COVID-19 Vaccine – mRNA
Moderna (Spikevax) Original (Non-Bivalent) - Frozen Vaccine

Children 6 years to 11 years of age
Revision Date: March 20, 2023

Rationale for Update:
• Updated recommendations on timing of tuberculin skin testing/interferon gamma release assay and COVID-19 immunization.

This policy is evergreen and will be updated as new information becomes available.

Please consult the Product Monograph¹ for further information about the vaccine.

<table>
<thead>
<tr>
<th><strong>COVID-19 mRNA Original (Non-Bivalent) Vaccine (Frozen Vaccine)</strong></th>
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<td><strong>CHILDREN 6 years to 11 years of age</strong></td>
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| **Manufacturer** | Moderna |
| **Licensed use** | 6 years to 11 years of age |
| **Composition/Platform** |
| **Vaccine Type** |
| • mRNA (new technology) – nucleoside-modified messenger RNA (modRNA) encoding the viral spike glycoprotein¹ |
| • Formulated in lipid nanoparticles (LNPs)¹ |
| • No adjuvants, preservatives, antibiotics or human- or animal-derived materials¹ |
| **Indications for use of vaccine** | 6 years to 11 years of age |
| **Dose** | 0.25 mL (50 mcg) |
| Notes: |
| • Vaccine dosage is based on age at presentation, regardless of vaccine type/dosage received for first dose. |
| • Children who received a first dose of the adult formulation of Pfizer-BioNTech or adult dose (100 mcg) of Moderna COVID-19 vaccine at age 11 years will complete their second dose with the pediatric Pfizer-BioNTech formulation or Moderna dosing for children (50 mcg) if still 11 years of age when presenting for second dose. |
| • Children who received pediatric dosing (50 mcg) for their first dose of Moderna COVID-19 vaccine at 11 years of age and are now 12 years of age when presenting for second dose, will receive the adult dose (100 mcg) of Moderna COVID-19 vaccine for their second dose. |
| **Route** | Intramuscular injection in the deltoid muscle. |
| **Schedule** |
| **Primary series 2 doses¹** |
| • Dose 1: day 0 |
| • Dose 2: at least 8 weeks after dose 1² |
| Optimal spacing between dose 1 and dose 2 is at least 8 weeks.² |

¹ Please consult the Product Monograph for further information about the vaccine.
• Currently, there is no direct evidence to establish an optimal interval between doses in pediatric populations. However, evidence on COVID-19 mRNA vaccines in adolescents and adults shows that extending the interval between the first and second dose by several weeks leads to even higher immune responses and better protection against COVID-19 infection that is also expected to last longer.

• Emerging Canadian safety surveillance data suggest an extended interval between the first and second dose may reduce the risk of myocarditis/pericarditis following the second dose of an mRNA COVID-19 vaccine.

• Due to the currently unknown risk of myocarditis and/or pericarditis for Moderna (50 mcg) in children 6 to 11 years of age, and the known lower risk of myocarditis/pericarditis with the Pfizer-BioNTech COVID-19 vaccine (30 mcg) compared to Moderna COVID-19 vaccine (100mcg) in individuals 12 to 29 years of age, Pfizer-BioNTech COVID-19 vaccine is preferentially recommended for children 6 to 11 years of age to start and/or complete their primary series. However, Moderna COVID-19 vaccine could be provided if preferred by the individual.

Notes:
• A shortened interval between dose 1 and dose 2 (no less than 21 days) may be considered in certain situations: required for travel, increased risk for infection based on local transmission and the degree of individual risk of exposure.
• Minimum spacing between dose 1 and 2 is 21 days and is required for a dose to be considered valid.
• Currently, no data on a maximum interval between doses is available. In general, regardless of the time between doses, interruption of a vaccine series does not require restarting the series.2

Schedule for Individuals with certain Immunocompromising conditions

Primary series 3 doses2

- Dose 1: day 0
- Dose 2: 28 days after dose 1
- Dose 3: 8 weeks after dose 2

- It is recommended that individuals with certain immunocompromising conditions be immunized with a primary series of three doses of an mRNA COVID-19 vaccine.

- It is recommended that the interval between dose 1 and dose 2 be 28 days and the interval between dose 2 and dose 3 be 8 weeks.
  - The interval between dose 2 and dose 3 is recommended to be 8 weeks because emerging evidence from the general population indicates that a longer interval will likely result in a better immune response and longer duration of protection.
  - However, 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 the immunocompromising condition. Thus, a shortened interval no less than 28 days may be considered for those with increased risk for exposure and greater severity of immunodeficiency, based on their clinician’s recommendation.

- Due to the currently unknown risk of myocarditis and/or pericarditis for Moderna (50 mcg) in children 6 to 11 years of age, and the known lower risk of myocarditis/pericarditis with the Pfizer-BioNTech COVID-19 vaccine (30 mcg) compared to Moderna COVID-19 vaccine (100mcg) in individuals 12 to 29 years of age, Pfizer-BioNTech COVID-19 vaccine is preferentially recommended for children 6 to 11 years of age to start and/or complete their primary series.
However, indirect data from adult populations (≥18 years of age) suggest Moderna Spikevax (100 mcg) may result in higher vaccine effectiveness after a 2-dose primary series compared to Pfizer-BioNTech Comirnaty (30 mcg) and is associated with a higher seroconversion rate among adult immunocompromised patients. Given this potential benefit, administration of the Moderna Spikevax (50 mcg) vaccine as a 3-dose primary series may be considered for some immunocompromised individuals. It is recommended that individuals consult with their clinician. However, consultation with a clinician is not required to receive Moderna Spikevax (50 mcg) COVID-19 vaccine.

- There are currently no data on the safety, immunogenicity, or efficacy of an additional dose of a COVID-19 vaccine in children who are immunocompromised; studies have shown that a third dose of an mRNA vaccine leads to increased immune response in some adults who are immunocompromised. An additional dose provides another opportunity for those who are immunocompromised to develop a better immune response and in turn better protection against COVID-19.

- Specific Immunocompromising conditions that make an individual eligible:
  - solid organ transplant recipients — pre-transplant and post-transplant
  - hematopoietic stem cell transplants recipients — pre-transplant and post-transplant while in immunosuppressed state (post-HSCT individuals are generally considered to be immunocompetent after 3 years as long as they are not on immunosuppressive drugs)
  - individuals with malignant hematologic disorders and non-hematologic malignant solid tumors prior to receiving or receiving active treatment which includes chemotherapy, targeted therapies, and immunotherapy or having received previous COVID-19 vaccines while on active treatment (does not include individuals receiving solely hormonal therapy, radiation therapy or a surgical intervention).
  - individuals with chronic kidney disease on peritoneal dialysis or hemodialysis.
  - individuals receiving chimeric antigen receptor (CAR)-cell therapy.
  - individuals on:
    - long term high-dose systemic steroid treatment (prednisone equivalent of ≥ 2 mg/kg/day or 20 mg/day if weight > 10 kg, for ≥ 14 days), or
    - alkylating agents, or
    - anti-B-cell therapies – including anti-CD19, anti-CD20, anti-CD22 and anti-CD52 monoclonal antibodies (such as rituximab, ocrelizumab, and ofatumumab)
    - antimetabolites (e.g. methotrexate, azathioprine, mycophenolate), or
    - tumor-necrosis factor (TNF) inhibitors (e.g., adalimumab, certolizumab, etanercept, golimumab, infliximab), or
    - other agents that are significantly immunosuppressive at clinicians’ discretion
  - HIV-infected individuals without viral suppression or those with acquired immunodeficiency syndrome (AIDS).
  - individuals with moderate to severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome).
Notes:

- Documentation of immunocompromising conditions is not required. Individuals who identify themselves as meeting at least one of the criteria above could be offered the 3 dose primary series.
- Immunization for immunocompromised individuals should occur at a time when the individual is most likely to mount an immune response. Physician consultation is recommended regarding the timing of immunization (initiation and interval) based on the individual’s treatment and unique circumstances.
- CAR-T cell therapy recipients without a prior history of HSCT who received COVID-19 vaccine pre-CAR-T therapy are eligible to restart their COVID-19 vaccine series, beginning at least 3 months post-CAR-T cell therapy. Consultation with their physician is not necessary as long as a clearance letter has been received to proceed with inactivated vaccines.
- For HSCT recipients whose post-HSCT vaccine series were interrupted by CAR-T cell therapy, see the following HSCT guidance:
  - [Principles of Immunization in Hematopoietic Stem Cell Transplant Recipients and Solid Organ Transplant Recipients](#)
  - [Immunization for Child HSCT Recipients](#)

### Interval between previous COVID-19 infection and COVID-19 immunization

For individuals with a history of COVID-19 infection the following guidance is provided on suggested intervals between infection and COVID-19 immunization.\(^2\)

**Notes:**

- These suggested intervals are based on immunological principles and expert opinion, and may change as evidence on COVID-19, variants of concern (VOCs), and COVID-19 vaccines emerge. When considering whether or not to administer vaccine doses following the suggested intervals outlined in this table, biological and social risk factors for exposure (e.g., local epidemiology, circulation of VOCs, living settings) and risk of severe disease should also be taken into account. These intervals are a guide and clinical discretion is advised. Individuals can be immunized at less than the recommended intervals from infection upon request.
- For individuals who have not had any previous doses, they may receive their first dose after acute symptoms of COVID-19 have resolved and they are no longer infectious, or they may follow these suggested intervals (with the exception of those with MIS-C who should wait at least 90 days).

<table>
<thead>
<tr>
<th>Infection prior to initiation or completion of a primary COVID-19 immunization series</th>
<th>Individuals <strong>without</strong> certain immunocompromising conditions AND no history of multisystem inflammatory syndrome in children (MIS-C), 8 weeks after a positive test.</th>
<th>Individuals <strong>with</strong> certain immunocompromising conditions (as listed above) AND no history of MIS-C, 4 to 8 weeks after a positive test.</th>
<th>History of MIS-C (regardless of immunocompromised status), Receive the vaccine when clinical recovery has been achieved or at least 90 days since the onset of MIS-C, whichever is longer.</th>
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*Notes:
- These suggested intervals are based on immunological principles and expert opinion, and may change as evidence on COVID-19, variants of concern (VOCs), and COVID-19 vaccines emerge. When considering whether or not to administer vaccine doses following the suggested intervals outlined in this table, biological and social risk factors for exposure (e.g., local epidemiology, circulation of VOCs, living settings) and risk of severe disease should also be taken into account. These intervals are a guide and clinical discretion is advised. Individuals can be immunized at less than the recommended intervals from infection upon request.
- For individuals who have not had any previous doses, they may receive their first dose after acute symptoms of COVID-19 have resolved and they are no longer infectious, or they may follow these suggested intervals (with the exception of those with MIS-C who should wait at least 90 days).*
**Contraindications**

- Known severe hypersensitivity to any component of the vaccine.¹
- Two non-medicinal ingredients in the vaccine that have been associated with allergic reactions in other products
  - Polyethylene glycol (PEG). The potential allergen may be found in bowel preparation products for colonoscopy, laxatives, cough syrup, cosmetics, contact lens care solutions, skin products and some food and drinks.²,³
  - Tromethamine (trometamol or Tris) – component found in contrast media, oral and parenteral medications.²
- Anaphylaxis to previous dose of COVID-19 mRNA vaccine is not an absolute contraindication. See COVID-19 Immunization for Individuals with Allergies and Other Health Conditions for recommendations.

**Precautions**

- Individuals who have had a serious allergic reaction to another vaccine, drug or food should talk to their health care provider before receiving the vaccine.²,³
- Individuals receiving anticoagulant therapy or those with a bleeding disorder that would contraindicate intramuscular injection should not be given the vaccine unless the potential benefit clearly outweighs the risk of administration.¹
- Administration should be postponed in individuals suffering from acute severe febrile illness.¹,²
- Immunization of children with a previous history of MIS-C should be postponed until clinical recovery has been achieved or until it has been 90 days or greater since diagnosis, whichever is longer.

**Myocarditis**

- The clinical trials for children 6 to 11 years of age did not identify any cases of myocarditis following immunization with Moderna vaccine; however, rare, or very rare adverse events that occur at the frequency of less than 1 in 1,000 would not be detected with that trial size.
- More information will assist in further assessment of the risk of myocarditis/pericarditis among individuals aged 6 to 11 years of age after receiving Moderna vaccine. At this time, the risk of myocarditis/pericarditis after the second dose when using an extended interval of at least 8 weeks among children ages 6 to 11 years of age and the safety of a third dose of COVID-19 vaccine in individuals aged 6 to 11 years of age are unknown.
- Available information on myocarditis and/or pericarditis following mRNA vaccines indicates that cases of myocarditis and pericarditis:
  - occur more commonly after the second dose;
  - more often in adolescents and young adults (12 to 29 years of age);
  - more often in males;
  - more frequently following Moderna COVID-19 vaccine than Pfizer-BioNTech COVID-19 vaccine;
- Typically onset of symptoms began within a week after the receipt of an mRNA COVID-19 vaccine; and the majority of cases were mild and individuals recovered quickly and the investigation into long-term outcomes is ongoing.
- It is unknown if individuals with a history of previous myocarditis and/or pericarditis are at higher risk of vaccine associated myocarditis and/or pericarditis.
  - 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 if they are no longer followed clinically for cardiac issues.
If these individuals have questions or concerns about their prior history of myocarditis or pericarditis and immunization, it is recommended that individuals consult with their clinician. However, consultation with a clinician is not required to receive COVID-19 vaccines.

- 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 receive the next dose of vaccine when they are symptom free and at least 90 days have passed since previous immunization.²
- In general, individuals who experienced myocarditis after receiving a first dose of mRNA COVID-19 vaccine, are advised to defer receiving a second dose until more data is available as per NACI’s recommendation. If they prefer not to wait, they should discuss decisions around the second dose with their clinician.
- Healthcare professionals are advised to consider the possibility of myocarditis and/or pericarditis in their differential diagnosis if individuals present with chest pain, shortness of breath, palpitations or other signs and symptoms of myocarditis and/or pericarditis following immunization with an mRNA COVID-19 vaccine.

### Immunocompromised and Auto-Immune Disorders

- At this time, there is very limited data on the use of Moderna COVID-19 mRNA vaccine 50 mcg formulation in immunocompromised 6-11 year olds and those with auto-immune disorders.
- Individuals who are immunocompromised and those with auto-immune disorders who are receiving immunosuppressive therapy may have a diminished immune response.
- COVID-19 vaccine may be offered to individuals in the eligible group who are immunosuppressed due to disease or treatment and those with an auto-immune disorder if an informed consent is given by the parents/guardians after a discussion on benefits and potential risks.
- It is recommended that individuals consult with their primary health care provider or medical specialist for any vaccine related questions, especially regarding the timing of immunization based on the individual’s treatment.
  - However, consultation with a primary health care provider or medical specialist is not required to receive COVID-19 vaccine.
- Exceptions:
  - SOT clients require consultation with their primary health care provider or medical specialist prior to receiving COVID-19 vaccine.
  - HSCT clients do not require consultation as long as the initial clearance letter has been received to proceed with inactivated vaccines.

### Other Considerations

- Individuals presenting for immunization do not need to be tested for previous COVID-19 infection.
- Immunization of individuals who may be currently infected with SARS-CoV-2 is not known to have a detrimental effect on the illness.
  - However, individuals with COVID-19-like symptoms should not go to an immunization/venue in order to minimize the risk of COVID-19 transmission.
  - Individuals within facilities who are isolated due to COVID-19-like symptoms can be provided COVID-19 vaccine as long as they are well enough to be immunized.
- It is not recommended that serology testing be completed to determine if an immune response to the COVID-19 vaccine has been serology testing should not be used as evidence to inform whether vaccine doses have been effective.
## Administration with Other Products

- COVID-19 vaccines may be co-administered with, or at any time before or after other vaccines (including, live, inactivated, adjuvanted, or unadjuvanted vaccines) to individuals 6 months of age and older.\(^2\)

- This is based on vaccine principles, better knowledge of the safety of COVID-19 mRNA vaccines in children 6 months of age and older, and the need to improve uptake of routine vaccines which has been negatively impacted by the COVID-19 pandemic.

- Currently there is no data on the impact of the COVID-19 mRNA vaccines on tuberculin skin testing or IGRA (QFT) test results. There is a theoretical risk that COVID-19 vaccines may temporarily affect cell-mediated immunity, resulting in false-negative tuberculin skin testing or IGRA (QFT) test results.\(^2\)
  - In the absence of data and acknowledging the importance of both timely tuberculosis testing and immunization, immunization with COVID-19 vaccines can take place at any time before, after or at the same visit as the TST or IGRA test.\(^2\)
  - However, repeat tuberculin skin testing or IGRA (at least 4 weeks post COVID-19 immunization) of individuals with negative TST or IGRA results for whom there is high suspicion of latent tuberculosis may be considered in order to avoid missing persons with TB infection.\(^2\)

- Deferral of COVID-19 immunization is not recommended for individuals who have received anti-SARS-CoV-2 monoclonal antibodies or convalescent plasma provided for treatment or prophylaxis of COVID-19 just because they received these pharmacological interventions. This applies to people who received these before receiving any COVID-19 vaccine dose or between doses.
  - A study among nursing home residents and staff demonstrated that recipients of a SARS-CoV-2 monoclonal antibody (bamlanivimab), mounted a robust immune response to mRNA immunization, regardless of age, risk category or vaccine type.\(^9\)
  - Although antibody response was numerically lower in people who received monoclonal antibodies, they were still considered to be high and the clinical significance of the reduction is unknown.\(^9\)
  - There was no correlation between interval to COVID-19 immunization and neutralizing titres in recent monoclonal antibody recipients.\(^9\)
  - Intervals between previous COVID-19 infection and COVID-19 immunization outlined in this document would still apply to individuals who got the monoclonal antibodies or convalescent plasma for their infection.

- Timing of administration and potential interference between COVID-19 vaccine and monoclonal products not used for treatment of COVID-19 infection are currently unknown and the primary health care provider or medical specialist should be consulted on a case-by-case basis.

- mRNA COVID-19 vaccines may be given at any time before or after an immunoglobulin preparation (including RhIg) or blood product not specific to COVID-19 treatment has been administered. There is no recommended minimum interval between these products and COVID-19 vaccine.

## Program Notes

- March 17, 2022 - licensed for use in Canada
- April 12, 2022 - implemented in Alberta
- June 1, 2022 – Updated to include recommendation for immunization post CART-T cell therapy.
- July 11, 2022 - Updated to lift restriction on co-administration with other vaccines and removed reference to rescinded orders 02-2022 and 04-2022.
- March 01, 2023 – Updated language to align with other COVID-19 vaccine biological pages. Updated recommendations on timing of tuberculin skin testing/interferon gamma release assay and COVID-19 immunization. Removed the following sections: Appearance, Storage and Handling, Packaging, Non-Medicinal Ingredients, and Preparation/Reconstitution.
- March 20, 2023 - Updated recommendations on timing of tuberculin skin testing/interferon gamma release assay and COVID-19 immunization.
References