

COVID-19 VACCINATION FOR MODERATELY TO SEVERELY IMMUNOCOMPROMISED INDIVIDUALS

PHYSICIAN, NURSE PRACTITIONER OR HOSPITAL SPECIALTY PROGRAM: PATIENT REFERRAL FORM

Updated October 6, 2022

IMPORTANT TO NOTE:

- Complete this form to refer moderately to severely immunocompromised individuals (six months and older) for an alternate schedule primary series (e.g., three doses) or alternate/off-label booster dose
- Moderate to severely immunocompromised children six months to four years of age who have completed their primary series with Maroon Cap Pfizer are not eligible for four doses - this is a three-dose primary series regardless of immunocompromised status (at this time there are no boosters for children in this age group)
- Referral form to be completed ONLY when vaccination administration is **unable** to be completed by Physician/Nurse Practitioner or Speciality Program responsible for eligible patient care
- Client is required to present the completed form when attending their vaccine appointment (physician/nurse practitioner letter outlining eligibility or eligible medication prescription or vial is also acceptable)

Patient Name: _____ Date: ____/____/____

Patient Health Card Number: _____

PATIENT ELIGIBILITY

Ontario's Ministry of Health [COVID-19 Vaccine Guidance](#) outlines groups considered to be moderately to severely immunocompromised who are eligible to receive a third primary series dose and specific booster doses. Please identify the relevant sub-category below for patient eligibility for a mRNA COVID-19 vaccine:

- Individuals receiving dialysis (hemodialysis or peritoneal dialysis)
- Individuals receiving active treatment (e.g., chemotherapy, targeted therapies, immunotherapy) for a 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 two 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 AIDS defining illness or CD4 count $\leq 200/\text{mm}^3$ or CD4 fraction $\leq 15\%$ or (in children 5-11 years) perinatally acquired HIV infection
- Individuals receiving active treatment with any of the immunosuppressive medications listed in Appendix F in the Ministry of Health's [COVID-19 Vaccine Guidance](#) document
- Individuals with conditions or prescription/s that may cause immunosuppression of a patient, similar to any impact of the conditions/medications listed above. Identify here:

PATIENT-SPECIFIC TREATMENT CONSIDERATIONS AND SCHEDULING

The Ontario Ministry of Health (MOH) outlines:

- The **recommended interval** between primary series doses is 56 days with a minimum interval of 28 days; for children six months to four years receiving Maroon Cap Pfizer 3 mcg as their primary series, the minimum interval is 21 days between dose 1 and 2 and 56 days between dose 2 and 3
- For booster doses after the three-dose primary series, the **recommended interval** is six months (168 days) with a minimum interval of three months (84 days)

Please refer to the MOH [COVID-19 Vaccine Guidance](#) for more information.

Condition-Specific Treatment Considerations (i.e., deferral of vaccination and/or re-starting series):

- No treatment considerations
- Treatment must be considered
 - Specific scheduling requirements: _____

Physician/Nurse Practitioner Name: _____ CSPO#: _____

Signature: _____

I have provided counselling regarding the risks, benefits, and timing of a booster dose(s) of COVID-19 vaccine in accordance with provincial guidance. By signing, I confirm the information above to be true and accurate to the best of my knowledge.