



Coronavirus Pandemic Response Nursing Care Resource Manual: Summary of Changes

Revision Date	Document	Section and Description of Update
Feb 2021	Alberta Health – COVID-19 Variants	<p>Background Information</p> <ul style="list-style-type: none"> • <i>Variants</i> – are viruses who have reproduced inside an infected person’s cells and have changed or mutated • <i>Variant strains of COVID-19</i> – have originated from the United Kingdom, South Africa, and Brazil • <i>Variants of concern</i> – strains of the variant that appear to spread more easily than others <ul style="list-style-type: none"> ○ More contagious ○ Spread more easily than the original COVID-19 strain ○ Not clear whether the new variants cause more severe illness ○ Symptoms are the same as usual COVID-19 and includes – cough, fever, shortness of breath, runny nose, and sore throat ○ Protected the same way as the usual virus by following the public health measures
Feb 23, 2021	AHS – COVID-19 FAQs for Staff	<p>Isolation, Testing for COVID-19, and Contact Tracing</p> <ul style="list-style-type: none"> • If you are confirmed close contact but have tested negative and have no symptoms, you must isolate until 14 days after the last exposure to the case <p>COVID-19 Vaccine Rollout</p> <ul style="list-style-type: none"> • Alberta Health with input from AHS has identified the following key populations to be included in the province’s phased immunization program • The COVID-19 vaccine is voluntary for healthcare workers in Alberta. Healthcare workers are encouraged to get the vaccine once they are eligible to receive it to help protect themselves, their patients, and communities against COVID-19 • Vaccinated workers will still have the same: <ul style="list-style-type: none"> ○ PPE requirements ○ Exposure criteria ○ Isolation and quarantine requirements ○ Testing requirements • Healthcare workers who meet current COVID-19 exposure criteria (e.g. unprotected close contact with a COVID-19 case, return to Alberta from International Travel) are still required to quarantine. Immunization does not change quarantine requirements. • Individuals are recommended to wait at least 28 days after the administration of two-dose COVID-19 vaccine to get another vaccine. • Individuals are recommended to wait at least 14 days after the administration of another vaccine before getting a COVID-19 vaccine.

		<ul style="list-style-type: none"> • At this time, there is an absence of evidence on the use of COVID-19 vaccine in pregnant or breastfeeding individuals. <ul style="list-style-type: none"> ○ COVID-19 vaccine may be offered to pregnant individuals in the eligible group if a risk assessment with their primary healthcare provider or medical specialist or obstetrician determines that the benefits outweigh potential risks for woman and fetus. ○ COVID-19 vaccine may be administered to pregnant individuals in the eligible group without consulting their primary care healthcare provider or medical specialist or obstetrician following their acknowledgement of the absence of evidence on the use of COVID-19 vaccine in this population. • At this time, there is an absence of evidence on the use of COVID-19 vaccine in immunocompromised individuals or those who have an auto-immune disorder. COVID-19 vaccine may be offered to those who are immunosuppressed or those with an auto-immune disorder if a risk assessment with their primary healthcare provider or medical specialist determines that the benefits outweigh the potential risks. <ul style="list-style-type: none"> ○ The risks include that: <ul style="list-style-type: none"> ▪ Immunocompromised persons may have a diminished immune response to the vaccine. ▪ There is a theoretical concern that mRNA vaccines may elicit an inflammatory response and possibly exacerbate existing autoimmune diseases. • Solid organ transplant and hematopoietic stem cell transplant clients may be immunized without consulting their primary healthcare provider or medical specialist following their acknowledgement of the risks mentioned above and the absence of evidence on the use of COVID-19 vaccine in these populations. • COVID-19 vaccines should not be given to anyone who: <ul style="list-style-type: none"> Has had a serious allergic reaction to any of the vaccine’s ingredients Has received a different vaccine within the last 2 weeks Has COVID-19 symptoms or who are required to isolate/quarantine Do not meet the age range to be vaccinated • The COVID-19 vaccines used in Canada do not contain the live virus that causes COVID-19. This means that the COVID-19 vaccine cannot make you sick with COVID-19. • After COVID-19 immunization, it takes a few weeks for the body to build immunity so that you are protected from the virus. So, you can still get infected with COVID-19 just before or just after being immunized, and become sick after your immunization occurred. • The COVID-19 vaccines are not 100% effective, so though immunizations will greatly reduce your risk of becoming infected with COVID-19. There is still a small chance that you can become infected even after being immunized.
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Feb 21, 2021	Alberta Health – COVID-19 Vaccine Program	<p>COVID-19 Vaccine Program</p> <p><i>Phase 1: Jan to Mar 2021</i></p> <p>Vaccinations are being offered to key populations across the province:</p> <ul style="list-style-type: none"> • Respiratory therapists • Healthcare workers in ICU, Emergency Department, COVID-19 units, medical and surgical units, operating rooms • Paramedics and emergency medical responders • Staff in long-term care (LTC) and designated supportive living (DSL) facilities • Home care workers • All residents of LTC and DSL • First Nations, Inuit, Metis, and persons 65 years and older living in a First Nations community or Metis settlement • Seniors 75 years of age and older, no matter where they live <ul style="list-style-type: none"> ○ Feb 19 – all residents in retirement centres, lodges, DSL, and other congregate living facilities with people 75 years or older ○ Feb 24 – any Albertan born in 1946 or earlier can book an appointment <p><i>Phase 2: Apr to Sept 2021</i></p> <p>Vaccinations are being offered to key populations across the province in sequential order, once the previous group has been completed:</p> <ul style="list-style-type: none"> • Albertans aged 65 to 74, no matter where they live • First Nations, Inuit, and Metis people aged 50 to 64, on and off-reserve or Metis settlements • Staff and residents of licensed supportive living (seniors) not included in Phase 1 • Albertans aged 18 to 64 with high-risk underlying health conditions <ul style="list-style-type: none"> ○ Specific conditions will be provided prior to phase 2 roll-out • Residents and staff of eligible congregate living settings: correctional facilities, homeless shelters, group homes including disability, mental health and other types of licensed supportive living • Healthcare workers providing direct and acute patient care who have a high potential for spread to high risk individuals • Caregivers of Albertans who are most at risk of severe outcomes • Albertans aged 50 to 64, no matter where they live • First Nations, Inuit and Metis people aged 35 to 49 on and off-reserve or Metis Settlements <p><i>Phase 3: Fall 2021</i></p> <p>Anticipated start of roll-out of the vaccine to the general public</p> <p>Second Doses</p>

		<ul style="list-style-type: none"> • Second doses will be administered within 42 days after the first dose to allow as many people to receive the vaccine as quickly as possible <p>Who Should Get Vaccinated</p> <ul style="list-style-type: none"> • Albertans 16 years or older • Recovered from COVID-19 <p>Consult the Doctor First</p> <ul style="list-style-type: none"> • Pregnant or breastfeeding • Immunocompromised or have an auto-immune disorder <p>Do not Get Vaccinated</p> <ul style="list-style-type: none"> • Children under 16 • Severe allergy to vaccine ingredients
Feb 12, 2021	Public Health Agency of Canada – Guidance on the Prioritization of Key Populations for COVID-19 Immunization	<p>COVID-19 Pandemic Response Public Health Goal</p> <ul style="list-style-type: none"> • Minimize serious illness and overall deaths while minimizing societal disruption as a result of the COVID-19 pandemic <p>Key Populations</p> <p><i>Stage 1</i></p> <ul style="list-style-type: none"> • Residents and staff of congregate living settings that provide care for seniors • Adults 70 years and older • Frontline healthcare workers • Adults in Indigenous communities <p><i>Stage 2</i></p> <ul style="list-style-type: none"> • Adults in or from Indigenous communities not offered vaccine in stage 1 • Residents and staff of other congregate living settings • Adults 60-69 years of age • Adults in racialized and marginalized communities disproportionately affected by COVID-19 • First responders • Frontline essential workers who cannot work virtually • Essential primary caregivers for individuals who are at high risk of severe illness from COVID-19 due to advanced age <p><i>Stage 3</i></p> <ul style="list-style-type: none"> • Individuals 16-69 years of age with an underlying medical condition at high risk of severe illness due to COVID-19 and their essential primary caregiver • Adults 50-59 years of age without an underlying medical condition • Non-frontline healthcare workers needed to maintain healthcare capacity • Non-frontline essential workers

		<p>Sequencing of Key Populations and Sub-prioritization within Key Populations is based on:</p> <ul style="list-style-type: none"> • Population-based risk-benefit analysis • Vaccine characteristics • Vaccine supply • COVID-19 epidemic conditions
Feb 12, 2021	AHS – PPE FAQs	<p>Latest Change to PPE Guidelines</p> <ul style="list-style-type: none"> • All healthcare workers working in patient care areas (which includes all patient AND coworker interactions that occur within two metres) are required to wear: <ul style="list-style-type: none"> ○ A medical/surgical/procedural mask AND ○ Eye protection (e.g. safety glasses, reusable goggles, face shield, or procedure mask with built-in eye shield) <p>What about break rooms, outside units, or in administrative spaces? Can my eye protection be removed?</p> <ul style="list-style-type: none"> • Eye protection may be removed when in nonclinical spaces <ul style="list-style-type: none"> ○ This includes – breakrooms, cafeterias, offices, and administrative spaces • Masks are to be worn continuously except for eating and drinking in spaces two metres apart from patients, coworkers, or visitors <p>Protective Eyewear</p> <ul style="list-style-type: none"> • Face shields are preferred • Unsealed safety glasses that are ANSI/CSA approved • Protective eyewear/eye protection must be cleaned every time you change your mask • More PPE is not always better PPE – If your point of care risk assessment (PCRA) deems that there is an increased risk of exposure from splashes or sprays, you may decide to layer a face shield over your protective eye wear
Feb 8, 2021	Alberta Health – Stronger Public Health Measures	<p>Step 1 Restriction Changes – In effect Feb 8, 2021</p> <p>Order 02-2021 – Sets out a number of public health measures effective across the province to limit the risk of transmission</p> <ul style="list-style-type: none"> • Restricts access to private residences • Prohibits indoor and outdoor social gatherings • Makes masks mandatory in indoor public places • Sets out conditions for places of worship to conduct services • Requires businesses to close reduce capacity or limit their in-person access • Outlines conditions for restaurants, cafes, bars, and pubs to resume dine-in operations • Permits one-on-one indoor fitness training

		<ul style="list-style-type: none"> • Outlines restrictions for group performances and group physical activities • Requires working from home <p>Step 2 < 450 Hospitalizations may result in potential easing in these areas:</p> <ul style="list-style-type: none"> • Retail • Banquet halls • Community halls • Conference centres • Hotels • Further easing of indoor fitness and children’s sport and performance <p>Step 3 < 300 Hospitalizations may result in potential easing in these areas:</p> <ul style="list-style-type: none"> • Adult team sports • Casinos, racing centres, and bingo halls • Indoor social gatherings, with restrictions • Indoor seated events (movie theatres and auditoria) • Libraries • Museums, art galleries, zoos, interpretive centres • Places of worship <p>Step 4 < 150 Hospitalizations may result in potential easing in these areas:</p> <ul style="list-style-type: none"> • Amusement parks • Concerts (indoor) • Festivals (indoor and outdoor) • Funeral receptions • Indoor entertainment centres and play centres • Performance activities (singing, dancing, and wind instruments) • Tradeshows, conferences, and exhibiting events • Wedding ceremonies and receptions • Workplaces (lift working from home)
Jan 14, 2021	Alberta Health – Public Health Disease Management Guidelines – Coronavirus – COVID-19	<p>Updates to the Case Definition:</p> <p>Confirmed case – a person with confirmation of infection with the virus (SARS-CoV-2) that causes COVID-19 by:</p> <ul style="list-style-type: none"> • Detection of at least one specific gene target by a validated nucleic acid amplification tests (NAAT) performed at a community, hospital, or reference laboratory (NML or a provincial public health laboratory) • Positive result on a validated rapid/point-of-care (POC) NAAT-based assay or antigen test that has deemed acceptable to provide a final result <p>Probable case – a person with:</p> <ul style="list-style-type: none"> • No laboratory testing done with clinical illness who in the last 14 days had close contact with a lab-confirmed COVID-19 case while the confirmed case was infectious OR

		<ul style="list-style-type: none"> • With laboratory testing done with clinical illness who meets the COVID-19 exposure criteria AND in whom laboratory diagnosis of COVID-19 is inconclusive <p>Suspect case – a person with clinical illness AND</p> <ul style="list-style-type: none"> • Who meets the exposure criteria • Who in the last 14 days had close contact with a probable case of COVID-19 while the probable case was infectious <p>Exposure Criteria – In the 14 days before onset of illness, a person who:</p> <ul style="list-style-type: none"> • Residing in or returning from a country/an area where COVID-19 is known to be circulating OR • Is a close contact of a person who had acute respiratory illness who resided in or returned from a country/an area where COVID-19 is known to be circulating in the previous 14 days before they became sick OR • Was involved in a COVID-19 outbreak or cluster OR • Had laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19 <p>Updates to Epidemiology:</p> <p>Transmission – COVID-19 is transmitted person-to-person primarily by respiratory droplets or by direct physical contact with contaminated objects then touching one’s mouth, nose, or possibly eyes</p> <ul style="list-style-type: none"> • The droplets range in size from large droplets (defined as > 5-10 µm in diameter) that spread at close range to smaller droplets (or aerosols) that have the potential to be infectious over longer distances and may be suspended for longer periods of time • Aerosol-generating medical procedures • Specific settings that may be poorly ventilated, crowded • Gatherings are taking place for prolonged periods • Heavy breathing or exertion is occurring <p>Host Susceptibility – susceptibility is assumed to be universal</p> <ul style="list-style-type: none"> • Older adults (>60 years) and people with existing chronic medical conditions or immune compromising conditions – are more vulnerable to severe COVID-19 illness • This includes: cardiovascular and liver disorders, lung disease, diabetes, high blood pressure, kidney disease, sickle cell disease, dementia, or stroke) • Obese individuals (BMI ≥) – have a higher risk of ICU admission and intubation • Male biological sex – low-moderate association for severe outcomes of COVID-19 • Pregnant women – have a higher risk of severe illness compared to non-pregnant women and for adverse pregnancy outcomes (e.g. preterm birth)
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and should be offered testing. Quarantine must be maintained even if the test is negative.

Mandatory Isolation and Quarantine

Isolation is required for the following:

- Individuals with new onset of COVID-19 symptoms must isolate for 10 days from onset of symptoms or until symptoms have improved AND afebrile for 24 hours
- Individuals with symptoms who have
 - No known exposure with a negative COVID-19 test result – stay home and limit contact with others until symptoms resolve
 - Known exposure with a negative COVID-19 test result – complete the 14-day quarantine since their last exposure
- Individuals who have a positive test result – manage as a confirmed case and continue isolation for 10 days from onset of symptoms or until symptoms have improved AND afebrile for 24 hours

Quarantine is required for the following:

- Returning international travelers must quarantine for 14 days after arrival in Canada. If symptoms develop and a COVID-19 test is obtained:
 - If COVID-19 test result is negative – continue quarantine for full 14 days
 - If COVID-19 test result is positive – isolate for 10 days from onset of symptoms or until the symptoms have improved AND afebrile for 24 hours
- Close contacts of confirmed cases – must quarantine for 14 days since last exposure and should monitor for symptoms
- Close contacts of probable cases – should quarantine for 14 days since last exposure and monitor for symptoms

Immunized Individuals

Side effects following immunization may be similar to the symptoms for COVID-19.

- *If symptoms resolve within two days (or 48 hours)* – the individual can resume normal activities unless they have been instructed to quarantine or isolate for other reasons
- *If symptoms do not resolve within two days (or 48 hours)* – the individual should continue to stay home and arrange for testing. If testing is not done, then the individual should remain at home for 10 days after symptom onset or until symptoms have improved AND afebrile for 24 hours.

Jan
2021

[PHAC – COVID-19 Vaccines in Canada](#)

mRNA Vaccines: Moderna and Pfizer/BioNTech

	Moderna (mRNA-1273)	Pfizer/BioNTech (BNT162b2)
Vaccine components:	mRNA formulated into a lipid nanoparticle (LNP)	mRNA formulated into a lipid nanoparticle (LNP)
Vial Size:	10 doses multi-dose	5 doses multi-dose
Reconstitution:	None needed.	Needs to be reconstituted with normal saline, not bacteriostatic 0.9% sodium chloride injection or any other diluent.
Administration and Dosing:	2 x 0.5 mL doses given IM 28 days apart	2 x 0.3 mL doses given IM 21 day apart
Handling:	Swirl the vial gently between doses, do not shake	Invert gently 10 times to mix. Do not shake.
Freezer Storage:	-20 C (freezer)	-75 C (ultrafreezer)
Transport:	Frozen only: -20 C	Ultrafrozen only: -75 C
Fridge Storage:	30 days at 2-8 C	5 days at 2-8 C

[NACI Recommendations on the Pfizer-BioNTech COVID-19 Vaccines](#) AND [NACI Recommendations on the Moderna COVID-19 Vaccine](#)

- The complete vaccine series (2-doses) of the COVID-19 vaccine should be offered to individuals in the authorized age group without contraindications to the vaccine.
- All individuals should continue to practice recommended public health measures for prevention and control of SARS-CoV-2 infection and transmission regardless of vaccination with COVID-19 vaccine, at this time.
- The complete series of COVID-19 vaccine may be offered to individuals in the authorized age group without contraindications to the vaccine who have had previously PCR-confirmed SARS-CoV-2 infection.
- The COVID-19 vaccine should not be offered to populations who are/have:
 - Immunosuppressed due to disease or treatment
 - Auto-immune disorder
 - Pregnant until after completion of pregnancy
 - Not in the authorized age group
- For these populations, a complete series of COVID-19 vaccine may be offered to individuals in the authorized age group if:
 - A risk assessment deems the benefits outweigh the potential risks for the individual
 - Informed consent includes the discussion about the absence of evidence on the use of COVID-19 vaccine in this population
 - They are 12-15 years of age who are at very high risk of severe outcomes of COVID-19 AND are at increased risk of exposure

		<p>Contraindications:</p> <ul style="list-style-type: none"> • Individuals with a history of anaphylaxis after previous administration of the vaccine • Individuals with a history of severe allergic reaction to a component of the Pfizer-BioNTech COVID-19 vaccine (e.g. polyethylene glycol) • Individuals should not be given other vaccines at this time, unless other vaccines are required for post-exposure prophylaxis <p>Precautions:</p> <ul style="list-style-type: none"> • Individuals with bleeding disorders should be optimally managed prior to immunization to minimize the risk of bleeding <ul style="list-style-type: none"> ○ They may be safely immunized without discontinuation of their anticoagulation therapy • Individuals who have symptoms of acute illness should not get vaccinated until they have recovered • Individuals who are symptomatic with confirmed or suspected SARS-CoV-2 infection
<p>Jan 8, 2021</p>	<p>PHAC – COVID-19: For Health Professionals : Health Canada’s COVID-19 Vaccine Approval Process</p>	<p>Health Canada COVID-19 Vaccine Approval</p> <ul style="list-style-type: none"> • Vaccine developer generates data from clinical trials and the manufacturing process • Vaccine developer provides data to Health Canada • Health Canada experts review the data to ensure the vaccine <ul style="list-style-type: none"> ○ Safety ○ Effective - In preventing disease and/or infection ○ Quality - Manufactured correctly <p>Adaptations to the Vaccine Approval Process</p> <ul style="list-style-type: none"> • Introduced temporary regulatory tools known as interim orders • Allows Health Canada to advance rapidly the review and approval • To ensure rapid vaccine rollout – PHAC was permitted to arrange for the importation of promising COVID-19 drugs for placement in Canadian facilities prior to authorization in Canada <p>Authorization is based on integrated evidence of safety, quality, and efficacy:</p> <ul style="list-style-type: none"> • Are we confident that the product is safe and effective? • Are any known risks mitigated to the extent possible? • Are potential risks going to be adequately characterized? • Does the product labelling accurately reflect what we know? <p>Factors influencing regulatory timelines:</p> <ul style="list-style-type: none"> • Uncertainties related to when required components will be provided to Health Canada <ul style="list-style-type: none"> ○ Recruitment of participants for clinical trials ○ Pause or stopping of clinical trials

		<ul style="list-style-type: none"> ○ Information on manufacturing scale up, processes, supply chains may take a long time to be established and provided for review ● Regulatory review may identify problems that require further assessment and information from the manufacturer ● Evidence bar may not be met ● Developers dealing with multiple regulators may be challenged to respond to questions on time <p>Once the vaccine is approved, Health Canada will:</p> <ul style="list-style-type: none"> ● Issue a Tweet with information on the product name and the company ● Update the list of submissions under review to reflect decision issued ● Post a summary of the scientific rationale for the decision ● Update a number of the product information databases to reflect the new approval <p>Processes to ensure long-term safety of authorized COVID-19 vaccines:</p> <ul style="list-style-type: none"> ● Data available at the time of authorization will only include information on short- to medium-term side effects ● Post-market activities is required for manufacturers to follow the long-term safety of the vaccine ● If reported side effects are unexpected or serious – a thorough investigation will take place and information will be rapidly communicated to Canadians <p><u>Role of National Advisory Committee Immunization in COVID-19 Vaccine Planning</u></p> <p>National Immunization Technical Advisory Groups (NITAG) Reviews guidance from key NITAGs when framing issues for NACI and considering proposed recommendations – WHO (SAGE), USA – CDC, UK -PHE, Australia – Department of Health, Germany – RKI Technical resource and deliberative body to empower the national authorities and policy makers to make evidence-based decisions Recommends vaccination strategies to promote health, prevent and control infectious diseases, and prepare for or respond to public health emergencies</p> <p>Key considerations for NACI recommendations:</p> <ul style="list-style-type: none"> ● Acceptability – does a high level of demand or acceptability exist? ● Feasibility – is program implementation feasible given existing resources? ● Economics – will the vaccine program be cost-effective relative to other options? ● Equity – is the program equitable in terms of accessibility of the vaccine for all target groups that can benefit from the vaccine? ● Ethics – have ethical concerns of an immunization program been adequately addressed?
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Dec 21, 2021	Alberta Health – Isolate or Quarantine if required	<p>Isolate or Quarantine if required Public Health orders require you to:</p> <ul style="list-style-type: none"> • <i>Isolate for 10 days minimum</i> – if you have tested positive for COVID-19 • <i>Isolate for 10 days</i> – if you have any core symptom that is not related to a pre-existing illness or health condition <ul style="list-style-type: none"> ○ Core symptoms include – cough, fever, shortness of breath, runny nose, or sore throat ○ The isolation period is for 10 days from the start of symptoms or until symptoms resolve, whichever takes longer • <i>Quarantine for 14 days</i> – if you returned or entered Alberta from outside Canada or are a close contact of a person with COVID-19 <ul style="list-style-type: none"> ○ If you develop symptoms – you must isolate for 10 additional days from the onset of symptoms

Acronyms: AH = Alberta Health, AHS= Alberta Health Services, ISC= Indigenous Services Canada, PHAC= Public Health Agency of Canada, WHO= World Health Organization

Please note: All updated documents mentioned will be available to access on Onehealth or the link will be available on this document.