

ISC-AB Weekly Vaccine Update - January 26, 2021

General Updates

- Alberta First Nations continue to experience a high volume of active case numbers on-reserve. As of January 25, 2021, there are a total of 4958 confirmed cases on-reserve, of which 1105 are active in 38 First Nations communities. 3814 cases have recovered, 66 individuals are in hospital (20 in the intensive care unit) and 39 individuals have passed away.
- ISC-AB would like to acknowledge that this is a very busy time, as cases continue to remain high across First Nations in Alberta and would like to commend Nations for their continued efforts of addressing COVID-19.

Vaccine Planning

- The Moderna vaccine is expected to arrive in Alberta on February 4/5, 2021 and will arrive in communities no later than the week of February 8, 2021. Communities can identify the date they would like to receive the vaccine and will have 30 days to administer the doses from the date they were removed from the freezer at the vaccine depot.
- Alberta Health is working with AHS on planning for vaccine support to off-reserve members.
- The limited supply has paused health care workers receiving vaccine. Any health care workers who received a first dose need to be accounted for so that a second dose can be secured in the next phase. This is of particular importance, as health care workers with AHS will have their second dose accounted for, so health care workers in First Nations communities who have received a first dose in community will need to be accounted for in the coming rounds.
- *Update on adverse events*– there have been some reports of adverse effects of the vaccine on those that are terminally ill or have very severe health conditions. Still learning about this in other jurisdictions.
- *Vaccine reporting* – for those who do not have CHIP system ISC-AB has developed paper forms and will be available to support daily reporting to FNIHB Reporting has been important in keeping leadership informed and providing accurate and clear data to AH so we can be clear on the needs of First Nations communities. ISC-AB will continue to work with communities on accurate and up to date reporting.
 - Consent form for automatic uploading of data – this is the same process as influenza, and most Nations have now given this consent. Allowing access allows FNIHB AB to retrieve the reporting information directly from CHIP, so paper based submission is not required.
- *Additionally, real time integration (RTI) is important to ensure that clients have comprehensive health records whereby their immunization information from on and off reserve vaccinations is consolidated.* Many Nations are in the process of implementing RTI and we encourage you to have this implemented. ISC-AB will work with communities to ensure this is completed as soon as possible. Real time integration allows for immunization records to be uploaded to, and downloaded from, a central repository. All immunization records will be able to be viewed in one place.

- *Further updates on vaccine rollout* – Many communities have vaccine fridges that protect against power outages. Should any community need one of these fridges, ISC-AB can support.
- Once Moderna vaccine has been removed from the freezer at the vaccine depot, it is transported to communities in a thawing state. When vaccines arrive at the health centre, they are placed into the vaccine fridge. The vaccine is good for use for 30 days after removal from the freezer at the vaccine depot. The vaccine does NOT need to be stored in a freezer at the health centre.
- Vaccine allocations based on the +65 population has been identified based on the information received from communities and is included in the provincial plan. Everything submitted previously is now in the plan. These numbers were rounded up to the nearest ten, so there may be extra doses.
- The over 65 population is the first group on-reserve that will receive vaccinations. Once the vial of Moderna vaccine has been punctured it must be used within 6 hours thus clinics need to plan for at least 10 individuals per vial of Moderna vaccine. Should there be no other +65 individuals available, these doses can support immunization of other individuals (i.e. those with chronic conditions or the health team) in the community.
- A training video is available and must be watched for anyone administering the vaccine. Anaphylaxis policy is being updated. AHS vaccine biological pages need to be followed. Shirley Bourdoleix Shirley.bourdoleix@canada.ca 343-550-5391, is available to support the creation of any tools or documents needed on running a vaccine clinic. ISC-AB can support any specific questions for your community and will have resources available on OneHealth. A clinic 101 information document will be posted on OneHealth with key information on vaccine clinic planning. ISC-AB will continue to update guidelines and will ensure information is available as needed.
- *Surge capacity* – there are 38 communities with active cases of COVID-19 and surge supports are in communities and currently active. Some communities have reached out to request surge support for vaccine clinics. Please contact Nicole Liboiron and the regional nursing team with details on needs/timeframe for surge support and the nursing team will organize additional staffing.

Questions

- Will FNIHB be following 42 day guideline for second doses –
 - In clinical trials, individuals received doses between 21 to 42 days and it was still effective. While the manufacturers have put the time frame between first and second doses at 3 to 4 weeks, Alberta (along with other jurisdictions) has increased that to a maximum of 42 days, except for residents of long term care who will still receive their second dose 3-4 weeks after first dose. After the 1st dose, there is 90% immunity but there is still uncertainty on how long this lasts. The second dose gives peak antibody response and keeping within the 42 day window is important. Allowing a longer interval (i.e. 42 days) between doses also gives an opportunity to reach a greater number of people with first doses. For the time being, long-term care residents will receive the second dose within a 3-4 week time interval and for everyone else it will be pushed to 42 days. For FNIHB, we could move down that route; however, right now we do not have full knowledge of vaccine availability past February. At this point, plan for providing second doses into the week of Feb 22.

- We want to ensure community members are aware that the interval is ideally from 21-28 days but could be pushed to 42 days. The time interval will depend on allocations coming into the province for First Nations communities. Doses given to communities in early February are for first doses only, so please use them for first doses and do not save them as second doses as second doses will be coming towards the end of February.
- Is there an online vaccine booking tool through ISC –
 - ISC-AB is not developing an online booking tool but we believe that there is some work being done with the CHIP immunization system.
- Where do we order vaccine fridges –
 - There are several manufacturers of vaccine fridges – in order to be funded through FNIHB, the fridge needs to protect against 24hr power outage. Information will be sent out in the coming days on the funding process.
- Will staff need specific training to administer vaccine –
 - A training video is on OneHealth. There are modules available through ISC to bring training up to date. Anaphylaxis training should be up to date. An email went out with an educational checklist for staff providing doses. ISC-AB can assist in education and ensure your staff have access to materials.
 - There is an MOH directive affirming nursing staff in First Nations communities can administer vaccine. It is important to identify capacity so that staff are ready to administer doses when the vaccine arrives. If an individual is not sure and needs additional support or information, please reach out to nursing and they can assist.
- How do we know the number of vaccines we will receive –
 - Communities sent ISC the numbers for their 65+ members and this number was rounded up and sent to AH.
- Off reserve immunization clinics –
 - These are mainly for health care workers – we do not know about over 75 population off-reserve yet, we know over 65 on-reserve are part of the coming vaccine rollout in February. No further information on off-reserve vaccinations is available at the moment.
- First phase will be a higher number of people, should we wait for more second doses to be complete before beginning to give first doses?
 - In the next week or two we will get clarity on provincial vaccine supply and determine how to move forward. It may be 3-4 weeks or 42 days for the next phase of vaccinations. As you are connecting with clients let them know it can be anywhere from 3 to 4 weeks, and up to 42 days between their first and second dose.
- Are we able to request vaccines for everyone who is high priority now, we were told we could not do this -
 - At this early stage the country has highly limited vaccine supply. We expect more in the spring. This means the priority has to be by age group. Looking at data, we see mortality is highest among the Elderly, especially in LTC. In First Nations on-reserve +65 risk is similar to +75 living off-reserve so this is how risk has been determined.
 - There are other high risk groups, including those with chronic conditions that are younger. You can identify other high risk people that can receive extra doses should there be any left over after vaccinating your over 65 population.

Shelters or other congregate care sites may be a place to start. Planning for these other groups will be important heading into spring and the next phases. The province has determined these priorities. There have been additional requests but we need to make sure numbers are accurate and prioritize the over 65 population. .

- If a community receives 100 doses, and they run a 3 day clinic, and we have Elders who are not feeling well, these doses may need to be used elsewhere. Would we be able to amend these numbers if Elders are missed –
 - Plan for this scenario as there may be other situations where an individual cannot come to the clinic – suggest holding some doses for this purpose. We know there are challenges but there may be opportunities once supply is sorted out in the coming weeks to better support planning.