COVID-19 Vaccines Information Sheet:

Bivalent Booster

Contents

Key Information

Vaccination is the most effective way to remain protected from the most serious effects of COVID-19, including hospitalization and death. Vaccination may not always prevent symptomatic infection, but it will help reduce severity if a person does become infected and decreases the risk of developing post COVID-19 condition (commonly known as long COVID).

Eligible individuals are recommended to receive a bivalent booster dose to help restore protection that may have decreased since their last dose. Bivalent vaccines provide better protection against the most recently circulating COVID-19 variants in Ontario.

At this time, the seasonality of COVID-19 is not known, and it has not yet been determined whether people will need a COVID-19 booster at a set interval (e.g., every six months). The information below sets out the current recommendations on 'staying up to date,' based on age and health status. Ontario continues to update vaccine eligibility and intervals as new scientific information and guidance from the National Advisory Committee on Immunization (NACI) emerges. This information may change as scientific evidence emerges.

Individuals can receive a bivalent booster if at least six months have passed since their last dose or confirmed COVID-19 infection. There is good evidence that longer intervals between doses of COVID-19 vaccines result in a more robust and durable immune response and higher vaccine effectiveness.

In Spring 2023, individuals at high risk of severe COVID-19 illness are recommended to get a booster dose if it has been at least six months since their last dose or confirmed COVID-19 infection, as immunity decreases more quickly for higher risk groups. This includes:

- Individuals aged 65 years and older
- Residents of long-term care homes, retirement homes, Elder Care Lodges, and other congregate living settings for seniors
- Individuals aged 18 years and older living in congregate care settings for people with complex medical care needs
- Individuals aged 18 years and older who are moderately to severely immunocompromised
- Pregnant individuals
- Individuals aged 55 years and older who identify as First Nations, Inuit or Métis and their adult non-Indigenous household members aged 55 years and older

Individuals aged 5 years and older who have not received a booster dose since September 1, 2022, are also recommended to receive a booster dose if it has been at least six months since their last dose or confirmed COVID-19 infection.

For individuals not at high risk of severe COVID-19 illness and have received a booster dose since September 1, 2022, there is no evidence to suggest they need another booster dose at this time. Recommendations for when to receive their next booster dose will be available closer to Fall 2023. These individuals are eligible to receive a booster dose if it has been at least six months since their last dose or confirmed COVID-19 infection, but are encouraged to speak to their health care provider to determine if this makes sense for them. The following factors may be taken into consideration when discussing vaccination with patients:

- ❑ Personal circumstances, such as high-risk exposure, including patient-facing health care workers who care for high-risk individuals, or upcoming travel
- ❑ Any known health conditions/syndromes that may put one at greater risk for severe disease or outcomes from COVID-19 including:
  - ➢ being moderately to severely immunocompromised
  - ➢ having a high-risk medical condition, such as those with cardiac or pulmonary disorders, diabetes mellitus and other metabolic diseases, cancer, renal disease, anemia or hemoglobinopathy, neurologic or neurodevelopmental conditions, Class 3 obesity (BMI of 40 and over)
- ❑ Living with someone who is at higher risk of severe disease or outcomes from COVID-19

Booking an Appointment:

Appointments can be booked through all vaccine channels, including:

- at participating pharmacies
- through the COVID-19 vaccination portal (Ontario.ca/bookvaccine)
- by calling the Provincial Vaccine Contact Centre at 1-833-943-3900 (TTY for people who are deaf, hearing-impaired or speech-impaired: 1-866-797-0007)
- directly through public health units
- through Indigenous-led vaccination clinics
- at participating primary care settings

Long-term care, retirement home and Elder Care Lodge residents may receive their bivalent booster dose directly through the congregate home where they live.

General Questions

1. **What are bivalent booster vaccines?**

   Bivalent booster vaccines are vaccines that target two different viruses or two different strains of the same virus. The bivalent COVID-19 vaccine is an updated version of the COVID-19 vaccine that targets the original COVID-19 virus and the Omicron variant.

   Bivalent Moderna BA.1 (50 mcg) and bivalent Moderna BA.1 (25 mcg) target the BA.1 Omicron subvariant, while bivalent Moderna BA.4/5 (50 mcg), bivalent Pfizer-BioNTech (30 mcg) and bivalent Pfizer-BioNTech (10 mcg) all target the BA.4/5 Omicron subvariants.

   Evidence shows that all the Omicron-containing mRNA vaccines induce a stronger and more robust immune response and are expected to provide improved protection against Omicron subvariants compared to the original mRNA vaccines. They also help restore immune protection that has decreased since previous vaccination.

2. **Are there booster dose recommendations for specific age groups?**

   All COVID-19 vaccine booster dose appointments are for the bivalent vaccine.

   - **Children 5 years:** Bivalent Pfizer-BioNTech (10 mcg) is the only authorized bivalent product for this age group.
   - **Children 6 to 11 years:** Bivalent Pfizer-BioNTech (10 mcg) is the preferred bivalent product for this age group. Bivalent Moderna BA.1 (25 mcg) may be offered as a booster for individuals 6 to 11 years while supply in Ontario is available, however, informed consent must be obtained.
   - **Adolescents 12 to 17 years:** Bivalent Pfizer-BioNTech (30 mcg) is the preferred bivalent product for this age group. Bivalent Moderna BA.1 (50 mcg) may also be offered as a booster for individuals in this age group while supply in Ontario is available, however, informed consent must be obtained.
   - **Individuals 18 years and older:** There is no preferential recommendation between Moderna or Pfizer bivalent vaccines as booster doses for individuals 18 years and older. There is no evidence to suggest any meaningful difference in protection between the BA.1 and BA.4/5 bivalent vaccines.

3. **Does my patient need to complete a full primary series to receive the bivalent COVID-19 vaccine?**

   Currently, the bivalent COVID-19 vaccine is only authorized for use as a booster dose. Eligible Ontarians need to have completed a full primary series with a monovalent COVID-19 vaccine before being eligible to receive the bivalent vaccine as a booster.

4. **If my patient does not want the bivalent mRNA booster, can they request a monovalent mRNA vaccine?**

   All COVID-19 booster dose appointments for individuals 5 years and older are for the bivalent mRNA vaccine. However, individuals who wish to receive a monovalent mRNA COVID-19 vaccine can request to do so at the vaccine site, with informed consent. Eligible individuals can also request a non-mRNA vaccine (Novavax or Janssen) through their local public health unit, health care provider or participating pharmacy.

5. **What if my patient does not want an mRNA booster, can they request a non-mRNA vaccine for their booster dose?**

   Individuals who have an allergy or contraindication to mRNA vaccines or who do not wish to receive an mRNA vaccine may request Novavax or Janssen (Johnson & Johnson) through their local public health unit, health care provider or participating pharmacy.

   Novavax is authorized for use as a primary series for individuals aged 12 years and older and as a booster dose for individuals aged 18 years and older. Janssen is authorized for individuals aged 18 years and older as both a primary series and booster dose.

6. **Can my patient receive the bivalent vaccine as part of the primary vaccine series?**

   Currently, the bivalent COVID-19 vaccine is only authorized for use as a booster dose. Eligible Ontarians need to have completed a full primary series with the monovalent vaccine before being eligible to receive the bivalent vaccine as a booster. This is currently being reviewed across jurisdictions including in Ontario. As recommendations change, guidance may change as well.

Dosages and Intervals

7. How long should my patient wait after receiving their last dose before they get their next booster?

Individuals at high risk of severe COVID-19 illness are recommended to get a booster dose when it has been at least six months since their last dose or confirmed COVID-19 infection, as immunity decreases more quickly for higher risk groups. This includes:

- Individuals aged 65 years and older
- Residents of long-term care homes, retirement homes, Elder Care Lodges and other congregate living settings for seniors
- Individuals aged 18 years and older living in congregate care settings for people with complex medical care needs
- Individuals aged 18 years and older who are moderately to severely immunocompromised
- Pregnant individuals
- Individuals aged 55 years and older who identify as First Nations, Inuit or Métis and their non-Indigenous household members aged 55 years and older

Individuals not at high risk of severe COVID-19 illness and have not had a booster dose since September 1, 2022, should book their booster dose appointment when at least six months have passed since their last dose or confirmed COVID-19 infection.

For individuals not at high risk of severe COVID-19 illness and have received a booster dose since September 1, 2022, there is no evidence to suggest they need another booster dose at this time. Recommendations for when to receive their next booster dose will be available closer to Fall 2023. These individuals are eligible to receive a booster dose if it has been at least six months since their last dose or confirmed COVID-19 infection but are encouraged to speak to their health care provider to determine if this makes sense for them.

Fore more information on when to receive their next booster dose, your patients may use the booster dose recommendation tool.

8. Can my patient receive their booster dose before the recommended six-month interval has elapsed?

Individuals may get the bivalent COVID-19 vaccine at a minimum interval of six months. While the recommended interval is at least six months, vaccine administrators can use their discretion to decide on administration prior to the six-month interval, primarily as a result of operational considerations. The closer the

timing is to the optimal interval, the better; evidence shows that the antibody response is higher with longer intervals between infection and vaccination and with longer intervals between vaccination doses.

9. **My patient already had COVID-19. Should they still get a booster dose? How long should they wait to get a booster dose?**

   While a previous COVID-19 infection provides some immunity, it is unclear how long that immunity lasts and individuals may be reinfected. Evidence shows that vaccination combined with infection provides stronger and longer-lasting protection from COVID-19 than infection alone.

   After a confirmed COVID-19 infection, individuals should wait a minimum of six months before getter a booster dose.

10. **What is considered a confirmed COVID-19 infection?**

    A confirmed COVID-19 infection is defined as an infection if the individual:

    - has a confirmed molecular (e.g., PCR) or rapid antigen test; or
    - is symptomatic AND is a household contact of someone who has a confirmed COVID-19 test.

11. **What if my patient had symptoms of COVID-19 but an infection was never confirmed, how long should they wait prior to getting a booster dose?**

    Individuals should wait a minimum of six months before getter a booster dose after a confirmed COVID-19 infection.

    A confirmed COVID-19 infection is defined as an infection if the individual:

    - has a confirmed molecular (e.g., PCR) or rapid antigen test; or
    - is symptomatic AND is a household contact of someone who has a confirmed COVID-19 test.

11. **Is the dose of the bivalent vaccine the same as the monovalent COVID-19 vaccine?**

    COVID-19 vaccines have varying doses based on product and/or age of indication.

    - Bivalent Moderna BA.1
      - The 25 mcg formulation of the bivalent Moderna BA.1 COVID-19 vaccine contains equal parts (12.5 mcg each) of mRNA encoding for the original SARS-CoV-2 virus and the Omicron BA.1 subvariant.

    - The 50 mcg formulation of the bivalent Moderna BA.1 COVID-19 vaccine contains equal parts (25 mcg each) of mRNA encoding for the original SARS-CoV-2 virus and the Omicron BA.1 subvariant.
- Bivalent Moderna BA.4/5
    - The 50 mcg formulation of the bivalent Moderna BA.4/5 COVID-19 vaccine contains equal parts (25 mcg each) of mRNA encoding for the original SARS-CoV-2 virus and the Omicron BA.4/5 subvariants.
- Pfizer-BioNTech BA.4/5
    - The 10 mcg formulation of the bivalent Pfizer-BioNTech COVID-19 vaccine contains equal parts (5 mcg) of mRNA encoding for the original SARS-CoV-2 virus and the Omicron BA.4/5 subvariants.
    - The 30 mcg formulation of the bivalent Pfizer-BioNTech COVID-19 vaccine contains equal parts (15 mcg) of mRNA encoding for the original SARS-CoV-2 virus and the Omicron BA.4/5 subvariants.

Vaccine Effectiveness and Recommendations

12. How effective are the bivalent COVID-19 vaccines?

All Health Canada approved vaccines provide lasting protection against severe outcomes from COVID-19.

The updated bivalent vaccines better protect against the currently circulating COVID-19 variants in Ontario compared with the original vaccines that were developed to solely target the original COVID-19 virus strain. That is why the province offers bivalent COVID-19 boosters to all individuals aged 5 and over.

There is currently no evidence to suggest any meaningful difference in protection between different bivalent booster vaccines targeting BA.1 versus BA.4/5 or any clinical trials directly comparing the Moderna (50 mcg) and Pfizer-BioNTech (30 mcg) bivalent booster products.

Bivalent Moderna (50 mcg)

When given as a second booster dose, the bivalent Moderna (50 mcg) demonstrated a higher neutralizing antibody response against the original strain, Omicron BA.1 and Omicron BA.4/5 among individuals with and without prior infection when compared to a second booster dose of the monovalent Moderna (50 mcg). This effect was consistent across individuals from various age groups (18 years and older). Clinical trial data showed that bivalent Moderna (50 mcg) administered as a second booster dose to individuals aged 18 years and older had a similar reactogenicity profile to that of original Moderna (50 mcg) given as a second

booster dose. Similarly, available evidence suggests that bivalent Moderna BA.4/5 formulation is comparable to all other bivalent booster dose products.

Bivalent Pfizer-BioNTech (30 mcg)

Clinical trial data suggests that the bivalent Pfizer-BioNTech (30 mcg) booster elicited higher neutralizing antibody titres against Omicron BA.4/5 compared to the original booster dose and has a similar safety profile. Further, preliminary real-world data in adult populations suggests that bivalent Omicron-containing mRNA COVID-19 vaccines have a similar safety profile to the original mRNA vaccines as a booster dose and induce a similar or slightly higher neutralizing antibody response to BA.4/5 subvariants. Emerging evidence on vaccine effectiveness has shown that Omicron-containing mRNA COVID-19 vaccines have a higher vaccine efficacy against hospitalization and death compared to the original mRNA COVID-19 vaccines.

13. What does up to date with vaccinations mean?

Up to date with vaccinations means:

- Those aged 6 months to 4 years have completed a primary series.
- Those aged 5 years and older have completed a primary series and a booster dose since September 1, 2022.
- For specific high-risk populations, have completed a primary series and a booster dose within the last six months. These include:
    - Individuals aged 65 years and older
    - Residents of long-term care homes, retirement homes, Elder Care Lodges, and other congregate living settings for seniors
    - Individuals aged 18 years and older living in congregate care settings for people with complex medical care needs
    - Individuals aged 18 years and older who are moderately to severely immunocompromised
    - Pregnant individuals
    - Individuals aged 55 years and older who identify as First Nations, Inuit or Métis and their adult non-Indigenous household members aged 55 years and older

14. Why were healthcare workers not included as high-risk for spring 2023 boosters?

In alignment with the National Advisory Committee on Immunization and the Ontario Immunization Advisory Committee, health care workers are not recommended for a spring booster as they are not at a higher risk of severe outcomes from COVID-19, unless they belong to another high-risk group.

Most of the population has good hybrid immunity (immunity from both infection and vaccine doses) and we now know that hybrid immunity provides long lasting and strong protection against serious disease.

As a result, only groups at highest risk of getting severe COVID-19 infection were recommended to receive a spring booster. Age remains the leading risk factor for serious disease and the intention was to protect those most at risk of serious disease.

15. Why is the three-month interval no longer available?

Evidence shows that a longer interval between doses of a COVID-19 vaccine results in a more robust and durable immune response and higher vaccine effectiveness.

16. Should vaccine sites turn people away if it has not been at least six months since their last booster dose, whether monovalent or bivalent?

If, prior to April 3, 2022, an individual booked an appointment between April 3 and April 30, 2022, it will be honoured regardless of the time since their previous dose (if it has been a minimum of three months).

As of April 3, 2022, walk-in appointments will only be eligible to receive a booster at a six-month interval since their last dose.

While the recommended interval is at least six months, vaccine administrators can use their discretion to decide on administration prior to the six-month interval, primarily as a result of operational considerations. The closer the timing is to the optimal interval, the better; evidence shows that the antibody response is higher with longer intervals between infection and vaccination and with longer intervals between vaccination doses.

Vaccine Safety

17. What are the immediate side effects of the bivalent vaccine?

Like any medication or vaccinations, the COVID-19 vaccine may cause side effects. However, these side effects are typically mild to moderate and on average do not last longer than three days.

The most frequently reported short-term side effects following the COVID-19 vaccine include soreness, swelling or colour changes (for example red or purple) at the injection site, fatigue, headache, chills, muscle aches and loss of appetite. These side effects are part of the body’s efforts to build immunity to COVID-19 following

vaccination. Mild side effects and reactions will typically subside anywhere from a few hours to a few days after vaccination.

18. Have the long-term side effects of the bivalent COVID-19 vaccine been determined?

The bivalent vaccine has a similar safety profile to the original vaccine.

The frequency of adverse events following immunization with bivalent Moderna was similar or lower relative to that of a first booster dose of original Moderna (50 mcg), and of the second dose of the original Moderna primary series (100 mcg). No new safety signals were identified. Although the trial size was limited, there were no vaccine related cases of death, myocarditis and/or pericarditis reported during the study period.

Preliminary post-market safety data from the use of bivalent Pfizer-BioNTech (30 mcg) vaccine in those 12 years and older suggests that the BA.4/5 bivalent vaccine is well tolerated with a similar safety profile to the original mRNA COVID-19 vaccines when administered as booster doses.

There is no current clinical evidence on the safety, immunogenicity, or efficacy of the bivalent Pfizer-BioNTech BA.4/5 (10 mcg) vaccine in children 5 to 11 years of age. The regulatory review process leveraged preliminary clinical trial data on the bivalent Pfizer-BioNTech BA.4/5 (30 mcg) vaccine in adolescents and adults 12 years and older, clinical trial data on the use of the bivalent Pfizer-BioNTech BA.1 (30 mcg) and monovalent Pfizer-BioNTech BA.1 vaccines in adults, as well as immunogenicity and safety data of original Pfizer-BioNTech (10 mcg) vaccine in children 5 to 11 years of age. NACI will continue to monitor post-market safety and surveillance data and update recommendations as needed.

The benefits of getting vaccinated and being protected against COVID-19 far outweigh the risks of any side effects from the vaccine. COVID-19 infection may cause longer-lasting symptoms and health problems for some people, which is why it is important that individuals stay up to date with their vaccinations.

19. Have bivalent COVID-19 vaccines been thoroughly tested?

Health Canada has one of the most rigorous scientific review systems in the world and only approves a vaccine if it is safe, works and meets the highest manufacturing and quality standards. After a thorough and independent scientific review of the evidence, Health Canada determined that the authorized bivalent COVID-19 vaccines are safe and effective at providing a strong immune response against COVID-19.

Preliminary real-world data in adult populations suggests that bivalent Omicron-containing mRNA COVID-19 vaccines have a similar safety profile to the original mRNA vaccines as a booster dose and induce a similar or slightly higher neutralizing antibody response to BA.4/5 subvariants. However, while studies are underway, the relative VE of bivalent Omicron-containing mRNA vaccines remains unknown. Omicron-containing mRNA COVID-19 vaccines are expected to broaden the immune response and can potentially provide improved protection against the Omicron variant and subvariants compared to original mRNA COVID-19 vaccines.

The safety and reactogenicity of bivalent Moderna BA.1 (50 mcg) administered as a second booster dose was similar to monovalent Moderna (50 mcg), when given as a second booster dose. Also, the frequency of adverse events following immunization with bivalent Moderna BA.1 (50 mcg) was similar or lower relative to that of a first booster dose of monovalent Moderna (50 mcg), and of the second dose of the monovalent Moderna (100 mcg) used for the primary series. No new safety signals were identified.

Although the trial size was limited, there were no reports of vaccine-related cases of myocarditis, pericarditis or deaths during the study period. No new safety signals were identified with bivalent Moderna (50 mcg).

Preliminary post-market safety data from the use of bivalent Pfizer-BioNTech (30 mcg) vaccine in those 12 years and older suggests that the BA.4/5 bivalent vaccine is well tolerated with a similar safety profile to the original mRNA COVID-19 vaccines when administered as booster doses.

We will continue to monitor post-market safety surveillance data as it emerges and update the recommendations as needed.

20. What is the risk of myocarditis and/or pericarditis with the bivalent vaccine?

A very small number of cases of myocarditis (inflammation of the heart muscle) and/or pericarditis (inflammation of lining outside the heart) following vaccination have been reported. Most cases occurred in young adult males between 18 and 30 years of age after the second dose of vaccine, and most had mild illness and recovered quickly.

Myocarditis/pericarditis following COVID-19 mRNA vaccines remains a rare adverse event following immunization (AEFI), which is defined by the Canadian Immunization Guide as occurring at frequency of 0.01 per cent to less than 0.1 per cent. Myocarditis and pericarditis are more likely to occur after a COVID-19 infection than after receiving a COVID-19 vaccine.

The National Advisory Committee on Immunization (NACI) continues to recommend vaccination with mRNA COVID-19 vaccines for all individuals aged six months and older since the vaccines are highly effective at preventing severe outcomes (i.e., hospitalization, death) from COVID-19. NACI also recommends that children and youth wait eight weeks between the first and second doses of the COVID-19 vaccine. This interval may be associated with a lower risk of myocarditis and/or pericarditis

Although the trial size was limited, there were no vaccine-related cases of myocarditis, pericarditis or deaths reported during the study period. No new safety signals were identified in the trials for bivalent Moderna (50 mcg).

Post-market safety surveillance data to date indicate that the risk of myocarditis following a booster dose is lower compared to that following the second dose in the primary series, and current data do not show a product-specific difference in the risks of myocarditis and/or pericarditis after a booster dose of an mRNA COVID-19 vaccine. As a result, NACI has recommended that adults 18 to 29 years of age can receive a booster dose with any available mRNA COVID19 vaccine for which they are currently eligible. However, individuals 5 to 17 years of age are recommended to receive a bivalent Pfizer-BioNTech booster dose. This recommendation stems from an observed increase in the number of reports of myocarditis/pericarditis following vaccination with Moderna relative to Pfizer-BioNTech in adolescents and young adults, particularly among males, in Ontario, Canada, and internationally. We will continue to monitor post-market safety surveillance data as it emerges and update its recommendations as needed.

21. Are the bivalent vaccines safe for individuals planning to become pregnant/breastfeeding?

Getting a COVID-19 vaccine, including the original and bivalent, while you're pregnant, breastfeeding or trying to conceive is safe, effective and highly recommended.

For pregnancy:

You can safely get the COVID-19 vaccine before becoming pregnant or in any trimester of pregnancy. It is important that you stay up to date with your vaccines and receive all recommended doses of the COVID-19 vaccine, including booster doses.

The benefits of getting vaccinated during pregnancy far outweigh the risks. Not only will the vaccine protect you from COVID-19 infection, but it will reduce the risk of severe illness and complications related to COVID-19 infections in pregnancy. And,

studies suggest the antibodies your body develops following vaccination can pass to your baby, which may help provide protection after birth.

For breastfeeding:

It is safe to get the COVID-19 vaccine while breastfeeding. There is no need to stop or delay breastfeeding after getting vaccinated. Studies show that receiving a COVID-19 vaccine while breastfeeding will not disrupt your breastfeeding and will not have an adverse impact on your baby.

Vaccines protect you from COVID-19 infection and help prevent you from passing it to your baby or other family members. If you get vaccinated while breastfeeding, the vaccine itself will not transfer into breastmilk, but studies suggest that the antibodies you produce following vaccination which may help protect your child from COVID-19.

For more information on COVID-19 regarding pregnancy, breastfeeding and fertility please visit: ontario.ca/page/covid-19-vaccines-pregnancy

Additional Resources

22. I'm seeing a lot of vaccine hesitancy in my patient population. Where can I go for resources to support these conversations?

The Centre for Effective Practice website provides information on COVID-19 vaccines, including eligibility and administration.

23. My patient's vaccine hesitancy is persistent. Where can I refer them for additional support?

Visit the Ontario COVID-19 website, which continues to be updated to reflect any changes to vaccine recommendations and eligibility.

You can refer your patients to the Provincial Vaccine Contact Centre to speak to an experienced agent or health specialist at 1-833-943-3900 (TTY for people who are deaf, hearing-impaired or speech-impaired: 1-866-797-0007), available in more than 300 languages, seven days a week from 8:00 a.m. to 8:00 p.m.

Scarborough Health Network (SHN) is offering a service open to individuals across Ontario: The VaxFacts Clinic. The clinic provides individuals with a one-to-one phone consultation with qualified SHN doctors who understand you may have questions or concerns, or just want to learn more. VaxFacts has also partnered with the Black Physicians' Association of Ontario to provide a dedicated service for

members Black communities who have questions about COVID-19 vaccines and would like to discuss them with a trusted healthcare provide also from the Black community.

To book an appointment, please visit www.shn.ca/vaxfacts or call 416-438-2911 ext. 5738. Appointments are available seven days a week, from 9 a.m. to 8 p.m. and is capable of providing assistance in over 200 languages.

For vaccine information related to accessibility:

For information about COVID-19 vaccines, please visit Supporting Individuals, Families and Caregivers During COVID-19 and Beyond – ConnectABILITY. Information is also available on resources and support for caregivers, vaccine confidence support, watch videos from trusted sources, etc. Individuals can also be transferred to the Provincial Testing Isolation and Information Line which connects those with questions related to the vaccine to health specialists.

For transportation related supports:

A number of public health units are offering options to provide transportation to clinics for those that do not have it, to inquire about these options, please visit their website.

Please visit each local public health unit's website to explore further options and/or contact the PHU directly.

For homebound residents needing a home visit:

In-home vaccinations may be arranged with the primary/home care provider or the PHU where available. Alternative options may be found on the PHU's website.

Please visit each local public health unit's website to explore further options and/or contact the PHU directly.

COVID-19 Vaccination and Your Practice

Billing

24. How do I bill for a bivalent COVID-19 vaccine given in my office?

Physicians administering COVID-19 vaccines in settings that are **not** designated by the ministry as COVID-19 Assessment Centres are eligible to claim G593A as described in OHIP INFOBulletin 211201.

G593A is eligible for payment to the billing physician if they have personally rendered the COVID-19 immunization service, OR, if they have delegated the service in accordance with the payment rules and conditions described at pages GP62 and GP63 of the Schedule of Benefits for Physician Services.

In scenarios where the patient's sole reason for the visit is to obtain the COVID-19 vaccine, G700 (or Q593 in blended models) is also eligible for payment.

In scenarios where the patient has attended the visit to obtain an insured service in addition to the vaccine, G593 is payable for the vaccination service in addition to the other applicable fee codes (assuming all Schedule of Benefits requirements have been met).

25. Can I bill for counselling patients about the bivalent COVID-19 vaccine?

The provision of routine information about the COVID-19 vaccine does not constitute a separately payable counselling service and is included in the vaccination service.

Other than routine education about the vaccination service, when a medically necessary counselling service is rendered that meets the payment requirements described within Schedule of Benefits, the applicable fee code may be claimed (e.g., K013).

Supply and Wastage

26. How do I order vaccine supply?

Each local public health unit has supply of the bivalent vaccine for their region's eligible population. If you are interested in receiving and administering the vaccine, please reach out to your local public health unit.

27. How does the vaccine need to be stored?

For more information please see the General COVID-19: Vaccine Storage and Handling Guidance document.

28. What should I do if I must waste doses of the vaccine?

It remains important to limit expiry of closed vials through proper inventory management and storage and handling, including fridge monitoring (e.g., temperature logs), stock rotation based on expiry and "must use by" dating, and recommended packing and transport per product specifications.

However, opening a vial to vaccinate one or a small number of individuals may be necessary to support vaccination efforts and reach provincial targets. This is especially important where a vial is reaching its “must use by” date.