



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Dave A. Chokshi, MD, MSc
Commissioner

December 21, 2021

Dear Colleague,

The Centers for Disease Control and Prevention (CDC) updated its [recommendations](#) for COVID-19 vaccination to reflect a **preference for the Pfizer and Moderna mRNA vaccines over the Johnson & Johnson/Janssen (Johnson & Johnson) vaccine for all vaccine-eligible people**. This preferential recommendation applies to both primary and booster vaccination, including booster doses for people who received the Johnson & Johnson vaccine for their primary series. People who receive a single dose of the Johnson & Johnson COVID-19 vaccine are still considered fully vaccinated and are not eligible to start a new primary series, but mRNA booster doses are recommended for all Johnson & Johnson recipients after two months.

The update was driven by [data](#) on the risk of thrombosis with thrombocytopenia syndrome (TTS) following receipt of the Johnson & Johnson vaccine. TTS is a rare syndrome that involves thrombosis in the setting of new onset thrombocytopenia in patients with no recent known exposure to heparin. In the U.S., the majority of people with TTS after Johnson & Johnson vaccination had clots located in cerebral venous sinuses; clots also occurred in other unusual locations, including in the portal vein and splenic vein, and included a combination of venous and arterial thromboses. While TTS continues to be rare, due to the severity of the safety issues identified and the higher vaccine effectiveness and wide availability of mRNA vaccines in the U.S., the [benefit/risk balance](#) of mRNA COVID-19 vaccines is more favorable than for the Johnson & Johnson vaccine.

Healthcare providers should inform their patients that mRNA COVID-19 vaccines are preferred. In New York City (NYC), the Johnson & Johnson vaccine may still be offered when there is a contraindication to mRNA COVID-19 vaccines (e.g., severe allergic reaction after a previous dose or to a component of an mRNA COVID-19 vaccine), or when a person wants to receive the Johnson & Johnson vaccine after being counseled about the risk and symptoms of TTS that could occur after vaccination, the need to seek immediate medical care should symptoms develop, and the availability of mRNA vaccines. Vaccine providers should start the two-dose mRNA COVID-19 vaccine series, even if there is uncertainty about how the patient will receive their second dose. Providers who are currently administering only Johnson & Johnson vaccine should make plans to also have an mRNA vaccine available or be able to refer patients to another vaccination site by using the [NYC Vax Finder](#) or calling 1-877-VAX-4NYC.

It is a contraindication to administer Johnson & Johnson COVID-19 vaccine to people with a history of TTS following receipt of Johnson & Johnson or other adenovirus vector COVID-19 vaccines (e.g., AstraZeneca COVID-19 vaccine). The Johnson & Johnson fact sheets for [health care providers](#) and [recipients](#) have been updated; older versions should be replaced.

Thank you for your commitment to promoting and protecting the health of New Yorkers.

Sincerely,

A handwritten signature in black ink that reads 'Jane R. Zucker'.

Jane R. Zucker, MD, MSc
Assistant Commissioner
Bureau of Immunization