

This document is intended to assist physicians, nurse practitioners and primary health care nurses (in Yukon rural communities) in evaluating situations that may warrant a COVID-19 vaccine deferral.

Vaccine type

- COVID-19 mRNA vaccines (Pfizer-BioNTech and Moderna)
- COVID-19 viral vector vaccine (AstraZeneca)

Valid deferrals to COVID-19 vaccination

1. History of an anaphylactic reaction to components of **both** mRNA and adenovirus vector vaccine (i.e., polyethylene glycol and polysorbate 80) that has been confirmed by a qualified allergist who offers testing and graded dose administrative procedures.
2. Receipt of anti SARS-CoV-2 monoclonal antibodies or convalescent plasma for treatment or prevention of COVID-19 (except tocilizumab or sarilumab) – defer for at least 90 days.
3. Diagnosis of multisystem inflammatory syndrome – defer until fully recovered from illness and for 90 days after the date of diagnosis.
4. Physician-diagnosed myocarditis or pericarditis following the first dose with no other cause identified – defer until further information about the risk of recurrence is available. **This event is reportable to the Yukon Immunization Program.**
5. Serious* adverse event following first dose of vaccine awaiting recommendation for further vaccination by the Yukon Immunization Program.

The following are NOT contraindications to COVID-19 vaccination

1. History of an anaphylactic reaction to a previous dose of mRNA **or** adenovirus vector vaccine or to any component of one type of vaccine that has been confirmed by a qualified allergist. Such individuals may receive their 2nd dose using vaccine of the different type, or undergo graded dose administrative of the original vaccine type under allergist supervision.
2. History of non-anaphylactic reaction or suspected hypersensitivity to a component of the vaccine. Such individuals are extremely unlikely to experience anaphylaxis to the mRNA vaccines and may be immunized in a clinic prepared to deal with hypersensitivity reactions including anaphylaxis. Such patients should be observed for an extended 30 minute period post vaccination.
3. History of thrombosis with thrombocytopenia following a previous dose of an adenovirus vector COVID-19 vaccine. Such individuals may receive mRNA vaccine.
4. History of capillary leak syndrome. Such individuals may receive mRNA vaccine.
5. History of cerebral venous sinus thrombosis (CVST) with thrombocytopenia, unrelated to adenovirus vector COVID-19 vaccination, or heparin induced thrombocytopenia (HIT). Such individuals may receive mRNA vaccine.
6. Immunocompromised and those with autoimmune disorders: such individuals may respond less well to vaccines if immunocompromised but COVID-19 vaccines are not live vaccines and are safe for such individuals.
7. Pregnancy and breastfeeding: pregnant or breastfeeding women benefit from COVID-19 vaccination. The vaccine is not contraindicated for use at any stage of pregnancy or during breastfeeding.

*** Serious adverse event following immunization (AEFI) are those that required urgent medical care, resulted in hospitalization, or permanent disability. Any deferral or contraindication related to an AEFI with COVID-19 vaccine must be reported for evaluation through the formal process for public health review to the Yukon Immunization Program and recommendations for subsequent doses.**



COVID-19 VACCINE TEMPORARY MEDICAL DEFERRAL

This form can only be completed by a physician (M.D.), nurse practitioner (NP) or primary community health nurse (PCHN).

Client information	
Last name of client	First name of client
Date of birth YYYY/MM/DD	Health care card number
Temporary deferral: The above-named client should have a temporary deferral to COVID-19 vaccination for the reason identified below (see overleaf for further information).	
Medical reason(s) for temporary deferral	
<input type="checkbox"/> Anaphylaxis to components of both mRNA and adenovirus vector vaccine (i.e., polyethylene glycol and polysorbate 80).	Refer to a qualified allergist for further management and periodic re-evaluation or consideration for desensitization. Expiration/reassessment: <u>YYYY/MM/DD</u>
<input type="checkbox"/> Receipt of anti SARS-CoV-2 monoclonal antibodies or convalescent plasma for treatment or prevention of COVID-19 (except tocilizumab or sarilumab).	Defer for at least 90 days. Expiration/reassessment: <u>YYYY/MM/DD</u>
<input type="checkbox"/> Diagnosis of multisystem inflammatory syndrome	Defer until fully recovered from illness and for 90 days after the date of diagnosis. Expiration/reassessment: <u>YYYY/MM/DD</u>
<input type="checkbox"/> Physician-diagnosed myocarditis or pericarditis following the first dose with no other cause identified.	Defer until further information about the risk of recurrence is available. This event is reportable to the Yukon Immunization Program.
<input type="checkbox"/> Serious adverse event following first dose of vaccine awaiting recommendation for further vaccination by the CMOH/MOH.	Defer until recommendation is available from review by Yukon Immunization Program and CMOH/MOH.
<input type="checkbox"/> Serious adverse event following first dose of vaccine not yet reported to the CMOH/MOH	Submit vaccine adverse event information via fax 867-393-4357
Health care provider attestation	
I, _____, attest that the client meets deferral criteria listed above and requires review by the Yukon Immunization Program and office of CMOH prior to proceeding with COVID-19 immunization. <small>FIRST AND LAST NAME OF HEALTH CARE PROVIDER</small>	
Signature	Date YYYY/MM/DD
For use by Yukon Immunization Program and/or Office of Chief Medical Officer of Health	
<input type="checkbox"/> Approved – Date of deferral reassessment: _____	Name of physician (print)
	Signature of physician
<input type="checkbox"/> Not approved	Date

More info: [Yukon Immunization Manual, Section 8 Biological Products - COVID-19 vaccines](http://yukon.ca/immunization-manual) (yukon.ca/immunization-manual)

Submit via fax: 867-393-4357

Information is provided to the Yukon Immunization Program and Office of the Chief Medical Officer of Health to determine eligibility for COVID-19 vaccine deferrals. Information is collected, used and disclosed in accordance with Yukon's Health Information Privacy and Management Act and other applicable laws. A written statement of Health and Social Services information practices can be viewed at www.yukon.ca/healthprivacy or by contacting the department's Privacy Officer at healthprivacy@yukon.ca.