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From: Worthington Dr. James (NHQ-AC)
Sent: March 9, 2021 8:27 AM
To: Clement Chris (NHQ-AC); Morse Jennifer (NHQ-AC)
Subject: Vaccine allocation
Attachments: 3. SAC Recommendations on Allocation and Priority Populations for Q2 March 2.docx

Hi Chris, Jen

I was a bit late in reviewing this statement but in the sections related to federal departments, CSC staff are not included in the allocation. Do we have any communication 'tools' yet for vaccine roll out to the larger popn, perhaps we can discuss this on the morning brief, thanks Jim

March 2, 2021

For Approval: SAC Recommendations to CDMH on Q2 COVID-19 Vaccine Allocation & Priority Populations

Context:

- The goal of Canada's COVID-19 immunization response is to enable as many Canadians as possible to be immunized as quickly as possible against COVID-19, while ensuring that high risk populations are prioritized.
- Since December 2020, two mRNA approved vaccines (Pfizer BioNTech, Moderna) have been allocated and distributed to provinces and territories for the following priority populations for early vaccination against COVID-19:
 - residents, staffs and essential visitors of congregate living settings for seniors;
 - health care workers most directly involved in the COVID-19 response;
 - older adults starting with those 80 years of age and older; and
 - those 18 years of age and over in remote or isolated Indigenous communities and the Territories.
- AstraZeneca's viral vector vaccine was approved by Health Canada on February 26th.
- Informed by updated guidance (hotlink Feb 2021) from the National Advisory Committee on Immunization (NACI) on the prioritization of initial doses of COVID-19 vaccine(s) for key populations and analysis by PHAC, SAC examined options for the roll out of progressively increasing COVID-19 mRNA vaccine supply expected in the second quarter (Q2) of 2021.
- SAC also took into consideration NACI's updated advice on extended vaccine dose interval for approved COVID-19 vaccines, as well as advice on the use of the AstraZeneca vaccine (NACI hotlinks March 2021).
- The anticipated amount of mRNA vaccine for Q2 is 23.1 M doses (12.3 million Moderna and 10.8 million Pfizer-BioNTech doses).
- Expected potential supply of AZ vaccine for Q2 is approximately 8.1M doses from three suppliers (1.5M doses Verity Pharmaceuticals / Serum Institute of India; 1.6M COVAX facility agreement; 5M Astra Zeneca facility). (Note these numbers are subject to change)
- Overall, SAC and Canadian Immunization Committee members continue to agree on the importance of having a coherent and common approach to priority groups across jurisdictions.
- Each province and territory will continue to determine, for their respective population, who they will be offering which vaccines to from their allocation of vaccine and in what sequence in order to plan accordingly.
- Additional doses of existing or new vaccines may become available requiring further consideration on the most appropriate use of additional doses for greatest public health benefit.

Allocation:

- Planning scenarios to date have focused on the authorized mRNA vaccines. SAC members are now considering the implications of approved products with differing characteristics (efficacy, safety, logistical requirements), such as AstraZeneca's viral vector vaccine, in its recommendations to the Conference of Deputy Ministers of Health and Ministers of Health.

Considerations for federal populations:

- Federal populations who would typically receive routine immunizations through PT systems will continue to receive COVID-19 vaccines in the same manner, as sequenced by the PTs within Q2 (e.g. veterans, new permanent residents, refugees, RCMP members).
- The federal government will continue to follow NACI guidelines to allocate to federal populations not covered by PT systems (e.g. some essential Canadian Armed Forces members, federal inmates).

Key Populations:

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- NACI recommends that key populations be vaccinated in stages. Stage 1 corresponds to priority populations identified by SAC for the initial vaccine rollout (Q1). Stage 2 key populations would be considered for Q2:
 1. Adults in or from Indigenous communities not offered vaccine in stage 1;
 2. Residents and staff of other congregate living facilities (e.g., quarters for migrant workers, shelters, correctional facilities, group homes);
 3. Adults 60-69 years of age, beginning with those over 65 years, then decreasing age limit to 60 years;
 4. Adults in racialized and marginalized communities disproportionately affected by COVID-19;
 5. First responders (e.g., police, firefighters);
 6. Frontline* essential workers who cannot work virtually, and
 7. Essential primary caregiver** for individuals who are at high risk of severe illness from COVID-19 due to advanced age.
- Due to higher efficacy, mRNA COVID-19 vaccine is preferentially recommended by NACI for individuals in the authorized age group, especially for those at highest risk of severe illness and death and highest risk of exposure to COVID-19 who are prioritized for early COVID-19 immunization.
- 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 COVID-19 vaccine to four months (16 weeks).
- In the context of limited vaccine supply, NACI recommends AstraZeneca COVID-19 vaccine be offered to individuals 18 to 64 years without contraindications if:
 - Advantages of earlier vaccination outweigh the limitations of vaccinating with a less efficacious vaccine
 - The ease of transport storage and handling of this vaccine facilitates access to vaccination which may otherwise be challenging
 - Informed consent includes discussion about current vaccine options and the timing of future vaccine options.

Considerations:

- Jurisdictional alignment on priority groups and underlying principles to support prioritization will help with clarity and consistency in administering vaccines, especially in communicating to Canadians, and supporting vaccine confidence.
- While PTs may change their prioritization based on the epidemiological context, including the emergence of variants of concerns (VOC) within their jurisdictions, it is important to strive for coherence across Canada.

Recommendations to CDMH:

1. Allocation:

- In Q1, vaccines were allocated across provinces on a per capita basis with an adjustment based on the proportion of their adult population who are Indigenous (First Nations, Inuit and Métis) living in remote and isolated communities. Territories received the Moderna vaccine allocated in sufficient quantities to vaccinate 75% of their population 18 years of age and over in Q1.
- SAC's recommendation for Q2 is aimed at optimizing equitable population protection and is based on: 1) NACI's recommended extension of the vaccine dose interval, and; 2) growing expected supply of approved vaccines for Q2, which will allow Canada to reach priority populations in a timely way, and the ability to offer one dose to all in Canada for whom COVID-19 vaccines are recommended and authorized by the end of Q2 or very early in July 2021.
- **For Q2, SAC is recommending that all available vaccines be allocated to provinces on a per capita basis once the following allocations have been made:**
 - The federal government will set aside an allotment of 176,800 doses of Moderna vaccine for federal populations not covered by PT systems and eligible according to

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Q2 criteria (e.g. inmates in Correctional Services Canada facilities and some essential Canadian Armed Forces members).

- Additional doses of Moderna (48,200 doses) will be provided to the Territories to accommodate coverage at 85% (as previous allocation was based on 75% coverage) and rotational workers.
- The federal government will also set aside a small allotment of 1,400 doses (amount TBC) for vaccine effectiveness studies approved by SAC.

2. Prioritization:

- As all eligible adults will be able to be vaccinated with one dose of vaccine by the end of Q2 or very early in July 2021 using an extended dose interval, SAC recommends that NACI's key populations be used to provide guidance on which groups should be offered vaccination first, as follows:
 - All adults who are Indigenous (First Nations, Inuit and Métis, on reserve and off reserve) who were not offered vaccine in the initial roll out;
 - Adults aged 60-79 years, beginning with ≥ 65 years, then decreasing age limit to 60 years due to their higher risk of severe disease;
 - Residents and staff of congregate living settings (e.g., quarters for migrant workers, correctional facilities, homeless shelters), excluding congregate living settings for seniors who were offered vaccine in Q1;
- In planning immunization clinics and other immunization opportunities, special attention should be given to ensuring access to COVID-19 vaccine for:
 - Adults in racialized and marginalized communities disproportionately affected by COVID-19;
- In addition to the above, as overall vaccine supply increases over the course of Q2, provinces may choose to prioritize the following additional groups earlier in their vaccine roll-out:
 - First responders (e.g., police, firefighters);
 - Frontline* essential workers who cannot work virtually; and
 - Essential primary caregiver** for individuals who are at high risk of severe illness from COVID-19 due to advanced age
- Overall, SAC recommends a vaccination approach that is primarily mRNA focused to vaccinate as many Canadians as possible (aged 16+) with a first dose in Q2, followed by the second dose beginning in Q3.
- Provinces and territories will determine how they might use AstraZeneca vaccines within their respective COVID-19 vaccination programs, informed by NACI's recommendations.

*Frontline, for the purposes of prioritization of COVID-19 vaccination, is defined as "having direct, close physical contact with the public".

**Primary caregiver, for the purposes of prioritization of COVID-19 vaccination, is defined as "the adult primarily responsible for taking care of a family member or loved one who cannot care for themselves."