

December 10, 2021

## **COVID-19 Vaccine: updated third/booster dose guidance and preferential use of Pfizer/Comirnaty™ for 12 to 29 year olds**

Effective immediately, Manitoba public health officials recommend:

1. a temporary change to the recommended interval between second and third doses for individuals  $\geq 60$  years of age, and individuals aged  $\geq 18$  years living in a First Nation community, who received their second dose on or before July 10, 2021.
  - This change does not apply to anyone who received their second dose on or after July 11, 2021
2. a third/booster dose for individuals aged  $\geq 50$  years, at least six months after their second dose (previously, recommended individuals aged  $\geq 70$  years).
3. a fourth/booster dose for moderately to severely immunocompromised individuals given at least six months since the last dose.
4. preferential use of Pfizer/Comirnaty for individuals aged 12 to  $\leq 29$  years.

Additional information and guidance is provided below on the above recommendations.

### **1. Temporary change to the recommended interval between second and third doses**

**Manitoba public health officials are strongly urging the following people to receive a third/booster dose as soon as possible:**

- **Individuals aged  $\geq 60$  years, regardless of residence, who received their second dose on or before July 10, 2021.**
- **Individuals aged  $\geq 18$  years living in a First Nation community, who received their second dose on or before July 10, 2021.**

This change results in a short-term adjustment to the recommended interval between second and third doses, from six months down to five months, for individuals aged  $\geq 60$  years of age and for all adults living in a First Nation community who received their second dose on or before July 10, 2021. This temporary change is intended to enhance the short-term protection individuals have against COVID-19 as we head into the holiday season and in light of the evolving evidence on waning immunity.

While evidence demonstrates that six to eight months is optimal for the strongest immune response, this must be balanced against the local context. With the upcoming holidays, the risk of local spread is increased and therefore, the benefit of earlier protection becomes more important.

Due to a lower risk of severe outcomes, individuals aged 18 to  $\leq 59$  years should not receive their booster dose prior to 6 months. However, there may be some circumstances where logistical concerns may make an earlier booster (no sooner than 5 months) a reasonable decision for some individuals (for example, if it is unlikely the individual will return for a booster dose at a later date).

Ensure a robust informed consent process that clearly communicates both what is known and unknown about the risks and benefits of receiving a third dose, including the off-label use of administering third/booster doses earlier than six months since the last dose and the national (NACI) recommended interval of at least 6 months between the second and third/booster dose.

You may notice an increase in demand as the province is planning to proactively communicate this change in guidance.

## **2. Change in recommended age for third/booster dose**

**Manitoba public health officials now recommend a third/booster dose for individuals aged  $\geq 50$  years at least six months since the last dose** (note the temporary exception above for those aged  $\geq 60$ ).

## **3. New booster guidance for moderately to severely immunocompromised individuals**

Individuals aged  $\geq 12$  years who are moderately to severely immunocompromised are recommended to receive a 3-dose primary series with 28 days between dose 1 and 2, and between dose 2 and 3. **A fourth/booster dose is now recommended at least six months after the last dose** (note the temporary exception above for those aged  $\geq 60$ ).

## **4. Pfizer/Comirnaty™ preferentially recommended for individuals aged 12 to 29 years**

**NACI and Manitoba public health officials recommend that Pfizer/Comirnaty™ (30 mcg) be offered to adolescents/young adults aged 12 to  $\leq 29$  years to start or continue the vaccine series, including when booster doses are indicated among individuals 18 to 29 years of age.** This recommendation is an update to earlier guidance that recommended a complete series with Pfizer/Comirnaty™ for adolescents 12 to 17 years of age.

In the context of sufficient vaccine supply and in order to maximize the benefits while minimizing the risks associated with the vaccine among individuals aged 12 to 29 years, Pfizer/Comirnaty™ is preferred to Moderna/Spikevax™ because of a lower reported rate of myocarditis/pericarditis following Pfizer/Comirnaty™ (30 mcg) compared to Moderna/Spikevax™ (100 mcg). (NOTE: data specific to the lower Moderna/Spikevax™ booster dose of 50 micrograms is limited at this time). Analyses of Canadian data suggests that with the primary series, the incidence of myocarditis is rare with either mRNA vaccine, but lowest following Pfizer/Comirnaty™ (30 mcg) compared to Moderna/Spikevax™ (100 mcg). The reported rates of myocarditis/pericarditis among males aged 18 to 29 years after the second dose were 15.9 per 100,000 for Moderna/Spikevax™ (100 mcg) and 2.6 per 100,000 for Pfizer/Comirnaty™ (30 mcg). If Pfizer/Comirnaty™ (30 mcg) is not readily available, or the patient has a clear preference for

Moderna/Spikevax™, the Moderna/Spikevax™ (100 mcg) vaccine can still be offered in this age group provided informed consent includes a discussion about the risk and benefits.

For individuals aged  $\geq 30$  years, either Pfizer/Comirnaty™ or Moderna/Spikevax™ should be given for the primary series and booster doses, with the same mRNA vaccine offered for second and third doses if readily available. When the same mRNA vaccine is not readily available, or is unknown, another mRNA vaccine can be considered interchangeable and should be offered to complete the series. Some data suggests that Moderna/Spikevax™ (100mcg) may also offer additional benefit over Pfizer/Comirnaty™ (30 mcg) for those individuals who are moderately to severely immunocompromised.

The Clinical Practice Guidelines will be updated to reflect these changes and posted at [www.gov.mb.ca/covid19/vaccine/healthcare-professionals.html](http://www.gov.mb.ca/covid19/vaccine/healthcare-professionals.html).

Please share this information with all relevant colleagues in your facility/clinic.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Reimer', with a stylized flourish at the end.

Joss Reimer, MD FRCPC MPH  
Medical Lead, Vaccine Implementation Task Force