COVID Talks for Docs #4

Webinar Series:
Maintaining and Optimizing Your Practice During Times of Rapid Change

We will be starting the session promptly at 12:00 PM
COVID Talks for DOCS

January 6, 2021

Dr. Mike Kolber
Mr. Tony Nickonchuk
Dr. Cheri Nijssen-Jordan
Dr. Cora Constantinescu
Dr. Jia Hu

Dr. Janet Craig
(Moderator)

Zoom technical support
(+1.888.799.9666 ext 2)
Live Recording

• Privacy Statement: Please note that the webinar you are participating in is being recorded. By participating, you understand and consent to the webinar being made publicly available via a link on the AMA website for an undetermined length of time.

• By participating in the chat and live Q&A, your name entered into the Zoom sign-in may be visible to other participants during the webinar and/or in the recording.
We would like to recognize that we are webcasting from, and to, many different parts of Alberta today. The province of Alberta is located on Treaty 6, Treaty 7 and Treaty 8 territory and is a traditional meeting ground and home for many Indigenous Peoples.
Disclosure of Financial Support

This program has not received any financial or in-kind support.
Presenter Disclosure

- **Tony Nickonchuk**: ACFP, AHS, AH (Expert Committee for Drug Evaluation and Therapeutics)
- **Cheri Nijssen-Jordan**: AHS
- **Cora Constantinescu**: Foundation of Canadian Women of Canada, GSK, Pfizer
- **Jia Hu**: Cleveland Clinic Canada - Advisory; CIHR, NSERC, Alberta Innovates and Pharmaceutical - research and operational funding; No honoraria
- **Janet Craig**: AMA - physician contractor, PCN Honoraria, UofA teaching, Custom Learning Solutions.
This webinar will respond to common and emerging questions about the COVID-19 vaccine. Participants will have time to ask questions related to managing patient and practice needs during COVID-19, including:

- COVID-19 Vaccine safety & efficacy
- Vaccine distribution plan for Alberta
- Addressing vaccine hesitancy
- Expected post vaccination behaviours
At the end of this session participants will be able to:

- Describe the safety & efficacy of the COVID-19 vaccine
- Summarize key messages in addressing vaccine hesitancy
- Understand some of the concerns around vaccine hesitancy
- Use a framework to hold a vaccine hesitancy conversation around COVID-19 vaccine
Status of COVID-19 Vaccines: Currently Approved (7)

<table>
<thead>
<tr>
<th>Show 10 entries</th>
<th>Search:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Vaccine Type</th>
<th>Primary Developers</th>
<th>Country of Origin</th>
<th>Authorization/Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>BNT162b2</td>
<td>mRNA-based vaccine</td>
<td>Pfizer, BioNTech; Fosun Pharma</td>
<td>Multinational</td>
<td>UK, Bahrain, Canada, Mexico, US, Singapore, Oman, Saudi Arabia, Kuwait, EU</td>
</tr>
<tr>
<td>mRNA-1273</td>
<td>mRNA-based vaccine</td>
<td>Moderna, BARDA, NIAID</td>
<td>US</td>
<td>US, Canada</td>
</tr>
<tr>
<td>CoronaVac</td>
<td>Inactivated vaccine (formalin with alum adjuvant)</td>
<td>Sinovac</td>
<td>China</td>
<td>China</td>
</tr>
<tr>
<td>No name announced</td>
<td>Inactivated vaccine</td>
<td>Wuhan Institute of Biological Products; China National Pharmaceutical Group (Sinopharm)</td>
<td>China</td>
<td>China</td>
</tr>
<tr>
<td>Sputnik V</td>
<td>Non-replicating viral vector</td>
<td>Gamaleya Research Institute, Acellena Contract Drug Research and Development</td>
<td>Russia</td>
<td>Russia</td>
</tr>
<tr>
<td>BBIBP-CorV</td>
<td>Inactivated vaccine</td>
<td>Beijing Institute of Biological Products; China National Pharmaceutical Group (Sinopharm)</td>
<td>China</td>
<td>China, United Arab Emirates, Bahrain</td>
</tr>
<tr>
<td>EpiVacCorona</td>
<td>Peptide vaccine</td>
<td>Federal Budgetary Research Institution State Research Center of Virology and Biotechnology</td>
<td>Russia</td>
<td>Russia</td>
</tr>
</tbody>
</table>

## Status of COVID-19 Vaccines; In Development (55)

### Vaccine candidates in development

<table>
<thead>
<tr>
<th>Candidate</th>
<th>Mechanism</th>
<th>Sponsor</th>
<th>Trial Phase</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>CanSino Biologics</td>
<td>Recombinant vaccine (adenovirus type 5 vector)</td>
<td>CanSino Biologics</td>
<td>Phase 3</td>
<td>Tongji Hospital; Wuhan, China</td>
</tr>
<tr>
<td>AZD1222</td>
<td>Replication-deficient viral vector vaccine (adenovirus from chimpanzees)</td>
<td>The University of Oxford; AstraZeneca; IQVIA; Serum Institute of India</td>
<td>Phase 3</td>
<td>The University of Oxford, the Jenner Institute</td>
</tr>
<tr>
<td>Covaxin</td>
<td>Inactivated vaccine</td>
<td>Bharat Biotech; National Institute of Virology</td>
<td>Phase 3</td>
<td>Johnson &amp; Johnson</td>
</tr>
<tr>
<td>JNJ-78436735 (formerly Ad26.COV2.S)</td>
<td>Non-replicating viral vector</td>
<td>Johnson &amp; Johnson</td>
<td>Phase 3</td>
<td>Johnson &amp; Johnson</td>
</tr>
<tr>
<td>NVX-CoV2373</td>
<td>Nanoparticle vaccine</td>
<td>Novavax</td>
<td>Phase 3</td>
<td>Novavax</td>
</tr>
<tr>
<td>Bacillus Calmette-Guerin (BCG)</td>
<td>Live-attenuated vaccine</td>
<td>University of Melbourne and Murdoch Children's Research Institute; Radboud University Medical Center; Faustman Lab at Massachusetts General Hospital</td>
<td>Phase 2/3</td>
<td>University of Melbourne and Murdoch Children's Research Institute; Radboud University Medical Center; Faustman Lab at Massachusetts General Hospital</td>
</tr>
<tr>
<td>INO-4800</td>
<td>DNA vaccine (plasmid)</td>
<td>Inovio Pharmaceuticals</td>
<td>Phase 2/3</td>
<td>Center for Pharmaceutical Research, Kansas City, Mo.; University of Pennsylvania, Philadelphia</td>
</tr>
</tbody>
</table>
### Canadian Vaccine Development

<table>
<thead>
<tr>
<th>Candidate</th>
<th>Mechanism</th>
<th>Sponsor</th>
<th>Trial Phase</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>V591</td>
<td>Measles vector vaccine</td>
<td>University of Pittsburgh’s Center for Vaccine Research</td>
<td>Phase 1</td>
<td>University of Pittsburgh; Themis Biosciences; Institut Pasteur</td>
</tr>
<tr>
<td>VXA-CoV2-1</td>
<td>Recombinant vaccine (adenovirus type 5 vector)</td>
<td>Vaxart</td>
<td>Phase 1</td>
<td>Vaxart</td>
</tr>
<tr>
<td>AAVCOVID</td>
<td>Gene-based vaccine</td>
<td>Massachusetts Eye and Ear; Massachusetts General Hospital; University of Pennsylvania</td>
<td>Pre-clinical</td>
<td></td>
</tr>
<tr>
<td>AdICOVID</td>
<td>Intranasal vaccine</td>
<td>Allimmune</td>
<td>Pre-clinical</td>
<td>University of Alabama at Birmingham</td>
</tr>
<tr>
<td>CVAd-SARS-CoV-2-5</td>
<td>Adenovirus-based vaccine</td>
<td>Washington University School of Medicine in St. Louis</td>
<td>Pre-clinical</td>
<td>Washington University School of Medicine in St. Louis</td>
</tr>
<tr>
<td>HaloVax</td>
<td>Self-assembling vaccine</td>
<td>Volaris Therapeutics, Inc.; Volaris Therapeutics, Inc.</td>
<td>Pre-clinical</td>
<td>MGH Vaccine and Immunotherapy Center</td>
</tr>
<tr>
<td>L1DNA</td>
<td>DNA vaccine</td>
<td>Takis Biotech</td>
<td>Pre-clinical</td>
<td>Takis Biotech</td>
</tr>
<tr>
<td>MRT5500</td>
<td>Recombinant vaccine</td>
<td>Sanofi, Translate Bio</td>
<td>Pre-clinical</td>
<td></td>
</tr>
<tr>
<td>No name announced</td>
<td>II-8 Key peptide-COVID-19 vaccine</td>
<td>Genesi Biotechnology</td>
<td>Pre-clinical</td>
<td>Genesi</td>
</tr>
<tr>
<td>No name announced</td>
<td>Protein subunit vaccine</td>
<td>University of Saskatchewan Vaccine and Infectious Disease Organization-International Vaccine Centre</td>
<td>Pre-clinical</td>
<td>University of Saskatchewan Vaccine and Infectious Disease Organization-International Vaccine Centre</td>
</tr>
</tbody>
</table>

Showing 41 to 50 of 55 entries
Evidence: Big Three

• Interim Results: ~ 2 months (from 1-2 year studies), publications/FDA reports
• Per Protocol Results provided: received 2 doses, irrespective of baseline COVID status
Pfizer/BionTech:
BNT162b2 vaccine

• Double-blind, RCT of 40,137 >16 years (X= 51 years)], 75% US
  • Also Argentina, Brazil, SA, Germany, Turkey

• Two doses 21 days apart

≥ 7 days after 2nd shot:
  • COVID cases: vaccine 9, placebo 169. Relative RR: 95%
  • Severe COVID: vaccine 1, placebo 4*

• Adverse events:
  • Unsolicited patient reports: injection pain 11%, fatigue 6%, myalgia/ headache 5%.
  • Solicited reports (patients asked daily about specific AEs): 5-10Xs more common
    • ex. solicited fatigue: vaccine 34-59%, placebo 17-33%
  • Serious AEs (~0.5%), deaths similar between groups

Modern mRNA-1273

- Double-blind RCT of 28,207 US > 18 years (median age 51)
- 2 doses given 28 days apart
≥ 14 days after 2nd shot:
  - Cases: vaccine 11, placebo 185 (RRR: 94%)
  - Severe COVID: vaccine 0, placebo 30.
- Adverse Events
  - Unsolicited: headache 3%, fatigue 2%, lymphadenopathy 1.2%, myalgia 1%.
  - Solicited: ~5-20Xs more common
    - Headache: vaccine 25-63%, placebo 18-29%
    - Serious AEs ~0.6% in both, deaths similar between groups.

AstraZeneca/Oxford: AZD1222

• Multiple single-blind RCTs with multiple arms [variable 1st dose, timing (4 to >12 weeks) of second dose]. Two doses to 11,636 Brazil/UK adults.

≥14 days after 2nd shot:

• COVID Overall: vaccine 30, placebo 101. RRR=70%
  • Low dose RRR=90%, Standard dose RRR=62%.
  • Low dose given to only 18-55 year-olds, ~90% health care workers.

• Severe COVID: vaccine 0, placebo 2.

• Serious AEs: vaccine 0.7%, placebo 0.8%.
  • 3 cases of transverse myelitis (2 vaccine, 1 placebo): deemed unrelated to vaccine.

• Overall mortality similar

Issues with AZ/Oxford RCTs

- Complex: 3 separate trials registries (NCT04400838 (UK), NCT04516746 (US), NCT04536051 (Brazil)), multiple arms, multiple protocol amendments
- Low dose: given to young health care workers
COVID-19 Vaccine (mRNA) – Pfizer ultra frozen vaccine

COVID-19 Vaccine (mRNA) – Moderna frozen vaccine
Example of Vaccine Impact

Simple Example Demonstrating Impact of Vaccines on Case Spread in Alberta

Scenario  | Green Line | Red Line  | Blue Line
----------|------------|-----------|-----------
Actual     |            |           |           
70% Effective Vaccine |            |           |           
95% Effective Vaccine |            |           |           

Cumulative Cases

- 100000
- 75000
- 50000
- 25000
- 0

Date

- Apr
- Jul
- Oct
- Jan

Alberta Health Services  cpsa  ALBERTA COLLEGE OF FAMILY PHYSICIANS  PEER  Primary Care Networks  ALBERTA MEDICAL ASSOCIATION
• 2 cases of anaphylaxis post Pfizer vaccine in UK
• HC/CDC: “if allergic to any ingredient of the vaccine → don’t get vaccine”
• Traditional Vaccine Risk Anaphylaxis: 1 per million

Medicinal ingredient:
• mRNA

Non-medicinal ingredients:
• ALC-0315 = ((4-hydroxybutyl)azanediyi)(bis(hexane-6,1-diyl)(bis(2-hexyldecanoate)
• ALC-0159 = 2-[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide
• 1,2-Distearoyl-sn-glycero-3-phosphocholine
• cholesterol
dibasic sodium phosphate dihydrate
• monobasic potassium phosphate
• potassium chloride
• sodium chloride
• sucrose
• water for injection

<table>
<thead>
<tr>
<th>Should be available at all sites</th>
<th>If feasible, include at sites (not required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epinephrine prefilled syringe or autoinjector*</td>
<td>Pulse oximeter</td>
</tr>
<tr>
<td>H1 antihistamine (e.g., diphenhydramine)†</td>
<td>Oxygen</td>
</tr>
<tr>
<td>Blood pressure cuff</td>
<td>Bronchodilator (e.g., albuterol)</td>
</tr>
<tr>
<td>Stethoscope</td>
<td>H2 antihistamine (e.g., famotidine, cimetidine)</td>
</tr>
<tr>
<td>Timing device to assess pulse</td>
<td>Intravenous fluids</td>
</tr>
<tr>
<td>Intubation kit</td>
<td>Adult-sized pocket mask with one-way valve (also known as cardiopulmonary resuscitation (CPR) mask)</td>
</tr>
</tbody>
</table>

Reporting Serious AEs

Current Unknowns

• Efficacy of one dose
• Efficacy/Safety: children or pregnant women
  • Pfizer enrolling 12-15 year olds
• Do vaccines prevent transmission?
• How long protective? is booster needed?
  • Do those with previous COVID benefit?
• Efficacy against emerging variants
What’s Next?

Roll Out Approved Vaccines, Longer Term Big Three Studies, Additional Vaccines Approved

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Medicinal ingredient(s)</th>
<th>Therapeutic area</th>
<th>Date application was received</th>
<th>Outcome of application</th>
<th>Date of decision/outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>AstraZeneca Canada Inc.</td>
<td>Adenovirus vaccine vector (ChAdOx1)</td>
<td>Vaccines, for human use</td>
<td>2020-10-01</td>
<td>Under review</td>
<td>n/a</td>
</tr>
<tr>
<td>Janssen Inc</td>
<td>JNJ-78436735/Ad26.COV2.S</td>
<td>Vaccines, for human use</td>
<td>2020-11-30</td>
<td>Under review</td>
<td>n/a</td>
</tr>
<tr>
<td>Moderna Therapeutics Inc.</td>
<td>mRNA-1273 SARS-CoV-2</td>
<td>Vaccines, for human use</td>
<td>2020-10-12</td>
<td>Authorized (with terms and conditions)</td>
<td>2020-12-23</td>
</tr>
<tr>
<td>Pfizer Canada ULC/BioNTech SE</td>
<td>Tozinameran (mRNA vaccine, BNT162b2)</td>
<td>Vaccines, for human use</td>
<td>2020-10-09</td>
<td>Authorized (with terms and conditions)</td>
<td>2020-12-09</td>
</tr>
</tbody>
</table>

Table 1. SARS-CoV-2 Vaccines under Emergency Use Authorization (EUA) or in Late Phase Studies.

<table>
<thead>
<tr>
<th>Vaccine Platform</th>
<th>Type of Vaccine and Minicapsid</th>
<th>Developer/Place of Hosting</th>
<th>Date Scheduled and Administration</th>
<th>Phase*</th>
<th>Efficacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>mRNA based vaccine</td>
<td>mRNA encoding spike protein (30 μg)</td>
<td>BioNTech/ Pfizer (BNT162a/b)</td>
<td>Two-dose, day 0/day 24, Intramuscular</td>
<td>Phase 3</td>
<td>94.9% (90% confidence interval: 89.3% - 97.5%) in preventing COVID-19 infection in people aged 16 years and older.</td>
</tr>
<tr>
<td>DNA based vaccine</td>
<td>mRNA encoding spike protein (15 μg)</td>
<td>Moderna (mRNA-1273)</td>
<td>Two-dose, day 0/day 28, Intramuscular</td>
<td>Phase 3</td>
<td>70% (95% confidence interval: 51% - 85%) in preventing COVID-19 infection in people aged 18 years and older.</td>
</tr>
</tbody>
</table>

*Phase information was current as of December 21, 2020. In all cases, the placebo was normal saline.

Table 2. SARS-CoV-2 Vaccines evaluated inphase 1/2 trials.

<table>
<thead>
<tr>
<th>Vaccine Platform</th>
<th>Type of Vaccine and Minicapsid</th>
<th>Developer/Place of Hosting</th>
<th>Date Scheduled and Administration</th>
<th>Phase 1/2</th>
<th>Efficacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protein subunit</td>
<td>Full-length recombinant SARS-CoV-2 glycoprotein expressed with SARS-CoV-2 spike protein</td>
<td>Janssen</td>
<td>One-dose, day 0, Intramuscular</td>
<td>Phase 1/2</td>
<td>88% (95% confidence interval: 77% - 93%) in preventing COVID-19 infection in people aged 18 years and older.</td>
</tr>
<tr>
<td>Protein subunit</td>
<td>Full-length recombinant SARS-CoV-2 glycoprotein expressed with SARS-CoV-2 spike protein</td>
<td>Novavax</td>
<td>Two-dose, day 0/21, Intramuscular</td>
<td>Phase 1/2</td>
<td>90% (95% confidence interval: 80% - 96%) in preventing COVID-19 infection in people aged 18-55 years.</td>
</tr>
<tr>
<td>Protein subunit</td>
<td>Full-length recombinant SARS-CoV-2 glycoprotein expressed with SARS-CoV-2 spike protein</td>
<td>Sanofi Pasteur and GSK</td>
<td>Two-dose, day 0/21, Intramuscular</td>
<td>Phase 1/2</td>
<td>85-90% (95% confidence interval: 70% - 100%) in preventing COVID-19 infection in people aged 18 years and older.</td>
</tr>
</tbody>
</table>

Accessed Jan 4, 2021
Summary

• Interim results of two large RCTs (Pfizer, Moderna) demonstrate ~95% relative efficacy in preventing COVID-19.
  • The AstraZeneca/Oxford vaccine has ~70% relative efficacy
  • May decrease the likelihood of severe COVID-19.
• Vaccines appear safe (SAEs < 1%), mostly local transient reactions
  • True risk of anaphylaxis: from real world evidence
• Ongoing studies to determine:
  • Adolescents and pregnant women
  • Length of benefit/booster requirement
  • Single dose efficacy
Contact Us

● Mike Kolber - mkolber@ualberta.ca
● Tony Nickonchuk- tony.nickonchuk@ahs.ca
Alberta’s vaccine distribution & prioritization plan
Dr. Cheri Nijssen-Jordan
Alberta Vaccine Rollout

- Alberta is receiving approved Health Canada vaccines and distributing through a phased immunization program
- Exact amounts and timelines are subject to change depending on vaccine supply
- Goal is to immunize Albertans as safely and effectively as possible
- Logistics complicated: multiple different vaccines/needs
**Phases (decided by AH)**

**Early Phase 1 (Late Dec to Jan 4)**
- Healthcare workers in ICUs
- Respiratory therapists
- Staff in long term care and designated supportive living facilities

**Phase 1A (Jan 4 to Jan 25)**
- All of the Early Phase
- Home care workers
- Healthcare workers in emergency departments
- All residents of long term care and designated supportive living, regardless of age

**Phase 1B (Feb 1 to Mar 31)**
- Seniors 75 years of age and over, no matter where they live
- First Nations, Métis and persons 65 years of age and over living in a First Nations community or Metis Settlement
- Healthcare workers in medical, surgical and COVID-19 units or operating rooms
Future Phases

Phase 2: April to Sept 2021
- Work to identify sequencing for Phase 2 groups is underway
- Decisions will be made in 2021 by AH

Phase 3: Fall 2021
- Anticipated start of roll-out to the general public
Progress to date (as of Jan 3)

- Over 22,000 doses of COVID-19 vaccine have been administered in Alberta
- 1 adverse event has been reported to AH/AHS (adenopathy)
- Supply continues to be limited, especially for second dosing
- Eligible staff/physicians for immunization are contacted by phone initially and soon to be by online booking
- Lists being used: AHS staff, Med Affairs, Covenant Health and LTC/DSL providers, Regulator list (after acceptance by professional), Home care contractors etc.
- Contact information “validated” and sent to booking teams
COVID-19 Vaccine Hesitancy: A Primer

Vaccines don't save lives. Vaccinations do.

Cora Constantinescu
Pediatric Infectious Disease Physician
Issues with vaccine acceptance before a vaccine was even rolled out

- Pushed faster than ever seen before
- Many of the COVID-19 vaccine antigen carrying platforms (e.g. mRNA vaccine, adenovirus carrier vaccine, etc.) are new
- Production won’t meet demand and scarcity may exist even among prioritized groups
- More than one type of COVID vaccine is likely to be used within a country

Dubé E, MacDonald NE. How can a global pandemic affect vaccine hesitancy? Expert Review of Vaccines. 2020
So how is this playing out in real life?

How does Canada VH compare to the world?

A global survey with around 14,000 from 19 countries

How do we quickly shift the the ~30% who would delay uptake and address those who won’t take it at all?

Less than half of Canadians would get vaccinated as soon as one is available

If a vaccine against the coronavirus became available to you, would you get vaccinated, or not?

- Yes, I would get a vaccination as soon as one became available: 48%
- Yes, I would eventually get a vaccination, but would wait a while first: 31%
- Not sure: 7%
- No, I would not: 14%

In August:
46% would get vaccine ASAP
32% would wait
14% would not get it at all

Source: Angus Reid Institute: December 14, 2020
COVID-19 Vaccine Hesitancy Across Canada

Change in willingness to be vaccinated as soon as COVID-19 vaccine available - between November 16 and December 11

<table>
<thead>
<tr>
<th>Region</th>
<th>Nov 12-16</th>
<th>Dec 8-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>40%</td>
<td>54%</td>
</tr>
<tr>
<td>BC</td>
<td>38%</td>
<td>54%</td>
</tr>
<tr>
<td>AB</td>
<td>32%</td>
<td>47%</td>
</tr>
<tr>
<td>SK</td>
<td>31%</td>
<td>40%</td>
</tr>
<tr>
<td>MB</td>
<td>36%</td>
<td>42%</td>
</tr>
<tr>
<td>ON</td>
<td>41%</td>
<td>45%</td>
</tr>
<tr>
<td>QC</td>
<td>51%</td>
<td>53%</td>
</tr>
<tr>
<td>ATL</td>
<td>52%</td>
<td>53%</td>
</tr>
</tbody>
</table>

Source: Angus Reid Institute: December 14, 2020
Even the best vaccine won’t solve the problem if not enough people take it.

If 80% effective, need 83% uptake for community immunity.

If 95% effective, need 70% uptake for community immunity.
How do Health Care Providers Fit In with VH?

- Health care professionals (HCP) are cited as the most important source for receiving vaccination information for parents.
  - They are seen as trustworthy, informative, and a reliable source for answering questions and concerns parents have about childhood vaccines.
  - HCP’s communication styles with parents are important.
  - Poor communication and negative relationships with HCP can heavily impact parents’ vaccination decisions.
  - HCP’s behavior and opinions about vaccination influence parents’ acceptance of vaccination.


Noni Macdonald and Eve Dube. Unpacking vaccine hesitancy among healthcare providers. 2015
If HCP refuse parents’ requests to:

- delay vaccines
- be selective with vaccines
- alter the recommended childhood vaccine schedule

Parents will continue to search for other HCP or alternative health professionals.
HCP can be Vaccine Hesitant Themselves

- The nature of their hesitancy is similar to their patients’
- Knowledge about vaccines, safety, efficacy helps to build HCP confidence
- Knowledge however is NOT enough: they also need societal endorsement and support from colleagues
- Important to strengthen trust between HCP and health authorities
4 Key Groups to First Receive COVID-19 Vaccinations

4 Key Groups to First Receive COVID-19 Vaccinations

1. Those at risk of severe illness and death from COVID-19 (i.e. advanced age, high risk health conditions).
2. Individuals most likely to transmit COVID-19 to those at high risk (i.e. household contacts of those at high risk, healthcare providers at assisted living facilities).
3. Those who are essential to maintaining COVID-19 response or contribute to essential services (first responders, healthcare workers, others who cannot work remotely).
4. Those at high risk of infection owing to living or working conditions where infection could lead to disproportionate consequences (i.e. indigenous communities).
Vaccine Hesitancy

What do we know about vaccine hesitancy and vaccine communication?
Humans are rational beings who sometimes feel

Humans are emotional beings who sometimes think
Here are the basics about communication around this vaccine

- You are IT
- You have to assume they will take it
- IT IS NORMAL to have doubts
- You have to build trust and be supportive WHILE correcting misinformation

We Need to Increase the Weight of Vaccine

Does it WORK?

VACCINE SAFETY and RARE side effects

I am NOT AT RISK

RISK OF COVID TO SELF and OTHERS

Vaccine WORKS and is SAFE

IT is the WAY OUT

EMERGENCE CREATIVE Canadian COVID-19 Behaviour Change Campaign Strategy
**COVID-19 Vaccine Communication Framework**

**Pr.** Proactively starting the conversation with a *Presumptive* statement

**O.** *Offer* to share your knowledge about the facts and your experience with having had the vaccine

**T.** *Tailor* the recommendation to their specific health concerns

**C.** Address specific *concerns* (should not be the bulk of the conversation)

**T.** *Talk* through a specific plan for where and when to get the vaccine
# Vaccine Hesitancy Communication

<table>
<thead>
<tr>
<th>Communication Principle</th>
<th>Basis for this</th>
<th>Example Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presumptive discussion</td>
<td>Start assuming they will get the vaccine</td>
<td>I am here to support you as you make the decision to take this vaccine</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I had the chance to take the vaccine myself and am happy to help you make the decision too, so you can be protected</td>
</tr>
<tr>
<td>Offer/Ask to share your knowledge</td>
<td>You establish credibility and get a sense of how/what they want to know</td>
<td>I have been thinking a lot about this vaccine for my patients and educating myself on the science around it. Can I share some of what I know with you?</td>
</tr>
<tr>
<td>Tailor the recommendation to their personal health concerns</td>
<td>Ensure this is not a debate about philosophies</td>
<td>Here is why you are the right person to get this vaccine: you have high blood pressure and diabetes but have a high quality of life. Because of your conditions, whereas you are at high risk of being hospitalized with COVID, so we need to maintain the good quality of life you have right now.</td>
</tr>
<tr>
<td>Address specific concerns</td>
<td>Correct the mis/dis/information</td>
<td>I had the chance to take the vaccine myself and am happy to help you make the decision too, so you can be protected</td>
</tr>
<tr>
<td>Talk through Plan/Write it out</td>
<td></td>
<td>You can do the following the get the vaccine. Provide schedule (2 doses)</td>
</tr>
</tbody>
</table>
Extra Resources

- Center for Effective Practice
- 19tozero.ca

Expected post vaccination behaviours

Dr. Jia Hu
Post vaccination Behaviour

- Does being vaccinated mean I can’t get sick, or just less sick?
- Can I still transmit the virus after being immunized?
- Do I still need to follow public health recommendations post-immunization?
- How many Albertans need to be vaccinated for us to get back to normal?
Contact Information for Patients with Red Flags

RAAPID phone numbers:
- Red Deer & South: 1-800-661-1700

Connect MD: 1-844-633-2263
Specialist Link: 1-844-962-5465

Timely COVID Advice: phc@ahs.ca

Dr. Jia Hu - Urgent Help: 587-596-2294
Upcoming Webinars

Wednesday, January 20th (12:00 - 1:00pm)
● TBD

Thursday, January 21st (5:00 - 6:00pm)
● Building blocks to successful transitions of care

● For upcoming & recorded AMA Webinars, visit:
  https://www.albertadoctors.org/services/media-publications/webinars-online-learning
Evaluation Link:

CME Credits:

- Specialist physicians can only claim their credits *once* at the end of the webinar series.
- Family physicians can claim their credits individually after each webinar using the following session IDs. Please note that it may take two weeks or more to show in your member portal.

<table>
<thead>
<tr>
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<td>192413-012</td>
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<tr>
<td>December 2, 2020</td>
<td>192413-013</td>
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<tr>
<td>December 16, 2020</td>
<td>192413-014</td>
</tr>
<tr>
<td>January 6, 2021</td>
<td>192413-011</td>
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