



Public Health Updates for Halton Physicians: Focus on COVID-19 vaccination

Wednesday, February 17, 2021



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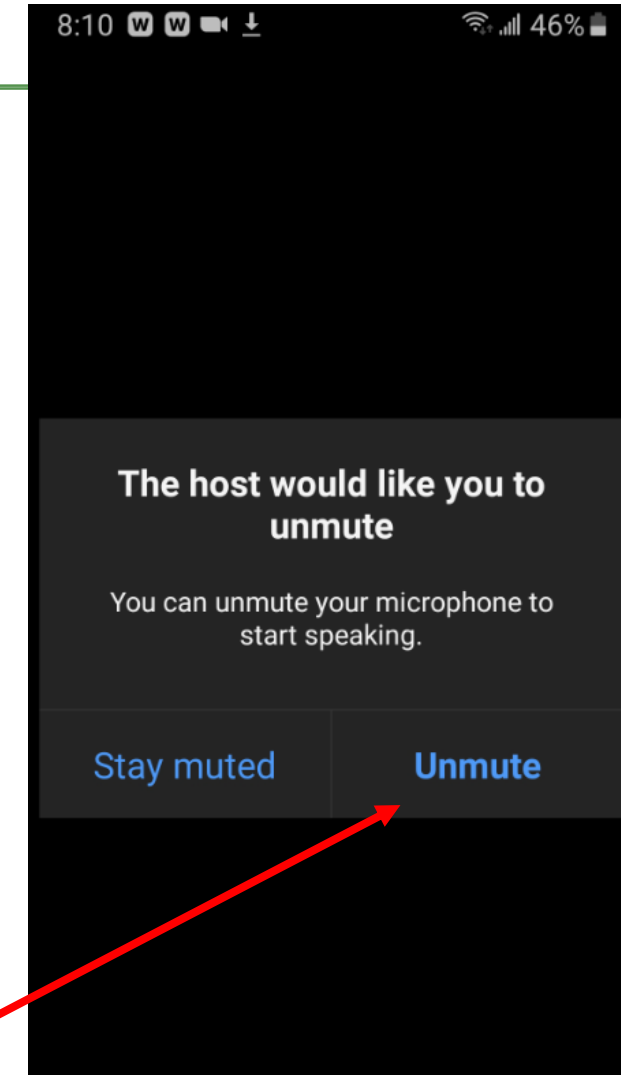
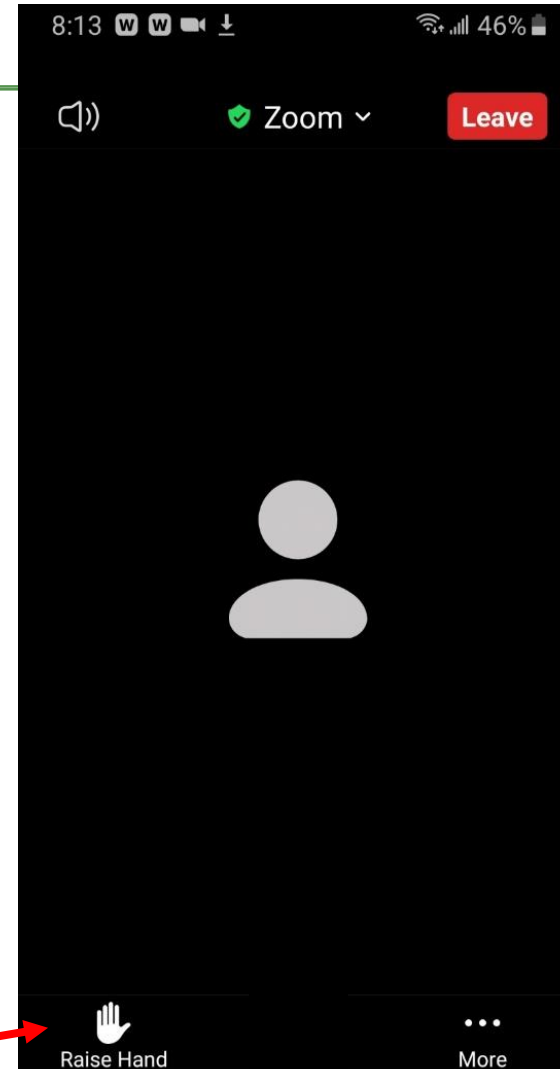
Agenda

Time	Focus
7:00-7:15	Local update on COVID-19 vaccine roll-out in Halton – Dr. Hamidah Meghani, Halton Region's Medical Officer of Health
7:15-7:45	Keynote address on vaccine hesitancy, safety and communications – Dr. Noni MacDonald
7:45-8:00	Q&A on vaccine hesitancy and communications
8:00	Official Mainpro+ accredited CME concludes
8:00-9:00	Q&A Healthcare Professional Town Hall on Halton Region Public Health's COVID-19 vaccine roll-out – join us if you have questions that weren't answered in the earlier presentation – Dr. Hamidah Meghani, Dr. Joanna Oda and Dr. Deepika Lobo, Halton Region Public Health



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COVID-19 cases in Halton



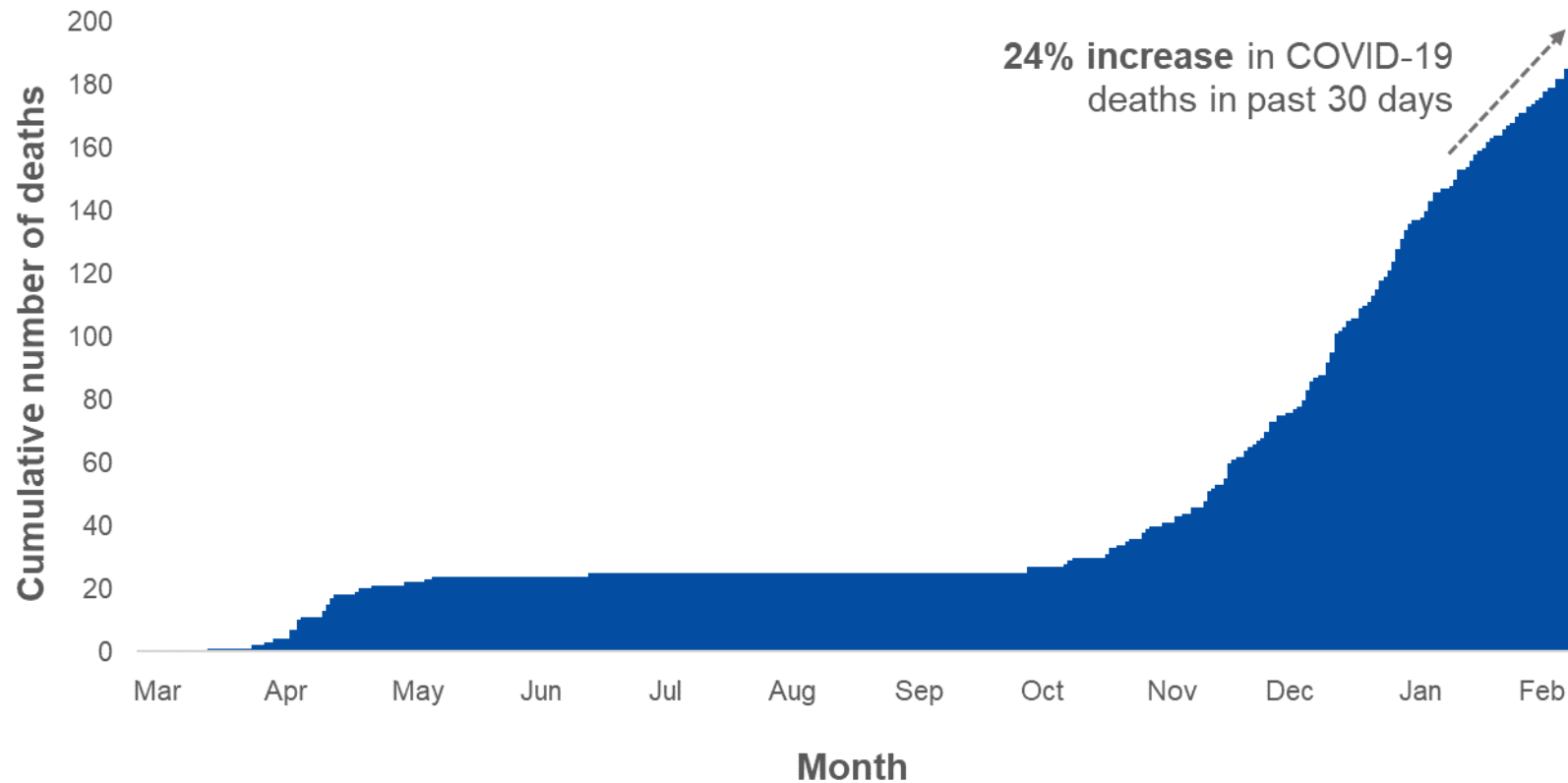
Total cases: 9,073

- Active: 259
- Resolved: 8,629
- Deceased: 185



Fig: Number of new COVID-19 cases in Halton residents, by reported date and case classification, Mar 1 2020-Feb 15 2021

COVID-19 deaths in Halton



Total deaths: 185

- Mar-Jun: 25
- Jul-Sep: 0
- Oct-Feb 15: 160

142 out of 185 deaths (77%)
among residents aged **80+**



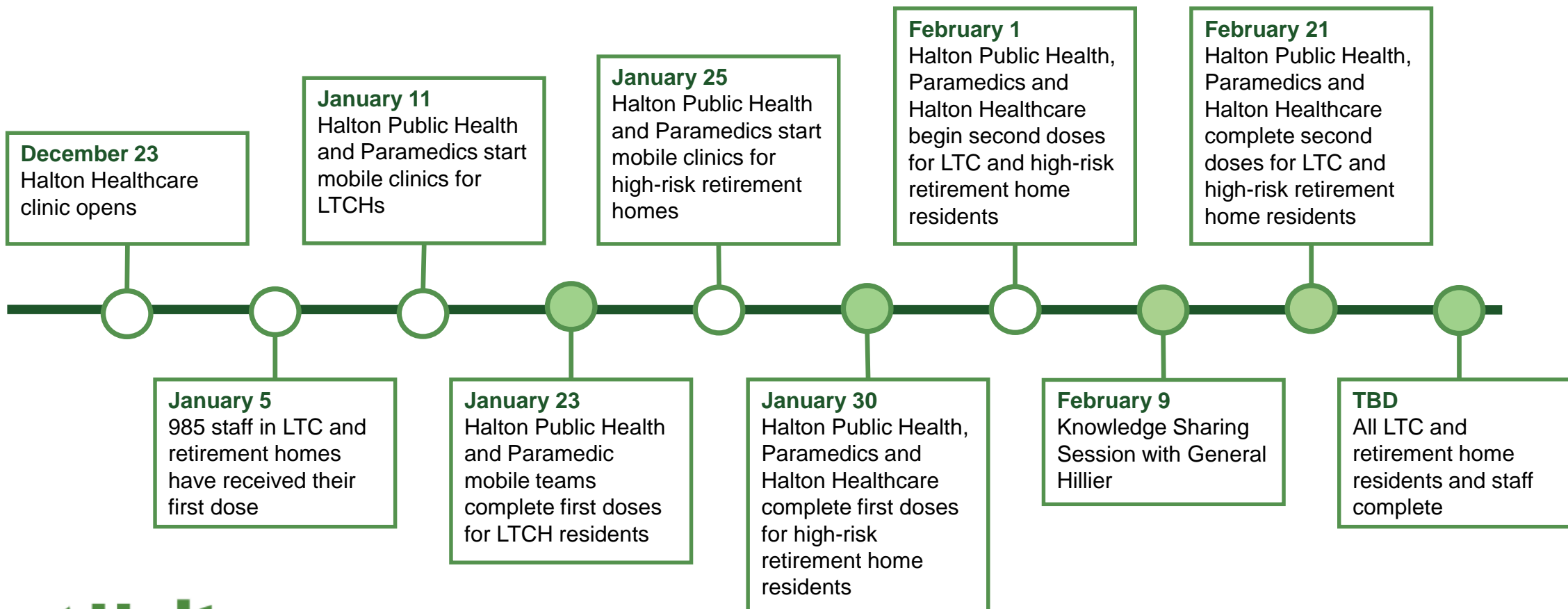
Fig: Cumulative number of deaths among COVID-19 cases, by day, Mar 1 2020 – Feb 15 2021

COVID-19 Vaccines: Our progress to date

DECEMBER

JANUARY

FEBRUARY



COVID-19 dashboard updates

Vaccinations tab

Dashboard

Having trouble loading the dashboard? [View in fullscreen](#).

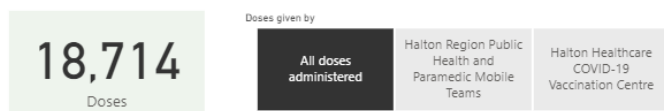


Halton is currently focused on vaccinating priority populations as identified by the Province, including recent Provincial direction to accelerate vaccinations for residents in long-term care and high-risk retirement homes and second doses for prioritized healthcare workers.

- Mobile teams of Halton Region Public Health and Halton Region Paramedic Services staff began vaccinations for residents, staff and essential caregivers at long-term care and high-risk retirement homes on January 11, 2021.
- Halton Healthcare established a COVID-19 Vaccination Centre at Oakville Trafalgar Memorial Hospital and began vaccinating long term care and high-risk retirement home staff and prioritized healthcare workers on December 22, 2020 and essential caregivers in early January.

Halton's COVID-19 vaccination program remains contingent on supply. As more vaccine becomes available, we will continue to roll out the vaccine to priority populations as quickly as possible.

Our progress so far



Data are refreshed weekly.
Data last updated on Friday, February 12, 2021, for doses administered up to and including Thursday, February 11, 2021

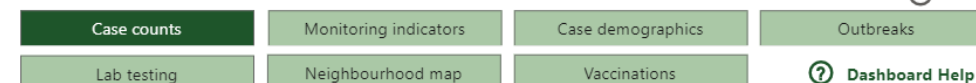
? What does this mean?

Variants of concern

Dashboard

Having trouble loading the dashboard? [View in fullscreen](#).

Dashboard numbers dynamically updated between 12 and 2 p.m. everyday. Numbers will not match estimates provided by other sources, due to different data extraction times. Learn More



Halton Cases



* Of the 9073 total cases in Halton Region, 8795 were confirmed cases and 278 were probable cases. 3 cases had a confirmed variant of concern.

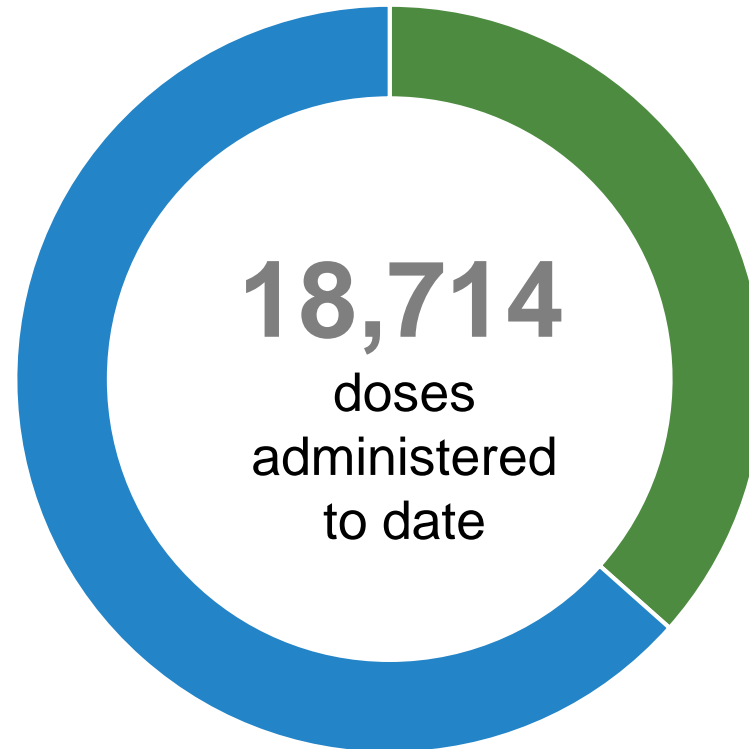
Data last updated on Tuesday, February 16, 2021.

The net case change since the last update (the previous day) is shown using an arrow: ↑



COVID-19 Vaccines: Our progress to date

As of February 11, 2021:



- Halton Region Public Health and Paramedic Mobile Teams
(6,493 doses)
- Halton Healthcare Vaccination Centre
(12,221 doses)



Vaccine Roll-out: Halton COVID-19 Vaccine Distribution Plan

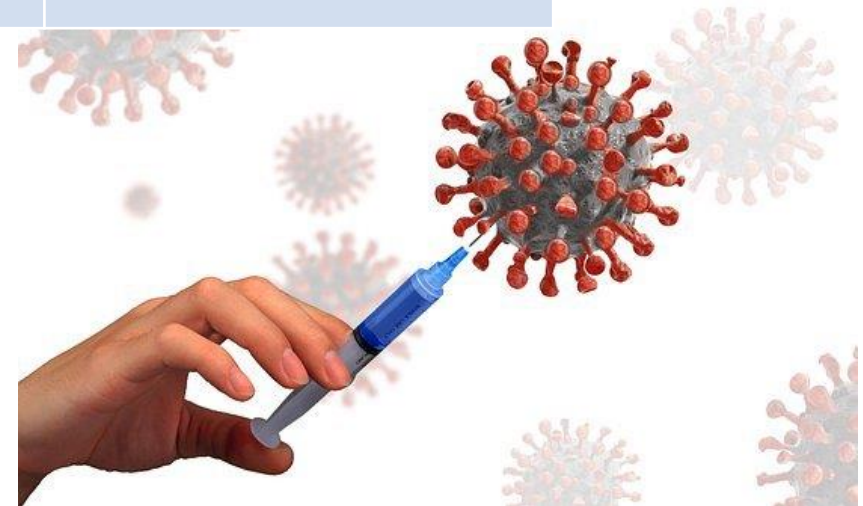
Timing	December 2020 –Spring 2021	Spring-Summer 2021	Beginning Summer 2021
Phase	Phase I	Phase II	Phase III
Priority Populations	<div>13,860</div> <div>Congregate living for seniors (residents, staff and essential caregivers)</div> <div>2,906</div> <div>Adult chronic home care recipients</div> <div>24,705</div> <div>Health care workers</div> <div>4,080 – 16,320</div> <div>Adults in First Nations, Métis and Inuit populations</div>	<div>95,840</div> <div>Adults (65+)</div> <div>>200,000</div> <div>People with chronic conditions</div> <div>24,810</div> <div>Essential workers</div> <div>?</div> <div>Other at risk populations</div>	<div>400,000</div> <div>Remaining eligible residents in Halton (aged 16-64)</div>
Possible Vaccination Models (TBC)	<ul style="list-style-type: none">Mass Immunization Clinics (hospital-led)Mobile/On-site Immunization Clinics	<ul style="list-style-type: none">Mass Immunization Clinics (hospital-led)Mass Immunization Clinics (PHU-led)Mobile/On-site Immunization ClinicsOther Clinics (Pharmacy, Healthcare Partners)	<ul style="list-style-type: none">Other Clinics (Pharmacy, Healthcare Partners)Mass Immunization Clinics (PHU-led)

COVID-19 vaccines available in Canada

Name	Type	Ages	Schedule	Route	Antigen nature	Pre-puncture storage	Diluent	Post-puncture use limit	Formats
Pfizer-BioNTech	COVID-19 mRNA	16+	2 doses, 21 days apart (alternate schedule 28 days)	IM	Prefusion spike protein	-80°C to -60°C; 120 hours (5 days) at +2°C to +8°C and/or 2 hours up to +25°C	Yes	6 hours at +2°C to +25°C	Multi-dose vial (5 doses) Preservative free
Moderna	COVID-19 mRNA	18+	2 doses, 28 days apart	IM	Prefusion spike protein	-25°C to -15°C; 30 days at +2°C to +8°C and/or 12 hours at +8°C to +25°C	No	6 hours at +2°C to +25°C	Multi-dose vial (10 doses) Preservative free

COVID-19 vaccines pending approval

Manufacturer	Type	Dosing	Storage
AstraZeneca	Adenovirus vector	2 doses, 28 days	+2°C to +8°C, for 6 months
Janssen (Johnson & Johnson)	Adenovirus vector	1 dose	+2°C to +8°C, for 3 months
Novavax	Recombinant nanoparticle	2 doses, 21 days	Fridge stable



Effects of delaying second dose

- When supply is limited, NACI recommends that second doses may be delayed up to 42 days after the first.
- First dose efficacy of the Pfizer-BioNTech vaccine is 92% 14 days after dose 1.



Special population considerations – Immunocompromised

- Discuss risks and benefits of vaccination (including timing of vaccination in relation to their therapy) with individuals with autoimmune conditions, immunodeficiency conditions or who are immunosuppressed due to disease or treatment that are receiving:
 - stem cell therapy,
 - CAR-T therapy,
 - chemotherapy,
 - immune checkpoint inhibitors and/or
 - monoclonal antibodies (e.g., rituximab) and other targeted agents (e.g., CD4/6 inhibitors, PARP inhibitors).
- Verbal attestation of this discussion is accepted at the time of vaccination.
- Individuals with these conditions, not on these therapies, may choose to be vaccinated and discuss risks and benefits with their healthcare providers, but are not required to consult prior to vaccination.

Special population considerations – Pregnant and breastfeeding

- Not included in Phase III clinical trials, but there were handful of pregnancies with no adverse events.
- mRNA vaccines not hypothesized to be a risk to breastfeeding infant ([MOH, February 12, 2021](#); [NACI, January 12, 2021](#); [SOGC, February 1, 2021](#); [OSOG/OMA-OG, 2021](#))
- Pregnant and breastfeeding individuals should be vaccinated as long as benefits outweigh the potential risks ([MOH, February 12, 2021](#); [NACI, January 12, 2021](#); [SOGC, February 1, 2021](#); [OSOG/OMA-OG, 2021](#))
- Verbal attestation of healthcare discussion accepted at time of vaccination.



Who shouldn't be immunized

- People with proven immediate or anaphylactic hypersensitivity to any component of vaccine or its container, including polyethylene glycol (PEG)
- People with history of anaphylaxis after previous administration to the COVID-19 vaccine:
 - Should be referred to an allergist to determine the cause of the reaction and whether re-immunization can safely proceed.
 - Documentation of the discussion with the allergist-immunologist must be provided to the clinic and include a vaccination care plan, confirming that appropriate counselling on the safe administration of vaccine was provided

Adverse events

- Canadian Society of Allergy and Clinical Immunology (CSACI) identifies risk for serious allergic reaction as low ([CSACI, January 5, 2021](#))
- Out of 600,000 total doses administered in Canada, rate of serious adverse reaction (including anaphylaxis) is 0.004%. ([Health Canada, January 2021](#))
- Most frequently reported AEFIs:
 - Vaccination site reactions
 - Paraesthesia (tingling or prickling)
 - Urticaria (hives)
 - Pruritis (itching)
 - Nausea

Source: <https://health-infobase.canada.ca/covid-19/vaccine-safety/>

Adverse event type	TEMPORAL CRITERIA for Non-live vaccines
Injection site reactions	Non-live vaccines
Pain or redness or swelling lasting 4 days or more OR extending beyond the nearest joint	0 to 2 days
Infected abscess	0 to 7 days
Sterile abscess	0 to 7 days
Nodule	0 to 7 days
Cellulitis	0 to 7 days
Systemic reactions	Non-live vaccines
Rash	0 to 7 days
Adenopathy/lymphadenopathy	0 to 7 days
Severe vomiting/diarrhea	0 to 3 days
Parotitis	N/A
Hypotonic-hyporesponsive episode (HHE); under 2 years of age only	0 to 2 days
Persistent crying/screaming; under 2 years of age only	0 to 3 days
Allergic reactions	Non-live vaccines
Event managed as anaphylaxis (i.e., epinephrine administered)	0 to 24 hours
Oculo-respiratory Syndrome (ORS)	0 to 24 hours
Allergic skin reaction (e.g., hives)	0 to 2 days
Neurologic events	Non-live vaccines
Convulsions/seizure	0 to 3 days
Encephalopathy/encephalitis	0 to 42 days
Meningitis	0 to 15 days
Anaesthesia/paraesthesia	0 to 42 days
Paralysis	0 to 42 days
Myelitis/transverse myelitis	0 to 42 days
Acute disseminated encephalomyelitis (ADEM)	0 to 42 days
Guillain Barré Syndrome (GBS)	1 to 8 weeks
Bell's palsy	0 to 3 months
Other events of interest*	Non-live vaccines
Arthritis/arthralgia	0 to 30 days
Intussusception	N/A
Thrombocytopenia	0 to 42 days
Syncope (fainting) with injury	0 to 30 minutes
Kawasaki disease	0 to 42 days
Other severe/unusual events	Reportable regardless of timeline

Adverse events

[AEFI fact sheet](#),
Public Health Ontario)
Table lists types of
adverse events that
should be reported,
including estimated
timelines between
vaccination and onset
of symptoms



ADVERSE EVENT FOLLOWING IMMUNIZATION REPORTING FOR HEALTH CARE PROVIDERS IN ONTARIO



DO YOUR PART TO MONITOR ADVERSE EVENTS!



1 Advise patients to contact you or your team if they experience an adverse event after vaccination.



2 Report adverse events to your local public health unit, using Public Health Ontario's Report of Adverse Event Following Immunization Reporting Form.



3 Contact your local public health unit if you have any questions about AEFI reporting.

QUESTIONS & ANSWERS

What is an AEFI?

An adverse event following immunization (AEFI) is an unwanted or unexpected health effect that happens after someone receives a vaccine, which may or may not be caused by the vaccine.

Who should report an AEFI?

Health care providers (i.e. physicians, nurses and pharmacists) are required by law to report AEFIs. Reports should be made using the [Ontario AEFI Reporting Form](#) and sent to the [local public health unit](#). Vaccine recipients or their caregivers may also voluntarily report AEFIs to public health.

Why is it important to report an AEFI?

When you report an AEFI you provide vital information that is needed to monitor vaccine safety. This information is also used to report on vaccine safety to Ontarians, which contributes to the success of immunization programs.

What types of adverse events should be reported?

You should report any event which may be related to receipt of a vaccine, as outlined on the next page. Of particular importance are events which require medical consultation, or unusual or unexpected events. Submitting a report does not mean that the vaccine caused the event.

What does NOT need to be reported?

Some common or mild events do not need to be reported. These include:

- fever that is not accompanied by any other symptoms
- injection site reactions that last less than 4 days
- vasovagal syncope (without injury)
- events that are clearly attributed to other causes.

What do I need to know about reporting AEFIs for COVID-19 vaccine?

Similar to reports for other vaccines, reports of AEFIs for COVID-19 vaccine should be made using the [Ontario AEFI Reporting Form](#) and sent to your local public health unit. The AEFI reporting form has been updated to include adverse events of special interest for COVID-19 vaccine, in addition to the list of adverse events on the next page which apply to all vaccines.

IF YOU ARE UNSURE
WHETHER TO REPORT AN
AEFI, BE **PROACTIVE** AND
REPORT THE EVENT.

[Ontario AEFI reporting form](#), (Ministry of Health)

Report of Adverse Event Following Immunization (AEFI)

When completed, please send the form to your local [Public Health Unit](#) by a secure means. For more information about AEFI reporting in Ontario visit the [Public Health Ontario website](#). The form should be used to capture AEFIs for all vaccines, including COVID-19 vaccines.

Case ID (for local use only): _____

1 - CLIENT INFORMATION

Client last name: _____ (Given name(s): _____) Ontario Health Card #: _____ Date of Birth (yyyy/mm/dd): _____

Gender: ☐ Male ☐ Female ☐ Other _____ Parent/guardian/caregiver full name, as applicable: _____ Telephone #: _____

Address: _____ City: _____ Postal Code: _____

Reported to public health by: _____ Relationship with case: _____ Date of report (yyyy/mm/dd): _____

Form completed by: _____ Contact information (if different from above): _____

2 - IMMUNIZATION INFORMATION

For Pfizer-BioNTech COVID-19 vaccine enter **both** vaccine and diluent information here.

Date (yyyy/mm/dd)	Time (24hr - HH:MM)	Agent and Manufacturer	Lot #	Exp. date (yyyy/mm/dd)	Dose #	Site	Route

Immunization error: ☐ No ☐ Unknown ☐ Yes* Describe in Section 5. Previous history of AEFI: ☐ No ☐ Unknown ☐ Yes* Describe in Section 5. Vaccine administered by: _____

3 - ADVERSE EVENT INFORMATION (ALL VACCINES. FOR ADDITIONAL COVID-19 VACCINE SPECIFIC EVENTS SEE SECTION 4)

Report only events which cannot be attributed to co-existing conditions. Reactions marked with an asterisk (*) must be diagnosed by a physician. Record the time to onset of the event (time between vaccine administration and onset of AEFI) and the duration of each event in minutes or hours or days. If the interval / duration is less than one hour record in minutes. If less than 24 hours record in hours. If greater than or equal to 24 hours record in days.

Local Reaction at the Injection Site	Specify minutes or hours or days	Time to onset of event	Duration of event	Allergic Reactions	Specify minutes or hours or days	Time to onset of event	Duration of event
<input type="checkbox"/> Pain/redness / swelling extending past nearest joint				<input type="checkbox"/> Event managed as anaphylaxis			
<input type="checkbox"/> Pain/redness / swelling lasting 4 days or more				<input type="checkbox"/> Oculorespiratory syndrome (ORS)			
<input type="checkbox"/> Infected abscess*				<input type="checkbox"/> Allergic reaction - skin (e.g. hives)			
<input type="checkbox"/> Sterile abscess*							
<input type="checkbox"/> Nodule							
<input type="checkbox"/> Cellulitis*							

Systemic Reactions	Specify minutes or hours or days	Time to onset of event	Duration of event	Neurologic Events	Specify minutes or hours or days	Time to onset of event	Duration of event
<input type="checkbox"/> Fever greater than 38.0°C (Only reportable in conjunction with another event)				<input type="checkbox"/> Convulsions / seizures			
<input type="checkbox"/> Rash				<input type="checkbox"/> Drug-induced psychosis / encephalopathy*			
<input type="checkbox"/> Adenopathy / lymphadenopathy*				<input type="checkbox"/> Myalgia*			
<input type="checkbox"/> Hypotonic-hyporeflexive episode (H4IC)*				<input type="checkbox"/> Anesthesia / paraesthesia*			
<input type="checkbox"/> Persistent crying / screaming				<input type="checkbox"/> Paralysis*			
<input type="checkbox"/> Severe vomiting / diarrhea (3 episodes/24 hours)				<input type="checkbox"/> Bell's Palsy*			
<input type="checkbox"/> Parosmia*				<input type="checkbox"/> Guillain-Barré Syndrome (GBS)*			
				<input type="checkbox"/> Myelitis / Transverse Myelitis*			
				<input type="checkbox"/> Acute disseminated encephalomyelitis*			

Other events of interest	Specify minutes or hours or days	Time to onset of event	Duration of event
<input type="checkbox"/> Theonocypemias*			
<input type="checkbox"/> Arthritis / arthralgia			
<input type="checkbox"/> Intussusception*			
<input type="checkbox"/> Kawasaki Disease*			
<input type="checkbox"/> Syncope (fainting) with injury			
<input type="checkbox"/> Other severe or unusual events			

Page 1/2 Describe all events in Section 5 on reverse →

Dr. Noni MacDonald



Dr. Noni E. MacDonald, MD MSC FRCPC

Professor Paediatrics (Infectious Diseases),
Dalhousie University

Research focus on:

Vaccine safety

Vaccine hesitancy

Vaccine communication

Dr. Noni MacDonald's presentation



Questions?



What primary care can do now

- Talk to your patients about vaccinations – especially special populations (older adults, pregnant, autoimmune issues, etc.)
 - [PrOTCT Plan](#) for COVID-19 vaccination discussion (CEP)
 - [COVID-19 vaccination recommendations for special populations](#) (Ministry of Health)
- Begin to plan for possible in-clinic immunizations
 - [COVID-19 vaccine clinic operations planning checklist](#) (Ministry of Health)
- Report adverse events following immunizations
 - [Ontario AEFI Reporting Form](#)
- Keep informed
 - [COVID-19 vaccine resource](#) (CEP)
 - halton.ca/physicians – also sign up for e-blasts at bottom of webpage
 - halton.ca/covid19

Healthcare Advisory Round Table

Dr. Arshad Hack	Burlington Primary Care
Dr. Kiran Cherla	Halton Hills Primary Care
Dr. Carolyn Malec	Milton Primary Care
Dr. Kristiana Martiniuk	Oakville Primary Care
Dr. Dan Edgecumbe	Halton Healthcare
Leslie Motz	Joseph Brant Hospital
Alim Janmohamed	Community Pharmacist
Martina Rozsa	HNHB LHIN
Elizabeth Salvaterra	Ontario Health Central
Dr. Joanna Oda	Halton Region Public Health



Thank you





Extended Q&A for Healthcare Professionals

Wednesday, February 17, 2021



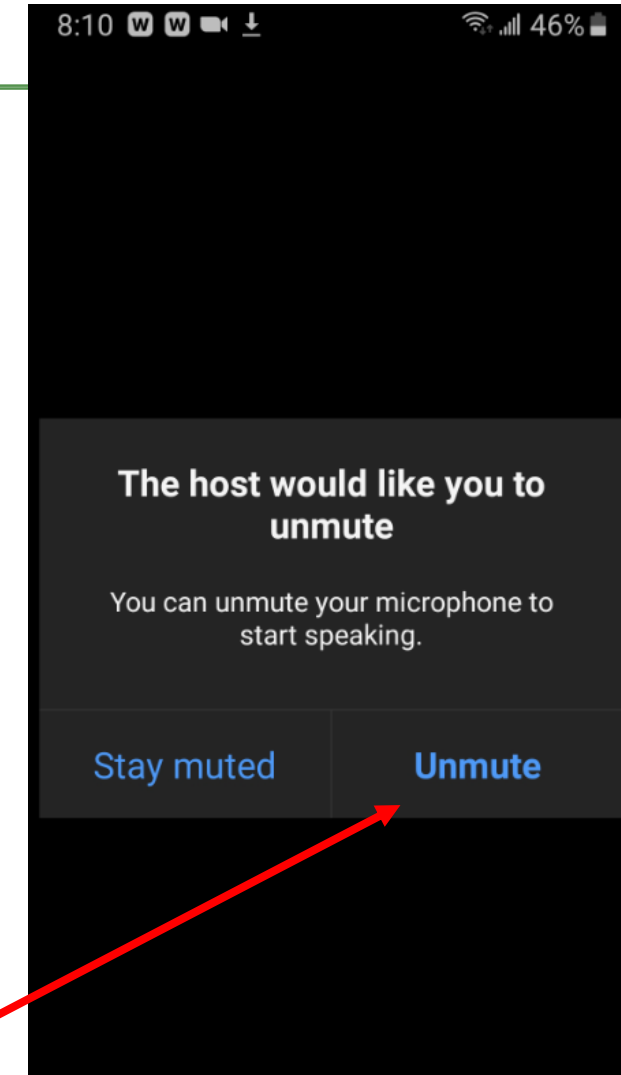
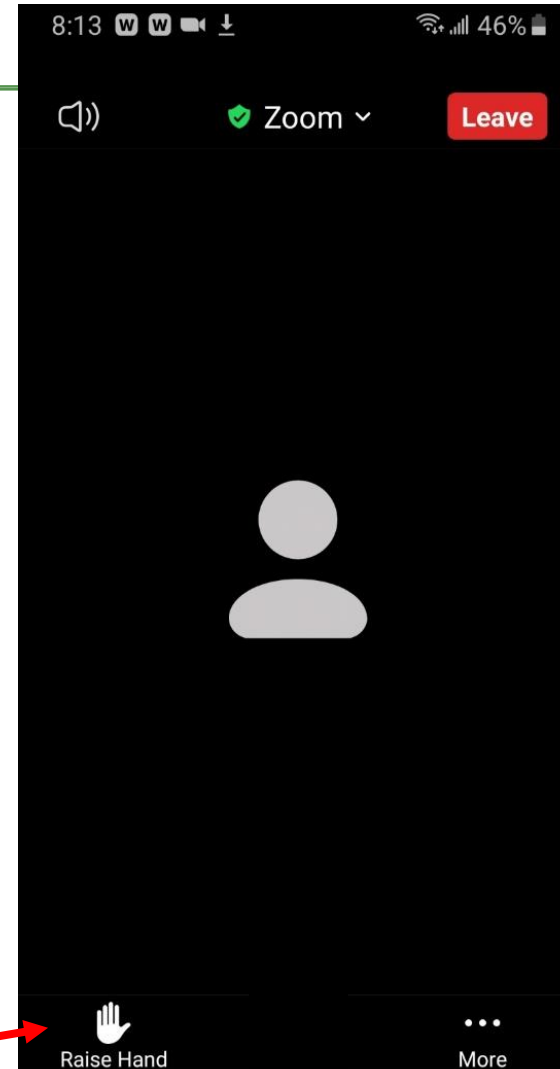
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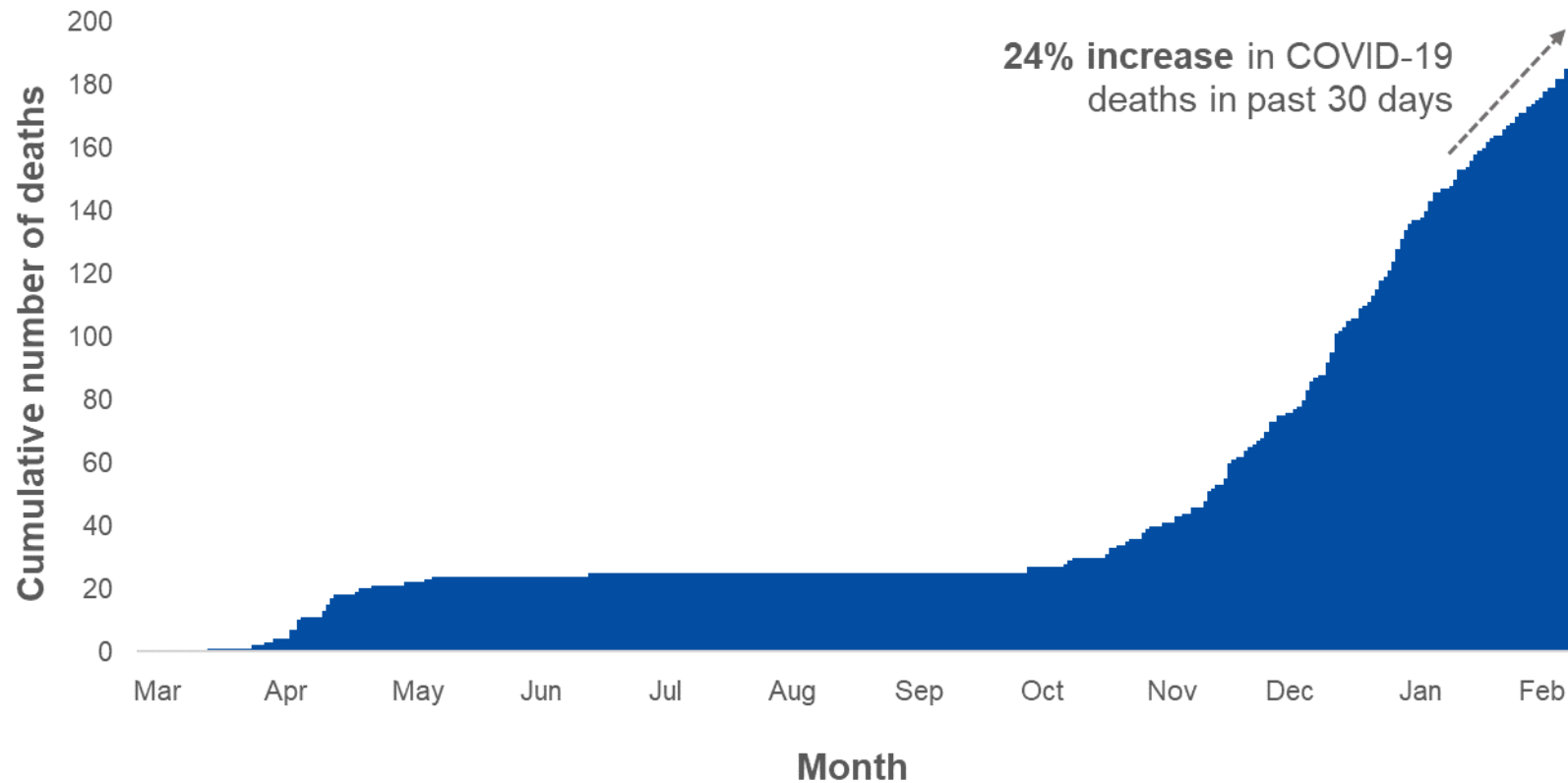
Prioritization of Healthcare Workers

Dr. Joanna Oda

February 17, 2021



COVID-19 deaths in Halton



Total deaths: 185

- Mar-Jun: 25
- Jul-Sep: 0
- Oct-Feb 15: 160

142 out of 185 deaths (77%) among residents aged **80+**



Fig: Cumulative number of deaths among COVID-19 cases, by day, Mar 1 2020 – Feb 15 2021

Case-fatality rate comparison

- Halton has not recorded any deaths among cases working in health occupations, including physicians.
- The case-fatality rate is much higher for cases aged 70 and up, and for residents of long-term care and retirement homes.
- Over 90% of wave 2 deaths in Halton have been among residents in long-term care/retirement home outbreaks.

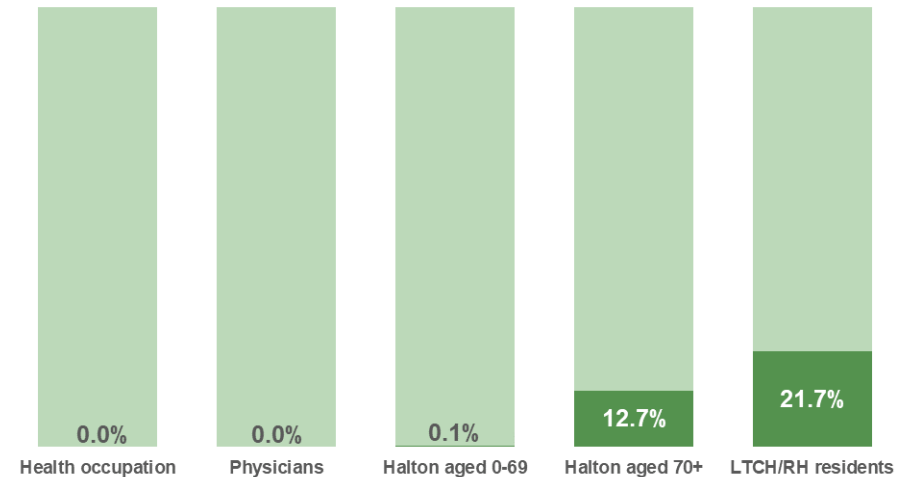
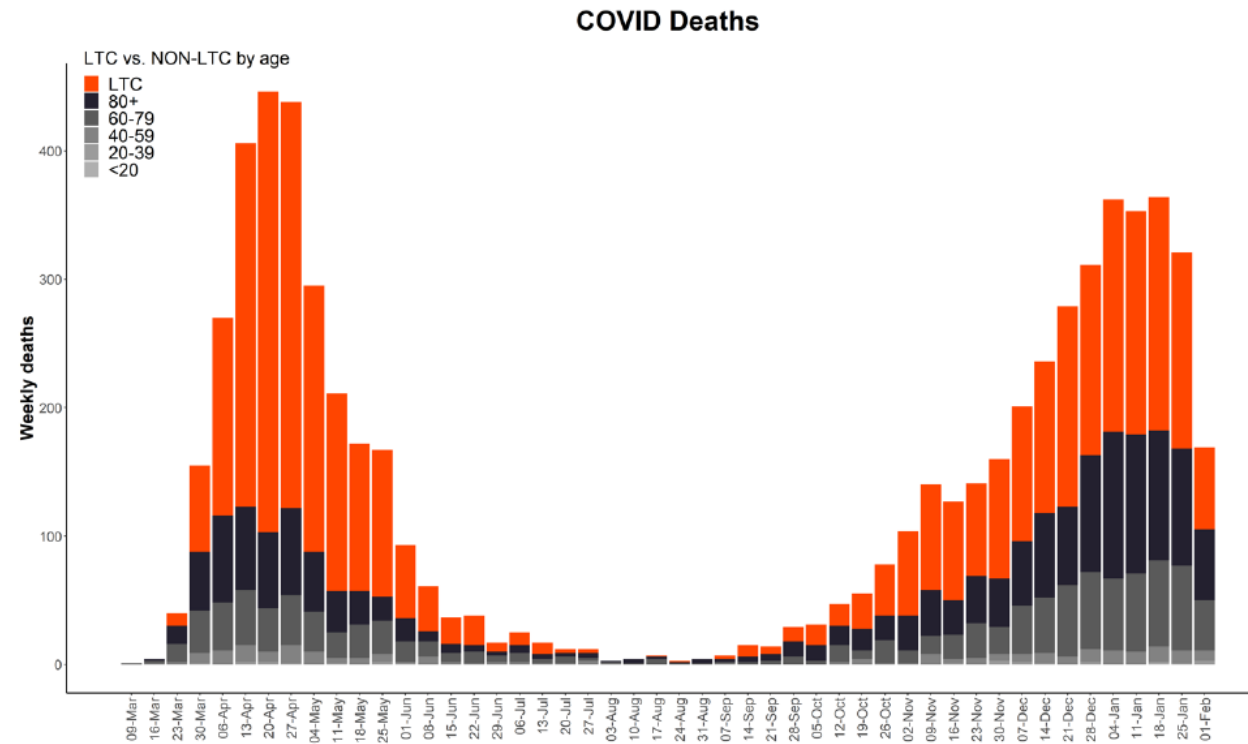


Fig: Proportion of cases who are deceased (case-fatality rates),
by group, cases reported Sep. 1, 2020-Jan. 14, 2021

COVID-19 Deaths Ontario

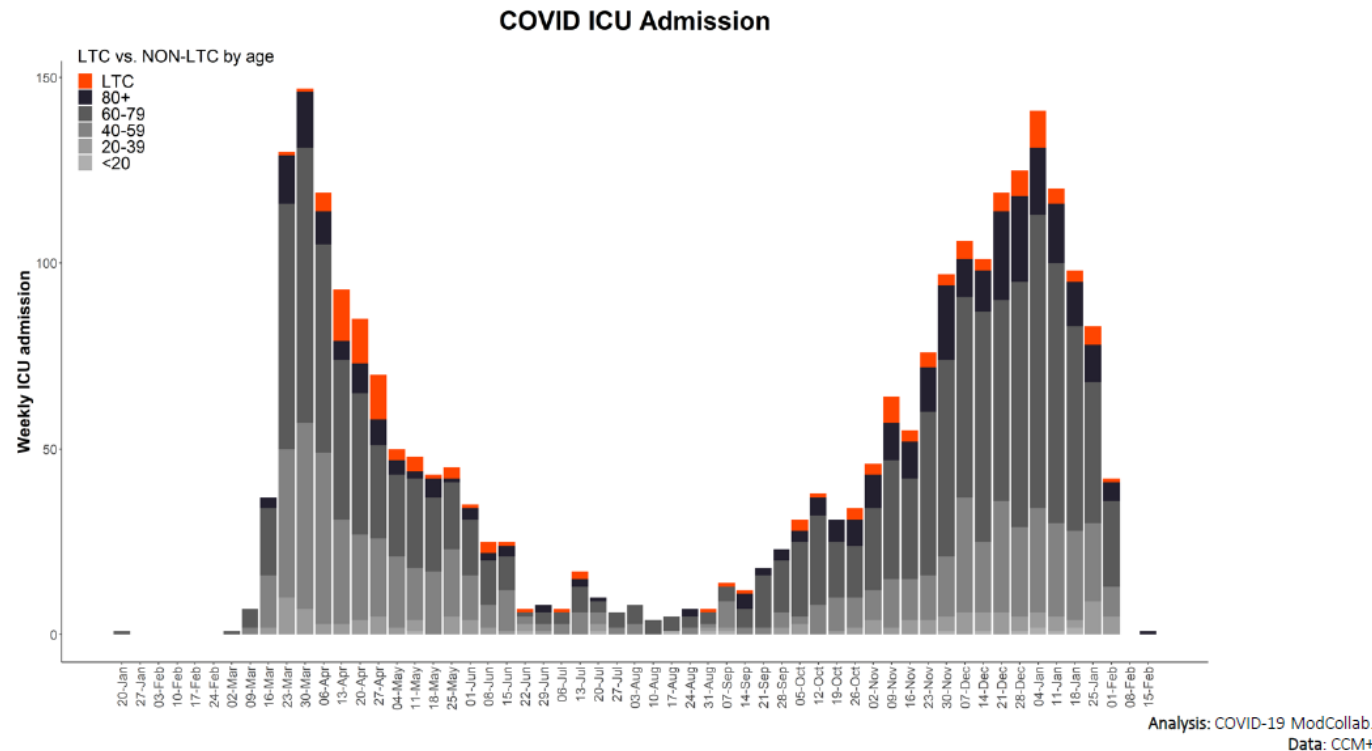
The majority of deaths arise from long-term care.



Analysis: COVID-19 ModCollab. ⁸
Data: CCM+

Older adults hospitalizations

The majority of ICU admissions arise outside of long-term care homes.



15

Provincial Guidance

- The province has provided guidance on:
 - Who is a Healthcare Worker (HCW)
 - The sequence of HCW immunization
 - The timing of the HCW sequence in relation to other priority groups

COVID-19: Guidance for Prioritizing Health Care Workers for COVID-19 Vaccination

Version 2.0, February 9, 2021

Highlights of Changes

- Set out more specific sub-prioritization of health care workers
- Further clarification of roles and responsibilities of health sector partners
- Considerations provided for implementation

Key Messages

- Demand for COVID-19 vaccine will initially exceed available supply; prioritization must be set among health care workers.
- Sub-prioritization of health care workers will assist with vaccine delivery to health care workers in parallel with vaccination of other [Phase 1](#) priority populations.
- Health care workers are prioritized based on risk of exposure, patient populations served, and incidence of COVID-19 outbreaks.
- An ethics and equity lens should be applied to all prioritization decision-making.

This guidance provides basic information only. It is not intended to take the place of medical advice, diagnosis or treatment, legal advice or legal requirements.

In the event of any conflict between this guidance document and any applicable emergency orders, or directives issued by the Minister of Health, Minister of Long-Term Care, or the Chief Medical Officer of Health (CMOH), the order or directive prevails.

- Please check the Ministry of Health's (MOH) [COVID-19 website](#) regularly for updates to this document, list of symptoms, other guidance documents, directives and other information.

Provincial Guidance defines Healthcare Worker as:

- any regulated health professionals
- any staff member, contract worker, student/trainee, registered volunteer, or other essential caregiver working in a health care organization,
- includes workers that are not providing direct patient care such as cleaning staff, food services staff, information technology staff, security, research staff, and other administrative staff.
- workers providing a healthcare service or direct patient service in non-healthcare settings (e.g. school nurse, peer worker in a shelter)

Provincial Guidance – Healthcare Worker Categorization

Four groups:

- Highest priority
- Very High priority
- High Priority
- Moderate Priority



Highest Priority

- Hospital and acute care staff that have contact with COVID patients and/or with a high-risk of exposure to COVID-19:
 - Critical Care Units (including those performing aerosol-generating procedures),
 - Emergency Departments and Urgent Care Departments,
 - COVID Medical Units,
 - Code Blue Teams, rapid response teams,
 - General Internal medicine.
- All patient-facing Health care workers involved in the COVID response:
 - COVID-19 Specimen Collection Centres,
 - Teams supporting outbreak response,
 - Immunizers at COVID-19 vaccination clinics,
 - Mobile Testing Teams,
 - COVID Isolation Centres,
 - COVID Laboratory Services.
- Medical First Responders (e.g. paramedics, firefighters providing medical first response)
- Community health workers serving specialized populations:
 - Home Care Agency Staff providing direct care to persons over the age of 60.
 - Home and community care (TBD),
 - Needle exchange/syringe programs
 - Home and Community Care HCW caring for recipients of chronic homecare and seniors in congregate living facilities

Very High Priority

- **Acute care and other hospital settings**, in patient care areas not included in Highest Priority
- **Congregate settings**: assisted living, correctional settings, residential facilities, **hospices** and **palliative care settings**, shelters, supportive housing (outside of Highest Priority level)
- **Community care with high risk of exposure and serving specialized patient populations**: **Community Health Centers**, Home and community care (outside of the Highest Priority level), Adult day programs for seniors.
- **Other health care services for Indigenous populations**: Community agencies with patient-facing providers delivering any type of health services to First Nations communities and Indigenous Peoples that are not captured in Highest Priority).
- **Community care with high risk of exposure and serving the general population** (**Birth centres**, Community Based Specialists, Death investigation professionals, **Dentistry**, Gynecology/obstetrics, **Midwifery**, **Nurse practitioner-led clinics** / contract nursing agencies, **Otolaryngology (ENT)**, **Pharmacies**, **Primary care**, Respiriology (Respiratory Therapy), **Walk-in clinics**).
- **Laboratory services**



Provincial Sequence

- Staff and essential caregivers at LTC, high-risk RH and residents
- ALC patients with a confirmed admission for LTC, RH or other congregate care home for seniors
- Highest Priority HCWs followed by Very High Priority HCWs
- Indigenous adults in northern remote and higher-risk communities (including reserve and urban communities)
- Adults 80 years and older
- Staff, residents and caregivers in other RHs and other congregate care settings
- High Priority HCW
- All indigenous adults
- Adult recipients of chronic home care

Who is getting COVID-19 vaccine in Halton

Continue:

- Staff, residents and essential caregivers at LTC and all retirement homes
- Staff and residents at other congregate settings serving seniors

Begin (not in sequential order):

- Firefighters
- Home and Community Care Staff providing care in congregate settings
- Immunizers at Public Health community clinics
- Chronic homecare recipients
- Patient-facing hospital staff

Halton's priority in March

- Persons aged 80 and older
- Very High Priority HCW, age based criteria



Questions



ME
THANK YOU
THANK YOU
THANK YOU
THANK YOU
THANK YOU
THANK YOU
THANK **YOU**
THANK YOU
THANK YOU
STAY 6 FEET AWAY

