

## mRNA COVID-19 Vaccine Fit to Immunize Guidance for Health Care Professionals

**Updated 07 October 2021**

The mRNA COVID-19 vaccine is used to prevent COVID-19. This disease is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV- 2).

All health care providers who will be administering the COVID-19 vaccination must have completed the Education Program on Immunization Competency (EPIC) before administration of vaccines in the NWT and have reviewed the Product Monograph and NACI Statement: <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines.html>

**Eligibility:** Both Spikevax (Moderna) and Comirnaty (Pfizer-BioNTech) mRNA vaccines are approved for people who are 12 years of age and older. For the purposes of this directive “age 12” will be determined by birth year, so that **vaccine may be administered to children under the age of 12 if they will be turning 12 in the year of vaccine administration.**

- For example, any child born in 2009 would be eligible for vaccination in 2021, regardless of their month of birth.

Its safety and effectiveness in people younger than those ages have not yet been established.

**Other Vaccines:** As of 28 September 2021, NACI advises that COVID-19 vaccines may be given at the same time as, or any time before or after, other vaccines, including live, non-live, adjuvanted or unadjuvanted vaccines.

- No specific safety concerns have been identified when routine vaccines are given at the same time or within days of each other; however, there is a possibility of increased temporary side effects when a COVID-19 vaccine and another vaccine are administered at the same time or within days of each other.
- Vaccines administered during the same visit should be administered at different injection sites. As with other vaccines, when possible, administration on the same day is preferred to vaccines being given within a few days of each other.
- The full update from NACI can be found here: [Recommendations on the use of COVID-19 vaccines](#).

### **Additional Information:**

- **COVID-19** vaccines may be offered to those who have had previous PCR-confirmed SARS-CoV-2 infection any time after infection as long as the client is asymptomatic. Testing or screening for previous COVID-19 infection prior to vaccination is not required. Ensure client is no longer infectious as per [NWT OCPHO Coronavirus Disease Interim Public Health Management](#) and that additional PPE protocols are being used when providing vaccine to those on isolation.
- **COVID-19** vaccines may be offered to those who have been exposed to COVID-19 or to those who are currently on self-isolation as per NWT public health orders. If providing vaccine to those on isolation, ensure the person is asymptomatic and appropriate PPE is worn with enhanced cleaning and disinfection of the area

## Questions/Considerations

**1. Confirm Age:** Is the person in the eligible age range for the specific mRNA vaccine.

**YES:**

- **12 and older:** those 12 years and older, or who will turn 12 during the current calendar year, can receive either Spikevax (Moderna) or Comirnaty (Pfizer-BioNTech) mRNA vaccines.

**NO:**

- **Less than 12 years of age:** Ineligible at this time. Do not proceed with vaccination. **If turning 12 this calendar year**, are eligible to receive the vaccine. Please refer to the Additional Medical Directive for the vaccination of those under the age of 12, breastfeeding and pregnant patients, immunosuppressed patients, and those with autoimmune disease, and interchangeability of vaccine products.

**2. Ask about symptoms.** Do you have fever or illness? Are you feeling unwell? (If COVID-19 symptoms, advise isolation and testing).

**YES:** Defer vaccine until feeling well

- It would be prudent to wait until all symptoms of an acute illness have resolved prior to vaccination with a COVID-19 vaccine;
- This is a precautionary measure to be able to monitor for side effects and not attribute symptoms as an adverse reaction to the vaccine;
- If symptoms of COVID-19 direct client to isolate and arrange for COVID-19 testing

**NO:** Proceed

**3. Allergies:** Have you ever had an allergic reaction to a previous mRNA COVID-19 vaccine, any components of the vaccine or the packaging, or have been told that you should not get vaccines?

For a complete list of components of the vaccine and packaging, please refer to the mRNA COVID-19 Product Monograph located on the HSS Health Professional website or the NACI statement on recommendations for COVID-19 vaccine. Polyethylene glycol (PEG) is the most likely allergen in mRNA vaccines. This product can be found in bowel preparation, cough syrups, laxatives, cosmetics, contact lens solutions, skin care products as well as an additive in some food and drinks.

**YES:** Defer – see below:

- **Anaphylaxis to a previous mRNA COVID-19 vaccine, a component of the vaccine or packaging of this vaccine is a true contraindication receiving this vaccine and the patient should NOT receive the mRNA COVID-19 vaccine.**
- Refer to an allergist if the reaction was non-anaphylactic; if reaction was mild to moderate, consult with an NP/MD and consider administering vaccine in a controlled setting with medical monitoring

**NO:** Proceed

**4. Interchangeability of Authorized COVID-19 Vaccines:** Did you receive your first dose of a COVID-19 vaccine outside of the NWT (either a mRNA or viral vector-based product) and are now eligible for a second dose?

**YES:** Please refer to the Additional Medical Directive for the vaccination of those under the age of 12, breastfeeding and pregnant patients, immunosuppressed patients and those with autoimmune disease, interchangeability of vaccination products and previous myocarditis or pericarditis after dose #1 mRNA vaccine.

**NO:** Proceed

## 5. Did you experience myocarditis or pericarditis after your first mRNA vaccination?

**YES:** Please refer to the Additional Medical Directive for the vaccination of those under the age of 12, breastfeeding and pregnant patients, immunosuppressed patients, those with autoimmune disease, interchangeability of vaccine products, and previous myocarditis or pericarditis episodes.

**NO:** Proceed

## 6. Consecutive Vaccines – COVID and another routine immunization (e.g. flu shot) together: No specific safety concerns have been identified when routine vaccines are given at the same time or within days of each other, however, limited data is available and studies looking at the simultaneous administration of COVID-19 vaccines with other vaccines are ongoing, and there is a possibility of increased temporary side-effects when a COVID-19 vaccine and another vaccine are administered at the same time or within days of each other. Do you have any questions or concerns about receiving a flu or other routine vaccine, at the same time as a COVID vaccine?

**YES:** Satisfy any questions or defer COVID-19 vaccine, or influenza vaccine, or both, if patient still reluctant.

**NO:** Proceed

## 7. TST/IGRA: Do you need to be tested for tuberculosis or have you recently been tested for tuberculosis: Do you need a tuberculin skin test (TST) or a blood test for Interferon Gamma Release Assay (IGRA) or have you recently had a TST or IGRA blood test?

**YES:** The TST or blood collection for IGRA should occur before COVID-19 vaccine administration as mRNA vaccines may temporarily affect cell-mediated immunity resulting in false-negative TST or IGRA results. COVID-19 vaccine may be administered any time after the TST result has been read or the IGRA blood test has been collected.

- If the COVID-19 vaccine was administered first the TST or IGRA should be delayed for at least 4 weeks after COVID-19 vaccination.
- If TST or IGRA must be completed, and there is a high suspicion of tuberculosis, administer the test and if the test is negative, repeat the TST or IGRA 4 weeks after COVID-19 vaccine administration.

**NO:** Proceed

**8. Pregnancy/Breastfeeding:** Are you currently breastfeeding or pregnant (or think you may be pregnant)?

**YES:** See "Additional Medical Directive for the vaccination of breastfeeding and pregnant patients, immunosuppressed patients, and those with autoimmune disease" (attached)

**NO:** Proceed

**9. Immune Compromised:** Do you have any medical conditions or are you taking any medications that make you immunocompromised or has a doctor told you to be careful because you could pick up infections easily?

**YES:** See "Additional Medical Directive for the vaccination of breastfeeding and pregnant patients, immunosuppressed patients, and those with autoimmune disease" (attached)

**NO:** Proceed

**10. Autoimmune Conditions:** Do you have any autoimmune medical conditions?

**YES:** See "Additional Medical Directive for the vaccination of breastfeeding and pregnant patients, immunosuppressed patients, and those with autoimmune disease" (attached)

**NO:** Proceed

**11. COVID-19 Treatments:** Have you recently received specific medications for COVID-19 treatment or other treatments that include monoclonal antibodies or convalescent plasma?

**YES:** Defer vaccine and consult medical specialist

**NO:** Proceed

**12. Coagulopathy:** Do you have a bleeding disorder or are you taking any medication that could affect blood clotting?

**YES:** Because the mRNA is administered intramuscularly, it is recommended that the health care provider hold the injection site for longer to ensure there is reduced bleeding and bruising. Proceed with this guidance.

**NO:** Proceed

**13. Syncope:** Have you ever felt faint or fainted after a past vaccination or medical procedure?

**YES:** Follow protocol to prevent fainting i.e., have the patient lie down while you vaccinate. Proceed with this guidance.

**NO:** Proceed

## **NEXT STEPS PRE and POST VACCINATION**

1. Provide information regarding administration of the vaccine as well as the benefits and risks of not receiving the vaccine?
  - Review [mRNA COVID-19 vaccine information sheet](#) including expected side effects.
  - Review potential for allergic reaction and while rare, common practice is to have recipient remain in facility for 15 minutes after the vaccine. • Provide instruction such as "While it is very rare, some people may experience an allergic reaction after a vaccine. For this reason, it is common practice to ask you to remain in the facility or over in the observation area for 15 minutes after your vaccine. Let us know if you have any difficulty breathing or itchy hives. If this happens after you leave, please call the nurse/911/health centre."
  - Inform client of need for second dose to be considered fully immunized against COVID-19; book appointment for second dose if possible
  - Ensure documentation in electronic medical record (EMR).

## **ADVERSE EVENTS FOLLOWING IMMUNIZATION**

What does NOT need to be reported? Common or mild events not to be reported include:

- Fever that is not accompanied by any other symptoms
- Injection site reactions that last less than 4 days
- Vasovagal syncope (without injury)
- Events that are clearly attributed to other causes

However, if you are unsure whether to report an AEFI, be PROACTIVE and submit the report.

Healthcare Providers should:

1. Report any event which may be related to a vaccine outside of anticipated, non-severe outcomes; of specific importance are events which require medical consultation, or unusual or unexpected events. Submitting a report does not mean that the vaccine caused the event.
2. Ensure the most up to date form is being used from the Public Health Agency of Canada. The form can be found here:  
<https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/ae-fi-form-july23-2020-eng.pdf>

3. Ensure forms are completed appropriately:

Section 9 – *AEFI details* – needs as much detail as possible. Please reference user guide for definitions of vaccination site reaction (ex. Induration)

Section 10 – *Supplementary Information* – please include as much detail as possible including dates AND a full assessment and diagnosis made by a healthcare practitioner especially if an alternate diagnosis is suspected.

Section 11 – Please leave this section blank: **This section is to be completed by OCPHO**

4. Healthcare providers can send the report to the OCPHO by:

- Via secure file transfer to **S.23 (1)**
- Direct secure file drop box: **S.23 (1)**
- Confidential fax to: **S.23 (1)**

Please **DO NOT** send AEFI form to the CPHO email