Executive Officer Notice: Administration of Publicly Funded COVID-19 Vaccines in Ontario Pharmacies

Effective September 22, 2025

Certain eligible pharmacies can administer publicly funded COVID-19 vaccines to eligible individuals (see Pharmacy Eligibility below).

The purpose of this Executive Officer (EO) Notice: Administration of Publicly Funded COVID-19 Vaccines in Ontario Pharmacies (EO Notice), and the accompanying Frequently Asked Questions (FAQs) document, is to set out the terms and conditions for a participating pharmacy's submission of claims for payment (claims) for administering injectable COVID-19 vaccines to eligible individuals. Each document is a Ministry of Health (ministry) policy that pharmacy operators must comply with under section 3.2 of the Health Network System (HNS) Subscription Agreement for Pharmacy Operators. Participating pharmacies must comply with all terms and conditions set out in the EO Notice and FAQs.

The EO Notice and the accompanying FAQs document are not intended to describe a pharmacy operator's obligations in respect of administering injectable COVID-19 vaccines under applicable legislation, other agreements with the Province of Ontario, or policies of the Ontario College of Pharmacists (OCP). Pharmacy operators with questions about their legal obligations outside of the HNS Subscription Agreement should refer to the applicable legislation, other agreement, or OCP policy as appropriate.

This EO Notice replaces the previous EO Notice: Administration of Publicly Funded COVID-19 Vaccines in Ontario Pharmacies that was effective April 9, 2025.

Pharmacy Eligibility

In order to be eligible to submit claims for administering a publicly funded COVID-19 vaccine, a pharmacy operator (also referred to in this document as a "participating pharmacy") must be authorized by the ministry and meet the following requirements:

- Have a valid HNS Subscription Agreement with the ministry;
- Have a valid agreement with the ministry respecting COVID-19 vaccine administration and the use of the Provincial COVID-19 Vaccine Solution (the "COVID-19 Vaccine Agreement")[1]; and

[1] A valid agreement is in respect of a particular pharmacy operator operating at a specific pharmacy location. Where a pharmacy is sold, or where a pharmacy operator relocates, a new COVID-19 Vaccine Agreement is required to reflect the new pharmacy operator or location.

- Be enrolled in the current Universal Influenza Immunization Program (UIIP).[2]

Individual Eligibility

The following rules are based on the information found in current Health Care Provider Fact Sheet: COVID-19 Vaccine posted on the COVID-19 Vaccine Program webpage.

Subject to the timelines further described below, individuals are eligible to receive the publicly funded COVID-19 vaccine if they meet the following criteria ("eligible individuals"):

- the individual is 6 months of age or older and lives, works, or goes to school in Ontario; and,
- if the individual is a resident of a long-term care home (LTCH) and receiving the vaccine in the LTCH, then the individual must have a prescription for the vaccine.

As further described below, eligible individuals who belong to high-risk and priority populations should receive a COVID-19 vaccine as soon as possible in the fall, whereas eligible individuals in the general population can begin receiving a COVID-19 vaccine on October 27.

Recommended high-risk and priority populations for immunization (as soon as vaccine becomes available)

1. High-risk populations group 1

The following individuals are at increased risk of COVID-19 disease and **should receive** COVID-19 vaccine dose(s) **as soon as it becomes available in the fall** AND **should receive** an **additional dose** in the **spring**:

- Adults 80 years and older
- Adult residents of long-term care homes and other congregate living settings for seniors
- Individuals 6 months of age and older who are moderately to severely immunocompromised (due to specific underlying condition or treatment).
- Individuals 55 years and older who identify as First Nations, Inuit, or Metis and their non-Indigenous household members who are 55 years and older.

Adults aged 65 to 79 years **should receive** COVID-19 vaccine dose(s) **as soon as it becomes available in the fall** AND **may receive** an **additional dose** in the **spring**. Certain individuals in this age group are at increased risk of severe COVID-19 disease and would benefit from doses in the fall and spring.

2. High-risk populations group 2

The following individuals are at increased risk of SARS-CoV-2 exposure or severe COVID-

[2] Enrollment in the UIIP is in respect of a particular pharmacy operator operating at a specific pharmacy location. Where a pharmacy is sold, or where a pharmacy operator relocates, new enrollment in the UIIP is required to reflect the new pharmacy operator or location.

19 disease and **should receive** COVID-19 vaccine dose(s) **as soon as it becomes available in the fall**:

- Residents in long-term care homes and other congregate living settings who are aged 17 years and under
- Pregnant individuals
- Individuals from First Nations, Métis and Inuit communities who are aged 54 years and under
- Members of underserved communities
- Health care workers and other providers in facilities and community settings as per NACI guidelines.

3. Priority Populations

To optimize co-administration with influenza vaccine, the following individuals, **may receive** COVID-19 vaccine dose(s) **as soon as it becomes available in the fall:**

- Children 6 months to 4 years of age
- Individuals with significant exposure to birds or mammals through interactions with birds or mammals (such as poultry, livestock, slaughterhouse and processing plant workers, wildlife officers/researchers, and veterinarians)

Recommended populations for immunization (starting October 27, 2025)

All individuals (6 months of age and older) who do not belong to the high-risk or priority populations described above **may receive** COVID-19 vaccine dose(s) in the fall, starting on **October 27, 2025.**

Please see Appendix of this EO Notice for the recommended vaccination schedule (or refer to the current Health Care Provider Fact Sheet: COVID-19 Vaccine posted on the COVID-19 Vaccine Program webpage).

Other eligibility information

Informed consent is required to administer any COVID-19 vaccine to an eligible individual. Please refer to the 2025/2026 COVID-19 Health Care Provider Fact Sheet for the most up to date information at COVID-19 Vaccine Program for detailed information on vaccine recommendations, recommendations for moderately to severely immunocompromised individuals, recommendations regarding re-vaccination with a new COVID-19 vaccine series post transplantation, out of province vaccines, etc. **NOTE:** In the case of a resident of a long-term care home (LTCH) who has their COVID-19 vaccine administered in a LTCH, the vaccine must be prescribed for the resident.

COVID-19 immunization schedules

Based on provincial epidemiology, Ontario's 2025/2026 COVID-19 vaccine program will be implementing the following immunization schedules:

The following groups should receive **one annual dose** of the COVID-19 vaccine, unless they have not completed their primary series:

- High-risk populations group 2
- Priority populations
- General population

Individuals belonging to high-risk population group 1 should receive **two doses per year** of the COVID-19 vaccine, unless they have not completed their primary series.

Timing of immunization	Population	Immunization status	# of eligible doses
Fall Doses 2025 (Sept to Jan[1])	All	Completed primary series	1 dose
		Primary series not completed	1 or more doses[2]
Spring Doses 2026 (April to June[3])	High-risk populations group 1 (as outlined above)	Fall dose(s) were received	1 additional dose
		Fall dose(s) were not received	Receive fall dose(s)[4]
	Individuals not part of the high-risk populations group 1	Fall dose(s) were received or not received	None[5]

[1] High-risk populations groups 1 and 2 should, and priority populations may receive doses as soon as they are available. The general population may receive doses starting on October 27, 2025. Fall doses can continue to be received until March 31, 2026.

[2] To determine the appropriate immunization schedule, refer to Figure 1: Immunization algorithm in the Appendices and for detailed schedules refer to Tables 2 to 5 in the Appendices.

[3] Spring doses may continue to be given only to severely immunocompromised individuals until August 31, 2026. These individuals must be assessed by their healthcare provider to determine if immunization cannot wait until the next annual COVID-19 vaccine program (i.e., 2026/2027) and receipt of the updated formulation that will provide optimum protection against the circulating strains can be delayed.

[4] The additional dose (i.e. second dose per year) is not required.

[5] Individuals not belonging to the high-risk populations group 1 are not eligible to receive dose(s) in the spring regardless of if dose(s) were received in the fall. These individuals are recommended to be vaccinated during the next annual COVID-19 vaccine program (i.e., 2026/2027) to ensure optimal protection against circulating strains.

Primary series schedule for children 6 months to 4 years of age

A primary series of two (2) doses of Moderna Spikevax vaccine, administered at an 8-week interval between doses is recommended for those not previously vaccinated who are not immunocompromised. An additional dose is recommended for individuals who are moderately to severely immunocompromised, with an interval of 4 to 8 weeks between doses.

If both Pfizer-BioNTech Comirnaty and Moderna Spikevax were used in the same primary series, the total number of doses in the series should follow the Pfizer-BioNTech Comirnaty schedule, specifically 3 doses for those who are not immunocompromised and 4 doses for those who are immunocompromised.

Children who started the primary series at less than 5 years of age and turn 5 years of age before completing the series should complete the series as follows:

- Non-immunocompromised: 1 dose of vaccine.
- Immunocompromised: such that the total number of COVID-19 doses received is 3 doses for Moderna Spikevax, or 4 doses for Pfizer-BioNTech Comirnaty (or a mixed schedule which includes Pfizer-BioNTech Comirnaty).

Primary series schedule for individuals 5 years of age and over

A primary series of one (1) dose of COVID-19 vaccine is recommended for those not previously vaccinated who are not immunocompromised. For individuals who are moderately to severely immunocompromised, 2 doses of COVID-19 vaccine are recommended for the primary series and a third dose may also be offered, with an interval of 4 to 8 weeks between doses. Healthcare providers can use clinical discretion to determine the optimal timing and potential benefits of a third dose based on the individuals clinical history and medical condition(s).

Interval for individuals with a completed primary series

For previously vaccinated individuals who have completed their primary series, a minimum interval of 3 months from the last dose may be used.

Hematopoietic stem cell transplantation (HSCT) and chimeric antigen receptor (CAR) T cell therapy recipients

New hematopoietic stem cell transplantation (HSCT) recipients and recipients of chimeric antigen receptor (CAR) T cell therapy are considered immunologically naïve and should be vaccinated with 3 doses beginning at 3 to 6 months post-HSCT/CAR T-cell therapy, regardless of previous vaccination history, with 4 to 8 weeks between doses.

Intervals for individuals previously infected with COVID-19

The following intervals should be observed after an infection with COVID-19:

- For those who have not started or completed a primary series, the next dose should be given 8 weeks following the previous dose or test-confirmed* infection for those who are not immunocompromised or 4 to 8 weeks for those who are immunocompromised. A dose can be given as soon as possible for those who have not received any doses and did not test positive for infection.
- For those who are previously vaccinated and who test positive for SARS-CoV-2, a minimum of 3 months from test-confirmed infection to COVID-19 vaccination may be considered.

* Publicly funded COVID-19 testing is limited to individuals who are eligible for antiviral treatment or those who are living in congregate living settings.

Interchangeability of vaccines

Moderna Spikevax and Pfizer-BioNTech Comirnaty vaccines can be used interchangeably, provided that the vaccine is authorized for the individual's age, to:

1. complete a primary series started with another product, and
2. as a subsequent dose in individuals who have completed their primary series.

The previous dose(s) should be counted, and the series does not need to be restarted.

Co-administration

The COVID-19 vaccines may be given at the same time with other vaccines, or at any time before or after other non-COVID-19 vaccines (live or non-live vaccines), including influenza and respiratory syncytial virus (RSV) vaccines and/or the RSV monoclonal antibody.

If multiple injections are to be given at the same visit, separate limbs should be used if possible. Alternatively, the injections may be administered into the same muscle separated by at least 2.5 cm (1"). Different immunization equipment (needle and syringe) must be used for each vaccine.

Contraindications, precautions & population-specific considerations

See the COVID-19 Vaccine: Canadian Immunization Guide's section on Contraindications and Precautions for recommendations for individuals with several conditions including allergies, bleeding disorders, myocarditis and/or pericarditis following vaccination, Guillain-Barré syndrome (GBS), multisystem inflammatory syndrome in children or adults (MIS-C or MIS-A), and Bell's palsy.

Pregnant or breastfeeding

Pregnant or breastfeeding individuals should receive COVID-19 vaccine during the 2025/2026 vaccine program to provide protection during pregnancy and to lower the risk of hospitalization for their newborn. In addition, protective antibodies are transferred to the fetus transplacentally, resulting in increased protection for the infant during the early postnatal period when they are not yet eligible for vaccination. COVID-19 vaccines may be offered at any trimester and while breastfeeding. There have been no safety concerns with receiving COVID-19 vaccine during pregnancy or lactation. Compared to non-pregnant individuals, SARS-CoV-2 infection in pregnancy is associated with increased risk of hospitalization. SARS-CoV-2 infection during pregnancy is also associated with an increased risk in the neonate of preterm birth and low birth weight.

Additional information can be accessed at the Provincial Council for Maternal and Child Health's decision making tool, the Society of Obstetricians and Gynaecologists of Canada Statement on COVID-19 Vaccination in Pregnancy, and Canadian Immunization Guide (CIG).

Other information

Informed consent is required to administer any COVID-19 vaccine to an eligible individual. Please refer to the most up to date information found at COVID-19 Vaccine Program for detailed information on vaccine recommendations, recommendations for moderately to severely immunocompromised individuals, recommendations regarding re-vaccination with a new COVID-19 vaccine series post transplantation, out of province vaccines, etc.

NOTE: In the case of a resident of a LTCH who has their COVID-19 vaccine administered in a LTCH, the vaccine must be prescribed for the resident.

Claims for Payment

- There is no cost to eligible individuals (also referred to as patients in this document) who receive the COVID-19 vaccine when administered at a pharmacy or by staff retained by the pharmacy.
- For each valid claim submitted, a pharmacy will receive $13.00 as payment for providing the following services:
    - Providing the patient with details of the process and answering any questions related to the vaccination;
    - Obtaining the consent of the patient or their substitute decision-maker prior to vaccine administration;
    - Administering the COVID-19 vaccine;
    - Providing the patient with proper monitoring and written vaccine information as well as after-care instructions following vaccine administration;
    - Providing the patient with a written or electronic receipt of the vaccination with the pharmacy contact information **after** the vaccine is administered (Note: a written receipt can be printed from COVax$_{ON}$); and
    - Complying with any requirements to access and use the Provincial COVID-19 Vaccine Solution-COVax$_{ON}$ under the COVID-19 Vaccine Agreement.
- Pharmacies may access personal protective equipment (PPE) from the ministry's dedicated supply, if needed, to administer the COVID-19 vaccine.
- Table 1 in the Appendix of this EO Notice lists the publicly funded COVID-19 vaccines that are available to pharmacies and are billable, including any restrictions on administering the vaccine (e.g., age groups).

Exclusions and Restrictions

- If a patient does not have a valid Ontario health card number, a pharmacist[3] or trained pharmacy staff[4] can still administer the publicly funded COVID-19 vaccine, provided that the patient provides an alternate identification confirming their name and date of birth. In such cases, pharmacies must use the proxy patient ID: 79999 999 93.
- Administration of non-publicly funded COVID-19 vaccines that are privately purchased by the pharmacy does not qualify for payment.
- Vaccine administration must occur at the location of the participating pharmacy

[3] Any reference in this document to a pharmacist who administers, or who supervises trained pharmacy staff who are administering, the COVID-19 vaccine refers to a Part A pharmacist. Part A pharmacists include registrants of the OCP who hold a certificate of registration as a pharmacist (emergency assignment).

[4] For the purposes of this EO Notice and the accompanying Qs and As, trained pharmacy staff means interns and pharmacy technicians (including pharmacy technicians (emergency assignment)), subject to the terms, conditions and limitations set out in O. Reg. 256/24 under the *Pharmacy Act, 1991*, as well as pharmacy students, pharmacy technician students, and intern technicians who are authorized to administer vaccines pursuant to a delegation under section 28 of the *Regulated Health Professions Act, 1991* (RHPA) or in accordance with clause 29(1)(b) of the RHPA, as the case may be. Pharmacy staff should refer to this legislation for more information. The health care providers described in Question and Answer #8 of the accompanying Q and As are also considered trained pharmacy staff for the purposes of this EO Notice and the accompanying Q and As.

premises, unless otherwise indicated. The pharmacy is permitted to administer publicly funded vaccines supplied by their distributor in a nearby location (e.g., an adjacent pharmacy parking lot), in a patient's home (for home-bound individuals), retirement homes, other congregate settings, LTCHs, or mobile clinic locations as long as they are able to ensure adherence to public safety and relevant ministry policy / direction (including infection prevention and control measures), are within the geographical boundaries of the Public Health Unit (PHU) where there pharmacy is located, the COVID-19 Vaccine Agreement, and any OCP standards, polices or guidelines. See the most recent version of the accompanying Questions and Answers document for more information.

- Before a pharmacy administers a COVID-19 vaccine to a resident of a LTCH in the LTCH, the pharmacy must have a prescription directing the administration of the vaccine to the resident.
- The role of pharmacists, pharmacy students, interns or pharmacy technicians administering the COVID-19 vaccine in initiatives led by other authorized organizations that have entered into COVID-19 Vaccine Agreements with the ministry (e.g., PHUs or hospitals that organize mass immunization clinics) that are not billed through the HNS is excluded from this notice.
- A pharmacist's recommendation to a prescriber that a patient should receive a COVID-19 vaccine is not a billable service under the Pharmaceutical Opinion Program.
- Participating pharmacies cannot transfer out publicly funded COVID-19 vaccine inventory to any other pharmacy, health care provider and/or organization, including any affiliated or commonly-owned pharmacy (with the exception of COVID-19 vaccine transfers related to pharmacy ownership change and/or relocations). Pharmacies are still permitted to transport vaccine when administering off-site and pharmacies may accept transfers-in from their local PHU in exceptional circumstances.

Billing Procedures – Summary

- Claims for administering the publicly funded COVID-19 vaccine can only be submitted electronically using the HNS (see "Billing Procedures - Detailed" below). No manual paper claims will be accepted unless 3 intervention codes are required in order to process the claim.
- The pharmacist who administers the vaccine or who is overseeing trained pharmacy staff administering the vaccine must be identified in the prescriber field on the claim, subject to the exception below. Each claim must include the Drug Identification Number (DIN) corresponding to the publicly funded COVID-19 vaccine that was administered to the eligible individual (see Table 1 in the Appendix).
    - **Exception:** in the case of an eligible individual who is a resident in a LTCH and is receiving the vaccine in the LTCH, the prescriber field on the claim submitted through HNS must identify the prescriber who directed the administration of the vaccine to the resident.
- The person submitting the claim must ensure that the eligible individual's date of birth,

Ontario health number and name (as it appears on the health card / document) are included in the claim. Failure to do so – especially for non-Ontario Drug Benefit (ODB) Program recipients – may impact the ability to submit future claims for these individuals.

- Pharmacies that submit a claim for payment through the HNS using the assigned drug identification number (DIN) will be reimbursed an administrative fee of $13.00 per eligible claim for administering the publicly funded injectable COVID-19 vaccine.
    - This same administrative fee will also apply to the administration of publicly funded injectable COVID-19 vaccine to residents of LTCHs by pharmacies that service LTCHs. To further clarify, the administration of the COVID-19 vaccine by participating pharmacies to residents of LTCH is outside of the current capitation payment model used to pay pharmacy service providers for providing professional pharmacy services to LTCH residents.
    - **For eligible individuals without an Ontario health number, pharmacies must use the proxy patient ID: 79999 999 93 (see below for further details).**

Billing Procedures – Detailed

The claim submission follows the usual process (See Section 5.1 of the Ontario Drug Program Reference Manual) for submitting claims in the HNS with the following additional information:

Fields required for all claims for pharmacist administered COVID-19 vaccines
ODB recipients and non-ODB recipients

- Intervention code ‘PS’: (Professional Care Services)
- Drug Identification Number (DIN): as per the publicly funded COVID-19 vaccine administered (see Table 1 in the Appendix)
- Valid Pharmacist ID
- Professional fee: $13.00

Additional fields required for non-ODB recipients with an Ontario health number

When submitting a claim for an eligible individual who does not have ODB coverage, submit the following additional information:

- Patient Gender: ‘F’ = female; ‘M’ = male
- Patient Date of Birth: Valid YYYYMMDD
- Patient’s Ontario Health number
- Intervention codes:
    - PS: Professional Care Services
    - ML: Established eligibility coverage (i.e., 1 day of the Plan ‘S’ coverage)
- Carrier ID: ‘S’
- Drug Identification Number (DIN): as per the publicly funded COVID-19 vaccine administered
- Valid Pharmacist ID

Additional fields required for non-ODB recipients without an Ontario health number

When submitting a claim for an eligible individual who does not have an Ontario health number, submit the following additional information:

- First Name: Patient's first name
- Last Name: Patient's last name
- Patient Gender: 'F' = female; 'M' = male
- Patient Date of Birth: Valid YYYYMMDD
- Proxy patient ID: 79999 999 93
- Intervention codes:
  - PS: Professional Care Services
  - PB: Name entered is consistent with card
- Valid Pharmacist ID

Payment for epinephrine auto-injector for emergency treatment after administration of the COVID-19 vaccine

If there is an adverse event immediately after the pharmacist or trained pharmacy staff administers a publicly funded COVID-19 vaccine, the ministry will reimburse pharmacies for the acquisition cost of the epinephrine auto-injector up to the total amount reimbursed.

Emergency treatment must take place in the pharmacy or where the vaccine was administered, for example an adjacent pharmacy parking lot, retirement home, LTCH, other congregate setting, or mobile clinic location, if applicable. If the individual who is having an adverse event is a resident of a LTCH and receiving the epinephrine in the LTCH, then the individual must have a prescription for the epinephrine auto-injector.

The claim submission process is the same as the one followed for the publicly funded UIIP. Refer to Section 6.15 of the Ontario Drug Program Reference Manual for billing information.

Despite section 6.15 of the Ontario Drug Program Reference Manual, in the case of an eligible individual who is a resident in a LTCH and is receiving the epinephrine in the LTCH, the prescriber field on the claim submitted through HNS must identify the prescriber who directed the administration of the epinephrine auto-injector product to the resident.

Pharmacy Documentation Requirements

Pharmacies must keep a record of every dose of publicly funded COVID-19 vaccine administered. Pharmacists shall keep records consistent with their obligations under the *Pharmacy Act, 1991*, the *Drug and Pharmacies Regulation Act*, the COVID-19 Vaccine Agreement, and any instructions or guidelines provided by the OCP or the ministry.

For purposes of post-payment verification, pharmacy records related to claims for administering a publicly funded COVID-19 vaccine must be maintained in a readily available format for the purpose of ministry inspection for a minimum of 10 years from the last recorded pharmacy service provided to the patient, or until 10 years after the day on which the patient reached or would have reached the age of 18 years, whichever is longer.

Overpayments due to inappropriate claim submissions are subject to recovery. Pharmacy documentation must be maintained in a readily retrievable format and record requirements are:

- Record of name and address of patient.
- Record of patient's Ontario health number or alternate ID with contact information if applicable.
- Prescription for administering the COVID-19 vaccine in a LTCH to a resident of the LTCH.
- Record of name of vaccine administered, dose (including half-dosing if applicable), lot number, expiry date, time, date, route and site of administration.
- Record of pharmacy name, pharmacy address and name and signature of individual who administered the vaccine.
- Record of location of administration (inside pharmacy, pharmacy parking lot or within the retirement home, elderly congregate setting, LTCH or location of a mobile clinic if applicable).
- Evidence of the provision of a written and electronic (if applicable) record (post administration) of the COVID-19 immunization record to the patient, which includes the pharmacy's contact information and date and time for the subsequent scheduled dose at the same pharmacy location, if applicable. Note: date and time of the subsequent dose may be hand-written on the written record provided to the patient.
- Record of any serious adverse events following immunization that result in the administration of epinephrine, and the circumstances relating to the administration of the substance.
- Prescription for administering an epinephrine auto-injector in a LTCH to a resident of the LTCH.
- Records documenting compliance with any requirements to access and use the Provincial COVID-19 Vaccine Solution-COVaxON under the COVID-19 Vaccine Agreement. Note: All respective health care providers whether pharmacist, trained pharmacy staff or other health care provider must identify themselves as the vaccinator in the COVaxON system and on the vaccine receipt provided to the patient.

Prior EO Notices

Updates relating to this Executive Officer Notice were, prior to April 6, 2023, communicated as two (2) separate EO Notices (Administration of the Publicly Funded COVID-19 Vaccines in Ontario Pharmacies – **Eligibility**; Administration of the Publicly Funded COVID-19 Vaccines in Ontario Pharmacies – **Billing**) on the effective dates listed below.

EO Notices in 2025				
April 9	September 22			
EO Notices in 2024				
March 25	April 11	September 30		
EO Notices in 2023				
March 6	July 7	October 13		
April 6	September 26	December 22		
EO Notices in 2022				
January 13	April 7	July 28	September 12	November 8
February 18	May 2	August 8	September 26	December 21
March 25	July 14	September 1	October 17	
EO Notices in 2021				
March 10	May 11	June 4	September 1	December 2
March 22	May 13	June 14	September 8	December 17
April 1	May 18	June 17	October 1	December 20
April 19	May 21	June 25	October 8	
April 30	May 23	July 5	November 3	
May 6	May 31	August 18	November 25	

Additional Information:
If your pharmacy has an ownership change, relocation, or closure during the 2025/2026 COVID-19 Vaccine season, please notify the Ministry at OPDPInfobox@ontario.ca and include the following information (provide previous details if available):

- Status change of your pharmacy and date, if known
- Pharmacy name, full address, and ON#.

For pharmacy billing:
Please call ODB Pharmacy Help Desk at: 1-800-668-6641
For COVID-19 vaccine rollout in pharmacy:
Please email the ministry at: OPDPInfoBox@ontario.ca
For Ministry COVID-19 Vaccine-Relevant Information and Planning Resources
Please access this website
For all other Health Care Providers and the Public: Please call ServiceOntario, Infoline at 1-866-532-3161 TTY 1-800-387-5559. In Toronto, TTY 416-327-428

Appendices
(copied from Health Care Provider Fact Sheet)

Table 1: COVID-19 vaccines available for the 2025/2026 vaccine program (copied from Health Care Provider Fact Sheet)

COVID-19 vaccines for individuals 6 months to 11 years and 5 to 11 years		
Vaccine name	Moderna Spikevax	Pfizer-BioNTech Comirnaty
Protection against	LP.8.1 variant	LP.8.1 variant
Manufacturer	Moderna Biopharma Canada	BioNTech Manufacturing
Vaccine type	mRNA*	mRNA*
Age indication	6 months to 11 years	5 to 11 years
Dosage	25 ug / 0.25 mL	10 mcg / 0.3 mL
Route	Intramuscular (IM)	Intramuscular (IM)
Format	MDV	SDV
Vial Volume	2.5 mL	0.3 mL
# of doses per vial	10 doses	1 dose
# of doses per package	100 doses	10 doses
Shelf life of thawed vials (Do not refreeze)	50 days at +2˚C to +8˚C	10 weeks at +2˚C to +8˚C
Post-puncture shelf life	24 hours at +2˚C to +8˚C	12 hours at +2°C to +25°C
Package dimension	6.1 x 13.0 x 6.1 cm	3.7 x 3.9 x 8.9 cm
DIN	02541270	02541858
Product monograph	Product Monograph	Product Monograph

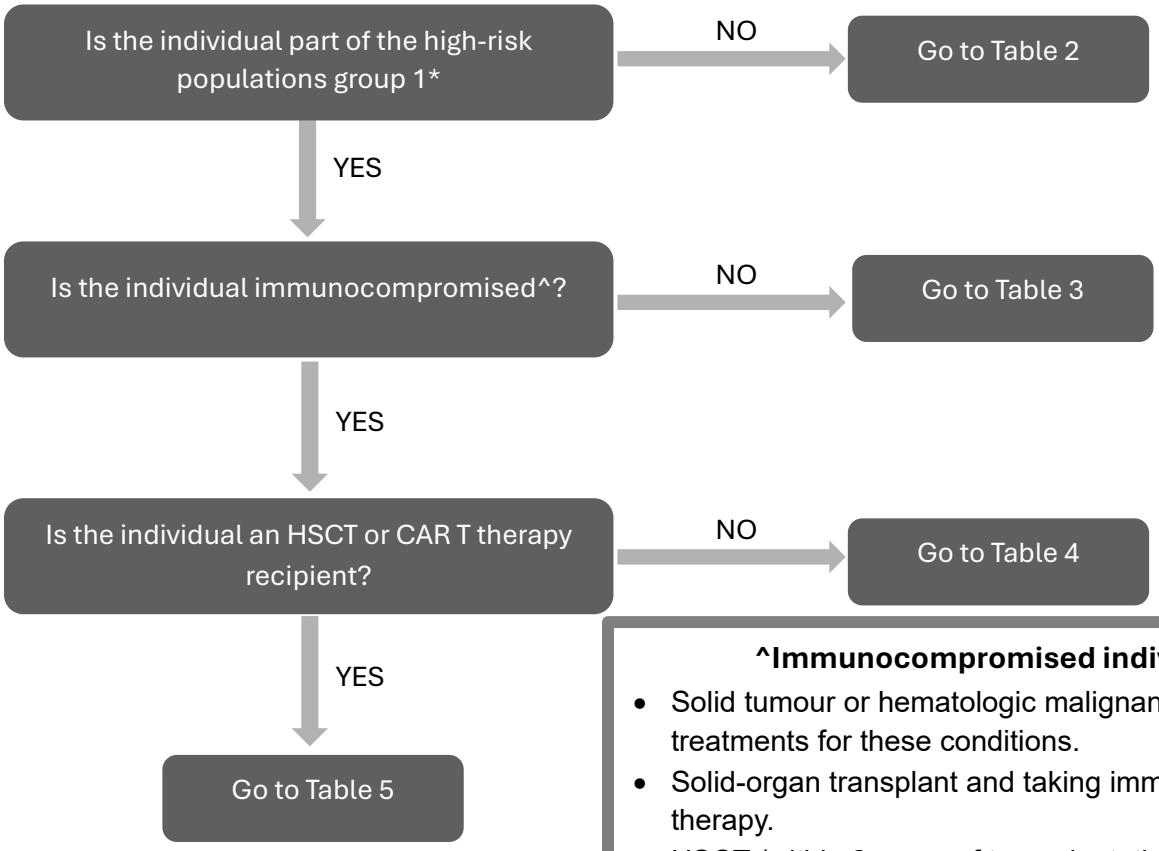
* Messenger ribonucleic acid (mRNA)

Table 1 (cont'd)

COVID-19 vaccines for individuals 12 years of age and older				
Vaccine name	Moderna Spikevax		Pfizer-BioNTech Comirnaty	
Protection against	LP.8.1 variant		LP.8.1 variant	
Manufacturer	Moderna Biopharma Canada		BioNTech Manufacturing	
Vaccine type	mRNA*		mRNA*	
Dosage	50 ug / 0.5 mL		30 mcg / 0.3 mL	
Route	Intramuscular (IM)		Intramuscular (IM)	
Format	MDV	PFS	MDV	PFS
Volume	2.5 mL	0.5 mL	1.8 mL	0.3 mL
# of doses per vial/syringe	5 doses	1 dose	6 doses	1 dose
# of doses per package	50 doses	10 doses	60 doses	10 doses
Package dimension (cm)	6.1 x 13.0 x 6.1	10.2 x 11.0 x 4.5	3.7 x 3.9 x 8.9	9.9 x 5.2 x 12.3
Shelf life of thawed vials (Do not refreeze)	50 days at +2˚C to +8˚C	50 days at +2˚C to +8˚C	10 weeks at +2˚C to +8˚C	+2°C to +8°C until vaccine expiry
Post-puncture shelf life	24 hours at +2˚C to +8˚C	n/a	12 hours at +2°C to +25°C	n/a
DIN	02541270	02557770	02541823	02552035
Product monograph	Product Monograph		Product Monograph	

* Messenger ribonucleic acid (mRNA)

Figure 1: COVID-19 2025/2026 immunization program algorithm



***Eligible high-risk populations group 1**

- Adults 65 years of age and older.
- Adult residents of long-term care homes and other congregate living settings for seniors.
- Individuals 6 months of age and older who are moderately to severely immunocompromised (due to an underlying condition or treatment) (see next box for detailed list).
- Individuals 55 years and older who identify as First Nations, Inuit, or Metis and their non-Indigenous household members who are 55 years and older.

^Immunocompromised individuals

- Solid tumour or hematologic malignancies or treatments for these conditions.
- Solid-organ transplant and taking immunosuppressive therapy.
- HSCT (within 2 years of transplantation or taking immunosuppression therapy).
- Immunocompromised due to CAR T cell therapy targeting lymphocytes.
- Moderate to severe primary immunodeficiency with associated humoral and/or cell-mediated immunodeficiency or immune dysregulation.
- HIV with AIDS-defining illness or TB diagnosis in last 12 months before starting vaccine series, or severe immune compromise with CD4 <200 cells/μL or CD4 <15%, or without HIV viral suppression.
- Recent treatment with the following categories of immunosuppressive therapies: anti-B cell therapies (monoclonal antibodies targeting CD19, CD20 and CD22), high-dose systemic corticosteroids, alkylating agents, antimetabolites, or tumor-necrosis factor (TNF) inhibitors and other biologic agents that are significantly immunosuppressive.
- Chronic kidney disease on dialysis.

Table 2: Immunization schedule for those not part of the high-risk populations group 1

The immunization schedule reflects the eligible dose(s) that can be received in the **fall of 2025**. Regardless of whether the fall dose(s) (i.e., primary series or the 1 dose) are given, doses are **not** required in the **spring of 2026**. Individuals are recommended to be vaccinated during the next annual COVID-19 vaccine program (i.e., 2026/2027) to ensure optimal protection against circulating strains.

Current Age	Doses received prior to fall 2025	# of eligible doses for the 2025/2026 vaccine program in the fall	Intervals between doses
6 months to 4 years	0 doses	2 doses*	8 weeks
	1 dose Moderna Spikevax	1 dose*	8 weeks
	1 dose Pfizer-BioNTech Comirnaty	2 doses*	8 weeks
	2 doses with ≥1 doses Pfizer-BioNTech Comirnaty	1 dose*	8 weeks
	2 doses both Moderna Spikevax	1 dose	3 months^
	≥3 doses, Pfizer-BioNTech Comirnaty and/or Moderna Spikevax	1 dose	3 months^
≥5 years	0 doses	1 dose*	N/A
	1 dose at ≥5 years	1 dose	3 months^
	1 dose at <5 years	1 dose*	8 weeks
	≥2 doses	1 dose	3 months^

* Dose(s) required to complete the primary series

^ Minimum interval

Table 3: Immunization schedule for high-risk populations group 1 who are not immunocompromised

The immunization schedule reflects the eligible dose(s) that should be received in the **fall** and the additional dose which is given in the **spring**. If the dose(s) (i.e., primary series or the 1 dose) are not given in the fall then the dose(s) should be given in the spring, however the additional dose would not be required.

Current Age	Doses received prior to fall 2025	# of eligible doses for 2025/2026 vaccine program	Intervals between doses
≥18 years	0 doses	1 dose* and 1 additional dose	3 months^
	1 dose	1 dose and 1 additional dose	3 months^
	≥2 doses	1 dose and 1 additional dose	3 months^

* Dose(s) required to complete the primary series

^ Minimum interval

Note: Spring doses may continue to be given only to severely immunocompromised individuals until August 31, 2026. These individuals must be assessed by their healthcare provider to determine if immunization cannot wait until the next annual COVID-19 vaccine program (i.e., 2026/2027) and receipt of the updated formulation that will provide optimum protection against the circulating strains can be delayed.

Table 4: Immunization schedule for immunocompromised individuals (except post-HSCT/CAR T-cell therapy - see Table 5)

The immunization schedule reflects the eligible dose(s) that should be received in the **fall** and the additional dose which is given in the **spring**. If the dose(s) (i.e., primary series or the 1 dose) are not given in the fall then the dose(s) should be given in the spring, however the additional dose would not be required.

Current Age	Doses received prior to fall 2025	# of eligible doses for 2025/2026 vaccine program	Intervals between doses
6 months to 4 years	0 doses	3 doses* and 1 additional dose	4-8 weeks 3 months^
	1 dose Moderna Spikevax	2 doses* and 1 additional dose	4-8 weeks 3 months^
	1 dose Pfizer-BioNTech Comirnaty	3 doses* and 1 additional dose	4-8 weeks 3 months^
	2 doses Moderna Spikevax	1 dose* and 1 additional dose	4-8 weeks 3 months^
	2 doses with ≥1 doses Pfizer-BioNTech Comirnaty	2 doses* and 1 additional dose	4-8 weeks 3 months^
	3 doses with ≥1 doses Pfizer-BioNTech Comirnaty	1 dose* and 1 additional dose	4-8 weeks 3 months^
	3 doses all Moderna Spikevax	1 dose and 1 additional dose	3 months^
	≥4 doses Pfizer-BioNTech Comirnaty and/or Moderna Spikevax	1 dose and 1 additional dose	3 months^
≥5 years	0 doses	2 doses*† and 1 additional dose	4-8 weeks 3 months^
	1 dose at ≥5 years	1 dose*† and 1 additional dose	4-8 weeks 3 months^
	1 dose Moderna Spikevax at <5 years	2 doses* and 1 additional dose	4-8 weeks 3 months^
	1 dose Pfizer-BioNTech Comirnaty at <5 years	3 doses* and 1 additional dose	4-8 weeks 3 months^
	2 doses Moderna Spikevax with ≥1 dose at <5 years	1 dose* and 1 additional dose	4-8 weeks 3 months^
	2 doses with ≥1 doses Pfizer-BioNTech Comirnaty at <5 years	2 doses* and 1 additional dose	4-8 weeks 3 months^
	≥2 doses at ≥5 years	1 dose and 1 additional dose	3 months^
	3 doses with ≥1 doses Pfizer-BioNTech Comirnaty at <5 years	1 dose* and 1 additional dose	4-8 week 3 months^
	≥3 doses Moderna Spikevax with ≥1 dose at <5 years	1 dose and 1 additional dose	3 months^
	≥4 doses with ≥1 doses Pfizer-BioNTech Comirnaty at <5 years	1 dose and 1 additional dose	3 months^

* Dose(s) required to complete the primary series

^ Minimum interval

† A 3rd dose (for the primary series) may be offered 4 to 8 weeks after the previous dose. Healthcare providers can use discretion to determine the potential benefit of a 3rd dose.

Note: Spring doses may continue to be given only to severely immunocompromised individuals until August 31, 2026. These individuals must be assessed by their healthcare provider to determine if immunization cannot wait until the next annual COVID-19 vaccine program (i.e., 2026/2027) and receipt of the updated formulation that will provide optimum protection against the circulating strains can be delayed.

Table 5: Immunization schedule post-HSCT/CAR T-cell therapy

The immunization schedule reflects the eligible dose(s) that should be received in the **fall** and the additional dose which is given in the **spring**. If the dose(s) (i.e., primary series or the 1 dose) are not given in the fall then the dose(s) should be given in the spring, however the additional dose would not be required.

Current Age	Doses received prior to fall 2025	# of eligible doses for 2025/2026 vaccine program	Intervals between doses
≥5 years	0 doses	3 doses* and 1 additional dose	4-8 weeks 3 months^
	1 dose	2 doses* and 1 additional dose	4-8 weeks 3 months^
	2 doses	1 dose* and 1 additional dose	4-8 weeks 3 months^
	≥3 doses	1 dose and 1 additional dose	3 months^

* Dose(s) required to complete the primary series

^ Minimum interval

Note: Spring doses may continue to be given only to severely immunocompromised individuals until August 31, 2026. These individuals must be assessed by their healthcare provider to determine if immunization cannot wait until the next annual COVID-19 vaccine program (i.e., 2026/2027) and receipt of the updated formulation that will provide optimum protection against the circulating strains can be delayed.