COVID-19 Community of Practice for Ontario Family Physicians

Changing the Way We Work

The COVID-19 Vaccine: Newly approved vaccines, public health collaboration, and more

March 12, 2021

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Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of Family Physicians

The COVID-19 Vaccine: Newly approved vaccines, public health collaboration, and more

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- Dr. Daniel Warshafsky, Toronto, ON
- Dr. Liz Muggah, Ottawa, ON
- Dr. David Kaplan, Toronto, ON

This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 1 Mainpro+ credits.

The COVID-19 Community of Practice for Ontario Family Physician includes a series of planned webinars. Each session is worth 1 Mainpro+ credits, for up to a total of 18 credits.

Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognize that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respect that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.

Medical experimentation and the roots of COVID-19 vaccine hesitancy among Indigenous Peoples in Canada

■ Cite as: *CMAJ* 2021. doi: 10.1503/cmaj.210112; early-released February 24, 2021

As the second wave of the pandemic sees case numbers rise to dangerous levels across the country, it has become clear that Indigenous people are particularly vulnerable to coronavirus disease 2019 (COVID-19). The figures released by the Manitoba First Nations COVID-19 Pandemic Response Coordination Team reflect this vulnerability. Despite making up just over 10% of the total population of the province, First Nations people make up 71% of active cases with COVID-19 and 50% of patients in the intensive care unit; the median age of death from COVID-19 for First Nations people is 66 compared with the provincial median of 83 for Manitobans, overall.[1]

This should come as no surprise to anyone who has read the dozens of studies, reports and royal commission findings published during the past two decades. Study after study has shown the vulnerability of First Nations, Métis and Inuit communities to health crises like the one we are currently facing. This vulnerability is very much the product of a Canadian colonial policy regime that has guaranteed that Indigenous Peoples have reduced access to adequate health care, healthy food and clean water, while also experiencing much greater levels of

F. Royal/National Film Board of Canada/Library and Archives Canada/

https://www.cmaj.ca/content/early/2021/02/23/cmaj.210112

Changing the way we work

A community of practice for family physicians during COVID-19

At the conclusion of this series participants will be able to:

- Identify the current best practices for delivery of primary care within the context of COVID-19 and how to incorporate into practice.
- Describe point-of-care resources and tools available to guide decision making and plan of care.
- Connect with a community of family physicians to identify practical solutions for their primary care practice under current conditions.

Previous webinars & related resources:

https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions

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Potential for conflict(s) of interest:
N/A

Mitigating Potential Bias

- The Scientific Planning Committee has full control over the choice of topics/speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by a three-member national/scientific planning committee.

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- Faculty Name: **Dr. Kieran Moore**
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  - Grants/Research Support: CIHR Canadian Lyme Disease Research Network
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- Relationships with financial sponsors:
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  - Speakers Bureau/Honoraria: N/A
  - Others: N/A

Where are we from (outside the GTA)?

Questions we've received from YOU:

Vaccine safety, efficacy, and use

1. **What is the efficacy & safety of the AstraZeneca and Janssen/J&J vaccines? How does this compare to the mRNA vaccines? Who should/shouldn't it be used for?**
2. **How do the new variants impact vaccine efficacy**
3. **What is the evidence supporting the decision to lengthen the second dose to 4 months? What risks are there?**
4. Will people have a choice of vaccine? Can they be mixed and matched?
5. What is the emerging evidence re: the impact of vaccination on transmission? Do we need to keep up with public health measures after vaccination?

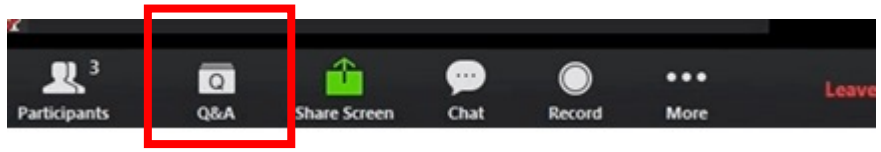
Questions we've received from YOU:

Vaccine roll out

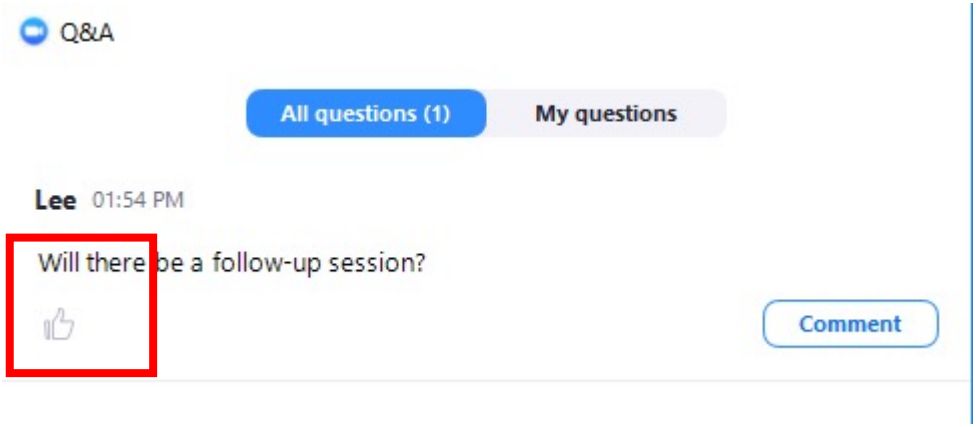
1. **What role will primary care play? What role will pharmacies have?**
2. **How can I work with my local public health unit?**
3. **How can I prepare to run a mass immunization clinic?**
4. **Will I need to enter data into COVAX? How will I get access/training? What functionality will it offer?**
5. How are homebound individuals being vaccinated? Which chronic conditions are part of Phase 2?

How to Participate

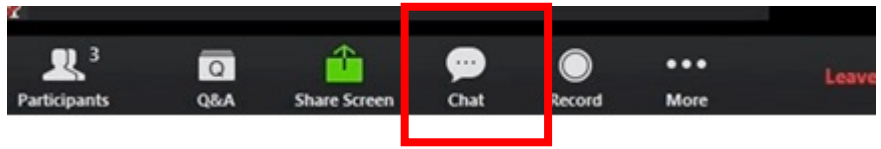
- All questions should be asked using the Q&A function at the bottom of your screen.



- Press the thumbs up button to upvote another guests questions. Upvote a question if you want to ask a similar question or want to see a guest's question go to the top and catch the panels attention.



- Please use the chat box for networking purposes only.



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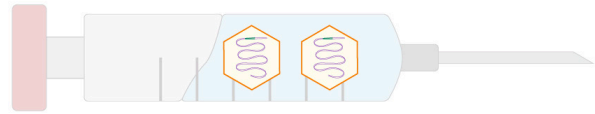
How do Viral Vector Vaccines work?

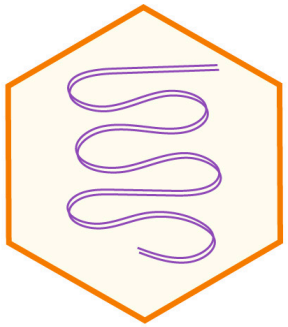
viral vector vaccines



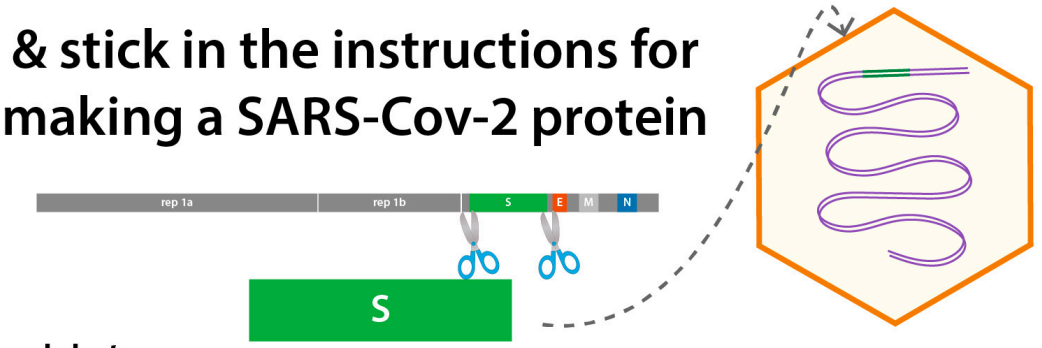
take a different (harmless) virus...

it's already "designed" to get viral genetic info (DNA or RNA) into cells - it "knows" how to get inside, and it offers plenty of protection for the DNA or RNA along the way

you just need to tell it what to make...



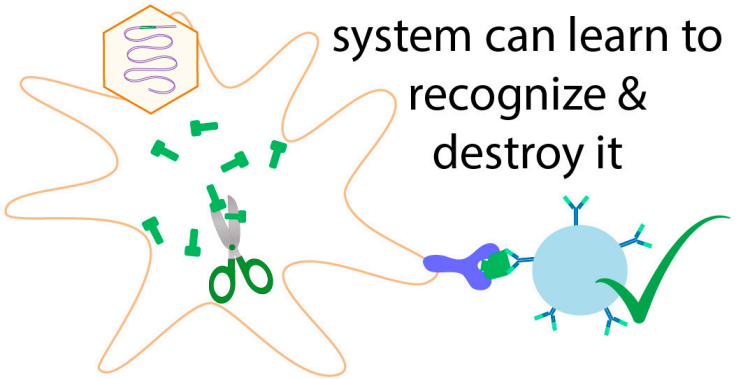
& stick in the instructions for making a SARS-Cov-2 protein



this virus wouldn't normally make the coronavirus Spike protein...

...but now it does

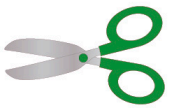
so when it infects cells, the SARS-Cov-2 protein gets made



and the immune system can learn to recognize & destroy it

some of the viral vectors (often the adenovirus ones) also have a piece cut out so that thea virus can't make a protein it needs to replicate

so you might hear about ***replicating*** & ***non-replicating*** viral vectors



AstraZeneca/Oxford COVID-19 Vaccine

- **The Vaccine**
  - Adenovirus based vaccine, non replicating vector (can invade but not replicate)
  - 2 doses, 4-12 weeks apart
  - Approved for individuals 18+ years of age, recommended ages 18-64
- **Trials**
  - Almost 24,000 participants (Brazil, UK, S. Africa)
  - 62% efficacy, 90% in those of lower dose followed by standard dose
  - 2 different manufacturing sites: UK and EU
    - Different viral particles in each, so one had twice the amount of other
    - Also range of duration between first and second doses: some second dose 28 days to 12 weeks
    - Seems the lower dose followed by higher dose combination may show higher efficacy
      - Postulated to be due to increased duration of time to second dose

Janssen COVID-19 Vaccine

- **The Vaccine**
  - Adenovirus based vaccine
  - One dose vaccine
  - Approved for individuals 18+ years of age
- **Trials**
  - Global Phase 3: ENSEMBLE Trial: 28 days after vaccination
    - Safety and efficacy data are based on 43,783 participants accruing 468 symptomatic cases of COVID-19
    - 72% effective in US and 66% overall at preventing moderate-severe COVID-19
    - 57% effective in South Africa
    - 85% effective at preventing severe disease and death
    - No allergic reactions
    - Fever 9%
    - Serious side effects more common in placebo than in vaccine group

Comparison of Vaccine Efficacy

Vaccine	Effectiveness against serious illness	Effectiveness 14d after Dose 1 (95% CI)	Effectiveness 7-14d after Dose 2 (95% CI)
Pfizer	75-100% (after dose 2)	93% (69-98%)	95% (90-98%)
Moderna	100% (14d after dose 2)	92% (69-99%)	94.1% (89-97%)
AstraZeneca	100% (after dose 2)	76% (59-86%)	81.6% (47-93.6%)
Janssen	85.4% (28d after single dose)	66%	N/A

Vaccine Efficacy to VOCs – mRNA

Vaccines	B.1.1.7 (identified in UK)	B.1.351 (identified in South Africa)	P.1 and P.2 (identified in Brazil)
Pfizer-BioNTech (mRNA)	(1) Sera of 40 vaccinated participants (2 doses)[2] - **Slightly reduced but overall, largely preserved neutralizing titers** (2) Sera of 24 vaccinated participants (3 weeks post 1 dose)[3] - **Modestly reduced neutralizing titers** (3) Sera of 10 vaccinated participants (2 doses)[4] - **Small (~2-fold) loss of neutralizing activity**	(1) Sera of 20 vaccinated participants (2 doses) against three engineered viruses with key mutations[5] - **Slightly reduced neutralization** against the virus with the three key mutations present in B.1.351 (E484K+N501Y+D614G) (2) Sera of 10 vaccinated participants (2 doses)[4] - **Small (~6.5-fold) but significant loss of neutralizing activity**	• Limited data
Moderna (mRNA)	(1) Sera of 40 vaccinated participants (11 samples from 29 days post-dose 1; 29 samples from 28 days post-dose 2)[7] - **Slightly reduced (~1.5-fold) neutralizing titers** - Sera with weaker neutralizing activity exhibited a more substantial reduction in activity (mainly sera collected post-dose 1) (2) Sera of 12 vaccinated participants (2 doses)[4] - **Small (~1.8-fold) loss of neutralizing activity**	(1) Sera of 8 previously vaccinated participants[8] - Immune sera had **reduced but still significant neutralization** against B.1.351 → 3 mutations (K417N+E484K+N501Y) = 2.7-fold reduction; **Full set of mutations = 6.4-fold reduction** (2) Sera of 12 vaccinated participants (2 doses)[4] - **Small (~8.6-fold) but significant loss of neutralizing activity**	• Limited data

1. Polack et al. N Engl J Med. 2020.
2. Muik et al. Science. 2021.
3. Collier et al. bioRxiv preprint. 2021.
4. Wang et al. bioRxiv preprint. 2021.
5. Xie et al. bioRxiv preprint. 2021.
6. Baden et al. N Engl J Med. 2021.
7. Shen et al. bioRxiv preprint. 2021.
8. Wu et al. bioRxiv preprint. 2021.

Table courtesy of CIHR

*No clinical trial data, all are *in vitro*, lab-based studies

Vaccine Efficacy to VOCs – Viral Vector

Vaccines	B.1.1.7 (identified in UK)	B.1.351 (identified in South Africa)	P.1 and P.2 (identified in Brazil)
AstraZeneca (viral vector)	• Vaccine efficacy was **74.6%**, which is similar to that seen against non-B.1.1.7 disease (84.1%)[2] • **Virus neutralization activity by vaccine-induced antibodies was 9-fold lower** against B.1.1.7 variant	• **~10.4% efficacy** (~2000 participants; average age of 31) in phase Ia/IIb study in South Africa; **19 cases in vaccine group vs 20 cases in placebo** group[3] • Compared to vaccine efficacy of >75% at 14 days after 1st dose against non-B.1.351 variant	• Not tested, however one of the trials is specifically in Brazil, so data may be pending
Janssen (J&J) (viral vector; one shot)		• ~57% efficacy (6, 576 participants) in South Africa where ~95% of SARS-CoV-2 cases were attributed to B.1.351[4]	• Not specific to P.1 and/or P.2 but efficacy did not significantly wane in Latin America (Argentina, Brazil, Chile, Colombia, Mexico, Peru) (17, 905 participants)

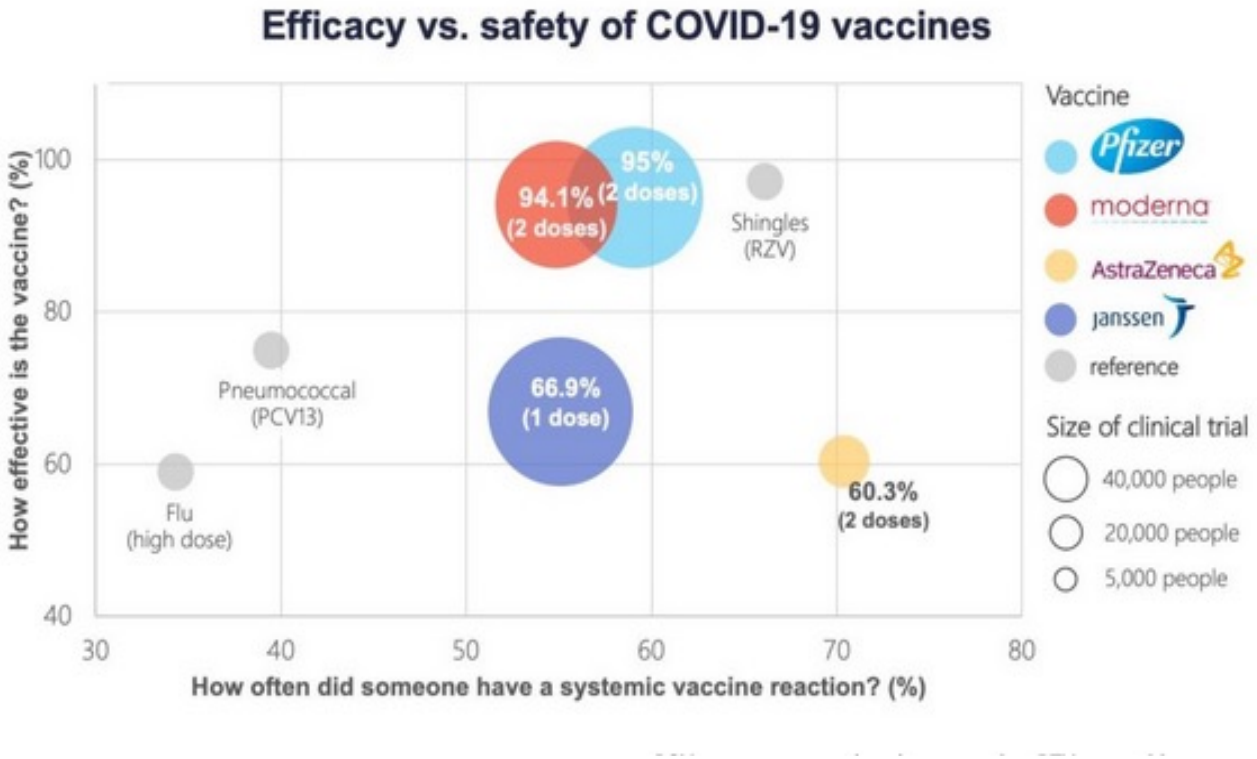
1. Voysey et al. Preprints with the Lancet. 2021.
2. Emary et al. Preprints with the Lancet. 2021.
3. Attached slide
4. Johnson & Johnson Announces Single-Shot Janssen COVID-19 Vaccine Candidate Met Primary Endpoints in Interim Analysis of its Phase 3 ENSEMBLE Trial. 2021.

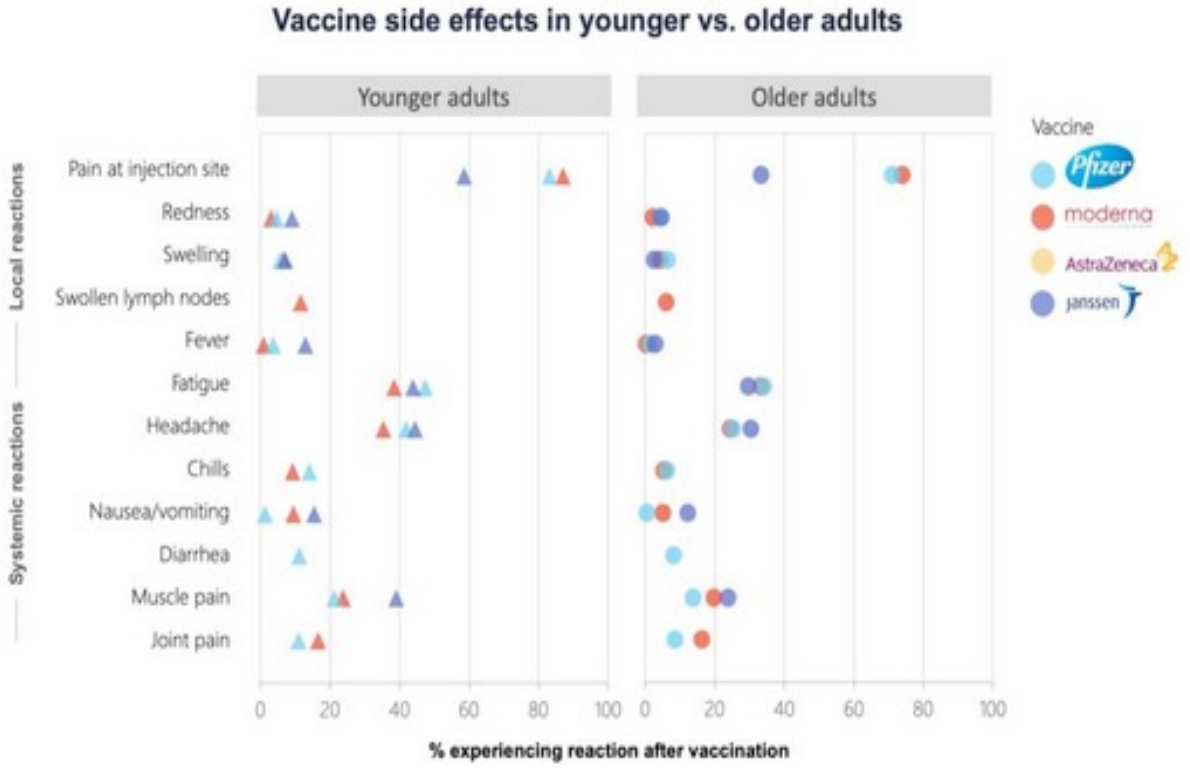
Table courtesy of CIHR

So, which vaccine should I/my patients get?

- All of the Health Canada approved COVID-19 vaccines are well studied, safe, effective
- Many people are at high risk of COVID-19 exposure and associated illness
- Experts agree that the best COVID-19 vaccine is the one that reaches your arm first

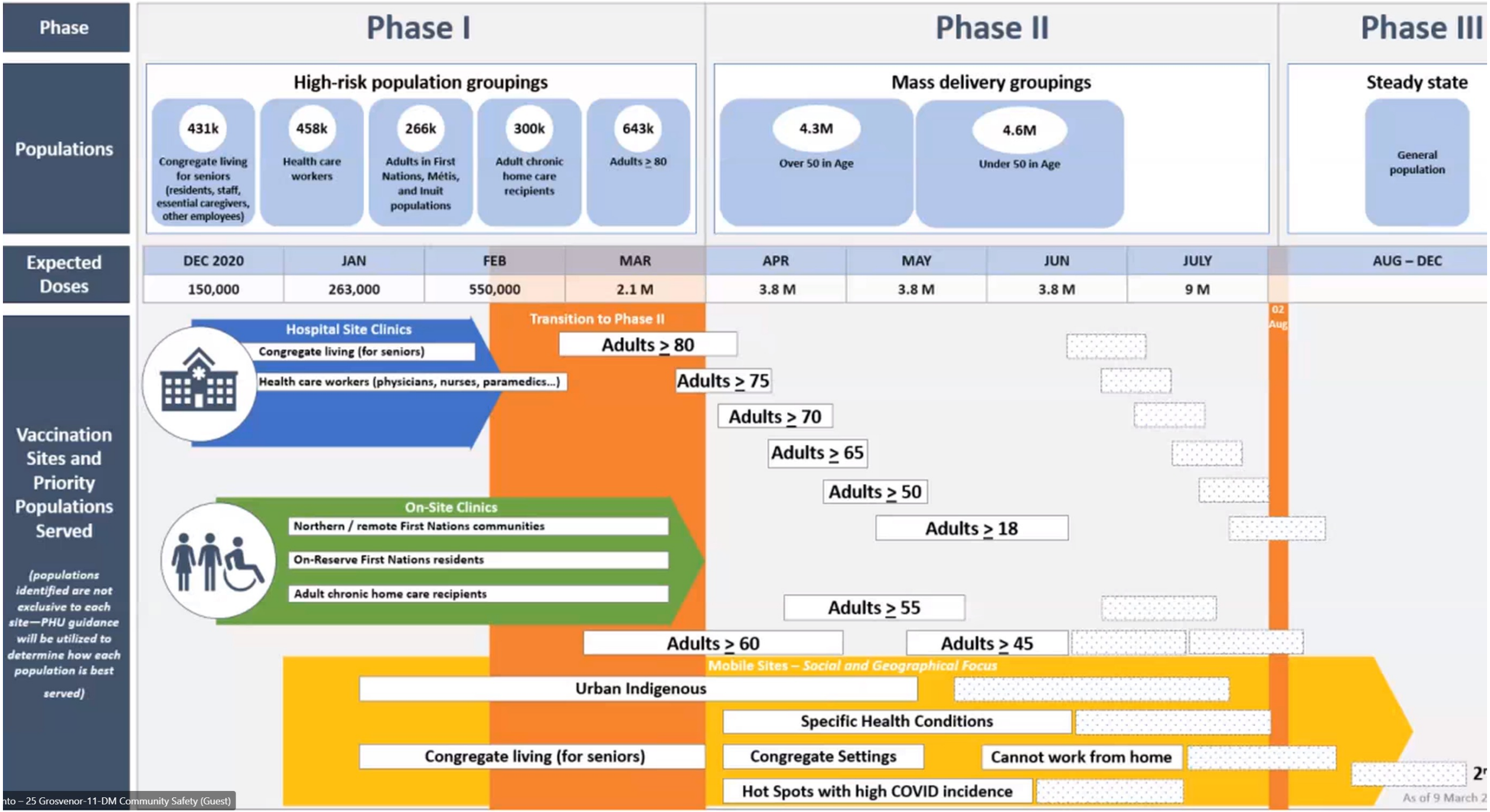
Comparing vaccines: efficacy, safety, and side effects





https://healthydebate.ca/2021/03/topic/comparing-vaccines/?utm_source=mailpoet&utm_medium=email&utm_campaign=what-you-need-to-know-about-vaccines_6

For deployment of Pfizer, Moderna and AstraZeneca vaccines



Ontario's Plan Recap

https://covid-19.ontario.ca/getting-covid-19-vaccine-ontario#ontario%E2%80%99s-vaccination-plan

Phase 1 High-risk populations (~ 1. 8 million)	Phase 2 Mass deliveries of vaccines (~ 9 million)	Phase 3 Steady state
December 2020 – March 2021	April 2021 – July 2021	July 2021 Onwards
• Congregate living for seniors • Health care workers • Adults in First Nations, Métis and Inuit populations • Adult chronic home care recipients • Adults over 80 years old	• Adults aged 60-79, in 5-year increments • High-risk congregate settings (e.g., shelters, community living) • Individuals with high-risk chronic conditions and their caregivers • Cannot work from home • At-risk populations	• Adults 59 years and younger
Distribution through: hospital site clinics, mobile teams, site-specific clinics, and mass vaccination clinics (late March).	**Distribution through**: mass vaccination clinics, pharmacies, primary care, site-specific clinics, mobile teams, mobile sites, public health units	**Distribution through**: mass vaccination clinics, pharmacies, primary care, site-specific clinics, mobile teams, mobile sites, public health units

Note: Timelines are estimates and may change dependent on vaccine supply

Ontario

Current Status: Completing Phase One (Dec 2020 – Mar 2021)

Over **820,000** Doses administered

Nearly **80%** LTC residents fully immunized

Over **67%** LTC Staff received at least 1 dose

Over **89%** RH residents received at least 1 dose

Over **52%** RH Staff received at least 1 dose

As of Mar. 4, 8 p.m.

Vaccination Groups	LTC Homes	Retirement Homes
Residents	Substantially Completed	Underway
Caregivers	Underway	Underway
Staff and Front-Line Workers	Underway	Underway
80+ Underway (over 14% have received 1st dose)	Remote and FN Underway	

100% of the Operation Remote Immunity 31 fly-in communities and Moosonee have been visited for a 1st dose

Ontario

Vaccine Supply Update

Over the coming weeks, Ontario expects to receive more vaccines from the federal government, allowing the province to map out the transition to Phase Two of the rollout, which expands to more Ontarians.

- **Pfizer-BioNTech**
  - March 1 and 8: 173,160 doses each week
  - March 15 and 22: 174,330 doses each week
  - March 29: 175,500 doses
  - April 5 and 12: 298,350 doses each week

- **Moderna**
  - Week of March 8: 160,500 doses
  - Week of March 22: 323,200 doses

- Ontario is expected to receive 194,500 doses of AstraZeneca the week of March 8 (although specific timing is still to be confirmed by the federal government)

Phase Two (April 2021 – July 2021)

Following the best scientific evidence, phase two of Ontario's vaccination distribution plan will continue vaccinating the population based on **age and risk** to prevent further death, hospitalization and transmission:

Relative Emphasis

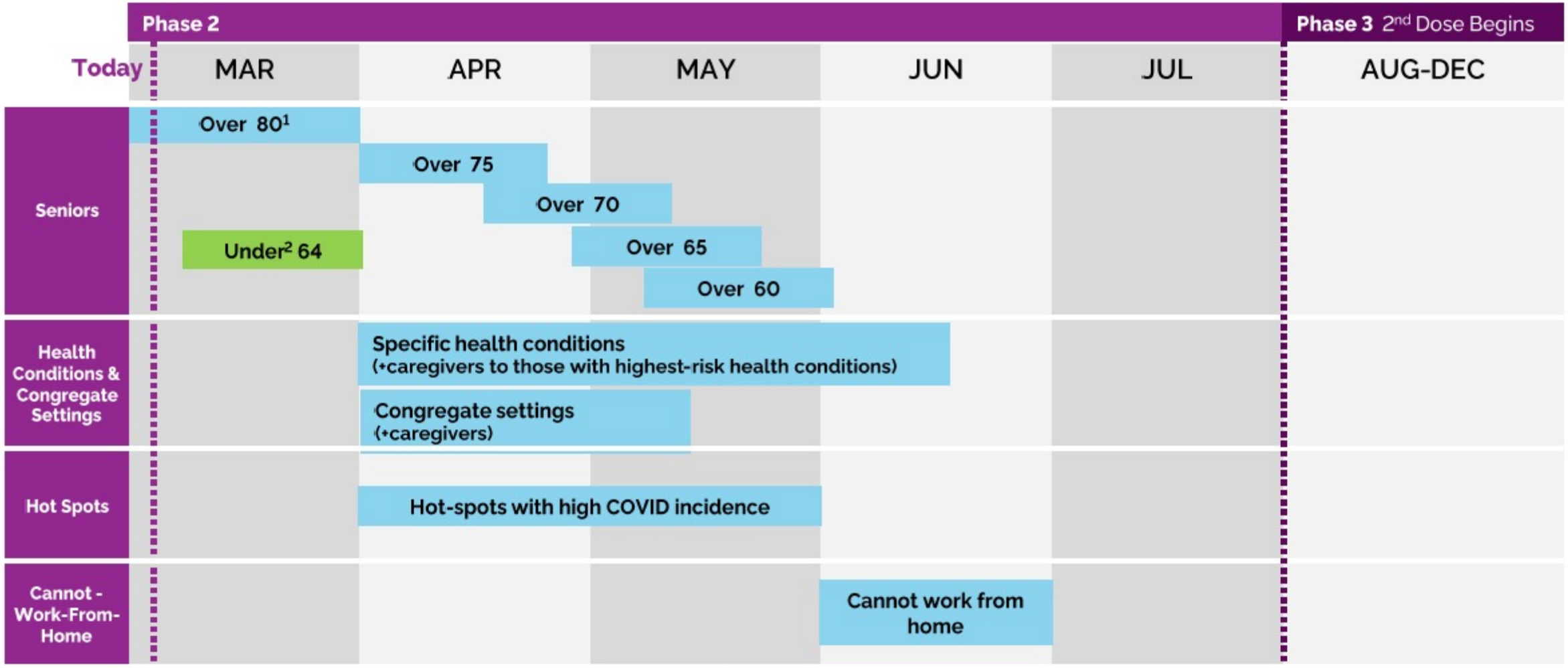
1. AGE	Population Size
Seniors Strategy • Older Ontarians (60-79), who are at greatest risk of death and hospitalization due to COVID-19, will be targeted through a multi-channel approach.	**2.5 Million**
2. AT-RISK	
Health Conditions and Congregate Settings Strategy • Health conditions: A targeted rollout, leveraging primary care and speciality clinics, to vaccinate individuals with specific health conditions (e.g., transplants) and some primary caregivers. • Congregate settings: Targeted outreach to staff, residents and some caregivers in high-risk congregate settings to prevent further deaths and outbreaks.	**Health Conditions** **2.9 Million** **Congregate Settings Strategy** **0.2 Million**
Hot Spot Strategy • PHUs will apply their local expertise and evidence to target based on age and risk; • Some PHUs will receive additional doses to also target ongoing hot spots with high rates of death, hospitalization and transmission[2]. Vaccinations in hot spots will continue to focus on age.	**0.9 Million**
Cannot-Work-From-Home Strategy • Keep workers safe, and protect essential services, by vaccinating those who cannot work from home. The workers who cannot work from home (see appendix for list of the sectors) will receive vaccines at the end of Phase 2 (anticipated July 2021 dependent on supply).	**2.5 Million***

*The workers' population estimate does not remove double counting (i.e., some workers may get vaccinated through any one of the strategies above).

Ontario

Phase Two Sequencing

The timelines for completing Phase Two and vaccinating the general population in Phase Three are dependent on several factors awaiting clarification at this time, including vaccine supply and uptake which is estimated at 75%. **The sequencing below can be applied in any vaccine supply scenario.**



[1] In addition to other phase 1, populations: Residents, staff, essential caregivers (including family caregivers) and other employees in congregate living settings for seniors; Frontline HCWs; Adults in First Nations,

Ontario

Eligible Health Conditions

Individuals with the following health conditions will be vaccinated in Phase 2:

Highest-risk (442K)

- Organ transplant recipients
- Hematopoietic stem cell transplant recipients
- People with neurological diseases in which respiratory function may be compromised (e.g., motor neuron disease, myasthenia gravis, multiple sclerosis)
- Haematological malignancy diagnosed <1 year
- Kidney disease eGFR< 30

High-risk (292K)

- Obesity (BMI > 40)
- Other treatments causing immunosuppression (e.g., chemotherapy, immunity- weakening medications)
- Intellectual or developmental disabilities (e.g., Down Syndrome)

At-risk (2.2M)

- Immune deficiencies/ autoimmune disorders
- Stroke/cerebrovascular disease
- Dementia
- Diabetes
- Liver disease
- All other cancers
- Respiratory diseases
- Spleen problems
- Heart disease
- Hypertension with end organ damage
- Diagnosis of mental disorder
- Substance use disorders
- Thalassemia
- Pregnancy
- Immunocompromising health conditions
- Other disabilities requiring direct support care in the community

Hot Spots

Populations across all public health units at greatest risk will receive vaccinations in Phase 2; however, 13 public health units will receive additional doses (up to 920k) to target **historic and ongoing hot spots** with high rates of death, hospitalization and transmission. Note these do not correspond to the COVID-19 Response Framework.

To identify hot spots, PHUs will use their local knowledge and expertise, as well as provincial data and information from the Science Table.

- Durham
- Halton
- Hamilton
- Niagara
- Ottawa
- Peel
- Simcoe Muskoka
- Waterloo
- Wellington Dufferin Guelph
- Windsor Essex
- York
- Toronto
- South West

Older adults in these regions may be vaccinated earlier in Phase Two than older individuals in non-hot spots given evidence of increased risk of death, severe illness and hospitalization in these regions.

Congregate Settings

At-risk staff, essential caregivers and residents (158K) from the following list of congregate settings will be vaccinated in Phase 2:

- Supportive housing
- Developmental services / intervenor and supported independent living (SIL)
- Emergency homeless shelters
- Other homeless populations not in shelters
- Mental health and addictions congregate settings
- Homes for special care
- Violence Against Women (VAW) shelters and Anti-Human Trafficking (AHT) residents
- Children's residential facilities
- Youth justice facilities
- Indigenous healing and wellness
- Provincial and demonstration schools
- On-farm temporary foreign workers
- Bail beds & Indigenous bail beds
- Adult correctional facilities

Caregivers in select congregate care settings:

- Developmental services, mental health and addictions congregate settings, homes for special care, children's residential facilities, and Indigenous healing and wellness will be vaccinated as part of the vaccine roll-out in congregate settings
- These caregivers would be vaccinated at the same time as residents and staff in congregate settings using a programmatic approach

Cannot Work From Home

Workers who cannot work from home in the following sectors will receive vaccines at the end of Phase Two:

First group of workers unable to work remotely (730K) to be vaccinated in parallel:

- Elementary/ secondary school staff
- Workers responding to critical events (e.g., police, fire, compliance, funeral, special constables)
- Childcare and licenced foster care workers
- Food manufacturing workers
- Agriculture and farm workers

Remaining workers unable to work remotely (1.4M) to be vaccinated in parallel:

- High-risk and critical retail workers (grocery and pharmacies)
- Remaining manufacturing labourers
- Social workers (incl. youth justice)
- Courts and justice system workers (incl. probation and parole)
- Lower-risk retail workers (wholesalers, general goods)
- Transportation, warehousing and distribution
- Energy, telecom (data and voice), water and wastewater management
- Financial services
- Waste management
- Mining, oil and gas workers

Essential Caregivers

Essential Caregivers (400k) will be vaccinated in Phase Two:

- These are primary caregivers to those with highest-risk health conditions (1 primary caregiver); i.e., Organ transplant recipients, Hematopoietic stem cell transplant recipients, Neurological diseases in which respiratory function may be compromised, Haematological malignancy diagnosed <1 year, Kidney disease eGFR< 30
- These caregivers would be vaccinated at the end of Phase 2 (at the same time as workers who cannot work from home)

Vaccine Booking System & Call Centre

- The province will launch an online booking system and provincial customer service desk to support appointment bookings at mass immunization clinics on March 15.
- The provincial customer service desk will support Ontarians in:
  - Helping them to navigate to the booking system or the PHU Customer Service Desk
  - Answering questions about Ontario's vaccination plan
- A pilot is currently running in six regions:

Pilot Objectives

1. Validate functionality of the provincial booking system
2. Enable improvements to be made before the online booking solution and call centre become fully available across Ontario

Approach

- Each Public Health Unit will identify between 50 – 400 participants, including health care workers and citizens 80+
- Participants will be contacted directly by the Public Health Unit – no action required by residents in these regions at this time

Key Dates

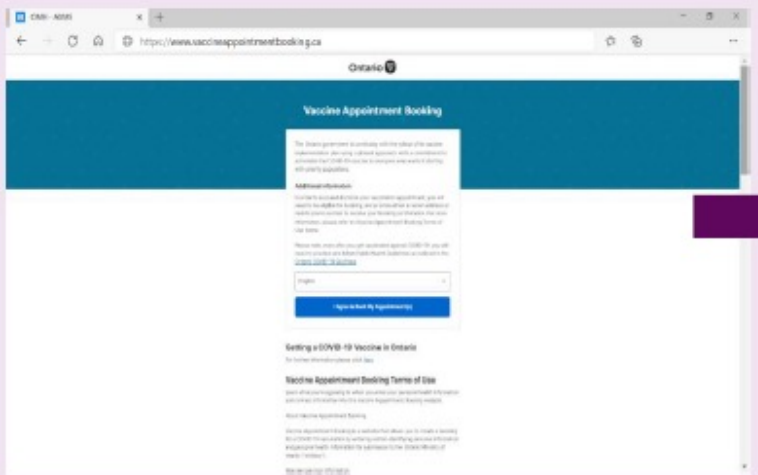
Pilot

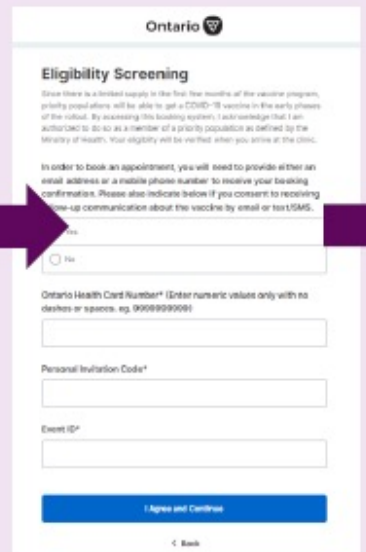
- March 1 - 8 – Pilot
- March 8-15 – Process improvement

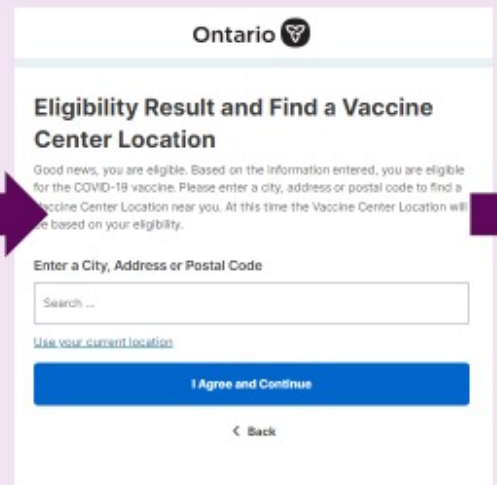
Go-Live:

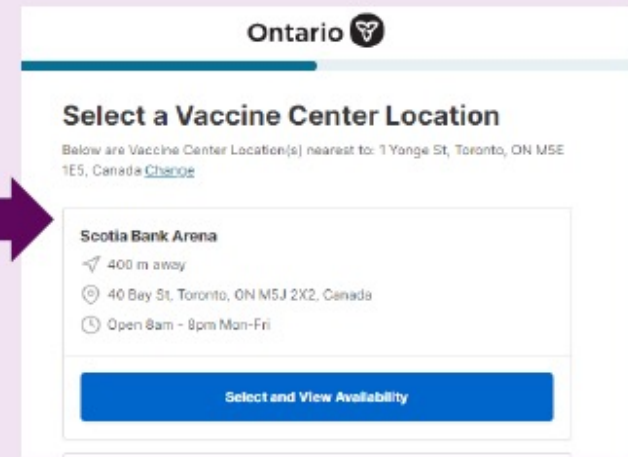
- March 15 – Online Booking System and Cal Center will be offered to public health unit across for province for eligible population book their vaccination appointments at ma clinics

Pilot Booking System Screen Shots

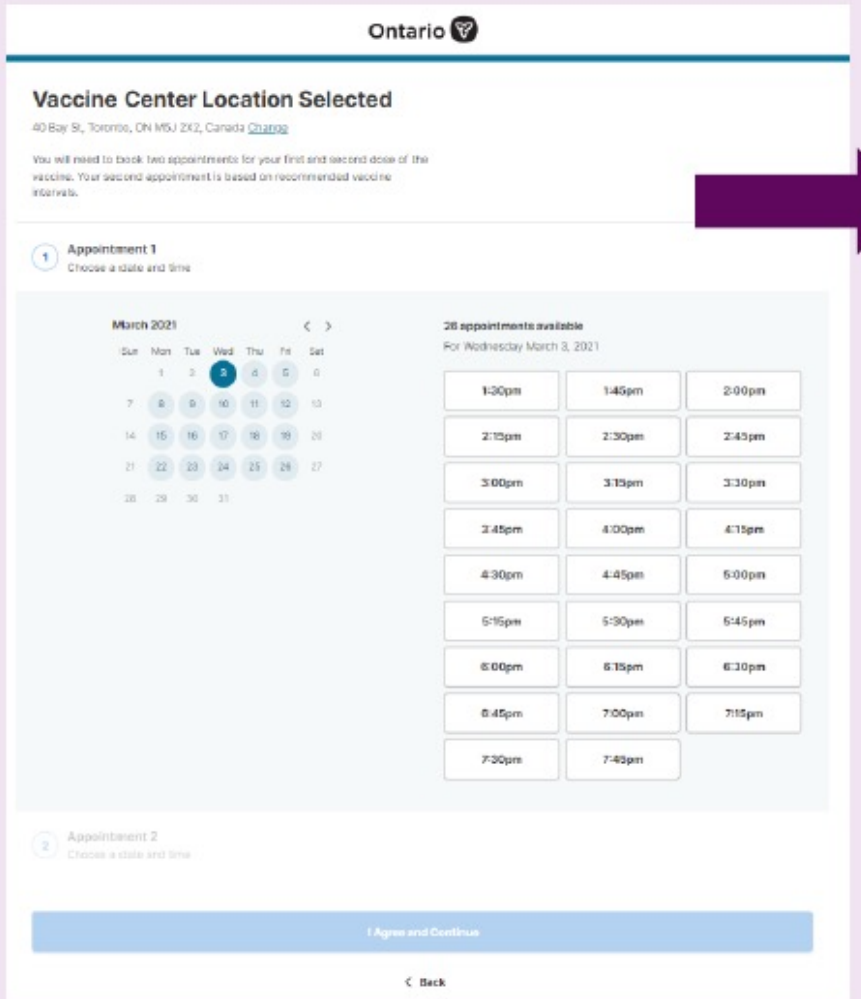


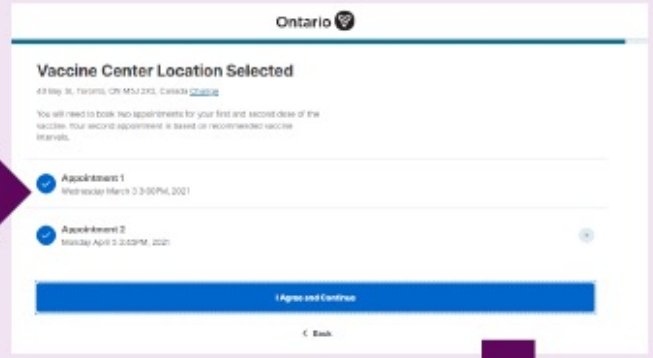


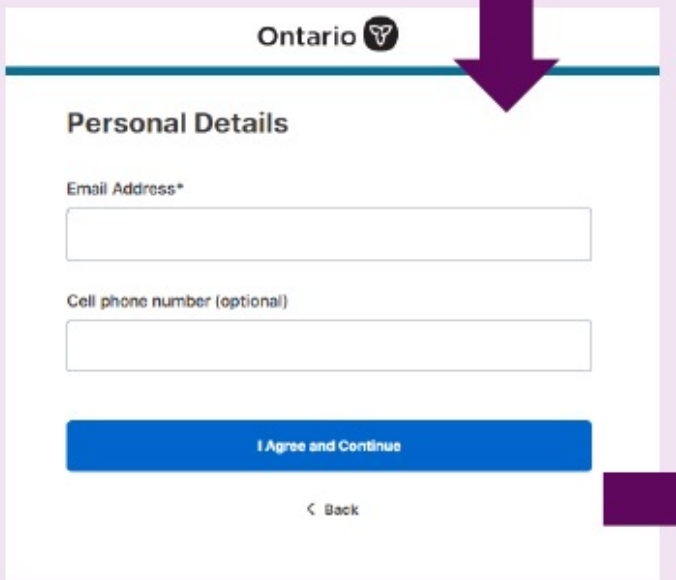


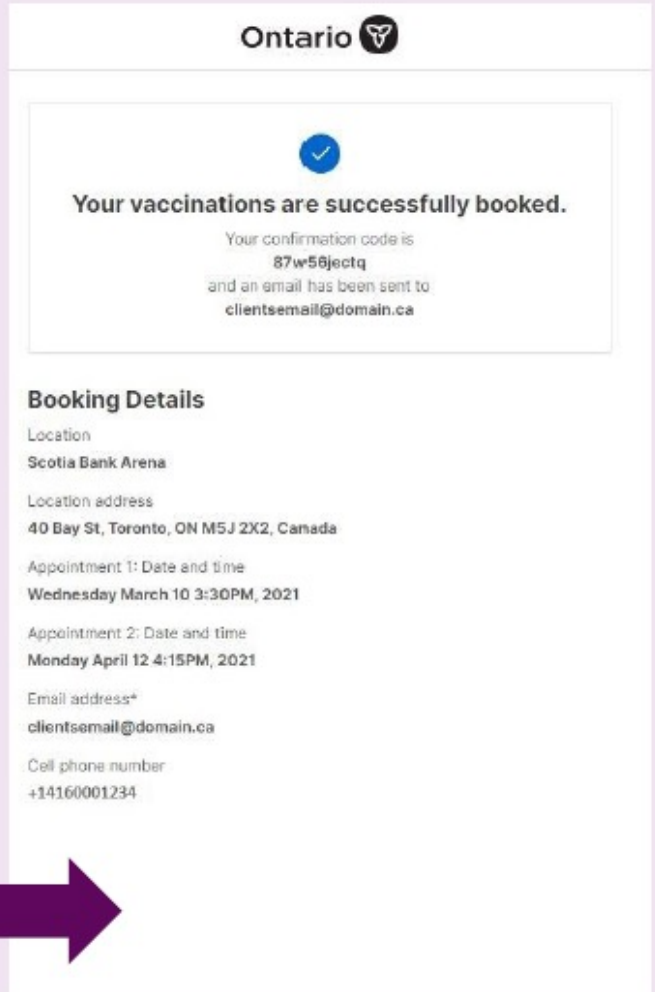


Pilot Booking System Screen Shots









Repeats for Second Dose based on approved dose interval

SUMMARY OF NACI EXTENDED DOSE

- NACI has considered evidence from recent scientific studies on efficacy and effectiveness of COVID-19 vaccines in preventing various health outcomes such as infection, symptomatic disease, hospitalizations and death from COVID-19.
- While studies have not yet collected four months of data on vaccine effectiveness after the first dose, the first two months of real world effectiveness are showing sustained high levels of protection.
- Short term sustained protection is consistent with immunological principles and vaccine science where it is not expected to see rapid waning of a highly effective vaccine in adults over a relatively short period of time. Extending the interval between doses was shown to be a good strategy through modelling, even in scenarios considering a six month interval and in theoretical scenarios where waning protection was considered.
- NACI recommends that in the context of limited COVID-19 vaccine supply, jurisdictions should maximize the number of individuals benefiting from the first dose of vaccine by extending the interval for the second dose of vaccine to four months.
- Extending the dose interval to four months allows NACI to create opportunities for protection of the entire adult population within a short timeframe. This will not only achieve protection of the adult population, but will also contribute to health equity,
- NACI will continue to monitor the evidence on effectiveness of extended dose intervals and will adjust recommendations as needed.

Thrombosis & the AZ vaccine

THROMBOSIS CANADA STATEMENT ON ASTRAZENECA VACCINE AND BLOOD CLOTS

Thrombosis Canada guidance is that current evidence does not support a direct link between the vaccine and development of blood clots

Toronto, Ontario (March 11, 2021) - There have been recent reports from Europe that the SARS-CoV-2 (COVID-19) vaccine made by AstraZeneca,which was recently approved for use in Canada, may be associated with thrombotic complications (blood clots).

It is the view of Thrombosis Canada that, based on the available evidence, there is no link between receiving this vaccine and the development of blood clots. In general, vaccines of any type are not associated with the development of blood clots.

Thrombosis is a common medical problem, especially in older people. It is therefore likely that some people who receive a vaccine will, at some point, in the future develop a blood clot for reasons that are not related to the vaccine.

Thrombosis Canada strongly recommends the administration of the COVID-19 vaccines, including in people who have had a previous blood clot, in people with a family member who has had a blood clot, and in people who are receiving a blood thinning treatment (Previous Statement Link).

https://thrombosiscanada.ca/thrombosis-canada-statement-on-astrazeneca-covid-19-vaccine-and-thrombosis/

COVaxON – Vaccination Management System

What is it?

- Enable the Ministry of Health, clinics and staff to capture the necessary data related to immunization administration
- An application built in Salesforce to enable case management for vaccine administration
- Will eventually be integrated with the Case and Contact Management System (CCM)

What Functionality is enabled in this release?

- **Tracking Receipt and Usage of Vaccine Inventory**
- **Clinical Operations**
  - Capturing client information
  - Consent & data collection management
  - Vaccine dose administration management
- **Reporting**
  - Technical and operational dashboards & reports

Role to Profile Mapping

Each role has a defined profile access level within the system. There are 6 defined user profiles:

Role	User Profile	Functionality	Reports	Tabs in COVax$_{ON}$
Inventory Manager	COVax Inventory Manager	Create shipments, inventory, report wastage & excursion, manage recalls, link inventory to VEs, create and manage VEs	Read and Export Summary Client and Dose Administration Report & Vaccine Inventory Report	Client Search, Clients, Organizations, Shipment, Inventory, Products, Storage Location, Dashboards
Check-in/out Clinician	COVax Site Staff	Update client records, check-in clients, bypass client duplicate errors, create and manage VEs	Read and Export Summary Client and Dose Administration Report & Vaccine Inventory Report	Client search, Client, Organization, Dashboards
Vaccine Administrator	COVax Vaccinator	Update client records, check-in clients, document/update dosage administration, check-out clients, edit and change status of Dose Admin Records, Client Merge functionality, bypass client duplicate errors, create and manage VEs	No access to Reports	Client search, Client, Organization, Dashboards
Super Users	COVax Site Super User	Update client records, dosage administration, mass data client upload, edit and change status of Dose Admin Records, Client Merge functionality, link inventory to VEs, create and manage VEs	Read and Export Summary Client and Dose Administration Report & Vaccine Inventory Report	Client Search, Client, Organization, Mass DataLoads, Shipment, Inventory, Products, Storage Location
Dashboard User	COVax Dashboard	View Site Dashboards	No access to Reports	Dashboards

Users Must Be Set Up Before Vaccinations Can Begin

covaxon--training.lightning.force.com/lightning/r/Account/0014g000006dzUpAAI/view

Apps | Outlook365 | OneLogin | Navision | OntarioMD | eHealth Portal - Ho... | Privacy and Securit... | LHIN BI - Power BI | New Tab | Peer Leader | Ontario Health Tea... | Novari Access to Ca...

Sandbox: Training

Ontario

All | Search...

Vaccine Managem... | Client Search | Clients | Vaccination Events | Inventory | Shipment | Mass DataLoads | Dose Administration | Reports | Authorized Organizations

Person Account
Rita Hayworth

+ Follow | Check-In | Administer Dose | Check Out

Birthdate	Gender	Home Phone	Email
1960-03-10	Female		

New → Dose 1 scheduled → Dose 1 checked in → Dose 1 administered → Dose 1 checked out → Dose 2 scheduled → Dose 2 checked in → Dose 2 administered → Dose 2 checked out

Client Name	Rita Hayworth	Duplicate Key	
Health card number	1317278677	Total Valid Dose	0
Alternative ID		RPDB Number	
Alternative ID #		Primary Care Provider	Sergiu Noaghea, Medical Doctor, CNO1234567
Birthdate	1960-03-10	Vaccination Event	
Estimated DoB	☐	Reason for Immunization	Other Priority Population
Gender	Female	Institution	
Reason vaccine was not administered		Public Health Unit (PHU)	
		Inactive	☐
		Inactive Reason	

Contact Information

Proxy Name		Proxy Phone	
Relationship to the		Preferred Language	English

We found no potential duplicates of this Client.

Dose Administration (0)

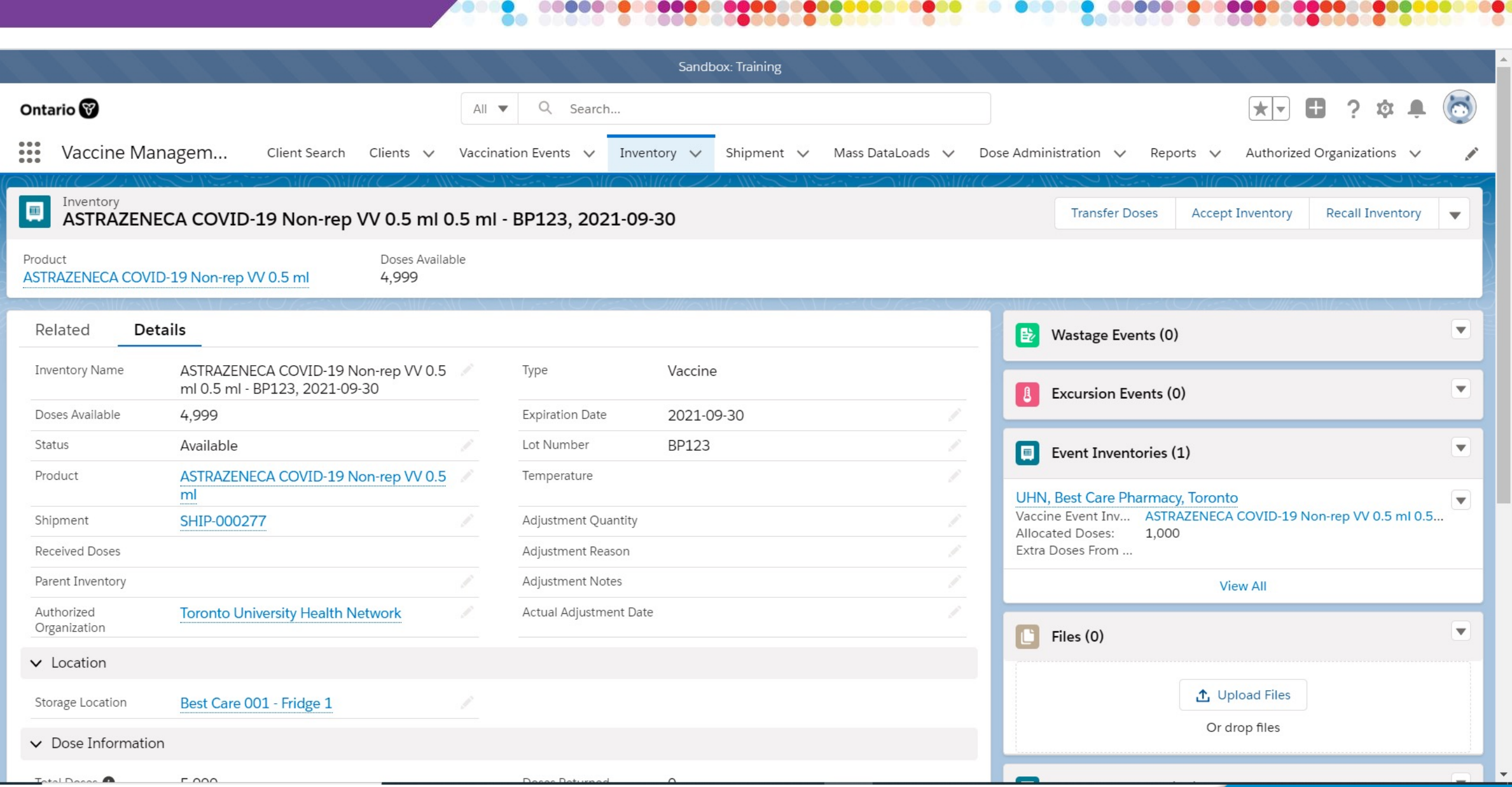
Files (0)

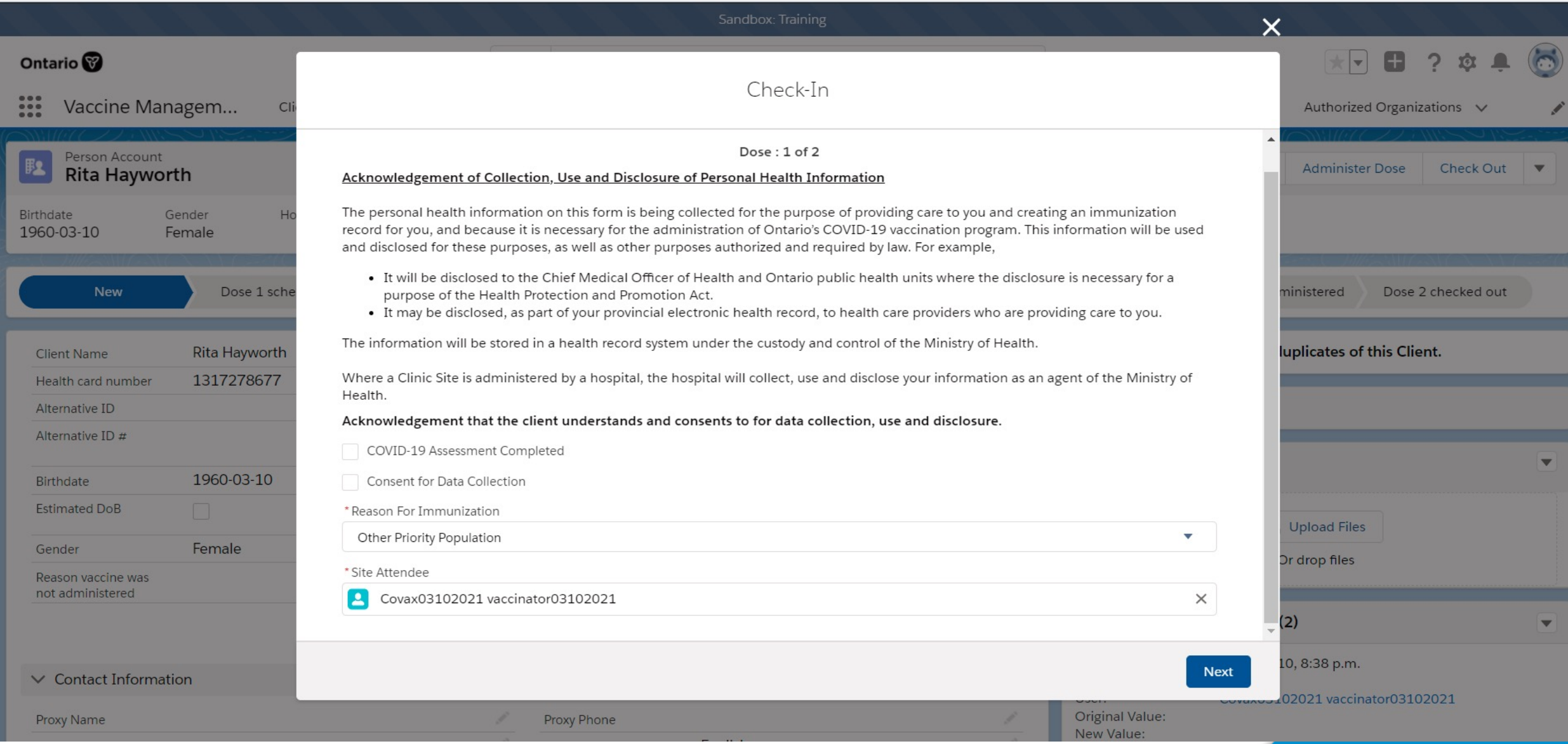
Upload Files

Or drop files

Person Account History (2)

Date:	2021-03-10, 8:38 p.m.
Field:	Created.
User:	Covax03102021 vaccinator03102021
Original Value:	
New Value:	


Sandbox: Training
Ontario
All
Search...
Vaccine Managem...
Client Search
Clients
Vaccination Events
Inventory
Shipment
Mass DataLoads
Dose Administration
Reports
Authorized Organizations
Inventory
ASTRAZENECA COVID-19 Non-rep VV 0.5 ml 0.5 ml - BP123, 2021-09-30
Transfer Doses
Accept Inventory
Recall Inventory
Product
ASTRAZENECA COVID-19 Non-rep VV 0.5 ml
Doses Available
4,999
Related
Details
Inventory Name
ASTRAZENECA COVID-19 Non-rep VV 0.5 ml 0.5 ml - BP123, 2021-09-30
Type
Vaccine
Doses Available
4,999
Expiration Date
2021-09-30
Status
Available
Lot Number
BP123
Product
ASTRAZENECA COVID-19 Non-rep VV 0.5 ml
Temperature
Shipment
SHIP-000277
Adjustment Quantity
Received Doses
Adjustment Reason
Parent Inventory
Adjustment Notes
Authorized Organization
Toronto University Health Network
Actual Adjustment Date
Location
Storage Location
Best Care 001 - Fridge 1
Dose Information
Wastage Events (0)
Excursion Events (0)
Event Inventories (1)
UHN, Best Care Pharmacy, Toronto
Vaccine Event Inv...
ASTRAZENECA COVID-19 Non-rep VV 0.5 ml 0.5...
Allocated Doses:
1,000
Extra Doses From ...
View All
Files (0)
Upload Files
Or drop files


Sandbox: Training
Ontario
Vaccine Managem...
Authorized Organizations
Person Account
Rita Hayworth
Birthdate
1960-03-10
Gender
Female
Administer Dose
Check Out
New
Dose 1 sche
Dose 2 checked out
Client Name
Rita Hayworth
Health card number
1317278677
Alternative ID
Alternative ID #
Birthdate
1960-03-10
Estimated DoB
Gender
Female
Reason vaccine was not administered
Upload Files
Or drop files
Contact Information
Proxy Name
Proxy Phone
Original Value:
New Value:
Check-In
Dose : 1 of 2
Acknowledgement of Collection, Use and Disclosure of Personal Health Information
The personal health information on this form is being collected for the purpose of providing care to you and creating an immunization record for you, and because it is necessary for the administration of Ontario's COVID-19 vaccination program. This information will be used and disclosed for these purposes, as well as other purposes authorized and required by law. For example,
It will be disclosed to the Chief Medical Officer of Health and Ontario public health units where the disclosure is necessary for a purpose of the Health Protection and Promotion Act.
It may be disclosed, as part of your provincial electronic health record, to health care providers who are providing care to you.
The information will be stored in a health record system under the custody and control of the Ministry of Health.
Where a Clinic Site is administered by a hospital, the hospital will collect, use and disclose your information as an agent of the Ministry of Health.
Acknowledgement that the client understands and consents to for data collection, use and disclosure.
COVID-19 Assessment Completed
Consent for Data Collection
* Reason For Immunization
Other Priority Population
* Site Attendee
Covax03102021 vaccinator03102021
Next

OntarioMD Training

- We plan to commence training sessions Friday March 12 for the Primary Care practices identified by the 6 PHUs in the pilot

- Clinical Workflow Training – 1 hr in length
  - Focus on checkin, administration and checkout

- Administrative Workflow Training – 2 - 3 hr in length
  - End to end COVAX understanding
  - Includes inventory, vaccine management, event set up etc.

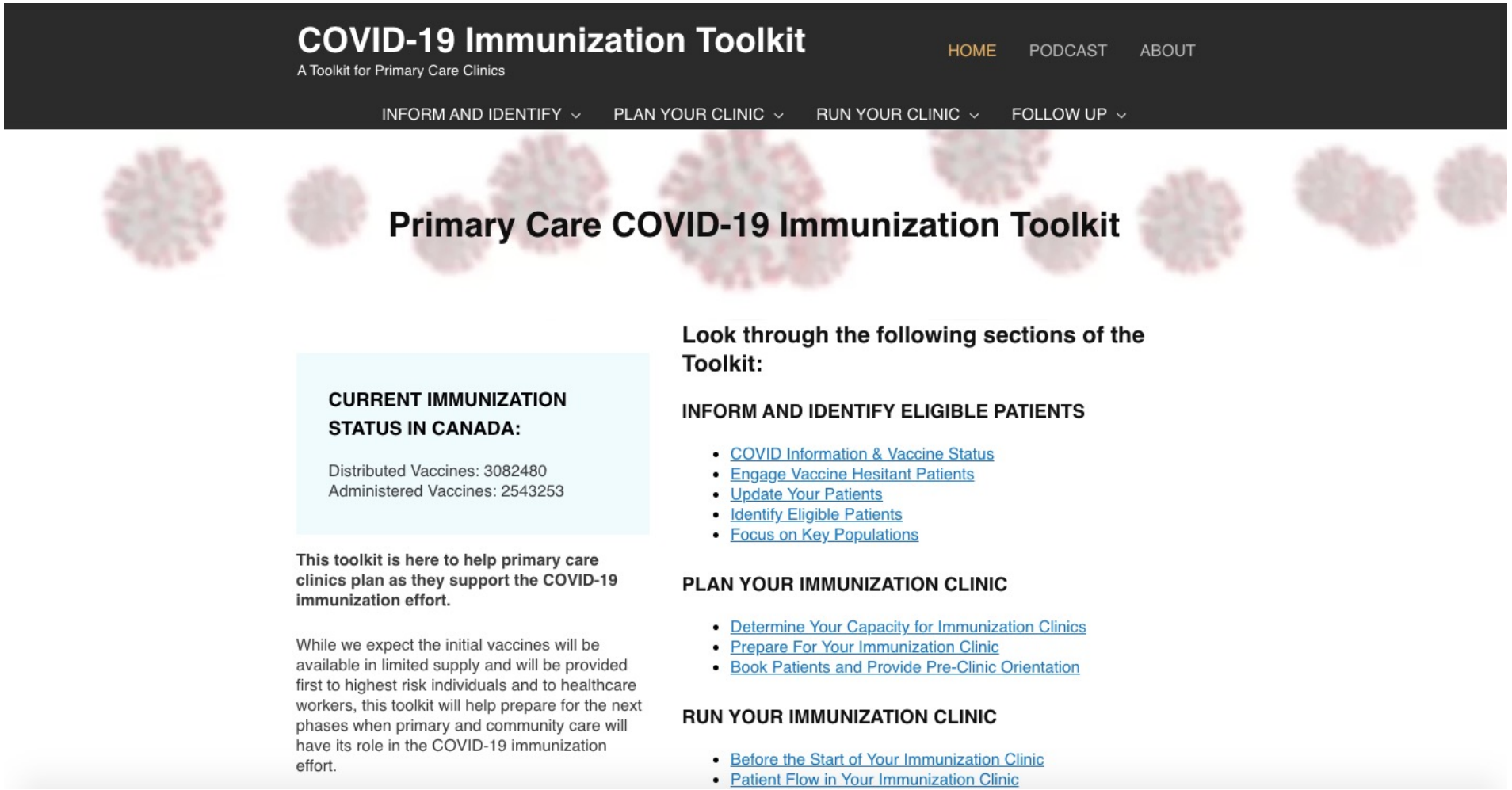
- Will be holding sessions repeatedly over the coming weeks

OntarioMD Leads By PHU

- OMD is reaching out to practices identified by the 6 PHUs
- OMD can support login provisioning for individual site users
- OMD to work with clinic on booking training

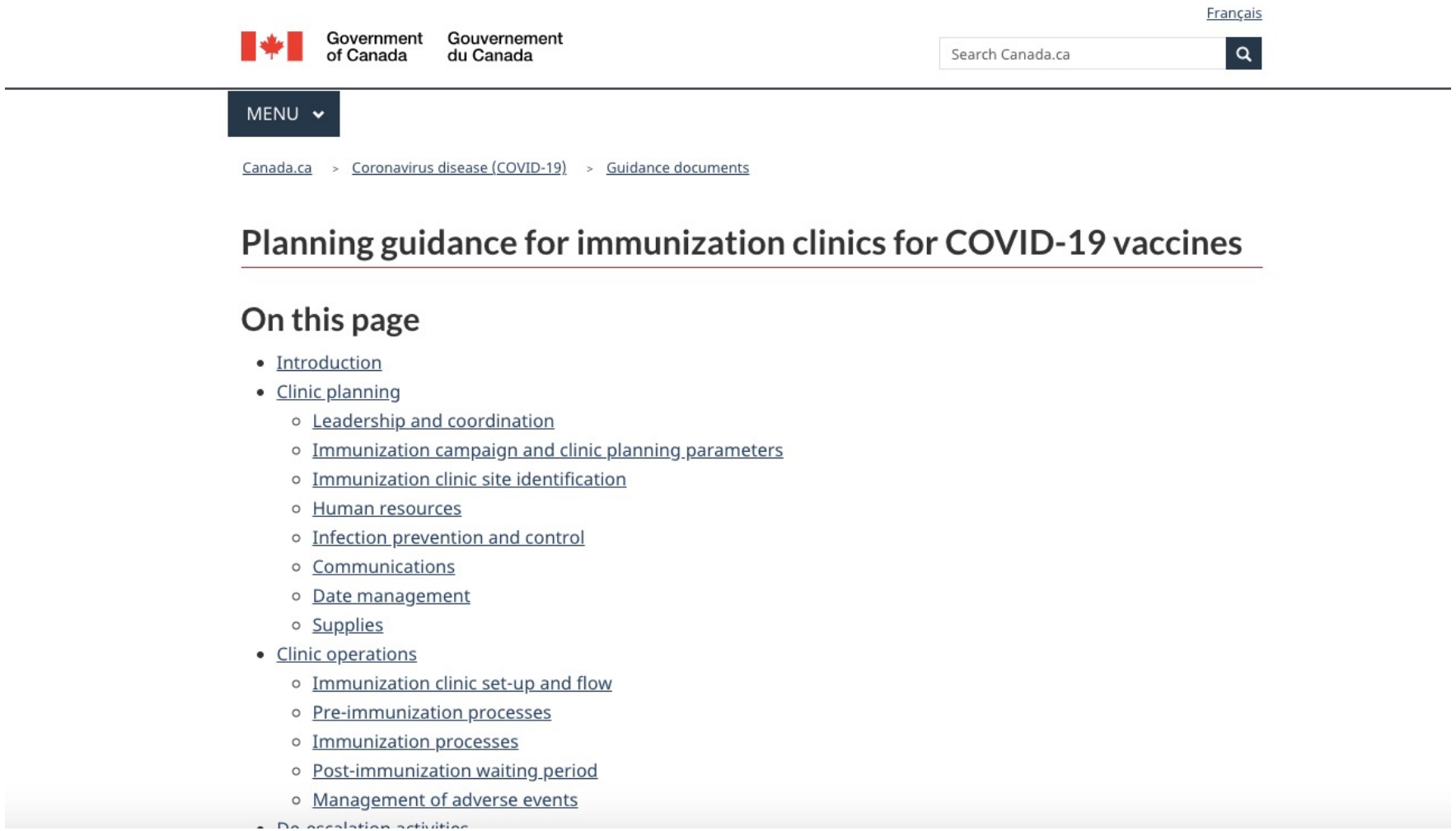
Public Health Unit	OntarioMD Staff Lead
Peterborough County-City Health Unit	Julie Latreille Julie.latreille@ontariomd.com
City of Hamilton Health Unit	Jay Kettle Jay.kettle@ontariomd.com
Wellington-Dufferin-Guelph Health Unit	Jay Kettle Jay.kettle@ontariomd.com
Peel Regional Health Unit	David Fearn David.fearn@ontariomd.com
Simcoe Muskoka District Health Unit	David Fearn David.fearn@ontariomd.com
City of Toronto Health Unit	David Fearn David.fearn@ontariomd.com

Primary Care COVID-19 Immunization Toolkit



https://covidtoolkit.ca/

Planning guidance for immunization clinics for COVID-19 vaccines



Français

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Search Canada.ca

MENU

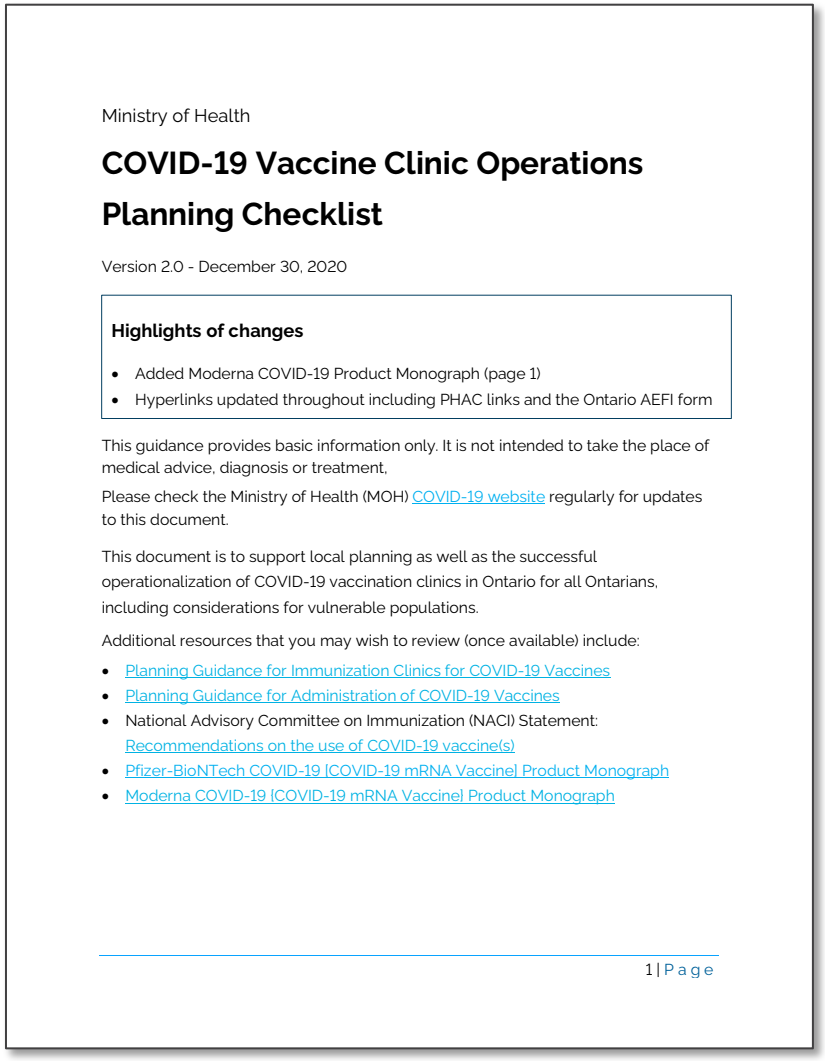
Canada.ca > Coronavirus disease (COVID-19) > Guidance documents

Planning guidance for immunization clinics for COVID-19 vaccines

On this page

https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/planning-immunization-clinics-covid-19-vaccines.html

COVID-19 Vaccine Clinic Operations Planning Checklist



Ministry of Health

COVID-19 Vaccine Clinic Operations Planning Checklist

Version 2.0 - December 30, 2020

Highlights of changes

- Added Moderna COVID-19 Product Monograph (page 1)
- Hyperlinks updated throughout including PHAC links and the Ontario AEFI form

This guidance provides basic information only. It is not intended to take the place of medical advice, diagnosis or treatment,

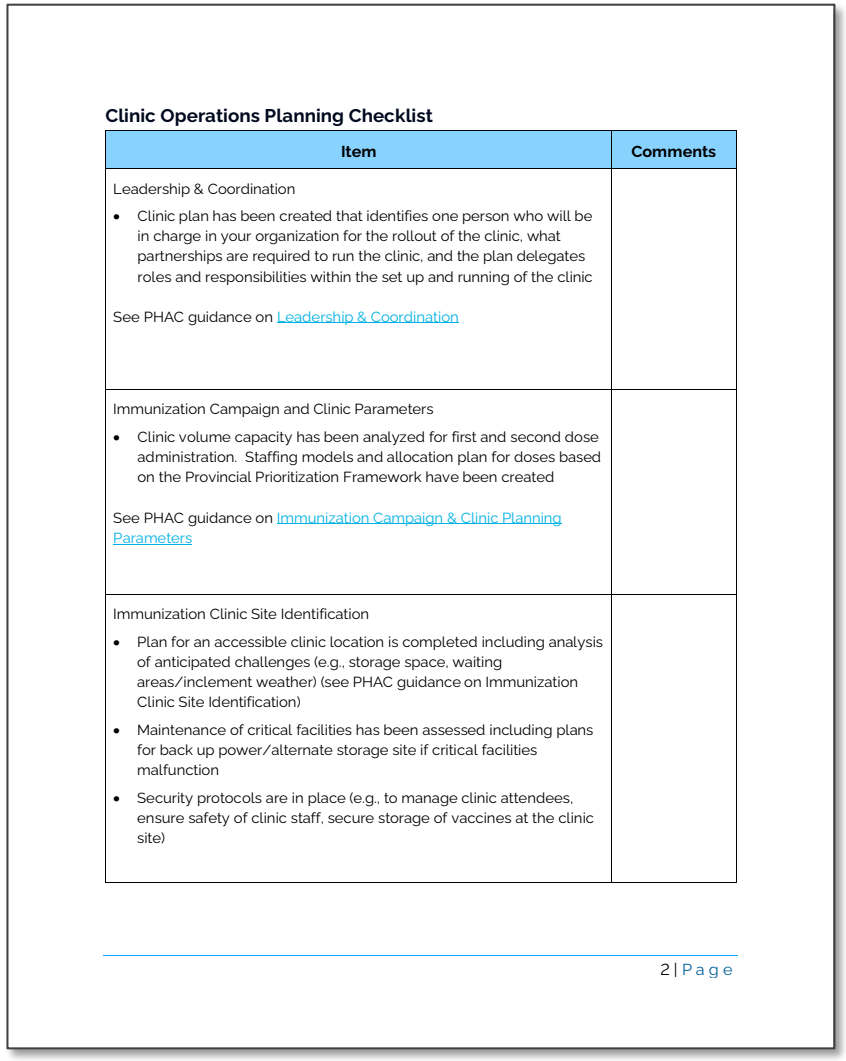
Please check the Ministry of Health (MOH) COVID-19 website regularly for updates to this document.

This document is to support local planning as well as the successful operationalization of COVID-19 vaccination clinics in Ontario for all Ontarians, including considerations for vulnerable populations.

Additional resources that you may wish to review (once available) include:

- Planning Guidance for Immunization Clinics for COVID-19 Vaccines
- Planning Guidance for Administration of COVID-19 Vaccines
- National Advisory Committee on Immunization (NACI) Statement: Recommendations on the use of COVID-19 vaccine(s)
- Pfizer-BioNTech COVID-19 (COVID-19 mRNA Vaccine) Product Monograph
- Moderna COVID-19 (COVID-19 mRNA Vaccine) Product Monograph

1 | Page



Clinic Operations Planning Checklist

Item	Comments
Leadership & Coordination • Clinic plan has been created that identifies one person who will be in charge in your organization for the rollout of the clinic, what partnerships are required to run the clinic, and the plan delegates roles and responsibilities within the set up and running of the clinic See PHAC guidance on Leadership & Coordination	
Immunization Campaign and Clinic Parameters • Clinic volume capacity has been analyzed for first and second dose administration. Staffing models and allocation plan for doses based on the Provincial Prioritization Framework have been created See PHAC guidance on Immunization Campaign & Clinic Planning Parameters	
Immunization Clinic Site Identification • Plan for an accessible clinic location is completed including analysis of anticipated challenges (e.g., storage space, waiting areas/inclement weather) (see PHAC guidance on Immunization Clinic Site Identification) • Maintenance of critical facilities has been assessed including plans for back up power/alternate storage site if critical facilities malfunction • Security protocols are in place (e.g., to manage clinic attendees, ensure safety of clinic staff, secure storage of vaccines at the clinic site)	

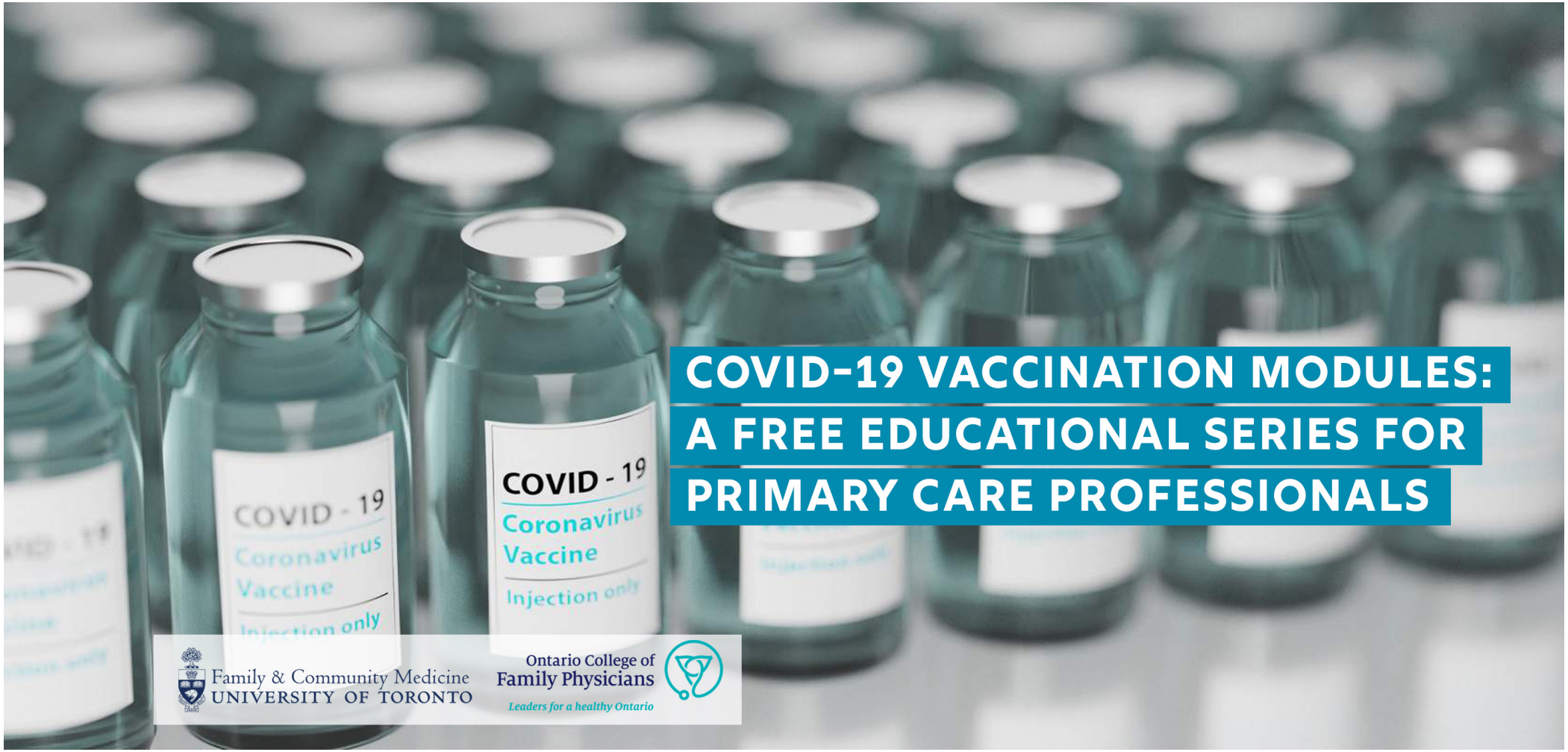
2 | Page

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_vaccine_clinic_operations_planning_checklist.pdf

Vaccine resources:

- Centre for Effective Practice (CEP) https://cep.health/
- Ontario College of Family Physicians (OCFP) https://www.ontariofamilyphysicians.ca/
- Community of Practice for Family Physicians https://dfcm.utoronto.ca/covid-19-community-practice
- New England Journal of Medicine (NEJM) FAQ https://www.nejm.org/covid-vaccine/faq

COVID-19 Vaccination in Canada: an educational series for primary care professionals



https://www.dfcm.utoronto.ca/covid19-vaccination-modules

*** Updated March 11, 2021**

COVID-19 Community of Practice self-learning program

Past COVID-19 Community of Practice sessions

The COVID-19 Community of Practice is a space for family physicians across Ontario to connect and learn from each other. Approximately once a month, practicing family physicians share their perspectives on COVID-related topics ranging from implementing virtual care, to organizing community collaborations, and supporting patients with mental health and addiction. These one-hour webinars are interactive and questions from participants are answered in real-time where possible. Each session is recorded and shared after the event, including links to notable resources.

This COVID-19 Community of Practice is a joint initiative from the University of Toronto Department of Family and Community Medicine (DFCM) and the Ontario College of Family Physicians (OCFP).

Please visit the DFCM events page for upcoming sessions.

Self-learning program

The COVID-19 CoP session materials, including recordings, tools, and resources are available as self-learning modules.

This one-credit-per-hour self learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 1 Mainpro+® credits. This program is part of a series that has been certified for up to 18 Mainpro+® credits.

To participate in this self-learning:

- Select the dates/sessions you wish to participate in. You are welcome to complete as many sessions as you wish.
- Watch the video recording of the live session.
- Review the session tools and resources.
- Complete the self-learning post-session activity, click the button below.

Complete the self-learning post-session activity here

Past sessions

COVID-19 vaccine, public health collaboration, and supporting our teams (December 11, 2020) +

Supporting patients with COVID-19, evolving guidance, and fatigue (November 13, 2020) +

https://dfcm.utoronto.ca/covid-19-community-practice/past-sessions

Questions?

Webinar recording and curated Q&A will be posted soon
https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions

Our next Community of Practice: **April 9, 2021 0800**

Contact us: *ocfpcme@ocfp.on.ca*

Visit: https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources

This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 1 Mainpro+ ® credits.

The COVID-19 Community of Practice for Ontario Family Physician includes a series of planned webinars. Each session is worth 1 Mainpro+® credits, for up to a total of 18 credits.

Post session survey will be emailed to you. Certificates will be emailed in approximately 1 week.

Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of Family Physicians
Leaders for a healthy Ontario