REPUBLIC OF NAMIBIA

MINISTRY OF HEALTH AND SOCIAL SERVICES

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TO: ALL NATIONAL AND REGIONAL DIRECTORS; DEPUTY DIRECTORS, SENIOR MEDICAL SUPERINTENDENTS OF STATE HOSPITALS CHIEF MEDICAL OFFICERS; SENIOR MEDICAL OFFICERS, IN-CHARGES OF HOSPITALS/ HEALTH CENTRES/ CLINICS/ PHARMACIES, DIVISIONAL AND SUB-DIVISIONAL HEADS, AND PROGRAMME OFFICERS

ADDITIONAL GUIDANCE ON THE ADMINISTRATION OF 3RD DOSE/BOOSTER OF COVID-19 VACCINES

1. All COVID-19 vaccines available in Namibia have been associated with substantial reductions in the risk of severe/critical disease as well as preventing death due to COVID-19. However, scientific evidence suggests that COVID-19 vaccine-induced immunity wanes with time; thus, additional doses are advised to boost the required level of protection against COVID-19 disease severity.

2. In November 2021, the Ministry introduced a "third dose" of Sinopharm vaccine for persons fully vaccinated with Sinopharm *(Circular No.88)*. In addition, COVID-19 vaccination with Pfizer BioNTech vaccine was expanded to children aged 12-17 years *(Circular No.89)*.

3. **This Circular serve to provide guidance on two additional policy changes, namely:**

   - Introduction of the AstraZeneca and Pfizer vaccines booster doses for persons fully vaccinated with the same vaccine (homologous boosters).
   - Mix-matching of vaccines (heterogenous boosters) in warranted circumstances.

4. **Booster doses**

4.1 Decisions to administer **booster doses** must be evidence-based, context specific and consider the benefits and risks for individuals and society. The immediate priority for Namibia is to vaccinate the unvaccinated population to achieve the set targets.

4.2 WHO supports the administration of **additional (booster) doses** because the primary vaccination series may not induce an adequate immune response in some population groups. This may be the case with immunocompromised persons and also in older adults. In such, instances an **additional dose** of a vaccine may be required as a part of an extended primary

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series to optimise or enhance the immune response to establish a sufficient level of protection and efficacy.

4.3 The FDA and CDC indicate that a booster dose of a different vaccine from the type used for the primary series (i.e., a heterologous booster) can be used [6]. However, the interval and indications for the booster dose depend on the vaccine given for the primary series.

5. **Mix-and-Matching of doses**

5.1 Research has been conducted on the safety and effectiveness of **mix-and-matching** of COVID-19 vaccines. Findings have shown that persons who receive two different COVID-19 vaccines generate potent immune responses. Where side effects are reported, they are not worse than those caused by standard regimens [4].

5.2 Currently, WHO recommends that the mix-and-matching of vaccines be considered in cases of severe adverse reaction to the first dose, or shortages of vaccines in jurisdictions.

5.3 If an individual is travelling to a country where a vaccine they have received is not recognised, that particular individual can be given a vaccine recognised in the country of destination, provided that travelers present documents as evidence of the intention to travel.

6. **Guidance on the administration of third doses/ Booster doses**

The Ministry issues this guidance regarding booster shots and mix-and-matching options based on the above background.

6.1 **Type of vaccine to administer**: All vaccinators may commence with the voluntary administration of 3rd dose/booster of Sinopharm, AstraZeneca and Pfizer BioNTech vaccines to eligible individuals. The same type of vaccine (homologous vaccines) should be used in the primary/initial series. However, if the same product is not available, or in case of an allergic reaction to one vaccine, another COVID-19 vaccine (heterologous vaccines) can be used as outlined in Table 1.

Table 1: COVID-19 Homologous and Heterogenous Boosters, Mix-Match and 3rd Doses

	1st Dose	2nd Dose	3rd /Booster dose
Homologous	Sinopharm	Sinopharm	Sinopharm
	Pfizer	Pfizer	Pfizer
	AstraZeneca	AstraZeneca	AstraZeneca
	Johnson	-	Johnson & Johnson
Heterogenous	Sinopharm	Sinopharm	Pfizer
	AstraZeneca	AstraZeneca	Pfizer
	AstraZeneca	Pfizer	Pfizer

7. **Persons eligible for 3rd/Booster doses**

7.1 The 3rd /booster dose of the COVID-19 vaccine is advisable and may be administered voluntarily for moderately or severely immunocompromised persons.

7.2 This includes persons with malignancies, recipients of solid organ or stem-cell transplants, primary immunodeficiency, HIV/AIDS not controlled with antiretroviral therapy, and persons receiving immunosuppressive therapy.

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8. **Timing for the administration of 3rd and booster doses**

8.1 An additional dose for **persons indicated in 7.1 and 7.2** above should be given during a period of one (1) to three (3) months or at the earliest opportunity if more than three (3) months have elapsed following the administration of the standard primary series (after being fully vaccinated).

8.2 An additional COVID-19 vaccine dose (3rd dose) is and may be administered voluntarily for **older adults ≥60 years** who have received two(2) doses of the Sinopharm vaccine. An interval of three (3) to six (6) months is recommended between the second and third doses. If more than six(6) months have elapsed since the second dose, the third dose should be administered as early as possible. The same vaccine product (homologous vaccine) should be used as in the primary series. However, if the same vaccine product is not available, another COVID-19 vaccine (heterologous vaccine) may be used.

8.3 In addition, **all individuals 18 years and older** who are fully vaccinated and visit vaccination sites to receive booster doses (as tabulated in Table 1 above) should not be turned away.

9. **Informed Consent**: Vaccinators must obtain informed consent before administration of any 3rd /booster doses.

The content of this Circular must be brought to the attention of all staff members in public and private sectors who are involved in the vaccination activities.

Yours Sincerely,

EXECUTIVE DIRECTOR
MINISTRY OF HEALTH AND SOCIAL SERVICES

BEN SANGOMBE
EXECUTIVE DIRECTOR

FOR ADDITIONAL READING, PLEASE SEE REFERENCES BELOW:

1. Thompson MG, Stenehjem E, Grannis S, et al. Effectiveness of Covid-19 Vaccines in Ambulatory and Inpatient Care Settings. N Engl J Med 2021; 385:1355.
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4. Callaway, E. (2021) Mix-and-match COVID vaccines ace the effectiveness test, Nature, https://doi.org/10.1038/d41586-021-02853-4
5. Emergency Use Authorization (EUA) of the Pfizer-BioNTech COVID-19 Vaccine to Pre vent Coronavirus. Fact sheet for healthcare providers administering vaccine. https://www. fda.gov/media/144413/download (Accessed on November 20, 2021).
6. US FDA. Emergency use authorization (EUA) of the Janssen COVID-19 vaccine to preve nt coronavirus disease 2019 (COVID-19). https://www.fda.gov/media/146304/download (Accessed on October 21, 2021).
7. CDC Expands Eligibility for COVID-19 Booster Shots https://www.cdc.gov/media/releas es/2021/p1021-covid-booster.html (Accessed on October 22, 2021).

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