



SUMMARY OF NATIONAL ADVISORY COMMITTEE ON IMMUNIZATION (NACI) STATEMENT OF JANUARY 20, 2023

Guidance on COVID-19 vaccine booster
doses: Initial considerations for 2023



**TO PROMOTE AND PROTECT THE HEALTH OF CANADIANS THROUGH LEADERSHIP,
PARTNERSHIP, INNOVATION AND ACTION IN PUBLIC HEALTH.**

— Public Health Agency of Canada

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Résumé de la déclaration du Comité consultatif national de l'immunisation (CCNI) du 20 janvier 2023 : Directives sur les doses de rappel du vaccin contre la COVID-19 : Premières considérations pour 2023

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OVERVIEW

- On January 20, 2023, the Public Health Agency of Canada (PHAC) released initial considerations for 2023 COVID-19 vaccine booster doses from the National Advisory Committee on Immunization (NACI). This guidance is based on current evidence, vaccine principles and NACI expert opinion.
- There continues to be many uncertainties around the evolution of the COVID-19 pandemic, including the need for and timing of additional booster doses.
- NACI is providing initial considerations for 2023 COVID-19 booster doses to help provinces and territories begin planning 2023 COVID-19 vaccine programs. NACI will continue to monitor COVID-19 activity and the duration of vaccine protection, particularly against severe outcomes, and will update vaccine recommendations as needed.
- At this time, NACI is reinforcing existing fall 2022 booster dose recommendations. This means that individuals who were recommended to receive a booster in the fall of 2022 but did not, are recommended to receive a booster dose now.
- **NACI continues to recommend COVID-19 booster doses as follows:**
 - **At least one booster dose should be offered to all adults 18 years of age and over and adolescents 12 to 17 years of age who are at increased risk of severe illness. (Strong NACI recommendation)**
 - This recommendation predates guidance issued in the fall of 2022. The individuals identified above who have not yet received any booster dose should receive one.
 - **All adults 65 years of age and older and individuals 5 to 64 years of age who are at increased risk of severe illness from COVID-19 should have received a booster dose since the start of fall 2022. For individuals who have not yet received a fall 2022 booster, it should be offered, as per the recommended interval. (Strong NACI recommendation)**
 - **Individuals 5 to 64 years of age without risk factors for severe illness from COVID-19 may have been offered a booster dose since the start of fall 2022. Individuals who have not yet received a fall 2022 booster may still be offered one, as per the recommended interval. (Discretionary NACI recommendation)**
 - **Bivalent Omicron-containing mRNA COVID-19 vaccines continue to be the preferred booster products for all individuals 5 years of age and over.**
- When COVID-19 booster doses are offered, they should be provided at an interval of 6 or more months after the last COVID-19 vaccine dose or infection.

- Based on the variability of fall 2022 booster program start dates across jurisdictions, some individuals will have exceeded 6 months since receiving their fall booster dose later this winter. Currently, NACI is not issuing guidance on an additional booster dose for these individuals. NACI plans to continue to monitor the evidence and evolving epidemiology and provide updated guidance in the coming months.
- For children 5 to 11 years of age, NACI is currently recommending only one booster dose after the primary series. At the discretion of a healthcare provider, a bivalent booster dose may be offered at the recommended interval to children considered at high risk of severe COVID-19 who have previously received a booster dose of the original Pfizer-BioNTech (Comirnaty) vaccine.
- At this time, there are no booster dose products authorized for children 6 months up to 5 years of age and NACI is not making any booster dose recommendations for this age group.

For the full statement, including supporting evidence and rationale, please see [NACI Statement: Guidance on COVID-19 vaccine booster doses: Initial considerations for 2023](#).

For more information on NACI's recommendations on the use of COVID-19 vaccines, please refer to the [COVID-19 vaccine chapter](#) in the [Canadian Immunization Guide \(CIG\)](#), as well as additional statements on the [NACI web page](#).

WHAT YOU NEED TO KNOW

- In this updated guidance, NACI is reinforcing existing fall 2022 booster dose recommendations and also extending the program. Individuals who were recommended for a bivalent booster in the fall of 2022 but have not yet received one are recommended to receive it now.
- Current booster dose recommendations have a focus on populations who are at increased risk of serious COVID-19 outcomes, including severe disease, hospitalization and death.
- Age continues to be the greatest risk factor for severe COVID-19 outcomes. Older adults are more likely to experience severe disease, with hospitalizations and intensive care unit admissions high in adults 70 years of age and over and highest in adults 80 years of age and over.
- NACI will continue to closely monitor COVID-19 activity across Canada and emerging evidence on COVID-19 vaccines, and will update their guidance as needed.
- Provinces and territories will determine 2023 booster programs based on their unique circumstances.

For the full statement, including supporting evidence and rationale, please see [NACI Statement: Guidance on COVID-19 vaccine booster doses: Initial considerations for 2023](#).

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Table 1. Summary of mRNA COVID-19 vaccine recommendations by age group

Population by age	NACI Recommendation	
	Primary Series	Booster Dose(s) ^{a,b}
Adults 65 years of age and older	Should be offered ^c	At least one booster dose continues to be recommended. Regardless of previous booster doses, a booster since the start of fall 2022 should be offered as per the recommended interval ^b if not already received.
Adults 18 to 64 years of age	Should be offered ^c	<i>Those at increased risk for severe illness from COVID-19:</i> At least one booster dose continues to be recommended. Regardless of previous booster doses, a booster since the start of fall 2022 should be offered as per the recommended interval ^b if not already received. <i>Those NOT at increased risk for severe illness from COVID-19:</i> At least one booster dose continues to be recommended. A booster since the start of fall 2022 may be offered as per the recommended interval ^b if not already received.
Adolescents 12 to 17 years of age	Should be offered ^c	<i>Those at increased risk for severe illness from COVID-19:</i> At least one booster dose continues to be recommended. Regardless of previous booster doses, a booster since the start of fall 2022 should be offered as per the recommended interval ^b if not already received ^d <i>Those NOT at increased risk for severe illness from COVID-19:</i> A booster since the start of fall 2022 may be offered as per the recommended interval ^b if not already received.

<p>Children 5 to 11 years of age</p>	<p>Should be offered^c</p>	<p><i>Those at increased risk for severe illness from COVID-19:</i></p> <p>A booster since the start of fall 2022 should be offered as per the recommended interval^b if not already received^d.</p> <p><i>Those NOT at increased risk for severe illness from COVID-19:</i></p> <p>A booster since the start of fall 2022 may be offered as per the recommended interval^b if not already received.</p>
<p>Children 6 months to less than 5 years of age</p>	<p>May be offered^c</p>	<p>No authorized product; not recommended</p>
<p>a. Bivalent Omicron-containing products are preferred for booster doses for the authorized ages.</p> <p>b. The recommended interval between the previous COVID-19 vaccine dose (previous booster or completion of the primary series) and a booster dose is 6 months, and between infection and a booster dose is 6 months (whichever is longer). A shorter interval of at least 3 months may be considered in the context of heightened epidemiologic risk, evolving SARS-COV-2 epidemiology, as well as operational considerations for efficient deployment.</p> <p>c. Those who are moderately to severely immunocompromised are recommended to receive an additional dose in the primary series.</p> <p>d. Children 5 to 11 years of age who already received a booster dose with an original COVID-19 mRNA vaccine are not recommended to receive a bivalent Omicron-containing booster. However, at the provider's discretion, a bivalent booster dose (as per recommended interval^b) could be offered to children considered at high risk of severe COVID-19 who have previously received a booster dose with the original Pfizer-BioNTech Comirnaty mRNA vaccine.</p>		

QUOTES

“As we move into 2023, NACI is starting to consider how the COVID-19 vaccine program may evolve over the coming year. The fall bivalent booster programs that were implemented across the country in 2022 have been extremely important for those at highest risk of severe disease, and NACI is recommending to extend access to the fall 2022 booster program into 2023 for those who did not receive this dose. In the coming months, NACI will be monitoring closely the emergence of new variants and the performance of the bivalent vaccines, including waning protection. If protection against severe disease wanes and new rounds of bivalent booster doses become necessary, NACI will provide additional and timely advice.”

- Dr. Shelley Deeks, NACI Chair

“As SARS-CoV-2 virus variants continue to circulate worldwide, prevention and protection measures remain important tools for Canadians, especially people at highest risk of severe outcomes. Despite the emergence of new variants, COVID-19 vaccination remains an effective tool for reducing the risk of severe illness and death. Since last fall, NACI has recommended that bivalent Omicron-containing mRNA COVID-19 vaccines are the preferred booster products because they are expected to broaden the immune response and could potentially provide improved protection against the Omicron variant and subvariants, compared to original mRNA vaccines. People who were recommended to receive a fall booster dose should get a bivalent booster now, if they have not already done so.”

- Dr. Theresa Tam, Chief Public Health Officer