

Ministry of Health

Vaccine Implementation Primary Care Update

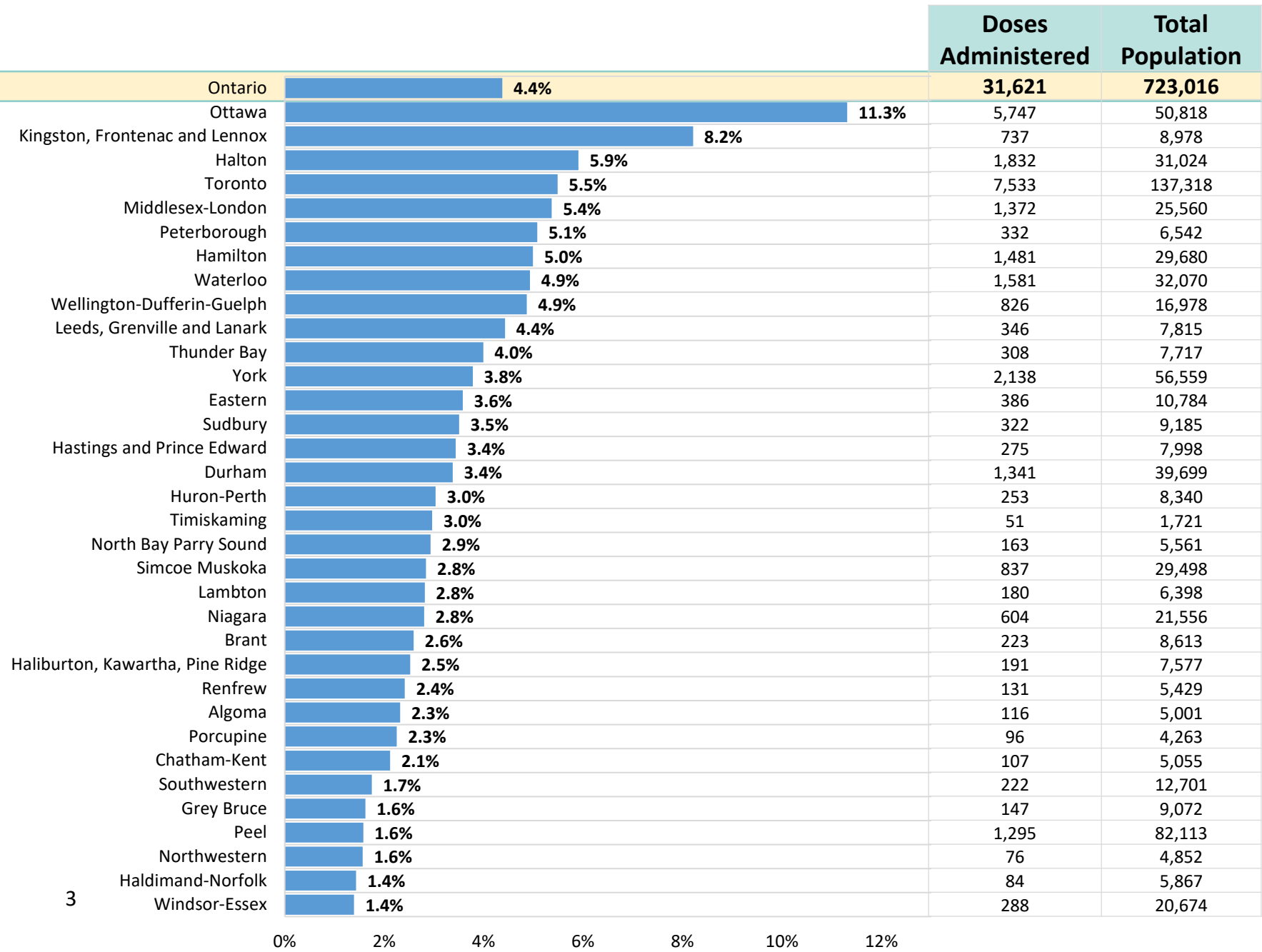
Week of August 29, 2022

Last updated: August 30, 2022

Agenda

1. Under 5s
2. 5-11 boosters
3. Fall planning
4. Next steps
5. Appendix

Children 0-4 Years: First Dose Coverage as of August 29, 2022



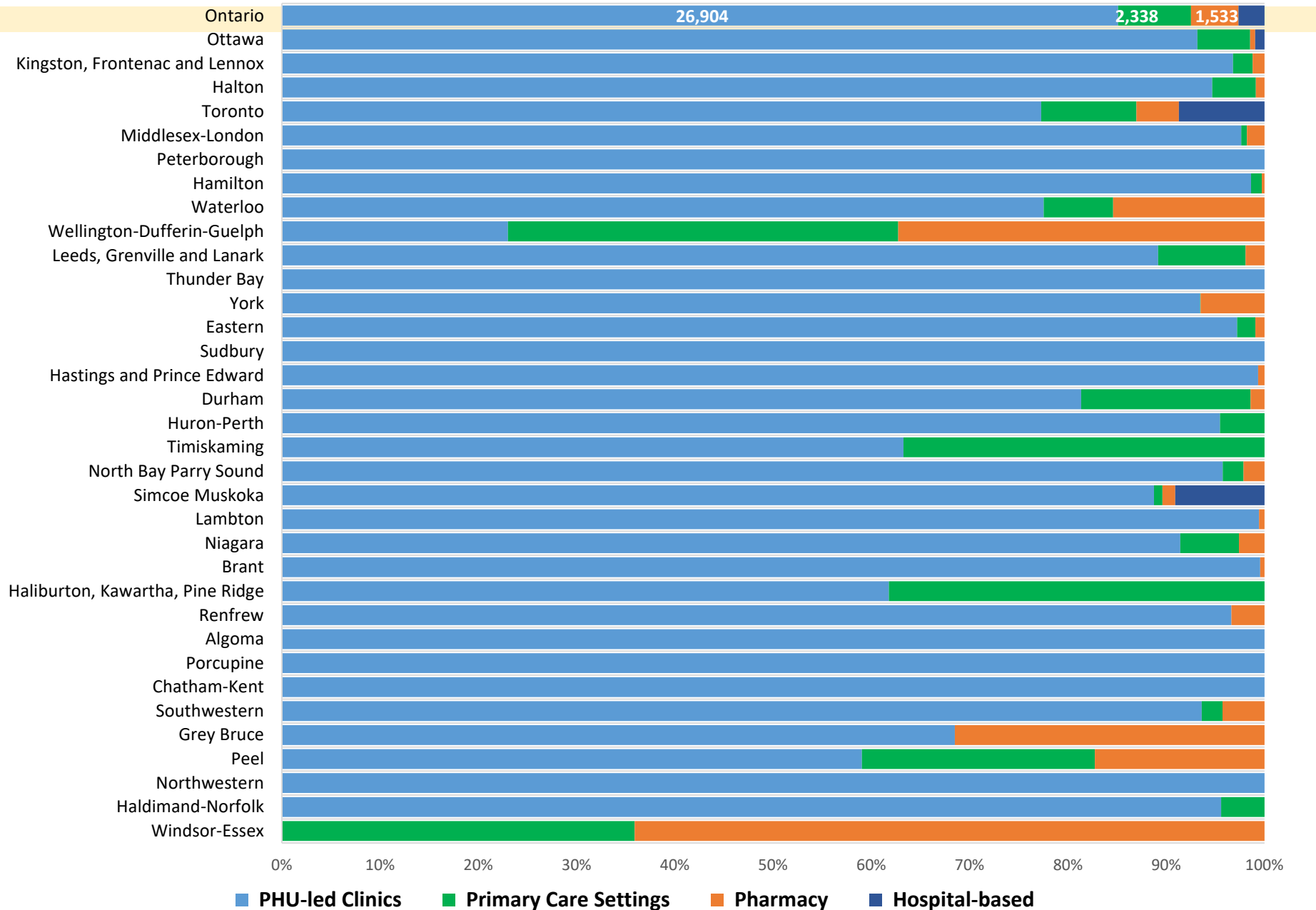
Key Insights

- **4.4%** of children 0-4 years old in Ontario have had a first dose
 - Coverage across PHUs ranges from **1.4%** to **11.3%**
 - Doses administered ranges from **51** to **7,533**

Note: The denominator includes all individuals in the 0-4 age group although only those 6 months and above are currently eligible for vaccination

Data Source(s): SAS VA Tool, COVax analytical file, extracted daily at 8:00 pm, CPAD, MOH. Note: analytical file has been processed for data quality checks and results may differ from the COVax live data system. Population Estimates 2020, Statistics Canada, CCM Cases Data, OLIS Testing File, CCSO ICU File

Children 0-4 Years: Delivery Channels for July 28 – August 29, 2022



Key Insights

- **2,338 (7%)** 0-4 doses have been administered in **Primary Care Settings**
- Breakdown for other channels:
 - PHU-Led Clinics: **85%**
 - Pharmacy: **5%**
 - Hospital-based: **3%**
- Top 5 PHUs using **Primary Care**:
 - **WDG (40%)**
 - **HKPR (38%)**
 - **Timiskaming (37%)**
 - **Windsor-Essex (36%)**
 - **Peel (24%)**
- Note: PHUs are ordered by under 5 first dose coverage from highest to lowest

Data Source(s): SAS VA Tool, COVax analytical file, extracted daily at 8:00 pm, CPAD, MOH. Note: analytical file has been processed for data quality checks and results may differ from the COVax live data system. Population Estimates 2020, Statistics Canada, CCM Cases Data, OLIS Testing File, CCSO ICU File

Children 5-11: Booster Eligibility – September 1/22

Health Canada approval and NACI recommendations (August 19, 2022) for Pfizer (10mcg) for children 5-11 years old:

- **Strong NACI Recommendation** for children 5 to 11 years of age with an underlying medical condition that places them at high risk of severe illness due to COVID-19
- **Discretionary NACI Recommendation** for all other children 5 to 11 years of age

MOH Guidance (to be posted by EOD):

- Recommended interval of 6 months after 2nd dose; minimum interval of 3 months

Fall 2022 Implementation Planning | COVID-19 Context

The Province has developed planning scenarios for Fall 2022 vaccination roll-out to more closely align with recent NACI guidance on fall boosters for adult populations, and in response to expanded eligibility for all populations through the summer.

SCENARIO 1: BASELINE CASE (5.7M doses)

- Additional COVID-19 **boosters targeted at high-risk populations** over 2 months
- Additional COVID-19 **boosters offered to the general population** over the next 2 months
- Moderate immunization volumes and effort (**absorbed within existing channels**)

SCENARIO 2: SURGE CASE (7.9M doses)

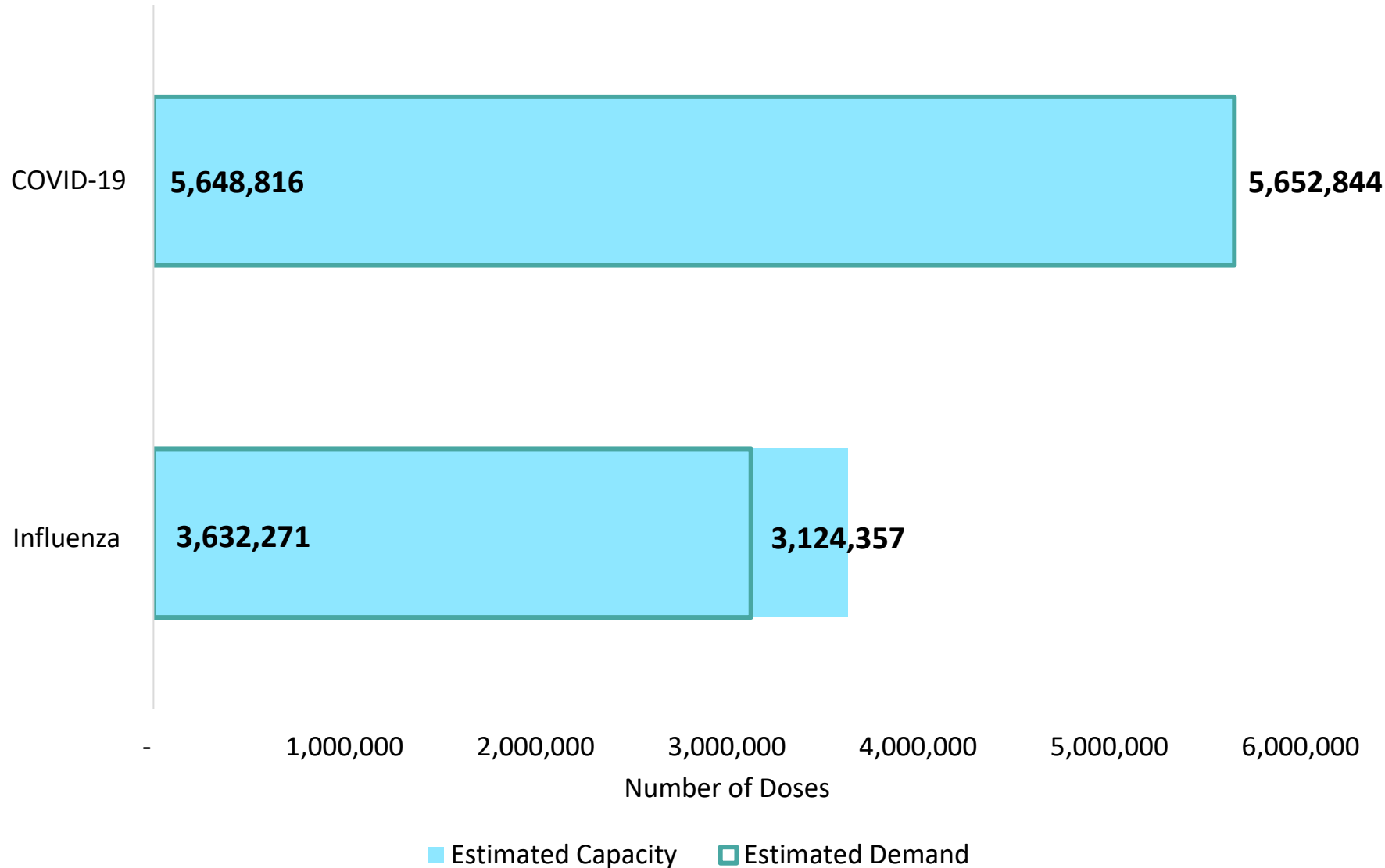
- **Severe decrease in immunity and/or more transmissible/virulent new variant requiring mass immunization** of population prioritizing high-risk populations over the first 2 months and the remaining populations beginning after the first month
- Higher immunization volumes and effort; **may require mass clinics to be established**

ADDITIONAL POPULATIONS ACROSS ALL SCENARIOS

- Children (6 Months - Under 5 Years) Primary Series (2 Doses) over 4 months
 - Children 5-11 Boosters over 4 months

Capacity to Meet Estimated Demand Across PHUs and Partners

Preliminary Results for Baseline Scenario



Key Insights

Across PHUs and partners from Sept to Dec 2022, there is capacity to administer:

- **5.7M** doses of **COVID-19** vaccine (**100%** of estimated demand)
- **3.6M** doses of **influenza** vaccine (**116%** of estimated demand)

Fall Planning – Population Prioritization

At-risk population

(Strong NACI Recommendation)

Tier 1 Priority

- Older adults (70+)
- Residents of long-term care facilities or congregate living settings for seniors
- Adults in or from First Nations, Métis, or Inuit communities
- Individuals who are moderately to severely immunocompromised
- Pregnant women
- Adults in high-priority communities - i.e., low income and high diversity FSAs
- Residents of other congregate living settings who are 12 years of age and older

Tier 2 Priority

- Older adults (60+)
- Individuals with other underlying medical conditions that places them at high risk of severe COVID-19

General Population

(Discretionary NACI Recommendation)

- All other individuals 12 to 60 years of age

Children & Infants

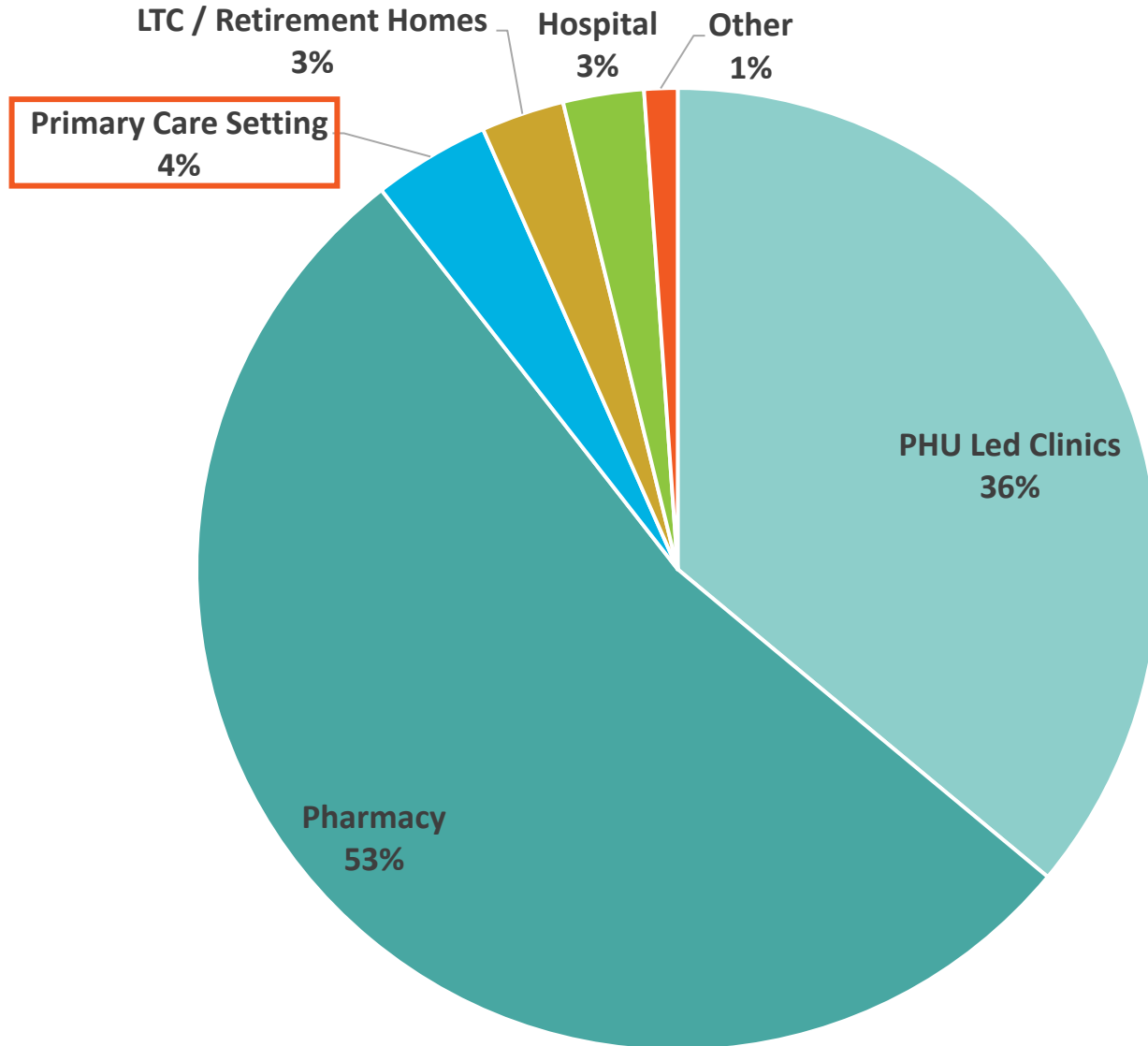
(Discretionary NACI Recommendation)

- Children 5 to 11 years of age
- Infants 6-months to 4 years of age

Notes:

The tiers represent the differentiation in strength of recommendation from NACI, however eligibility is still open to all populations.

PHUs and partners plan to meet the estimated demand for COVID-19 vaccine (n = 5,648,816 doses)

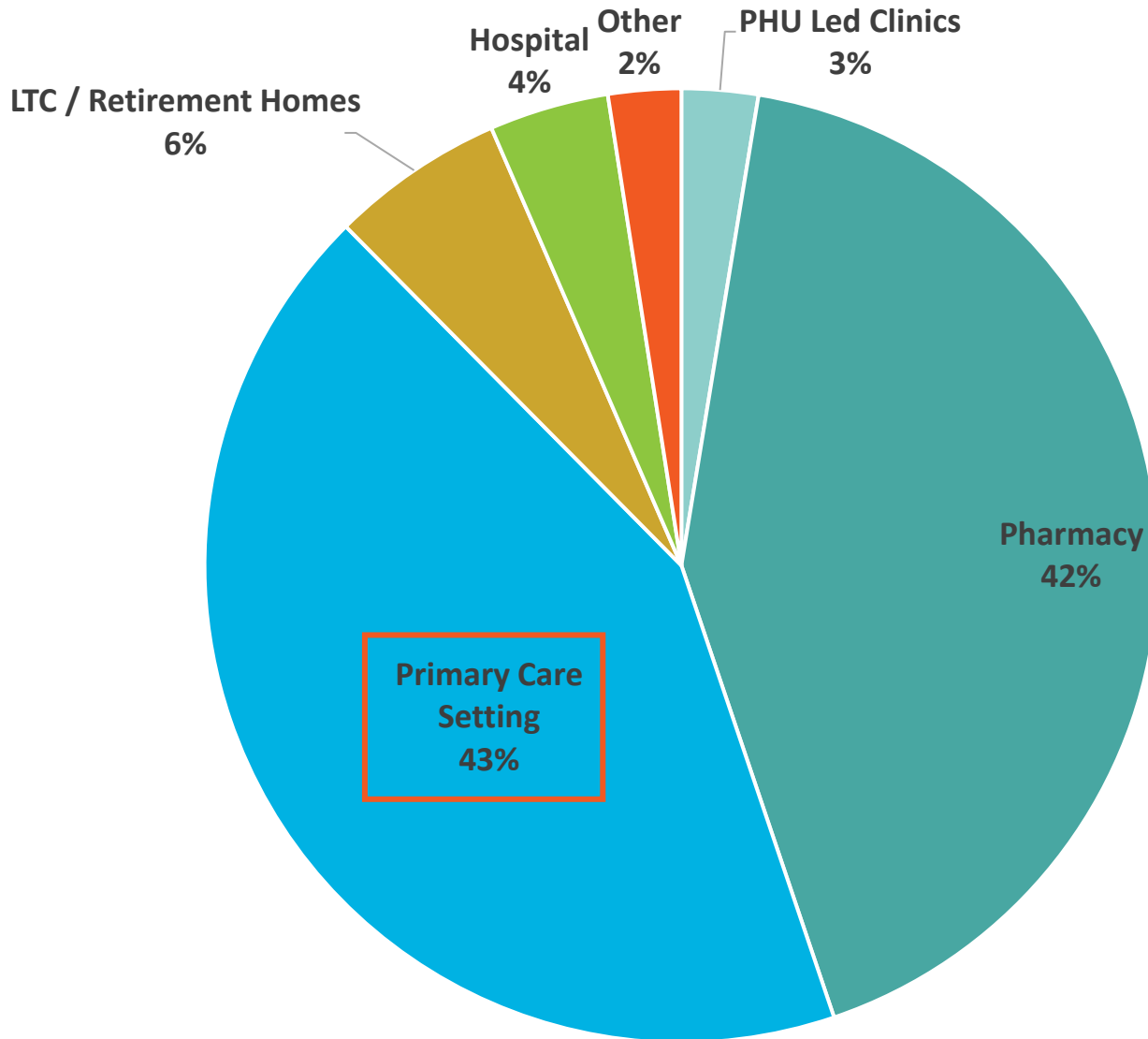


Key Insights

- Pharmacy (**53%, 3M doses**) and PHU-led clinics (**36%, 2M doses**) will provide most of the capacity for COVID-19 vaccination in the Fall
- **Primary Care Settings** account for **4%** of total doses (**220K doses**)

Delivery Channel	Number of Doses
PHU-Led Clinics	2,034,402
Pharmacy	3,020,156
Primary Care	219,578
LTC/Retirement Homes	156,914
Hospital	152,973
Other	64,794

PHUs and partners plan to meet the estimated demand for influenza vaccine (n = 3,632,271 doses)



Key Insights

- Primary Care (**43%, 1.6M doses**) and Pharmacy (**42%, 1.5M doses**) will provide most of the capacity for influenza vaccination in the Fall
- **Compared with COVID-19:**
 - **Primary Care** will provide **more** vaccine for influenza

Delivery Channel	Number of Doses
PHU-Led Clinics	92,479
Pharmacy	1,535,578
Primary Care	1,550,985
LTC/Retirement Homes	214,821
Hospital	147,366
Other	91,043

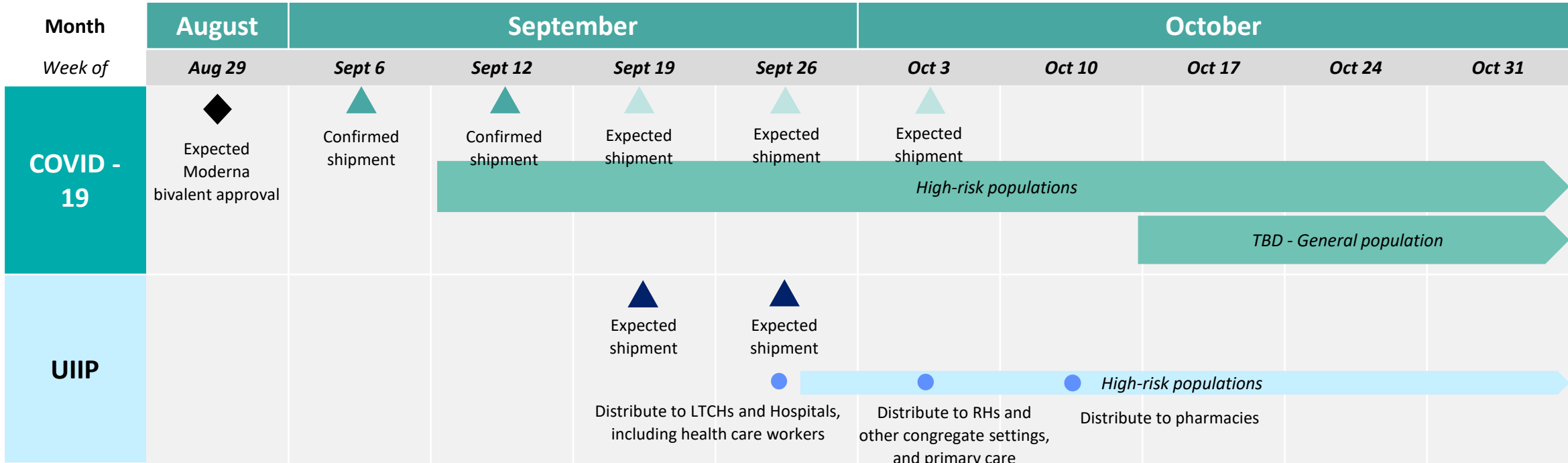
Fall 2022 Implementation Planning | Illustrative Fall Vaccine Administration Timelines

COVID-19 vaccination:

- Administration of COVID-19 vaccine to high-risk populations could begin week of September 6th with confirmed bivalent supply.

Influenza vaccination:

- Administration of influenza vaccines to high-risk populations could begin as early as the week of September 26th in some PHUs; administration to general population will begin in November.
- PHU planning indicates most influenza doses will be administered through primary care (43%, 1.55M doses) and pharmacy (42%, 1.53M doses)



Note: Expecting Pfizer bivalent product approval late September/early October

Discussion & Next Steps

1. Continue to support vaccination of infants and children under 5 years
2. Prepare for Fall COVID-19 and UIIP vaccine campaigns
3. Connect with local PHUs to explore options for onboarding Primary Care
4. Continue outreach encouraging patients to stay up to date on their vaccines

Appendix

Provincial Dashboard | As of August 30, 2022

Doses Administered

34,737,796

Total Shots in Arms

9,580

Shots in Arms Yesterday

3,316

Shots in Arms Previous Day

Daily Doses (7-day average)

10,729

Daily Doses

1,390

Daily Dose 1

659

Daily Dose 2

1,689

Daily Dose 3

6,919

Daily Dose 4

Federal Allocation

36,374,591

(Received to date)

Pfizer Received= 23,340,241

Administered= 23,387,246

Moderna Received= 11,826,050

Administered= 9,529,264

Astra/CV Received= 1,168,300

Administered= 1,099,077

Janssen Received= 10,000

Administered= 4,637

Novavax Received=30,000

Administered= 10,622

Population Coverage

12,760,283

People w/ at least 1 dose

+ 1,208 from previous day

12,281,185

People fully vaccinated

+ 603 from previous day

7,529,760

People vaccinated w/3 doses

+ 1,713 from previous day

2,119,666

People vaccinated w/4 doses

+ 5,950 from previous day

93.5%

% of pop 12+

90.8%

% of pop 5+

86.6%

% of total pop

91.7%

% of pop 12+

87.6%

% of pop 5+

83.4%

% of total pop

77.6%

% of pop 50+

58.2%

% of pop 12+

51.1%

% of total pop

46.3%

% of pop 60+

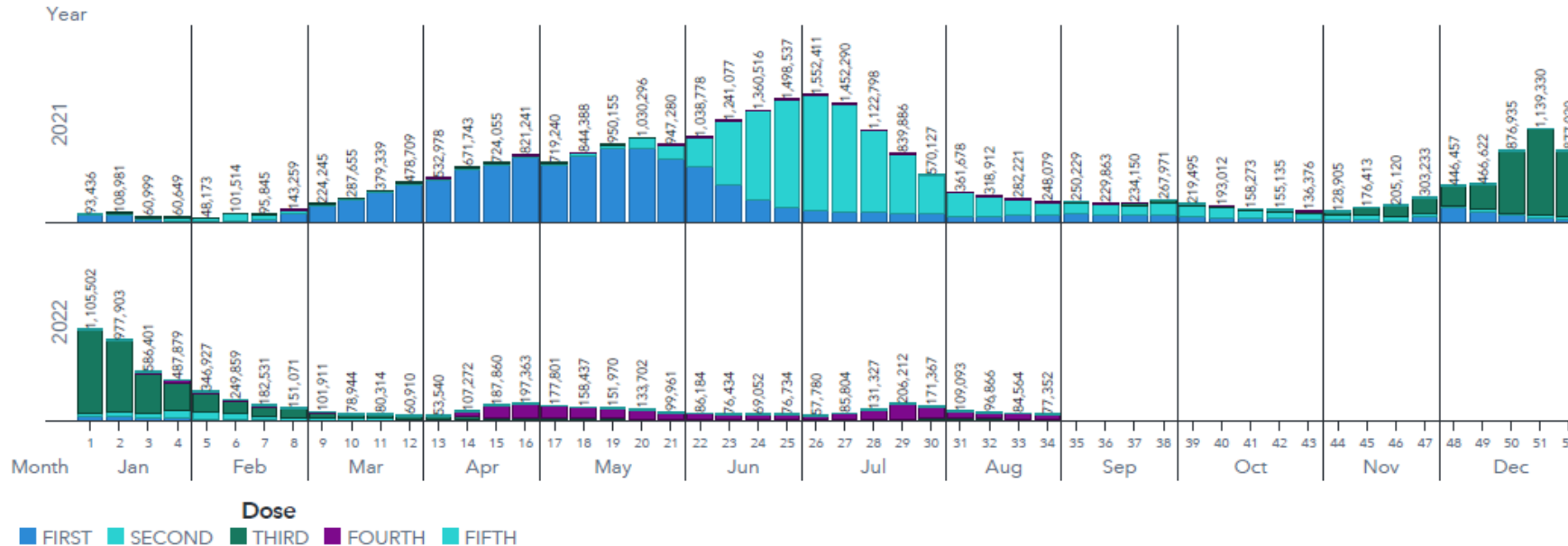
17.7%

% of pop 18+

14.4%

% of total pop

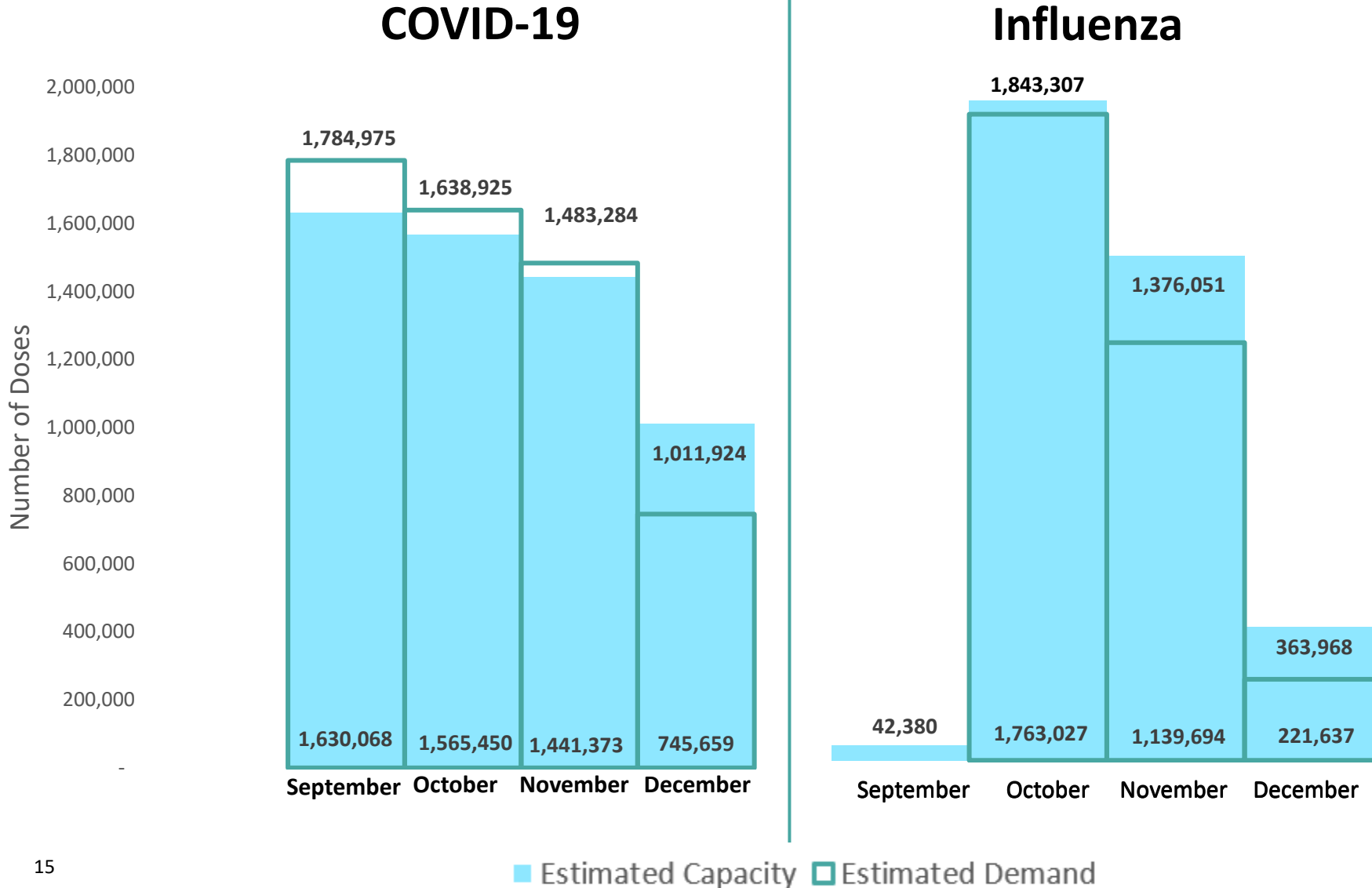
Trending: Doses Administered Week by Week



Current Week

	Total	1st	2nd	3rd	4th
	n	n	n	n	n
Sun	3,316	502	264	645	1,894
Mon	9,580	1,208	602	1,717	5,996

Estimated Capacity vs Demand by Month (Baseline Scenario: COVID-19 and Influenza)



Key Insights

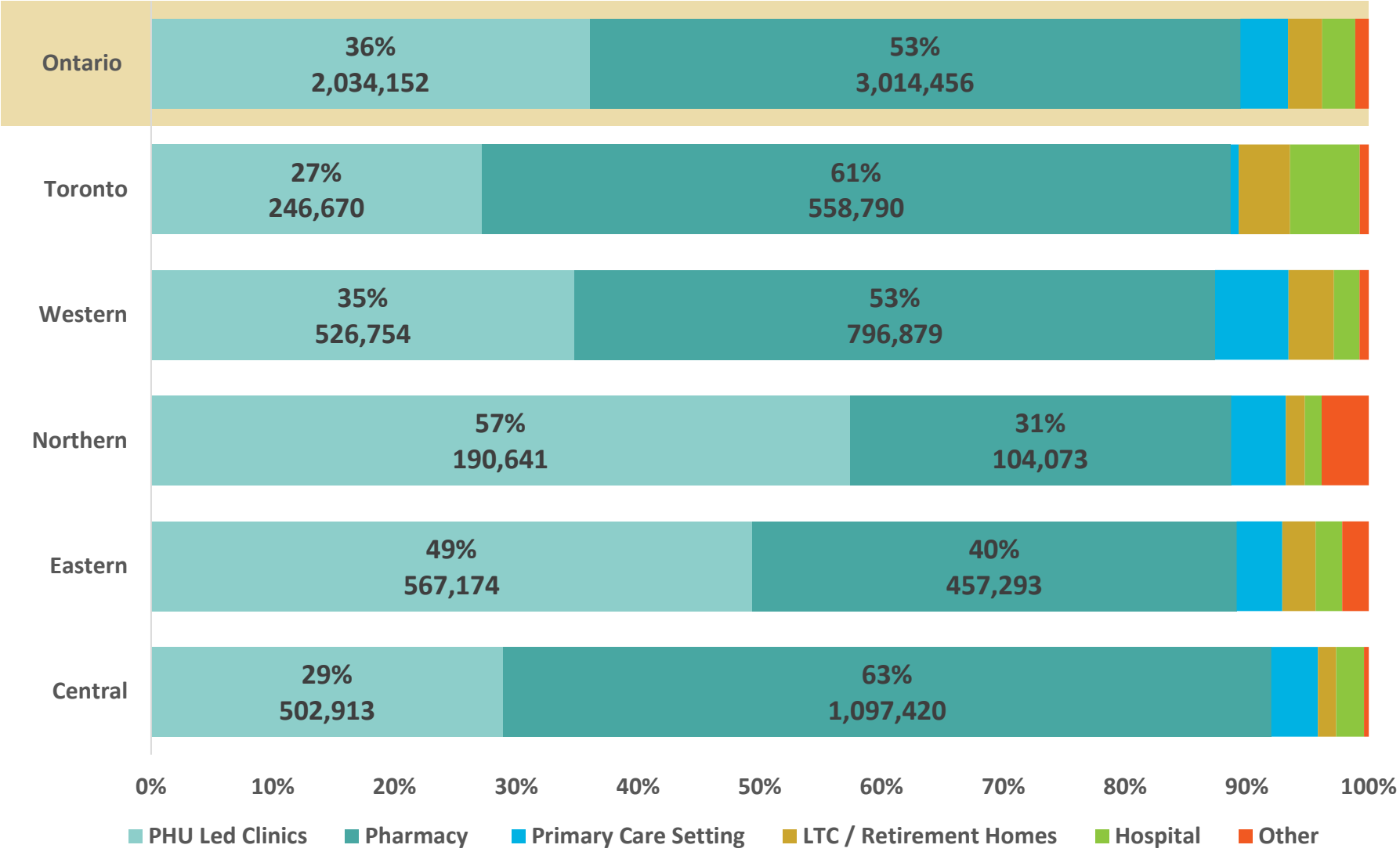
COVID-19

- Estimated capacity is **lower** than estimated demand in **September** (-155K doses), **October** (-73K doses) and **November** (-42K doses)
- There is **excess capacity** in **December** (266K doses)

Influenza

- There is **excess capacity** in **September** (42K doses), **October** (80k doses), **November** (236K doses) and **December** (142K doses)

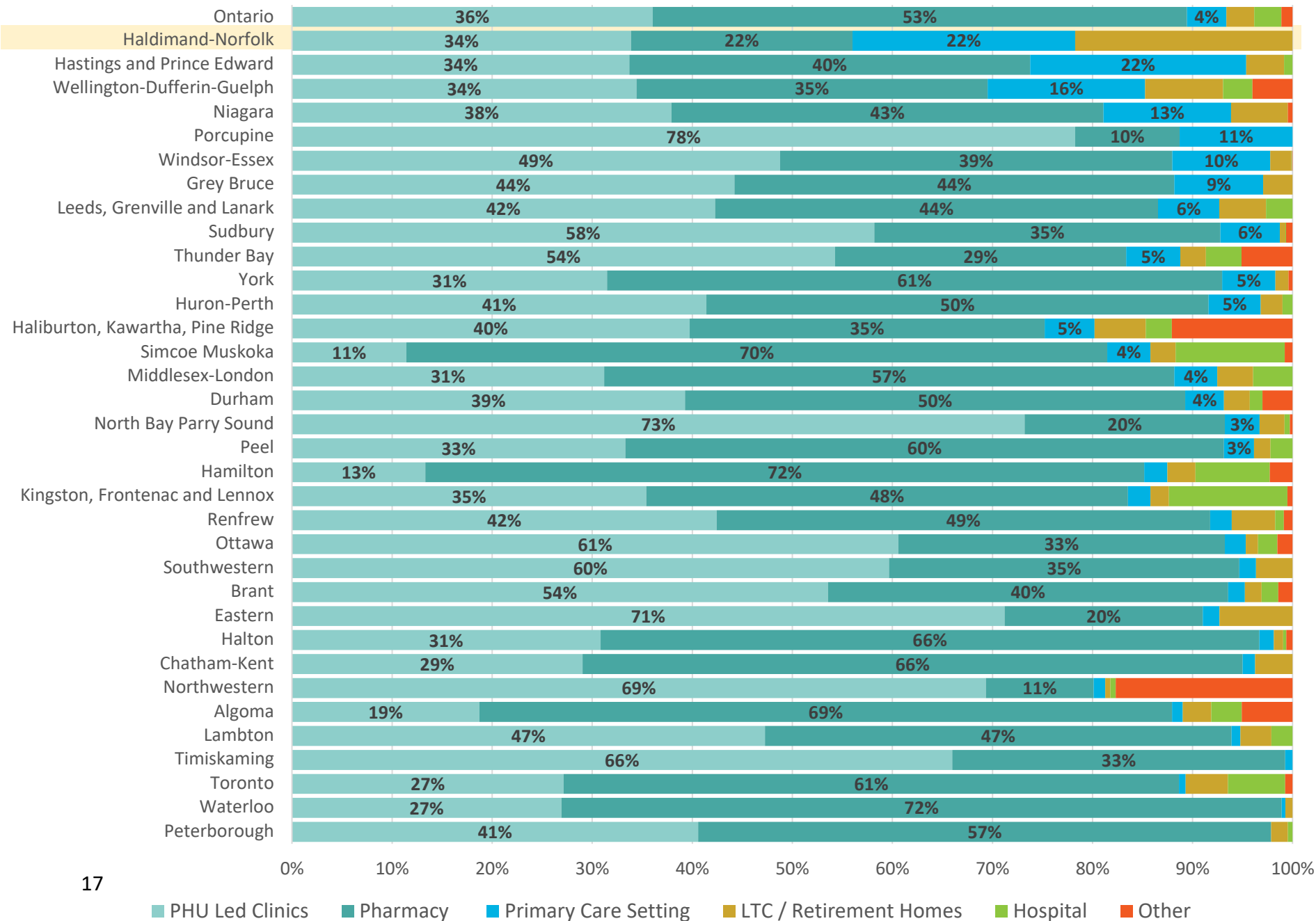
There is some regional variation in the channels PHUs and partners plan to use to meet the estimated demand for COVID-19 vaccine (n = 5,644,466 doses)



Key Insights

- A greater proportion of capacity than the provincial average is planned from:
 - Primary Care in Western

Planned Delivery Channels by PHU for COVID-19 Vaccination in Fall 2022



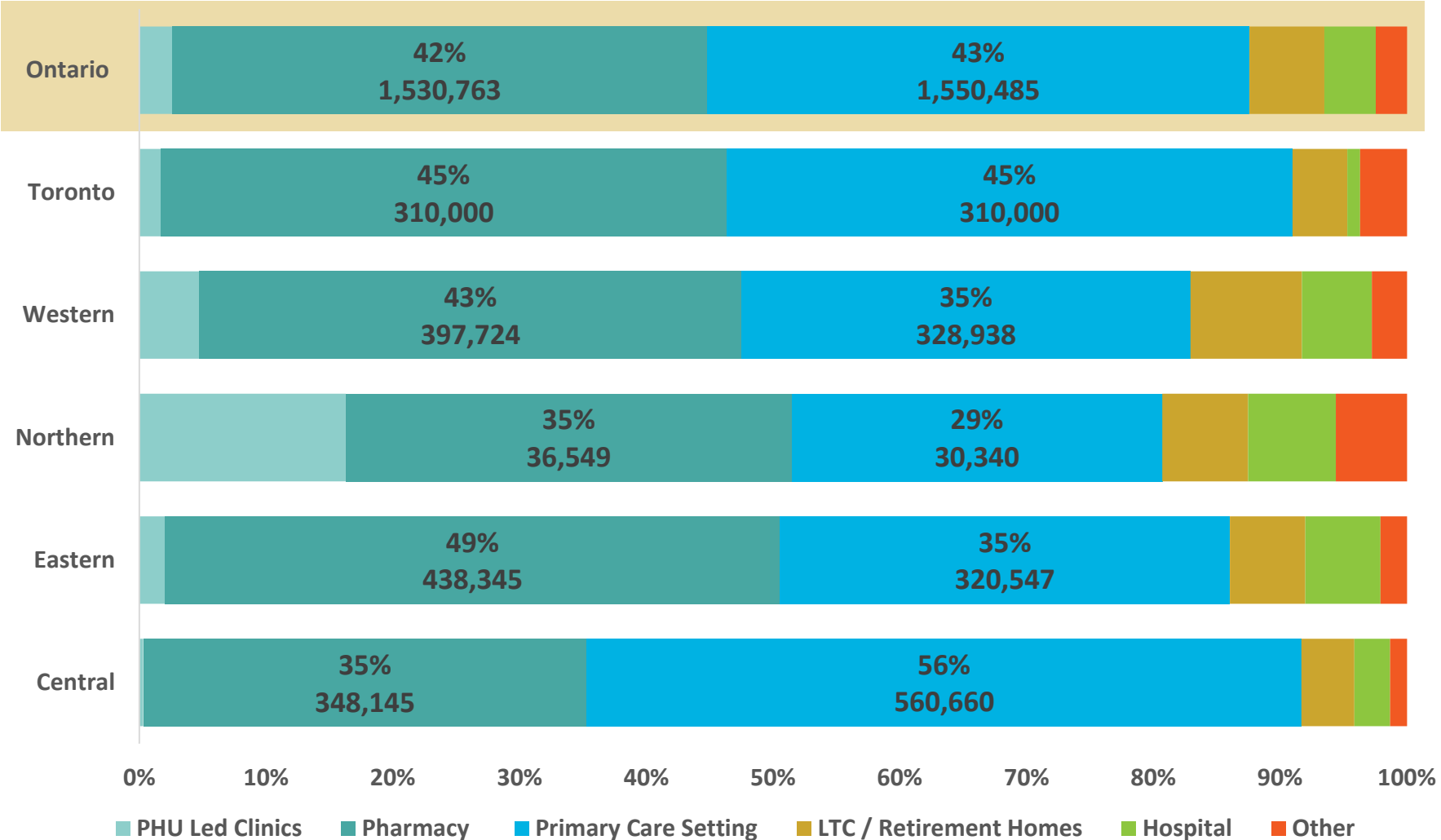
Key Insights

- 53% of doses planned through **Pharmacy**
- 36% of doses planned through **PHU-led Clinics**
- 4% of doses planned through **Primary Care Settings**
- Top 5 PHUs by proportion through **Primary Care Settings**:
 - **Haldimand-Norfolk (22%)**
 - **HPE (22%)**
 - **WDG (16%)**
 - **Niagara (13%)**
 - **Porcupine (11%)**

Notes:

1. PHUs are ordered by proportion planned through Primary Care Settings, from highest to lowest
2. Labels removed for proportions <2% for visual clarity

There is some regional variation in the channels PHUs and partners plan to use to meet the estimated demand for influenza vaccine (n = 3,625,706 doses)

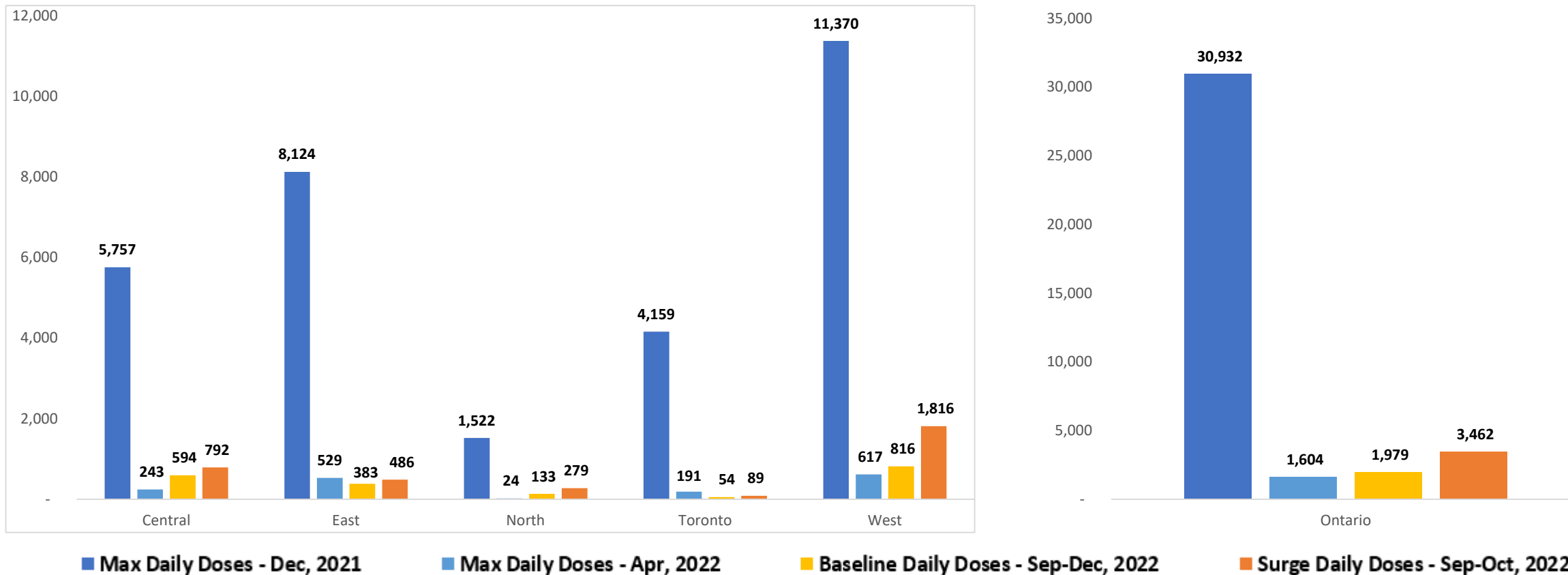


Key Insights

- A greater proportion of capacity than the provincial average is planned from :
 - Primary Care** in Central and Toronto

Historical Vs. Projected Daily COVID-19 Doses for Primary Care by Region

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Key Insights

- Projected daily capacity this fall for **baseline scenario** is close to **maximum daily doses for Spring** (April 14,2022)
- For the **surge scenario**, projected capacity is **higher** than maximum daily for **Spring** but **lower** than that for **Winter** (December 22,2021)

Data Source(s): SAS VA Tool, COVax analytical file, extracted daily at 8:00 pm, CPAD, MOH.
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