COVID-19 Education

With Dr. Daniel Warshafsky

Associate Chief Medical Officer of Health

June 9, 2021 at 1:00pm

INDIGENOUS PRIMARY HEALTH CARE COUNCIL

Alliance for Healthier Communities
Alliance pour des communautés en santé

afhto association of family health teams of ontario

Current Status

75% of adult Ontarians have received at least one dose

8.6M
Doses administered

Over 624,000
Ontarians fully vaccinated after receiving both doses

Average of 134,800 vaccines administered daily, with capacity to administer up to 150,000 doses per day

97%
LTC residents fully immunized

88%
LTC Staff received at least one dose

110%
RH residents received at least one dose

72%
RH Staff received at least one dose

As of May 27, 8 p.m.

Retirement home residents, staff and caregiver counts used to calculate percentages are based on data from the Retirement Home Regulatory Authority (Dec 2020). It represents the estimated population at a specific point in time (mid-December 2020) and not the number of suites. Note that the capacity in the sector fluctuates so it may not be truly representative of the population today. Long-term care home staff counts were provided by MLTC (Dec 2020).
Long-term care home residents are based on the LTCH Cohort (Jan 1 2021), a resident estimate developed by HAIB using administrative data sources.
When the number of people with one or more doses exceeds the estimated denominator the percentage will exceed 100% (e.g. the number of retirement home residents).

Ontario

Current Status (cont'd)

Age Groups	First Dose Percentage	Second Dose Percentage
80+	94%	X%
70-79	90%	X%
60-69	84%	X%
50-59	71%	X%
40-49	61%	X%
30-39	51%	X%
18-29	44%	X%
12-17	15%	X%

As of May 27, 8 p.m.

Ontario

Vaccine Effectiveness

Description	AZ	mRNA	Janssen
Two-dose efficacy Symptomatic	**63% to 82%** ≥ 15 days after vaccination	**94 to 95%** ≥14 or ≥7 days after vaccination	
Two-dose effectiveness Symptomatic and asymptomatic		**~90 to 95%** At least 14 days after vaccination	
One-dose efficacy Symptomatic disease	**76%** 22 to 90 days after vaccination	**92%** For short period from 14 days to second dose	**66%** ≥ 28 days after vaccination
One-dose effectiveness Symptomatic and asymptomatic	**~ 58% to 68%** At least 14 days after vaccination	**~ 60-80%,** with some higher and some lower estimates At least 14 days after vaccination	**77%** ≥ 15 days after vaccination

Post-Vaccination COVID-19 Cases

Group 1
not yet protected

- 0-14 days after receiving dose 1

Group 2
partial vaccinated

- 14+ days following dose 1,
- 0-7 days after receiving dose 2

Group 3
fully vaccinated

- 7+ days following dose 2

Confirmed COVID-19 cases following vaccination

- Of the 3,493,866 individuals vaccinated in Ontario 2,223 became infected with COVID-19 (0.06%)
- 67% of the post-vaccination cases fell into group 1
- The number of post-vaccination cases decreased at 10 days after receiving dose 1 and again at 28+ days after receiving dose 1
- 3.9% of the post-vaccination cases fell into the fully vaccinated group (breakthrough cases)

Breakthrough Cases

- Occurs more often in people 80+
- Occurs more frequently in women
- More common with Pfizer (likely due to more Pfizer vaccines being administered based on availability)
- No breakthrough cases noted in AZ as of May 16, 2021
- There is lower hospitalization/ICU admission with breakthrough cases
- There have been no reported deaths with breakthrough cases
- Alpha (B.1.1.7) is the most VOC noted in breakthrough cases (note: this is also the most reported VOC in Ontario)

Variants of Concern (VOC)

- A ***Variant of Concern*** (VOC) is one of increased global health importance due to clinical and epidemiologic evidence of one or more of the following:
  - Increased transmissibility
  - Change in disease severity or clinical presentation
  - Decrease in effectiveness of public health measures, diagnostics, vaccines or therapeutics
- A ***Variant of Interest*** (VOI):
  - Has changes in its genetic material known to *potentially* lead to changes with significant global health implications (e.g., genes that increase transmissibility or immune escape)
  - Has been identified in case clusters (suggesting transmission has occurred) or in multiple countries
- Majority of the reported cases in Ontario are now variants of concern (VOC) with the most common reported VOC in Ontario being the B.1.1.7 (alpha) variant
- The mode of transmission of VOCs is unchanged (i.e., primarily droplet), but they spread more easily and quickly compared with non-variant virus

VOC Summary

WHO Label	Alpha	Beta	Gamma	Delta
Pango Lineage Name	B.1.1.7	B.1.351	P1	B.1.617
Location first detected	United Kingdom	South Africa	Brazil	India
Detected in Ontario	Yes	Yes	Yes	Yes
Increased transmissibility	Yes	Yes	Yes	Yes (above other VOCs)
Increased disease severity	Yes	Yes	Yes	Potential Impact
Impact on vaccine effectiveness	No	Yes (Primarily AZ reduced efficacy)	Yes (Slightly reduced efficacy)	Yes (Reduced efficacy primarily with 1 dose)

Sources: CDC, 2021; PHO, 2021; ECDC, 2021

VOC-Delta Update

Despite significant case reductions, the Delta variant rate continues to rise in some communities, including Peel, parts of Toronto, Waterloo, Wellington Dufferin Guelph and Porcupine public health regions. The province has a strategy to ensure that the spread of the Delta variant is reduced as Ontario slowly reopens.

Vaccination:

- Continue to focus on maximizing first vaccine doses, especially in areas of high COVID prevalence and low immunization rates.
- Accelerate eligibility for second doses:
    - 70+ and individuals who received their first dose of an mRNA vaccine on or before April 18, 2021
    - Monitor uptake/pace – while monitoring uptake and pace of second doses, identify opportunities to further accelerate second dose eligibility regionally and/or provincewide, as incremental vaccine supply is confirmed.
- Provide additional allocations to Delta variant high incidence areas as where local inventory is maximized.
    - Target: 60% second vaccine doses by July 31.
- Provincially-supported mobile and pop-up vaccine clinics that delivered first doses in hot spots are being accelerated to ensure that priority populations, including those who can't work from home, are provided with second doses as quickly as possible.
    - Beginning week of June 20 in hot spot communities, such as Peel, including workplace clinics
    - For individuals aged 18 and over who received their first dose on or before April 18, 2021

Testing/Sequencing:

- Goal: 50% of positive COVID tests sequenced.
- Strategic targeting for sequencing: known travellers, outbreaks and incidents of possible vaccine failure or reinfection.

Case and Contact Management:

- Screening is allowing for earlier identification of Delta variant.
- Intensive variant of concern case and contact management:
    - Focused outbreak investigations to identify chains of transmission.
    - Prioritizing travel-related cases for investigation and monitoring
    - Contacts instructed to get tested twice over isolation period; have entire household isolate.

Vaccinating Youth aged 12-17

- Health Canadas has approved the Pfizer-BioNTech COVID-19 vaccine for youth 12+ as of May 5, 2021
- Clinical studies have shown that this vaccine is safe and effective for this age group
- Ontario began the roll out of vaccination for 12-17 on May 31, 2021
- Of the approximately half a million youth that have been vaccinated in the United States
  - No serious side effects have been identified
  - The vaccine is shown to have 100% efficacy
  - The antibody response is strong one month following the second dose

Vaccinating Youth aged 12-17

Although fewer youth have been infected with COVID-19 compared to adults, they can be infected with the virus, get sick from COVID-19 and spread it to others.

Youth may experience some side effects, which are normal signs the body is building protection.

On the arm where you got the shot:

- Pain
- Redness
- Swelling

Throughout the rest of your body:

- Tiredness
- Headache
- Muscle pain
- Chills
- Fever
- Nausea

COVID-19 Vaccines for Youth Update

Over 25% of Ontarians aged 12-17 have received at least one dose*

- It is expected that a large proportion of youth will be vaccinated between June 14 and June 27, with second doses occurring between August 9 and 22.
- The majority of PHUs are incorporating dedicated vaccination approaches for special priority youth populations, including youth with special needs and FNMI youth.
- PHUs have identified key partnerships with school boards, youth groups/organizations, children's hospitals, Children's Aid Society, etc.
- All PHUs have identified creative outreach strategies to promote clinics to youth (e.g., social media, youth influencers).

Mixed Dosing

On June 1, 2021, NACI has recommended the following:

First dose received	Second dose recommendation
AstraZeneca/ COVISHIELD (AZ/CS)	May receive **EITHER AZ/CS vaccine or an mRNA vaccine as second dose**
Pfizer or Moderna (mRNA)	**Should be offered the same mRNA vaccine as second dose** If the same mRNA vaccine is not readily available or unknown, another mRNA vaccine can be considered interchangeable and should be offered to complete the vaccine series

Source: NACI, 2021

Out of Province Vaccination Registrations

- Starting the week of June 7, Ontarians who received their first or both doses of the COVID-19 vaccine outside of Ontario or Canada will be able to contact their local Public Health Unit (PHU) to have their COVID-19 immunization record verified and documented in the province's COVAX system.
    - Hard copy proof of immunization will be required (e.g., an immunization record, vaccination receipt, proof of vaccination certificate, etc.) to verify the COVID-19 vaccine product received outside of Ontario or Canada.
    - Individuals who have received all recommended doses of a Health Canada authorized COVID-19 vaccine or a vaccine listed for emergency use by the World Health Organization (WHO) are considered to have a complete vaccine series and no additional doses are needed.
    - Individuals may be offered a new series of a Health Canada authorized COVID-19 vaccine if they do not have proof of immunization or if the vaccine product they received outside of Ontario or Canada is not authorized by Health Canada nor listed for emergency use by WHO.

Common VOC Questions

What is the latest evidence regarding vaccine efficacy against the variant strains?

Some of the VOCs (beta, gamma, and delta variants) have demonstrated reduced vaccine effectiveness against symptomatic infection compared with the original virus

How do we promote vaccine uptake if we don't know the effectiveness against variants?

COVID-19 vaccines still provide some protection against symptomatic infection and, most importantly, severe illness due to infection. This protection is important given the increased transmissibility and severity associated with the variant strains.

Will the variants cause a 4th wave in Ontario?

Unlikely given our rate of vaccination and the known effectiveness against current VOCs

Common Post-Vaccination Questions

How long does immunity last following COVID-19 vaccination with 2 doses?

COVID-19 vaccines have been introduced in the past year, so we have limited experience with these vaccines. So far, there is evidence that immunity from COVID-19 vaccines last for at least 6 months after the second dose.

Common Youth 12-17 Vaccine Questions

1. Why should children and youth be vaccinated?

   Children can get infected and become sick from COVID-19 and spread to others. Vaccination can protect children from getting infected with COVID-19.

2. What are the risks associated with the vaccine for youth 12+?

   COVID-19 vaccines are generally safe and well tolerated in children.

3. Should youth 12+ who have had COVID-19 still get the vaccine?

   Yes! We don't know how long immunity lasts following an infection, so the vaccines will help to protect against future infections.

4. What is the consent process for youth and how do we ensure they are appropriately informed?

   COVID-19 Vaccine Youth (Age 12-17) Consent Form (gov.on.ca)

5. What is the risk of myocarditis in teens after receiving the Pfizer vaccine?

   - Rare – currently 3 reported cases in Ontario out of over 360,000 doses administered.
   - Israeli data shows that 95% are mild and easily treated.

6. What are some strategies for youth 12-17 who want the vaccine and parents for are vaccine hesitant

   Review the consent process and support youth in making informed decisions.

Common Mixed Dosing Questions

Has NACI approved mixing of COVID-19 vaccines?

Yes

What is the plan for individuals who received one does of AZ?

They can get EITHER the AZ/CS or and mRNA vaccine for their second dose

What do we know about mixing vaccines – risks and benefits?

Based on available data so far:

- Produce a good immune response (protection against COVID-19)
- Are generally safe and well tolerated, buy may possibly have increased side effects like headaches and fatigue
- Appear to have lower rates of vaccine-induced blood clots

Source: NACI, 2021

Common Questions

What is the best dosing interval for COVID protection for the mRNA vaccines?

- We are still learning

How soon after symptoms of COVID-19 are gone is it safe to begin vaccination?

- You can get vaccinated when your symptoms are resolved and you have completed your isolation period

What % of the population has had both doses of vaccines?

- 5.3% of Ontarians have received both doses of vaccines as of June 2, 2021

Will COVID-19 vaccines/boosters become annual?

- Unclear but unlikely

What effects will the vaccine have on infants and toddlers?

- Trials are still underway in this population
- The main effect will be providing immunity to COVID-19

Indigenous Prioritization

With Dr. Nicole Blackman

Provincial Director, IPHCC

June 9, 2021 at 1:00pm

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Indigenous Prioritization

When vaccine dissemination planning began, key populations were identified as priority groups to receive the vaccine.

Indigenous Communities and Indigenous Peoples were identified as priority groups to receive vaccines.

There is limited information as to why which has led to Indigenous peoples facing ongoing racism.

Indigenous Communities

Indigenous communities were identified based on:

- Multi-generational households and overcrowding leads to easier transmission
- Remote and isolated areas where health case access is limited and insufficient to respond to severe COVID-19 impact
- Their risk for severe outcomes including death and societal disruption is greater than the general population

Indigenous Peoples

Indigenous Peoples were identified based on:

- Have higher rates of underlying medical conditions know to increase risk of severe illness and death from COVID-19 (lung and heart disease, hypertension, diabetes, kidney disease, and obesity)
- Higher attack and mortality rates than overall Canadian population
- Require special consideration of issues related to equity, feasibility and acceptability

Urban Indigenous Vaccination

Based on IPHCC's member organizations current data

Total Doses Administered

- **104,078**

Adult Doses – 1st dose

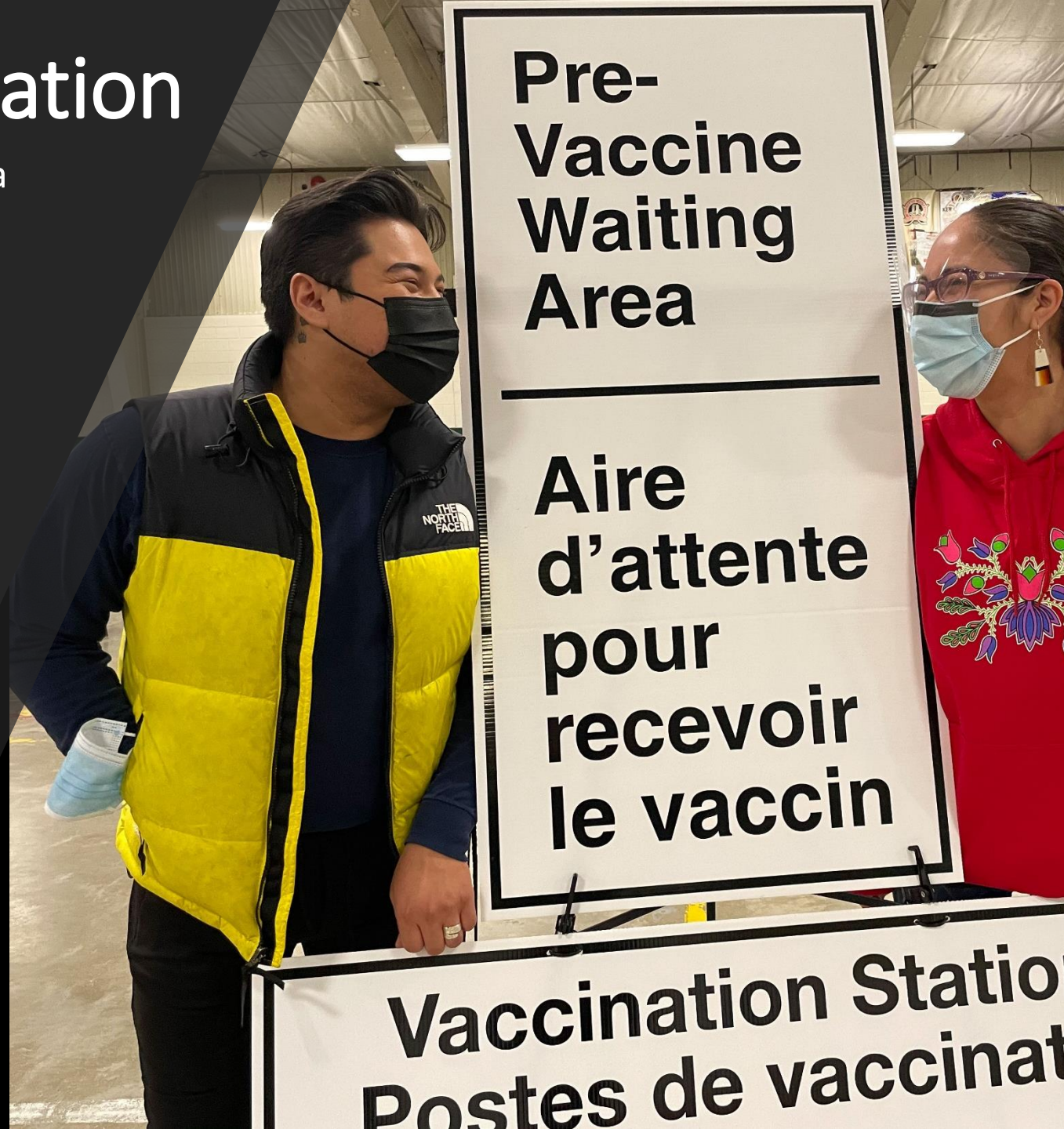
- **38,524**

Adult Doses – 2nd dose

- **22,272**

Youth (12-15) doses

- **383**



ORI 2.0 – COVID-19 Vaccines for Youth in Fly-in Communities

925 doses (913 first doses and 12 second* doses) has been administered as part of ORI 2.0.*

- The Ministry of Health and Ornge will continue to work closely on ORI 2.0 with First Nations partners including NAN, local Band Councils, community representatives, Sioux Lookout First Nations Health Authority (SLFHNA) and Weeneebayko Area Health Authority (WAHA).
- Ornge is leading the operations in 24 of the communities in the Northwest.
- WAHA is leading the logistical clinic operations in 8 of the communities in the Northeast. Ornge will be arranging for the doses and transporting the vaccine to these communities.
- ORI 2.0 teams will be visiting eight communities this week (June 7 – June 11).

Indigenous Prioritization Questions

Will Indigenous youth get priority to receive 2nd dose?

No prioritization direction given for youth.

What is the best strategy to address vaccine hesitancy in our Indigenous patients?

Peer-led strategies and leverage trusted HCP.

Any Additional Questions?