

COVID-19 Immunization Plan

Doctors Nova Scotia

February 4, 2021

Immunization Plan - Purpose

- The overall purpose is to prevent morbidity and mortality from COVID-19
- The secondary purpose is to prevent the collapse of the ongoing COVID-19 response by protecting those deemed critical to maintaining the response

Immunization Plan – Risk Factors

Prioritization and sequencing of key populations considered:

- Consideration for
 - Likelihood of exposure to COVID-19
 - Consequence or exposure to COVID-19
 - Ability to practice good public health protocols

- Availability of vaccine supply

- Epidemiology

COVID-19 Immunization Plan

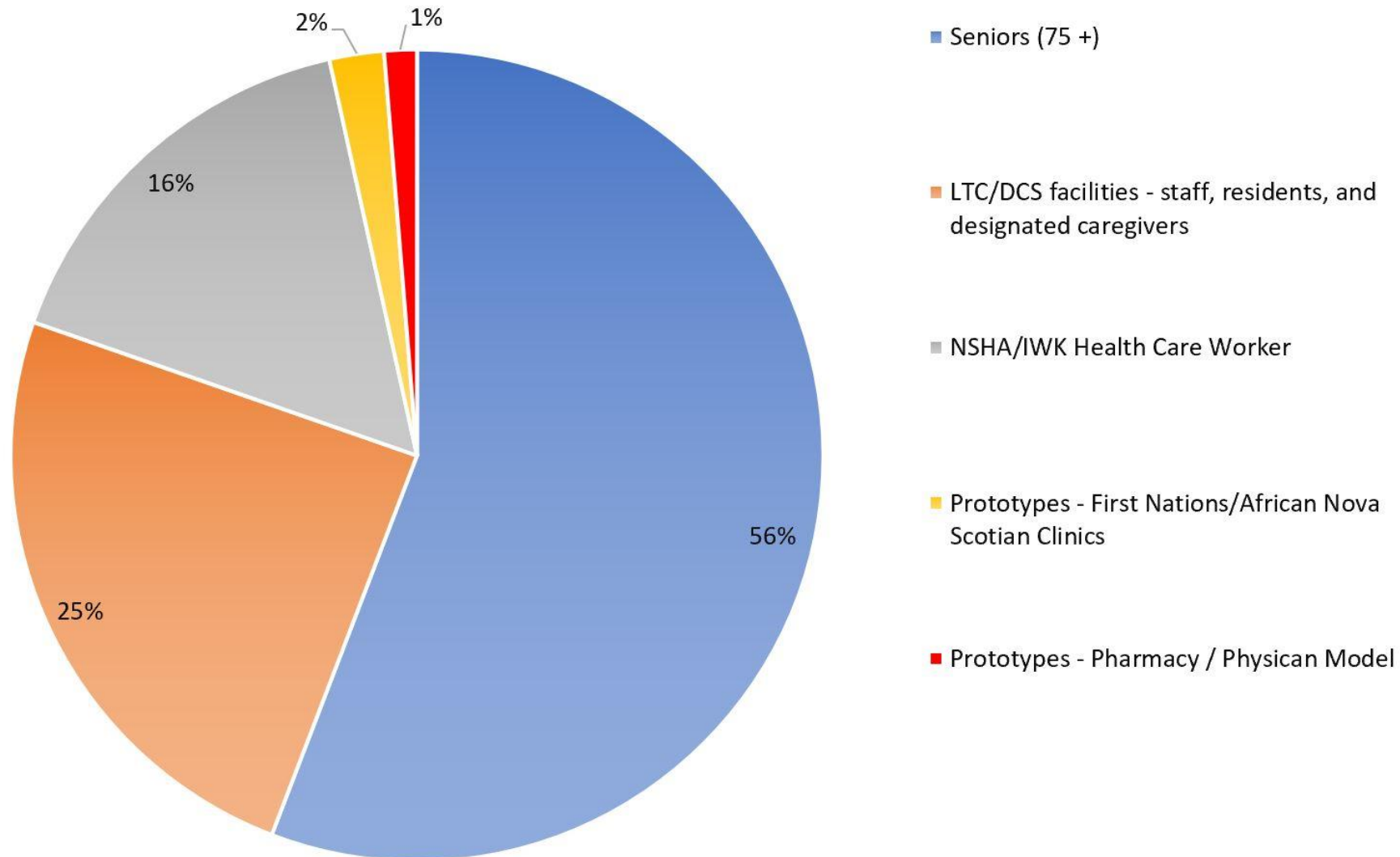
	Phase 1	Phase 2	Phase 3
Those who work directly with patients	Those who work directly with patients in hospital or with patients in their home	Anyone who works in a hospital and may come into contact with a patient Community health care providers: <ul style="list-style-type: none"> • doctors and nurses • dentists and dental hygienists • pharmacists and pharmacy technicians 	
Those who live in group settings and those who work closely with them	Those who live in long-term care homes (nursing homes and residential care facilities) and their designated care givers Those who work in long-term care homes Those who live and work in Department of Community Services facilities: <ul style="list-style-type: none"> • adult residential centres • regional rehabilitation centres • residential care facilities 	Those who live in large group settings and those who work directly with them: <ul style="list-style-type: none"> • correctional facilities • shelters • temporary foreign worker quarters 	
Those who are at greater risk based on age	Those who are 80 and older Then those in the next oldest group until all Nova Scotians have access: <ul style="list-style-type: none"> • 75 to 79 • 70 to 74 • 65 to 69 • 60 to 64 • 55 to 59 • 50 to 54 • 45 to 49 • 40 to 44 • 35 to 39 • 30 to 34 • 25 to 29 • 16 to 24 		
Those who are at risk for other reasons	The province is engaging with First Nations and African Nova Scotian communities to understand the needs of the communities.	Those who are required to regularly travel in and out of the province for work, such as truck drivers and rotational workers. This does not apply to people who live in Nova Scotia or New Brunswick and cross the border every day for work Those who are responsible for food security and cannot maintain public health protocols due to the nature of their work – large food processing plants	

This timeline is subject to supply of vaccine. The plan may be adjusted in response to epidemiology and emerging science.

Phase 1 – limited supply

- ▶ Those who work directly with patients in hospital or patients in their home
- ▶ Those who live and work in long-term care homes and their designated caregivers
- ▶ Those who live and work in Department of Community Services facilities like adult residential care centres, regional rehabilitation centres and residential care facilities
- ▶ Those who are 80 and older
- ▶ Engage with First Nations and African Nova Scotian communities to ensure vaccination is culturally responsive and supports good uptake.

Vaccine distribution for Phase 1 groups



Phase 2 -- increasing supply

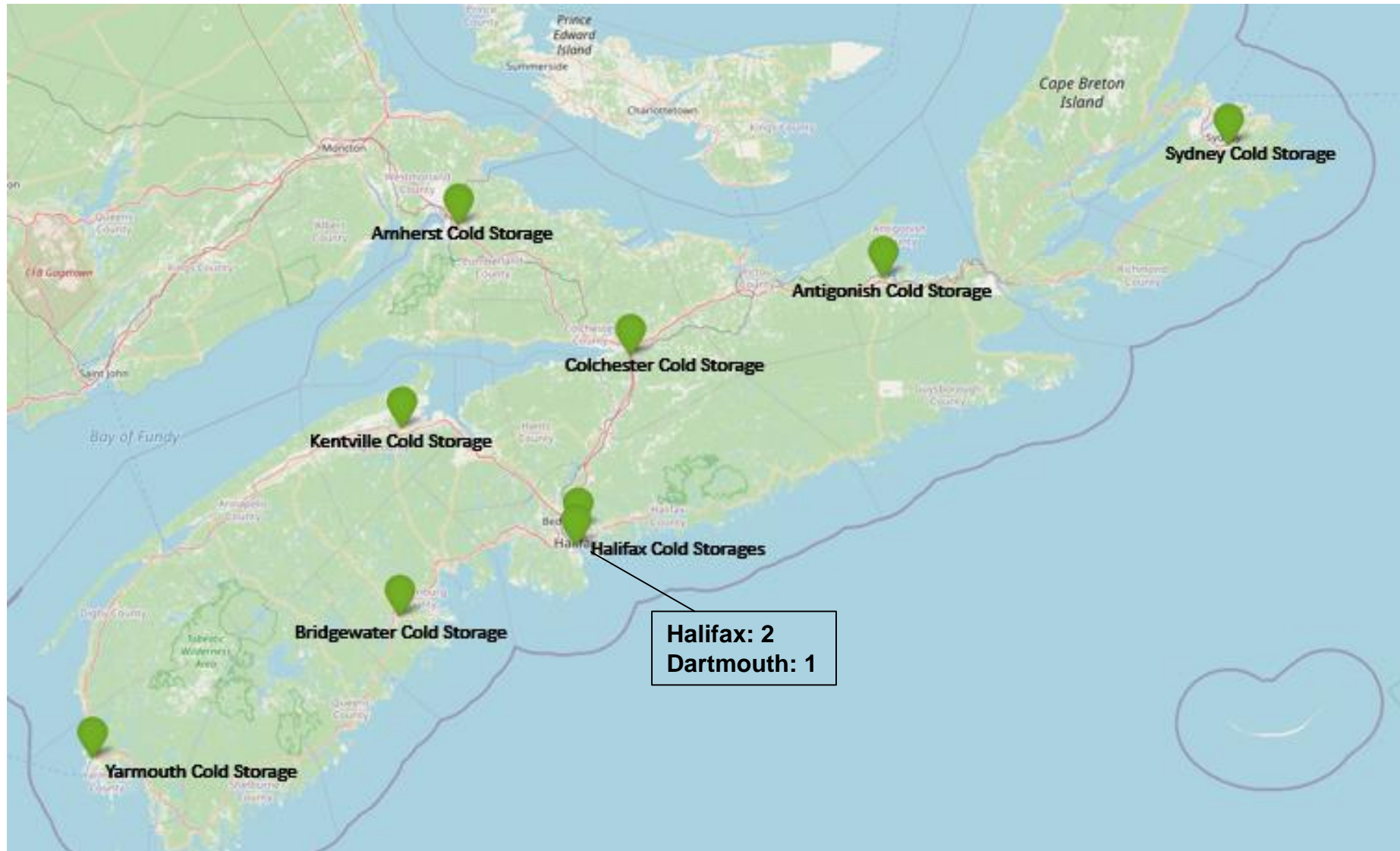
- ▶ Anyone who works in a hospital that may come into contact with patients
- ▶ Select community healthcare providers – doctors, pharmacists, dentists
- ▶ Those who live in large group settings and those who work directly with them, including correctional facilities, shelters and temporary foreign worker quarters
- ▶ Those who are required to travel in and out of the province for work – truckers/rotational workers
- ▶ Those who are responsible for food security and cannot maintain public health protocols due to the nature of their work – seafood/poultry plants

Nova Scotia's Plan – Phase 3

Phase 3 – steady state

- ▶ All other Nova Scotians based on age
- ▶ 5-year increments
- ▶ Variety of clinic models

Cold storage locations



Immunization models of delivery

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Long Term Care

In-home delivery of vaccine to residents.

Staffing: existing model of long term care staff or contracted health care provider (i.e. VON).

Management: support by NSH IPAC and OHS, vaccine distribution by Public Health per existing model of delivery.

Data considerations: utilization of CANimmunize

Health Care Worker Clinic

NSH delivery (Public Health, OHS, other NSH & IWK immunizers) to health care workers identified across health care system.

Staffing: from within NSH and IWK

Management support: Public Health trains clinic managers and clinic leads with OHS oversight of clinic booking

Data considerations: Panorama utilization with downtime procedures as needed or CANimmunize.

Centralized Community Clinic

Arena style configuration using easily accessible and centralized community settings such as gymnasiums capable of flow through of hundreds of people in a matter of hours.

Staffing: "all hands on deck" immunizers, mix of NSH, contracted (i.e. Red Cross), volunteer and other providers.

Management: Public health trains clinic managers and clinic leads. Collaborative Public Health and NSH management approach.

Data considerations: utilization of CANimmunize or downtime procedures for Panorama (paper based)

Distributed Provider Clinic

In-office primary care provider and pharmacist provision via regular interactions with clients or through specially organized clinics by those providers.

Staffing: Existing pharmacy network, family practices, and some staffing provided by NSH Primary Health Care

Management: public health management oversight of vaccine distribution, and Primary health Care management oversight for primary care clinics.

Data considerations: CANimmunize a prerequisite for receiving vaccine.

Outreach

Deployment of public health mobile units, MOSH, staff, or contracted provider to immunize vulnerable populations with specific needs related to access, transportation, epidemiology, or risk factors.

Staffing: NSH staff including public health supplemented with other immunization providers.

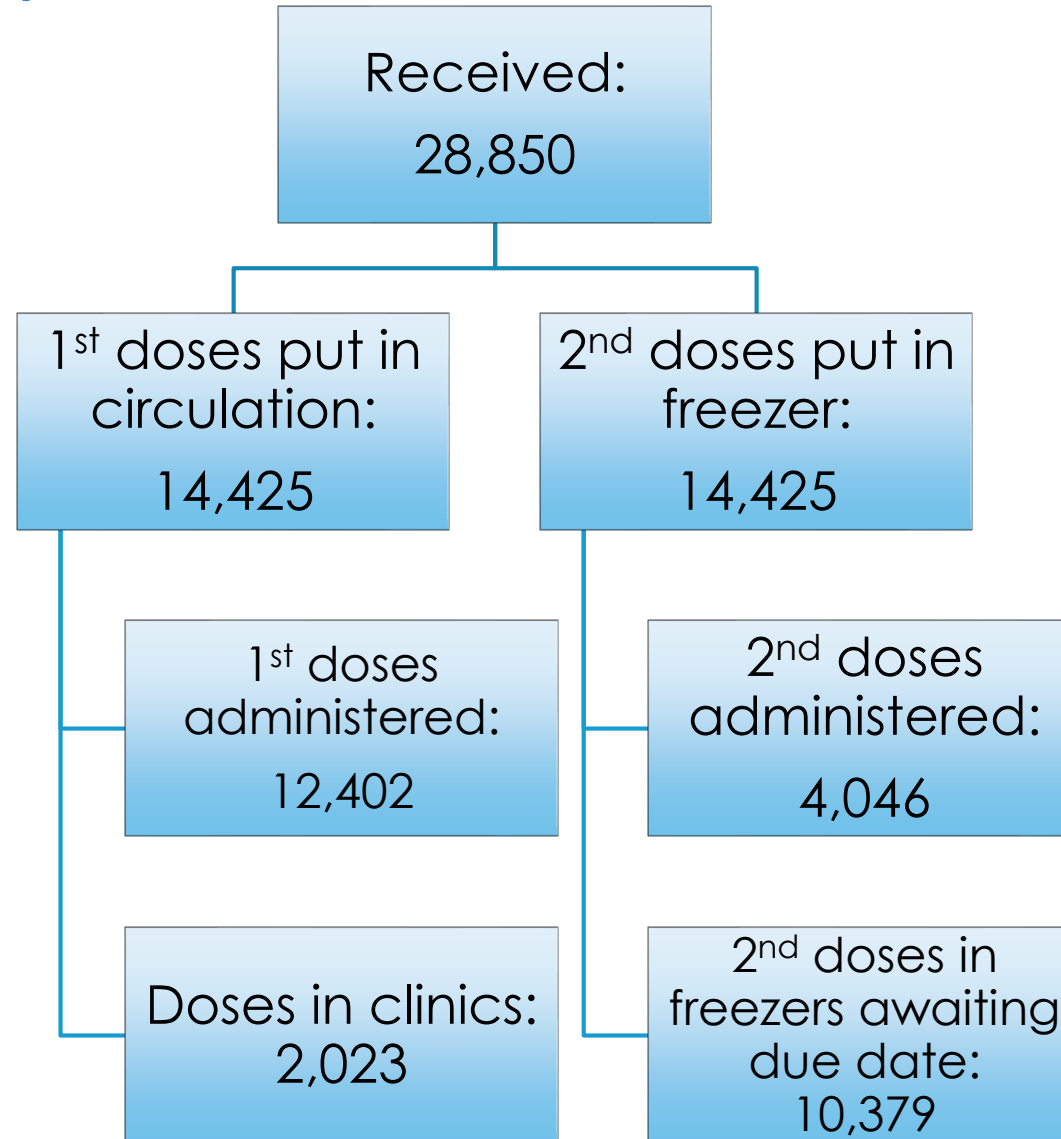
Management: public health

Data considerations: direct entry to Panorama or utilization of CANimmunize.

Expected vaccine supply

Product	December	January	February (expected)	March (expected)	April (expected)
Pfizer	5,850	15,600	22,425	48,750	1 million/ April-June
Moderna	3,700	3,700	9,900	26,100	
Total	9,550	19,300	32,325	74,850	
Total	136,025				

Vaccine supply to date



*As of Feb 4

30-day plan

Healthcare worker clinics

- Maintain current operational clinics at:
 - Dalhousie University - Halifax
 - Cape Breton Regional - Sydney
 - Valley Regional - Kentville
 - Colchester East Hants Regional– Truro

- Add clinics at:
 - Yarmouth Regional – Yarmouth
 - St. Martha's – Antigonish

Long-term care, RRC, ARC clinics and DCS facilities

- Product shipped to facilities in all four zones

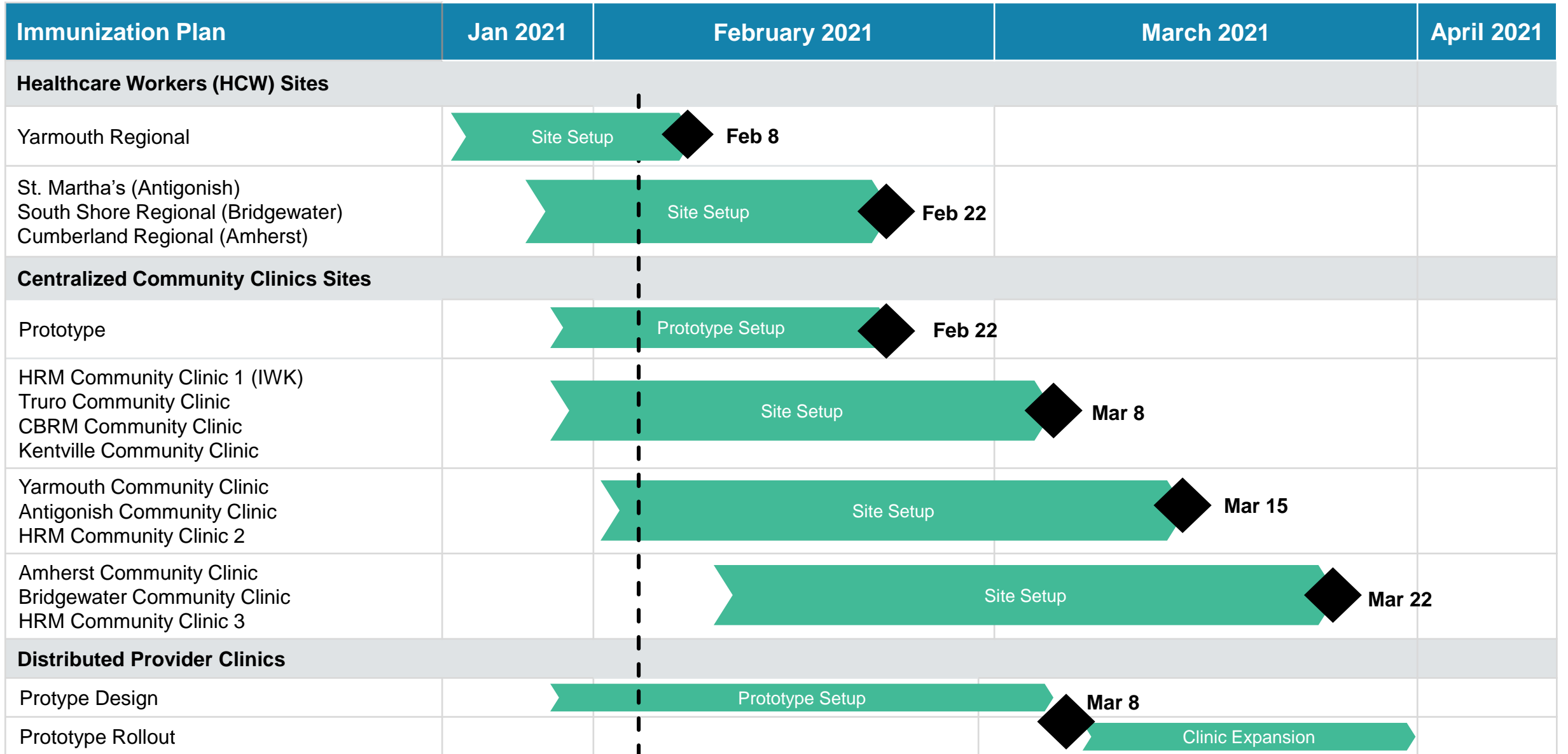
60-day plan

- Prototype community clinic for 80+ in Halifax and Truro
 - Targeted invites through MSI
 - Online and phone appointment booking
- Continued rollout and expansion of Healthcare worker clinics:
 - Cumberland Regional
 - South Shore Regional
- Continued rollout to long term care, RRC, ARC clinics and DCS facilities
- Pharmacy clinic prototype conducted – multiple locations
- Primary Healthcare clinic prototype conducted – multiple locations
- Prototype for First Nations and in African Nova Scotian communities

90-day plan

- New mass immunization clinics established in all communities with cold-storage locations
- Continued operation of healthcare worker clinics
- Continued rollout to long-term care, RRC, ARC clinics and DCS facilities
- Expansion of pharmacy, primary health care, and outreach clinic models

90-Day Roadmap



◆ Launch Milestone

Thank You