

## Government of Newfoundland and Labrador Department of Health and Community Services Office of the Chief Medical Officer of Health

COR-2023-193864

From: Dr. Janice Fitzgerald, Chief Medical Officer of Health

To: Newfoundland and Labrador Health Services, and Other Health Care Providers

Re: COVID-19 Vaccine Update for fall 2023-24 Campaign

Date: October 6, 2023

Health Canada has approved new Moderna and Pfizer COVID-19 XBB.1.5-containing vaccines for use this fall. These vaccines are expected to provide better protection against currently circulating strains of COVID-19 than the bivalent vaccines currently in use. These vaccines are authorized for individuals six months of age and older.

The National Advisory Committee on Immunization (NACI) recommends individuals to receive a dose of the new formulation based on age authorization, if it has been at least six months from their previous dose or known infection, whichever is longer. Vaccination with COVID-19 vaccine this fall is particularly important in the following populations:

- Adults 65 years of age or older
- Residents of long-term care homes and other congregate living settings
- Individuals with <u>underlying medical conditions</u> that place them at higher risk of severe COVID-19
- Individuals who are pregnant
- Individuals in or from First Nations, Métis, and Inuit communities
- Members of racialized and other equity-deserving communities
- People who provide essential community services

Starting October 16, 2023, health care providers can begin offering the COVID-19 XBB.1.5-containing vaccine to previously vaccinated individuals six months of age and older that have not received a COVID-19 vaccine or had COVID-19 infection within the last six months, whichever is longer. This includes the ability for physicians to access vaccine to administer for eligible individuals six months of age and older as well as the ability for pharmacists to access vaccine to administer for individuals 5 years of age and older.

While receiving vaccine within an interval of three to six months from previous vaccine does not pose a safety risk, evidence shows that antibody responses are higher with longer intervals between doses of vaccine. The same is true for the interval between infection and vaccination. Using a shorter interval of three to six months can be considered, based on clinical decision making and operational requirements.

NACI will be providing additional information on the use of XBB.1.5-containing COVID-19 vaccine in unvaccinated populations in the coming weeks. In the interim, unvaccinated individuals can receive the XBB.1.5-containing vaccine. Individuals that



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are not previously vaccinated should receive 2 doses of the XBB product at least eight weeks apart.

Specific vaccine dose recommendations for previously vaccinated and unvaccinated individuals are noted below:

|                            | Vaccine Dose        |                    |
|----------------------------|---------------------|--------------------|
| Age                        | Moderna<br>XBB.1.5- | Pfizer<br>XBB.1.5- |
|                            | containing          | containing         |
|                            | vaccine             | vaccine            |
|                            |                     |                    |
| Individuals 6 months of    | 25mcg               | 3mcg               |
| age to under 5 years       | (0.25mL)            | 0.2mL*             |
| Individuals 5 to 11 years  | 25mcg               | 10mcg              |
| of age                     | (0.25mL)            | 0.3mL              |
| Individual 12 years of age | 50mcg               | 30mcg              |
| and older                  | (0.5mL)             | 0.3mL              |

<sup>\*</sup>requires dilution with 2.2mL of 0.9% Sodium Chloride.

The Department of Health and Community Services will continue to work closely with NACI and federal counterparts to monitor the evidence and evolving epidemiology of COVID-19 as well as vaccine recommendations and provide additional guidance as needed.