

Special Edition

# Vaccine Confidence InfoBulletin

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## Special edition

This Special Edition aims to provide you with key messages to help you address specific issues currently being discussed in the media.

## Vaccine confidence in both mRNA COVID-19 vaccines as booster doses

### Issue

Media reports suggest that the Pfizer-BioNTech Comirnaty® (30 mcg) booster is being preferred by the public over the Moderna Spikevax™ (50/100 mcg) booster. Key messages have been developed to help you answer questions on both mRNA COVID-19 vaccines.

### Key messages

- A complete COVID-19 vaccine series continues to provide excellent protection against serious illness for most people. Over time, some people—such as older adults—may be less protected against serious illness.
- Either Pfizer-BioNTech Comirnaty® or Moderna Spikevax™ COVID-19 mRNA vaccines are effective as boosters. You can feel confident in accepting whichever vaccine is made available to you.

## In this issue

### Vaccine confidence in both mRNA vaccines as booster doses

- Issue
- Key messages

### Timing of COVID-19 vaccination following SARS-CoV-2 infection

- Issue
- Key messages
- Frequently asked questions

### Stay current

### Vaccine confidence feedback



- Health Canada has authorized both the Moderna Spikevax™ (50 mcg) and Pfizer-BioNTech Comirnaty® (30 mcg) mRNA COVID-19 vaccines for use as booster doses in people 18 years of age and older, at least six months after completion of a primary series.
- Compared to older ages, adolescents and young adults 12 to 29 years of age have a higher rate of experiencing the rare risk of myocarditis and/or pericarditis after receiving an mRNA COVID-19 vaccine. In the majority of cases, symptoms of myocarditis and pericarditis resolve quickly after seeking medical care.
- As a result, the National Advisory Committee on Immunization (NACI) recommends the use of the Pfizer-BioNTech Comirnaty® (30 mcg) vaccine in people 18 to 29 years of age in order to further reduce the rare risk of adolescents and young adults experiencing myocarditis and/or pericarditis after receiving an mRNA COVID-19 vaccine.
- If offering the Moderna Spikevax™ mRNA COVID-19 vaccine as a booster, the 100 mcg dose may be preferred for adults who are moderately to severely immunocompromised, as well as adults living in long-term care for seniors or other congregate living settings that provide care for seniors based on the discretion of healthcare providers.

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## Timing of COVID-19 vaccination following SARS-CoV-2 infection

### Issue

On February 4, 2022, NACI provided updated guidance on the timing of COVID-19 vaccination after COVID-19 infection. This recommended interval between infection and vaccination will differ depending on the population (e.g., age, immunocompromised status) and whether the dose is a primary series or booster.

### Key messages

- On February 4, 2022, PHAC released updated guidance from NACI on the timing of COVID-19 vaccination after infection with COVID-19.
- Vaccination is very important, even if you have been previously infected with COVID-19. While infection alone provides some protection, vaccination after infection helps improve the immune response and may provide better and longer-lasting protection against current and future variants of the virus.

- This is why NACI continues to recommend that COVID-19 vaccines should be offered to people who have had previous infection with COVID-19. Complete and up-to-date COVID-19 vaccination is recommended to provide the best possible protection against severe illness due to COVID-19, now and going forward.
- Suggested intervals between COVID-19 infection and COVID-19 vaccination are intended to serve as a guide and aim to improve long-term protection against COVID-19.
- At this time, NACI suggests that:
  - People who experienced COVID-19 infection before starting or completing a primary COVID-19 vaccine series may receive their next dose 8 weeks after symptoms started, or after testing positive if they experienced no symptoms.
  - People who are recommended to receive a booster dose and who experienced COVID-19 infection after a primary series may receive a booster three months after symptoms started or testing positive (if they experienced no symptoms) or at least six months after completing a primary series, whichever interval is longer.
  - Additional guidance on intervals between infection and vaccination for individuals who are moderately to severely immunocompromised, or children who have experienced multisystem inflammatory syndrome in children (MIS-C), are outlined in NACI's updated guidance.
- A longer interval between infection and vaccination is suggested, since it may result in a better immune response and longer-lasting protection against Omicron and future variants. Risk factors for exposure and severe outcomes should be assessed when considering longer intervals.
- Suggested intervals between COVID-19 infection and COVID-19 vaccination are based on the available evidence on the safety, effectiveness and timing of vaccination following infection, immunological principles, and expert opinion.
- Suggested intervals may change as additional evidence on the extent and duration of protection provided by infection emerges. NACI will continue to evaluate the evolving evidence and will update guidance as needed.

## Frequently asked questions

### **Q1. I already received my booster in less than three months since infection. Should I be concerned?**

If you had COVID-19 and received a booster dose when you were eligible by your local public health authority, you made the right choice. There are no safety concerns with receiving your booster dose less than three months since infection. A longer interval between infection and vaccination is suggested, since it may result in a better immune response and longer-lasting protection against Omicron and future variants.

### **Q2. Do I still need to get vaccinated against COVID-19 if I was previously infected with the virus?**

Yes, COVID-19 vaccination is recommended in people previously infected with COVID-19. Current evidence suggests that while infection alone may provide some protection, this protection decreases over time. Vaccination following infection is expected to strengthen the immune response in order to provide better and longer-lasting protection against current and future variants of the virus.

### **Q3. What are my chances of being re-infected if I already had COVID-19 if I am not vaccinated? How strong is the protection from infection?**

For variants that circulated before Omicron, some studies noted that past infection offers good protection from re-infection, but this protection decreases over time. But these studies also noted that protection in people with previous infection who have been vaccinated is stronger and longer-lasting compared to protection from infection alone.

While the duration of protection from Omicron infection is unknown, current evidence suggests that Omicron infection is expected to generate a strong immune response against Omicron and related variants that may be protective for some time.

However, numerous reports have documented the risk of re-infection with Omicron (among people who previously had COVID-19) is higher than the risk of reinfection from previous variants. Vaccination with authorized vaccines is expected to strengthen the response in order to provide longer-lasting protection against current and future variants. That's why complete and up-to-date COVID-19 vaccination is recommended to provide the best possible protection for the future against severe illness from COVID-19.

**Q4. Is it advisable to have a longer interval for vaccination at this time, given the current high level of COVID-19 transmission in certain regions of Canada?**

NACI acknowledges the current high incidence rate of COVID-19 in Canada, as well as the limitations of the evidence on optimal timing between COVID-19 infection and COVID-19 vaccine doses at this time. Suggested intervals are based on the available evidence on the safety, immunogenicity, effectiveness and timing of vaccination after infection; immunological principles; and NACI expert opinion. Suggested intervals may change as evidence on the optimal timing between infection and COVID-19 vaccination continues to emerge and evolve. NACI will continue to evaluate the evolving evidence and will update guidance as needed.

When considering whether or not to administer vaccine doses following the suggested intervals, NACI recommends that biological and social risk factors for exposure (e.g., local epidemiology, circulation of variants of concern, living settings) and severe disease should be taken into account.

Provinces and territories are responsible for planning and delivering their immunization programs. They determine how best to conduct their immunization programs, including the recommended intervals between doses, based on jurisdictional considerations. People in Canada should consult with their local public health authority for COVID-19 vaccine information and guidelines in their region.

**Q5. What timing is NACI suggesting between infection and COVID-19 vaccination for special populations, such as people who are moderately to severely immunocompromised or those who have experienced multisystem inflammatory syndrome in children (MIS-C)?**

Guidance on suggested intervals between infection and vaccination for individuals who are moderately to severely immunocompromised or who have experienced multisystem inflammatory syndrome in children (MIS-C) are outlined in NACI's updated guidance.

If infection occurred before starting or completing a primary series, people five years of age and older who are moderately to severely immunocompromised, and who do not have a history of MIS-C, are suggested to receive a vaccine dose 4 to 8 weeks after symptoms started or a positive test (if no symptoms were experienced).

For people 5 years of age and older with a history of MIS-C (regardless of immunocompromised status), a next vaccine dose is suggested once they have recovered, or once it has been 90 days or longer since the onset of MIS-C, whichever is longer.

For individuals 12 years of age and older if they are eligible for a booster dose and if infection occurred after a primary series but before a booster dose, a booster dose is suggested 3 months after symptoms started or after receiving a positive test (if no symptoms were experienced), provided it is at least 6 months from completing the primary series, whichever is longer.

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## Stay current

[Subscribe](#) to stay up-to-date on the latest guidance and information from the **Canadian Immunization Guide (CIG)** and/or the **National Advisory Committee on Immunization (NACI)** including recommendations, statements, and literature reviews.

The [CIG](#) is a comprehensive resource on immunization developed based on recommendations and statements of expert advisory committees, including NACI and the Committee to Advise on Tropical Medicine and Travel (CATMAT).

[NACI](#) makes recommendations for the use of vaccines currently or newly approved for use in humans in Canada, including the identification of groups at risk for vaccine-preventable diseases for whom vaccination should be targeted.

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## Vaccine confidence feedback

- Do you have questions or comments?
- Do you have a success story or best practice to share with your colleagues across the country?
- Do you wish to be added to the distribution list to receive the PHAC Vaccine Confidence InfoBulletin directly?

Email us: [vaccination@phac-aspc.gc.ca](mailto:vaccination@phac-aspc.gc.ca)

Please note that any medical questions should be directed to your local health care provider and any urgent medical questions should be directed to 911 or your local emergency department.

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