COVID-19 Vaccine Eligibility

The COVID-19 vaccines authorized for use in Canada include: Comirnaty® (Pfizer-BioNTech) – Adult/Adolescent presentation, Comirnaty® (Pfizer-BioNTech) – Pediatric presentation, Spikevax™ (Moderna), Vaxzevria™/COVISHIELD (AstraZeneca), and Janssen (Ad26.COV2.S [recombinant]). 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: • Pfizer: 0.2 mL (10 mcg)
General population – 12 years of age and older	2 doses [A] of any: • Pfizer: 0.3 mL (30 mcg) - *preferred for 12-29 year olds* • Moderna: 0.5 mL (100 mcg) • AstraZeneca/COVISHIELD (≥ 18 years of age): 0.5 mL **OR** 1 dose: • Janssen (≥ 18 years of age): 0.5 mL
Moderately to severely immunosuppressed (see Appendix A) – 12 years of age and older	3 doses [A] of any: • Moderna: 0.5 mL (100 mcg) - *preferred* • Pfizer: 0.3 mL (30 mcg) • AstraZeneca/COVISHIELD (≥ 18 years of age): 0.5 mL * For individuals who received a single dose of Janssen vaccine, a 2-dose primary series is recommended.
Booster Dose [B, C]	
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. • Individuals 70 years of age and older.	1 dose – at least 6 months after completion of the primary series: • Pfizer: 0.3 mL (30 mcg) • Moderna: 0.5 mL (100 mcg)
• Individuals 63-69 years of age. • Individuals 18-62 years of age who are: ○ receiving long-term home support. ○ Indigenous peoples and people temporarily or permanently residing/working in an Indigenous community. ○ living in rural and remote communities. ○ health care workers and staff [D] ○ AstraZeneca/COVISHIELD recipients for both dose 1 and 2.	1 dose – at least 6 months after completion of the primary series: • Pfizer: 0.3 mL (30 mcg) - *preferred for 18-29 year olds* • Moderna: 0.25 mL (50 mcg)

[A] mRNA vaccines are preferred over viral vector vaccines due to the better effectiveness and immunogenicity of mRNA vaccines and the possible adverse effects specifically associated with viral vector vaccines (e.g., Thrombosis with Thrombocytopenia Syndrome [TTS]).
[B] The booster dose is authorized for individuals 18 years of age and older.
[C] Eligibility includes individuals presenting to a clinic for a booster dose at least 6 months after completion of their primary series upon receipt of an invitation from the Get Vaccinated system.
[D] Includes all staff (e.g., health authority care staff, non-health authority health providers, physicians, administrative and corporate staff, students and other workers) working in LTC & assisted living facilities, acute care and the community health sector.

○ vulnerable or in congregate settings in outbreaks at the direction of the Medical Health Officer. ○ other clinically extremely vulnerable clients (see Appendix B).	

Appendix A

Moderately to severely immunosuppressed includes:

- 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).
- 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 immunosuppressant 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/mm^3 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 immunosuppressing drugs or treatments including at risk biologics, steroids and other agents since December 15, 2020. [E]

Appendix B

Other clinically extremely vulnerable clients includes:

- Severe respiratory conditions
- Rare blood diseases
- Other rare diseases (e.g., metabolic diseases)
- Asplenia
- Diabetes on insulin
- Hematologic diagnosis (and all other cancer populations)
- Significant developmental disabilities that increase risk
- Pregnant with heart disease
- Neuromuscular and other conditions requiring respiratory support

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