

**Ministry of Health**

Office of Chief Medical Officer of Health, Public Health  
Box 12,  
Toronto ON M7A 1N3

**Ministère de la Santé**

Bureau du médecin hygiéniste en chef, santé publique  
Boîte à lettres 12  
Toronto ON M7A 1N3

**Ministry of Health**

Office of the Associate Deputy Minister, Pandemic Response and Recovery  
56 Wellesley Street West, 10th Floor  
Toronto ON M5S 2S3

**Ministère de la Santé**

Bureau du sous-ministre associé  
Intervention contre la pandémie et relance  
56, rue Wellesley Ouest, 10e étage  
Toronto ON M5S 2S3



May 27, 2022

**MEMO TO:** Hospital CEOs  
Public Health Unit Medical Officers of Health  
Pharmacy and primary care stakeholders  
Provincial stakeholders working with immunocompromised individuals

**FROM:** Dr. Daniel Warshafsky  
Associate Chief Medical Officer of Health of Ontario  
  
Alison Blair  
Associate Deputy Minister, Pandemic Response and Recovery

**SUBJECT:** **Increasing Booster Dose Vaccination for Immunocompromised Individuals**

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We want to recognize and thank you for the important work you have done since the initial days of the COVID-19 vaccine rollout.

As you know, individuals who are moderately to severely immunocompromised may have an inadequate immune response after only two doses of the COVID-19 vaccine and are at higher risk of serious complications from COVID-19.

As a result, in Ontario [eligible individuals who are moderately to severely immunocompromised](#) are recommended to receive a 3-dose primary series of the vaccine. Additionally, following completion of the primary series, a first booster dose is recommended for moderately to severely immunocompromised individuals aged 12 and over, and a second booster dose (fifth dose) for those [immunocompromised individuals who also:](#)

- are aged 60 and over;
- identify as First Nations, Inuit and Métis or their non-Indigenous household members aged 18 and over; or
- are a resident of a Long-Term Care Home, Retirement Home, Elder Care Lodge or an older adult living in a congregate setting that provides assisted-living and health services.

While a large proportion of this group has completed their primary series, there is still work to do to close the gap for this population. For example, approximately 20% of solid organ transplant recipients, chronic kidney patients, and those with a hematological malignancy have yet to receive a third dose to finish their primary series and less than one third of these same groups have received their first booster dose.<sup>1</sup> There are opportunities to continue protecting vulnerable populations and improve the vaccination coverage for this group.

With public health measures being lifted, it is important that individuals who are moderately to severely immunocompromised be made aware that a third dose vaccine series and recommended booster doses will help to strengthen their protection. It is also important that they know if they are vaccinated outside their speciality clinic or health care provider, they may be asked to present their prescription or medication bottle or a referral from a health care provider at the vaccine site to receive a second booster dose of COVID-19 vaccine.

We are asking for your help as leaders and partners to reach this population to ensure they are aware of these recommendations.

### **How can you help?**

We are asking you to encourage partners to promote third dose and booster dose vaccine appointments with eligible patients. You can do this by:

- Encouraging your key stakeholders and clients to share and promote information about vaccine eligibility for immunocompromised individuals, including leveraging the resources in the attached toolkit
- Working with cancer programs, transplant programs, infectious disease specialists, immunologists, and other specialists as appropriate, to identify and notify eligible patients that they are eligible to be vaccinated with a third dose to complete their primary series and booster doses for additional protection
- Directly scheduling patients who can be vaccinated within their hospital program

To support you, we have attached a tool kit to share with your partners and/or patients, including:

- **Key Messages** to explain the need for and benefits of third and booster doses for eligible individuals who are immunocompromised
- **Poster** for specialty clinics, pharmacies and primary care providers to display that will target the immunocompromised group

For a full list of eligible individuals who are moderately to severely immunocompromised and appropriate dose intervals, please refer to the [COVID-19 Vaccine Booster Dose Recommendations](#) or see the appendix following this memo.

Finally, we welcome any feedback or recommendations you may have on how we can work together to ensure that this population have the information they need to be best protected against COVID-19. Please contact [covid.immunization@ontario.ca](mailto:covid.immunization@ontario.ca) if you have any questions or suggestions.

Thank you for your continued dedication and commitment to help Ontarians navigate through this pandemic, keep them safe and save lives.

Sincerely,



Dr. Daniel Warshafsky  
Associate Chief Medical Officer of Health



Alison Blair  
Associate Deputy Minister

c: Dr. Catherine Zahn, Deputy Minister, Ministry of Health (MOH)  
Dr. Kieran Moore, Chief Medical Officer of Health, MOH  
Tim Lewis, Assistant Deputy Minister, Vaccine Strategy and Performance, MOH

# Appendix A:

## 3-Dose Primary Series for Moderately to Severely Immunocompromised

In Ontario, a 3-dose primary series of mRNA COVID-19 vaccines is recommended for the following populations eligible for vaccination with the vaccine product authorized for their age group:

- Individuals receiving dialysis (hemodialysis or peritoneal dialysis)
- Individuals receiving active treatment (e.g., chemotherapy, targeted therapies, immunotherapy) for solid tumour or hematologic malignancies
- Recipients of solid-organ transplant and taking immunosuppressive therapy
- Recipients of chimeric antigen receptor (CAR)-T-cell therapy or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)
- Individuals with moderate to severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Individuals with HIV with prior AIDS defining illness or prior CD4 count  $\leq$  200/mm<sup>3</sup> or prior CD4 fraction  $\leq$  15% or (in children 5-11 years) perinatally acquired HIV infection
- Individuals receiving active treatment with the following categories of immunosuppressive therapies: anti-B cell therapies (monoclonal antibodies targeting CD19, CD20 and CD22), high-dose systemic corticosteroids (refer to the Canadian Immunization Guide for suggested definition of high dose steroids), alkylating agents, antimetabolites, or tumor-necrosis factor (TNF) inhibitors and other biologic agents that are significantly immunosuppressive

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<sup>1</sup> Source: ICES, data as of April 24, 2022

Exact figures for third dose recipients out of those who received two doses are: 76.9% of solid organ transplant recipients; 76.9% of those with a hematological malignancy diagnosed as of a year ago; and 79.1% of those with chronic kidney disease.

Exact figures for fourth dose recipients out of those who received three doses are: 33.9% of solid organ transplant recipients; 26.2% of those with a hematological malignancy diagnosed as of a year ago; and 25.7% of those with chronic kidney disease.