

## Table 1: COVID-19 Vaccine Eligibility by Age

The following guidance does not take into account COVID-19 vaccination following infection, please see Table 2 for additional information.

	Under 6 months of age	6 months to 4 years of age	5-11 years of age	12-17 years of age	18-29 years of age	30 years of age and older
Eligibility		Age, based on birth date	Age, based on birth date	Age, based on birth date	Age, based on birth date	Age, based on birth date
Vaccine Types	Not Eligible for COVID Vaccine	PRIMARY SERIES (immunocompetent):  • Moderna¹ monovalent (25 mcg or 0.25 mL of blue capped vaccine) (2 dose primary series)  • Pfizer monovalent (maroon cap) (3 mcg, 0.2 mL). This product requires 3 doses in the primary  • There is no preference between available vaccine products  PRIMARY SERIES (immunocompromised):  As per NACI (Ontario guidance is pending):  • Moderna¹ monovalent is preferred² for a 3 dose primary series  • If Moderna is unavailable, Pfizer monovalent may be used for a 4 dose primary series	<ul> <li>PRIMARY SERIES:         <ul> <li>Preferred: Pfizer monovalent (orange cap) (10 mcg, 0.2 mL)</li> <li>For children starting immunization at age 5, it is preferred to receive Pfizer</li> <li>Should Moderna be requested for children aged 5, Moderna¹ monovalent (25 mcg) may be administered with explicit informed consent</li> <li>Should Moderna be requested for individuals 6-11 years of age, Moderna¹ monovalent (50 mcg) may be administered with an explicit informed consent</li> <li>For children who are now 5 but started their primary series with Moderna prior to turning 5, it is recommended to complete their primary series with Moderna monovalent (age appropriate dose of 25 mcg)</li> </ul> </li> <li>For children who started their primary series prior to age 5 with Moderna but who are now 6 years old, it is recommended to continue the series with an increased (and age appropriate) dose of Moderna monovalent (50 mcg)</li> <li>For moderately to severely immunocompromised children aged 6-11, a 50 mcg dose of Moderna¹ monovalent may be considered (refer to provincial guidance)</li> </ul> <li>BOOSTER DOSES:         <ul> <li>Pfizer bivalent (10 mcg, 0.2 mL) is the only approved bivalent product for booster doses in this population.</li> <li>If Pfizer bivalent unavailable, Pfizer monovalent (10 mcg, 0.2 mL) should be used</li> </ul> </li>	PRIMARY SERIES  Preferred: Pfizer monovalent (30 mcg, 0.3 mL)  Should Moderna be requested for individuals 12-17 years of age, Moderna monovalent (100 mcg) may be administered with an explicit informed consent  BOOSTER DOSES (immunocompetent): Preferred: Pfizer bivalent (30 mcg, 0.3 mL)  If Pfizer bivalent is unavailable, Pfizer monovalent should be used Should Moderna be requested for individuals 12-17 years of age, only Moderna monovalent (50 mcg) may be administered with an explicit informed consent (Moderna bivalent is ONLY approved for 18 years of age and older)  BOOSTER DOSES (immunocompromised): Preferred: Pfizer bivalent (30 mcg, 0.3 mL) If Pfizer bivalent unavailable, Moderna Bivalent (50 mcg, 0.5 mL) may be offered for booster doses. (this is an exception and offlabel, for more information see provincial guidance)	PRIMARY SERIES: Preferred: Pfizer monovalent (30 mcg, 0.3 mL) Should Moderna be requested for individuals 18-29 years of age, Moderna monovalent may be administered with an explicit informed consent Moderna¹ monovalent (100 mcg) for primary series  BOOSTER DOSES: Moderna bivalent (50 mcg, 0.5 mL) OR Pfizer bivalent (30 mcg, 0.3 mL) If bivalent unavailable, Pfizer monovalent (30 mcg, 0.3 mL) or Moderna¹ monovalent (50 mcg) may be considered	PRIMARY SERIES:  Any monovalent mRNA vaccine  Pfizer monovalent (30 mcg, 0.3 mL)  Moderna¹ monovalent (100 mcg)  BOOSTER DOSES:  Moderna bivalent (50 mcg, 0.5 mL) OR  Pfizer bivalent (30 mcg, 0.3 mL)  If bivalent unavailable, Pfizer monovalent (30 mcg, 0.3 mL) or Moderna¹ monovalent (50 mcg) may be considered  For individuals 70 years of age and older; residents of longterm care homes, retirement homes or individuals in other congregate settings: If bivalent vaccine is not available, the Moderna¹ monovalent (100 mcg) may be preferred over other vaccine products based on clinical discretion
Primary Series: Intervals between dose 1 and 2		<ul> <li>Eligible</li> <li>Recommended interval is 2 months (56 days) between doses (this includes between doses 2 and 3 if receiving Pfizer)</li> <li>Minimum interval of 28 days for Moderna</li> <li>Minimum interval of 21 days between 1st and 2nd dose, and 56 days between 2nd and 3rd dose if receiving Pfizer</li> </ul>	Recommended interval is 2 months (56 days) between doses     Minimum interval of 28 days	<ul> <li>Eligible</li> <li>Recommended interval is 2 months (56 days) between doses</li> <li>Minimum interval of 28 days</li> </ul>	Recommended interval is 2 months (56 days) between doses     Minimum interval of 28 days	Eligible     Recommended interval is 2 months (56 days) between doses     Minimum interval of 28 days

Please note the information provided is current as of the date listed as last updated, and is subject to change. Please refer to current Ontario Ministry of Health Guidance for COVID-19 vaccine information.

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	Under 6	6 months to 4 years of age	5-11 years of age	12-17 years of age	18-29 years of age	30 years of age and older
	months of age					
Primary Series: Interval between dose 2 and 3  * ONLY for individuals who are immuno- compromised.	Not Eligible for COVID	<ul> <li>Individuals who are immunocompromised, must meet Ontario Ministry of Health definition of immunocompromised.</li> <li>If receiving Moderna for the primary series: the recommended interval is 2 months (56 days) between dose 2 and 3, the minimum interval is 28 days, this completes the primary series</li> <li>As per NACI, if receiving Pfizer use an interval of 4 to 8 weeks between each dose</li> </ul>	Only individuals who are immunocompromised, must meet     Ontario Ministry of Health definition of immunocompromised,     the recommended interval is 2 months (56 days) between dose     2 and 3, the minimum interval is 28 days, this completes the     primary series	Only individuals who are immunocompromised, must meet Ontario Ministry of Health definition of immunocompromised, the recommended interval is 2 months (56 days) between dose 2 and 3, the minimum interval is 28 days, this completes the primary series	Only individuals who are immunocompromised, must meet Ontario Ministry of Health definition of immunocompromised, the recommended interval is 2 months (56 days) between dose 2 and 3, the minimum interval is 28 days, this completes the primary series	Only individuals who are immunocompromised, must meet Ontario Ministry of Health definition of immunocompromised, the recommended interval is 2 months (56 days) between dose 2 and 3, the minimum interval is 28 days, this completes the primary series
Booster doses: Intervals between previous dose and booster dose(s)		• Not Eligible	Eligible for a single booster dose     Recommended interval between previous dose and booster dose(s) is 6 months (168 days), the minimum interval is 3 months (84 days)	<ul> <li>Eligible</li> <li>Recommended interval between previous dose and booster dose(s) is 6 months (168 days), the minimum interval is 3 months (84 days)</li> <li>For the 2022-2023 respiratory season<sup>3,</sup> the following groups are strongly recommended to receive a bivalent booster dose at least 3 months following their last dose of vaccine or since they had COVID-19 infection:         <ul> <li>12 years and older with moderately to severely immunocompromising conditions</li> <li>12 years and older with an underlying medical condition that places them at higher risk of severe COVID-19<sup>4</sup></li> <li>Residents of congregate care settings that are 12 years and older</li> <li>Adults who identify as First Nations, Inuit or Métis and their adult non-Indigenous household members</li> <li>Health Care Workers<sup>5</sup></li> <li>Pregnant People</li> </ul> </li> </ul>	Eligible     Recommended interval between previous dose and booster dose(s) is 6 months (168 days), the minimum interval is 3 months (84 days)     For the 2022-2023 respiratory season <sup>3</sup> , the following groups are strongly recommended to receive a bivalent booster dose at least 3 months following their last dose of vaccine or since they had COVID-19 infection:	<ul> <li>Eligible</li> <li>Recommended interval between previous dose and booster dose(s) is 6 months (168 days), the minimum interval is 3 months (84 days)</li> <li>For the 2022-2023 respiratory season<sup>3,</sup> the following groups are strongly recommended to receive a bivalent booster dose at least 3 months following their last dose of vaccine or since they had COVID-19 infection:         <ul> <li>Adults who identify as First Nations, Inuit or Métis and their adult non-indigenous household members</li> <li>12 years and older with moderately to severely immunocompromising conditions</li> <li>12 years and older with an underlying medical condition that places them at higher risk of severe COVID-19<sup>4</sup></li> </ul> </li> </ul>

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	o Residents of congregate care settings that are 12 years and older o Health Care Workers <sup>5</sup> o Pregnant people o Adults in racialized and/or marginalized communities disproportionately affected by COVID-19	<ul> <li>Individuals 65 years and older</li> <li>Residents of congregate care settings that are 12 years and older</li> <li>Health Care Workers<sup>5</sup></li> <li>Pregnant people</li> <li>Adults in racialized and/or marginalized communities disproportionately affected by COVID-19</li> </ul>
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<sup>&</sup>lt;sup>1</sup>Moderna monovalent vaccine comes in different concentrations, therefore volume (i.e. mL) for dose amounts are not provided – refer to product monograph.

<sup>5</sup>Health care workers are not at a higher risk of severe outcomes, unless they belong to another high-risk group. However, patient-facing health care workers who care for high-risk patients are recommended to be vaccinated to protect their vulnerable patients and all health care workers are recommended to be vaccinated to ensure health system capacity

<sup>&</sup>lt;sup>2</sup> The preferential recommendation for monovalent Moderna (25 mcg) is due to feasibility of series completion rather than any safety signals observed. A 4-dose primary series may have feasibility challenges, including the need to schedule 4 separate appointments and space appointments appropriately relative to other childhood vaccination appointments.

<sup>&</sup>lt;sup>3</sup> Ontario Ministry of Health defines the 2022-2023 respiratory season as on or after September 1, 2022.

<sup>&</sup>lt;sup>4</sup> Individuals with an underlying medical condition that places them at high risk of severe COVID-19 may include: those with cardiac or pulmonary disorders, diabetes mellitus and other metabolic diseases, cancer, renal disease, anemia or hemoglobinopathy, neurologic or neurodevelopmental conditions, Class 3 obesity (BMI of 40 and over).



Table 2: Suggested COVID-19 Vaccination Intervals following COVID-19 Infection

Infection timing relative to COVID-19 vaccination	Population	Suggested interval between infection* and vaccination
Infection prior to completion or initiation of primary vaccination series	Individuals 6 months of age and older who are not considered moderately to severely immunocompromised and with no previous history of multisystem inflammatory syndrome in children (MIS-C)	Receive the vaccine 2 months (56 days) after symptom onset or positive test (if asymptomatic)
	Individuals 6 months of age and older who are moderately to severely immunocompromised and with no previous history of MIS-C	Receive the vaccine dose 1 to 2 months (28 to 56 days) after symptom onset or positive test (if asymptomatic)
	Individuals 6 months of age and older with a previous history of MIS-C (regardless of immunocompromised status)	Receive the vaccine dose when clinical recovery has been achieved or ≥ 90 days since the onset of MIS-C, whichever is longer
Infection after primary series	Individuals currently eligible for booster dose(s)	A 6-month (168 day) interval is recommended and may provide a better immune response, however, a minimum interval of 3 months (84 days) after symptom onset or positive test (if asymptomatic) may be considered in the context of heightened epidemiologic risk, as well as operational considerations for the efficient deployment of vaccine programs (NACI, 2022).
		For those individuals who fall under the High Risk group previously referenced, it is strongly recommended that they get their booster dose at a shorter interval of 3 months for the 2022-2023 respiratory season

<sup>\*</sup> A previous infection with SARS-CoV-2 is defined as :

- Confirmed by molecular (e.g., PCR) or rapid antigen test; or
- Symptomatic AND a household contact of a confirmed COVID-19 case

The information on timing of vaccination post infection is provided from the Ontario Ministry of Health COVID-19 Vaccine Guidance document; <a href="https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19">https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19</a> vaccine administration.pdf