

COVID-19 Immunization Plan Update

Doctors Nova Scotia

March 29, 2021

Ultra low temp cold storage locations*

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* Also a significant network of low temp and vaccine fridges across the province

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.

Q1 Vaccine Supply

Product	December	January	February	March
Pfizer	5,850	15,600	26,130	94,770
Moderna	3,700	3,700	7,000	16,300
AstraZeneca	n/a	n/a	n/a	13,000
Total by month	9,550	19,300	33,130	124,070
Total	186,050			

Supply is still unpredictable and fluctuations are common. Supply is confirmed two weeks in advance and that is why appointments are only booked two weeks in advance.

In March, ~67K doses will be received in the last week.

Q2 Vaccine Supply – planning figures only

Product	April	May	June
Pfizer	105,300	107,640	108,810
Moderna	64,200	82,800	177,900
AZ	65,600	13,000	129,200
Total by month	235,100	203,440	415,910
Total	854,450		

All predictions about when people will get vaccinated are based on receiving the amount of vaccine expected from the federal government.

Immunization Plan – Prioritization

- Race to population immunity!
- Age is by far the single biggest risk factor for morbidity/mortality
- Prioritization and sequencing of key populations considered:
 - Likelihood of exposure to COVID-19
 - Consequence of exposure to COVID-19
 - Older adults – severe illness and mortality rates
 - Congregate living – increased chance of exposure
 - Ability to practice good public health protocols (PPE, social distancing)
 - Local epidemiology – very low cases
 - Local and national occupational trends

COVID-19 Immunization Plan

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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, including paramedics and medical first responders	Anyone who works in a hospital and may come into contact with a patient Community health care providers who provide face-to-face patient care who are currently licensed limited to: <ul style="list-style-type: none">• medical doctors and nurses• pharmacists and pharmacy technicians• dentists, denturists, dental hygienists and dental assistants	
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: <div><div>• 75 to 79</div><div>• 65 to 69</div><div>• 55 to 59</div><div>• 45 to 49</div><div>• 35 to 39</div><div>• 25 to 29</div><div>• 70 to 74</div><div>• 60 to 64</div><div>• 50 to 54</div><div>• 40 to 44</div><div>• 30 to 34</div><div>• 16 to 24</div></div>		
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.	Long-haul 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 Front-line police officers	

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

Vaccine Stats

155,630 doses received to date*:

- 89,194 doses in arms (not counting today)
- 17,607 second doses held in freezers
- 48,829 feeding clinics for this week and next

Clinics this week and next:

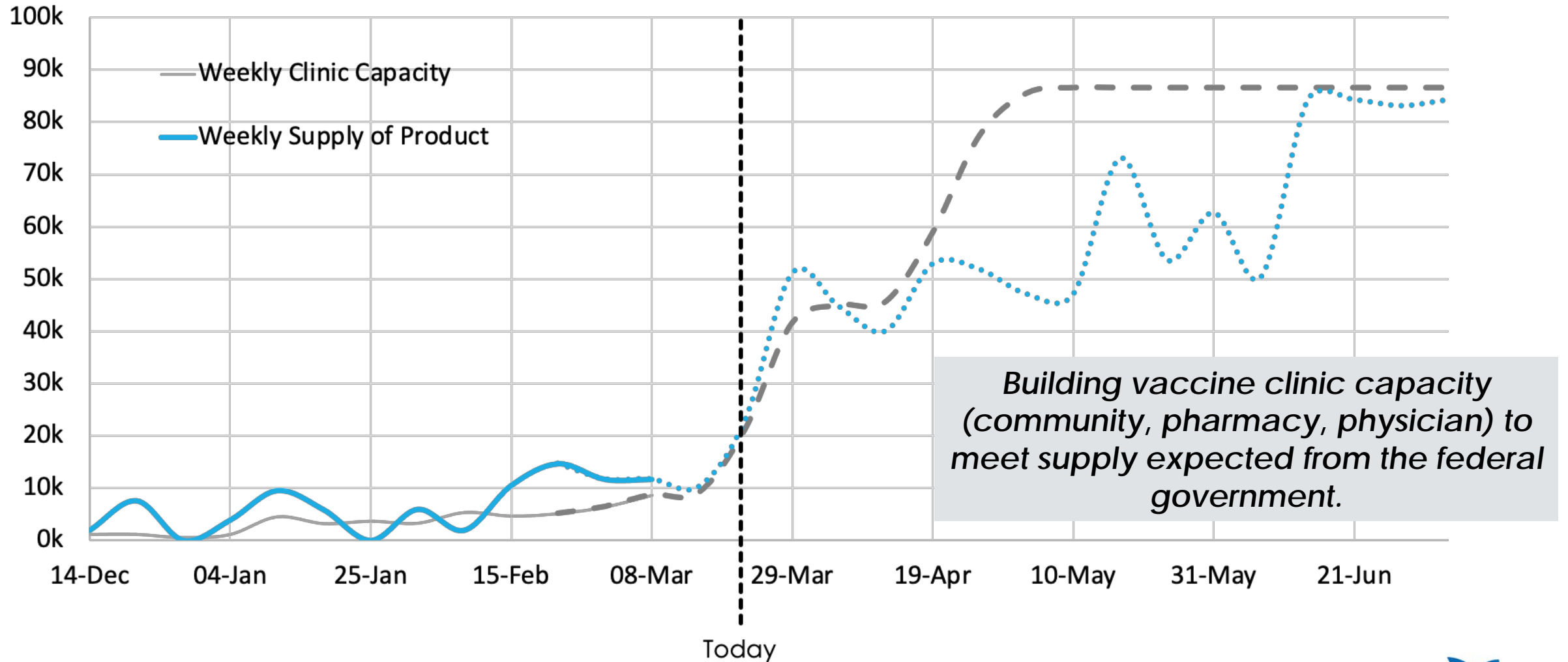
- >42,855 appointments
 - healthcare worker clinics
 - community clinics
 - physicians/pharmacies
- 23 LTC facilities (98 LTC facilities have 1 dose; 32 have 2 doses)
- 8 First Nations clinics (13 communities, now on 2nd doses)
- Shelters in HRM mobile clinic launch scheduled for the first week of April
- First African Nova Scotian clinic in Hammonds Plains set to launch first week of April

Phase 1 Progress Update

- Those who work directly with patients in hospital or in home (e.g. nurses, paramedic, homecare) - ~75% with ≥ 1 dose
- Those who live and/or work in group settings (e.g. licensed long-term care, residential care) – ~61% with ≥ 1 dose
- Nova Scotians aged 80 and older – ~41% with ≥ 1 dose
- Those at increased risk:
 - First Nations ≥ 55 yrs
 - African Nova Scotians ≥ 55 yrs
 - Shelters
- All on track to be completed ≥ 1 dose by end of April

Weekly Supply of Vaccine and Clinic Capacity

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Models of Delivery

By mid-May:

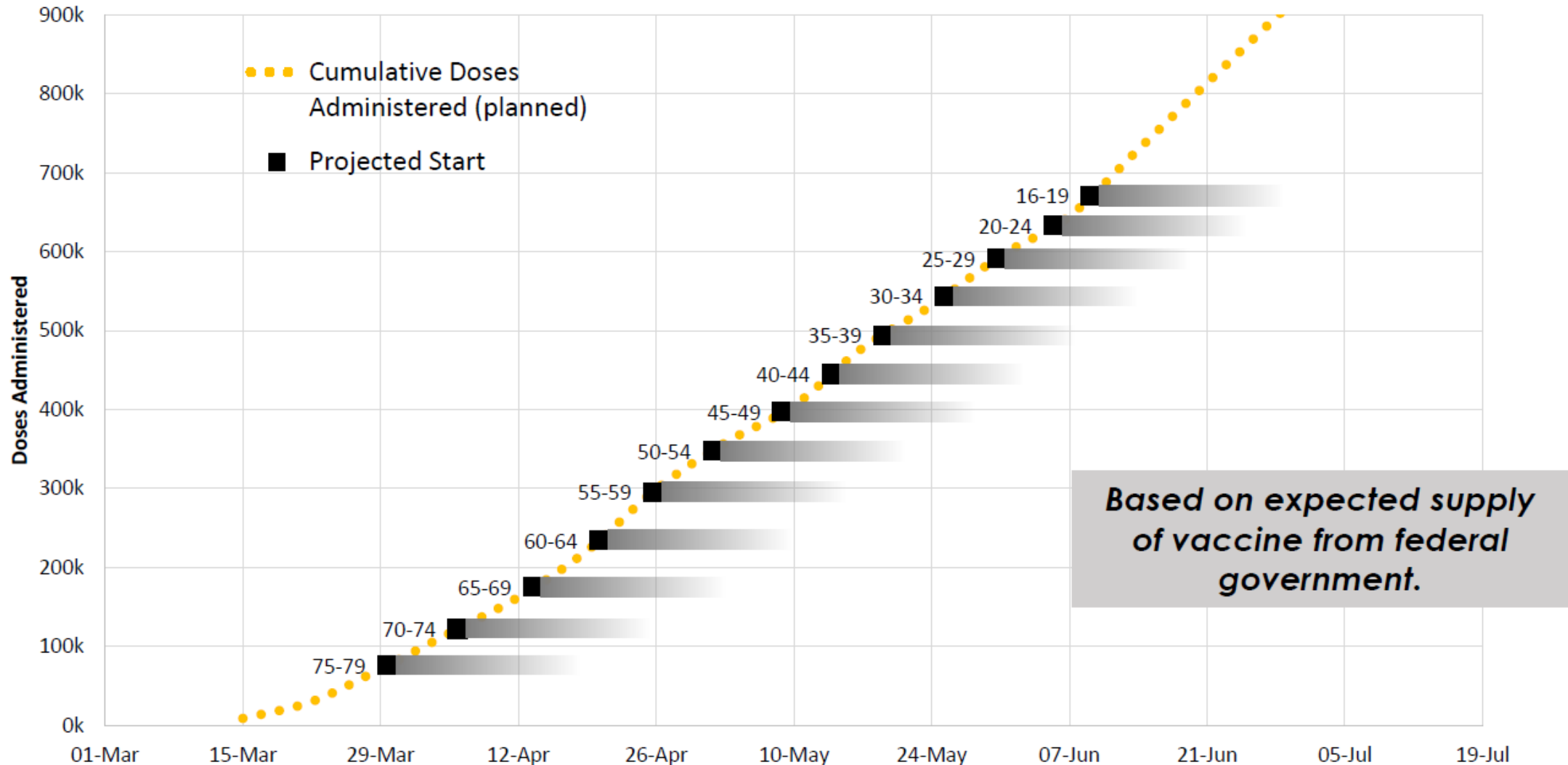
- All clinics running at full capacity
- Able to deliver 86,000 doses per week

Delivery models:

- Community providers (pharmacy/primary care) – 70%
- Community clinics – 30%
- Outreach/mobile clinics – 1000 doses/wk

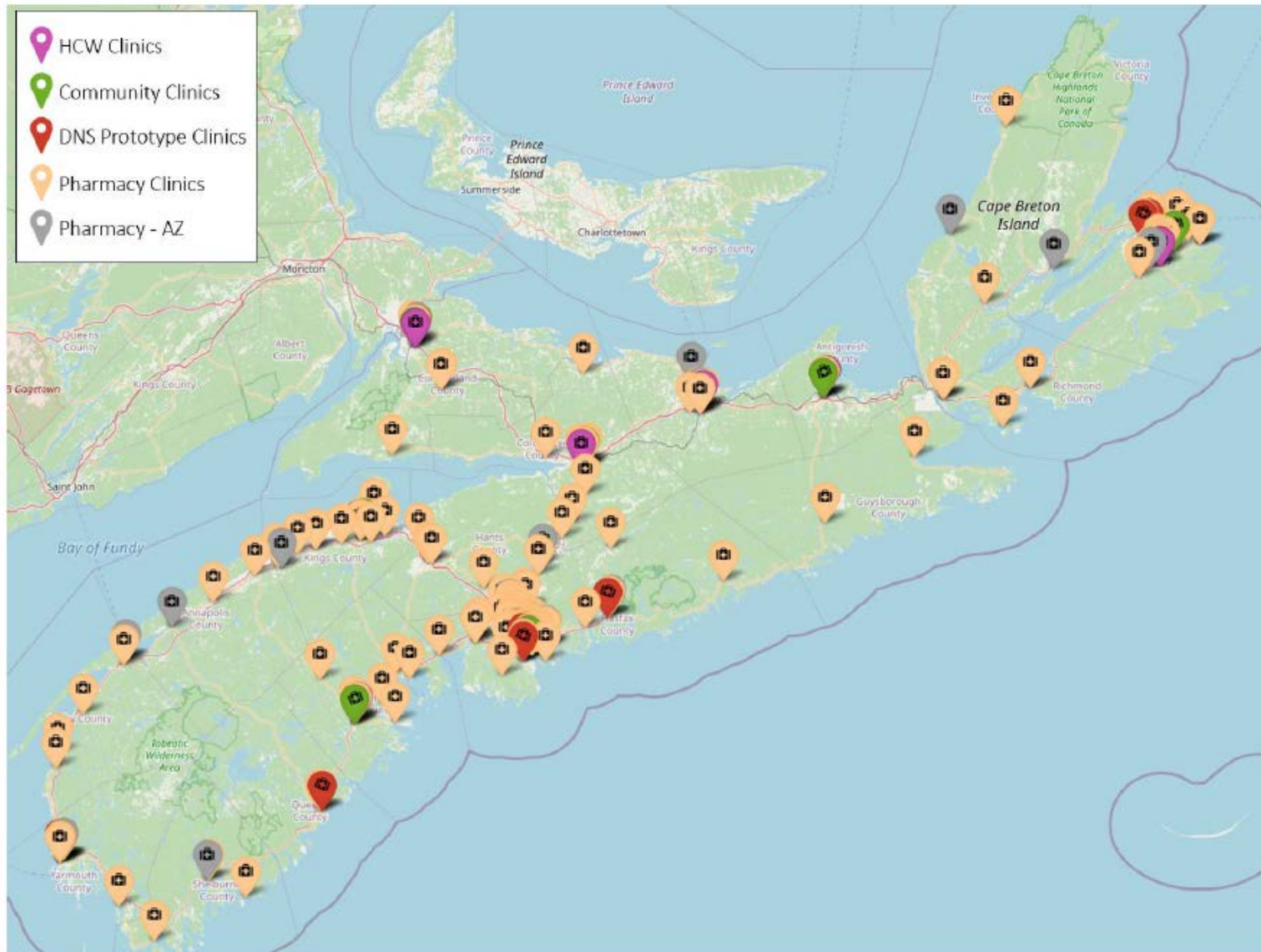
Projected Dates by Age Group – First Dose

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Clinics in development to ensure access – more to come

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Thank you