# **Your Booster Dose or** Third Dose of COVID-19 Vaccine



Current as of: December 20, 2021

## Who is currently eligible to receive a third dose of the COVID-19 vaccine?

- Residents who are moderately to severely immunocompromised or residents that are receiving dialysis (hemodialysis or peritoneal dialysis), as long as it has been 8 weeks (56 days) since receiving the **second dose**. See the end of the resource for the full list of immunocompromised populations.
- Residents who receive hematopoietic stem cell transplants (HSCT), hematopoietic cell transplants (HCT) (autologous or allogeneic), and recipients of CAR-T-cell therapy, due to the loss of immunity following therapy or transplant.

# Eligible groups for a booster dose as of December 20, 2021

The following groups must wait at least 3 months (84 days) after receiving their second dose. Check your proof of vaccination records to see when you received your second dose by visiting <a href="https://covid-19.ontario.ca/proof-covid-19-vaccination">https://covid-19.ontario.ca/proof-covid-19-vaccination</a>.

First Nations, Inuit and Métis adults, including non-indigenous household members





Individuals 18 years of age and over (born in 2003 or earlier)



Recipients of a Viral **Vector Vaccine or** Series (2 doses of Astrazeneca or 1 dose of Janssen)



- Any regulated health professionals and any staff member, contract worker, student/trainee, registered volunteer, or other essential caregivers currently working in-person in a health care organization, including workers that are not providing direct care and are frequently in the patient environment (e.g., cleaning staff, research staff, other administrative staff).
- Workers providing health care service or direct patient service in a congregate, residential or community setting outside of a health care organization are also included.
- Third doses are recommended, **not required** for health care workers (no need to rush for the third dose).

### Who is considered an essential caregiver?

Caregivers include those who provide direct care to meet the essential needs of a particular resident.

Direct care includes providing assistance to a resident that can be direct physical support (for example, eating, bathing and dressing) or providing social and emotional support.



Eligible residents are asked to book their vaccination appointment online at https://covid-vacc-rcvtac.mychamp.ca/ or by calling RCDHU at 613-732-9436 or 1-833-773-0004.

For the most recent COVID-19 vaccine information, visit www.rcdhu.com

















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#### Who is considered a health care worker?

#### All hospital and acute care staff, including:

- Critical Care Units, Emergency Departments and Urgent Care Departments, COVID-19 Medical Units, Code Blue Teams, rapid response teams
- General internal medicine and other specialists, Surgical care, Obstetrics

#### All patient-facing health care workers involved in the COVID-19 response, including:

- COVID-19 Specimen Collection Centres, Mobile Testing Teams, COVID-19 Laboratory Services
- Teams supporting outbreak response (e.g., IPAC teams supporting outbreak management, inspectors in the patient environment)
- COVID-19 vaccine clinics and mobile immunization teams
- COVID-19 Isolation Centres
- Current members of Ontario's Emergency Medical Assistance Team (EMAT)

Medical First Responders (ORNGE, paramedics, firefighters providing medical first response, police and special constables providing medical first response as part of their regular duties).

Health care workers working in congregate settings (assisted living, correctional settings, shelters, supportive housing, hospices and palliative care settings, etc,).

#### Home and community health care workers, providing in-person care, including:

- Needle exchange/syringe programs & supervised consumption and treatment services
- Indigenous health care service providers including but not limited to: Aboriginal Health Access Centres, Indigenous Community Health Centres, Indigenous Interprofessional Primary Care Teams, and Indigenous Nurse Practitioner-Led Clinics
- Community health centres, chronic homecare, birth centres, dentistry and dental hygiene, Pharmacies, Primary care, Walk-in clinics, gynecology/obstetrics, Midwifery, Nurse practitioner-led clinics/Contract nursing agencies, Otolaryngology (ENT), medical and surgical specialties, medical transport, laboratory services, independent health facilities, health care providers in development services, mental health and addictions services
- Health care workers in schools/daycares/campus, sexual health clinics, community diagnostic imaging, dietary/nutrition, audiology, naturopathy, holistic care, chiropractic, chronic pain massage therapy, psychotherapy, social work, public health

### List of currently eligible immunocompromised populations

- 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 stage 3 or advanced untreated HIV infection and those with acquired immunodeficiency syndrome.
- Individuals receiving active treatment with the following categories of immunosuppressive therapies: anti-B cell therapies2 (monoclonal antibodies targeting CD19, CD20 and CD22), high-dose systemic corticosteroids (refer to the CIG for suggested definition of high dose steroids), alkylating agents, antimetabolites, or tumornecrosis factor (TNF) inhibitors and other biologic agents that are significantly immunosuppressive (see third page).
- Residents of Long-Term Care Homes (LTCH), Retirement Homes (RH), Elder Care Lodges, and elderly living in other congregate settings (e.g. assisted-living facilities, chronic care hospitals, naturally occurring congregate retirement settings/congregate senior's apartment buildings, etc.).

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# List of Immunosuppressant Medications for Third Doses in Alphabetical Order

- 5-Aminosalicylic Acid (ASA)/mesalamine
- 6-mercaptopurine (6-MP)

- **Abatacept**
- Actemra
- adalimumab
- Advagraf
- Amgevita
- anakinra
- apremilast
- Arava
- Avsola
- azathioprine
- Azulfidine

- baricitinib
- belimumab
- Benlysta
- **Brenzys**
- Brodalumab

- canakinumab
- Cellcept
- certolizumab
- Cimzia
- Cosentyx
- cyclophosphamide
- cyclosporine

D

- Decadron (>3mg/day)
- DepoMedrol (>16mg/day)
- dexamethasone (>3mg/day)

- Enrbel
- Entyvio
- Envarsus
- entanercept

fingolimod

- Gengraf
- Gilenya
- golimumab
- guselkumab

- Hadlima
- Hulio
- Humira
- Hyrimoz

- Idacio
- llaris
- **Imuran**
- Inflectra
- infliximab ixekizumab

- Kesimpta
- Kevzara
- Kineret

Leflunomide

- Mayzent
- Medrol (>16mg/day)
- methotrexate
- methylprednisolone (>16mg/day)
- Metoject
- mycophenolate
- mofetil
- mycophenolic acid
- Myfortic

Neoral

- Ocrelizumab
- Ocrevus
- ofatumumab
- Olumiant
- Orencia Otezla
- Otrexup
- ozanimod

- Pentasa
- prednisone (>20mg/day)
- Procytox
- Prograf
- Purinethol

R

- Rapamune
- Rasuvo
- Remicade
- Remsima
- Renflexis
- Rheumatrex
- Riabni
- Rinvoa
- risankizumab
- Rituxan
- Rituximab
- Riximyo

S

Salazopyrin

Ruxience

- Sandimmune
- Sarilumab
- Secukinumab Siliq
- Simponi
- Siponimod sirolimus
- Skyrizi
- Solumedrol (>16mg/day)
- Stelara
- sulfasalazine

- tacrolimus
- Taltz
- tocilizumab
- Tremfya
- Trexall

Truxima

- upadacitinib
- ustekinumab

vedolizumab

Xeljanz

Zeposia

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