

ISC-AB Vaccine Update August 10, 2021

General Updates:

- As of August 8, 2021, there have been 237,027 confirmed cases of COVID-19 in Alberta. Of these cases – 3,380 are active and 129 individuals are in hospital (26 in ICU). Sadly, 2,328 people in Alberta have passed away due to COVID-19.
- As of August 9, 2021, there have been 9,068 probable and confirmed on-reserve cases of COVID-19. Of these total cases – 8,932 have recovered and 43 are active cases in 14 First Nation communities. There are seven individuals in hospital (four in ICU) and, sadly, 93, individuals have passed away. As of August 9, one community has 10 or more active cases. The majority of First Nation communities in Alberta have less than five active cases at this time.
- As of August 8, 2021, 5,390,219 vaccine doses have been administered across Alberta. Approximately, 76.4% of the population age 12 and older has received at least one dose (65% of the total population) and approximately 66.9% are fully immunized (56.9% of the population).
- As of August 9, 2021– over 66,500 immunizations have been administered in First Nation communities in Alberta, with approximately 37,838 first doses and 29,055 second doses. Approximately, 59% of the population age 12 and older living on reserve have received at least one dose and approximately 45.4% are fully immunized.
- As of August 9, 2021 (see attached document that uses Indian Registry data for the population age 12 and older living on reserve as the denominator):
 - 12-17 year olds: Approximately 40.3% first doses, 24.5% second doses.
 - 18-34 year olds: Approximately 41.3% first doses, 29.2% second doses.
 - 35-49 year olds: Approximately 67.2% first doses, 52.4% second doses.
 - 50-64 year olds: Approximately 87.1% first doses, 73.5% second doses.
 - 65+ year olds: Approximately 95.5% first doses, 87.1% second doses.
 - Rate of immunization by Treaty Area:
 - Treaty 6: Approximately 43% of the population age 12 and older living on reserve have received one dose and 33.5% have received two doses.
 - Treaty 7: Approximately 80.6% of the population age 12 and older living on reserve have received one dose and 62.3% have received two doses.
 - Treaty 8: Approximately 60.6% of the population age 12 and older living on reserve have received one dose and 45.6% have received two doses.
- The number of doses being administered has slowed over the summer months, with ISC-AB seeing under 1,000 doses administered on reserve per week since late July. However, we are still seeing continued growth, particularly in immunization rates for the 12-17 year old age group, which is encouraging.
- Overall, active cases are increasing across the province. As of August 9, 2021, the percent positivity 7-day average is 5.01%. At this time, the B.1.617.2 (Delta) variant has become the dominant COVID-19 strain in Alberta.
- Further information regarding provincial modelling is expected later this week.
- As of July 22, the National Advisory Committee on Immunization (NACI) continues to recommend a complete series (two doses) of vaccines for individuals who have had confirmed COVID-19.

- NACI is currently developing a statement on the need for additional doses of vaccine for immunocompromised individuals. There are no plans for co-administration with other immunizations at this time, but we may see updates in the fall.
- We are still waiting for an announcement regarding approval for pediatric doses of Moderna.
- We anticipate announcements on 0-11 year old vaccines from Pfizer in the fall, and a similar announcement from Moderna in the late fall or winter. The World Health Organization (WHO) continues to recommend prioritizing first doses for adults globally, but this may change due to the current spread of the Delta variant and other variants of concern.
- Last week, Health Canada updated the Pfizer vaccine product description to include rare reports of Bell's Palsy. This description is already included for the Moderna vaccine, and Health Canada continues to assess this issue for all COVID-19 vaccines currently authorized in Canada.
- National work regarding vaccine passports is currently underway. Some provinces/jurisdictions have moved ahead with passports at this time, but Alberta has made no announcements at this time.

Vaccine Clinic Update:

- Dr. Wadieh Yacoub retired at the end of July, so lab requisitions or materials with his name can no longer be used and need to be discarded. We are currently working on new lab requisitions with Dr. Chris Sarin's information (ISC-AB will send out the requisitions once they are received).
- A reminder to update AVI with the amount of COVID-19 vaccines you have at your health centre (at least twice a week if not daily) – these updates let AHS and ISC-AB know what communities currently have in stock and will help inform planning future vaccine allotments.
- ISC-AB has ordered more TempTales (temperature monitors to ensure cold storage of vaccines). We hope to have them delivered to communities by late August or early September, as the current supply will expire at the end of September.
- Regarding COVID-19 vaccination and schools:
 - Some health centres may choose to hold immunization clinics targeting 12-17 year olds prior to the beginning of term.
 - In-school immunization is a potential strategy to increase immunization rates for 12-17 year olds. This strategy would require parental consent, as well as planning to allow two weeks between the COVID-19 vaccine and any other immunizations.
- On August 9, 2021, Alberta Health released an updated version of the [Public Health Disease Management Guidelines: Coronavirus – COVID-19](#) to reflect the provincial shift to bring COVID-19 measures in line with other respiratory viruses. Christina Smith (on behalf of Dr. Thiara) sent an email update to community health nurses on August 4, and reviewed the changes for July 29 – August 15, 2021. Additional changes are set to be implemented August 16, 2021; ISC-AB will send further communication on these changes next week.
- These changes mark a major shift in the provincial approach to COVID-19. Regarding the rationale for these changes:
 - Early in the pandemic, extraordinary measures were put in place to prevent the transmission of COVID-19 until suitable intervention was in place. Vaccines,

- which are safe, effective, and currently available to all eligible Albertans age 12 and older, provide that intervention.
- Redirecting or dedicating resources to the COVID-19 response has diverted attention/caused some delays in other health priority areas, such as opioid related overdoses and deaths and cases of syphilis.
 - COVID-19 is endemic and have some presence. Health professionals continue to research the long-term response to COVID-19 as well as other respiratory viruses.
 - Although the COVID-19 management guidelines have changed, FNIHB-AB recognizes and supports some additional public health measures (identified in the annex of this document). FNIHB-AB Medical Officers of Health will work with communities, particularly those with lower immunization rates, on a community specific testing strategy and immunization approaches. As these public health changes are introduced, please reach out to the MOH team and/or ISC-AB if you have any questions or are interested in discussing a specific community strategy.

Questions:

- ***An Elder in community has recently experienced severe shingles outbreaks and believe it is a response to the COVID-19 vaccine. Is there any research or documentation on this issue? Additionally, is there any research or documentation on people who are pregnant passing immunity to their newborns?***
 - Regarding shingles – We have heard of two other instances of shingles, although there is no research into causality between the vaccine and shingles. We recommend nursing staff submit adverse event forms so instances of shingles can be tracked. If a connection is established, shingles could potentially be added to the list of known reactions.
 - Regarding pregnancy – We are not aware of specific research/data on passive immunity (i.e. antibodies acquired through the placenta), but will look into this question.
- ***Question from Dr. Thiara: Due to holidays, can we reschedule the next meeting for early September?***
 - Agreed upon by group. Potential for interim meetings as needed.

Thank you all for your continued hard work and dedication. We will meet again in **early September (TBD)**.

Annex: Changes to COVID-19 Case & Contact Management

On August 9, 2021, Alberta Health released an updated version of the [Public Health Disease Management Guidelines: Coronavirus – COVID-19](#) to reflect the provincial shift to bring COVID-19 measures in line with other respiratory viruses. Although the COVID-19 management guidelines have changed, FNIHB-AB recognizes and supports some additional public health measures, identified below:

The following COVID-19 measures came into effect July 29, 2021:

- Cases of COVID-19 (July 29 - August 15):
 - **All positive cases will continue to be notified** (SMS text/auto dialer/phone call notifications will continue).
 - **Isolation will still be required for confirmed positive cases or anyone with COVID-19 symptoms.**
 - **Community health will continue to interview positive cases and complete the Alberta Health reporting form.**
 - Commercial isolation will continue to be available on a reduced basis as long as there is an order to isolate.
 - FNIHB-AB recognizes that some First Nations may still have isolation facilities available in-community (ex. trailers).
 - Variants of concern (VOC) results will no longer be received or processed.
 - Cases that are in high-risk settings or part of an outbreak will continue to be investigated by community health.
 - Outbreak definitions will remain the same until August 16.
 - Outbreak management and identification will focus on high-risk locations, including continuing and acute care facilities and high-risk workplaces.
 - Community outbreaks with a surge in cases leading to severe outcomes will also be addressed as needed.

- Close Contacts of Cases (July 29 - August 15):
 - In most situations, close contacts **will no longer be notified by community health** of an exposure to a COVID-19 case.
 - After receiving a positive result, cases may choose to inform their close contacts of the exposure. Contacts would include household members and anyone else they think could have been exposed.
 - Cases are no longer required to provide contacts' information to public health.
 - FNIHB-AB supports health centers that want to offer assistance to cases to identify and notify their contacts.
 - **As of July 29, close contacts of COVID-19 cases will no longer be legally required to quarantine after an exposure.** Public Health will continue to investigate and manage cases of COVID-19 and will only conduct contact tracing in certain circumstances, such as in an outbreak.
 - Quarantine for close contacts will shift from mandatory to recommended.
 - If close contacts are identified and notified, they may consider the following for 14 days after last exposure:
 - If the contact is not fully immunized, they are recommended to avoid public places. If they will be interacting with others who may still be at risk for COVID-19, i.e. individuals who are not fully immunized, they may consider additional precautions such as

- physical distancing, wearing a mask, and washing/sanitizing hands often.
 - For both immunized and not fully immunized – monitor for symptoms for 14 days after the last exposure to the COVID-19 case. If they develop COVID-19 symptoms, they should isolate immediately and get tested.
 - Anyone who is not fully immunized and has been exposed to COVID-19 in the past 14 days should also avoid high-risk locations such as continuing care facilities and crowded indoor spaces.
 - As per Alberta Health guidelines, community health will no longer notify workplaces, daycares, schools, and summer camps.
- Testing (July 29 - August 15):
 - Testing will continue to be available for individuals who are symptomatic (fully immunized or not).
 - Asymptomatic testing is no longer routinely recommended. Asymptomatic individuals who are fully immunized should not be tested.
 - Asymptomatic testing may occur at specific outbreak sites (group homes, lodges, long-term care facilities, shelters) or on admission to a congregate living facility.
 - FNIHB-AB recognizes that testing is an important tool for identifying COVID-19 in communities and the trends over time.
 - Recognizing that asymptomatic testing is no longer routinely recommended, FNIHB-AB Medical Officers of Health (MOHs) continue to be supportive of communities who wish to offer asymptomatic testing to close contacts (including household members) or individuals possibly exposed to COVID-19 (ex. recent travel) that are not fully immunized.
 - FNIHB-AB will continue to support rapid testing in communities.
- Masking (July 29 - August 15):
 - Mandatory masking will remain in acute and continuing care facilities, publicly accessible transit, taxis and ride-share services.
 - FNIHB-AB supports First Nations communities who would like to continue recommending voluntary masking in community buildings and/or at gatherings.
 - Individuals are encouraged to assess their situation and take precautions they feel are appropriate for their context (ex. wearing a mask when indoors in a public place or at large gatherings).