

COVID-19 Vaccine: Update #9 2nd Dose Interval, Increasing Vaccine Supply and Community Clinic Booking Update

Attention: Physicians, Emergency Departments, Hospital CEOs, Hospital Laboratories, Infection Control Practitioners, Occupational Health Practitioners, Walk-In Clinics/Urgent Care Clinics, Nurse Practitioners, EMS, Designated Officers, Midwives, Family Health Teams, Pharmacies, Central LHIN, NSM LHIN, Beausoleil First Nation, Moose Deer Point First Nation, Rama First Nation, Wahta First Nation, Long-term Care Homes, Retirement Homes, Hospices, Coroners, Funeral Directors, Dentists, Group Homes, Homes for Special Care, Optometrists, Corrections

Date: March 11, 2021

Vaccine Supply Updates

- Simcoe Muskoka District Health Unit (SMDHU) will be receiving our first shipment of Moderna vaccine this week. While this vaccine still requires frozen storage, it does have less restrictive storage and handling requirements than Pfizer-BioNTech vaccine which provides more opportunities for vaccine delivery for mobile and outreach clinics.
- Our local supply of Pfizer-BioNTech vaccine is expected to significantly increase the week of March 22nd, which will allow for expanded days and hours for our community clinics.
- In the meantime, we will be completing our mobile clinic visits to Retirement Homes and local First Nations communities and continuing to run community clinics for those eligible populations who placed themselves on our clinic waitlist up until it was closed.
- SMDHU has been selected to participate in a pilot with local primary care providers to offer AstraZeneca vaccine to those aged 60-64 years (born in 1961 to 1957) who do not currently meet the Phase 1 eligibility criteria for mRNA vaccines (Pfizer-BioNTech or Moderna). We are working with Family Health Teams throughout Simcoe Muskoka and they will be reaching out to a limited number of eligible patients to arrange vaccination, based on limited vaccine supply.

The following table provides parameters for the vaccines currently available in Ontario and Simcoe Muskoka:

Product	Pfizer-BioNTech COVID-19 Vaccine	Moderna COVID-19 Vaccine	AstraZeneca COVID-19 Vaccine
Type of Vaccine	mRNA	mRNA	Non-replicating viral vector (ChAd)
Authorised for	16 years and up	18 years and up	18 years and up
Dose	0.3 mL	0.5 mL	0.5 mL



# of Doses Required	2 doses	2 doses	2 doses
Format	6 dose vial	10 dose vial	10 dose vial
Diluent Required	Yes	No	No
Primary Storage	-80°C to -60°C	-25°C to -15°C	+2°C to +8°C
Pre-Puncture Storage	120 hours (5 days) at 2°C to +8°C AND/OR 2 hours up to +25°C	30 days at +2°C to +8°C AND/OR 12 hours at +8°C to 25°C	+2°C to +8°C
Post-Puncture Storage	6 hours at +2°C to +25°C	6 hours at +2°C to +25°C	6 hours at room temp (up to +30°C) Or 48 hours at +2°C to +8°C

Community COVID-19 Vaccine Clinic Update for Phase 1 Populations

The province will be launching an appointment booking service, which will include an online appointment booking system along with a provincial call centre. This service will initially only be available to those 80 years of age and older. It is anticipated that demand will be high, so the online appointment booking option is the preferred option.

Those 80 years of age and older – starting on Monday March 15th, they can book their appointment online directly on the provincial booking system or have a family member or friend assist them with booking, or call the provincial call centre and an agent will assist them with booking their appointment over the phone.

Those in the Other Phase 1 Priority Groups – cannot book directly through the provincial booking system. Starting the afternoon of March 12th, those in these groups can visit the SMDHU website to register themselves as being eligible to receive the COVID-19 vaccine. **Only those eligible to receive the vaccine as part of the Phase 1 priority groups listed below are to register at this time. People will be required to show proof of eligibility at the clinics and will be turned away if they do not qualify.** To view what proof of eligibility will be required for each group, please refer to the SMDHU [website](#)ⁱ on or after March 12, 2021.

Once registered on the SMDHU website, those who are eligible will be placed in the queue to receive the vaccine. This could take days or weeks to complete based on vaccine supply and volume. When an appointment is available, the person will be sent an email invitation with a booking code to book their appointment on the provincial booking system. Note that this does not happen immediately. People will be required to provide an email address for this service.

Anyone that is currently on the SMDHU waitlist will be booked an appointment during the week of March 10th – 16th so they will not need to register again on the SMDHU website.

Those who are eligible for vaccination in Simcoe Muskoka at this time include all of the following provincial Phase 1 priority groups, who have been eligible to date or are newly eligible:

- Staff, essential caregivers, and any residents in:
 - Long-term care homes
 - Retirement homes
 - First Nations elder care homes
 - Other seniors congregate settings

- Alternative level of care patients in hospitals who have a confirmed admission to a long-term care home, retirement home or other congregate care home for seniors
- Adults 80 years of age and older (born anytime in 1941 or prior)
- All Indigenous adults (living on-reserve or urban) and their adult household members
 - Note: Adult is defined as age 16+ based on birth date, not birth year, due to authorization of the vaccine for age 16 and up.
- Adult recipients of chronic home care
- **Frontline** health care workers identified as Highest Priority, Very High Priority, or High Priority in the [Ministry of Health's guidance on Health Care Worker Prioritization, as follows:](#)

Highest Priority Health Care Workers	
All hospital and acute care staff in frontline roles with COVID-19 patients and/or with a high-risk of exposure to COVID-19, including those performing aerosol-generating procedures	<ul style="list-style-type: none"> • Critical care units • Emergency departments and urgent care departments • COVID-19 medical units • Code blue teams, rapid response teams • General internal medicine and other specialists involved in the direct care of COVID-19 positive patients
All patient-facing health care workers involved in the COVID-19 response	<ul style="list-style-type: none"> • COVID-19 specimen collection centers (e.g., assessment centers, community COVID-19 testing locations) • Teams supporting outbreak response (e.g., IPAC teams supporting outbreak management, inspectors in the patient environment, redeployed health care workers supporting outbreaks or staffing crisis in congregate living settings) • COVID-19 vaccine clinics and mobile immunization teams • Mobile testing teams COVID-19 isolation centers • COVID-19 laboratory services
Medical first responders	<ul style="list-style-type: none"> • ORNGE, paramedics • Firefighters and police providing medical first response
Community health care workers serving specialized populations	<ul style="list-style-type: none"> • Needle exchange/syringe programs, supervised consumption and treatment services • Aboriginal health access centers, Indigenous community health centers, Indigenous interprofessional primary care teams, and Indigenous nurse practitioner-led clinics • Home and community care health care workers caring for recipients of chronic homecare and seniors in congregate living facilities or providing hands-on care to COVID-19 patients in the community <p>Special considerations for the following:</p>

	<ul style="list-style-type: none"> ○ Community health centers serving disproportionately affected communities and/or communities experiencing highest burden of health, social and economic impacts from COVID-19 ○ Highly critical health care workers in remote and hard to access communities, e.g., sole practitioner
Very High Priority Health Care Workers	
Acute care and other hospital settings	<ul style="list-style-type: none"> ● Patient care areas not included in Highest Priority (e.g., surgical care, obstetrics, etc.)
Congregate settings	<ul style="list-style-type: none"> ● Assisted living, correctional settings, residential facilities, hospices and palliative care settings, shelters, supportive housing (outside of Highest Priority level)
Community care with high risk of exposure and serving specialized patient populations	<ul style="list-style-type: none"> ● Community health centers, home and community care (outside of the Highest Priority level), adult day programs for seniors
Other health care services for Indigenous populations	<ul style="list-style-type: none"> ● Community agencies with patient-facing providers delivering any type of health services to First Nations communities and Indigenous Peoples that are not captured in Highest Priority
Community care with high risk of exposure and serving the general population	<ul style="list-style-type: none"> ● Birth centres, community based specialists, death investigation professionals (including funeral home staff handling deceased persons and entering healthcare facilities), dentistry, gynecology/obstetrics, midwifery, nurse practitioner-led clinics / contract nursing agencies, otolaryngology (ENT), pharmacies, primary care, respirology (respiratory therapy), walk-in clinics
Laboratory services	<ul style="list-style-type: none"> ● Those who are either patient facing or work with lab specimens
High Priority Health Care Workers	
Community care with lower risk of exposure and serving special populations	<ul style="list-style-type: none"> ● Developmental services, mental health and addictions services
Community care with lower risk of exposure and serving general population	<ul style="list-style-type: none"> ● Campus health, community diagnostic imaging, daycare/school nursing, dietary/nutrition, independent health facilities (e.g., opticians/optometry, podiatry, audiology, medical and surgical specialties, naturopathy/holistic care, social work, sexual health clinics)
Non-acute rehabilitation and therapy	<ul style="list-style-type: none"> ● Chiropractic, chronic pain clinics, kinesiology, occupational therapy, physiotherapy, psychiatry, psychology, psychotherapy,

	registered massage therapy / acupuncture, other therapy
Public health	• All other public health

AstraZeneca Vaccine

Simcoe Muskoka District Health Unit has been selected to participate in a pilot program providing our primary care partners with the AstraZeneca COVID-19 vaccine to administer in their practices to patients 60-64 years of age. Please note that vaccine supply is limited at this time, and while this vaccine supply is expected to be ongoing and growing, there will not be enough vaccine available initially to immunize this whole population. **Primary care providers who are participating in the pilot program will be reaching out to their eligible patients to offer them the vaccine.**

In clinical trials, mRNA COVID-19 vaccines have demonstrated high efficacy (approximately 94%). The AstraZeneca COVID-19 vaccine has demonstrated an average efficacy of approximately 62% in those 18-64 years of age. While this vaccine's overall efficacy is lower in the clinical trials than that of mRNA vaccines, it is still a very effective and safe vaccine that will help prevent people from severe illness, complications, and death.

The National Advisory Committee on Immunization (NACI) does not recommend the use of the AstraZeneca vaccine in individuals 65 years of age and older due to limited information on the efficacy of this vaccine in this age group at this time. In alignment with the recommendations from NACI, the Ministry of Health has determined that the AstraZeneca COVID-19 vaccine can be offered to all healthy Ontarians aged 18-64 years, beginning with the pilot for those 60-64 years and then decreasing in age, for those without contraindications, if:

- the advantages of earlier vaccination outweigh the limitations of vaccinating with a less efficacious vaccine;
- the ease of transport, storage and handling of this vaccine facilitates access to vaccination which may otherwise be challenging; and
- informed consent is provided which includes discussion about current vaccine options (e.g. efficacy) and the timing of future vaccine options.

Individuals over 65 years of age may also receive this vaccine product but must be advised about the potential benefits of waiting for a more efficacious vaccine. Emerging [real world data from the UK](#)ⁱⁱ where they have used predominantly AstraZeneca vaccine since December 2020 is showing very good effectiveness and comparable effectiveness to the Pfizer-BioNTech vaccine in preventing severe illness and infections in those over 70 years of age.

Pharmacists in other areas of the province are also participating in a pilot administering this vaccine to those 60-64 years. It is anticipated that as vaccine supply continues to increase, this vaccine will become more available to additional primary care providers and pharmacies in the coming weeks and months and it will be available to more age groups.

No serious safety concerns related to any of the authorized vaccines have been identified to date in clinical trials; however, studies are ongoing. For all vaccines, some solicited adverse events are reported to be very common (defined as 10% or more) among vaccine recipients. However, they are mild or moderate and transient, resolving within a few days. These include pain at the injection site, fatigue, headache, muscle pain, chills, joint pain, and fever. In clinical trials of mRNA vaccines some adverse events, including

fever, are more frequent after the second dose; this was not the case with the AstraZeneca COVID-19 vaccine.

Changes to Second Dose Intervals

To increase the number of individuals benefiting from a first dose of vaccine in the context of a limited COVID-19 vaccine supply, the province is following recommendations from NACI to extend the time interval between the first and second dose of COVID-19 vaccines up to 16 weeks. This 16 week interval for the second dose applies to the three two-dose vaccines currently available in Canada: Pfizer-BioNTech, Moderna and AstraZeneca/COVISHIELD.

Current evidence from real-world experience with the Pfizer-BioNTech and Moderna vaccines indicates high vaccine effectiveness against symptomatic disease, hospitalization, and death from COVID-19 for two months after the first dose, including among older populations. Clinical trials with the AstraZeneca/COVISHIELD vaccine indicate that vaccine efficacy increases with the length of the interval between doses over 12 weeks. Based on immunological principles, vaccine science and modelling, this short-term protection is not expected to rapidly wane. The effectiveness of an extended dose interval will be monitored and assessed, including effectiveness against variants of concern.

Effective March 10th, 2021, the majority of those who have been vaccinated with one dose will be eligible to receive their second dose of COVID-19 vaccine at 16 weeks following their first dose.

Anyone who has an appointment scheduled for their second dose before 16 weeks will have their existing appointment cancelled; more information will be coming regarding how to reschedule their appointment.

The following groups will continue to receive their second dose of vaccine at the initial intervals as described in the product monographs:

- Residents of Long-term Care Homes, Retirement Homes, and Elder Care Lodges, who are at the greatest risk of both exposure to COVID-19 and serious illness and death;
- Remote and isolated First Nation communities (currently supported by Operation Remote Immunity) given the potential seriousness of COVID 19 infection in these communities with limited available health care facilities and resources

Phase 2 Populations

The province has released information detailing populations that will be [eligible for vaccination in Phase 2ⁱⁱⁱ](#) and updated their [website^{iv}](#) accordingly. The categories of eligible populations are:

- Adults aged 60-79, in 5-year increments
- High-risk congregate settings (such as shelters, community living)
- Individuals with high-risk chronic conditions and their caregivers
- Essential workers who cannot work from home
- At-risk populations

SMDHU will indicate when registration and booking is open to these populations.

Tuberculin Skin Testing (TST) or Interferon Gamma Release Assay (IGRA) & COVID-19 Vaccines

There is a theoretical risk that mRNA or viral vector vaccines may temporarily affect cell-mediated immunity, resulting in false-negative TST or IGRA test results. If TST or an IGRA test is required, it should be administered and read before immunization or delayed for at least 4 weeks after vaccination. Vaccination with COVID-19 vaccines may take place at any time after all steps of TST have been completed.

For more information about the rollout of COVID-19 vaccine in our area, please refer to the [Simcoe Muskoka COVID-19 Vaccine Campaign Plan^v](#).

Additional Information

For more information on the province's three-phased vaccine distribution implementation plan, please visit [COVID-19 vaccines for Ontario^{vi}](#).

There are a number of COVID-19 resources and documents available through our Health Professional Portal at www.smdhu.org/hportal as well as through [Public Health Ontario^{vii}](#) and the [Government of Ontario^{viii}](#).

ⁱ <https://www.simcoemuskokahealth.org/Topics/COVID-19/Vaccine-and-Immunization>

ⁱⁱ <https://www.gov.uk/government/news/new-data-show-vaccines-reduce-severe-covid-19-in-older-adults>

ⁱⁱⁱ <https://news.ontario.ca/en/backgrounder/60570/populations-eligible-for-phase-two-covid-19-vaccination>

^{iv} <https://covid-19.ontario.ca/getting-covid-19-vaccine-ontario>

^v <https://www.simcoemuskokahealth.org/Topics/COVID-19/Vaccine-and-Immunization>

^{vi} <https://covid-19.ontario.ca/covid-19-vaccines-ontario>

^{vii} <https://www.publichealthontario.ca/>

^{viii} http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx.