

**COVID-19 Vaccine Distribution Task Force**

# **COVID-19 Vaccine Distribution Task Force Update #6**

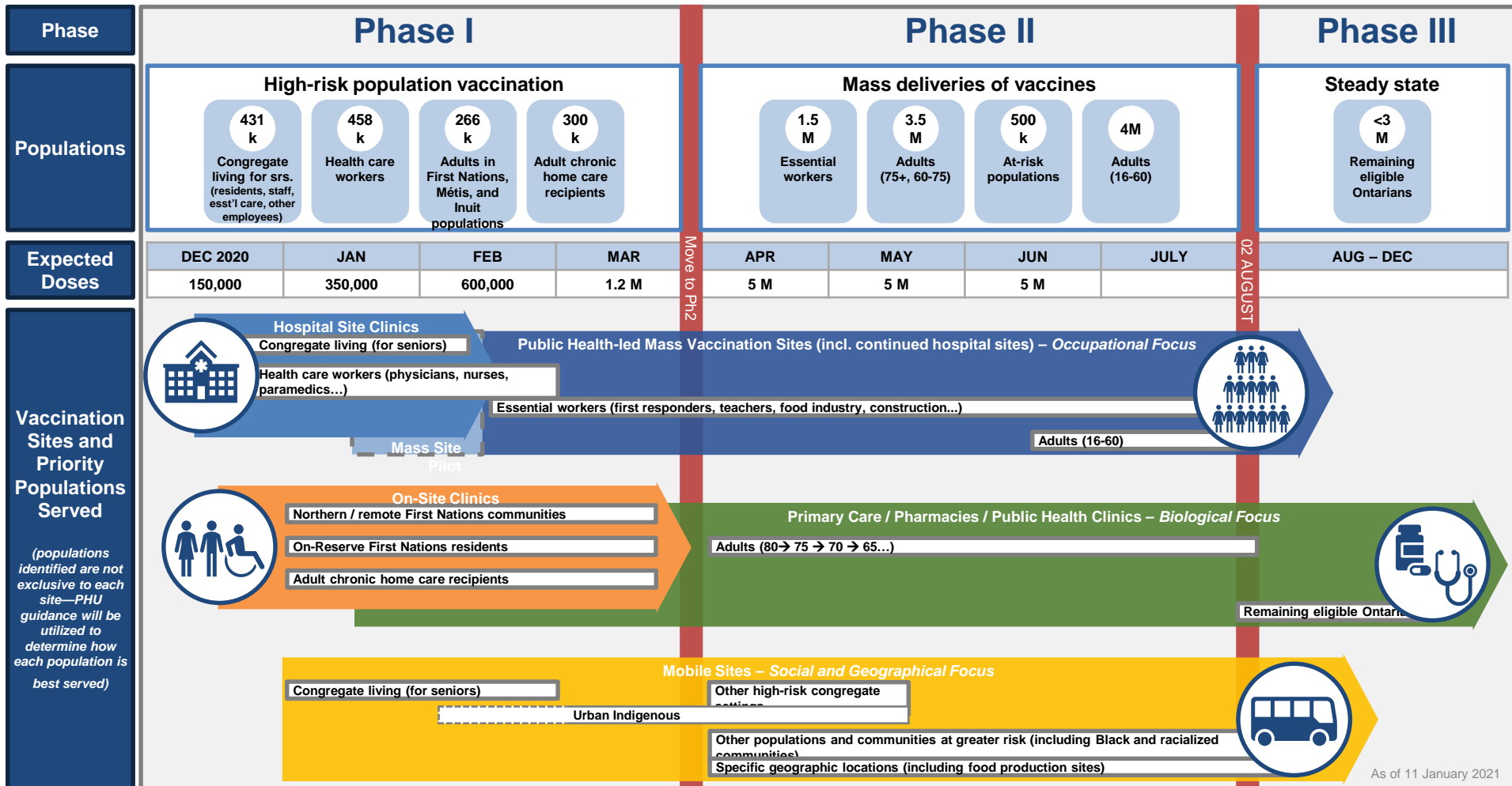
**January 22, 2021**

# Vaccine Update

- Over **264,000** doses administered across the province
- Second dose, full immunization began January 5, 2021, with over 49,000 Ontarians fully immunized after receiving both doses (as of 8 p.m. January 21, 2021)
- We have administered the first round of vaccinations ahead of schedule in all long-term care homes in Toronto, Peel, York and Windsor-Essex, the four regions with the highest COVID-19 transmission rates, as well as Ottawa, Durham and Simcoe Muskoka.
- New appointment to the COVID-19 Vaccine Distribution Task Force:
  - Dr. Kieran Moore is the Medical Officer of Health and CEO of the Kingston, Frontenac and Lennox & Addington Public Health Unit. He is also a Professor of Emergency and Family Medicine at the Queen's University and has a Masters degree in Disaster Medicine as well as Public Health and a Diploma in Tropical Medicine and Hygiene.

# COVID-19 VACCINE DISTRIBUTION PLAN

*For deployment of Pfizer and Moderna vaccines*



# PHASED PRIORITIZATION OVERVIEW

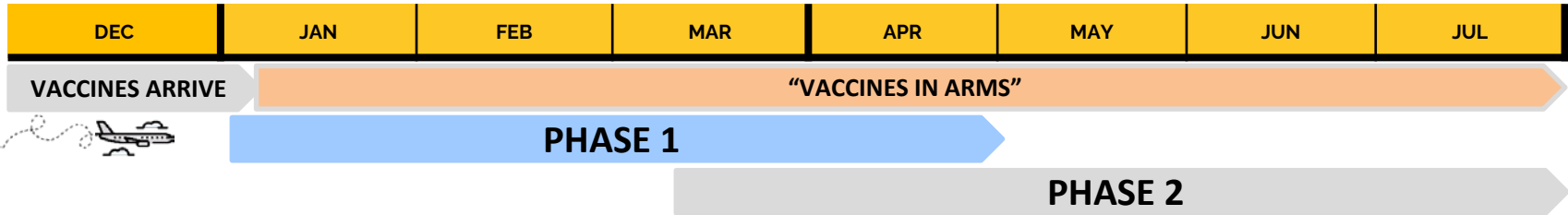
---

## *Principles*

- **Application of an equity lens:** The impact of risk factors may be different for racialized and marginalized populations – an equity lens has been applied to all prioritized groups.
- **Data-driven decision-making:** Where it is available, data should inform decision-making around prioritization – including prioritizing the groups that have been disproportionately impacted by COVID-19 as early as possible.
- **Engagement:** Ontario is consulting with all affected groups to ensure prioritization decisions are well-informed and accepted – “nothing about us without us”.
- **Individual risk factors:** Age is the most impactful factor for determining individual risk of a severe outcome from COVID-19, but other factors of individual risk are also important for individuals to voluntarily self-identify.
- **Local decision-making:** Provincial direction on prioritization is balanced with public health unit decision-making based on the local context.
- **Building in adaptability:** Priorities may change as the situation in Ontario evolves and as more information about the vaccine and the impact of the pandemic becomes available.
- **Transparency:** Share the rationale behind prioritization and data used to ensure public understanding of how decisions were made about the vaccine.

## VACCINE DISTRIBUTION: PHASED PRIORITIZATION

- Vaccination rollout phases will be continuous and overlapping – Phase 2 vaccinations likely to begin while Phase 1 is still ongoing (e.g., vaccination of adults >80 may begin in parallel or before low-risk health care worker vaccination).
- Vaccination schedules are intended to be flexible and responsive to ongoing needs, vaccine logistics and risk factors.
- Ontario is ready to receive vaccines whenever they are available, and will shift to Phase 2 priority populations as soon as there are sufficient vaccines provided by the Federal government.



	FIRST VACCINES ARRIVE	PHASE 1	PHASE 2
People	<ul style="list-style-type: none"> <li>• Staff and essential caregivers in LTCHs and high-risk Retirement Homes (RH).</li> </ul>	<ul style="list-style-type: none"> <li>• Residents, staff, essential caregivers, and other employees of congregate living settings that provide care for seniors.</li> <li>• Health care workers.</li> <li>• Adults in First Nations, Metis and Inuit populations.</li> <li>• Adult chronic home care recipients.</li> </ul>	<ul style="list-style-type: none"> <li>• Older adults, beginning with those ≥80 years old and decreasing in 5-year increments over the course of vaccine roll-out.</li> <li>• Those living and working in other high-risk congregate settings.</li> <li>• Essential Workers, beginning with front-line essential workers.</li> <li>• Individuals with high-risk chronic conditions, and their caregivers.</li> <li>• Other populations and communities facing barriers related to the determinants of health across Ontario who are at greater COVID-19 risk (e.g., Black and other racialized populations).</li> </ul>
Places	<ul style="list-style-type: none"> <li>• 2 Initial locations</li> <li>• Ramp up to 19 locations</li> </ul>	<ul style="list-style-type: none"> <li>• Specialized vaccination centres (LTCH/RH)</li> <li>• Mobile vaccination sites</li> <li>• Mass vaccination sites</li> </ul>	<ul style="list-style-type: none"> <li>• Mass vaccination sites</li> <li>• Hospitals</li> <li>• Mobile vaccination sites</li> <li>• Pharmacies</li> <li>• Clinics</li> <li>• Primary care</li> <li>• Strategic in-community locations (CHC/AHAC)</li> </ul>

# Communications

- **Timely sharing of information and key messages**
  - A daily fact sheet is being shared with Task Force members, MPPs and stakeholders to provide clear and timely information and updates on the rollout of vaccinations across Ontario. It will also help to address vaccine hesitancy and misinformation. The fact sheet ensures clear and consistent messaging is used in all communications including stakeholder interactions, in preparation for ministry specific communications products and for Task Force members' interactions with their networks.
  - Daily communications rollout of government wide communications activities related to vaccines is now shared.
- **Continuing to build online presence through an augmented vaccines social media strategy:**
  - New assets focussed on milestones of vaccine distribution amplified across ministry channels
  - New video and social media assets in development targeted to audiences to address vaccine hesitancy and dispel myths (including videos for staff in Long-Term Care homes, expert-led videos by Task Force members, etc.)
- **High profile communications rollout** of the declaration of emergency in Ontario and Ontario's next phase and priority populations for the rollout of vaccines. Announcements comprised Premier's press conference, technical briefings, media releases, social media and enhanced web content. Declaration of Emergency announcement reached 83% of total audience available. Statistics on Vaccines announcement pending.
- **Work continues with Indigenous Affairs** to amplify public education on vaccines in Indigenous populations. Work is also ongoing with the Anti-Racism Directorate to develop targeted high-touch communications for Phase 2 communities at risk.
- **Augmenting [ontario.ca/covid-19-vaccines](https://ontario.ca/covid-19-vaccines):**
  - Work is underway to create a data map on Ontario.ca to track progress of vaccine distribution
  - Adding infographics on Ontario.ca to educate the public about the phases of distribution and prioritization of populations to receive the vaccine to help address questions from media, the public and to counteract misinformation.

# Communications

## **Indigenous Communications Update:**

Ministry of Indigenous Affairs (IAO) is now sending out vaccine-related information relevant to Indigenous communities through a regular e-blast to our key partners.

- A Vaccine Communications Update will be issued when important new information about vaccine delivery and administration in Indigenous communities is available, as well as public education materials for repurposing to support partner efforts. We are encouraging partners to share these updates widely with local health officials and within their communities.
- As of January 6, promotion of the vaccine rollout in Indigenous communities, including documenting real-time key moments - the arrival of the vaccines and vaccination – on social media, amplify partners' social media channels (Ornge, PHUs, Indigenous communities and organizations) and inclusion of government's quotes in partner media release as appropriate (Sioux Lookout Meno Ya Win Health Centre news release on January 6 for example)
- The patient consent form and the facts sheet on vaccine safety have been translated into three Indigenous languages (Ojibwe, Oji-cree and Cree) is being distributed to fly-in communities (through Ornge).

## **An IAO-led Ontario Communications Working Group (Vaccine Rollout to Indigenous Communities) has been formed and includes communications contacts representing First Nations and PTOs.**

- This joint communications working group will explore opportunities for collaboration around vaccine communications.
- These discussions will also help inform the development and distribution of communications and public education materials that effectively meet the information needs about the vaccine rollout in your respective communities -- easily understood messaging and visuals to promote understanding, reduce vaccine hesitancy and address other concerns associated with COVID-19 vaccines.