



COVID-19 Booster Dose FAQs

(Updated 09-09-2022)

Q: Are booster doses of the COVID-19 vaccine recommended?

Yes. The Centers for Disease Control and Prevention (CDC) recommends that everyone age 5 and older who received Pfizer and everyone age 12 and older who received Moderna or Novavax and 18 and older who received Johnson & Johnson, including people who are moderately to severely immunocompromised and received an additional dose in their primary vaccination series, receive a booster dose once they're eligible. Recommendations for which booster to receive vary by age:

- A single updated bivalent booster at least two months after completion of a primary vaccine series of Pfizer (12+), Moderna (12+) or Novavax (12+). Adolescents ages 12–17 are only eligible to receive the Pfizer updated bivalent booster dose. **OR**

A single updated bivalent booster at least two months after a dose of Johnson & Johnson (18+) **OR**

A single updated bivalent booster at least two months after your most recent monovalent (original vaccine) booster dose (12+). Adolescents ages 12–17 are only eligible to receive the Pfizer updated bivalent booster dose.

- Children ages 5 through 11 who received Pfizer are recommended to receive a monovalent (original vaccine) booster dose at least five months after completing their two-dose primary vaccination series (or, if moderately to severely immunocompromised, at least three months after completing their three-dose primary vaccination series).
- Children under 12 receive pediatric doses.
- Booster doses are not recommended at this time for children 6 months through 4 years old who received Pfizer or children 6 months through 11 years old who received Moderna. Immunocompromised children under 12 years old who received Moderna are not recommended to receive a booster dose at this time.

Q: What is the updated bivalent booster dose?

A bivalent vaccine targets two things, in this case two strains of the virus that causes COVID-19. The updated bivalent COVID-19 booster dose contains components of mRNA from both the original strain of the virus that causes COVID-19 and from the BA.4 and BA.5 Omicron variants, which have identical “spike” proteins. The original monovalent vaccine targeted only one antigen: it contained mRNA for the spike protein in the original strain of the virus. The updated booster dose induces antibodies that better fight strains of the virus circulating today. It maintains components of the

original virus in order to offer protection against a wider range of viral strains. At this time the Moderna version of the updated booster dose is available only to people 18 and older. The Pfizer version of the updated booster dose is available to people ages 12 and older. Updated booster doses are not available to children under 12 at this time. Updated booster doses are not authorized to be used in a primary vaccination series.

Q. Is there a waiting period after getting a booster dose?

Yes. People should be monitored for immediate side effects for 15–30 minutes after vaccination.

Q. Where can people get a booster dose?

Booster doses are widely available through pharmacies, doctors' offices and clinics, as COVID-19 vaccine is today. Use the [vaccine locator map](#) to find a vaccine provider near you, or call 211 or 866-698-6155 for information and assistance in any language. Proof of eligibility is not required, though providers may ask for confirmation of your last dose.

Q. How do booster doses work?

The first vaccine series builds up the immune system to make the antibodies needed to fight the disease. Over time, the immune response weakens. A booster dose builds on the initial response and tends to result in higher antibody levels that help people maintain their immunity longer. The updated booster dose adds better protection against more recently circulating strains of the virus.

Q: Should someone who is eligible for an additional dose and a booster get both?

Yes. An additional dose is recommended for people who are immunocompromised and who therefore may not have developed a strong immune response to their primary vaccine series. (Additional doses are not recommended to children ages 6 months through 4 years old who received Pfizer, which is already a three-dose primary vaccine series.)

Because immunity wanes after the primary series, a booster dose is recommended to all people 12 and older. Children ages 6 months through 11 years old who received Moderna and children ages 6 months through 4 years old who received Pfizer are not recommended to receive a booster dose at this time.

Pfizer: [CDC recommends](#) that immunocompromised people ages 5 through 11 who received a third dose of Pfizer should also get a monovalent Pfizer booster dose three months after the third dose, and those 12 and older should get a single dose of an updated bivalent booster shot at least two months after their third dose or at least two months after their most recent monovalent booster dose.

Moderna: [CDC recommends](#) immunocompromised people ages 12 and older who received a third dose of Moderna should also get a single dose of an updated bivalent booster dose at least two months after the third dose or at least two months after their most recent monovalent booster dose. For adolescents 12–17 years old, only the Pfizer bivalent booster may be used. For adults, either the Pfizer or the Moderna bivalent booster may be used.

Johnson & Johnson: People who are immunocompromised and received a dose of Johnson & Johnson vaccine as their primary series should receive an additional dose of an mRNA monovalent vaccine at least 28 days after their initial dose. Then they should get an updated bivalent booster dose at least two months later to increase their immunity, along with protection from more recently circulating viral strains.

If people who are immunocompromised and received Johnson & Johnson got a booster dose *before* their additional dose, they should receive an additional dose of a monovalent mRNA vaccine two months after their booster dose. An immunocompromised person who received their doses in this order should receive a booster dose of an updated bivalent mRNA vaccine at least two months after their most recent monovalent dose.

Q: What do providers need to know about safety and reporting after administering a booster dose?

Providers should monitor for adverse events, including local and systemic reactions. Providers are encouraged to report any adverse reactions to the Vaccine Adverse Events Reporting Database (VAERS). <https://vaers.hhs.gov>

Q: I received one dose of Moderna and one dose of Pfizer. Which updated booster dose should I get?

Adults who received a mixed dose series can receive either a Pfizer or a Moderna booster. Adolescents ages 12–17 are eligible to receive only the Pfizer updated bivalent vaccine for their booster dose. Children ages 5–11 must receive the Pfizer monovalent vaccine for their booster dose (5 months after completion of the primary series). Speak to your health care provider if you have additional questions.

Q. I received Johnson & Johnson. If I get a Pfizer or Moderna booster, do I need two doses?

No. A booster dose is a single dose for all three vaccines, so you only need one additional dose of vaccine after your Johnson & Johnson primary vaccine: an updated bivalent Pfizer or Moderna booster.

Q: Does a parent or guardian need to accompany a 15–17-year-old to receive their booster dose?

No. Under Oregon law, minors 15 and older may give consent to receive medical treatment, including vaccinations, when provided by a physician, physician assistant, naturopath, nurse practitioner, dentist or optometrist, or other professionals operating under the license of these providers.

Q: Do people need to provide proof of vaccination to get a booster dose?

No. However, your provider may ask when you received your last vaccination, as administration should be within the authorized time period. All vaccinators should check the ALERT system to determine if the timing is appropriate.

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the COVID-19 Communications Unit at 1-971-673-2411, 711 TTY or COVID19.LanguageAccess@dhsoha.state.or.us.