



COVID-19 *LIVE UPDATE*

February 1, 2021

FOR UP-TO-DATE
CASE NUMBERS
VISIT
wechu.org

Phases of provincial vaccine rollout

- Phase 1 – High risk population
 - Started Dec 14, 2020
 - Limited vaccine supply
- Phase 2 – Mass vaccination
 - Expected to start March/April 2021
 - Significant and steady increase in vaccine supply
- Phase 3 – Steady state
 - Expected to start September 2021
 - Steady state of the community

Vaccines currently in use (worldwide)

Vaccine type	Manufacturer	Approved
mRNA based	Pfizer	55 countries
	Moderna	37 countries
Viral Vector (non-replicating)	Gamaleya (Sputnik)	14 Countries
	AstraZeneca (AZD1222)	11 countries
	CoviShield	4 countries
	CanSino (Ad5-nCoV)	1 country
Inactivated	Sinopharm (BBIBP-CorV)	8 countries
	Sinopharm (Inactivated)	2 countries
	Covaxin	1 country
	Sinovac (CoronaVac)	5 countries
Protein subunit	FBRI (EpiVacCorona)	1 country

Role of WECHU

<i>Ministry of Health and Long-Term Care</i>	<i>Windsor-Essex County Health Unit</i>
1. To source the supply of vaccines.	1. To securely store local vaccine supply and ensure cold chain is maintained.
2. To identify priority groups.	2. To coordinate and/or administer the vaccine to identified priority groups.
3. To allocate and monitor vaccine supply across Ontario.	3. To monitor and report local data on vaccine distribution and uptake.
4. To distribute the vaccine supply to public health units.	4. To coordinate, oversee, and/or hold vaccination clinics to administer the vaccine to Windsor-Essex County residents.

Population demographic

Projected population (WEC, 2021)	438,001 328,501 (individuals 16+)
Residents of LTCH and RHs	Residents - 4,800
	Staff - 4,300 Essential caregivers - 4,800
Other Congregate care	Residents - 1,000
	Staff – 2,000
Individuals with Aboriginal identity	9,500
Essential workers	50,000
Adults 60 years and older	110,000
Adults 20 to 59 years	228,981

Planning assumptions

1. Single WEC plan will be supported by all stakeholders
2. Established vaccine prioritization protocols will be used by all stakeholders
3. Primary care providers and pharmacies actively vaccinating their patients
4. Vaccines will become more readily available and supply will not be disrupted
5. Hospital partner site will be utilized for ultra cold storage of Pfizer vaccine
6. Municipalities will arrange mass vaccination centers for their residents as requested by WECHU
7. Health system and community partners (EMS, Hospitals, OH, ECMS, SOAHAC, St. Clair College, University of Windsor) will provide necessary logistical support

Local COVID Task Force Membership

Membership	Responsibilities
Windsor-Essex County Health Unit	To lead the overall vaccination rollout plan for Windsor and Essex County
Municipal Leads	To leverage existing municipal infrastructure and resources to support the successful rollout of vaccines in Windsor and Essex County
Hospital Sector Lead	To leverage existing staffing resources to support the successful rollout of vaccines in Windsor and Essex County
First Responder Lead	To coordinate efforts with Essex Windsor first responders to support the safe and efficient rollout of vaccines in WEC
Primary Care Lead	To leverage the existing medical infrastructure and collaborate with WEC healthcare providers to support the safe and efficient rollout of vaccines in WEC
Post-Secondary Education Lead	To leverage existing infrastructure and resources to support the safe and efficient rollout of vaccine to the public and post-secondary students when available
Indigenous Population Lead	To help coordinate and facilitate a culturally safe experience for the vaccination of First Nations, Metis, and Inuit peoples residing in WEC
Home and Community Care Lead	To leverage the existing healthcare model and resources to facilitate the safe and efficient rollout of vaccine to prioritized populations
Pharmacist Lead	To leverage existing vaccine delivery models and resources to ensure the safe and efficient delivery of vaccines to prioritized populations

COVID-19 Vaccine Roll Out

Phase

Phase I

Phase II

Phase III

Priority

Populations

High-risk population vaccination

17k

Congregate living for srs.
(residents, staff, esst'l care, other employees)

11k

Health care workers

?

Adults in First Nations, Métis, and Inuit populations living in remote communities

7k

Adult chronic home care recipients

Mass deliveries of vaccines

35k

Essential workers

110k

Adults (75+, 60-75)

30k

At-risk populations

180k

Adults and children

<30k

Remaining eligible residents of Windsor-Essex

Public Health Led Teams



Long Term Care Homes and Retirement Homes

Mass Immunization Site Pilot

Mass Immunization Clinics

Essential Workers

Hospital Site Clinics



Congregate living

Health care workers (physicians, nurses, paramedics...)
Indigenous residents in remote communities

On-Site or Mobile Teams



Adult chronic home care recipients

Priority populations

Health Equity based clinics

Primary care providers led clinics

Pharmacy based clinics



Remaining eligible residents of Windsor-Essex

Vaccination Sites, Models and Populations Served

Stage 1 – supply is limited and targeted to key priorities

- Windsor Regional Hospital run vaccination clinics
- Mobile teams
- Primary care physicians/nurse practitioners for prioritized groups (adult recipients of chronic home care)

Stage 2 – supply exceed the capacity of the resources in Stage 1

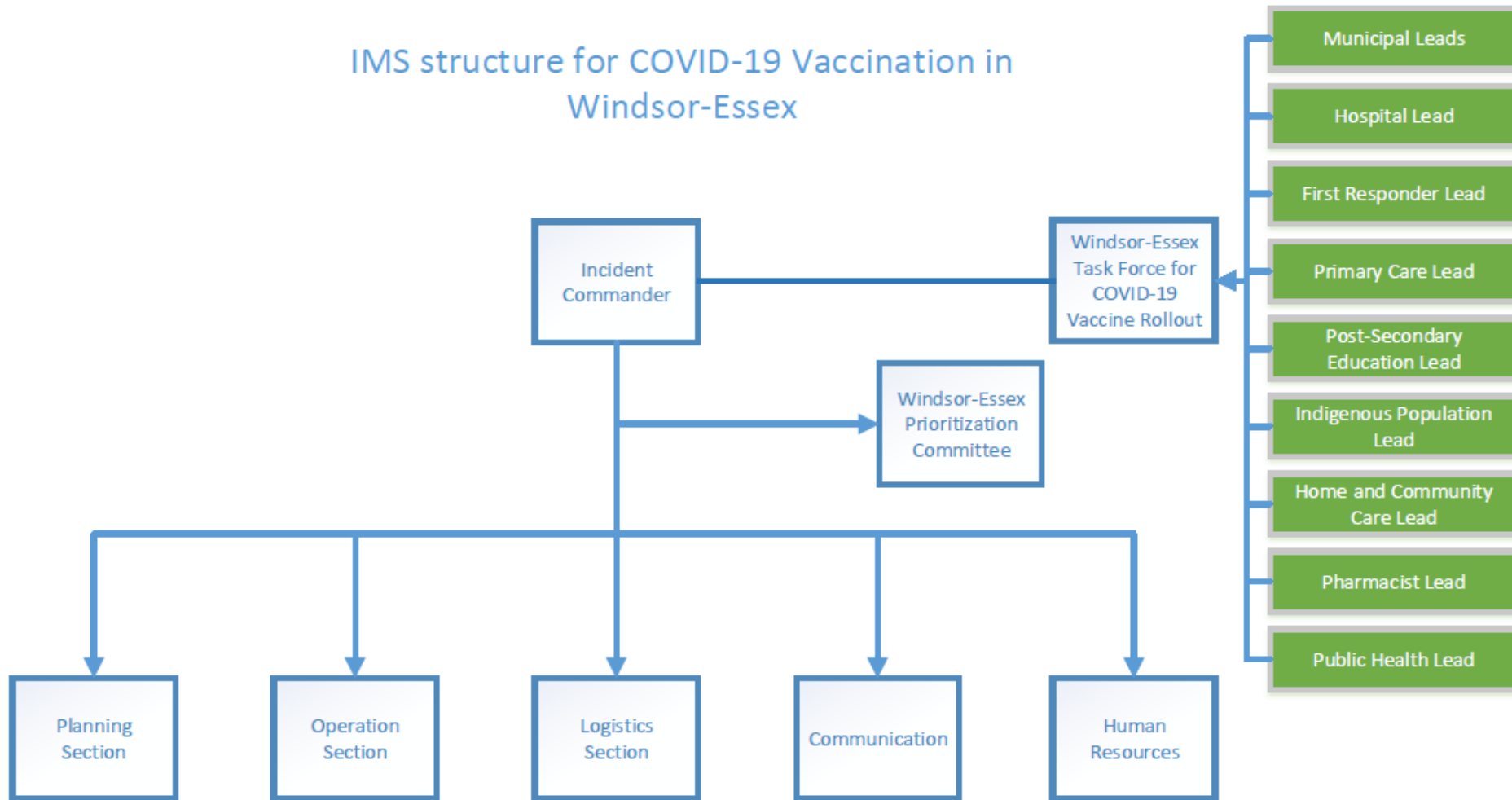
- Participating Primary Care Providers who are willing and able to meet requirements
- Participating pharmacies who are willing and able to meet requirements
- Mobile teams based on prioritization
- Targeted mass vaccination clinics based on the prioritization and vaccine supply (e.g., farm workers, essential workers)

Stage 3 – vaccine supply exceeds all resources from previous stages

- Mass vaccination sites in Windsor and Essex County
- Readily available for all residents who want the vaccine

Implementation structure

IMS structure for COVID-19 Vaccination in Windsor-Essex



COVID-19 Vaccine Stages & Decisions (Windsor-Essex)

Time



COVID-19 Vaccine

Is supply expected to exceed capacity of existing mass vaccination clinic(s)?

Yes

Stages 1 to 3

No

Establish more mass vaccination clinics as required

Continue to vaccinate in order of priority where possible

Note:

Strict compliance with cold chain requirements is necessary for COVID-19 vaccines to ensure the safety and efficacy of the vaccine. Sites must work with public health to ensure all measures are in place for the safe storage, transportation and administration of these vaccines.

COVID-19 Vaccines

Is supply expected to exceed identified prioritized groups (LTCHs, RHs, other congregate care settings for seniors)?

Yes

Stage 1

No

Distribute excess vaccine to designated Healthcare Providers/Pharmacies

Continue to vaccinate these high priority groups

Is supply expected to exceed the capacity of Healthcare Providers/ Pharmacies

Yes

No

Continue to vaccinate in order of priority where possible

In addition, specific clinics will be established for priority populations and use of specific targeted immunization sites (Windsor, Tecumseh, Leamington)

Is supply expected to exceed the capacity of Pharmacies and HCPs?

Yes

Stage 2

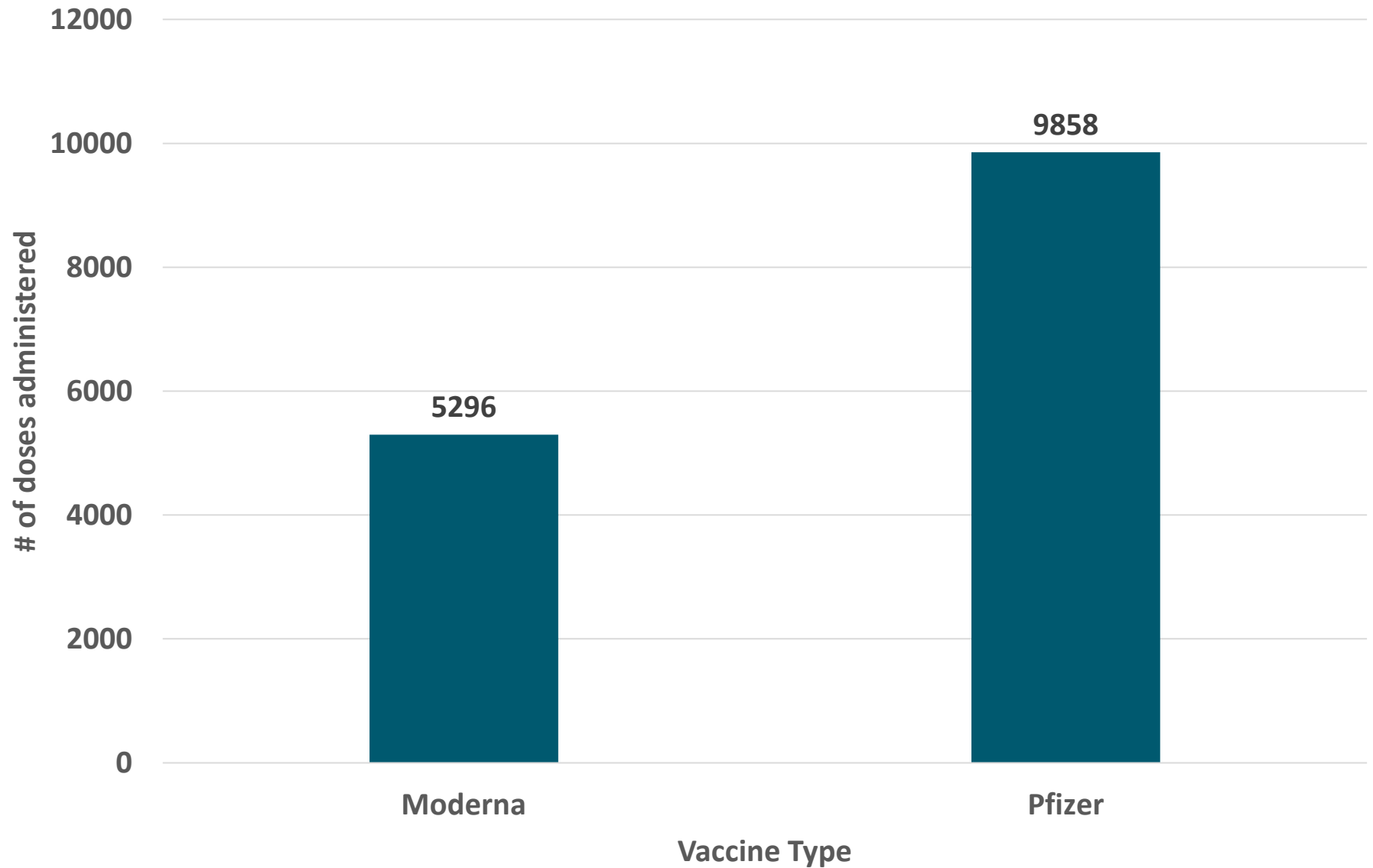
No

Continue to vaccinate in order of priority where possible

Stage 3

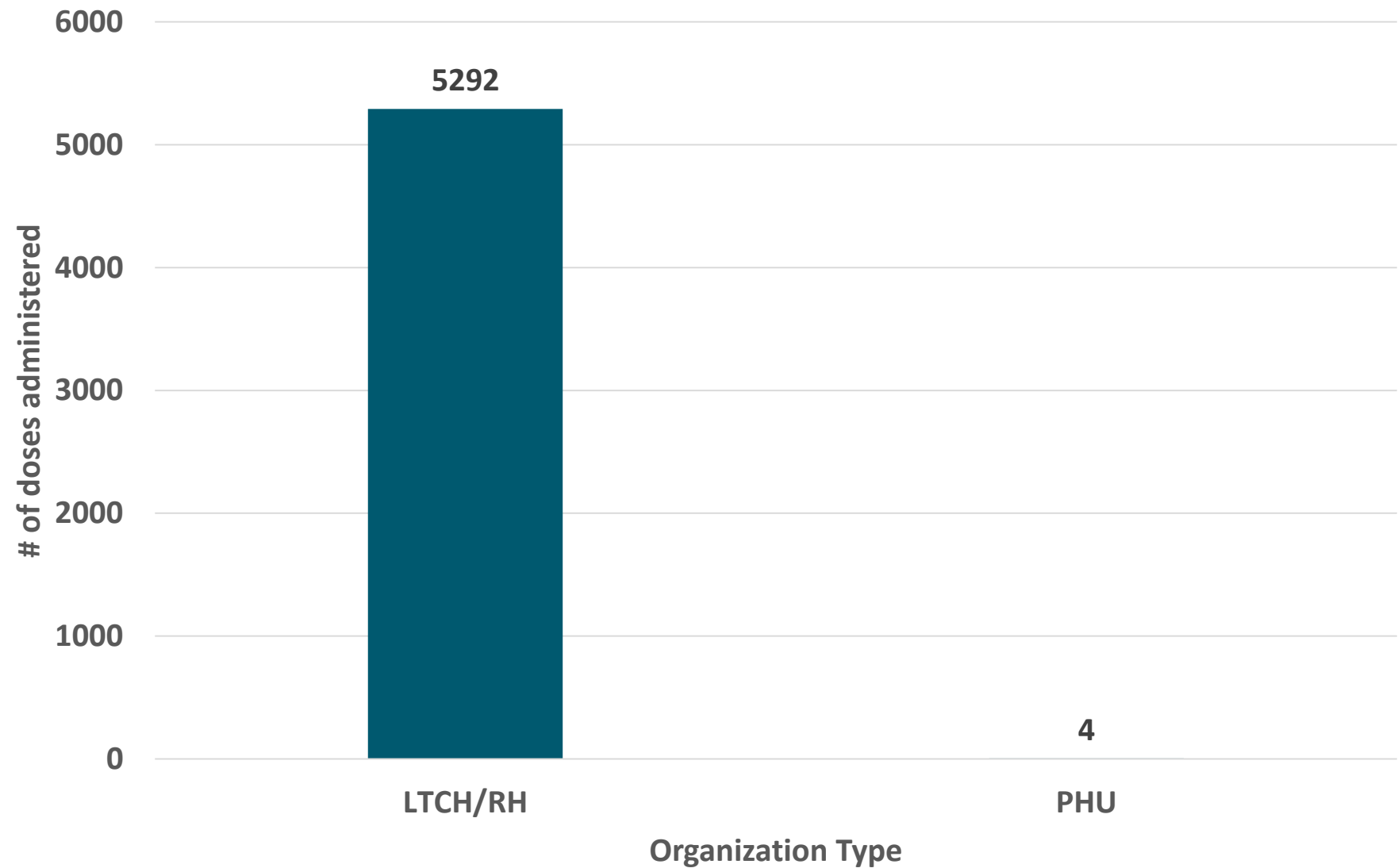
In addition, establish mass vaccination clinics as required and continue to support **Stages 1 & 2**

of Vaccine Doses Administered in Windsor-Essex

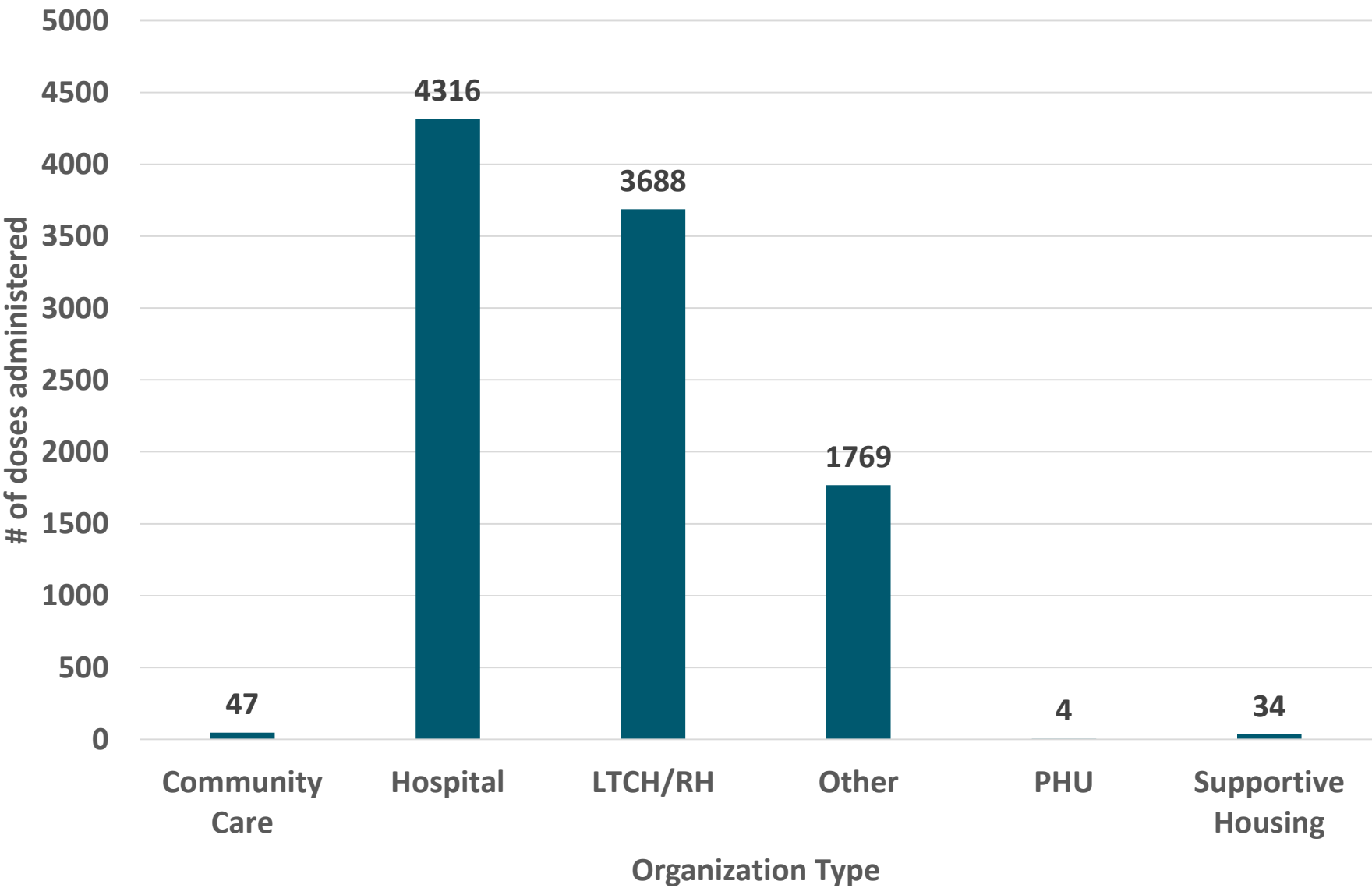


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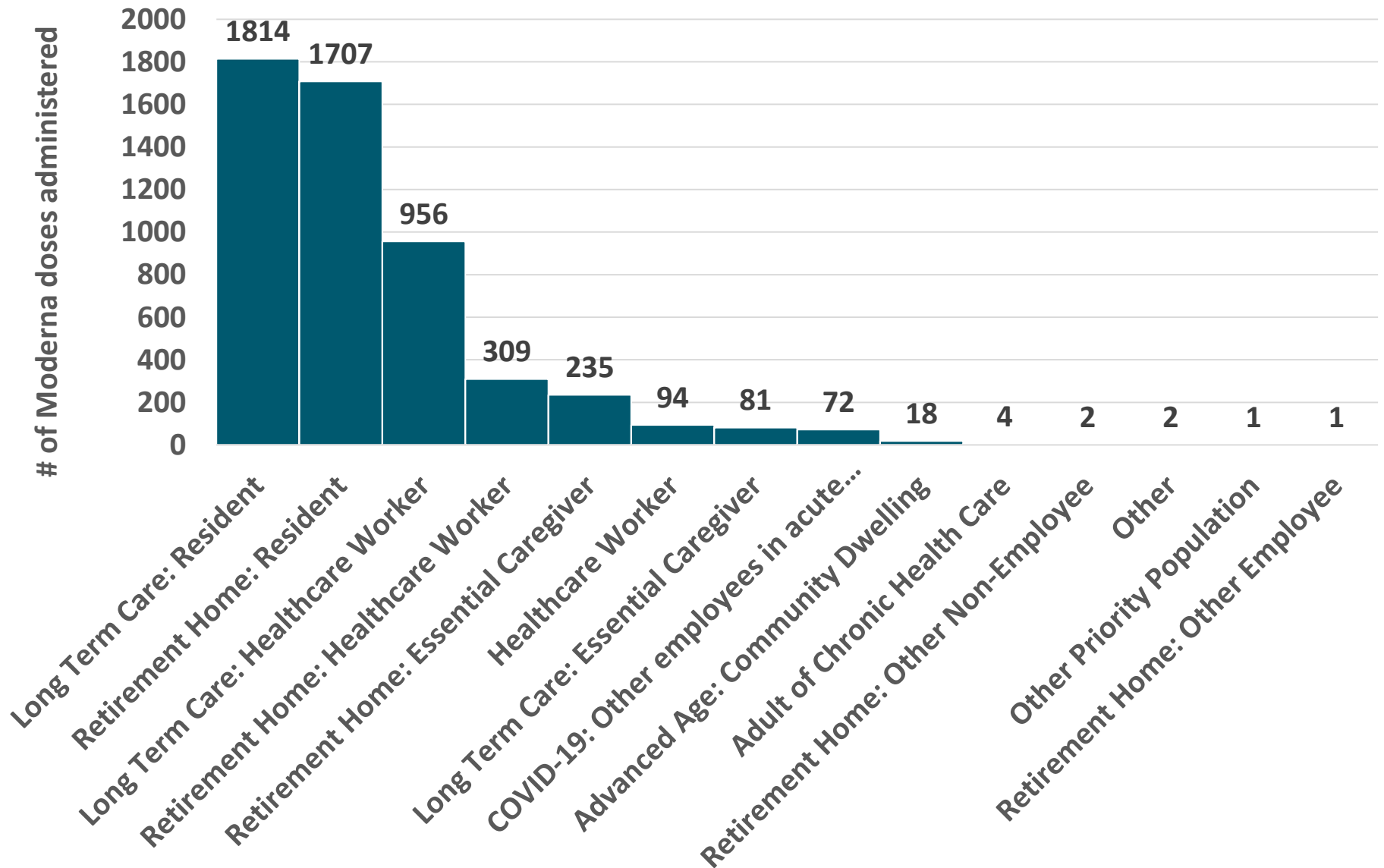
of Moderna Doses Administered by Organization Type



of Pfizer Doses Administered by Organization Type



of Moderna Doses Administered by Reason



Current priorities for vaccination

1. Long Term Care Homes

Residents, staff and essential caregivers

2. Retirement Homes (deemed high-risk)

Residents, staff and caregivers

3. Healthcare workers based on the prioritization framework

Upcoming priorities

- Adults recipients of chronic home care
- Seniors 75+
- Seniors 60-75
- Essential workers
- Communities at Risk

Prioritization process

- The province identifies priority groups with high level guidance
- Windsor-Essex prioritization committee recommend and operationalize provincial guidance locally

Prioritization committee membership

- Dr. Ross Moncur (ESHC)
- Chief Pam Mizuno (Windsor Police Services)
- Kathleen Thomas (Multicultural Council)
- Karen Waddell (House of Sophrosyne)
- Elayne Isaac (SOAHAC)
- Dr. Suzanne McMurphy (University of Windsor)
- Dr. Wajid Ahmed (Medical Officer of Health)

Thank you & Questions