

# COVID-19 Vaccination Update

## TECHNICAL BRIEFING

January 5, 2021

# ONTARIO'S COVID-19 VACCINATION PROGRAM

## PHASES



1

### VACCINE QUANTITY

- Initial doses vaccinated as planned over **2,500** people, with additional shipments arriving over the coming weeks.
- 95,000** doses of Pfizer-BioNTech and almost 53 000 doses of Moderna vaccines have been delivered.
- An **estimated** total of **over 2M** doses is expected in this phase.

### POPULATION TO BE VACCINATED

- Residents, essential caregivers, and staff of congregate care settings for seniors.
- Health care workers.
- Adults in First Nations, Métis, and Inuit populations.
- Adult recipients of chronic home health care.

### DISTRIBUTION SITES

- Initially, **two pilot sites**, followed by selected hospital sites in Grey-Lockdown and Red-Control zones, expanding to approximately **21** hospitals across the province.
- LTC Homes and Retirement Homes** as soon as feasible.

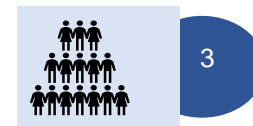


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**Increasing stock** of vaccines available.

**Continued** for health care workers, long-term care homes, retirement homes, home care patients with chronic conditions, and additional First Nations communities and Indigenous populations, including Métis and Inuit individuals. When additional doses available, populations to be vaccinated TBD\*

**Expanded** vaccination sites.



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Vaccines available for **every Ontarian** who wants to be immunized.

**All** eligible Ontarians\*

**Widely available** across Ontario.

# BACKGROUND

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**On December 7, 2020, the province announced the key populations that will be first to receive the COVID-19 vaccine, namely:**

- Residents, employees and staff, and essential caregivers of congregate living settings that provide care for seniors.
- Health care workers (including all those who work in health care settings and those in direct contact with patients).
- Adults in First Nations, Métis, and Inuit populations where infection can have disproportionate consequences, including those living in remote or isolated areas.
- Adult recipients of chronic home health care.

**The province is committed to distributing COVID-19 vaccines to priority populations in the highest risk areas as soon as shipments are received from federal government suppliers.**

# OPERATIONS UPDATE

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## *Key Characteristics of Vaccines*

### **Pfizer-BioNTech**

- More doses available in December (95,000 delivered by December 21); expecting regular shipping.
- Centralized approach: people go to the clinic to get vaccine; vaccine does not come to them (pending authorization for movement).
- Best suited for large population centres; will play an important role for vaccinations in urban centres.
- Assumption – 50km is acceptable commuting distance. Some will be farther than 50km even though a distribution site is in their region.
- Due to the allocation of ultra cold freezers, there are currently a fixed number of sites that can administer this product. We are developing protocols to safely move the Pfizer-BioNTech vaccine beyond the point of delivery, and will be rolling out those protocols so that the vaccine can be brought to places like long-term care homes.

### **Moderna**

- Fewer doses in December (almost 53,000 delivered on December 30); vaccine shipments will arrive in intervals.
- Decentralized model: the vaccine comes to recipients in congregate settings, communities.
- Suitable for all areas but should prioritize higher risk groups who have no other practical means to access a vaccine, as well as northern and remote regions.
- A more stable vaccine, with fewer temperature storage restrictions.
- Based on fridge and distribution model for the province (i.e., for clinics in LTCHs and other high-risk settings).

# OPERATIONS UPDATE

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## *Lessons Learned from Pfizer Pilot Sites*

### **Implementation of Pilot, December 15 -21, 2020**

- Successful first week with over 3,500 doses administered across both sites:
  - UHN – 1,560 doses
  - Ottawa Hospital – 2,064 doses
- Recipients included long-term care home staff, as well as some hospital staff when long-term care home staff were not available.
- One adverse event occurred at University Health Network: managed appropriately and investigation ongoing.
- Pilot sites collaborated on a **“playbook” of lessons learned** and will be key partners to support the expansion to additional sites throughout Phase 1.

# OPERATIONS UPDATE

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## *Lessons Learned from Pfizer Pilot Sites (cont'd)*

### **Key successes**

- Setting up a command structure for implementation, with clear roles and accountabilities.
- Collaboration between hospitals, public health units, and Ontario Health to plan the clinic and identify long-term care homes to be invited first.
- “Clinic in a Box” IT implementations went smoothly.

### **Opportunities for future rollout**

- Need prioritization framework in place for health care workers beyond long-term care staff.
- Lead time for IT implementation would be helpful.
- Importance of an initial “dry run” with a small group of individuals receiving the vaccination.

# OPERATIONS UPDATE

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## *Planning for Pfizer to end of January*

### **Pfizer doses administered as of January 5, 2021**

- Approximately 95,000 doses received
- Over 50,000 doses administered

### **Pfizer deliveries confirmed for January**

- **Week of Jan 4:** approximately 50K doses
- **Week of Jan 11:** approximately 80K doses
- **Week of Jan 18:** approximately 80K doses
- **Week of Jan 25:** approximately 80K doses

### **Expand to additional sites**

- Expansion of delivery sites to additional 7 hospitals and 2 public health units by end of January, determined by data-driven analysis
  - Jan 4 – 18 hospitals and 1 PHU
  - Jan 11 & 18 – 22 hospitals and 1 PHU
  - Jan 25 – 26 hospital sites and 2 PHUs
- Recipients: Long-term care home and high-risk retirement home staff, and essential caregivers as priority, as well as hospital workers
- We are developing protocols to safely move the Pfizer-BioNTech vaccine beyond the point of delivery, and will be rolling out those protocols so that the vaccine can be brought to places like long-term care homes. Ottawa is piloting this starting today.

# OPERATIONS UPDATE

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## *Roll Out Plan for Moderna*

### **Moderna**

- Approximately 53,000 doses the week of December 28, 2020.
- Next delivery January 11, 2021 – approximately 56,000 doses.
- Deliveries expected every three weeks.
- Delivery to Toronto, Peel, York, and Windsor-Essex with a focus on delivering LTC home residents in January.
- These four regions will be focusing on vaccinating LTC residents, staff and essential caregivers within their regions by January 21, 2021.
- Expansion to additional 3 PHUs the week of January 11, 2021.



# OPERATIONS UPDATE

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## *Indigenous Communities*

- The first vaccinations are scheduled to be administered later this week.
- A First Nations and Indigenous sub-table has been established under the COVID-19 Vaccine Distribution Task Force to more broadly engage First Nations on the approach of vaccination including prioritization
- Dedicated engagement with Indigenous communities, organizations and health service providers is essential in order to ensure an effective and culturally appropriate approach to vaccination.
- The province is working in partnership with Indigenous leaders to a finalize a plan for the rest of Ontario's Indigenous communities and urban populations.
- A plan is underway, co-developed with Nishnawbe-Aski Nation (NAN), to begin vaccinations in fly-in First Nations communities in the north starting with the most vulnerable populations.
- ORNGE is partnering with NAN and the communities to lead the deployment in fly-in communities. Vaccinations of health care workers who will be deployed to administer the vaccine in these communities has already started with 180 health care workers having been vaccinated and more being planned for this week.
- Because Sioux Lookout and WAHA along the James Bay Coast have their own health care workers, we will start vaccinating in Sioux Lookout and along the Coastal Communities this week with a focus on chronic care/LTC residents and health care workers.

# KEY ACHIEVEMENTS

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- Successful Pfizer pilot program completed – yielding valuable lessons learned.
- A total of 44 vaccine sites opened.
- Moderna vaccine administered within a day of receiving shipments from the federal government.
  - Nearly 3,000 doses to 24 LTC Homes were administered by January 3.
  - Over 4,000 doses to 26 LTC Homes are planned to be administered between January 4 and January 6.
- Pfizer vaccine – Over 50,000 people vaccinated (at 9am, January 5, 2021):
  - Over 26,000 healthcare workers in LTC and retirement homes
  - Over 20,700 healthcare workers
  - Nearly 1,000 LTC and retirement homes residents
- Second dose, full immunization to begin January 5, 2021.

# APPENDIX: ETHICAL FRAMEWORK FOR COVID-19 VACCINE

This Framework will be used to guide decisions about vaccine prioritization, recognizing that the application of these principles will be context-dependent and that other information may be relevant to decision-making.

## Minimize harms and maximize benefits

- Reduce overall illness and deaths related to COVID-19
- Protect those at greatest risk of serious illness and death due to biological, social, geographical, and occupational factors
- Protect critical infrastructure
- Promote social and economic well-being

## Equity

- Respect the equal moral status of human rights of all individuals
- Distribute vaccines without stigma bias or discrimination (1)
- Do not create and actively work to reduce disparities in illness and death related to COVID-19, including disparities in the social determinants of health linked to risk of illness and deaths related to COVID-19 (2)
- Ensure benefits for groups experiencing greater burdens from the COVID-19 pandemic

## Fairness

- Ensure that every individual within an equally prioritized group (and for who vaccines have been found safe and efficacious) has an equal opportunity to be vaccinated.
- Ensure jurisdictional ambiguity does not interfere with vaccine distribution (e.g. Jordan's Principle -3)
- Ensure inclusive, consistent and culturally safe and appropriate processes of decision-making, implementation, and communications

## Transparency

- Ensure the underlying principles and rationale, decision-making processes, and plans for COVID-19 vaccine prioritization and distribution are clear, understandable and communicated publicly

## Legitimacy

- Make decisions based on the best available scientific evidence, shared values and input from affected parties, including those historically under-represented
- Account for feasibility and viability to better ensure decisions have intended impact
- To the extent possible given the urgency of vaccine distribution, facilitate the participation of affected parties in the creation and review of decisions and decision-making processes

## PUBLIC TRUST

Ensure decisions and decision-making processes are informed by the above principles to advance relationships of social cohesion and enhance confidence and trust in Ontario's COVID-19 immunization program

1. See Ontario's [Human Rights Code](#) and specifically Part 1 for Code-protected groups. 2. Consider applying the Ministry of Health's [Health Equity Impact Assessment](#) decision support tool to identify potential health equity impacts. 3. See [Jordan's Principle](#)

# PRIORITIZING HEALTH CARE WORKERS

- Provides a risk matrix and priority-setting guidance to help inform prioritization of health care workers.
- Offers flexibility to adapt prioritization to local circumstances based on best available data.
- Vaccination sites could use this guidance as they undertake local prioritization of the Dec. 21st allocations of Pfizer-BioNTech vaccine among health care workers.
- Applicable to support prioritization of staff in LTC homes / high-risk retirement homes.

## Risk Matrix

Patient population/exposure risk		Risk of exposure to SARS-CoV-2 within a health care setting based on health care worker role/responsibility		
		Low Risk	Moderate Risk	High Risk
Risk of severe disease or outcomes from COVID-19 among patient population served <sup>1</sup>	Low Risk	1	2	3
	Moderate Risk	2	3	4
	High Risk	3	4	5

\*Consider those who provide direct and more frequent or sustained care, or whose presence in such environments is more direct, frequent, or sustained, in addition to those with more limited access to PPE.

Criticality		Existing health system capacity and redundancy		
		High	Moderate	Low
Essentiality to critical health system capacity	Low	0	.25	.50
	Moderate	.25	.50	1
	High	.50	1	2

\*Consider those who cannot work remotely or virtually and who work in areas with limited or reduced capacity as well as little or no redundancy.

## Priority Score

Key Prioritization Consideration	Score
Transmission/exposure risk	/5
Criticality	/2
<b>Total</b>	<b>/7</b>

For further details please see the document *Guidance For Prioritizing Health Care Workers for COVID-19 Vaccination*.