

## ISC-AB Weekly Vaccine Update May 25, 2021

### General Updates:

- As of May 24, 2021 there are 8,379 total on reserve cases of COVID-19 in Alberta. Of these total cases – 8,059 have recovered and 234 are active in 28 First Nation communities. There are 15 hospitalizations (10 in ICU) and, sadly, 83 individuals have passed away to date.
- The number of overall cases in First Nation communities, as well as the number of First Nation communities with active cases, has decreased. As of May 24, only five communities have more than 10 active cases.
- The positivity rate in Alberta is also starting to decline. Continued testing, vaccination, and adherence to public health measures remains important at this time.

### Vaccine General Update:

- As of May 23, 2021, 2,532,143 vaccine doses have been administered across Alberta, and 48.7% of Albertans have received at least one dose.
- As of May 24, 2021 – over 43,000 immunizations have been administered in First Nations in Alberta, with approximately 26,889 first doses and 16,495 second doses. Approximately 42% of the 12 and older population living on reserve have received at least one dose and approximately 25.8% have been fully vaccinated. There have been 466 refusals and 218 doses wasted. The wastage numbers are very low, less than 0.5% and much lower than previous vaccination campaigns.
- There has been good uptake in vaccines for the 12-17 year old population, with approximately 1,000 first doses administered to date.
- There has been a 25% coverage in second doses on reserve, above the provincial average. There is more flexibility for First Nation communities to start administering second doses than for the overall province at this time.
- As the number of second doses being administered on reserve increases, there has been a decrease in the number of first doses. ISC-AB will continue to work with communities to address any barriers that may contribute to the decreased uptake of first doses, such as transportation issues and remaining vaccine hesitancy. Looking forward, there is potential for, in-school immunization programs, pop-up/mobile clinics, reconciling data records from off reserve clinics, additional communications material to provide reliable immunization information, and overall logistical planning for clinics. We ask that Health Directors reach out to ISC-AB to support their community specific plans.
- The Government of Alberta recently updated the quarantine/isolation requirements for Albertans who have been immunized and exposed to a COVID-19 case. Individuals are considered partially immunized 14 days after receiving one dose of vaccine and individuals are considered fully immunized 14 days after receiving two doses.
  - If a fully-immunized individual is exposed to a COVID-19 case:
    - If asymptomatic: are not required to quarantine and do not require testing.
    - If symptomatic: must isolate for 10 days and testing is recommended. Isolation can end if test is negative and symptoms have resolved
  - If partially immunized individual is exposed to a COVID-19 case:
    - If asymptomatic: shortened quarantine of 10 days and testing is recommended. If tested on day 7 of quarantine or later, have a negative result, and are still asymptomatic: can be released from quarantine when

they receive the negative test result. If tested negative before day 7 of quarantine: a second negative test on day 7 of quarantine or later is required to end quarantine early. If no test is done, or a test was not completed on day 7 of quarantine or later: will continue with the shortened quarantine of 10 days from last exposure.

- If symptomatic: must isolate for 10 days and testing is recommended. If tested on day 7 of isolation or later, have a negative result, and symptoms have resolved: can be released from isolation when they receive the negative test result. If tested negative before day 7 of isolation: a second negative test on day 7 of isolation or later is required to end isolation early. If no test is done, or a test was not completed on day 7 of isolation or later: must continue with 10 day isolation period from symptom onset.
  - Further details regarding isolation requirements for immunized Albertans is available at the AHS [COVID-19 vaccine program](#) web page or from the CDC Team.
- As seen in recent media reports, vaccine hesitancy in Alberta has decreased from 30-40% in January to approximately 17% currently.
  - As vaccine efforts continue, we want to thank Health Directors and staff for all of your hard work and ongoing efforts in organizing daily and weekly vaccine clinics.
  - The shelf life for the Pfizer vaccine (the storage period at fridge temperatures after thawing) has been extended from five days to 31 days.
  - Regarding vaccine interchangeability, the National Advisory Committee on Immunization (NACI) released a statement on May 21, 2021 recommending that vaccine types should remain consistent and not be mixed. The statement also included that if AstraZeneca is not available as a second dose, it can be supplemented with the single-dose Johnson & Johnson vaccine. There is no data available on the interchangeability of mRNA vaccines at this time, but research is ongoing. More guidance is likely as more scientific data becomes available.
  - As previously discussed, The AstraZeneca vaccine is being re-evaluated for use as a first dose in several jurisdictions across Canada and Health Canada is still reviewing the Johnson & Johnson vaccine for distribution following a manufacturing issue. These are adenovirus vector vaccines, and have approximately a one in 81,000 (or 12 people per one million) chance of causing Vaccine-Induced Immune Thrombotic Thrombocytopenia (VITT), or blood clots. There is reduced frequency of this side effect in second doses, but current information is subject to change as research is ongoing.
  - In January 2021, the Government of Alberta introduced new legislation that allows names to be included in the centralized Alberta Health registry. Nurses on reserve are now able to access provincial immunization data through RTI, which improves client care through comprehensive record keeping and reporting for on and off reserve immunizations.
  - RTI allows communities to upload data as well as access data for specific clients, which will benefit clients overall. Communities that are working to implement RTI reporting should see progress on this item in the coming weeks.
  - If communities are able, daily reporting and/or reporting after each vaccine clinic is very useful in creating a fuller picture of immunization status. Communities can connect with OKAKI if they need clarification on reporting or if they would like a training refresher in reconciling data. Data clerks from OKAKI or additional reporting staff can be supported through COVID-19 health needs funding.
  - Reports in the UK over the weekend indicate that vaccines continue to prove effective against variants of concern, including the B.1.617 strain first identified in India.

## Vaccine Clinic Update

- The extended shelf life for the Pfizer vaccine will be very useful in planning for pediatric immunization (12-17 year olds) on reserve and help prevent waste.
- Christina Smith emailed a memo to nurses and in-community health staff over the weekend regarding updated isolation requirements for vaccinated individuals.
- Christina Smith recently sent, and can resend if necessary, an email to health staff noting that ordering Pfizer and Moderna vaccines no longer goes through ISC-AB. Communities can order directly from vaccine depots. The ordering process for Edmonton and Calgary is slightly different, and health staff should reach out to Christina Smith or Dr. Parminder Thiara if they have any questions or problems, as they can coordinate with vaccine depots.

## Questions:

- **Regarding the new provincial guidelines on isolation, if an individual is exposed to COVID-19 within two weeks of receiving their second vaccine dose, should they be considered as having only one dose?**
  - Yes, the individual would be counted as only having one immunization if there has not been a 14-day interval between receiving their second dose and being exposed to COVID-19. The 14-day interval from the dose is necessary to be considered partially or fully immunized, as the body needs time to develop antibodies and build immunity. As stated during the general vaccine update, further details regarding isolation requirements for vaccinated Albertans is available at the AHS [COVID-19 vaccine program](#) web page.
- **Comment: Some community members have questioned why not all communities have the same “incentives” for immunization. Addressing vaccine hesitancy differs from community to community depending on the distinct needs of each Nation and the approach taken by community health staff and leadership. It is important to frame vaccines as public health protection, with the incentive being reduced restrictions and public health measures.**
  - Thank you for this point. Can Health Directors and staff share what they are seeing in their communities regarding vaccine hesitancy?
- **Vaccine hesitancy comments:**
  - Some communities have noticed that there are either no waitlists for vaccine clinics, or the lists are much shorter than earlier in the vaccine rollout. Communities feel fortunate for having seen this uptake early on in the vaccine rollout, but are now seeing interest from community members primarily in second doses rather than first doses.
  - Some communities have seen a gradual uptake in adults being immunized. This may be related to youth uptake, which sometimes includes parents and children coming in to be vaccinated together, as well as communities working to accommodate walk-in vaccinations. Communities have seen youth helping to educate their parents, and the uptake is encouraging.
  - Communities are looking to improve records of off-reserve immunizations, as well as to mobilize and offer clinics/immunizations in all communities to connect with harder to reach populations and individuals.

- From Dr. Thiara: As long as there has been an appropriate interval between first and second doses (21 days minimum, 12 weeks maximum), communities can administer second doses at their discretion.
- ***Many communities have seen uptake of younger adults (18+ population) being vaccinated since becoming eligible under the provincial rollout. However, off reserve immunization for this population are common for many communities, which influences data reporting. Can ISC-AB assist in clarifying the number of off reserve immunization?***
  - The data is accessible through RTI and, as mentioned in the general vaccine update, OKAKI can provide supports in accessing/reconciling data.
  - For communities not currently using RTI, further discussion is needed between communities and ISC-AB to identify the /best approach for each community in order to get a better sense of off reserve immunization records.
  - Of note: The ISC-AB Medical Officers of Health (MOH) Team would like to see at least an immunization rate of 70% in each community. This number may end up being higher, as we work to reconcile and account for off reserve immunization.
- ***Comments/Question from Dr. Thiara: Now that all Albertans age 12 and older are eligible for immunization under Phase 3 of the provincial rollout, we are beginning to see some stabilization in immunization approaches and updates. Clinical trials are currently underway for children age 11 and younger, but we do not anticipate seeing any results or updates until fall 2021. The province will likely be moving to second doses in the coming weeks, once all Albertans age 12 and older have been offered a first dose. In light of these developments, should we meet every two weeks rather than every week?***
  - Consensus to move this meeting to every two weeks. Urgent questions and updates between meeting times will be sent to/through the Communicable Disease Emergency (CDE) Inbox.

Thank you all for your continued hard work and dedication. We will meet again on **June 8, 2021 at 1:00pm.**