

The product specific information for the COVID-19 vaccines available in BC can be found in [Part 4: Biological Products, COVID-19 Vaccines](#).

At least one COVID-19 KP.2 vaccine is recommended for those 6 months of age and older at increased risk of COVID-19 infection or severe disease, including:

- People 65 years of age and older
- Indigenous peoples and individuals residing in Indigenous communities ^A
- Residents of long-term care (LTC) homes, assisted living facilities, or alternate level of care clients awaiting placement in LTC
- Individuals with underlying medical conditions (See [Appendices](#))
- Individuals who are pregnant
- People who provide essential community services i.e., healthcare workers and first responders

Individuals with an incomplete primary series are eligible to complete their vaccine series with COVID-19 KP.2 vaccine. All other individuals 6 months of age and older regardless of vaccination history with a **non-KP.2** COVID-19 vaccine who wish to receive a COVID-19 KP.2 vaccine are also eligible. See COVID-19 mRNA Vaccine Recommendations.

An additional dose of COVID-19 KP.2 vaccine in Spring 2025 is recommended for select populations at increased risk of severe disease. See [Spring 2025 Recommendations](#).

| COVID-19 mRNA Vaccine Recommendations | | | |
|---|--|---|---|
| Age | COVID-19 Vaccination History ^B | Number of Dose(s) of COVID-19 KP.2 vaccine | Recommended Interval Between Doses ^C |
| 6 months-4 years of age (inclusive) ^D | 2 or more doses | 1 dose of Moderna | ≥ 3 months after last dose |
| | 1 dose | 1 dose of Moderna | 8 weeks after last dose |
| | 0 doses | 2 doses of Moderna | 8 weeks between doses |
| 5 years of age and older | Regardless of previous vaccination history | 1 dose of Moderna or Pfizer (12 years and older) | ≥ 3 months after last dose |
| Moderately to severely immunosuppressed (see Appendix B) 6 months-4 years of age (inclusive) ^E | 3 or more doses | 1 dose of Moderna | ≥ 3 months after last dose |
| | 2 doses | 1 dose of Moderna | 8 weeks after last dose |
| | 1 dose | 2 doses of Moderna | 8 weeks after last dose and 8 weeks between doses |
| | 0 doses | 3 doses of Moderna | 8 weeks between doses |
| Moderately to severely immunosuppressed (see Appendix A and Appendix B) 5 years of age and older ^F | 2 or more doses | 1 dose of Moderna or Pfizer (12 years and older) | ≥ 3 months after last dose |
| | 1 dose | 1 dose of Moderna or Pfizer (12 years and older) | 8 weeks after last dose |
| | 0 doses | 2 doses of Moderna or Pfizer (12 years and older) | 8 weeks between doses |

^A Indigenous peoples (including First Nations, Métis and Inuit) may be disproportionately affected by COVID-19 because of longstanding inequities related to the social determinants of health due to the impacts of colonization. Individuals residing in communities experiencing inequities may be disproportionately affected due to intersecting equity factors.

^B Includes any [World Health Organization Emergency Use Authorization Qualified COVID-19 Vaccines](#).

^C For minimum intervals, see the respective product page in [Part 4: Biological Products, COVID-19 Vaccines](#).

^D These individuals should receive at least 2 doses of COVID-19 vaccine. If any dose in the series was a Pfizer vaccine, these individuals should have a total of at least 3 doses of COVID-19 vaccine. When a 3-dose series is indicated, the recommended interval is 8 weeks between doses.

^E These individuals should receive at least 3 doses of COVID-19 vaccine with at least 1 of these doses being the COVID-19 KP.2 vaccine. If any dose in the series was a Pfizer COVID-19 vaccine, these individuals should have a total of at least 4 doses of COVID-19 vaccine. When a 4-dose series is indicated, the recommended interval is 8 weeks between doses.

^F These individuals should receive at least 2 doses of COVID-19 vaccine with at least 1 of these doses being the COVID-19 KP.2 vaccine. Those who self-declare a recommendation by their health care provider are eligible to receive a 3-dose series, at a recommended interval of 8 weeks between doses. New recipients of HSCT or CART should receive a 3-dose series at a recommended interval of 8 weeks between doses.

| Spring 2025 Recommendations ^A | | |
|---|--|---|
| Spring 2025 Eligibility Criteria | Number of Dose(s) of COVID-19 KP.2 vaccine | Recommended Interval Between Doses ^B |
| <p>A spring dose is recommended for the following populations:</p> <ul style="list-style-type: none"> • People 65 years of age and older • Indigenous peoples 55 years of age and older ^C • Residents of long-term care (LTC), assisted living facilities, or alternate level of care clients awaiting placement in LTC • Individuals 6 months of age and older who are moderately to severely immunosuppressed (see Appendices A and B) | 1 dose of Moderna or Pfizer (12 years and older) | ≥ 3 months after last dose |

Appendices

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 CART ^D 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/mm³ 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.
 - In the last 3 months, been treated with biologic agents that are significantly immunosuppressive, 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.
- 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).

^A For individuals who are not at increased risk of severe disease, an additional dose in Spring 2025 is not recommended, however those who wish to receive an additional dose may receive one.

^B For minimum intervals, see the respective product page in [Part 4: Biological Products, COVID-19 Vaccines](#).

^C Indigenous peoples (including First Nations, Métis and Inuit) may be disproportionately affected by COVID-19 because of longstanding inequities related to the social determinants of health due to the impacts of colonization.

^D Revaccination following HSCT or CART therapy is recommended and can occur as early as 3 months post HSCT or CART therapy.

- 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 6 months to 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, CART ^A, or is still taking immunosuppressant medications.
- Will have, are having, or 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.
- 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.
- 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/mm³, prior CD4 ≤ 15% or detectable plasma viral load in the last year.

Appendix C

For individuals 18 years of age and older, underlying health conditions includes those who have:

- Severe respiratory disorders (e.g., cystic fibrosis, severe COPD or asthma)
- Rare blood disorders (e.g., homozygous sickle cell disease, highest risk thalassemia)
- Rare metabolic disorders (e.g., urea cycle defects, methylmalonic aciduria, propionic aciduria)
- Anatomic or functional asplenia
- Diabetes treated with insulin (includes Type 1 and Type 2)
- Hematological and other cancers not included in Appendix A (e.g., chronic hematological malignancies under surveillance or active solid tumours or metastatic cancer not on treatment but undergoing surveillance)
- Significant developmental disabilities (e.g., Down Syndrome, cerebral palsy)
- Pregnant and have a serious heart disease
- Neurological or other conditions causing significant muscle weakness around lungs

^A Revaccination following HSCT or CART therapy is recommended and can occur as early as 3 months post HSCT or CART therapy.