

Attachment 1: Dose 3 for people who are moderately to severely immunocompromised

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People with moderately to severely compromised immune systems will generally have lower antibody responses from two COVID-19 vaccine doses. Studies show that giving a third dose to complete the initial vaccine series can help these individuals create antibodies to protect them from COVID-19.

People who are moderately to severely immunocompromised and meet the criteria will receive a third dose of vaccine. Criteria includes:

Have had a solid-organ transplant and are taking immunosuppressive therapy:

- Have had a solid organ transplant. May include a heart, lung, liver, kidney, pancreas or islet cells, bowel or combination organ transplant

Are on active treatment for solid tumour or hematologic malignancies (like myeloma or leukemia):

- Since January 2020 have received an anti-CD20 drug for a malignant condition
- Since March 2020, have received or are receiving systemic therapy (including chemotherapy, molecular therapy, immunotherapy, targeted therapies including CAR-T, monoclonal antibodies, hormonal therapy for cancer). This includes solid tumours as well as hematologic cancers within this time period
- Since October 2020, have received or are receiving radiation therapy for cancer

Have had a hematopoietic stem cell transplant:

- Since September 2019, have had bone marrow or stem cell transplant or are still taking immunosuppressant medications related to transplant

Have moderate to severe primary immunodeficiency:

- Have combined immune deficiencies affecting T-cells, immune dysregulation (particularly familial hemophagocytic lymphohistiocytosis) or those with type 1 interferon defects (caused by a genetic primary immunodeficiency disorder or secondary to anti-interferon autoantibodies)
- Have a moderate to severe primary immunodeficiency which has been diagnosed by an adult or pediatric immunologist and requires ongoing immunoglobulin replacement therapy (IVIG or SCIG) or the primary immunodeficiency has a confirmed genetic cause (e.g. DiGeorge syndrome, Wiskott-Aldrich syndrome)

Prior AIDS defining illness or prior CD4 count \leq 200/mm³ or prior CD4 fraction \leq 15% or any detectable plasma viral load since January 2021 or HIV infection and \geq 65 years old or perinatally acquired HIV infection.

Are on active treatment with the following categories of immunosuppressive therapies:

- Since January 2020, been treated with anti-CD20 agents: rituximab, ocrelizumab, ofatumumab, obinutuzumab, ibritumomab, tositumomab

- Since January 2020, been treated with B-cell depleting agents: epratuzumab, MEDI-551, belimumab, BR3-Fc, AMG-623, atacicept, anti-BR3, alemtuzumab
- Since December 15, 2020 been treated with biologics: abatacept, adalimumab, anakinra, benralizumab, brodalumab, canakinumab, certolizumab, dupilumab, etanercept, golimumab, guselkumab, infliximab, interferon products (alpha, beta, and pegylated forms), ixekizumab, mepolizumab, natalizumab, omalizumab, reslizumab, risankizumab, sarilumab, secukinumab, tildrakizumab, tocilizumab, ustekinumab, or vedolizumab
- Since December 15, 2020 been treated with oral immune-suppressing drugs: azathioprine, baricitinib, cyclophosphamide, cyclosporine, leflunomide, dimethyl fumarate, everolimus, fingolimod, mycophenolate, siponimod, sirolimus, tacrolimus, tofacitinib, upadacitinib, methotrexate, dexamethasone, hydrocortisone, prednisone, methylprednisolone, or teriflunomide
- Since December 15, 2020 been treated with steroids orally or by injection on an ongoing basis: dexamethasone, hydrocortisone, methylprednisolone, or prednisone
- Since December 15, 2020, been treated with immune-suppressing Infusions/injections: cladribine, cyclophosphamide, glatiramer, methotrexate

Are on dialysis and/or with severe kidney or renal disease:

- On dialysis (hemodialysis or peritoneal dialysis) or have stage 5 chronic kidney disease (eGFR <15ml/min or have glomerulonephritis and receiving steroid treatment.¹

¹ <https://www2.gov.bc.ca/gov/content/covid-19/vaccine/register#immunocompromised>