

ISC-AB Vaccine Update October 12, 2021

General Updates:

- Since the last update on September 28, 2021, Alberta continues to see new active COVID-19 cases (approximately 1,200 a day) throughout the province.
- At this time, hospitalizations and ICU admissions have plateaued, and the seven-day average positivity rate has decreased to 9.38% as of October 7, 2021. It is difficult to determine how the Thanksgiving long weekend will affect transmission and case numbers in the coming weeks.
- From September 27 - October 3, the province-wide reproduction number (R Value)¹ was 0.92 (0.90-0.94).
- As of October 7, there have been 308,275 confirmed cases of COVID-19 in Alberta (1,256 confirmed on October 7). Of these cases – 287,606 have recovered and 17,839 are active. There are 1,101 individuals in hospital (250 in ICU) and, sadly, 2,830 people in Alberta have passed away due to COVID-19.
- As of October 11, there have been 12,613 probable and confirmed on-reserve cases of COVID-19. Of these total cases – 11,652 have recovered and 854 are active cases in 48 First Nation communities. There are 51 individuals in hospital (17 in ICU) and, sadly, 107, individuals have passed away. As of October 11, 25 communities have 10 or more active cases.
- The [slides](#) from the October 7 MOH COVID-19 Update, as well as previous sessions, are available at the [First Nations Telehealth Network website](#).
- Since the province introduced the Restrictions Exemption Program on September 20, 2021, ISC-AB has seen an increase in both first and second doses on reserve (at least 1,000 doses administered a week for the last four weeks).
- As of October 7 – 6,192,093 immunizations have been administered in Alberta, with approximately 84.9% of the population age 12 and older having received at least one dose (72.2% of the total population) and approximately 75.5% fully immunized (64.2% of the population).
- As of October 11 – 79,897 immunizations have been administered in First Nation communities in Alberta, with approximately 45,083 first doses and 34,814 second doses. Approximately, 70.4% of the population age 12 and older living on reserve have received at least one dose and approximately 54.4% are fully immunized.
- As of October 11 (ISC-AB uses Indian Registry data for the population age 12 and older living on reserve as the denominator):
 - 12-17 year olds: Approximately 52.4% first doses, 35.5% second doses.
 - 18-34 year olds: Approximately 52% first doses, 36.3% second doses.
 - 35-49 year olds: Approximately 77.5% first doses, 60.5% second doses.
 - 50-64 year olds: Approximately 99.6% first doses, 85% second doses.
 - 65+ year olds: Approximately 100% first doses, 98.2% second doses.
 - Rate of immunization by Treaty Area:

¹ The R Value describes whether cases are currently increasing, decreasing or staying the same and can estimate the average number of people that someone with COVID-19 will infect. The province updates COVID-19 R Values every two weeks.

- Treaty 6: Approximately 51.4% of the population age 12 and older living on reserve have received one dose and 39.3% have received two doses.
 - Treaty 7: Approximately 90.2% of the population age 12 and older living on reserve have received one dose and 72.4% have received two doses.
 - Treaty 8: Approximately 78.2% of the population age 12 and older living on reserve have received one dose and 58.4% have received two doses.
- Regarding pediatric doses for children under the age of 12:
 - Pfizer recently announced that the company's vaccine is effective in children age 5-11. Pfizer has submitted preliminary data to Health Canada and a full proposal is expected in the next week. Pfizer may need time to make pediatric formulations, and clinical trials for age 2-4 year and 6 months - 2 years are underway.
 - There have been several media reports that parents in BC can now register their children age 5-11 for the COVID-19 vaccine. This is an anticipatory move, as the Pfizer vaccine has not yet been approved. While it was indicated earlier that we do not expect availability/rollout of vaccines for children age 5-11 until late 2021/early 2022, we now understand that Pfizer is in production of the pediatric formulation and it could be available much earlier than anticipated.
 - Moderna clinical trials are also underway, and may not need pediatric formulation. However, no timeframe has been given on when to expect Moderna's trial data.
- Public Health Ontario is recommending that people age 18-24 receive the Pfizer vaccine instead of Moderna due to an observed increase of myocarditis cases (similar recommendations have been made in some Scandinavian countries as well). Please see the [Public Health Ontario Enhanced Epidemiological Summary](#) for details.
 - The recommendation is based on an observed increase within Ontario of myocarditis and pericarditis following the Moderna vaccine compared to Pfizer, particularly in young men.
 - Alberta and other jurisdictions are currently evaluating their own data. Nursing team members can discuss the risks with individuals who want to be vaccinated.
 - The risk of myocarditis/pericarditis from COVID-19 vaccines is rare and usually resolves on its own in a few days. The rate of myocarditis/pericarditis is much higher for persons who have COVID-19.
 - Since vaccine rollout began, 774 cases of myocarditis/pericarditis have been reported in Canada – approximately 2.27 cases per 100,000 people for individuals who received Moderna, 1.17 per 100,000 people for individuals who received Pfizer, and 0.68 per 100,000 people for individuals who received AstraZeneca.
- Regarding booster shots and third doses:
 - Booster shots are now available to non-Indigenous Albertans age 75 and older, First Nations, Métis and Inuit people age 65 and older, and all seniors in supportive living.
 - The province continues to recommend three doses for eligible groups with the highest risk of severe outcomes Further information is available at the Government of Alberta's [COVID-19 Vaccines and Records webpage](#).
- The COVID-19 vaccine can be administered with all other vaccines, including influenza, PPV (Pneumococcal Polysaccharide Vaccine), and live vaccines. Tuberculosis skin tests will continue to be spaced. Please see the AHS [COVID-19 Vaccine Biological Page](#) for complete information.
- Regarding proof of vaccination:

- ISC-AB and Alberta Health continue to work with Nations that do not currently have RTI access to enter data into the provincial registry and explore interim solutions. Please continue to contact OKAKI if you have questions regarding data entry and/or troubleshooting.
- Albertans can download a printable COVID-19 vaccination card at the [Alberta COVID Records webpage](#) or sign up for the vaccination card at the [MyHealth Records website](#). Albertans can also visit participating registry agents to receive a printed copy of their immunization record. Records provided at the time of immunization and/or CHIP printouts from health centres can also be used as proof of vaccination.
 - **Please Note:** At an October 12 press conference following this meeting, the province announced the AB COVID Records Verifier app is now available to download through Apple and Android devices so businesses can scan a QR code to verify vaccination status. QR codes are included in the printable vaccination card available through the [Alberta COVID Records webpage](#). The province intends for the QR code to be the only acceptable proof of vaccination starting November 15, 2021.
- Information on the Restrictions Exemption Program is available at the Government of Alberta [COVID-19 Public Health Actions webpage](#).
- The Government of Canada has implemented a mandatory vaccine policy for all employees. ISC-AB will share this information through the CDE Inbox as soon as it is available, should Nations wish to review as they develop their own policies. ISC-AB remains available to connect Nations and Health Directors to one another should you wish to discuss approaches. Please feel free to share information during the question portion of this call.

Vaccine Clinic Update:

- On September 20, new TempTales (temperature monitors to monitor cold storage of vaccines) were mailed out addressed to Nurses in Charge. Please look out for these deliveries at your health centres, and contact Christina Smith if you have not received your order. The previous TempTales expired at the end of September.
- A reminder to reconcile AVI data daily, or at least several times a week (Fridays are encouraged). This data shows FNIHB-AB and AHS what communities currently have in stock and will help inform planning future vaccine allotments.
- On October 8, ISC-AB emailed information on influenza to community health centres:
 - Starting this week, Influenza-Like Illness (ILI) Surveillance weekly reporting will assist in monitoring illness and potential respiratory outbreaks in First Nation communities. As we head into influenza season, COVID-19 testing will begin to include an influenza/respiratory panel. This information will be used in regional and national reporting by ISC-AB. Please contact Brent Whittal, CDC Nurse, ISC-AB, at brent.whittal@sac-isc.qc.ca if you have any questions.

Questions:

- ***Can ISC-AB provide any updates on the Government of Canada (GOC) vaccine passports?***
 - The GOC announced in August that a Canada-wide passport is in development, but there are no current updates on this issue.

- ***Is there funding available to assist First Nations in creating and implementing their own mandatory vaccine policy? Ex. Supporting and creating safe workspaces for employees?***
 - There is no straightforward answer to this question, as interventions and supports are different based on the unique needs of each community. I encourage Nation leadership and health staff to work with their Community Liaison Team representatives (CLTs) on potential funding sources. Nations may be able to support workplace vaccinations through health needs funding or the Indigenous Community Support Fund.

- ***With the risk of myocarditis/pericarditis, is Moderna still being offered to youth as the second dose?***
 - Public Health Ontario has recommended individuals age 18-24 years should strongly consider Pfizer for their second dose due to the slightly higher risk of myocarditis/pericarditis with Moderna. Alberta Health has not made this recommendation yet. Informed consent for individuals in this age group is important when receiving COVID-19 vaccine.

- ***Is there a difference between first and second vaccine doses and the third dose and/or booster shot?***
 - Doses remain the same for booster shots and third doses. Please see the AHS [COVID-19 Vaccine Biological Page](#) for information.

- ***What is the standard definition of a “community outbreak”?***
 - There is no specific number of cases or standard definition for a community outbreak. ISC-AB looks at key indicators such as widespread community transmission, the number of cases within household, etc., and assesses links between cases to determine potential and active outbreak situations.

- ***Can ISC-AB tell provide data on breakthrough infections, such as which vaccine is most associated with breakthrough infections? Ex. Many people have been sharing their experiences on social media. One family stated that they had COVID-19 in their household, and there was no distinction in symptoms/outcomes between family members who are fully immunized and those who had not been vaccinated.***
 - The ISC-AB Epi team is currently working on breakdowns of available data. As an example – out of 800 cases, approximately 66-68% of COVID-19 cases were not vaccinated or the infection occurred within 14 days of receiving the vaccine, 14-15% of cases were fully immunized, and no data was available for 10-11% (i.e. no CHIP record).
 - We are not been able to analyze breakthrough infections by type of vaccine at this time. We are not seeing as many hospitalizations/severe outcomes with breakthrough infections, but more data from the fourth wave is incoming. Underlying conditions are also a possible factor in severity of breakthrough infections.
 - Provincial data shows that the Moderna vaccine has approximately 91% efficacy against infection, while Pfizer has 89%.
 - International studies have shown strong efficacy against severe outcomes six months on from being vaccinated. Studies have also shown that symptomatic

cases/breakthrough infections were more common when the interval between the first and second vaccine dose was shorter (three weeks).

- ***Can Dr. Parminder Thiara or Christina Smith speak to the letter that was recently sent by Dr. Chris Sarin, Senior Medical Officer of Health, to Nations regarding the use of rapid testing machines?***
 - Tests done through the rapid testing machines are done under the authorization of Dr. Sarin. The rapid testing machines in health centres are for public health purposes and not meant to support proof of negative test results or the provincial Restrictions Exemption Program. Information on the provincial program for employers and service providers to receive free rapid test kits for use in their COVID-19 screening programs is available at the Government of Alberta [Rapid Testing Program webpage](#).

- ***Is there an identified need for influenza communications materials, or does anyone have any other general comments?***
 - It would be very useful to nursing staff to have communications material on the co-administration of the COVID-19 and influenza vaccines. Many First Nations want to promote this to community members.
 - This is the first influenza season where the COVID-19 vaccine has been available. Some community members have shared that they want the annual influenza vaccine, but not the COVID-19 vaccine. A FAQ sheet for community members would be helpful, as community members likely have many questions but may not be sure who to ask.
 - ISC-AB can follow up on and/or develop these materials. There may be material available from both the Public Health Agency of Canada (PHAC) and the province. If you have any specific issues or questions you would like to address with communications materials, please contact Dr. Thiara and/or Jason Golinowski, Senior Communications Advisor, ISC-AB at jason.golinowski@sac-isc.gc.ca.
 - COVID-19 and/or flu clinics are either already open or currently being planned in First Nations in Alberta. Some have seen a greater response from people age 65 and older, as they are usually the most eager age group for influenza vaccines. Some Nations are holding separate COVID-19 and flu clinics to ensure there are no errors in administration of vaccines.

Thank you all for your continued hard work and dedication. We will meet again **October 26, 2021 at 1PM.**