COVID-19 Vaccine – mRNA
Pfizer-BioNTech – Ultra frozen Vaccine (Comirnaty)

Pediatric Formulation 5 to 11 years of age
Revision Date: August 26, 2022

Rationale for Update:
- Updated indications to include a first booster dose.

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>Pfizer-BioNTech COVID-19 mRNA Vaccine (Ultra Frozen Vaccine)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Formulation 5 to 11 years of age</td>
</tr>
</tbody>
</table>

Manufacturer  Pfizer-BioNTech

Licensed use
Primary series: 5 to 11 years of age
First booster: 5 to 11 years of age at least 6 months after completion of a primary series

Off-license use
- Third dose as part of primary series for individuals 5 to 11 years of age with certain immunocompromising conditions
- First booster dose at less than 6 months after completion of a primary series

Composition/Platform
Vaccine Type
- mRNA (new technology) – nucleoside-modified messenger RNA (modRNA) encoding the viral spike glycoprotein (S)
- Formulated in lipid nanoparticles (LNPs)
- No adjuvants or preservatives

Indications for use of vaccine
5 to 11 years of age

Note:
- Vaccine formulation to administer is based on age at presentation, regardless of vaccine/formulation received for first dose.
- Children who received a first dose of the adult formulation of Pfizer-BioNTech or adult dose (100mcg) 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 their first dose of pediatric Pfizer-BioNTech COVID-19 vaccine at 11 years of age and are now 12 years of age when presenting for second dose, will receive the adult formulation of Pfizer-BioNTech COVID-19 vaccine for their second dose.
<table>
<thead>
<tr>
<th>Dose</th>
<th>0.2 mL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Route</td>
<td>Intramuscular injection in the deltoid muscle.</td>
</tr>
</tbody>
</table>

**Schedule**

*See below Schedule for Individuals with certain Immunocompromising conditions*

### Primary series 2 doses

- **Dose 1:** day 0
- **Dose 2:** at least 8 weeks after dose 1

Optimal spacing between dose 1 and dose 2 is at least 8 weeks.

- 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 lower risk of myocarditis with the Pfizer-BioNTech COVID-19 vaccine compared to Moderna COVID-19 vaccine in individuals 12 years up to and including 29 years of age, Pfizer-BioNTech COVID-19 vaccine is preferentially recommended for children 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.

**Note:**

- A shortened interval between dose 1 and dose 2 of 21 days as per product monograph may be considered in certain situations: required for travel, work requirement, increased risk for infection based on local transmission and the degree of individual risk of exposure.
- Minimum spacing between dose 1 and 2 is 19 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.

### Primary series 3 doses

- **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 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.
• 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 for a third dose:
  - 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)-T-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), or
    - 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).

• 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 based on the individual’s treatment and unique circumstances.

• Hematopoietic stem cell transplant (HSCT) recipients who received COVID-19 vaccine pre-transplant are eligible to restart their COVID-19 vaccine series beginning at least 3 months post-transplant. Consultation with their HSCT physician is not necessary as long as the initial clearance letter has been received to proceed with inactivated vaccines.
- 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](#)

### Booster Dose Indications
- A first booster dose can provide stronger protection for those who have a waning immune response to vaccines, especially individuals who are at higher risk for severe COVID-19 outcomes.
- A booster dose of the Pfizer-BioNTech COVID-19 vaccine is available to all children 5 to 11 years of age.
  - ** Booster dose:** At least 5 calendar months after the last dose of the primary series.

**Note:**
- Minimum spacing between primary series and booster dose is 28 days.
- A booster dose of the Pfizer-BioNTech COVID-19 vaccine can be offered to children 5 to 11 years of age who received the Moderna COVID-19 vaccine as their primary series.
- A booster dose is any additional dose of COVID-19 vaccine received after completion of the recommended primary series that meets the minimum spacing.

### 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.

**Note:**
- 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 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),</th>
<th>8 weeks after symptom onset or positive test (if asymptomatic).</th>
</tr>
</thead>
</table>

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COVID-19 Vaccine Pfizer (Comirnaty) Pediatric Formulation 5 to 11 years of age

Alberta Immunization Policy | Biological Products
©2022 Government of Alberta | Published: August 26, 2022 | Page 4 of 11
<table>
<thead>
<tr>
<th>Contraindications</th>
<th>Individuals with certain immunocompromising conditions (as listed above) AND no history of MIS-C, 4 to 8 weeks after symptom onset or positive test (if asymptomatic). 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>
</tr>
</thead>
<tbody>
<tr>
<td>Infection after primary series</td>
<td>Individuals eligible for booster doses, 5 months after symptom onset or positive test (if asymptomatic).</td>
</tr>
</tbody>
</table>

### Contraindications

- Known 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.\(^1,2\)
  - 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.\(^1,2\)
  - Tromethamine (trometamol or Tris) – This potential allergen may be found in contrast media, oral and parenteral medications.\(^1,2\)
- 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.\(^2\)
- 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 (Multisystem inflammatory syndrome in children) 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 5 to 11 years of age did not identify any cases of myocarditis following immunization; however, uncommon, rare, or very rare adverse events that occurs at the frequency less often than 1 in 1,000 would not be detected with that trial size.
- Preliminary real world safety data available to date are reassuring. As of December 19, 2021, the U.S. has administered about 8.7 million doses of pediatric Pfizer-BioNTech COVID-19 vaccine to individuals aged 5 to 11 years (21-day interval between doses). Overall, 12 confirmed cases of myocarditis have been reported to the Vaccine Adverse Event Reporting System (VAERS).
- From the safety surveillance data from the U.S:
  - The cases of myocarditis among the 5 to 11 year old population appear to have similar characteristics to those reported in older age groups; onset usually within a week after immunization, more often after the second dose, more often in males than females, and the majority of individuals tend to recover quickly.
The risk of myocarditis/pericarditis may be lower in children aged 5 to 11 years of age following pediatric Pfizer-BioNTech COVID-19 vaccine compared to adolescents and young adults who receive a 30 mcg formulation of the Pfizer-BioNTech COVID-19 vaccine.

- Among children 5 to 11 years of age, the reported rate of myocarditis in males after dose 2 is around 4.3 cases per million doses administered.
- More information will assist in further assessment of the risk of myocarditis/pericarditis among individuals aged 5 to 11 years of age. 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 5 to 11 years of age and the safety of a third dose of COVID-19 vaccine in individuals aged 5 to 11 years of age are unknown.
- 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.
- Individuals who experienced myocarditis after receiving a first dose of mRNA COVID-19 vaccine should discuss decisions around the second dose with their clinician.
  - In general, they are advised to defer receiving a second dose until more data is available as per NACI recommendation.
- It is unknown if individuals with a history of previous myocarditis are at higher risk of vaccine-associated myocarditis.
  - Generally, deferral of COVID-19 immunization is not required for those with a prior history of myocarditis that is unrelated to COVID-19 mRNA vaccines if they are no longer followed clinically for cardiac issues.
  - If there are questions or concerns about 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.
- 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 Pfizer-BioNTech COVID-19 mRNA vaccine 10mcg formulation in immunocompromised individuals 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 mounted in immunocompromised individuals. It is still unknown what antibody level correlates with protection against COVID-19, and serology testing in many labs may also not detect antibodies developed as a response to vaccine. Serology testing should not be used as evidence to inform whether vaccine doses have been effective.

### Possible reactions

- **Common or very common**
  - Pain, redness, and swelling at the injection site
  - Fever, chills
  - Fatigue
  - Headache, myalgia, arthralgia
  - Vomiting, diarrhea
  - Skin and subcutaneous tissue disorders (including skin rash, dermatitis, eczema, urticaria)

- **Uncommon**
  - Lymphadenopathy
  - Nausea
  - Malaise
  - Decreased appetite

- **Rare**
  - Allergic reactions
  - Anaphylaxis

Refer to product monograph for more detailed information.

### 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 5-11 years of age.
- This is based on vaccine principles, better knowledge of the safety of COVID-19 mRNA vaccines in children 5-11 years of age, and the need to improve uptake of routine vaccines which has been negatively impacted by the COVID-19 pandemic.
- There are currently limited data available on whether the reactogenicity of COVID-19 vaccines is increased with concurrent administration of other
COVID-19 Vaccine Pfizer (Comirnaty) Pediatric Formulation 5 to 11 years of age

- No specific safety concerns have been identified to date. Studies to assess the safety and immunogenicity of concurrent administration of COVID-19 vaccines with other vaccines are ongoing.
- 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
  - If tuberculin skin testing or an IGRA test is required for baseline screening, it should be administered and read before administration of any COVID-19 vaccine immunization or delayed for at least 28 days after a dose of COVID-19 vaccine.
  - Immunization with COVID-19 vaccines may take place at any time after all steps of tuberculin skin testing (including read) have been completed.
  - If tuberculin skin testing is required for other reasons (e.g., contact tracing, immigrants, query LTBI), testing should not be delayed, as these are theoretical considerations. However, re-testing (at least 28 days after a dose of COVID-19 vaccine) of individuals with negative results for whom there is high suspicion of TB infection may be prudent in order to avoid missing cases due to potentially false-negative results.
- 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.

**Appearance**

- Frozen - white to off-white solution.
- Thawed – may contain white to off-white opaque particles.
- Thawed and reconstituted – off-white solution with no visible particulates.¹

**Storage and Handling**

- Can be stored in a freezer between -90°C to -60°C storage for up to 12 months from the date of manufacture.¹
Date on packaging is date of manufacture. Expiry date is 12 months from date of manufacture.

- Prior to dilution, thawed vials can be stored:
  - in the refrigerator at 2°C to 8°C for up to 10 weeks, or
  - at room temperature (up to 25°C) for no more than 12 hours.

Do not refreeze.

- After thawing and mixing with 0.9% sodium chloride diluent, the vaccine can be stored at 2°C to 25°C for up to 12 hours.

- Diluent is single use. Once the 1.3 mL required is drawn from the diluent vial and added to the antigen vial, the diluent vial MUST be discarded. It cannot be used to dilute multiple vials of vaccine.

- During storage, minimize exposure to room light, and avoid exposure to direct sunlight and ultraviolet light.

- After dilution, the vaccine vials can be handled in room light conditions.

Note:
- At 2°C to 8°C, it will take a carton of 10 vials up to 4 hours to thaw from ultra-frozen.
- At room temperature, it will take a carton of 10 vials approximately 30 minutes to thaw from ultra-frozen.

### Packaging

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>10 doses per vial</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 doses for carton</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diluent</th>
<th>Diluent is provided in 10 mL plastic vials (latex-free, preservative-free).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Packaged in cartons of 25 vials and can be stored at room temperature.</td>
</tr>
</tbody>
</table>

### Non-medicinal Ingredients

- ALC-0315 = (4-hydroxybutyl) azanediylbis(hexane-6,1-diyl)bis(2-hexyldecanoate)
- ALC-0159 = 2-[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide (PEG)
- 1,2-distearoyl-sn-glycero-3-phosphocholine
- cholesterol
- tromethamine
- tromethamine hydrochloride
- sodium chloride
- sucrose (protects the nanoparticles when frozen)
- water for injection

### Preparation/Reconstitution

The Pfizer-BioNTech COVID-19 Vaccine multiple dose vial contains a frozen suspension that does not contain preservative and must be thawed and diluted prior to administration.

**Thaw vaccine before use:**

The frozen vial will need to be thawed before dilution. Vials may be thawed in the refrigerator (2°C to 8°C) or at room temperature (up to 25°C).

- Thaw for 30 minutes at room temperature.
- Thaw for 4 hours in the refrigerator and allow the vial to come to room temperature before dilution.

**Dilute before use:**

1. Before dilution, invert gently 10 times to mix. Do not shake.
2. Dilution with sterile 0.9% Sodium Chloride Injection is required. 
   (Do not use bacteriostatic 0.9% Sodium Chloride Injection or any other diluent.)
3. Cleanse the vial stopper with a single-use antiseptic swab.
4. Add 1.3 mL of 0.9% Sodium Chloride Injection, into the Pfizer-BioNTech 
   COVID-19 Vaccine vial using a needle 21-gauge or narrower.
5. Diluent is single use. Once the 1.3 mL required is drawn from the diluent vial 
   and added to the antigen vial, the diluent vial MUST be discarded. It cannot be 
   used to dilute multiple vials of vaccine.
6. Equalize vial pressure before removing the needle from the vial by withdrawing 
   1.3 mL air into the empty diluent syringe.
7. This is to prevent any vaccine loss through spraying out due to higher pressure.
8. Gently invert the vial again 10 times to mix. Do not shake.
9. Inspect the vial to confirm there are no particulates and no discoloration is 
   observed.
10. Record the date and time of dilution on the Pfizer-BioNTech COVID-19 Vaccine 
    vial label.
11. Store between +2°C to +25°C.
12. Discard any unused vaccine 12 hours after dilution.

**Note:** Pre-loading vaccine into syringes is not supported. The immunizing health 
practitioner must draw up the vaccine dose at the time of administration.

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**Program Notes**

- November 19, 2021 - licensed for use in Canada
- November 26, 2021 - implemented in Alberta
- November 25, 2021 – updated to clarify administration of COVID-19 vaccine 
  with other vaccines.
- December 21, 2021 - Updated wording with respect to shortened intervals.
- February 14, 2022 - Updated to incorporate NACI recommendations for children 
  5-11 years of age with certain immunocompromising conditions to receive a 
  three dose primary series.
- March 2, 2022 - Updated to incorporate NACI interim guidance on suggested 
  interval between previous COVID-19 infection and COVID-19 immunization.
- April 11, 2022 - Included link to ‘COVID-19 Immunization for Individuals with 
  Allergies and Other Health Conditions.’
- June1, 2022 – Updated to include recommendation for immunization post 
  CART-T cell therapy and extended ultra-frozen storage limit.
- July 11, 2022 – Updated to lift restrictions on co-administration with other 
  vaccines and removed reference to rescinded orders 02-2022 and 04-2022.
- July 19, 2022 - Updated recommendations for timing of COVID-19 vaccines and 
  receipt of anti-SARS-CoV-2 monoclonal antibodies or convalescent plasma for 
  treatment or prophylaxis of COVID-19.
References


For additional information see: