Ontario

Ministry of Health

Health Care Provider Fact Sheet: 2024/2025 COVID-19 Vaccine Program – Update

This fact sheet provides basic information only. This document is not intended to provide or take the place of medical advice, diagnosis or treatment, or legal advice. This document can be used as a reference for vaccine administrators to support COVID-19 immunization. Complementary resources include the vaccine product monographs, the COVID-19: Vaccine Storage and Handling Guidance and the COVID-19 Vaccine: Canadian Immunization Guide.

Ontario's COVID-19 vaccine program

Ontario's COVID-19 vaccine program aims to ensure Ontarians are protected against COVID-19 disease, including severe outcomes such as hospitalization and death and to protect the capacity in the health care system for other health needs of Ontarians. At this time, the evolutionary trajectory of SARS-CoV-2 and seasonality of COVID-19 has not been established. However, based on previous years and consistent with other respiratory viruses, an increase in COVID-19 activity is expected during the fall, winter and spring.

Over the past several years, the National Advisory Committee on Immunization (NACI) has recommended individuals receive the updated COVID-19 vaccine annually. Receiving an updated vaccine is expected to offer additional protection against SARS-CoV-2 infection and severe COVID-19 disease since the strain(s) in the updated vaccines are likely to be more closely related to circulating strains, and for those who were previously immunized, is expected to increase the immune response that has waned over time.

The 2024/2025 COVID-19 vaccine program will become an annual program aligning with the Universal Influenza Immunization Program (UIIP). The annual program will occur over a 12-month period starting in September and ending in August.

COVID-19 vaccines available for 2024/2025 vaccine program

As per the vaccines offered for the 2024/2025 respiratory illness season, Ontario will have two mRNA COVID-19 vaccines, Moderna and Pfizer, both targeting the Omicron KP.2 variant. Moderna will be the vaccine available for children 6 months to 11 years of age. See Table 1: COVID-19 vaccines available for the 2024/2025 vaccine program in the Appendices.

The updated protein subunit COVID-19 vaccine, Novavax will not be available in Ontario for the 2024/2025 vaccine program. Individuals who are unable to receive an mRNA vaccine, should speak with their health care provider about how to lower their risk of SARS-CoV-2 infection and about treatment options, including the use of Paxlovid, to reduce the duration and severity of illness, in the event of COVID-19 disease.

Vaccine preparation and administration

See the individual vaccine product monographs for step-by-step directions on administration and expiry dates. To ensure the correct volume is accurately drawn up, refer to Table 1 in the Publicly Funded Immunization Schedules for Ontario for assistance in selecting appropriate needle length and gauge.

For the most up to date information on vaccine storage and handling, stability and disposal refer to the COVID-19: Vaccine Storage and Handling Guidance.

Recommended high-risk populations for COVID-19 immunization (spring 2025)

An **additional dose** of COVID-19 vaccine is recommended, as detailed in the immunization schedules section below, 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).
- 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/μL 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 corticosteroids, alkylating agents, antimetabolites, or tumor-necrosis factor (TNF) inhibitors and other biologic agents that are significantly immunosuppressive.
- Chronic kidney disease on dialysis.

COVID-19 immunization schedules

Based on provincial epidemiology, Ontario's 2024/2025 COVID-19 vaccine program will be implementing the following immunization schedules:

Timing of Immunization	Population	Immunization status	# of recommended doses
Fall 2024 (Sept to Jan$^{\delta}$)	All	Completed primary series	1 dose
		Primary series not completed	1 or more doses*
Spring 2025 (April to June$^{\lambda}$)	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$^{\alpha}$
	Individuals who are not high-risk	Dose(s) recommended in the fall were received or not received	n/a$^{\beta}$

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

λ 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.

α The additional spring dose is not required.

β 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.

*To determine the appropriate immunization schedule, refer to Figure 1: Immunization algorithm in the Appendices. For detailed schedules refer to the following tables in the Appendices:

- Table 2: Fall immunization schedule for those not part of the high-risk populations
- Table 3: Immunization schedule for high-risk populations who are not immunocompromised
- Table 4: Immunization schedule for immunocompromised individuals (except post-HSCT/CAR T-cell therapy)
- Table 5: Immunization schedule for post-HSCT/CAR T-cell therapy

Primary series schedule for children 6 months to 4 years of age

Two (2) doses of Moderna, with an 8-week interval between doses for those who are not immunocompromised, is recommended. An additional dose is recommended for individuals who are moderately to severely immunocompromised, with an interval of 4 to 8 weeks between each dose.

If both Pfizer and Moderna were used in the same primary series, the total number of doses in the series should follow the Pfizer schedule, specifically 3 doses for those who are not immunocompromised and 4 doses for those who are immunocompromised.

Children who started the primary series at less than 5 years of age and turn 5 years of age before completing the series, should complete the series as follows:

- Non-immunocompromised: 1 dose of vaccine
- Immunocompromised: so that the total number of COVID-19 doses received is 3 doses for Moderna, or 4 doses for Pfizer (or a mixed schedule which includes Pfizer).

Primary series schedule for individuals 5 years of age and over

One (1) dose of COVID-19 vaccine is recommended for those not previously vaccinated who are not immunocompromised. For individuals who are moderately to severely immunocompromised, 2 doses of COVID-19 vaccine are recommended for the primary series and a third dose may also be offered, with an interval of 4 to 8 weeks between doses. Healthcare providers can use clinical discretion to determine the potential benefit of a third dose.

New hematopoietic stem cell transplantation (HSCT) recipients and recipients of chimeric antigen receptor (CAR) T cell therapy are considered immunologically naïve and should be vaccinated with 3 doses beginning at 3 to 6 months post-HSCT/CAR T-cell therapy, regardless of previous vaccination history, with 4 to 8 weeks between doses.

Interval for individuals with a completed primary series

For previously vaccinated individuals who have completed their primary series, the recommended interval is 6 months from the last COVID-19 vaccine dose, or a minimum of 3 months from the last dose may be used.

Intervals for individuals previously infected with COVID-19

The following intervals should be observed after an infection with COVID-19:

- For those who have not started or completed a primary series, the next dose should be given 8 weeks following the previous dose or test-confirmed infection for those who are not immunocompromised or 4 to 8 weeks for those who are immunocompromised. A dose can be given as soon as possible for those who have not received any doses and did not test positive for infection.
- For those who are previously vaccinated and have completed their primary series, the next dose is recommended at an interval of 6 months following the previous dose or test-confirmed infection (minimum of 3 months).

Publicly funded COVID-19 testing is limited to individuals who are eligible for antiviral treatment or those who are living in congregate living settings.

Interchangeability of vaccines

The Moderna and Pfizer vaccines can be used interchangeably, provided that the vaccine is authorized for the individual's age, to:

1. complete a primary series started with another product, and
2. as a subsequent dose in previously vaccinated individuals.

A mixture of COVID-19 vaccine formulations (e.g., KP.2, JN.1, XBB) can be used to complete a primary series using the appropriate schedule outlined above. The previous dose(s) should be counted, and the series does not need to be restarted.

Co-administration

The COVID-19 vaccines may be given at the same time with other vaccines, or at any time before or after other non-COVID-19 vaccines (live or non-live vaccines), including influenza and respiratory syncytial virus (RSV) vaccines and/or the RSV monoclonal antibody, Beyfortus.

If multiple injections are to be given at the same visit, separate limbs should be used if possible. Alternatively, the injections may be administered into the same muscle separated by at least 2.5 cm (1"). Different immunization equipment (needle and syringe) must be used for each vaccine.

Contraindications, precautions & population-specific considerations

See the COVID-19 Vaccine: Canadian Immunization Guide's section on Contraindications and Precautions for recommendations for individuals with several conditions including allergies, bleeding disorders, myocarditis and/or pericarditis following vaccination, Guillain-Barré syndrome (GBS), multisystem inflammatory syndrome in children or adults (MIS-C or MIS-A), and Bell's palsy.

Pregnant or breastfeeding

Pregnant or breastfeeding women should receive COVID-19 vaccine during the 2024/2025 vaccine program to provide protection during pregnancy and to lower the risk of

hospitalization for their newborn. COVID-19 vaccine may be offered at any stage of the pregnancy (i.e., in any trimester) and while breastfeeding. There have been no safety concerns with receiving a COVID-19 dose during pregnancy or lactation. Compared to non-pregnant individuals, SARS-CoV-2 infection in pregnancy is associated with increased risk of hospitalization. SARS-CoV-2 infection during pregnancy is also associated with an increased risk in the neonate of preterm birth and low birth weight. In addition, the benefits of immunization during pregnancy for the fetus and infants have also been well-documented. Protective antibodies are transferred to the fetus transplacentally, resulting in increased protection for the infant during the early postnatal period when they are not yet eligible for vaccination.

Additional information can be accessed at the Provincial Council for Maternal and Child Health's decision making tool, the Society of Obstetricians and Gynaecologists of Canada Statement on COVID-19 Vaccination in Pregnancy, and Canadian Immunization Guide (CIG).

Vaccine safety

COVID-19 vaccines authorized for use in Canada are safe and well tolerated. As with other vaccines, they must be authorized for use by the Canadian regulator, Health Canada, following review of a product's safety and how well it works (e.g., clinical trial and other evidence).

Once a vaccine is authorized for use in Canada, provincial surveillance in Ontario and national surveillance coordinated by Health Canada and the Public Health Agency of Canada ensures ongoing monitoring of vaccine safety.

Adverse events

Many people who receive COVID-19 vaccine have no side effects or adverse events. For those that do, side effects are usual mild and last a few days. The most common side effects from the COVID-19 vaccine are:

- Erythema (skin redness), swelling, and soreness at the injection site
- Mild fever
- Chills
- Fatigue
- Joint pain
- Muscle aches

Life-threatening allergic (anaphylactic) reactions are very rare. If they do occur, it is typically within a few minutes to a few hours after receiving the vaccine. Please refer to the safety and adverse events section of the CIG for more information on rare and very rare adverse events following immunization (e.g., myocarditis/pericarditis, GBS).

Guidance on reporting adverse events following immunization (AEFI)

To ensure the ongoing safety of vaccines in Ontario, reporting AEFIs by physicians,

nurses, pharmacists or other persons authorized to administer an immunizing agent is mandatory under the *Health Protection and Promotion Act.* Vaccine providers are asked to report AEFIs through local public health units using the Ontario AEFI Reporting Form.

Those administering vaccines should advise vaccine recipients or their parents or guardians to contact their health care provider if they experience an AEFI. Health care providers should report any event which may be related to receipt of a vaccine, as outlined in Public Health Ontario's AEFI Reporting fact sheet. Of particular importance are events which require medical consultation, or unusual or unexpected events. Submitting a report does not mean that the vaccine caused the event.

Some common or mild events do not need to be reported. These include:

- Fever that is not accompanied by any other symptoms
- Injection site reactions that do not extend past the nearest joint
- Vasovagal syncope
- Events that are clearly attributed to other causes

Vaccine recipients or their parents or guardians should be advised to go to the nearest emergency department if severe reactions develop, including the following:

- Signs and symptoms of severe allergic reaction, including:
    - Hives
    - Swelling of the mouth or throat
    - Trouble breathing, hoarseness or wheezing.
- High fever (over 40°C or 104°F)
- Convulsions (seizures)
- Other serious reactions

COVID-19 vaccine errors and deviations

The Government of Canada's Planning guidance for immunization clinics for COVID-19 vaccines: Managing vaccine administration errors or deviations provides guidance on managing COVID-19 vaccine administration errors and deviations. For inadvertent immunization errors and deviations that are not addressed in this document and/or that involve multiple errors or have additional complexity, healthcare providers can contact their local public health unit or Public Health Ontario (at ivpd@oahpp.ca) for further advice.

The local public health unit should be notified, and vaccine administration errors or deviations should be handled and reported in accordance with both the site and public health unit procedures and by the relevant regulatory college policies (e.g., College of Nurses of Ontario, College of Physicians and Surgeons of Ontario).

If an inadvertent vaccine administration error or deviation results in an AEFI, complete Ontario's AEFI reporting form, including details of the error or deviation. See the guidance on reporting AEFI section above for additional information.

Observation period following vaccination

The CIG recommends a 15-minute post-vaccination observation period. If there is a specific concern about possible vaccine allergy, 30 minutes is a safer interval.

Record of immunization

All immunizations must be documented into COVaxON. Each vaccine recipient should be provided with an immunization record. Vaccine recipients, or their parents or guardians, should be instructed to keep the record in a safe place.

Persons with inadequate immunization records

Individuals with incomplete or no immunization records should be considered unimmunized and should receive COVID-19 vaccines on a schedule that is appropriate for their age and risk factors, regardless of possible previous immunization.

Additional information

Please visit the following websites or call your local public health unit:

a) Ontario Ministry of Health: COVID-19 vaccine program

b) National Advisory Committee on Immunization (NACI) Statement: Guidance on the use of COVID-19 vaccines for 2025 to summer 2026

c) Canadian Immunization Guide: COVID-19 vaccine

d) Public Health Ontario: COVID-19 Health Care Resources

e) List of public health units: www.ontario.ca/page/public-health-unit-locations

Version française disponible en communiquant avec le 1-866-532-3161 ATS: 1-800 387-5559 (web site: www.ontario.ca/fr/page/programme-de-vaccination-contre-la-covid-19

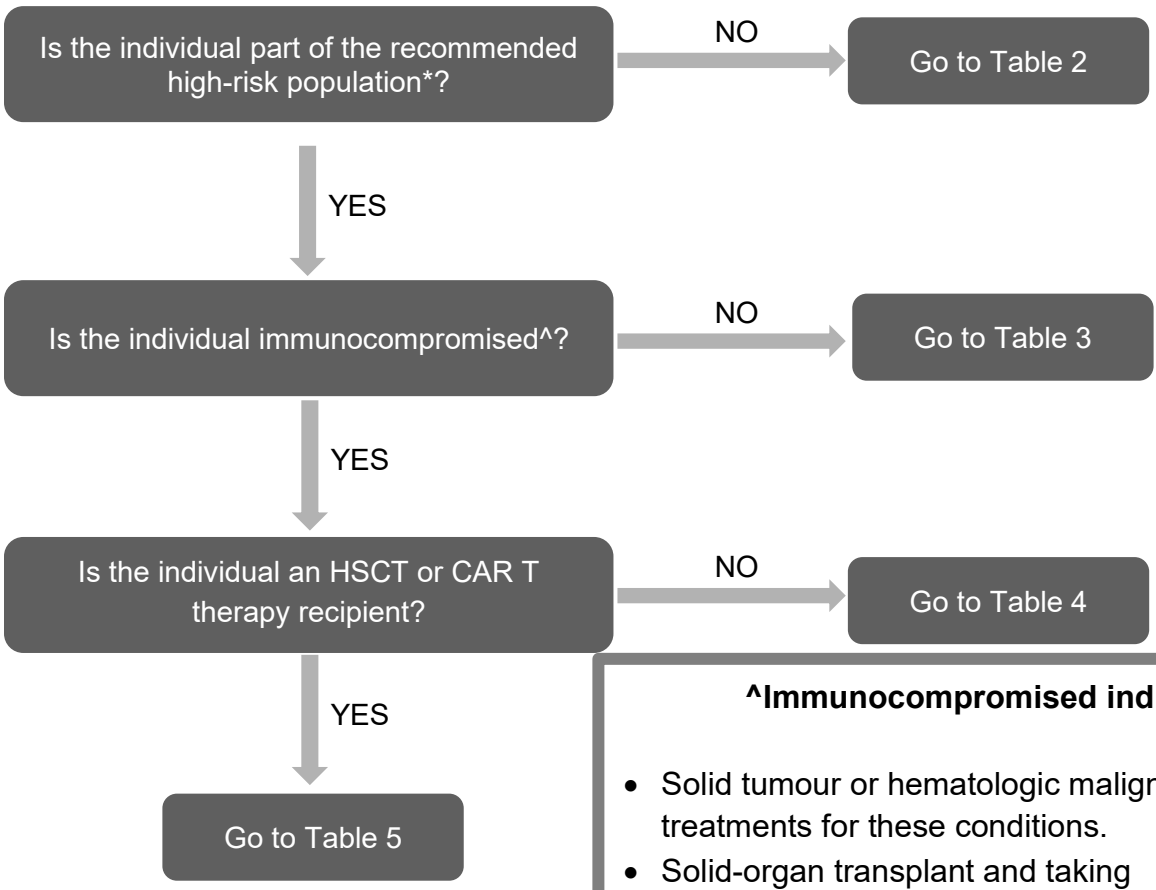
Appendices

Table 1: COVID-19 vaccines available for the 2024/2025 vaccine program (fall and spring)

	COVID-19 Vaccines		
Vaccine name	Moderna		Pfizer
Brand name	Spikevax		Comirnaty
Protection against	Omicron KP.2 variant		Omicron KP.2 variant
Manufacturer	Moderna Biopharma Canada Corporation		BioNTech Manufacturing GmbH
Vaccine type	Monovalent COVID-19 mRNA*		Monovalent COVID-19 mRNA*
Age indication	6 months to 11 years	12 years and older	12 years of age and older
Dosage	0.25 mL/25 ug	0.5 mL/50 ug	0.3 mL/30 mcg
Route	Intramuscular (IM)		Intramuscular (IM)
Format	Multidose vial (MDV)		Multidose vial (MDV)
Vial volume	2.5 mL		1.8 mL
# of doses per vial	10 (0.25mL) doses 5 (0.5 mL) doses		6 doses
Unpunctured self life (thawed vials)	50 days at +2˚C to +8˚C 12 hours at +8˚C to +25˚C Do not refreeze thawed vials		10 weeks at +2˚C to +8˚C 12 hours at +8˚C to +25˚C Do not refreeze thawed vials
Post-puncture shelf life	24 hours at +2˚C to +8˚C 12 hours at +8˚C to +25˚C		12 hours at +2°C to +25°C
Package dimension	5.4 x 13.8 x 6.1 cm		3.7 x 4.7 x 8.9 cm
DIN	02541270		02541823
Product monograph	https://pdf.hres.ca/dpd_pm/00077065.PDF		https://pdf.hres.ca/dpd_pm/00077149.PDF

* Messenger ribonucleic acid (mRNA)

Figure 1: Immunization algorithm



***Recommended high-risk populations**

- Adults 65 years of age and older.
- 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 next box for detailed 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.

^Immunocompromised individuals

- Solid tumour or hematologic malignancies or treatments for these conditions.
- Solid-organ transplant and taking immunosuppressive therapy.
- HSCT (within 2 years of transplantation or taking immunosuppression therapy).
- Immunocompromised due to 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/μL 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 corticosteroids, alkylating agents, antimetabolites, or tumor-necrosis factor (TNF) inhibitors and other biologic agents that are significantly immunosuppressive.
- Chronic kidney disease on dialysis.

Table 2: Fall Immunization schedule for those not part of the high-risk populations

The immunization schedule reflects the recommended dose(s) that should be received in the fall. Regardless of whether the fall dose(s) (i.e., primary series or the 1 dose) are given, no doses are recommended in the spring. 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.

Current Age	Doses received prior to fall 2024	# of doses recommended for the 2024/2025 vaccine program	Intervals between doses
6 months to 4 years	0 doses	2 doses*	8 weeks
	1 dose Moderna	1 dose*	8 weeks
	1 dose Pfizer	2 doses*	8 weeks
	2 doses with ≥1 doses Pfizer	1 dose*	8 weeks
	2 doses both Moderna	1 dose	6 months°
	≥3 doses, Pfizer and/or Moderna	1 dose	6 months°
≥5 years	0 doses	1 dose*	N/A
	1 dose at ≥5 years	1 dose	6 months°
	1 dose at <5 years	1 dose*	8 weeks
	≥2 doses	1 dose	6 months°

* Dose(s) required to complete the primary series

° The recommended interval is 6 months, and the minimum interval is 3 months

Table 3: Immunization schedule for high-risk populations who are not immunocompromised

The immunization schedule reflects the recommended dose(s) that should be received in the fall and the additional dose which is given in the spring. If the dose(s) (i.e., primary series or the 1 dose) are not given in the fall then the dose(s) can be given in the spring, however the additional dose would not be required.

Current Age	Doses received prior to fall 2024	# of doses recommended for 2024/2025 vaccine program	Intervals between doses
6 months to 4 years	0 doses	2 doses* and 1 additional dose	8 weeks 6 months°
	1 dose Moderna	1 dose* and 1 additional dose	8 weeks 6 months°
	1 dose Pfizer	2 doses* and 1 additional dose	8 weeks 6 months°
	2 doses with ≥1 doses Pfizer	1 dose* and 1 additional dose	8 weeks 6 months°
	2 doses both Moderna	1 dose and 1 additional dose	6 months°
	≥3 doses, Pfizer and/or Moderna	1 dose and 1 additional dose	6 months°
≥5 years	0 doses	1 dose* and 1 additional dose	6 months°
	1 dose at ≥5 years	1 dose and 1 additional dose	6 months°
	1 dose at <5 years	1 dose* and 1 additional dose	8 weeks 6 months°
	≥2 doses	1 dose and 1 additional dose	6 months°

* Dose(s) required to complete the primary series

° The recommended interval is 6 months, and the minimum interval is 3 months

Note: High-risk populations are recommended to receive spring dose(s) between April and June, although doses may continue to be received until August 31. For doses given after June 30, health care provider should use discretion to determine the benefit of receiving the 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.

Table 4: Immunization schedule for immunocompromised individuals (except post-HSCT/CAR T-cell therapy - see Table 5)

The immunization schedule reflects the recommended dose(s) that should be received in the fall and the additional dose which is given in the spring. If the dose(s) (i.e., primary series or the 1 dose) are not given in the fall then the dose(s) can be given in the spring, however the additional dose would not be required.

Current Age	Doses received prior to fall 2024	# of doses recommended for 2024/2025 vaccine program	Intervals between doses
6 months to 4 years	0 doses	3 doses* and 1 additional dose	4-8 weeks 6 months°
	1 dose Moderna	2 doses* and 1 additional dose	4-8 weeks 6 months°
	1 dose Pfizer	3 doses* and 1 additional dose	4-8 weeks 6 months°
	2 doses Moderna	1 dose* and 1 additional dose	4-8 weeks 6 months°
	2 doses with ≥1 doses Pfizer	2 doses* and 1 additional dose	4-8 weeks 6 months°
	3 doses with ≥1 doses Pfizer	1 dose* and 1 additional dose	4-8 weeks 6 months°
	3 doses all Moderna	1 dose and 1 additional dose	6 months°
	≥4 doses Pfizer and/or Moderna	1 dose and 1 additional dose	6 months°
≥5 years	0 doses	2 doses*^ and 1 additional dose	4-8 weeks 6 months°
	1 dose at ≥5 years	1 dose*^ and 1 additional dose	4-8 weeks 6 months°
	1 dose Moderna at <5 years	2 doses* and 1 additional dose	4-8 weeks 6 months°
	1 dose Pfizer at <5 years	3 doses* and 1 additional dose	4-8 weeks 6 months°
	2 doses Moderna with ≥1 dose at <5 years	1 dose* and 1 additional dose	4-8 weeks 6 months°
	2 doses with ≥1 doses Pfizer at <5 years	2 doses* and 1 additional dose	4-8 weeks 6 months°
	≥2 doses at ≥5 years	1 dose and 1 additional dose	6 months°
	3 doses with ≥1 doses Pfizer at <5 years	1 dose* and 1 additional dose	4-8 week 6 months°
	≥3 doses Moderna with ≥1 dose at <5 years	1 dose and 1 additional dose	6 months°
	≥4 doses with ≥1 doses Pfizer at <5 years	1 dose and 1 additional dose	6 months°

Table 4: Immunization schedule for immunocompromised individuals (except post-HSCT/CAR T-cell therapy - see Table 5)

* Dose(s) required to complete the primary series

° The recommended interval is 6 months, and the minimum interval is 3 months

^ A 3rd dose (for the primary series) may be offered 4 to 8 weeks after the previous dose. Healthcare providers can use discretion to determine the potential benefit of a 3rd dose.

Note: High-risk populations are recommended to receive spring dose(s) between April and June, although doses may continue to be received until August 31. For doses given after June 30, health care provider should use discretion to determine the benefit of receiving the 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.

Table 5: Immunization schedule for post-HSCT/CAR T-cell therapy

The immunization schedule reflects the recommended dose(s) that should be received in the fall and the additional dose which is given in the spring. If the dose(s) (i.e., primary series or the 1 dose) are not given in the fall then the dose(s) can be given in the spring, however the additional dose would not be required.

Current Age	Doses received prior to fall 2024	# of doses recommended for 2024/2025 vaccine program	Intervals between doses
≥5 years	0 doses	3 doses* and 1 additional dose	4-8 weeks 6 months°
	1 dose	2 doses* and 1 additional dose	4-8 weeks 6 months°
	2 doses	1 dose* and 1 additional dose	4-8 weeks 6 months°
	≥3 doses	1 dose and 1 additional dose	6 months°

* Dose(s) required to complete the primary series

° The recommended interval is 6 months, and the minimum interval is 3 months

Note: High-risk populations are recommended to receive spring dose(s) between April and June, although doses may continue to be received until August 31. For doses given after June 30, health care provider should use discretion to determine the benefit of receiving the 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.