

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 XBB.1.5 mRNA vaccine is recommended for everyone 6 months of age and older.^A An additional dose of COVID-19 XBB.1.5 vaccine in Spring 2024^B is recommended for eligible populations at increased risk of severe disease. See [Spring 2024 Booster Dose Recommendations](#).

COVID-19 XBB.1.5 mRNA Vaccine Recommendations ^C			
Age	COVID-19 vaccination history ^D	Number of dose(s) of COVID-19 XBB.1.5 vaccine	Recommended interval between doses ^E
6 months-4 years of age (inclusive) ^F	2 or more doses, no XBB.1.5 vaccine	1 dose of Moderna or Pfizer	6 months after last dose
	1 dose	1 dose of Moderna ; or 2 doses of Pfizer	8 weeks after last dose <i>and</i> 8 weeks between doses
	0 doses	2 doses of Moderna ; or 3 doses of Pfizer	8 weeks between doses
5 years of age and older	0 doses or no XBB.1.5 vaccine(s)	1 dose of Moderna or Pfizer (5-11 years ; 12 years and older)	6 months after last dose
Moderately to severely immunosuppressed (see Appendix B) 6 months-4 years of age (inclusive) ^G	3 or more doses, no XBB.1.5 vaccine	1 dose of Moderna or Pfizer	6 months after last dose
	2 doses	1 dose of Moderna ; or 2 doses of Pfizer	8 weeks after last dose <i>and</i> 8 weeks between doses
	1 dose	2 doses of Moderna ; or 3 doses of Pfizer	8 weeks after last dose <i>and</i> 8 weeks between doses
	0 doses	3 doses of Moderna ; or 4 doses of Pfizer	8 weeks between doses
Moderately to severely immunosuppressed (see Appendix A and Appendix B) 5 years of age and older ^H	3 or more doses, no XBB.1.5 vaccine	1 dose of Moderna or Pfizer (5-11 years ; 12 years and older)	6 months after last dose
	2 doses, no or only 1 XBB.1.5 vaccine	1 dose of Moderna or Pfizer (5-11 years ; 12 years and older)	8 weeks after last dose
	1 dose, no XBB.1.5 vaccine	2 doses of Moderna or Pfizer (5-11 years ; 12 years and older)	8 weeks after last dose <i>and</i> 8 weeks between doses
	1 dose, XBB.1.5 vaccine	1 dose of Moderna or Pfizer (5-11 years ; 12 years and older)	8 weeks after last dose
	0 doses	2 doses of Moderna or Pfizer (5-11 years ; 12 years and older)	8 weeks between doses

^A Alternatively, individuals 12 years of age and older may receive the Novavax COVID-19 XBB.1.5 vaccine per NACI. See [Novavax COVID-19 XBB.1.5](#) product page for more information.

^B Individuals eligible to receive an additional dose of COVID-19 XBB.1.5 vaccine should receive this dose before the end of June 2024 to support an adequate interval between doses for a potential Fall 2024 program.

^C Moderna COVID-19 XBB.1.5 mRNA vaccine is the preferred product for children 6 months to 4 years age, as well as individuals who are moderately to severely immunosuppressed due to a potentially greater immune response induced by the Moderna vaccine in these populations; however, if unavailable, or upon client request, an age-appropriate Pfizer COVID-19 XBB.1.5 vaccine can be given.

^D Includes any product type or formulation of [World Health Organization Emergency Use Authorization Qualified COVID-19 Vaccines](#), unless otherwise specified.

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

^F Individuals in this age group should receive at least 2 doses of COVID-19 vaccine with at least 1 of these doses being the COVID-19 XBB.1.5 vaccine. If any dose in the series is a Pfizer vaccine, these individuals should have a total of at least 3 doses of COVID-19 vaccine with at least one of these doses being the COVID-19 XBB.1.5 formulation. When a 3-dose series is indicated, the recommended interval is 8 weeks between doses.

^G Individuals in this age group who are moderately to severely immunosuppressed should receive at least 3 doses of COVID-19 vaccine with at least 1 of these doses being the COVID-19 XBB.1.5 vaccine. If any dose in the series is a Pfizer COVID-19 vaccine, these individuals should have a total of at least 4 doses of COVID-19 vaccine with at least one of these doses being the COVID-19 XBB.1.5 formulation. When a 4-dose series is indicated, the recommended interval is 8 weeks between doses.

^H Individuals in this age group who are moderately to severely immunosuppressed should receive at least 2 doses of COVID-19 vaccine. However, if any dose in the series is a non-XBB.1.5 COVID-19 vaccine, a total of at least 3 doses of COVID-19 vaccines is recommended with at least one of these doses being the COVID-19 XBB.1.5 formulation. New recipients of HSCT or CART should receive a 3-dose series, regardless of formulation.

Spring 2024 Booster Dose Recommendations ¹		
Spring 2024 Eligibility Criteria	Number of dose(s) of COVID-19 XBB.1.5 vaccine	Recommended interval between doses
<p>A spring booster 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 ^J • 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) 	<p>1 dose of Moderna or Pfizer (6 months-4 years; 5-11 years; 12 years of age and older)</p>	<p>6 months after last dose</p>

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 ^K 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 $\leq 200/\text{mm}^3$ or prior CD4 fraction $\leq 15\%$ 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).
- 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.

¹ Those who have not received previous COVID-19 XBB.1.5 dose(s) per recommended schedule above (i.e. “COVID-19 XBB.1.5 mRNA Vaccine Recommendations”) should be offered the recommended dose(s) now. An additional Spring 2024 Booster Dose is not recommended, however those who wish to receive an additional dose may receive a Spring 2024 Booster Dose at the recommended interval.

^J 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.

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

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 ^L, 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.
- 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 $\leq 200/\text{mm}^3$, prior CD4 $\leq 15\%$ or detectable plasma viral load in the last year.

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