Updated4 April 2023

UN Medical Directors

No additional safety concerns have been identified for the use of heterologous schedule (either within the primary series or the booster dose).

Note that specific guidance for the administration of Moderna is provided in Annex A

Summary table 1:

DOSE #1	DOSE #2[13]	DOSE #3/BOOSTER#1[14]	DOSE#4 / BOOSTER#2[15]
mRNA*	mRNA*	vectored	mRNA
mRNA*	vectored	mRNA	mRNA
vectored	vectored	mRNA	mRNA
vectored	mRNA*	mRNA	mRNA
Inactivated†	inactivated†	mRNA or vectored	mRNA or vectored
Inactivated†	mRNA or vectored	mRNA or vectored	mRNA or vectored
non WHO EUL	non WHO EUL	After primary vaccination with WHO EUL[16]	After primary vaccination an booster dose with WHO EU[16]

Annex A: UNMD recommendations for utilization of Moderna vaccine for the UN System-wide vaccination programme

Disclaimer

- This guidance does not imply that Moderna is the only option for booster doses within the context of the COVID-19 vaccination series but refers specifically to situations where the Moderna vaccine is an available option.
- This advice is based on currently available evidence on the possible use of Moderna vaccine either as a primary SARS-CoV-2 immunization tool or as a mix-and-match second dose of a primary immunization cycle (heterologous vaccination), or as a booster dose of a completed primary immunization cycle.
- Primary doses can be monovalent/ancestral strain or bivalent ancestral/Omicron variant BA.5[17]
- Booster doses can be monovalent/ancestral strain or bivalent ancestral/Omicron variant
- Homologous vaccination (i.e., same vaccine) schedules are considered standard practice based on substantial safety, immunogenicity, and efficacy data available for each COVID-19 vaccine with WHO EUL approval.
- Heterologous vaccination (i.e., mixed vaccines) with any two WHO EUL approved vaccines[18] is considered a complete primary series.[19]
- Where scientific evidence of above uses of Moderna vaccine has been judged weak or unavailable, a rapid peer review process has informed the technical recommendation.
- Advice regarding additional dosing for non-WHO EUL COVID-19 vaccines is less well established and should be based on an individual risk assessment.
- As new information becomes available, the recommendations presented in this document will be adjusted accordingly.
- See table 2 below for details.

Rules for use of Moderna

- Primary schedule age 12-17 and 18 and above: administer dose #1 and dose #2 as full dose monovalent (100 µg) or bivalent original/Omicron BA.1-5
- Primary schedule age 6-11: administer dose #1 and dose #2 as half dose monovalent (50 µg)
- Moderna as 2nd dose (and 3rd dose for selected immunocompromised individuals) should be administered 4-8 weeks after the initial dose (8-week interval recommended for mRNA only primary vaccination to further increase effectiveness and further reduce rare risk of myocarditis[20]).
- First booster doses age 12-17 and 18 and above: monovalent or bivalent half dose (50 µg) given 4 to 6 months (or less depending on local health authority policies) after completion of the last dose[21].
- Subsequent booster doses for high risk grou4(pl)5(etETQ0 0 0 rg0 0 0.0004]TJE) ca

Non-WHO EUL approved vaccines	Sputnik, Soberana, Abdala	Commence a new primary schedule at least 4 weeks after the last do administered.