

What is the Novavax Vaccine?

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Novavax is the fourth vaccine authorized in the U.S. to protect against COVID-19. The U.S. Food and Drug Administration (FDA) granted the vaccine an emergency use authorization on July 13, 2022. The Centers for Disease Control and Prevention (CDC) and the Western States Scientific Safety Review Workgroup recommended the vaccine on July 19.

The Novavax vaccine uses a traditional technology to deliver the COVID-19 virus's "spike protein" to the body. The spike protein is paired with a plant-derived immune system stimulator. When the vaccine is administered, the body identifies the spike protein as foreign and generates an immune response.

The spike protein in the Novavax vaccine cannot cause an infection and does not carry genetic material.

Several common vaccines use the same protein delivery method, including childhood diphtheria and tetanus vaccines, human papillomavirus (HPV) vaccine and shingles vaccine.

Key points:

- Novavax is a 2-dose vaccine, given three weeks apart. Each dose is 0.5 mL. In early 2021, it was found to be 90% effective against mild, moderate and severe disease in a trial of 30,000 people 18 and older.
- Although Novavax was not tested against current strains of the COVID-19 virus, experts expect it to offer significant protection against severe disease.
- Novavax is considered a primary series and cannot be used as a booster for people who received a different COVID-19 vaccine.
- No booster is currently recommended after two doses of the Novavax vaccine, nor is an additional dose recommended for immunocompromised people.

- Commonly reported side effects by vaccine recipients during the clinical trials included pain, tenderness, redness and swelling at the injection site, fatigue, muscle pain, headache, joint pain, nausea, vomiting and fever.
- The Novavax clinical trial data showed a small risk of myocarditis (inflammation of the heart muscle) and pericarditis (swelling of the tissues around the heart). Six cases occurred among the 40,000 people in the trials. Males 16–20 were at highest risk.

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