COVID-19 mRNA Vaccine  
SPIKEVAX™  
Supplier: Moderna

**INDICATIONS:**
- Individuals 12 years of age and older.

The vaccine is not approved for use in those less than 12 years of age.

**DOSES AND SCHEDULE:**
- Primary series for individuals 12 years of age and older: 2 doses given as 0.5 mL IM, 28 days apart.  
  
  For individuals 12 years of age and older who are moderately to severely immunosuppressed*, a 3-dose primary series is recommended. The 3rd dose should be provided at least 28 days after the 2nd dose. Moderna COVID-19 vaccine is preferentially recommended for all doses in the series. If Moderna is unavailable, Pfizer-BioNTech can be given.

- Booster dose:
  - Residents of long term care (LTC), assisted living and independent living facilities, alternate level of care clients awaiting placement in LTC and individuals 70 years of age and older: 1 dose given as 0.5 mL IM, at least 6 months after completion of the primary series.
  - All other eligible individuals (see BOOSTER DOSES for eligibility): 1 dose given as 0.25 mL IM, at least 6 months after completion of the primary series.

* Moderately to severely immunosuppressed includes individuals who:
  - Have had a solid organ transplant (heart, lung, liver, kidney, pancreas or islet cells, bowel or combination organ transplant).
  - Since January 2020, have received treatment with any anti-CD20 agents (i.e., rituximab, ocrelizumab, ofatumumab, obinutuzumab, ibritumomab, tositumomab).
  - Since January 2020, have been treated with B-cell depleting agents (i.e., epratuzumab, MEDI-551, belimumab, BR3-Fc, AMG-623, atacicept, anti-BR3, alemtuzumab).

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A The minimum age for vaccine receipt is based on year of birth (i.e., the vaccine may be offered to individuals who will be turning 12 years of age within the current calendar year), per Provincial Health Officer recommendations.

B The vaccine series should be completed with the same COVID-19 vaccine product. If it is not possible to determine what product was used for the first dose, or if the same product is unavailable, the second dose may be given with an available mRNA product.

C This is the schedule authorized by Health Canada. In BC, the preferred interval between doses is 6-8 weeks, except in outbreak communities at the direction of the Medical Health Officer and for individuals who meet approved criteria for an expedited dose 2. As of August 9th, 2021, invitations to book dose 2 will be sent out at 4 weeks after the first dose as outlined on the government of B.C. website. If administration of the second dose is delayed beyond 8 weeks, the series does not need to be restarted.

D The minimum interval between doses is 21 days. For optimal response, immunizers should observe recommended intervals as much as possible, however, doses given earlier than recommended may still be considered valid and need not be repeated if minimum intervals are observed.

E NACI recommends that mRNA vaccine (Pfizer-BioNTech or Moderna) can be offered as a second dose to individuals who received a first dose of the AstraZeneca/COVISHIELD vaccine, unless contraindicated.

F For individuals who received a single dose of Janssen vaccine, one additional dose of Moderna COVID-19 vaccine is recommended at least 28 days later.

G The minimum interval between completion of the primary series and the booster dose is 8 weeks. This interval may be applied for a minority of individuals for practical reasons, with consideration of the individual benefits and risks, but is not to be used as a routine interval.
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DOSES AND SCHEDULE (continued):
- Since October 2020, have received or are receiving radiation therapy for cancer.
- Since March 2020, have received or are receiving systemic therapy for solid tumours as well as hematological cancers (including chemotherapy, molecular therapy, immunotherapy, targeted therapies including CAR-T, monoclonal antibodies, hormonal therapy for cancer).
- Have combined immune deficiencies affecting T-cells, immune dysregulation (particularly familial hemophagocytic lymphohistiocytosis) or type 1 interferon defects (caused by a genetic primary immunodeficiency disorder or secondary to anti-interferon autoantibodies).
- Since September 2019, have had a bone marrow or stem cell transplant or are still taking immunsuppressant medications related to transplant.
- 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.
- Prior AIDS defining illness or CD4 count ≤ 200/mm³ or CD4 fraction ≤ 15% or detectable plasma viral load since January 2021 or HIV infection and ≥ 65 years old or perinatally acquired HIV infection.
- Have taken significantly immunsuppressing drugs or treatments including at risk biologics, steroids and other agents:
  - Steroids orally or by injection on an ongoing basis since December 15, 2020.

ADMINISTRATION:
- No reconstitution required.
- If there is enough vaccine left in the vial for a complete 0.5 mL dose after 10 or 14 doses have been removed from the vial, another dose can be drawn and administered. This depends, in part, on the type of syringes and needles used to withdraw doses from the vials; low dead-volume syringes and/or needles should be used if available, as standard syringes and needles may not facilitate the extraction of an additional dose from a single vial.
- Following withdrawal of all available 0.5 mL doses, the residual vaccine from up to three vials may be withdrawn into the same syringe to constitute a full dose provided the vials are from the same manufacturer and the same lot number. See addendum for more information.

Storage and Handling:
- The vaccine can be stored at:

A A list of these medications can be found on the government of B.C. website.
B Moderna vaccine is available in 10-dose and 14-dose vials. The U.S. labelled product yields at least 14 doses and contains a different carton and vial label. Continue to reference the Canadian Product Monograph for all product information for use in Canada. Note: to consistently extract 14 doses, a minimum ratio of 7 low-dead-volume syringes and 7 non-low-dead-volume syringes are recommended.
C For more information on storage and handling and temperature monitoring refer to Appendix E: Management of Biologicals and Guidance for Receiving and Handling the Moderna COVID-19 mRNA Vaccine.
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ADMINISTRATION (continued):
-20°C (-25°C to -15°C) up to the end of its expiry date A, kept in the original packaging and protected from light. Do not store on dry ice.
+2°C to +8°C for up to 30 days prior to first use, protected from light.
Room temperature (up to +25°C) for up to 24 hours (cumulative).
After first vial puncture, the vaccine must be used within 24 hours.
The vaccine can be pre-loaded into a syringe for up to 24 hours from first vial puncture.
Ensure that the vial/syringe is clearly labelled with the date and time of first vial entry.
- Product should be thawed/held prior to use, in one of the following ways:
  - From the freezer to room temperature:
    - 10-dose vial requires 1 hour to thaw
    - 14-dose vial requires 1 hour and 30 minutes to thaw
  - From the freezer to the refrigerator:
    - 10-dose vial requires 2 hours and 30 minutes to thaw
    - 14-dose vial requires 3 hours to thaw
  - Allow at least 15 minutes at room temperature prior to administration. B
  - Swirl the vial gently after thawing and between each withdrawal. Do not shake.
- Do not refreeze thawed vials.

BOOSTER DOSES:
A booster dose of a COVID-19 mRNA vaccine is recommended at least 6 months after the primary series has been completed for those who are: C
- Residents of long term care (LTC), assisted living and independent living facilities, and alternate level of care clients awaiting placement in LTC
- Individuals receiving long-term home support
- 70 years of age and older
- Indigenous peoples 18 years of age and older D
- Individuals 18 years of age and older in rural and remote communities D
- Health care workers who received dose 2 at an interval of less than 42 days from dose 1
- Individuals who are vulnerable or in congregate settings in outbreaks at the direction of the Medical Health Officer D

SEROLOGICAL TESTING:
Serological testing is not recommended before or after immunization.

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A The expiry date is not printed on the US-labelled product. The expiry date for the corresponding lots can be found in the ‘Products affected’ section of the Health Canada alert.
B The recommendation to allow the vaccine to sit for at least 15 minutes at room temperature prior to administration is intended for patient comfort only, and is not a requirement.
C The minimum interval between completion of the primary series and the booster dose is 8 weeks. This interval may be applied for a minority of individuals for practical reasons, with consideration of the individual risk-benefit, but is not to be used as a routine interval.
D The minimum age for the booster dose is based on year of birth (i.e., the vaccine may be offered to individuals who will be turning 18 years of age within the current calendar year), per Provincial Health Officer recommendations. Health Canada approval for booster dose indications is expected for those 18 years of age and older.
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CONTRAINDICATIONS:
1. History of anaphylactic reaction to a previous dose of an mRNA COVID-19 vaccine or to any component of the vaccine. These individuals should be offered an adenovirus vector COVID-19 vaccine and observed for a least 30 minutes after immunization.

PRODUCT COMPONENTS:
Other components: cholesterol; 1,2-distearoyl-sn-glycerophosphocholine (DSPC); acetic acid; lipid SM-102; sodium acetate; sucrose; tromethamine; tromethamine hydrochloride.

PRECAUTIONS:
• For individuals with suspected hypersensitivity or non-anaphylactic allergy to COVID-19 vaccine components, consultation with an allergist is advised. If there is a specific concern about a possible allergy to a component of the COVID-19 vaccine being administered, an extended period of observation post-vaccination of 30 minutes may be warranted; alternately, the vaccine can be administered in an emergency room setting, also with a prolonged observation period.
• Wait until symptoms of an acute illness are resolved before vaccinating with COVID-19 vaccine to differentiate symptoms of illness from vaccine side effects.
• There is insufficient evidence on the receipt of COVID-19 vaccine following receipt of anti-SARS-CoV-2 monoclonal antibodies or convalescent plasma for treatment or prevention of COVID-19. Therefore, COVID-19 vaccination should be deferred for at least 90 days to avoid potential interference of the antibody therapy with vaccine-induced immune response. Deferral is not required following treatment with tocilizumab or sarilumab.
• Individuals diagnosed with Multisystem Inflammatory Syndrome in Children (MIS-C) or Adults (MIS-A) should delay COVID-19 vaccination until they have recovered from illness and for 90 days after the date of diagnosis of MIS-C or MIS-A.
• The 2nd dose of mRNA COVID-19 vaccine should be deferred in those who experienced a physician-diagnosed myocarditis or pericarditis event following the first dose with no other cause identified, until further information about the risk of recurrence is available. Deferral is not required for those with a prior history of myocarditis or pericarditis that is unrelated to COVID-19 mRNA vaccines and are no longer being followed by a medical professional for heart issues.

SPECIAL CONSIDERATIONS:
• COVID-19 vaccines can be administered concomitantly or at any time before or after the administration of another inactivated or live vaccine.
• A complete series of COVID-19 vaccine may be offered to individuals without contraindications who have recovered from PCR-confirmed SARS-CoV-2 infection.
• Recipients should practice public health measures for prevention of SARS-CoV-2 infection and transmission regardless of vaccination with COVID-19 vaccine, at this time.

ADVERSE EVENTS:
Local: pain, swelling, redness, axillary lymphadenopathy. Delayed injection site reactions, with onset on or after day 8 following vaccination, may occur in a small percentage of vaccine recipients, mostly after the first dose.
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ADVERSE EVENTS (continued):
Systemic: fatigue, headache, myalgia, chills, arthralgia, fever, nausea and vomiting.

Rare cases of facial paralysis/Bell’s palsy have been reported.

Pericarditis and myocarditis in association with the mRNA vaccines have been observed internationally, and are being monitored in Canada with regular Public Health Agency of Canada reports. These events have been reported in BC at a rate of 1.5 per 100,000 doses of mRNA vaccine administered, and are seen more often after the second dose, and in males under 40 years of age. Most cases recover fully. In BC, we have issued information to support health care provider recognition and reporting of this event in association with the mRNA vaccines. The exact cause of these events is not known but is thought to be related to the immune response to the spike protein which is also important in immunity against COVID-19 virus.

REFERENCES:
1. Moderna vaccine product monograph
2. National Advisory Committee on Immunization: Recommendations on the use of COVID-19 Vaccine(s)

ADDENDUM: Pooling residual vaccine from up to three vials to constitute an extra dose

Following withdrawal of all available 0.5 mL doses, a full 0.5 mL dose may be constituted from the residual vaccine volume from up to three separate vials, provided the vials are from the same manufacturer and same lot number. In order to minimize the risk of microbial contaminants and maintain product quality, the following processes should be followed:

- Only vials containing residual vaccine volume are to be used to prepare a full dose when using multiple vials to constitute a single dose. Residual volume should not be combined with contents from a different vial that still contains at least one full dose of the vaccine (to minimize the chance of contaminating the contents of a vial that still contains multiple doses of the vaccine).
- Given this vaccine does not contain preservative, and therefore has a short timeline for its use following first vial puncture, pooling of residual vaccine from two or three vials must occur as soon as possible - it is not recommended to save multiple vials with residual volume for use at one time (e.g., the end of the clinic).
- Perform hand hygiene before handling the vaccine. Strictly adhere to aseptic technique while handling the vaccine and minimize the number of vial punctures.
- Firmly and briskly wipe the surface of the rubber stopper with an alcohol swab for initial and subsequent uses, being sure to apply friction, and allow it to dry for at least 10 seconds.
- To assist with the withdrawal of residual vaccine from the vial, invert the vial and ensure the end of the needle is below fluid level and situated in the groove of the vial stopper.
- Once the residual vaccine is withdrawn, keep the needle in the vial when expelling air bubble(s) to minimize vaccine wastage.
- Check the syringe to ensure it contains the total 0.5 mL dose prior to administration.
- If not administered immediately, the syringe should be clearly labeled with the date and time of the vial with the shortest timeframe for use.