# COVID-19 Vaccine Eligibility

The COVID-19 vaccines authorized for use in Canada include: Pfizer-BioNTech – Adult /Adolescent presentation, Pfizer-BioNTech – Pediatric presentation, Moderna, AstraZeneca, Novavax, and Janssen. Refer to the respective product page for product specific information.

| Primary Series | |
|---|---|
| **Eligibility Criteria** | **Number of Doses** |
| Pediatric population – 5 to 11 years of age (inclusive) | 2 doses of:<br>• Pfizer: 0.2 mL (10 mcg) – *preferred*<br>• Moderna: 0.25 mL (50 mcg) – only for those 6-11 years of age |
| General population – 12 years of age and older | 2 doses [A] of any:<br>• Pfizer: 0.3 mL (30 mcg) - *preferred for 12-29 year olds*<br>• Moderna: 0.5 mL (100 mcg)<br>• Novavax (≥ 18 years of age): 0.5 mL<br>**OR**<br>1 dose: Janssen (≥ 18 years of age): 0.5 mL |
| Moderately to severely immunosuppressed (see Appendix B) – 5 to 11 years of age | 3 doses of:<br>• Pfizer: 0.2 mL (10 mcg)<br>• Moderna: 0.25 mL (50 mcg) – only for those 6-11 years of age |
| Moderately to severely immunosuppressed (see Appendix A) – 12 years of age and older | 3 doses [A] of any:<br>• Moderna: 0.5 mL (100 mcg) - *preferred*<br>• Pfizer: 0.3 mL (30 mcg)<br>• Novavax (≥ 18 years of age): 0.5 mL<br>* For individuals who received a single dose of Janssen vaccine, a 2-dose primary series is recommended. |
| **Booster Dose [B]** | |
| **Eligibility Criteria** | **Number of Doses** |
| • Residents of long term care (LTC), assisted living and independent living facilities, and alternate level of care clients awaiting placement in LTC<br>• Individuals 70 years of age and older | 1 dose [A] – at least 6 months after the primary series:<br>• Pfizer: 0.3 mL (30 mcg)<br>• Moderna: 0.5 mL (100 mcg) - *preferred for those who are moderately to severely immunosuppressed* (see Appendix A) |
| • Individuals 18-69 years of age | 1 dose [A] – at least 6 months after the primary series:<br>• Pfizer: 0.3 mL (30 mcg) - preferred for 18-29 year olds<br>• Moderna: 0.25 mL (50 mcg) - preferred for 18-69 year olds who are moderately to severely immunosuppressed (see Appendix A)<br>* For individuals who received a 1-dose Janssen primary series, a booster dose is recommended at least 2 months later. |
| • Individuals 12-17 years of age [C, D] | 1 dose – at least 6 months after the primary series:<br>• Pfizer: 0.3 mL (30 mcg) - *preferred*<br>• Moderna: 0.25 mL (50 mcg) |
| **Second Booster Dose** | |
| • Residents of LTC, alternate level of care clients awaiting placement in LTC, individuals 70 years of age and older, and Indigenous persons 55 years of age and older | 1 dose – at least 6 months after the first booster dose:<br>• Pfizer: 0.3 mL (30 mcg)<br>• Moderna: 0.25 mL (50 mcg) |

[A] mRNA vaccines are the preferred COVID-19 vaccines due to the demonstrated high efficacy and effectiveness with longer term safety data. Novavax COVID-19 vaccine may be offered to individuals for whom COVID-19 mRNA vaccines are contraindicated or have been refused. A viral vector COVID-19 vaccine should only be considered when all other authorized COVID-19 vaccines are contraindicated or refused, due to the reduced effectiveness and the possible adverse effects associated with viral vector vaccines (e.g., Thrombosis with Thrombocytopenia Syndrome)

[B] Pregnant persons may receive a booster dose at least 8 weeks after completion of the primary series.

[C] Includes individuals who are moderately to severely immunosuppressed and received a 3-dose primary series.

[D] A booster dose is strongly recommended for individuals 12-17 years of age who are at higher risk of severe illness due to COVID19. See the government of B.C. website, under “clinically extremely vulnerable criteria for youth” for further details.

## Appendix A

For those 12 years of age and older, moderately to severely immunosuppressed includes those who:

- Have had a solid organ transplant and are taking immunosuppressive therapy (heart, lung, liver, kidney, pancreas or islet cells, bowel or combination organ transplant).
- Will have, are having, or are on active treatment for solid tumour or haematologic malignancies (like myeloma or leukemia):
    - Will have, are having, or in the last 12 months have received systemic treatment for a haematological malignancy, or in the last 24 months have received anti-CD20 or other B-cell depleting therapies for a haematological malignancy.
    - Will have, are having, or in the last 24 months have had a bone marrow, stem cell transplant or CAR-T or who are still taking immunosuppressive drugs.
    - Will have, are having, or in the last 6 months have received anti-cancer systemic therapy for solid tumours (including but not limited to cytotoxic chemotherapy; molecular targeted therapy; immunotherapy; monoclonal antibodies; bone modifying agents used in the setting of metastatic disease; high dose steroids e.g., equivalent to > 20 mg/day for more than 1 month but excluding patients only receiving hormonal or bone modifying therapy in the adjuvant setting).
    - Are planned for radiation, are having or will have had radiation in the last 3 months.
    - Have a diagnosis of CLL/SLL, myeloma/plasmacytoma, or low grade lymphoma.
- Prior AIDS defining illness or prior CD4 count ≤ 200/mm$^3$ or prior CD4 fraction ≤ 15% or any detectable plasma viral load since January 2021 or HIV infection and ≥ 65 years old or perinatally acquired HIV infection.
- Are on active treatment with the following categories of immunosuppressive therapies:
    - In the last 2 years, been treated with anti-CD20 agents, B-cell depleting agents or similar therapeutic agents. [E]
    - In the last 3 months, been treated with biologic agents that are significantly immunosuppresive, oral immune-suppressing drugs, steroids (orally or by injection >14 days), immune-suppressing infusions/injections or intermittent high dose steroids administered as immune suppression prior to intravenous enzyme replacement treatment. [E]
- Have combined immune deficiencies affecting T-cells, immune dysregulation (particularly familial hemophagocytic lymphohistiocytosis) or those with type 1 interferon defects (caused by a genetic primary immunodeficiency disorder or secondary to anti-interferon autoantibodies).
- Have a moderate to severe primary immunodeficiency which has been diagnosed by an adult or pediatric immunologist and requires ongoing immunoglobulin replacement therapy (IVIG or SCIG) or the primary immunodeficiency has a confirmed genetic cause (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome).
- On dialysis (hemodialysis or peritoneal dialysis) or have stage 5 chronic kidney disease (eGFR <15 mL/min) or have glomerulonephritis and receiving steroid treatment.

## Appendix B

For children 5-11 years of age, moderately to severely immunosuppressed includes those who:

- Have had a solid organ transplant (heart, lung, liver, kidney, pancreas or islet cells, bowel or combination organ transplant).
- In the last year, received systemic treatment for a haematological malignancy, including anti-CD20 or other B-cell depleting therapies.
- In the last 2 years, have had a bone marrow, stem cell transplant, CAR-T, or is still taking immunosuppressant medications.
- In the last 6 months have received anti-cancer systemic therapy for solid tumors (including but not limited to: cytotoxic chemotherapy, molecular targeted therapy, immunotherapy, monoclonal antibodies, bone modifying agents used in the setting of metastatic disease, high dose steroids [e.g. equivalent of > 20 mg/day for more than 1 month but excluding patients only receiving hormonal or bone modifying therapy in the adjuvant setting]).
- In the last 3 months, have received or are receiving radiation therapy for cancer.
- In the past year, have received anti-CD20, B-cell depleting or similar agents. [F]

[E] A list of these medications can be found on the government of B.C. website.
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**Appendix B (continued):**

- In the last 3 months, received immunosuppressing therapies including biologic agents, oral-immune suppressing drugs, steroids (orally or by injection for a period of > 14 days), immune suppressing infusions/injections or intermittent high dose steroids administered as immune suppression prior to intravenous enzyme replacement treatment. [G]
- On dialysis (hemodialysis or peritoneal dialysis) or have stage 5 chronic kidney disease (eGFR <15 mL/min) or have glomerulonephritis and receiving steroid treatment.
- Have a primary immunodeficiency which has been diagnosed by a pediatric immunologist.
- Prior AIDS defining illness or HIV infection with prior CD4 count ≤ 200/mm$^3$, prior CD4 ≤ 15% or detectable plasma viral load in the last year.

[G] A list of these medications can be found on the government of B.C. website.