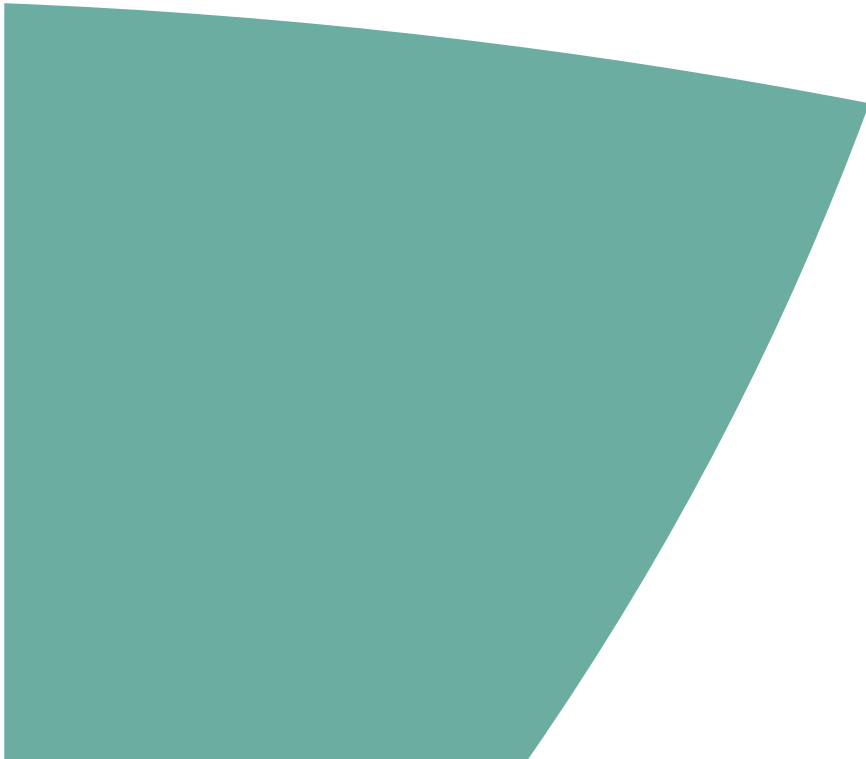


COVID-19 Vaccination Update

TECHNICAL BRIEFING

Monday, January 25, 2021



ISSUE

- On January 19th, the province was notified of further reductions in Pfizer-BioNTech allocations, resulting in:
 - no allocations in the week of January 25th
 - 26,325 doses in the week of February 1st
- As of today, the federal government has not provided the province with the Ontario allocation for the weeks of February 8 or 15.
- As a result of these changes in supply, the province and vaccination sites have worked together to accelerate the vaccination of long-term care, high-risk retirement and First Nations elder care home residents and continue to administer second doses based on availability of supply provided by the federal government.

PROGRESS TO DATE

- Since being informed of the Pfizer-BioNTech supply constraints, vaccination sites have continued to vaccinate long-term care and high-risk retirement home residents and provide second doses as scheduled (where supply has permitted).
- Vaccination totals to date:
 - Number of vaccine doses administered: over 285,000
 - Number of long-term care homes where first dose vaccinations have been given: 479
 - Number of retirement homes where first dose vaccinations have been given: 540

STRATEGIC APPROACH TO ADDRESS PFIZER REDUCTION

In response to the significant reduction in allocations by the federal government for the weeks of January 25th and February 1st, as well as uncertainty regarding future shipments, the following actions will be taken:

1. To reduce the risk of severe illness and death for the most vulnerable populations, health officials are **accelerating the vaccination of long-term care, high-risk retirement, and First Nations elder care residents** across Ontario – with the goal of visiting each setting in the province to administer first doses by February 5, 2021 (pending delivery dates the week of February 1, 2021).
 - Reallocate vaccines to ensure the 14 public health units that have not received any vaccine to date can begin to vaccinate their vulnerable populations starting this week.

STRATEGIC APPROACH TO ADDRESS PFIZER REDUCTION (cont'd)

2. To **ensure individuals receive second doses** of vaccine to give them the strongest possible protection against the virus, extend intervals between doses, only as needed to support vaccination of the most vulnerable populations.

- Pfizer-BioNTech:
 - Maintain the recommended maximum interval for resident groups (21-27 days)
 - For all other groups, expand the interval to no more than 42 days
 - This direction would be revisited as the contextual circumstances change.

- Moderna: Maintain 28-day interval

3. **Continue to vaccinate residents** of remote and isolated First Nations and Indigenous communities through Operation Remote Immunity.

4. **Work closely with all sites** to review data and reallocate if needed on an ongoing basis.

DECISIONS GROUNDED IN CLINICAL EVIDENCE

Recommendation on Dosing Interval from the National Advisory Committee on Immunization (NACI)

- On January 12, NACI updated their recommendations on the use of COVID-19 mRNA Vaccines, indicating that within certain contextual circumstances, the dose interval could be increased up to 42 days.
- This is supported by recommendation from the World Health Organization and Centers for Disease Control.
 - NACI stated that efforts should be made to immunize individuals according to the recommended interval schedules (Pfizer-BioNTech = 19-28 days; Moderna = 21-28 days) and that two doses are required.
 - Contextual circumstances include: delivery logistics and vaccine supply, the current epidemiological status and projections and the health care capacity.
 - Considered with the Ethical Framework for COVID-19 Vaccine Distribution.

CONTEXTUAL CIRCUMSTANCES

- Vaccine Delivery
 - Vaccine supply does not meet Ontario's need and system delivery capacity
- Current Epidemiology status
 - Significantly increased case rates, outbreaks and deaths
 - Second State of Emergency declared in Ontario
 - Enhanced Public Health Measures
 - Notable number of outbreaks, infections and deaths in LTC and RH settings
- Health Care Capacity
 - Continued high number of patients hospitalized and requiring ICU care
 - Reduction in surgical services to protect health system capacity

DECISIONS GROUNDED IN CLINICAL EVIDENCE (cont'd)

- **Moderna:** Maintain recommended second dose interval at 28 days.
- **Pfizer-BioNTech** vaccine is a safe and effective vaccine:
 - Requires 2 doses to be fully immunized, with 95% efficacy according to clinical trials.
 - Although Pfizer-BioNTech was approved by Health Canada for an interval of 21-27 days between the two doses, their data were based on thousands of study participants who received the second dose between 19 and 42 days.
 - Our experience with other vaccines shows that people whose booster dose is given later than recommended by the drug manufacturer will have a similar or even better immune response.
 - This approach has been adopted in other Canadian provinces (including Manitoba and Alberta) as well as other countries (including the United Kingdom).
 - How much immunity does one dose give you?
 - Based on limited study data it appears to be 92%, but real-world experience is limited.

RATIONALE

- We have taken the approach to focus on the most vulnerable populations, in light of temporarily reduced vaccine availability from the federal government and uncertainty about the stability of supply, as well as provincial epidemiology.
- Ensures those at most risk of morbidity and mortality have highest level of protection from vaccination.
- As a result, some vaccine appointments may have to be rescheduled due to limited supply and the need to protect the most vulnerable citizens.
- Supported by NACI, WHO and CDC.

NEXT STEPS

- Ministry of Health is working with vaccination sites to **accelerate the vaccination of long-term care, high-risk retirement, and First Nations elder care residents** across Ontario.
- We are **working with partners** to plan next steps for when additional vaccine supply is restored to the province:
 - Remaining staff and essential caregivers in long-term care, high-risk retirement and First Nations elder care homes
 - Retirement homes and other congregate care for seniors (e.g., number of residents, staff, etc.)
 - Health care workers
 - First Nation, Inuit, and Métis populations
 - Adults in chronic home care
- Ontario **continues to be ready** to administer doses – and expand the number of locations administering – as soon as we receive them from the federal government.