

Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health

Clinical guidance on COVID-19 vaccination for people who are clinically extremely vulnerable (CEV)

This guidance is intended for healthcare providers and is based on known evidence as of April 16, 2025. These guidelines have been created to inform and guide clinical decision making for these patient populations.

To find specific information about vaccine efficacy, timing considerations, any contraindications or exceptions for people with the following medical conditions can be found on the BCCDC website (linked below):

Autoimmune diseases

- [Clinical Guidance on COVID-19 Vaccines for Persons with Autoimmune Rheumatic Diseases](#)
- [Clinical Guidance on COVID-19 Vaccines for People with Autoimmune Neuromuscular Disorders Receiving Immunosuppressive/ Immunomodulating Therapy](#)

Cancers

- [Clinical Guidance on COVID-19 Vaccines for People with Solid Cancers](#)
- [Clinical Guidance on COVID-19 Vaccines for People with Hematological Malignancy](#)

Cystic Fibrosis

- [Clinical Guidance on COVID-19 Vaccines for People with Cystic Fibrosis](#)

Hematologic

- [Clinical Guidance on COVID-19 Vaccines for People with Paroxysmal Nocturnal Hemoglobinuria \(PNH\) and Atypical Hemolytic Uremic Syndrome \(aHUS\)](#)
- [Clinical Guidance on COVID-19 Vaccines for People with Sickle Cell Disease](#)
- [Clinical Guidance on COVID-19 Vaccines for People with Thalassemia](#)
- [Clinical Guidance on COVID-19 Vaccines for People with Hematological Malignancy](#)

Inborn Errors of Metabolism

- [Clinical Guidance on COVID-19 Vaccines for People with Metabolically Unstable Inborn Errors of Metabolism \(IEM\)](#)

Inflammatory Bowel Disease

- [Clinical Guidance on COVID-19 Vaccines for Persons with Inflammatory Bowel Disease](#)

Kidney/Renal

- [Clinical Guidance on COVID-19 Vaccines for People with Kidney Disease](#)

Neuromuscular

- [COVID-19 Vaccines for People with Significant Neuromuscular Conditions Who Require Respiratory Support](#)
- [Clinical Guidance on COVID-19 Vaccines for People with Autoimmune Neuromuscular Disorders Receiving Immunosuppressive/ Immunomodulating Therapy](#)

Pregnant people with heart disease

- [COVID-19 Vaccines for Pregnant People with Heart Disease](#)

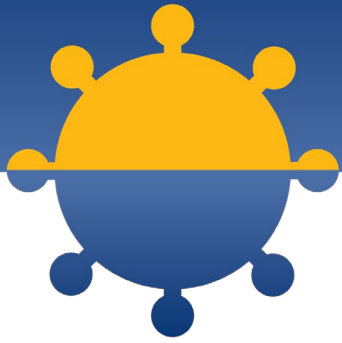
Splenectomy

- [Clinical Guidance on COVID-19 Vaccines for People with Splenectomy or Functional Asplenia](#)

Transplant

- [Clinical Guidance on COVID-19 Vaccines for Solid Organ Transplant Recipients](#)





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Background and Context

This guidance is based on a review of the vaccines approved by Health Canada, and available in B.C., for the prevention of COVID-19 disease caused by the SARS-CoV-2 virus:

- **mRNA vaccines:** SPIKEVAX® (Moderna)¹ and COMIRNATY® (Pfizer-BioNTech)²

Currently, anyone in British Columbia who is 6 months and older is eligible for COVID-19 immunization. The mRNA vaccine SPIKEVAX (Moderna) and COMIRNATY (Pfizer-BioNTech) have been approved for individuals 6 months of age and older, with young children getting a smaller dose of the same vaccine for youth and adults.³

NACI has released guidance on the use of COVID-19 vaccines for 2025 through summer 2026⁴, which has informed BC's vaccination campaign. In BC, an additional dose of the COVID-19 vaccine is recommended for select populations at higher risk of severe illness.⁵

Although the seasonality of SARS-CoV-2 has not been established, other respiratory viruses, such as influenza and respiratory syncytial virus (RSV), typically increase in the fall and winter months. COVID-19 vaccines may be given concurrently (i.e., same day) or at any time before or after non-COVID-19 vaccines (including live and non-live vaccines).⁵

Additional doses for immunocompromised individuals:

Research studies demonstrate that some people who are immunocompromised develop an improved antibody response after additional doses of vaccine.⁶ For individuals 5 years of age and older, although two doses can provide good protection, not all individuals with immunocompromising conditions will respond to vaccination in the same way and not all will have a previous SARS-CoV-2 infection in order to benefit from the immunological advantage of hybrid immunity. In some cases, an additional dose (i.e., a total of 3 doses for those 5 years of age and older) may be needed to develop adequate protection, while some others will not be able to mount a sufficient response even with additional doses. Healthcare providers can use clinical discretion to determine the potential benefit of a third dose on a case-by-case basis.⁷ New recipients of hematopoietic stem cell transplantation (HSCT) and chimeric antigen receptor (CAR) T-cell therapy are considered immunologically naïve and should be vaccinated beginning as early as 3 months post-HSCT/CAR T-cell therapy, regardless of previous vaccination history. These individuals should receive a 3-dose series of COVID-19 vaccine, 4 to 8 weeks apart.⁴

BC's Spring 2025 vaccine recommendations:

Getting a spring vaccine is recommended for those at increased risk of COVID-19 infection or severe disease, including:

- People 65 years of age and older, particularly those over 80 years of age
- Indigenous peoples (First Nations, Métis, and Inuit) 55 years of age and older



Residents of long-term care homes and assisted living residences (including those awaiting placement)

- Individuals 6 months of age and older who are moderately to severely immunosuppressed. This includes those who have been diagnosed as clinically extremely vulnerable (a CEV 1 or CEV 2 condition).

For BC recommendations for dose and schedule from the previous COVID-19 vaccine dose or known SARS-CoV-2 infection, please visit the COVID-19 vaccine product pages found in the BC Immunization Manual, [Part 4: Biological Products, COVID-19 vaccines](#).⁸

Patients who have tested positive for COVID-19:

Accumulating evidence shows that those with hybrid immunity (i.e., a history of at least two doses of COVID-19 AND a prior COVID-19 infection) are well-protected against severe outcomes of hospitalization and death. For previously vaccinated individuals, additional doses may be deferred in those who have tested positive for COVID-19 until 3 months from symptom onset or, for asymptomatic cases, from the time of the positive test.⁸ For individuals that have not yet completed their primary series, COVID-19 vaccine may be deferred until 8 weeks from symptom onset or, for asymptomatic cases, from the time of the positive test. If these individuals are moderately to severely immunosuppressed, a 4-8 week interval may be considered.

This suggested interval between SARS-CoV-2 infection and COVID-19 vaccination is intended to serve as a guide and is based on the available evidence on the safety, effectiveness and timing of vaccination following infection, immunological principles, and expert opinion. However, an individual's biological and social risk factors for exposure (e.g., local epidemiology, circulation of VOCs, living settings) and risk of severe disease should be taken into account when deciding whether to delay vaccination up to 3-6 months after infection.⁹

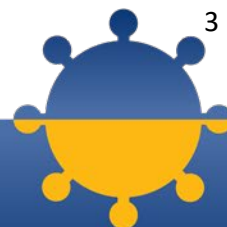
COVID-19 vaccine may be offered to individuals at any time following recovery from SARS-CoV-2 infection.

Intervals between doses in the primary series:

The recommended interval between doses for unvaccinated individuals who are moderately to severely immunocompromised is 8 weeks, with a minimum interval of 4 weeks.⁵

References

1. Pfizer-BioNTech. COMIRNATY product monograph. Kirkland, Quebec. 7 October 2022 <https://covid-vaccine.canada.ca/info/pdf/comirnaty-original-omicron-ba4ba5-pm-en.pdf> Accessed 20 September 2024.
2. Moderna. SPIKEVAX XBB.1.5 product monograph. Toronto, Ontario. 12 September 2023 <https://covid-vaccine.canada.ca/info/pdf/spikevax-pm-en.pdf> Accessed 20 September 2024.
3. B.C. Centre for Disease Control. Children and COVID-19 Vaccination. Information on COVID-19 vaccination for children and young people. September 16, 2022. Available at: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/covid-19-vaccine/vaccines-children> Accessed 11 October 2022.
4. National Advisory Committee on Immunization (NACI): Guidance on the use of COVID-19 vaccines for 2025 to summer 2026. January 10, 2025. <https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-statement-guidance-covid-19-vaccines-2025-summer-2026.html> Accessed 16 April 2025.



5. B.C. Centre for Disease Control. COVID-19 Vaccine Eligibility. April 2025. <http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%202%20-%20Imms/Part4/COVID-19-vaccine-eligibility.pdf> Accessed 16 April 2025.
6. National Advisory Committee on Immunization (NACI) rapid response: Additional dose of COVID-19 vaccine in immunocompromised individuals following 1- or 2- dose primary series. 10 September 2021. <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/statement-september-10-2021-additional-dose-covid-19-vaccine-immunocompromised-following-1-2-dose-series.html>. Accessed 24 November 2021.
7. National Advisory Committee on Immunization (NACI): Guidance on the use of COVID-19 vaccines during the fall of 2024. May 3, 2024. <https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-guidance-covid-19-vaccines-fall-2024.html> Accessed 20 September 2024.
8. B.C. Centre for Disease Control. Part 4: Biological Products (Vaccines & Immune Globulins) <http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization/biological-products> Accessed 16 April 2025.
9. National Advisory Committee on Immunization (NACI). Updated guidance on COVID-19 vaccination timing for individuals previously infected with SARS-CoV-2. February 2022. Available from: <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/rapid-response-guidance-covid-19-vaccination-timing-individuals-previously-infected-sars-cov-2.html>.

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