

# COVID-19 Vaccination Update

## TECHNICAL BRIEFING

Wednesday, January 13, 2021

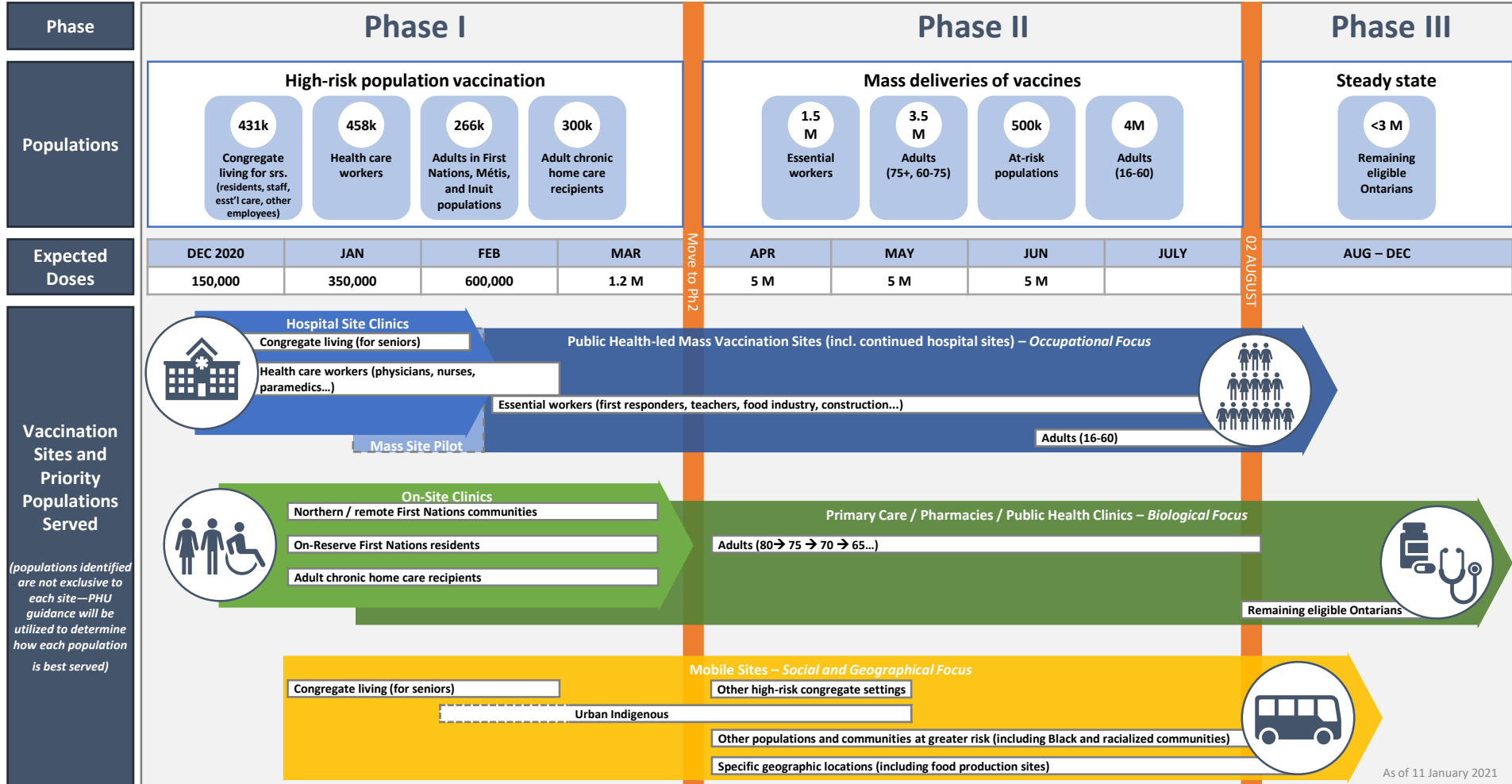
# KEY ACHIEVEMENTS TO DATE

---

- Successful Pfizer pilot program completed – yielding valuable lessons learned
- Over 144,000 doses administered across the province (as of 8 p.m., January 12)
  - Over 45,000 healthcare workers in LTC and retirement homes
  - Over 77,000 healthcare workers
  - Over 13,000 LTC and retirement homes residents
  - An additional 20,000 LTC, Retirement Home staff, residents, and essential caregivers have received Moderna vaccinations
- Second dose, full immunization began January 5, 2021, with over 8,000 Ontarians fully immunized after receiving both doses (as of 8 p.m., January 12)
- Expanded access to vaccinations beyond initial hospital sites, including with mobile teams to provide direct access to over 100 long-term and retirement homes
- Hospital and other delivery channels have ramped up to complete initial allocations of Pfizer doses (initial 95,000 doses complete, and additional delivery of 48,000 doses in the next few days)
- Moderna vaccine administered within a day of receiving shipments from the federal government
- Expanded health care professionals who will be able to administer the vaccine can register and apply through Ontario’s Matching Portal, including nurse practitioners, registered nurses and registered practical nurses; and pharmacists, pharmacy students, interns and pharmacy technicians

# COVID-19 VACCINE DISTRIBUTION PLAN

*For deployment of Pfizer and Moderna vaccines*



Vaccination Sites and Priority Populations Served

(populations identified are not exclusive to each site—PHU guidance will be utilized to determine how each population is best served)

Move to PH2

02 AUGUST

# PHASED PRIORITIZATION OVERVIEW

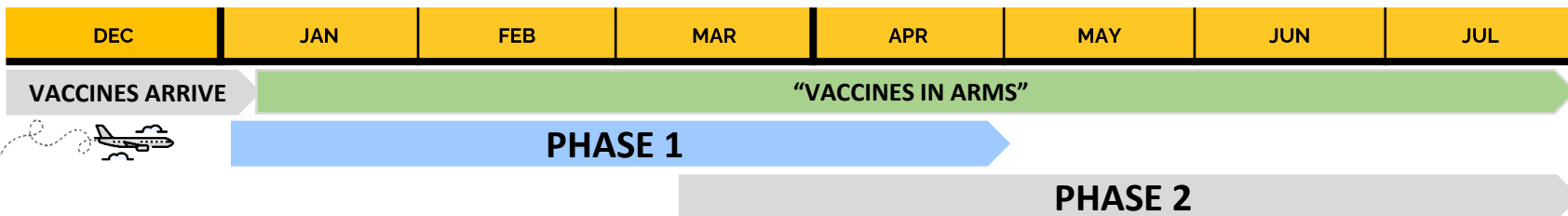
---

## *Principles*

- **Application of an equity lens:** The impact of risk factors may be different for racialized and marginalized populations – an equity lens has been applied to all prioritized groups.
- **Data-driven decision-making:** Where it is available, data should inform decision-making around prioritization – including prioritizing the groups that have been disproportionately impacted by COVID-19 as early as possible.
- **Engagement:** Ontario is consulting with all affected groups to ensure prioritization decisions are well-informed and accepted – “nothing about us without us”.
- **Individual risk factors:** Age is the most impactful factor for determining individual risk of a severe outcome from COVID-19, but other factors of individual risk are also important for individuals to voluntarily self-identify.
- **Local decision-making:** Provincial direction on prioritization is balanced with public health unit decision-making based on the local context.
- **Building in adaptability:** Priorities may change as the situation in Ontario evolves and as more information about the vaccine and the impact of the pandemic becomes available.
- **Transparency:** Share the rationale behind prioritization and data used to ensure public understanding of how decisions were made about the vaccine.

# VACCINE DISTRIBUTION: PHASED PRIORITIZATION

- Vaccination rollout phases will be continuous and overlapping – Phase 2 vaccinations likely to begin while Phase 1 is still ongoing (e.g., vaccination of adults >80 may begin in parallel or before low-risk health care worker vaccination).
- Vaccination schedules are intended to be flexible and responsive to ongoing needs, vaccine logistics and risk factors.
- Ontario is ready to receive vaccines whenever they are available, and will shift to Phase 2 priority populations as soon as there are sufficient vaccines provided by the Federal government.



	FIRST VACCINES ARRIVE	PHASE 1	PHASE 2
People	<ul style="list-style-type: none"> <li>• Staff and essential caregivers in LTCHs and high-risk Retirement Homes (RH).</li> </ul>	<ul style="list-style-type: none"> <li>• Residents, staff, essential caregivers, and other employees of congregate living settings that provide care for seniors.</li> <li>• Health care workers.</li> <li>• Adults in First Nations, Metis and Inuit populations.</li> <li>• Adult chronic home care recipients.</li> </ul>	<ul style="list-style-type: none"> <li>• Older adults, beginning with those ≥80 years old and decreasing in 5-year increments over the course of vaccine roll-out.</li> <li>• Those living and working in other high-risk congregate settings.</li> <li>• Essential Workers, beginning with front-line essential workers.</li> <li>• Individuals with high-risk chronic conditions, and their caregivers.</li> <li>• Other populations and communities facing barriers related to the determinants of health across Ontario who are at greater COVID-19 risk (e.g., Black and other racialized populations).</li> </ul>
Places	<ul style="list-style-type: none"> <li>• 2 Initial locations</li> <li>• Ramp up to 19 locations</li> </ul>	<ul style="list-style-type: none"> <li>• Specialized vaccination centres (LTCH/RH)</li> <li>• Mobile vaccination sites</li> <li>• Mass vaccination sites</li> </ul>	<ul style="list-style-type: none"> <li>• Mass vaccination sites</li> <li>• Hospitals</li> <li>• Mobile vaccination sites</li> <li>• Pharmacies</li> <li>• Clinics</li> <li>• Primary care</li> <li>• Strategic in-community locations (CHC/AHAC)</li> </ul>

# PRIORITIZATION REPORT BACK

## *Alignment with Ethical Framework*

### Ethical Principle

### Rationale

#### Minimize Harms and Maximize Benefits

- Essential workers, particularly front-line essential workers, are at greater risk of infection and are essential for critical infrastructure.
- Older adults are at increased risk for severe disease and outcomes due to COVID-19.
- Individuals who have high risk medical conditions are at increased risk for severe disease and outcomes due to COVID-19; their caregivers can be key vectors of disease transmission to high-risk populations.
- Those living and working in congregate living settings are at greater risk of infection and, due to socioeconomic factors, are at increased risk of severe disease and outcomes due to COVID-19.
- Other populations who have experienced greater disadvantage from COVID-19 are at increased risk of serious illness and death due to biological, social, geographical, and occupational factors.

#### Equity

- Groups that have been disproportionately impacted by COVID-19 are being prioritized. Prioritizing groups who have experienced greater disadvantage from COVID-19 due to biological, social, geographical, and occupational factors aims to reduce disparities in illness and death related to COVID-19, as well as disparities in the determinants of health (e.g., congregate living settings) that are linked to risk of illness and death related to COVID-19.

#### Fairness

- To ensure that vaccines reach all individuals within similarly prioritized groups, including those who are marginalized, the strategy will include active deployment of vaccines through accessible channels (e.g., mobile sites directly into communities, pharmacies/primary care for older populations).

#### Transparency

- The prioritization approach and the rationale for it will be made publicly available.

#### Legitimacy

- Populations who are prioritized based on evidence of those most affected by COVID-19, and informed by consultations through various tables (e.g., Indigenous Affairs Ontario, prioritization sub-group).

# OPERATIONS UPDATE

---

## *Planning for Pfizer to end of January*

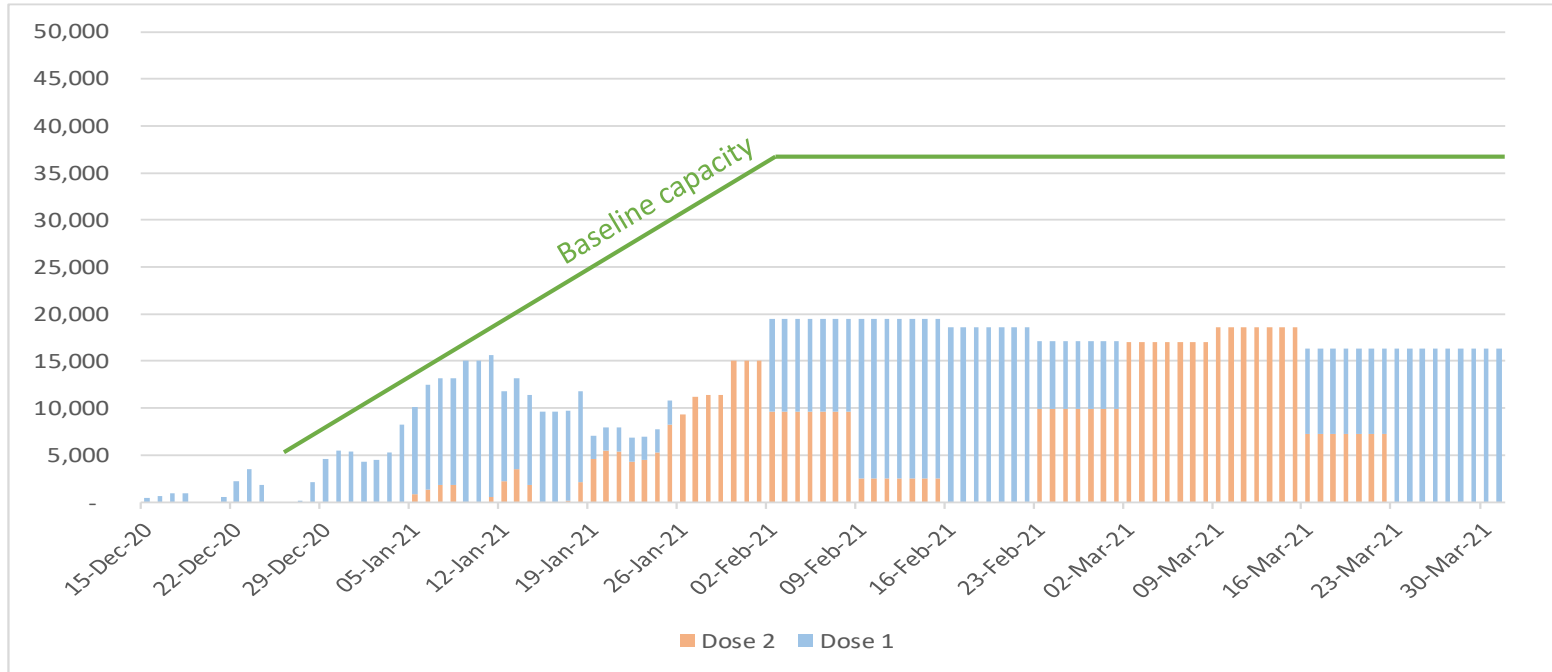
### **Pfizer deliveries confirmed for January**

- **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
- **Week of Feb 1:** approximately 143K doses

### **Expand to additional delivery sites**

- Expansion of delivery sites to additional 7 hospitals and 2 public health units by end of January, determined by data-driven analysis, which will further increase the number of delivery locations from which to mobilize doses to long-term care and high-risk retirement homes across the province
  - Jan 4 – 19 sites
  - Jan 11 & 18 – 23 sites
  - Jan 25 – 28 sites
  - Feb 1 – 38 sites
- Recipients: Long-term care home and high-risk retirement home staff, and essential caregivers as priority, as well as hospital workers
- Toronto Public Health will open the first municipally-run vaccination site on January 18 to provide vaccines to front-line, high-risk health care workers

# SUPPLY (1<sup>st</sup> dose, 2<sup>nd</sup> dose) AND CAPACITY



**Note:** Ontario's capacity is at least double what vaccine doses are currently available. We can absorb that amount immediately, and could ramp up to triple or quadruple our ability to vaccinate with some notice.



# OPERATIONS UPDATE

---

## *Roll Out Plan for Moderna*

### **Moderna**

- Ontario received approximately 53,000 doses the week of December 28, 2020
- Next delivery is the week of January 11<sup>th</sup>, approximately 56,000 doses
- Deliveries expected every three weeks
- Delivery to Toronto, Peel, York, and Windsor-Essex with a focus on providing first doses of vaccine to long-term care and high-risk retirement home residents, staff, and essential caregivers by January 21, 2021
- Over 29,000 Moderna doses delivered to long-term care and high-risk retirement home residents, staff, and essential caregivers in the 4 regions.
- Expansion to additional 3 PHUs the week of January 11, 2021

# OPERATIONS UPDATE

---

## *Provincial Focus on Long-Term Care and High-Risk Retirement Homes*

- With protocols in place to move the Pfizer-BioNTech vaccine safely, regions are expediting efforts to vaccinate in long-term care homes and high risk retirement homes
- Vaccination of residents, staff and essential caregivers of long-term care homes and high risk retirement homes have begun in many other parts of the province, with the goal to offer vaccination (first dose) in all homes across the province no later than February 15, 2021

# OPERATIONS UPDATE

---

## *Indigenous Communities*

- 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 smallest and most remote
- 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 well over 200 being vaccinated by next week
- Because Sioux Lookout and WAHA along the James Bay Coast have their own health care workers, vaccinations began in these communities in early January focusing on Hospital and LTC/chronic care staff and residents and health care workers that will be assisting in remote FN vaccinations
- Sioux Lookout administered 115 vaccines and WAHA plans to administer 130 vaccines next week with over 1000 additional doses being administered both these communities in the coming weeks
- 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 finalize a plan for the rest of Ontario's Indigenous communities and urban populations