

ISC-AB Weekly Vaccine Update April 20, 2021

General Updates:

- As of April 19, 2021 there are 7,516 total on reserve cases of COVID-19 in Alberta. Of these 7,516 total cases – 7,192 have recovered, 246 are active in 29 First Nation communities. There are 16 hospitalizations and 78 individuals have sadly passed away to date. Active case numbers have mainly stabilized.
- The B.1.1.7 variant is now present in over half of all confirmed COVID-19 cases in Alberta and has been identified in approximately 20 First Nations communities. ISC-AB continues to monitor any additional variants, including the P.1 (Brazilian) and the B.1.351 (South African) variant, but over 95% of all variant cases in Alberta are B.1.1.7. The B.1.1.7 strain is more contagious and has higher rates of transmission within households. Given the significant variant spread in Alberta, it is very important to continue to follow public health guidelines and members must adhere to public health measures.

Vaccine General Update:

- As of April 19, 2021, -approx 20% of the over 18 population in Alberta have received at least one dose of the COVID-19 vaccine. Over 27,000 immunizations have been administered in Alberta First Nations, approximately 19,000 first doses and approximately 8,000 second doses. Over 35% of everyone over 18 living on-reserve have received at least one dose and 15% have been fully vaccinated. Every week, numbers among all age groups increase, including the over 65 population. Over 73% of this over 65 age group have received their first dose, and over 60% have received a second dose. The numbers are looking very good and are a testament to the excellent work being done in communities.
- Johnson and Johnson is still on hold in the United States as they review the safety data. Approximately 300,000 doses are anticipated to arrive in Canada at the end of April, but no further information has been provided by NACI on the use of this vaccine for Canadians.
- Previously, AstraZeneca was recommended for age 55 and above due to incidences of blood clotting linked to this vaccine. In Alberta and Ontario this age limit has now been lowered to age 40 and above. Further guidance on this vaccine is expected to come from NACI in the coming weeks. AstraZeneca and Johnson and Johnson vaccines will not be provided to First Nations communities, and AstraZeneca continues to be available through AHS clinics and some pharmacies. Pfizer will be provided to those with chronic conditions aged 16 and 17 on-reserve, while Moderna will continue to be the main vaccine provided for Phase 2 on-reserve.
- Pfizer has announced a booster dose may be needed 9 – 12 months after the first dose is received. Moderna is undertaking clinical trials as well to explore need for booster doses. Further information is anticipated in the coming weeks.
- Pfizer is also working to license the vaccine for the 12 – 15 age group- Health Canada is reviewing the application. Moderna is doing clinical trials for children and youth but is not licensed for use for those under age 18.
- A Moderna shipment expected this week to support the rest of Phase 2B and 2C will be delayed until later next week. Vaccine depots should have enough vaccine for First

Nations and no disruptions to clinics in communities are expected. Please contact ISC-AB if there are any issues accessing vaccines for Phase 2B and 2C.

Vaccine Clinic Update

- ISC-AB is asking communities for up to date numbers for the 16 - 17 year old population that have chronic conditions. ISC-AB is working to finalize these numbers to support the allocation of Pfizer vaccine for this group to health centres.
- A educational telehealth session on the Pfizer vaccine will be held on Monday, April 26, 2021. Please register here: <https://fnfn.ca/Home/Register-VC?eid=17985> This session will provide further information on the Pfizer vaccine which is being provided for those aged 16 – 17 years with chronic conditions. As First Nations communities have only worked with Moderna vaccine, attendance at this session is required for anyone planning to administer the Pfizer vaccine.
- The Public Health Agency of Canada hosted a webinar on April 21, 2021 at 11:30 on blood clotting related to the AstraZeneca vaccine (VITT – vaccine-induced immune thrombotic thrombocytopenia). A recording of the webinar is available here: <https://nccid.ca/webcast/phac-covid-19-vaccine-emerging-issues-webinar-vaccine-induced-immune-thrombotic-thrombocytopenia/>

OKAKI Update:

- It is very important for ISC-AB to track any adverse events or side effects related to the vaccine. There are a number of ways that adverse events are being reported, via hospital admission or reports through 811. OKAKI is now providing another tool to track these events.
- At the request of FNIHB MOH team, OKAKI has developed a more enhanced way to identify adverse events and create a more active system which can track trends. This tool, called the vaccine checkup, will be a survey provided to individuals who receive the vaccine and give consent to participate in the program. The system is anonymous, no personal information is gathered or disseminated and participation is optional. A client can revoke their consent to participate at any time.
- Those who choose to participate in this program will receive text messages on Day 1 and Day 7 after receiving the vaccine. The text messages will include a link to a short questionnaire with mainly yes or no questions inquiring on any adverse events experienced. A total of 4 texts/questionnaires will be sent for participants to fill out. The text messages will also notify individuals they may be selected for further follow-up or be asked to provide further information on their experience with the vaccine.
- Information is gathered automatically and not shared beyond First Nations, ISC-AB and AHS. Again no personal information is shared, only aggregate data. The program is expected to launch in early May, 2021. If there are any questions, please contact Okaki Helpdesk at helpdesk@okaki.com.

Questions:

- ***Have there been any updates on mixing vaccines for first and second doses due to availability of vaccine?***
 - There are no further updates at this time. Further information from clinical trials is expected to be released this late spring/summer.

- **Are communities experiencing any hesitancy or slow down on the uptake of vaccines?**
 - There are some reports that vaccine uptake has slowed over the past week for a number of reasons. This week was family allowance day, the weather has improved and there are still some issues with vaccine hesitancy. To ensure vaccines are not wasted and as many people receive the vaccine as possible, communities have developed some strategies below:
 - Allowing walk-in appointments on a first come first serve basis;
 - Taking extra time at the end of each clinic day to allow for walk-ins;
 - Offering online bookings in advance;
 - Ensuring education on the vaccines continues to be shared and individuals know that they will be receiving the Moderna vaccine.
 - Please note, that the ISC-AB MOH team is available to support health centres in messaging and can meet with leadership and staff to encourage vaccine uptake. Now that Phase 2C is underway, it is important to continue to plan and ensure as many members as possible receive the vaccine. Phase 2C includes a number of caregivers, front line staff and health centre workers so please plan to have these individuals vaccinated should attendance at clinics slow down.
- **Is there any tracking system developed to record individuals who have lingering or ongoing health issues due to COVID-19?**
 - While there have been anecdotal reports of people having long-term health issues due to COVID-19, there is no specific tool for tracking these cases at the moment. FNIHB-AB has not developed a tool, but we will work with AH to determine if there are any systems being created.
- **Will there be a webinar on the surveillance system for those who couldn't attend this meeting?**
 - Prior to the launch of the system, OKAKI will look into developing an instructional video or holding a session closer to the launch date.
 - In addition to the presentation above, it should also be noted that the new OKAKI reporting will not replace the current process to report an adverse event.
- **A member was re-infected with COVID-19 after already testing positive 40 days before. Is there any specific messaging on this circumstance that can be shared?**
 - It is possible to get COVID-19 multiple times, and this case may be due to exposure to the variant of concern. This case would require follow-up to gather more details on their specific experience. You can provide ISC-AB further information for follow-up.
- **Are individuals infected with the COVID-19 variant required to get a negative test before returning to work?**
 - Anyone infected with a COVID-19 variant of concern is required to isolate for a minimum of 10 days after testing positive. If they are still symptomatic they are required to isolate until symptoms resolve. A negative test is not required to end the isolation period for a case. Close contacts will require a second test if their first test is negative. The isolation period for close contacts is 14 days after their last exposure to the case.

Thank you all for your continued hard work and dedication. We will meet again next week, **April 27, 2021 at 1:00pm.**