ISC-AB Vaccine Update June 7, 2022

General Updates:

- Other viral illnesses are circulating in community at this time, including influenza.
- Provincial numbers are updated weekly, so the numbers shared today are from last week. Additionally, the case count includes only those who test positive on a PCR test and the case count is significantly underestimated, as there are more cases identified through take-home rapid antigen tests as well as unconfirmed/asymptomatic cases.
- As of May 30, the province reported 448 new cases; 931 individuals were in hospital (29 in ICU). The 7 day average for percent positivity rate has decreased slightly to 16.91%.
- Waste water surveillance is being utilized as a predictor for increased cases. Data/research being led by the Centre for Health Informatics at the University of Calgary is available online at https://covid-tracker.chi-csm.ca/. Waste water surveillance is a useful tool as the province continues to move to an endemic response. If any First Nation communities are interested in more information on implementing waste water surveillance, please reach out to Dr. Parminder Thiara or Dr. Chris Sarin. Currently, we are seeing a decrease in COVID-19 viral load in most sites across Alberta that are testing wastewater.
- As of June 7, there have been 20,277 probable and confirmed on-reserve cases of COVID-19. Of these total cases, 20,011 have recovered and 78 are active cases in 22 First Nation communities; two communities have 10 or more active cases. There are 14 individuals in hospital (one in ICU) and, sadly, 184 individuals have passed away. As with provincial numbers, the number of cases on reserve is likely lower than the number of actual current cases.
- As of May 30, 8,847,062 immunizations have been administered in Alberta, with approximately 90.5% of the population age 12 and older having received at least one dose and approximately 87% having received two doses.
- As mentioned at previous vaccine updates, ISC-AB uses Indian Registry data for the population age 12 and older living on reserve as the denominator. The numerator consists of all the doses administered on reserve and doses reconciled through the provincial registry. The doses administered on reserve would also include individuals not residing on reserve, etc. Includes CHIP data/provincial registry as reconciled by First Nations.
- As of June 1, 123,545 immunizations have been administered in First Nation communities in Alberta, with approximately 60,611 first doses, 50,553 second doses, 12,381 third doses, and 552 fourth doses. Approximately, 88.0% of the population age 12 and older living on reserve have received at least one dose (75.4% of the total population), 75.7% have received at least two doses (62.9% of the total population), and 19.1% have received three doses (15.4% of the total population).
- As of June 1:
 - 5-11 year olds: Approximately 30.6% first doses, 12.7% second doses.
 - 12-17 year olds: Approximately 76.1% first doses, 61.9% second doses, 2.8% third doses.
 - 18-34 year olds: Approximately 70.0% first doses, 56.9% second doses, 8.1% third doses.

- 35-49 year olds: Approximately 95.9% first doses, 83.4% second doses, 20.8% third doses.
- 50-64 year olds: Approximately 100% first doses, 92.0% second doses, 35.6% third doses.
- 65+ year olds: Approximately 100% first doses, 95.4% second doses, 54.2% third doses.
- We are still seeing first, second, third and fourth doses being administered. However, there is a significant reduction in the number of doses being administered on a weekly basis compared to the thousands of doses that were being administered weekly earlier in the pandemic when vaccines became available.
- Vaccine coverage, including boosters, for adults age 50+ remains a priority, as they may be more vulnerable to severe outcomes from COVID-19 infection.
- Modern has put forward for approval their COVID vaccine for those aged 6 months to four years while Pfizer has put forward for approval their COVID vaccine for those aged 6 months to 5 years; it is unknown when these will be licensed for use. A NACI statement will also come out when approval of each vaccine occurs.
- Results from research on Moderna's bivalent vaccine (targeting the original strain of COVID-19 and the Omicron strain) is expected to be announced later in June and may become available for administration in the fall. Pfizer has also announced they are also researching bivalent vaccines, but have not given a timeline on studies/availability.

Vaccine Clinic Update:

- The Alberta Health Services (AHS) COVID-19 Biological Pages were last revised April 11. An update is expected in late June or early July.
- Communities will not have access to Moderna vaccines for a couple of weeks this summer. Moderna vaccines will be expiring on June 21 or 22, and Alberta Health Services has asked that reordering not occur until June 27 in order to obtain vaccines with a longer expiry date. Other types of vaccines are recommended to be used during this time. Expired vaccines may not be used.
- The AHS <u>Health Professional Immunization Information COVID-19</u> webpage provides practical information on vaccines. Vaccine biological pages and other resources can be found here:
 - The <u>Defining Fully Immunized for COVID-19</u> table was updated April 19.
 - The <u>Management of COVID-19 Vaccine Administration Errors and Deviations</u> table was updated May 2 and includes situations involving the use of Moderna vaccine for the 6-11 year old population.
 - The <u>COVID-19 Vaccine Eligibility and Scheduling</u> table (updated May 2) includes information from all mRNA vaccine pages as well as information specific to First Nations.
- Fourth doses of the COVID-19 vaccine are available for eligible groups, including those aged 70+, First Nations, Metis or Inuit aged 65+, and all residents of seniors congregate care, regardless of age. Fourth doses can be administered five months after those eligible received their third shot (first booster).

Okaki Health Intelligence Presentation:

- SLICE is a public health analytic module. It is useful for monitoring and planning, reporting requirements, and community and leadership communication.
- Those with access to CHIP have access to SLICE. It can be accessed from the CHIP ribbon or via slice.okakihealth.com.
- Training for groups or individuals can be booked through http://bookings.okaki.com. Alternatively, contact the Okaki Helpdesk.
- For more information, reach out to Cathy McDermott.

Questions:

- Will the next meeting go ahead on July 5?
 - The summer meetings will be cancelled. If there is a need for a meeting before September, Dr. Thiara will reach out.

Thank you all for your continued hard work and dedication. The next meeting will be in September.