

# IPAC HUB COMMUNITY OF PRACTICE

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# AGENDA

- Current COVID-19 Vaccine Landscape
- Progress to date with Phase 1 Priority Groups
- Impact of Vaccination on IPAC
- What we know and what we don't know
- Vaccine Safety
- Staff/resident/patient vaccination
- How to arrange doses for residents/staff

# CURRENT COVID-19 VACCINE LANDSCAPE

- Pfizer BioNTech vaccine
- Moderna vaccine
- AstraZeneca vaccine Pilot for 60-64 year olds

To come:

- Broadening Primary care
- Pharmacy stream



## Immunization Summary by Priority Group

Priority Group	Doses Administered on Previous Day	Total Administered (1st Dose)	% Receiving 1st Dose	Total Administered (2nd Dose)	% Fully Immunized (2nd Dose)
LTC Home Staff & Essential Caregivers	6	4,184	78%	3,123	58%
LTC Home Residents	18	3,007	94%	2,805	88%
Retirement Home Staff & Essential Caregivers	8	3,281	86%	1,798	47%
Retirement Home Residents	9	3,431	94%	2,438	67%
Hospital Staff & Residents	13	6,496	66%	5,370	54%
Other	982	17,515	N/A	212	N/A
<b>Total</b>	<b>1,036</b>	<b>37,914</b>		<b>15,746</b>	

*Other includes other public health staff, first responders or other health care workers.*

Table: Click the data source hyperlink for definitions and limitations •

Source: [Vaccine data extracted from COVAX-ON, last updated: 2021-03-12](#) • [Get the data](#) • Created with [Datawrapper](#)

# IMPACT OF VACCINATION ON IPAC

There are several key knowledge gaps that affect the understanding of immune responses to COVID-19 vaccine:

- Which type of immune responses are important for protection from infection, severe disease, or transmission
- The durability of immune responses and how they may change over time
- How immune responses to natural infection compare to responses elicited from a vaccine
- How immune responses differ across populations (e.g., in immunocompromised, children) or by SARS-CoV-2 serostatus (i.e., past COVID-19 infection)
- How immune responses differ based on previous infection with non-SARS-CoV-2 coronaviruses

*[National Advisory Committee on Immunization, Recommendations on the use of COVID-19 Vaccines](#)*

# WHAT WE KNOW SO FAR

- mRNA COVID-19 vaccines demonstrated higher efficacy in clinical trials than was shown in clinical trials for the authorized viral vector vaccine.
- All authorized vaccines so far protect against severe illness, complications and death of COVID-19
- The vaccines do not interfere with COVID-19 test results, and do not give false positive test results.
- Preliminary evidence that Moderna & AstraZeneca may reduce asymptomatic transmission, but data insufficient at this time to recommend discontinuation of public health measures.

[National Advisory Committee on Immunization, Recommendations on the use of COVID-19 Vaccines](#)

[What you Need to Know about COVID-19 Vaccine, Public Health Ontario](#)

# SUMMARY OF AEFI REPORTS (DEC 13 – MAR 6)

	Pfizer-BioNTech COVID-19 vaccine	Moderna COVID-19 vaccine	All vaccine products combined
<b>Total number of AEFI reports</b>	457	206	665
<b>Number of non-serious reports</b>	451	198	651
<b>Number of serious reports</b>	6	8	14
<b>Proportion of total AEFI reports that are serious</b>	1.3%	3.9%	2.1%
<b>Doses administered</b>	737,728	152,876	890,604
<b>Total reporting rate per 100,000 doses administered</b>	61.9	134.7	74.7
<b>Serious reporting rate per 100,000 doses administered</b>	0.8	5.2	1.6

**Note:** Two AEFI reports did not specify vaccine product received. Data corrections or updates can result in AEFI reports being removed and/or updated from past reports and may result in counts differing from past publicly reported AEFIs. Doses administered data are subject to reporting delays.

**Data Source:** CCM, MOH webpage, COVaxON dashboard (see [technical notes](#) for details on data sources)

[Adverse Events Following Immunization \(AEFIs\) for COVID-19 in Ontario, Public Health Ontario](#)

# SYMPTOMS VS. SIDE EFFECTS

- Most common symptoms reported in >10% of vaccine recipients include: pain, redness or swelling at the injection site, tiredness, headache, muscle pain, chills, joint pain, and fever.
- For some mild non-respiratory symptoms compatible with COVID-19, if they occur in the 48 hours after vaccination, HCWs can continue to work.
- HCWs should be screened as usual prior to arriving to their health care setting/place of work.
- In the 48 hours after vaccination, if the HCW screens positive for the following symptoms, and where the symptoms are mild (the HCW feels well enough to work) and they only began after vaccination, the HCW can continue to work:
  - o Headache
  - o Fatigue
  - o Muscle ache
  - o Joint pain



# SYMPTOMS VS. SIDE EFFECTS

- If a HCW experiences more than mild symptoms (e.g., symptoms interfering with ability to carry out usual activities), or their COVID-19 compatible symptoms last >48 hours from when they were vaccinated, they should not come to work/leave work immediately, and seek further medical evaluation.
- If a HCW is unsure, based on their symptoms, whether they should be at work, they should consult their manager and/or Occupational Health department.
- If a HCW has any other symptoms of COVID-19 (e.g., respiratory symptoms or loss of sense of smell or taste), at any time after vaccination, they should not come to work, and seek further medical evaluation.

# ENSURING COMPLETION OF SERIES FOR RESIDENTS

- LTCH/Rhome resident who received dose #1, now admitted to hospital before dose #2
  - LTCH/Rhome to include this information in their transfer of care to the hospital
  - Hospital to notify public health when they have 6 of these patients along with new ALC patients to be vaccinated (with the goal that patients get their 2<sup>nd</sup> dose at 21-27 days)
- Resident moving to LTCH/Rhome who received dose #1 in hospital
  - Hospital will provide the facility with the dose #1 information as part of the residents Transfer of Care documentation
  - LTCH/Rhome to notify Public Health ext. 8806 to make arrangements for dose #2