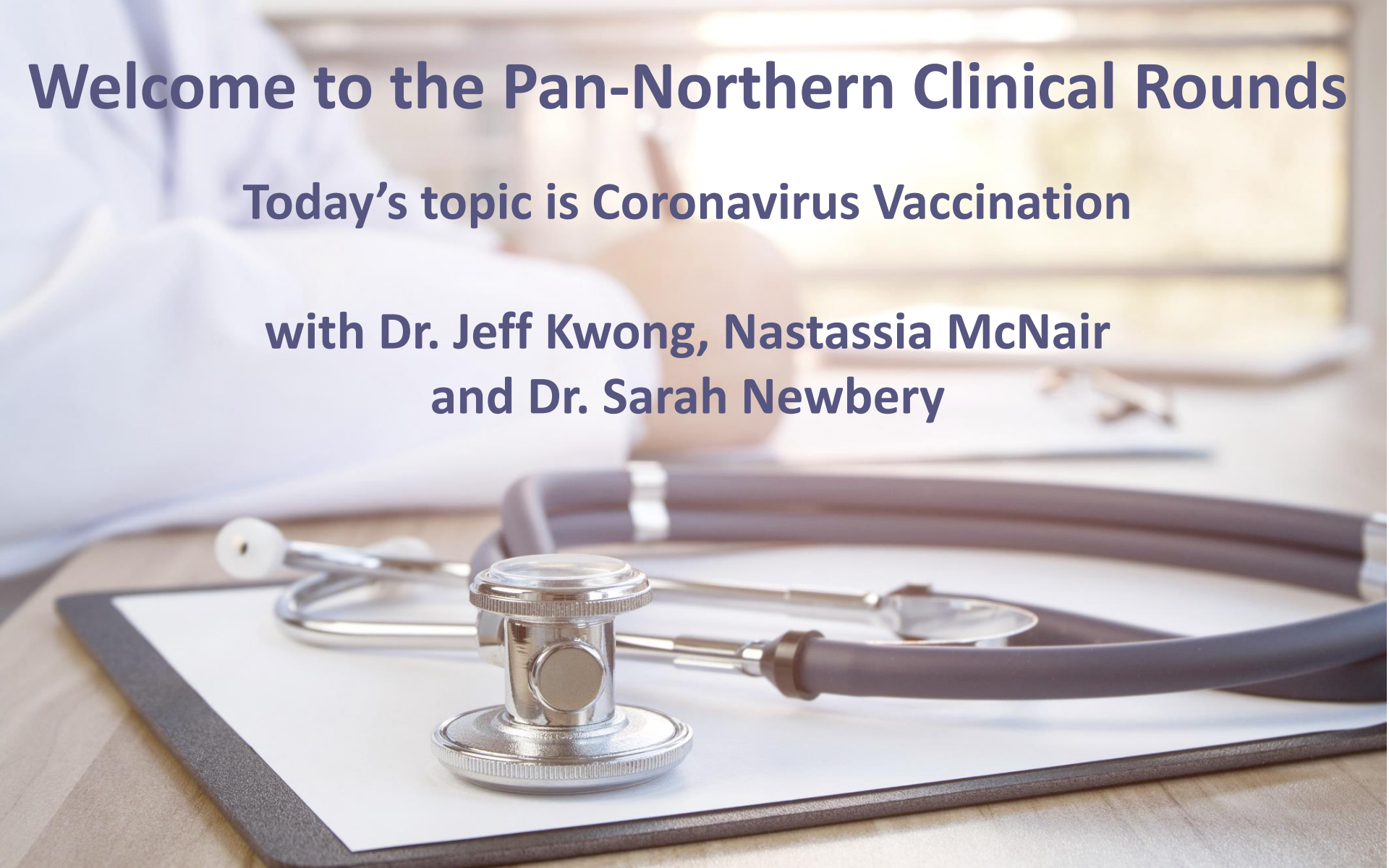
Welcome to the Pan-Northern Clinical Rounds

Today's topic is Coronavirus Vaccination

with Dr. Jeff Kwong, Nastassia McNair
and Dr. Sarah Newbery



The Northern Ontario School of Medicine respectfully acknowledges that the entirety of the School’s wider campus of Northern Ontario is on the homelands of First Nations and Métis Peoples. The medical school buildings at Laurentian University and Lakehead University are located on the territory of the Anishinabek Nation, specifically Atikameksheng and Wahnapitae First Nations and Fort William First Nation.

Scientific Planning Committee (SPC) Disclosure

Program Information: Pan Northern Clinical Rounds

Acknowledgement Statement:

- This program has received financial support from the NOSM CEPD unit and MD Financial Management Inc.
- This program has received in-kind support from the NOSM CEPD unit

The following steps have been taken to mitigate bias:

- All speakers have been provided with a speaker letter outlining the certification/accreditation requirements for their presentation.
- The SPC or designate has reviewed the presentation(s) prior to their delivery.
- If a breach is detected the SPC will approach the speaker to discuss the concern and update the presentation as required.

Learning Objectives:

1) Outline pertinent clinical information on the coronavirus vaccines approved by Health Canada (MOA, contraindications, etc.)
2) Explain the logistics for vaccine distribution in Northern Ontario
3) Identify communication methods to addressing vaccine hesitancy
4) Address areas of clinical concern from physicians across Northern Ontario

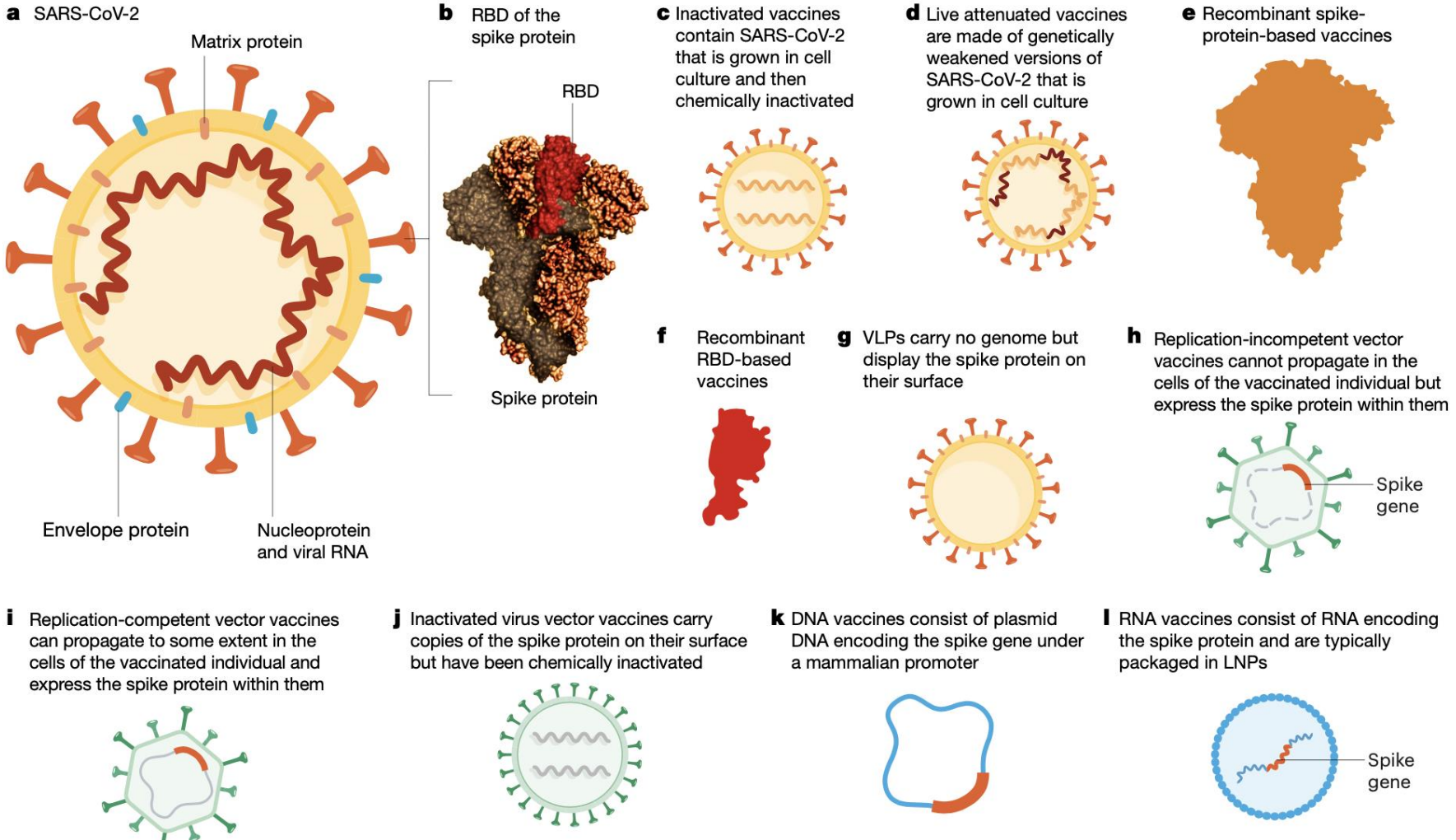
COVID-19 vaccines

Jeff Kwong, MD MSc CCFP FRCPC

Pan-Northern Clinical Rounds

January 20, 2021

Vaccine platforms used for SARS-CoV-2 vaccine development



Slide courtesy of Dr. Noah Ivers

Source: F Krammer Nature 2020;586:516-27

The Pfizer-BioNT 162b2b Vaccine

- Phase 3 RCT began on July 27, 2020
  - 43,538 participants
  - Approximately 42% of global participants and 30% of U.S. participants have racially and ethnically diverse backgrounds
- 95% effective against COVID-19
  - 170 confirmed cases of COVID-19; 162 observed in the placebo group vs. 8 in the vaccine group
  - Efficacy consistent across age, gender, race and ethnicity
- Cold Chain requirement is -70ºC

Slide courtesy of Dr. Noah Ivers

Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine

F.P. Polack, et al. DOI: 10.1056/NEJMoa2034577

CLINICAL PROBLEM

Safe and effective vaccines to prevent severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection and Covid-19 are urgently needed. No vaccines that protect against betacoronaviruses are currently available, and mRNA-based vaccines have not been widely tested.

CLINICAL TRIAL

A randomized, double-blind study of an mRNA vaccine encoding the SARS-CoV-2 spike protein.

43,548 participants ≥16 years old were assigned to receive the vaccine or placebo by intramuscular injection on day 0 and day 21. Participants were followed for safety and for the development of symptomatic Covid-19 for a median of 2 months.

RESULTS

Safety:
Vaccine recipients had local reactions (pain, erythema, swelling) and systemic reactions (e.g., fever, headache, myalgias) at higher rates than placebo recipients, with more reactions following the second dose. Most were mild to moderate and resolved rapidly.

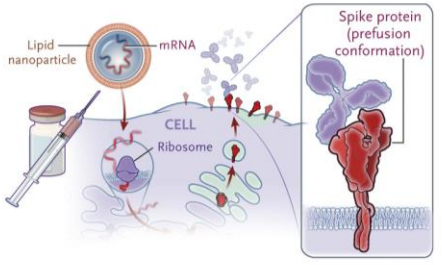
Efficacy:
The vaccine showed some early protection 12 days after the first dose; 7 days after the second dose, 95% efficacy was observed.

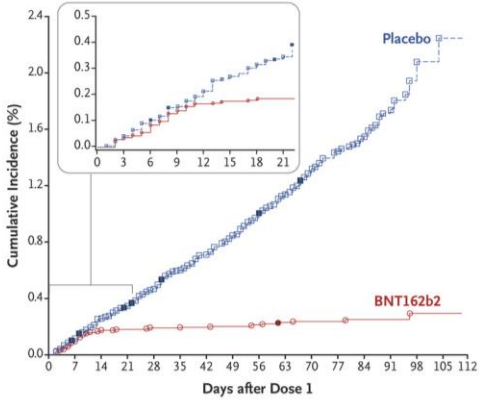
LIMITATIONS AND REMAINING QUESTIONS

Further study is required to understand the following:

- Safety and efficacy beyond 2 months and in groups not included in this trial (e.g., children, pregnant women, and immunocompromised persons).
- Whether the vaccine protects against asymptomatic infection and transmission to unvaccinated persons.
- How to deal with those who miss the second vaccine dose.

Links: Full article | NEJM QuickTake | Editorial





	BNT162b2 Vaccine	Placebo
Symptomatic Covid-19	8	162
	N=18198	N=18325
Severe Covid-19	1	9
	N=21669	N=21686

Vaccine efficacy of 95% (95% credible interval, 90.3–97.6%)

CONCLUSIONS

Two doses of an mRNA-based vaccine were safe over a median of two months and provided 95% protection against symptomatic Covid-19 in persons 16 years of age or older.

The Moderna Vaccine

- Phase 3 RCT began on July 27, 2020
  - 30,400 participants
  - Approximately 25% over age 65, and about 20% non-white
- 94% efficacy against COVID-19
  - 95 confirmed cases of COVID-19; 90 (11 severe) observed in the placebo group vs. 5 (0 severe) in the vaccine group
  - Efficacy consistent across age, gender, race, and ethnicity
- Cold Chain requirement is -20ºC

Slide courtesy of Dr. Noah Ivers

Efficacy and Safety of mRNA-1273 SARS-CoV-2 Vaccine

L.R. Baden, et al. DOI: 10.1056/NEJMoa2035389

CLINICAL PROBLEM

The Covid-19 pandemic continues and expands. Additional data regarding vaccines to prevent symptomatic severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection are needed. The mRNA-1273 vaccine is a lipid-encapsulated mRNA vaccine encoding the prefusion stabilized spike protein of SARS-CoV-2.

CLINICAL TRIAL

A randomized, double-blind trial to evaluate the efficacy and safety of mRNA-1273.

30,420 participants ≥18 years old were assigned to receive either the vaccine or placebo in two intramuscular injections 28 days apart. Participants were followed for safety and the development of laboratory-confirmed, symptomatic Covid-19 over a median of 2 months after the second dose.

RESULTS

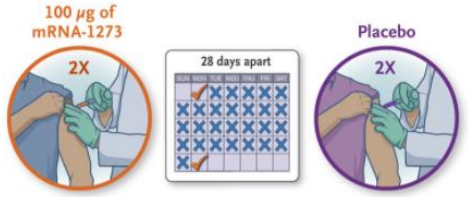
Safety:
Vaccine recipients had higher rates of local reactions (e.g., pain, erythema, swelling) and systemic reactions (e.g., headache, fatigue, myalgia) than placebo recipients. Most reactions were mild to moderate and resolved over 1–3 days.

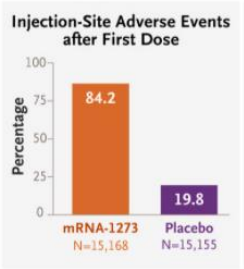
Efficacy:
The incidence of Covid-19 was lower among vaccine recipients than among placebo recipients as early as 14 days after the first dose. Protection in the vaccine group persisted for the period of follow-up.

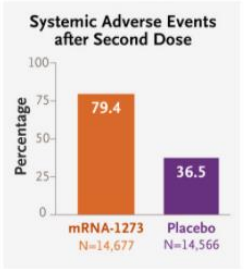
LIMITATIONS AND REMAINING QUESTIONS

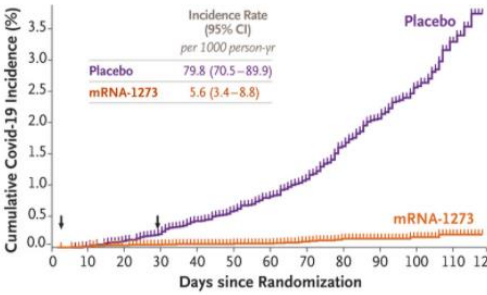
Further study is required to understand the following:

- Safety and efficacy over a longer period of time, in a larger population, and in pregnant women and children.
- Whether the vaccine protects against asymptomatic infection and transmission to unvaccinated persons.
- How to care for those who miss the second vaccine dose.









	mRNA-1273 Vaccine N=14,550	Placebo N=14,598
Symptomatic Covid-19	11	185
Severe Covid-19	0	30

Vaccine efficacy of 94.1% (95% CI, 89.3–96.8%; P<0.001)

CONCLUSIONS

Two doses of a SARS-CoV-2 mRNA-based vaccine were safe and provided 94% efficacy against symptomatic Covid-19 in persons 18 or older.

Pfizer vaccine: local side effects

Side effect (Age group, n=~2000 per group)	First dose %		Second dose %	
	18-55	>55	18-55	>55
Injection site pain - any	83.1	71.1	77.8	66.1
Injection site redness – any	4.5	4.7	5.9	7.2
Injection site swelling – any	5.8	6.5	6.3	7.5
Notes: - Pain decreased after second dose - Redness and swelling increased a little bit - Younger people had more pain				

Table compiled by Dr. Sumeet Sodhi

Pfizer vaccine: systemic side effects

Side effect (Age group, n=~2000 per group)	First dose %		Second dose %	
	18-55	>55	18-55	>55
Fever – above 38°C	3.7	1.4	15.8	10.9
Fever – above 39 °C	0.3	0.2	1.2	0.3
Fatigue – any	47.4	34.1	59.4	50.5
Fatigue – moderate+severe	21.3	13.4	38.3	29.4
Headache – any	41.9	25.2	51.7	39.0
Headache – moderate+severe	14.4	5.9	26.1	13.5
Chills – any	14.0	6.3	35.1	22.7
Chills – moderate+severe	4.0	1.4	18.0	10.7
Vomiting – any	1.2	0.5	1.9	0.7
Diarrhea – any	11.1	0.5	10.4	0.7
Myalgia – any	21.3	13.9	37.3	28.7
Myalgia – moderate+severe	11.1	5.7	21.7	16.6
Arthalgia – any	11.0	8.6	21.9	18.9
Arthalgia – moderate+severe	4.5	3.0	13.2	9.1
Need to use pain/antipyretic	27.8	19.9	45.0	37.7

Notes:
- Placebo effects were approx. 1-10% across the different categories
- Flu-like side effects (fever, headache, chills, myalgia, arthalgia) increased significantly after second dose
- Moderate+severe side effects, which are more likely to lead to work absences increased disproportionately after the second dose
- Power/conficence intervals were not taken into account at this time

Table compiled by
Dr. Sumeet Sodhi

Developed by:

CEP Centre for Effective Practice

With support from:

Ontario College of Family Physicians — Leaders for a healthy Ontario

NPAO Nurse Practitioners' Association of Ontario

afhto association of family health teams of ontario

OMA Ontario Medical Association

RNAO

Ontario College of Pharmacists — Putting patients first since 1871

SGFP General & Family Practice

McMaster University Family Medicine

University of Waterloo School of Pharmacy

Prioritization

Availability and rollout (Ontario)

About the Pfizer-BioNTech mRNA vaccine

Point-of-care guidance: Pfizer-BioNTech mRNA vaccine

About the Moderna mRNA vaccine

Point-of-care guidance: Moderna mRNA vaccine

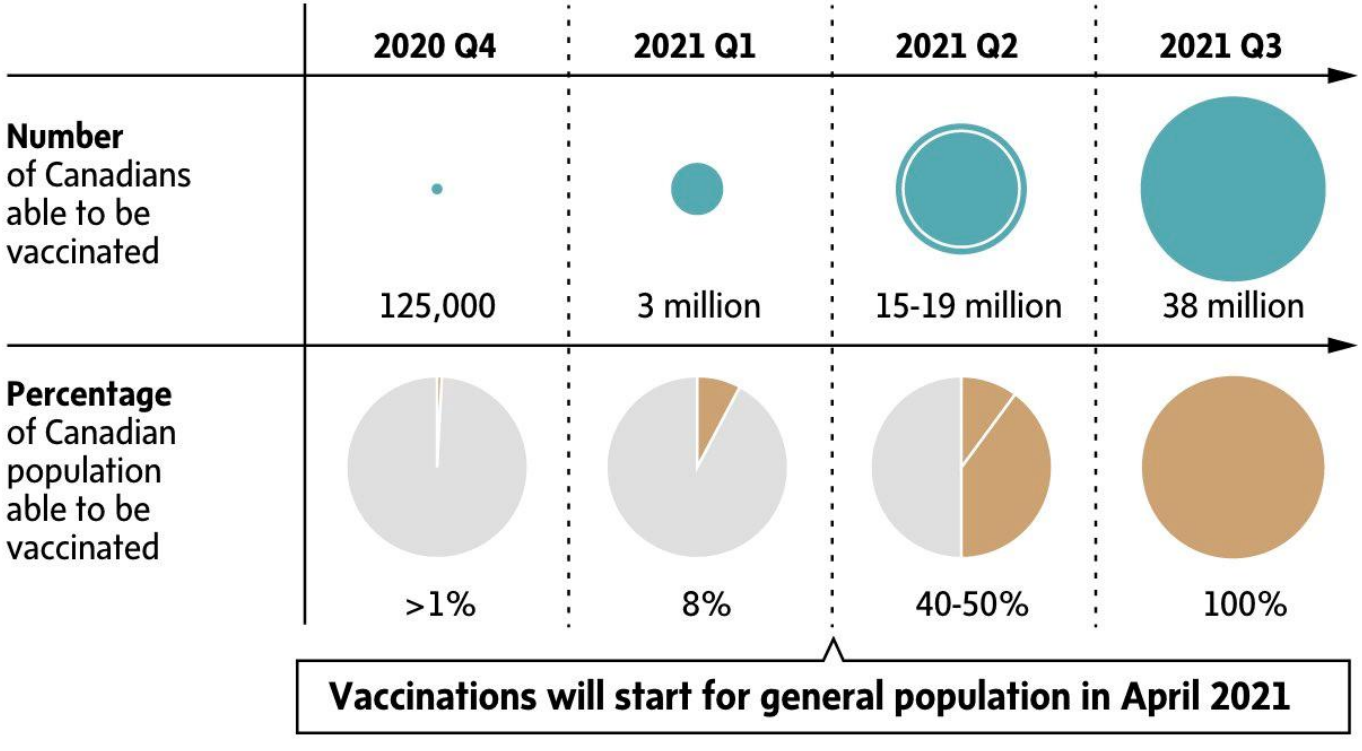
Emerging evidence: specific populations and allergic reactions

Addressing patient questions about vaccines

Slide courtesy of Dr. Noah Ivers

CANADA'S COVID-19 IMMUNIZATION PLAN

The federal government expects to receive enough doses to cover all Canadians by September 2021.



Note: Information is based on regulatory approval and anticipated delivery schedules of vaccine supply.

JOHN SOPINSKI/THE GLOBE AND MAIL, SOURCE: PUBLIC HEALTH AGENCY OF CANADA

https://www.theglobeandmail.com/canada/article-health-canada-approves-pfizers-covid-19-vaccine/

Slide courtesy of Dr. Tara Kiran

Addressing vaccine hesitancy

Key messages

1. **Get educated – know the facts**
2. **Get vaccinated – be a role model**
3. **Get skilled – engage effectively**

At every patient interaction: a presumptive comment about vaccine, an offer to address concerns, and a plan

Slide courtesy of Dr. Noah Ivers

[PrOTCT PLAN]	Example statements
Pr: Make a positive statement to **presume** they will get the vaccine	I will get [already got] the COVID vaccine and I will help you get it too so as to protect yourself
O: Offer to share your knowledge about the facts and your experience with having had the vaccine	I've been thinking a lot about this and educating myself on the science around it. Can I share some of what I know with you?
T: Tailor the recommendation to their specific health concerns	Here is why you are the right person to get this vaccine: …
C: Address specific **concerns** (this should not be the bulk of the conversation)	Are there any other particular concerns about this vaccine you want me to address?
T: Talk through a specific **PLAN** for where, and when to get the vaccine	You can do the following to get the vaccine… Provide schedule (2 doses)

Slide courtesy of Dr. Noah Ivers

Questions?

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Planning for the COVID-19 Vaccination Program

Pan Northern Clinical Rounds

January 20, 2021

Nastassia McNair, Program Manager

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Conflict Disclosure

- No financial or personal conflicts to disclose

Logistics for Vaccine Distribution in Northern Ontario

PRESENTATION OBJECTIVIES:

1. Provide overview of local and provincial context
2. Briefly review provincial responsibilities related to COVID-19 vaccine distribution.
3. Review local responsibilities and planning of the COVID-19 vaccination program, highlighting specifically:
   a) planning objectives
   b) overarching assumptions
   c) leadership, partnership and key stakeholders
   d) distribution and population sequencing
   e) logistical considerations accounted for
   f) resources to obtain more information

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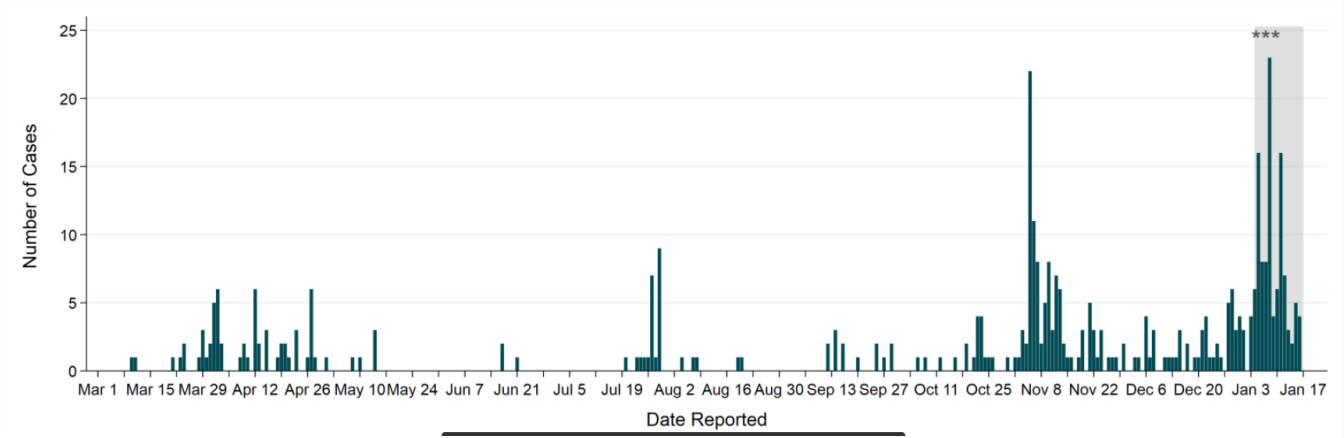
COVID-19 Epidemiology: Northern Ontario

Cases over time

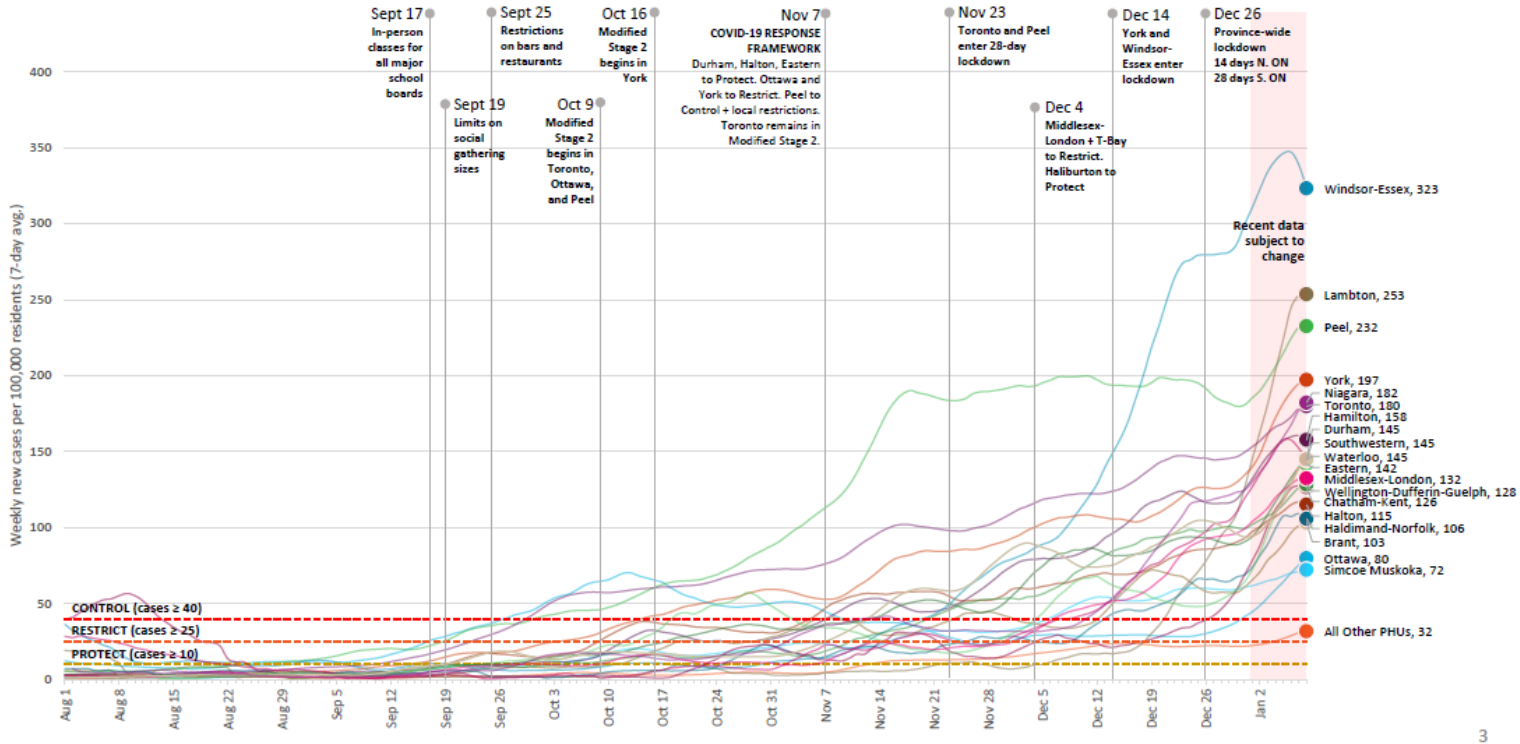
FIGURE 1. Confirmed cases, by date of reporting, Sudbury and districts



Data Source: Ontario Treasury Board Secretariat, Data Catalogue, Confirmed positive cases of COVID-19 in Ontario. https://data.ontario.ca/dataset/ confirmed-positive-cases-of-covid-19-in-ontario (Access Date: January 18, 2021) *** Illnesses occurring during this period may not yet be reported

Total cases as of January 19, 2021 at 4:00 PM: **402 cases**

Total new cases per 100,000 residents per week across PHUs



3

Data source: Case and Contact Management System, data up to January 8

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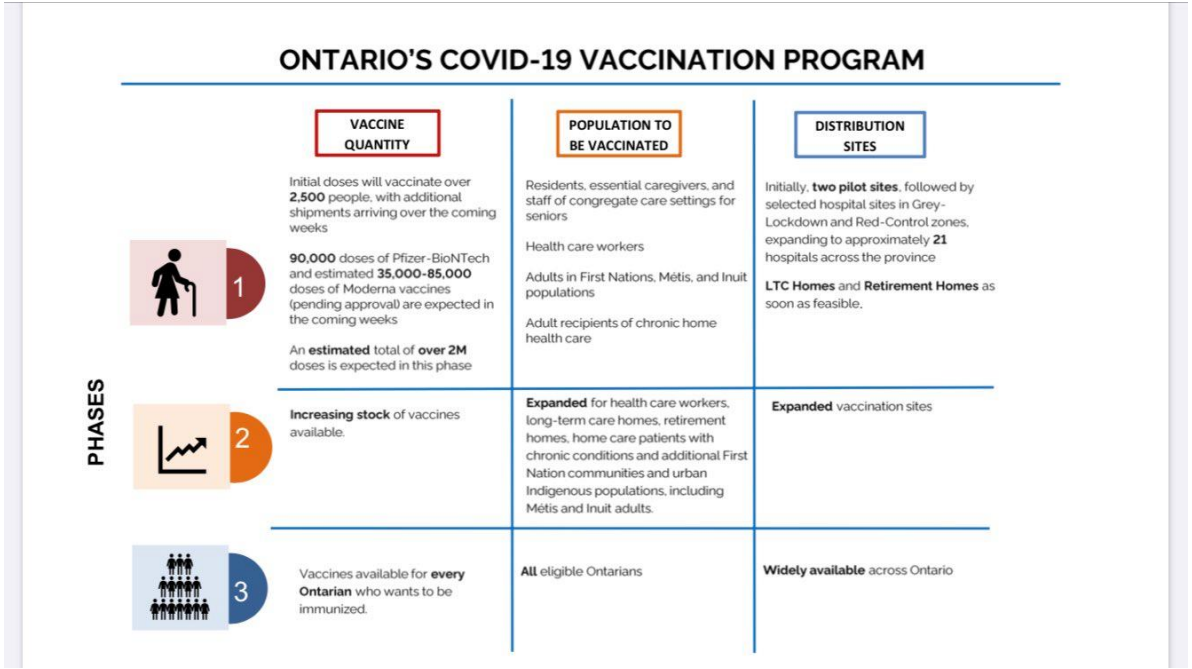
Provincial Planning and Distribution

Ontario's COVID-19 Vaccine Distribution Task Force

RESPONSIBILITIES:

- delivery, storage, and distribution of vaccine
- supporting health care partners
- clinical guidance and surveillance of uptake
- data, reporting, and technology
- public education and outreach to encourage immunization

Provincial Distribution Plan



Provincial Distribution of COVID-19 Vaccine

PHASE 1

- Long-term care homes and retirements homes.
- Health care workers in hospitals.
- Other congregate care settings.
- Remote Indigenous communities.

Starting: December 2020

PHASE 2

- All health care workers.
- Residents in long-term care homes.
- Residents in retirements homes.
- Home care patients with chronic conditions.
- Additional Indigenous communities.

Starting: March 2021

PHASE 3

- Vaccines available widely across Ontario for anyone who wants to be immunized.

Starting: August 2021

Ontario

Ethical Framework for COVID-19 Vaccine Distribution

- Using the ethical principles outlined below to guide COVID-19 vaccine prioritization and distribution decisions and decision-making processes is critical for ethical and effective distribution and will help to promote consistency, stewardship, accountability, and public trust.
- Appreciating that the application of the following principles will to an extent be context-dependent and that other values and principles may be relevant to decision-making, this framework should serve as a guide and be adapted where appropriate.
- All levels of government have a legal obligation to take preventative steps to stop the spread of COVID-19 and treat people without discrimination. Vaccine distribution and prioritization decisions must comply with existing human rights protections and take additional steps necessary to prevent and treat COVID-19 among vulnerable groups. This Ethical Framework therefore should be read in conjunction with the Ontario Human Rights Commission's Policy statement on a human rights-based approach to managing the COVID-19 pandemic.

Minimize harms and maximize benefits

- Reduce overall illness and death related to COVID-19
- Protect those at greatest risk of serious illness and death due to biological, social, geographical, and occupational factors
- Protect critical infrastructure
- Promote social and economic well-being

Equity

- Respect the equal moral status and human rights of all individuals
- Distribute vaccines without stigma, bias, or discrimination[1]
- Do not create, and actively work to reduce, disparities in illness and death related to COVID-19, including disparities in the social determinants of health linked to risk of illness and death related to COVID-19[2]
- Ensure benefits for groups experiencing greater burdens from the COVID-19 pandemic

Fairness

- Ensure that every individual within an equally prioritized group (and for whom vaccines have been found safe and effective) has an equal opportunity to be vaccinated
- Ensure jurisdictional ambiguity does not interfere with vaccine distribution (e.g., Jordan's Principle)[3]
- Ensure inclusive, consistent, and culturally safe and appropriate processes of decision-making, implementation, and communications

Transparency

- Ensure the underlying principles and rationale, decision-making processes, and plans for COVID-19 vaccine prioritization and distribution are clear, understandable, and communicated publicly

Legitimacy

- Make decisions based on the best available scientific evidence, shared values, and input from affected parties, including those historically under-represented
- Account for feasibility and viability to better ensure decisions have intended impact
- To the extent possible given the urgency of vaccine distribution, facilitate the participation of affected parties in the creation and review of decisions and decision-making processes

Public Trust

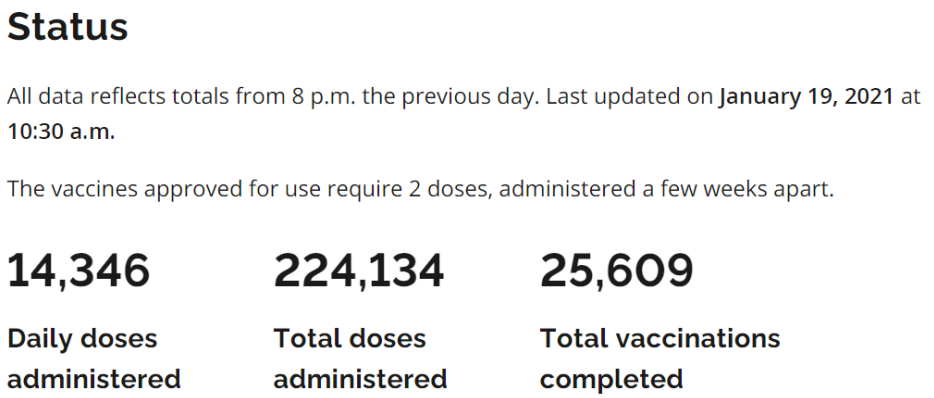
Ensure decisions and decision-making processes are informed by the above principles to advance relationships of social cohesion and enhance confidence and trust in Ontario's COVID-19 immunization program

Notes:

1. See Ontario's Human Rights Code and specifically Part 1 for *Code*-protected groups
2. Consider applying the Ministry of Health's Health Equity Impact Assessment decision support tool to identify potential health equity impacts
3. See Jordan's Principle

Ontario COVID-19 Vaccine Distribution Task Force - Dec. 29, 2020

Vaccinations Across Ontario To Date



Status

All data reflects totals from 8 p.m. the previous day. Last updated on **January 19, 2021** at **10:30 a.m.**

The vaccines approved for use require 2 doses, administered a few weeks apart.

14,346	224,134	25,609
Daily doses administered	**Total doses administered**	**Total vaccinations completed**

BASED ON COVERAGE CALCULATIONS:

- 85% of the provincial population is eligible
- 1.2% of eligible recipients vaccinated

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Local Planning and Distribution

Planning for a Local Vaccination Program

OBJECTIVIES:

1. Minimize societal disruptions, including infrastructure, and economic impacts.
2. Implement sustained public education and community outreach efforts.
3. Maintain public confidence.
4. Achieve a coverage rate of 75% of those eligible for vaccine by the provincially prescribed timelines.

Planning for a Local Vaccination Program

OVERARCHING ASSUMPTIONS:

1. COVID-19 vaccines will be supplied by the province.
2. Initially, demand will outstrip supply.
3. The province will direct how doses will be sequenced and how much will be available to residents in our service area.
4. Provincial guidance will need to be applied to our local context to refine sequencing decisions.
5. The Pfizer-BioNTech and Moderna vaccines have specific storage and handling requirements.

Planning for a Local Vaccination Program

OVERARCHING ASSUMPTIONS:

6. Two doses of the vaccine will be required.
7. Locally, 251 769 doses will be required to achieve a coverage rate of 75% within the prescribed timelines.
8. Vaccine hesitancy will be present and will require management.
9. The local vaccination program will intersect with future waves of local cases and outbreaks, requiring ongoing public health measures for the entire population.
10. Transparent decision making and clear communication will be critical to ensure public confidence and a successful program.

Local Leadership and Partnership

STAKEHOLDERS:

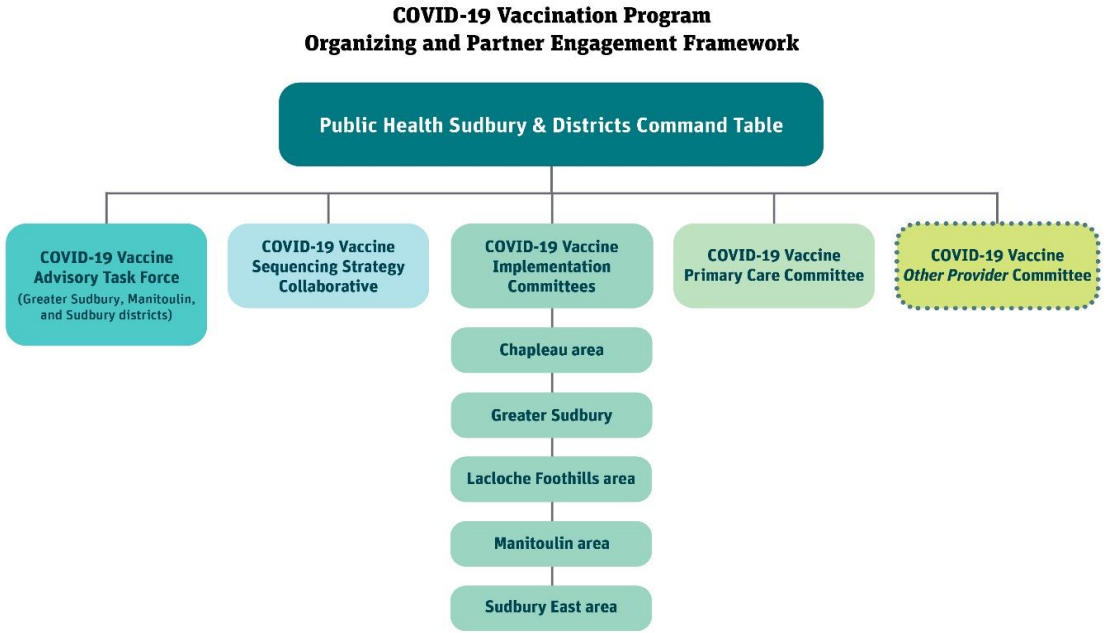
- Various levels of government
- Local public health
- Ontario Health North sub-regions
- Hospitals
- EMS teams
- Community Health Centres and Aboriginal Health Access Centres
- Long-term care and retirement homes
- Primary care providers
- Agencies for marginalized groups
- Workplaces including the academic sector
- Pharmacies
- Police
- Community paramedicine
- District Social Services Administration Board (DSSAB)

Logistical Considerations for Planning

CONSIDERATIONS:

- Vaccine storage and cold chain requirements.
- Health human resources.
- Transportation of clients.
- Sites for mass immunization clinics.
- Information technology (IT).
- Safety and security.

Local Organizing and Partner Framework



Local Distribution of COVID-19 Vaccine

PHASE 1	PHASE 2	PHASE 3
Congregate living — residents	Essential workers	All remaining eligible Ontarians
Congregate living — staff	Adults 75+	
Health care workers	Adults aged 60–74	
On-reserve Indigenous populations	At-risk populations	
Urban Indigenous populations / off-reserve	Those living in additional congregate care settings	
Chronic care recipients	Adults aged 16–59	

For More Information: Local Vaccination Program

- Public Health Sudbury & Districts COVID-19 Vaccination Program Playbook
- COVID-19 Vaccine Bulletin
- Advisory Alerts and Clinical Guidance
- COVID-19 Guidance for Health Care Providers

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Enhancing Vaccine Confidence

Sarah Newbery MD CCFP FCFP FRRMS

Jan 20 2021

Speaker disclosure

Faculty name: Sarah Newbery

Relationships with financial sponsors:

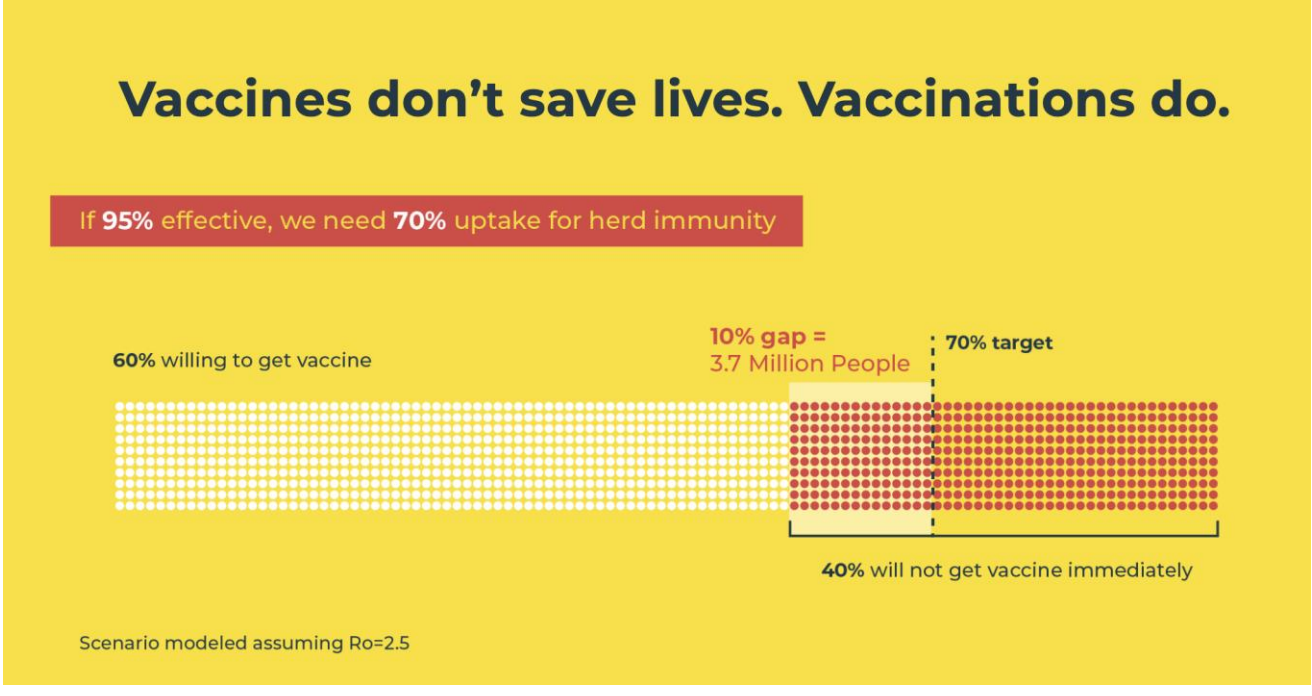
Salary for role with Northern Ontario School of Medicine

Grants: none

Speakers honoraria: none

No potential bias to mitigate.

Supporting vaccine confidence – COVID19



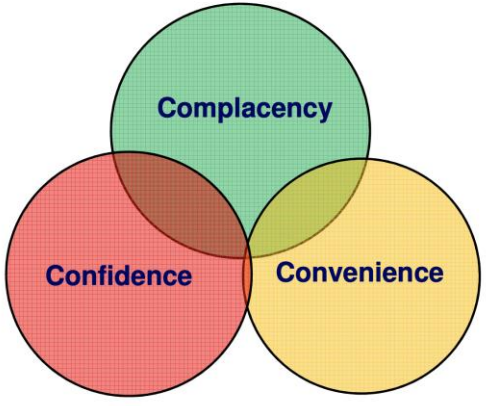
Credit: website for 19toZero

Vaccine Hesitancy is a Top Ten Priority for the World Health Organization

January 23, 2019 Rene F. Najera

The World Health Organization (WHO) released the list of its top ten priorities for 2019. Listed among those priorities is combating what it terms vaccine hesitancy. This is what WHO states:

Vaccine Hesitancy Model



Credit: SAGE working group

What do we all need to do?

- **Get educated** – know the facts well enough to explain them to others
- Get vaccinated (if medically appropriate) – express to others your own vaccine uptake
- **Get skilled** – apply evidence-based techniques to address vaccine hesitancy in every patient interaction
- Get engaged – participate in immunization programs and in campaigns to address hesitancy and enhance confidence

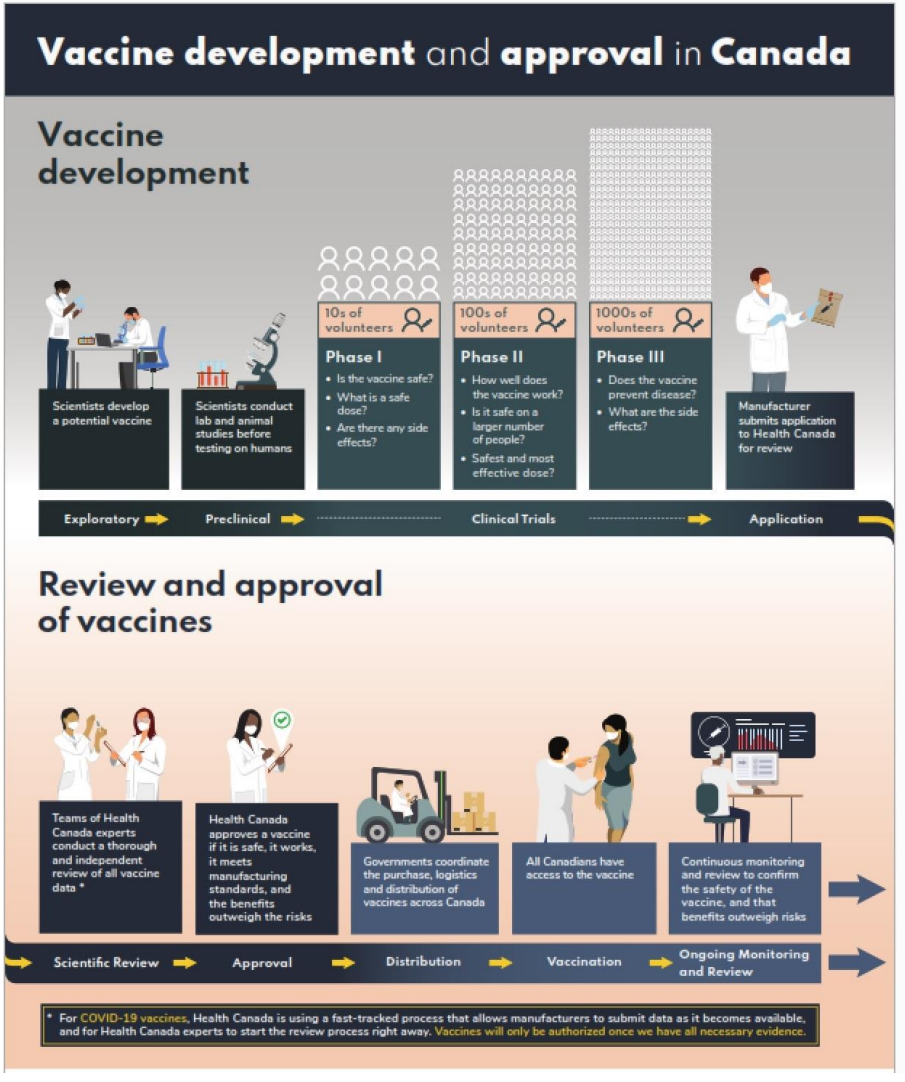
Credit: Rob Buttler

Getting educated

- How the vaccines were developed and tested
- What to expect from the vaccine
- Know what's in the media and know the facts

- Resources

- ✓ No steps were skipped in the vaccine testing or approval process.
- ✓ These trials were 10x larger than other vaccine trials in the past.
- ✓ We have it so soon because:
  - ✓ Health Canada received and reviewed data regularly as it was available – not just at the end of the research.
  - ✓ Drug companies skipped the time it takes to ensure a vaccine can sit in a family doctor's fridge for several months.
- ✓ They did NOT skip the safety testing



What should I expect when I get the vaccine?

- You can expect to have short-term discomfort: fatigue, headache, muscle pain, chills, fever and pain at injection site after vaccination
- These reactions will last for 24-48 hours and are typically more pronounced after the second dose
- Post vaccine symptoms mean your body is doing its job and making antibodies (IT IS A GOOD THING)
- These are normal, common and expected

THE VACCINE CANNOT GIVE YOU COVID-19!
THE VACCINE WILL NOT CHANGE YOUR DNA!

The news and the numbers…Anaphylaxis

Boston Doctor Reports Serious Allergic Reaction After Getting Moderna's Covid Vaccine

The patient, who has a severe shellfish allergy, recovered quickly with treatment. Until now, reports of severe reactions had been linked to the Pfizer vaccine.

The news….

BUT THE NUMBERS…….

11.1 cases per million doses

December 14–23, 2020

Vaccine Adverse Event Reporting System detected **21 cases of anaphylaxis** after administration of a reported **1,893,360 first doses of the Pfizer-BioNTech COVID-19** vaccine

71% of these occurred within 15 minutes of vaccination.

RELIABLE sources of information

https://tools.cep.health/tool/covid-19-vaccines/

Ensuring patient confidence in vaccines

PrOTCT PLAN for the COVID-19 vaccine discussion

As a primary care provider, you are the key to a successful COVID-19 vaccination campaign. These evidence-based responses to common questions will help you in your role as a community ambassador to promote widespread vaccination.

In all patient encounters, communicate that you and the members of your healthcare team have already gotten or are planning to get vaccinated.

"What do you think of the new vaccine(s)? Do you think I should get it? Is it safe?"

When patients ask these questions, it may be tempting to dive into answering. This framework will help approach these conversations thoughtfully to achieve a positive, effective interaction that builds trust while sharing important information.

Download

The PrOTCT PLAN for the COVID-19 vaccine discussion

For Ontario providers

Use the following billing codes when counselling your patients about COVID-19 vaccine(s)/hesitancy:

- K080, 081, 082 (telephone/video)
- K013 (in person)

PrOTCT PLAN for the COVID-19 vaccine discussion

What do you think of the new vaccine(s)? Do you think I should get it? Is it safe?

When patients ask these questions, it may be tempting to dive into answering. This framework will help approach these conversations thoughtfully to achieve a positive, effective interaction that builds trust while sharing important information.

Pr: **Pr**oactively starting the conversation with a **Pr**esumptive statement	*Talking tip:*	***I will get/have already gotten the COVID vaccine and I am happy to help you get it too, so you can protect yourself and your loved ones.[1]***
O: **Offer** to share your knowledge about the facts and your experience with having had the vaccine	*Talking tip:*	***I have been thinking a lot about this vaccine for my patients and educating myself on the science around it. Can I share some of what I know with you?[2]***
	Provider resources:	• Pfizer-BioNTech COVID-19 vaccine: What you should know (Health Canada, December 11, 2020) • Addressing patient questions about vaccines (CEP, Dec 2020)
T: **Tailor** the recommendation to their specific health concerns	*Talking tip:*	***Here is why you are the right person to get this vaccine: [example: you have high blood pressure and diabetes but have a high quality of life. Because of your conditions, you are at high risk of being hospitalised with COVID, so we need to maintain the quality of life you have right now.][3,4]***
	Provider resources:	• Recommendations on the use of COVID-19 vaccine(s) (NACI, Dec 12, 2020)
C: Address specific **concerns** (should not be the bulk of the conversation)	*Talking tip:*	***Are there any particular concerns about this vaccine you want me to address?[2]***
	Provider resources:	• Addressing patient questions about vaccines (CEP, Dec 2020)
T: **Talk** through a specific plan for where and when to get the vaccine	*Talking tip:*	***You can do the following to get the vaccine…[2]*** ***• Provide appointment time*** ***• Provide patient vaccine information sheet*** ***• Provide schedule (2 doses)***
	Provider resources:	• COVID-19 vaccines (CEP, Dec 2020)

References

1. *Opel et al. Impact of Childhood Vaccine Discussion Format Over Time on Immunization Status. Acad Pediatr. 2018;18(4):430-436. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5936647/*
2. *Shen, S. and Dubey, V. Addressing vaccine hesitancy: Clinical guidance for primary care physicians working with parents. Can Fam Physician. 2019 Mar; 65(3): 175–181. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6515949/*
3. *Conners et al. Provider-parent Communication When Discussing Vaccines: A Systematic Review. J. Pediatr Nurs Vol 33, March–April 2017, Pages 10-15. https://www.sciencedirect.com/science/article/abs/pii/S0882596316302895*
4. *Kennedy et al. Development of vaccine risk communication messages using risk comparisons and mathematical modeling. J Health Commun 2008;13(December (8)):793–807. http://www.ncbi.nlm.nih.gov/pubmed/19051114*

This Resource was developed by the Centre for Effective Practice and Alberta Department of Pediatrics. Clinical leadership and expertise provided by Cora Constantinescu, BSc, MD, FRCPC, Noah Ivers MD, CCFP, PHD and Kelly Grindrod, BScPharm, PharmD, MSc

Answering questions about **COVID-19 vaccines:** a guide for healthcare providers

As a healthcare provider, you are the key to a successful COVID-19 vaccination campaign. These evidence-based responses to common questions will help you in your role as a community ambassador to promote widespread vaccination.

In all patient encounters, communicate that you have already gotten or are planning to get vaccinated.

I don't need a vaccine. I am not at risk/COVID-19 isn't that bad.

- COVID-19 is much more serious than the flu. In Canada, the flu kills roughly 3,500 patients per year. In less than a year, COVID-19 has
- If Canadians wait to get the vaccine, more people will die.

References:

- *Vaccine Availability and Rollout (MOH, December 12, 2020)*

Did scientists and the government skip steps to rush vaccine production and approval?

- No steps were skipped in the process of developing, testing, approving, and producing the vaccine.
- Canada's best independent scientists have thoroughly reviewed all the data before approving the vaccine as safe and effective for Canadians.
- The vaccines were produced faster than before not because of skipped steps but because of never-before-seen levels of

https://www.19tozero.ca/healthcare-workers

- **Get educated**
- Get vaccinated (if medically appropriate)
- **Get skilled** – apply evidence-based techniques to enhance vaccine confidence in every **individual patient interaction**

- **Get engaged** – participate in immunization programs and in campaigns to address hesitancy and enhance confidence
  - In your office
  - In your LTC, hospital and other settings
  - In your community – use your credibility and your presence to support

Thank you for joining us today

Please consider completing an evaluation, the link can be found on the homepage of the website and it is also posted in the chat box.

https://www.fourwav.es/view/2113/info/

*You can obtain your certificate of attendance through the evaluation link.

Upcoming Events:

February 3, 2021 - Should I Report this Patient with Cognitive Impairment/Dementia to the MTO?
Presenter: Dr. Kaitlin Sheridan

February 17, 2021 - Medical Abortion
Presenter: Dr. Laura Kroeker

Register on the Pan-Northern Clinical Rounds Website: https://www.fourwav.es/view/2113/registration/