



COVID-19 vaccine for 6 months– to 17-year-olds FAQs *(Updated 09-15-2022)*

People 6 months of age and older are eligible to receive the Pfizer-BioNTech (Pfizer) COVID-19 or Moderna vaccine. People 12 and older are eligible to receive the Novavax vaccine. People 18 and older are eligible to receive the Johnson & Johnson vaccine.

Q: What are the Pfizer and Moderna COVID-19 vaccine schedules for youth ages 6 months through 17 years who do NOT have a compromised immune system?

Vaccine schedule for children 6 months through 17 years old who are NOT immunocompromised					
Age	Vaccine	Number of doses in primary series	Size of dose	Days apart	Booster dose
6 months through 4 years	Pfizer	3	3 micrograms/0.2 mL	2nd dose 3–8 weeks after first dose. 3rd dose at least 8 weeks after 2nd dose.	Not recommended at this time
6 months through 5 years	Moderna	2	25 micrograms/0.25 mL	2nd dose 4–8 weeks after first dose.	Not recommended at this time
5–11 years	Pfizer	2	10 micrograms/0.2 mL	2nd dose 3–8 weeks after first dose.	A single monovalent Pfizer booster dose at least five months after final dose in primary series
6–11 years	Moderna	2	50 micrograms/0.5 mL	2nd dose 4–8 weeks after first dose.	Not recommended at this time

Vaccine schedule for children 6 months through 17 years old who are NOT immunocompromised					
12–17 years	Pfizer	2	30 micrograms/0.3 mL	2nd dose 3–8 weeks after 2nd dose	A single updated Pfizer bivalent booster dose at least two months after final dose in primary series or most recent booster dose.
12–17 years	Moderna	2	100 micrograms/0.5 mL	2nd dose 4–8 weeks after 1st dose	A single updated Pfizer bivalent booster dose at least two months after final dose in primary series or most recent booster dose.
12–17 years	Novavax	2	5 micrograms spike protein + 50 micrograms adjuvant/0.5 mL	2nd dose 3–8 weeks after first dose	A single updated Pfizer bivalent booster dose at least two months after 2nd dose in primary vaccination series

Q: What is the Pfizer and Moderna COVID-19 vaccine schedule for youth ages 6 months through 17 who have a compromised immune system?

Vaccine schedule for children 6 months through 17 years old who are immunocompromised					
Age	Vaccine	Number of doses in primary series	Size of dose	Days apart	Booster dose
6 months through 4 years	Pfizer	3*	3 micrograms/0.2 mL	2nd dose at least 21 days after 1st dose. 3rd dose at least 8 weeks after 2nd dose.	Not recommended at this time

Vaccine schedule for children 6 months through 17 years old who are immunocompromised					
6 months through 5 years	Moderna	3	25 micrograms/0.25 mL	2nd dose at least 28 days after 1st dose. 3rd dose at least 28 days after 2nd dose	Not recommended at this time
5–11 years	Pfizer	3	10 micrograms/0.2 mL	2nd dose at least 21 days after 1st dose. 3rd dose at least 28 days after 2nd dose	A single monovalent Pfizer booster dose at least three months after final dose in primary series
6–11 years	Moderna	3	50 micrograms/0.5 mL	2nd dose at least 28 days after 1st dose. 3rd dose at least 28 days after 2 nd dose.	Not recommended at this time
12–17 years	Pfizer	3	30 micrograms/0.3 mL	2nd dose at least 21 days after 1st dose. 3rd dose at least 28 days after 2nd dose	A single updated Pfizer bivalent booster dose at least two months after final dose in primary vaccination series
12–17 years	Moderna	3	100 micrograms/0.5 mL	2nd dose at least 28 days after 1st dose. 3rd dose at least 28 days after 2nd dose	A single updated Pfizer bivalent booster dose at least two months after final dose in primary vaccination series
12–17 years	Novavax	2	5 micrograms spike protein + 50 micrograms adjuvant/0.5 mL	2 nd dose at least 21 days after 1 st dose. An additional dose is not recommended at this time.	A single updated Pfizer bivalent booster dose at least two months after 2nd dose in primary vaccination series

Vaccine schedule for children 6 months through 17 years old who are immunocompromised

*Every person ages 6 months and older who is immunocompromised and received Moderna or Pfizer is recommended to receive three doses in their primary vaccine series. The Pfizer vaccine for children six months through 4 years old is already a three-dose vaccine series for people who are not immunocompromised. This age group does not receive an additional 4th dose. An additional dose for Novavax is not recommended at this time.

Q: What is the difference between the adult dose of Pfizer and the pediatric doses?

The Pfizer dose for ages 12 and up is 30 micrograms of mRNA. The Pfizer pediatric dose for children ages 5 through 11 is 10 micrograms, or 1/3rd the dose for people ages 12 and up. The pediatric dose for children 6 months through 4 years old is 3 micrograms, or 1/10th the dose for people ages 12 and up.

Differences between Pfizer COVID-19 adult dose and pediatric doses			
	Ages 12 and up	Ages 5 through 11	Ages 6 months through 4 years
Color of vial cap	Gray	Orange	Maroon
Dose	30 micrograms	10 micrograms	3 micrograms
Doses per vial after dilution	6	10	10

Q: What is the difference between the adult dose of Moderna and the pediatric doses?

The Moderna dose for ages 12 and up is 100 micrograms of mRNA. The dose for children ages 6 through 11 years is 50 micrograms, or 1/2 the dose for people ages 12 and up. The dose for children ages 6 months through 5 years is 25 micrograms, or 1/4th the dose for people ages 12 and up.

Differences between Moderna COVID-19 adult dose and pediatric doses				
	Ages 18 and up	Ages 12 through 17	Ages 6 through 11	Ages 6 months through 5 years
Color of vial cap	Red	Red	Dark blue	Dark blue
Vial label border color	Light blue	Purple	Teal	Magenta
Dose	100 micrograms	100 micrograms	50 micrograms	25 micrograms

Q: What is the updated bivalent booster dose?

A bivalent vaccine targets two antigens, in this case the spike proteins of two strains of the virus that causes COVID-19. The updated bivalent COVID-19 booster dose contains mRNA to create spike proteins from both the original strain of the virus that causes COVID-19 and from the BA.4/5 Omicron variant. The original monovalent vaccine targeted only the spike protein in the original strain of the virus. The updated booster dose creates antibodies that better fight strains of the virus circulating today and is expected to offer protection against a wider range of COVID-19 viral variants.

Q: What ages are eligible to receive the Moderna and Pfizer updated bivalent booster doses?

At this time the Moderna version of the updated bivalent booster dose is available only to people 18 and older. The Pfizer version of the updated bivalent booster dose is available to people ages 12 and older. Updated bivalent booster doses are not available to children under 12 at this time. The brand of the updated bivalent booster dose does not need to match the brand of your previous vaccinations. You may choose to receive Moderna or Pfizer.

Updated bivalent booster doses are not authorized to be used in a primary vaccination series.

Q: Where can people get the Moderna or Pfizer vaccines?

Visit OHA's [vaccine locator map](#) or the CDC's [VaccineFinder.org](#). Both allow you to search by vaccine type. OHA's vaccine locator tool also allows you to search for vaccination sites that do not require consent from parents or guardians for youth ages 15 to 17 and is available in several languages.

You can also schedule an appointment by calling the phone number on the vaccine provider's website or calling 211 (866-698-6155).

In addition, many communities are offering vaccination at schools. Ask or search for information from schools and check the school district's or the school's website for vaccination availability.

Q: Will pediatricians have the vaccine?

Yes, we're actively engaged with pediatricians and many, if not most, will have vaccine available.

Q: Can my child get a flu vaccination and COVID vaccination at the same time?

Yes. Vaccination against both is important and giving vaccines together has generally not resulted in more side effects or less immunity.

Q: Are children eligible to receive a booster dose?

The CDC recommends people 5 years of age through 11 who received a Pfizer vaccine get a monovalent Pfizer vaccine booster dose five months after their second dose. All adolescents ages 12–17 who received Pfizer or Moderna, including those

who are moderately to severely immunocompromised, are recommended to receive a single dose of an updated bivalent Pfizer vaccine at least two months after completing their primary vaccine series or at least two months after their most recent booster dose. Children 6 months through 4 years old who received Pfizer or children 6 months through 11 years old who received Moderna are not recommended to receive a booster dose at this time.

Q: Can children who are moderately or severely immunocompromised receive a third dose and booster doses?

Primary Series:

- The CDC recommends immunocompromised children **5 years of age and older who received Pfizer** should receive an additional (third dose) of the **Pfizer** vaccine at least 28 days after their second dose.
- Immunocompromised children ages **6 months through 17 years old who received Moderna** should receive an additional dose at least 28 days after their second dose. This additional dose is a part of the primary vaccination series.
- Additional doses for immunocompromised children ages **6 months through 4 years old who received a primary (3-dose) series of Pfizer** vaccine are not recommended at this time.

Booster doses:

- Immunocompromised people ages 12 and older are recommended to receive a single updated bivalent Pfizer booster dose at least two months after their third dose or at least two months after their most recent booster dose of a monovalent vaccine.
- Immunocompromised children 5–11 years of age who received Pfizer are recommended to receive a single booster dose of a monovalent Pfizer vaccine three months after their third dose.

Q: How does the COVID-19 vaccine affect kids with preexisting conditions?

Providers are encouraged to evaluate the specific medical case scenarios for children with preexisting conditions including prior history of myocarditis or multisystem inflammatory syndrome (MIS-C). CDC clinical considerations regarding the use of vaccination in these groups can be found [here](#).

Q: What does it mean to be emergency use authorized as opposed to FDA approved?

Emergency use authorization is a process by which the FDA can make countermeasures or other therapies available faster than they could through the

regular process, for the purpose of responding to a public health emergency. This mechanism has been in use since 2001 with the authorization of the Anthrax vaccine.

Q: What if my child will turn older between doses in their primary series making them eligible for a larger dose?

CDC recommends vaccine recipients receive the recommended age-appropriate vaccine product and dosage based on their age on the day of vaccination.

If a person moves from a younger age group to an older age group during the primary series or between the primary series and receipt of the booster dose(s), they should receive the vaccine product and dosage for the older age group for all subsequent doses.

More CDC information on this topic can be found for [Pfizer](#) and [Moderna](#) by clicking their respective links.

Q: Should my child get vaccinated if they've already had COVID-19?

Yes. Natural immunity provides some but not complete protection, and COVID-19 continues to spread in this age group despite the large number of children with prior infection; a COVID-19 vaccination provides additional proven protection. Children who had symptomatic COVID-19 may consider delaying any vaccination, including a booster dose, for three months after symptoms began.

Q: Children do not get very sick from COVID-19, so why should I vaccinate my child?

Although children are less likely than adults to become seriously ill with COVID-19, they can become seriously ill. To date, more than 150,000 children have been hospitalized with COVID-19, and more than 1,400 children have died. In addition, more than 8,800 cases of multisystem inflammatory syndrome in children (MIS-C) have been reported. According to CDC, children and teens ages 18 years and younger who have had COVID-19 are up to 2.5 times more likely to be newly diagnosed with diabetes 30 days or more after infection (data as of August 29, 2022).

Q: Can more than one person be scheduled at the same time?

Some vaccination sites require an appointment, and a parent or guardian may schedule multiple slots around the same time, one for each eligible person. Scheduling can be done through the vaccine provider's website or by calling the phone number on the vaccine provider's website or calling 211 (866-698-6155). Visit OHA's webpage, [How to Find a COVID-19 Vaccine in Oregon](#), or the CDC's VaccineFinder.org website, for information about how to find a vaccine appointment.

Q: What are the side effects for youth?

The possible side effects after receiving vaccine are the same in youth as they are in adults. Most people develop some soreness at the injection site. Fatigue and headache are common. Less common are muscle aches, chills, joint pain, vomiting, or fever. In infants and toddlers, side effects may also include irritability, crying,

sleepiness, and loss of appetite. This range of reactions is normal in response to receiving vaccine. Side effects are more common in youth and younger people than among older adults. Most resolve after a day or two.

Myocarditis and pericarditis have been reported in some people after receiving a COVID-19 mRNA vaccine (Moderna or Pfizer). The cases occurred more often in males ages 12–39 than in females, younger boys or older men. Medical researchers at CDC have studied these cases and determined the risk of severe illness from COVID-19 is greater than the risk of developing one of these heart conditions after vaccination. Myocarditis and pericarditis are more likely to occur from a COVID-19 infection than as a result of vaccination.

Q: What are myocarditis and pericarditis?

Myocarditis is an inflammation of the heart muscle. Pericarditis is an inflammation of the lining around the heart. Most people who develop one of these conditions after vaccination have recovered quickly without special treatment.

Q: Can my child get vaccinated at school?

Many communities are offering vaccination at school. You can also check the district's or the school's website for more information.

Q: Can youth receive the Johnson & Johnson vaccine?

No. Currently the only vaccines that have received emergency use authorization by the Food and Drug Administration (FDA) for use in people under age 18 are the Pfizer and Moderna vaccine.

Q: How can a newborn who is not eligible for a vaccine be protected?

Vaccination during pregnancy passes antibodies to the newborn that offer protection from severe illness and hospitalization for the first six months of life.

Q: Can pharmacies vaccinate children under age 12?

The state Public Health Director issued an order that permits Oregon pharmacists to administer COVID-19 vaccines and flu vaccines to children down to age 3.

Parental or guardian consent is required to vaccinate people under 14 years old, but the parental or guardian consent requirement does not necessarily mean a parent or guardian must go with the youth to receive the vaccination. See the question below for more detail.

Q: Do parents or guardians need to accompany their child to their vaccine appointment?

Under Oregon law, minors 15 years of age and older may give consent to receive medical treatment, including vaccinations, when provided by a physician, physician assistant, naturopath, nurse practitioner, dentist, optometrist, or another professional operating under the license of these providers. Under OHA guidance, these COVID-19 vaccine registered providers may not require consent from a parent or guardian to

vaccinate someone age 15, 16, or 17. With the exception of pharmacies, most locations where COVID-19 vaccinations are provided have oversight by a medical provider on this list.

Parental or guardian consent is required to vaccinate people under 15 years old, but the parental or guardian consent requirement does not necessarily mean a parent or guardian must go with the youth to receive the vaccination. Written consent may be obtained in advance. You should contact the vaccine provider or vaccination clinic to determine whether a parent or guardian must be present.

Providers administering COVID-19 vaccinations should make clear on their website, print materials and at the time a vaccine appointment is made the type of consent from a parent or guardian that is required and whether a parent or guardian must be present at the vaccination appointment.

Q: What should people know before they show up for a vaccination?

The Pfizer and Moderna vaccines are safe and effective. The FDA requires rigorous safety testing before it will authorize any vaccine for emergency use. The COVID-19 vaccines from Pfizer and Moderna were tested in thousands of study participants and generated enough data to convince the FDA that the vaccines are safe and effective.

If you have health insurance, vaccine providers may charge your insurance company an administration fee for giving you the vaccine. This means that you might be asked for your insurance information when you get your vaccine. If you have health insurance, be sure to bring your insurance card with you to your appointment.

Vaccine providers may need the date of your most recent vaccination to know which vaccine you need. Proof of eligibility or identification is not required. Vaccine providers may ask for proof of eligibility, identification, social security number, or health insurance information. It is up to you whether you provide that information, and it is not required to receive a vaccination. Vaccine providers may also ask if you live in Oregon or what kind of work you do. A vaccine provider should not refuse to give someone the vaccination based on their answers to those questions.

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