

COVID-19 Vaccine Bulletin #2 Priority Populations

The purpose of the Vaccine Bulletin is to give you the latest information about COVID-19 vaccines. Due to the ever-changing landscape of vaccine research and distribution it is expected that this information will need to be updated frequently. For this bulletin, the focus will be on the [Guidance for Prioritizing Populations for the Initial Doses of COVID-19 Vaccines](#) from the National Advisory Committee on Immunization (NACI).

Updates from Ontario's COVID-19 Vaccination Task Force

- Pfizer Canada ULC/BioNTech COVID-19 vaccine was approved for use in Canada on December 9, 2020
- Moderna Therapeutics Inc. vaccine is in the approval process (see [COVID-19 Vaccine Bulletin #1](#) for more information on mRNA vaccines).
- Ontario is expecting to receive 2.4 million doses of COVID-19 vaccine in the first quarter of 2021 (enough to vaccinate 1.2 million people).
- In line with the NACI recommendations, early doses of the vaccine will be available for:
 - Residents, staff, essential caregivers and other employees in congregate living settings that provide care for seniors
 - Health care workers
 - Adults in Indigenous communities
 - Adult recipients of chronic home health care
- Ontario will also prioritize regions with the highest rates of COVID-19 infection—those in red (control) and grey (lockdown) zones.

NACI Recommendations on Priority Populations for COVID-19 Vaccines

The initial supply of COVID-19 vaccines will be limited which will require the prioritization of immunization in some populations. The key populations identified by NACI for early immunization include:

- Individuals at high-risk of severe illness and death from COVID-19
- Individuals most likely to transmit COVID-19 to those at high-risk and workers essential to the COVID-19 response
- Individuals contributing to other essential services for the functioning of society
- Individuals in living or working conditions with increased risk for infection or disproportionate negative consequences as a result of infection, including Indigenous communities

Table - NACI Recommendations on Priority Populations for COVID-19 Vaccines

| | Population | Rationale |
|----------------|---|--|
| Stage 1 | Residents and staff of congregate living settings (i.e., long-term care and retirement homes) that provide care for seniors | These settings have experienced many outbreaks associated with a high number of fatalities. Residents are primarily of advanced age, further increasing their risk of severe illness. |
| | Adults 70 years of age and older, beginning with adults 80 years of age and older, then decreasing the age limit by 5-year increments | There is a strong association between severe COVID-19 with increasing age. Studies have consistently found that risks for hospitalization and death increase with increasing age. |
| | Health care workers <ul style="list-style-type: none"> Those who have direct contact with patients, particularly those in contact with COVID-19 patients should be prioritized. | Health care workers providing frontline care to patients are more exposed to SARS-CoV-2 and are needed to protect health care capacity. |
| | Adults in Indigenous communities <ul style="list-style-type: none"> Those communities where COVID-19 infection can have disproportionate consequences such as those living in remote or isolated areas where access to health care may be limited should be prioritized. | Indigenous communities have been disproportionately impacted by past pandemics. Remote or isolated communities may not have easy access to health care increasing their risk for severe outcomes from COVID-19. Risk of transmission is higher in settings where physical distancing and other infection and prevention control measures may be more difficult to implement. |
| | Racialized and marginalized populations may be considered for immunization concurrent with remote and isolated Indigenous communities. | Racialized and marginalized populations have been disproportionately affected by COVID-19, and experience barriers to accessing supportive care for COVID-19 related to factors such as poverty, racism, and homelessness. |

| | Population | Rationale |
|----------------|--|--|
| Stage 2 | Health care workers not included in Stage 1 | Health care workers are more exposed to SARS-CoV-2 and are needed to protect health care capacity. |
| | Residents and staff of all other congregate settings (e.g., residences for migrant workers, correctional facilities, homeless shelter) | Risk of infection with SARS-CoV-2 is high in congregate settings where physical distancing and other infection and prevention control measures may be difficult to implement. Many residents in these setting also have inequitable access to health care. |
| | Essential workers (e.g., police, firefighters, food production, health care settings) | Many essential services cannot be provided virtually leading to an increased risk of exposure to SARS-CoV-2. Also, racialized groups and recent immigrants are over-represented in essential service jobs who have been disproportionately affected by COVID-19. |

Note: For list of references, see NACI's [Guidance for Prioritizing Populations for the Initial Doses of COVID-19 Vaccines](#).

References

Government of Canada. [What you need to know about the COVID-1 vaccine for Canada](#).

Government of Canada, National Advisory Committee on Immunization (NACI). [Guidance on the prioritization of initial doses of COVID-19 vaccine\(s\)](#).

Government of Ontario. [COVID-19 vaccines for Ontario](#).