New Brunswick
COVID-19 Vaccine Clinic
Guide for Immunizers and Providers
Version 13.1

Department of Health
Public Health New Brunswick
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This guide is available online: Vaccine resources for health professionals (gnb.ca)

Ce document est aussi disponible en français sur le titre «Guide sur la vaccination contre la COVID-19 pour les Vaccinateurs et les fournisseurs du Nouveau-Brunswick». 
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Summary of changes in this version

Version 13.0 April 27th, 2022:
- 2.2 - New section and new SOP: COVID-19 Vaccine Pre-loading Education and Competencies
- Sections 3.0 to 5.0 revised
- 5.3 - Discontinued practice: Extra doses, mixing and pooling of vials. Section removed
- Sections 6.0 to 9.0 - revised to move sections on Reporting doses administered, Payment of Services, Record of immunizations and Informed consent together. These sections were in other parts of the guide and have also been revised.
- 9.0 (previously 6.0) - Definitions of reaching full vaccination – added Novavax and revised
- 10.0 - Vaccine interchangeability – section revised and new table added on interchangeability with Janssen and Novavax vaccines
- 11.0 - Section revised and modified to include all intervals recommended intervals in primary series and booster series including Moderna for 6-11 year olds. New sub-sections from 11.1 now to 11.5. Includes recommended intervals after a COVID-19 infection. All interval tables revised. NEW- Grace periods when individuals want to get doses earlier than recommended.
- 12.0 - Vaccine product preference and doses for certain age cohorts – section revised to add 2nd boosters and Moderna 6-11 year olds.
- 13.0 - Vaccine age eligibility – section revised to include Moderna 6-11
- 14.0 - section revised
- 16.0 - Revised to group allergies, contraindications, and precaution recommendations together. New subsections created 16.1 to 16.4. Includes allergy referral process.
- 18.0 - Section revised
- 19.0 - Section revised and simplified. Includes NB recommendations for COVID-19 vaccine adverse events of special interest
- 21.0 - Resources revised
- Appendix A – NEW: Consent form manifest

Version 13.1 May 18th 2022:
- 11.4 - Included special population guidance - Vaccination Intervals Vaccination After a SARS-COV-2 Infection
- TABLE 6.0 – NACI’s statement on booster guidance April 2022
1.0. PURPOSE

The purpose of this document is to provide clinical guidance about COVID-19 vaccination in New Brunswick. The primary target audience for this document are all Health and Allied Health Care Practitioners who are immunizing with COVID-19 vaccines and are referred to as “Immunizers” throughout this Guide. For information on how to plan a community immunization clinic, pop up clinic or other alternate immunization clinic sites, please refer to the New Brunswick COVID-19 Community Clinic Planning Guide which was adapted from the Public Health Agency of Canada (PHAC). This clinical guide is meant to complement and does not replace information provided in the New Brunswick Immunization guide, NACI’s Recommendation on the Use of COVID-19 vaccines or the vaccine Product Monograph. General healthcare professional COVID-19 resources can be found on the GNB Vaccines website.

Tips on using this guide:
✓ For rapid reference, the table of content in this guide is “clickable” and brings users directly to the section of interest.
✓ Users can press and hold together the “ctrl” + “f” shortcut keys which opens the find box that allows you to search for characters, text, and phrases related in the whole document.
✓ Sections referring to other sections of the document are also “clickable” to reduce scrolling time.

2.0. IMMUNIZATION COMPETENCY TRAINING FOR COVID-19 VACCINES

As COVID-19 vaccines become more widely available, it is crucial that they are safely and effectively administered to as many eligible recipients as possible. In a health emergency such as a pandemic, other professional resources may be asked to participate in activities that are outside their normal duties. Due to the massive immunization campaign required for COVID-19 pandemic, the Government of New-Brunswick’s Department of Health is asking valuable members of the health care team to aid in efforts to vaccinate and help protect its population.

2.1. COVID-19 Immunization Competency Training and Education

The Medical Directive for the Provision of Pandemic Immunizations Standard Operational Procedure outlines the process to ensure safe and competent pandemic vaccine practices and that the requirements indicated meet the New Brunswick Immunization Program Guide.

The New-Brunswick Department of Health will continue to cover the costs of the Education Program Immunization Competencies (EPIC) vaccine education modules ($200 fee). Each organization can therefore reimburse or cover the costs of the training for their employees/volunteers. The Department of Health will reimburse each organization for these training costs. Review the internal memo distributed January 2022 on the process to follow for reimbursement.

Along with the requirements outlined in the SOP above, review the following other educational content and tools for immunizers:
• Public Health Agency of Canada: COVID-19 Vaccination Tool Kit for Healthcare Providers
• Public Health Agency of Canada (2008): Immunization Competencies for Health Professionals
• Canadian Pediatric Society: Education program for Immunization Competencies (3rd edition)
• Public Health NB: Memo on Immunizer Education and Information (for RHA’s, EM/ANB, LTC Facilities)
• Public Health NB:

2.2. COVID-19 Vaccine Pre-loading Education and Competencies

Pre-loading of COVID-19 syringes may be considered in a pandemic mass immunization clinic to facilitate timely and efficient administration of a single vaccine to a large number of people. It is also important to note that mass clinics are considered special clinics that are stood up in exceptional circumstance (i.e. respond to pandemic, outbreak response) and not for planned school clinics for routine vaccines. As an exceptional circumstance, those who “pre-load” the vaccines must follow the Exceptional Circumstances Policy: Pre-filling syringes for onward transportation of COVID-19 vaccine doses.

During a mass immunization clinic, it may be necessary to designate other Health and Allied Health Care Professionals to solely perform this task (i.e. pre-load but not administer the vaccine). A new Standard Operating Procedure: Covid-19 Vaccine Education for “Pre-loaders” has been developed to outline the process to ensure safe and competent practice of pre-loading COVID-19 vaccine syringes in controlled immunization settings while following the Medical Directives for Manipulation of COVID-19 vaccines. This practice permits those delegated Health and Allied Health Care Professional to prepare (pre-load) COVID-19 vaccine syringes, for designated health care professionals. Those designated to the task of only pre-loading vaccines, must review the SOP, sign the documents, and provide a copy to their employer.

Pre-loading syringes with COVID-19 vaccines is strongly discouraged and only performed in exceptional circumstance as mentioned above because of the uncertainty of vaccine stability in syringes, risk of contamination, increased potential for vaccine administration errors and vaccine wastage.

2.3. Cultural Competency Training and Education

Historical, political, societal, and economic factors influence Indigenous health in the Wabanaki nation. In federally imposed Indian residential schools, children were often forcibly removed from their homes and isolated from the influence and support of their families and culture. Very young children were often taken far from their communities, mistreated, and vaccinated without parental consent. Concerns, fears and experiences related to vaccine hesitancy amongst First Nations people (Maliseet-Passamaquoddy and Mi’Kmaq Communities) should not be equated with the “anti-vax” movement in social media. Increased connections to culturally safe services are required in part due to experiences of colonization, restrictive laws, inequalities, and systemic racism in the healthcare system.

To introduce or improve one’s cultural competency and establish best practices for Indigenous health, Public Health NB has developed cultural competency and sensitivity training for Health and Allied Healthcare Professionals. The following training must also be completed by all COVID-19 immunizers:

• Cultural Competency and Sensitivity training for Healthcare Providers (HCP) caring for New-Brunswick’s Cross-Cultural populations.
Below, are also two key complementary cultural videos to be viewed along with the educational material.

1. **Healing in Pandemic Times: Indigenous Peoples Stigma and COVID-19.** Produced by First Nations’ Emergency Services Society of British Columbia (4:32 minutes), the video addresses the ongoing stigmatization experienced by Indigenous Peoples in the healthcare system.

2. **First Nations Cultural Competency.** Produced by Horizon Health (23:38 minutes).

The Government of Canada supports First Nations communities in preparing for, monitoring, and responding to COVID-19. Please see [Coronavirus (COVID-19) and Indigenous Communities](#) and [COVID-19 Vaccines and Indigenous Peoples – Information and Resources](#).

The Indigenous Services Canada has a [COVID-19 Vaccines Communication Tool Kit for Indigenous Communities](#). This communication tool kit is intended to support dissemination of evidence-based public health information on COVID-19 vaccines and the importance of maintaining public health measures within Indigenous communities. The primary target audience for the tool kit is those who are responsible for sharing information with First Nations people, including individuals who manage community social media pages, communications specialists, and community leaders. Resources included in the tool kit includes scripted public service announcements for radio, social media posts, links to videos, posters, and other print resources. These resources are available in both official languages and in a range of Indigenous languages.

### 3.0. VACCINE STORAGE AND HANDLING

It is important that clinic sites are equipped to ensure the integrity and effectiveness of the vaccine (i.e. cold chain and other procedures). Vaccine efficacy is best assured when the number of times vaccines are handled and transported is minimized. Special attention will be required for the storage and handling of COVID-19 vaccines, as some COVID-19 vaccines may require storage at ultra-low temperatures (-80°C) or freezer temperatures (-25°C to -15°C), while others will require +2 to 8°C storage, as per manufacturers’ specifications.

If the transportation of vaccines to another location is required, it is critical that vaccine potency is always protected by maintaining cold chain transport vaccines.

#### 3.1. Vaccine storage and handling

For information, refer to the following documents:

- Department of Health, Public Health New Brunswick’s [Standard Operating Procedures on Transportation of COVID-19 Vaccines Pfizer BioNTech and Moderna Vaccines](#)
- [National Vaccine Storage and Handling Guidelines for Immunization Providers – 2015](#)
- [New Brunswick Immunization Program Guide-standard 3-4-e pdf (gnb.ca)](#)
3.2. Storage, handling and transportation of ultra-low temperature COVID-19 Vaccines

For guidance please refer to the following documents:

- Department of Health, Public Health New Brunswick’s Standard Operating Procedures on Transportation of COVID-19 Vaccines Pfizer BioNTech and Moderna Vaccines

3.3. Packing and using portable freezers with COVID-19 vaccines in the frozen state (-25°C to -15°C)

For guidance, please refer to the following documents:

- Guidelines for Use: COVID-19 Vaccines and Portable Freezers
- Pediatric Pfizer 5 to less than 12 years | CVDVACCINE. The storage and handling information differ depending on which presentation of the Pfizer vaccine is considered. Additional information on storage and handling can be found on the GNB Health Care Professional Resources section for children aged 5-11.
- The Janssen Vaccine administration, storage and handling guide
- Guidelines for Use: COVID-19 Vaccines and Portable Freezers

3.4. Temperature excursions

For guidance, please refer to:

- The product monographs on GNB’s Website: Vaccine Resources for Healthcare Professionals and contact the manufacturer for specific recommendations.
- Heat or cold exposure can cause damage to COVID-19 vaccines in storage. It is important that, when they occur, the appropriate actions take place to preserve the integrity of the vaccines. When temperature excursions occur, the user at the vaccine delivery site should follow the actions outlined: National Vaccine Storage and Handling Guidelines for Immunization Providers – 2015.

3.5. Power failure for sites storing publicly funded vaccine

All sites should have an operational plan in place. For guidance, please refer to:

- NBIPG appendix 5.4- Guidance for Vaccine Response Plan in the event of power failure

Some facilities will be required to use specific temperature-monitoring devices such as Digital data loggers, as not all facilities are equipped with backup power and alarm systems. Data loggers are continuous monitoring and recording devices that provide detailed information on all temperatures recorded at pre-set intervals. Data loggers can indicate when an adverse temperature exposure occurs and how long the vaccines were
exposed to the min/max temperature for. For ConsolePlus Dataloggers, please see the Quick Start Guide and instructions on how to use them.

3.6. COVID Vaccines – special considerations for storage and handling

Vaccines stored at ultra-low temperatures (-80°C) or in a freezer (-20°C) will need to be thawed before use and cannot be refrozen. Follow the manufacturer’s instructions regarding the thawing process in the refrigerator and/or at room temperature. Each vaccine has a limited number of days when they can be maintained at +2°C to 8°C before administration. Vaccines may also have specified time frames when they can be kept at room temperature, used once mixed with diluent or adjuvant, used once the vial is punctured and/or when pre-loaded into a syringe. Follow the manufacturer’s instructions on temperatures required before administering. For more information on each COVID-19 vaccine authorized in Canada and manufacturer’s instructions, refer to Drug and vaccine authorizations for COVID-19: Authorized drugs, vaccines and expanded indications - Canada.ca

A sufficient supply to accommodate the anticipated needs of the clinic should be thawed and available at the clinic. The date the product was thawed and the date which it should be used by should be clearly marked on the thawed vial and/or outer package.

There are exceptional circumstances, where immunizers may require transporting and administering COVID-19 vaccines in prefilled syringes. For more information, please refer to the Department of Health’s Exceptional Circumstances Policy: Prefilling syringes for onward transportation COVID-19 vaccine doses.

4.0. COVID-19 VACCINE PRODUCTS AND LABELS

COVID-19 vaccine product information is highly subject to change. For detailed, up-to-date information on COVID-19 vaccines including approved vaccines, types of vaccines and on-going safety monitoring please refer to Health Canada’s page on authorized COVID-19 Vaccines. You can also search Health Canada’s Drug Product Database by Drug Identification number or under criteria, select “Schedule” COVID-19 - IO - Authorization.

Regulatory information on all authorized COVID-19 vaccines can be found on the COVID-19 vaccines and treatments portal website.

Other vaccine product information can also be found on the New-Brunswick Vaccine resources for health professionals (gnb.ca) website, or on the product monograph within each carton.

4.1. Carton Labelling of COVID-19 Vaccines

In order to expedite the distribution of the vaccine in Canada, at times immunizers may be advised of a US or EU labelled vaccine supply with interim English-only vial and carton labels in order to expedite the distribution of the vaccine in Canada. Important Canadian-specific information may be absent from the labelled vial and carton. The Canadian Product Monograph, which is available in French and English on Health Canada’s Drug Product Database, the federal government’s COVID-19 vaccines and treatments portal website, should continue to be referenced for complete product information.
Information will also be communicated to the immunization coordinators by the “COVID-19 vaccine news” widely distributed email in a timely manner as well as added to the webpage: Vaccine resources for health professionals (gnb.ca)

5.0. REDUCING UNNECESSARY VACCINE WASTAGE

Direction to reduce unnecessary vaccine wastage given at clinics and pharmacies is based on New-Brunswick’s Vaccine Strategy Planning Principles and the provincial approach to reducing minimize open-vial COVID-19 vaccine wastage.

5.1. Context

As we approach our targeted vaccination goal, decreasing demand from the public, a readily available vaccine supply and continued limitations related to storage and transportation of COVID mRNA vaccines, it is acknowledged that vaccine wastage may increase.

Canada is now in a surplus position with regard to COVID-19 vaccine supply, but globally many countries have very limited access to COVID-19 vaccines and therefore it is very important to further maximize the use of the vaccines and limit avoidable wastage.

Vaccine wastage can be expected in all immunization programs. Closed vial wastage (wastage in unopened vials) is usually attributable to cold chain management problems and can be minimized. Open vial wastage (wastage in opened vials) cannot be eliminated, but can be reduced by using New-Brunswick’s Vaccine Strategy Planning Principles and practices.

- Secure Transportation: To ensure that vaccine wastage is minimized, it is critical that vaccine potency is always protected by maintaining cold chain during transportation. Manufacturer guidelines should be followed. Refer to the SOP Transportion of COVID Vaccines and the Exceptional Circumstances Policy: Pre-filling syringes for onward transportation COVID-19 vaccine doses.

- Integrity: The main supply of vaccine should be housed at a facility with a Drug Establishment License (DEL), i.e. with McKesson. It is recommended that all immunizers, clinic, and pharmacies continue to have contingency plans in place for any vaccine inventory.

- Communication: As we move forward, local, and regional regular communication and cooperation between all immunizers, clinics and pharmacies is highly encouraged. This will help make the conclusion of this COVID-19 vaccine campaign more efficient and successful. It is best to have plans for storage and transportation in advance for additional vaccine recipients in the event of no shows or extra doses, with a final option to provide to those available in the area at the time.

Achieving very high coverage is important for the following reasons:

- To directly protect as many people as possible from SARS-CoV-2 infection, COVID-19 disease, and severe COVID-19 outcomes.
• To help prevent spread of infection to others, as well as to help prevent the start and spread of outbreaks.
• To decrease circulation of the virus in the community contributing to a herd effect. Every one that is immunized against COVID contributes to the overall protection of the population.

5.2. Planning and prioritizing individual vaccination over wastage

Given that only multi-dose vials are available in Canada, some wastage is inevitable as efforts are made to immunize remaining unvaccinated or partially vaccinated people, particularly when vaccines are offered outside of larger immunization clinics (e.g. when vaccines are offered in pharmacies, health care providers' offices, and remote and isolated communities).

There may be circumstances where a new vial must be opened to vaccinate only one or a few people, and plans cannot be implemented to use the remaining doses in the vial. Having plans to immunize as many people as possible when a vial is opened/reconstituted continues to be important for planning, however, more importantly is ensuring that vaccine doses are readily available.

• Ensure access to COVID-19 vaccine at clinic sites.
• Utilize social media to advertise extra available COVID-19 vaccines.
• For those that do not want to interchange their vaccines, having multiple vaccine products available as much as possible at clinics will ensure that individuals have choice and can complete their series with the same vaccine.
• Providing options is permissible when there is vaccine surplus to ensure that hesitancy and vaccine opportunities are maximized and takes priority over vaccine wastage.
• Providers should not miss any opportunities to vaccinate every eligible person who presents for vaccination, even if it means puncturing a multi-dose vial and needing to discard the remainder of the vial.

5.3. Reporting Wastage

The federal government requires that the province reports all vaccine wastage on a weekly basis. All those who have been allocated vaccine doses are required to share vaccine wastage information with Public Health to fulfill this federal requirement. For RHA, LTC and First Nations clinics, all wasted doses should be captured in the Clinic Tracking worksheets in the COVID Immunization SharePoint site.

COVID-19 vaccine wastage is reported by full doses (i.e.: Moderna ½ booster doses wasted are reported as 1 full dose wasted). For community pharmacies, the Vaccine Wastage Report located on the Drug Information System’s Community Pharmacy SharePoint site must be completed when wastage occurs. If reporting wastage for more than one brand of COVID-19 Vaccine (e.g. Moderna and Pfizer), or reporting wastage for different Lot numbers, multiple entries are required.

6.0. REPORTING ADMINISTERED DOSES

All administered doses must be recorded in the Public Health Information System (PHIS) in accordance with current Standards of Operating Procedures and specific processes applicable to them.
The Department of Health has a duty to ensure that all applicable privacy legislation, policies and best practices are followed at all time, from collection to destruction, by all those handling documents and information protected under the Personal Health Information Privacy and Access Act, the Right to Information Act, and the Protection of Privacy Act, for the purpose of providing government services.

6.1. Mass Immunizations Clinics:

Immunizers in RHA led clinics are to enter the information directly into the Public Health Information Solution (PHIS) or to send to the PHIS Data entry team to enter. The information entered PHIS includes the agent administered, the date of administration, the lot number and expiry date with all other relevant information.

Please remember these key points when adding a COVID-19 immunization in PHIS:

- Immunizers providing for mass immunizations must follow the SOP for Covid-19-Data Entry/Transportation/Records Management of Administrative/Consent Forms in electronic and paper format. This SOP is available through your employer.
- The document states there are 3 options for Data Entry of Paper Covid-19 administration/consent forms (paper and electronic formats):
  
  **Option 1:**
  The data (vaccine administration) must be entered at Point of Service (POS) in all clinics when possible by:
  - Immunizers immediately entering the data into PHIS or,
  - Data entry staff at the clinic site entering the data when immunizations are completed.

  **Option 2 (Only if Point of Service entry is not possible):**
  Immunization data (vaccine administration) can be entered by the data entry team into PHIS from electronic formatted consent forms available on sharepoint site or received by fax to email.

  **NOTE:** Option 2 and 3 are only to be used for data entry of Covid-19 administration/consent forms when no employees have data entry access to PHIS (i.e. Long-Term Care Facilities and Hospitals, etc.).

  **Option 3 (only to be used if neither of options 1 nor 2 is feasible):**
  Immunization data (vaccine administration) can be entered by the data entry team into PHIS from formatted consent forms.

Please follow the steps below when sending administrative/consent forms to the data entry team:

**A. Scanning and emailing consent forms:**
- The paper administrative/consent forms can be emailed to the data entry team by fax to email using 1-833-415-1830.
- Forms should not be directly emailed to data entry email address
- Mobile devises cannot be used unless it is a secure device, approved by GNB.
B. Scanning and using Sharepoint for consent forms:
- Those with approved access to the designated sharepoint site, can scan the paper administrative/consent forms and place into to Drop Box- All Documents (gnb.ca)

C. Consent forms must be prepared and sent following these steps:

1. Prepare the package and **Manifest** *(Appendix A)* print and put on top of the consent forms, before sealing the box/envelope.
   - No package should be sent without a Manifest.
   - Note: The manifest should serve as a way to verify what was included in a package and allow a double check when sending and receiving.
2. Contact Courier and book pick-up; always chose courier with tracking and signed confirmation of receipt.
3. Add tracking number and information to the log as it becomes available (including confirmation of receipt).
4. The tracking system should serve as a way to track the package itself, not its content.
5. The forms must be placed in an envelope, seal the flap, and write initials on the flap.
6. Mail the envelopes to:
   
   C/O Data Entry Team  
   GNB, Department of Health  
   HSBC Place, 520 King Street, 4th Floor Reception  
   Fredericton, NB E3B 5G8

7. An email must be sent to Phisisp@gnb.ca each time an envelope is mailed, notifying them that an envelope has been sent. Include the following information in the email:
   - # of admin forms in envelope
   - Tracking number for envelope

6.2. Community Pharmacy Clinics:

Immunizations in community pharmacy clinics will be captured using the drug dispense message transmitted to the DIS from the local pharmacy information system (PIS). DIS does not capture lot number and expiry date and therefore, is not captured in PHIS.

In exceptional circumstances, if the date of entry is later than actual day of administration, the drug dispense date must be adjusted. This may require “back dating” the dispense date in the pharmacy information system.

New Brunswick residents without a Health Card Number (HCN) such as NB Medicare, other HCN issued out of province, or a federally administered identifier (Veterans Affairs, RCMP, National Insured Health Benefits, etc.) are eligible to receive a COVID-19 vaccine.

Clients may be added to the local pharmacy system and synchronized to the NB Client Registry / DIS, leaving the HCN field blank but providing the minimum data set (first name/last name, date of birth, current address with postal code, and phone number).

**EXCEPTION** – Jean Coutu Pharmacy locations must enter the word **MISSING** or **ABSENT** to indicate no HCN and provide the minimum data set.
Pharmacies are required to identify the following groups within their Pharmacy management system for provincial reporting purposes: Rotational Workers, NB Truckers, Frequent Border Crossers and Pregnant persons. To identify receipt of vaccine for rotational workers, NB Truckers and Frequent Border Crossers, please enter the appropriate code into the SIG field of your pharmacy management system. This will send the information to DIS during prescription entry for the vaccine. For the process to identify pregnant persons, please follow the direction provided by your pharmacy information system vendor.

7.0. VACCINE AND PAYMENT FOR SERVICES

COVID-19 vaccination is a publicly funded program. Any individual living in N.B. during the pandemic is eligible to receive the COVID-19 vaccine for free. This includes Canadian citizens, permanent residents, temporary visitors or international students. Proof of residency, a minimum stay in the province, or a N.B. Medicare card is not required.

Community Pharmacy Clinics:
Claims for payment are to be submitted as required under the New Brunswick Prescription Drug Program (NBPDP) Plan “I”. For individuals from out-of-province temporarily residing in New Brunswick and who have not been issued a NB Medicare number, enter “999 999 999” in place of the Medicare number.

Physician clinics:
As part of participation in delivery of this COVID-19 vaccination program, Physicians and Nurse Practitioners will be required to submit COVID-19 vaccine administration billing information to Medicare as soon as possible following administration and no later than one week of the client’s receipt of vaccine. This data is necessary to accurately inform the Minister and New Brunswick population of the progress of the iCOVID-19 campaign in a timely manner and to quickly identify the batch and lot number of a vaccine associated with an adverse event, should one occur, and be able to rapidly notify providers and patients who may be affected.

8.0. IMMUNIZATION RECORD AND INFORMED CONSENT FOR ALL COVID-19 VACCINE DOSES

When vaccine recipients return for their subsequent doses, it is important that the informed consent process is in place. Informed consent includes verbal discussion followed by written permission granted by the vaccine recipient (i.e. signing the NB COVID-19 Consent form) and having received the full knowledge of the risks and benefits of COVID-19 vaccinations by the health care professional. This includes reviewing vaccine information with any updated information and providing time for clients’ questions.

All clients should present to the immunizer an immunization record that includes the date and the vaccine they received.

- Review the client’s documentation of their previous dose. The client should have a paper immunization sheet, PHIS record or an electronic MyHealth NB record. If the client has no immunization record and there is no evidence of a first dose or
subsequent administration documented in PHIS, then the client should be considered un-immunized and a series restarted.

- **Review vaccine information.** Review the pre-information vaccine sheet thoroughly with the client. The interval between doses should be checked to ensure that the appropriate period of time indicated in this guide has elapsed. The vaccine type should also be reviewed. For best practice and informed consent, ensure the client is aware of the most up to date information and is allowed time to ask questions.

- **Obtain a new consent for additional subsequent doses.** This will ensure the pre-vaccine assessment is complete. The client and the immunizer are to sign the new consent form. After consent is obtained, document the subsequent dose, and provide the immunization record (either a new record or a previous record with a documented dose) to the client.

### 9.0. DEFINITIONS FOR REACHING FULL VACCINATION STATUS IN A PRIMARY VACCINE SERIES WITH HEALTH CANADA APPROVED AND NON-APPROVED COVID-19 VACCINES

In general (not intended for healthcare settings), people are considered fully vaccinated:

- 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or
- 2 weeks after a single-dose vaccine, such as Johnson & Johnson’s Janssen vaccine

Depending on the vaccine individuals receive and their health situation, the immunization provider will discuss the number of doses required to complete their COVID-19 vaccine series for maximum protection.

#### 9.1. New-Brunswick’s fully vaccinated definition

In New Brunswick, you are considered fully vaccinated 14 days after you have any of the following COVID-19 vaccine combinations:

- 2 full doses of AstraZeneca or COVISHIELD
- 2 full doses of Moderna
- 2 full doses of Pfizer
- 2 full doses of Novavax
- 2 full doses of a combination of either of the following COVID-19 vaccines: AstraZeneca, COVISHIELD, Novavax, Moderna and Pfizer
- 1 full dose of Janssen (Johnson & Johnson).

If a person received 1 or more doses of a COVID-19 vaccine that’s not approved by Health Canada and/or the World Health Organization, they are not considered fully vaccinated. They will need additional dose(s) of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna). **The minimal interval between the preceding primary dose and the additional dose must be 28 days.**

### 9.2. Definition of being fully vaccinated and those working in vulnerable sectors
This is considered meeting up to date vaccination requirements as per current Public Health guidance. Employees should contact their employers for further guidance and information.

9.3. Definition of a partially completed COVID-19 vaccine primary series

Individuals who do not meet the requirements indicated above, regardless of age, are NOT considered fully vaccinated (i.e. partially vaccinated). These individuals are encouraged to continue taking all public health precautions as they are highly susceptible of getting and spreading COVID-19.

10.0. VACCINE INTERCHANGEABILITY

The guidance below is based on NACI’s recommendations on the interchangeability of authorized COVID-19 vaccines (also referred to as ‘mixed vaccine schedules’). These recommendations are based on current scientific evidence and NACI’s expert opinion. For more information, visit the National Advisory Committee on Immunization (NACI): Statements and publications.

Recommendations on the specific vaccine and dosage to give to certain age cohorts and populations are covered in other sections of this guide.

Regardless of the vaccine received in a primary series, all additional primary doses and booster doses are always offered with an mRNA COVID-19 vaccine (Pfizer or Moderna) as a recommended choice. The table below provides interchangeability choices with the optimal vaccine recommended first, followed by the least recommended last.

### TABLE 1.0 – INTERCHANGEABILITY OF COVID-19 VACCINES

<table>
<thead>
<tr>
<th>Vaccine given in a primary series or booster series</th>
<th>Choices:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pfizer</td>
<td>Pfizer, Moderna, *Novavax, **Janssen</td>
</tr>
<tr>
<td>Moderna</td>
<td>Moderna, Pfizer, *Novavax, **Janssen</td>
</tr>
<tr>
<td>AstraZeneca or COVISHIELD</td>
<td>mRNA vaccines (Pfizer or Moderna), *Novavax, **Janssen</td>
</tr>
<tr>
<td>Jansen</td>
<td>mRNA vaccines (Pfizer or Moderna), *Novavax, **Janssen</td>
</tr>
<tr>
<td>Novavax</td>
<td>*Novavax, mRNA vaccines (Pfizer or Moderna), **Janssen</td>
</tr>
</tbody>
</table>

*NOVAVAX: NACI is stating can use a mixed schedule with Novavax if another mRNA is used. There is evidence from a Phase 2 randomized controlled trial that Novavax Nuvaxovid is safe and immunogenic when used as a second dose administered 8-12 weeks following a first dose of either Pfizer-BioNTech Comirnaty (30 mcg) or AstraZeneca Vaxzevria.

Informed consent should include a discussion of the benefits and risks given the limited data available on mixed schedules with Novavax Nuvaxovid and there is currently no data on the use of Novavax Nuvaxovid in a mixed series with Moderna Spikevax (100 mcg) or Janssen COVID-19 vaccines.

For more information on the Novavax vaccine, visit Health Canada’s site on Novavax Nuvaxovid COVID-19 vaccine - Canada.ca or NACI’s Statements and publications - Canada.ca.
**JANSSEN** is known to have a lower level of protection against severe disease and emerging variants of concern. Viral vector vaccines such as Janssen are generally not recommended due to their shortcomings (i.e. not approved for booster use in Canada, risk and benefits of the vaccine, lower initial vaccine effectiveness, may become susceptible to infection sooner and its coagulation disorder concerns.

Only offer a one dose Janssen vaccine to start and complete a primary series or as a booster if an individual refuses a mRNA vaccine or if a mRNA vaccine is contraindicated. NACI recommends that all those who have received the Janssen one dose vaccine to receive a booster dose with an mRNA vaccine (Pfizer or Moderna) COVID-19 as a safer choice.

For those who are refusing an mRNA vaccine, another option would be the Novavax Nuvavoid vaccine. NACI is stating it can be used in a mixed schedule. Informed consent should include a discussion of the benefits and risks given the limited data available on mixed schedules with Novavax Nuvaxoid.

All initial efforts should have been made to defer to the recommended vaccines. If an individual still wishes to receive a Janssen vaccine, the immunization provider should outline the reasons why this vaccine is not recommended (i.e. inferior immune response and protection, potential side effects such as Thrombosis and Thrombocytopenia, Immune Thrombocytopenia, Venous Thromboembolism, Capillary Leak Syndrome, risk of bleeding). **The decision to receive a Janssen vaccine should come with full informed consent.**


### 11.0. NEW-BRUNSWICK’S RECOMMENDED INTERVALS FOR COVID-19 VACCINES

#### 11.1. Recommended intervals in a primary series for children aged 5-11 years old

New-Brunswick is following NACI’s guidance on the optimal interval for healthy children for both approved mRNA vaccines (Pfizer Comirnaty approved for 5-11 and Moderna Spikevax approved for 6-11). To ensure optimal protection in this population, the second dose is given at least eight weeks after receiving their first dose.

The eight-week interval for second doses for this healthy age cohort is the National Advisory Council on Immunization’s current position, and allows for a stronger immune response, and increased vaccine effectiveness.

On January 25th, NACI released new recommendations on the use of COVID-19 vaccines in children 5 to 11 years of age who are moderately to severely immunocompromised. New-Brunswick is following those guidelines and moderately to severely immunocompromised children should be immunized with a primary series of a total of three doses of the Pfizer-BioNTech COVID-19 vaccine (10 mcg). NACI also recommends an interval of 4-8 weeks between each dose for these immunocompromised children. These children will need to sign the Declaration of Eligibility form located on the GNB vaccine web page form to receive their 3rd dose.
The preferred vaccine in this age group is Pfizer Comirnaty. Moderna vaccine approved for those aged 6-11 years old can be given upon request in special circumstances for those who are immunocompromised.

Indirect data from adult populations as outlined in the product monograph, suggest Moderna’s Spikevax (100 mcg) may induce slightly higher vaccine effectiveness after a 2-dose primary series compared to Pfizer-BioNTech Comirnaty (30 mcg) and is associated with a higher seroconversion rate among adult immunocompromised patients.

Given this potential benefit, New-Brunswick recommends administration of Moderna’s Spikevax (50 mcg) vaccine as a 3-dose primary series may be considered for some immunocompromised individuals 6 to 11 years of age, A full discussion with the child’s health care provider should happen first and include informed consent of the risks and benefits of giving this vaccine (i.e. Pfizer is the recommended vaccine for this age cohort given the risk of myo/pericarditis.

For more information, visit [National Advisory Committee on Immunization (NACI): Statements and publications – on COVID-19 vaccines](#)

### TABLE 2.0 – PRIMARY SERIES INTERVALS FOR CHILDREN AGED 5-11 YEARS OLD

<table>
<thead>
<tr>
<th>Dose 1</th>
<th>Dose 2</th>
<th>NB’s recommended optimal interval between dose 1 and dose 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pfizer Pediatric dose</td>
<td>Pfizer Pediatric dose</td>
<td>8 weeks</td>
</tr>
<tr>
<td>Pfizer Pediatric dose</td>
<td>*Pfizer Adult dose</td>
<td>8 weeks</td>
</tr>
<tr>
<td>**Moderna Pediatric dose</td>
<td>**Moderna Pediatric dose</td>
<td>8 weeks (for immunocompromised children, the recommended interval is 4 to 8 weeks)</td>
</tr>
<tr>
<td>**Moderna Pediatric dose</td>
<td>**Moderna Adult dose</td>
<td>8 weeks (for immunocompromised children, the recommended interval is 4 to 8 weeks)</td>
</tr>
</tbody>
</table>

Note:
* See [section 13.0](#) of this guide for: Children who are receiving one dose of The Pfizer Pediatric Vaccine (10 mcg) for their first dose and who have reached the age of 12 years at the time the second dose is recommended.

** The preferred vaccine in this age group is Pfizer Comirnaty. Moderna vaccine approved for those aged 6-11 years old can be given upon request in special circumstances for those who are immunocompromised.

For interval deviations, refer to [section 18.0 of the guide](#) on Managing COVID-19 Vaccination Administration Errors

### 11.2. Recommended intervals in a primary series for youth and adult aged 12 and over

On October 22, 2021, NACI released updated guidance on the optimal interval between the first and second doses of a two-dose COVID-19 primary vaccine series. Following this guidance, New Brunswick recommends that individuals get their second
dose of vaccine eight weeks after receiving their first dose to ensure optimal protection however individuals are still able to receive their 2nd dose at 28 days.

TABLE 3.0 – INTERVALS BETWEEN DOSE 1 AND DOSE 2 IN A PRIMARY SERIES FOR YOUTH AND ADULT AGED 12 AND OVER

<table>
<thead>
<tr>
<th>Dose 1</th>
<th>Dose 2</th>
<th>NB’s recommended optimal interval between dose 1 and dose 2, as of October 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pfizer</td>
<td>Pfizer</td>
<td>8 weeks (28 days accepted)</td>
</tr>
<tr>
<td>Moderna</td>
<td>Moderna</td>
<td>8 weeks (28 days accepted)</td>
</tr>
<tr>
<td>Pfizer</td>
<td>Moderna</td>
<td>8 weeks (28 days accepted)</td>
</tr>
<tr>
<td>Moderna</td>
<td>Pfizer</td>
<td>8 weeks (28 days accepted)</td>
</tr>
<tr>
<td>AstraZeneca/COVISHIELD</td>
<td>Moderna</td>
<td>8 weeks (28 days accepted)</td>
</tr>
<tr>
<td>AstraZeneca/COVISHIELD</td>
<td>Pfizer</td>
<td>8 weeks (28 days accepted)</td>
</tr>
<tr>
<td>AstraZeneca/COVISHIELD</td>
<td>AstraZeneca/COVISHIELD</td>
<td>8 Weeks (28 days accepted)</td>
</tr>
<tr>
<td>Janssen</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Novavax</td>
<td>Novavax</td>
<td>8 weeks</td>
</tr>
</tbody>
</table>

For immunocompromised individuals, NB’s recommended optimal interval between dose 2 and dose 3 (as of December 2021):

| Immunocompromised having received any of the following vaccines: Pfizer, Moderna or AstraZeneca: | 28 days |
| Immunocompromised having received a Janssen vaccine for dose 1 | 28 days |

Note: For interval deviations, refer to section 18.0 of the guide on Managing COVID-19 Vaccination Administration Errors

11.3. BOOSTER doses of COVID-19 Vaccines: Recommended intervals and eligibility

Vaccination is one of the most effective ways to protect our families, communities and ourselves against COVID-19. Evidence indicates that the vaccines used in Canada are very effective at preventing severe illness, hospitalization and death from COVID-19: COVID-19: Effectiveness and benefits of vaccination - Canada.ca. A booster dose
following a primary series of mRNA vaccines offers better protection against Omicron infection and severe disease than the primary series alone.

The immunity provided by first booster dose is expected to decrease or wane at around 5-6 months therefore the second booster is recommended to be administered as close to that timeline as possible. For more information on vaccination intervals after a SARS-CoV-2 infection, see the next section 11.4.

New-Brunswick’s booster guidance’s may differ from NACI’s recommendations based on circulation of the variant of concern; evidence of decreasing protection against infection and symptomatic disease over time following the primary series; and ensuring health system access and capacity.

In Canada, provinces and territories can decide to use authorized health products outside the scope of the product’s label (i.e., off-label use). Provincial and territorial jurisdictions may choose additional guidance based on the recommendations and their local risk assessment to enhance their protection against COVID-19.

### TABLE 4.0 – INTERVALS BETWEEN PRIMARY DOSES AND BOOSTER DOSES FOR ELEGIBLE POPULATIONS

<table>
<thead>
<tr>
<th>Populations and age of eligibility</th>
<th>NB’s recommended interval between the last primary series dose and subsequent booster doses as of April 19(^{th}), 2022</th>
</tr>
</thead>
</table>
| First Nations, Metis and Inuit individuals aged 18 and over, | 5 months between the last primary series dose and the **FIRST BOOSTER** dose  
5 months between **FIRST BOOSTER** dose and **SECOND BOOSTER** dose |
| **Healthy individuals aged between 12 and 49 years old** | 5 months between the last primary series dose and the **FIRST BOOSTER** dose  
Not eligible for second boosters |
| Healthy adults aged 50 and over | 5 months between the last primary series dose and the **FIRST BOOSTER** dose  
5 months between **FIRST BOOSTER** dose and **SECOND BOOSTER** dose |
| All residents of long-term care facilities aged 18 and over | 5 months between the last primary series dose and the **FIRST BOOSTER** dose  
5 months between **FIRST BOOSTER** dose |
<table>
<thead>
<tr>
<th>Individuals who are moderately to severely immunocompromised</th>
<th>dose and *SECOND BOOSTER dose</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aged between 5-11:</strong></td>
<td>• Not eligible for either first or second boosters doses</td>
</tr>
<tr>
<td><strong>Aged between 12 and 49:</strong></td>
<td>• Not eligible for second boosters</td>
</tr>
<tr>
<td></td>
<td>• 5 months between the last primary series dose (i.e. dose #3) and the FIRST BOOSTER dose (i.e. dose #4)</td>
</tr>
<tr>
<td><strong>Aged between 50 and up:</strong></td>
<td>• 5 months between the last primary series dose (i.e. dose #3) and the FIRST BOOSTER dose (i.e. dose #4)</td>
</tr>
<tr>
<td></td>
<td>• 5 months between first booster dose (i.e. dose #4) and *SECOND BOOSTER dose (i.e. dose #5)</td>
</tr>
</tbody>
</table>

**Note:**
* Preliminary data suggest the safety of a second booster dose of an mRNA COVID-19 vaccine is similar to previous doses. Canadian and international safety data suggest a second booster dose is well tolerated with no additional safety signals. At this time, recommendations for second COVID-19 vaccine booster doses are off-label, as second booster doses are not currently authorized for use by Health Canada.

**A second booster dose is based on recently released initial guidance from the National Advisory Committee on Immunization (NACI), along with demographic, epidemiologic, chronic disease burden, and hospitalization data specific to New Brunswick. Public Health New Brunswick, in consultation with NACI, will continue to evaluate second booster doses for younger adults (under 50 years of age), adolescents aged 12 to 17, those living in other congregate or vulnerable settings, and those who work in vulnerable sectors, including health-care workers.

For interval deviations, refer to section 18.0 of the guide on Managing COVID-19 Vaccination Administration Errors.

### 11.4. Recommended Vaccination Intervals Vaccination After a SARS-COV-2 Infection

NACI has recently provided updated guidance on suggested intervals between SARS-CoV-2 infection and COVID-19 vaccination. New-Brunswick is following the suggested intervals indicated by NACI based on the available evidence on immunity following infection and vaccination, basic principles of vaccinology and immunology, and expert opinion informed by knowledge of other viral diseases.

The immunity provided by any of the COVID-19 vaccine doses is expected to decrease or wane over time. Evidence is growing that protection in people with previous infection who have been vaccinated is stronger and longer-lasting compared to protection from infection alone. The risk of re-infection with Omicron (among people who previously had COVID-19) is higher than the risk of reinfection from previous variants.
A longer interval between infection and vaccination may result in a better immune response as this allows time for this response to mature in breadth and strength, and for circulating antibodies to decrease, thus avoiding immune interference when COVID-19 vaccines are administered. If the doses are given too soon, the effectiveness the dose may be reduced. Suggested intervals in the table below serve as a guide and may change as evidence on COVID-19 variants of concern (VOCs) evolve. When applicable, timing of recent COVID-19 infection should be considered.

In some circumstances, the timing of boosters post infection may differ from the general population with consideration of the risk to special populations and settings (ex long term care, nursing homes or adult residential facilities). On April 5th, 2022 as surveillance and assessment suggest concerning trends in the COVID-19 pandemic, NACI released strong recommendation for rapid deployment of a second COVID-19 vaccine booster dose for special populations most at risk. As a result, Public Health communicated in a memo May 2022 strong recommendations for special populations to receive a second booster dose of COVID-19 vaccine and to be offered as soon as possible once it has been at least five months since their first booster dose.

Evidence will continue to be evaluated, guidance will be provided and communication will be updated as needed.

For more information, visit GNB’s Questions and Answers document: [vaccination-post-infection-FAQ](#).

### TABLE 5.0 – NEW-BRUNSWICK’S RECOMMENDED INTERVALS BETWEEN A SARS-COV-2 INFECTION AND VACCINATION

<table>
<thead>
<tr>
<th>Infection Before the Start or Completion of a Primary Vaccination Series</th>
<th>Population</th>
<th>Suggested Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 years of age and older; not considered moderately to severely immunocompromised; no previous history of MIS-C</td>
<td>8 weeks after symptom onset or positive test (if asymptomatic)</td>
<td></td>
</tr>
<tr>
<td>5 years of age and older; moderately to severely immunocompromised; no previous history of MIS-C</td>
<td>4 to 8 weeks after symptom onset or positive test (if asymptomatic)</td>
<td></td>
</tr>
<tr>
<td>5 years of age and older; previous history of MIS-C (regardless of immunocompromised state)</td>
<td>Receive the vaccine dose when clinically recovered or &gt;90 days since the onset of MIS-C, whichever is longer</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Infection after primary series but before booster dose</th>
<th>Population</th>
<th>Suggested Interval</th>
</tr>
</thead>
</table>
11.5. Discretionary Interval “Grace periods” for COVID-19 Vaccination

Public Health New Brunswick follows NACI recommendations regarding COVID-19 vaccination intervals for the general population in their primary series (i.e. 8 weeks). Some individuals have been requesting to get vaccinated before the 8-week period for various reasons (work, travel, etc.) or before the 5 months booster interval.

**New Brunswick’s “grace period” guidance:**

- **A 7-day grace period** can be granted to individuals who walk-in to a clinic and wishes to receive their next vaccine before the 8-week timeline in their primary series or before the 5-month booster interval with a valid reason. If the individual is within the 7-day grace period, the clinic staff can generally provide the vaccine to the client and administer without a consultation.
- The online scheduler will remain the same and only allow individuals to book at 8 weeks, or 4 weeks if they are immunocompromised and 5 months for boosters.
- If a client arrives earlier than the 7-day grace period (and after the minimum interval), as a general rule, the vaccine would not be provided. However, the immunization provider may decide to administer the vaccine if a valid reason was provided, where the benefits of earlier vaccination outweighed any potential concerns related to early administration.
- Public Health and/or your local Medical Officer of Health may be consulted as needed.

**NOTE:** A client cannot receive any of the COVID-19 doses if they have not met the NB accepted minimum interval of 28 days.

12.0. VACCINE PRODUCT PREFERENCES FOR CERTAIN AGE COHORTS AND DOSAGES

This section is for guidance on booster dosages and does not change the full dose required in the primary COVID-19 vaccine series. **All primary series vaccines are given at their full doses:**

- A Pfizer-BioNTech dose for 12 and over: 30mcg: 0.3 ml
- A Pfizer-BioNTech dose for those aged 5-11: 10mcg: 0.2 ml
- A Moderna dose for 12 and over: 100mcg: 0.5 ml
- A Moderna dose for those aged 6-11: 50mcg: 0.25ml
- A Janssen dose: 0.5ml
- A Novavax Dose: 5mcg : 0.5ml

**On December 3rd, 2021,** NACI released its newest recommendations for the individuals in the age cohort 12-29. New Canadian and international data suggest the risk of myocarditis following vaccination with a COVID-19 mRNA vaccine is lower with the Pfizer-BioNTech Comirnaty vaccine (30 mcg) compared to the Moderna Spikevax vaccine (100 mcg), particularly after a second dose in males 12 to 29 years of age.
Public Health New Brunswick is following NACI’s recommendations. For youth and adults aged 12-29, the preferred use of the Pfizer-BioNTech Comirnaty (30 mcg) vaccine is recommended in this age group. **Individuals aged 12-29 who wish to receive the Moderna vaccine may do so with informed consent.** For more information on informed consent, review section 8.0 of this guide: Im Immunization Record and Informed Consent for All COVID-19 Vaccine Doses.

Everyone, regardless of age, who is offered an mRNA COVID-19 vaccine should be informed of the rare risk of myocarditis or pericarditis and should be advised to seek immediate medical attention if they develop symptoms. Symptoms of myocarditis/pericarditis usually take place within a week of vaccination. Symptoms include chest pain, shortness of breath, or the feeling of a fast, pounding or fluttering heartbeat.

**TABLE 6.0 – VACCINE PRODUCT AND PREFERRED DOESSES OFFERED FOR COVID-19 VACCINE BOOSTERS**

<table>
<thead>
<tr>
<th>Age</th>
<th>Recommended vaccine product and the recommended dose for primary series (includes 3rd dose immunocompromised)</th>
<th>Recommended vaccine product and the recommended dose for BOOSTERS*</th>
</tr>
</thead>
<tbody>
<tr>
<td>70 years and over</td>
<td>Moderna 100 mcg or Pfizer-BioNTech 30 mcg</td>
<td>*Moderna 100 mcg or Pfizer-BioNTech 30 mcg</td>
</tr>
<tr>
<td>50 to 69 years**</td>
<td>Moderna 100 mcg or Pfizer-BioNTech 30 mcg</td>
<td>**Moderna 50 mcg or Pfizer 30 mcg</td>
</tr>
<tr>
<td>30 to 49 years**</td>
<td>Moderna 100 mcg or Pfizer-BioNTech 30 mcg</td>
<td>**Moderna 50 mcg or Pfizer-BioNTech 30 mcg</td>
</tr>
<tr>
<td>18 to 29 years**</td>
<td>Pfizer-BioNTech 30 mcg is preferred</td>
<td>Pfizer-BioNTech 30 mcg is recommended</td>
</tr>
<tr>
<td>12 to 17 years</td>
<td>Pfizer-BioNTech 30 mcg is preferred</td>
<td>Pfizer-BioNTech 30 mcg is recommended</td>
</tr>
<tr>
<td>5 to 11 years</td>
<td>Pfizer-BioNTech 10 mcg is preferred</td>
<td></td>
</tr>
</tbody>
</table>

Notes:
*As per the NACI, both Pfizer-BioNTech Comirnaty and Moderna Spikevax vaccines can be used interchangeably for first, second and all booster doses. Both vaccines work the same way and are safe and effective in providing protection against COVID-19 and variants of concern. For more information on interchangeability, see section 10 of this guide. NB Moderna booster dosage recommendations are based on NACI’s initial guidance on April 5th 2022 on second booster doses and updated guidance April 12th 2022 on first boosters. Recommendations are for all booster doses regardless of what dosage they received as their first booster dose.

**For all clients who are eligible and receive the half dose of Moderna, the Public Health Nurse will need to change the dose manually in PHIS from 0.5mL to 0.25mL when entering the vaccine.

13.0. PEDIATRIC VACCINE AGE ELIGIBILITY

Children may receive a pediatric COVID-19 vaccine dose for their first dose and be eligible for an adult vaccine by the time their second dose is due. This section focuses on New-Brunswick’s recommended age of eligibility based on current authorized pediatric vaccines.

13.1. Pfizer Comirnaty Vaccine: Approved for children between 5-11 years old
January 1st, 2022 onward:

- Children must be 5 years old at the time of receiving the Pfizer Comirnaty pediatric vaccine. Provide two pediatric doses (2 x 10mcg: 0.2 ml).
- Must be 12 years of age at the time of vaccination to receive the Pfizer Comirnaty adult dose (i.e. born in 2010 or earlier). Provide 2 adult doses (2 x 30mcg: 0.3 ml)

Children who receive the 10 mcg Pfizer-BioNTech COVID-19 vaccine for their first dose and who have turned 12 years of age by the time the second dose (or third dose for immunocompromised) is due, may receive the 30 mcg Pfizer-BioNTech COVID-19 vaccine that is authorized for individuals aged 12 years and older to complete their primary series. If the second or third dose of 10 mcg is given to complete the series, the doses should still be considered valid and the series complete.

Youths who are starting their primary series at the age of 12 and over should not be receiving a Pediatric Pfizer 10mcg dose. Giving less of the vaccine could mean the individual has a false sense of protection and vulnerable to getting sick with COVID-19 much as if they were unvaccinated. The Omicron variant can infect anyone, but those at greatest risk are the unvaccinated and the under-vaccinated.

13.2. Moderna Spikevax vaccine: Approved for children aged between 6-11 years old

April 1st, 2022 onward:

- Children must be 6 years old at the time of receiving a Moderna Spikevax pediatric vaccine. Provide two pediatric doses (2 x 50mcg: 0.25ml).
- Must be 12 years of age at the time of vaccination to receive the Moderna Spikevax adult dose (i.e. born in 2010 or earlier). Provide 2 adult doses (2 x 100mcg: 0.5ml)

New-Brunswick recommends administration of Moderna’s Spikevax (50 mcg) vaccine as a 3-dose primary series may be considered for some immunocompromised individuals 6 to 11 years of age. A full discussion with the child’s health care provider should happen first and include informed consent of the risks and benefits of giving this vaccine (i.e. Pfizer is the recommended vaccine for this age cohort given the risk of myo/pericarditis.

For more information, visit National Advisory Committee on Immunization (NACI): Statements and publications – on COVID-19 vaccines and guide section 11.1. - Recommended intervals in a primary series for children aged 5-11 years old.
14.0. TIMING OF COVID-19 VACCINES WITH OTHER VACCINES AND IMMUNOLOGICAL PRODUCTS

14.1. Co-administration of COVID-19 Vaccines with Other non-COVID Vaccines:
Public Health New Brunswick is following NACI’s recommendations on co-administration of COVID-19 vaccines:

- **For youth and adult aged 12 and over:** NACI now recommends 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, and non-adjuvanted vaccines.

- **For children aged 5-11-year-old:** NACI recommends that COVID-19 vaccines should not routinely be given concomitantly (i.e., same day) with other vaccines (live or non-live). This includes the Influenza vaccine. In the absence of evidence, it would be prudent to wait for a period of **at least 14 days BEFORE or AFTER** the administration of another vaccine before administering a COVID-19 vaccine to prevent erroneous attribution of an AEFI to one particular vaccine or the other. This suggested minimum waiting period between vaccines is precautionary at this time and be revisited in the future. A similar approach was taken when the COVID vaccine was first introduced for the adult population.

New-Brunswick recommends to follow NACI on this guidance as best practice and for more information visit National Advisory Committee on Immunization (NACI): Statements and publications – on COVID-19 vaccines. However, if a child arrives at a clinic with having a non-covid-19 vaccine within the last 14 days, it is not necessary to turn someone away at the clinic. **It is important that the informed consent process is in place for parents and legal guardian to be fully aware this is not the current recommendation.**

- **Informed consent process:** see section 8.0 – Immunization Record and Informed Consent for All COVID-19 Vaccine Doses.

- **Reactogenicity:** It is currently not known if the reactogenicity of COVID-19 vaccines is increased with concomitant administration of other vaccines. While no specific safety concerns have been identified for various other vaccines with concomitant administration regimens, there is potential for increased reactogenicity with concomitant administration of COVID-19 vaccines with other vaccines, particularly those known to be more reactogenic, such as newer adjuvanted vaccines.

- **Co-administrations:** If more than one type of vaccine is administered at a single visit, they should be administered at different injection sites using separate injection equipment. As more information evolves NACI will continue to monitor the evidence and update recommendations as needed.

14.2. Timing of COVID-19 vaccines with monoclonal antibodies or convalescent plasma

For all individuals aged 5 and over:
NACI recommends that COVID-19 vaccines not be given simultaneously with monoclonal antibodies or convalescent plasma. The optimal interval to wait between these products and COVID-19 vaccination is not known.

For More information, see NACI’s Recommendations on the use of COVID-19 vaccines.

14.3. Timing of COVID-19 vaccines with tuberculosis skin tests (TST) and interferon gamma-release assays (IGRA) tests

For all individuals aged 5 and over:
If tuberculin skin testing or an IGRA test is required, it should be administered and read before COVID-19 vaccination or delayed for at least 4 weeks after COVID-19 vaccination. If an opportunity to perform the TST or IGRA test may be missed, testing should not be delayed. However, it may be prudent to re-test (at least 4 weeks post-vaccination) persons with negative results who are suspected of having tuberculosis. Re-testing will help to avoid missing cases due to potentially false-negative results.

Vaccination with COVID-19 vaccines may take place at any time after all steps of tuberculin skin testing have been completed.

15.0. VACCINATION OF PEOPLE WITH NEEDLE PHOBIA, FEARS OR ANXIETIES

Vaccine injections are frequently associated with pain and pain-related adverse effects, such as fear, fainting, nausea, and other stress-related responses. Accumulating evidence shows that negative experiences with vaccination can contribute to the development of needle fears, vaccine hesitancy and healthcare avoidance behaviors, including vaccination noncompliance. Simply hearing or thinking of vaccinations may be enough to elicit a reaction in a person with trypanophobia.

15.1. Needle Phobia, Fears or Anxiety

Needle phobia contributes to COVID-19 vaccine hesitancy. Causes of trypanophobia are not known, but genetics, changes in brain chemistry and past traumatic experiences may play a role. Among the mental health disorders that are particularly vulnerable to a fear of vaccines are:

- Anxiety and panic attacks
- Certain phobias, including trypanophobia (a fear of needles) and agoraphobia
- Obsessive-compulsive disorder (OCD) *OCD symptoms may be exacerbated by the pandemic.
- Unresolved trauma for some people, Unresolved trauma or even PTSD, when you sense bad things are going to continue to occur. Such feelings may create vaccine hesitancy around the COVID-19 vaccines.

15.2. Strategies in Reducing Vaccine Pain, Fears and Anxiety

Needle-related fear and phobias can cause significant distress to clients attending an immunization clinic. This stress can trigger feelings of fainting, fatigue, and nausea. Immunizers should consider the following strategies to manage fear and pain:
- **Offer privacy:** Some individuals may benefit from being vaccinated in a private room free from other noises and by having a support person attend the vaccination with them. Efforts should be made to accommodate these requests whenever possible.

- **Encourage Comfort and Relaxation:** Ensure the individual is positioned comfortably prior to the immunization. Individuals should be immunized sitting up to promote a sense of control which can have a positive impact on their experience of pain. The only exception would be if the individual prefers to lie on their back for the immunization or the client has indicated a history of fainting. Ensure they are lying down when receiving the injection and remain lying down for a few minutes post-immunization. Ensure they slowly return to a sitting position, and eventually a standing position, when they are ready.

- **Encourage slow, deep breathing with immunization.** Ask the individual to exhale deeply (as if pretending to blow out a candle or blow bubbles) when administering the injection.

- **Distraction:** Redirect the individual's attention away from the needle with age-appropriate strategies. Talk with them or ask them questions about a subject other than the immunization, encourage them to read, play a video game, watch a video on their phone, listen to music or have relaxation music playing in the background.

- **Topical Anesthetics:** Numbing creams are available over the counter and can be purchased at the local pharmacy without needing a prescription. Instructions and information for parents/legal guardians has been added to the pre-vaccine information sheet.

- Whenever a topical anesthetic is applied, it must be removed, and the skin must be wiped clean of any residue before proceeding with the immunization.

### 15.3. Special Clinics for People with Needle Phobia, Fears or Anxiety

- Consider holding special and separate clinics for individuals who have anxiety about needles, or other issues that may cause the client to be uncomfortable and may need accommodations such as extra time, reassurance, and distractions.

- Consider offering clients the opportunity to make individual accommodation requests to be assessed on a case-by-case basis, to best accommodate each individuals' needs.

- Consider integrating creative approaches with partners to decrease fear such as therapy dogs and zoo therapy.
  - **St. John Ambulance’s Therapy Dog Program** takes a volunteer and their dog into hospitals, seniors’ residences, or nursing homes.
  - Through petting, affection, and regular visitation, many people benefit both physically and emotionally.
  - Therapy dog services can be provided in a wide range of community settings, such as: hospitals, LTC, schools, community centres.
16.0. COVID-19 VACCINE ALLERGIES, CONTRAINDICATIONS AND PRECAUTIONS

Healthcare providers at the clinic should also be consulted if the client has contraindications to immunization or medical questions. Health Canada, working along side NACI and CIC, has provided a Quick Reference Guide on managing contraindications, precautions and allergic reactions for those aged 5-11 and those aged 12 and over.

New-Brunswick is following the recommendations updated by Health Canada on January 14th, 2022. For information on the Quick Reference Guides for these age cohorts on managing contraindications, precautions and allergic reactions, please see the following sections below.

16.1. Managing Contraindications and Possible Allergic Reactions in Youth and Adults Aged 12 and Over

For contraindications and precautions with their associated management options or information on ingredients of available COVID-19 vaccines that have been associated with allergic reactions and some other products where they may be found, please refer to: COVID-19 vaccine guide for youth and adults (12 years and over): Contraindications, precautions and allergic reactions - Canada.ca.

16.2. Managing Contraindications and Possible Allergic reactions in Children Aged 5-11

For contraindications and precautions with their associated management options or information on ingredients of available COVID-19 vaccines that have been associated with allergic reactions and some other products where they may be found, please refer to: Quick reference guide on use of COVID-19 vaccines for children 5 to 11 years of age: Contraindications, precautions and allergic reactions - Canada.ca

16.3. Anaphylaxis and Management of Anaphylaxis

Prevention of anaphylaxis is critically important. Pre-vaccination assessment includes screening for a history of anaphylaxis post-vaccination, a serious adverse event following a dose of a COVID-19 vaccine and/or identification of potential high-risk factors. The assessment should include questions about possible allergy to any component or container of the scheduled vaccine(s) in order to identify if there is a contraindication to administration.

All healthcare providers administering vaccines must be familiar with the anaphylaxis protocols for their clinic sites, which includes the use of appropriate medications. Should anaphylaxis post-immunization to a COVID-19 vaccine occur, protocols for treatment and management of anaphylaxis in the primary care setting must be followed and an Adverse Event Following Immunization (AEFI) completed (see section 19.0 of the guide for information on how to report an AEFI). The Regional Medical Officer of Health is to advise whether another dose is advised.

In some clinic settings, a medical directive may be needed. It allows a healthcare provider authorized to perform a controlled act (e.g., immunization, administration of epinephrine) to delegate the performance of that act to another healthcare provider or group of healthcare providers.
For more information on anaphylaxis and treatment of anaphylaxis, please refer to the following documents that guide your practice:

- Protocol for the Management of Immunization Related Anaphylaxis in Non-Hospital Settings.
- New-Brunswick Immunization Program Guide (NBIPG)

16.4. Vaccine Allergy Risk Assessment process

Individuals with a history of anaphylaxis post-immunization or who have had an allergic reaction to any component in any of the COVID vaccines, should consult have an allergy risk assessment completed.

Public Health New Brunswick has developed a process for suspect vaccine allergy reviews and testing during the current COVID-19 vaccine rollout. Patients with vaccine related allergy concerns that may impact their ability to get subsequent doses, can be referred through the usual physician referral process. Only clients who wish to be vaccinated should be referred for evaluation. The COVID-19 Vaccine Allergy Risk Assessment Form is to be solely used by the allergists to refer clients for vaccination clinics based on a risk assessment completed.

If the Allergy Risk Assessment Form was completed following an allergy related AEFI, the form should be uploaded onto the New-Brunswick Public Health Information System (PHIS) and linked to the individual’s AEFI. Regional then submits a follow-up of the AEFI for review by PHNB.


17.0. MEDICAL EXEMPTIONS

For individuals whom vaccination may be medically contraindicated or who require a different timeline between doses a permanent or temporary Medical Certificate of Exemption may be issued by the primary care provider or the specialist physician.

Please review the SOP on Exemptions for COVID-19 vaccine, which outlines the process for physicians, specialists and NPs to submit all permanent and temporary COVID-19 vaccine exemption forms to Public Health to be validated, entered into PHIS and official documentation provided to client.

Exemptions from vaccination for medical reasons only will be permitted. Exemptions will not be provided for religious or philosophical reasons.
18.0. MANAGING COVID-19 VACCINATION ADMINISTRATION ERRORS

Due to the variety of COVID-19 vaccines that are available globally and in Canada, it is important for immunizers to verify with their clients if they have received any doses of a COVID-19 vaccine.

When a client comes for a second or subsequent dose, the immunizer must verify the information on the client’s record of immunization, review the contents of the product information sheet with the client and obtain another consent to ensure that the client is given the right vaccine at the right time. Review section 8.0. – Immunization Record and Informed Consent for All COVID-19 Vaccine Doses.

18.1. For RHA’s and Pharmacies: Managing COVID-19 Vaccine Administration Errors or Deviations

This section offers an approach to managing COVID-19 vaccines that are administered in a manner that differs from the recommendations of the manufacturer as authorized by Health Canada and/or the National Advisory Committee on Immunization (NACI). These are referred to as vaccine administration errors or deviations. Particular situations may also require case by case management decisions which may differ from these guidance’s.

Guidance documents called “Quick Reference Guides” have been developed with input from the following organizations and committees:

- CDC’s Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States
- Public Health Ontario
- The Canadian Immunization Committee
- The National Advisory Committee on Immunization

Immediately after a COVID-19 vaccine administration or deviation error is recognized, the healthcare provider should:

- Refer to the Quick Reference Guides on the use of COVID-19 vaccines related to the specific age cohort:
  - **For vaccine administration error or deviation scenarios not found in the Quick Guides above,** contact your lead immunization coordinator for advice. The lead coordinator will get in touch with the Department of Health and consult a Senior Program Advisor who will then advise of the next steps.

- Inform the recipient of the vaccine administration error as soon as possible after it is identified. The recipient should be informed of any implications/recommendations for future doses, and possibility for local or systemic reactions and impact on the effectiveness of the vaccine (if applicable and as
known). If the client is under the care of a healthcare provider, the healthcare provider should be notified as well.

- Report all errors or near miss incidents in accordance with the employers’ medication error and/or professional regulatory body’s required quality management system. Errors are also to be reported to the Canadian Medication Incident Reporting and Prevention System (CMIRPS).

- If an inadvertent vaccine administration error results in an adverse event following immunization (AEFI), complete the jurisdiction’s AEFI form and submit it to the local public health authority. Information on AEFI reporting is provided here.

- Determine how the vaccine administration error occurred and implement strategies to prevent it from happening again.

- Serologic testing to assess vaccine-induced immunity following COVID-19 vaccine errors to guide management decisions is generally not recommended. Providers are encouraged to contact their local public health authority for advice if considering using serology to investigate an error.

### 18.2. For Private Immunization Services: Managing COVID-19 Vaccine Administration Errors or Deviations

Private Immunization services may be employed to provide immunization administration support to New-Brunswick Public Health Immunization Program. These companies will provide immunization services in alignment with the policies, standards and guidelines of the New Brunswick Immunization Program.

When reporting errors, all Private Immunization service employees will follow the process outlined in Appendix 4.2.4 – Requirements for Immunizers or Pre-Loaders employed by Private Immunization Services.

### 19.0. ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI) WITH COVID-19 VACCINES

Most side effects following immunization with a COVID-19 vaccine are considered mild to moderate and on average do not last more than three days. For common and expected side effects following a COVID-19 vaccine immunization, please refer to the specific COVID-19 manufacturer product monograph, the pre-vaccine information sheet and/or the aftercare sheet. All COVID-19 vaccine specific product information and clinic toolkits can be located on the GNB webpage: Vaccine resources for health professionals (gnb.ca).

Those administering vaccines should ensure that the vaccine recipients or their parents/guardians are advised to notify clinic staff, or if they have left the clinic, call their doctor/nurse practitioner or go to the nearest hospital emergency department if they develop any serious side-effects or common side-effects that last longer than 72 hours after vaccination. The healthcare provider will do an assessment and provide medical advice. If the healthcare provider thinks the symptoms are related to the vaccine that was given an AEFI is to be completed.
19.1. COVID-19 Vaccine Side Effects of Interest

Reporting of adverse events of special interest for COVID-19 vaccines in the context of overall AEFI surveillance enables enhanced monitoring by pre-specifying events which may otherwise not be captured or readily analyzed from a passive surveillance system. The surveillance form for reporting Adverse Events Following Immunization (AEFI) has been updated to include a list of Adverse Events of Special interest following COVID-19 vaccines. The form can be accessed at the following link: AEFI Report Form (4.1.8)

Vaccine Induced Thrombotic Thrombocytopenia (VITT)

Incidents of a rare side-effect known as Vaccine Induced Thrombotic Thrombocytopenia (VITT) has been reported within 6 weeks of vaccination with viral vector vaccines Those administering vaccines should ensure that the vaccine recipients are to seek immediate medical attention if any of the following symptoms develop: shortness of breath; chest pain; arm or leg swelling or discoloration; persistent abdominal pain; sudden onset of severe or persistent worsening headaches or blurred vision; tiny red or purple spots on the skin, resembling bruises (other than the site of vaccination).

- New-Brunswick recommendations for those who experienced VITT:
  Individuals who have experienced venous or arterial thrombosis with thrombocytopenia following vaccination with a viral vector COVID-19 vaccine should not receive a second dose of a viral vector COVID-19 vaccine.

This event is considered a serious AEFI and must be reported verbally and in writing within one working day.

Note: Thrombocytopenia on its own is reportable while thrombosis with thrombocytopenia should be reported as Thrombosis with Thrombocytopenia (TTS) and Vaccine-Induced Immune Thrombotic Thrombocytopenia (VITT).

Myocarditis/Pericarditis

Very rare cases of myocarditis and pericarditis following vaccination with COVID-19 mRNA vaccines have been reported, most frequently in adolescents and younger adults under 30 years of age, more frequently in males compared to females, and more frequently after the second dose. The majority of reported cases were mild, and the individuals tend to recover quickly. Investigations are ongoing. NACI will continue to monitor the evidence and update recommendations as needed.

The risk of myocarditis/pericarditis in children following immunization with the 10-mcg dose of the Pfizer-BioNTech vaccine is unknown. Safety surveillance data from individuals aged 12 and older does not suggest the risk of myocarditis/pericarditis following mRNA COVID-19 vaccination would be greater in children aged 5-11 years compared to older populations. This may be mitigated by the reduced vaccine dose (10 mcg vs 30 mcg), however this impact on the risk of myocarditis/pericarditis is also unknown.

Informed consent for people receiving an mRNA vaccine should include a discussion about the very rare risk of myocarditis and/or pericarditis following immunization.
• **New-Brunswick recommendations for those who experienced Pericarditis:**
  Public Health New Brunswick now recommends that: Those with a history compatible with pericarditis following a dose of an mRNA COVID-19 vaccine and who either had no cardiac workup or had normal cardiac investigations, can receive the next dose once they are symptom free and at least 90 days has passed since vaccination. If the client received an abnormal investigation, vaccination should be deferred until more information is available. All individuals who have previously been granted a temporary or permanent medical exemption for pericarditis should be contacted by their primary care provider to discuss their next steps following the new recommendations.

• **New-Brunswick recommendations for those who experienced Myocarditis:**
  Public Health New Brunswick continues to recommend that an individual who experienced myocarditis (with or without pericarditis) following a dose of an mRNA COVID-19 vaccine should receive a temporary medical exemption until more information is available, and receive appropriate clinical follow-up. Children who have a history of myocarditis unrelated to mRNA COVID-19 vaccination should consult their clinical team for individual considerations and recommendations. If they are no longer followed clinically for cardiac issues, they may receive the vaccine.

Healthcare providers should consider myocarditis and pericarditis in evaluation of acute chest pain or pressure, arrhythmias, shortness of breath or other clinically compatible symptoms after vaccination. This event is considered a serious AEFI and must be reported verbally and in writing within one working day.

**Capillary Leak Syndrome (CLS)**

Very rare cases of capillary leak syndrome (CLS) have been reported following immunization with a viral vector vaccine. Some affected patients had a previous diagnosis of CLS. CLS is a serious, potentially fatal condition characterized by acute episodes of limb edema, hypotension, hemoconcentration and hypoalbuminemia.

• **New-Brunswick recommendations for those who experienced CLS:**
  Individuals with a history of CLS should not receive any further Viral vector vaccines.

This event is considered a serious AEFI and must be reported verbally and in writing within one working day.

**Guillain Barre syndrome (GBS)**

Very rare cases of Guillain Barre syndrome (GBS) have been reported following immunization with the authorized COVID-19 vaccines. GBS is a rare but potentially serious immune-mediated neurologic disorder that results in pain or numbness, muscle weakness, and paralysis in severe cases. Most people fully recover from GBS, but some have residual deficits or symptoms and rarely, fatal cases can occur.

• **New-Brunswick recommendations for those who experienced GBS:**
  Individuals with past history of GBS should receive an authorized mRNA COVID-19 vaccine.
NACI will continue to monitor the evidence and update its recommendations as needed.

19.2. Reporting Adverse Events

All healthcare providers in New Brunswick who administer vaccines (public-funded or non-public-funded) and/or care for clients who may have had an AEFI are required to report the event in writing to Regional Medical Officer of Health. For more information, please refer to the AEFI Process Map in Appendix B located in this guide. Serious AEFIs must be reported verbally and in writing within one working day; all others must be reported in writing within 5 business days.

For information on how to complete an AEFI report refer to the New Brunswick’s Immunization Program Guide (NBIPG):

- **Policy 2.5** – Medical Directive Required for the Provision of Immunization Services (including the administration of immunizing agents and the management of adverse events following immunization). This policy is for nurses who must work under a medical directive.
- **Policy 2.7** – Adverse Events Following Immunization (AEFIs)
- **Standard 3.8** – Reporting of Adverse Events Following Immunization in New Brunswick
- **Appendix 5.0** – Summary of Reporting Criteria (AEFI’s)

Use the NBIPG Standards and Guidance (3.9) Reporting Adverse Events Following Immunization Poster for a brief description on reporting and local public health office contact information.

The AEFI Report Form (4.1.8) is available online. Please completed AEFI forms to your regional public health unit/health services.

20.0. VACCINE INJURY SUPPORT PROGRAM (VISP)

New Brunswick citizens who have experienced a serious and permanent injury as a result of receiving a Health Canada authorized vaccine, administered in Canada on or after December 8, 2020, may be eligible to apply for compensation through the Vaccine injury support program (VISP).
21.0. RESOURCES

- National Advisory Committee on Immunization (NACI): Statements and publications -
- Canadian Immunization Guide (CIG) chapter in COVID-19 vaccine
- Vaccines for COVID-19 - Canada.ca
- New-Brunswick's Immunization Program Guide (gnb.ca)
- NB Questions and Answers for providers: Influenza Vaccine Delivery in the Presence of COVID19
- Public Health Agency of Canada. Immunization competencies for health professionals.
APPENDIX A- COVID-19 VACCINE CONSENT FORMS MANIFEST

Vaccine Consent Forms Manifest

#: Add number based on log (courier tracking number)

Couriered from: Indicate PH regional office/clinic/school

Couriered To: C/O Data Entry Team
GNB, Department of Health
HSBC Place, 520 King Street, 4th Floor Reception
Fredericton, NB E3B 5G8

Courier: Purolator or Canada Post

Total consent forms included: Recount and indicate the total of consent forms included in the package

Prepared by: Indicate first and last name

Date: indicate the date the package is prepared

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Appendix B – AEFI Process Map

[Diagram of AEFI Process Map]

Legend:
- Health Care Providers (HCP)
- Regional Public Health Nurse (PH:N)
- Regional Medical Officer of Health (RMOH)
- PHNB Senior Program Advisor (SPA)
- PHNB Surveillance Analyst

AEFI – Adverse Event Following Immunization
PH:N = Public Health Information System
PHNB = Public Health Agency of Canada
New Brunswick COVID-19 Vaccine Clinic Guide for Immunizers

Regional Public Health

1. Week

- AER reported from HCP to Regional Public Health Nurse (PHN)
  - Does the AER meet the reporting criteria?
    - Yes
      - Regional PHN: Complete SBWR
      - AER is entered in PHS, action immunization coordinator or designated PHN to review
    - No
      - Advisor parent/patient based on clinical judgment

- Regional PHN: Complete SBWR
  - AER is entered in PHS, action immunization coordinator or designated PHN to review

- Immunization coordinator or designated PHN follows AER report and SBWR for completeness (e.g., age, gender, Vaccine, lot number, clinical diagnosis, start date, duration)

- Regional PHN: Sends completed SBWR to MCH, MCH reviews AER and SBWR and ASAP

- MCH reviews AER report in PHS

- MCH enters recommendations for future immunization

- MCH notifies appropriate PHN that AER has been reviewed

- Regional PHN notifies recommendation to HCP/PHN

- Does the recommendation require follow-up?
  - No
    - PHN completes follow-up information on PHS
    - Status in PHS is changed to "Follow-up completed"
  - Yes
    - HCP informs client of recommendation
    - AER is marked in PHS with status "Follow-up completed"

LEGEND

- Health Care Providers (HCP)
- Regional Public Health Nurse (PHN)
- Regional Medical Officer of Health (RMOH)
- PHNB Senior Program Advisor (SPA)
- PHNB Surveillance Analyst

AER - Adverse Event Following Immunization
PHS - Public Health Information System