	COVID-19 Vaccines Approved for Use in the Yukon: mRNA vaccines									
COVID-19 Products	Moderna (Spikevax™) Infant	Moderna (Spikevax™)	Moderna (Spikevax™) Bivalent	Pfizer (Comirnaty™) Pediatric	Pfizer (Comirnaty™) Bivalent Pediatric	Pfizer (Comirnaty™)	Pfizer (Comirnaty™) Bivalent			
Vaccine Type	mRNA	mRNA	mRNA Bivalent	mRNA	mRNA Bivalent BA.4/5	mRNA	mRNA Bivalent BA.4/5			
Cap and Label Color				Orange Vial Cap	Orange Vial Cap	田	五			
	Blue cap; Purple Label Border	Red cap; Light Blue Label Border	Blue cap; Green Label Border	Orange cap; Orange Label Border	Orange cap; Orange Label Border	Grey cap; Grey Label Border	Grey cap; Grey Label Border			
Authorized Age	6 months to 4	18 years of age and	18 years of age and	5 to 11 years of age	5 to 11 years of age	12 years of age and	12 years of age and			
Group	years ¹	older ²	older ³			older ⁵	older			
Dilution	None	None	None	1.3mL/vial	1.3mL/vial	None	None			
	Primary Series									
Injection Volume	0.25mL (25mcg)	0.5mL (100mcg)	Not for use in	0.2mL (10mcg)	Not for use in	0.3 mL (30 mcg)	Not for use in			
(Dose)	, ,	, , ,	primary series		primary series	, ,	primary series			
Routine Schedule	2 doses, given 8	2 doses, given 8	Not for use in	2 doses, given 8	Not for use in	2 doses, given 8	Not for use in			
	weeks apart	weeks apart ⁴	primary series	weeks apart	primary series	weeks apart ⁴	primary series			
	Booster Dose									
Injection Volume (Dose)	0.25mL (25mcg)	Ages 70+4: 0.5mL (100mcg) Ages 18-69: 0.25mL (50mcg)	0.5mL (50mcg)	0.2mL (10mcg)	0.2mL (10mcg)	0.3 mL (30 mcg)	0.3 mL (30 mcg)			
Booster Schedule	Booster not	6 months after	6 months after	6 months after	6 months after	6 months after	6 months after			
	recommended at this time	primary series or booster ⁵	primary series or booster ⁵	primary series ⁵	primary series or booster ⁵	primary series or booster ⁵	primary series or booster ⁵			
Yukon Immunization	<u>Immunization</u>	<u>Immunization</u>	<u>Immunization</u>	Immunization Manual	Immunization Manual	Immunization Manual	Immunization Manual			
Manual	<u>Manual</u>	<u>Manual</u>	<u>Manual</u>							

¹ In the Yukon, Moderna SPIKEVAX pediatric vaccine product is being used for ages 6 months to 4 years. The product is authorized for use in all ages 6 months and older.

⁵ Recommended interval for optimum immune response is 6 months after primary series or last booster. The minimum authorized interval is 5 months.



² In the Yukon Moderna SPIKEVAX vaccine is being used for ages 18 and over, the product is authorized for use in ages 12 and older.

³ This vaccine is approved for individuals 18 years and older, and in individuals 12 to 17 years old with immunocompromising conditions.

⁴ Additional doses or volume may be recommended for immunocompromised individuals.

	Storage and Handling Guide: mRNA vaccines									
COVID-19 Products	Moderna (Spikevax™) Infant	Moderna (Spikevax™)	Moderna (Spikevax™) Bivalent	Pfizer (Comirnaty™) Pediatric	Pfizer (Comirnaty™) Bivalent Pediatric	Pfizer (Comirnaty™)	Pfizer (Comirnaty™) Bivalent			
Vaccine Type	mRNA	mRNA	mRNA Bivalent BA.1	mRNA	mRNA Bivalent BA.4/5	mRNA	mRNA Bivalent BA.4/5			
Cap and Label Color				Orange Vial Cap	Orange Vial Cap	五	П			
	Blue cap; Purple Label Border	Red cap; Light Blue Label Border	Blue cap; Green Label Border	Orange cap; Orange Label Border	Orange cap; Orange Label Border	Grey cap; Grey Label Border	Grey cap; Grey Label Border			
Authorized Age Group	6 months to 4 years	18 years of age and older	18 years of age and older	5 to 11 years of age	5 to 11 years of age	12 years of age and older	12 years of age and older			
No of doses per vial (after dilution)	10 doses per vial	10 100mcg doses per vial	5 50mcg doses per vial	10 doses per vial	10 doses per vial	6 doses per vial	6 doses per vial			
	Storage Conditions									
ULT freezer storage time (-90 to -60°C)	DO NOT store at - 90°C to -60°C	DO NOT store at - 90°C to -60°C	DO NOT store at - 90°C to -60°C	12 months after date printed on vial label	12 months after date printed on vial label	12 months after date printed on vial label	12 months after date printed on vial label			
Freezer storage time (-25 to -15°C)	9 months	6 months	Until expired	DO NOT store at - 25°C to -15°C						
Refrigerated storage time (2 to 8°C)	30 days	30 days	30 days	10 weeks	10 weeks	10 weeks	10 weeks			
Room temperature storage time (8 to 25°C)	24 hours	24 hours	24 hours	12 hours prior to first puncture (including thaw time)	12 hours prior to first puncture (including thaw time)	12 hours prior to first puncture (including thaw time)	12 hours prior to first puncture (including thaw time)			
After first puncture (2 to 25°C)	24 hours	24 hours	24 hours	Discard after 12 hours ¹						
Expiry date	*Discard vial after 20 punctures Date printed on vial label	*Discard vial after 10 punctures Date printed on vial label	*Discard vial 24 hours after first puncture or after expiry date printed on vial label	12 months after manufacturing date printed on vial label						

¹ Vial labels and cartons may state that a vial should be discarded 6 hours after first use (grey cap) or dilution (orange cap). The information in the Product Monograph, Yukon Immunization Manual and this guidance document supersede the number of hours printed on vial labels and cartons