

June 28th Vaccine CoP Video Call

12 pm PST / 1 pm Mountain and Saskatchewan / 2 pm Central / 3 pm EST / 4 pm Atlantic

Attendance: 27 people in attendance

Indigenous Welcome: Kevin Barlow

Opening: Patrick McDougall, Director of Knowledge Translation and Evaluation, Dr. Peter Centre

Presentation: Contextualizing COVID-19 Vaccination by Shriya Hari, CATIE

- Vaccine uptake for people living with HIV and hep C is a key area of focus for CATIE
- We will discuss strategies to improve vaccine uptake in communities and address gaps in vaccine access, comfort and information
- Consider the way the social determinations of vaccine uptake can be modeled. Key determinants: Access, Comfort and Information
- Access – how to book vaccine appointment, where do you go to book, seating arrangements for waiting areas, following up for second dose, etc.
- Comfort – folks who have fear regarding side effects or believe in myths about vaccines, justified mistrust of the medical system
- Information – accurate information about how vaccines work, what's in them and why/how the messaging has changed as new information comes to light. How do we accurately communicate changing messages?
- Variants of concern (VoC): they spread more quickly and/or have more severe health impacts including more severe symptoms as well as hospitalization and death
 - Alpha, beta, gamma and delta
 - VoC arise when the virus has a chance to spread between people and mutate
 - Vaccination reduces the risk of severe illness of COVID, including VoC
 - Vaccines reduce the chance of new variants arising as there is less chance that COVID spreads between people
- It's important that people physically distance and continue to wear their masks when unvaccinated, partially vaccinated or within the 14-day period post-2nd dose
- It's important to have good ventilation as services open up
- Most common side effects: pain at injection site, fatigue and muscle soreness
- People are concerned about the adverse events and allergic reactions. Be sure people stay at the vaccination centre 15 minutes post-vaccination
- AstraZeneca first dose is suspended, but 2nd doses are still being administered

- The timing between vaccinations is reducing as we get more access to vaccines
- Mixed dosing: vaccine mixing is okay given all the data we have from the UK and Spain. It provides as good or better immune response and protection. There might be more muscle soreness, but the benefits outweigh the risk
- Benefits of vaccination:
 - Reduce the chance of contracting COVID
 - Reduce the chance of spreading COVID
 - Reduce the chance of severe illness from COVID

Breakout Session and Discussion

Reflection Questions

1. What are you seeing that supports vaccine access, comfort, and information about in your communities? (1 minute)
 - We are investigating how to communicate to individuals who need more specific messaging. We've developed health promotion messaging that we're sharing as hard copies to address the digital divide. We are also using harm reduction workers who share this messaging as well, because word of mouth is very effective with our population (people who use drugs)
 - We ask people if they have had the vaccine at specific touch points. Gently nudge if needed
 - We are partnering with family doctors who are offering a speakers bureau to reaffirm accurate and credible information
 - Adding vaccine information cards to harm reduction supply kits
 - Our organization has been paired up in government health delivery for marginalized populations
 - Providing health supports at Edmonton Health Authority. People who are legally required to isolate – if they are experiencing homelessness, they come to us
 - Offered incentives with the health bus – Tim Horton's cards to people who were interested
 - Set up outside an OPS
 - Set up a pop up vaccine clinic at a strip club to target sex workers on Yonge street in downtown Toronto – played music
 - Pop up event for Pride
 - Going to shelters – partnership with our health authority
 - Health bus has an RN and NP
2. What are key strategies you have seen that link people to both doses of the vaccine? What works? What works less well? (7 min)

- In our community, we have one central place to get information about vaccines
- Lots of promotion on our local social media pages and large signs when you go downtown
- The Health Promotions team and Rotary Club have taken initiatives to amp up engagement posts to social media
- We have a campaign that asks people to share their “why” on social media (e.g. “This is why I got my vaccine. What’s your ‘why’?”)
- Rotary club members are showing people how to change their Facebook profile photos to show they got vaccinated
- Many of the people we are talking about do not see getting a vaccine as a priority. Issues such as housing, food, money, drugs clothing are all more important if you don’t have them.
- Reports that rural vaccine sites are not “meeting people where they are at” – greater distances in rural Canada pose a barrier
- Incentives – not an incentive for having a vaccination, it’s for their time. People have lots of other things that trump getting a vaccination. Have to recognize that peoples’ lives are complicated
- For people who were showing up – all they wanted was the Tim Horton’s cards
- Concept of infantilizing people – empowerment takes a back seat when people are being treated like little children – not just about the vaccine, it’s about everything else

3. How do you integrate vaccine messaging into your work to improve vaccination uptake and address fears? What works? What works less well? (7 min)

- The Rotary Club is a huge point of engagement. When COVID first hit, we shut down, but now we have hybrid meetings (virtual and in-person), which gives people the option of how they want to attend based on their comfort level
- Myth busting. Our peer navigators have had to learn a lot and build their skills. Lots of misinformation that we are stumbling to get over in the HIV community, especially for those who’s CD4 counts are below 200 and are hesitant about getting the vaccine
- Use existing relationships that people already trust
- Using the outreach teams and harm reduction infrastructure, local community
- Combining the “real” needs of the community w/vaccine access e.g. – food truck/vaccine/ OPS
- Provide clothing and food at vaccine access points

Chat Storm Question: What is one thing you heard today that you want to try in your own work or learn more about?

Respite care units

Food trucks

Mixing brand doses and sharing solid information with the community

Learn and understand immediate needs for our clients... address this in conjunction with vaccine access

Anishnawbe Health using RVs to do vaccination

Learning more about the community influences

Mobile van

Vaccine info cards included in harm reduction supplies

Q and A

Q: To what extent do fully vaccinated people pass on COVID without knowing?

A: There is a potential there, so the guidelines are cautious still if you are interacting with people with unknown vaccination status

Q: What is the messaging for people living with HIV who have a CD4 count below 200?

A: It's important to get vaccinated if you have HIV and/or Hep C, but people should be advised to talk to health care providers around specific cases. People with severely compromised immune systems need to have a conversation about risks versus benefits with their doctors

Q: Any insights re clinical impact of newer variants on children and potential vaccine administration in children <12 years old?

A: Guidelines still being drafted in different parts of the world to look at circulation among children. We know it does happen even if they don't experience more serious illness, they can still pass it on to adults

Closing and Next Steps

You can email Shriya with any questions at shari@catie.ca

Please take less than 5 minutes to fill out our evaluation form for this brief session on COVID-19 and vaccination. These evaluations are key to improving our workshops and materials at CATIE.

Here is the evaluation form:

English: <https://survey.alchemer.com/s3/6270320/COVID-19-workshop-2021-22>

French: <https://survey.alchemer.com/s3/6270320/COVID-19-workshop-2021-22-FR>

Our next call will take place on [date] at [time]

Please visit the Dr. Peter Centre Vaccine [resource website](#)

PRESENTED BY: Shriya Hari, RHEC

Contextualizing COVID-19 Vaccination

—— In conversation with people affected by HIV and hepatitis
C and service providers

Agenda

Our journey today...

i. Informational Overview

- i. Overview of social determinants of health
- ii. Variants of Concern
- iii. Prevention of SARS-CoV-2 transmission
- iv. Vaccination Basics
- v. Benefits of Vaccination

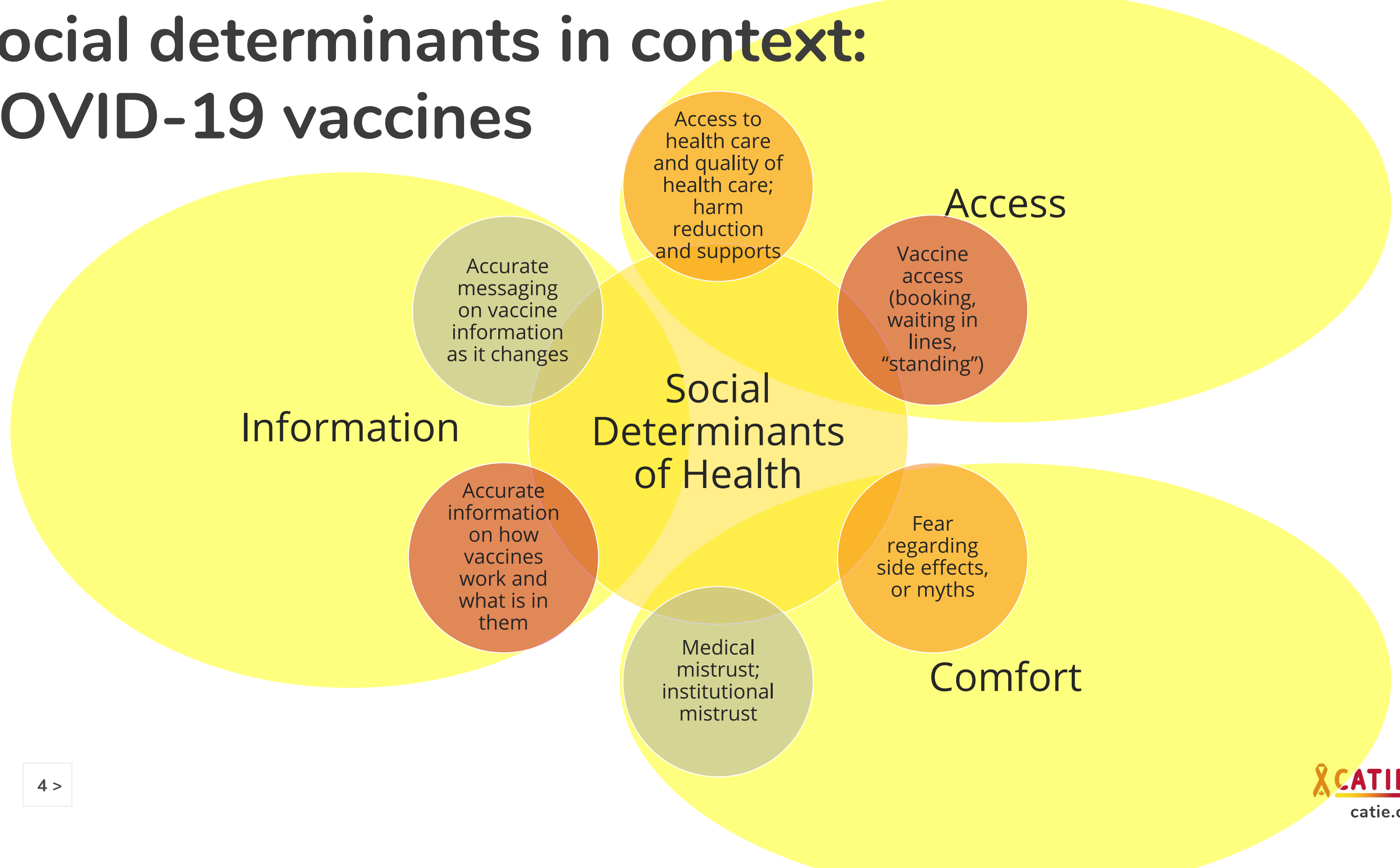
ii. In Practice Session (Break Out Rooms)

Discussion session: Strategies to improve vaccine uptake in communities: Addressing gaps in vaccine access, comfort, and information

This section provides foundational knowledge on the basics of COVID-19.

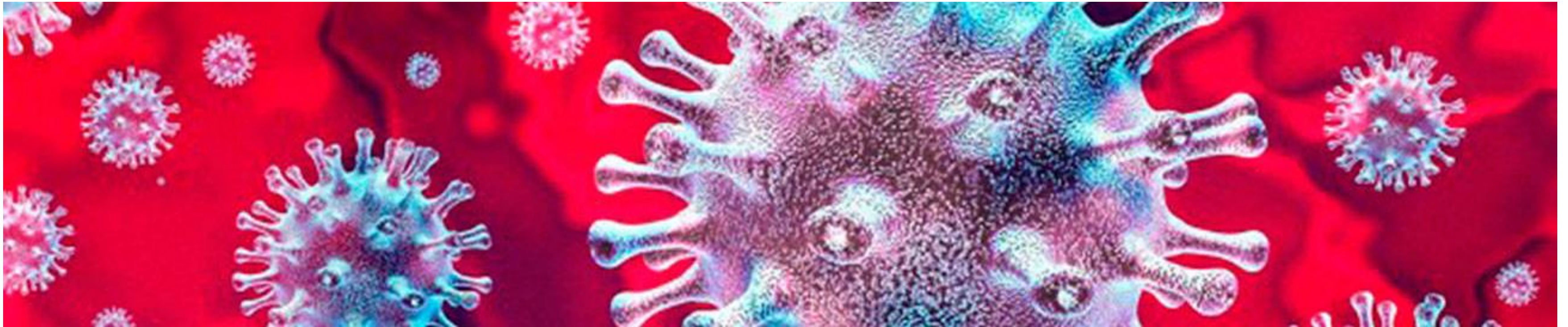
Informational Overview

Social determinants in context: COVID-19 vaccines



Variants of Concern (VOCs)

Variants of concern may spread more quickly or have more severe impacts



Variants of Concern

- ALPHA
- BETA
- GAMMA
- DELTA

Vaccination and VOC

- Vaccination reduces the risk of severe illness from VOCs
- Vaccination also reduces the spread of coronavirus:
 - This means the virus has fewer chances to develop mutations
 - This lowers the chances of new variants of concern arising

Long term impacts of recovery from severe illness

- Still under investigation
- Reports of organs affected include: lungs, heart, brain, kidneys, and liver)
- COVID-19 can cause clots throughout the body

Vaccination prevents some of the long term impacts associated with “Long COVID”



General prevention of SARS-CoV-2 transmission



Vaccination is a key prevention tool

Vaccines are rolling out in Canada across 2021 and remain our best tool for preventing severe illness of COVID-19 and mitigating spread

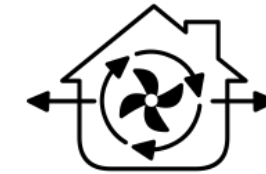
Physical distancing



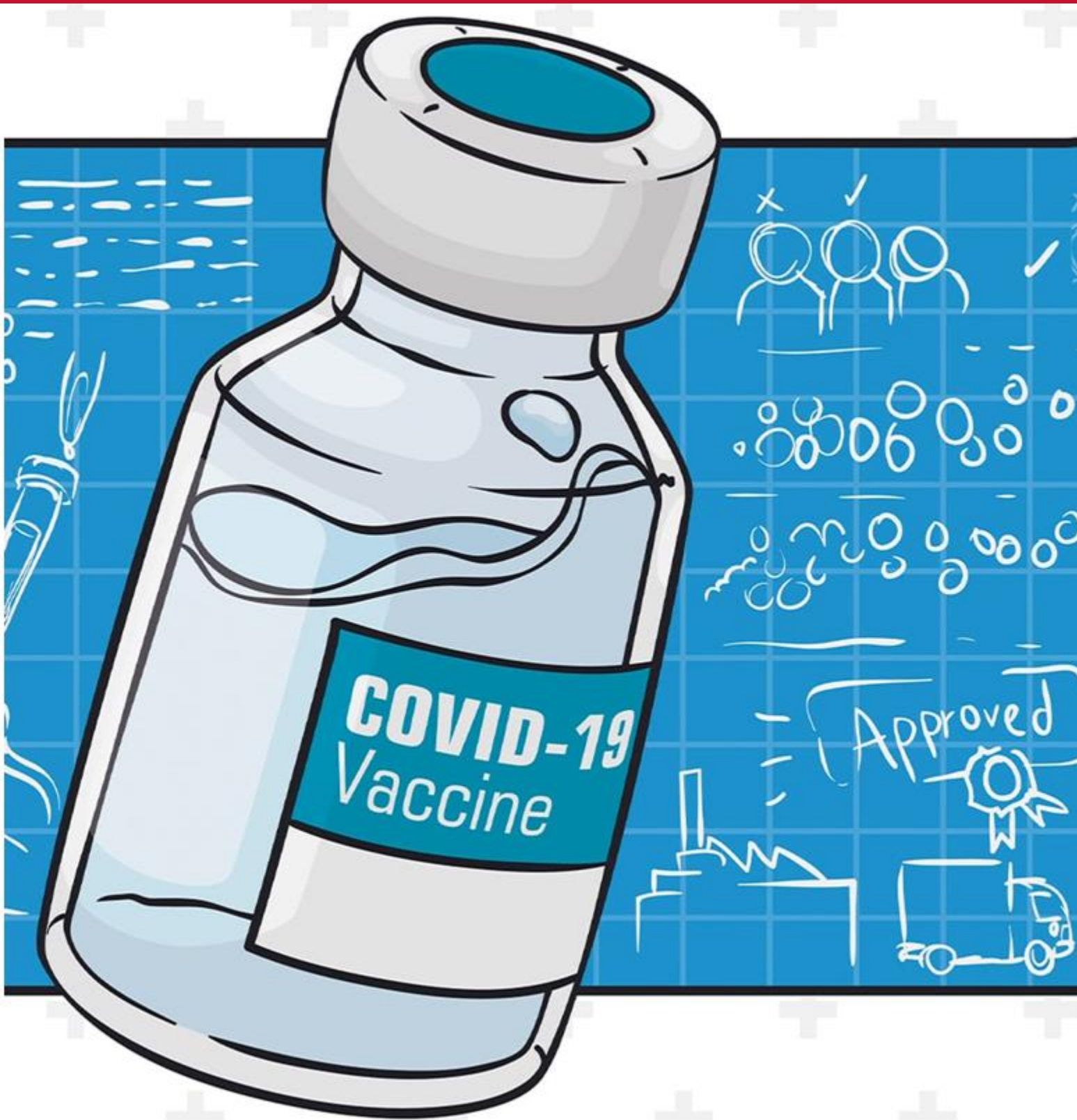
Wearing masks correctly



Ventilation



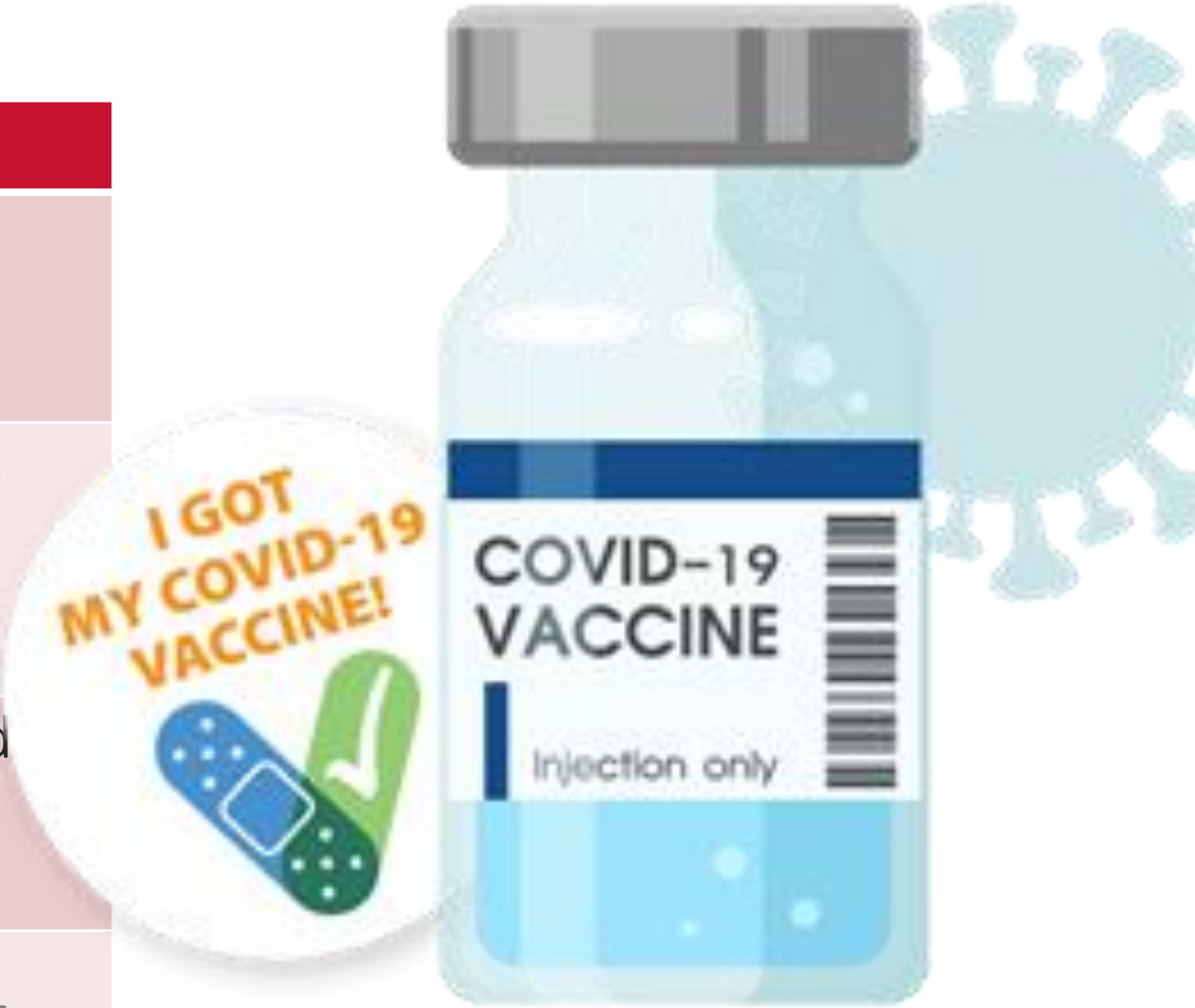
Vaccination Basics



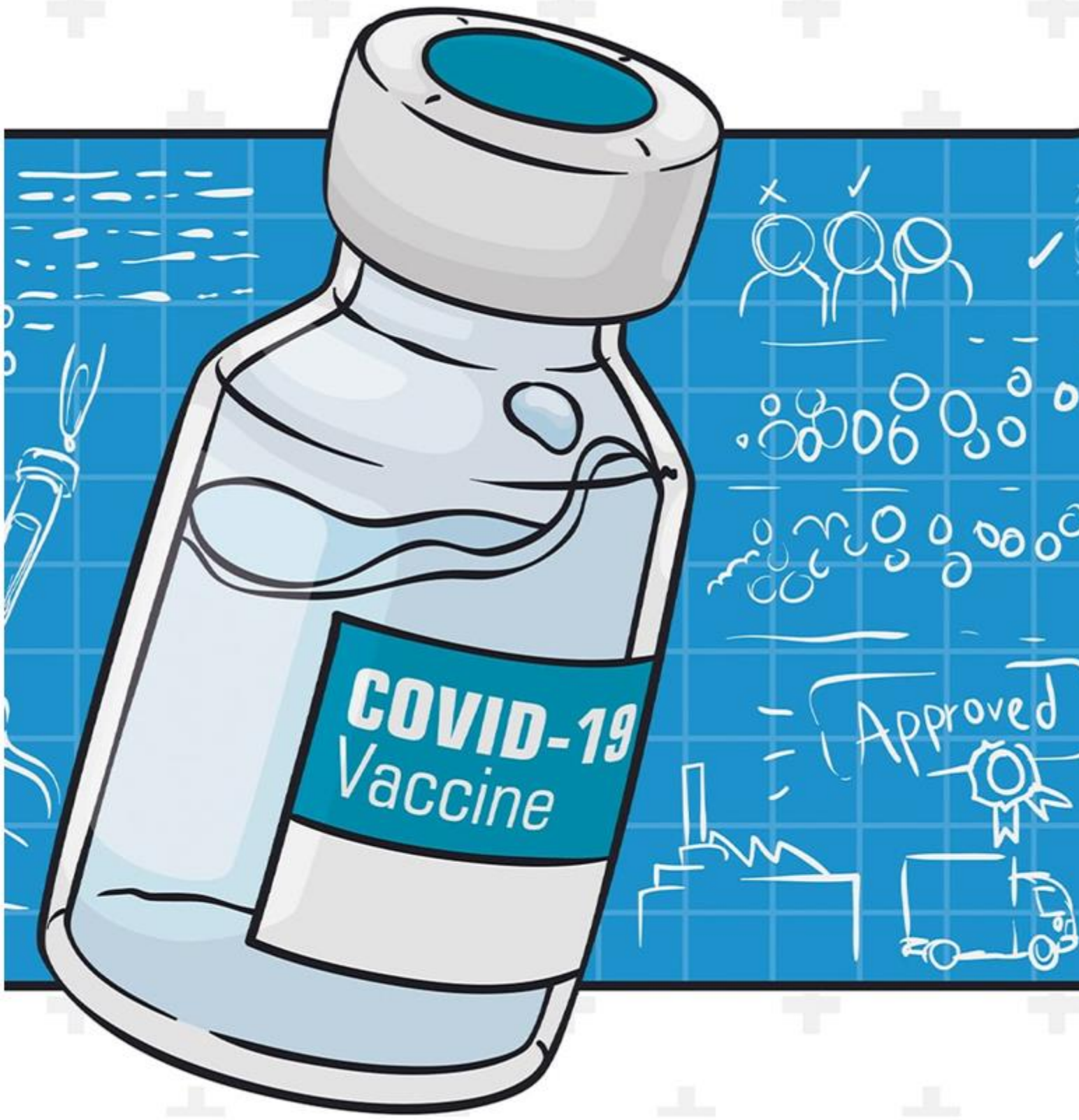
- How vaccines work
- Vaccines approved for use in Canada by Health Canada
- Side effects
 - Allergic reactions
 - Adverse events are rare
 - Benefits of vaccination outweigh the risks
- Dosing Schedules
 - Time between doses
 - Mixed dosing
- Post Vaccination Precautions

More information about the vaccines...

| | Moderna | Pfizer-BioNTech |
|---|---|------------------------------|
| Both vaccines are approved for adults as well as teens | 18, however they are currently testing in 12-17 year old people | 12 |
| Time between doses may vary due to Canadian "First-shot" approach. | 28 days, up to 4 months | 21 days, up to 4 months |
| Efficacy is essentially equivalent: | 94.1%, 14 days post second dose | 95%, 7 days post second dose |
| After Vaccination: People who have been vaccinated should still follow public health guidelines for prevention, including wearing face masks, physical distancing and frequent hand washing. This is because while vaccination reduces viral load and chances of transmission, transmission may still occur | | |



COVID-19 vaccination for specific populations



- The vaccines are safe and effective
 - It is important to consider getting vaccinated if you have HIV or HCV.
 - Social determinants of health which place populations at higher risk of HIV or HCV also place people at higher risk of COVID-19
 - Vaccination is recommended for people who have had COVID-19
 - Symptomatic pregnant people are at higher risk **severe COVID-19 illness than non-pregnant people.** People who are pregnant or planning to become pregnant should consult with their healthcare provider about vaccination; pregnant people are eligible for the vaccine.

Benefits of Vaccination



- COVID-19 vaccines reduce the chances of contracting COVID-19
- COVID-19 vaccines prevent severe outcomes of COVID-19 illness
- COVID-19 vaccines may reduce the chance of spreading COVID-19 to others
 - Reduction of spread also means that COVID-19 has fewer opportunities to replicate, which means it has fewer chances to mutate

Addressing Vaccination Myths

- MYTH: COVID-19 vaccines affect fertility
- **FACT: COVID-19 vaccines do not affect fertility;** this was a misconception arising from people's partial understanding of spike proteins. An entirely different spike protein is involved in pregnancy, and has nothing to do with the spike protein related to COVID-19.
- MYTH: People who already had COVID-19 do not need the vaccine
- **FACT: It is recommended that people who have had COVID-19 still get vaccinated** because the duration of immunity following recovery with COVID-19 is not known.
- MYTH: The development of the vaccine was rushed; this technology is too new to be trusted.
FACT: The infrastructure and scientific research into mRNA vaccines has existed for a long time. **No steps were skipped in the assessment of safety or efficacy of the vaccines;** instead, researchers prioritized vaccine development due to the context of the pandemic in order to ensure rollout was possible.

Addressing Vaccination Myths

- MYTH: The COVID-19 vaccines change your DNA
- **FACT: The COVID-19 vaccines do not alter DNA.** Instead, they provide a temporary template (mRNA) for cells to manufacture the SARS-COV-2 spike protein for the immune system to practise against. Vaccines teach the immune system to learn how to fight a key component of the SARS-CoV-2 virus. mRNA vaccines do not interact with DNA at all; in fact, after teaching the immune system, they break down and do not remain in the body long-term.
- MYTH: The vaccines have questionable ingredients.
- **FACT: mRNA vaccines contain usual ingredients such as: fats (to protect the mRNA), salts, and a small amount of sugar.** Absolutely no fetal tissue, implants, or microchips are within the vaccines.



Strategies to improve vaccine uptake in communities: Addressing gaps in vaccine access, comfort, and information

Breakout Rooms – Discussion Session

shari@catie.ca

Thank You!



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about HIV or hepatitis C?**

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plus sur le VIH ou l'hépatite C?*

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