

ADVISORY

SUBJECT: COVID-19 Vaccination Timing for Individuals with Previous COVID-19

Infection

Date: February 17, 2022

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To: Health Care Providers, Pharmacies, Hospitals, Assessment Centres

From: Dr. Matthew Tenenbaum, Associate Medical Officer of Health

On February 4, 2022, the National Advisory Committee on Immunization (NACI) provided suggestions on the optimal timing of COVID-19 vaccination for individuals who have previously been infected with SARS-CoV-2.¹ NACI's suggestions are summarized in the following table.

Infection timing relative to vaccination	Moderately to severely immuno-compromised?	Previous history of MIS-C?	Suggested interval between infection and vaccination
	No	No	8 weeks after symptom onset*
Infection occurs before or	Yes	No	4-8 weeks after symptom onset*
during primary series (age 5+)	Yes or No	Yes	≥90 days after onset of MIS-C, or when clinically recovered, whichever is longer
Infection occurs before booster dose (eligible groups age 12+)	Yes or No	N/A	3 months after symptom onset* (12–17-year-olds should also be ≥168 days from their primary series)

^{*} If no symptoms were experienced, use the date that the positive test was collected.

For the purposes of this guidance, 'previous infection' includes anyone who:

- Had a SARS-CoV-2 infection confirmed by molecular (e.g. PCR) or antigen testing; or
- Had symptoms of COVID-19 AND was exposed to a confirmed case in their household.

NACI notes that their suggested intervals are based on immunological principles, recognizing that infection imparts some degree of protection against subsequent re-infection. They suggest that an interval between infection and vaccination may allow the initial immune response to mature and optimize the benefit derived from the vaccine dose. Their suggestions are based on expert opinion in the absence of sufficient clinical or real-world data.

While the suggested intervals above may be optimal, delaying immunization may not be the right decision for every patient. It remains important to consider their risk of COVID-19 exposure and their risk of severe disease. The suggested intervals are intended as a guide only; clinical discretion should be applied. A patient who presents for their vaccine should not be turned away solely on the basis of these NACI suggestions.

If a patient is otherwise due for their vaccine, they can be immunized earlier than NACI's suggested intervals following infection, above, provided that:

- Any signs/symptoms of acute COVID-19 illness have resolved; and
- Their self-isolation period (5 or 10 days, per provincial guidance) is complete.

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References:

Government of Canada. NACI rapid response: Updated guidance on COVID-19
 vaccination timing for individuals previously infected with SARS-CoV-2. February 4, 2022.
 Available from: https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/rapid-response-guidance-covid-19-vaccination-timing-individuals-previously-infected-sars-cov-2.html

For more information, please contact:

Name/Title: Dr. Matthew Tenenbaum, Associate Medical Officer of Health

Email: <u>matthew.tenenbaum@wdgpublichealth.ca</u>

Website: <u>www.wdgpublichealth.ca</u>