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COVID-19 Vaccine: Clarifying Recommended and Minimum Intervals

This memo is to clarify the minimum and recommended intervals for:

- 1. Pediatric population
- 2. Adolescent/adult population
- 3. Moderately to severely immunocompromised individuals

1. Minimum and Recommended Interval for the Pediatric population

- Manitoba public health officials, the Manitoba COVID-19 Vaccine Pediatric Advisory Committee and the National Advisory Committee on Immunization (NACI) continue to recommend that the interval for children aged five to ≤ 11 years is eight weeks after dose one. This is because the benefit of a longer interval is expected to outweight any benefit of a shorter interval, even in the current context of extensive community transmission of Omicron.
- For children living in First Nation communities, the recommended interval continues to be 21 days after dose one (regardless of where immunization is taking place).
- An individual parent/guardian who is requesting an interval earlier than eight weeks for
 their child (but no sooner than 21 days), is required to discuss the risks and benefits with
 their immunizer or health care provider before vaccination to ensure a robust informed
 consent process. The clinician is expected to review the rationale for the eight week
 interval to ensure the parent/guardian understands the risks of an earlier second
 dose. (NOTE: a prescription is not required for children to be immunized earlier than
 eight weeks).
- The Clinical Practice Guidelines provide information about the risks/benefits that need to be discussed with parents/guardians requesting an early second dose. In addition, a Quick Reference Guide is being updated that will provide greater detail than the Clincial Practice Guidelines, and this will be shared via email by Friday.

	INTERVAL			
AGES	Interval between dose 1 and dose 2		Interval between dose 2 and the booster dose	
	Minimum (where unique circumstances warrant)	Recommended	Minimum	Recommended
Ages 5 to ≤ 11 years	21 days	8 weeks ^a	Not authorized and/or recommended at this time	

Ages 5 to ≤ 11 years	21 days	21 days	Not authorized and/or
living in a First			recommended at this time
Nation community			

NOTES:

2. Minimum and Recommended Interval for the Adolescent/Adult Population

Ages	Interval between dose 1 and dose 2		Interval between dose 2 and the booster dose		
	Minimum	Recommended	Minimum	Recommended	
Ages 12 to ≤ 17 years	21 or 28 days (product specific) ^a	8 weeks	Not authorized and/or recommended at this time		
Ages 18 to ≤ 49 years	21 or 28 days (product specific) ^a	8 weeks	≥ 28 days	6 months ^{b,c}	
Ages ≥ 50 years (or ≥ 18 years living in a First Nation community)	21 or 28 days (product specific) ^a	8 weeks	≥ 28 days	5 months ^c	

NOTES:

- ^a The minimum interval between two Pfizer doses is 21 days; all other mRNA primary series schedules (with Moderna and/or a combination of Pfizer and Moderna) is 28 days.
- ^b A booster dose of Pfizer or Moderna is recommended for adults at increased risk of serious illness from COVID-19, their caregivers and close/household contacts.
- ^c Booster doses given earlier than an interval of 5 months since the last dose require a prescription.

3. Minimum and Recommended Interval for immunocompromised individuals

Ages	Interval between dose 1 and dose 2		Interval between dose 2 and dose 3		Interval between dose 3 and booster (4 th) dose	
	Min.	Recommended	Min.	Recommended	Min.	Recommended
Ages 5 to ≤ 11 years	21 days	8 weeks	≥ 28 days	As per clinical discretion ^a	Not authorized and/or recommended at this time; may be updated in future based on emerging evidence.	
Ages 12 to ≤ 49 years	21 or 28 days (product specific)	8 weeks	≥ 28 days	As per clinical discretion ^a	≥ 28 days	6 months
Ages ≥ 50 years (or ≥ 18 years living in First Nation community)	21 or 28 days (product specific)	8 weeks	≥ 28 days	As per clinical discretion ^a	≥ 28 days	5 months
NOTES:						

^a An individual parent/guardian who is requesting an interval earlier than eight weeks for their child (but no sooner than 21 days), is required to discuss the risks and benefits with their immunizer or health care provider prior to vaccination to ensure a robust informed consent process.

^aThere is limited data to determine the optimal interval for the third dose. It is recommended to consider the risk factors for exposure and severe disease when deciding on the time interval. At this time, the minimum interval of the third dose from the preceding dose is 28 days. In general, NACI recommends that immunocompromised individuals be immunized at the time when maximum immune response can be anticipated:

- Immunize prior to any planned immunosuppression such that optimal immunogenicity is achieved, if possible.
- Delay immunization if the immunodeficiency is transient (if this can be done safely because exposure is unlikely in the individual's setting and circumstance).
- Stop or reduce immunosuppression to permit better vaccine response, if appropriate. Consult the Canadian Immunization Guide for more detail on the timing of vaccination in relation to immunosuppressive therapy: https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-3-vaccination-specific-populations/page-8-immunization-immunocompromised-persons.html#a25.

Moderately to severely immunocompromised individuals include those listed in Appendix F of the current **Clinical Practice Guidelines (version 24)**, available at: www.gov.mb.ca/asset library/en/covidvaccine/clinical practice guidelines.pdf.

Information on the minimum and recommended intervals between doses on the website for the public is being updated to reflect the above information and will be posted in the coming days at: www.gov.mb.ca/covid19/vaccine/eligibility-criteria.html.

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

Sincerely,

"Original signed by"

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