To: 5.1.2e [5.1.2e @rivm.nl]; 5.1.2e [5.1.2e @rivm.nl]; 5.1.2e 5.1.2e [5.1.2e @rivm.nl]
Cc: 5.1.2e [5.1.2e @rivm.nl]
From: 5.1.2e
Sent: Sun 12/12/2021 2:27:38 PM
Subject: kwartier observatie bij zowel Moderna and Pfizer :recommendations revised dd 19 november
Received: Sun 12/12/2021 2:27:40 PM
WHO-2019-nCoV-vaccines-SAGE-recommendation-BNT162b2-2021.3-eng.pdf
WHO-2019-nCoV-vaccines-SAGE-recommendation-mRNA-1273-2021.3-eng.pdf

Zie nogmaals de meest recente aanbevelingen van WHO voor het kwartier observatie tijd van 19 november 2021, voor zowel Pfizer en Moderna.
Hierop baseren we de richtlijn.
In praktijk moet dit haalbaar zijn. Met de GGD is dit al op 22 november opnieuw besproken.
Als RIVM gaan we hier niet van afwijken.

5.1.2e

From: 5.1.2e
Sent: vrijdag 26 november 2021 18:08
To: 5.1.2e < 5.1.2e @ggdnog.nl>
Cc: 5.1.2e < 5.1.2e @rivm.nl>; 5.1.2e < 5.1.2e @rivm.nl>
Subject: FW: ALERT: Moderna and Pfizer recommendations revised

Hierbij de meest recente updates van de SAGE over Pfizer en Moderna, maar nog altijd de 15 minuten observatie.

5.1.2e

Interim recommendations for Moderna and Pfizer have been revised. Changes to the recommendations are detailed below.

For Moderna

https://www.who.int/publications/i/item/interim-recommendations-for-use-of-the-moderna-mrna-1273-vaccine-against-covid-19

Table of updates

Update 19 November 2021

Section	Rationale for update
Additional dose	Reflects recent authorization of a third dose to immunocompromised individuals with certain underlying conditions.
Interchangeability between vaccine products and platforms	Mix-and-match studies remain limited, but recent evolving evidence led to an update in this section.
Paediatric age indication	A Phase 3 trial in children aged 12-17 years indicated likely high efficacy and good safety in this age group, leading to an extension of the previous age indication from 18 years onwards down to age 12 onwards.
Children and adolescents below the age of 18 years	The following statement was added: For children and adolescents COVID-19 is rarely severe. Evidence suggests that adolescents, particularly older adolescents, are as likely to transmit SARS-CoV-2 as adults. WHO recommends that countries should consider using mRNA-1273 in children aged 12 to 17 only when high vaccine coverage with 2 doses has been achieved in higher priority groups as identified in the WHO Prioritization Roadmap. Children 12-17 years of age with comorbidities that put them at significantly higher risk of serious COVID-19 disease, alongside other

	high-risk groups, may be offered vaccination. There are currently no efficacy or safety data for children below the age of 12 years. Until such data are available, individuals below 12 years of age should not be routinely vaccinated.
Pregnant and breastfeeding women	Text was updated to reflect more recent evidence on vaccination of pregnant women. Given the increasing evidence on safety and effectiveness of this vaccine in pregnant women, WHO now recommends the use of mRNA-1273 in pregnant women.
Immunocompromised persons	Updated regarding the need for a third dose in certain immunocompromised populations.

For Pfizer:

https://www.who.int/publications/i/item/WHO-2019-nCoV-vaccines-SAGE_recommendation-BNT162b2-2021.1

Table of updates

Update 19 November 2021

Section	Rationale for update
Additional dose	Reflects recent authorization of a third dose to immunocompromised individuals with certain underlying conditions.
Interchangeability between vaccine products and platforms	Mix-and-match studies remain limited, but recent evolving evidence led to an update in this section.
Pregnant and breastfeeding women	Text was updated to reflect more recent evidence on vaccination of pregnant women. Given the increasing evidence on safety and effectiveness of this vaccine in pregnant women, WHO now recommends the use of BNT162b2 vaccine in pregnant women.
Immunocompromised persons	Updated regarding the need for a third dose in certain immunocompromised populations.
SARS-CoV-2 variants	This section has been updated to reflect the latest data with regards to the circulation of variants of concern and evidence on the impact on immunogenicity and effectiveness of the vaccine