

ISC-AB Weekly Vaccine Update April 27, 2021

General Updates:

- As of April 26, 2021 there are 7,691 total on reserve cases of COVID-19 in Alberta. Of these 7,691 total cases – 7,350 have recovered, 264 are active in 33 First Nation communities. There are 20 hospitalizations and 77 individuals have sadly passed away to date. Active case numbers have mainly stabilized.
- The B.1.1.7 variant is now present in approximately 60% of all confirmed active COVID-19 cases in Alberta and has been identified in approximately 28 First Nations communities. A total of 282 cases of the B.1.1.7 VOC have been identified on-reserve to date. ISC-AB continues to monitor any additional variants, including the P.1 (Brazilian) and the B.1.351 (South African) variant, but over 99% 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 26, 2021, -approx 25% of the over 18 population in Alberta have received at least one dose of the COVID-19 vaccine. Over 30,295 immunizations have been administered in Alberta First Nations, 21,367 first doses and 8,878 second doses. Over 33 - 39% of everyone over 18 living on-reserve have received at least one dose and ~approx 15% have been fully vaccinated. Every week, numbers among all age groups increase, including the over 65 population. It is encouraging to see the high rates of immunization and we continue to encourage communities to move on to eligible categories if needed.
- NACI released new guidance on AstraZeneca last week mRNA vaccines are still recommended as the best approach for most age groups depending on availability. Given the high numbers of COVID-19 and the surge in VOCs, the use of AstraZeneca is still recommended given the very low risk of vaccine-induced immune thrombotic thrombocytopenia (risk of death from COVID is 1/100 and the risk of vaccine-induced thrombotic thrombocytopenia is 1/100,000 – 250,000). NACI has now recommended lowering the age group to 30 for this vaccine. No changes to eligibility have been made in Alberta yet.
- The Johnson and Johnson vaccine has been under review in the United States due to concerns over adverse events similar to AstraZeneca. This review has been completed and it is now being rolled out in the United States with no age restrictions in place. 300,000 doses are expected to arrived in Canada this week and approximately 35,00 doses into Alberta next week. There have been no directions provided on use of this vaccine in Alberta yet but, since it is a one dose vaccine, it may be suited to hard to reach populations.
- The Moderna clinical trials for use on the pediatric population is continuing. These trials are determining whether infants aged for 6mos – 11 yrs and youth aged 12 – 17 yrs could be eligible to receive this vaccine. Results are expected in June and then the manufacturer will submit to Health Canada for approval.
- Pfizer is working to license the 12 – 15 year age group and has submitted documents for approval to Health Canada. More information is expected in the next few weeks.

- An investigation is underway on inflammation of the heart muscle potentially linked to some individuals who received Pfizer in Isreal. ISC-AB does not have much information on this event at this time, but will share further information as it becomes available.
- Based on reports of lower antibody responses after one dose in organ transplant and cancer patients, AHS has revised guidelines to allow these individuals to receive the vaccine sooner than the recommended 4 month interval. This small number of individuals will receive the vaccine according to the manufacturer dosing interval.
- A request was sent to all communities last week to confirm the number of vaccines needed for the 16/17 year old population. Many communities have submitted this information. Please let us know if any further support is needed. announcements on the use of Pfizer for children aged 12 – 15also occurred so please, please begin assessing children in this age group with chronic conditions in your communities. These children will require a consent form signed by their doctor confirming they should receive the vaccine.
- ISC-AB is also working to learn more about vaccine planning in the coming months, specifically looking at vaccine supply to determine if there are extra doses that can be shared before expiry or if more vaccines are needed. Should any extra doses of vaccine be available in your community that are set to expire, please let us know and these can be utilized in communities with vaccine shortages. Any supply shared will be replaced by the next Moderna shipment.

Vaccine Clinic Update

- The First Nations telehealth session on the Pfizer vaccine is recorded and available to watch here
<https://fntn.ca/DesktopModules/TSAGTHVCHandoutArchive/SubControls/PlayFlash.aspx?arcid=12045&path=17985&name=Pfizer%20COVID-19%20Vaccine%20Review%20-%20final.mp4>
- Anyone administering Pfizer is required to watch this training session. One question we received during the session, is the storage of Pfizer after removal from the vaccine freezer. The full information is available on all vaccines in this document
<https://open.alberta.ca/dataset/0a062d33-d580-47da-9cdc-f40046008101/resource/6eb79821-aba7-45c8-858e-0b7c78d11d9f/download/health-aip-alberta-vaccine-storage-covid-19-2021-04-23.pdf>
- For the 16/17 year old population, we are compiling these numbers and meeting with AHS April 27, 2021 to get further information on rollout of the Pfizer doses required. After removal from vaccine freezer, there is a 5 day shelf life so planning needs to be in place to ensure the 16/17 population is able to receive these vaccines without any wastage.

Questions:

- ***How do we ensure consent is given for 16 and 17 year old minors who may be living on their own or are emancipated from their parents?***
 - Ideally, parental consent would be received for anyone under 18 years of age receiving the vaccine for a high risk medical condition. If parental consent is not obtained, consent for immunization for the COVID-19 vaccine would be like for any other vaccine for this age group. The nurse must determine if the minor understands the information and informed consent must be obtained.

- For children 12 – 15 years of age, a physician note identifying the child should receive COVID-19 due to a high risk medical condition is required, and parental consent should be obtained.
- **Urban clinics are continuing, another clinic will be held in Edmonton from May 10 – 14, where first and second doses will be provided.**
 - We appreciate the continued work of First Nations across the province to establish partnerships with AHS and move forward with these clinics. As we move forward to Phase 2D of the vaccine rollout, please also ensure anyone who received their first dose in Phase 1 has the option to get their second dose if they have not received it yet.
 - Some Nations are seeing a slow down in vaccine uptake or have been able to move through their eligible groups quicker than other communities. If you have vaccine doses available that may be set to expire sooner or are not being used, please let ISC-AB know and these doses can be shared with communities who need extra vaccines. Any additional vaccines your community shares would be replaced in the next shipment of Moderna vaccines expected at the end of the week.
- **How can we track members who are being vaccinated off-reserve?**
 - As additional service providers are being brought online to support vaccine rollout, including physicians and pharmacists, tracking off-reserve vaccines may be a challenge. It is important to encourage those who get their first dose to return to the same clinic to receive their second dose, as this makes reporting significantly easier and ensures individuals are vaccinated on the right timeline. Communities can also encourage members to take their vaccine information to the health centre so it can be entered onto their immunization record in CHIP.
- **Many members are requesting vaccine cards, and some communities are making their own. Any concerns over fraudulent cards or plans to support this through ISC-AB?**
 - There is no plan in place at this time to provide vaccine cards through AHS or ISC-AB. There may be guidance in the future when more people are vaccinated and travel requires proof of vaccination. In the interim, communities are welcome to provide cards to their members as they see fit.
- **Are there any updates on vaccines for pregnant women?**
 - There have been no further updates to the recommendation that pregnant women should receive the COVID-19 vaccine. The SOGC statement, affirmed on March 12, 2021 is available here: https://www.sogc.org/common/Uploaded%20files/Latest%20News/SOGC_Statement_COVID-19_Vaccination_in_Pregnancy.pdf
 - We have learned that a COVID-19 infection can actually cause more severe outcomes in pregnant women so they are encouraged to receive the vaccine as soon as they can.
- **Is there any guidance on what to do if an individual receives the second dose of the vaccine prior to the 21 day interval?**
 - This is a scenario that should be assessed on a case by case basis. Please reach out to the CDC Team to review.
- **Is there a recommendation if two different vaccines are received by the same person?**
 - This is a scenario that should be assessed on a case by case basis. Please reach out to the CDC Team to review.

Thank you all for your continued hard work and dedication. We will meet again next week, **May 4, 2021 at 1:00pm.**

