



Updated COVID-19 vaccine recommendations from the World Health Organization's Strategic Advisory Group of Experts

30 March 2023

Key information

Although the SARS-CoV-2 virus continues to circulate, the third year of the coronavirus (COVID-19) pandemic has been characterized by a significant reduction in hospitalizations, intensive care unit admissions, and deaths across all age groups. This is because immunity against the virus has increased significantly worldwide thanks to the substantial and increasing use of vaccines, natural infection-induced immunity, or a combination of both (hybrid immunity). The wide availability of diagnostic tests and early access to COVID-19 therapies have also reduced the risk of severe disease, hospitalization, and death.

Against this backdrop, the World Health Organization's Strategic Advisory Group of Experts (SAGE) has adjusted the risk groups for COVID-19 vaccine administration. Its approach optimizes the global impact of these vaccines at a time when the Omicron variant and its sublineages are the predominant circulating variants, and is based on public health objectives, evolving epidemiology, and increased population-level immunity.



High priority-use groups

These population groups continue to present the greatest risk of mortality and severe disease, and continue to account for the majority of deaths in the population. Therefore, a decrease in vaccine effectiveness over time means an increase in the number of cases of severe disease and deaths in the general population.

High priority-use subgroups eligible to receive an additional dose **6 months** after the previous dose are as follows:



1. Adults over 75 years of age, or the age established by each country.



2. Adults over 60 years of age, or the age established by each country, with significant comorbidities.



3. Adults, adolescents, and children over 6 months of age with severe or moderate immunosuppression. ^{1,2}



4. Pregnant women and adolescent girls. This subgroup should receive a dose during pregnancy if more than 6 months have elapsed since the last dose.

High priority-use subgroups eligible to receive an additional dose **12 months** after the previous dose are as follows:



1. Adults over 60 years of age, or the age established by each country.



2. Adults with significant comorbidities or severe obesity.



3. Frontline health workers.

¹ Vaccine effectiveness is lower in individuals with compromised immune systems. Therefore, SAGE recommends personal protective measures, vaccination of close contacts, and early treatment in case of infection.

² The 6-month interval should be discussed with each individual's health care provider.



Medium priority-use groups

The risk of severe disease, hospitalization, and death for individuals in these population groups is lower than for those in high priority-use groups. However, individuals with hybrid immunity represent 90% of the population in most countries worldwide, with a very slow reduction in vaccine effectiveness during the 9 months after the last dose. These individuals benefit from the greatest level and durability of protection against severe disease. If they do contract the virus, the illness tends to be mild or asymptomatic. As such, it is possible to extend the period until the next booster doses are needed, when compared to individuals who have never been vaccinated or infected.

Therefore, at the time of writing, SAGE recommends vaccinating the following groups with a **primary series and first booster dose**:



1. All healthy individuals over 17 years of age.



2. Children and adolescents between 6 months and 17 years of age with comorbidities that increase the risk of developing severe disease.



3. **3. Additional doses or supplemental booster doses are not recommended on a systematic basis**, as the benefit obtained is small.



Low priority-use groups

It is unusual for COVID-19 to be fatal in healthy children and adolescents. With increased infection-induced immunity worldwide in younger age groups, the number of severe COVID-19 cases in healthy children has decreased substantially. COVID-19-related deaths in children and adolescents are mainly observed in those with an existing comorbidity. In most countries throughout the world, the benefit of vaccinating healthy children and adolescents is substantially lower than that of vaccinating the highest priority-use groups, compared to most other vaccine-preventable childhood diseases.

Therefore, the vaccination of healthy children and adolescents should be weighed against other health priorities, programmatic and equity issues, and opportunity cost-effectiveness based on costs and accounting resources (supply, programmatic, and financial), so that a broader program does not undermine efforts to vaccinate high priority-use groups or other vaccines.



For healthy children and adolescents between 6 months and 17 years of age without comorbidities, WHO recommends:



- **Administering the primary series** based on the country context. In other words, to vaccinate this population, countries must take into account the burden of disease in this age group, cost-effectiveness, other health or programmatic priorities, and opportunity costs.
- At the time of writing, SAGE **does not recommend additional booster doses in this age group.**

As of March 2023, the need for and timing of additional booster doses in the long term is unknown. In addition, it is still unknown whether COVID-19 vaccination should be included in regular vaccination programs in the long term.



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