

ISC-AB Weekly Vaccine Update May 18, 2021

General Updates:

- As of May 17, 2021 there are 8,274 total on reserve cases of COVID-19 in Alberta. Of these total cases – 7,820 have recovered and 372 are active in 33 First Nation communities. There are 20 hospitalizations (11 in ICU) and, sadly, 82 individuals have passed away to date.
- The spike in active cases a few weeks ago accounts for the current increase in hospitalizations we are seeing. The highest number of cases on reserve reached 420 cases in the last few weeks.
- Although active cases, on reserve and province-wide, have started to decline following the recent spike in cases, Alberta continues to have the highest active case rate of all provinces and territories. The downward trend in active cases but high positivity rate may be due to lower test numbers across the province. The decline in case numbers is promising, but continued testing, vaccination, and adherence to public health measures remains of critical importance.

Vaccine General Update:

- As of May 17, 2021, 2,243,969 vaccine doses have been administered across Alberta, and 42.8% of Albertans have received at least one dose.
- As of May 17, 2021 – over 40,000 immunizations have been administered in First Nations in Alberta, with approximately 25,869 first doses and 15,017 second doses. Approximately 40.8% of the 12 and older population living on reserve have received at least one dose and approximately 24.3% have been fully vaccinated. There have been 432 refusals and 214 doses wasted. The wastage numbers are very low, less than 0.5% and much lower than previous vaccination campaigns.
- On average, approximately 3,400 vaccine doses are being administered per week on reserve since March 28, 2021.
- There has been steady growth in vaccine uptake in all age groups, with over 75% of the population age 65 and over on reserve having received at least their first dose. As the provincial vaccine rollout initially prioritized Long-Term Care facilities, front line workers, and seniors, the younger population has had less opportunity to be vaccinated and thus currently has lower proportions of the population immunization. All Albertans age 12 and older are now eligible for vaccination under Phase 3 of the provincial rollout, and increasing the number of vaccines in younger populations should be prioritized.
- There has also been an increase in the number of second doses being administered on reserve. While this is an important step in the rollout of vaccine, it remains important to promote a steady increase in first doses.
- The American Centers for Disease Control and Prevention definition of “breakthrough infection” is the development of a disease 14 days post second dose of vaccine. In Canada, a definition has not been circulated. While COVID-19 vaccines are highly effective, they do not provide 100% immunity. Breakthrough infections are still possible even after receiving a first or second dose.
- Indigenous Services Canada, Alberta Region (ISC-AB) is currently working on an analysis of available breakthrough infection data.

- Approximately 7,300 cases (of approx. 8,200 cases) have records in the Community Health Immunization Program (CHIP) – of note; these cases could have received an immunization off reserve and we would not have access to that information.
- Of these approximate 7,300 cases, 186 cases had received at least one dose of vaccine prior to testing positive. Others were immunized after recovering from COVID-19. Of the 186 cases – 36 were identified as the B.1.1.7 variant, and one case was identified as the P.1 variant.
- Of the 186 cases – 127 of the infections occurred within 18 days of being vaccinated. Of those 127 cases, 16 cases were hospitalized, three were admitted to ICU and, sadly, five individuals passed away. Within the first 18 days we wouldn't expect individuals to have the appropriate immunity to respond fully to an infection. The remaining 59 cases were post 18 days when the case would have had the opportunity to build an immune response. Of these 59 cases, there were no hospitalizations and deaths. We would expect to see some cases as the mRNA vaccines after one dose are 60-80% effective against infection, 80% effective against hospitalization and 85% effective against death.
- 21 cases occurred amongst those individuals who had received two doses of vaccine. None of these individuals were hospitalized or experienced death. Two doses of mRNA vaccines are 90-95% effective against infection.
- Vaccines only become fully effective after at least 14 days following administration, as the body needs time to build immunity.
- ISC-AB is also currently working on an analysis of available CHIP data to monitor vaccine side effects.
- Clinical trials have also shown efficacy against variants of concern.
- Research into vaccine effectiveness is ongoing, but preliminary international research shows that vaccines reduce symptomatic cases and the chance of spreading COVID-19 to close contacts if an individual becomes infected.
- The AstraZeneca vaccine is currently being re-evaluated for use as a first dose in several jurisdictions across Canada. AstraZeneca has not been used in on reserve vaccination administration/clinics. The Government of Canada is still reviewing the Johnson & Johnson vaccine following a manufacturing issue, and this vaccine has yet to be distributed in Canada. An announcement from Health Canada on extending the shelf life for the Pfizer vaccine (extending the storage period after thawing to one month at fridge temperatures) should be made shortly.
- Federal and provincial updates regarding the period between first and second vaccine doses, as well as easing of public health measures, are anticipated in the coming weeks. Dr. Tam has announced that the federal government is considering that once 75% of the total population has received at least one dose, some restrictions may be lifted.

Vaccine Clinic Update

- As schools reopen, potentially beginning next week, in-school vaccine clinics may be an option to increase vaccine uptake among 12-17 year olds. ISC-AB can work with communities to address their distinct situations. Communities are encouraged to continue making requests to ISC-AB for immunization support staff and other surge supports as needed.

- There was a recent issue with ordering and storing vaccines at provincial depots, causing a delay in the delivery of some vaccine allotments. This issue is being addressed, and the logistics for vaccine delivery are being finalized community by community. Christina Smith has sent an email to community health staff on how to order Moderna and Pfizer vaccines. Communities can request additional allocations from ISC-AB as needed. Although there is no issue with supply, there is a high demand. Pre-booking vaccines is the best way to ensure limited wastage.
- One cc (mL) and low dead space syringes are being distributed with the Pfizer vaccine. These are required for the Pfizer vaccine as they ensure the total six doses in each vial are administered. ISC-AB is coordinating with provincial zone leads, and community health staff should contact ISC-AB if they do not receive their delivery.

Questions:

- ***Can ISC-AB provide an update on potential side effects or any causes for concern regarding the Johnson & Johnson vaccine?***
 - Similar to AstraZeneca, the Johnson & Johnson vaccine is a viral vector-based vaccine as opposed to an mRNA vaccine. There have been cases of vaccine-induced immune thrombotic thrombocytopenia (VITT), or blood clots, related to the Johnson & Johnson vaccine in the US. On a positive note, it is a one-dose vaccine and therefore may be utilized in reaching populations that are more difficult to reach or less likely to follow up on a second dose.
 - The National Advisory Committee on Immunization (NACI) has recommended that – barring any pre-determined health risks – the Johnson & Johnson vaccine may potentially be administered to the age 30 and older population. mRNA vaccines are still preferable and there is a large supply arriving in Canada. The vaccine is still under review there is no timeframe for when and how it may be distributed in Canada, so further conversations are required.
- ***Some communities have experienced issues with vaccine fridge storage, including power issues. How can these issues be addressed?***
 - Communities are encouraged to reach out to fridge manufacturers/distributors to see where their order is on the backorder list and when they can expect their fridge.
 - Power outages are common this time of year in Alberta due to weather. Generators are one option, but require advanced planning and monitoring to ensure that fridges are working. Plug-in batteries for fridges will last for 4-8 hours, depending on the size of the fridge, but can be cost-prohibitive.
 - Insulated cooler bags can be used to maintain cold chain until power is restored or until vaccines can be taken to public health units and arranging for vaccines to be stored at AHS sites is very common.
- ***Is the period for vaccine efficacy (14 days) longer for individuals with chronic illnesses and/or underlying health conditions?***
 - Alberta Health recently decreased the period between first and second doses for certain immunocompromised individuals from 16 weeks to a minimum of four weeks. Research is ongoing, but currently indicates that immunosuppressed

individuals do not develop a sufficient long-term response to COVID-19 vaccines and require a second dose sooner.

- ***Can ISC-AB confirm that, while breakthrough infections do occur, individuals who have received at least one dose of vaccine who become infected with COVID-19 are less infectious to others?***
 - Research into vaccine efficacy, as well as comparing breakthrough infections to cases with no history of immunization, is ongoing. There is preliminary international research that shows that vaccines reduce symptomatic cases, severe outcomes, and that immunized individuals are 40-50% less likely to spread COVID-19 to close contacts. This is possibly due to a lower viral load following immunization.

- ***How does ISC-AB collect data from community members who are immunized off reserve at pharmacies?***
 - Communities that are set-up with RTI can share data instantly with the provincial immunization database. Nations are able to reconcile records for those individuals already within their system. , . Communities that do not have RTI capacity are asked to connect with ISC-AB to discuss options for data reconciliation.
 - OKAKI will have data clerks available to analyze vaccine records to reconcile information and provide data that is more comprehensive. Communities can also discuss additional staffing supports for data entry and review with OKAKI and ISC-AB.

Thank you all for your continued hard work and dedication. We will meet again next week, **May 25, 2021 at 1:00pm.**