Ontario's COVID-19 Vaccine Distribution Plan

Moving to Phase Two of the Plan



Ontario's Plan Recap

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, sitespecific clinics, mobile teams, mobile sites, public health units	Distribution through : mass vaccination clinics, pharmacies, primary care, sitespecific clinics, mobile teams, mobile sites, public health units



Ontario's COVID-19 Vaccine Distribution Plan

- Ontario's COVID-19 vaccine distribution plan is happening in three phases
- This phased approach is based on expert advice of the Ministers' COVID-19 Vaccine Distribution Task Force and is aligned
 with the National Advisory Committee on Immunization
- The vaccination rollout is currently in Phase One, with over 820,000 doses administered and over 269,000 Ontarians fully immunized (as of March 4, 8 pm)
- The first phase of Ontario's plan focused on vaccinating the province's most vulnerable. We are now seeing the clear benefit of doing so, with a dramatic decrease in long-term care home cases and COVID-related deaths across all age groups
- Ontario has mapped out the transition into Phase Two of our vaccine plan and has identified the next groups of populations
 who will be eligible to receive the vaccine
- The timeline for Ontario's three-phase vaccination distribution plan is dependent on vaccine supply and availability from the federal government
- As additional vaccines are approved by Health Canada and Ontario receives doses more regularly, the province will significantly increase the number of vaccines being administered daily



Objectives of Ontario's Vaccine Rollout

Ontario's COVID-19 vaccine distribution plan is guided by the following objectives:



These objectives align with Canada's pandemic response goal, which is also adopted by the National Advisory Committee on Immunization:

"To minimize serious illness and overall deaths while minimizing societal disruption as a result of COVID".



Phase One: Protecting Ontario's Most Vulnerable



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



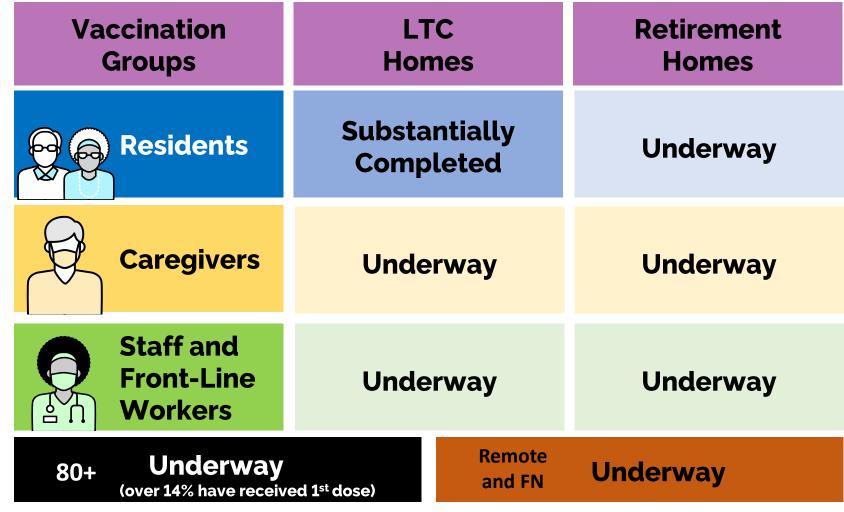
Over **89%**

RH residents received at least 1 dose



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

As of Mar. 4, 8 p.m.

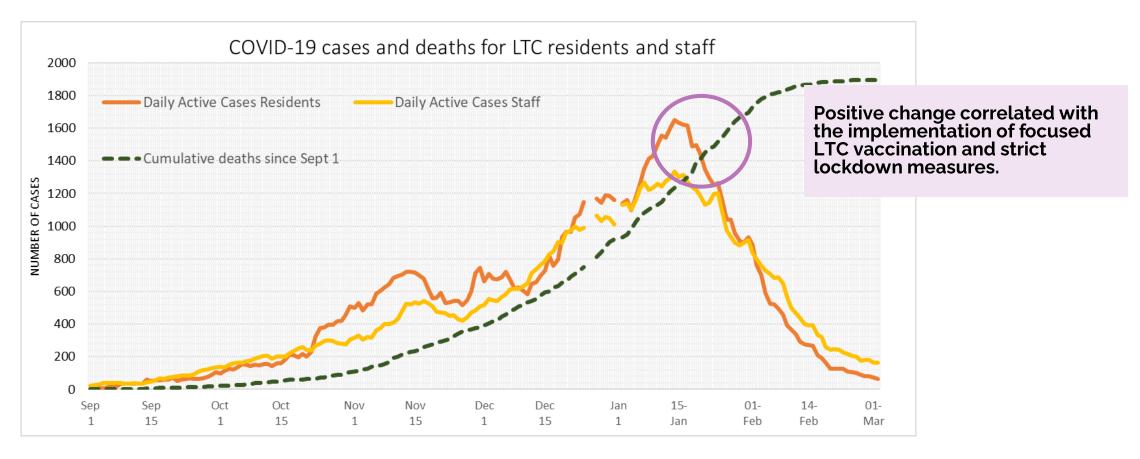






Impact of Ontario's Phase One Approach

By focusing vaccination early efforts on long-term care residents, combined with public health measures, Ontario has
rapidly reduced infections and the daily deaths rates in LTC homes



Data Source: Ministry of Long-Term Care Tracker, based on data reported up to March 3, 2021.



Phase Two: Expanding Vaccines to More Ontarians



AstraZeneca

Health Canada (HC) Approval

- On February 26, the AstraZeneca vaccine was approved by Health Canada for use in adults 18 years of age and older, recommended by NACI for group 18-64
- They have an overall efficacy of 62%, when given according to the authorized dosing regimen 2 doses, 4 to 12 weeks apart, and can be stored and transported at temperatures ranging from 2° to 8°C

NACI Recommendation

- In the context of limited vaccine supply, AstraZeneca COVID-19 vaccine may be offered to individuals 18-64 years without contraindications if:
 - The 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
- Seniors over 64 and At-Risk: Due to superior efficacy, mRNA COVID-19 vaccine is recommended for individuals at highest risk of severe illness and death and highest risk of exposure to COVID-19 who are targeted for early COVID-19 vaccination
- Individuals 55-64: The public health benefits of offering the AstraZeneca vaccine earlier only to individuals 55 to 64 years were less certain given the shorter expected wait times of this population for the more effective mRNA vaccines



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

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

Moderna

- o 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)



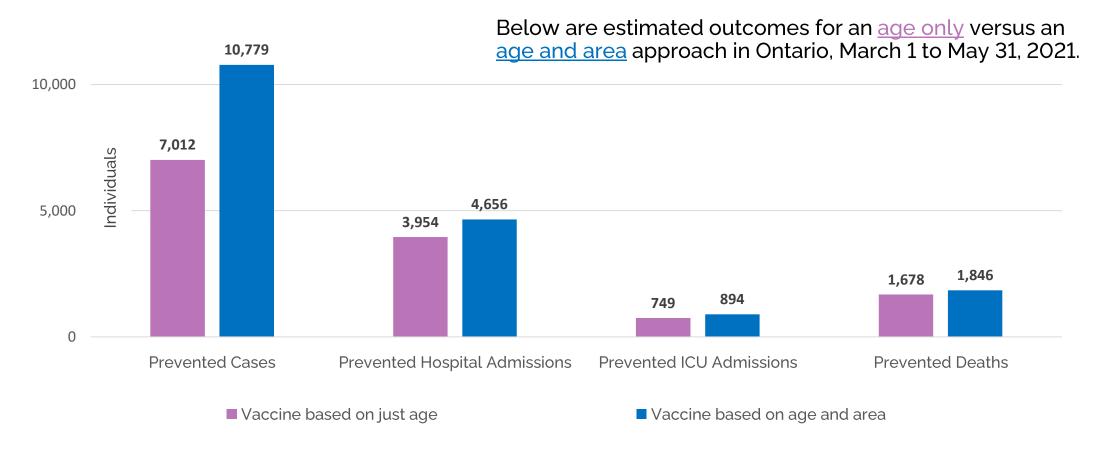
Extending Dose Interval to Four Months

- The National Advisory Committee on Immunization (NACI) has provided the recommendation to extend the vaccination dose interval up to four months for all Health Canada approved vaccines while while maintaining a strong and sustained level of protection from COVID-19
- Ontario has accepted and will follow NACI's recommendations starting March 10th, with some limited exceptions
- This will allow Ontario to rapidly accelerate its vaccine rollout and maximize the number of people receiving first dose within a context of limited supply
- In making its recommendation, NACI considered several factors, including:
 - Review of recent scientific studies of efficacy and effectiveness of COVID-19 vaccines
 - Real world effectiveness demonstrated by sustained high levels of protection
 - Immunological principles and vaccine science



Evidence (Vaccinating by Age and Area)

Vaccinating primarily based on age, with some adjustment for hot spots (and health conditions, congregate settings), will prevent more deaths, hospitalizations, ICU admissions, and cases of COVID-19.



Source: Ontario COVID-19 Science Advisory Table



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:

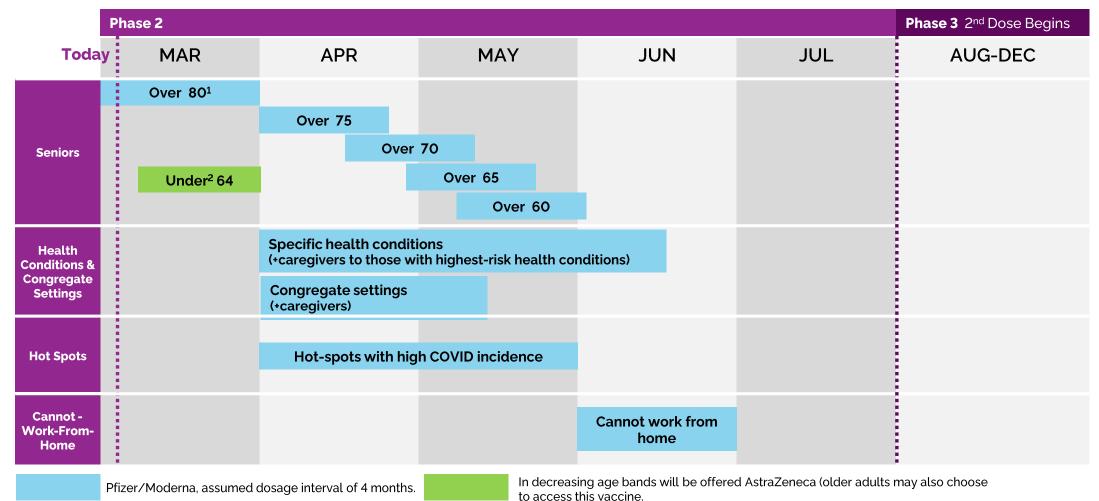
1. AGE	Population Size
 Seniors Strategy Older Ontarians (60-79), who are at greatest risk of death and hospitalization due to COVID-19, will be targeted through a multi-channel approach. 	2.5 Million
2. AT-RISK	
 Health Conditions and Congregate Settings Strategy Health conditions: A targeted rollout, 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 O.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 transmission². Vaccinations in hot spots will continue to focus on age. 	O.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 13 vaccinated through any one of the strategies above).



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, Métis and Inuit populations; and Adult recipients of chronic home health care.

² Including some caregivers of those with specific health conditions.

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
 Ontario

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)



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



AstraZeneca: Protecting Older Ontarians

- Aligned with NACI recommendations, Ontario will begin offering AstraZeneca to populations aged 60-64, with
 decreasing age in small age bands at pharmacies, primary care, mass clinics or other suitable sites
- Starting with populations aged 60-64 is also aligned with the latest evidence that recommends vaccinating primarily based on age. Doing so will help reduce illness and hospitalizations
- AstraZeneca will be offered with informed consent, including discussion about current vaccine options, information
 about efficacy, and the timing of future vaccine options



Expanding Access Points: Pharmacies and Primary Care

- The government is working with the pharmacy sector and with primary care providers to continue to offer vaccinations in primary care settings and community locations in collaboration with public health units
- Pharmacies and primary care providers, in partnership with the public health units continue to play a vital role supporting
 other vaccine programs. As trusted primary care providers and regulated health care professionals, they are both well
 positioned to provide clinical information about the COVID-19 vaccines and offer increased access across Ontario
 communities
 - The Ministry recently conducted a tabletop exercise with the Ontario Pharmacists Association and Neighbourhood Pharmacy Association of Canada, as well as other representatives from the pharmacy sector and the public health units, to review the safety and security of end-to-end operational processes of vaccine delivery in retail pharmacies. Following this pilot for vaccine delivery in pharmacies is planned for **mid-March** in three PHUs: Toronto, Windsor and the Kingston, Frontenac and Lennox & Addington region. A tabletop exercise is also being conducted with primary care stakeholders and partners to support planning for specific primary care pilots in collaboration with public health units
- Pharmacies will be using their own booking systems to schedule vaccination appointments. Further information will be provided on the participating pharmacies and how to schedule vaccination appointments
- It is expected that the majority of the first shipment of AstraZeneca in March and in Phase Two will be supported by the addition of retail pharmacies and primary care
- Allocations may change as supply increases over time and the province moves into Phase Three



Expanding Access Points: Mass Immunization Clinics

- Ontario is working with all 34 public health units to plan and implement mass immunization clinics across the province
- It is expected that approximately 80 per cent of total provincial vaccine allocations will be administered through mass immunization clinics during Phase Two and Three
- A small number of mass immunization clinics have begun operating and will continue to open this month, with further ramp up in April
- Based on plans submitted by the public health units, 167 vaccination sites (hospital, mass immunization clinic, mobile clinic, etc.) have started or are expected to be running in February and March:
 - 113 mass clinics planned to start operations in March across 26 out of 34 public health units (vaccine supply dependent)
 - Maximum feasible planned capacity across all public health units is approximately four million doses for the month of March (depending on supply)
- Rate of vaccine administration will vary based on local considerations and capacity



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 Call Center will be offered to public health units across for province for eligible population to book their vaccination appointments at mass clinics



Vaccine Booking System & Call Centre

Pilot Regions

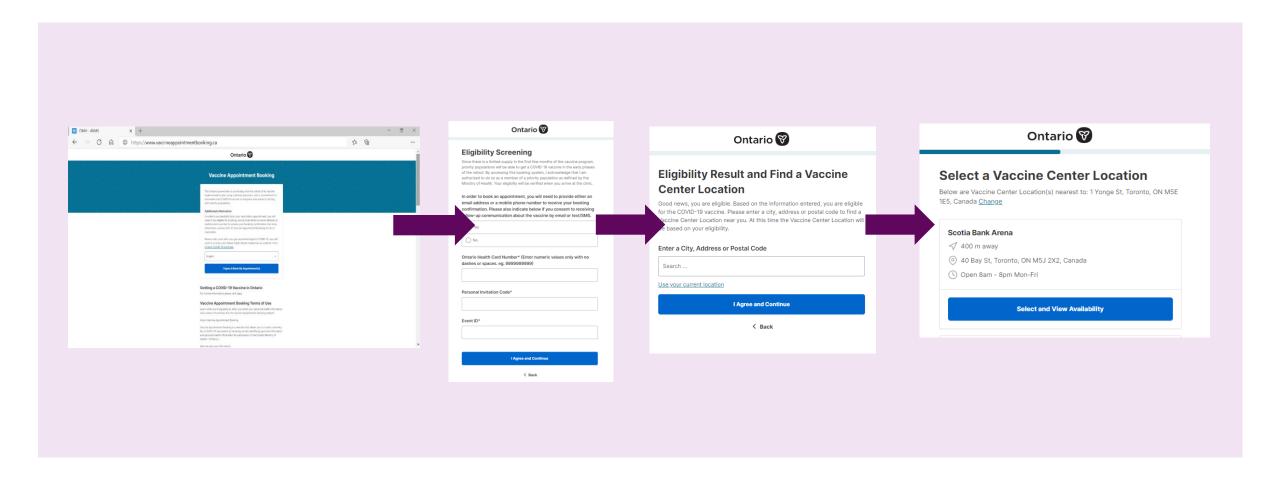
- o Kingston, Frontenac, and Lennox and Addington
- Peterborough County-City
- Hastings and Prince Edward Counties
- o Leeds, Grenville, and Lanark
- Grey Bruce
- Lambton

Pilot progress to date

- The testing of the booking system began Monday with eligible citizens of the Kingston and Lambton Health Units being the first to be invited to book online vaccine appointments
- Peterborough and Leeds, Grenville and Lanark Health Units began testing the booking system on Tuesday; Grey Bruce and Hastings
 Prince Edward Counties Health Units began testing on Wednesday
- As of 7:40 p.m. on March 2nd, 616 vaccine appointment bookings were made for 308 citizens in the cohort (adults in the 80 and over age group or eligible health care workers)
- Although still early, the pilot of the booking system is sufficiently supporting appointment bookings and integrating with COVax_{ON}

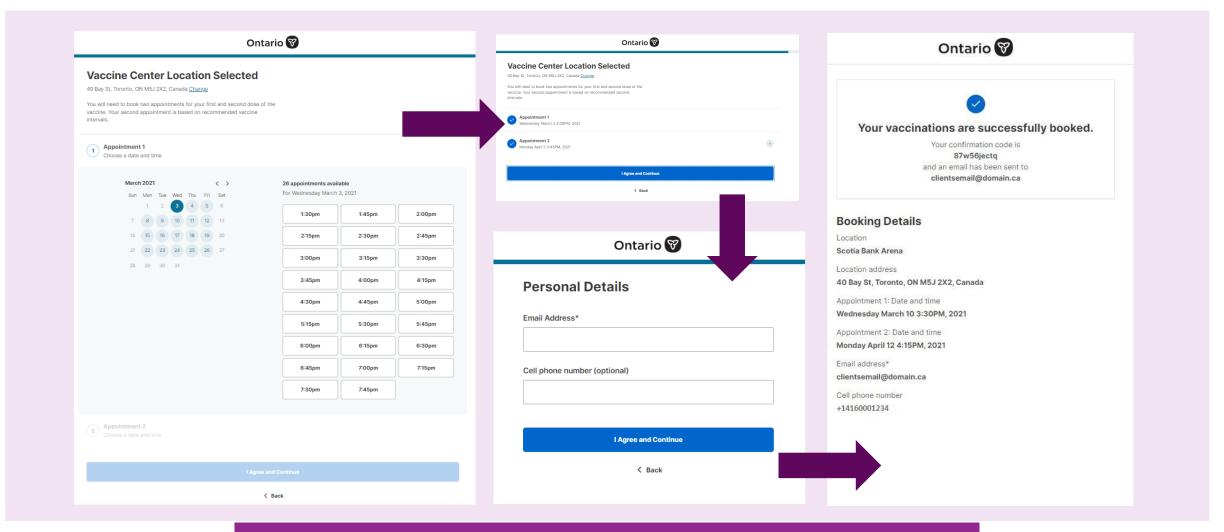


Pilot Booking System Screen Shots





Pilot Booking System Screen Shots



Repeats for Second Dose based on approved dose interval

