



# Guidelines for COVID-19 Vaccination Spring/Summer 2023

## Vaccines

From 1 May 2023, two vaccines against COVID-19 are used in Iceland for **primary vaccinations**:

1. Comirnaty Original/Omicron (WT/O; bivalent vaccine Pfizer/BioNTech)
2. Spikevax bivalent Original/Omicron (WT/O; bivalent vaccine Moderna)

**These vaccines** are both mRNA vaccines that evoke and stimulate a response to two versions of the same antigen, the S-protein of the *original* SARS-CoV-2 virus associated with the 2020 COVID waves, on the one hand, and the S-protein of the Omicron variant, on the other.

Vaccination significantly reduces the risk of serious illness from COVID-19, even with the [emergence of the Omicron](#) variant and subvariants, but it 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**, the same vaccines are used as for primary vaccination from 1.5.2023.

**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).

Side effects of mRNA vaccines are more likely with the second dose than with the first 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 2 years. 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 **1 May 2023**: see also [table](#).

**Vaccination against COVID-19 is not available from 1 May – 31 August 2023** to facilitate the planning of vaccinations of at-risk groups in autumn 2023.

Vaccination **may** be done with a bivalent vaccine during the season if either of the following applies:

1. A doctor recommends vaccination during the period due to the individual's particular risk
2. A valid vaccination certificate is required for travel before 30 June 2023

If vaccination takes place before 1 September 2023, it must be done according to the following instructions:

## Primary vaccination

1. Children 6 months to **4 years**: **not** vaccinated in Iceland (vaccine unavailable).
2. Children 5–11 years: vaccine is available in Iceland and vaccination can be requested if there is a reason. Vaccination of children **in at-risk groups** is recommended.  
Vaccine: Comirnaty WT/O 10 mcg/dose
  - **two** doses with at least a 19-day interval between them.
    - severely immunocompromised children **should receive** an *additional* dose 1–3 months after dose #2.
3. Children 12–17 years: the vaccine is available in Iceland, and vaccination can be requested if there is a reason. Vaccination of children **in at-risk groups** is recommended.  
Vaccine: Comirnaty WT/O 30 mcg/dose
  - **two** doses with at least a 19-day interval between them.
    - severely immunocompromised children **should receive** an *additional* dose 1–3 months after dose #2.
4. 18–59 years: the vaccine is available in Iceland, and vaccination can be requested if there is a reason. Vaccination of individuals **in at-risk groups** is recommended.  
Vaccine: Comirnaty WT/O 30 mcg/dose  
Spikevax WT/O 100 mcg/dose can be used according to [table](#)
  - **two** doses, interval varies according to vaccines, 19–28 days.
    - severely immunocompromised individuals **should receive** an *additional* dose 1–3 months after dose #2.
5. 60 years and older: general primary vaccination is **recommended** if it has not been done previously.  
Vaccine: Comirnaty WT/O 30 mcg/dose  
Spikevax WT/O 100 mcg/dose
  - **two** doses, interval varies according to vaccines, 19–28 days.

- severely immunocompromised individuals **should receive** an *additional* dose 1–3 months after dose #2.

## Booster vaccination

1. Children <5 years: booster vaccination may **not** be given.
2. Children 5–11 years: booster vaccination **not** recommended, except for at-risk groups.  
Vaccine: Comirnaty **WT/O** 10 mcg/dose
3. Children 12–17 years: booster vaccination **not** recommended, except for at-risk groups.  
Vaccine: Comirnaty **WT/O** 30 mcg/dose
4. 18–59 years: routine booster vaccinations **not** recommended, **except** for **at-risk and priority groups** (e.g. healthcare workers). There is still a **general requirement** for a third dose to maintain validity beyond 9 months on European vaccination certificates.  
Vaccine: Comirnaty WT/O 30 mcg/dose  
Spikevax WT/O 50 mcg/dose according to [table](#)
  - **first** booster dose **for at-risk and priority groups** at least 4 months after primary vaccination.
  - **second** booster dose **for at-risk groups at least 6 months after the first booster dose. Healthcare workers** who have not received the bivalent vaccine can receive it at least 4 months after the last dose.
  - **further** booster doses only **for at-risk groups** every 12 months in autumn. If there has been a change in the composition of the vaccine or for individuals with an increased risk beyond age, vaccination can be done at 6-month intervals. If a change in epidemiology warrants more rapid vaccinations, guidelines will be revised.
5. 60 years and older:  
Vaccine: Comirnaty WT/O 30 mcg/dose  
Spikevax WT/O 50 mcg/dose
  - **first** booster dose **generally** 4 months after primary vaccination.
  - **further** booster doses are **generally** every 12 months in autumn. If there has been a change in the composition of the vaccine or for individuals with an increased risk beyond age, vaccination can be done at 6-month intervals. If a change in epidemiology warrants more rapid vaccinations, guidelines will be revised.

### 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 EFTA and European Union countries. The contracted 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. The notification and registration system for COVID vaccinations in Iceland is linked to the database of the Chief Epidemiologist. Vaccinations abroad with vaccines that are not used in Iceland must be registered in the medical record system Saga.

### **Certificate of COVID vaccination**

Iceland is a member of the European countries' joint project on certificates related to COVID-19 infections and vaccinations that is valid until 30 June 2023. Certificates with QR codes are available at Heilsuvera. Individuals without electronic ID can receive a certificate via e-mail from the healthcare provider who administered the vaccination. The certificate is valid for 9 months from the primary vaccination, but there is no defined validity period after the first booster dose. The QR code is valid for 9 months from when it is downloaded / certificate is downloaded.