

Virtual Town Hall: Vaccinations and the Disability Sector

Alberta Community and Social Services and Alberta Health

March 31, 2021

Please note that this document is a summary of ACDS' notes taken at this event. Clarification concerning any of the below information should be obtained from Alberta Health or Alberta Community and Social Services at css.communication@gov.ab.ca.

Panelists:

Minister Rajan Sawhney [**MRS**] - Minister of Community and Social Services

Dr Deena Hinshaw [**DDH**] - Chief Medical Officer of Health

Trish Merrithew-Mercredi [**TMM**] – Assistant Deputy Minister, Public Health and Compliance

Kristin Ward Diaz [**KWD**] – Acting as Moderator

Susanne Grochmal - Translator

~240 participants on the call

MRS: I am very proud of the disability community and how they have been able to take care of themselves and others in this difficult time. Thank you for your patience during the vaccination process.

DDH: There have been many questions from the disability community surrounding timelines and eligibility. We acknowledge these difficulties; policies have many consequences, so the process took time to ensure everything was taken into consideration.

The roll out of phase 2B begins next week for those with eligible high-risk underlying health care conditions. Caregivers and disability support staff are included in phase 2C.

It is important to remember that there is a limited supply of vaccines, so unfortunately distribution has had to be prioritized by working through a list, beginning with those who are most at risk and working down. Phase 2B is being staggered by age ranges, as age puts people at higher risk, but we will be moving quickly through the age categories.

TMM: We recognize very clearly the frustration and fear in people who want to be vaccinated and who want to protect the people in their lives. The first shot should be eligible to every Albertan by the end of June, then second shots will follow.

At present, 70% vaccination of the population is the goal to begin working towards herd immunity.

It is important to continue practicing health measures such as masking, physical distancing, etc., even after becoming vaccinated.

Q: I have heard of health care workers having shifts cancelled due to not enough appointments booked. Why not extend age groups?

A - TMM: I have not heard of shifts cancelled – earlier in the year, there were disruptions in the arrival of vaccines, so vaccine rollout was slower than expected. However, distribution is now picking up speed and Alberta Health has been rolling through age cohorts more quickly.

Q: Which vaccine is safe for people with medical conditions such as seizures or epilepsy?

A - DDH: There is no indication in any of the vaccines available in Canada that epilepsy or seizures are aggravated or occur as a consequence of a vaccine. However, if that is a consequence you have previously had as an individual (seizures upon receiving a vaccine), you should speak to your doctor and assess the risk with them.

AstraZeneca [AZ] use was paused this week for Canadians under 55 due to a specific type of rare blood clot that has occurred in approximately 25 people in Europe. AZ use has been paused to understand who might be at risk. What we do know, is that for people who are older, if they contract COVID-19, they have a high risk of hospitalization and death. AZ offers significant protection from those severe outcomes.

The most common side effects of the vaccine are having a sore arm. As the body builds up immunity, fatigue, muscle aches, fever, and headaches can all occur. These are markers that your immune system is doing the job it was meant to do. Other rarer side effects include swollen lymph nodes or a rash.

Less common side effects include allergic reactions, which currently occur less than 0.04% of the time.

Q: I have a severe illness, but I am young. I want to be vaccinated as soon as possible. Why is rollout occurring by age range versus severity of health condition?

A - DDH: We are making sure that we are rolling out vaccines in the most efficient way possible. Age is a stronger indicator of a severe outcome than just a chronic condition, thus the approach of using a combination of age and condition. Vaccinations will be opening up relatively quickly across age ranges in the upcoming weeks.

Q: Phase 2C sets eligibility at residential staff, not all frontline staff. Current wording online says that vaccine eligibility is for people working in group homes for disability, mental health and other types of licensed supportive living.

A - TMM: We are attempting to prioritize those working in facilities where they provide direct patient care and spend more time with clients and residents than those who might be in housekeeping, making meals, etc. We are prioritizing where we feel there may be the most risk of transmission. We want to immunize everyone as quickly as possible, but have had to prioritize where there may be highest risk of death and spread.

DDH: Alberta Health has had difficulties identifying private home care providers and the disability support workers that work there. My understanding that disability support workers are included in phase 2C and that this is new news as of today (March 31, 2021).

Q: When will vaccines be made available to disability support staff?

A - DDH: All disability support workers in and out of congregate settings will be eligible in phase 2C. This phase is anticipated to begin later in April.

Q: Will caregivers, parents, or support staff be able to attend a vaccination appointment with the person receiving the vaccine?

A - TMM: Yes they can – when making the vaccination appointment, an individual can bring up to two other people with them. If necessary, the pharmacy/clinic will block off time for the appointment so that others can accompany them and provide any support they need.

DDH: The people accompanying the vaccinated individual cannot be vaccinated until they are personally eligible.

Q: How can you assure us that the 2B queue is being protected for those who have underlying conditions?

A - TMM: This is being managed on a mostly honour basis. However, they are also advising pharmacists and AHS immunizers that when people book appointments, to ask them to indicate that they do have a condition (and which one), but people receiving the vaccine are not audited. AHS is not asking for proof.

Phase 2B is a very large group of people, but they want to avoid placing the burden of proving people have conditions, on the people with underlying conditions. They are also not requesting First Nations, Metis, and Inuit peoples to prove their status.

DDH: We have not seen any evidence of First Nations, Metis, and Inuit status being falsely claimed to receive vaccinations. We believe it will be a similar situation for those with chronic conditions.

Q: Is AZ safe? Can people choose which vaccine they receive?

A - DDH:

Vaccine choice: the vast majority of Alberta's vaccine program is currently comprised of Pfizer and Moderna vaccines. They have extremely similar safety profiles and effectiveness. Both are approximately 90% effective against severe outcomes after the first shot and 95% effective after the second dose. There is no ability to choose between these two vaccines.

People with underlying chronic conditions will receive either the Pfizer or Moderna vaccine. You can choose not to receive a vaccine, but you cannot choose between the two vaccines when you show up for your appointment.

People can choose to receive AZ, which will be made available next week to those between 55 and 64 who do not have chronic conditions. This population would otherwise be unable to receive a vaccine until approximately May, so if they choose to receive AZ, they will be vaccinated approximately a month earlier than if they wait for Pfizer or Moderna.

Safety: Reports of blood clots have come from Europe, and there have been none to date in Canada. Frequency of those events is important. Norway has highest frequency at 1 in 25,000 vaccines offered. To contextualize: there is a 1/3,000 risk of getting struck by lightning, making it ~six times more common than receiving a blood clot from AZ. In Germany, rates of clots were 1/87,000. Though these events are quite rare, they do seem to be linked to the AZ vaccine. Use of AZ has been paused while these events are being investigated.

If someone is admitted to hospital with COVID-19, there is a 1/4 chance they will develop a blood clot in the hospital.

1/200 people aged 55 to 59 who became ill of COVID-19 died of that infection. Therefore, people in that age range (55 to 59) are much more likely to die of COVID-19 if infected than they would be of getting a blood clot if vaccinated with AZ.

Q: My brother is unable to wear a mask – how can he safely receive the vaccine while protecting himself and others? One pharmacy said he could not receive the vaccine without a mask.

A - DDH: Unable to answer at this time – wouldn't want them to be precluded from receiving the vaccine, but do not want to cause risk to others. They will check AHS policy and get back with further information.

Q: When an individual booked their vaccination appointment, they could not discern if the facility was wheelchair accessible. They had to make and cancel several appointments. Can you add this to the booking system?

A - TMM: All AHS sites should be accessible, but pharmacies are likely not. They will speak to AHS and ask pharmacists to indicate which facilities are wheelchair accessible.

Q: An individual with Down Syndrome in their twenties is more at risk than those with other conditions in their sixties. Why did Alberta Health prioritize age ranges over severity of chronic conditions?

A - DDH: We recognize that waiting for a vaccine and feeling that those who are lower risk are receiving it first is frustrating. Data says that those who are in their sixties have a higher risk of death and hospitalization than those who are younger with chronic conditions, including Down Syndrome. Though those with very severe and complex conditions may be the exceptions to this rule, the phased age approach was taken to roll through vaccine recipients as quickly as possible. Vaccination is expected to move through all phase 2B age ranges quickly over the upcoming weeks.

Q: Have there been any considerations taken to accommodate autistic individuals who may prefer to receive their vaccination in a familiar environment?

A - TMM: Yes, they may be able accommodate vaccinations by providing vaccines in familiar places such as group homes or congregate living facilities.

Q: Is one vaccine more efficient than others in terms of variants of concern (VOC)?

A - DDH: The most common variant in Alberta at this moment in time is B117 (variant originating in the UK). All 3 vaccines available are effective against this variant. There are a small number of two other VOC in Alberta – VOC originating in South Africa (~18 cases in AB since December) and VOC originating in Brazil (~5 cases). For the South African variant, vaccines may not work as well to protect against infection, especially AZ. They are still waiting on data to see if vaccines protect against severe outcomes in the South Africa VOC. At this moment, not enough people have been immunized to ease measures and allow cases to rise. It takes two weeks for a vaccine to become effective. A small proportion of people at severe risk of outcomes have been completely vaccinated, so it is important to continue other safety measures (masking, social distancing) for a few more months as vaccines roll out.

Q: Will transportation be arranged for persons with disabilities to get to vaccine centres?

A - TMM: Many community-based organizations are providing transportation. If you are trying to find those organizations, work through the department or ask organizations you have worked with in the past.

You can also call 211 to get transportation to and from vaccination appointments.

Q: Will more detailed information on phase 2C eligibility come out online?

A - DDH: I assume they are hoping for more info on disability support workers – we will take this issue to the communication department and see if we can clarify who is eligible. We will be working through key employers of those who are eligible under phase 2C. Letters will be made available by employers for employees to prove their eligibility in phase 2C. The website will be updated to include this information.

Q: My child is under the age of 18. Can she get the Pfizer or Moderna vaccine in April?

A - DDH: If they are 16 or 17, they could be eligible for Pfizer. The National Advisory Committee has brought forth a recommendation to offer Pfizer to those between 12 and 15 who are at severe risk, but we are waiting on further information. Pfizer just released early results that it is safe and effective between the ages of 12 and 15, but is currently only eligible to those 16 years old and older.

Q: Will individuals with developmental disabilities need to have a guardian present during vaccination?

A - DDH: This is an issue of consent – this will likely follow the typical process required for each individual to receive health services. We will have to take this question away to AHS and pharmacies for further information. There will be a requirement for informed consent, but they have to find out the process that this will take. The vaccine will not be provided unless there is informed consent.

KWD: Thank you for your questions, there are many things to follow up on. Follow up will include all attendees being sent a one page document on vaccine distribution. Attendees will also be sent answers to follow up questions.

If you have any further questions, please contact css.communication@gov.ab.ca

MRS: Thank you for your time; there were many questions I hadn't anticipated, which speaks to the diversity and breadth of the disability community. Please pose additional questions to the CSS email if you have any. Thank you for your patience; vaccines are right around the corner and we are finally seeing light at the end of the tunnel.