

**Klachkova, Anastasiya (CSC/SCC)**

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**From:** Dunn Kathleen (NHQ-AC)  
**Sent:** March 12, 2021 11:14 AM  
**To:** Clement Chris (NHQ-AC); Wheatley Jennifer (NHQ-AC)  
**Subject:** RE: March 11 - SAC on COVID-19 Teleconference - Agenda

Chris

There was nothing specific, but a few lessons learned as the vaccine roll out is a bit further along in some P/Ts, that may be applicable

The themes in the discussion re. approaches to increasing access to vaccination for racialized/marginalized populations

- Essential workers – what defines, and some regions not making this differentiation
- Distribution by age
- Distribution by urban density and populations at risk
- Logistics with remote and isolated areas
- Engagement with community leaders – trust, education, feasibility, language, best mechanisms for delivery and uptake
- Best format for communication (age and group specific) – social media, engagement with leaders, mechanisms for delivery, (use of churches, places of worship, gathering places), autonomy (first nations leading own clinics in some regions)

Here are a few details of the discussion by P/T

BC

- Leveraging existing community leaders and groups
- Example - South Asian task force – misinformation and best communication mechanisms to engage (social media, in person discussion)
- Not differentiating essential workers – targeted at high risk settings and by age

AB

- Mtg with leaders (Metis, FN) and supporting indigenous organizations to run their own clinics where possible
- Edmonton and Calgary have “hot zones” & working with community (targeted populations at risk)
- LTC has positive uptake – food production and other settings are part of the roll out strategy

Sask

- Started 50+ age group
- Diverse Communication – messages through faith leaders & places of worship for clinics
- New Canadians – number of languages; groups susceptible to misinformation

ON

- Science table providing advice – not just by age (risk) but areas with high incidence of transmission, outbreaks, variants
- Focusing on high incident areas, working through local public health, who know communities
- Translation is a big issue, and communication strategies – that work for diff age groups and populations at risk
- Running clinics – locally and mobile...

- A number of different strategies
- Also logistics with numbers and vaccine supply – where to best use what they have available

#### NB

- Meeting with FN communities
- Shelters – targeted interventions
- Ongoing discussions with community leaders – for an integrated approach

#### NS

- Similar approach with first nations community to what has already been mentioned
- Leveraging community based organizations
- Halifax and surround area has higher concentration of marginalized groups

#### Nfld

- For the course of the pandemic, have been engaged with vulnerable and marginalized populations
- Indigenous Leaders (off reserve) are helping with vaccine plan
- Advocates – new Canadians and community organizations – particularly for low income areas (outreach)

#### NWT

- Active outreach to indigenous communities, remote and isolated
- First part of the vaccine rollout was relatively easy ~ 50% uptake
- Seeing more vaccine hesitancy this round & changing strategies; after all willing people vaccinated – different stage of the game
- Immigrant populations

#### YK

- Mobile teams for rural communities
- Range of uptake with first round
- FN that are well connected with health units – where connections already in place (not everywhere)
- Seeing relationship of family dynamics and influences in the community; Younger tend to be more reluctant
- Leveling off slope in Whitehorse, now reaching out to younger and specific populations
- Format and mechanism for communication differs by groups – multi modal approach

Quebec (bad connection and could not hear)

MB – not present on this part of the call

There was interesting in continuing to share experiences and more indepth analysis / learnings

- Have been taking a population approach – get as many people vaccinated and prioritize those most at risk of severe disease / burden on healthcare system.
- Is this the goal? Are there other objectives? And thought to how this will impact measures / restrictions and practice once see further uptake – need to give this thought as jurisdictions are at different places in the roll out, and diff approaches as well.
- Now that the roll out has started, seeing what is working well, and gaps or need to shift strategies for uptake

NWT (Kami) spoke to the second phase of the immunization roll out in terms of uptake

- The first 50% was relatively easy, and now shifting messaging and engagement around vaccine hesitancy – for some communities there is skepticism among younger age groups that are influencing larger extended family decisions

**From:** Clement Chris (NHQ-AC) <Chris.Clement@CSC-SCC.GC.CA>

**Sent:** March 12, 2021 8:29 AM

**To:** Dunn Kathleen (NHQ-AC) <Kathleen.Dunn@CSC-SCC.GC.CA>; Wheatley Jennifer (NHQ-AC) <Jennifer.Wheatley@CSC-SCC.GC.CA>

**Subject:** RE: March 11 - SAC on COVID-19 Teleconference - Agenda

Thanks Kathy,

Anything for us on the approaches to increasing vaccine uptake in marginalized populations??

Thanks

CC

**From:** Dunn Kathleen (NHQ-AC) <Kathleen.Dunn@CSC-SCC.GC.CA>

**Sent:** March 12, 2021 8:28 AM

**To:** Wheatley Jennifer (NHQ-AC) <Jennifer.Wheatley@CSC-SCC.GC.CA>

**Cc:** Clement Chris (NHQ-AC) <Chris.Clement@CSC-SCC.GC.CA>

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Jenn

Here are the highlights from today's mtg

1. Welcome and Opening Remarks
  - March 11th National Day of Observance- commemorative photo Theresa and CMOHs - Reflections on the past year (round table)
  - CPHO Annual Report 2021  
In recognition of day of observance, and wearing white (as requested by CNFU in recognition of HCWs)
2. COVID-19 Vaccine Rollout
  - Heather Deehan (PHAC) provided an overview of phase 2 planning

- Round table discussion re. approaches to increasing access to COVID-19 vaccines for marginalized populations
- Jurisdictions provided examples of how P/T plans addressed specific populations, and engagement with community leaders as well as how the vaccine clinics were being managed in remote and rural areas, indigenous populations, and targeted measures in On for populations at risk of severe outcomes. There is variation in approach (took detailed notes if this is of interest)

### 3. The Variants of Concern Research Strategy

- Guillaume Poliquin (NML) provided an overview of NML engagement with research networks re. Public health research priorities, scientific gaps on variants of concern

### 4. COVID-19 IPC Guidance

- Cheryl Volling (PHAC) presented changes to Updated IPC guidelines – and review of interim guidance for outpatient and ambulatory care settings (for CCMOH review)
- Discussion around not including any language around vaccines at this time, as science emerging – but realize this will need to be address in all the IPC products for Healthcare settings

### 5. Emerging Issues

- Oxford-AstraZeneca vaccine - European concerns

HC reviewing the European investigation & reports of adverse events (death, severe illness) of DVT and pulmonary emboli.

Planning to issue a statement later in the day or tomorrow – was not overly concerned for a couple of reasons

- Batch is not implicated – different production site
- 11 million does in UK with no report of issue
- Outcomes may not be linked with vaccine, and underlying health issues / incidence in keeping with rates of thrombosis

HC Statement (issued last evening)

<https://healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2021/75123a-eng.php>

Media

Tam, Hajdu confident in Oxford-AstraZeneca vaccine despite European concerns

<https://www.ctvnews.ca/health/coronavirus/tam-hajdu-confident-in-oxford-astrazeneca-vaccine-despite-european-concerns-1.5343839>

Good day SAC participants,

Please find attached the agenda to support today's SAC discussion:

- SAC Agenda
- Agenda Items #4 IPC Guidance Outpatient and Ambulatory Care\_Embargoed (**shared with core SAC members only**)

The agenda has been added to the Public Health Network Council portal on CNPHI. <https://www.cnphi-rcrsp.ca>

Please do not hesitate to reach out should you have any questions.

Thank you,

SAC Secretariat