

COVID-19 IN BC

BC's COVID-19 Immunization Plan: AstraZeneca/Covi-Shield Program

March 18, 2021



Stay Informed Via These Resources:

gov.bc.ca/Covid-19 | bccdc.ca | 1-888-COVID19

Symptom Self-Assessment:

covid19.thrive.health

















**BRITISH
COLUMBIA**

AZ/COVISHIELD-SII Vaccine in BC

- In earlier discussions, the PHO indicated that a fridge stable vaccine (2-8C) would be targeted at front line workers and workers in specific at-risk workplaces/industries. Vaccine is approved by Health Canada and supported by NACI for use in those aged 18 and older. Second doses can be given with either AstraZeneca or COVISHIELD vaccine.
- The BC Immunization Committee was asked by PHO to provide recommendations for use of this vaccine.
- Roll out of vaccine will be in two parts:
 - **Part 1 AZ/COVSSI: (68,000 doses)** - March 9, 2021, BC received 68,000 doses of COVISHIELD vaccine manufactured by the Serum Institute of India (SII). 60% (41,000) of initial COVSSI doses expire April 2.
 - **Part 2 AZ/COVSSI: (272,000 doses)** - 68,000 Doses of AZ is arriving in BC late March; 136,000 doses of COVISHIELD in April, and 68,000 of COVISHIELD doses in late May.

COVID-19 Immunization Plan: Updated Progress

Last updated: March 18, 2021

Phase 1 Dec 2020 - Feb 2021	Phase 2 Feb - April 2021	Phase 3 April - May 2021	Phase 4 May - June 2021
High-Risk Population		General Population	
<ul style="list-style-type: none">  Residents, staff, and essential visitors to long-term care and assisted living  Individuals assessed for/awaiting long-term care  Hospital health care workers who may provide care for COVID-19 patients  Remote and isolated Indigenous communities 	<ul style="list-style-type: none">  Seniors aged 80+ who are not yet immunized  Indigenous peoples aged 65+, Elders, and additional communities not yet immunized  Hospital staff, community GPs and medical specialists not yet immunized  Vulnerable populations in select congregated settings  Staff in community home support and nurses caring for seniors  Priority frontline workers 	<ul style="list-style-type: none"> • People aged 79 to 60 • Indigenous peoples 18+ • People aged 69 to 16 who are clinically extremely vulnerable • Priority frontline workers <p>Priority frontline workers or people who work in a specific industry are included in Phase 2 and 3.</p>	<ul style="list-style-type: none"> • People aged 59 to 18
 Complete*		 Almost complete	
		 In-progress	
		 Initial stages	

*First dose administered.

Vaccines are being used throughout the Immunization Plan to manage outbreaks.

The timeline for BC's COVID-19 Immunization Plan is based on anticipated vaccine supply and may be adjusted.

Second doses will be administered approximately 16 weeks after Dose 1.

Recommendations for Part 1: **Target Groups to Receive COVISHIELD/SII Vaccine in BC**

- Based on the direction by the PHO, Public health and WorkSafeBC have identified the highest risk categories of worksites through the COVID-19 Workplace Task Group.
- Key Public Health criteria included:
 - Ongoing and repeated outbreaks
 - Unique issues in workplace making it difficult to apply social distancing, comply with best practice PPE use making an industry susceptible to outbreaks
 - Workplaces associated with congregate housing facilities for workers
- Delivery method will combine on site clinics and attendance at our mass immunization clinics. In mass clinics, a separate flow for those receiving AZ vaccine will be created.

Summary of Disposition of Part 1 COVISHIELD/SII

Key Work Sectors:

- Food processing plants (including poultry, fruit, vegetable and fish processing)
- Agricultural operations with congregate worker accommodations including farms, nurseries and greenhouses
- Large industrial camps under the *PHO Industrial Camps Order* with congregate accommodations for workers
- Other large congregate living settings for workers including in resort communities where isolation and quarantine are difficult and outbreaks ongoing
- Various industries including manufacturing and warehousing where clusters and outbreaks are occurring
- Generally, sites with > 50 workers

Part 1 COVISHIELD/SII by Health Authority

- **Vancouver Coastal Health:** 16,000 doses to immunize people working primarily in 53 food processing facilities; 6 industrial sites with history of clusters; and 5 congregate housing sites (Whistler) along with thousands of Temporary Foreign Workers who arrive and undergo isolation in Richmond hotels.
- **Fraser Health:** 22,500 doses to immunize people working in 71 food processing plants; 48 farms/nurseries/greenhouses; industrial worksites with outbreaks.
- **Interior Health:** 6,500 doses to immunize people working in 3 industrial workcamps; 34 food processing ; 6 farms/nurseries.

Part 1 COVISHIELD/SII by Health Authority *(Cont'd)*

- **Northern Health:** 15,000 doses to primarily immunize people working/living in congregate settings in 5 industrial camps: Coastal Gas Link (Cgl); Liquefied Natural Gas Canada (Lngc); BC Hydro Site C (Site C); Trans Mountain Expansion Project (Tmep); Rio Tinto Kemano (Rtk).
- **Island Health:** 1,000 doses to immunize people working in 4 large food production facilities.
- In addition: 6,000 doses in reserve for rotating workers in industrial camps and temporary foreign workers for agricultural sector.

Recommendations for Part 2: AZ/COVISHIELD-SSI Roll-Out

Principles:

- Ongoing refinement of target groups and management of outbreaks requiring vaccine are the responsibility of PHO and HA CMHOs.
- All data related to vaccination of everyone in these groups must be entered into PIR same day.
- Eligibility of individuals must be validated at vaccination.
- A public health campaign is important to reinforce safety of vaccine as well as importance of immunization as soon as possible.

Planning Assumptions:

- Any vaccine left from Part 1 AZ/COVI-SII campaign will be added to this part of the initiative.
- Individuals in these sectors live across all HAs:
- Fridge stable vaccine makes implementation more flexible.
- Leverage of partners to deliver Part 2 AZ/COVISHIELD-SSI will be essential.

Priority Groups, Rationale, and Estimated First Doses

Priority Sector / Site	Recorded transmission and outbreaks	Maintain workforce for a critical service	Unable to work remotely	Unable to maintain consistent prevention measures	Rationale	Estimated Required First Doses
FIRST RESPONDERS Police, fire, emergency transport	x	X	X		Immunization will help maintain this response essential infrastructure	Police & RCMP: 10,400 Fire: 11,000 Emerg Transport: 3,784
K-12 EDUCATION STAFF All staff in elementary and secondary schools	x	X	X		Immunization will support public and workforce confidence and support provision of in-person education	101,849
CHILD CARE STAFF Licensed and family child care	x	X	X	X	Same K-12 rationale; support working parents; child-care workers and the young children they care for are less able to take appropriate measures to reduce COVID-19 transmission.	28,502

Priority Groups, Rationale and Estimated First Doses (Cont'd)

Priority Sector / Site	Recorded transmission and outbreaks	Maintain workforce for a critical service	Unable to work remotely	Unable to maintain consistent prevention measures	Rationale	Estimated Required First Doses
MANUFACTURING	X		X		Sector affected by COVID-19 transmission and outbreaks.	50,000
WHOLESALE/ WAREHOUSING	X		X		Sector affected by COVID-19 outbreaks especially in the lower mainland. In FHA alone between June 2020 and March 1 st 2021, 593 cases were reported from 44 warehouses.	10,000
STAFF IN CONGREGATE HOUSING	X		X	X	Sector affected by COVID-19 outbreaks with transmission especially among adults living in congregate housing and an important tourism sector for BC.	4,903
CORRECTIONAL FACILITIES <i>staff</i>	X	X	X		Inmates and HCW already immunized in phase 2. Provincial and federal	4,121
CROSS-BORDER TRANSPORT		X	X		Appears on federal government lists. Includes Port of Vancouver. Immunization will help maintain this essential infrastructure.	Estimates pending

Priority Groups, Rationale and Estimated First Doses (Cont'd)

Priority Sector / Site	Recorded transmission and outbreaks	Maintain workforce for a critical service	Unable to work remotely	Unable to maintain consistent prevention measures	Rationale	Estimated Required First Doses
QUARANTINE OFFICERS		X	X		Small number of individuals engaged with arriving passengers who spend appreciable (15 minutes+) time engaged in health assessment and interviews.	100
POSTAL WORKERS <i>Inside supervisors (APOC) and the CUPW inside warehouse workers</i>	X	X	X		Inside postal workers in Richmond warehouses have experienced outbreaks with workplace transmission.	3,316
BYLAW OFFICERS		X	X			Estimates pending
GROCERY WORKERS	X	X	X		Equity issue as many are low wage earners	60,000
OUTBREAK SITES	X				Doses to be allocated for outbreak response.	35,000
TOTAL						322,975

Part 2 Implementation: Delivery Dynamics

- Approximately 322,000 workers identified in these target groups (some will already have been vaccinated in Part 1 and expect approximately 80% uptake).
- AZ/COVISII vaccine is fridge stable.
- 60% of this targeted cohort have ID associated with local government, provincial or federal government public sector; others could be provided an employer's letter (childcare workers/private school teachers).
- Community pharmacies well positioned to deliver this vaccine; BC Pharmacies are all on Pharmanet and submit to the Provincial Immunization Registry.
- The remaining 40% could be vaccinated on site by HAs or also provided with an employer's letter.
- Generally, would provide an efficient distribution and allow use of vaccine for targeted groups in an expedited way – first cohort April: 272,000; second cohort: Late May/June: 69,000 doses.

BC's COVID-19 Immunization Plan:

Optimizing Vaccine Deployment March-April 2021

March 18, 2021



Stay Informed Via These Resources:

gov.bc.ca/Covid-19 | bccdc.ca | 1-888-COVID19

Symptom Self-Assessment:





covid19.thrive.health



**BRITISH
COLUMBIA**

COVID-19 Immunization Plan: Updated Progress

Last updated: March 18, 2021

Phase 1 Dec 2020 - Feb 2021		Phase 2 Feb - April 2021		Phase 3 April - May 2021		Phase 4 May - June 2021	
High-Risk Population				General Population			
<ul style="list-style-type: none"> Residents, staff, and essential visitors to long-term care and assisted living Individuals assessed for/awaiting long-term care Hospital health care workers who may provide care for COVID-19 patients Remote and isolated Indigenous communities 		<ul style="list-style-type: none"> Seniors aged 80+ who are not yet immunized Indigenous peoples aged 65+, Elders, and additional communities not yet immunized Hospital staff, community GPs and medical specialists not yet immunized Vulnerable populations in select congregated settings Staff in community home support and nurses caring for seniors Priority frontline workers 		<ul style="list-style-type: none"> People aged 79 to 60 Indigenous peoples 18+ People aged 69 to 16 who are clinically extremely vulnerable Priority frontline workers 		<ul style="list-style-type: none"> People aged 59 to 18 	
				<p>Priority frontline workers or people who work in a specific industry are included in Phase 2 and 3.</p>			
 Complete*		 Almost complete		 In-progress		 Initial stages	

*First dose administered.

Vaccines are being used throughout the Immunization Plan to manage outbreaks.

The timeline for BC's COVID-19 Immunization Plan is based on anticipated vaccine supply and may be adjusted.

Second doses will be administered approximately 16 weeks after Dose 1.

Current Status of Vaccine Roll out as of March 16

Total Doses
Administered Since
March 12

Total

63,397

Pfizer Vaccine

54,404

Moderna Vaccine

7,926

AstraZeneca Vaccine

1,067

Total Doses
Administered to end of
day March 16

Total

444,140

Pfizer Vaccine

360,470

Moderna Vaccine

82,603

AstraZeneca Vaccine

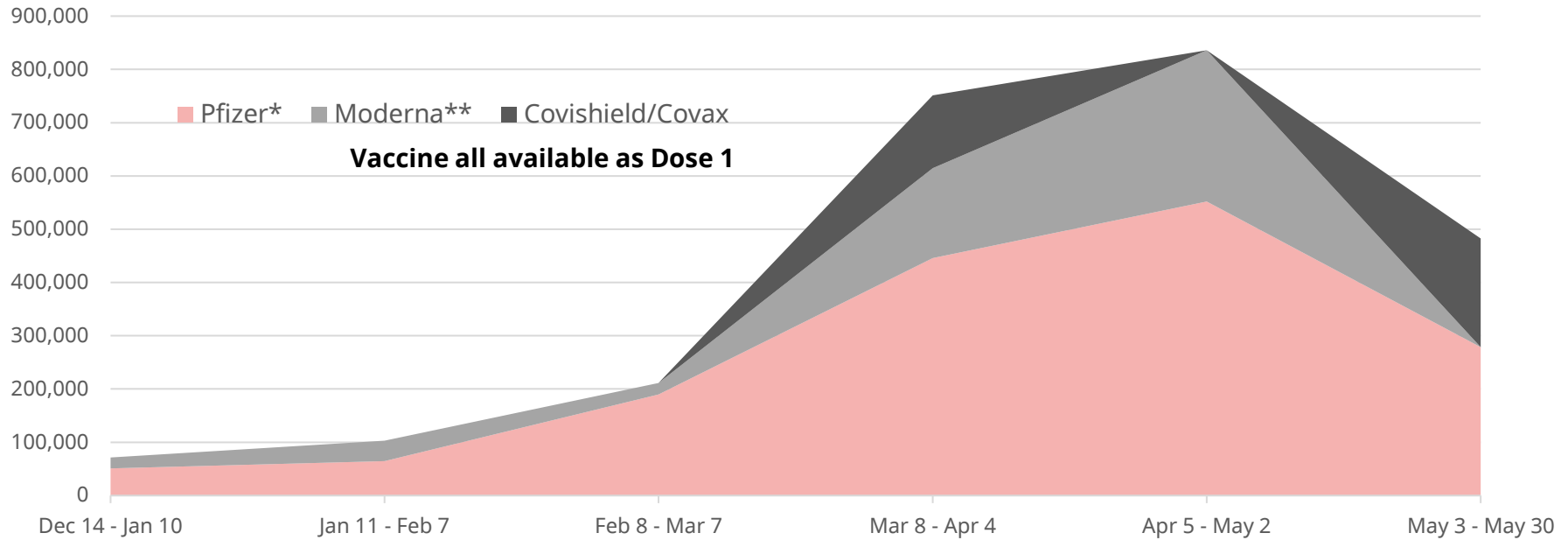
1,067

Vaccine Flow: Changes in Supply Mid March to April 18

- Pfizer and Moderna:
 - On March 1, the PHO decision to shift to an extended Dose 2 and the subsequent increased deliveries projected of both Pfizer and Moderna have increased the available vaccines **from an estimated 415,000 for Dose 1 to an estimated 906,000 available for Dose 1** for the period March 1- April 18, 2021.
- Astra Zeneca/COVISHIELD/SII (addressed elsewhere):
 - March 9 - 68,000 units of COVISHIELD/SII arrived.
 - Late March - 68,000 doses of Astra Zeneca due to arrive from COVAX.
 - April a further 136,000 doses of COVISHIELD/SII due to arrive.
 - Late May a further 68,000 doses of COVISHIELD/SII.
- Johnson and Johnson vaccine approved – no supply identified to date.

New Profile of Dose Vaccine Flow: December 2020 – May 2021

Actual/Expected Vaccine Supply



* Pfizer: 975 doses/tray for week 1-9, 1170 doses/tray for week 10+; Supply estimates available up to May 17 week.

** Moderna: Week 18 and 20 are notional allocations; Supply estimates available up to Apr 19 week.

Vaccine Supply Available for Dose 1 to April 18 as of March 12 (Pfizer and Moderna)

Vaccine Supply to April 18 (Pfizer and Moderna)

Vaccine Supply at March 12 on hand	75,109
Pfizer shipments – March 12 to April 18	661,050
Moderna shipments – March 12 to April 18	169,900
Total available vaccines prior to April 18:	906,059

Currently Planned and Announced Vaccine Roll Out (as of March 1) March 15 – April 12

- March 15-April 12 – HAs holding clinics across a total of 198 sites across the province.
 - >80 general population and >65 Indigenous populations.
 - In some areas because of the size of community a whole community approach is being used (VIHA, NHA, IHA).
 - Continuing to vaccinate unfinished priority populations.
 - FNHA with HA partners continue to finish whole community approach to FN sites.

Revised Vaccine Supply and Demand for Dose 1 March 15 – April 18 (Pfizer and Moderna)

Available Vaccine Supply	
Vaccine Supply Available to April 18 (as of March 12)	906,059
Planned Vaccine Demand (March 1 Plan) updated to March 12	
Remaining Priority Population to be done	67,484
Estimate of Over '80s/Over 65s to be done	156,088
Vaccines reserved for Mass Clinic Startup (3 days supply reserve to manage delayed receipt of future shipments)	140,000
Net available vaccines to April 18:	542,487

Opportunity of Increased Available Dose 1 Vaccine

March 15 - April 18

- The incremental supply (of Pfizer and Moderna) over the next five weeks provides further opportunity to advance protection of the population by moving up the timing for aged-based cohort vaccination in the general population and Indigenous peoples.

Potential to Enhance Population Coverage with Increased Vaccine: Target Groups and Key Metrics

- Proposed population groups that could be moved up for expedited vaccination:
 - Age 70-79 years of age (unvaccinated) 434,559 @80%: 347,647
 - Clinically Extremely Vulnerable (net of those in 75-79 age cohort): 150,917
 - Total available population: 498,564
- Specific HA considerations:
 - FHA and VCHA remain in the epi-centre of the provincial pandemic with ongoing aggressive community spread – there is urgency to expedite protection of the population. Both FHA and VCHA have ability to expand capacity over Mar 22 - April 18.
 - VIHA not in epi-centre of epidemic but has capacity to expand over Mar 22 - April 18.
 - NHA and IHA will have capacity later in this period but are also focused on completing remaining FN communities and NHA focused on vaccinating Prince Rupert over next 10 days.

Proposed Plan to Utilize Vaccine Supply March 12 - April 18 (Pfizer and Moderna)

Proposed Additional Vaccination Cohorts for March 22 – April 18	
Net Vaccine Supply Available (from slide 8)	542,487
Advance Unvaccinated Clinically Extremely Vulnerable (hospital and clinic-based vaccinations)	150,917
Advance 75-79 Age Cohorts (Assumes 80% compliance prior to April 18)	137,554
Advance 70-74 Age Cohorts (Assumes 80% compliance prior to April 18)	<u>210,093</u>
Total Vaccine Use by adding additional vaccination cohorts	498,564
Remaining vaccine @ April 18 – can be rolled forward to April 19 - 30 or be used uptake beyond 80%	43,923

Segmented Age Groups for Call Centre

Age	Population Cohort Size	Proposed Launch Date
79	30,630	Saturday, March 20 @ 12:00pm
78	34,254	Monday, March 22 @ 12:00pm
77	36,816	Tuesday, March 23 @ 12:00pm
76	38,117	Thursday, March 25 @ 12:00pm
75	41,739	Saturday, March 27 @ 12:00pm
Total	181,556	

Impact on HAs

	Total BC	FHA	IHA	NHA	VCHA	VIHA
Incremental Clinic Bookings: 22/03-18/04	421,606	136,699	85,638	19,567	88,334	91,369
Additional Daily Clinic Visits: 22/03-18/04*		5,468	3,426	783	3,533	3,655
Hospital Clinic CEV Patients for Vaccine	76,958					
Total Vaccine Usage to Absorb Excess Vaccine	498,564					

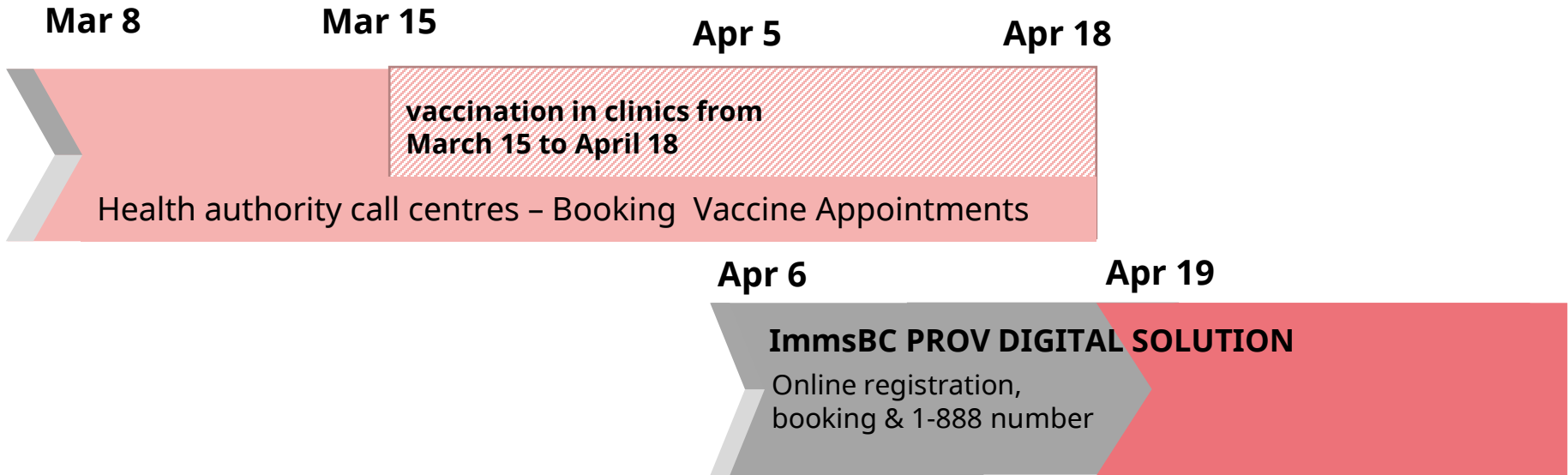
** 7 day per week clinic assumption*

Operational implications: Presents a significant earlier ramp up of bookings. Targets likely will be met more quickly in the metro/urban areas of the Lower Mainland as they can more easily scale clinics but will need to be paced over the whole timeframe in smaller urban and rural areas of Interior, Island and Northern Health as they must deal with the inherent challenges of geographical dispersion and large number of smaller communities, combined with a higher proportion of older age cohorts, particularly in the interior and on the island.

Deployment of Vaccine

- Scheduling linked to this proposal for vaccinations will go up to April 18 and will continue using Telus call-centres in each HA –
 - Performance and capacity of Call Centre has continued to increase daily.
 - Further pacing calls/booking within the age-cohort by one year of birth per day is also helping flow.
- Provincial digital platform will be implemented starting April 6 for the 65+ with appointments April 19 forwards to allow additional time to accommodate the 70-79 cohort.
- Additional Phase 1 Astra Zeneca/COVISHIELD/SII program rollout being managed by leveraging additional capacity from both pharmacist and workplace health providers.

Transition to Provincial Digital Platform



Proposed New Dates for Provincial Digital Platform



Apr 6

1-888 + REGISTRATION

Registration (on-line, phone, walk-in)

1-888: 140 languages supported through a contact centre translation service



Apr 6

APPOINTMENT BOOKING

Appointment booking (on-line, phone, walk-in)

1-888: 140 languages supported through a contact centre translation service
Mgmt of clinic locations, hours and schedules



Apr 19

MASS VACCINE CLINIC

Mgmt of vaccine inventory
Appointment check-in
Walk-in

Vaccine administration and on-site adverse event documentation



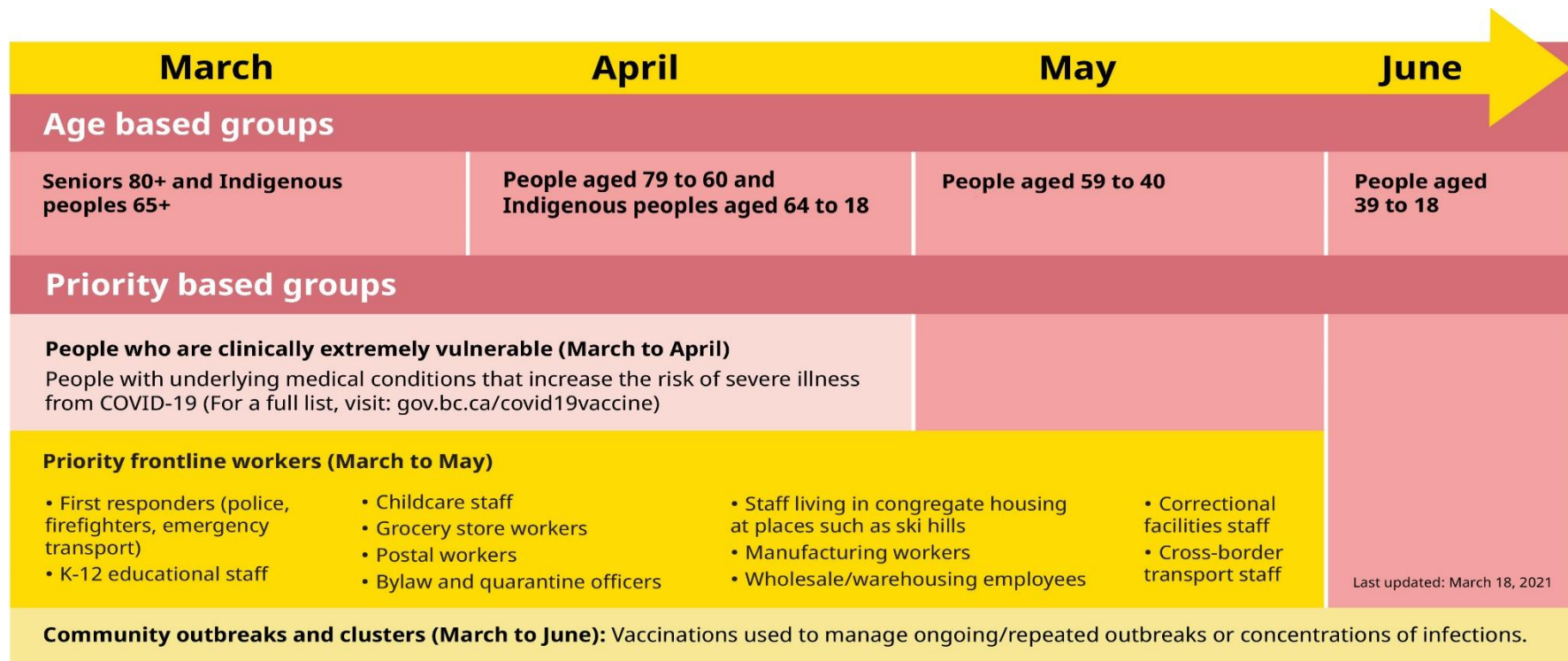
Apr19

REPORTING

Supports reporting for each component, e.g.:

- Clinical Operations
- Inventory management
- Daily doses administered
- AEFI

BC's COVID-19 Vaccination Timeline



Pertains to first dose administered. Second doses will be administered approximately 16 weeks after Dose 1. The timeline for BC's COVID-19 Immunization Plan is based on anticipated vaccine supply and may be adjusted.

Summary

- As of March 12, the amount of increased vaccine along with Dose 2 extension provides access to 906,000 Dose 1 through April 18 – provides significant opportunity to advance vaccination plan for age-based mass vaccination using Pfizer and Moderna.
- Significant benefit in Lower Mainland to slow down accelerating community spread and hospitalizations.
- Total population coverage, which could be achieved by advancing age cohorts and CEV over next month, could be ~25% of BC Population.
- Additional coverage will be achieved through the parallel AZ/COVISHIELD/SII initiative.

BC's COVID-19 Immunization Plan:

Optimizing Vaccine Deployment March-April 2021

March 18, 2021



Stay Informed Via These Resources:

gov.bc.ca/Covid-19 | bccdc.ca | 1-888-COVID19

Symptom Self-Assessment:

covid19.thrive.health



**BRITISH
COLUMBIA**