Information for people who are moderately to severely immunocompromised

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.

Moderately to severely immunocompromised dose 3 criteria

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 ≤ 200/mm3 or prior CD4 fraction ≤ 15% or any detectable plasma viral load since January 2021 or HIV infection and ≥ 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, resilizumab, 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 fumerate, 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