

# Vaccination of persons with a SARS-CoV-2 infection or exposure

(As of 1/3/2021)

Data from clinical trials indicate that mRNA COVID-19 vaccines are safe in persons with evidence of a prior SARS-CoV-2 infection. Vaccination should be offered to persons regardless of history of prior symptomatic or asymptomatic SARS-CoV-2 infection.

While there is otherwise no recommended minimum interval between infection and vaccination, current evidence suggests that reinfection is uncommon in the 90 days after initial infection. Thus, persons with documented acute SARS-CoV-2 infection in the preceding 90 days may delay vaccination until near the end of this period, if desired.

Reference: [Interim Clinical Considerations for Use of Pfizer-BioNTech COVID-19 Vaccine | CDC](#)

Dr. Tam's Opinion:<sup>1</sup>

For an immunocompetent patient, having a natural infection by COVID-19 should induce your body to acquire natural immunity against reinfection by the same type of virus for at least 90 days. Therefore, the urgency to have the COVID-19 vaccine is not as high as a patient who has no such immunity. The natural immunity developed by such patient may not be as robust as that which can be developed by getting the Pfizer and Moderna COVID-19 vaccines. Therefore, you should still get the vaccine when it is your turn to get it, to assure your immunity is robust against the virus. You may have a more benign systemic immune response like injection site pain. However, it is still important to get the vaccine to reduce your risk of reinfection and to protect people around you.

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