



CDC Recommendation on Johnson & Johnson Vaccine FAQ *(Updated 12/22/2021)*

Q: What is the new CDC recommendation about the Janssen (Johnson & Johnson) vaccine?

The Centers for Disease Control and Prevention (CDC) recommends the mRNA Covid-19 vaccines (produced by Pfizer and Moderna) over the Johnson & Johnson vaccine, given the mRNA vaccines' higher effectiveness and fewer rare adverse effects.

Q: Why did the CDC change its recommendation about the Johnson & Johnson vaccine?

The CDC carefully monitors any adverse reactions to the currently available Covid-19 vaccines. With more than 200 million people vaccinated, the CDC has found that the Covid-19 mRNA vaccines (Pfizer and Moderna) are more effective and safer than the Johnson & Johnson COVID-19 vaccine, which continues to be associated with an elevated risk of two specific conditions: Thrombosis with Thrombocytopenia Syndrome and Guillain-Barré syndrome. Although both conditions are still rare (see below), the occurrence is higher than originally thought.

Johnson & Johnson vaccine is still recommended for some people. The new guidance recommends that anyone who may have experienced an allergic reaction to a prior mRNA vaccine or people who have developed myocarditis or pericarditis from a prior mRNA vaccine receive Johnson & Johnson.

Q: What does it mean that the CDC expresses a “clinical preference” for the mRNA vaccines over Johnson & Johnson?

Although the Johnson & Johnson vaccine is still available for anyone who requests it, the CDC recommends people receive one of the available mRNA vaccines if possible. The CDC also recommends that people who received Johnson & Johnson as their initial shot receive one of the available mRNA vaccines as a booster.

Q: Why is the CDC still recommending the Johnson & Johnson vaccine at all if their preference is for the mRNA vaccines?

Despite the new recommendation, the risks associated with the Johnson & Johnson vaccine remain extremely low. The CDC still considers Johnson & Johnson vaccine safe and effective in preventing severe Covid-19 illness. Some people may prefer to receive the Johnson & Johnson vaccine. For example, if they had an adverse or allergic reaction to their first dose of an mRNA vaccine, they may receive Johnson &

Johnson. Most importantly, the risks associated with getting Covid-19 still greatly outweigh the risks associated with the Johnson & Johnson vaccine.

Q: Are there enough mRNA vaccines to vaccinate everyone who might have rather chosen Johnson & Johnson?

Yes. The U.S. supply of mRNA vaccines is abundant – with nearly 100 million doses in the field for immediate use.

Risks associated with the Johnson & Johnson vaccine

Q: What is Thrombosis with Thrombocytopenia Syndrome (TTS)?

Thrombosis with Thrombocytopenia Syndrome (TTS) is a rare side effect that can be caused by the immune system’s response to the Johnson & Johnson vaccine.

Thrombosis is the medical term for “blood clot.” Blood clots that form in a blood vessel can cause serious effects like a heart attack or stroke.

Thrombocytopenia is the medical term for low platelet count. Platelets are colorless blood cells that help form clots. If someone has a low platelet count, they can bleed more easily for longer than normal.

TTS occurs when someone experiences a blood clot and low platelet count at the same time. This condition can be deadly.

Blood clots can also occur as a result of a COVID-19 infection.

Q: What is Guillain-Barré Syndrome?

Guillain-Barré (pronounced Ghee-YAN Bah-RAY) syndrome (GBS) is a rare condition in which a person’s own immune system damages their nerves, causing muscle weakness or sometimes paralysis. GBS can cause symptoms that last for a few weeks or several years. Most people recover fully. GBS can be caused by certain vaccines, including the Johnson & Johnson vaccine

Q: What is the risk of TTS from the Johnson & Johnson vaccine?

The side effects are rare. Through Aug. 31, the CDC recorded 3.83 cases of TTS per million doses of the Johnson & Johnson vaccine. Through Dec. 2, 2021, the CDC recorded 0.57 deaths from TTS per million doses.

Q: Who is affected by these risks?

Risk of TTS is more commonly associated with women ages 30–50. The CDC recorded 10.6 cases of TTS per million doses in women ages 30–39 years of age and 9 cases per million doses for women ages 40–49 years of age.

The risk of GBS is higher among persons 65+ years of age. The CDC found that the risk of GBS after Johnson & Johnson vaccine is about 1 extra case for every 170,000

doses in persons 65+ years of age, and 1 extra case for every 150,000 doses in persons less than 65.

Q: Is the Johnson & Johnson vaccine still considered safe and effective?

Yes. The risks associated with getting Covid-19 are much higher than those associated with receiving the Johnson & Johnson vaccine. Especially with the new information about the upcoming wave of Omicron cases, it's more important than ever to get vaccinated and when eligible get a booster dose. A booster dose can be any one of the three authorized vaccines, though an mRNA vaccine is recommended for all boosters.

Q: Why was the Johnson & Johnson vaccine initially encouraged?

Temperature requirements for the Johnson & Johnson vaccine made it ideal for transport and storage. The one-dose regimen was ideal for people who were unsure they could keep to the two-dose schedule. Those who were identified as being more able to receive two doses easily were people in Oregon with stable residences and easy access to transportation. This highlighted some of the inequities in our systems. The CDC still considers the Johnson & Johnson vaccine safe and effective despite its recent findings. Most importantly, the low risks associated with the Johnson & Johnson vaccine are much lower than the risks of getting COVID-19.

Boosters:

Q: What should someone do if they had originally received a Johnson & Johnson vaccine?

The CDC recommends that anyone who initially received a Johnson & Johnson vaccine get an mRNA vaccine as a booster at least two months after their initial dose.

Q: Will Johnson & Johnson alone protect against the Omicron variant?

From the current information, Omicron seems more likely to partially evade vaccine protection. The CDC strongly recommends everyone who is eligible get a booster dose, and that anyone who initially received a Johnson & Johnson vaccine get an mRNA vaccine as a booster.

Q: If they want, can someone get an additional Johnson & Johnson vaccine after their original dose?

Yes, but they should be aware of current recommendations regarding its safety and effectiveness relative to the mRNA vaccines.

Q: Do people who receive the Johnson & Johnson vaccine need to get re-vaccinated with an mRNA vaccine?

No. People who received the Johnson & Johnson vaccine are still considered fully vaccinated for the purposes of proof of vaccination. But they are recommended to get a booster 2 months after their initial dose.

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