

## ISC-AB Weekly Vaccine Update – February 2, 2021

### *General Updates*

- While case numbers are going down, Alberta First Nations continue to report new active cases on-reserve. As of February 1, 2021, there are a total of 5217 confirmed cases on-reserve, of which 695 are active in 39 First Nations communities. 4476 cases have recovered, 60 individuals are in hospital (23 in the intensive care unit) and 46 individuals have passed away.
- Case numbers are dropping in First Nations which is a positive sign but it remains important to follow public health measures.
- There are now also 51 confirmed cases of different COVID-19 variants which are more transmissible in households. ISC-AB is monitoring this situation but limiting travel and following public health orders will be crucial in limiting the spread of new variants.

### *Vaccine General Update*

- The Moderna vaccine is now expected to arrive in Canada on February 5, 2021. This is a slight delay as the original expectation was for the vaccine to be in Alberta on that date. Vaccine still should be available in First Nations on the week of February 8, 2021, similar to previous timelines.
- Moderna on January 29<sup>th</sup> announced a 20 – 25% reduction in vaccine shipments to Canada for the month of February. This reduction should not impact First Nations in Alberta and the initial plan to vaccinate individuals over 65 living on-reserve. AHS has confirmed 10,000 Moderna doses will be available to First Nations to begin vaccinating the over 65 population on-reserve and the 2 remote and isolated communities the week of February 8, 2021. Second doses will be available 5-6 weeks after this initial dose.
- Pfizer has requested that Health Canada license their vaccine for 6 doses per vial instead of 5. Health Canada is currently reviewing this request (as the regulator) but it is important to recognize that smaller syringes (1cc) are required to get the maximum doses from each vial. Currently the 1cc syringes are not as readily available across the country. As Canada has purchased by dose, Pfizer could send fewer vials if 6 doses are not extracted per vial. Moderna vials have 10 doses per vial and a possible 11 doses if extracted properly.
- The Region continues to work with Alberta Health to plan for the second phase of vaccine planning. Not much information is available at the moment due to focus on the current rollout, but information will be shared as it becomes available
- The COVID-19 vaccine is not attenuated, meaning it is only RNA material and cannot cause infection. Individuals that are vaccinated and get COVID-19 likely, became infected just prior to or shortly after receiving the vaccine prior to the immune response. It can take up to 14 days for the immune response to be developed.

### *Logistics for ordering vaccine:*

- FNIHB has met with the AH vaccine depot.
- The depot will arrange for AHS to “transfer” the doses into each health centre’s queue in AVI.
- Health centres can then access the AVI system and accept the transfer from AHS and it will be entered in as ‘ordered’ for the health centre.
- When the vaccine has been received by the vaccine depot, the vaccine depot will confirm with the health centre when the shipment will be sent.
- Communication with your vaccine depots will be key, once vaccines arrive in Alberta.

### *Immunization supplies*

- National supplies – based on population, half was sent out in the first shipment.
- Provincial supplies – based on +65 population, AHS will send the supplies to the same location where vaccines are picked up.
- 1cc syringes are in short supply. AHS is prioritizing these syringes for Pfizer vaccine in order to get the extra doses from each vial.

### *Vaccine Adverse Events*

- Vaccine side effects that have been reported include fatigue, fever, nausea and vomiting. These symptoms can be mistaken for COVID-19. Usually, side effects are reported within 24hrs of receiving the vaccine. Individuals who have symptoms should stay home and self-monitor. Should symptoms continue for over 48hrs, testing for COVID-19 should be arranged. If the individual has symptoms longer than 48 hours and is not tested, they would be considered a probable case of COVID-9 and would be subject to isolation as per the guidelines. Symptoms that last less than 48hrs are likely side-effects of the vaccine and individuals can return to normal activities when symptoms subside.
- Red swelling and itchiness around the area where the vaccine was administered have been reported in some individuals who have received the COVID-19 vaccine. This swelling usually does not go beyond the deltoid area and is not painful. The swelling gradually goes down. For any allergic reactions to the first vaccine dose, an allergist would be required to assess whether a second dose should be given. If the allergic reaction is very severe, a second dose would not be recommended.
- Adverse events are usually obvious and need to be reported so information can be gathered on this very new vaccine. Alberta Health has an adverse event form on their website (contact ISC-AB if you need any help finding this form). Please report any reactions to the CDC Team, even if it doesn't meet the definition of an adverse event.

### *Vaccine fridges*

- Ideally, vaccine fridges would protect against power outages and stay cold for 24 hours or more if the power went out.
- Communities who did not have one of these fridges were contacted.
- We've asked for a quick turnaround for communities to complete a work plan.
- Reach out to your community liaison team member if you need more information.

### *Vaccine Clinic preparedness*

- The number of vaccines being provided next week have been determined and the vaccine will be delivered via vaccine depots. Continue to work with vaccine depots, communicate and coordinate vaccine delivery/pick up as vaccine rollout commences.
- ISC-AB will continue to support information sharing on clinics and best practices in the coming weeks. A number of resources are available on Onehealth. The clinic planning guide and checklist (shared screen), will be on Onehealth and will be sent to all communities. This planning guide has information on everything that is needed to run a vaccine clinic, including equipment needed, signage, personnel required and precautions to be followed. If there are any other needs/resources for clinic planning, contact Shirley Bourdoleix [Shirley.bourdoleix@canada.ca](mailto:Shirley.bourdoleix@canada.ca) 343-550-5391.
- Finally, a telehealth session will be held this Thursday, February 4, 2021 where further information will be provided on vaccine rollout and Maskwacis Health Services will present on their experience administering the vaccine to their community members.

## Questions

- We have issues with vaccine hesitancy among members with pre-existing conditions, is there guidance available to them and are there any other contraindications we should be concerned about –
  - The only contraindications to be aware of currently are under 18 population and those individuals with severe allergic reactions to any part of the vaccine. The trials have mainly been in healthy individuals, so there are some areas where it is uncertain if the benefits of the vaccine outweigh potential issues – such as pregnant women. Virtual care clinics may be an option for those who want to discuss their specific health concerns with a professional.
  - A presentation has been prepared and can be shared to address some issues with vaccine hesitancy. This presentation can be accessed here <https://nccid.ca/webcast/vaccine-hesitancy-and-first-nations-inuit-and-metis-populations-during-covid-19/?hilite=%27hesitancy%27>
- If an individual is vaccinated and experiencing side effects, do they need to isolate if they have tested negative for COVID-19?
  - This is dependent on if the individual has been exposed to COVID-19, in which case they may need to isolate. If they have had no known exposure to COVID-19, they should be able to return to work once they are feeling well enough. As mentioned, any symptoms lasting longer than 48 hours could be COVID-19 and individuals with long lasting symptoms should be tested.
- If we have set up vaccine clinics for February 8, do we need to change the date due to the delay?
  - Continue to work with your vaccine depot to determine earliest availability of the vaccine. This situation has been fluid and challenging, so make sure to have a plan B and C. We appreciate the difficulties of organizing clinics but vaccines should be available on February 8 or shortly after.
- How was the skin reaction to the vaccine dealt with?
  - There was no pain so analgesics are not very helpful. Putting cold on the area helped, but the swelling seems to reduce gradually.
- Seniors off-reserve are being directed back to the community to receive the vaccine. Is FNIHB supporting off-reserve, over 65 members?
  - AHS is leading the response for off-reserve individuals, and they are currently included in the rollout for Albertans over the age of 75. The initial allotment for on-reserve individuals has been determined only for the over 65 population. ISC-AB can work with health zones if individuals are being directed to return to reserve as they are not included in the on-reserve allotment and should be receiving the vaccine in the coming months via AHS. Should communities have extra doses, Elders living off-reserve could be given these extra doses. This will be up to each community.
- What about First Nations living on-reserve with no health centre?
  - This will be led by AHS but includes over 65 individuals living on-reserve, similar to all other First Nations communities in Alberta.

Thank you all for your continued participation and patience. We will meet again next week. Please also note the upcoming telehealth session, on Thursday February 4, 2021. Further information on this session is available at <https://fnfn.ca/>