Government of
Northwest Territories

2026-2027 COVID-19 Administration Quick Reference Guide

This is a quick reference guide for healthcare providers administering publicly funded influenza vaccine in the NWT. This document does not replace information provided in the Canadian Immunization Guide, the National Advisory Committee on Immunization (NACI) statement, vaccine product monographs, or CPHO alerts. It is the vaccine administrator's responsibility to ensure they review the most current documents included in this program package. If there is a discrepancy between the NACI statement and the product monograph, please follow the NACI statement.

1. **Canadian Immunization Guide (CIG):** COVID-19 vaccines
2. NACI Statement on COVID-19 vaccines for 2026-2027 season
3. **COVID-19 Product Monographs:**
    a. Moderna SPIKEVAX
    b. Pfizer COMIRNATY

Adverse Event Following Immunization (AEFI)

An AEFI is defined as any unexpected, serious event (an event that is not listed in the vaccine product monograph but may be related to immunization). AEFIs must be reported within 24 hours of identification of the AEFI to the Office of the Chief Public Health Officer (OCPHO).

AEFI forms are in the EMR and completed forms must be sent by Secure File Transfer to CDCU@gov.nt.ca or by fax to (867)873-0442.

Summarized from 2026-2027 NACI statement, CIG and applicable product monographs	Moderna SPIKEVAX® COVID-19 mRNA Vaccine	Pfizer COMIRNATY® COVID-19 mRNA Vaccine
COVID-19 strain	Each 0.5 mL dose contains 50 mcg of mRNA encoding SARS-CoV-2 spike protein: **Omicron XFG variant**	Each dose contains mRNA encoding of the viral spike glycoprotein: **Omicron KP.2 variant**
Storage of vaccine	Stored at -15°C to -50°C *Inclusive of 60 days at 2 to 8 °C	Stored at 2 to 8 °C until expiry
Special Handling instructions **UPDATED – Oct 21, 2026**	• Must be thawed before administration. Do not refreeze once thawed • Thawed vials and syringes can be handled in room light conditions • Thaw time in refrigerator (2°C to 8°C) for MDV and individual PFS: 2 hrs • Thaw time at room temperature (8°C to 25°C) for MDV and individual PFS: 45 min • ****Please refer to the product monograph for the 10-pack of PFS thaw time. If thawing as a pack of 10, the thaw time will be longer** • pre-filled syringes should not be returned to the refrigerator after being thawed at room temperature • Punctured vials that have been refrigerated at 2-8 degrees should be discarded 24 hours after first dose has been withdrawn • Vials/syringes that have been stored in room temperature, 8 to 25 degrees, should be	Prior to use, the prefilled syringes can be stored for up to 12 hours at temperatures between 8 °C to 25 °C and can be handled in room light conditions

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	used within 12 hours; if not used in that timeframe must be discarded • SPIKEVAX must not be mixed with other medicinal products or diluted	
Age indication for NWT residents	6 months of age and older	12 years of age and older
Supplied as	Multidose vial with a royal blue cap colour 0.1mg/mL 5 doses per vial for adults 10 doses per vial for pediatrics (6 months to <12 yrs of age) AND As a single dose pre-filled syringe for those 12+ 50mcg/0.5mL; coral blue in colour	Single dose prefilled syringe 30mcg/mL; light gray in colour
Dosing	6 months to 11 years of age: 25mcg (0.25mL) 12 years of age and older: 50 mcg (0.5mL)	12 years of age and older: 30mcg (0.3mL)
Route of administration	Intramuscular (IM)	Intramuscular (IM)
Schedule ***If the individual is moderately to severely immunocompromised, more than one dose may be recommended. Refer to the CIG COVID-19 chapter for more information**	6 months to under 5 years of age, unvaccinated: **2 doses, 8 weeks apart** 5 years of age and older: **1 dose regardless of vaccination history**	

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Booster	The following individuals should receive a second dose of COVID-19 vaccine per year, at a minimum interval of 3 months from the previous dose: • Adults 80 years of age or older • Residents of long-term care homes or other congregate living settings • Individuals 6 months of age and older who are moderately to severely immunocompromised: Refer to COVID-19 CIG chapter for recommended schedule • Adults 65-79 years of age with underlying medical conditions that place them at high risk of severe COVID-19 disease	
Contraindications	In general, vaccines are contraindicated in individuals who are hypersensitive to the active ingredient or to any ingredient in the formulation, including any non-medicinal ingredient, or component of the container.	
Non-medicinal Ingredients	• Acetic acid • Cholesterol • Sodium acetate trihydrate • Sucrose • Trometamol • Trometamol hydrochloride • Water for injection • PEG2000-DMG (1,2-dimyristoyl-rac glycero-3-methoxypolyethylene glycol 2000) • DSPC (1,2-distearoyl-sn-glycero-3 phosphocholine) • SM-102 (Heptadecan-9-yl 8-((2 hydroxyethyl) (6-oxo-6-(undecyloxy) hexyl) amino) octanoate)	• sodium chloride • sucrose • tromethamine • tromethamine hydrochloride • water for injection • ALC-0159 = 2-[(polyethylene glycol)-2000]-N,N ditetradecylacetamide • ALC-0315 = ((4-hydroxybutyl) azanediyl)bis (hexane-6,1 diyl)bis(2-hexyldecanoate) • cholesterol • DSPC = 1,2-distearoyl-sn-glycero-3 phosphocholine
Potential allergens	• Polyethylene glycol (PEG) • Tromethamine (trometamol)	

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Precautions	Hypersensitivity and allergies • In individuals with a history of a severe, immediate (4 hours or less following vaccination) allergic reaction after previous administration of an mRNA COVID-19 vaccine, re-vaccination may be offered with the same vaccine or the same platform if a risk assessment by their healthcare provider deems that the benefits outweigh the potential risks for the individual and if informed consent is provided. • Consultation with an allergist or other appropriate physician should be sought prior to re-vaccination after mild, moderate or severe allergic reaction to a previous dose of mRNA COVID-19 vaccine or any of its components. • In individuals with a confirmed severe, immediate (4 hours or less following exposure) allergy (e.g., anaphylaxis) to a component of a specific COVID-19 vaccine (e.g., PEG), or its container, consultation with an allergist is recommended before receiving the specific COVID-19 vaccine. Individuals with a known or suspected serious allergy to a component of a COVID-19 vaccine for whom the vaccine is felt to be appropriate should be observed for at least 30 minutes after vaccination • Follow recommendations in the CIG COVID-19 Chapter: Contraindications and Precautions for vaccination in those with other types of allergies. Acute Respiratory Illness • Vaccination of individuals who may have SARS-CoV-2 is not known to have a detrimental effect, however, clients with influenza like illness (ILI) or respiratory symptoms should be encouraged to stay away from areas where vaccines may be given to reduce transmission of respiratory diseases. • If any person is identified with symptoms on arrival at the vaccine-administration venue, they should not be immunized and should be instructed to seek medical and public health advice as appropriate and follow current local public health measures. Guillain-Barré syndrome • Individuals with past history of GBS unrelated to COVID-19 vaccination should receive updated COVID-19 vaccines as recommended. • Individuals who developed GBS after a previous dose of a COVID-19 vaccine may receive an updated COVID-19 vaccine after consultation with their health care provider if it is determined that the	

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	benefits outweigh the risk and informed consent is provided. Multisystem inflammatory syndrome in children or adults (MIS-C or MIS-A) • For children or adults with a previous history of MIS-C or MIS-A, vaccination or re-vaccination should be postponed until clinical recovery has been achieved or until it has been 90 days or more since diagnosis, whichever is longer. Bell's palsy • Individuals should seek medical attention if they develop symptoms compatible with Bell's palsy following receipt of mRNA COVID-19 vaccines. No guidance is currently available regarding re-vaccination for those who experienced Bell's palsy after an mRNA COVID-19 vaccine, however, as noted above, a causal association between mRNA COVID-19 vaccines and Bell's palsy has not been established. Myocarditis or pericarditis following vaccination • As a precautionary measure until more information is available, further doses of mRNA COVID-19 vaccines should be deferred among individuals who have experienced myocarditis and/or pericarditis within 6 weeks following a previous dose of an mRNA COVID-19 vaccine in most circumstances. • Those with a history compatible with pericarditis and who either had no cardiac workup or had normal cardiac investigations, can receive the next dose once they are symptom-free and at least 90 days have elapsed since vaccination. • Individuals who have a history of myocarditis unrelated to mRNA or protein subunit COVID-19 vaccination should consult their clinical team for individual considerations and recommendations. • Rare cases have been reported with mRNA and protein subunit COVID-19 vaccines. Cases occur most often: ○ after the second dose ○ usually within a week after vaccination ○ more often in those 12-29 years of age ○ more often in males • Advise clients to monitor and report to their healthcare provider: ○ chest pain	

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	○ shortness of breath ○ feeling of a fast or abnormal heartbeat For those at increased likeliness of an adverse reaction, vaccine administration should be done in a controlled setting with expertise and equipment to manage anaphylaxis. Individuals should be observed for at least 30 minutes after vaccination and even longer if the individual is exhibiting any symptom suggestive of an evolving AEFI.	
Very Common (10% or more) and Common (1% to <10%) Side Effects: **For a complete list see the vaccine product monograph (link above)**	The following are very common and common side effects of mRNA COVID-19 vaccines. Most of these side effects are mild and do not last long: • pain, redness and swelling at the injection site • fatigue • headache • muscle ache and stiffness • joint pain • chills • fever • tender and enlarged lymph nodes (more common with earlier versions of mRNA COVID-19 vaccines) The following are frequent reactions reported for children 6 months to 2 years after most childhood vaccinations including those for mRNA COVID-19 vaccines: • irritability • crying • sleepiness loss of appetite **All vaccine recipients should be instructed to seek medical care immediately if they develop signs or symptoms of a serious adverse event or an allergic reaction following vaccination.	
Interchangeability of vaccines	Any of the authorized COVID-19 vaccines can be used to complete a primary series started with another product, and as subsequent doses in those previously vaccinated	

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	For individuals 6 months of age and older, COVID-19 vaccines may be given concurrently (i.e., same day), or at any time before or after non-COVID-19 vaccines (including live and non-live vaccines). **Tuberculin skin testing (TST) or interferon gamma release assay (IGRA)** • In the absence of data and acknowledging the importance of both timely tuberculosis testing and immunization, vaccination with COVID-19 vaccines may take place at any time before, after or at the same visit as the TST or IGRA test. Repeat tuberculin skin testing or IGRA (at least 4 weeks post-COVID-19 immunization) of individuals with negative TST or IGRA results for whom there is high suspicion of latent tuberculosis infection may be considered in order to avoid missing persons with TB infection	