

## COVID-19 Vaccine Bulletin #8 WDG Vaccine Rollout

The purpose of the Vaccine Bulletin is to give you the latest information about COVID-19 vaccines. For this bulletin, the focus will be on what we know today about the local process for the vaccine rollout.

### Government of Ontario Vaccine Updates

- [COVID-19 Vaccination Update: Technical Briefing \(January 25\)](#)
- The province was notified of reductions in Pfizer vaccine allocations resulting in no allocations for the week of January 25 and 26,325 doses for the week of February 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 administering first doses to these groups by February 5, 2021.
- For Pfizer vaccine, Ontario will maintain the maximum dose interval of 21-27 days for long-term care, retirement and First Nations elder care home resident groups and up to 42 days between the doses for all other groups. For those who received the Moderna vaccine, the 28-day interval will be maintained.

### Wellington-Dufferin-Guelph Vaccine Implementation Plan

#### Current Status

- The [total number of doses](#) that have been administered in **Wellington-Dufferin-Guelph** is **6342**.
- By the end of the day, **January 27<sup>th</sup>**, first dose vaccination clinics will be completed at **all** Wellington-Dufferin-Guelph long-term care and retirement homes.

#### Immunization Goal

- WDGPH aims to have at least **75%** of the population aged 16 years of age and over immunized with the COVID-19 vaccine by August 2021 – this represents approximately **189,445** individuals.

| WDG Region | 75% of population (16+) |
|------------|-------------------------|
| Wellington | 59,751                  |
| Dufferin   | 41,146                  |
| Guelph     | 88,549                  |

### **Phase 1 Immunization Sites**

- For Phase 1 of vaccine rollout, WDGPH will use the following immunization sites:

| <b>Site</b>                  | <b>Maximum doses possible per day</b> |
|------------------------------|---------------------------------------|
| WDGPH Chancellors Way Guelph | 600                                   |
| Groves Legacy Site Fergus    | 1200                                  |
| WDGPH Orangeville Office     | 500                                   |
| Mobile clinics at LTCH/RH    | 500*                                  |
| Pop-up clinic model (TBD)    | 200*                                  |

\*Maximum doses per day will vary daily based on factors including travel times, number of immunizers, set-up, size of facility, etc.

### **Primary Care/OHT and Pharmacy-Based Immunization Models**

- Primary care/OHT and pharmacy-based immunization models are key to increasing community access to COVID-19 vaccine and to rapidly immunizing the population
- We know that the lack of vaccine supply and unknown logistics makes vaccination planning challenging.
- In order to immunize our communities as quickly as possible, we need additional vaccination models that will significantly add to immunization capacity.
- Public Health is able to support primary care/OHT and pharmacy vaccination planning and provide links to community resources including possible facilities and municipal resources.
- Made-in-WDG vaccination plans using local resources and people will be key to a successful community vaccination strategy.

### **Phase 1 Priority Population Sequencing**

| <b>Phase</b>    | <b>Priority Populations</b>   | <b>Timeline</b>     |
|-----------------|---|---------------------|
| <b>Phase 1A</b> | Long-term care and retirement homes including: <ul style="list-style-type: none"> <li>• Residents</li> <li>• Staff</li> <li>• Essential support workers</li> <li>• Essential caregivers</li> <li>• People awaiting placement in long-term care</li> </ul> | January to February |
|                 | Prioritized health care workers in patient-facing roles including: <ul style="list-style-type: none"> <li>• Acute care and hospitals</li> <li>• Assessment centres</li> <li>• COVID-19 vaccination clinic immunizers</li> </ul>                           | January to February |
| <b>Phase 1B</b> | Other health care workers not included in Phase 1A  | February to March   |
|                 | Residents and staff of other congregate settings  | February to March   |
|                 | Adult chronic home care recipients  | February to March   |
|                 | First Nations and other Indigenous populations  | February to March   |

- More specific sequencing of different health care providers will be determined by recommendations from the WDGPH's COVID-19 Vaccine Sequence Strategy Task Force (see [Vaccine Bulletin #7](#)).
- As appropriate, health care organizations are responsible for their own priority sequencing using the [Guidance for Prioritizing Health Care Workers for COVID-19](#).
- Timelines depend on vaccine availability and are subject to change.

## Frequently Asked Questions

### ***How does the timing of the second dose of COVID-19 vaccine impact its effectiveness?***

[NACI recommends](#) that in the context of limited vaccine supply, jurisdictions may maximize the number of individuals benefiting from a first dose of vaccine by delaying the second dose preferably within 42 days of receipt of the first dose.

- The efficacy data from the vaccine trials included individuals who received their second dose from 19 to 42 days following their first dose.
- As a general vaccination principle, interruption of a vaccine series resulting in a greater than recommended interval between doses does not require restarting the series.
- Principles of immunology, vaccine science, and historical examples demonstrate that delays between doses do not result in a reduction in final antibody concentrations.

### ***What is the efficacy of one dose of the Pfizer vaccine?***

[As described by NACI](#), vaccine efficacy calculated from 14 days after dose 1 until dose 2 (a period of one week for the majority of study participants) was 92.3%. However, these estimates of vaccine efficacy are based on short periods of follow-up and therefore cannot predict how long protection lasts after a single dose.

### ***Do side effects differ after the first dose versus the second dose of the vaccine?***

[As described by NACI](#), systemic reactions (e.g., fatigue, headache, muscle pain, chills, and joint pain) are more frequent after the second vaccine and in younger adults.

### ***What resources are available for primary care physicians and pharmacies to help prepare for vaccination clinics?***

- [COVID-19 Vaccine Clinic Operations Planning Checklist](#) (MOH)
- [COVID-19 Vaccine Administration Training](#) (WDGPH)
- [Planning Guidance for Immunization Clinics for COVID-19 Vaccines](#) (PHAC)

## Adverse Events Following Immunization (AEFIs) in Ontario

Public Health Ontario Summary Report – [AEFIs for COVID-19 in Ontario: December 13, 2020 to January 16, 2021](#)

## Status of Doses Administered in Ontario

Total doses administered = **305,330**

Daily doses administered = **9,513**

Total vaccinations completed = **96,459**

## Reliable Sources of Information on Vaccines

[Public Health Agency of Canada](#)

[Government of Ontario](#)

[Public Health Ontario](#)

[Centre for Effective Practice \(CEP\)](#)

[World Health Organization](#)

[COVID-19 Studies from the World Health Organization Database](#)

[Centres for Disease Control and Prevention \(CDC\)](#)