

# SPRING 2025 COVID-19 HIGH-RISK VACCINE PROGRAM

IMPORTANT UPDATES FOR YORK REGION HEALTHCARE PROFESSIONALS AS OF APRIL 14, 2025

The Ministry of Health has released Spring updates to the 2024/2025 COVID-19 Vaccine Program to align with the [Guidance on the Use of COVID-19 Vaccines for 2025 to Summer 2026](#) recently published by the National Advisory Committee on Immunization (NACI). Moving forward, the COVID-19 Vaccine Program will become an annual program, from September to August, to align with the Universal Influenza Immunization Program (UIIP).

## UPDATED ELIGIBILITY FOR HIGH-RISK INDIVIDUALS IN SPRING 2025

(See pages 2 and 3 of the attached *Health Care Provider Fact Sheet* for further details)

### Recommended high-risk populations for Spring COVID-19 immunization

An additional dose of COVID-19 vaccine is recommended for previously vaccinated individuals who have completed their primary series and are at increased risk of SARS-CoV-2 infection including:

- Adults 65 years of age and older
  - NACI recommends that those 80 years and older should receive an additional dose of vaccine while those 65 to 79 years of age may receive an additional dose of vaccine
- Adult residents of long-term care homes and other congregate living settings for seniors
- Individuals 6 months of age and older who are moderately to severely immunocompromised (due to an underlying condition or treatment; see section below for a comprehensive list)
- Individuals 55 years and older who identify as First Nations, Inuit, or Metis and their non-Indigenous household members who are 55 years and older

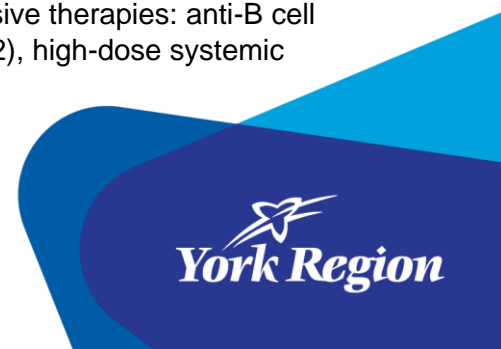
### Moderately to severely immunocompromised individuals

As indicated by NACI, the following individuals are considered to be moderately to severely immunocompromised and are recommended to receive an additional dose(s) as detailed in the immunization schedules section below:

- Solid tumour or hematologic malignancies or treatments for these conditions
- Solid-organ transplant and taking immunosuppressive therapy
- Hematopoietic stem cell transplant (HSCT) (within 2 years of transplantation or taking immunosuppression therapy)
- Immunocompromised due to chimeric antigen receptor (CAR) T cell therapy targeting lymphocytes
- Moderate to severe primary immunodeficiency with associated humoral and/or cell-mediated immunodeficiency or immune dysregulation
- HIV with AIDS-defining illness or TB diagnosis in last 12 months before starting vaccine series, or severe immune compromise with CD4 <200 cells/ $\mu$ L or CD4<15%, or without HIV viral suppression
- Recent treatment with the following categories of immunosuppressive therapies: anti-B cell therapies (monoclonal antibodies targeting CD19, CD20 and CD22), high-dose systemic

## PUBLIC HEALTH

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corticosteroids, alkylating agents, antimetabolites, or tumor-necrosis factor (TNF) inhibitors and other biologic agents that are significantly immunosuppressive

- Chronic kidney disease on dialysis

## UPDATED IMMUNIZATION SCHEDULES

(See pages 3 to 5 of the attached *Health Care Provider Fact Sheet* for further details)

Timing of Immunization	Population	Immunization status	# of recommended doses
Fall 2024 (September to January <sup>δ</sup> )	All	Completed primary series	1 dose
		Primary series not completed	1 or more doses*
Spring 2025 (April to June <sup>λ</sup> )	High-risk (as outlined above)	Dose(s) recommended in the fall were received	1 additional dose
		Dose(s) recommended in the fall were not received	See fall doses above <sup>α</sup>
	Individuals who are not high-risk	Dose(s) recommended in the fall were received or not received	n/a <sup>β</sup>

<sup>δ</sup> Doses are recommended to be received between September and January, although doses may continue to be received until March 31.

<sup>λ</sup> Doses for high-risk populations are recommended to be received between April and June, although doses may continue to be received until August 31. For doses requested after June 30 healthcare providers should use discretion to determine the benefit of receiving dose(s) at the minimum interval versus receiving dose(s) during the next annual COVID-19 vaccine program (i.e., 2025/2026) to ensure optimal protection against the circulating strains.

<sup>α</sup> The additional spring dose is not required.

<sup>β</sup> Individuals who are not high-risk are not recommended to receive dose(s) in the spring regardless of if dose(s) were received in the fall. These individuals are recommended to be vaccinated during the next annual COVID-19 vaccine program (i.e., 2025/2026) to ensure optimal protection against circulating strains.

## ORDERING MRNA COVID-19 VACCINES

Healthcare providers and facilities onboarded with York Region Public Health as community partners for COVID-19 vaccinations can use the attached order form to request vaccines. All other healthcare professionals can connect with a [local pharmacy](#) to offer vaccination to eligible high-risk individuals.

Up to date information on vaccine storage and handling for Pfizer and Moderna COVID-19 vaccines are available on the provincial website: [COVID-19: Vaccine Storage and Handling Guidance](#). Co-administration with other vaccines is permitted.

## MINISTRY OF HEALTH RESOURCES

- CMOH letter to Health Care Provider/Health Care Setting/Congregate Living Setting (attached)
- Health Care Provider Fact Sheet: 2024/2025 COVID-19 Vaccine Program - Update (attached)
- COVID-19 website [for healthcare providers](#)
- COVID-19 website [for the public](#)

For more information on COVID-19 vaccine ordering, contact our Vaccine Inventory Program at [vaccineinventory@york.ca](mailto:vaccineinventory@york.ca), call 1-877-464-9675 ext. 74033, or visit us at [york.ca/VaccineInventory](http://york.ca/VaccineInventory)