

January 12, 2021

To: Medical Health Officer
Public Health Nurse Managers
Immunization Coordinators
Immunization Providers

Dear Colleagues:

Re: COVID-19 Vaccine Immunization Recommendations for Persons with a Current or a Prior History of SARS-CoV-2 Infection

The Standing Committee on Immunization endorses the following immunization recommendations for immunization of persons with a current or a prior history of SARS-CoV-2 Infection with COVID-19 Vaccine.

- **General Statement**

- *Immunization of persons with a known current SARS-CoV-2 infection should be deferred until the person has recovered from the acute illness and criteria have been met for them to discontinue isolation.*
- *This recommendation applies to persons who develop SARS-CoV-2 infection before receiving any vaccine doses, as well as those who develop SARS-CoV-2 infection after their first dose but before receipt of their second dose.*

- **Health Care Providers**

- *In the current context of limited vaccine supply and to allow for the protection of a larger number of at-risk individuals, immunization with COVID-19 vaccine may be delayed for 90 days following a PCR-confirmed SARS-CoV-2 infection if the infection occurred before the first COVID-19 vaccine dose, as reinfections reported to date have been rare within the first three months following infection. However, if this is challenging from a feasibility perspective, these individuals may be immunized before the 90 days.*
- *If a healthcare worker develops SARS-COV-2 infection between receiving doses 1 and 2 of their COVID-19 vaccine series, the 90 day deferral does not apply and their second dose should be provided as long as the healthcare worker has recovered from the acute illness and criteria have been met for them to discontinue isolation.*

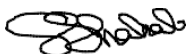
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- **Residents of Long-Term Care Facilities and Personal Care Homes, and persons aged 80 years and older living in the community:**
 - *Residents of Long-Term Care Facilities and Personal Care Homes, and persons aged 80 years and older living in the community, should be immunized, irrespective of whether and when they had SARS-CoV-2 infection, as long as they have recovered from their acute illness and there are no other contraindications, as they are extremely vulnerable and there is no clear evidence on the length of disease immunity among these populations.*

Persons who previously received passive antibody therapy

- **Monoclonal Antibodies or Convalescent Plasma as part of COVID-19 treatment**
 - *Currently, there are no data on the safety and efficacy of mRNA COVID-19 vaccines in persons who received monoclonal antibodies or convalescent plasma as part of their COVID-19 treatment. Based on the estimated half-life of such therapies, as well as evidence suggesting that reinfection is uncommon in the 90 days after initial infection, immunization should be deferred for at least 90 days as a precautionary measure until additional information becomes available, to avoid potential interference of the antibody therapy with vaccine-induced immune responses.*
 - *This recommendation applies to persons who receive passive antibody therapy before receiving any vaccine doses, as well as those who receive passive antibody therapy after their first dose but before their second dose, in which case the second dose should be deferred for at least 90 days following receipt of the antibody therapy.*
- **Antibody Therapies not specific to COVID-19 treatment**
 - *For persons receiving antibody therapies not specific to COVID-19 treatment (e.g., intravenous immunoglobulin, RhoGAM), administration of mRNA COVID-19 vaccines either simultaneously with or at any interval before or after receipt of an antibody-containing product is unlikely to substantially impair development of a protective vaccine antibody response. Thus, there is no recommended minimum interval between other antibody therapies (i.e., those that are not specific to COVID-19 treatment) and mRNA COVID-19 vaccination.*

Sincerely,



Dr. Saqib Shahab
Chief Medical Health Officer