a substantial proportion of transplant recipients likely remain at risk for COVID-19 after 2 doses of mRNA vaccine.

Individuals who have received a lung transplant, their loved ones, and people with compromised immune systems should get vaccinated and continue to take precautions to prevent infection from COVID-19. To provide additional protection for transplant recipients and those with a compromised immune system, the CDC recommends an additional dose of the Moderna or Pfizer BioNTech mRNA COVID-19 vaccine be given no fewer than 28 days after the initial two doses. They should also receive a booster dose.

In addition to vaccination, AstraZeneca's [long-acting monoclonal antibody](#) therapy, Evusheld, is a **prevention therapy** to help protect certain immunocompromised individuals, including transplant recipients, from COVID-19 infection. Evusheld is given for pre-exposure prevention of COVID-19 and is not a substitute for vaccination.

Boosters

The CDC recommends boosters for all three available COVID-19 vaccines in the U.S.

Everyone ages 16 years and older who received a Pfizer-BioNTech or Moderna COVID-19 vaccine at 5 months or more after their initial series should get a booster. Teens ages 12-17 should only get a Pfizer-BioNTech booster. Those who received the Johnson & Johnson vaccine, are age 18 and older, and have been vaccinated for two or more months should also get a booster dose.

A second booster is recommended for adults ages 50 years and older and some people ages 12 years and older who are moderately or severely immunocompromised. The second booster dose must be given at least four months after the first booster.

Individuals may choose which vaccine they receive as a booster dose. There may be reasons for using the same brand or a different one in individual cases, so questions should be directed to your physician.

Treatments

The U.S. Food and Drug Administration (FDA) has issued emergency use authorization of [COVID-19 treatments](#) for patients experiencing symptoms at home, in the hospital, and for individuals who are at high risk for serious complications from COVID-19.

For non-hospitalized patients, the [NIH recommends COVID-19 specific therapies](#) for those who are at increased risk for progressing to severe disease. The initiation of these treatments is time-sensitive, so it is important to test early and notify your doctor if you test positive for COVID-19. Be sure to talk to your doctor and develop a plan for accessing treatment. [This map](#) shows locations that offer testing, medical visits, and treatments all in one place (test-to-treat). Note that when you enter an address or zip code, you will be given two lists of results. The first list provides test-to-treat locations, and the second list includes places where you can fill a prescription sent by your doctor.

Monoclonal antibody treatments can help the immune system attack the virus that causes COVID-19. These treatments have been authorized for patients with mild to moderate cases of COVID-19.

Antiviral medications may be used for patients with mild to moderate symptoms of COVID-19 who are at high risk for serious illness but not hospitalized.

Hospital treatments for patients with serious COVID-19 include Remdesivir, Actemra, convalescent plasma, Baricitinib, and corticosteroids. These treatments are used to slow or reduce the virus' ability to spread in the body, and to help with breathing and other symptoms.

You can access up-to-date information about vaccine types, authorized and recommended vaccines, and vaccines in Phase 3 clinical trials on the [Centers for Disease Control and Prevention \(CDC\) website](#), which will be updated as additional information is available. You can access other general information about vaccines for COVID-19 on the CDC's website [here](#).

To find out where vaccines are available in your area, contact your physician, your healthcare facility, or your state department of public health. You can also use the [Vaccine Finder](#) tool to find additional locations in your community that have reported to the CDC that they offer the COVID-19 vaccine.

According to the CDC, vaccine doses supplied for distribution using U.S. taxpayer dollars must be provided to the public at no cost. However, vaccination providers may charge a fee for administering the vaccine. A vaccine recipient's private insurance plan or public health plan may offer reimbursement for the vaccination provider's administration fee. If a vaccine recipient is uninsured, the Health Resources and Services Administration's Provider Relief Fund should be able to assist with reimbursement.