### COVID-19 Update

FEBRUARY 4, 2021

#### Outline

- 1. MOH Update Dr. Wadieh Yacoub & Dr. Chris Sarin
- 2. COVID-19 Vaccine Clinic Lessons Learned Bonny Graham
- 3. COVID-19 Vaccine Dr. Parminder Thiara and Christina Smith
- 4. Q & A All

# MOH Update

DR. WADIEH YACOUB, SENIOR MEDICAL OFFICER OF HEALTH

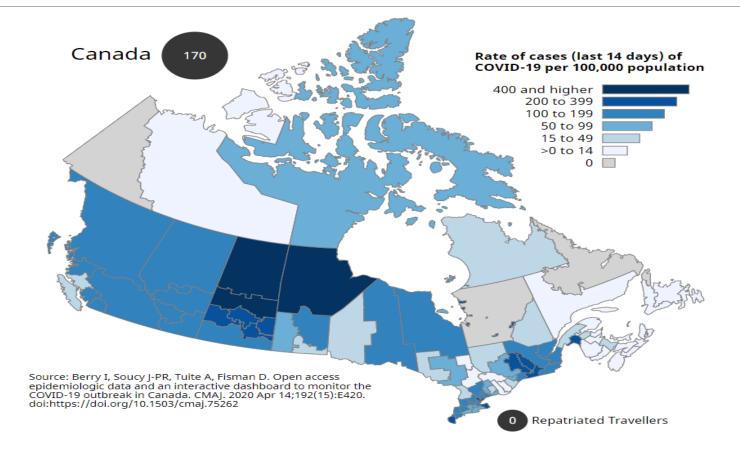
DR. CHRIS SARIN, DEPUTY MEDICAL OFFICER OF HEALTH

#### Reminder - Privacy

- All information related to an individual who is or was infected with a communicable disease shall be treated as private and confidential
- No information shall be published, released or disclosed in any manner that would be detrimental to the personal interest, reputation or privacy of that individual.

#### Current Situation — Canada (as of February 3, 2021)

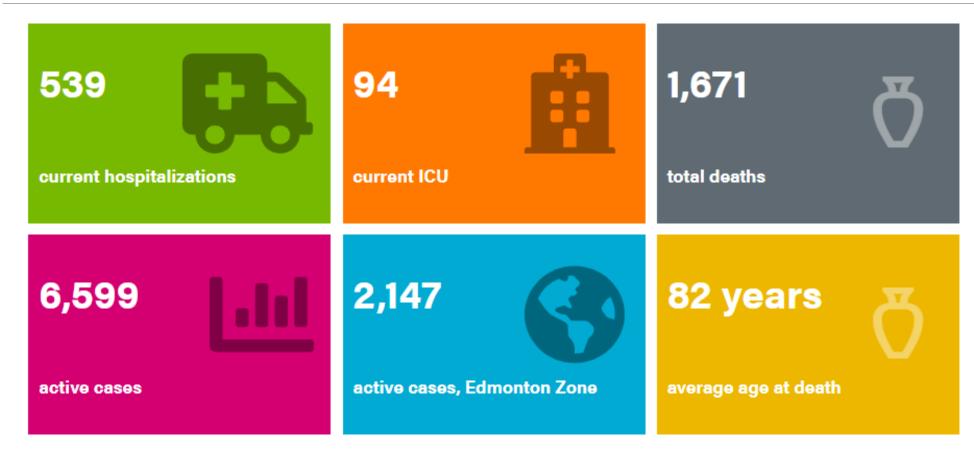
Total active cases in Canada: 48,221



Public Health Agency of Canada https://health-infobase.canada.ca/covid-19/dashboard/?stat=rate&measure=total last14&map=hr&f=true#a2

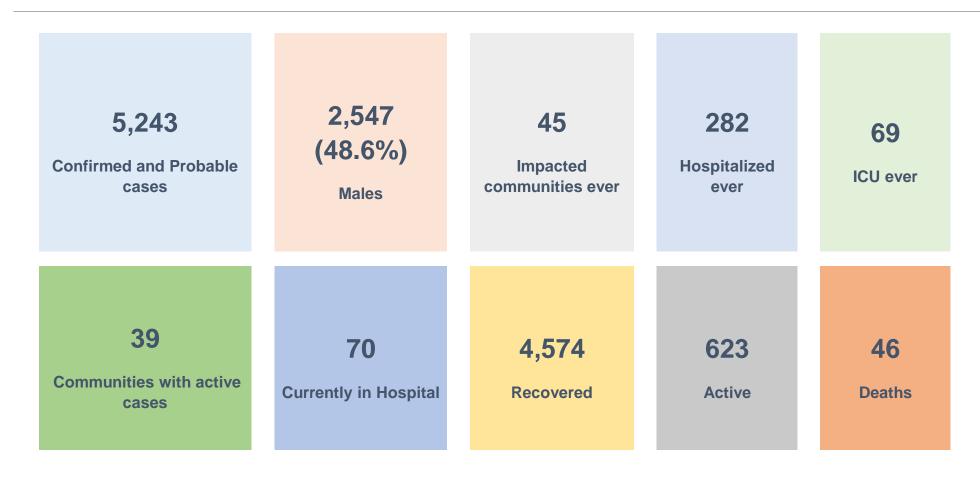
#### Current Situation - Alberta

Overview of COVID-19 in Alberta (as of February 2, 2021):

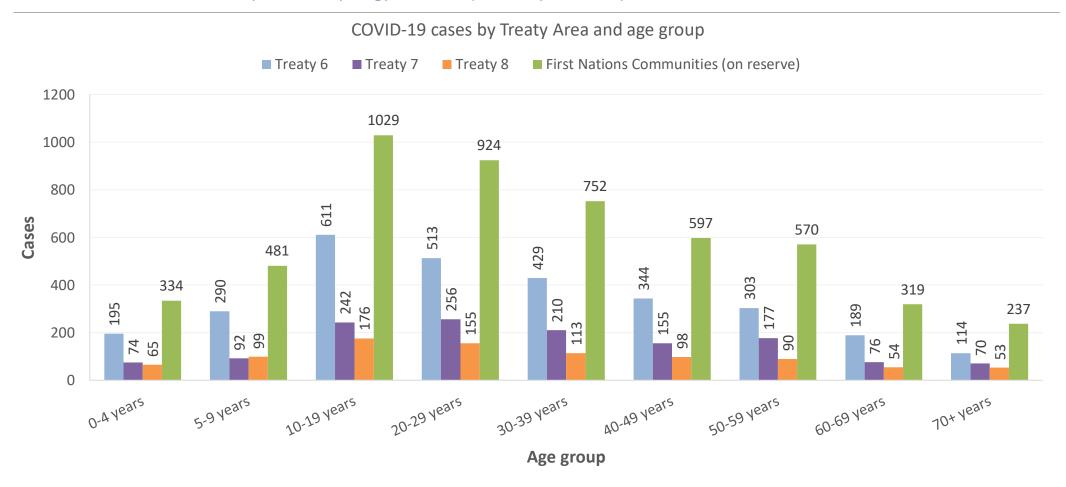


Interactive Alberta data can be found at: <a href="https://covid19stats.alberta.ca/">https://covid19stats.alberta.ca/</a>

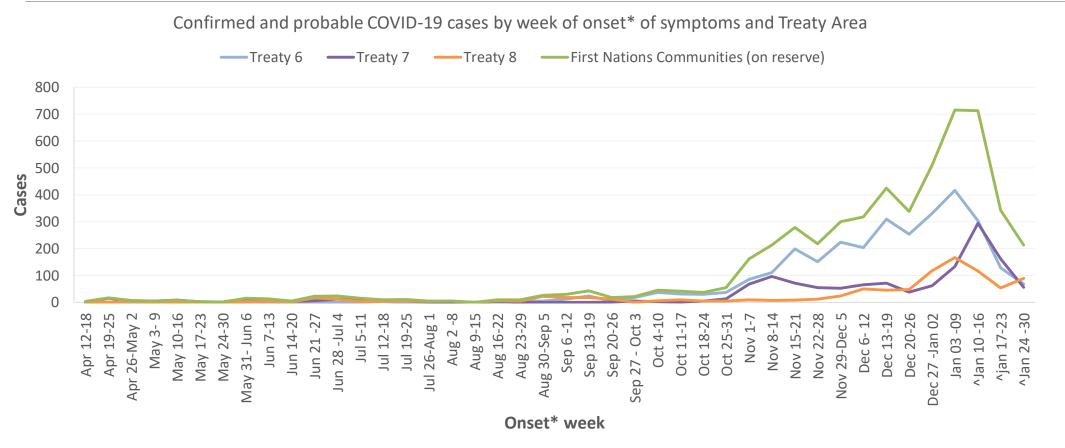
## Overview of COVID-19 cases in First Nations communities on reserve in Alberta



## Age distribution of on-reserve COVID-19 cases in Alberta



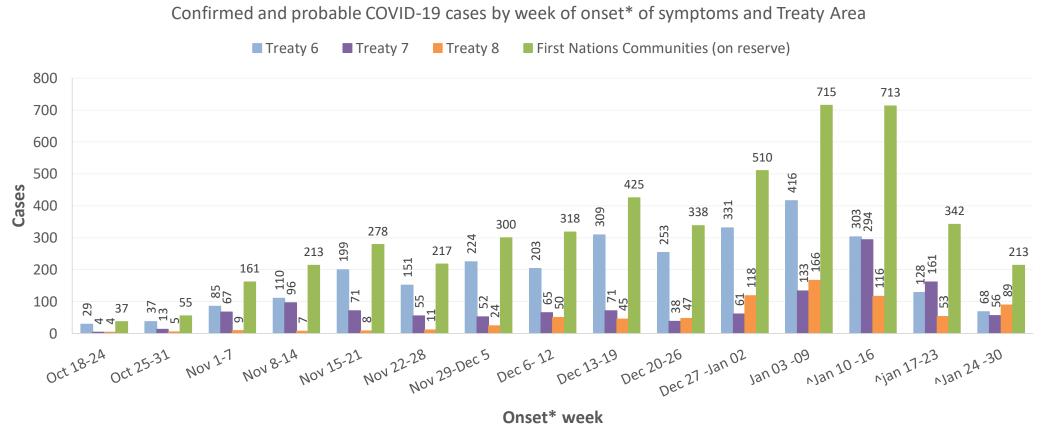
# Confirmed and probable COVID-19 cases by week of onset\* by Treaty Area



<sup>\*</sup>Onset date is the earliest of the "date of onset of symptoms" and "specimen collection date"

<sup>^</sup>Data may be incomplete due to late receipt of lab reports

# Confirmed and probable COVID-19 cases by week of onset\* by Treaty Area



<sup>\*</sup>Onset date is the earliest of the "date of onset of symptoms" and "specimen collection date"

<sup>^</sup>Data may be incomplete due to late receipt of lab reports

#### Severe Outcomes

Sources: FNIHB COVID-19 ER System via Synergy in Action (February 03, 2021) & https://www.alberta.ca/stats/covid-19-alberta-statistics.htm (February 03, 2021)

	Total Case Hospitalization Rate	Total Case ICU Rate	Case Fatality Rate	Current Case Hospitalization Rate
Treaty 6	4.6 per 100 Cases	1.1 per 100 Cases	0.9 per 100 Cases	0.7 per 100 Cases
Treaty 7	7.0 per 100 Cases	1.7 per 100 Cases	0.9 per 100 Cases	2.2 per 100 Cases
Treaty 8	5.5 per 100 Cases	1.4 per 100 Cases	0.8 per 100 Cases	1.8 per 100 Cases
First Nations Communities (on reserves)	5.4 per 100 Cases	1.3 per 100 Cases	0.9 per 100 Cases	1.3 per 100 Cases
Alberta (includes First Nations communities)	4.4 per 100 Cases	0.7 per 100 Cases	1.3 per 100 Cases	0.4 per 100 Cases

QUESTIONS: VCHELP@FNTN.CA

#### Severe Outcomes –Average Age

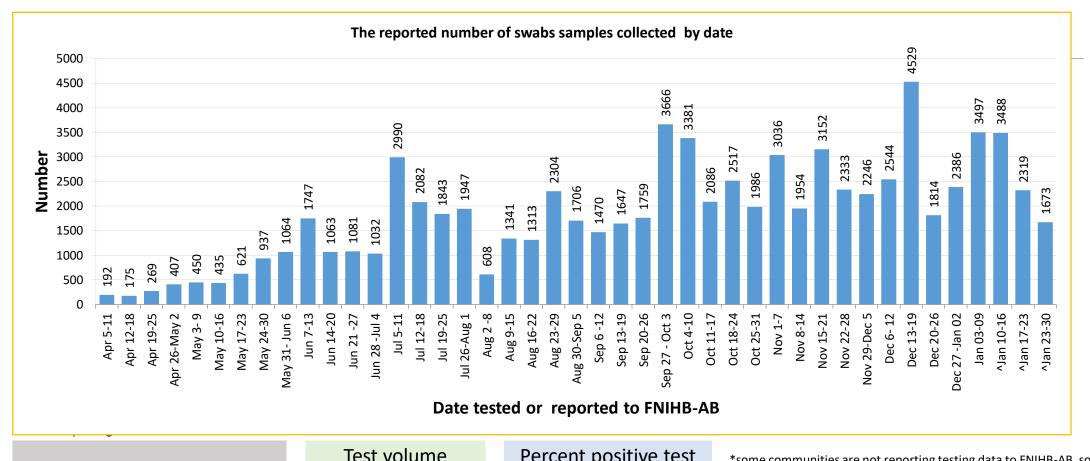
Sources: FNIHB COVID-19 ER System via Synergy in Action (February 03, 2021) & https://www.alberta.ca/stats/covid-19-alberta-statistics.htm (February 03, 2021)

	Average age of cases hospitalized	Average age of ICU cases	Average age of deceased cases	Average age of non-hospitalized cases
Treaty 6	<b>52</b> years (range:14-88)	56 years (range:29-83)	66 years (range:23-88)	29 years (range:0-94)
Treaty 7	54 years (range:16-85)	58 years (range:41-78)	63 years (range:20-85)	31 years (range:0-87)
Treaty 8	60 years (range:20-91)	56 years (range:20-82)	69 years (range:48-81)	29 years (range:0-82)
First Nations Communities (on reserves)	54 years (range:14-91)	56 years (range:20-83)	66 years (range:20-88)	30 years (range:0-94)
Alberta (includes First Nations communities)	63 years (range:0-104)	<b>59</b> years (range:0-89)	82 years (range:20-107)	37 years (range:0-108)

QUESTIONS: VCHELP@FNTN.CA

#### Test Volume

Sources: Community Reports to FNIHB-AB (February 03, 2021)



First Nations (on reserve)*	
All Albertans	

Test volume	Percent positive test
79,090	6.6%
3,195,613	3.9%

\*some communities are not reporting testing data to FNIHB-AB, so percent positive test may be overestimated

#### Alberta COVID-19 Testing Criteria

#### Testing is available for:

- any person exhibiting any <u>symptoms of COVID-19</u>
- all close contacts of confirmed COVID-19 cases
- all workers and/or residents at specific outbreak sites

Asymptomatic testing has been paused for people who have no known exposure to COVID-19.

FNIHB MOHs will provide guidance to prioritize testing in First Nation communities with cases.

#### COVID-19 Variants

- As of February 1, Alberta has detected:
  - 50 cases of the variant first identified in the United Kingdom (B.1.1.7)
  - 7 cases of the variant first identified in South Africa (B.1.351)
- Scientists and public health officials around the world are studying these variant strains, including how the current vaccines may help protect against them.
- Current evidence suggests these variants of concern are more contagious and can spread more easily than the original COVID-19 strain.
- While it is not yet clear whether these new variants tend to cause more severe illness, there is concern about the impacts if they become common in our communities. The increased spread of COVID-19 would result in more illness, hospitalizations and deaths.

# COVID-19 Vaccine Clinic – Lessons Learned Maskwacis Health Services

BONNY GRAHAM, PROGRAM MANAGER - COMMUNITY HEALTH, DIABETES AND HEALTH PROMOTION



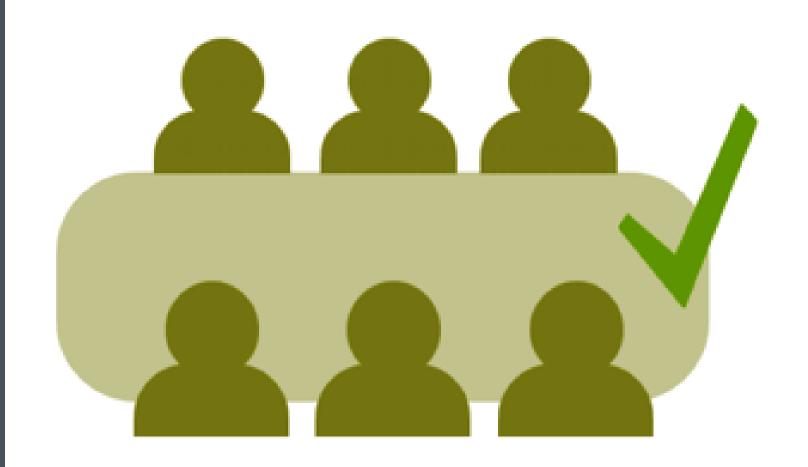


the long-awaited announcement

#### ADVOCATING, PLANNING, IMPLEMENTING

#### MEETINGS & MORE MEETINGS

- ❖ AH/AHS/FNIHB/MHS
- MHS, NATIONS
- ❖ DEMS, ELDERS PROGRAMS, MHS
- ❖ MHS, STAFF,





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81.	5	3	1	4	5	4

St. Parties, spin

January 15<sup>th</sup>, 2021

Meeting with AH/AHS/FNIHB/MHS

Announcement that Maskwacis would receive 500 doses of Moderna Vaccine.

The planning began that day for the vaccine roll out to all 4 Nations.

Phone Calls, Zoom meetings, emails, scheduling for clinics, and staff.

It can be done in a short period of time.

We followed the National Guidelines to plan our Roll out.

- Meetings were held with the Directors of Emergency Management to discuss the priorities for each community.
- All agreed the protection of the Elders was paramount.
- Each Nation met with their EOC committees and Elders Departments to discuss the Roll out.
- Each Nation provided a list of the Elders ages 65+.
- Some Nations had additional lists of 60-64 yrs and disabled.
- ❖ Based on the number of Elders 65 +, a schedule was provided.
- ❖ The Elders program Coordinators called all eligible clients and booked them for vaccines.
- ❖ 15 minute appointments and people were asked to come 15 min. early.
- Transportation was booked/provided.
- Snacks were provided for post vaccine.

#### GET SET, READY, GO....

#### **BEHIND THE SCENE WORK-PLANNING**

- ❖ Security of the vaccine- if possible arrange for delivery as close to clinic date as possible to allow more time to complete use. (Moderna 30 days unthawed at 2-8 degrees) & (Pfizer -5 days @ 2-8 degrees unthawed.)
- ❖ 1 CHN to monitor use of vaccine/doses/temperature/time open. Ensure you know how to use temp tales,. The room temp cannot be over 25 degrees, set temp tale for 24 degrees to alarm, open doors/windows to cool room if needed.
- ❖ Schedule Nurses to administer the vaccines. Review the vaccine information and paperwork, charting.
- ❖ Photocopy forms required, ie// triage lists with names/ph. #, house # and triage questions.
- Photocopy AHS immunization form especially if not using CHIP/user not authorized etc., for entry later.
- Photocopy aftercare sheets.

#### **BEHIND THE SCENE WORK-PLANNING – CONT'D**

- ❖ Provide information to public re vaccines/side effects/ reassurance/radio/newsletter/email, reasons to delay vaccines including other vaccines within previous 14 days and not to get vaccines for 28 days following.
- ❖ Make sure everyone knows their roles before clinic begins...have a huddle, discuss roles, opening prayer, especially when community and health centre team working together.
- ❖ Pack totes with supplies the day before you start and restock daily end of day. Syringes, needles, alcohol wipes, bandaids, cotton balls, sharps containers, blue pads, tape, disinfecting wipes, hand sanitizer, .epi-kits, clock.
- After clinic, complete required paperwork and reconcile vaccines, fax /email reports/ upload reports/took laptop to clinics to chart immediately/do paperwork and input same day/upload.
- ❖ Back up lists of people's names and contact # to call if a dose is available for use of every possible drop.

- ❖ Set up- physical distancing between stations, between chairs, separate after care area with LPN/RN, epi kits available, cot etc.
- Make a few copies of adverse reaction records, pen.
- Schedule triage person and use triage questionnaire to document.
- ❖ Registration-copy of schedule and check off/highlight as client arrives, fill out fit to immunize form-I created one using a modified form from Canada.ca , and demographics filled in on the AHS form.
- Assistant needed to direct client to waiting area then to immunizer.
- People to clean chairs between clients, depending how many appt's and immunizers, may need 2-3 people.
- RN provides health teaching and after care sheet. Writes time client may leave after 15 min on paper to give the Nurse in obs. Area.
- Physician available to discuss any questions/concerns with clients.
- Some Nations/ programs provided an incentive bag, all received snacks.

# IMMUNIZATION CLINIC DAY

- When we heard we were getting the vaccine on Fri. Jan 15<sup>th</sup>, we had to plan and implement the roll-out for all 4 Nations.
- Work may include evenings and weekends, whatever it takes.
- ❖ Time was the biggest concern...there was a sense of urgency to have clinics and use the vaccine as soon as possible..."it is better in the arm than in the fridge".
- You need CHN's/LPN's/clerical/security/triage people to help. Teamwork paramount. Director's of Emergency Management can help finding and arranging training for team members like security.

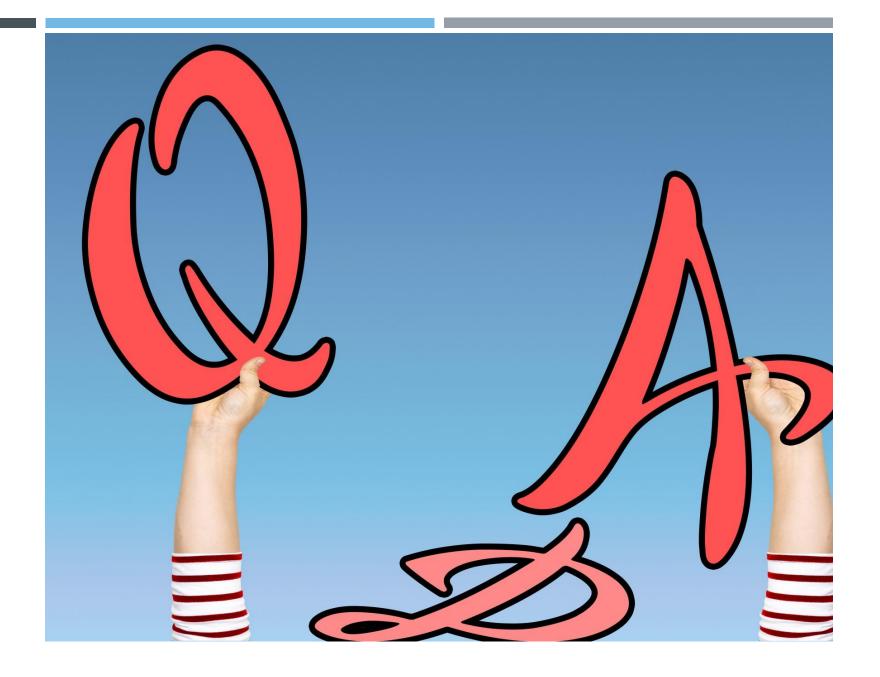
#### **CHALLENGES**

- \* Assign a Nurse Lead for the clinic.
- ❖ Depending on active Covid cases, may be a challenge to have enough people to immunize-work with neighboring community, FNIHB, AHS for help. Get non HC staff authorized to use CHIP-rush application.
- Have up to date lists of people & phone #'s to call if needed to remind, or in case extra doses are available.

**CHALLENGES** 

### COVID-19 VACCINE ROLL OUT

QUESTIONS: VCHELP@FNTN.ca





### COVID-19 Vaccine

DR. PARMINDER THIARA, DEPUTY MEDICAL OFFICER OF HEALTH / REGIONAL DIRECTOR OF PRIMARY AND POPULATION HEALTH

CHRISTINA SMITH, REGIONAL CDC NURSE MANAGER

#### Vaccine Development

#### Source:

https://www.canada.ca/en/healthcanada/services/drugs-healthproducts/covid19-industry/drugsvaccines-

<u>treatments/vaccines/development-</u> approval-infographic.html

#### Vaccine development and approval in Canada Vaccine development 10s of volunteers 100s of volunteers 1000s of volunteers Phase III Phase I Phase II How well does Does the vaccine Is the vaccine safe? prevent disease? the vaccine work? What is a safe Scientists develop Scientists conduct Manufacturer dose? . Is it safe on a What are the side a potential vaccine lab and animal submits application larger number effects? Are there any side studies before to Health Canada of people? effects? testing on humans for review · Safest and most effective dose? Exploratory -> Preclinical -Clinical Trials ...... Application

#### Review and Approval of Vaccines in Canada

Health Canada approves a vaccine if it's safe, it works, it meets manufacturing standards, and the benefits outweigh the risks.

#### Source:

#### Review and approval of vaccines



Canada experts conduct a thorough and independent review of all vaccine data \*



Health Canada approves a vaccine if it is safe, it works. it meets manufacturing standards, and the benefits outweigh the risks



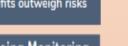
Governments coordinate the purchase, logistics and distribution of vaccines across Canada



All Canadians have access to the vaccine



Continuous monitorina and review to confirm the safety of the vaccine, and that benefits outweigh risks



Scientific Review



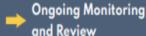
Approval



Distribution



Vaccination



For COVID-19 vaccines, Health Canada is using a fast-tracked process that allows manufacturers to submit data as it becomes available, and for Health Canada experts to start the review process right away. Vaccines will only be authorized once we have all necessary evidence.

# Vaccine Development and Approval Video

#### Source:

https://www.canada.ca/en/publichealth/services/video/covid-19-how vaccines-developed.html



#### COVID-19 Vaccine Data - National

Province	Total Doses Administered	Total Doses Delivered	% of Doses Administered ③	Doses Administered / 100k Population	People Fully Vaccinated ⑦
Ontario	355,055 (+6724 today)	411,650	86.25%	2,409.91	80,977
✓ Quebec	243,955 (+2409 today)	256,625	95.06%	2,844.69	N/A
O British Columbia	142,146	156,250	90.97%	2,762.34	6,417
O Alberta	109,341	122,725	89.09%	2,469.24	18,970
Manitoba	43,318	57,990	74.69%	3,139.93	10,466
Saskatchewan	35,763	35,650	100.31%	3,036.2	4,883
New Brunswick	17,277	21,675	79.7%	2,211.27	4,460
Nova Scotia	15,837	28,850	54.89%	1,617.48	3,457
Newfoundland and Labrador	12,596	16,500	76.33%	2,417.66	3,324
Northwest Territories	12,366	14,400	85.87%	27,434.88	125
① Yukon	9,091	14,400	63.13%	21,554.91	N/A
O Prince Edward Island	7,856	9,225	85.15%	4,918.82	2,568
• Nunavut	5,519	12,000	45.99%	14,048.61	N/A
Canada	1010120 (+9133 today)	1157940	87.2%	2657.65	135647

#### COVID-19 Vaccine Data - National

#### Key updates as of January 23, 2021

2.29%

of the population has received at least one dose<sup>a</sup>

0.12%

of the population has received two doses<sup>a</sup>

2.17%

of the population has received only one dose<sup>a</sup>

9.32%

of adults aged 80 or older have received at least one dose<sup>a b</sup>

48.29%

of health care workers have received at least one dose<sup>a</sup>

41.84%

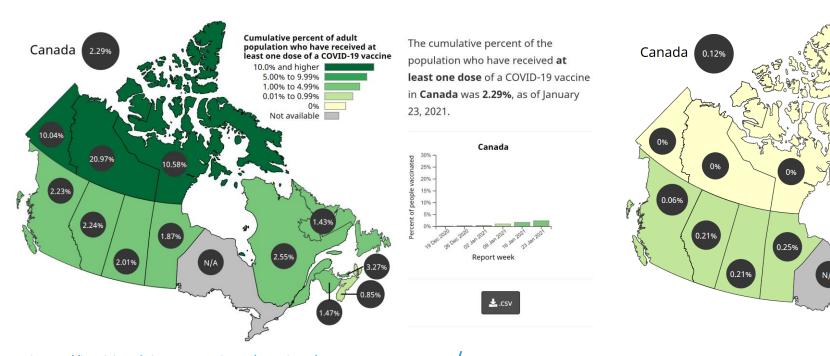
of adults in group living settings for seniors have received at least one dose<sup>a</sup>

Source: <a href="https://health-infobase.canada.ca/covid-19/vaccination-coverage/">https://health-infobase.canada.ca/covid-19/vaccination-coverage/</a>

# Cumulative percentage of the population who have received the COVID-19 vaccine in Canada by jurisdiction (as January 23, 2021)

AT LEAST ONE DOSE

#### TWO DOSES



Canada

0.12%

Cumulative percent of adult population who have received two doses of a COVID-19 vaccine

10.0% and higher 5.00% to 9.99%

0.01% to 0.99%

0.01% to 0.99%

Not available

Canada

Canada

Canada

Canada

Canada

Canada

O.21%

O.21%

O.21%

O.25%

O.21%

O.25%

O.33%

O.36%

O.36%

O.36%

O.36%

O.36%

The cumulative percent of the population who have received two doses of a COVID-19 vaccine in Canada was 0.12%, as of January 23, 2021.

Source: https://health-infobase.canada.ca/covid-19/vaccination-coverage/

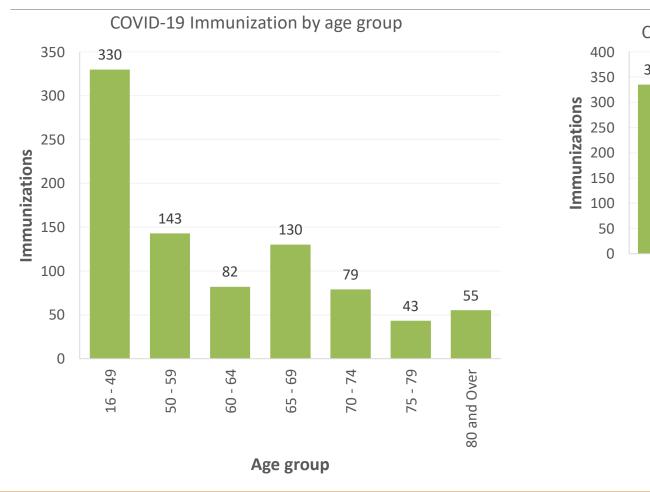
#### COVID-19 Vaccine Data - Provincial

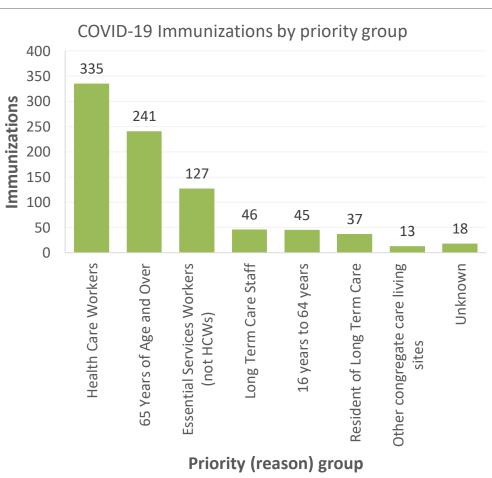
#### As of February 2:

- 109,341 doses of COVID-19 vaccine have been administered in Alberta. This is 2,472.7 doses per 100,000 population.
- 18,970 Albertans have been fully immunized with 2 doses.
- Up to date information can be found at <a href="https://www.alberta.ca/covid19-vaccine.aspx">https://www.alberta.ca/covid19-vaccine.aspx</a>

#### COVID Immunization Activity – On Reserve in Alberta

Source: Okaki Slice Analytics (February 03, 2021)





#### Adverse Events Following Immunization

Health practitioners are to report an adverse event following immunization within 3 days of determining or being informed that a patient has experienced an adverse event following immunization unless it has already been reported.

**Resource:** Adverse Events Following Immunization (AEFI) policy for Alberta immunization providers - <a href="https://open.alberta.ca/publications/aefi-policy-for-alberta-immunization-providers">https://open.alberta.ca/publications/aefi-policy-for-alberta-immunization-providers</a>

Provincially 53 adverse events following immunization (AEFI) have been reported to Alberta Health and Alberta Health Services. (as of February 1)

# Adverse Events Following Immunization – Alberta First Nations (on-reserve only)

Type of Reaction	<b>Details</b>	Number of Events Reported
Skin reaction at injection site	<ul> <li>delayed reaction (7-10 days after receiving first dose of COVID-19 vaccine)</li> <li>painless swelling, reddened, warm to touch</li> <li>itchy</li> </ul>	7
Localized pain/swelling at injection site	<ul> <li>fever 40 °C</li> <li>chills and pain lasting &gt;48 hours.</li> <li>possibility of a viral infection complicating this vaccine adverse event.</li> </ul>	1
Allergic reaction	<ul> <li>starting 15 minutes post immunization, over a 45 minute period</li> <li>throat tightness, and slight tingling of face.</li> <li>treated with epinephrine (1 dose)</li> <li>completely resolved within 1.5 hours.</li> </ul>	1
Anaphylaxis	Nil	0

**Note:** All allergic and anaphylaxis cases will need to be assessed by an allergist. In the case of allergic reactions, individuals must be assessed prior to receiving second dose. Please contact the CDC Team for more details.

#### QUESTIONS: VCHELP@FNTN.CA

# Adverse Events Following Immunization – COVID-19 Vaccine – National Summary

(as of January 15, 2021)

#### No safety signals

(potential safety issues) have been identified

66

New AEFI reports since last update

(49 new non-serious and 17 new serious)

90

**Total AEFI reports** 

(0.015% of all doses administered)

63

Total AEFI reports were non-serious

(0.010% of all doses administered)

27

Total AEFI reports were serious

(0.004% of all doses administered)

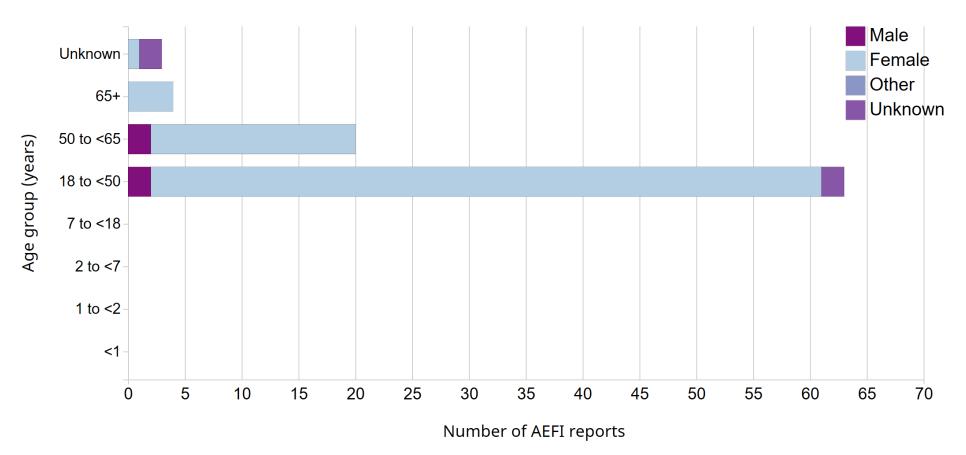
601,901

Total doses administered as of January 9, 2021

Source: GOC - <a href="https://health-infobase.canada.ca/covid-19/vaccine-safety/">https://health-infobase.canada.ca/covid-19/vaccine-safety/</a>

#### National AEFI reports by age and sex (n=90)

(as of January 15, 2021)



Source: GOC - https://health-infobase.canada.ca/covid-19/vaccine-safety/

#### COVID-19 Vaccine Resources

#### **Resources:**

Alberta One Health COVID-19 Update — Immunization Resources: <a href="https://www.onehealth.ca/ab/ABCovid-19">https://www.onehealth.ca/ab/ABCovid-19</a>

#### **Immunization Resources**

#### ☐ COVID-19 Vaccine - Resources for Staff

ISC - 2020-2021 COVID-19 Immunization Orientation (Slides)

ISC - 2020-2021 COVID-19 Immunization Orientation (Video)

AHS- Biological Page - Moderna Vaccine

Product Monograph - Moderna Vaccine

AHS - Fit to Immunize Assessment

AHS - Consent for COVID-19 Immunization

AHS - COVID-19 Client Record and Aftercare Sheet

**AHS - COVID-19 Immunization Record** 

AHS - COVID-19 Vaccine Patient Information Sheet

ISC - Toolkit COVID-19 Public Health and Primary Health Care Delivery

ISC - COVID-19 Vaccine Education Checklist

GOA - COVID-19 Vaccine Questions & Answers for Health-Care Practitioners

GOC - We're in this fight together (Poster 1)

GOC - Let's stop COVID-19 one arm at a time (Poster 2)

GOC - COVID-19 Vaccine Hesitancy (Handout)

#### □ COVID-19 Vaccine

GOC - What You Need to Know (Various Languages)

ISC - COVID-19 Vaccine Communications Toolkit

**GOA - COVID-19 Vaccine Distribution in Alberta** 

GOC - Vaccine development and approval in Canada (infographic)

GOC - COVID-19 vaccine and Indigenous Peoples

GOC - Pfizer-BioNTech COVID-19 vaccine: What you should know

GOC - Moderna COVID-19 vaccine: What you should know

GOC - Recommendations on the use of COVID-19 vaccine(s)

GOC - Guidance on the Prioritization of the Initial Doses of COVID-19 vaccine

AHS - COVID-19 Vaccine FAQs

GOC - Make sure you have the facts about vaccination

NCCID - Vaccine Hesitancy and First Nations, Inuit, and Métis Populations (Presentation)

# For COVID-19 resources and links to credible sources of information

GO TO THE ALBERTA ONE HEALTH COVID-19 UPDATE PAGE

HTTPS://WWW.ONEHEALTH.CA/AB/ABCOVID-19

# Is there a topic you would like to hear about at the next session?

PLEASE LET US KNOW!

EMAIL: VCHELP@FNTN.CA OR

SAC.CDEMERGENCIESAB-URGENCESMTAB.ISC@CANADA.CA

# Interested in presenting your community's COVID-19 response/experience?

PLEASE LET US KNOW!

EMAIL: VCHELP@FNTN.CA OR

SAC.CDEMERGENCIESAB-URGENCESMTAB.ISC@CANADA.CA

#### Acknowledgments

Bonny Graham, Program Manager, Maskwacis Health Services

Dr. Wadieh Yacoub, Senior Medical Officer of Health -FNIHB

Dr. Chris Sarin, Deputy Medical Officer of Health - FNIHB

Dr. Parminder Thiara, Deputy Medical Officer of Health – FNIHB

Christina Smith, Regional CDC Nurse Manager - FNIHB

Ibrahim Agyemang, Senior Epidemiologist - FNIHB

TSAG Telehealth Team (Michelle Hoeber, Brooke Hames and team)

**FNIHB Technical Team** 

### Questions?

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