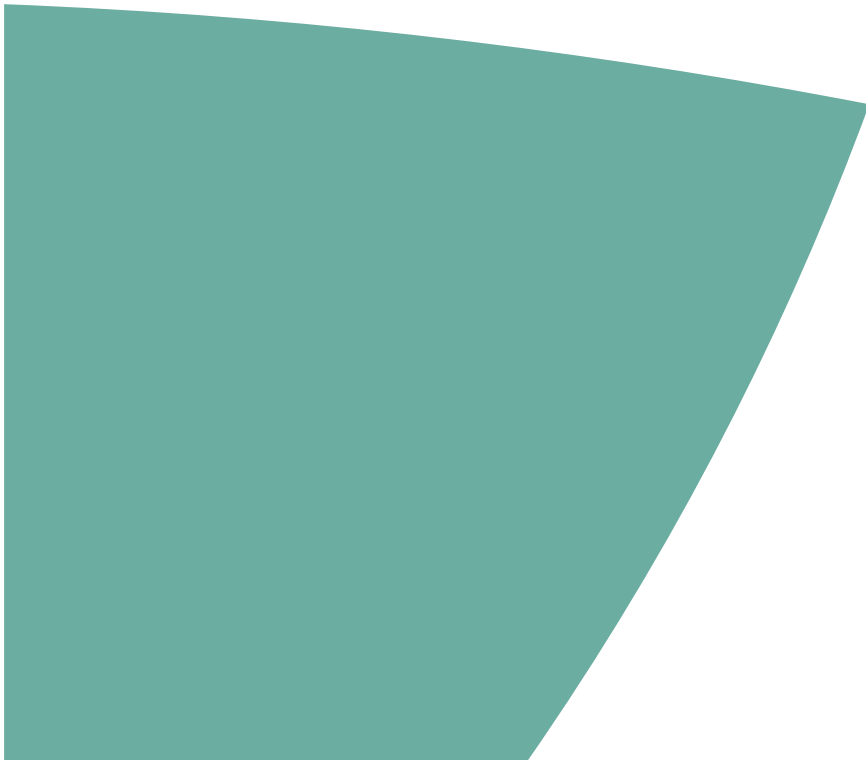


# COVID-19 Vaccination Update

## **TECHNICAL BRIEFING**

February 2, 2021



# PFIZER AND MODERNA UPDATE

- On January 19<sup>th</sup>, the province was notified by the federal government of further reductions in Pfizer-BioNTech allocations, resulting in:
  - no allocations in the week of January 25<sup>th</sup>
  - 26,325 doses in the week of February 1<sup>st</sup> (reduction of approx. 82%)
  - 27,300 doses in the week of February 8 (reduction of approx. 81%)
  - 130,650 doses in the week of February 15 (reduction of approx. 8%)
  - 155,025 doses in the week of February 22 (increase of approx. 9%)
- No allocations have been provided beyond the week of February 22.
- On January 29<sup>th</sup> the province was advised by the Federal Government that the allocation of Moderna for the week of February 1 will be decreased by 18,200 doses (approx. 22% decrease).
  - Ontario is expecting to receive 63,400 doses of Moderna by the end of the week of February 1<sup>st</sup>.
- Despite these challenges 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. As a result of recent delays in shipments, the province has updated its goal of visiting these settings to administer first doses by February 10.
- The province is expecting approximately 310,000 doses to be delivered in the remaining weeks of February. Once sufficient doses are available, vaccinations will resume to provide first doses for staff and essential caregivers in the settings for the most vulnerable populations.

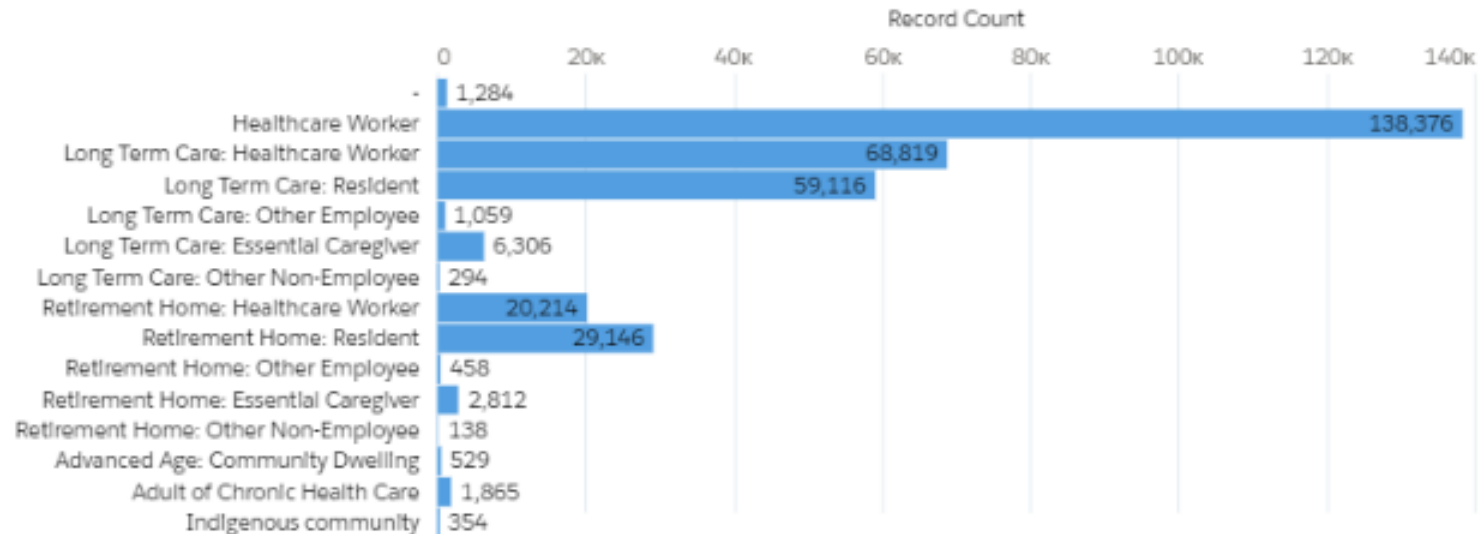
# PROGRESS TO DATE

Data based on COVax data as of January 31, 2021, 8pm

## Total Doses Administered By Vaccine

	Doses
Pfizer	280,084
Moderna	61,816
<b>Total Dosages Administered</b>	<b>341,900</b>

## Doses Administered by Reason for Vaccination



# LONG-TERM CARE HOMES UPDATE

- Residents, staff, essential caregivers (including family caregivers) and other employees in congregate living settings for seniors were identified as an initial priority due to: age, clinical risk/vulnerability and risk associated with living in a congregate setting.
- Specific public health unit areas were identified and prioritized based on highest risk categorization including rates of disease transmission in the community.
- All LTC home residents will receive a first dose vaccine offer by February 10.

# Second Dose Update

- To enable the implementation of the extended dosing interval, the Chief Medical Officer of Health has provided public health guidance under Section 2 of the Supporting Ontario's Recovery Act, 2020 to clarify that all sites should schedule, or reschedule as required, all second dose appointments for the Pfizer-BioNTech COVID-19 vaccine.
  - 35 days after the administration of the first dose, and no later than 42 days, for all vaccine recipients other than residents of long-term care, high-risk retirement and First Nations elder care homes.
  - The dosing interval for residents should be maintained at 21-27 days.
- The extended dosage interval is a direct response to the temporarily reduced vaccine availability from the federal government and uncertainty regarding the stability of supply in the near-term, as well as the current provincial epidemiology of the pandemic.

# STATUS UPDATE: OPERATION REMOTE IMMUNITY

## (31 northern fly-in communities and Moosonee)

- Collaboration between the Ministry of Health, Ornge, the Ministries of Indigenous Affairs (IAO), Solicitor General and Natural Resources and Forestry and federal government partners as well as with the Nishnawbe Aski Nation (NAN).
- Visiting 31 fly-in First Nation communities and Moosonee in Ontario. As part of the rollout, the vaccine will be available to community members 18 years of age or older.
- Plan was co-developed in partnership with NAN recognizing the critical importance of engaging Indigenous leadership in how vaccines are offered to their communities.
- Vaccination teams under the direction of Ornge will be represented by a number of organizations, including the Weeneebayko Area Health Authority (WAHA), the Sioux Lookout First Nations Health Authority (SLFNHA), the First Nations Inuit Health Branch (FNHIB), the Northern Ontario School of Medicine (NOSM), Queen's University, the University of Toronto, northern Paramedic Services, the Porcupine Health Unit, among others. Team members have received the full COVID-19 vaccine and have undergone cultural training prior to this operation.
- Weenusk (Peawanuk) First Nation was the first to host a vaccination team and clinic on January 26. During the week of February, 1, 2021, teams will be visiting Neskantaga, Slate Falls, Muskrat Dam, Fort Severn, Kashechewan and Webequie.
- As SLFNHA and WAHA have their own health care workers, Ornge has delivered the vaccines to these locations and over 1,000 vaccinations have been administered with a focus on hospital and long-term care/chronic care staff and residents.
- Operation Remote Immunity aims to complete its work by April 30, 2021.

# NEXT STEPS

- Ministry of Health continues 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. The province has capacity to vaccinate nearly 40,000 people per day and is building capacity to triple or quadruple that capacity pending federal government supply, including municipally-run vaccination clinics.