

Ministry of Health

COVID-19 Vaccination Recommendations for Special Populations

Version 4.0 May 27, 2021

Highlights of changes

- Updated for Janssen COVID-19 Vaccine (page 2)
- Updated recommendations for pregnancy and breastfeeding (Page 2-3)
- Updated recommendations for AutoImmune Conditions and Immunocompromised Persons (due to disease or treatment) (Page 4)
- Link to guidance from Cancer Care Ontario (Page 5)
- Link the Canadian Society of Allergy and Clinical Immunology (Page 5)
- Updated recommendations for children and adolescents (Page 6)

This guidance provides basic information only. This document is not intended to provide or take the place of medical advice, diagnosis or treatment, or legal advice.

- Please check the Ministry of Health (MOH) [COVID-19](#) website regularly for updates to this document, mental health resources, and other information,

This document contains recommendations based upon the best currently available scientific knowledge for COVID-19 vaccination in special populations and expert clinician advice. Recommendations for specific populations are subject to vaccine prioritization in accordance with [Ontario's COVID-19 Vaccination Plan](#).

Certain populations were not included in the Phase III clinical trials for current COVID-19 vaccines, or had very small representation, and require special consideration for COVID-19 vaccination. Evidence from clinical trial data is limited due to limitations in the size and duration of follow-up of trial populations; however, studies are ongoing. The evidence on COVID-19 disease and vaccines is evolving.

For these special populations, it is important that:

- Risk/benefit discussions communicate differential risks between COVID-19 infection and COVID-19 vaccination for populations who are at high risk of clinical severity following COVID-19 infection.
- The heterogeneous nature of special populations is acknowledged with respect to the effectiveness of COVID-19 vaccination, COVID-19 infection risk and risk of severe COVID-19 disease, and this is part of the decision-making process.
- A risk/benefit analysis for individual patients is at the center of the collaborative clinician/patient decision-making process, given the limitation of data for vaccination in specific populations.

To date, the following COVID-19 vaccines have been authorized for use in Canada by Health Canada: Pfizer-BioNTech COVID-19 vaccine (mRNA vaccine), Moderna COVID-19 vaccine (mRNA vaccine), AstraZeneca COVID-19 vaccine* (viral vector vaccine), COVISHIELD COVID-19 vaccine* (viral vector vaccine), and Janssen COVID-19 vaccine (viral vector vaccine).

*As of May 11, 2021 first dose provision of the AstraZeneca COVID-19 vaccine/COVISHIELD vaccine is currently paused in Ontario: [Ontario Pauses Administration of AstraZeneca Vaccine | Ontario Newsroom](#).

This evergreen document will be regularly updated as COVID-19 vaccines are authorized for use in Canada, and as evidence on these vaccines evolves. Additional counselling tools to support decision making for special populations will be released as they become available.

Recommendations for Specific Populations

1. Pregnancy

Recommendation:

All pregnant individuals in the authorized age group are eligible and recommended to be vaccinated as soon as possible, at any stage in pregnancy, as COVID-19 infection during pregnancy can be severe, and the benefits of vaccination outweigh the risks. Vaccination may be considered at any gestational age, including the first trimester. While pregnant individuals were not included in Phase III trials for COVID-19 vaccines, an mRNA vaccine is preferred due to published safety data. Recently published preliminary analyses of 35,691 pregnant women in the United States who received an mRNA COVID-19 vaccine did not reveal any safety signals¹. In addition, over 100,000 people who are pregnant are enrolled in a COVID-19 vaccine pregnancy registry in the USA. These people are being followed in their

pregnancy to continue to monitor the safety of COVID-19 vaccines in pregnancy. A viral vector vaccine is not preferred in pregnancy because if VITT (Vaccine-Induced Thrombotic Thrombocytopenia), an extremely rare blood clotting condition, were to occur in a pregnant person, there is increased complexity in the medical care.

Pregnancy is a known risk factor for COVID-19 associated morbidity with data consistently illustrating that pregnant individuals are at increased risk for hospitalization, ICU admission, mechanical ventilation, and death compared to non-pregnant individuals. As a result, many Canadian centres, including Ontario, are facing increased numbers of pregnant individuals infected with COVID-19 being admitted to hospital and ICU. For many pregnant individuals in Canada, the risk of being unvaccinated and susceptible to COVID-19 is substantial.

Counselling for pregnant individuals can include: (1) a review of the risks and benefits of receiving the vaccine, (2) a review of the potential risks /consequences associated with a COVID-19 infection during pregnancy, (3) a review of the local epidemiology and the risk of acquiring a COVID-19 infection during pregnancy and (4) an acknowledgment of the limited evidence for the use of current COVID-19 vaccines in the pregnant population. Tools to support decision making can be found on the Ministry of Health's website:

- [COVID-19 Vaccination: Special Populations - Vaccination in Pregnancy & Breastfeeding Decision-Making Support Tool](#) for Health Care Providers
- [COVID-19 Vaccination: Special Populations - Vaccination in Pregnancy & Breastfeeding Decision-Making Tool](#) for Pregnant Individuals

For additional information on the Society of Obstetricians and Gynaecologists of Canada's (SOGC) recommendations for the use of COVID-19 vaccines approved in Canada during pregnancy, consult the [Society of Obstetricians and Gynaecologists of Canada Statement on COVID-19 Vaccination in Pregnancy](#)

For additional information on the National Advisory Committee on Immunization's (NACI) recommendations for the use of COVID-19 vaccines approved in Canada during pregnancy, consult NACI's [Recommendations on the use of COVID-19 vaccines](#).

2. Breastfeeding

Recommendation:

COVID-19 vaccines can also be safely given to breastfeeding individuals and recent data shows that mRNA from vaccines do not transfer into breast milk. Anti-COVID-19

antibodies produced by the breastfeeding person have been shown to transfer through the milk and provide protection to the infant. The vaccines are safe for the breastfeeding person, and should be offered to those eligible for vaccination.

3. Autoimmune Conditions & Immunocompromised persons (due to disease or treatment)

Recommendation:

Since all Health Canada authorized COVID-19 vaccines are not live vaccines, they are considered safe in these groups, however there is limited data on efficacy. Individuals who were immunocompromised due to disease or treatment were excluded from some of the Phase III trials for COVID-19 vaccines available at present and those with autoimmune conditions had very small representation.

- A. Individuals in the authorized age group with autoimmune conditions, immunodeficiency conditions or those immunosuppressed due to disease or treatment that are receiving stem cell therapy, CAR-T therapy, chemotherapy, immune checkpoint inhibitors, monoclonal antibodies (e.g., rituximab) and other targeted agents (e.g., CD4/6 inhibitors, PARP inhibitors etc.) should be offered the vaccine. These individuals **are strongly encouraged to speak with their treating health care provider** regarding the timing of vaccination in relation to therapy for their underlying health condition and/or treatment modification in view of possible decreased vaccine effectiveness with the use of immunosuppressive therapy.
- B. All other individuals in the authorized age group with autoimmune conditions, immunodeficiency conditions or those immunosuppressed due to disease or treatment may choose to receive the vaccine. **These individuals may choose to consult with their health care provider prior to vaccination (for example, to discuss immunosuppressive medication management/timing in relation to their vaccination).**
 - For additional information on organ transplantation, consult the [Canadian Society of Transplantation](#) statement on COVID-19 vaccination.
 - For additional information on rheumatology, consult the [Canadian Rheumatology Association statement on COVID-19 vaccination](#).
 - For additional information on inflammatory bowel disease, consult the [Canadian Association of Gastroenterology](#) statement on COVID-19 vaccination.

- For additional information on immunodeficiency conditions consult the COVID-19 resources on the [Canadian Society of Allergy and Clinical Immunology](#) webpage.
- For frequently asked questions about COVID-19 vaccine and adult cancer patients, consult [Cancer Care Ontario](#).

4. Allergies

Recommendation

- Individuals who have had a severe allergic reaction or anaphylaxis to a previous dose of a COVID-19 vaccine or to any of its components should not receive the COVID-19 vaccine in a general vaccine clinic. **An urgent referral to an allergist/immunologist is recommended for these individuals***. Such an assessment is required to assess the method for possible (re)administration of a COVID-19 vaccine.

Individuals who have had an allergic reaction within 4 hours of receiving a previous dose of a COVID-19 vaccine or any components of the COVID-19 vaccine should not receive a COVID-19 vaccine unless they have been **evaluated by an allergist/immunologist*** and it is determined that the person can safely receive the vaccine. The components include polyethylene glycol, tromethamine and polysorbate.

- * **Documentation** of the discussion with the allergist/immunologist must be provided to the clinic and include a vaccination care plan (including what types of parameters the clinic should meet to provide safe vaccination administration, e.g., availability of advanced medical care), details/severity of the previous allergic episode(s), confirm that appropriate counselling on the safe administration of vaccine was provided, and include the date, the clinician's name, signature and contact information as well as the individual's name and date of birth.
- Referral and consultation support for Physicians and Nurse Practitioners is available through [Ontario's eConsult Service](#)
- Individuals who have had an allergic reaction within 4 hours and/or anaphylaxis that occurred with a vaccine or injectable medication that does not contain a component or cross-reacting component of the COVID-19 vaccines can receive the COVID-19 vaccine followed by observation for a minimum of 30 minutes.

- Individuals with a history of significant allergic reactions and/or anaphylaxis to any food, drug, venom, latex or other allergens not related to the COVID-19 vaccine can receive the COVID-19 vaccine followed by observation for a minimum of 15 minutes. Individuals with allergy issues like allergic rhinitis, asthma and eczema can receive the vaccine followed by observation for a minimum of 15 minutes.

As with the routine administration of all vaccines, COVID-19 vaccines should be administered in a healthcare setting capable of managing anaphylaxis, and individuals should be observed for a minimum of 15 minutes.

For additional information on allergy consult the [Canadian Society of Allergy and Clinical Immunology statement on COVID-19 vaccination](#).

5. Children and adolescents

The Pfizer vaccine is now licensed by Health Canada for adolescents aged 12 years and older. The Pfizer vaccine has been proven to be safe in clinical trials and provided excellent efficacy in adolescents. Side effects reported in adolescents were similar to those observed in adults, and were more frequent after the second dose.

Clinical trials of the Moderna COVID-19 vaccine, and Janssen COVID-19 vaccine are currently in progress in pediatric populations. The Moderna, Janssen and AstraZeneca COVID-19 vaccines are not indicated for use for those under the age of 18 years.

For children less than 12 years of age, vaccination is not recommended at this time. However, this recommendation should be revisited periodically as data emerge and taking into consideration the conditions under which such vaccination might be contemplated on a case-by-case scenario basis.

Vaccinating eligible caregivers/families of children is an important component of the strategy to protect susceptible children.

¹ Shimabukuro, T., Kim, S., Myers, T., Moro, P., Oduyebo, T., Panagiotakopoulos, L., . . . Burkel, V. (2021). Preliminary Findings of mRNA COVID-19 Vaccine Safety in Pregnant Persons. *The New England Journal of Medicine*. [DOI: 10.1056/NEJMoa2104983](https://doi.org/10.1056/NEJMoa2104983)