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## **COVID-19 Vaccine: Update #66**

### **Dose of XBB.1.5 containing COVID-19-mRNA Vaccine**

### **Recommended for Anyone 6 Months of Age and Older who was**

### **Previously Vaccinated**

### **&**

### **First Case of Locally Acquired West Nile Virus Illness since 2019**

**Attention:** Physicians, Emergency Departments, Hospital CEOs, Hospital Laboratories, Infection Control Practitioners, Occupational Health Practitioners, Walk-In Clinics/Urgent Care Clinics, Nurse and Nurse Practitioners, EMS, Designated Officers, Midwives, Family Health Teams, Pharmacies, Ontario Health Central, Beausoleil First Nation, Indigenous Health Care & Community, Long-term Care Homes, Retirement Homes, Hospices, Coroners, Funeral Directors, Dentists, Group Homes, Homes for Special Care, Optometrists, Corrections, Municipalities, Licensed Child Care Providers

**Date:** September 27, 2023

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Consistent with the National Advisory Committee on Immunization (NACI)'s recent recommendation, **the Ontario Ministry of Health is recommending a dose of the XBB. 1.5-containing COVID-19 mRNA vaccine** for individuals in the authorized age group (i.e. **6 months and older**) **who have been previously vaccinated** against COVID-19, if it has been 6 months from the previous COVID-19 vaccine dose or known SARS-CoV-2 infection. Those who have NOT been previously vaccinated can receive the XBB.1.5 containing COVID-19 vaccine as per Table 1 below.

As per NACI, a shorter interval (3 to <6 months) can be used to support fall program implementation in institutions. For individual patients, it is recommended to have an interval of 6 months. However, if the health care provider believes that a patient would benefit from a dose between 3 and 6 months, that is acceptable.

Data from Moderna and Pfizer have shown that the BA.4/5 bivalent vaccines do generate immune responses against the XBB.1.5 variant and variants that are descendants of XBB; however, the new XBB.1.5 vaccine formulation generates a stronger immune response to these more recent variants. Therefore, if someone has recently received a bivalent BA.4/5 booster dose, they will continue to have protection and should not receive an additional XBB containing dose at this time.



The Fall COVID-19 Vaccine Program will be rolled out with the Influenza Vaccine Program. In alignment with the influenza program, initial doses of XBB COVID-19 vaccine will be prioritized for:

- Hospitals for inpatients, staff, and high-risk program outpatients
  - Long-Term Care Homes and Elder Care Lodges for residents, staff, and essential caregivers
- Vaccines will continue to be distributed, as they become available, to participating retirement homes, other congregate living settings, pharmacies, primary care providers and other providers for the immunization of:
- Individuals at high-risk for influenza and/or COVID-19 related complications or hospitalization:
    - Residents and staff of congregate living settings (e.g., chronic care facilities, retirement homes)
    - Pregnant individuals
    - Individuals ≥ 65 years of age
    - All children 6 months to 4 years of age [based on influenza risk to support coadministration]
    - Individuals who are from a First Nation, Inuit or Métis community, and/or who self-identify as First Nation, Inuit, or Métis, and their household members
    - Individuals 6 months of age and older with underlying health conditions per NACI
    - Members of racialized and other equity deserving communities
  - Health care workers and first responders

COVID-19 vaccine administration will be open to the general population as soon as supply permits.

### Use of Moderna XBB.1.5 Containing mRNA COVID-19 Vaccine

Unvaccinated Individuals		
	Recommended Interval <sup>1</sup>	Minimum Interval <sup>2</sup>
6 months – 4 years	Moderna XBB.1.5 (25 mcg) <ul style="list-style-type: none"> <li>• 2 dose schedule</li> <li>• 2<sup>nd</sup> dose, <b>56 days</b> after 1<sup>st</sup> dose</li> </ul>	Moderna XBB.1.5 (25 mcg) <ul style="list-style-type: none"> <li>• 2 dose schedule</li> <li>• 2<sup>nd</sup> dose, <b>28 days</b> after 1<sup>st</sup> dose</li> </ul>
5 – 11 years	Moderna XBB.1.5 (25 mcg) - 1 dose schedule	
<sup>3</sup> 12 years +	Moderna XBB.1.5 (50 mcg) - 1 dose schedule	
Previously Vaccinated Individuals		
	Recommended Interval <sup>1</sup>	Minimum Interval <sup>4</sup>
6 months – 11 years	Moderna XBB.1.5 (25 mcg) <ul style="list-style-type: none"> <li>• <b>6 months (168 days)</b> after last dose or confirmed SARS-CoV-2 infection</li> </ul>	Moderna XBB.1.5 (25 mcg) <ul style="list-style-type: none"> <li>• <b>3 months (84 days)</b> after last dose or confirmed SARS-CoV-2 infection</li> </ul>
12 years +	Moderna XBB.1.5 (50 mcg) <ul style="list-style-type: none"> <li>• <b>6 months (168 days)</b> after last dose or confirmed SARS-CoV-2 infection</li> </ul>	Moderna XBB.1.5 (50 mcg) <ul style="list-style-type: none"> <li>• <b>3 months (84 days)</b> after last dose or confirmed SARS-CoV-2 infection</li> </ul>

<sup>1</sup> A longer interval between doses of a COVID-19 vaccine, results in a more robust and durable immune response and higher vaccine effectiveness.

<sup>2</sup> Minimum interval as outlined by the Moderna XBB.1.5 product monograph.

<sup>3</sup> When Pfizer or Moderna are used as 2-dose vaccine series, NACI states a preferential recommendation for individuals 12-29 years to use Pfizer due to the lower risk of myocarditis and/or pericarditis. NACI recommendations on use of the XBB.1.5 vaccine for those not previously vaccinated in this age category are still pending. Health care providers offering Moderna XBB.1.5 to those who are 12-29 years old and previously unvaccinated should inform their patients of this previous NACI recommendation until the Pfizer XBB product is authorized and/or the NACI statement on initiation of the vaccine series is issued.

<sup>4</sup> A shorter interval (3 to < 6 months) may be used to support fall program implementation (NACI)

## Co-Administration

**Individuals 6 months and older, may generally receive a COVID-19 vaccine simultaneously with (i.e., same day), or at any time before or after non-COVID-19 vaccines (including live and non-live vaccines).** If vaccines are co-administered, immunization on separate limbs is recommended, however if the same limb must be used, the injection sites should be separated by at least 2.5 cm (1 inch).

**There are two exceptions. COVID-19 vaccines should not be co-administered with the Imvamune vaccine (for mpox) and the Arexvy vaccine for Respiratory Syncytial Virus (RSV).**

**Monkeypox Vaccine (Imvamune):** if vaccine timing can be planned, it is recommended to wait at least 4 weeks before or after administration of an Imvamune vaccine. However, the administration of Imvamune as pre- or post-exposure vaccination should not be delayed in an individual who has recently received a COVID-19 vaccine. These suggested waiting periods are precautionary and may help prevent erroneous attribution of an AEFI to one particular vaccine or the other.

**RSV Vaccine (Arexvy):** it is recommended to wait at least 2 weeks before or after administration of the RSV vaccine.

### Moderna XBB.1.5 COVID-19 vaccine:

- comes in a 2.5 mL vial (5 x 0.5 mL doses or 10 x 0.25 mL doses)
- does not require reconstitution
- is fridge stable for 30 days unpunctured
- Once vials are punctured, fridge stable for 24 hours

## Ordering Information for Health Care Providers and Facilities

A reminder to all HCPs that all doses of COVID-19 vaccine in Ontario must be documented in the COVAXon system. If you have new staff in your facility that require set up or accounts that need to be reset, please email [covaxsupport@smdhu.org](mailto:covaxsupport@smdhu.org)

We ask that when documenting in COVAXon, all users ensure that the client's information is up to date.

This is especially important for residents for Long-term care homes and Retirement homes. We ask that providers be sure to update the reason for immunization to LTCH Rhome resident, and the institution to the current location that the client is living.

Vaccine orders can be submitted using the revised [COVID-19 Vaccine order form](#). For hospitals and LTCHs who already responded to the email callout from the Immunization Program for COVID-19 XBB doses to be included with our initial Flu vaccine order, you do not need to submit an order form for these doses. Continue to use the updated COVID-19 Vaccine order form for all subsequent orders going forward.

### **Where people can access their Fall Dose of XBB.1.5 containing COVID-19 Vaccine**

- Hospitals will have vaccine starting the week of October 2<sup>nd</sup> to start vaccinating staff, inpatients, and high-risk program outpatients.
- Long-term care homes will have vaccine starting the week of October 2<sup>nd</sup> to start vaccinating residents, staff, and essential caregivers.
- Local participating pharmacies will start to receive the XBB.1.5 COVID-19 vaccine once more provincial vaccine supply becomes available. It is expected this will be later in October and the focus will remain on high-risk groups listed above first.
- The health unit continues to offer pop-up COVID-19 vaccination clinics & limited office-based COVID-19 vaccination clinics. It is expected that we will start offering the XBB.1.5 COVID-19 vaccine at these clinics later in October dependent on vaccine supply. People can visit our website for updates and clinic details. To book an appointment, people can call the Provincial Vaccine Contact Centre at 1-833-943-3900 or use the [COVID-19 vaccination portal](#) to book an appointment online.

### **For more information:**

For more detailed information about eligibility and guidance, please refer to the [Ministry of Health COVID-19 Vaccine Guidance](#) document.

For more information about the rollout of COVID-19 vaccine in our area, please refer to the SMDHU [COVID-19 Vaccine and Immunization](#) webpages.

There are a number of COVID-19 resources and documents available through our [Health Professional Portal](#) as well as through [Public Health Ontario](#) and the [Government of Ontario](#).

To help you determine the best ways to protect yourself and others from COVID-19 infection and serious illness, refer to the SMDHU [COVID-19 Community Risk Tool](#).

### **Vectorborne Disease Update**

#### **SMDHU is reporting its first case of locally acquired West Nile Virus (WNV) illness since 2019.**

Although mosquito surveillance has not identified any positive pools this year, the case did not travel outside Simcoe County during their incubation period. There are three clinical manifestations of WNV; asymptomatic, non-neurological, and neurological. The majority of WNV cases are asymptomatic with ~20% of infected persons developing the less severe symptom complex known as WNV fever (fever, headache, body aches, occasionally with skin rash and swollen lymph nodes or other non-specific symptoms) that last several days.

## Testing Indications

West Nile virus disease should be considered in any patient with:

- febrile or acute neurological illness

AND

- recent exposure to mosquitoes, blood transfusion, organ transplantation

The diagnosis should also be considered in any infant born to a mother infected with the virus during pregnancy or while breastfeeding. West Nile virus should be considered in the differential diagnosis when the following diseases are suspected: encephalitis and aseptic meningitis (such as herpes simplex virus, enteroviruses) or other arboviruses (such as Eastern equine encephalitis, Powassan virus).

CSF serology is the preferred method of testing for WNV but a paired serum specimen must also be submitted. Blood or serum serology is also accepted by the Public Health Ontario Laboratory. More information on testing is available at: <https://www.publichealthontario.ca/en/Laboratory-Services/Test-Information-Index/West-Nile-Virus-Serology>

WNV illness is a Disease of Public Health Significance and should be reported as soon as suspected to the SMDHU's Infectious Diseases Line at 705-721-7520 ext. 8809.