



Guidelines for COVID-19 Vaccination

Autumn 2022 – 1st Edition

Vaccines

Four vaccines against COVID-19 are used in Iceland for **primary vaccinations**:

1. Comirnaty WT (Pfizer/BioNTech vaccine against original SARS-CoV-2 virus)
2. Spikevax WT (Moderna vaccine against original SARS-CoV-2 virus)
3. Jcovden WT (Janssen vaccine against original SARS-CoV-2 virus)
4. Nuvaxovid WT (Novavax vaccine against original SARS-CoV-2 virus)

All of these vaccines evoke and stimulate a response to the same antigen, the S-protein of the *original* SARS-CoV-2 virus associated with the 2020 COVID waves. The designation WT above refers to this (Wild Type).

Vaccination significantly reduces the risk of serious illness from COVID-19, even with the [emergence of omicron](#) and Omicron subvariants, but has not been shown to be very useful in preventing transmission to or from a vaccinated person. Protection wanes over time, and it has therefore been found necessary to recommend booster vaccinations at least 4 months after primary vaccination.

For **booster vaccinations** of non-risk groups, the vaccine Comirnaty is mainly used; if there is a reason not to use it, you can request another similar vaccine while stocks last.

For **booster vaccinations of at-risk groups**, two* vaccines against COVID-19 will be used in autumn 2022:

1. Comirnaty WT/BA.1 (Pfizer/BioNTech vaccine)
2. Spikevax 0/O (numeric zero/letter O; Moderna vaccine)

* A third vaccine, Nuvaxovid (Novavax vaccine), can be used in booster vaccinations for individuals with certain contraindications to the use of mRNA vaccines, as it contains only the S-protein of the original virus.

Both of these vaccines contain mRNA that our cells read and subsequently synthesise the S-protein of the original SARS-CoV-2 virus associated with the 2020 COVID waves **and** the S-protein of the BA.1 subtype Omicron variant of SARS-CoV-2 (the marking WT/BA.1 or 0/O refers to this). The immune system reacts to these proteins and creates antibodies against two types of the S-protein. Antibodies against both types of the S-protein are better stimulated in previously vaccinated subjects receiving WT/BA.1 vaccine than if stimulated with a vaccine against the original S-protein alone (see news item from the [European Medicines Agency](#)).

Vaccines that elicit a response against other types of S-protein, in particular the BA.4/5 subtypes of the Omicron variant, are in development, but it is unclear when they will be available on the market. When that time comes, the Chief Epidemiologist will issue instructions for their use. For further details, see the [World Health Organisation](#).

Side effects of vaccines against COVID-19 are usually mild and are related to the reaction of the immune system against vaccine antigens:

1. Localised side effects, e.g. pain, swelling, redness or itching at the injection site, which can last for several days up to a week.
2. Side effects, e.g. fever, headache, muscle pain and weakness are rather common side effects that usually last 2–4 days (flu-like symptoms).

Depending on the vaccine, side effects are more likely with the first or second dose. In general, side effects other than lymphadenopathy are less frequent and/or milder with booster doses than with primary vaccination.

Serious side effects are rare individually but have been reported in large vaccination campaigns over the past 12–18 months. See [article about rare and/or serious side effects of COVID-19 vaccines](#). Some of them can be life-threatening, and the use of certain vaccines has been limited in Iceland because of them.

Individuals with an **allergy** to vaccine ingredients or a history of anaphylaxis due to injections or of unknown causes should **not** receive vaccination against COVID-19 except at the discretion of an allergist, in a setting where treatment of anaphylactic shock is readily available.

The Chief Epidemiologist recommends the use of COVID-19 vaccines according to the following from **15 September 2022**: See also [table](#).

Primary vaccination

1. Children 6 months to **4 years**: vaccination **not** recommended
2. Children 5–11 years
Vaccine: Comirnaty WT 10 mcg/dose
 - **two** doses with at least a 19-day interval
 - severely immunocompromised children **should receive** an *additional* dose 1–3 months after dose #2 – Comirnaty WT must be used for that dose as well.
3. Children 12–17 years
Vaccine: Comirnaty WT 30 mcg/dose
Nuvaxovid WT 5 mcg/dose [if reason not to use Comirnaty]
 - **two** doses with at least a 19-day interval
 - severely immunocompromised children **should receive** an *additional* dose 1–3 months after dose #2 – **WT/BA.1 vaccine is recommended**.
4. 18–59 years:
Vaccine: Comirnaty WT 30 mcg/dose
Nuvaxovid WT 5 mcg/dose [if reason not to use Comirnaty]
Jcovden WT or Spikevax WT 100 mcg/dose can be used according to [table](#)
 - **two** doses, interval varies according to vaccines, at least 3 weeks
 - severely immunocompromised individuals **should receive** an *additional* dose 1–3 months after dose #2 – **WT/BA.1 vaccine is recommended**.
5. 60 years and older:
Vaccine: Comirnaty WT 30 mcg/dose
Jcovden WT or Spikevax WT 100 mcg/dose for certain individuals according to [table](#)
Nuvaxovid WT can be used if necessary, Jcovden WT if desired
 - **two** doses, interval varies according to vaccines, at least 3 weeks
 - severely immunocompromised individuals **should receive** an *additional* dose 1–3 months after dose #2 – **WT/BA.1 vaccine is recommended**.

Booster vaccination

1. Children **≤11 years**: booster vaccination **not** recommended
2. Children 12–17 years:
 - Vaccine: Comirnaty WT 30 mcg/dose
Nuvaxovid WT 5 mcg/dose [if reason not to use Comirnaty]
 - children **may receive** a booster dose at least 4 months after primary vaccination, if there is an occasion.
3. 18–59 years:
 - Vaccine: Comirnaty WT 30 mcg/dose
Nuvaxovid WT 5 mcg/dose [if reason not to use Comirnaty]
Spikevax WT **50** mcg/dose may be used for certain individuals according to [table](#)
 - first booster dose **generally** at least 4 months after primary vaccination
 - Vaccine: Comirnaty WT/BA.1 30 mcg/dose
Spikevax 0/O **50** mcg/dose may be used according to [table](#)
Nuvaxovid WT 5 mcg/dose [if reason not to use Comirnaty]
 - **first** booster dose **for at-risk groups** at least 4 months after primary vaccination
 - **second** booster dose
 - for individuals with severe immunosuppression at least 4 months from previous dose.
 - for **staff of healthcare institutions and nursing homes** at least 6 months from previous booster dose. Reducing the risk of infection among staff as much as possible reduces the risk of infection to patients and staff absences.
 - others at this age **may** receive another booster dose 4 months after the first if requested or recommended by a doctor.
4. 60 years and older:
 - Vaccine: Comirnaty WT/BA.1 30 mcg/dose
Spikevax 0/O 50 mcg/dose may be used according to [table](#)
Nuvaxovid WT 5 mcg/dose [if reason not to use Comirnaty]
 - **first** booster dose **generally** 3–4 months after primary vaccination
 - **second** booster dose **generally** at least 4 months from previous dose.

Availability of COVID vaccines

The Ministry of Health makes contracts for the purchase of COVID vaccines on behalf of Iceland, in connection with the joint purchases of European countries (EFTA and European Union countries). Contract vaccine is free of charge to the vaccinated. Vaccines against COVID-19 are not commercially available.

Registration of COVID vaccinations

Cf. Regulation on vaccinations [no. 221/2001](#), all vaccinations carried out in Iceland shall be registered in the vaccination database of the Chief Epidemiologist. A special notification and registration system was developed for COVID vaccinations in Iceland, and all registrations there are submitted to the Chief Epidemiologist's database. Vaccinations abroad with vaccines that are not used in Iceland must be registered in the medical record system Saga in order for them to be included in the vaccination database.

Certificate of COVID vaccination

Iceland is a member of the European countries' joint project on certificates related to COVID-19 infections and vaccinations. Certificates with QR codes are available in Heilsuvera for those who use

electronic IDs. Individuals without electronic ID can receive a certificate via e-mail from the healthcare provider who administered the vaccination in Iceland. The certificate is valid for 9 months from the primary vaccination, but there is no defined validity period after the first booster dose. The European regulation on the certificates is valid until 30 June 2023.