

		COVID	-19 Vaccines	Approved for	or Use in Car	nada: mRNA	vaccines		
COVID-19 Formulations	Moderna (Spikevax™)	Moderna (Spikevax™)	Moderna (Spikevax™)	Moderna (Spikevax™) <i>Bivalent</i>	Pfizer (Comirnaty™)	Pfizer (Comirnaty™)	Pfizer (Comirnaty™) <i>Bivalent</i>	Pfizer (Comirnaty™)	Pfizer (Comirnaty™) <i>Bivalent</i>
Vaccine Type	mRNA	mRNA	mRNA	mRNA bivalent	mRNA	mRNA	mRNA bivalent	mRNA	mRNA bivalent
Cap and Label Colour									
	Blue cap & Purple label	Red cap & Light blue label	Red cap & Light blue label	Blue cap and Green label (+Bivalent)	Maroon cap and label	Orange cap and label	Orange cap and label (+Bivalent)	Grey cap and label	Grey cap and label (+Bivalent)
Formats available	Multidose (0.10 mg/ml) 10 doses/vial	Multidose (0.20 mg/ml) 20 doses/vial	Multidose (0.20 mg/ml) 10 doses/vial	Multidose (0.10 mg/ml) 5 doses/vial	Multidose 10 doses/vial	Multidose 10 doses/vial	Multidose 10 doses/vial	Multidose 6 doses/vial	Multidose 6 doses/vial
Authorized Age Group	6 months to less than 5 years	6 to less than 12 years	12 years and older	18 years and older	6 months to less than 5 years	5 to less than 12 years	5 to less than 12 years	12 years and older	12 years and older
Dose and Injection Volume	0.25ml 25 mcg	0.25ml 50 mcg	0.5ml 100 mcg	0.5ml 50 mcg	0.2ml 3 mcg	0.2ml 10 mcg	0.2ml 10 mcg	0.3ml 30 mcg	0.3ml 30 mcg
Dilution	None	None	None	None	2.2ml/vial	1.3ml/vial	1.3ml/vial	None	None
Routine schedule (primary series)	2 Doses Interval: 8 weeks	2 Doses Interval: 8 weeks	2 Doses Interval: 8 weeks	Not for use in primary series	3 doses Interval: 8 weeks between each dose	2 Doses Interval: 8 weeks	Not for use in primary series	2 Doses Interval: 8 weeks	Not for use in primary series
Booster Dose	N/A	N/A	50 mcg * 6 months **	6 months **	N/A	6 months**	6 months**	6 months**	6 months**
Date Authorized (primary dose)	July 14/22	Mar 17/22	Aug 27/21	N/A	Sept 9/22	Nov 19/21	N/A	March 16/22	N/A
Date Authorized (booster dose)	N/A	N/A	Nov 12/21	Sept 1/22	N/A	Aug 19/22	Dec 9/22	March 16/22	Oct 7/22
Product Monograph	For links to the Covid-19 vaccine product monographs and resources refer to: Province of Manitoba Information for Health Care Professionals (gov.mb.ca)								

*Individuals who are immunocompromised; living in a PCH/EPH; 70 years and older; or who received 2 non-Health Canada approved vaccines are recommended to have a first booster dose of 100mcg.

**Recommended interval for optimum immune response is 6 months after primary series or previous booster dose as vaccine effectiveness increases with a longer duration between doses. 1



COVID-19 Vaccines Approved for Use in Canada: non-mRNA vaccines						
COVID-19	Novavax	Janssen				
Formulations	(Nuvaxovid™)	(Jcovden™)				
Vaccine Type	Protein Subunit	Viral Vector				
Cap Colour						
	Blue Cap	Blue Cap				
Formats Available	Multidose	Multidose				
	10 doses/vial	5 doses/vial				
Authorized Age	12 years and	18 years and				
Group	older	older				
Dose and	0.5ml	0.5ml				
Injection Volume	5 mcg	5×10^{10} virus				
		particles/0.5 mL				
Dilution	None	None				
Routine schedule	2 Doses given 8	1 dose				
(primary series)	weeks apart					
Booster Dose	18 years and older:	18 years and older:				
	0.5 ml (5 mcg)	0.5 mL 6 months				
	6 months (see **	(see ** note on				
	note on previous	previous page				
	page)	F F-0-				
Date Authorized	Feb 17/22	Mar 5/21				
(primary dose)						
Date Authorized	Nov. 17/22	May 12/22				
(booster dose) Product	Province of Manitab	Linformation for				
Monograph	Province of Manitoba Information for Health Care Professionals (gov.mb.ca)					
wonograph	nearch Care Professionals (gov.mp.ca)					

Influenza and Pneumococcal Vaccines Approved for Use in Canada: 2022-2023								
Formulations	Fluzone ® Quadrivalent	FluLaval® Tetra	Alfuria ® Tetra	Fluzone ® High Dose	Pneumovax ®23 (Pneu- P-23)			
Vaccine Type	IIV4-SD	IIV4-SD	IIV4-SD	IIV4-HD	Pneumococcal polysaccharide 23-valent			
Formats Available	0.5 mL single dose prefilled syringe or 5.0 mL multidose vial (10 doses/vial)	5.0 mL multidose vial (10 doses/vial)	0.5 mL single dose prefilled syringe or 5.0 mL multidose vial (10 doses/vial)	0.7 ml Single dose prefilled syringe	0.5 ml single dose prefilled syringe <i>or</i> 0.5 ml single dose vial			
Authorized	6 months and	6 months	5 years and	65 years	65 years and older			
Age Group Injection Volume	older 0.5ml	and older 0.5ml	<u>older</u> 0.5ml	and older 0.7ml	0.5ml			
Dose Schedule	*1 or 2 doses: children 6 months to less than 9 years 1 dose: ≥ 9 years	*1 or 2 doses: children 6 months to less than 9 years 1 dose: ≥ 9 years	**1 or 2 doses: children <u>5</u> <u>years</u> to less than 9 years 1 dose: ≥ 9 years	1 dose	1 dose			
Product Monograph	Fluzone PM	<u>FluLaval</u> <u>PM</u>	Afluria PM	<u>High</u> Dose PM	Pnuemo PM			

* Children 6 months to less than 9 years of age who have NOT previously been vaccinated against influenza should receive a second dose of 0.5 mL after an interval of at least 4 weeks.

**Children 5 years to less than 9 years of age who have NOT previously been vaccinated against influenza should receive a second dose of 0.5 mL after an interval of at least 4 weeks.