

2023-24 Respiratory Illness Season Vaccine Update

Information current as of October 9th, 2023.

Inform and educate patients about vaccines as a safe and effective strategy to reduce the risk of serious illness from COVID-19, influenza, pertussis and pneumococcus, particularly for people older than 60, pregnant people, children and those with health conditions that put them at greater risk of serious illness.

See OCFP's resource on **Physician-Patient Discussions** for more information on talking to patients about preventing serious respiratory illnesses this season.



You can refer vaccine-hesitant patients to **VAXFacts+** for a phone appointment. Patients can reside anywhere in Ontario and no OHIP card is required.

COVID-19 Vaccines

Health Canada has authorized the use of two COVID-19 vaccines targeting the Omicron XBB.1.5 subvariant: **Moderna Spikevax Monovalent XBB.1.5** and **Pfizer-BioNTech Comirnaty XBB.1.5**. **NACI** and **Ministry of Health** guidance **recommend a dose for everyone 6 months and older**.

Both vaccines are authorized as a **one-dose vaccine for individuals five years of age and older, regardless of their COVID-19 vaccination history**. Individuals six months and older will be considered *up to date* with their COVID-19 vaccines if they receive a fall 2023 COVID-19 dose.

Note that NACI and the Ministry of Health are moving away from the terms 'primary series' and 'booster dose': for greater clarity, individuals are now considered either '**previously vaccinated**' or '**not previously vaccinated**'.

While a 6 month interval after last dose or confirmed infection is recommended, a shorter interval—minimum 3 months (84 days) may be used to support fall program implementation (**NACI**).

Unvaccinated Individuals			
Age	Vaccine	Dosage	Interval
6 months – 4 years	Moderna XBB.1.5	25 mcg	2 dose schedule Recommended interval: 2 nd dose, 56 days after 1 st dose Minimum Interval: 2 nd dose, 28 days after 1 st dose
	Pfizer XBB.1.5	3mcg	3 dose schedule Minimum interval: 2 nd dose at least 21 days after 1 st dose, 3 rd dose at least 56 days after 2 nd dose
5–11 years	Moderna XBB.1.5	25 mcg	Single dose regardless of prior COVID-19 vaccination status (Persons with a recent SARS-CoV-2 infection may consider delaying vaccination by 3 months from symptom onset or positive test)
	Pfizer XBB.1.5	10 mcg	
12 years +	Moderna XBB.1.5	50 mcg	
	Pfizer XBB.1.5	30 mcg	
Previously Vaccinated Individuals			
Age	Vaccine	Dosage	Interval
6 months-4 years	Pfizer XBB.1.5	3 mcg	Recommended Interval: 6 months (168 days) after last dose or confirmed SARS-CoV-2 infection. Minimum Interval: 3 months (84 days) after last dose or confirmed SARS-CoV-2 infection.
5–11 years	Pfizer XBB.1.5	10mcg	
6 months – 11 years	Moderna XBB.1.5	25 mcg	
12 years +	Moderna XBB.1.5	50 mcg	
12 years +	Pfizer XBB.1.5	30 mcg	



Other things to note:

- ✓ This is the first time an additional ('booster') dose of a COVID-19 vaccine has been authorized for children six months to under five years of age who have received a primary series.
- ✓ Covid-19 vaccine distribution to public health units has begun, vaccines are being made available for those at highest risk (in hospital and long-term care) and will be broadly available for the public mid-to-late October.
- ✓ If you plan to offer COVID-19 vaccines to your patients, contact your local public health unit.
- ✓ Note that documentation into COVaxON is still required.

Additional COVID-19 Vaccine Resources

- [Centre for Effective Practice resources on COVID-19](#)
- OMA Resources to support offering COVID-19 vaccines in your practice (member login required)
 - [Checklist and practical tips for offering COVID-19 vaccines](#)
 - [Deciding whether to provide the COVID-19 vaccine in your practice](#)
 - [COVID-19 Vaccine Reference Tool](#)
 - [COVID-19 vaccine billing codes](#)
 - [Pathways to COVID-19 vaccines for patients with allergies](#)



Co-administering vaccines
COVID-19 and non-live influenza vaccines can safely be co-administered. *

Co-administration of vaccines reduces barriers to access for patients and makes more efficient use of health care provider time and resources.

Influenza Vaccines

NACI recommends offering influenza vaccines to everyone six months and older who does not have contraindications. Influenza vaccination is particularly important for people at higher risk of influenza-related complications or hospitalization, people capable of transmitting influenza to those at higher risk, people who provide essential community services, and people who are in direct contact with poultry infected with avian influenza during culling operations.

- ✓ Children six months to nine years of age who have not received any prior influenza vaccine doses should receive two doses of vaccine, administered at least four weeks apart.
- ✓ Everyone six months and older who has received one or more previous doses of influenza vaccine should receive one vaccine dose.

OMA's [Influenza Quick Reference Guide](#) summarizes vaccines, age-specific information, dosing and other considerations for administering influenza vaccines in your clinic (member login required).

Other vaccines you may want to offer to higher-risk patients

RSV Vaccine

Health Canada has authorized the RSV vaccine, Arexvy for those 60 years and older. It will be **publicly funded** for those living in long-term care homes, Elder Care Lodges, and some retirement home residents, likely around the end of October. Arexvy is now available in pharmacies for private pay with a prescription.

- [Respiratory syncytial virus \(RSV\): Canadian Immunization Guide](#) (last updated September 8, 2023).

Pneumococcal Vaccine

Recommendations: [New Health Canada Authorized Pneumococcal Conjugate Vaccines](#)

Pertussis (Tdap) Vaccine

A reminder of the expanded public funding to offer a routine Tdap dose in every pregnancy, regardless of immunization history.

- Ministry of Health [Tdap Vaccine FAQs for Immunizers](#).
- NACI [Update on immunization in pregnancy with Tdap vaccine](#).

*Note exceptions: For the RSV vaccine Arexvy the [Ontario Immunization Advisory Committee recommends](#) waiting at least 2 weeks before or after the administration of COVID-19 or Influenza vaccines. For the Imvamune vaccine for mpox, [MOH guidance](#) recommends waiting 4 weeks to administer a COVID-19 vaccine or any live vaccines, and 2 weeks to administer other non-live vaccines.