

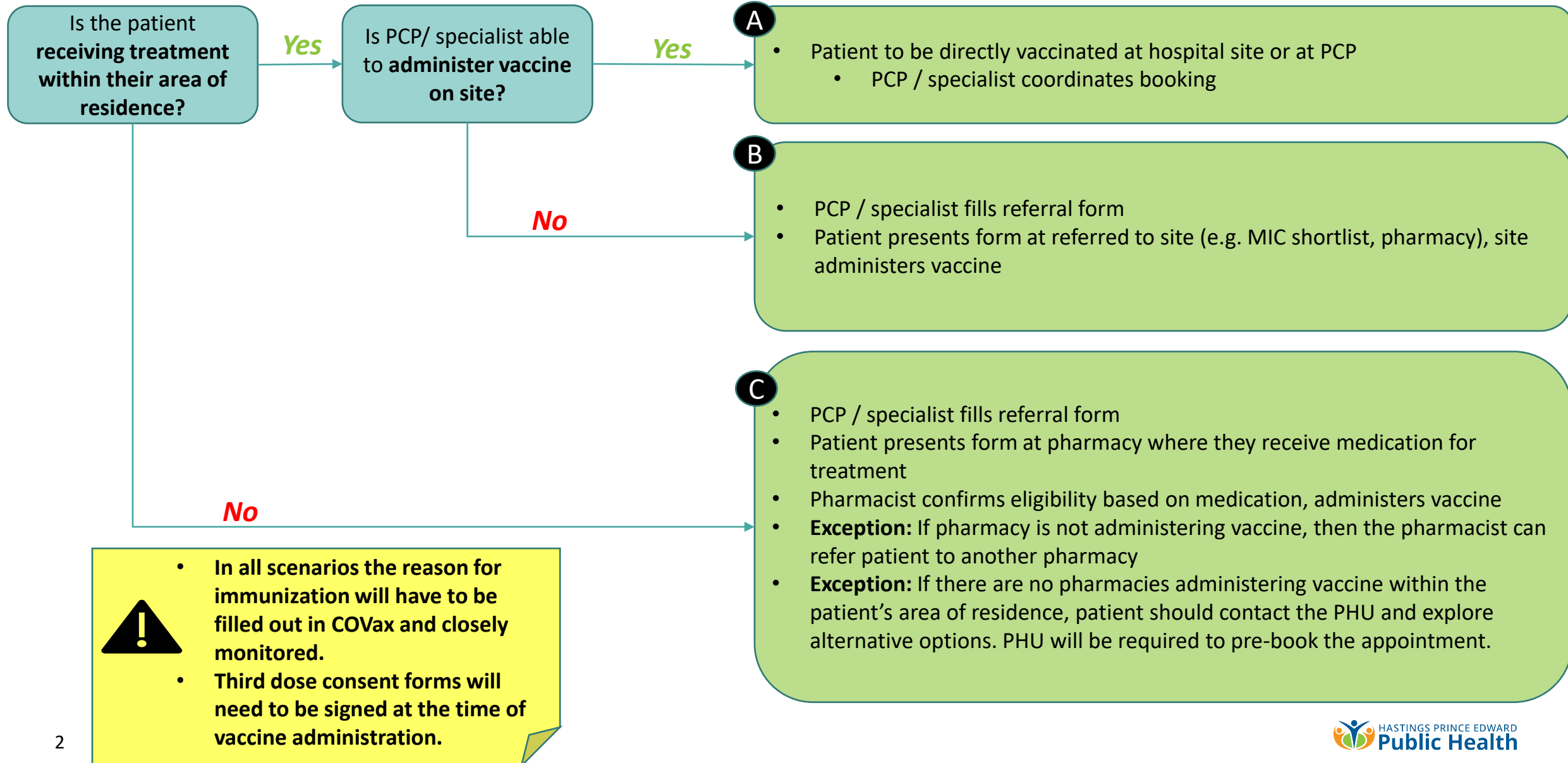
# Third doses are now available for severely immunocompromised populations and elderly in high-risk congregate settings



***New Third Dose Guidance for eligible populations announced August 17<sup>th</sup>***

Group	Severely Immunocompromised	Elderly in High-Risk Congregate Settings
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• Transplant recipients (including solid organ and hematopoietic stem cell transplants)</li> <li>• Individuals receiving treatment with an anti-CD20 agent</li> <li>• Individuals receiving active treatment (chemotherapy, targeted therapies, immunotherapy) for malignant hematologic disorders</li> </ul> <p><b><i>Focus for this deck</i></b></p>	<ul style="list-style-type: none"> <li>• Residents of Long-Term Care Homes</li> <li>• High-Risk Retirement Homes</li> <li>• First Nations Elder Care Lodges</li> </ul>
<b>Interval</b>	<ul style="list-style-type: none"> <li>• 8 weeks after 2<sup>nd</sup> dose</li> </ul>	<ul style="list-style-type: none"> <li>• 5 months after 2<sup>nd</sup> dose</li> </ul>
<b>Vaccine</b>	<ul style="list-style-type: none"> <li>• VCAG guidance states if readily available 3rd dose should be the same as 2nd dose</li> </ul>	

# Implementation Options and Process





**COVID-19 VACCINE 3<sup>RD</sup> DOSE  
PHYSICIAN OR HOSPITAL SPECIALTY PROGRAM  
PATIENT REFERRAL FORM:**

**Important to Note:**

- Referral form to be completed **ONLY** when vaccination administration is unable to be completed intra-organizationally by Physician or Specialty Program responsible for eligible patient care.
- To refer an eligible candidate for a 3<sup>rd</sup> dose of the COVID-19 vaccine, this form must be **COMPLETED IN FULL**, signed, and shared with the patient.
- Upon completion, this form may be provided digitally in .pdf format to eligible patients.
- Patient **MUST** present the completed form when attending their vaccination appointment.

Patient Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                  YYYY      MM      DD

Patient Health Card Number: \_\_\_\_\_

Based on the [recommendation](#) of the Chief Medical Officer of Health and health experts, Ontario is offering third doses of the COVID-19 vaccine to select vulnerable populations which may be required to provide sufficient protection based on a suboptimal or waning immune response to vaccines and increased risk of COVID-19 infection.

**PATIENT ELIGIBILITY:**

Please identify the relevant sub-category below of patient eligibility for a 3<sup>rd</sup> dose of the COVID-19 vaccine:  
(Note: The Patient must meet one or more of the criteria listed below, any other patients with other health conditions/criteria will not be accepted for 3<sup>rd</sup> doses at this time.)

- Transplant Recipient  
(Including: solid organ transplant and hematopoietic stem cell transplant)
- Patient with Hematological Cancer(s) and on Active Treatment for Malignant Hematologic Disorders  
(Disorders including: Lymphoma, Myeloma, Leukemia)  
(Treatments including: Chemotherapy, Targeted Therapies, Immunotherapy)
- Recipient of an anti-CD20 Agent  
(Including: Rituximab, Ocrelizumab, Ofatumumab)

**PATIENT-SPECIFIC TREATMENT CONSIDERATIONS AND SCHEDULING:**

Please Note: 3<sup>rd</sup> dose vaccinations can be administered no earlier than 8 weeks (or 56 days) after second dose.

**CONDITION-SPECIFIC TREATMENT NEEDS:**

- No Treatment Considerations  
(May book as appropriate after second dose)
- Yes, Treatment must be Considered  
Specific Scheduling Requirements: \_\_\_\_\_  
\_\_\_\_\_

**1<sup>ST</sup>/2<sup>ND</sup> DOSE VACCINATION SCHEDULE & TYPE(S):**

First      **Vaccine Type:** \_\_\_\_\_  
Dose:      **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
  MMM      DD      YYYY

Second    **Vaccine Type:** \_\_\_\_\_  
Dose      **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
  MMM      DD      YYYY

Physician Name: \_\_\_\_\_ CSPO#: \_\_\_\_\_ Signature: \_\_\_\_\_  
I have provided counselling regarding the risks, benefits, and timing of a 3rd dose of COVID-19 vaccine in accordance with provincial guidance.

By signing, I confirm the information above to be true and accurate to the best of my knowledge