Alberta COVID-19 Immunization Program Update Summary

Alberta has expanded eligibility for booster doses of COVID-19 vaccine to include all adolescents 12 to 17 years of age, with a minimum spacing of at least five months after the last dose of the primary series.

These changes are based on recommendations from the Alberta Advisory Committee on Immunization (AACI) outlined below. AACI recommended that booster doses be made available to all individuals 12 to 17 years of age at a five-month interval, and be strongly recommended to the following groups who may be at higher risk for severe outcomes from COVID-19 infection:

- Individuals 12-17 years of age who are residents of congregate living settings (e.g., shelters, group homes, quarters for migrant workers, correctional facilities) (eligible as of March 14)

- Individuals 12 to 17 years of age with certain underlying health conditions (eligible as of February 14)
  - This includes those with certain immunocompromising conditions who may have received a three-dose primary series (i.e. eligible for a fourth dose booster).

- First Nation, Métis and Inuit youth 12 to 17 years of age (eligible as of February 14)

Alberta continues to recommend that Pfizer-BioNTech Comirnaty COVID-19 vaccine be offered as the preferred choice of COVID-19 vaccine for Albertans 12 to 29 years of age to start and/or complete their primary series and for their booster dose (including individuals with immunocompromising conditions eligible for a three-dose primary series). The Moderna (Spikevax) vaccine could be used if preferred by the patient with informed consent.

More information on these changes (see page 6), as well as updated evidence (see page 5) is included in the updated document below (see page 6)
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Alberta COVID-19 Immunization Program Booster Summary

As outlined in the National Advisory Committee on Immunization (NACI) guidance on booster COVID-19 vaccine doses in Canada, a booster dose provides individual benefit to those who may have waning immunity over time after receiving a primary series. This waning immunity may put them at risk of severe COVID-19 or transmitting the infection to vulnerable populations. It also provides a population benefit by adding an additional layer of protection against more transmissible emerging variants and transmission chains that could expose those with no protection.

Due to the increased risk of transmission of the Omicron variant, Alberta has updated the interval and expanded the eligibility to offer a booster dose to any Albertan 12 years and older at a five-month interval, following the last dose in their primary series.

AACI Clinical Recommendations:

Current evidence indicates that a booster dose of COVID-19 vaccine offers important benefits for those who are at greater risk of developing severe illness or experiencing waning immunity. AACI strongly recommends a booster dose for those who are at the highest risk of severe outcomes from breakthrough infection or who could pose an increased risk of transmission to vulnerable populations.

A booster dose of COVID-19 vaccine, at a minimum of a five-month interval from the last dose of a complete primary series, is strongly recommended for the following populations:

- Individuals (12 years of age and older) with certain underlying health conditions, including those with select immunocompromising conditions who received a three-dose primary vaccine series
- Individuals 12 to 17 years of age who are residents of congregate living settings (e.g., shelters, group homes, quarters for migrant workers, correctional facilities).
  - Alberta Health has extended this recommendation to include adults aged 18 to 39 years. Thus, booster doses are strongly recommended for all congregate living residents who are aged 12 years and older.
- All First Nations, Métis and Inuit persons ages 12 years and older
- All health-care workers 18 years of age and over
- Adults 40 years and older
- Residents of seniors congregate care facilities—including long-term care facilities, licensed supportive living facilities and in seniors’ lodges
- Individuals who received two doses of AstraZeneca or one dose of Janssen are recommended to receive a booster dose of an mRNA vaccine, as long as they have not already received an mRNA dose for any other eligible purpose, including travel.

- Note that Albertans 12 years of age and older with certain immunocompromising conditions have been recommended to be immunized with a primary series of three doses of an mRNA COVID-19 vaccine. See the bulletin for third/additional dose for high-risk individuals for more information.
AACI Discretionary Recommendation:

A booster dose may be offered on a discretionary basis to younger adults or adolescents (age 17 to 39) who do not have an underlying health condition, but is not strongly recommended as they are typically at lower risk for developing severe illness from COVID-19. However, there is a significant population benefit to enhancing overall protection to reduce general exposure risks, as there are many in the overall population who are still completely unprotected.

Overview

- Real-world evidence has confirmed that the Omicron variant is highly transmissible and is able to evade some of the immunity conferred by COVID-19 vaccines or a previous COVID-19 infection. The growth in cases in immunized individuals with two doses of COVID-19 vaccine suggests that vaccine effectiveness against infection from the Omicron variant is lower than against the Delta variant.
- In a **U.S. study**, vaccine effectiveness against Omicron infection with a two-dose series was 44% following 90 days since immunization, but declined quickly. A third dose of vaccine restored some vaccine effectiveness against Omicron infection, boosting protection to 72% for 60 days.
- A third dose booster substantially increases vaccine effectiveness against symptomatic disease from the Omicron variant, relative to the two-dose primary series, but there is limited evidence on the duration of protection, which may also wane over time.
  - Evidence from a **UK study** suggests that vaccine effectiveness from a two-dose vaccine series against symptomatic disease from the Omicron variant is also lower than the Delta variant. Among those who had received two doses of Pfizer-BioNTech (Comirnaty) or Moderna (Spikevax), vaccine effectiveness against symptomatic infection dropped to 8.8% or 14.9% respectively after 25 or more weeks.
  - **UK data** also shows vaccine effectiveness against symptomatic infection following a booster with Pfizer-BioNTech (Comirnaty) increased to 67.2% before declining to 45.7% after 10 or more weeks. Similarly, a booster dose with Moderna (Spikevax) increased vaccine effectiveness to 73.9% before decreasing to 64.4% after 5 to 9 weeks.
- Vaccine effectiveness against severe outcomes (i.e., emergency department visits or hospitalizations) from the Omicron variant is better than effectiveness against infection, but is still lower compared to other previous variants. A booster dose increases protection.
  - Data from the US is somewhat mixed, with one study suggesting that two dose vaccine effectiveness against hospitalizations with Omicron compared to other variants was lower across all age groups and waned with time since vaccination. Vaccine effectiveness after a second dose declined from 71% within 2 months of vaccination to 54% among those vaccinated 5 months or earlier.
  - In another **U.S. study** among adults, vaccine effectiveness from two doses against hospital admission from Omicron was 68%, and three-dose effectiveness
was 89%. In this study, waning of effectiveness against omicron-related hospitalization after two or three doses was not observed.

- A **multistate study from the U.S.** indicates that vaccine effectiveness increased following a third dose and was highly effective during both the Delta and Omicron waves at preventing COVID-19–associated emergency and urgent care encounters (94% and 82%, respectively) and preventing COVID-19–associated hospitalizations (94% and 90%, respectively).

- **UK data** noted vaccine effectiveness against hospitalization was about 88% after a booster dose.

- Some reports have indicated that T-cell immunity may play a role in the prevention of severe disease and some studies suggest that the majority of T cell responses remain effective against Omicron.

- To continue protecting Alberta’s most vulnerable populations and to maintain health system capacity, in alignment with recommendations from the Alberta Advisory Committee on Immunization (AACI), the province has expanded eligibility criteria for a booster dose of the COVID-19 vaccine and has made booster doses available to all those age 12 and over.

- While the risk of myocarditis and pericarditis following a dose of mRNA vaccine is rare, evidence for the primary series indicates that Moderna (Spikevax) COVID-19 vaccine has a slightly higher risk than the Pfizer-BioNTech (Comirnaty) vaccine, especially in those aged 12 to 29 years. There is limited information about the risk following a third dose with the 50 mcg Moderna (Spikevax) vaccine. In the absence of evidence, the Pfizer-BioNTech (Comirnaty) vaccine may be offered as the preferred choice of mRNA COVID-19 vaccine in those aged 12 to 29 years as a booster dose. See **Clinical Considerations** for additional information.

- **Current clinical evidence** indicates that side effects reported after a third dose in individuals 18 years and older were similar to previous doses, and mostly mild or moderate. No increase in serious adverse events has been reported after administration of a third dose.

- Evidence shows that the risk of myocarditis/pericarditis in adults after a booster dose of an mRNA vaccine appears to be lower than the already rare risk after the second dose of the primary series but higher than after the first dose (NACI, 2021).

- Based on preliminary post-market safety data, no additional safety concerns have been noted following the booster doses beyond those recognized after the primary series; however, this continues to being actively monitored.

- Alberta will continue enhanced surveillance of adverse events following immunization (AEFI) and adverse events of special interest (AESI), including those related to booster doses of COVID-19 vaccines. Health care professionals have a critical role and mandated responsibility to report adverse events that meet Alberta’s definition of an AEFI.
Evidence for Booster Doses

Evidence for 12 to 17 Year Olds

- Data on the effectiveness of a booster dose and risk factors associated with severe outcomes specific to adolescents 12 to 17 years of age is limited.

- In alignment with guidance provided by NACI, some specific populations may benefit more from a booster dose compared to the general adolescent population as they may be at increased risk from COVID-19 due to biological and/or social risk factors. The following are strongly recommended to receive a booster dose:
  - Those living in congregate living settings are at increased risk of exposure to COVID-19 due to living settings and the high transmissibility of Omicron.
  - Those with underlying or immunocompromising health conditions are at increased risk of severe outcomes due to biological factors.
  - First Nations, Métis, and Inuit youth are at increased risk due to social inequities and barriers to accessing health care (see page 10 for “Evidence for a booster dose for First Nations, Métis and Inuit populations”).

- For all other adolescents, the decision to receive a booster dose is discretionary, and individuals and their parents/guardians are encouraged to discuss with their health care provider whether a booster dose is the right choice for their child based on their personal circumstances, including considerations for:
  - risk of transmission to vulnerable individuals who are living with or cared for by the adolescent;
  - risk of exposure (e.g., activities that involve close contact with a large number of people), or
  - international travel requirements.

- Adolescents ages 12 to 17 remain at low risk of severe outcomes from Omicron.
  - Adolescents 12 to 17 years of age experienced higher rates of COVID-19 infection in the Omicron wave compared to previous waves. This has led to the increased number of hospitalizations in this age group compared with previous waves; however, they remain at low risk of severe COVID-19 outcomes.

- Evidence supports that a two-dose primary series of mRNA COVID-19 vaccine in adolescents aged 12 to 17 years continues to provide good protection against severe outcomes of COVID-19, such as hospitalization, multisystem inflammatory syndrome in children (MIS-C) and death.
  - MIS-C has also been reported following vaccination, but at much lower rates.
  - The risk of cardiac complications, including myocarditis, has been shown to be substantially increased following COVID-19 infection, and it is higher following
infection than after vaccination.

- Vaccine effectiveness against severe outcomes in adolescents is expected to be more durable than protection against infection, as observed in the adult population, though this protection may also wane with time.
  
  - Limited available data from a U.S. study suggests that overall, vaccine effectiveness of two doses of COVID-19 vaccine against COVID-19–associated hospitalization was 73%–94% for adolescents for 149 days following immunization.
  
  - However, the U.S. study also noted that vaccine effectiveness against Omicron hospitalization significantly decreased (38%-46%) after 150 days post-immunization with a primary series and a booster dose restored vaccine effectiveness against severe outcomes (i.e., emergency department and urgent care encounters) to 81% among adolescents aged 16–17 years.

- Data from the U.S. indicate that for those aged 12 to 17, myocarditis was reported less frequently after a third dose (booster) than after a second dose (primary series).
  
  - The reporting rate of confirmed cases of myocarditis among adolescent males 12-17 years of age after Pfizer-BioNTech booster dose vaccination (11.4 per 1 million doses administered) was lower than for the second dose of Pfizer-BioNTech vaccination for adolescent males aged 12–15 years (70.7 per 1 million doses administered) or 16–17 years (105.9 per 1 million doses administered).

Evidence for 18 to 39 Year Olds

- Currently in Alberta, after receiving a complete primary series of COVID-19 vaccine, individuals 18 to 39 years of age have lower rates of severe disease outcomes from breakthrough infections compared to older age groups.

- Boosters in this population will have benefit at a population level by adding an additional layer of protection against transmission, and may be important to protect household members who may be vulnerable to severe outcomes or too young to be immunized.

- Individuals in this population are encouraged to discuss with their health care provider whether a booster dose is recommended based on their personal circumstances, including any underlying health condition such as those listed in the following section. Additional considerations include risk of exposure (e.g., occupations that require direct contact with a large number of people, working with or caring for vulnerable populations, or living in a group setting where COVID-19 may transmit more easily).

- Individuals who reside in congregate living settings are at increased risk of exposure to COVID-19 due to their living settings and the high transmissibility of Omicron, and thus may benefit more from a booster dose compared to the general population in this age bracket. These individuals are strongly recommended to receive a booster dose.
• Current evidence suggests there is a likely causal association between myocarditis and the mRNA COVID-19 vaccines: Pfizer-BioNTech (Comirnaty) and Moderna (Spikevax). This risk is rare and much lower than the risk of myocarditis following COVID-19 infection; cases were more frequent in adolescents and younger adults under 30 years of age than in older individuals, in males than in females and following the second dose of vaccine than the first dose. See Clinical Considerations for additional information.

• There are preliminary reports of a small number of myocarditis cases following booster doses among younger adults in the US and Israel, which offer booster doses for all adults. The risk after a third dose is reported to be lower than after a second dose.

Evidence for those 40 and older

• Age and underlying medical conditions are significant risk factors for severe COVID-19 disease outcomes such as hospitalization, ICU admission and death.
  - The proportion of individuals with at least one underlying medical condition associated with an increased risk of severe COVID-19 increases with age.

• Emerging evidence suggests that vaccine effectiveness against infection appears to wane with time, particularly in older adults.

• Among the fully immunized, older age groups (80 years and over, followed by those 70 to 79 years) have the highest hospitalization and mortality rates from breakthrough cases.

• Ongoing studies in Israel, the first country to vaccinate most of its population early in 2021, show that antibodies, especially in older people, begin to wane after 6 to 8 months. However, Israel used a shorter interval than Alberta between first and second doses, which may impact immune response and duration.

• For evidence related to an additional dose of mRNA COVID-19 vaccine following a primary series in seniors, please see this U.S. government briefing.

• Among fully immunized individuals, those over 40 years of age have higher rates of severe disease outcomes from breakthrough infections than younger groups.

• Data on breakthrough infections and COVID-19 vaccine effectiveness in Alberta can be found at COVID-19 Alberta statistics | alberta.ca.

• Early evidence shows that short-term vaccine effectiveness of a booster dose against infection and severe illness is very good.

Evidence for those with underlying health conditions

• The risk of severe COVID-19 increases as the number of underlying medical conditions increases in a person.
• Individuals with health condition(s) may have a poorer immune response after receiving a full two-dose vaccine series compared to the rest of the population, potentially increasing the risk of breakthrough infections.

• There is also an increased risk of hospital-acquired infection to vaccine preventable diseases due to the increased likelihood of prolonged hospitalization and frequent outpatient visits associated with underlying health conditions.

List of eligible underlying health conditions for those 12 years of age and older

• Asplenia or dysfunction of the spleen (a missing spleen or a spleen that is no longer working)

• Sickle cell disease or thalassemia

• Chronic heart disease and vascular disease:
  - Including: congenital heart disease, chronic heart failure, heart or kidney disease from high blood pressure, and a history of a stroke
  - Not including: high blood pressure alone

• Chronic Liver disease due to any cause (for example: cirrhosis, chronic hepatitis, and hemochromatosis)

• Chronic neurological disease (for example: epilepsy, Parkinson’s disease, MS, muscular dystrophy and dementia)

• Chronic respiratory (lung) diseases:
  - Including: COPD, cystic fibrosis, pulmonary hypertension, and severe asthma that required an asthma-related emergency department visit or hospital admission in the past year
  - Not including: mild or well-controlled asthma

• Diabetes requiring insulin or other anti-diabetic medication to control

• Pregnancy: anyone who is currently pregnant

• Severe mental illness or substance use disorder requiring a hospital stay during the past year (for example: schizophrenia, depression, anxiety disorders and others)

• Severe obesity: a Body Mass Index of 40 kg/m2 or more

• Severe or profound learning disabilities or severe developmental delay:
  - Including: individuals with Down syndrome, fetal alcohol syndrome, cerebral palsy, autism spectrum disorder and others
  - Not including: Attention Deficit Hyperactivity Disorder (ADHD)
Evidence for those with immunocompromising conditions

- While data on a fourth dose of a COVID-19 vaccine after the recommended three-dose primary series in moderately to severely immunocompromised individuals are currently limited, many of these individuals are at a higher risk of severe outcomes of COVID-19 and also at increased risk of decreasing protection over time since vaccination. Therefore, a booster dose could provide individual benefits for them.

List of eligible immunocompromising conditions for those 12 years and older**

- Transplant recipients, including solid organ transplants and hematopoietic stem cell transplants
- Individuals with malignant hematologic disorders and non-hematologic malignant solid tumors prior to receiving or receiving active treatment (chemotherapy, targeted therapies, immunotherapy or having received previous COVID-19 vaccines while on active treatment), excluding individuals receiving solely hormonal therapy, radiation therapy or a surgical intervention
- Individuals being treated with an anti-CD20 monoclonal antibody such as Rituximab
- Individuals with chronic kidney disease on dialysis
- Recipients of chimeric antigen receptor (CAR)-T-cell therapy.
- Individuals with moderate to severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome).
- Advanced untreated HIV infection or acquired immunodeficiency syndrome (AIDS)
- Individuals undergoing immunosuppressive therapies (e.g., anti-B cell therapies, high-dose systemic corticosteroids, alkylating agents, antimetabolites, or tumor-necrosis factor (TNF) inhibitors and other biologic agents).

**Same list of immunocompromising conditions that are eligible for a three-dose primary series.

Evidence for First Nations, Métis and Inuit populations

Throughout the COVID-19 pandemic, First Nations, Métis and Inuit have been disproportionately affected due to a number of intersecting equity factors and had a higher rate of severe outcomes, and a younger average age at death. They are almost twice as likely as the non-Indigenous population to need hospital care for COVID-19.

Nationally, the rate of active COVID-19 cases in First Nations communities was 4.2 times higher than the rate in the general population as of October 2021.

Ensuring strengthened protection from immunization in individuals in this population has the
potential to reduce or prevent the exacerbation of intersecting health and social inequities.

The proportion of Canadians who identify as Indigenous and have at least one underlying medical condition associated with severe COVID-19 is higher compared to non-Indigenous people in Canada for every age category above 20 years of age.

First Nations, Métis and Inuit were included in the earliest stages of the COVID-19 vaccine rollout and may be at increased risk of waning of protection because more time has elapsed since their second dose and some of them were immunized with a very short interval between doses. COVID-19 data for First Nations people can be found on the Alberta First Nations Information Governance Centre.

All immunization decisions regarding First Nations, Métis and Inuit populations are made in partnership with Indigenous leaders and communities.

Evidence for residents of seniors’ congregate living facilities

- Residents of senior’s congregate living facilities were prioritized for COVID-19 vaccines when vaccines were first delivered, with shorter intervals between first and second doses. Subsequently, there is an increased possibility of waning vaccine effectiveness.
- Residents may also be at increased risk for COVID-19 infection because of their daily interactions with other residents and staff.
- Analysis of nursing home COVID-19 data from the CDC’s National Healthcare Safety Network found that two doses of mRNA vaccines were 74.7% effective against infection among nursing home residents early in the vaccination program (March–May 2021). During June–July 2021, when the Delta variant circulation predominated, effectiveness declined significantly to 53.1%.

Evidence for health care workers

- Maintaining health system capacity is crucial to minimize serious illness and overall deaths while minimizing societal disruption as a result of the COVID-19 pandemic.
- Health care workers, particularly those giving direct patient care pose increased risk of transmission to vulnerable populations if infected.

Evidence for recipients of a viral vector vaccine series

- Vaccine effectiveness against severe COVID-19 outcomes with all vaccine types (including viral vector vaccine) remains high, but it is currently unclear to what extent the duration of protection may vary by vaccine product.
- mRNA vaccines (Moderna Spikevax and Pfizer-BioNTech Comirnaty) have been shown to be highly efficacious in preventing infection, severe illness and death. Viral vector
vaccines (AstraZeneca Vaxzevria/COVIDSHIELD and Janssen) have been shown to be highly to moderately effective.

- Regularly updated COVID-19 vaccine effectiveness in Alberta can be found at COVID-19 Alberta statistics | alberta.ca.

- People who received a complete vaccine series of a viral vector vaccine have somewhat lower initial vaccine effectiveness and may experience waning protection sooner than people who received a primary series that included at least one dose of an mRNA vaccine.

**Clinical considerations for administering a booster dose: all eligible populations**

- Before receiving a booster dose, while it is not required to do so, eligible individuals may wish to consult with their healthcare provider about any advantages or disadvantages of receiving a booster dose of vaccine.

- As with all vaccine administration, immunizers must receive informed consent from the person requesting a booster dose prior to immunization to ensure they understand the benefits versus risks of a booster dose.

- There is heterogeneity among those who are moderately to severely immunocompromised, and risks from COVID-19, as well as the likelihood of a reduced response to vaccines, will vary depending on age and the immunocompromising condition. For individuals with immunocompromising conditions, if the Moderna (Spikevax) vaccine is used as a booster dose, 100 mcg is the recommended dosing. If the individual requests to receive a lower dose (50mcg) or if in their clinician’s opinion it may be better for them to receive a lower dose (50mcg), they can do so with informed consent.

- Adults 65 years of age and older, residents of seniors’ congregate living facilities and eligible immunocompromised individuals 18 years and older are recommended to receive the full dose (100 mcg) if being offered Moderna (Spikevax) vaccine for a booster dose or the full dose (30 mcg) if being offered Pfizer BioNTech (Comirnaty) vaccine.

- For all other individuals less than 65 years of age, if offering Moderna (Spikevax) as a booster dose, a half dose (50 mcg) is recommended or the full dose (30 mcg) if being offered Pfizer-BioNTech (Comirnaty).

- As a precautionary measure, Alberta Health recommends that individuals who experienced myocarditis after any preceding dose of an mRNA vaccine should discuss decisions around the third dose, including timing, with their clinician. In general, they are advised to defer receiving another dose until more data is available.

- Individuals with a history compatible with pericarditis within 6 weeks of receiving a dose of an mRNA COVID-19 vaccine, who either had no cardiac workup or who had normal cardiac investigations, can be re-immunized when they are symptom free and at least 90 days have passed since previous immunization.
• Generally, deferral of COVID-19 immunization is not required for those with a prior history of myocarditis or pericarditis that is unrelated to COVID-19 mRNA vaccines.

• The risk of myocarditis and pericarditis following a dose of mRNA vaccine is rare; however, given the higher rate of myocarditis and/or pericarditis following immunization with Moderna (Spikevax) vaccine relative to Pfizer-BioNTech (Comirnaty) vaccine, particularly in males, it is recommended that Pfizer-BioNTech (Comirnaty) vaccine is offered as the preferred choice of mRNA COVID-19 vaccine in those aged 12 to 29 years to start and/or complete their primary series (as well as for immunocompromised individuals who are eligible for a third dose as their primary series). See the COVID-19 immunization update on myocarditis and pericarditis for ages 12 to 29 for more information.

  - For booster doses, given that there is limited evidence on the myocarditis risk from the Moderna (Spikevax) 50 mcg dose, the Pfizer-BioNTech (Comirnaty) vaccine may be recommended preferentially in this age group, but the Moderna (Spikevax) vaccine could be used if preferred by the patient.

  - There is emerging evidence that indicates a potential reduction of myocarditis risk with a longer interval between first and second doses of mRNA COVID-19 vaccine. In alignment with the National Advisory Committee on Immunization (NACI) recommendations for optimal interval, Alberta recommends a dosing interval of 8 weeks between the first and second dose of any mRNA vaccine series for all age groups, including a mixed series.

• It is important for health care professionals to support and encourage patients/clients to continue to maintain COVID-19 disease prevention measures such as masking and physical distancing even after a booster dose. Household members and close relatives of these individuals should be encouraged to receive the primary series of COVID-19 vaccine, if they haven’t already.

• Serologic testing or cellular immunity testing to assess immune response and guide clinical care (e.g., need for a booster dose) are not recommended at this time.

• An mRNA vaccine should be administered as the booster dose except in the event of contraindication or refusal. When possible, it is preferred that the booster dose be the same mRNA vaccine as that received in the initial series, but either mRNA vaccine is acceptable. If the initial series was a mixed mRNA vaccine series or a viral vector vaccine series, either mRNA vaccine can be administered.

• On September 28, 2021, NACI released recommendations that COVID-19 vaccines may be given at the same time as, or any time before or after, other vaccines, including live, non-live, adjuvanted or unadjuvanted vaccines, for those age 12 and older. The NACI discretionary recommendation can be found here: Concomitant administration with other vaccines.

• Individuals who have recovered from previous COVID-19 infection may still receive a primary series or booster dose of a COVID-19 vaccine at the NACI recommended intervals.
For individuals that have recovered from infection after primary series but before booster dose, immunization is recommended 3 months after symptom onset or positive test (if asymptomatic) AND at least 5 months from completing the primary series.

**Booking a booster dose**

**All eligible populations**

- All eligible individuals can now book appointments to receive a booster dose of vaccine by calling 811 or booking online.
- Those deemed ineligible because less than five months has passed since receiving their second dose will be asked to re-book when eligible.

**For First Nations populations**

- First Nations populations can receive a booster dose of vaccine at an on-reserve public health clinic or by calling 811 or booking online.

**For residents of seniors’ congregate living facilities**

- Residents of seniors’ congregate living facilities will receive their booster doses at their facilities.