Ministry of Health

COVID-19 Vaccine Guidance

Version 11.1 – April 8, 2024

Summary of Changes

- Revision of strength of the recommendation for those who are high-risk to receive a spring COVID-19 dose (page 5, 8, and 12)
- Revision to *Out of Province and Out of Country Vaccines* (page 12-13)
- Revision of Appendix B and Appendix C to include an additional group: Individuals 5 years and older who are immunocompetent and high-risk and to clarify recommendations (page 19, 20, 22, and 23)

This guidance provides basic information only. This document is not intended to provide or take the place of medical advice, diagnosis or treatment, or legal advice. In the event of any conflict between this guidance document and any applicable orders, or directives issued by the Minister of Health, Minister of Long-Term Care, or the Chief Medical Officer of Health (CMOH), the order or directive prevails.

- Please check the Ministry of Health (MOH) COVID-19 Vaccine Program website regularly for updates to this document

This document can be used as a reference for vaccine clinics and vaccine administrators to support COVID-19 immunization. Complementary resources include the individual vaccine product monographs, the COVID-19: Vaccine Storage and Handling Guidance and the COVID-19 Vaccine: Canadian Immunization Guide.

Evidence on vaccine effectiveness for COVID-19 vaccines currently authorized for use in Canada continues to evolve. For up to date information on vaccine efficacy and effectiveness, please consult the National Advisory Committee on Immunization (NACI) statements and publications on the Government of Canada webpage.

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Ontario's COVID-19 Vaccine Program

Ontario's COVID-19 vaccine program aims to ensure as many Ontarians as possible are up to date with their COVID-19 vaccines for the purposes of protecting individuals against **severe** COVID-19 disease, including hospitalization and death.

At this time, the seasonality of COVID-19 is not known, and it has not yet been determined whether people will be recommended an additional COVID-19 vaccine dose at a set time period (e.g., every 6 months). This guidance outlines current recommendations based on age and health status. Health equity remains a cornerstone and a priority of Ontario's COVID-19 vaccine program. Sustained culturally safe and community centred efforts need to be prioritized to:

1. Ensure ongoing access to vaccines for Indigenous, racialized, and marginalized populations disproportionately affected by COVID-19 due to disparities in the Social Determinants of Health including systemic barriers to accessing health care; and
2. Promote people remaining up to date with their COVID-19 vaccines.

To align with National Advisory Committee on Immunization (NACI) and the manufacturer vaccine product monographs, the Ontario Ministry of Health (MOH) is moving away from using the terms 'primary series' and 'booster dose(s)'. This document refers to an individual's vaccination status as **'not previously vaccinated' and 'previously vaccinated.'**

- **Not previously vaccinated**: refers to individuals 6 months and older who have never received a dose of a COVID-19 vaccine.
- **Previously vaccinated:** refers to individuals who have received one or more dose(s) of a COVID-19 vaccine. Vaccine schedule recommendations differ based on the number of previous COVID-19 vaccine doses the individual has received, their immune status, and product type (only for those under 5 years of age).

Vaccine Recommendations

Individuals who **have NOT been previously vaccinated** against COVID-19. Please refer to Appendix B and Appendix C for schedule guidelines.

1. **Individuals 6 months to 4 years**
    a. Those who are unvaccinated and who are at **high risk of severe illness due to COVID-19 *should* be vaccinated**. In addition to the

recommended schedule, **an additional dose is recommended for individuals who are moderately to severely immunocompromised** in order to complete the initial series.

- For children 6 months to 4 years who are moderately to severely immunocompromised, a 3-dose series of Moderna is likely more acceptable and more feasible due to fewer doses in the schedule.

b. Those who are unvaccinated and are **not known to be at high risk of severe illness due to COVID-19 *may* be vaccinated.**

c. **Those who have not completed an appropriate COVID-19 vaccine series** (based on the vaccine product and immune status), should complete the series using the appropriate number of doses using an XBB mRNA COVID-19 vaccine as per Appendix B. Please see Appendix D for specific scenarios with authorized and recommended intervals for this population.

2. Individuals 5 years and older

a. **Those who are unvaccinated *should* be vaccinated with an XBB COVID-19 vaccine.**

- One dose[1] of an XBB vaccine is recommended. An additional dose is recommended for individuals who are moderately to severely immunocompromised.
- Unvaccinated individuals 12 years of age and older may receive either an mRNA (Pfizer or Moderna) or protein subunit (Novavax) COVID-19 vaccine. Note that there is significantly more effectiveness data available for the mRNA XBB vaccines compared to the Novavax XBB vaccine.

Individuals who **HAVE been previously vaccinated** against COVID-19. Please refer to Appendix B and Appendix C for schedule guidelines.

1. For the **Fall 2023 season** the MOH recommended **a single dose of an XBB mRNA COVID-19 vaccine** for individuals in the authorized age group (i.e., 6 months and older) who had been **previously vaccinated** against COVID-19,

[1] While the authorized schedule is 2 doses for Novavax XBB, NACI recommends that unvaccinated individuals who are not immunocompromised may follow a 1-dose schedule.

if it has been 6 months from the previous COVID-19 vaccine dose or known SARS-CoV-2 infection (whichever was later).

2. In alignment with NACI, individuals who are at **increased risk of severe illness** from COVID-19 may receive an additional dose of an XBB COVID-19 vaccine in **Spring 2024**. **The Ontario Spring COVID-19 vaccine campaign will run from April to June 2024.** The Ministry of Health is recommending that the following individuals receive an additional dose this spring:

    a. Adults 65 years of age and older
    b. Adult residents of long-term care homes and other congregate living settings for seniors
    c. Individuals 6 months of age and older who are moderately to severely immunocompromised (due to an underlying condition or treatment)
    d. Individuals 55 years and older who identify as First Nations, Inuit, or Metis and their non-Indigenous household members who are 55 years and older

    Receiving a COVID-19 vaccine in Spring 2024 is particularly important for individuals at increased risk of severe illness from COVID-19 who did not receive a dose during the Fall 2023 program.

    Eligible individuals may receive an XBB COVID-19 vaccine in Spring 2024 if it has been 6 months from the previous COVID-19 vaccine dose or known SARS-CoV-2 infection (whichever is later). NACI notes that a shorter interval (3 to < 6 months) can be used to support program implementation (including timing of the Spring 2024 campaign relative to previous and future Fall campaigns).

    All other individuals are not currently recommended to receive a COVID-19 vaccine dose in Spring 2024 and should wait until further MOH recommendations. This includes individuals who are not at higher risk of severe illness from COVID-19 who did not receive an XBB COVID-19 vaccine in Fall 2023, unless they are specifically recommended to receive a dose by their health care provider.

Vaccine Interchangeability

See Appendix A for the COVID-19 vaccine products that are currently available in Ontario. As per NACI, either an mRNA or protein subunit COVID-19 vaccine can be used in unvaccinated or previously vaccinated individuals who do not have

contraindications to the vaccine. mRNA XBB COVID-19 vaccines are authorized for those 6 months of age and older and Novavax XBB is authorized for 12 years of age and older. Regardless of which product is offered to start a vaccine series, the previous dose should be counted, and the series need not be restarted.

There are no data available on the interchangeability of Novavax XBB with other COVID-19 vaccines to complete the vaccination series.

See Appendix B and C for recommended schedules.

Co-Administration

Individuals 6 months and older, may 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 are not recommended to be co-administered with the Imvamune vaccine for mpox and the Arexvy vaccine for Respiratory Syncytial Virus (RSV).

Imvamune: 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. Please refer to the mpox webpage for more information.

Arexvy: it is recommended to wait at least 2 weeks before or after administration of the RSV vaccine. Please refer to the ministry's website on RSV for more information.

Recommended Intervals Between Previous SARS-CoV-2 Infection and COVID-19 Vaccination

In alignment with NACI, the Ministry continues to recommend that COVID-19 vaccines be offered to individuals with previous SARS-CoV-2 infection without contraindications to the vaccine. Suggested intervals between previous SARS-CoV-2 infection and COVID-19 vaccination are outlined in **Table 1**.

Table 1: Suggested Intervals between SARS-CoV-2 Infection* and COVID-19 Vaccination

SARS-CoV-2 Infection timing relative to COVID-19 vaccination	Population	Recommended Interval
Infection in individuals who have not been previously vaccinated or in those who are in process of completing a vaccination series	Individuals 6 months and older who are not considered moderately to severely immunocompromised and with no previous history of multisystem inflammatory syndrome in children and adults (MIS-C and MIS-A)	8 weeks (56 days) after symptom onset or positive test (if asymptomatic)
	Individuals 6 months and older who are moderately to severely immunocompromised and with no previous history of MIS-C and MIS-A	4 to 8 weeks (28 to 56 days) after symptom onset or positive test (if asymptomatic)
	Individuals 6 months and older with a history of MIS-C and MIS-A (regardless of immunocompromised status)	Receive vaccine dose when clinical recovery has been achieved or ≥90 days since the diagnosis of MIS-C and MIS-A, whichever is longer

SARS-CoV-2 Infection timing relative to COVID-19 vaccination	Population	Recommended Interval
Infection in individuals who have been previously vaccinated	The **general population** is not recommended to receive a COVID-19 vaccine dose in Spring 2024 if they have been previously vaccinated or had a recent infection (i.e., within the last 6 months). Individuals who are at **increased risk of severe illness from COVID-19** are recommended to receive a dose of a COVID-19 vaccine starting in Spring 2024 (see Vaccine Recommendations for eligible groups. Individuals who are recommended by their healthcare provider to receive additional doses or receive a dose at a shorter interval (minimum 3 months) due to their personal circumstances, should follow their healthcare provider's discretion.	Receive vaccine dose 6 months (168 days) after previous dose or infection, symptom onset or positive test (if asymptomatic).[2]

*A previous infection with SARS-CoV-2 is defined as:

[2] As per NACI, vaccination using shorter intervals (i.e. 3 months to < 6 months) following previous vaccination or infection has not been shown to pose a safety risk, though evidence shows that the antibody response is higher with longer intervals between infection and vaccination and with longer intervals between vaccination doses.

- Confirmed SARS-CoV-2 infection using a molecular (e.g., PCR) or Health Canada-approved rapid antigen test; or
- Symptomatic disease compatible with COVID-19 **AND** a household exposure to a confirmed COVID-19 case.

These suggested intervals are based on immunological principles and expert opinion, and may change as evidence on COVID-19, variants of concern (VOCs), and COVID-19 vaccines emerge. When considering whether or not to administer vaccine doses according to the intervals outlined in this table, biological and social risk factors for exposure (e.g., local epidemiology, circulation of VOCs, living settings) and risk of severe disease should also be taken into account. These intervals are a guide and clinical discretion is advised. Safety and efficacy data in individuals previously infected with SARS-CoV-2 and subsequent vaccination with Novavax Nuvaxovid COVID-19 vaccine (for both the original and XBB.1.5 vaccines) are not available (CIG 2023).

In accordance with provincial guidance, individuals who have symptoms of COVID-19 or other infectious agents should self-isolate, including COVID-19 vaccine clinics, until the following criteria are met:

- Symptoms have been improving for at least 24 hours (or 48 hours if nausea, vomiting and/or diarrhea were present)
- No fever
- There has not been development of additional symptoms

These suggested waiting times are intended to minimize the risk of transmission of COVID-19 and other respiratory or gastrointestinal pathogens at an immunization venue and to enable monitoring for COVID-19 vaccine adverse events following immunization (AEFI) without potential confounding from symptoms of COVID-19 or other co-existing illnesses.

COVID-19 Vaccine Contraindications, Precautions & Population-Specific Considerations

See the COVID-19 Vaccine: Canadian Immunization Guide's section on Contraindications and Precautions for recommendations for individuals with several conditions including allergies, bleeding disorders, myocarditis and/or pericarditis

following vaccination, Guillain-Barré syndrome, multisystem inflammatory syndrome in children or adults (MIS-C or MIS-A), and Bell's palsy.

Pregnant or Breastfeeding

COVID-19 vaccination during pregnancy is effective at protecting pregnant individuals against severe COVID-19 disease, hospitalization, and ICU admission from COVID-19 infection, as well as intubation and mortality in those with severe disease. Pregnant or breastfeeding individuals should receive all recommended COVID-19 vaccine doses as soon as they are able.

In addition to protecting the pregnant individual, the benefits of immunization during pregnancy for the fetus and infants have also been well-documented. Protective antibodies are transferred to the fetus transplacentally, resulting in increased protection for the infant during the early postnatal period when they are not yet eligible for vaccination (CIG, 2023).

Recommendations for vaccination during pregnancy and/or breastfeeding:

- A **COVID-19 vaccine may be offered at any stage of the pregnancy** (i.e., in any trimester).
- COVID-19 vaccines may be **co-administered** with other vaccines recommended during pregnancy or while breastfeeding.
- NACI **strongly recommends** that individuals who are pregnant or breastfeeding receive all recommended COVID-19 vaccine doses.

There have been no serious safety concerns with receiving an mRNA COVID-19 vaccination during pregnancy or lactation. Pregnant or breastfeeding individuals experience the same rates of expected local and systemic adverse events as individuals who are not pregnant and/or breastfeeding. Vaccination during pregnancy does not increase risk of miscarriage, stillbirth, low birth weight, preterm birth, NICU admission or other adverse pregnancy/birth outcomes. Similarly, studies have not found any negative impact of vaccination on the child being fed human milk or on milk production or excretion. In fact, protective antibodies transferred to the child via breast milk, can help protect the infant during the early postnatal period when they are not yet eligible for vaccination.

Additional information for individuals who are pregnant and/or breastfeeding can be accessed at the Provincial Council for Maternal and Child Health's decision making tool, the Society of Obstetricians and Gynaecologists of Canada Statement on COVID-19 Vaccination in Pregnancy, and Canadian Immunization Guide.

Adverse Events Following Immunization

An **adverse event following immunization (AEFI)** is defined as any unexpected medical occurrence (e.g., unfavourable or unintended sign, abnormal laboratory finding, symptom or disease) following administration of an active immunizing agent (CIG, 2023). This event does not necessarily have a causal relationship with the use of a vaccine.

Guidance on reporting adverse events following immunization (AEFI) for health care providers

- Health care providers administering vaccines are required to inform vaccine recipients or their parent/guardian of the importance of reporting adverse events following immunization (AEFIs) to a health care provider in accordance with Section 38 of the *Health Protection and Promotion Act* (HPPA). Vaccine recipients or their parent/guardian may also contact their local public health unit to ask questions or to report an AEFI.
- Specified health care providers (e.g., physicians, nurses and pharmacists) are required under s.38(3) of the HPPA to report AEFIs to their local public health unit. Reports should be made using the Ontario AEFI Reporting Form.
- See Public Health Ontario's vaccine safety webpage and Fact Sheet – Adverse Event Following Immunization Reporting For Health Care Providers In Ontario for additional guidance.
- The Ontario Ministry of Health in collaboration with Public Health Ontario monitors reports of AEFIs. This monitoring is done in collaboration with the Public Health Agency of Canada and Health Canada.

All health care providers administering vaccines must be familiar with the anaphylaxis protocols for their clinic sites and ensure availability of anaphylaxis management kits. For additional information please visit the Public Health Ontario resource on the Management of Anaphylaxis Following Immunization in the Community and the Canadian Immunization Guide.

NACI recommends a 15-minute post-vaccination observation period, as specified in the Canadian Immunization Guide (CIG). If there is a specific concern about possible vaccine reaction, 30 minutes is the preferred interval for a post-vaccination observation. Previous NACI guidance provided consideration for a reduced post-vaccination observation period, between 5 to 15 minutes for the administration of COVID-19 vaccine during the COVID-19 pandemic, at times when appropriate physical distancing in post-vaccination waiting areas could not

otherwise be maintained due to the volume of individuals seeking immunization and only when specific conditions were met:

- Past history of receipt of COVID-19 vaccine and no known history of severe allergic reactions (including anaphylaxis) to any component of the COVID-19 vaccine being considered for administration.
- No history of other immediate post-vaccination reactions (e.g., syncope with or without seizure) after receipt of any vaccines.
- The vaccine recipient is accompanied by a responsible adult who will act as a chaperone to monitor the vaccine recipient for a minimum of 15 minutes post-vaccination. In the case of two responsible adults, both can be vaccine recipients for the purposes of this criterion, if both agree to monitor the other post-vaccination.
- The vaccine recipient will not be operating a motorized vehicle or self-propelled or motorized wheeled transportation or machinery for a minimum of 15 minutes after vaccination.
- The vaccine recipient and the responsible adult chaperone are aware of when and how to seek post-vaccination advice and given instruction on what to do if assistance and medical services are required.
- The vaccine recipient and the responsible adult agree to remain in the post-vaccination waiting area for the post-vaccination observation period and to notify staff if the recipient feels or looks at all unwell before leaving. They should be informed that an individual exhibiting any symptom suggestive of an evolving adverse event following immunization (AEFI) at the end of the shortened post-observation period necessitates a longer period of observation in the clinic.

Out of Province/Out of Country Vaccines

If an individual, **6 months and older** has been vaccinated with one or more doses of a non-Health Canada approved vaccine(s), they are recommended to receive one or more doses of an XBB COVID-19 vaccine as per the schedule guidelines in Appendix B and C. Number of recommended XBB doses will depend on how many previous doses the individual received and their immune status. **Individuals who are at increased risk of severe illness from COVID-19 are recommended to receive a dose of an XBB COVID-19 vaccine in Spring 2024.** See Vaccine Recommendations section for eligibility.

Recording of out of province or out of country doses in COVaxON is important to ensure subsequent COVID-19 vaccine doses can be given safely and at appropriate time intervals. There are two instances in which doses must be recorded in the patient's record:

1. Individuals less than 5 years of age who have received one or more doses of a COVID-19 vaccine must have their doses recorded to ensure they have completed the appropriate number of doses to ensure optimal protection.
2. Individuals 5 years of age and older who have received one or more doses of a COVID-19 vaccine within the last 6 months must have their doses recorded to ensure subsequent doses (if needed) can be given at the appropriate interval.

Other doses can be recorded in COVaxON at the discretion of the local public health unit.

Individuals who need to have their doses recorded should contact their local public health unit to have their COVID-19 immunization record documented in COVaxON. Proof of immunization[3] (e.g., an immunization record, proof of vaccination certificate) is required to verify the COVID-19 vaccine product received out of province.[4] PHUs are responsible for documenting immunization information for individuals stated above who have received COVID-19 vaccine doses outside of Ontario into COVaxON, in a timely manner.

COVID-19 Vaccine Errors and Deviations

For guidance on managing COVID-19 vaccine administration errors and deviations, please see the Government of Canada's Planning guidance for immunization clinics for COVID-19 vaccines: Managing vaccine administration errors or deviations. For inadvertent immunization errors and deviations that are not addressed in the document linked above and/or that involve multiple errors or have additional complexity, health care providers are encouraged to contact their local public health unit (PHU) for further advice.

[3] See Canadian Immunization Guide section on Immunization records.

[4] The Canadian Immunization Guide outlines that vaccination should only be considered valid if there is written documentation of vaccine administration.

The local PHU should be notified, and vaccine administration errors or deviations should be handled and reported in accordance with both the site (if non-PHU) and PHU procedures.

- Vaccine administration errors and deviations that should be escalated to the Ministry of Health include those that may result in public safety concerns, cause misinformation, serious adverse events or death to any person; where large volumes of vaccine doses have been impacted or wasted; or where there is inadvertent administration of exposed and/or expired vaccine to a large number of patients. When in doubt, err on the side of caution and notify the Ministry of Health. For all issues that are escalated to the Ministry of Health, please report these per the following protocol: Email the Ministry of Health Communications team (media.moh@ontario.ca) and the Implementation team (covid.immunization@ontario.ca), with the following header:
- Incident Report for [PHU/Site] on [Date]:
    - Description of Incident
    - Date of Incident:
    - Location of Incident:
    - Type of Incident:
    - Administration error or deviation:
    - Description of Incident:
    - Summary of action and steps taken to-date:
    - Next steps:

If an inadvertent vaccine administration error or deviation results in an adverse event following immunization (AEFI), complete Ontario's AEFI reporting form, including details of the error or deviation. The completed AEFI form should be submitted to your local PHU.

Vaccine Preparation and Administration

See the individual vaccine product monographs for step-by-step directions on administration (i.e., thawing prior to dilution, dilution, and preparation) and information on packaging types and expiry dates.

It is important that proper sized syringes are chosen to ensure the correct volume is

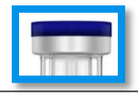
accurately drawn up. Refer to the Canadian Immunization Guide, Table 3: Needle selection guidelines for assistance in selecting appropriate needle length and gauge. Safety engineered needles must be used for vaccine administration as required under O. Reg. 474/07 made under the Occupational Health and Safety Act.

For the most up to date information on vaccine storage and handling, stability and disposal refer to the COVID-19 Vaccine Program website.

Medical and COVID-19 Vaccine Trial Exemptions

Medical exemptions are no longer required to be recorded in an individual's COVaxON record. If an individual's personal circumstances (e.g., health conditions, travel, employment requirements, participation in a clinical trial) warrants the need for medical documentation indicating vaccination exemption, the individual should follow-up with their healthcare provider, occupational health department or clinical trial principal investigator to request the necessary documentation.

Appendix A: COVID-19 Vaccines Available for Use in Ontario [5]

COVID-19 Formulations	Moderna *XBB*			Pfizer-BioNTech *XBB*	Pfizer-BioNTech *XBB*	Pfizer-BioNTech *XBB*	Novavax XBB
Cap and Label Colour							
	Royal blue cap and coral blue label			**Maroon cap and label**	**Blue cap and label**	**Grey cap and label**	**Royal blue cap**
Authorized Age Group	6 mo - 4 yrs	5-11 yrs	12 yrs+	6 months – 4 years	5 – 11 yrs	12 yrs+	12 yrs+
Vial Concentration	0.1 mg/mL			0.015 mg/mL	0.03 mg/mL	0.1 mg/mL	0.01 mg/mL
Dose/ Volume	25 mcg/ 0.25 mL	25 mcg/ 0.25 mL	50 mcg/ 0.5 mL	3 mcg/0.2 mL	10 mcg/0.3 mL	30 mcg/ 0.3mL	5 mcg/0.5 mL
Dilution	None			2.2 mL/vial	None	None	None
Vaccine Type	Monovalent mRNA			Monovalent mRNA	Monovalent mRNA	Monovalent mRNA	Protein Subunit Vaccine

[5] Adapted from Manitoba Health.

COVID-19 Formulations	Moderna *XBB*	Pfizer-BioNTech *XBB*	Pfizer-BioNTech *XBB*	Pfizer-BioNTech *XBB*	Novavax XBB
Use	Unvaccinated and previously vaccinated individuals	Unvaccinated and previously vaccinated individuals	Unvaccinated and previously vaccinated individuals	Unvaccinated and previously vaccinated individuals	Unvaccinated and previously vaccinated individuals
DIN Number	02541270	02541866	02541858	02541823	02543656
Product Monograph	Moderna XBB.1.5	Pfizer XBB.1.5	Pfizer XBB.1.5	Pfizer XBB.1.5	Novavax XBB.1.5

Appendix B: mRNA COVID-19 Vaccine Schedule Based on Immunization History and Immune Status for Spring 2024

A. Individuals who are NOT moderately to severely immunocompromised

(i) Age: 6 Months – 4 years *NOT moderately to severely immunocompromised*

COVID-19 Immunization History[6]	Recommended Number of COVID-19 Vaccine Doses and Interval[7] Between Doses	
	Moderna Schedule	**Pfizer Schedule**
3 or more doses	Vaccine series complete, no further doses recommended at this time.	Vaccine series complete, no further doses recommended at this time.
2 doses	Vaccine series complete, no further doses recommended at this time.	**1 dose** • Recommended: ***56 days*** from last dose • Minimum: o 28 days from last dose (if 2nd dose was Moderna) o 56 days from last dose (if 2nd dose was Pfizer)

[6] Denotes of a history of any COVID-19 vaccines including the XBB formulation.

[7] Recommended intervals are based on NACI recommendations. A longer interval between doses of a COVID-19 vaccine, results in a more robust and durable immune response and higher vaccine effectiveness. The minimum interval is the shortest interval at which the product should be given and is outlined in the product monographs.

COVID-19 Immunization History[6]	Recommended Number of COVID-19 Vaccine Doses and Interval[7] Between Doses	
	Moderna Schedule	**Pfizer Schedule**
1 dose	**1 dose** • Recommended: ***56 days*** from last dose • Minimum: 28 days from last dose[8]	**2 doses** • Recommended: ***56 days*** from last dose and between doses • Minimum: o 28 days from last dose (if 1st dose was Moderna) and between doses o If 1st dose was Pfizer: ▪ 21 days between dose 1 & 2 ▪ 56 days between dose 2 & 3
0 doses	**2 doses** • Recommended: ***56 days*** between doses • Minimum: 28 days between doses[8]	**3 doses** • Recommended: ***56 days*** between doses • Minimum: o 21 days between dose 1 & 2 o 56 days between dose 2 & 3

(ii) **Age: 5 years and older** *NOT moderately to severely immunocompromised and NOT high-risk*

- If **previously vaccinated** - no further doses recommended at this time.
- If **previously unvaccinated** - recommended to receive one dose.

[8] The recommended interval is 6 months from the last COVID-19 vaccine dose. However, a shorter interval of at least 3 months may be used, to support implementation (including timing of the spring campaign relative to previous and future fall campaigns)

(iii) Age: 5 years and older *NOT moderately to severely immunocompromised AND high-risk*

- If **previously vaccinated** - recommended to receive one dose.
- If **previously unvaccinated** - recommended to receive one dose.

B. For individuals who are moderately to severely immunocompromised

(i) Age: 6 Months – 4 Years *who ARE moderately to severely immunocompromised*

COVID-19 Immunization History[9]	**Recommended Number of COVID-19 Vaccine Doses and Interval[10] Between Doses**	
	Moderna Schedule	**Pfizer Schedule**
4 or more doses	**1 dose** • Recommended: ***168 days*** from last dose • Minimum: 84 days from last dose[11]	**1 dose** • Recommended: ***168 days*** from last dose • Minimum: 84 days from last dose[11]

3 doses	**1 dose**
	• Recommended: ***168 days*** from last dose
	• Minimum: 84 days from last dose[11]
		1 dose
		• Recommended: ***56 days*** from last dose
		• Minimum:
		  ○ 28 days from last dose (if 3rd dose was Moderna)
		  ○ 56 days from last dose (if 3rd dose was Pfizer)

[9] Denotes of a history of any COVID-19 vaccines including the XBB formulation

[10] Recommended intervals are based on NACI recommendations. A longer interval between doses of a COVID-19 vaccine, results in a more robust and durable immune response and higher vaccine effectiveness. The minimum interval is the shortest interval at which the product should be given and is outlined in the vaccine product monographs.

[11] The recommended interval is 6 months from the last COVID-19 vaccine dose. However, a shorter interval of at least 3 months may be used, to support implementation (including timing of the spring campaign relative to previous and future fall campaigns)

COVID-19 Immunization History[9]	Recommended Number of COVID-19 Vaccine Doses and Interval[10] Between Doses	
	Moderna Schedule	**Pfizer Schedule**
2 doses	**1 dose** • Recommended: ***56 days*** from last dose • Minimum: 28 days from last dose[11] *Moderna preferred*[12]	**2 doses** • Recommended: ***56 days*** from last dose and between doses • Minimum: o 28 days from last dose (if 2nd dose was Moderna) o If 2nd dose was Pfizer ▪ 56 days between dose 2 & 3 ▪ 56 days between dose 3 & 4
1 dose	**2 doses** • Recommended: ***56 days*** from last dose and between doses • Minimum: 28 days from last dose and between doses[11] *Moderna preferred*[12]	**3 doses** • Recommended: ***56 days*** from last dose and between doses • Minimum: o 28 days from last dose (if 1st dose was Moderna) o If 1st dose was Pfizer ▪ 21 days between dose 1 & 2 ▪ 56 days between dose 2 & 3 ▪ 56 days between dose 3 & 4

[12] For children 6 months to 4 years who are moderately to severely immunocompromised, a 3-dose series of Moderna is likely more acceptable and more feasible due to fewer doses in the schedule compared to the 4-dose series of Pfizer.

COVID-19 Immunization History[9]	Recommended Number of COVID-19 Vaccine Doses and Interval[10] Between Doses	
	Moderna Schedule	**Pfizer Schedule**
0 doses	**3 doses** • Recommended: ***56 days*** between doses • Minimum: 28 days between doses[11] *Moderna preferred*[12]	**4 doses** • Recommended: ***56 days*** between doses • Minimum: o 21 days between dose 1 & 2 o 56 days between dose 2 & 3 o 56 days between dose 3 & 4

(ii) Age: 5 years and older *who ARE moderately to severely immunocompromised*

- If **previously vaccinated** – recommended to receive one dose.
- If **previously unvaccinated** – recommended to receive two doses.

Appendix C: Novavax XBB Schedule Based on Immunization History and Immune Status

A. For individuals who are NOT moderately to severely immunocompromised aged 12 years and older

(i) Not high-risk

- If **previously vaccinated** - no further doses recommended at this time.
- If **previously unvaccinated** – as per NACI, should receive one dose. While the authorized schedule is 2 doses, NACI recommends that unvaccinated individuals who are not immunocompromised and receiving Novavax XBB may follow a 1-dose schedule.

(ii) High-risk

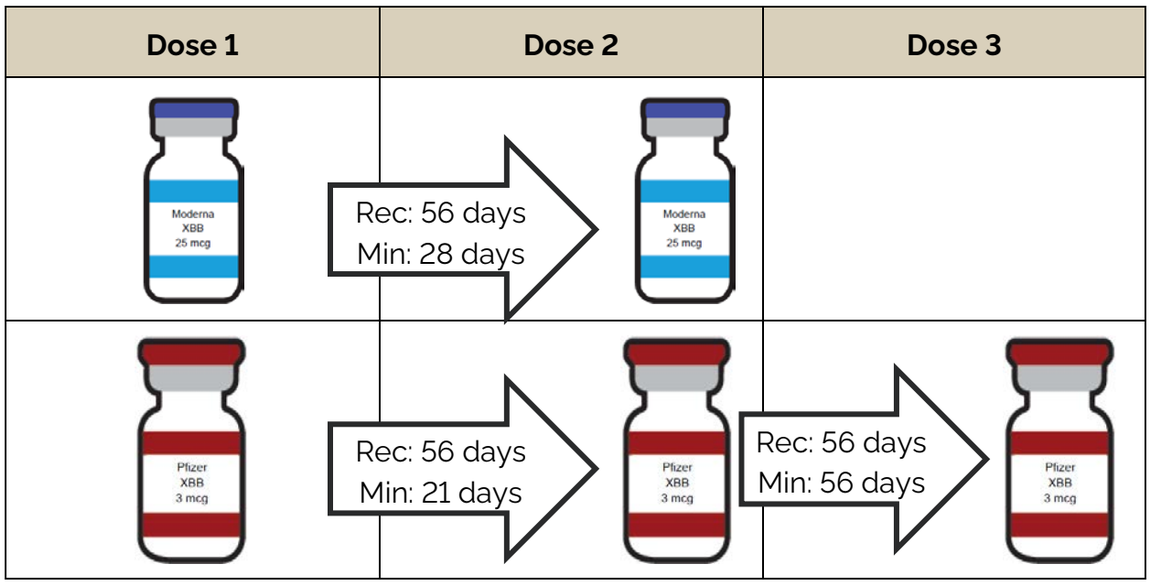
- If **previously vaccinated** - recommended to receive one dose.
- If **previously unvaccinated** – as per NACI, should receive one dose. While the authorized schedule is 2 doses, NACI recommends that unvaccinated individuals who are not immunocompromised and receiving Novavax XBB may follow a 1-dose schedule.

B. For individuals who are moderately to severely immunocompromised aged 12 years and older

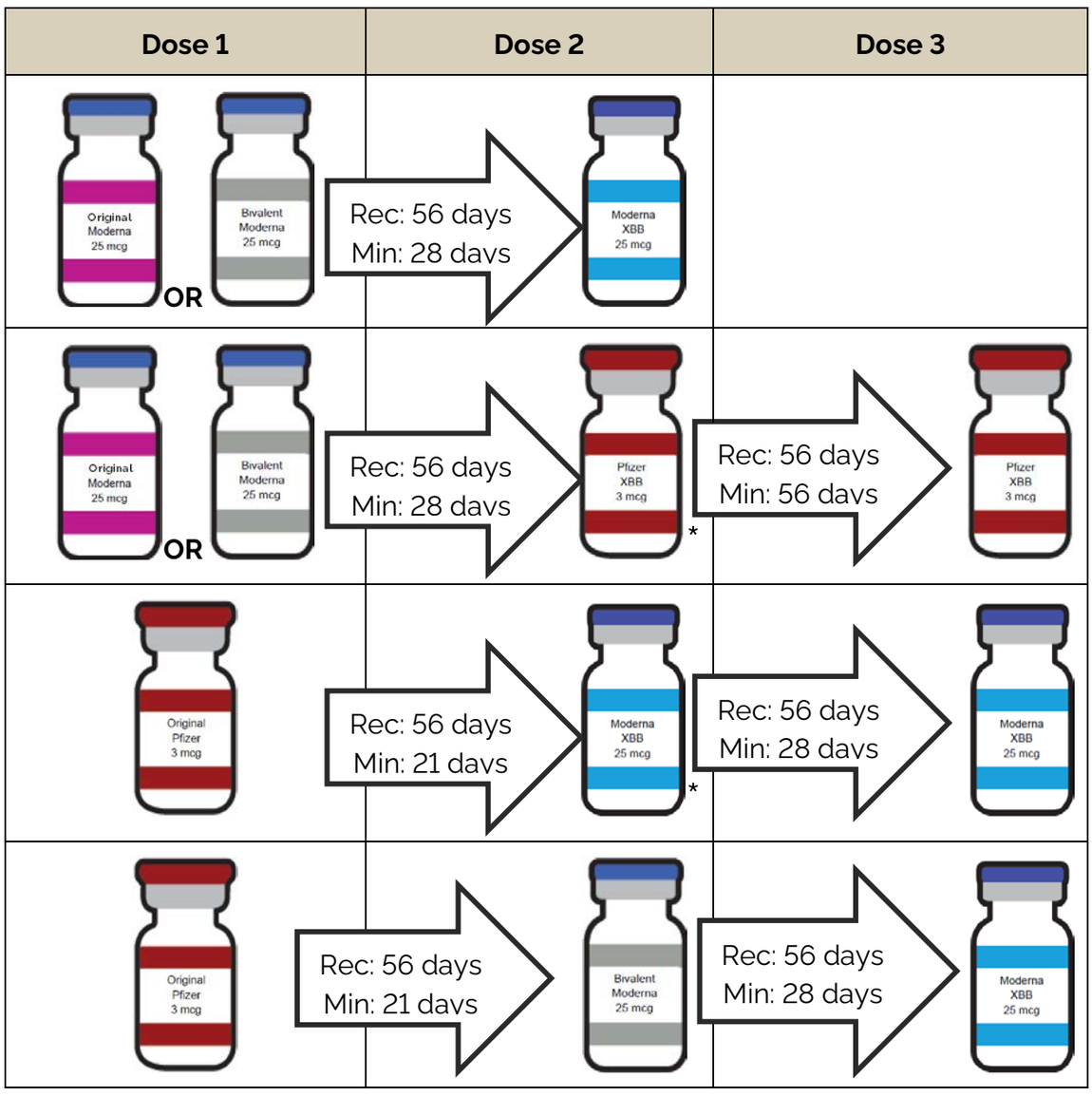
- If **previously vaccinated -** recommended to receive one dose.
- If **previously unvaccinated –** should receive a minimum of 2 doses as per NACI.

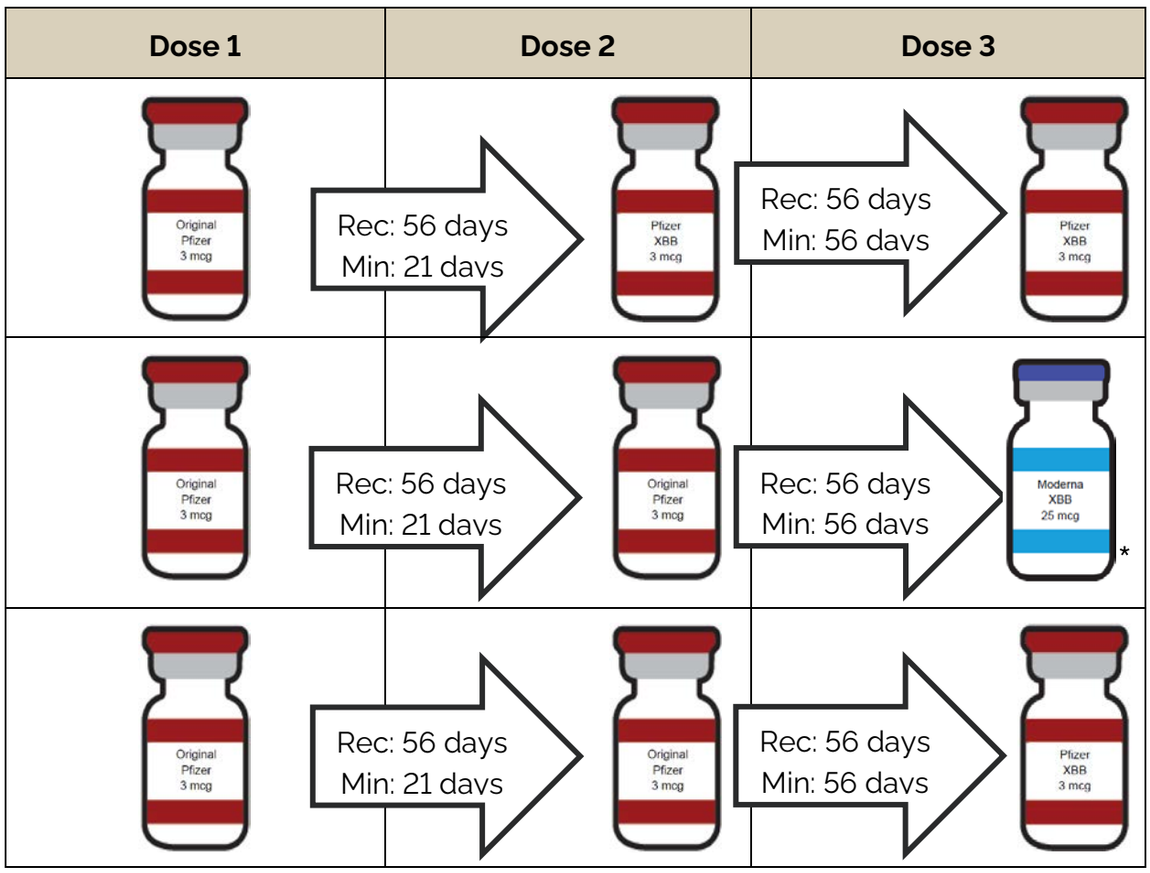
Appendix D: Scenarios for immunocompetent individuals 6 months – 4 years completing a COVID-19 mRNA vaccine series

No previous doses received



Received previous does(s) of mRNA vaccine





The minimum interval listed corresponds with the authorized interval outlined in the relevant product monograph.

*Where possible, the same vaccine product (Pfizer or Moderna) used for series initiation should also be used for series completion. If this is not feasible, in accordance with NACI guidance on vaccine inter-changeability, the Moderna XBB vaccine product can be used for those who initiated the series with Pfizer original monovalent and Pfizer XBB vaccine can be used to complete the series for those who initiated the series with a Moderna vaccine product (original monovalent or bivalent). Children who are under the age of 5 years who are receiving a mixed schedule involving both Moderna and Pfizer products are recommended to complete a 3-dose schedule.