FIELD GUIDANCE – Revised January 28, 2022
(First issued June 4, 2021, last revised November 8, 2021)

RE: Field Guidance #17 – COVID-19 Vaccination of Unaccompanied Children (UC) in ORR Care

ORR care providers are required to adhere to this guidance for COVID-19 vaccination of unaccompanied children (UC) in ORR care. The Centers for Disease Control and Prevention (CDC) recommends COVID-19 vaccination for everyone age 5 years and older to prevent coronavirus disease 2019 (COVID-19) in the United States. This includes UC in ORR care.

All age-eligible children at standard ORR care provider programs, influx care facilities (ICF), and emergency intake sites (EIS) should receive the COVID-19 vaccine. Children who are newly referred to ORR care should receive the COVID-19 vaccine as part of their initial medical exam (IME) or EIS modified health assessment (MHA). Children in ORR care who have already completed their IME or MHA should be vaccinated as soon as possible, as long as vaccination does not delay unification.

This field guidance is based on current CDC guidance and recommendations for COVID-19 vaccination and adapted for the UC Program. All other pre-existing, current ORR COVID-19 guidelines remain in effect.

Key revisions were made on January 28, 2022 to reflect the following:

- FDA authorization and CDC recommendation for children ages 12–17 years to receive the Pfizer-BioNTech COVID-19 vaccine booster at least 5 months after completing the primary COVID-19 vaccination series.
- Recommendation for an additional (3rd) COVID-19 vaccine dose for moderately and severely immunocompromised children who are 5–11 years of age.
- Updated language on tests for tuberculosis infection.
- Updated language on isolation, quarantine, mask use, and testing of vaccinated children.
COVID-19 Vaccination of Unaccompanied Children (UC) in ORR Care

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*Appendix B: "Children who received COVID-19 vaccine outside the United States" was released as a stand-alone document.

COVID-19 VACCINE PRODUCT

Currently, the Pfizer-BioNTech COVID-19 vaccine is the only vaccine authorized for use in children in the United States. No other vaccines are authorized, including Moderna or Janssen (Johnson & Johnson) COVID-19 vaccines, for children as a primary COVID-19 vaccine series or booster shot at this time. If other vaccines are authorized for use in children in the future, ORR will review and issue updated guidance as appropriate.

AUTHORIZED AGE GROUPS

COVID-19 vaccination (using Pfizer-BioNTech) is currently recommended and available for children 5 to 17 years of age. The vaccine has U.S. Food and Drug Administration (FDA) approval for children 16 and 17 years of age (approved on August 23, 2021), and is available under Emergency Use Authorization (EUA) for children 5 to 15 years of age, for the administration of an additional dose in certain immunocompromised children, and for a booster shot for children 12 to 17 years of age.

The Pfizer-BioNTech COVID-19 pediatric vaccine for 5–11-year-olds is a new formulation with new packaging (orange vial cap), new preparation, and a new national drug code. The current formulation for

1 The FDA-approved Pfizer-BioNTech product (COMIRNATY) and the FDA-authorized Pfizer-BioNTech COVID-19 vaccine have the same formulation and can be used interchangeably. In this document, the terms “Pfizer-BioNTech COVID-19 vaccine” or “Pfizer-BioNTech” refer to both the FDA-approved Pfizer-BioNTech (COMIRNATY) COVID-19 Vaccine and the FDA-authorized Pfizer-BioNTech COVID-19 vaccine.
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adults and adolescents (ages 12 years and older, purple or gray vial cap) must not be used in children 11 years of age and younger. In addition, children ages 5 through 11 years receive a dose that is one-third of the adult and adolescent dose of Pfizer-BioNTech COVID-19 vaccine. Smaller needles are also used for children ages 5 through 11 years.

Children under 5 years of age are not able to receive COVID-19 vaccination at this time. If a COVID-19 vaccine becomes authorized for use in children under 5 years of age in the future, ORR will review and may issue updated guidance. See Appendix A for a summary of the Pfizer-BioNTech COVID-19 vaccine formulations and authorizations, by age group.

CONSENT

COVID-19 vaccines are safe and effective. ORR, as the legal custodian of children in care, has weighed the health risks and benefits associated with the Pfizer-BioNTech COVID-19 vaccine and granted consent on behalf of age-eligible children in ORR care. Care providers must follow the guidance below regarding COVID-19 vaccinations (see also Appendix A for a summary of Pfizer-BioNTech COVID-19 vaccine formulations and authorizations, by age group):

• **Children who are 16–17 years old:** the Pfizer-BioNTech COVID-19 vaccine is FDA-approved for use in children ages 16–17 years. ORR has granted consent for vaccination as the legal custodian of children in care. Sponsor consent prior to administering COVID-19 vaccine is not required.

• **Children who are 5–15 years old:** the Pfizer-BioNTech COVID-19 vaccine is FDA-authorized for use in children ages 5–15 years under an EUA. ORR has granted consent for vaccination as the legal custodian of children in care. For Category 1 children who are 5–15 years old, informed consent from the sponsor (parent or legal guardian) is required only when the following conditions are met: 1) the sponsor has been approved by the FFS, and 2) the child’s unification is delayed due to extraneous factors. The sponsor may provide consent via text or WhatsApp message. The sponsor’s consent must be documented in the UC Portal. (Note: it will be rare for a Category 1 child to already have an approved sponsor when receiving COVID-19 vaccination as part of the IME or MHA. Sponsor consent is not required for any other category.)

• **Standard ORR care providers and ICF:** care provider staff must be present at the time of vaccination. If a vaccine administrator, such as a community healthcare provider, requires additional consent documentation, care provider staff may sign on ORR’s behalf, if needed.

• **EIS:** an ORR site lead, FFS, case manager, or medical contractor staff at an EIS must be present at the time of vaccination. If a vaccine administrator requires additional consent documentation, the ORR site lead, FFS, case manager, or medical contractor staff may sign on ORR’s behalf, if needed.

• For each COVID-19 vaccine authorized under an EUA, the FDA requires that vaccine recipients or their caregivers are provided with certain vaccine-specific EUA information. This may be accomplished by providing a fact sheet for the Pfizer-BioNTech COVID-19 vaccine, or similar resources, to the standard care provider or EIS staff who is with the child at the time of vaccination.

• Children have the option to refuse COVID-19 vaccination. Refusals must be documented as outlined in the “COVID-19 Vaccine-Related Portal Documentation Guidelines” (revised November 8, 2021).

• Care providers should follow state immunization laws regarding the administration, approval of vaccination, and documentation of informed consent (e.g., requirements for verbal or written consent).

• COVID-19 vaccine educational resources can be found at Get the Facts Campaign, including materials translated into more than 30 languages.
COADMINISTRATION WITH OTHER VACCINES

COVID-19 vaccines may be administered without regard to timing of other vaccines. This includes simultaneous administration of COVID-19 vaccine and other vaccines on the same day.

All child and adolescent catch-up schedule vaccines that are administered at the IME or the EIS MHA can be administered at the same time as the COVID-19 vaccine. If multiple vaccines are administered at a single visit, administer each injection in a different injection site. For children 11 years of age and older, the deltoid muscle can be used for more than one intramuscular injection. For children 10 years of age and younger, the vastus lateralis muscle of the anterolateral thigh can be used for more than one intramuscular injection.

TESTS FOR TUBERCULOSIS INFECTION

COVID-19 vaccination should not be delayed because of required TB screening laboratory tests during the IME. Testing for TB infection with either an interferon release assay (IGRA) or tuberculin skin test (TST) can be done before, after, or during the same medical provider encounter in which COVID-19 vaccine is administered.

COVID-19 VACCINE ADMINISTRATION

- Children who are 5–17 years of age and who have not received a COVID-19 vaccine outside of the United States should begin their two-dose series of the Pfizer-BioNTech COVID-19 vaccine in ORR care. Children who are still in ORR care 3 weeks after receipt of the first dose should receive their second dose at the appropriate interval (21 days after the first dose). A child’s discharge from ORR care should not be delayed in order to administer the first or second dose of COVID-19 vaccine.
- COVID-19 vaccine products are not interchangeable. Both the first and second doses must be Pfizer-BioNTech COVID-19 vaccine (see exceptions in CDC recommendations for COVID-19 vaccine administration errors and deviations and Appendix B: Children who received COVID-19 vaccine outside the United States).
- Pediatric and adolescent COVID-19 vaccination in other countries is becoming more common, and children entering ORR care might report or have documentation of a COVID-19 vaccine received outside of the United States. Refer to Appendix B for guidance on children vaccinated for prevention of COVID-19 outside of the United States.
- All age-eligible children, with the exception of children who are in medical isolation after testing positive for COVID-19, who are moderately or severely ill from other communicable diseases, or who have a contraindication to COVID-19 vaccines, can receive their COVID-19 vaccination. Asymptomatic children are not required to first receive a negative COVID-19 test before they receive their COVID-19 vaccine.
  - Children who are diagnosed with COVID-19 should not receive their COVID-19 vaccination until they have discontinued isolation. ORR will continue to review the evidence for this recommendation in collaboration with CDC. As of January 28, 2022, this recommendation has not changed.
  - Children who are moderately or severely ill with COVID-19 or other communicable diseases should not be given COVID-19 vaccination until they have recovered from their illness.
  - Children who have a contraindication to COVID-19 vaccines should not receive a COVID-19 vaccination. This includes a history of severe allergic reaction (e.g., anaphylaxis) after a
previous dose or to a component of the COVID-19 vaccine, or immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine.

- For children with a history of multisystem inflammatory syndrome (MIS-C), consult with the child’s medical team to determine if the child meets the criteria for COVID-19 vaccination following recovery from MIS-C.

- The second dose of Pfizer-BioNTech COVID-19 vaccine should be administered three weeks (or 21 days) after the first dose. It should not be administered earlier than the recommended interval. However, second doses administered within a grace period of 4 days earlier than the recommended date for the second dose are still considered valid. If a delay in vaccination is unavoidable, the second dose may be administered at any interval after the recommended interval.

- Moderately and severely immunocompromised children who are 5–17 years of age may be eligible for an additional primary dose (3rd dose) of Pfizer-BioNTech COVID-19 vaccine after completion of the initial (two-dose) Pfizer-BioNTech COVID-19 vaccine series. If a child is moderately or severely immunocompromised, consult with the child’s medical team to determine whether an additional primary dose is recommended, and the appropriate timing of vaccination. The additional primary dose should be administered at least 28 days after completion of the initial COVID-19 vaccine series. Moderately and severely immunocompromised children who are ages 12–17 years and who received their initial COVID-19 vaccination series and an additional primary dose should receive a Pfizer-BioNTech COVID-19 vaccine booster at least 5 months after completing their additional primary dose.

- If a child is ready for unification before receiving the second dose of Pfizer-BioNTech COVID-19 vaccine, discharge should not be delayed. The sponsor must be provided with the child’s vaccination records and information on how to find a location for the second dose. The sponsor should also be asked if they would like assistance scheduling a COVID-19 vaccine appointment for the child (see Discharge Documents and Procedures section below).

- Children who are ages 12–17 years and who have completed their primary Pfizer-BioNTech COVID-19 vaccination series should receive a Pfizer-BioNTech COVID-19 vaccine booster. The booster shot should be administered at least 5 months after completion of the primary COVID-19 vaccine series. Pfizer-BioNTech COVID-19 booster shots are the same formulation as the current Pfizer-BioNTech COVID-19 vaccine. Booster shots are currently not authorized for children who are 5–11 years of age. Refer to Appendix B for guidance on children vaccinated for prevention of COVID-19 outside of the United States.

- Refer to the CDC recommendations for COVID-19 vaccine administration errors and deviations for steps to take following a COVID-19 vaccine administration error (e.g., vaccine administered outside of the authorized age group, vaccine administered at the wrong interval, wrong vaccine formulation was administered).

POSSIBLE SIDE EFFECTS AFTER COVID-19 VACCINATION

Children might experience side effects after getting a COVID-19 vaccine. Common side effects are pain, redness, and swelling in the arm where the shot was received, as well as tiredness, headache, muscle pain, chills, fever, and nausea. Most side effects are mild to moderate, occur within the first 3 days of vaccination (the day of vaccination and the following 2 days), resolve within 1–2 days of onset, and are more frequent and severe following the second COVID-19 vaccine dose.

Some post-vaccination side effects are similar to and can be hard to distinguish from COVID-19 symptoms (e.g., fever, tiredness, headache, chills, muscle pain). In contrast, cough, shortness of breath,
runny nose, sore throat, or loss of taste or smell are not consistent with post-vaccination side effects, and instead may be symptoms of SARS-CoV-2, the virus that causes COVID-19, or another infection.

Rarely, cases of myocarditis and pericarditis have been reported in the United States after messenger RNA (mRNA) COVID-19 vaccination, particularly in adolescent and young adult males.² Myocarditis is inflammation of the heart muscle, and pericarditis is inflammation of the lining outside the heart. Symptoms can include chest pain, shortness of breath, or palpitations. Symptoms most commonly occur within several days of vaccination, and most frequently after the second dose. The severity of cases of myocarditis and pericarditis can vary. For the cases reported after mRNA COVID-19 vaccination, most patients who presented to medical care have responded well to medications and rest. The known risks of COVID-19 illness outweigh the potential risks of having a rare adverse reaction to COVID-19 vaccination, including the possible risk of myocarditis or pericarditis.

- At the time of vaccination, children must be advised of potential vaccine side effects and encouraged to report symptoms immediately.
- Children who received either the first or second dose of a COVID-19 vaccine must be monitored for side effects, most of which occur within the first 3 days following vaccination.
- Care providers must immediately seek medical attention for a child who has side effects that are concerning or do not resolve after a few days.
- Children with signs or symptoms of COVID-19 illness following COVID-19 vaccination should be tested for SARS-CoV-2 according to existing guidance for managing suspected COVID-19 illness (for standard care provider programs and ICF, refer to ORR Field Guidance #6, Scenario 3; for EIS, refer to “Considerations for Managing Systemic Post-COVID-19 Vaccination Adverse Events in Children at Administration for Children and Families (ACF), Office of Refugee Resettlement (ORR) Emergency Intake Sites (EIS)”)). COVID-19 vaccination does not cause the results of any SARS-CoV-2 viral test to become positive.

ADVERSE EVENTS REPORTING

Adverse events that occur after receipt of any COVID-19 vaccine should be reported to the Vaccine Adverse Events Reporting System (VAERS). FDA requires that vaccination providers report vaccination administration errors, serious adverse events, cases of multisystem inflammatory syndrome, and cases of COVID-19 that result in hospitalization or death after administration of COVID-19 vaccine. Information on how to submit a report to VAERS is available at https://vaers.hhs.gov/index.html or 1-800-822-7967. Any person who administers or receives a COVID-19 vaccine is encouraged to report any clinically significant adverse event, whether or not it is clear that a vaccine caused the adverse event.

IMPLEMENTATION

Children who are newly referred to ORR care should receive the COVID-19 vaccine as part of their IME or MHA. Children who are in ORR care and have already completed their IME or MHA should be vaccinated as soon as possible, as long as vaccination does not delay unification.

- Standard care providers, EIS, and ICF that administer other childhood vaccines on site should enroll as COVID-19 vaccine providers. Once enrolled, COVID-19 vaccine should be administered during the IME or MHA along with other childhood vaccines. Facilities that require additional vaccine storage

² The Pfizer-BioNTech and Moderna COVID-19 vaccines are messenger RNA vaccines – also called mRNA vaccines.
units to properly store Pfizer-BioNTech COVID-19 vaccine on site should first contact their Project Officer for approval.

- Standard care providers, EIS, and ICF that are enrolled COVID-19 vaccine providers and that care for children 12–17 years of age should place orders for the adult and adolescent vaccine formulation (purple or gray vial cap) in their state COVID-19 vaccine ordering system.
- Standard care providers, EIS, and ICF that are enrolled COVID-19 vaccine providers and that care for children 5–11 years of age should place orders for the pediatric vaccine formulation (orange vial cap) in their state COVID-19 vaccine ordering system.
- Standard care providers, including foster care programs, that use community healthcare providers to administer other childhood vaccines should determine if their current healthcare provider is enrolled as a COVID-19 vaccine provider. If the current healthcare provider is not a COVID-19 vaccine provider, the program should identify an alternative location for COVID-19 vaccination for children in care. Care providers can use Vaccines.gov to help find providers offering both COVID-19 adult/adolescent and pediatric vaccines. State health departments can also help to enroll community providers who are interested in becoming COVID-19 vaccine providers.
- Refer to the “Vaccines for Children Program vs. CDC COVID-19 Vaccination Program” resource for a helpful description of the differences in Vaccines for Children (VFC) and COVID-19 vaccination program requirements.

**Costs and Reimbursements**

Care providers should track and separately report all costs associated with implementing COVID-19 vaccinations at their facilities, including additional staffing or equipment needed to administer COVID-19 vaccines. If additional staffing or equipment is needed to implement COVID-19 vaccinations, care providers must receive prior approval from ORR.

- Providers should not charge additional costs associated with implementation of COVID-19 vaccinations to existing UC grants or contracts.
- Reimbursements will be made by the U.S. Health Resources & Services Administration (HRSA) COVID-19 Uninsured Program, which covers COVID-19 vaccine administration costs for uninsured individuals, including UC. HRSA’s claims processing contractor, UnitedHealth Group (UHG), has posted detailed, step-by-step instructions and other educational resources to help providers enroll in the program prior to submitting claims electronically as they would medical claims to other payers. Providers can learn more about the HRSA COVID-19 Uninsured Program here, and access instructional materials on UHG’s enrollment website for the program at https://coviduninsuredclaim.linkhealth.com/. Questions may be directed to the UHG Provider Support Line at 866-569-3522.

**COVID-19 VACCINE REPORTING AND DOCUMENTATION**

Standard ORR care provider programs, ICF, and EIS facilities must track and document COVID-19 vaccines administered to children in care and enter the information into the UC Portal and the appropriate state or local immunization information system (IIS). COVID-19 vaccines administered prior to a child’s admission to ORR care must also be documented in the UC Portal. Care providers must refer to the “COVID-19 Vaccine-Related Portal Documentation Guidelines” (revised November 8, 2021) for detailed instructions on how to document COVID-19 vaccination, vaccine refusals, and adverse events in the UC Portal. Care providers who are enrolled COVID-19 vaccine providers must also adhere to all...
administration and reporting requirements, as outlined by the CDC COVID-19 Vaccination Program Provider Agreement Requirements.

ISOLATION, QUARANTINE, MASK USE, AND TESTING OF VACCINATED CHILDREN

A child is considered **fully vaccinated** two (2) weeks after completion of their primary COVID-19 vaccine series. A child is considered **up to date with COVID-19 vaccines** when they have received all recommended COVID-19 vaccines, including any booster dose(s) when eligible. The up to date COVID-19 vaccine recommendations depend on a child’s age, health status, and when they first got vaccinated. ORR care providers must follow the below medical isolation, quarantine and testing guidance for fully vaccinated and up to date children:

**Medical isolation**
- Children who have symptoms of COVID-19 should be medically isolated and tested for SARS-CoV-2, regardless of their COVID-19 vaccine status.
  - A negative antigen test in a child with signs or symptoms of COVID-19 should be confirmed using a laboratory-based molecular test (e.g., PCR). The child is presumed to be infected until their status is confirmed with a laboratory-based molecular test.
  - Children who test positive for SARS-CoV-2 by an antigen or laboratory-based molecular test should remain in isolation until they meet criteria for discontinuing medical isolation.

**Quarantine**
- Children who are **up to date with COVID-19 vaccines** are NOT required to quarantine following an exposure to someone with suspected or confirmed COVID-19. Additionally, it is acceptable, when needed, to allow children who are up to date with COVID-19 vaccines to remain housed together with unvaccinated or partially vaccinated (one dose) children who are undergoing 7 days of quarantine following an exposure to a suspected or confirmed COVID-19 case. This may be considered if separating children by vaccination status may create psychosocial harm or suffering (e.g., separation of siblings).
- Children who are: 1) up to date with COVID-19 vaccines, and 2) housed with unvaccinated or partially vaccinated children who are undergoing a 7-day quarantine should be tested 48 hours prior to release from quarantine housing.
- Children who are up to date with COVID-19 vaccines at the time of physical discharge from ORR care do not need to quarantine upon unification with their sponsor.

**Mask use**
- Children who are up to date with COVID-19 vaccines must continue to wear a mask, per standard ORR COVID-19 mask guidance.

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3 Children who have a condition or who are taking medications that weaken their immune system may NOT be fully protected even if they are fully vaccinated, and may need to receive an additional COVID-19 vaccine dose. Even after vaccination, they may need to continue taking all precautions.
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Post-exposure and surveillance testing
• Children who are up to date with COVID-19 vaccines and reside in a congregate setting, including EIS facilities, must be tested at least 5 days after exposure to someone with suspected or confirmed COVID-19.
• For EIS facilities, continued surveillance testing among children who are up to date with COVID-19 vaccines is recommended. The testing interval should be more frequent in the context of an escalating outbreak and less frequent when transmission has slowed or when a greater proportion of children have been vaccinated. Currently, children should be tested every 3 days, regardless of vaccination status.

DISCHARGE DOCUMENTS AND PROCEDURES
The following documents must be included in the child’s discharge packet at the time of unification.

1. Official COVID-19 Vaccination Record card [provided at the time of vaccination]
2. COVID-19 discharge sponsor letter
3. “How to Find COVID-19 Vaccines” handout [for children who are not up to date with COVID-19 vaccines at the time of discharge]

Scanned copies of items 1 and 2 (the official COVID-19 Vaccination Record card and the completed COVID-19 discharge sponsor letter) must also be uploaded to the Files Section of the UC Portal Health Tab. If a child is transferred to another ORR care provider, the official COVID-19 Vaccination Record card must be included in the child’s transfer packet.

The COVID-19 discharge sponsor letter includes important information about the COVID-19 vaccine, how to request a replacement copy of the child’s vaccination record, and how to identify and report potential vaccine side effects. The care provider must fill out the COVID-19 discharge sponsor letter with the name of the child and information on the child’s COVID-19 test results and vaccination status.

For children who are unvaccinated or not up to date with COVID-19 vaccines at the time of discharge, a case worker or medical staff member must contact the child’s sponsor to ask if the sponsor would like assistance scheduling a COVID-19 vaccine appointment. If the sponsor would like assistance, care provider staff must help schedule a vaccine appointment on behalf of the sponsor using Vaccines.gov. The “How to Find COVID-19 Vaccines” handout must be included in the discharge packet of all children who are not up to date with COVID-19 vaccines at the time of discharge.

Children who are up to date with COVID-19 vaccines at the time of discharge do not need to be quarantined following their physical discharge from ORR custody (see Field Guidance #4: COVID-19 Discharge Guidance).
### APPENDIX A: PFIZER-BIONTECH COVID-19 VACCINE FORMULATIONS AND AUTHORIZATIONS, BY AGE GROUP (AS OF JANUARY 28, 2022)

<table>
<thead>
<tr>
<th>AGE GROUP</th>
<th>16–17 years old</th>
<th>12–15 years old</th>
<th>5–11 years old</th>
<th>Under 5 years old</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pfizer-BioNTech COVID-19 vaccine formulation*</td>
<td>Adult/adolescent formulation (purple or gray vial cap color)</td>
<td>Adult/adolescent formulation (purple or gray vial cap color)</td>
<td>Pediatric formulation (orange vial cap color)</td>
<td>No product available</td>
</tr>
<tr>
<td>Primary Series Authorization (Date authorized)</td>
<td>• Available under EUA (December 11, 2020)</td>
<td>Available under EUA (May 10, 2021)</td>
<td>Available under EUA (October 29, 2021)</td>
<td>Not authorized</td>
</tr>
<tr>
<td>Booster Authorization (Date authorized)</td>
<td>Available under EUA (December 9, 2021)</td>
<td>Available under EUA (January 3, 2022)</td>
<td>Not authorized</td>
<td>Not authorized</td>
</tr>
<tr>
<td>CDC/ACIP recommendation</td>
<td>Recommended</td>
<td>Recommended</td>
<td>Recommended</td>
<td>Not recommended</td>
</tr>
<tr>
<td>Consent for vaccination</td>
<td>ORR consents</td>
<td>ORR consents**</td>
<td>ORR consents**</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Provision of vaccine information</td>
<td>Healthcare providers must provide vaccine information to the UC (or to care provider staff)</td>
<td>Healthcare providers must provide vaccine information to the UC (or to care provider staff)</td>
<td>Healthcare providers must provide vaccine information to the UC (or to care provider staff)</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

* Refer to Pfizer-BioNTech COVID-19 Vaccine references for additional information on vaccine formulations and storage conditions.
** For Category 1 children who are 5–15 years of age, informed consent from the sponsor (parent or legal guardian) is required when the following conditions are met: 1) the sponsor has been approved by the FFS, and 2) the child’s unification is delayed due to extraneous factors. The sponsor may provide consent via text or WhatsApp message. The sponsor’s consent must be documented in the UC Portal. (Note: it will be rare for a Category 1 child to already have an approved sponsor when receiving COVID-19 vaccination as part of the IME or MHA. Sponsor consent is not required for any other category.)