

## ISC-AB Vaccine Update June 22, 2021

### General Updates:

- As of June 21, 2021, there have been 8,860 probable and confirmed on-reserve cases of COVID-19. Of these total cases – 8,519 have recovered and 255 are active cases in 24 First Nation communities. There are 22 individuals in hospital (10 in ICU) and, sadly, 86, individuals have passed away to date. As of June 21, five communities have 10 or more active cases.
- As of June 20, 2021, 3,804,700 vaccine doses have been administered across Alberta, and just over 70% of the population age 12 and older has received at least one dose (60.2% of the total population).
- As of June 20 – over 54,000 immunizations have been administered in First Nation communities in Alberta, with approximately 32,285 first doses and 22,240 second doses. Approximately, 50.3% of the population age 12 and older living on reserve have received at least one dose and approximately 34.8% are fully immunized. There have been 504 refusals and 349 doses wasted. The wastage numbers are very low compared to other vaccines (i.e. influenza, routine childhood immunizations etc.).
- Overall, active cases continue to decline across the province. As of June 21, 2021, the 7-day average positivity rate in Alberta is 2.01%.
- As of June 20, 2021, there are outbreaks of the Delta variant (B.1.617.2) in three units at the Foothills Medical Centre in Calgary. The province continues to monitor cases of Delta variant as some medical professionals have voiced concern that the Delta variant could become the dominant strain in Alberta and potentially cause a fourth wave of COVID-19. Currently, Alberta has seen over 550 cases of the Delta variant.
- As of June 20, 2021 (see attached document that uses Indian Registry data 12+ living on reserve as the denominator):
  - We have seen the greatest number of doses on reserve in the 18-34 year old population, with approximately 9,453 first doses (36.4%) and 6,032 second doses (23.2%).
  - Approximately 84.5% of the population age 65 or older on reserve have received at least one dose, and 75.2% have received two doses.
  - 12-17 year olds: Approximately 29.6% first doses, 7.4% second doses.
  - 35-49 year olds: Approximately 57.5% first doses, 42.2% second doses.
  - 50-64 year olds: Approximately 73.9% first doses, 60% second doses.
  - Rate of immunization by Treaty Area:
    - Treaty 6: Approximately 37.8% of the population age 12 and older living on reserve have received one dose and 26.5% have received two doses.
    - Treaty 7: Approximately 68% of the population age 12 and older living on reserve have received one dose and 47.7% have received two doses.
    - Treaty 8: Approximately 50.9% of the population age 12 and older living on reserve have received one dose and 33.9% have received two doses.
- When looking at the administration of doses on reserve over time, we see there has been a recent decrease in vaccine uptake.
  - From April to May, ISC-AB was seeing 3,300-3,400 doses administered each week. From May to June – 2,500-2,800 doses per week, and last week only 1,840 doses were administered on reserve.

- First doses are still being administered, which is encouraging. ISC-AB is available to work with communities to address the plateau in vaccines and encourage community members to be immunized.
  - We are working to address key concerns and develop strategies to increase access to immunization, such as organizing mobile/pop up and door-to-door clinics. Social media partnerships are also a potential opportunity to share as much information as possible from reliable sources.
- The National Advisory Committee on Immunization (NACI) has recently updated several of their recommendations.
  - Regarding vaccine interchangeability, NACI) recommends:
    - Vaccine types should remain consistent where possible and the mRNA vaccines could be interchanged if the vaccine used for first dose is not readily accessible for a second dose.
    - Not to use AstraZeneca for first doses moving forward and utilizing an mRNA vaccine as a second dose for those individuals who received AZ as their first dose. AZ may be used in exceptional circumstances when someone is not able to take a mRNA vaccine as a first dose (i.e. allergy to mRNA vaccine).
- At this time, there is a greater supply of Moderna in Canada and Alberta than Pfizer. 12-17 year olds should be prioritized for the Pfizer vaccine as it is approved for pediatric immunizations. We appreciate that supply changes can complicate decision-making and vaccine planning for communities.
- On June 4, 2021, Moderna submitted an application to Health Canada to seek approval to use the vaccine for 12-17 years olds. Approval from Health Canada is pending and NACI is developing guidelines. More information on this development should be available in the coming weeks.
- Some cases of myocarditis and pericarditis (heart muscle and heart tissue inflammation) related to the Pfizer vaccine have been reported, predominantly in men under 30 years old following their second dose. The Public Health Agency of Canada (PHAC) has reviewed mRNA vaccine administration in Canada and has not established a causal link between vaccines and myocarditis or pericarditis, and the issue appears to resolve on its own after a few days. However, Health Canada and international regulatory bodies continue to look into this issue.
- On provincial reopening:
  - Although there has been a general plateau in first doses across Alberta, just over 70% of eligible Albertans have received at least one dose of vaccine, and 30% have received two doses.
  - The province will enter Stage 3 of its [Open for Summer](#) plan on July 1, 2021, which will lift several public health measures. We are expecting further guidance on this from the province and Alberta Chief Medical Officer of Health Dr. Deena Hinshaw is scheduled to give a press conference on June 29. It is anticipated that current isolation and quarantine requirements for active COVID-19 cases will remain in effect.
  - ISC-AB MOHs have been asked recently for additional recommendations from First Nations communities regarding re-opening. A letter to all Chiefs outlining these recommendations will be sent later this week. We encourage community health staff to reach out to ISC-AB staff for support on individualized plans for

each community based on their specific needs and the case rates in their geographic area.

- On Immunization data sharing and monitoring:
  - ISC-AB is developing a regional update one-pager, which would include provincial and ISC-AB data, to be distributed to communities shortly. Please let us know if there is any specific information for inclusion that you would find useful.
  - A text message alert system for vaccine check up (the active surveillance system for adverse events in CHIP) will be piloted in three communities shortly. If community members opt in, they will receive texts asking about side effects and adverse outcomes they may be experiencing following their vaccinations. The pilot program will be reviewed before being rolled out to further communities in the coming weeks.

### Vaccine Clinic Update

- Last week, several changes were made to the COVID-19 immunization program. Details are available through the following links:
  - [AHS Pfizer BioNTech Biological Page](#)
  - [AHS Moderna Biological Page](#)
  - [Alberta Vaccine Storage and Handling Policy for COVID-19 Vaccine](#)
- Changes to note include:

#### Storage of Thawed Vials of Moderna (Unpunctured and Punctured):

- Thawed, **unpunctured** vials of Moderna may be stored at **+8°C to +25°C** for up to **24 hours**.
- Thawed, **punctured** vials (first dose is withdrawn) of Moderna can be stored at **+2°C to +25°C** for **24 hours**.
- Please review the updated *Storage and Handling* section of the biological pages for Moderna vaccine. This information can also be found under *Cold Chain Excursions* section for Moderna vaccine in the *Alberta Vaccine Storage and Handling Policy for COVID-19 Vaccine* policy.
- **Storage of Pfizer vaccine has not changed.**

#### Packaging/Doses per Vial of Moderna:

- Alberta will be receiving Moderna COVID vaccine imported from the US. Although the vaccine is the same, there are several packaging differences between the imported product vs what has previously been received.
- **The US vaccine has 14 doses/vial as compared to the 10 doses/vial.**
- The vial is larger (8 mL) and the packaging is different.
- There is no expiration date printed on the US vial or carton labels. The expiration for all US Moderna product is December 2021.
- In AVI, the products will be differentiated by the vaccine name. When receiving or ordering vaccine, please be extra cautious and choose the appropriate dosage form when receiving and ordering Moderna vaccine:
  - COVID-19 mRNA 1273 – mRNA **10 dose/vial/pkg.**
  - COVID-19 mRNA 1273 – mRNA **14 dose/vial/pkg.**

### Pregnancy:

- The recommendation to delay pregnancy by 28 days or more after the administration of COVID-19 vaccine has been rescinded. Please review the updated *Pregnancy* section of the biological pages for Moderna and Pfizer vaccine.

### Spacing Between the COVID-19 Vaccine and other vaccines:

- Spacing between the administration of COVID-19 vaccine and other vaccines has been changed from 28 days to **14 days**, except in the case where the vaccine is required for post-exposure prophylaxis). Please review the *Administration with Other Products* section of the biological page for Moderna and Pfizer vaccine.
- Reach out to Communicable Disease Control team or CDE Inbox if you have questions regarding the timing of other vaccines.

### Onward Transportation of Thawing/Thawed Moderna or Pfizer Vaccine:

- The *Alberta Vaccine Storage and Handling Policy for COVID-19 Vaccine* document has been revised (dated June 15, 2021).
- The transportation of thawing/thawed COVID-19 vaccine has been updated to provide clearer direction on how often vaccine can be moved.
- **In extenuating circumstances only**, if transportation must occur in the thawing/thawed state:
  - Undiluted vials can be transported a maximum of **three separate occasions** in a thawing/thawed state.
  - **Each time the vaccine is transported in the thawing/thawed state counts as one of the occasions.** For example:
    - Shipped from vaccine depot to health centre in a thawing/thawed state.
    - Health centre to off site clinic (one way).
    - Off site clinic to health centre (one way).
  - The total transportation time for the maximum allowance of three separate shipments should be **no longer than 10 hours**.
  - The transported vaccine must be labelled “transported thawing/thawed” and the total time in transportation must be tracked.
  - The time in transit in the thawing/thawed state at +2°C to +8°C must be considered as part of the total time allowed for storage at refrigerator temperatures.
  - Please review the updated *Alberta Vaccine Storage and Handling Policy for COVID-19 Vaccine* policy. The *Onward Transportation* sections for the Pfizer and Moderna vaccines within the policy review the limitations of transporting the vaccine.
  - As mentioned in an email dated June 11, 2021, AHS is working to develop a process to deliver vaccine to health centres in the frozen state; this will allow vaccine to be moved three times within the community.

### Management of COVID-19 Vaccine Administration Errors and Deviations:

- A document has been created to provide direction to some of the most common vaccine administration errors. The *Management of COVID-19 Vaccine Administration Errors and Deviations* can be found on the Alberta Health website [here](#). Please print off the document and review. I think you'll find it helpful.

### Active Surveillance and Reporting of Adverse Events following COVID-19 Immunization:

- Updates to this document include:
  - A case definition for myocarditis.
  - The thrombosis with thrombocytopenia syndrome (TTS) reporting timeframe extended to 42 days.

### Second Doses of COVID-19 Vaccine:

- NACI recommends that persons who received a first dose of an mRNA vaccine (Pfizer-BioNTech or Moderna) should be offered the same mRNA vaccine for their second dose. If the same mRNA vaccine is not readily available or unknown, another mRNA vaccine can be considered interchangeable and should be offered to complete the vaccine series.
- In the next month, Moderna vaccine will be plentiful and Pfizer vaccine will be more limited.
  - Due to the availability of Moderna, when possible, if an individual received Moderna for the first dose, we want to offer Moderna as the second dose.
  - Due to the availability of Moderna, we should be offering Moderna to individuals over the age of 18 presenting for a first dose.
  - Pfizer allocations should be used for children 12-17 years of age, because Moderna cannot be used for that age group at this time.
  - As a wastage strategy for an open vial, Pfizer can be used for individuals presenting for a first dose if you do not expect to have enough adolescents to finish the vial and do not expect to open a vial of Moderna.
- The AHS's [Health Professional Immunization Information: COVID-19](#) webpage will have all COVID-19 immunization documents. The following have been updated:
  - [COVID-19 Vaccine Information Sheet](#)
  - [Consent for COVID-19 Immunization](#)
  - [COVID-19 Client Immunization Record and Care After Immunization](#)
- To reduce wastage, it is becoming necessary to have more appointments scheduled. Calling back individuals who require second doses and setting up a clinic time for them will reduce the number of doses wasted. If you require assistance to pull a tickler file report in order to identify individuals who require second doses, please reach out to Okaki for assistance ([helpdesk@okakihealth.com](mailto:helpdesk@okakihealth.com)). Please update vaccine numbers in AVI on a daily basis when possible. We often use the numbers in AVI to see what supply of COVID-19 vaccines communities have on hand. We use these numbers to help with allocating additional doses.
  - Currently, needles and syringes are being supplied by AHS for COVID-19 vaccine. Needles and syringes are not expected to be supplied for the upcoming influenza vaccine campaign. We ask that health centres review their current stock now for the initial campaign in the fall and order more from your medical supplier so you have enough on hand for the fall immunization clinics.

## Questions:

- **Can ISC-AB comment on vaccine incentives (ex. Cash prizes, reopening certain services or events to people who have been immunized, etc.)? Are incentives unethical or coercive?**
  - There is no official guidance from the provincial or federal government on incentivizing vaccination at this time, although the Government of Alberta recently announced a vaccine lottery as part of its reopening plan.
  - Some First Nation communities have provided monetary prizes or other incentives for immunization. Incentives for immunization is a local conversation that needs to be determined on a community-by-community basis.
  - The key to incentives is to eliminate perceived coercion. Community members can choose to opt in to lotteries or other systems, but are not required to participate. We understand that this is a balancing act for many communities and will be an ongoing topic of discussion.
  
- **Some Nations are providing members with laminated cards as proof of vaccination. Many community members want to know if these cards are valid for travel/crossing the Canada-US border?**
  - Discussion on vaccine passports/proof of vaccination is ongoing, although most international travel restrictions will be lifted for fully immunized Canadians on July 5, 2021 (see [Backgrounder: Phase 1 of Easing Border Measures for Travellers Entering Canada](#)). Proof of vaccination will likely need to include the date of vaccination and type/lot number of the vaccine.
  - Note: some community members who have received vaccine cards have been told they are not valid for cross-border travel and that a printed immunization record is required.
  
- **Are there any local studies/resources on vaccine efficacy against Delta variant?**
  - At this time, research into the Delta (B.1.617.2) variant is ongoing as it is a developing issue. General information on variants is available at the Government of Alberta [COVID-19 Variants of Concern](#) webpage.
  - Although there is no localized information on the Delta variant at this time, early data from the UK (where there have been more cases) indicates that the Delta is more highly transmissible than the B.1.1.7 variant. Info from UK (Public Health England)) indicates approximately 30% vaccine effectiveness against symptomatic infection after one dose of vaccine, and 88% after two doses. This underscores the continued need for vaccine uptake and second doses as we move into provincial reopening.
  
- **Note from Dr. Parminder Thiara:**
  - At the next meeting (July 6), we will take time to discuss if this meeting needs to be readjusted following the provincial reopening as well as accommodating everyone's summer plans.

Thank you all for your continued hard work and dedication. We will meet again on **Tuesday, July 6, 2021 at 1:00pm.**