

## ISC-AB Weekly Vaccine Update April 13, 2021

### General Updates:

- As of April 12, 2021 there are 7,387 total on reserve cases of COVID-19 in Alberta. Of these 7,387 total cases – 7,104 have recovered and 207 are active in 27 First Nation communities. Nine communities have more than 10 active cases. There are 24 hospitalizations (11 in ICU) and 76 individuals have sadly passed away to date.
- 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. It is anticipated this will soon be the dominant strain. ISC-AB continues to monitor any additional variants, including the P.1 variant of concern. The B.1.1.7 strain is more contagious and has higher rates of transmission within households. A recent study in Ontario indicated that variants are 60% more transmissible, variant cases are 60% more likely to be hospitalized, 100% more likely to be admitted to the ICU, and have a 60% higher death rate. Some recent international studies have reported increased transmission of the B.1.1.7 variant but indicated that the variant may not lead to an increase in disease severity. Additional information needs to be gathered to better understand the variants of concern. Regardless, 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:

- One of the best ways to control variant spread is ensuring as many members as possible are vaccinated quickly. In age groups that have received the vaccine there is already evidence that cases of COVID-19, and severe outcomes, have been significantly reduced amongst those age groups already immunized.
- As of April 13, 2021, 17% of the over 18 population in Alberta have received at least one dose of the COVID-19 vaccine. 23,500 immunizations have been administered in Alberta First Nations, approximately 16,000 first doses and 7,500 second doses. About 30% of the on-reserve population over 18, and just over 50% of the on-reserve population in the 50 – 64 age group have received their first dose. 72% of the over 65 population on-reserve have received their first dose, and 60% have gotten their second doses.
- This last statistic is important. By the end of Phase 1, coverage rates for the over 65 population were only 66%. It has now gone up, showing that there may be some hesitant individuals returning and being vaccinated.
- Johnson and Johnson was approved in Canada and a shipment is expected by late April or early May. It has been used widely in the USA, but a statement released jointly by the CDC and FDA today showed there may be some clotting issues with the Johnson and Johnson vaccine similar to what was reported with AstraZeneca. In the United States, six million doses were administered and six cases reported issues with blood clotting. The issues were reported in women aged 18 – 48. Health Canada is awaiting additional guidance based on review of these cases and will likely release further guidance on how the vaccine will be used in Canada. The vaccine itself is similar in its makeup to AstraZeneca.

- The first case of blood clotting in Canada due to COVISHIELD (AstraZeneca doses produced in India) was reported on April 13, 2021. This vaccine had been offered in mid-March to interested Phase 2D individuals (Indigenous individuals aged 35 – 49 years and non-Indigenous individuals 50 – 64 years) through AHS. As evidence of clotting emerged internationally, the rollout of this vaccine was paused and revised, and NACI released guidance recommending this vaccine to be used among individuals over the age of 55.
- NACI has continued to provide all of the guidance followed by ISC-AB on vaccinations. Earlier last week, a statement on the interval for first and second doses was released. As you know, the interval was extended from 28 to 42 days and later to a 16-week interval. The statement released shows the evidence of vaccine efficacy (from ideal conditions in a clinical trial) after the first dose, which is roughly 92% effective in reducing likelihood of symptomatic infection. In real life experience, studies demonstrate that there is a 60 – 80% reduction in chances of being infected after one dose, an 80% effectiveness rate in reducing the chance of hospitalization, and 85% prevention in deaths due to COVID-19. The link to the statement is available here: <https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/naci-summary-extended-dose-interval-statement-en.pdf>
- Currently, most Nations are vaccinating those in Phase 2B and finishing any remaining individuals in Phase 2A. The province has announced Phase 2C for health care workers directly linked to patients and front line care is beginning. This would include all health centre staff in First Nations if there are any remaining staff members you have who require it. Please reach out if there are any problems with ordering vaccines.
- It is anticipated that Phase 2D will begin within the next week or two. The province is moving fast through Phase 2 so that Phase 3 may begin in May 2021.
- Youth aged 16 and 17 with chronic conditions can receive the Pfizer vaccine. ISC-AB will work with your community to get allotments from AHS for your community after the community determines the number of 16 and 17 year old individuals with chronic conditions interested in immunization. ISC-AB will send out a request for numbers shortly. ISC-AB will also support training required for nursing staff to immunize this group with the Pfizer vaccine. Pfizer is currently working to license their vaccine for 12 – 15 year olds, so gathering information in advance will be helpful should this be approved.
- A vaccine side effect/adverse event monitoring system will likely be released towards the beginning of May that will help with active surveillance of adverse events. ISC-AB will be able to provide more up to date and relevant information on adverse events using this tool. OKAKI will join this meeting next week to provide an update and this system should be active by end of April.
- Should your community require additional surge supports for COVID-19 response or vaccine clinics, a form is now available on One Health to request additional resources. The form is available here and a screenshot of the One Health link is also below (next page):

[https://www.onehealth.ca/Portals/1/ISC-AB%20Community%20Request%20for%20COVID-19%20Public%20Health%20Response%20Surge%20Support FILLABLE%20FORM March%202021.pdf](https://www.onehealth.ca/Portals/1/ISC-AB%20Community%20Request%20for%20COVID-19%20Public%20Health%20Response%20Surge%20Support%20FILLABLE%20FORM%20March%202021.pdf)

## Health Centre Resources

☐ [Request for Public Health Response Surge Support](#)

ISC - [AB Community Request for Surge Support Form](#)

## Vaccine Clinic Updates

- The biological information for Moderna and Pfizer has been revised. It can be difficult to operationalize booking individuals that have just turned 18 or may be almost 18. The information has been updated to provide vaccines based on the year of birth, so anyone born in 2003 will be eligible to receive the vaccine. This means any individual turning 18 this year can receive the vaccine.
- Additionally, mRNA vaccines are now designated for those at highest risk of exposure to COVID-19, which includes all Indigenous people and anyone living on reserve. Indigenous people living in urban areas should receive Moderna or Pfizer.
- Moderna is not licensed for individuals aged 16 and 17 years. Pfizer will need to be used for this age group on reserve. ISC-AB will have a session to review information on the Pfizer vaccine. A review of cold chain processes and administering the vaccine to the younger age group will also be reviewed.
- There is a videoconference tomorrow (April 14) on the follow up of cases that have a variant COVID-19 strain and their contacts. Further information and the link to register is available through the First Nations telehealth portal available here: <https://fnfn.ca/>. The session will be available on One Health afterwards.

## Questions:

- **Question on protection once vaccinated, particularly against variants – hearing reports of people being infected.**
  - The statement from NACI shows a high level of effectiveness after the first dose. There is still a chance of infection, but it is significantly less. Information continues to be made available, but studies still show 60 – 80% effectiveness in preventing COVID-19 infection. The mRNA vaccines are also showing effectiveness against B.1.1.7. There is also a high level of effectiveness against severe outcomes and hospitalizations. More information is needed to ascertain the vaccine's effectiveness against the P.1 and B1.351 variants of concern.
- **Can you get Pfizer for the first dose and Moderna for the second dose, or vice versa?**
  - Studies continue, but it is still not recommended that different vaccines be mixed. Details may be available in the next month or two on the potential for mixing vaccines based on clinical trials in UK.

Thank you all for your continued hard work and dedication. Vaccine clinics are now being done in urban areas and we commend the very hard work being done to establish partnerships and ensure off-reserve members receive vaccines.

We will meet next week, **April 20, 2021 at 1:00pm.**