



Appendices for COVID-19 Living Evidence Profile #1

(Version 6: 20 April 2021)

Appendix 1: Methodological details

We use a standard protocol for preparing living evidence profiles (LEP) to ensure that our approach to identifying research evidence as well as experiences from other countries and from Canadian provinces and territories are as systematic and transparent as possible in the time we were given to prepare the profile.

Identifying research evidence

For each LEP, we search our continually updated <u>inventory of best evidence syntheses</u> and <u>guide to key</u> <u>COVID-19 evidence sources</u> for:

- 1) Guidelines (defined as providing recommendations or other normative statements derived from an explicit process for evidence synthesis);
- 2) full systematic reviews;
- 3) rapid reviews;
- 4) protocols for reviews or rapid reviews that are underway;
- 5) titles/questions for reviews that are being planned; and
- 6) single studies (when no guidelines, systematic reviews or rapid reviews are identified).

For the first version of this LEP, we also searched Health Systems Evidence (<u>www.healthsystemsevidence.org</u>) and HealthEvidence (<u>www.healthevidence.org</u>), to identify any relevant evidence documents that might have relevance to the COVID-19 vaccine roll-out, but were produced before the pandemic, given that the other sources searched were specific to COVID-19. In Health Systems Evidence, we searched for overviews of systematic reviews, systematic reviews of effects, systematic reviews addressing other questions, and protocols for systematic reviews, that may provide insights about vaccine-delivery systems by searching for 'vaccine' using the filters for 'public health' (under health-system sectors). In HealthEvidence, we searched using the categories for 'Immunization' and 'Policy and Legislation' under the intervention strategy filter combined with 'Communicable Disease/Infection' category under the topic filter.

Each source for these documents is assigned to one team member who conducts hand searches (when a source contains a smaller number of documents) or keyword searches to identify potentially relevant documents. A final inclusion assessment is performed both by the person who did the initial screening and the lead author of the rapid evidence profile, with disagreements resolved by consensus or with the input of a third reviewer on the team. The team uses a dedicated virtual channel to discuss and iteratively refine inclusion/exclusion criteria throughout the process, which provides a running list of considerations that all members can consult during the first stages of assessment.

During this process we include published, pre-print and grey literature. We do not exclude documents based on the language of a document. However, we are not able to extract key findings from documents that are written in languages other than Chinese, English, French or Spanish. We provide any documents that do not have content available in these languages in an appendix containing documents excluded at the final stages of reviewing.

Identifying experiences from other countries and from Canadian provinces and territories

For each LEP, we collectively decide on what countries to examine based on the question posed. For other countries we search relevant sources included in our continually updated guide to key COVID-19 evidence sources. These sources include government-response trackers that document national responses to the

pandemic. In addition, we conduct searches of relevant government and ministry websites. In Canada, we search websites from relevant federal and provincial governments, ministries and agencies (e.g., Public Health Agency of Canada).

While we do not exclude countries based on language, where information is not available through the government-response trackers, we are unable to extract information about countries that do not use English, Chinese, French or Spanish as an official language.

Assessing relevance and quality of evidence

We assess the relevance of each included evidence document as being of high, moderate or low relevance to the question. We then use a colour gradient to reflect high (darkest blue) to low (lightest blue) relevance.

Two reviewers independently appraised the quality of the guidelines we identified as being highly relevant using AGREE II. We used three domains in the tool (stakeholder involvement, rigour of development and editorial independence) and classified guidelines as high quality if they were scored as 60% or higher across each of these domains.

Two reviewers independently appraise the methodological quality of systematic reviews and rapid reviews that are deemed to be highly relevant. Disagreements are resolved by consensus with a third reviewer if needed. AMSTAR rates overall methodological quality on a scale of 0 to 11, where 11/11 represents a review of the highest quality. High-quality reviews are those with scores of eight or higher out of a possible 11, mediumquality reviews are those with scores between four and seven, and low-quality reviews are those with scores less than four. It is important to note that the AMSTAR tool was developed to assess reviews focused on clinical interventions, so not all criteria apply to systematic reviews pertaining to health-system arrangements or to economic and social responses to COVID-19. Where the denominator is not 11, an aspect of the tool was considered not relevant by the raters. In comparing ratings, it is therefore important to keep both parts of the score (i.e., the numerator and denominator) in mind. For example, a review that scores 8/8 is generally of comparable quality to a review scoring 11/11; both ratings are considered 'high scores.' A high score signals that readers of the review can have a high level of confidence in its findings. A low score, on the other hand, does not mean that the review should be discarded, merely that less confidence can be placed in its findings and that the review needs to be examined closely to identify its limitations. (Lewin S, Oxman AD, Lavis JN, Fretheim A. SUPPORT Tools for evidence-informed health Policymaking (STP): 8. Deciding how much confidence to place in a systematic review. Health Research Policy and Systems 2009; 7 (Suppl1):S8.

Preparing the profile

Each included document is hyperlinked to its original source to facilitate easy retrieval. For all included guidelines, systematic reviews, rapid reviews and single studies (when included), we prepare a small number of bullet points that provide a brief summary of the key findings, which are used to summarize key messages in the text. Protocols and titles/questions have their titles hyperlinked given that findings are not yet available. We then draft a brief summary that highlights the total number of different types of highly relevant documents identified (organized by document), as well as their key findings, date of last search (or date last updated or published), and methodological quality.

Appendix 2a: Key findings from <u>new</u> highly relevant evidence documents that address the question, organized by document type and sorted by relevance to the question and COVID-19

Type of document	Relevance to question	Key findings	Recency or status
Guidelines	 Allocating vaccines and ancillary supplies equitably Allocation rules People for whom vaccine safety and effectiveness has not yet been established 	 This guidance formulated by a task force of the Korean College of Rheumatology looks at recommendations regarding the efficacy and safety of COVID-19 vaccination in patients with autoimmune inflammatory rheumatic disease The recommendations state the following: Current available COVID-19 vaccines are considered safe and effective The risk of autoimmune inflammatory rheumatic flare after vaccination is low Every patient should receive one of the available COVID-19 vaccines, with the exception being those that cannot for medical reasons (e.g., prior allergy to COVID-19 vaccine components) Patients should be monitored at least 15 minutes after vaccination for potential anaphylaxis Patients should continue their immunosuppressive treatments after vaccination, including biological and targeted synthetic anti-rheumatic drugs Public-health measures (e.g., hand hygiene, mask wearing, physical distancing) should be continued after vaccination 	Published 29 March 2021
	 Allocating vaccines and ancillary supplies equitably Allocation rules People for whom vaccine safety and effectiveness has not yet been established 	 The following guidelines were updated from when they was first published in December 2020 The American College of Obstetricians and Gynecologists recommend that people considering future pregnancy, and currently pregnant or lactating should be offered a COVID- 	Published 24 March 2021

Type of document	Relevance to question	Key findings	Recency or
			status
		19 vaccine given the current data that	
		symptomatic pregnant people with COVID-19 are	
		at increased risk of more severe illness compared	
		with non-pregnant people	
		• People should have access to safety and efficacy	
		information during the consultation of receiving a	
		vaccine	
		Source (low-quality AGREE II rating; American	
		College of Obstetricians and Gynecologists)	
	• Allocating vaccines and ancillary supplies	• This guidance produced by the Japan Society of	Published 23
	equitably	Obstetrics and Gynecology and the Japanese	March 2021
	o Allocation rules	Society of Infectious Diseases in Obstetrics and	
	• People for whom vaccine safety and effectiveness	Gynecology looks at a set of recommendations	
	has not vet been established	for COVID-19 vaccination among pregnant	
		women or those who wish to become pregnant	
		• The following recommendations have been made:	
		• Safety of the COVID-19 vaccine in pregnant	
		women is currently unknown, however	
		pregnant women should not be excluded from	
		vaccination programs	
		• Before vaccination, women should be fully	
		informed of the unknown safety of the	
		vaccine	
		• Healthcare workers and pregnant women with	
		complications such as diabetes, hypertension	
		and obesity should be vaccinated preferentially	
		 Vaccination should be avoided during 	
		organogenesis (up to 12 weeks of pregnancy)	
		• Vaccination should be administered at an	
		obstetrics and gynecology facility to check	
		fetal health before and after vaccination	
		 Vaccination should be considered for partners 	
		of pregnant women to prevent infection in the	
		home	
		• Those who are planning to get pregnant	
		should be vaccinated before pregnancy	

Type of document	Relevance to question	Key findings	Recency or
		Source (low-quality AGREE II rating; Japan Society	status
		of Obstetrics and Gynecology and the Japanese	
		Society of Infectious Diseases in Obstetrics and	
	 Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Target of intervention General public Content of messaging Information (for health workers) about vaccine-administration protocols Allocating vaccines and ancillary supplies equitably People for whom vaccine safety and effectiveness has not yet been established 	 Gynecology) The Strategic Advisory Group of Experts (SAGE) developed guidance for the use of Janssen Ad26.COV2.S (COVID-19) vaccine, which is a recombinant, replication-incompetent adenovirus serotype 26 (Ad26) vector encoding a full-length and stabilized SARS-CoV-2 spike protein, with 66.9% efficacy against severe COVID-19 disease after 14 days and 85.4% after day 28 It is a one-dose vaccine targeted for adults aged 18 years and above, with no additional need for further doses at this time (including older persons, and people with comorbidities) The vaccine is recommended after consultation with a physician on the benefits versus risks for the following groups: pregnant people, lactating people, persons with HIV, people who previously had SARS-CoV-2 infection, and immunocompromised people People with current COVID-19 or being treated for passive antibody therapy should not be waccineted until recovered 	Published 17 March 2021
		Source (high-quality AGREE II rating; World Health	
	 Allocating vaccines and ancillary supplies equitably People for whom vaccine safety and effectiveness has not yet been established 	 The American College of Rheumatology recommends the COVID-19 vaccine to patients with rheumatic and musculoskeletal diseases (RMD) 	Published 17 March 2021
		• There is currently no direct evidence for the benefit of patients receiving a COVID-19 vaccine due to paucity of information, however the recommendations are based on the limited evidence and balancing the information on	

Type of document	Relevance to question	Key findings	Recency or
			status
		efficacy, effectiveness, safety, feasibility,	
		availability, and tradeoffs	
		Source (nign-quality AGREE II rating; American	
		College of Rheumatology)	D 11.1 115
	• Surveillance, monitoring and evaluation, and	• The Canadian Society of Allergy and Clinical	Published 15 Marah 2021
	reporting	Immunology (CSACI) released vaccine testing and	Match 2021
	o Documenting adverse events and follow-up	administration guidance for allergists and	
		 As of 10 January 2021, the society recommends 	
		that an assessment from an allergist is needed	
		among any individuals who have a suspected	
		allergy to the components of a COVID-19	
		vaccine (including anyone who received the first	
		dose), but is not required for people with history	
		of unrelated allergies (e.g., food, drugs, insects,	
		environmental allergens)	
		• The society recommends that	
		immunocompromised people should be offered	
		the COVID-19 vaccine and be a priority group	
		following careful assessment of the benefits and	
		risks	
		• Vaccine should be administered and followed by a	
		minimum 15- to 30-minute observation	
		• Overall, there is low risk for allergic reactions	
		associated with vaccines, and the cause of	
		reactions to the Pfizer-BioNTech and Moderna	
		COVID-19 vaccines are unknown at this time	
		Source (low-quality AGREE II rating; Canadian	
		Society of Allergy and Clinical Immunology (CSACI))	D
	Allocating vaccines and ancillary supplies	• The Singapore Chapter of Rheumatologists	Pre-print (Last
	equitably	recommends that vaccination decisions should be	edited 12 March
	• People for whom vaccine safety and	made at the individual level, and to vaccinate	2021)
	effectiveness has not yet been established	people with rheumatic disease and their household	
		contacts	

Type of document	Relevance to question	Key findings	Recency or
		 The chapter conditionally recommends that COVID-19 vaccines be administered during dormancy of the disease, prior to rituximab (and if on rituximab, to administer the vaccine a minimum of six months after the last dose and/or four weeks before the next dose of rituximab) <u>Source</u> (high-quality AGREE II rating; The Singapore Chapter of Rheumatologists) 	Status
Full systematic reviews	 Surveillance, monitoring and evaluation, and reporting Documenting adverse events and follow-up 	 This systematic review synthesized the safety data of 11 published clinical trials of COVID-19 vaccines and found that the adverse reactions reported in the 11 trials were mild to moderate with few severe reactions which were unrelated to the test vaccine The commonly reported local adverse events were pain at the site of injection, swelling and redness The systemic reactions included fever, fatigue, myalgia and headache This systematic review indicated that COVID-19 vaccines can be safe with no serious adverse events, however, long-term post-marketing surveillance data, particularly in high-risk vulnerable populations (elderly and those with comorbidities, pregnant women and children) need to be warranted to ensure the safety of COVID-19 vaccines 	Published 27 March 2021
	 Surveillance, monitoring and evaluation, and reporting Infrastructure to enable surveillance, monitoring and evaluation 	 This review identified digital solutions that are available globally for COVID-19 vaccine certificates and evaluate them on their purpose, use case, technological architecture, and ethical and legal consequences Eight COVID-19 vaccine certificate technologies were identified and are currently in demo and beta-testing trials 	Preprint (Literature last searched 26 November 2020)

Type of document	Relevance to question	Key findings	Recency or status
Rapid reviews	 Administering vaccines in ways that optimize timely uptake With what explicit effort to leverage existing health-system arrangements Where Primary care settings 	 The COVID-19 vaccine certificates have a number of technological standards for ethical and legal use, however some global leaders such as IBM, World Economic Forum and International Air Transport Association (IATA) have emphasized the need for a single set of standards Similarly to fraud and counterfeit yellow fever vaccine certificates that have been previously used, there is concern for fabricated COVID-19 vaccine certificates Source (AMSTAR rating 5/9) The document by the Knowledge to Policy (K2P) Center and the Lebanese Minister of Public Health describes the requirements for optimal integration, existing challenges, and counter strategies for vaccinations to be delivered by the National Primary Health Care (PHC) network in Lebanon Some requirements for the integration of the PHC network into current vaccination efforts include necessary physical environment and infrastructure, supplies, cold-chain management, workforce requirements, trainings, policies and procedures. 	Published 1 April 2021
		technology and record-keeping, waste disposal, financing, public information and communication, and community engagement Source (AMSTAR rating 2/9)	
	 Allocating vaccines and ancillary supplies equitably Allocation rules Front-line healthcare workers Residents in long-term care homes and other congregate-care settings People at increased risk of severe COVID-19 Migrant workers 	 This rapid review summarized key public-health documents and Irish data to investigate the risk of COVID-19 infection for adults aged 18 to 64 years who are living in crowded settings This review identified the following social groups as being at an elevated risk of infection: Travellers aged 18 to 64 Individuals of the Roma ethnic community 	Published 31 March 2021

Type of document	Relevance to question	Key findings	Recency or
			status
	 People in social environments that put 	• Individuals, such as residents and staff	
	them at elevated risk for COVID-19	members, at accommodation centres for	
		refugees and/or international protection	
		applicants	
		 Individuals working at meat processing plants 	
		• Rates of infection were relatively lower for	
		individuals in prison settings and for individuals	
		who are homeless, as well as staff providing	
		services for these populations	
		• Authors of the study concluded that lower	
		rates of infection are likely due to the presence	
		of stringent measures taken to protect such	
		populations	
		• The following social groups were additionally	
		postulated to be at a potentially higher risk of	
		infection despite the limited availability of reliable	
		data:	
		o Undocumented migrants, sex workers and	
		seasonal harvest workers	
		 Individuals in settings for addiction-service 	
		users, refugees who are women and religious	
		services	
		• This review further identified key considerations	
		for decisions surrounding the designation of	
		certain populations as a potential vaccine	
		allocation group, including:	
		 Eligibility of individuals in previous vaccine- 	
		allocation groups	
		• Accurate identification of individuals in certain	
		populations	
		• Vaccine roll-out logistics and	
		operationalization for certain groups	
		• Degree by which membership in certain	
		groups is mutually exclusive	
		 Impact of more transmissible variants 	

Type of document	Relevance to question	Key findings	Recency or
		 Challenges experienced in certain groups within the context of transmission, outbreak control and transmission to the wider community Source (AMSTAR rating 2/9) 	status
	 Allocating vaccines and ancillary supplies equitably Allocation rules Front-line healthcare workers Mass public 	 In response to high rates of vaccine refusal during vaccination campaigns in the United States and globally, the authors conducted a review to identify feasibility, legality and ethical considerations associated with mandatory vaccination strategies discussed in the literature The review findings suggest that adopting mandatory vaccinations for specific population groups such as healthcare workers through law or conditional by employment could increase uptake but reduce trust between workers and their institution Education and promotional campaigns supplemented with incentives and on-site vaccination clinics could be effective in environments where mandatory vaccine policies are infeasible Source (AMSTAR rating 2/9) 	Date of literature search not reported (published 31 March 2021)
	 Allocating vaccines and ancillary supplies equitably Allocation rules People at increased risk of severe COVID-19 	 This review identified and summarized published studies, case reports, reviews, meta-analyses, and expert guidelines on the effects of SARS-CoV-2 on neurodegenerative diseases to provide recommendations for the use of current SARS-CoV-2 vaccine candidates on patients with neurodegenerative diseases, including Parkinson's disease, Alzheimer's disease, multiple sclerosis, amyotrophic lateral sclerosis, and epilepsy The authors focused on vaccine candidates who have entered phase three of clinical trials at the time of the review, which include inactivated 	Date of literature search not reported (published 31 March 2021)

Type of document	Relevance to question	Key findings	Recency or
			status
		vaccines, viral vector vaccines, protein subunit	
		vaccines, and nucleic acid vaccines	
		• For inactivated vaccines, CoronaVac	
		developed by Sinovac showed sufficient	
		tolerability and immunogenicity without	
		significant adverse reactions	
		• For viruses selected as vaccine vectors, the	
		interim analysis reports of the Oxford-	
		AstraZeneca vaccine candidate showed that it	
		exceeded the minimum WHO standard for	
		vaccine effectiveness, but required further	
		investigation of adverse neurological effects	
		 For protein subunit vaccines, the NVX- 	
		CoV2372 vaccine by Novavax has	
		demonstrated sufficient immunogenicity with	
		no reports of adverse reactions	
		• The effectiveness and safety of SARS-CoV-2	
		vaccines for people with Alzheimer's disease is	
		still undetermined, with data indicating they can	
		preserve their immune response to the vaccine,	
		but effectiveness may decrease with age	
		• The authors conclude with the recommendation	
		that neurodegenerative diseases and their	
		associated treatments may change the safety and	
		effectiveness of SARS-CoV-2 vaccine candidates	
		• Vaccine administration should proceed with	
		caution and a vaccine specifically for the elderly	
		and those immunocompromised should be	
		developed to increase safety and effectiveness	
		Source (AMSTAR rating 1/9)	
	• Securing and distributing a reliable supply of	• This review provides a summary of the current	Published 25
	vaccines and ancillary supplies	available COVID-19 vaccines in the U.K., and	March 2021
	o Inventory management within country	training recommendations for those providing	
	• Distribution within country and to	and administering vaccines	
	administration sites	0	
	• Storage and handling within country		

Type of document	Relevance to question	Key findings	Recency or status
	 Allocating vaccines and ancillary supplies equitably Allocation rules Front-line healthcare workers Residents in long-term care homes and other congregate-care settings People at increased risk of severe COVID-19 Dosing rules Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Delivery of the intervention By whom 	 Current available COVID-19 vaccines are mRNA vaccines (Pfizer-BioNTech and Moderna) and adenoviral vector vaccines (AstraZeneca) The U.K.'s Joint Committee for Vaccination and Immunization (JCVI), an expert advisory committee, has set out nine priority groups for vaccination that are linked to increasing age, preexisting conditions, and residence and occupation in a care home setting Vaccine administrated is to be done by a range of healthcare professionals and other non-registered staff and volunteers, with training being dependent on the individual employer All three current vaccines (Pfizer-BioNTech, Moderna and AstraZeneca) have their own storage and administration requirements, which require care and precision Mass vaccination will rely on staff with appropriate training and rapid patient assessment to identify any contraindications or cautions in relation to the vaccine (e.g., previous allergic reaction to components of the COVID-19 vaccines, pregnant or breastfeeding, etc.) 	
	 Allocating vaccines and ancillary supplies equitably Allocation rules People who have already had confirmed COVID-19 	 The primary focus of this report was to examine the characteristics of immunity/natural immunity and virus transmission in: 1) patients who previously contracted SARS-CoV-2; and 2) vaccinated individuals With respect to natural immunity and virus transmission from individuals who previously contracted SARS-CoV-2, the evidence suggests that: Previously contracting SARS-CoV-2 does not provide sterilizing immunity and reinfected 	Literature last searched 8 March 2021

Type of document	Relevance to question	Key findings	Recency or
			status
	 Administering vaccines in ways that optimize timely uptake Where Long-term care homes With what broader, complementary health interventions 	 individuals may still be able to transmit the virus COVID-19 reinfection is a rare occurrence On day 14 after contraction, protective immunity is reported to be between 81-100%; this lasts for a period of five to seven months Overall transmission is projected to decrease as the number of individuals acquiring natural immunity increases With respect to immunity and virus transmission from vaccinated individuals, the evidence suggests: The risk of COVID-19 infection in a residence decreases by 30% after having a household member vaccinated Overall transmission is projected to decrease as vaccines continue to be administered Overall transmission is projected to decrease as vaccines continue to be administered The peak of antibody titres occurs three to four weeks post-vaccination Source (AMSTAR rating 2/9) This rapid review examines the potential benefits, harms, evidence and implementation challenges for routine asymptomatic SARS-CoV-2 screen testing of long-term care staff in order to prevent COVID-19 outbreaks in long-term care homes The findings found no available real-world evidence to support or refute the benefit of routine asymptomatic screen testing to prevent COVID-19 outbreaks There are a number of harms that have been identified, including: Physical discomfort and injury from frequent nasopharyngeal swabbing Staff behaviour change associated with knowledge of negative test result 	Date of literature search not reported (published 23 March 2021)

Type of document	Relevance to question	Key findings	Recency or status
		 An implementation challenge that has been noted in the review is the use of rapid antigen tests which are quicker but require more frequent testing, and health human resources which may exacerbate long-term care staff shortages The potential harms of screen testing among long- term care staff outweigh the benefits given the high rates of protection of COVID-19 vaccines against symptomatic and asymptomatic SARS- CoV-2 infection Source (AMSTAR rating 2/9) 	
	 Allocating vaccines and ancillary supplies equitably Allocation rules Front-line healthcare workers Residents in long-term care homes and other congregate-care settings People at increased risk of severe COVID-19 Essential workers (beyond front-line healthcare workers) and/or those in work environments that put them at elevated risk People in social environments that put them at elevated risk for COVID-19 Mass public 	 This rapid review assesses the extent to which individual states' vaccine allocation plans for various population groups differ from federal government (Centers for Disease Control) guidance in the United States There was agreement between all states and the federal government in giving top vaccine priority to front-line healthcare workers and long-term care facilities However, some states distinguished between front-line and non-front-line healthcare workers, assigning lower priority to the latter group First responders were assigned to the second priority group in federal guidance, but 32 states distinguished between medical and non-medical first responders and assigned medical first responders the same priority as healthcare workers States generally assigned other first responders to the second priority group Essential workers were not included in many state priority lists, and of the 37 states that did include them, 12 states assigned essential workers lower priority than federal guidelines 	Preprint (Literature last searched 18 February 2021)

Type of document	Relevance to question	Key findings	Recency or
			status
		• Most states distinguished early education staff	
		from other essential workers and assigned	
		them the same priority level as rederal guidance	
		for essential workers	
		O A broad category of other essential workers	
		which was present in rederal guidance and	
		assigned to the third priority group was only	
		present in 22 states vaccination plans	
		• Only 18 states used people aged 70 or 75 and	
		older as a priority group	
		O However, 47 states used people aged 65 to 74	
		or people aged 65 and older as priority groups,	
		and these groups were often given nigher	
		priority in state plans than in rederal guidance	
		• People with underlying medical conditions were	
		included in 40 states' guidelines, and there was	
		significant variability in their placement in relation	
		to federal guidelines	
		• Several groups not captured in federal guidelines	
		were included in states' guidelines	
		• Twenty-eight states included those living or	
		working in congregate settings in their priority	
		lists	
		• Ten states included individuals living with	
		mental, physical, or developmental disabilities	
		in their priority lists	
		Source (AMSTAR rating 4/9)	T · · · · · ·
	Allocating vaccines and ancillary supplies	• This review identified and summarized 99 articles	Literature last
	equitably	on vaccination guidance for patients with	searched 12
	o Allocation rules	autoimmune/autoinflammatory rheumatic	January 2021
	 People at increased risk of severe COVID- 	diseases (AIIRDs), to understand the available	
	19	options for vaccinating this population group	
		during the COVID-19 pandemic	
		 As patients with AIIRDs have been excluded 	
		from COVID-19 vaccine studies at the time of	

Type of document	Relevance to question	Key findings	Recency or
		 this review, the authors made the following recommendations based on the available evidence Patients with AIIRDs should not receive a vaccination during clinical or serologically active periods of the disease, including COVID-19 vaccines COVID-19 vaccines should be administered during inactive periods of the disease while patients are on lower doses of corticosteroid treatment Patients taking leflunomide can be vaccinated without stopping the medication Patients should skip one to two doses of methotrexate after receiving a COVID-19 vacciness Vaccines should be administered before starting any biologic disease-modifying antirheumatic drugs Patients receiving rituximab should be vaccinated a minimum of four weeks before or six months after treatment The authors conclude patients with AIIRDS should receive a COVID-19 vaccine when the spread of disease is under control and there is no risk of concurrent infection 	
	 Allocating vaccines and ancillary supplies equitably Allocation rules People at increased risk of severe COVID-19 	 This rapid review identified and summarized four guidelines, five reviews, and four research articles on vaccination guidelines for immunosuppressed cancer patients, to understand the available options for vaccinating this population group during COVID-19 when there are no other vaccine options being tested for their safety The authors found that live vaccines are not recommended for the immunosuppressed due to the risk of vaccine-related diseases from live 	Literature last searched 2 November 2020

Type of document	Relevance to question	Key findings	Recency or
			status
		pathogen transmission, while inactivated, nucleic	
		acid, protein subunit, and virus-like protein	
		vaccines are considered safe, but provide reduced	
		protection and require more than a normal dose	
		for seroconversion	
		• Drawing on the available knowledge on how to	
		vaccinate immunosuppressed cancer patients, the	
		authors produced generalized recommendations	
		for all cancer types, genders and age groups	
		• Administer a second dose of influenza vaccine	
		to increase seroconversion	
		 Adjust vaccination timing by administering 	
		vaccines prior to immunosuppressive	
		chemotherapy: inactive vaccines should be	
		administered two weeks prior to or three	
		weeks following therapy; live attenuated	
		vaccines can be administered four weeks prior	
		to or three months after therapy cessation	
		• Patients should be re-immunized if they were	
		vaccinated during chemotherapy	
		• In treatments such as CAR T-cell therapy, live	
		vaccines should not be administered for a	
		minimum six- to 12-month period following	
		treatment	
		• Take precautions before administering	
		vaccines: provide vaccines to those	
		surrounding immunosuppressed cancer	
		patients; replace hospital care with	
		telemedicine or phone calls when possible;	
		replace intravenous drugs with oral drugs to	
		decrease hospital visits and enable patient to	
		remain in the home	
D 1.4		Source (AMSTAR rating 3/9)	
Protocols for reviews	Surveillance, monitoring and evaluation, and	• Uptake as well as safety and efficacy of COVID-	Anticipated
that are underway	reporting	19 vaccines for women who are pregnant or	completion date
	o Identifying sources of vaccine hesitancy	breastfeeding	

Type of document	Relevance to question	Key findings	Recency or status
		 Factors influencing uptake of vaccine, and healthcare provider's experiences of providing COVID-19 vaccines to pregnant or breastfeeding women Source 	30 September 2021
	 Surveillance, monitoring and evaluation and reporting Documenting vaccine-related opinions Identifying sources of vaccine hesitancy 	 Identifying factors predictive of COVID-19 vaccine acceptance Identifying barrier and facilitators associated with vaccination decision-making 	Anticipated completion date 20 September 2021
	 Surveillance, monitoring and evaluation and reporting Documenting vaccine-related opinions Identifying sources of vaccine hesitancy 	 A systematic review and meta-analysis of healthcare workers' acceptance of COVID-19 vaccines <u>Source</u> 	
	 Surveillance, monitoring and evaluation and reporting Documenting vaccine-related opinions Identifying sources of vaccine hesitancy 	• Identifying sources of vaccine hesitancy and strategies for increasing vaccine uptake among people from Black, Asian, and minority ethnic groups in the United Kingdom <u>Source</u>	Anticipated completion date 15 April 2021
	 Surveillance, monitoring and evaluation, and reporting Identifying sources of vaccine hesitancy 	Acceptance of COVID-19 vaccines across healthcare providers and factors affecting decision to be vaccinated Source	Anticipated completion date 30 March 2021
Titles/questions for reviews that are being planned	None identified		
Single studies in areas where no reviews were identified	 Allocating vaccines and ancillary supplies equitably Ensuring equity 	 A mathematical modelling study using Ontariobased parameters examined the effects of case notifications, non-pharmaceutical intervention adherence, and lockdown in conjunction with a vaccination campaign At a vaccination rate of 1.5% of Ontario's population per week starting January 2021, the oldest-first strategy would reduce COVID-19 mortality by 90.8% on average (followed by 89%) 	Published 31 March 2021

Type of document	Relevance to question	Key findings	Recency or
			status
		in the uniform, 88.9% in the contact-based, and	
		88.2% in the youngest-first strategies)	
		• The authors reported that more deaths could be	
		prevented by first vaccinating with a contact-based	
		strategy for vaccinations (followed by uniform,	
		oldest-first, youngest-first strategies)	
		• In both scenarios, the youngest-first strategies	
		were lowest in reducing mortality rates	
		• Overall, the authors concluded that interrupting	
		transmission might reduce mortality more	
		effectively than targeting vulnerable groups within	
		populations with high seropositivity and at a later	
		vaccination start date (due to waves)	
-		Source	D 1 1 1 1 6 (
	• Allocating vaccines and ancillary supplies equitably	 This study indicated that COVID-19 vaccination 	Published 26
	o Ensuring equity	coverage was lower in high vulnerability counties	March 2021
		than in low vulnerability counties in the first 2.5	
		months of the U.S. vaccination program, which	
		was largely driven by socio-economic disparities	
		• COVID-19 vaccination equity varied among states	
		and practices in states with high equity included:	
		• Prioritizing persons in racial/ethnic minority	
		groups during the early stages of the vaccine	
		program implementation	
		• Actively monitoring and addressing barriers to	
		• Directing vaggings to vulnerable communities	
		• Offering free transportation to vaccination	
		o offering free transportation to vaccination	
		 Collaborating with community partners, tribal 	
		bealth organizations and the Indian Health	
		Service	
		This study indicated that CDC_state_and local	
		iurisdictions should continue to monitor	
		vaccination coverage by social-vulnerability	
		metrics to develop tailored, local vaccine	

Type of document	Relevance to question	Key findings	Recency or status
		administration and outreach efforts for reducing vaccination inequities	
	 Allocating vaccines and ancillary supplies equitably Allocation rules People at increased risk of severe COVID- 19 	 This study examines COVID-19 vaccine prioritization of middle- and older-aged adults with cardiovascular risk factors by using age-stratified and prevalence rates of obesity, diabetes and hypertension data from a large prospective cohort study (Prospective Urban Rural Epidemiology study) The data shows that obesity, diabetes and hypertension are associated with an increased severe COVID-19 infection risk, and prioritizing adults with risk factors for vaccination is necessary and an efficient way of reducing COVID-19 mortality rates 	Preprint (last edited 26 March 2021)
	 Allocating vaccines and ancillary supplies equitably Dosing rules 	 This modelling study in the context of the English population investigated prioritization of a one-dose or two-dose vaccination schedule given a fixed number of vaccine doses and with respect to a measure of maximizing averted deaths This study examined two types of strategy for dose allocation: (1) giving as many people one dose or as many people two doses as permitted by the number of doses available (homogeneous strategy); and (2) adding flexibility to the allocation scheme by allowing for a given percentage of vaccine doses being used for first doses, with the remainder used for second doses (heterogeneous strategy) This modelling study indicated that vaccines offering relatively high protection from the first dose (compared to the efficacy derived from two doses) favour strategies that prioritize giving more 	Preprint (last edited 24 March 2021)

Type of document	Relevance to question	Key findings	Recency or
			status
		 people one dose rather than giving a smaller number two doses The precise timing of first and second doses was contingent on the speed of the vaccine delivery, with more rapid delivery favouring early deployment of second doses 	
	 Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Target of intervention General public Content of messaging Information about novel vaccine platforms, current vaccine options, prioritized populations, and behaviours after vaccination 	 The following case study illustrates the successes of Israel's vaccination campaign, with the following key factors: Prioritization of vaccination during the early phases of the campaign (e.g., older and middle-aged adults, healthcare workers, senior home residents and caregivers, people with chronic conditions, followed by teachers and soldiers) Public trust through integrated and familiar health system Transparency regarding vaccine safety information Culturally appropriate messages in digital and offline media (e.g., diverse health-literacy needs) Active participation and role-modelling by political and religious opinion leaders 	Published 13 March 2021

Appendix 2b: Key findings from highly relevant evidence documents identified in previous LEP versions that address the question, organized by document type and sorted by relevance to the question and COVID-19

Type of document	Relevance to question	Key findings	Recency or status
Guidelines developed using a robust process (e.g., GRADE)	 Administering vaccines in ways that optimize timely uptake With what explicit effort to leverage existing health-system arrangements Surveillance, monitoring and evaluation, and reporting Documenting vaccine status Documenting adverse events and follow-up Monitoring supply safety Identifying and measuring performance indicators (particularly those adjusted from standard vaccine programs) Infrastructure to enable surveillance, monitoring and evaluation 	 This document on monitoring COVID-19 vaccination provides guidance about: Minimum and optional data to collect as vaccines are being rolled out and delivered Key performance indicators and the anticipated use of these to measure the performance of key components of the immunization system and to take corrective action when needed The use of information systems to collect, store, analyze and disseminate any relevant information This interim guidance is primarily directed at national authorities who are responsible for the management, implementation and monitoring of COVID-19 vaccine introduction and delivery in their countries, and may also be useful for any partners who provide the required support in countries or organizations that develop and deploy information systems to support vaccination programs This interim guidance presents different tools for recording and reporting COVID-19 vaccination data, including home-based records (vaccination cards), facility-based records (immunization registers), tally sheets, periodic reports, and dashboards This interim guidance presents different types of digital systems to collect, report and analyze COVID-19 vaccination data, including health-management information systems (EIR), digital vaccination cards and certificates, logistics-management information systems (LMIS), and geographical information systems (GIS) 	Published 3 March 2021

Type of document	Relevance to question	Key findings	Recency or
			status
	• Communicating vaccine-allocation plans and the	• The checklist can help frontline health workers	Published 1
	safety and effectiveness of vaccines	prepare and complete a COVID-19 vaccination	March 2021
	o Content of messaging	session at a fixed post or outreach session	
	 Information (for health workers) about 	Before a COVID-19 vaccination session, front-line	
	vaccine-administration protocols	health workers should conduct related calculations	
	• Administering vaccines in ways that optimize	and the following tasks:	
	timely uptake	• Prepare tally sheets (or other reporting forms,	
	0 Where	depending on recommendation, including	
	 Community-based health settings 	tracking for two doses)	
	• With what reporting requirements and	• Develop a list with contact phone numbers (e.g.,	
	supporting immunization information systems	supervisor, tocal person for adverse events	
	and broader healthcare information systems	following immunization (AEFI), ambulance	
	• With what safety monitoring requirements	driver)	
		• Prepare an AEFI kit and COVID-19 vaccine-	
		specific AEFI reporting forms	
		• Prepare an infection prevention and control kit	
		• Provide a waste bin (or bag) and a property	
		Source (World Legith Organization)	
		Source (world Health Organization)	Dublished 1
	• Communicating vaccine-allocation plans and the	• The health worker communication for COVID-19	March 2021
	safety and effectiveness of vaccines	vaccination flow diagram supports health workers by	Water 2021
	• Derivery of the intervention	during a COVID 10 vagingtion assign	
	 Dy whom Modelity of delivery 	• Step 1: determine eligibility for vaccine	
	- Modality of delivery	• Step 2: presume acceptance of a vaccine	
	 Data and evidence about safety and about 	• Step 3: share key messages about COVID-19	
	effectiveness in terms of both protection	vaccines, including benefits of vaccination	
	against COVID-19 (including duration of	common potential side effects and how to handle	
	protection) and protection against	them	
	transmission (and other factors that may	• Step 4: respond to questions and concerns with	
	contribute to vaccine acceptance and	empathy, including using facts, stories, and visual	
	hesitancy)	aids to provide information to debunk	
	Information (for health workers) about	misinformation, rumours, and myths, or pointing	
	vaccine-administration protocols	to trusted resources or people in the community	
	Myths and misinformation about vaccines	who support COVID-19 vaccination (e.g., village	
		chief)	

Type of document	Relevance to question	Key findings	Recency or status
	 Risk-mitigation efforts (including complementary public-health measures used at time of vaccination) 	 Step 5: request consent to vaccinate Step 6: vaccinate and provide information to take home, including reminding the vaccine recipient to continue to follow public-health and social measures (i.e., wear a mask, maintain physical distance, and practise hand hygiene and respiratory etiquette) These steps can be carried out prior to the vaccination event, in-person or via virtual platform, at a group educational session, community meeting, or one-on-one interaction Source (World Health Organization) 	
	 Securing and distributing a reliable supply of vaccines and ancillary supplies National purchasing Delivery to country Distribution within country and to administration sites Storage and handling within country 	 The COVID-19 vaccine introduction and deployment costing tool (CVIC tool) is intended to help governments, partners, and other stakeholders estimate the introductory and deployment cost of COVID-19 vaccine procurement and service delivery, before detailed planning can take place These costs include central activities, international and domestic logistics, service delivery, and demand generation and communications The tool focuses on operational costs and selected capital expenditures Countries can also use the tool to prepare budgets for vaccination beyond 2021 as COVID-19 vaccine is deployed Source (World Health Organization) 	Published 20 February 2021
	 Surveillance, monitoring and evaluation, and reporting Documenting vaccine-related opinions Identifying sources of vaccine hesitancy 	 This guidebook provides four tools to understand intentions for receiving the COVID-19 vaccine for prioritized groups in the population, based on WHO Strategic Advisory Group of Experts on Immunization (SAGE) Roadmap for prioritizing uses of COVID-19 vaccines in the context of limited supply that includes surveys and qualitative interviews of adults and health workers 	Published 3 February 2021

Type of document	Relevance to question	Key findings	Recency or status
	 Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Delivery of the intervention By whom Modality of delivery Content of messaging Data and evidence about safety and about effectiveness in terms of both protection against COVID-19 (including duration of protection) and protection against transmission (and other factors that may contribute to vaccine acceptance and hesitancy) Myths and misinformation about vaccines 	 Intended users of this guidebook are immunization programme managers, researchers, and others involved in collecting, analyzing and using data for COVID-19 vaccine programme planning and evaluation There are three processes outlined in the guidebook that look at planning, investigating and acting of methods and best practices to support implementation of the surveys, interview guides, and the data collection and analysis Regional and national vaccine roll-out plans should use this guidebook to routinely gather and use data that will offer insights into how to continually improve implementation strategies and tailor communication approaches Source (World Health Organization) This interim guidance provides an overview of key activities and considerations to achieve high acceptance and uptake of COVID-19 vaccines and it includes the following aspects: coordination and planning implementation of mass media plan social media monitoring and misinformation management crisis communications advocacy and stakeholder engagement capacity building monitoring, learning and evaluation 	Published 31 January 2021
	 Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Target of intervention General public 	• The document provides tips and discussion points for service providers, health and community workers, volunteers and community networks to discuss vaccine delivery with the general public living within communities	Published 31 January 2021

Type of document	Relevance to question	Key findings	Recency or
	 Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Target of intervention General public 	 Specific details on communicating with older adults aged 65 years and older and people with comorbidities are provided Source (World Health Organization) The communication planning template provides countries with an outline of communication activities that should be considered when introducing COVID-19 vaccines, with relevant categories such as target audience, budget breakdown, timelines, and responsibilities 	status Published 31 January 2021
	 Securing and distributing a reliable supply of vaccines and ancillary supplies Delivery to country Inventory management within country Distribution within country and to administration sites Storage and handling within country Surveillance, monitoring and evaluation, and reporting Documenting vaccine status Documenting adverse events and follow-up 	 Source (World Health Organization) This guideline outlines the step-by-step process for National Deployment and Vaccination Plan for COVID-19 vaccines (NDVP) development, submission and review, which is a helpful resource for countries as they prepare and submit their NDVPs to the Partners Platform This guideline should be used in conjunction with: the Standard Review Form for NDVP, which enables countries to prepare their NDVPs for the review process and supports regions in conducting a consistent and uniform assessment of the submitted NDVPs the Considerations for forming a regional <u>COVID-19 review committee (RRC)</u>, which provides insight on how these committees can be established and conduct the review process for NDVPs 	Published 29 January 2021
	 Securing and distributing a reliable supply of vaccines and ancillary supplies Distribution within country and to administration sites Allocating vaccines and ancillary supplies equitably Allocation rules 	 Source (World Health Organization) This interim guidance is to provide guidance on infection prevention and control (IPC) in long-term care facilities (LTCFs) in the context of COVID-19 WHO recommends that LTCFs should be a high priority for COVID-19 vaccine deployment, and clear plans should be made in advance 	Published 8 January 2021

Type of document	Relevance to question	Key findings	Recency or
	 Residents in long-term care homes and other congregate-care settings Essential workers (beyond front-line healthcare workers) and/or those in work environments that put them at elevated risk 	 The initial high-priority targets for immunization should be health workers (including those working in LTCFs and the private sector), older people and those with underlying health conditions Timely communications and plans between LTCFs and the local health authorities to determine the logistics of how the COVID-19 vaccines will be deployed in their jurisdictions are important Considerations should include communications with residents and next of kin, consent needs, storage, administration, disposable supplies, waste management, management of side-effects, maintaining data and ensuring timely provision of second doses Source (World Health Organization) 	status
	 Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Delivery of the intervention By whom Content of messaging Data and evidence about safety and about effectiveness in terms of both protection against COVID-19 (including duration of protection) and protection against transmission (and other factors that may contribute to vaccine acceptance and hesitancy) Surveillance, monitoring and evaluation and reporting Documenting adverse events and follow-up Infrastructure to enable surveillance, monitoring and evaluation 	 The manual provides an overview of safety implications and immunization strategies, how to identify all relevant stakeholders, provide guidance on safety data collection, data elements of pharmacovigilance preparedness, developing surveillance systems, evidence-based programmatic decisions, and provide support for vaccine safety communication <u>Source</u> (World Health Organization) 	Published 22 December 2020
	 Securing and distributing a reliable supply of vaccines and ancillary supplies Inventory management within country 	 This document provides guidance for administration of COVID-19 vaccines including: Vaccine distribution, storage and handling 	Published 21 December 2020

Type of document	Relevance to question	Key findings	Recency or status
	 Distribution within country and to administration sites Storage and handling within country Allocating vaccines and ancillary supplies equitably Allocating rules Ensuring equity Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Target of intervention General public High-risk groups Delivery of the intervention By whom Modality of delivery Surveillance, monitoring and evaluation and reporting Documenting vaccine status Documenting adverse events and follow-up Infrastructure to enable surveillance, monitoring and evaluation 	 Recommendations for early immunization and targeting key populations Advice about vaccine administration related to planning, ancillary supplies and about reaching remote, isolated, vulnerable, and hard-to-reach populations Monitoring vaccine uptake, safety and effectiveness, and the networks and mechanisms used to facilitate surveillance Leveraging communication and engagement with the public, professionalsand the healthcare sector Source (Government of Canada) 	
	 Allocating vaccines and ancillary supplies equitably Allocation rules People who have already had confirmed COVID-19 People for whom vaccine safety and effectiveness has not yet been established People at significant risk for severe allergic reaction Administering vaccines in ways that optimize timely uptake With what post-vaccination observation period and what physical distancing, personal protective equipment, sanitation and other public-health measures 	 The Strategic Advisory Group of Experts (SAGE) provided recommendations on the use of Moderna mRNA-1273 vaccine against COVID-19 Detailed information is provided on administration, considerations for modifications, co-administration with other vaccines, contraindications, vaccinations for specific populations, prioritizations, and other recommendations related to surveillance There is no evidence for the need of a booster dose after the two-dose vaccine and interchangeability of this vaccine with other mRNA vaccines Individuals with a history of anaphylaxis to any component of the vaccine should not be administered the initial dose, and if anaphylaxis 	Last update 25 January 2021

Type of document	Relevance to question	Key findings	Recency or
	• With what second-dose provisions	 happens after the first dose, they should not receive the second dose WHO recommends against the use of mRNA-1273 in pregnancy (unless the benefit outweighs the risk), children and adolescents below the age of 18 years WHO recommends risk-benefit assessments for: extremely frail older adults, those over the age of 95, individuals who are immunocompromised or have autoimmune conditions WHO recommends vaccinations groups to include for lactating women, persons living with HIV, and persons with history of Bell's palsy (unless there is a contraindication to vaccination) WHO recommends delayed vaccination for individuals who currently or previously had SARS- CoV-2 infection, or received antibody therapy Source (World Health Organization's Strategic 	status
	 Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Target of intervention General public High-risk groups Individuals who are hesitant about or opposed to vaccination 	 Advisory Group of Experts (SAGE)) The risk communication and community engagement (RCCE) strategy was updated to cover COVID-19 related events from December 2020 to May 2021 The four objectives aim for people-centred and community-led approaches to improve trust, social cohesion, and reduce negative impacts of COVID-19, such as: 1) be community-led (reduce stigma, coordinate the management of the infodemic); 2) be data-driven (enhance social media monitoring, advocate for community priorities); 3) reinforce capacity and local solutions (facilitate capacity needs assessments); and 4) be collaborative (include joint assessments and monitoring) Anticipated challenges for the next six months include uncertainty, vaccines distribution and administration, pandemic fatigue, mistrust, increased 	Last update 23 December 2020

Type of document	Relevance to question	Key findings	Recency or
Type of document	 Allocating vaccines and ancillary supplies equitably Allocation rules (to priority populations, including those listed below, as well as to 'lower levels' in a federation and/or to providers who can reach priority populations) Front-line healthcare workers Residents in long-term care homes and other congregate-care settings 	 Key findings economic pressure, increased stigma, and increased politicization Source (World Health Organization) The priorities for the COVID-19 vaccination program should be the prevention of COVID-19 mortality and the protection of health and social-care staff and systems Secondary priorities should include vaccination of individuals at increased risk of hospitalization and increased risk of exposure, and to maintain resilience in essential services Based on the proposed guidelines, the order of 	Recency or status Published 6 January 2021
	 People at increased risk of severe COVID- 19 (e.g., older and/or frail adults, those with chronic health conditions) Essential workers (beyond front-line healthcare workers) and/or those in work environments that put them at elevated risk (e.g., food processing and transit) Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Target of intervention High-risk groups 	 Based on the proposed guidelines, the order of priority of COVID-19 vaccinations are as follows: Residents in a care home for older adults and their carers All those 80 years of age and over and front-line health and social-care workers All those 75 years of age or over All those 70 years of age and over and clinically extremely vulnerable individuals All those 65 years of age and over All individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality All those 55 years of age and over All those 50 years of age and over Inthese 50 years of age and over Inthese 50 years of age and over 	
	 Allocating vaccines and ancillary supplies 	 Specifically, programs should be tailored to Black, Asian and minority ethnic groups who have higher rates of infection, morbidity and mortality <u>Source</u> (Department of Health & Social Care, Government of UK) On December 1, the Advisory Committee on 	Last update 1
	equitably	Immunization Practices (ACIP) in the U.S.	January 2021

Type of document	Relevance to question	Key findings	Recency or
			status
	 Allocation rules Front-line healthcare workers Residents in long-term care homes and other congregate-care settings People at increased risk of severe COVID-19 Essential workers and/or those in work environments that put them at elevated risk 	 recommended that healthcare personnel and long-term care facility residents be offered COVID-19 vaccination first (Phase 1a) On December 20, ACIP updated interim vaccine allocation recommendations In Phase 1b, COVID-19 vaccine should be offered to persons aged ≥75 years and non-healthcare frontline essential workers In Phase 1c, COVID-19 vaccine should be offered to persons aged 65–74 years, persons aged 16–64 years with high-risk medical conditions, and essential workers not included in Phase 1b Federal, state and local jurisdictions should use this guidance for COVID-19 vaccination program 	status
		planning and implementation <u>Source</u> (Advisory Committee on Immunization Practices, Centers for Disease Control and Prevention)	
	 Securing and distributing a reliable supply of vaccines and ancillary supplies (e.g., needles, diluents) National purchasing Delivery to country Inventory management within country Administering vaccines in ways that optimize timely uptake With what second-dose provisions 	 This guideline describes the rationale and recommendations from the Advisory Committee on Immunization Practices (ACIP) on the use of Moderna COVID-19 vaccine for U.S. adults aged 18 years or older for the prevention of COVID-19 Engagement with community leaders and organizations will be needed to reduce barriers specific to vaccination uptake ACIP states that adults should complete their second vaccination with the same vaccine product as the first dose Source (Advisory Committee on Immunization Practices, Centers for Disease Control and Prevention) 	Last update 20 December 2020
	 Securing and distributing a reliable supply of vaccines and ancillary supplies Inventory management within country Distribution within country and to administration sites 	• This guidance document outlined key elements and themes from vaccine strategy and deployment plans in the United Kingdom and countries within the European Union and European Economic Area	Published 2 December 2020

Type of document	Relevance to question	Key findings	Recency or status
	 Allocating vaccines and ancillary supplies equitably Allocation rules Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Target of intervention General public Surveillance, monitoring and evaluation, and reporting Documenting vaccine-related opinions Documenting adverse events and follow-up Infrastructure to enable surveillance, monitoring and evaluation 	 Within the interim recommendations of European countries, the top priority group for COVID-19 vaccines included older adults, healthcare workers, and individuals with select comorbidities Due to the limited supply of vaccines, certain countries may be further prioritizing from within this group Three key themes have been noted across the European countries: 1) the COVID-19 vaccine will be free of charge; 2) models will use pre-existing vaccination structures and delivery services for the roll-out of COVID-19 vaccines; and 3) electronic immunization registries will be used to help monitor vaccine safety, efficacy, coverage, and acceptance Source (European Centre for Disease Prevention and Control) 	
	 Allocating vaccines and ancillary supplies equitably Allocation rules 	 This report follows the process of an expert group established by the Norwegian Institute of Public Health in determining the order in which vaccines should be allocated during the first stage of the Norwegian Coronavirus Immunization Programme Core values were established by the group for the first stage of the program and included, "equal respect, welfare, equity, trust, and legitimacy" These five core values were then translated to the following key goals: "1) reduce the risk of death, 2) reduce the risk of severe illness, 3) maintain essential services and critical infrastructure, 4) protect employment and the economy, 5) re-open society" Through defining the aforementioned key values and goals, the following categories of prioritization were established: a "Risk factors for severe illness and death b The infection situation c Occupation" 	Published 15 November 2020

Type of document	Relevance to question	Key findings	Recency or
		 The group recommends a dynamic approach to prioritization in accordance with a model published by the Norwegian government illustrating four possible scenarios for the COVID-19 pandemic. Each scenario varies based on severity of infection and is accompanied by recommendations for possible response measures. As an example, "Scenario 1a: Control" represents mild infection rates whereas "Scenario 2b: Widespread Transmission" represents more severe infection rates and societal closures are recommended The group recommends that risk groups and healthcare workers be given priority in pandemic scenarios 1-2a In pandemic scenario 2b, in which there is widespread transmission, the order of priority should be amended to: "1) health care workers, 2) risk groups, and 3) critical societal functions" Source (Norwegian Institute of Public Health) 	
	 Allocating vaccines and ancillary supplies equitably Distribution within country and to administration sites 	• This report published by the Health Information and Quality Authority was written with the purpose of advising the National Public Health and Emergency Team in Ireland on various factors which influence	Published 16 December 2020
	 Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Target of intervention General public Individuals who are hesitant about or opposed to vaccination Surveillance, monitoring and evaluation, and reporting 	 vaccine uptake as well as possible interventions and communication strategies that can combat these barriers The influenza vaccine was used as a surrogate for the COVID-19 vaccine, and a rapid review was conducted to identify factors (barriers and facilitators) that influence vaccine uptake As a result of this rapid review, the following themes were identified as either barriers or facilitators to vaccine uptake, varying based on context: "perceived risks and benefits, knowledge, social influences, and patient-specific factors." 	

Type of document	Relevance to question	Key findings	Recency or status
		 Additionally, "perceived benefits from vaccination" and "recommendations from healthcare professionals" were reported as factors which typically improve vaccine uptake The rapid review also concluded that multicomponent interventions involving both individual- and system-level components are successful towards improving vaccine uptake in a variety of groups The group stressed the importance of ensuring equitable access to the vaccine by varying populations (i.e., taking into account the location of immunization centres, vaccination costs, etc.) as a means of improving uptake The following parties should be educated on the COVID-19 vaccine to ensure evidence-based information is being relayed to the general public: Healthcare professionals (who should be educated on the vaccine prior to the initiation of any vaccination program) Community opinion leaders A communication campaign with the purpose of combatting misconceptions about the COVID-19 vaccine should include the following key pieces of information: The mechanism of action of the vaccine Evidence related to the safety and efficacy of the vaccine The rigour of the scientific process used to evaluate the safety and effectiveness of the vaccine, as well as the fact that it is undergoing continuous evaluation 	

Type of document	Relevance to question	Key findings	Recency or status
	• Securing and distributing a reliable supply of	 To maintain a relationship of trust with the public, all surveillance information related to the safety and effectiveness of the vaccine should be made openly available <u>Source (Health Informant and Quality Authority)</u> This document provides guidance on developing 	Last update 16
	 Securing and distributing a reliable supply of vaccines and ancillary supplies (e.g., needles, diluents) Allocating vaccines and ancillary supplies equitably Allocation rules (to priority populations, including those listed below, as well as to 'lower levels' in a federation and/or to providers who can reach priority populations) Ensuring equity (including whether and how access through private means can be achieved by those not initially prioritized) Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Administering vaccines in ways that optimize timely uptake Surveillance, monitoring and evaluation, and reporting 	 This document provides guidance on developing COVID-19 national deployment and vaccination plans Aspects of this plan include: Regulatory preparedness Planning and coordination Costing and funding Identification of target populations Vaccine-delivery strategies Preparation of supply chain and management of healthcare waste Human-resource management and training Vaccine acceptance and uptake (demand) Vaccine-safety monitoring, management of adverse effects following immunization (AEFI) and injection safety Immunization monitoring systems COVID-19 surveillance 	November 2020
	 Allocating vaccines and ancillary supplies equitably Allocation rules 	 Evaluation of COVID-19 vaccine <u>Source</u> (World Health Organization) This document provides guidance on prioritizing limited supply of COVID-19 vaccines It provides a roadmap for priority uses of COVID-19 vaccines including: Staging priority groups in relation to group size and supply Gender considerations Addressing pregnant women Addressing lactating women Addressing children 	Last update 13 November 2020

Type of document	Relevance to question	Key findings	Recency or
			status
		 Considering comorbidities in vaccine 	
		prioritization	
		Source (World Health Organization)	
	Allocating vaccines and ancillary supplies	• The MMWR describes the Advisory Committee on	Last update
	equitably	Immunization Practices' ethical principles for the	November
	 Approaches to developing and adjusting 	allocation of COVID-19 vaccine in the U.S.	2020
	allocation rules	• The recommended approach for national, state,	
	o Ensuring equity (including whether and how	tribal, local and territorial levels is guided by four	
	access through private means can be achieved	ethical principles: 1) maximize benefits and minimize	
	by those not initially prioritized)	harms; 2) promote justice; 3) mitigate health	
		inequities; 4) promote transparency	
		Additional considerations include decisions based on	
		science (e.g., safety and efficacy) and feasibility of	
		implementation (e.g., storage and handling)	
		Source (Advisory Committee on Immunization	
		Practices, Centers for Disease Control and Prevention)	
	• Communicating vaccine-allocation plans and the	This guideline discusses behavioural insights related	Last update 15
	safety and effectiveness of vaccines	to drivers of vaccine acceptance and uptake	October 2020
	o Target of intervention	• It provides a framework of drivers of vaccine uptake	
	 General public 	including: 1) an enabling environment, 2) social	
	 Individuals who are hesitant about or 	influences and 3) motivation	
	opposed to vaccination	Source (World Health Organization)	
	• Delivery of the intervention		
	By whom (e.g., health worker, research		
	expert, teacher, business leader, government		
	leader, community leader, citizen champion,		
	media)		
	 Frequency (e.g., daily, weekly) 		
	 Duration (i.e., how much or for how long) 		
	 Modality of delivery (e.g., social media, text, 		
	email, telephone, radio, television, face-to-		
	face by video, face-to-face in person)		
	o Content of messaging		
	Data and evidence about safety and about		
	effectiveness in terms of both protection		
	against COVID-19 (including duration of		
Type of document	Relevance to question	Key findings	Recency or status
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	 protection) and protection against transmission (and other factors that may contribute to vaccine acceptance and hesitancy) Information about novel vaccine platforms (e.g., mRNA), current vaccine options (e.g., number of vaccines available in a country, number of doses required of any given vaccine), prioritized populations, and behaviours after vaccination Information (for health workers) about vaccine-administration protocols Myths and misinformation about vaccines Risk-mitigation efforts (including complementary public-health measures used at time of vaccination) Anticipated timing of when all those who want a vaccine will have been vaccinated Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Target of intervention General public Individuals who are hesitant about or opposed to vaccination 	 This guideline highlights how countries can begin pre-planning for the introduction of COVID-19 vaccines by conducting a series of activities, including activities that focus on demand generation and communication Design a demand plan (includes advocacy, communications, social mobilization, risk and safety communications, community engagement, and training) to generate confidence, acceptance and demand for COVID-19 vaccines The plan must include crisis-communications preparedness planning Source (World Health Organization) 	Last update 21 September 2020
	 Securing and distributing a reliable supply of vaccines and ancillary supplies National purchasing 	• The Vaccine Readiness Assessment Tool (VIRAT) is intended to be used by Ministries of Health as a roadmap for countries to plan for COVID-19	Last update 21 September 2020
	• Allocating vaccines and ancillary supplies equitably	vaccine introduction	

Type of document	Relevance to question	Key findings	Recency or
			status
	 Distribution within country and to administration sites Distribution procedures Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Target of intervention General public Individuals who are hesitant about or opposed to vaccination Administering vaccines in ways that optimize timely uptake With what partnerships to reach early populations of focus With what reporting requirements, supporting immunization information systems With what safety-monitoring requirements 	 It also offers a structured framework for countries to self-monitor their readiness progress against key milestones, and a set of recommended indicators (coverage, acceptability, disease surveillance) for a COVID-19 vaccine COVID-19 Vaccine Introduction Readiness Assessment Tool proposes additional activities that focus on demand generation and communication Design a demand plan (includes advocacy, communications, social mobilization, risk and safety communications, community engagement, and training) to generate confidence, acceptance and demand for COVID-19 vaccines. The plan must include crisis-communications preparedness planning Establish data-collection systems, including: 1) social media listening and rumour management; and 2) assessing behavioural and social data Develop key messages and materials for public communications and advocacy that are aligned with the demand plan 	
	 Allocating vaccines and ancillary supplies equitably Allocation rules 	 This guidance document provides a values framework for COVID-19 vaccine allocation and prioritization The values framework consists of six core principles: Human well-being Equal respect Global equity National equity Reciprocity Legitimacy 	Last update 13 September 2020
	 Allocating vaccines and ancillary supplies equitably Allocation rules 	• This document describes the WHO Secretariat's proposal for the allocation of COVID-19 vaccines among countries, specifically in the context of the	Last update 9 September 2020

Type of document	Relevance to question	Key findings	Recency or
			status
		COVID-19 Vaccines Global Access (COVAX)	
		Facility access mechanism, including:	
		 An initial proportional allocation of doses to 	
		countries until all countries have enough doses to	
		cover 20% of their population	
		• A follow-up phase to expand coverage to other	
		populations; if severe supply constraints persist, a	
		weighted allocation approach would be adopted,	
		taking account of a country's COVID threat and	
		vulnerability	
		Source (WHO technical guidance)	
	• Securing and distributing a reliable supply of	• In the context of the COVID-19 pandemic, this	Last update 22
	vaccines and ancillary supplies	document outlines the decision-making framework	May 2020
	• Distribution within country and to	for implementing mass-vaccination campaigns for the	
	administration sites	prevention of vaccine-preventable diseases and high-	
		impact diseases (VPD/HID), including:	
		• Step 1: assessing the potential impact of the	
		VPD/HID outbreak using key epidemiological	
		criteria	
		• Step 2: assessing the potential benefits of a mass-	
		vaccination campaign and the country capacity to	
		implement it safely and effectively	
		• Step 3: considering the potential risk of increased	
		COVID-19 transmission associated with the	
		mass-vaccination campaign	
		• Step 4: determining the most appropriate actions	
		considering the COVID-19 epidemiological	
		situation	
		• Step 5: if a decision is made to proceed with a	
		mass-vaccination campaign, implementing best	
		practice	
		Source (WHO technical guidance)	
	Communicating vaccine-allocation plans and the	• This guideline indicates that people in eligible groups	Last update 22
	safety and effectiveness of vaccines	who understand why flu vaccination is particularly	August 2018
	• Delivery of the intervention	important for them are more likely to be vaccinated	
	By whom (e.g., health worker)		

Type of document	Relevance to question	Key findings	Recency or
	 Modality of delivery (e.g., social media, text, email, telephone, face-to-face in person) Content of messaging Myths and misinformation about vaccines 	 Thus, professionals need to explain the benefits of vaccination and address people's misconceptions about it The guideline proposes a multi-component approach to develop and deliver programs to increase fluvaccination uptake, including raising awareness among health and social-care staff, and among eligible groups Source (National Institute for Health and Care Excellence) 	status
Full systematic reviews	 Administering vaccines in ways that optimize timely uptake By whom and with what changes to remuneration 	 This review aimed to estimate the effect of pharmacists administering vaccinations for influenza on overall vaccination rates, and to assess whether there is a difference in effect for at-risk sub-groups compared to the general population Findings revealed that: There appeared to be a small positive effect associated with allowing pharmacists to administer influenza vaccinations The largest increase in overall population vaccination rates associated with pharmacists vaccinating for influenza was 10% There was a graduated effect in that pharmacists with the most autonomy had the largest vaccination rate increases 	Literature last searched July 2019
	 Administering vaccines in ways that optimize timely uptake Where Other community settings 	 School and childcare centre-located vaccination programs are effective in increasing vaccination rates, and decreasing rates of vaccine-preventable morbidity and mortality Key components of effective school and childcare centre-located vaccination programs include: Vaccinations provided on site Administration of programs by a wide range of providers including school health personnel, 	Literature last searched February 2012

Type of document	Relevance to question	Key findings	Recency or
			status
	 Administering vaccines in ways that optimize timely uptake Where Other community settings (e.g., schools) 	 health-department staff, and other vaccination providers Delivery in a variety of different school and organized childcare settings Delivery of one or more of a range of vaccines recommended for children and adolescents Inclusion of additional components such as education, reduced out-of-pocket costs, enhanced access to vaccination services School and childcare centre-located programs may be most useful for improving immunization rates among children and adolescents for new vaccines, where background rates are likely to be very low Source (AMSTAR rating 6/9) There is strong evidence on the effectiveness of vaccination requirements for childcare, school, and college attendance in increasing vaccination rates and decreasing rates of vaccine-preventable disease and associated morbidity and mortality Vaccination requirements could be: Laws created by states, with the specific vaccines required established by the legislature and embodied in statutes or adopted as administrative rules by health or education departments Additional vaccination policies established by institutions (such as colleges and private schools) for attendance or residence Varied across jurisdictions 	Literature last searched 2015
	 Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Delivery of the intervention Modality of delivery (e.g., social media, text, and email) 	 Vaccine uptake and coverage can be improved by implementing interventions that apply new media such as text messaging, internet promotions, and computerized standing orders and reminders for healthcare providers 	Date of literature search not reported (published January 2015)

Type of document	Relevance to question	Key findings	Recency or status
		 Computer-generated text messaging sent to parents of newborns and school-aged children were effective at increasing vaccination in these groups Immunization campaign websites and computerized reminders for patients have some influence on uptake of vaccine information, and patient attitudes and behaviours about vaccination There is uncertainty about how effective social-media networks, email communications and smartphone applications are on influencing vaccine uptake Vaccination rates are higher when computerized reminders to encourage providers to recommend vaccination and computer-based standing orders are in use 	
	 Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Target of intervention General public High-risk groups Individuals who are hesitant about or opposed to vaccination Delivery of the intervention By whom (e.g., citizen champion) Modality of delivery (e.g., face-to-face in person) Content of messaging Myths and misinformation about vaccines Risk-mitigation efforts 	 Findings about the structure of interventions revealed that: Engaging religious and other community leaders was a commonly used strategy to address contextual influences (e.g., religion, culture and gender) Across all regions, most interventions were multicomponent Findings about the success (defined as either increase in vaccine uptake, or increase in knowledge and awareness) of interventions revealed that: Few interventions were found to have been evaluated for their success in vaccine uptake or their influence in increasing knowledge and awareness Interventions to increase uptake that have multiple components and/or have a focus on dialogue-based approaches tend to be more effective Interventions that resulted in the largest increases in vaccine uptake were those which directly 	Literature last searched 2013

Type of document	Relevance to question	Key findings	Recency or
		 targeted unvaccinated or under- vaccinated populations, improved convenience and access to vaccination, aimed to increase vaccination knowledge and awareness, targeted specific populations (e.g., healthcare workers), mandated vaccinations, and engaged religious or other influential leaders Interventions that resulted in the greatest increases in knowledge and awareness were education initiatives, especially where new knowledge was embedded into routine processes Source (AMSTAR rating 7/10) 	status
	 Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Target of intervention General public Delivery of the intervention Modality of delivery (e.g., text and telephone) Content of messaging Risk-mitigation efforts 	 This systematic review aimed to investigate whether interventions that present risk messages are able to increase risk appraisal, vaccine intention and vaccine uptake The findings from this review indicate that interventions involving risk messages had no effect on the intention of participants to vaccinate, their behaviour towards vaccines, and their perception of the severity of the disease This review identified very few behaviour-change techniques, though the additional inclusion of studies focusing on efficacy appraisal may increase intervention effectiveness Source (AMSTAR rating 8/11) 	Literature last searched September 2017
	 Administering vaccines in ways that optimize timely uptake With what broader, complementary health interventions (e.g., flu vaccination and routine immunization, ongoing public-health measures) 	 This review examined the effectiveness of process interventions (e.g., education for clinicians, parent presence, education of parents before and on day of vaccination, and education of patients on day of vaccination) on reducing vaccination pain, fear, and distress and increasing the use of interventions during vaccination Findings revealed that: Clinicians should be educated about vaccine-injection pain management 	Date of literature search not reported (published in 2015)

Type of document	Relevance to question	Key findings	Recency or
	 Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Target of intervention High-risk groups Individuals who are hesitant about or opposed to vaccination 	 Parents should be present Parents should be educated before the vaccination day Parents should be educated on the vaccination day Individuals three years of age and above should be educated on the day-of-vaccination fear Source (AMSTAR rating 6/10) Combinations of interventions should be used in efforts to increase vaccination rates in targeted populations At least one of the interventions should be focused on increasing demand using approaches found to be most effective, including client reminder and recall systems, clinic-based client education, and manual outreach and tracking One or more of the interventions should address either or both of the following: Enhancing access to vaccinations (e.g., through effective interventions such as expanded access in healthcare settings, reducing out-of-pocket costs, or home visits) Ensuring vaccination providers are reminded and supported to deliver vaccinations (e.g., through effective interventions such as reminders, standing orders and assessment and feedback) 	status Literature last searched February 2012
	 Administering vaccines in ways that optimize timely uptake Where With what reporting requirements and supporting immunization information systems and broader healthcare information systems 	 Source (AMSTAR rating 6/9) Use of an immunization information system (IIS) was an effective intervention to increase vaccination rates, and studies with benefit information focused on administrative efficiency of clinical vaccination activities and savings resulting from decreased over- vaccination Source (AMSTAR rating 4/9) 	Literature last searched March 2012
Rapid reviews	 Surveillance, monitoring and evaluation and reporting Documenting vaccine-related opinions 	• This rapid review identified and summarized 135 studies on COVID-19 vaccination knowledge, attitudes, and behaviours of Canadian and global	Literature last searched 5 January 2021

Type of document	Relevance to question	Key findings	Recency or
	 Identifying sources of vaccine hesitancy 	populations, consisting of OECD member countries,	status
		to understand the factors associated with vaccine	
		uptake	
		• Research on vaccination knowledge, attitudes and	
		behaviours was conducted in healthcare workers,	
		post-secondary studies, high-risk populations, expert	
		stakeholders, and the general public	
		• For Canadian context, the review identified that 54-	
		75% of the population expressed intention to	
		vaccinate, and the provinces expressing the highest	
		intent being The Atlantic provinces and British	
		Columbia	
		• For global context, the countries that have	
		demonstrated the highest intention to vaccinate (79-	
		8/%) include Australia, Brazil, China, India, South	
		Korea and the U.K.	
		• Common factors positively associated with intention	
		to vaccinate in Canada and globally include:	
		• Male gender	
		o Older age	
		 A dequate knowledge or health literacy. 	
		• Trust in experts and the government	
		 Higher socio-economic status 	
		 Factors associated with vaccine besitancy or refusal 	
		include	
		• Religious beliefs	
		• Vaccine safety and efficacy	
		• Belief that the COVID-19 vaccine is unnecessary	
		• As next steps in this research, longitudinal sampling	
		and monitoring can demonstrate changes in vaccinate	
		intention and uptake over time as vaccines come to	
		market and progression of the roll-out	
		• <u>Source</u> (AMSTAR rating 5/9)	

Type of document	Relevance to question	Key findings	Recency or
			status
	 Allocating vaccines and ancillary supplies equitably Allocation rules People for whom vaccine safety and effectiveness has not yet been established 	 Existing guidelines note the lack of clinical evidence on the safety or effectiveness of COVID-19 vaccines in women who are pregnant, breastfeeding, or attempting to conceive Two major U.S. specialty societies recommend shared decision-making to best balance the risks of vaccination with the risks of remaining unvaccinated, and they do not consider pregnancy or breastfeeding to be an absolute contraindication to COVID-19 vaccination Most U.S. medical centres that have taken a position on COVID-19 vaccination endorse the U.S societies' recommendations for shared decision-making and will offer vaccination to women who are pregnant or breastfeeding Organizations in the United Kingdom consider pregnancy and breastfeeding to be contraindications to COVID-19 vaccination 	Date of literature search not stated (published 24 December 2020)
	 Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Target of intervention General public Individuals who are hesitant about or opposed to vaccination Delivery of the intervention By whom Content of messaging Data and evidence about safety and about effectiveness in terms of both protection against COVID-19 (including duration of protection) and protection against transmission (and other factors that may contribute to vaccine acceptance and hesitancy) 	 Source (AMSTAR rating 1/9) This rapid review of over 100 surveys focused on comparing trends in public reception to COVID-19 vaccines over time, and analyzing factors related to vaccine perceptions, concerns and intentions during the COVID-19 pandemic Study results show that vaccine hesitancy is universal across countries and is typically manifested in the preference to wait to be vaccinated or to reject vaccination altogether The most cited reasons for vaccine hesitancy or refusal included fear of side effects, safety and effectiveness, as well as the expedited development of the COVID-19 vaccines, perceived political interference, and misinformation Survey participants from the U.S. and U.K. with higher skepticism had a lower perceived risk of trust 	Last search 20 October 2020

Type of document	Relevance to question	Key findings	Recency or
			status
		 in government or professionals, and therefore had more doubts and objections to being vaccinated The authors recommend that confidence in the COVID-19 vaccines can be improved by emphasizing transparency and compliance with scientific standards throughout the vaccine- development and approval processes Communication strategies could use positive cues to vaccinate through engagement with loved ones and family members, and trusted figures like doctors and religious leaders. Confidence can also be instilled through transparency in access and equitable distribution of the vaccines Source (AMSTAR rating 7/9) 	
	 Administering vaccines in ways that optimize timely uptake With what broader, complementary health interventions 	 There are three models for vaccination delivery in non-healthcare settings: social-distancing immunization clinics, drive-through clinics, and small mobile-team clinics Social-distancing clinics were found to be effective, although monitoring social distancing was challenging Drive-through immunization clinics allowed for greater social distancing, but with less efficiency and with greater risk of use of an improper vaccine-administration technique Mini-mobile teams increase ability to monitor social distancing and decrease the risk of exposure, but have significant logistical challenges Strict protocols for vaccination sites to manage patient flow and duration of time at site must be established Staff must be screened and appropriately trained to manage the vaccination site 	Date of literature search not reported (published 27 August 2020)

Type of document	Relevance to question	Key findings	Recency or status
	 Administering vaccines in ways that optimize timely uptake With what explicit effort to leverage existing health-system arrangements (e.g., vaccination systems and primary-care practices/community health centres) With what partnerships to reach early populations of focus 	 Hard-to-reach groups may be reached by vaccine- delivery programs by setting up vaccination sites in familiar and accessible population-specific spaces Community-based teaching methods and community partnerships may be leveraged to enable greater vaccination uptake by hard-to-reach populations Additional considerations must also be made to overcome language and cultural barriers <u>Source</u> (AMSTAR rating 3/9) 	Date of literature search not reported (published 27 August 2020)
	 Administering vaccines in ways that optimize timely uptake By whom and with what changes to remuneration 	 Individuals with or without backgrounds in medicine can be recruited to deliver vaccinations through several avenues In-person immunization trainings and just-in-time trainings were not found to be more effective than distant or traditional training methods, respectively <u>Source</u> (AMSTAR rating 3/9) 	Date of literature search not reported (published 27 August 2020)
	 Surveillance, monitoring and evaluation, and reporting Identifying sources of vaccine hesitancy 	 This rapid review includes 18 surveys on individuals' willingness to receive a COVID-19 vaccine The percentage of respondents inclined towards receiving a vaccine ranged from 58% in a U.Sbased sample to 93% in an Indonesian sample Greater perceived risk of COVID-19, characteristics such as being older, male, more educated and having higher income, and valuing healthcare providers' recommendations, were positively associated with willingness to receive a COVID-19 vaccine Willingness to receive a COVID-19 vaccine was negatively associated with being of Latino or Black racial/ethnic background, and concerns about vaccine safety Communication strategies to improve willingness to receive a COVID-19 vaccine might consider behaviour-change techniques such as information about health consequences, prompts and cues, and support or encouragement 	Literature last searched December 2020

Type of document	Relevance to question	Key findings	Recency or status
		Source – not yet available online (AMSTAR rating 3/9)	
	 Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Target of intervention General public Individuals who are hesitant about or opposed to vaccination Content of messaging Data and evidence about safety and about effectiveness in terms of both protection against COVID-19 and protection against transmission Information about novel vaccine platforms, current vaccine options, prioritized populations, and behaviours after vaccination Myths and misinformation about vaccines Risk-mitigation efforts 	 This brief aimed to support decision-makers in planning and implementing vaccine-communication strategies Communication strategies with the public about vaccines should aim to: Identify concerns and misconceptions about the vaccine Provide information that is perceived to be trustworthy Make information about how the vaccine was developed, what it contains, its effects and safety, and the background for its recommendation easily accessible Provide transparent, timely, consistent, accessible and easily understandable information, including to hard-to-reach groups Include practical information about where to get the vaccine and what the procedure is 	Date of literature search not stated (published October 2020)
	 Allocating vaccines and ancillary supplies equitably Allocation rules Ensuring equity (including whether and how access through private means can be achieved by those not initially prioritized) Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Content of messaging Anticipated timing of when all those who want a vaccine will have been vaccinated 	 To maintain public support among non-priority groups, it is critical that key stakeholders effectively communicate all evidence-informed decisions clearly To uphold ethical integrity, COVID-19 vaccines must be administered in accordance with the priority groups that have been established Source (AMSTAR rating 4/9) 	Date of literature search not reported (published 27 August 2020)
	 Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Target of intervention High-risk groups 	• This review provides an overview of implementation considerations related to communication between healthcare workers and older adults about vaccines	Date of last search or publication not stated (listed as forthcoming)

Type of document	Relevance to question	Key findings	Recency or status
	 Individuals who are hesitant about or opposed to vaccination Delivery of the intervention By whom (e.g., health worker, research expert, teacher, business leader, government leader, community leader, citizen champion, media) 	 Communicating the aim of vaccine communication with older adults and their role in the decision-making process in relation to patient rights legislation or other standards and policies in the local setting Planners and implementers should consider healthcare workers' views and attitudes about communication and decision-making in terms of Older adults' rights and preferences Communication training Awareness around influence Healthcare workers' vaccine uptake Additional considerations related to the relationships healthcare workers have with older adults Do healthcare workers view communication about vaccination as part of their role? Is it their responsibility to initiate the conversation about vaccination? Do healthcare workers receive support and guidance to facilitate communication with older adults who do not have the capacity to make their own decisions? Do healthcare workers receive support and guidance when communicating with older adults who speak a minority language? Practical issues encountered by healthcare workers related to communicating with older adults about vaccination include: Sufficient time Lack of appropriate context and preparation to facilitate informed decision-making Limited knowledge of disease vaccine aims to prevent Unable to provide information to address questions, concerns and fears about vaccines 	

Type of document	Relevance to question	Key findings	Recency or status
		• Lack of agreement with current recommendations Source (AMSTAR rating 1/9)	
	 Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Delivery of the intervention Modality of delivery (e.g., social media, text, email, telephone, radio, television, face-to-face by video, face-to-face in person) 	 This brief provides policy- and decision-makers and operational staff insights about how digital interventions can promote vaccine uptake Evidence on the effectiveness of digital interventions to promote vaccine uptake is mixed and fragmented Mobile reminders may encourage people to vaccinate; online prompts from health providers make little or no difference to adolescent vaccine uptake; the effects of vaccination reminders via online patient portal systems or of educational videos for parents are uncertain Start-up and ongoing costs, acceptability and feasibility of digital interventions should be considered before implementing an intervention in a specific setting Given the limited evidence available, large scale implementation of digital interventions for vaccine uptake should be carefully evaluated, including for unintended consequences and equity impacts Operational staff and decision-makers should consider context, including health-system arrangements, constraints and on-the-ground realities that might shape the feasibility and acceptability of digital interventions 	Date of literature search not stated (published October 2020)
	 Administering vaccines in ways that optimize timely uptake With what appointment/scheduling and screening support, changes to physical spaces and patient flows through these spaces, and changes to hours of operation With what post-vaccination observation period and what physical distancing, personal 	 A separate waiting area must be established to allow patients to be monitored post-vaccination for 15 minutes Training staff to identify signs of adverse vaccine reactions, respond to adverse reactions, and enable quick access to emergency medical supplies are central to mitigating risks associated with vaccination 	Date of literature search not reported (published 27 August 2020)

Type of document	Relevance to question	Key findings	Recency or
	protective equipment, sanitation and other public-health measures • With what safety monitoring requirements	 Ensuring patients are aware of how to get help in drive-through clinic models (i.e., through honking) and administering vaccines in-clinic for patients with a known history of adverse reactions are also critical to safety For in-clinic vaccine administration, patient flow and clinic layout must be strictly monitored Source (AMSTAR rating 3/9) 	status
	 Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Target of intervention Individuals who are hesitant about or opposed to vaccination Delivery of the intervention By whom 	 Barriers to the uptake of vaccinations include: limited trust in vaccine effectiveness; limited knowledge; unhealthy lifestyle; low concern about disease; and safety concerns about immunizations Reliable, frequent and tailored information about vaccines must be shared with community members through multiple platforms, including social media, traditional media and providers Providers must be educated about vaccines and provided with appropriate training to increase provider vaccine recommendations to patients Source (AMSTAR rating 4/9) 	Date of literature search not reported (published 27 August 2020)
	 Administering vaccines in ways that optimize timely uptake With what explicit effort to leverage existing health-system arrangements With what partnerships to reach early populations of focus With what broader, complementary health interventions With what reporting requirements and supporting immunization information systems and broader healthcare information systems 	 The Global Routine Immunization Strategic Plan (GRISP) is a useful framework for operationalizing programs to increase vaccine coverage in countries where early COVID-19 mitigation measures have had an impact To maximize reach, services should be designed to reach all equitably, vaccinator capacity and training should be increased, and immunization services should be re-integrated as synergistically as possible Efforts should be made to engage communities and create demand for immunization through culturally specific education campaigns and engagement of stakeholders and community partners 	Literature last searched June 2020

Type of document	Relevance to question	Key findings	Recency or
	Communicating vaccine-allocation plans and the	 Vaccination progress should be continuously monitored to ensure availability of vaccine stock and plan for catch-up vaccination <u>Source</u> (AMSTAR rating 3/9) This rapid review focuses on understanding how the 	Literature last
	 Communicating vaccine-allocation pairs and the safety and effectiveness of vaccines Target of intervention General public Delivery of the intervention Modality of delivery (e.g., social media, text, email, telephone, radio, television, face-to-face by video, face-to-face in person) Content of messaging Data and evidence about safety and about effectiveness in terms of both protection against COVID-19 (including duration of protection) and protection against transmission (and other factors that may contribute to vaccine acceptance and hesitancy) Anticipated timing of when all those who want a vaccine will have been vaccinated 	 This taplet review focuses on understanding how the public responds to vaccination messages during a pandemic or epidemic, to inform messaging campaigns that encourage the uptake of new vaccines Messages found to improve vaccine uptake include those that provide information about virus risks and vaccine safety, address vaccine misunderstandings, offer vaccination reminders (including vaccination clinic details), and deliver mixed-media campaigns in communities and hospitals Behavioural influences were improved when shorter risk-framing messages were used, concerns among target populations were addressed, and the benefits of vaccination were described Higher acceptability was found to be associated with clear, credible messages that incorporated personal accounts of people who were previously vaccinated Future messaging campaigns should ensure that communication is clear about vaccine eligibility and availability, and that target groups are involved in the campaign planning, information dissemination and relationship building 	searched May 2020
Guidance developed using some type of evidence synthesis and/or expert opinion	 Administering vaccines in ways that optimize timely uptake With what broader, complementary health interventions 	 This guidance from the U.S. CDC provides updated healthcare infection prevention and control recommendations in response to the COVID-19 vaccination in the following aspects: Indoor visitation Work restriction for asymptomatic healthcare personnel and quarantine for asymptomatic patients and residents 	Published 10 March 2021

Type of document	Relevance to question	Key findings	Recency or
			status
		 SARS-CoV-2 testing 	
		 Use of personal protective equipment 	
		• This guidance is targeted for all healthcare personnel	
		(HCP) while at work and all patients and residents	
		while they are being cared for in healthcare settings	
		 Indoor visitation for unvaccinated residents should 	
		be limited solely to compassionate care situations:	
		\circ If the COVID-19 county positivity rate is $\geq 10\%$	
		and $<70\%$ of residents in the facility are fully	
		vaccinated	
		• For vaccinated and unvaccinated residents with	
		SARS-CoV-2 infection until they have met criteria	
		to discontinue transmission-based precautions	
		• For vaccinated and unvaccinated residents in	
		quarantine until they have met criteria for release	
		from quarantine	
		\circ Unvaccinated residents who wish to be	
		vaccinated should not start indoor visitation until	
		they have been fully vaccinated	
		 Updated recommendations about work restriction: 	
		• Eully vaccinated HCP with higher-risk exposures	
		who are asymptomatic (except those who have	
		underlying immunocompromising conditions) do	
		not need to be restricted from work for 14 days	
		following their exposure	
		• Fully vaccinated inpatients and residents in	
		healthcare settings should continue to quarantine	
		following prolonged close contact with someone	
		with SARS-CoV-2 infection	
		• Quarantine is no longer recommended for	
		residents who are being admitted to a post-acute-	
		care facility if they are fully vaccinated and have	
		not had prolonged close contact with someone	
		with SARS-CoV-2 infection in the prior 14 days	
		Source (Centers for Disease Control and Prevention)	

Type of document	Relevance to question	Key findings	Recency or
			status
	• Administering vaccines in ways that optimize	• This guidance provides the first set of public health	Published 8
	timely uptake	recommendations for fully vaccinated people and will	March 2021
	o with what broader, complementary health	COVID 10 and action of the accordance that is	
	interventions	vaccinated and the evolving evidence of COVID 10	
		vaccines	
		• For these recommendations, people are considered	
		fully vaccinated for COVID-19 if it has been more	
		than or equal to two weeks after they have received	
		the second dose of the Pfizer-BioNTech or Moderna	
		two-dose vaccine series, or if it has been more than	
		or equal to two weeks after they have received the	
		single-dose Johnson and Johnson vaccine	
		• The following recommendations apply to non-	
		healthcare settings and state that fully vaccinated	
		people can do the following:	
		without wearing masks or physical distancing	
		• Indoor visits with unvaccinated people from a	
		single household who are at low risk of severe	
		COVID-19 symptoms without wearing masks or	
		physical distancing	
		 Fully vaccinated people with COVID-like 	
		symptoms do not need to quarantine or be tested	
		following exposure to someone with suspected or	
		confirmed COVID-19	
		• However, in public spaces fully vaccinated people	
		should continue to follow public-health guidance	
		such as wearing a mask, physical distancing, and	
		upvaccinated people from multiple households	
		Source (Centers for Disease Control and Prevention)	
	• Administering vaccines in ways that optimize	This scientific brief provides evidence for currently	Published 8
	timely uptake	authorized COVID-19 vaccines and public-health	March 2021
	• With what broader, complementary health	recommendations for fully vaccinated people	
	interventions		

Type of document	Relevance to question	Key findings	Recency or status
		 Current evidence shows that COVID-19 vaccines authorized in the United States are effective against symptomatic, lab-confirmed COVID-19, including severe forms of the virus. Growing evidence shows that COVID-19 vaccines may reduce asymptomatic infection and transmission Through modelling studies, it is highly advisable that public-health preventive measures such as mask use and physical distancing continue to be maintained Preliminary evidence suggests that authorized COVID-19 vaccines in the United States may offer some protection against emerging COVID-19 variant strains, with more promise for B.1.1.7 originally identified in the United Kingdom 	
	 Allocating vaccines and ancillary supplies equitably Allocation rules People for whom vaccine safety and effectiveness has not yet been established 	 This guideline consolidates guidance issued by the Centers for Disease Control and Prevention, the American College of Obstetricians and Gynecologists, and the Society for Maternal-Fetal Medicine on COVID-19 vaccine provision to pregnant persons There is a lack of data for pregnancy during vaccine clinical trials, however pregnant persons and their obstetricians will need to use the limited available data to weigh the risks and benefits of the COVID-19 vaccines Considerations to be taken when counselling pregnant persons on the COVID-19 vaccine include: Data from animal studies Timing of planned vaccination during pregnancy Risks of exposure to SARS-CoV-2 Obstetricians will need to keep up to date with the latest information as more data on vaccines for pregnant persons becomes available 	Published 3 February 2021

Type of document	Relevance to question	Key findings	Recency or
			status
		Source (Centers for Disease Control and Prevention,	
		American College of Obstetricians and Gynecologists,	
		Society for Maternal-Fetal Medicine)	T . 1. 14
	• Securing and distributing a reliable supply of	• All 30 EU/EEA countries have initiated national	Last updated 1
	vaccines and ancillary supplies	vaccination campaigns, with 26 countries declaring	February 2021
	o Inventory management within country	that vaccination is not mandatory	
	• Allocating vaccines and ancillary supplies	• Most of the EU/EEA countries are administering	
	equitably	Pfizer-BioNTech, Cormirnaty, and Moderna	
	o Allocation rules	• Most countries will not extend the time between the	
	• Administering vaccines in ways that optimize	first and second dose (14 countries), while other	
	timely uptake	countries are still undecided	
	• With what explicit effort to leverage existing	• As of 29 January 2021, 21.5 to 100% of doses	
	health-system arrangements	distributed have been administered across the EU	
	• Surveillance, monitoring and evaluation, and	countries	
	reporting	• All EU/EEA countries prioritized population groups	
	• Infrastructure to enable surveillance,	with a higher chance of developing severe disease	
	monitoring and evaluation	(e.g., healthcare and front-line workers, elderly	
		people, residents and personnel in long-term care	
		facilities, persons with multiple chronic conditions,	
		social care personnel), with some including other	
		essential public workers such as police, firefighters,	
		and teachers	
		• Most of the countries have adequate storage and	
		management of vaccines, with 20 countries stating	
		that health authorities are leading and coordinating	
		the deployment of vaccines	
		• Electronic immunization registries to monitor both	
		individual and population-level vaccine uptake are	
		used in 21 countries, with five countries utilizing an	
		ad-hoc electronic system, four countries using	
		electronic immunization cards, and one country	
		recording them manually	
		• Information on which vaccine product and when it	
		was administered are important data elements, in	

Type of document	Relevance to question	Key findings	Recency or
		 addition to recording any adverse event following immunization Challenges to roll-out include: shortage of equipment (e.g., needles and syringes), misinformation, monitoring systems with consolidating data, logistical challenges, and limited vaccine supply Extensive coordination between national and local authorities and multidisciplinary participation is required Source (European Centre for Disease Prevention and Control) 	status
	 Surveillance, monitoring and evaluation, and reporting Infrastructure to enable surveillance, monitoring and evaluation 	 The report provides an update on vaccine distribution within EU/EEA countries as of 21 February 2021 Germany and France have highest number of doses distributed by manufacturers Malta, Denmark, and Finland have the highest percentage of vaccine uptake of the first dose among their populations (6.3 to 10.6%), with an overall median of 5.2% from 29 reported EU/EEA countries Full vaccination of EU/EEA countries range from 0.5 to 4.5%, with an overall median of 2.5% from 29 reported EU/EEA countries Uptake of the first dose among individuals aged 80 years or older is at a median of 25.1% (range: 0.4 to 77.2%) Source (European Centre for Disease Prevention and Control) 	Last updated 21 February 2021
	 Surveillance, monitoring and evaluation, and reporting Infrastructure to enable surveillance, monitoring and evaluation 	 EU/EEA countries described their deployment plans albeit they are all in various stages of vaccine administration Most of the countries described that cross- government arrangements were made, such as 	Published 3 February 2021

Type of document	Relevance to question	Key findings	Recency or
		 establishing a task force and electronic systems for logistics management and vaccine registries Vaccination communication campaigns are in progress or launched, which includes the use of social media to support roll-out Countries had the opportunity to compare their vaccination roll-out with an ideal vaccine deployment ('stress test') in order to identify gaps and the robustness of their current efforts Source (European Centre for Disease Prevention and Control) 	status
	 Administering vaccines in ways that optimize timely uptake With what safety monitoring requirements Surveillance, monitoring and evaluation and reporting Documenting adverse events and follow-up 	 The guideline from the allergy centres in Germany provides guidance on allergological risk assessment regarding COVID-19 vaccination and suggests a standardized, resource-oriented diagnostic and therapeutic procedure The allergological diagnostic work-up includes, after a thorough history, the determination of basal tryptase, total IgE, and sIgE (depending on the history e.g. of latex, ethylene oxide, α-Gal or gelatine, CCD) If all tests are negative, vaccination can be provided under controlled conditions (e.g., with emergency medication and trained personnel available, and monitoring for at least 30 minutes after vaccination) If a positive result is received (e.g., if polyethylene glycol is found in the skin test), another vaccine can be considered for vaccination, provided that the vaccine is available (within a reasonable time) Reports of severe allergic reactions in the context of COVID-19 vaccination can be made via www.anaphylaxie.net using an online questionnaire Source (Allergy centres in Germany) 	Last update 26 January 2021
	Allocating vaccines and ancillary supplies equitably	 ACOG recommends that COVID-19 vaccines should not be withheld from pregnant individuals 	Last update 27 January 2021

Type of document	Relevance to question	Key findings	Recency or status
	 Allocation rules People for whom vaccine safety and effectiveness has not yet been established Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Target of intervention High-risk groups Delivery of the intervention By whom Modality of delivery Content of messaging Data and evidence about safety and about effectiveness in terms of both protection against COVID-19 and protection against transmission Risk-mitigation efforts Administering vaccines in ways that optimize timely uptake Where Community-based health settings Other community settings Primary-care settings 	 who meet criteria for vaccination based on ACIP (the Advisory Committee on Immunization Practices)-recommended priority groups ACOG recommends that COVID-19 vaccines should be offered to lactating individuals similar to non-lactating individuals when they meet criteria for receipt of the vaccine based on prioritization groups outlined by the ACIP A conversation between the patient and their clinical team may assist with decisions regarding the use of vaccines approved under Emergency Use Authorization (EUA) for the prevention of COVID-19 by pregnant patients, and the important considerations include: The level of activity of the virus in the community The potential efficacy of the vaccine The risk and potential severity of maternal disease, including the effects of disease on the fetus and newborn The safety of the vaccine for the pregnant patient and the fetus A conversation with a clinician should not be required prior to vaccination, as this may cause unnecessary barriers to access Regardless of their decision to receive or not receive the vaccine, these conversations provide an opportunity to remind patients about the importance of other prevention measures such as hand washing, physical distancing, and wearing a mask Vaccination of pregnant individuals with a COVID-19 mRNA vaccine may occur in any clinical setting and non-clinical community-based vaccination sites such as schools, community centres, and other mass-vaccination locations, and pregnancy testing should not be a requirement prior to receiving any EUA-approved COVID-19 vaccine 	

Type of document	Relevance to question	Key findings	Recency or
			status
		Source (The American College of Obstetricians and	
		Gynecologists, ACOG)	N 111 1 1 1 1
	Allocating vaccines and ancillary supplies	The European Academy of Allergy and Clinical	Published 16
	equitably	Immunology (EAACI) recommends the	January 2021
	• People at significant risk for severe allergic	administering of COVID-19 vaccines to patients with	
	reaction	allergies who do not have a history of allergic	
		reactions to vaccine components	
		 The EAACI highlights that anaphylaxis after 	
		vaccination can occur in the absence of a history of	
		allergic reaction and recommends that an observation	
		time of 15 minutes is allotted after vaccination	
		• Patients who had a severe allergic reaction to the first	
		dose of COVID-19 vaccine should be referred to	
		allergist to determine the cause of the allergic reaction	
		(if it is due to the COVID-19 vaccine, they should	
		not receive the second dose)	
		• <u>Source</u> (The European Academy of Allergy and	
		Clinical Immunology)	
	• Communicating vaccine-allocation plans and the	• A 23-person Working Group on Readying Populations for	Published 20
	safety and effectiveness of vaccines	COVID-19 Vaccine released a set of	October 2020
	• Target of intervention	recommendations and best practices for improving	
	 General public 	COVID-19 vaccine acceptance and addressing	
	 High-risk groups 	hesitancy	
	Individuals who are hesitant about or	• Value social science (involve research funding to	
	opposed to vaccination	include social, behavioural and communication	
	• Delivery of the intervention	Laform public expositations about COVID 10	
	By whom	vaccination benefits, risks and supply (forecast	
	o Content of messaging	range of scenarios, temper expectations, provide	
	 Data and evidence about safety and about 	transparency of vaccine safety systems, seek input	
	effectiveness in terms of both protection	from marginalized populations)	
	against COVID-19 and protection against	• Communicate in meaningful ways (public well-	
	Iransmission Disk mitigation offerty	being at the centre of communication. reject	
	Misk-miligation errorts	political tensions, conduct qualitative studies to	
	- Myths of misinformation about vaccines	understand local and community needs and	
		concerns, conduct surveys on attitudes and beliefs	

Type of document	Relevance to question	Key findings	Recency or
	 Administering vaccines in ways that optimize timely uptake Where With what broader, complementary health interventions 	 across sub-groups, engage network of trusted champions and spokespersons to deliver a unified message) Earn public trust and confidence in allocation and distribution (develop strategies that take marginalized populations into consideration, implement guidelines that are consistent across providers and locations) Make vaccination available in safe, familiar places (use schools, pharmacies, places of worship, workplaces, grocery stores, health departments, senior centres, home visits; prepare educational materials and train individuals tasked with vaccination; develop hesitancy campaign plans; foster partnerships with government, health departments, media) Establish an independent body to instil public ownership (establish public committees to review and report on public understanding, access and acceptance) 	status
	 Allocating vaccines and ancillary supplies equitably Allocation rules Administering vaccines in ways that optimize timely uptake By whom (e.g., nurses, public-health workers, retired health workers) and with what changes to remuneration (e.g., increased vaccine-administration fee code) Surveillance, monitoring and evaluation, and reporting Documenting adverse events and follow-up 	 Vaccines should be provided to individuals in accordance with the government-identified priority groups Adverse events and safety concerns following COVID-19 vaccine administration should be reported using the established Coronavirus Yellow Card reporting scheme To ensure that there is a sufficient workforce to deliver the vaccination program, changes to the Human Medicines Regulations now permit non-registered healthcare professionals to administer the COVID-19 vaccine All individuals administering COVID-19 vaccines are required to complete assigned training 	Last update 11 January 2021

Type of document	Relevance to question	Key findings	Recency or
			status
-		Source (Public Health England)	Last up data 10
	 Securing and distributing a reliable supply of vaccines and ancillary supplies National purchasing Ordering within country Storage and handling within country Administering vaccines in ways that optimize timely uptake With what post-vaccination observation period and what physical distancing, personal protective equipment, sanitation and other public-health measures By whom and with what changes to remuneration With what reporting requirements and supporting immunization information systems and broader healthcare information systems With what safety monitoring requirements Surveillance, monitoring and evaluation, and reporting Documenting vaccine status Documenting adverse events and follow-up Monitoring supply safety 	 Source (Public Health England) This guidance is for the administration of COVID-19 Vaccine AstraZeneca (ChAdOx1-S [recombinant]) to individuals in accordance with the national COVID- 19 vaccination program This guidance is separated into the four operational stages of vaccination activity (assessment, preparation, administration and record-keeping), and defines the criteria and required characteristics of persons undertaking the assigned stage(s) In the assessment stage, the staff should assess the individual presenting for vaccination against the inclusion and exclusion criteria; consider any relevant cautions, interactions or adverse drug reactions; provide advice to the individual; obtain and record patient-informed consent; and ensure vaccinator, if another person, is informed of the vaccine product to be administered In relation to the stage of vaccine preparation, supplies, preparation and disposal In relation to the stage of vaccine, administration, the staff should ensure individual assessment and consent before administering the vaccine, administer COVID-19 Vaccine AstraZeneca, and provide any post-vaccination advice The staff should complete a vaccination record, including individual information, vaccinator and related professionals, name and brand of vaccine, date of administration, dose, form and route of administration of vaccine 	status Last update 10 January 2021
		batch number and expiry date, anatomical site of	
		vaccination, advice given, and details of any adverse	
		drug reactions and actions taken	
		Source (Public Health England)	

Type of document	Relevance to question	Key findings	Recency or
			status
	 Securing and distributing a reliable supply of vaccines and ancillary supplies National purchasing Ordering within country Storage and handling within country Administering vaccines in ways that optimize timely uptake With what post-vaccination observation period and what physical distancing, personal protective equipment, sanitation and other public-health measures By whom and with what changes to remuneration With what reporting requirements and supporting immunization information systems and broader healthcare information systems With what safety monitoring requirements Surveillance, monitoring and evaluation, and reporting Documenting adverse events and follow-up Monitoring supply safety 	 This guidance is for the administration of COVID-19 mRNA vaccine BNT162b2 to individuals in accordance with the national COVID-19 vaccination program This guidance is separated into four operational stages of vaccination activity (assessment, preparation, administration and record-keeping), and defines the criteria and required characteristics of persons undertaking the assigned stage(s) In the assessment stage, the staff should assess the individual presenting for vaccination against the inclusion and exclusion criteria, consider any relevant cautions, interactions or adverse drug reactions, provide advice to the individual, obtain and record patient-informed consent, and ensure vaccinator, if another person, is informed of the vaccine product to be administered In relation to the stage of vaccine preparation, the guidance focuses on vaccine presentation, supplies, preparation and disposal In relation to the stage of vaccine administration, the staff should ensure individual assessment and consent before administering the vaccine, administer CCOVID-19 mRNA Vaccine BNT162b2, and provide any post-vaccination advice The staff should complete a vaccination record, including individual information, vaccinator and related professionals, name and brand of vaccine, date of administration, dose, form and route of administration of vaccine, quantity administered, batch number and expiry date, anatomical site of vaccination, advice given, and details of any adverse 	Last update 10 January 2021
		Source (Public Health England)	

Type of document	Relevance to question	Key findings	Recency or
	 Allocating vaccines and ancillary supplies equitably Allocation rules Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Content of messaging Data and evidence about safety and about effectiveness Myths and misinformation about vaccines 	 The equitable allocation of vaccines where there is limited supply needs to take into account who is most at risk of exposure and severe outcomes, feasibility and acceptability of the vaccine and ethical considerations, and should also ensure flexibility in vaccine-delivery methods Efforts to maintain trust in government throughout the pandemic are key to ensuring vaccine uptake, as well as proper communication to counter misinformation and disinformation related to vaccines, through the development of tailored messages for specific contexts and groups, working with community leaders, media-literacy experts, community organizations and other key influencers Source (The Chief Public Health Officer of Canada, Government of Canada) 	status Published October 2020
Protocols for reviews that are underway	 Surveillance, monitoring and evaluation and reporting Identifying sources of vaccine hesitancy Surveillance, monitoring and evaluation and reporting Identifying sources of vaccine hesitancy 	 Pooled hesitancy rate for COVID 19 vaccine uptake globally Source Factors associated with the uptake of COVID-19 vaccines among the general population Source 	Anticipated completion date 31 March 2021 Anticipated completion date 1 April 2021
	 Surveillance, monitoring and evaluation and reporting Identifying sources of vaccine hesitancy 	Exploring the barriers to vaccine acceptance in racial and ethnic minorities <u>Source</u>	Anticipated completion date 28 March 2021
Titles/questions for reviews that are being planned	No highly relevant titles/questions found		
Single studies that provide additional insight	 Allocating vaccines and ancillary supplies equitably O Dosing rules 	• The authors that published initial results on the efficacy of the ChAdOx1 nCoV-19 (Oxford-AstraZeneca vaccine) conducted a pooled analysis of three single-blind randomized controlled trials to determine single-dose efficacy and the efficacy when	Published 6 March 2021

Type of document	Relevance to question	Key findings	Recency or
		 the timing of the second dose is prolonged from six weeks to 12 weeks The vaccine efficacy was 76% after one dose from 22 to 90 days after vaccination The modelling analysis indicated that protection did not wane during the initial three-month period with minimal waning of antibody levels by day 90 Among individuals who received two doses, the group with a longer prime-boost interval of 12 weeks reported a higher vaccine efficacy (81%) compared to the group with a shorter interval of six weeks (55%) Antibody response was two-fold higher after an interval of 12 weeks compared to six weeks The authors concluded that a three-month dose interval may be advantageous compared to a program with a short dose interval in order to protect a larger number of individuals as soon as possible when vaccine supplies are limited 	status
	 Allocating vaccines and ancillary supplies equitably Allocation rules Residents in long-term care homes and other congregate-care settings People at increased risk of severe COVID-19 	 Source This study analyzed primary data of over 300,000 samples collected from Israel's general community and nursing homes to examine the effect of Israel's three programs of mass PCR testing, focused protection of the elderly population and prioritized vaccination on the spread of the SARS-CoV-2 B.1.1.7 variant strain The findings showed that within only six weeks, the B.1.1.7. variant strain was capable of out competing the wild-type SARS-CoV-2 strain For the 60 years and over population, the transmission of the B.1.1.7. variant strain had reached a halt which is likely due to successful surveillance testing and vaccination programs in nursing homes and the community in Israel 	Published 2 March 2021

Type of document	Relevance to question	Key findings	Recency or
			status
	 Surveillance, monitoring and evaluation, and reporting Documenting adverse events and follow-up Infrastructure to enable surveillance, monitoring and evaluation 	 Source Two COVID-19 vaccines that received Emergency Use Authorization (EUA) in the United States are undergoing safety monitoring during the initial implementation phases of the COVID-19 national vaccination program using the Vaccine Adverse Event Reporting System (VAERS), a spontaneous reporting system, and v-safe, an active surveillance system VAERS is a passive surveillance system for adverse events that accepts input from healthcare providers, vaccine manufacturers and the public V-safe was established by the Centres for Disease Control and Prevention (CDC) and has participants self-enroll and receive smartphone text messages to web surveys asking about local injection site and systemic reactions For both surveillance systems, local and systemic reactions were common, with reports of death coming from long-term care facilities and rare reports of anaphylaxis Providers are encouraged to promote v-safe enrollment and are required under EUA to report to VAERs any vaccination administration errors, serious adverse events, cases of multisystem inflammatory syndrome, and cases of COVID-19 that result in 	Status Published 26 February 2021
		hospitalization or death after COVID-19 vaccination	
		Source	D 11 1 100
	 Administering vaccines in ways that optimize timely uptake With what explicit effort to leverage existing health-system arrangements Where 	 Processes for school-located vaccination events (SLVE) such as research, planning and partnerships (within and outside school settings) with leadership from school nurses are described 	February 2021
	 Other community settings 		

Type of document	Relevance to question	Key findings	Recency or
	• Securing and distributing a reliable supply of	The study describes key characteristics of 26	status Published 21
	vaccines and ancillary supplies	candidate COVID-19 vaccines, including efficacy	February 2021
	0 National purchasing	levels, dosing regimens, storage requirements, prices,	
	• Delivery to country	production capacities in 2021, and stocks reserved for	
	• Inventory management within country	LMIC countries	
	• Storage and handling within country	• The four dimensions of effective global	
	• Allocating vaccines and ancillary supplies	immunization include development and production,	
	\sim Ensuring equity	The magines are dured by Lehreson & Lehreson are	
	 Surveillance, monitoring and evaluation and 	• The vaccines produced by Johnson & Johnson are likely easier to deploy in LMIC countries and	
	reporting	resource-restrained settings given that it only needs to	
	• Documenting vaccine-related opinions	be refrigerated and is one-dose only	
	• Identifying sources of vaccine hesitancy	• The diverse options of vaccines are likely needed to	
		control the pandemic	
		Source	
	Allocating vaccines and ancillary supplies	• This study employed a large-scale online public	Preprint (last
	equitably	opinion survey in 13 countries (Australia, Brazil,	edited 2 Echanger 2021)
	• Approaches to developing and adjusting	Canada, Chile, China, Colombia, France, India, Italy,	Tebruary 2021)
	anocation rules	understand preferences and opinions regarding the	
		allocation of a COVID-19 vaccine	
		• 15,536 survey respondents made binary choices on	
		hypothetical vaccine recipients that varied on five	
		attributes that included occupation, age, transmission	
		status, risk of death from COVID-19, and income	
		• It was found that the respondents prioritized people	
		based on factors that were directly related to	
		symptoms, such as age, vulnerability and risk of	
		transmission	
		• Prioritization was also identified for factors related to	
		socioeconomic statuses, such as low-income groups	
		and non-health related key occupations and workers	
		Source	

Type of document	Relevance to question	Key findings	Recency or
			status
	 Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Target of intervention High-risk groups 	 A national cross-sectional survey on COVID-19 vaccine uptake of 1,058 healthcare workers showed that only 33.3% had either registered or received the vaccine within three weeks of its availability in Saudi Arabia The low vaccine uptake reported in this study, together with earlier studies reporting healthcare workers preference to delay getting vaccinated, should warrant scaling up public health communication efforts targeted towards healthcare workers to enhance vaccine confidence and acceptance 	Preprint (last edited 1 February 2021)
	 Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Target of intervention General public 	 A cross-sectional longitudinal study of 9,000 respondents to explore changes in COVID-19 vaccine hesitancy, attitudes to the priorities of U.K. government administration, and the emergence of new variants shows that there is a reduction in COVID-19 vaccine hesitancy, particularly attributable to an increased willingness for vaccination upon news of a variant strain. Findings showed that there was a 15% increase in vaccine acceptance in the critical 50 days of case escalation leading to the UK government-mandated new year lockdown, but not enough to achieve herd immunity Respondents raised concerns for the priority list of vaccine allocation, referencing the lack of representation for Black, Asian, and Minority Ethnic groups Considering preferences and concerns raised by the public could help build trust and community engagement in wider public health strategies Source 	Preprint (last edited 1 February 2021)

Type of document	Relevance to question	Key findings	Recency or status
	 Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Target of intervention General public Content of messaging Myths and misinformation about vaccines 	 A study exploring exposure to online misinformation around COVID-19 vaccines and its effects on intent to get vaccinated in the UK and USA showed that the treatment of misinformation led to a greater decrease in the number of respondents who had previously reported that they would definitely accept the vaccine relative to those who had received factual information The exposure to misinformation had reduced the respondents' intent to accept a vaccine relative to exposure to factually correct information Before treatment, 54.1% of 3000 U.K. respondents and 42.5% of 3001 U.S. respondents reported that they would definitely accept the vaccine Exposure to misinformation resulted in a decrease in the number of respondents who had previously reported that they would definitely accept the vaccine Exposure to the control group by 6.2% in the U.K. and 6.4% in the U.S. Effective public-health communication strategies should be tailored to counter vaccine misinformation 	Published 5 February 2021
	 Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Target of intervention General public 	 This study explored Chinese adults' attitudes and intention to get the COVID-19 vaccine and showed that components of persuasive messaging such as message framing, outcome uncertainty and number formats have no significant effects on vaccination attitudes and intention Messaging framing involves gain- and loss-framing, in which when the perceived risk is low, gain-framed messaging has the potential to result in better persuasive outcomes, whereas loss-framed messaging is more effective when the perceived risk is high Perceived low risk is considered certain and perceived high risk is considered uncertain 	Published 27 January 2021

Type of document	Relevance to question	Key findings	Recency or status
	• Securing and distributing a reliable supply of	 Number format to communicate risk and uncertainty was used through proportions, usually through a percentage format that is more understandable for people Findings showed that age, education and situational factors were more positively correlated with attitudes and intention Source Israel's vaccination campaign had achieved a great	Published 26
	 Securing and distributing a rehable supply of vaccines and ancillary supplies National purchasing Distribution within country and to administration sites Storage and handling within country Allocating vaccines and ancillary supplies equitably Approaches to developing and adjusting allocation rules Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Delivery of the intervention Modality of delivery Administering vaccines in ways that optimize timely uptake With what explicit effort to leverage existing health-system arrangements By whom 	 Israel's vaccination campaign had achieved a great deal both in absolute terms and relative to other countries and the study identified and analyzed the factors contributing to the success of Israel's vaccine roll-out in its initial phase, which can be divided into three major groups The first group of factors consists of long-standing characteristics of Israel which are extrinsic to health care, including: Israel's small size, in terms of both area and population, its relatively young population, and its relatively warm weather in December 2020 Israel's centralized national system of government (as opposed to a federal system of government) Israel's experience in, and infrastructure for, planning and implementing prompt responses to large-scale national emergencies The organizational, IT and logistic capacities of Israel's community-based healthcare providers (the four health plans), which are all large and national in scope The availability of a cadre of well-trained, salaried, community-based nurses who are employed directly by the health plans 	January 2021

Type of document	Relevance to question	Key findings	Recency or
			status
		 The tradition of effective cooperation between 	
		government, health plans, hospitals, and	
		emergency care providers (particularly during	
		national emergencies) and the frameworks for	
		facilitating that cooperation	
		 The existence of well-functioning frameworks 	
		for making decisions about vaccinations and	
		support tools for assisting in the	
		implementation of vaccination campaigns	
		• The third group consists of factors that are more	
		recent and are specific to the COVID-19	
		vaccination effort, including:	
		 The rapid mobilization of special government 	
		funding for vaccine purchase and distribution	
		 Timely contracting for a large amount of 	
		vaccines relative to Israel's population	
		• The use of simple, clear and easily	
		implementable criteria for determining who	
		had priority for receiving vaccines in the early	
		phases of the distribution process	
		 A creative technical response that addressed 	
		the demanding cold storage requirements of	
		the Pfizer-BioNTech COVID-19 vaccine	
		 Well-tailored outreach efforts to encourage the 	
		population to sign up for vaccinations	
		• While many of these facilitating factors are not	
		unique to Israel, part of what made the Israeli roll-out	
		successful was its combination of facilitating factors	
		(as opposed to each factor being unique separately)	
		and the synergies it created among them	
		Source	
	Communicating vaccine-allocation plans and the	• A cross-sectional online survey of 2,650 people	Published 20
	safety and effectiveness of vaccines	showed that the majority of respondents (86%) are	January 2021
	o Target of intervention	using traditional media to obtain information on the	
	General public	COVID-19 vaccine and that the use of traditional	
	• Delivery of the intervention	media sources (both local and national television,	
Type of document	Relevance to question	Key findings	Recency or status
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	 Modality of delivery Content of messaging Data and evidence about safety and about effectiveness in terms of both protection against COVID-19 and protection against transmission Myths and misinformation about vaccines 	 national newspaper sources) was found to increase the likelihood of vaccination The survey also showed that those who are less likely to get the vaccine are exclusively using social media as their source of information There appeared to be no significant effects of interaction between the type of media or source of information and trust, and this level of analysis was conducted to determine if trust in a source was a potential mediator of the relationship between the channel of information and vaccine hesitancy Perceived credibility of the sources being cited in traditional media to public-health expertise could be a driving force of these channels for vaccine acceptability There is an opportunity for social-media platforms to consider how to contribute positively to vaccine hesitancy 	
	 Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Target of intervention General public Individuals who are hesitant about or opposed to vaccination Content of messaging Data and evidence about safety and about effectiveness in terms of both protection against COVID-19 and protection against transmission 	 The study examined the casual effect of exposure to distinct pro- and anti-vaccination message frames on individuals' intentions to get vaccinated Several types of message content were focused on the safety and efficacy of the vaccine itself, the likelihood that others will take the vaccine, and the possible role of politics in promoting the vaccine Respondents who received information about the safety/efficacy of the vaccine were more likely to report that they would take the vaccine Respondents who received information that others were reluctant to take the vaccine were more likely to report that they themselves would not take it, that other Americans would not take it, and that it was not important to get the vaccine 	Pre-print (last edited 6 January 2021)

Type of document	Relevance to question	Key findings	Recency or
	 Securing and distributing a reliable supply of vaccines and ancillary supplies 	 Respondents who received information about political influences on vaccine development expressed hesitancy to take the vaccine Source This study provided estimates of global, regional and national target population sizes for COVID-19 	status Published 15 December
	 National purchasing Delivery to country Allocating vaccines and ancillary supplies equitably Allocation rules Front-line healthcare workers Residents in long-term care homes and other congregate-care settings People at increased risk of severe COVID-19 (e.g., older and/or frail adults, those 	 National target population sizes for COVID-19 vaccination to inform immunization strategies on a global scale A strategy for vaccine allocation is proposed based on three main goals: To maintain core societal functions during the pandemic To protect people from irreversible and devastating harm (e.g., people over 65 years old or with high-risk health conditions) To control community transmission to return to a pre-pandemic baseline of economic and social 	2020
	 with chronic health conditions) Essential workers (beyond front-line healthcare workers) and/or those in work environments that put them at elevated risk (e.g., food processing and transit) Ensuring equity 	 activities The size of target populations varies significantly by region with a considerable proportion of those needed to maintain essential functions of societies and of those over 80 years of age living in Europe and North America Study estimates reveal that it would take about six to seven months to produce enough vaccines to inoculate 60-80% of the world population in order to achieve herd immunity In countries with sufficient local capacity to produce vaccines, vaccination of a significant proportion of the population can be achieved within months. However, in lower- and middle- 	
		 Income countries that have much less capacity to secure and deliver vaccines, the vaccination process can last much longer The strengthening of national and international supply chains to guarantee the distribution of 	

Type of document	Relevance to question	Key findings	Recency or
			status
		vaccines to remote communities in developing	
		countries will call for international institutions,	
		national governments, and manufacturers to plan for	
		vaccine allocation and negotiate affordable vaccine	
		prices	
		• When designing vaccination programs, each country	
		should consider local epidemiology, underlying	
		vaccines, and projections of available vaccine doses	
		Source	
	Socuring and distributing a valiable supply of	 This cross-sectional analysis describes the premarket 	Published 15
	• Securing and distributing a reliable supply of	purchase commitments for COVID-19 vaccines from	December
	• National purchasing	manufacturers to recipient countries	2020
	Allocating vaccines and ancillary supplies	• As of November 15, 2020, premarket purchase	
	equitably	commitments of 7.48 billion doses of COVID-19	
	• Ensuring equity	vaccines from 13 manufacturers have been made	
	o Ensuring equity	• High-income countries have secured 51% of these	
		doses even though they represent only 14% of the	
		world's population	
		• Only six manufacturers have sold premarket	
		vaccines to low- and middle-income countries,	
		with the majority of vaccines being provided by	
		AstraZeneca/Oxford University, Novavax, the	
		Gamaleya Research Institute of Russia, and the	
		Chinese firms, SinoVac and CanSino	
		• At least 500 million doses, or 250 courses, have	
		been secured to ensure access to COVID-19	
		COVAX facility of the WHO's ACT Accelerator	
		along with financing for half of its 2 billion dose-	
		target by the end 2021	
		• Vaccine prices vary substantially – from US\$6.00 per	
		course to \$74.00 per course	
		• There has been limited transparency about	
		purchasing contracts between manufacturers,	
		countries and COVAX facility, which can lead to	

Type of document	Relevance to question	Key findings	Recency or status
		 increased concerns about vaccine nationalism and access to vaccines It is unknown how many countries will follow the WHO's proposed equitable allocations scheme for population-based distribution of vaccines, as several countries participating in the COVAX facility have bilateral agreements with manufacturers Global collective action is needed to pool procurement and share COVID-19 vaccines in an equitable way so that there is fair access to populations around the world Source 	
	 Allocating vaccines and ancillary supplies equitably Allocation rules Front-line healthcare workers Essential workers and/or those in work environments that put them at elevated risk Children (school aged) Migrant workers People in social environments that put them at elevated risk for COVID-19 Ensuring equity Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Target of intervention General public Individuals who are hesitant about or opposed to vaccination 	 Among 9,122 respondents in the U.K. (49.4% response rate), 71.5% indicated wanting COVID-19 vaccination, and 9.6% would refuse Age and female gender were, respectively, strongly positively and negatively associated with wanting a vaccine Although 2,068 respondents (22.7%) disagreed with the government's order of priority, 6,416 (70.3%) were against being able to expedite vaccination through payment Teachers, Black, Asian and Minority Ethnic (BAME) groups, general key workers, children, and university students were most cited by respondents for prioritization 32.6% of respondents were concerned that the priority list makes no reference to BAME groups Source 	Pre-print (last edited 8 December 2020)
	 Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Target of intervention General public Delivery of the intervention By whom 	 The study examined how timing and elite endorsement affect public opinion about COVID-19 vaccines in the United States Approval before the election reduced willingness to vaccinate and confidence in COVID-19 vaccinations 	Pre-print (last edited 28 October 2020)

Type of document	Relevance to question	Key findings	Recency or
			status
		 A positive statement by President Donald Trump and Dr. Anthony Fauci had significant positive effects on public reactions towards COVID-19 vaccine The effect was found to be four times larger amongst Democrats than Republicans If President Trump endorsed the COVID-19 vaccine, confidence was raised about as much as Dr. Fauci's statement amongst Republicans, but confidence among Democrats was lowered These studies demonstrated that the public opinion toward COVID-19 vaccinations may be responsive to political motivation and support Further research should be directed towards developing strategies to accurately disseminate information and gain public support within future COVID-19 vaccination campaigns 	status
	 Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Target of intervention General public Delivery of the intervention By whom 	 COVID-19 vaccination campaigns Source A global survey (13,426 people in 19 countries) showed respondents reporting higher levels of trust in information from government sources were more likely to accept a vaccine and take their employer's vaccine advice Differences in COVID-19 vaccine acceptance rates ranged from almost 90% (in China) to less than 55% (in Russia) 	Published 20 October 2020
	 Allocating vaccines and ancillary supplies equitably Allocation rules Essential workers and/or those in work environments that put them at elevated risk 	 This study aimed to evaluate the optimal allocation of COVID-19 vaccines in the U.S. based on age and occupational status (i.e., essential worker or non-essential worker) The optimal allocation of COVID-19 vaccines is reported to prioritize the treatment of older-aged essential workers Younger essential workers should be prioritized when trying to control the spread of the disease, while 	Published 6 October 2020

Type of document	Relevance to question	Key findings	Recency or status
	Communicating vaccine-allocation plans and the	 prioritization should be given to seniors when trying to control mortality With the developed model, approximately 15,000 deaths are predicted to be prevented <u>Source</u> The main objectives of this study were to examine 	Published 3
	 safety and effectiveness of vaccines Target of intervention General public Delivery of the intervention Modality of delivery Content of messaging Data and evidence about safety and about effectiveness in terms of both protection against COVID-19 and protection against transmission Administering vaccines in ways that optimize timely uptake With what broader, complementary health interventions 	 the attitude of participants towards a COVID-19 vaccine and highlight any challenges that may pose a barrier to vaccine uptake The findings from this study reported that an estimated 68% of participants would be open to receiving a COVID-19 vaccine The survey also found that longer vaccine-testing periods, increased efficacy and vaccines that would be developed in the U.S. were found to be significantly associated with increased COVID-19 vaccine acceptance Based on the findings of this study, it was determined that targeted messages that promote COVID-19 vaccination and that alleviate concerns of individuals who are hesitant to receive vaccines should be disseminated, and that sufficient amount of time should be dedicated to these efforts prior to COVID-19 vaccine release to ensure maximum vaccine uptake The indicator that can best predict COVID-19 vaccine history; the authors note that interventions (e.g., messages) that relay information regarding the safety of vaccine should help to improve COVID-19 vaccine acceptance 	October 2020
	 Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Target of intervention General public 	• A survey randomly assigned 7,064 respondents in the United States to read pro-vaccine communication materials with information emphasizing personal-health risks, economic costs or collective public-	Last updated 8 September 2020 (pre- print)

Type of document	Relevance to question	Key findings	Recency or
			status
	 Delivery of the intervention By whom Content of messaging Data and evidence about safety and about effectiveness in terms of both protection against COVID-19 and protection against transmission Myths and misinformation about vaccines 	 health consequences of not vaccinating, that had the message source (ordinary people or medical experts) also randomly assigned Messages that emphasize personal-health risks and collective health consequences of not vaccinating were found to significantly increase intentions to vaccinate, and the effects were similar regardless of the message source and efforts to pre-emptively debunk concerns about safety of expedited clinical trials Economic cost frames were found to have no discernible effect on vaccine intentions 	
	 Allocating vaccines and ancillary supplies equitably Allocation rules People in social environments that put them at elevated risk for COVID-19 Administering vaccines in ways that optimize timely uptake Where Other community settings 	 A heavy lift UAV quadcopter can expand COVID-19 vaccine delivery to Indigenous people living in villages impeded by rugged terrain The travel time to a village normally accessible via walking a 2km trail that takes almost one hour took an estimated 1.23-1.38 minutes, 1.57-1.66 minutes, and an average of 3.13 minutes, for drones with 100, 250 and 500 vial loads, respectively 	Last updated 12 January 2021 (pre- print)
	 Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Target of intervention High-risk groups Delivery of the intervention By whom Content of messaging Data and evidence about safety and about effectiveness in terms of both protection against COVID-19 and protection against transmission 	 A survey of 311 older adults and 216 chronic respiratory patients in the U.K, showed 86% are willing to receive a future vaccine for COVID-19 The willingness to receive a COVID-19 vaccination was: Positively associated with the belief that COVID-19 will persist over time Negatively associated with the perception that the media has over-exaggerated the risks of catching the virus Perceived facilitators to the COVID-19 vaccination uptake included perceptions of risk to personal 	Published 5 September 2020

Type of document	Relevance to question	Key findings	Recency or
			status
		health, severity of COVID-19, and health	
		consequences to others from COVID-19	
		• Concerns about vaccine safety acted as a barrier to	
		COVID-19-vaccination uptake	
		• Content of mass-media interventions to improve	
		vaccine uptake should focus on the behaviour-change	
		techniques (BCTs) of information about health,	
		emotional, social and environmental consequences,	
		and salience of consequences	
		Source	

Type of document	Relevance to question	Hyperlinked titled	Recency or status
Guidelines	• Securing and distributing a reliable supply of	The Advisory Committee on Immunization Practices'	Published 5 March
	vaccines and ancillary supplies	interim recommendation for use of Janssen COVID-19	2021
	• Surveillance, monitoring and evaluation, and	<u>vaccine — United States, February 2021</u>	
	reporting		
	• Securing and distributing a reliable supply of	Acceptance of available traditional vaccine supply with	Last updated 1
	vaccines and ancillary supplies	reduced shelf-life	March 2021
	Administering vaccines in ways that optimize	Allergy, immunodeficiency, autoimmunity and	Last updated 14
	timely uptake	COVID-19 vaccination position statement	April 2021
	• Securing and distributing a reliable supply of	Overview of the implementation of COVID-19	Last updated 29
	vaccines and ancillary supplies	vaccination strategies and vaccine deployment plans in	March 2021
	Allocating vaccines and ancillary supplies	the EU/EEA	
	equitably		
	Administering vaccines in ways that optimize		
	timely uptake		
	• Surveillance, monitoring and evaluation, and		
	reporting		
	• Surveillance, monitoring and evaluation, and	Reporting to the enhanced surveillance of COVID-19	Last updated 26
	reporting	cases in vaccinated individuals	March 2021
	Allocating vaccines and ancillary supplies	CTS information and guidance for respiratory health	Last updated 16
	equitably	care professionals on COVID-19 vaccination	March 2021
	Administering vaccines in ways that optimize		
	timely uptake		
	Allocating vaccines and ancillary supplies	Breastfeeding and COVID-19 vaccination: Position	Last updated 27
	equitably	statement of the Italian scientific societies	February 2021
	Allocating vaccines and ancillary supplies	SARS-CoV-2 — increased circulation of variants of	Published 15
	equitably	concern and vaccine roll-out in the EU/EEA, 14th	February 2021
		update	D 111 1 1 65
	Communicating vaccine-allocation plans and the	COVID-19 vaccine hesitancy among vulnerable cancer	Published 25
	safety and effectiveness of vaccines	populations: How SGO members can contribute to the	January 2021
Full exetomatic		Solution Realizations for COVID 10 contact tracing and	Data of literature
run systematic	• Surveillance, monitoring and evaluation and	Diockentains for COVID-19 contact tracing and	Date of interature
reviews	reporting	vacchie support: A systematic review	search not reported

Appendix 2c: New evidence documents of medium and low relevancy to the questions, but that may provide additional insights

			(published 2 March 2021)
	• Allocating vaccines and ancillary supplies equitably	Disparities in H1N1 vaccination rates: A systematic review and evidence synthesis to inform COVID-19 vaccination efforts	Literature last searched 24 August 2020
Rapid reviews	• Administering vaccines in ways that optimize timely uptake	Public-health measures and strategies to limit the spread of COVID-19: An international review	Date of literature search not reported (published 22 March 2021)
	• Allocating vaccines and ancillary supplies equitably	<u>Rapid review of public-health guidance for residential</u> <u>care facilities in the context of COVID-19</u>	Date of literature search not reported (published 19 March 2021)
	• Allocating vaccines and ancillary supplies equitably	Rapid review of public-health guidance on protective measures for vulnerable groups in the context of COVID-19	Date of literature search not reported (published 4 March 2021)
Protocols for reviews that are underway	• Surveillance, monitoring and evaluation, and reporting	What is the impact of perceived risks and safety of vaccines and vaccination to vaccine acceptance and uptake?	Anticipated completion date 1 June 2021
	• Communicating vaccine-allocation plans and the safety and effectiveness of vaccines	<u>Review of interventions to increase vaccine take-up</u> among adults under age 65	Anticipated completion date 15 May 2021
Titles/questions for reviews that are being planned		None identified	
Single studies that provide additional insight	• Surveillance, monitoring and evaluation, and reporting	Social norms and vaccine uptake: College students' COVID vaccination intentions, attitudes, and estimated peer norms and comparisons with influenza vaccine	Published 8 April 2021
	 Administering vaccines in ways that optimize timely uptake 	Equity impacts of dollar store vaccine distribution	Preprint (last edited 5 April 2021)
	• Surveillance, monitoring and evaluation, and reporting	Background rates of hospitalizations and emergency department visits for selected thromboembolic and coagulation disorders in Ontario, Canada, 2015 to 2020, to inform COVID-19 vaccine safety surveillance	Preprint (last edited 4 April 2021)
	 Surveillance, monitoring and evaluation, and reporting 	Evaluation of COVID-19 vaccine refusal in parents	Published April 2021

• Surveillance, monitoring and evaluation, and reporting	Beliefs regarding COVID-19 vaccines among Canadian workers in the intellectual disability sector prior to vaccine implementation	Published 31 March 2021
• Surveillance, monitoring and evaluation, and reporting	Association of race/ethnicity with likeliness of COVID-19 vaccine uptake among health workers and the general population in the San Francisco Bay area	Published 30 March 2021
• Surveillance, monitoring and evaluation, and reporting	<u>United States COVID-19 vaccination preferences</u> (CVP): 2020 hindsight	Published 30 March 2021
• Surveillance, monitoring and evaluation, and reporting	Willingness to get the COVID-19 vaccine among patients with rheumatic diseases, healthcare workers and general population in Turkey: A web-based survey	Published 29 March 2021
• Communicating vaccine-allocation plans and the safety and effectiveness of vaccines	Messaging interventions that increase COVID-19 vaccine willingness in Latin America	Preprint (last edited 28 March 2021)
• Communicating vaccine-allocation plans and the safety and effectiveness of vaccines	Counties with lower insurance coverage are associated with both slower vaccine roll-out and higher COVID- 19 incidence across the United States	Preprint (last edited 26 March 2021)
• Communicating vaccine-allocation plans and the safety and effectiveness of vaccines	Development of a codebook of online anti-vaccination rhetoric to manage COVID-19 vaccine misinformation	Preprint (last edited 26 March 2021)
• Surveillance, monitoring and evaluation, and reporting	Factors associated with COVID-19 vaccine receipt at two integrated healthcare systems in New York City: A cross-sectional study of healthcare workers	Preprint (last edited 26 March 2021)
• Surveillance, monitoring and evaluation, and reporting	Factors associated with the intention to obtain a COVID-19 vaccine among a racially/ethnically diverse sample of women in the USA	Published 26 March 2021
• Surveillance, monitoring and evaluation, and reporting	Modification of a vaccine hesitancy scale for use in adult vaccinations in the United States and China	Published 26 March 2021
• Surveillance, monitoring and evaluation, and reporting	Pre-pandemic cognitive function and COVID-19 vaccine hesitancy: Cohort study	Preprint (last edited 25 March 2021)
• Communicating vaccine-allocation plans and the safety and effectiveness of vaccines	<u>A global pandemic in the time of viral memes:</u> <u>COVID-19 vaccine misinformation and disinformation</u> <u>on TikTok</u>	Published 25 March 2021
• Surveillance, monitoring and evaluation, and reporting	<u>Factors influencing COVID-19 vaccination uptake in</u> an elderly sample in Poland	Preprint (last edited 23 March 2021)
• Surveillance, monitoring and evaluation, and reporting	Vaccine hesitancy against SARS-CoV-2 in health personnel of Northeastern Mexico and its determinants	Published 23 March 2021

• Surveillance, monitoring and evaluation, and reporting	COVID-19 vaccine perceptions in New York State's intellectual and developmental disabilities community	Preprint (last edited 22 March 2021)
Surveillance, monitoring and evaluation, and reporting	Demographic, psychological, and experiential correlates of SARS-CoV-2 vaccination intentions in a sample of <u>Canadian families</u>	Published 22 March 2021
• Surveillance, monitoring and evaluation, and reporting	Pregnant women perspectives on SARS-COV-2 vaccine	Published 22 March 2021
• Surveillance, monitoring and evaluation, and reporting	"This is about the coolest thing I've ever seen is that you just showed right up." COVID-19 testing and vaccine acceptability among homeless-experienced adults: Qualitative data from two samples	Preprint (last edited 20 March 2021)
• Surveillance, monitoring and evaluation, and reporting	<u>A study of ethnic, gender and educational differences</u> in attitudes toward COVID-19 vaccines in Israel – <u>Implications for vaccination implementation policies</u>	Published 19 March 2021
• Surveillance, monitoring and evaluation, and reporting	Determinants of acceptance of coronavirus disease - 2019 (COVID-19) vaccine among Lebanese healthcare workers using health-belief model	Preprint (last edited 17 March 2021)
• Surveillance, monitoring and evaluation, and reporting	Risk perception of SARS-CoV-2 infection and acceptability of a COVID-19 vaccine in Nigeria	Preprint (last edited 16 March 2021)
• Surveillance, monitoring and evaluation, and reporting	Artificial intelligence-enabled analysis of U.K. and U.S. public attitudes on Facebook and Twitter towards COVID-19 vaccinations	Preprint (last edited 16 March 2021)
• Surveillance, monitoring and evaluation, and reporting	The persistence of vaccine hesitancy: COVID-19 vaccination intention in New Zealand	Published 15 March 2021
 Communicating vaccine-allocation plans and the safety and effectiveness of vaccines Surveillance, monitoring and evaluation, and reporting 	COVID-19 vaccine acceptance and hesitancy in low- and middle-income countries, and implications for messaging	Preprint (last edited 13 March 2021)
• Surveillance, monitoring and evaluation, and reporting	<u>Which beliefs predict intention to get vaccinated</u> against COVID-19? A mixed-methods reasoned action approach applied to health communication	Published 13 March 2021
• Surveillance, monitoring and evaluation, and reporting	Acceptability of COVID-19 vaccination among healthcare workers in Ghana	Preprint (last edited 12 March 2021)
• Surveillance, monitoring and evaluation, and reporting	Willingness of Taiwan's healthcare workers and outpatients to vaccinate against COVID-19 during a period without community outbreaks	Published 12 March 2021

• Surveillance, monitoring and evaluation, and	Interest in COVID-19 vaccine trials participation	Published 12 March
reporting	hesitancy, and demographic and psychosocial	2021
	determinants	
Communicating vaccine-allocation plans and the	Paying people to take the vaccine - Would it help or	Preprint (last edited
safety and effectiveness of vaccines	backtire?	11 March 2021)
• Communicating vaccine-allocation plans and the	Nigerian media coverage of medical progress on the	Published 11 March
safety and effectiveness of vaccines	development of COVID-19 vaccine	2021
Administering vaccines in ways that optimize	Primary care's historic role in vaccination and potential	Published 11 March
timely uptake	Function of COVID-19 minimumization programs	2021
• Allocating vaccines and ancillary supplies	workers in a hospital setting	9 March 2021)
 Securing and distributing a reliable supply of 	U.S. public support for COVID-19 vaccine donation to	Published 9 March
vaccines and ancillary supplies	low- and middle-income countries during the COVID-	2021
5 11	<u>19 pandemic</u>	
• Surveillance, monitoring and evaluation, and	Acceptance of a Covid-19 vaccine is associated with	Published 9 March
reporting	ability to detect fake news and health literacy	2021
• Administering vaccines in ways that optimize	COVID-19 management in pediatrics	Published 9 March
timely uptake		2021
• Surveillance, monitoring and evaluation, and	Negative vaccine attitudes and intentions to vaccinate	Published 5 March
reporting	against Covid-19 in relation to smoking status: A	2021
Surveillance monitoring and evaluation and	Predictors of uptake of a potential Covid-19 vaccine	Published 28
• Surveinance, monitoring and evaluation and	among Nigerian adults	February 2021
Communicating vaccine-allocation plans and the	CoVaxxy: A global collection of English-language	Preprint (last edited
safety and effectiveness of vaccines	Twitter posts about COVID-19 vaccines	22 February 2021)
• Surveillance, monitoring and evaluation, and	Prevalence and potential determinants of COVID-19	Preprint (last edited
reporting	vaccine hesitancy and resistance in Qatar: Results from	22 February 2021)
	a nationally representative Survey of Qatari nationals	
	and migrants between December 2020 and January	
• Surveillance, monitoring and evaluation, and	COVID-19 vaccine acceptance by patients attending a	Published 11
reporting	primary-healthcare facility in Durban	February 2021
• Surveillance, monitoring and evaluation and	COVID-19 vaccine hesitancy in an ethnically diverse	Preprint (last edited
reporting	community: Descriptive findings from the Born in	4 February 2021)
	Bradford study	

 Surveillance, monitoring and evaluation, and reporting 	d <u>Attitudes towards vaccines and intention to vaccinate</u> against COVID-19: Implications for public-health February 2021
	communications
• Surveillance, monitoring and evaluation, and reporting	dAssessing COVID-19 vaccine hesitancy, confidence and public engagement: A global social-listening studyPreprint (last edited 29 January 2021)
• Surveillance, monitoring and evaluation, and reporting	d <u>Confidence, acceptance and willingness to pay for the</u> <u>COVID-19 vaccine among migrants in Shanghai,</u> <u>China: A cross-sectional study</u> Preprint (last edited 27 January 2021)
• Communicating vaccine-allocation plans an safety and effectiveness of vaccines	d the <u>A mega-study of text-based nudges encouraging</u> patients to get vaccinated at an upcoming doctor's appointment <u>Preprint (last edited</u> 5 April 2021)
• Surveillance, monitoring and evaluation, and reporting	d <u>A comparative online survey on the intention to get</u> <u>COVID-19 vaccine between Greek and Cypriot</u> <u>healthcare personnel: Is the country a predictor?</u> Published 23 March 2021
Communicating vaccine-allocation plans an safety and effectiveness of vaccines	d the <u>Trust in doctors, positive attitudes, and vaccination</u> behaviour: The role of doctor–patient communication in H1N1 vaccination

Appendix 3: COVID-19 vaccine roll-out elements from other countries

Country	Securing and distributing a reliable supply of vaccines and ancillary supplies	Allocating vaccines and ancillary supplies equitably	Communicating vaccine-allocation plans and the safety and effectiveness of vaccines	Administering vaccines in ways that optimize timely uptake	Surveillance, monitoring and evaluation, and reporting
Australia	 On 7 January 2021, the Australian Government released its <u>COVID-19</u> <u>Vaccine National Rollout</u> <u>Strategy</u>, which outlines the targeted number of doses to be administered during each phase: Phase 1A: 1.4 million Phase 1B: 14.8 million Phase 2A: 15.8 million Phase 2B: 16 million Phase 3: 13.6 million Australia has partnered with the <u>University of</u> <u>Oxford-AstraZeneca</u>, <u>Novavax</u>, <u>Pfizer-</u> <u>BioNTech</u>, and <u>COVAX</u> <u>Facility</u> to secure a range of COVID-19 vaccine supply Australia has secured an estimated 53.8 million doses of the University of Oxford- AstraZeneca vaccine – 3.8 million doses will 	 The <u>COVID-19 Vaccine</u> <u>National Rollout Strategy</u> highlights the priority populations for each of the five phases: Phase 1A: quarantine and border workers, front-line healthcare workers, and aged-care and disability staff/residents Phase 1B: older adults aged 70 years and over, other healthcare workers, adults with pre-existing conditions, high-risk workers (e.g., fire, police, and meat processing staff), household members of quarantine and border workers, residents living with a disability, caregivers, and Aboriginal and Torres Strait Islander people Phase 2A: Adults between 50-69 years of age, Aboriginal and Torres 	 and the safety and effectiveness of vaccines To inform residents, the Government of Australia will be promoting an educational campaign on its COVID-19 vaccination program This campaign will include medical experts discussing vaccine roll-out, priority populations, and projected timelines This will be aimed towards priority groups, culturally diverse groups, and Aboriginal and Torres Strait Islander people On <u>1 March 2021</u>, the second phase of this campaign was launched The Australian Government's 	 In addition to residential disability and aged-care facilities, a total of <u>30-50</u> hospital sites will serve as centres (i.e., Pfizer Hubs) for vaccine administration, including: Three in New South Wales; Four in Victoria; Three in Queensland; Two in South Australia; and One in each of Western Australia, Tasmania, Australian Capital Territory, and Northern Territory Pfizer-BioNTech vaccines will only be administered at Hospital/Pfizer Hubs General practices 	 All successfully administered COVID- 19 vaccinations will be documented into reporting and monitoring systems (e.g., <u>Australian</u> <u>Immunisation Register</u>) This will include <u>personal information</u> such as name, date of birth, contact details, gender, and if applicable, healthcare number and Medicare identifier Information from the Australian Immunisation Register is routinely uploaded to the Enterprise Data Warehouse (EDW) De-identified data from the EDW will be transferred to the Vaccine Data
	5.8 million doses will be imported, while the remaining 50 million will be manufactured domestically by CSL Behring	 Strait Islander people, and other high-risk workers Phase 2B: the remaining adult population and unvaccinated individuals 	Department s Department of Health released a series of <u>campaign materials</u> to inform citizens on the COVID-19 vaccine,	 General practices will provide vaccines to individuals aged 70 and over, individuals with pre- 	Solution, a software that helps to monitor the coverage and logistics of the

	a			0.07770
• The government has	from any of the previous	using television ads,	existing conditions,	COVID-19 vaccine
secured 51 million	phases	videos, posters,	and in Phase 1B,	roll-out
doses of the Novavax	• Phase 3: residents younger	presentations, and	Aboriginal and	 The Australian
vaccine, which will be	than 18 years of age and	social-media graphics	Torres Strait	Government has
manufactured and	those younger than 16	• Educational material	Islander people	partnered with
imported	<u>years of age for the Pfizer</u>	(e.g., videos) with	○ The <u>Oxford-</u>	<u>Accenture</u> to develop a
internationally from	vaccine only	translated subtitles	<u>AstraZeneca</u>	monitoring program for
Europe	• Vaccine roll-out commenced	are now available in	<u>vaccine</u> will be	COVID-19 vaccines
0 Australia has secured	as scheduled on <u>22 February</u>	multiple languages,	administered at	• The Government of
10 million Pfizer-	<u>2021</u>	such as Arabic,	general practitioner-	Australia released a
BioNTech vaccine	• Phase 1B of the vaccine	Korean, Italian,	led respiratory	series of informative
doses, which will be	roll-out commenced on <u>22</u>	Hindi, Spanish, and	clinics, select	resources to aid
manufactured and	<u>March 2021</u>	Russian	general practices,	residential aged-care
imported from the	• The administration of the	• This includes health	state-run	providers with the
United States, Belgium,	Oxford-AstraZeneca vaccine	professionals and	vaccination clinics,	vaccine roll-out (e.g.,
and Germany	commenced on <u>5 March</u>	researchers	and Aboriginal	monitoring and
0 On 4 February 2021,	<u>2021</u> in South Australia	responding to public	Controlled	reporting)
the Department of	• As of 13 April 2021, a total	enquiries through a	Community Health	• A public form is
Health announced that	of 1,234,681 COVID-19	series of " <u>Top 3</u>	Centres	available for health
Australia will receive	vaccine doses have been	COVID-19 Vaccine	• Over 4,500 accredited	professionals and the
an additional <u>10 million</u>	administered to Australians	Questions"	<u>general practices</u> will	general public to make
doses of the Pfizer-	◦ 508,478 of these doses	• The Government of	serve as administration	enquiries related to
BioNTech vaccine in	were delivered through	Australia launched a	sites in Phase 1B of	COVID-19 vaccines
the second half of	primary-care settings	new website feature,	the vaccine roll-out	• The reporting of
2021, resulting in a	• On 8 April 2021, the	" <u>Is it true?</u> ", in an	 COVID-19 vaccine 	adverse effects after
total of 20 million	Australian Technical	attempt to combat	appointment	COVID-19 vaccine
secured doses	Advisory Group on	misinformation and	<u>bookings</u>	administration can be
• On 24 December 2020,	Immunisation released a	reduce vaccine	commenced on 19	directed to the TGA.
the government	statement regarding the	hesitancy among	March 2021 at	healthcare providers.
announced that DHL	safety of the Oxford-	residents	general practitioner-	state health
Supply Chain and Linfox	AstraZeneca vaccine	• The Government of	led respiratory	departments, and the
will lead the COVID-19	• The advisory group noted	Australia invested a	clinics, and	NPS MedicineWise
vaccine distribution in	evidence of thrombosis	total of <u>\$23.9 million</u>	vaccinations at these	Adverse Medicine
Australia, which will be	with thrombocytopenia	into the development	sites began on <u>22</u>	Events (AME) Line
required to track the	syndrome upon the	of this vaccine	<u>March 2021</u>	
temperature of the	administration of the	information campaign	• Vaccinations started	
vaccines and manage	Oxford-AstraZeneca	• On 8 March 2021, a	with 1,000 general	
ancillary supplies (e.g.,	vaccine	COVID-19 vaccine	practices and this	
		-		

 needles, syringes, and personal protective equipment) On 25 January 2021, the Therapeutic Goods Administration (TGA) <u>provisionally approved</u> the use of the Pfizer- 	 Recommendations have been adjusted to prioritize the administration of the Pfizer-BioNTech vaccine in adults under the age of 50 years Residents who have already been vaccinated 	eligibility tracker was launched to help provide Australians with a projected vaccination timeline	number will gradually increase to over 4,000 by the end of April 2021 • <u>Community</u> <u>pharmacies</u> are eligible to serve as vaccine- administration sites as	
 BioNTech COVID-19 vaccine in Australia On 15 February 2021, Australia received its first shipment of over 142,000 doses of the Pfizer-BioNTech vaccine Delivery of the <u>Pfizer- BioNTech vaccine</u> will consist of: verifying dispatched batches at the border distributing imported doses to vaccination sites In order to <u>safely store</u> and handle the Pfizer- BioNTech vaccine, the Government of Australia is preparing to secure cold-chain storage, staff training, and regular management of equipment and monitoring systems On 16 February 2021, the TGA provisionally 	 with the first dose of the Oxford-AstraZeneca vaccine, without any prior side effects, will still be able to receive their second dose O Under specific situations, when the benefits outweigh the risks, residents under the age of 50 years can consent to receiving the Oxford-AstraZeneca vaccine 		 part of Phase 2A of the distribution plan Vaccines will be administered to long- term care home residents in an estimated 240 aged care facilities in over 190 regions across all states and territories in Australia On 2 February 2021, an investment of \$1.9 billion was announced to boost the national COVID-19 vaccine roll-out plan The Government of Australia has called upon the following four providers to help support the vaccine workforce with increased staff and training initiatives: Aspen Medical Healthcare Australia International SOS 	
Oxford-AstraZeneca			Services	

COVID 10 fer		T 1 1 1	
COVID-19 vaccines for		• In partnership with the	
citizens aged 18 years and		Australian College of	
older		Nursing, the federal	
• On <u>28 February 2021</u> ,		government of	
300,000 doses of the		Australia is creating	
Oxford-AstraZeneca		fully funded,	
vaccine arrived in		accredited training	
Australia		modules for	
		vaccination providers,	
		and non-clinical and	
		administrative staff;	
		training will be	
		available to:	
		• Health professionals	
		in hospitals	
		• General practices	
		• State and	
		Commonwealth	
		clinics	
		 Aboriginal 	
		Community	
		Controlled Health	
		Organizations	
		• Pharmacies	
		• The subset of "Core"	
		modules will cover:	
		• Handling and	
		storage	
		• Communication and	
		purpose	
		• Multi-dose vial	
		training	
		\circ Documentation and	
		reporting	
		o Safety and	
		surveillance	
		The second /	
		• The second/	
		"additional" subset of	

				training modules will	
				cover detailed topics	
				pertaining to the	
				Pfizer-BioNTech,	
				Novavax, and Oxford-	
				AstraZeneca vaccines	
				• The <u>Australian</u>	
				Defense Force will	
				provide additional	
				personnel to assist	
				with the vaccine roll-	
				out in residential aged-	
				care facilities	
				• As of <u>13 April 2020</u> ,	
				Australia has not yet	
				implemented a no-	
				fault COVID-19	
				vaccine injury	
				compensation program	
China	• China has established and	• China implemented a two-	• On 3 February 2021.	• On 2 April 2021.	• The Vaccine
	implemented whole-	step strategy for COVID-19	The Ministry of Public	China's NHC and	Administration Law of
	process traceability	vaccination	Security of China has	CDC developed the	the People's Republic of
	systems for COVID-19	• The first step is the	deployed a national	guideline on	China indicates that the
	vaccines, including in-out	vaccination of priority	campaign to combat	administration of	state shall implement
	inventory registration,	populations, including the	vaccine-related crimes,	COVID-19 vaccines	whole process electronic
	production,	workers in the cold-chain	including manufacture	and vaccination sites	traceability systems for
	transportation, storage	industry, port inspection	and sale of fake	• The administration of	vaccines
	and administration, and	and quarantine, ship	<u>vaccines</u> , illegal	COVID-19 vaccines is	• China has established <u>a</u>
	to <u>ensure the supply of</u>	piloting, aviation, public	operations, and	carried out in	national electronic
	vaccines through various	transport, fresh markets,	smuggling of vaccines,	vaccination sites that	vaccine traceability
	methods such as precise	healthcare settings, and	illegal medical practice	are approved by local	platform, where all
	deployment, accelerated	those who plan to work or	and related fraud	health-administration	localities can timely and
	1 2 1	-			
	turnover, and matching	study in countries and	activities	departments	accurately report
	turnover, and matching demand according to the	study in countries and regions with medium or	activities <u>China's State Council</u>	departmentsO Generally, the	accurately report required information so
	turnover, and matching demand according to the vaccine plan of each	study in countries and regions with medium or high risk of COVID-19	 <u>China's State Council</u> <u>Joint Prevention and</u> 	departmentsGenerally, the vaccination sites are	accurately report required information so that vaccines can be
	turnover, and matching demand according to the vaccine plan of each province	study in countries and regions with medium or high risk of COVID-19 infection	 <u>China's State Council</u> <u>Joint Prevention and</u> <u>Control Mechanism</u> 	 departments Generally, the vaccination sites are set up in the health 	accurately report required information so that vaccines can be traced throughout the
	 turnover, and matching demand according to the vaccine plan of each province The pricing of COVID- 	 study in countries and regions with medium or high risk of COVID-19 infection With COVID-19 vaccines 	 activities <u>China's State Council</u> Joint Prevention and <u>Control Mechanism</u> against COVID-19 	 departments Generally, the vaccination sites are set up in the health service centres, 	accurately report required information so that vaccines can be traced throughout the whole process

by the vaccine industry	enter the market or the	conferences that	centres or general	• The <u>related vaccine laws</u>
based on the attributes of	yield of vaccines	include information	hospitals in the	have clear regulations
public products and the	improving steadily, the	about COVID-19	jurisdictions	on the monitoring,
related costs	second step is to put more	vaccines	• For the enterprises	reporting and handling
• The government of	vaccines into use,	Multiple approaches	and organizations	of adverse events
China will provide	inoculating the eligible	for communicating the	where the priority	following immunization
COVID-19 vaccines to	population as widely as	COVID-19 vaccines.	populations are	• As of 31 Japuary 2021
the public for free	possible, with priority for	such as popular social	concentrated, the	the surveillance analysis
• As COVID-19 vaccines	the elderly and high-risk	media (e.g., WeChat).	temporary	showed that the
are put into use in China	populations with	24-hour hotline service	vaccination sites will	incidence of severe
the government will make	underlying diseases	and community	be set up	abnormal reactions
the vaccine a global	• According to the National	campaigns are being	• Information on	caused by the COVID
public product and supply	Health Commission (NHC),	used	vaccination sites will	19 vaccines currently
the vaccines to the world	China aims to vaccinate the	 State Councillor and 	be made available to	used in China was no
at a fair and reasonable	eligible population as widely	Foreign Minister Wang	the public	higher than that of the
price	as possible and gradually	Yi said on 7 March	• During the vaccination	influenza vaccines and
• Until 5 January 2021 the	build an immune barrier	2021 that China	process, the recipients	the surveillance of
Ministry of Industry and	within the whole population	opposes "vaccine	should pay attention to	adverse events related to
Information Technology	to control the epidemic	nationalism" and	and cooperate with the	COVID-19 vaccination
(MIIT) has moved to	• The vaccination is being	rejects any "vaccine	following aspects:	in different places will
facilitate corporate	administered first to key	divide" or any attempt	• Recipients need to	be ongoing and dynamic
cooperation along	groups, then to high-risk	to politicize vaccine	bring identification	• On 6 February 2021 a
industrial chains to	groups and then to the	cooperation	documents, and	mobile application
accelerate the	general population, as the	• Op 31 March 2021	wear personal	"Health Kit" was
industrialization of	vaccine's production	China's CDC updated	protection	developed for checking
COVID-19 vaccines and	capacity increases	34 frequent questions	equipment	the vaccination status
expand production	• As of 21 March 2021,	and answers about	according to local	including four types of
capacity to ensure the	China started vaccinations	COVID-19 vaccines	prevention and	status: "no inoculation
supply of vaccines	for people 60 and older,	• Op 22 March 2021	control	history" "having
• As 21 March 2021.	aiming to reach nearly 254	HKSAR chief	requirements, and	applied for and yet to
China's annual vaccine	million seniors	avagutive urged Hong	truthfully provide	receive vaccination"
production can fully	o <u>A guideline published on</u>	Kong residents to	information such as	"first dose
meet the whole	<u>29 March 2021</u>	actively receive	health status and	administered" and
country's needs, as	recommended to use the	COVID 19 vaccina	vaccination	"immunization series
judged by the existing	same vaccine product to	and to refer to the	contraindications	completed", and this
production	complete immunization	official vaccine	• After vaccination,	application could be in
arrangements	0 China's NHC	information and	recipients should	Chinese or English
	recommended COVID-19	professional opinions	stay for 30 minutes;	language

 The Hong Kong Special 	vaccination for people	of health experts,	if there is a	• In Macao, <u>vaccination</u>
Administrative Region	<u>aged 60 and older</u> in the	instead of rumours and	suspected adverse	records are updated in
(HKSAR) government	guideline published on 29	disinformation	reaction,	the health code with
has secured a total of 22.5	March 2021	• On 11 April 2021,	immediately report	hyperlinks
million doses of COVID-	• As of 26 March 2021, Beijing	China's NHC	to the vaccination	• On 2 April 2021.
19 vaccines, enough to	has started <u>COVID-19</u>	encouraged more	institution and seek	China's NHC and CDC
cover Hong Kong's 7.5-	vaccination for foreign	people to get	medical advice	developed guidelines on
million population, as	nationals in the city	vaccinated against	• In Macao, <u>the</u>	adverse events following
each person needs to take	• As of 11 April 2021, over	COVID-19 on a	vaccination certificate	immunization (AEFI)
two jabs	167.34 million doses of	voluntary, informed	and record card will be	monitoring and
• As of 3 March 2021,	COVID-19 vaccines have	basis instead of a	issued after completing	management, and
China has put the	been administered across	<u>compulsory one</u>	two doses of	vaccination registration
Sinopharm inactivated	China	• On 2 April 2021,	vaccinations, which	and reporting
COVID-19 vaccines into	• In Hong Kong, the priority	China's NHC and	will be updated in the	
mass production and <u>the</u>	groups include medical	CDC developed a	health code with	
output is expected to	workers and the aged,	series of COVID-19	hyperlinks	
surpass 1 billion doses in	nursing home staff, public-	vaccination training	 People's Insurance 	
<u>2021</u>	service providers such as	materials for	Company of China	
• As of 29 March 2021,	street cleaners, postmen and	vaccination providers	(PICC) Life Insurance	
China has approved four	discipline force members,	and staff, including	took the lead in	
COVID-19 vaccines for	and workers in cross-border	guideline on the use of	launching medical-	
conditional market use	transport, including truck	COVID-19 vaccines,	accident insurance for	
and one for emergency	drivers and crews	<u>adverse events</u>	COVID-19 and other	
use, which include	• As of 11 April 2021, about	following	vaccines, which covers	
inactivated vaccines (three	791,300 vaccine doses have	immunization (AEFI)	compensation for	
products), adenovirus	been administered in Hong	management guideline,	abnormal reactions	
vector vaccine (one	Kong, with some 231,500	vaccination	• On 21 March 2021,	
product), and	residents fully vaccinated	administration	China's CDC	
recombinant protein	• On 8 March 2021, the	guideline, registration	recommended that	
subunit vaccine (one	priority groups in Hongkong	and reporting guideline	people, vaccinated or	
product)	will be expanded, covering		not, still need to wear	
• As of 8 March 2021,	workers in catering industry,		<u>masks</u> in indoor or	
China has <u>17 COVID-19</u>	tourism, public		closed sites where	
vaccines currently in	transportation, property		people gather,	
clinical trials, among	management, construction		maintain personal	
which seven are	sites, schools		hygiene, and <u>comply</u>	
undergoing phase-III	• In <u>Macao</u> , the priority was		with local COVID-19	
clinical trials	given to certain groups of		prevention and control	

• On 25 January 2021 the	people, including those	measures, until	
Ministry of Transport of	engaged in front-line work	population-level	
China the National	for epidemic control and	immunity is achieved	
Health Commission the	those who are at high risk in	through vaccination in	
General Administration	terms of occupational	China	
of Customs and the	exposure	• On 8 March 2021 the	
National Medical	0 On 22 February 2021, the	Ministry of Foreign	
Products Administration	Macao Special	Affairs officially	
issued the technical	Administrative Region	launched the	
guideline about road	(SAR) started inoculating	international travel	
transportation of	local residents who are not	health certificate	
COVID-19 vaccines and	in prioritized groups with	showing one's nucleic	
related products	mainland-made COVID-	acid test and serum	
\circ The vehicles	19 vaccines	antibody results	
transporting COVID-	0 As of <u>22 March 2021</u> ,	vaccine inoculation	
19 vaccines will be	77,587 residents in Macao	and other information.	
exempted from tolls	made reservations for	which is available for	
before 31 December	vaccination and over	Chinese citizens via a	
2021	37,707 were vaccinated	WeChat mini program	
o The <u>Civil Aviation</u>	0 On 22 March 2021,	• China has eased visa	
Administration of	Macao residents started to	application procedures	
China (CAAC) updated	get the second dose	for people inoculated	
the guidebook for	• China deploys <u>mobile</u>	with Chinese COVID-	
COVID-19 vaccine	vaccination vehicles to speed	19 vaccines	
<u>transport</u> in February	up the immunization process	• Different areas	
2021 and established a	with offering a one-stop	explored different	
special team to support	service for registration,	administration	
and coordinate vaccine	disinfection and vaccination	methods, for example,	
transportation	 The vehicle is equipped 	setting up temporary	
• As of 7 March 2021,	with vaccination stations,	vaccination locations	
China has exported or is	medical refrigerators and	and establishing online	
exporting vaccines to 43	first-aid equipment, and	vaccination	
countries	the refrigerators are able	appointments for	
• As of 30 March 2021,	to store 1,200 vaccine	priority populations	
China has provided or is	doses	• On 24 January 2021,	
providing vaccine aid to	• Based on <u>the guideline</u>	China CDC issued the	
80 countries and three	published on 29 March 2021,	technical	
international	the recommendations on	recommendations on	

organizations, which	doses and vaccination	environmental	
covers 26 Asian countries,	intervals were as follows:	specimen monitoring	
34 African countries, four	• Inactivated vaccines: two	in vaccination sites,	
countries in Europe, 10 in	doses, interval (three to	including the	
America, and six in	eight weeks)	disinfection	
Oceania, the African	o Adenovirus vector	recommendations	
Union, the Arab League	vaccine: one dose		
and UN peacekeepers	• Recombinant protein		
o Over 60 countries have	subunit vaccine: three		
approved market	doses, interval (no less		
access or issued	than four weeks between		
emergency-use permits	two shots, second dose		
for Chinese vaccines	administered within eight		
o <u>Three factors are</u>	weeks after the first shot,		
considered in	third dose administered		
formulating an aid	within six months after		
plan: the benefits of	the first shot)		
equitable and timely	• For people who have not		
access to vaccines for	completed the vaccination		
developing countries,	within the schedule, they		
the severity of the	should resume the		
epidemic and the	vaccination as soon as		
specific vaccine aid	possible without needing		
needs of the countries	to start over again, and a		
concerned, and the	booster shot is not		
capacity of the Chinese	recommended		
government to provide	• China will launch a <u>"spring</u>		
vaccines	sprout" program to assist		
o China <u>provides</u>	and secure vaccination for its		
syringes for some	citizens with Chinese or		
countries that have	foreign vaccines		
<u>difficulty</u> t facilitating	 This program will include 		
vaccine use	setting up vaccination		
• China is willing to	stations in countries where		
cooperate with the	conditions allow to		
International Olympic	administer Chinese		
<u>Committee</u> to provide	vaccines to nationals living		
vaccines to Olympians	in surrounding countries		

	• As of 1 April 2021, over	• On 16 March 2021,			
	<u>11,000 tonnes of</u>	China's embassy in Egypt			
	COVID-19 vaccines have	launched a COVID-19			
	shipped from Beijing,	vaccination drive for over			
	China to the world	5,000 Chinese citizens			
	<u>Chinese vaccines</u>				
	Sinopharm and				
	CoronaVac (Sinovac) are				
	in the final stage of				
	evaluation by the				
	Emergency Use Listing of				
	the WHO and a "final				
	decision" should be made				
	between April 26 and				
	May 3				
	• On 24 March 2021,				
	China's HKSAR and				
	Macao SAR governments				
	suspended Pfizer-				
	BioNTech vaccination				
	due to packaging defects				
	• On 9 April 2021, China's				
	HKSAR government				
	asked AstraZeneca to				
	delay the delivery of its				
	COVID-19 vaccines				
France	• France has been allocated	• Based on the	• On 9 November 2020,	• COVID-19	Public Health France
	a total of <u>200 million</u>	recommendations set forth	the French National	vaccinations require an	has stated that the
	vaccine doses through	by the French National	Authority for Health	appointment to be	vaccination campaign
	partnerships secured by	Authority for Health, the	issued a press release	made at a select	will be coupled with
	the European	Ministry for Solidarity and	which stressed the	vaccination centre	publicly available
	Commission	Health announced its vaccine	importance of	o <u>1,700 vaccination</u>	surveillance, monitoring
	• Distribution of Pfizer-	strategy, which outlines a	transparency among	centres are fully	and evaluation
	BioNTech vaccines to	three-phase approach for	the general public in	operational and	indicators
	administration sites	vaccine allocation:	the vaccination-	currently	 Surveillance systems
	follows one of the	 Priority groups in phase 	campaign process	administering	will be updated to
	following processes:	one include older adults,	• In partnership with the	Pfizer-BioNTech	help track the
	~ ~	residents with disabilities,	Economic, Social and	and Moderna	percentage of

• Delivery from the	at-risk staff members in	Environmental	vaccines to all	individuals that have
production plant to	institutional care and	Council a citizen	residents aged 70	been vaccinated
one of 11 private	healthcare workers	collective was	and older	 Additional indicators
platforms capable of	• Phase two includes	announced on 16	• The Government of	such as vaccine
storing the vaccine at -	individuals aged 65 to 74	January 2021 to help	Erance has authorized	efficacy, vaccine-
80°C. Vaccines are	vears	support the COVID-	both medical practices	related opinions (e.g.
then transported to	• Phase three consists of	19 vaccination	and pharmacies to	vaccine intentions).
pharmacies and	other at-risk groups from	campaign	assist in the	and vaccine
institutional care	within the population that	• This panel consists	administration of the	adherence will also be
facilities (e.g., long-	have vet to be targeted	of a total of 35	Oxford-AstraZeneca	documented
term care) for use, or	(e.g., teachers and retail	citizens	and Janssen vaccines	• Supervised by both
• Direct delivery to one	staff)	\circ The aim of this	• The Covernment of	the National Health
of 100 hospitals in the	 Administration of the 	panel will be to	• The Government of	Insurance Fund and
country that can safely	Oxford-AstraZeneca vaccine	collate the concerns	planning the launch of	the General
store and administer	is only recommended in	and queries posed	"more vaccination	Directorate of
them	eligible population groups	by the public and	centres"	Health, the "SI
Ancillary supplies were	over the age of 55 years.	present them to the	~ 25000 firefighters	Vaccin Covid"
mass ordered prior to the	while the Pfizer-BioNTech	federal government	baye been trained	system will be used
arrival of the COVID-19	and Moderna vaccines can	• As of 31 March 2021. a	for vaccine	for surveillance,
vaccine	be administered to all eligible	vaccine campaign has	administration	monitoring,
• Pharmacies and	groups regardless of age	been launched via text	\circ 2 500 firefighters are	evaluation, and
hospitals are	• Health authorities have	and call to reach out to	in charge of logistics	reporting of COVID-
responsible for	broadened the eligible	residents older than 75	of this operation	19 vaccine data
delivering these	priority population groups in	years whohave yet to	\circ A weekly total	• Insights gleaned by the
supplies to institutional	the vaccine distribution plan	be vaccinated	estimate of 530.000	Economic, Social and
care facilities (e.g.,	and as of 12 April 2021, the		doses can be	Environmental Council
long-term care homes)	groups eligible to receive a		administered	found that the
• On 29 January 2021, the	COVID-19 vaccine consist		through the	possibility of adverse
Oxford-AstraZeneca	of:		addition of these	side effects caused by
vaccine was approved for	• All residents aged 55 and		centres	the COVID-19 vaccine
use in France	older		 Vaccinated individuals 	is the primary reason for
	• Long-term care home		are still required to	hesitancy/rejection
	residents and staff		respect and follow	among participants
	o High-risk individuals (e.g.,		public-health measures	
	Trisomy 21, cancer,		(e.g., face masks and	
	transplant patients, and		physical distancing)	
	rare diseases)		1 /0/	

• Older adults in healthcare		
facilities and serviced		
residences		
\circ Residents aged 60 and		
older in migrant worker		
homes		
• Disability care home		
residents		
• Healthcare professionals		
• Individuals aged 50 to 54		
who are living with		
comorbidities		
 Individuals who have 		
previously contracted		
COVID-19		
• Pregnant (from second		
trimester) or breastfeeding		
women		
• The two-dose Pfizer-		
BioNTech vaccine is only to		
be administered by nurses		
and physicians, and the		
second dose will be		
administered after 21 days		
The Ministry for Solidarity		
and Health recommends that		
patients who have previously		
contracted COVID-19 wait		
at least three months, and		
preferably six months, prior		
to receiving a single dose of		
the COVID-19 vaccine		
• As of 13 April 2021 France		
has administered 15 317 970		
vaccines doses		
\circ 11.340.564 individuals		
have received their first		

		dose (16.9% of the total			
		population)			
		o 3,977,406 have been fully			
		vaccinated (5.9% of the			
		total population)			
Germany	• If all vaccine candidates	• <u>Group 1</u> , the highest priority	• The Government of	Vaccines are administered in	According to the National COVID 10
	Grant approved for use,	group, is eligible to receive	Germany has faunched	administered in	National COVID-19
	Germany will have	vaccines in the first stage:	a COVID-19 vaccine	vaccination centres	vaccination Strategy,
	secured a total of <u>500</u>	O Individuals aged 80 and	information campaign,	and in care facilities by	the Robert Koch
	million vaccine doses	older	Germany Pulls Up Its	mobile teams during	Institute will collate
	0 85 million doses of the	• Healthcare workers in	<u>Sleeves</u> , to help	the centralized	non-personal data from
	Prizer-BiolN Lech	intensive care, accident,	educate and inform the	vaccination phases	
	COVID-19 vaccine are	and emergency units, and	public The first share of	o Federal states are	(e.g., age, sex, residence,
	expected to be	ambulatory services	o The lifst phase of	responsible for	place and date of
	available by the end of	o Stall/residents of pension,	fo mass on mising	managing the	dataile) into a web based
	True million doese of	a Number who are for at	locuses on faising	operation control	deta portal
	the Moderne version	o Nuises who care for at-	awareness regarding	vaccillation centres	The Data Market
	are expected to be		o The experien	and ensuring sale	• The Robert Koch
	received by the end of	• <u>Group 2</u> follows second and	o The campaign		Institute and Paul
	the first quarter	<u>consists</u> of:	educational videos		Ehrlich Institute will
	Within the first quarter	o Individuals between 70	posters and	• As of <u>5 April 2021</u> ,	lead the surveillance and
	of 2021 Cormany is	and 80 years of age	advertisements	vaccine administration	evaluation of COVID-
	or 2021, Germany is	O At-risk individuals who		sites have expanded to	19 vaccines
	between 11 and 13	may suffer a severe	• A <u>Communications</u>	include 50,000 general	• This will include
	million doses of the	outcome (e.g., transplant	<u>Management</u>	practitioner clinics	monitoring:
	Pfizer BioNTech	This area 21 and	<u>Committee</u> has been	o Due to a limited	• Vaccination rates by
	vaccine and two	demontia)	fodoral lovel to hola	supply, <u>940,000</u>	conducting online
	million Moderna	Class contrats of long	discominate	vaccine doses will	surveys
	vaccine doses	o Close contacts of long-	information valating to	to those practices	• Vaccine safety
	\circ As per the distribution	2. Dublic order units in law	information relating to		through routine
	formula of the	o Public ofder units in law	vaccine development,	• In April 2021, <u>medical</u>	pharmacovigilance,
	European Union		This sometites will	practices are scheduled	surveillance of
	Germany is expected	• Individuals living in	o This commutee Will	to be delivery sites for	pregnant women,
	to receive 70 million	homeless shelters	targeting priority	vaccine administration	short-term app-based
	vaccine doses in the	• As of 24 February 2021	groups including	• An additional 2,500	conort studies, and
	second quarter of 2021	this now includes	healthcare workers	military personnel are	hand and porture
		elementary school	wilnerable	scheduled to be	based case-control
		cicilicitary school,	vuniciable	deployed to	studies

Distribution of the Pfizer-	childcare, and day-care	populations, and the	vaccination centres in	• Vaccine efficacy by
BioNTech vaccine to	staff	general public	order to assist with the	using case reports
federal states is based on	• Group 3, which is the third-		vaccine roll-out	0 Digital health data
the proportion of the	highest priority group,		• An individual who	0
population that reside in	includes:		suffers damage from	
those regions	• Individuals between the		the COVID-19	
o Pfizer-BioNTech will	ages of 60 and 70 years		vaccine will receive	
deliver the vaccine to	• At-risk individuals with		care in accordance	
one of the designated	pre-existing medical		with the Federal	
delivery centres, from	conditions (e.g., obesity,		Supply Act	
where it will then be	liver disease or			
distributed to regional	autoimmune condition)			
vaccination centres for	• Emergency medical-			
administration	services staff (e.g., police			
COVID-19 vaccine	officers and firefighters)			
distribution to medical	• Staff in the education and			
practices follows:	judiciary sector			
• Delivery from the	• Staff in retail, the meat-			
federal government to	processing industry and			
wholesalers	seasonal workers			
o Delivery from	• According to the Standing			
wholesalers to	Committee on Vaccination			
pharmacies	(STIKO), the Oxford-			
o Delivery from	AstraZeneca vaccine requires			
pharmacies to	two doses in a <u>12-week</u>			
physician clinics	interval			
• A <u>statement</u> by Pfizer-	• As of <u>31 March 2021</u> ,			
BioNTech on 10	administration of the			
February 2021,	Oxford-AstraZeneca vaccine			
announced a new	is now being prioritized for			
production plant has been	residents aged 60 years and			
created in Marburg,	older			
Germany, with the initial	• Residents under the age of			
manufacturing process of	60 years, who previously			
the COVID-19 vaccine	received their initial dose			
having commenced	of the vaccine, will be able			
• It is projected that <u>250</u>	to choose whether to			
million vaccine doses	delay their second dose			

	will be manufactured at this facility in the first	• STIKO is scheduled to provide further			
	half of 2021	recommendation(s)			
	0 On <u>26 March 2021</u> , the	regarding this by the end			
	European Medicines	of April 2021			
	Agency approved the	• As of <u>13 April 2021</u> ,			
	manufacturing of the	Germany has administered			
	COVID-19 vaccine	over 18.6 million vaccine			
	drug product at this	doses			
	facility	\circ 16.3% of the population			
	• The estimated timeline	has received the first dose			
	for the distribution of	of the COVID-19 vaccine,			
	the first batch of	and 6.2% of the German			
	vaccines is April 2021	population has been fully			
	• The Oxford-AstraZeneca	vaccinated			
	vaccine was <u>approved</u> for	0 Over 484,784 doses are			
	use on 29 January 2021	administered each day			
	• As of 3 March 2021,	• Over 13.5 million primary			
	Germany has received	doses and 5.1 million			
	over 10.3 million vaccine	second doses have been			
	doses through	administered			
	partnerships with Pfizer-	 Vaccination centres located 			
	BioNTech, Oxford-	in the federal states are			
	AstraZeneca, and	scheduled to receive an			
	Moderna	estimated 2.25 million doses			
	o On <u>19 March 2021</u> , it	each week throughout April			
	was announced that	2021			
	Germany will be				
	receiving an additional				
	580.000 Pfizer-				
	BioNTech vaccine				
	doses				
Israel	• Distribution of Pfizer-	• To simplify the	• Current priority and	• Roles and	• Israel has a single
	BioNTech COVID-19	implementation process, the	eligible population	responsibilities for	electronic medical
	vaccine started in	Ministry of Health revised	groups <u>receive text</u>	administering vaccines	record system that is
	December 2020, where	the vaccination allocation to	messages from their	are organized	shared and accessed by
	the government received	include all Israeli residents	health maintenance	according to the	the four HMOs, which
	permission from the	aged 60 or older and all	organizations (HMO)	following:	provided health data

manufacturers to	health workers from	(health services that are	0 four HMOs for	information to identify
repackage doses into tens	December 2020 to February	provided to every	vaccinating older	priority groups among
or hundreds per shipment	2021, with vaccines available	citizen through a	adults aged 60 or	all insured citizens
(instead of 1,000 per	to all Israeli residents after	universal, compulsory	older and	• As of 17 January 2021,
shipment) in order to	this phase	medical insurance	individuals with	the Ministry of Health
avoid waste and create	Additional doses due to	plan) about	chronic conditions	and Pfizer-BioNTech
safer mobilization of	overstock were	information on	 national emergency 	signed an agreement to
doses to remote areas	communicated and	booking an	services	share anonymized
• According to <u>Health</u>	administered to local	appointment (either by	organizations for	medical-record data
Minister, Yuli Edelstein,	individuals	phone or through the	vaccinating nursing	between hospitals or
Israel entered vaccine	• As of 3 February, all	HMO online portal)	home residents	health plans and
procurement negotiations	residents aged 16 years and	• The Ministry of	 hospitals and health 	research entities in order
early in the pandemic	older became eligible for the	Health's website	insurers for	to measure vaccine roll-
Hospitals and medical	COVID-19 vaccine	provides information	vaccinating front-	out, immunity
facilities follow the	• As of 8 March 2021.	to the general public	line health workers	• With the agreement, the
distribution processes	vaccination has begun for	on vaccine roll-out,	 Vaccination sites and 	Ministry of Health will
ascribed by their central	100,000 Palestinians who	priority groups for	portable immunization	receive weekly
health maintenance	work in Israel or are in Israeli	vaccine, and safety and	stations in remote	epidemiological reports
organizations (HMO)	settlements in the West bank,	<u>efficacy</u>	areas were designated	on confirmed cases
• Vaccines are <u>repackaged</u>	with efforts to vaccinate	• The Ministry of Health	by the Ministry of	(total, by age, and other
to contain 300 doses or	1,000 people per day	focused on <u>tailored</u>	Health with assistance	stratifications),
<u>60 doses</u> , which are sent	• As of 12 April 2021, 61.5%	messaging to the	from the military and	hospitalizations, severe
to national centres and	of the population has	general population on	local authorities	cases, ventilator use,
subsequently repackaged	received at least one dose of	daily updates on the	• Within less than a	number of deaths,
in small boxes to ship	COVID-19 vaccine (with	number of vaccinated	month, the	symptomatic cases, and
three times a week to	57% of the population fully	individuals and	campaign shifted	weekly number of
communities	vaccinated)	addressing anti-	some of these sites	vaccinations (total, by
• Vaccines are transported	• To avoid wastage, an explicit	vaccination messages	to a focus on	age, and other
(and monitored under	decision was made by health	on social media	primary-care clinics	stratifications)
electronic surveillance to	authorities when there was a	• Endorsements from	to increase uptake in	• The Ministry of Health
ensure proper shipping	decline in vaccination rates,	political and religious	remote areas	stated that for Israelis
storage) from the U.S. to	where they moved to the	leaders encouraged the	• The Ministry of Health	who received both
Israel, which are then	next priority group instead of	general population,	plans to provide	doses of vaccine, 14
transferred to the logistics	waiting for everyone in the	and religious Orthodox	vaccinations 24/7,	days after the second
department of a	current priority group to be	Jewish and Muslim	with health plans	dose, vaccines were
pharmaceutical company	vaccinated (which led to	populations to get	responding by	<u>98.9% effective at</u>
<u>"Teva</u> " then distributed	surges in people travelling	vaccinated respectively	recruiting nurses for	preventing death and
to the Health Plans	from larger cities to the		vaccine administration	hospitalizations caused

		• As of 7 March 2021,		
		fully vaccinated Israeli		
		residents do not have		
		<u>to quarantine</u> after		
		entering the country		
		(while unvaccinated		
		individuals are		
		required to isolate in		
		designated hotels or in		
		an alternate location		
		using an electronic		
		bracelet)		
		• As restrictions		
		continue to ease, the		
		Ministry of Health		
		unveiled a "Green		
		Pass" system that		
		allows fully vaccinated		
		(one week after last		
		dose) or those		
		recovered from		
		COVID-19 to enter		
		specific businesses		
		with a "green		
		pass/certificate" and		
		photo ID (limited to		
		six months and failure		
		to comply will result in		
		a fine)		
		• Israeli residents with a		
		"green		
		pass/certificate" can		
		attend cultural and		
		sports events ovms		
		exhibitions, hotels.		
		tourist areas and		
		worship houses (with		
		restrictions), exempt		
		, ,	1	

				 from quarantine upon international travel, and can volunteer in hospital wards To increase the efficiency of the vaccination campaign, Israel has increased the hours of nurses and reduced their non- COVID-19 duties, and are also vaccinating populations confined to their homes and remote places (either home to home or carry confined people to vaccination sites by ambulance) The Ministry of Health is currently considering financial incentives for physicians for vaccinating certain 	
New Zealand	 The New Zealand government has <u>secured</u> four pre-purchase agreements for COVID- <u>19 vaccines</u> 750,000 courses from Pfizer-BioNTech Five million courses from Janssen 3.8 million courses from Oxford- AstraZeneca 	 On 10 March 2021, the New Zealand government released its official COVID-19 vaccine roll-out plan with four main groups for phased vaccination: o Group 1 consists of 50,000 border and MIQ workers and their household contacts (vaccination began in February 2021) 	 Information on the COVID-19 vaccine roll-out, procedures for getting a vaccine, and the safety and effectiveness of the vaccines are posted on the New Zealand government's official COVID-19 vaccine website The Minister for COVID-19 Response 	 New Zealand is planning for an extra 2,000-3,000 full-time vaccinators to be trained and available throughout New Zealand during its vaccination campaign o Vaccinators will be sourced from non- practising nurses, doctors or pharmacists, final- 	 New Zealand's National Immunisation Register is being replaced by the National Immunisation Solution to allow health workers to record vaccinations anywhere, anytime, and to fully support the COVID-19 roll-out According to the Prime Minister, New Zealand started with a gradual

	o Crown 2 includes	anid in a 27 January	woon modical	roll out to test its
0 5.50 million courses	0 Group 2 includes	Said III $\underline{a \perp}/\underline{January}$	year medical,	ion-out to test its
Irom INOVAVAX	approximately 480,000	<u>2021 press conterence</u>	nursing or	ustributions systems
• The government has	Iront-line workers and	that preparation is	pnarmacy students,	and logistical
secured enough vaccine	people living in high-risk	underway for a public	and other health	arrangements for
doses to vaccinate the	settings (vaccination	awareness and	protessionals who	transporting the Pfizer-
entire population of New	began in February 2021)	reassurance campaign	have vaccinations	BioN Tech vaccine
Zealand as well as the	• Group 3 will include	centred around vaccine	within their scope	
Pacific Islanders	approximately 1.7 million	satety that will include	• The Ministry of Health	
• An <u>inventory</u>	people who are at higher	paid advertising	has <u>contracted the</u>	
management system is	risk if they contract	• The New Zealand	Immunisation	
being developed for	COVID-19 (vaccination	Ministry of Health has	Advisory Centre to	
COVID-19 vaccines that	anticipated to begin in	published information	begin training health	
will store data on where	May 2021)	on its website about	professionals in	
vaccines are allocated,	• Group 4 will consist of	the <u>safety</u> ,	February 2021 on	
their volumes,	the remainder of the	effectiveness and side	COVID-19 vaccine	
temperatures, and	population of	effects of the Pfizer-	administration	
expiration dates to	approximately 2 million	BioNTech vaccine,	• A <u>small group of</u>	
minimize wastage	people (anticipated to	how to get a vaccine	vaccinators received	
• The Ministry of Health	begin July 2021)	(for border and MIQ	their first doses of the	
has purchased nine	• Every person in New	workers), and <u>what to</u>	Pfizer-BioNTech	
freezers to store more	Zealand will be eligible for	expect at your	vaccine on 19	
than 1.5 million doses of	free vaccination regardless of	vaccination	February 2021 as part	
the Pfizer-BioNTech	their immigration status, and	• New Zealand's	of New Zealand's trial	
vaccine	any information collected	COVID-19 Response	run for the roll-out of	
• Following the provisional	will not be used for	Minister said on <u>17</u>	its vaccination	
approval of the Pfizer-	immigration purposes	March 2021 that the	program	
BioNTech vaccine by	• The Ministry of Health is	government	• New Zealand began	
Medsafe on 3 February	working in partnership with	introduced paid	vaccinating its border	
2021, the first doses	the Māori and Pacific	advertising with	workers in Aotearoa	
arrived in Auckland on 15	neighbours to plan for their	messaging about	on 20 February 2021	
February 2021	roll-out programs and	vaccines during the	and in Wellington on	
Pfizer-BioNTech will be	determine their vaccine	weekend and that the	22 February 2021	
responsible for delivering	preferences	advertising campaign	• Vaccination of the	
all of its vaccines to New	• <u>Medsafe has recommended a</u>	will ramp up	household contacts of	
Zealand	dose interval of at least 21	throughout the year	border workers began	
New Zealand is	days between the first and	• On 17 March 2021, the	on 9 March 2021 at	
reportedly due to receive	second doses of the Pfizer-	COVID-19 Response	the first large-scale	
249 600 doses of Oxford-	BioNTech vaccine	Minister released a	COVID-19	

Ast	raZeneca vaccine	• B	v 17 March 2021, about		graph illustrating how		vaccination clinic in	
three	ough the COVAX	. 91	1% of border and MIO		the government plans		New Zealand	
faci	lity, including a few	W	orkers had received a first		to administer vaccines		o Initially 150 people	
dos	es in quarter one of	do	ose of COVID-19 vaccine		over the course of		will be vaccinated a	
202	21	ar	nd second doses began to		2021		day at the clinic, but	
• Ov	er \$66 million has	be	e administered	•	On 22 March 2021, the		these numbers will	
bee	n allocated by the	• T	he government announced		government released		ramp up over the	
Ne	w Zealand government	Of	n 24 March 2021 that early		an online tool to help		next week	
to s	support the roll-out of	va	accinations will be made		New Zealand residents		o About 55,000 front-	
CO	VID-19 vaccines,	av	vailable for people who		determine which		line health workers	
incl	uding purchasing	ne	eed to leave New Zealand		vaccination group they		will be vaccinated in	
sup	plies to vaccinate the	Of	n compassionate grounds		are in and when they		the next stage of the	
pop	bulation and providing	or	r for reasons of national		can expect to get a		roll-out	
sup	port to Pacific	Sig	gnificance		COVID-19 vaccine	•	The government has	
cou	intries	0	Compassionate grounds		• The government is		also partnered with	
• Ne	w Zealand's Prime		that will be considered		in the process of		some Mãori and	
Mit	nister announced on 8		include needing to provide		having the tool		Pacific NGOs to set	
Ma	rch 2021 that the		critical care for a		translated into 24		up small community	
gov	rernment has decided		dependent, needing to		languages		vaccination clinics in	
tor	nake Pfizer-BioNTech		access medical care that is	•	On 31 March 2021, the		South Auckland to	
the	country's primary		not available in New		COVID-19 Response		support the roll-out of	
vac	cine provider and has		Zealand, and visiting an		Minister and the		vaccines to household	
sign	ned an advance		immediate family member		Associate Minister of		contacts of border and	
pur	chasing agreement		who is dying		Health both <u>received</u>		MIQ workers	
with	h Pfizer-BioNTech for	0	Requests for national		the first dose of Pfizer	•	The COVID-19	
ana	additional 8.5 million		significance overseas		vaccine and publicly		Response Minister said	
vac	cine doses to bring		travel will need to be		discussed their		on <u>24 March 2021</u> that	
the	ir total order to 10		made by the appropriate		experience afterwards		around 1,300 of the	
mil	lion doses, enough for		agency on behalf of the		to demonstrate		2,000-3,000 additional	
Ne	w Zealand's entire		individual and not the		confidence in the		full-time vaccinators	
pop	oulation to be fully		individuals themselves		vaccine		needed to administer	
vac	cinated	0	Eligibility criteria include	•	The Associate Minister		vaccines had been	
0	The government is		being a New Zealand		<u>of Health (Mãori</u>		trained	
X	working on a delivery		citizen, resident or visa		Health) indicated that	•	New Zealand's Prime	
S	schedule with Pfizer-		holder, needing to travel		several initiatives had		Minister stated on 12	
1	BioNTech to receive		before 31 August 2021,		begun to promote		April 2021 that border	
t	he additional doses in		and having arrangements		vaccinations within		workers must be	
t	he second half of 2021		for return to New Zealand		Mãori communities,		vaccinated by the end	

	• The decision to make	• As of 13 April 2021 Now	including a roadshow	of the month or risk	
	• The decision to make	Zeeland administered	networking by iwi	being moved out of	
	Zaaland'a prive reserve	125 595 dooor - 6 the DS	leaders and	their role after an	
	Zealand's primary vaccine	PioNTash wassing	communications	unvaccinated border	
	provider was based on	Bioin Lech vaccine	potworks and the	worker tested positive	
	the high degree of		avpansion of the	and transmitted the	
	efficacy of the Pfizer-			and transmitted the	
	BioNTech vaccine and		engagement strategy to	virus to two other	
	the simplification of the		a number of social	people	
	vaccine roll-out when		media platforms	• At a <u>press conference</u>	
	only having to deal with		• An <u>online tool</u> was	<u>on 7 April 2021,</u> Dr.	
	administering one type of		launched to help New	Ashley Bloomfield,	
	vaccine throughout the		Zealand residents	Director-General of	
	population		determine which	Health, mentioned that	
	• The New Zealand		vaccination group they	an exemption was	
	government is still		are in and when they	approved for non-	
	determining how to make		can expect to get a	regulated workforces	
	use of other vaccines that		COVID-19 vaccine	to be able to be trained	
	it has already procured		• The Ministry of Health	to be vaccinators in	
	• Options under		launched a dashboard	order to increase the	
	consideration include		on its website detailing	vaccination workforce	
	delaying delivery to		key vaccination	in Mãori and other	
	New Zealand until		statistics, including the	similar communities	
	2022 and donating		number of people		
	surplus vaccines to		vaccinated with first		
	other countries		and second doses, the		
	• The government may		number of adverse		
	consider procuring a		reactions following		
	vaccine that is more		vaccinations, and the		
	easily transported as a		forecasted and actual		
	"backup option" to		number of		
	make vaccines more		vaccinations		
	accessible for rural		administered each		
	communities		week		
U.K.	• A UK Government	• In December 2020, the	• The UK government	• Three types of	• Adverse events and
	Vaccination Taskforce	United Kingdom	released a vaccine-	vaccination sites have	safety concerns
	was established in April	Government released advice	delivery plan that	been established 1)	following COVID-19
	2020 and the task force	on priority groups for	stated that they are	vaccination centres	vaccine administration
	signed deals to buy	COVID 19 vaccination	working at the	vaccination centres	should be reported to
	signed deals to buy	<u>COVID-19 vaccination</u> ,	working at the	using large-scale	snould be reported to
vaccines from mult	iple which reported that	national, regional and	venues such as football	the Medicines and	
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developers and sup	pliers vaccination priorities should	local levels to establish	stadiums; 2) hospital	Healthcare Products	
• The task force also	be the prevention of	partnerships with	hubs; and 3) local	Regulatory Agency	
expanded the U.K.	Ps COVID-19 mortality, and	authorities,	vaccination services,	using the established	
vaccine manufactur	the protection of health and	communities,	using primary-care	Coronavirus Yellow	
capability to further	r social-care staff and systems	healthcare staff and	services and pharmacy	Card reporting scheme	
increase vaccine	 Secondary priorities should 	patients to ensure that	teams		
production	include vaccination of	accessible information	• In largely rural areas,		
• A domestic	individuals at increased risk	is available to the	vaccination centres will		
manufacturing deal	was of hospitalization and	public	be a mobile unit		
announced on 29 M	Iarch increased risk of exposure,	• It is also working to	• To ensure that there is		
2021 with	and to maintain resilience in	ensure that local	a sufficient workforce		
GlaxoSmithKline f	or 60 essential services	implementation	to deliver the		
million doses of No.	• The order of priority of	plans are tailored to	vaccination program,		
COVID-19 vaccine	COVID-19 vaccination is:	support all	changes to the Human		
• The U.K. has order	red 1) residents in a care home		Medicines Regulations		
more than 400 mill	for older adults and their	• The <u>Mosques and</u>	now permit non-		
doses of seven of the	he carers;	Imams National	registered healthcare		
most promising vac	2) all those aged 80 and over	Advisory Board is	professionals to		
of which only three	and tront-line health and	leading a campaign to	administer the		
been approved so f	ar in social-care workers	reassure its faithful are	COVID-19 vaccine		
the country – Oxfo	3) all those 75 years of age	among those publicly	• <u>Local vaccination</u>		
AstraZeneca, Pfize	r- and over;	COVID 10	service sites are being		
BioNTech, and Mo	4) all those /0 years of age	COVID-19	run by a mixture of		
• The U.K. governm	ent has and over and clinically	and compatible with	primary-care networks		
<u>announced</u> a deal w	with an extremely vulnerable;	Islamic practices	and community		
eighth biopharmace	eutical 5) all those 65 years of age	Islamic practices	pharmacies		
company, CureVac	, and and over;		• The <u>vaccination</u>		
has placed an order	o) all individuals aged 10 to		<u>campaign</u> to reach as		
million doses to be	64 with underlying health		many people as		
delivered later this	year if them at a higher risk of		possible was boosted		
required	sorious disease and		by a shift in policy in		
• The U.K. governm	ent has mortality:		early January, which		
ordered 30 million	doses 7) all those 60 years of age		prioritized the first		
<u>of the Johnson &</u>	and over		dose of a vaccine, with		
<u>Johnson vaccine</u> , d	espite 8) all those 55 years of are		a second dose up to 12		
Johnson & Johnson	and over: and		weeks later		
halting deployment	of its and over, and				

	$(0) = 11 + 1_{0} = -50 = -50$	
vaccine across Europe	9) all those 50 years of age	• As of the week of 5
and the U.K. not yet	and over	April 2021, Moderna
approving the vaccine	• The number of first vaccine	vaccine roll-out had
	doses administered each day	begun in <u>Wales</u> and
	has been increasing since	Scotland
	December 2020, reaching	• As of the week of 12
	more than 400,000 a day by	April 2021, Moderna
	mid-February	vaccine roll-out has
	• As of <u>9 March 2021</u> , more	begun in <u>England</u> and
	than 22.5 million people	will be available at 21
	have had a first vaccine dose	sites
	and more than 1 million have	
	had a second dose	
	• As of <u>9 March 2021</u> , all	
	English regions except	
	London have given the	
	first dose of a vaccine to	
	more than 90% of people	
	aged 65 or over	
	• The U.K. government has	
	hit its target for vaccinating	
	all in their phase 1 and is	
	now moving into phase 2	
	• The Joint Committee on	
	Vaccination and	
	Immunization (ICVI)	
	released advice on	
	prioritization of an groups	
	for the UK government for	
	phase 2	
	• Four nations of the U.K.	
	have agreed to follow JCVT's	
	approach	
	o <u>Phase Z's recommended</u>	
	approach will follow an	
	age-based strategy starting	
	with adults aged 40 to 49	
	years, followed by those	

	I
aged 50 to 59 years and lastly 18 to 20 years	
lastiy 18 to 29 years	
• As of <u>13 April 2021</u> , more	
than 32 million people have	
had a first vaccine dose	
• As of <u>13 April 2021</u> ,	
everybody in <u>cohort 1 to 9</u>	
which include those aged	
50 and over, clinically	
vulnerable and health and	
social-care workers have	
been given a vaccine dose	
U.S. • The Department of • The CDC provided • CDC updates and • <u>OWS's COVID-19</u> • The CDC, FDA and	ıd
Health and Human recommendations to federal, disseminates vaccine distribution other federal partne	ers
Services (HHS) and the state and local governments information about process utilizes have many existing	
Department of Defense about who should receive vaccine safety, existing networks, systems and data	
(DoD) jointly lead a COVID-19 vaccines first effectiveness, partnerships, and sources to facilitate	:
vaccine production and based on recommendations allocation strategy and processes to provide continuous safety	
distribution strategy called from the Advisory distribution process for access to vaccines monitoring of vacc	ines
Operation Warp Speed Committee on Immunization the general public, as across the United • The CDC and FD/	ł
(OWS) Practices (ACIP) well as additional States as safely and have also expanded	l
• Its main goal is to • On 1 December 2020, information for quickly as possible safety monitoring	
deliver 300 million ACIP recommended that <u>healthcare</u> • The Pfizer-BioNTech systems and strateg	ries
doses of safe and healthcare personnel and professionals and the Moderna have been developed	ed as
effective vaccines long-term care facility • The FDA's Center for <u>COVID-19</u> vaccines an additional layer	of
o Actions supporting residents be vaccinated Biologics Evaluation are being allocated safety monitoring t	0
OWS include HHS first (Phase 1a) and Research (CBER) across states and evaluate COVID-1	9
funding development • A subsequent update on 20 and Office of Minority jurisdictions, that vaccine safety in re-	al
and manufacturing of December 2020 Health and Health follow procedures for time	
vaccine candidates, recommended that Phase 1b Equity (OMHHE) ordering first- and • These additional	
securing agreements to include persons aged 75 or <u>collaborate to address</u> second-dose strategies include a	
acquire vaccine doses, older and non-healthcare vaccine confidence allocations smartphone-based	
and building front-line essential workers, <u>concerns in racial and</u> • On 8 March 2021, the post-vaccine health	
manufacturing capacity and that Diana to include a state primerica.	
I manufacturing capacity and that Phase IC, include <u>ethnic minority</u> [CDC released interim] checker for those w	₇ ho
for successful vaccine persons aged 65-74 years, <u>communities</u> through <u>public-health</u> checker for those v	7ho TD-
Initial dial dial for successful vaccine candidatesand that Phase 1C, includeethnic minorityCDC released interim public-healthchecker for those v have received COVfor successful vaccine candidatespersons aged 65-74 years, persons aged 16-64 withcommunities through several initiatives:public-health 	vho TD- 7-
Initial differenceInitial differenceIniti	vho TD- <u>7-</u> :t

Control and	and other essential workers	diverse boalth	fully vaccinated for	surveys from CDC to
Descreption (CDC) and	and other essential workers	arofossional	COVID 10	shock in with wassing
other parts of LUIS to	100 COVERED IN Phase 1D	protessional	o Fully vegeted	
other parts of FIHS to	• On 13 April 2021, the <u>CDC</u>	organizations and	o runy vaccinated	provide second data
<u>coordinate supply</u> ,	and FDA made a joint	- D 11	people may visit	provide second dose
production and	statement to pause the use of	o Building awareness	other fully	reminders if needed
distribution of vaccines	the Johnson & Johnson	about <u>clinical trial</u>	vaccinated people as	• They also include the
• On 12 February 2021,	COVID-19 vaccine to	diversity	well as unvaccinated	CDC's <u>National</u>
Pfizer-BioNTech	review cases of cerebral	• Providing weekly	people at low-risk	Healthcare Safety
<u>announced</u> that the U.S.	venous sinus thrombosis that	COVID-19	for severe COVID-	<u>Network (NHSN)</u> , an
government exercised its	occurred in six cases out of	communications to	19 from a single	acute and long-term
right to purchase an	more than 6.8 million doses	stakeholders	household without	care facility
additional 100 million	• As of 13 April 2021, <u>CDC</u>	 Supporting 	wearing masks or	monitoring system,
doses of the Pfizer-	<u>reports</u> that more than 245	development and	physical distancing	and the FDA
BioNTech COVID-19	million doses of COVID-19	translation of	• Fully vaccinated	monitoring other
Vaccine, bringing the	vaccinations have been	information for the	people do not have	large insurer/payer
total to 300 million	distributed	COVID-19	to quarantine or be	databases to facilitate
• On 29 March 2021,	• As of 13 April 2021, the	Multilingual	tested after known	claims-based data
Moderna provided a	CDC reports that more than	Resources webpage	exposure if they are	
vaccine-supply update for	192 million doses of	that features	asymptomatic	
the U.S., stating that it	COVID-19 vaccines have	materials in more	0 Otherwise, fully	
met its goal to deliver 100	been administered	than 20 languages	vaccinated people	
million doses by March		 Launching a 	should continue to	
2021 and expects to		COVID-19	follow existing	
deliver 40-50 million		Bilingual	prevention	
doses per month as part		(English/Spanish)	measures, including	
of its commitment to		Social Media	wearing a mask and	
provide an additional 100		Toolkit to promote;	physical distancing	
million doses by the end		consistent	• The <u>CDC updated its</u>	
of May 2021, and the		messaging	guidelines for fully	
third instalment of 100		 Releasing <u>English</u> 	vaccinated people on 2	
million doses by the end		and <u>Spanish</u> videos	April 2021	
of July 2021		about the	o Fully vaccinated	
• On 1 April 2021 the		importance of	people can resume	
FDA made two revisions		getting vaccinated	travel domestically	
to Moderna COVID-19		 Hosting a <u>webinar</u> 	and do not need to	
Vaccine Emergency Use		about the vaccine	get tested or	
Authorization to help		approval process	quarantine before or	
increase the number of		and key information	after travel	
increase the number of		•		

vaccine doses available by	for minority	 Fully vaccinated 	
1) clarifying the number	communities to be	people who are	
of doses per in the vials	aware of	travelling	
currently available (10-11		internationally do	
doses) and 2) authorizing		not need to get	
the availability of an		tested prior to	
additional multi-dose vial		leaving the U.S.	
in which each vial		(unless required by	
contains 13-15 doses		the destination) and	
		do need to	
		quarantine after	
		arriving back in the	
		U.S.	

Province/ territory	Securing and distributing a reliable supply of vaccines and ancillary supplies	Allocating vaccines and ancillary supplies equitably	Communicating vaccine-allocation plans and the safety and effectiveness of vaccines	Administering vaccines in ways that optimize timely uptake	Surveillance, monitoring and evaluation, and reporting
Pan-Canadian	 Through <u>advance</u> <u>purchasing agreements</u> with seven companies developing COVID-19 vaccines, Canada has secured enough doses for all Canadians who wish to be vaccinated The doses were secured on the advice of the <u>COVID-19 Vaccine</u> <u>Task Force</u> Health Canada authorized the use of <u>Pfizer-</u> <u>BioNTech COVID-19</u> <u>vaccine</u> on 9 December 2020 and the <u>Moderna</u> <u>COVID-19 vaccine</u> on 23 December 2020 Advance purchasing agreements were previously secured with manufacturers of both of these vaccines To facilitate easier handling and distribution of the Pfizer-BioNTech vaccine, <u>Health Canada authorized</u> that the vaccine can be stored and shipped at "standard freezer 	 On 12 January 2021, the National Advisory Committee on Immunization (NACI) issued a statement outlining their most up- to-date recommendations to help guide the COVID- 19 vaccine response in Canada In November 2020, NACI released its initial Preliminary guidance on key populations for early COVID-19 immunization report to inform planning for the efficient, effective and equitable allocation of COVID-19 vaccines upon authorization for use in Canada Key populations identified included those at high risk for severe illness or death, those most likely to transmit to those at high risk, essential workers, and those 	 In December 2020, the Public Health Agency of Canada released a report stating that federal, provincial and territorial governments are required to provide ongoing access to comprehensive, accurate and clear information about COVID-19 vaccines and immunization plans in partnership with First Nations, Inuit and Metis leaders, health professionals and other stakeholders <u>NACI</u> recommends making further communication efforts (e.g., cultural and linguistically diverse educational resources) to help improve the relay of vaccine information and establish transparency with the general public The Government of Canada's Planning 	 The Government of Canada's <u>Planning</u> <u>guidance for</u> administration of <u>COVID-19 vaccine</u> states that all provinces and territories are responsible for developing processes and preparing their health systems and providers to allocate, deliver, store, distribute and administer vaccines <u>Online tools</u> have been developed to help Canadians find COVID- 19 vaccination sites and determine their eligibility Vaccinated individuals are still required to follow all public-health measures in Canadian provinces and territories 	 The Government of Canada's <u>Planning</u> <u>guidance for</u> administration of <u>COVID-19 vaccine</u> states that the safety approach will build upon the systems in place for monitoring other vaccines Post-marketing surveillance will be undertaken by the Public Health Agency and Health Canada through the following mechanisms: <u>Canada Vigilance</u> <u>Program</u>, which collects and assesses reports of suspected adverse reactions to the vaccines from manufacturers and from healthcare providers,

Appendix 4: COVID-19 vaccine roll-out elements from Canadian provinces and territories

temperatures" of -25C and	living or working in	guidance for	patients and their
-15C for up to 14 days	conditions with	administration of	families
Canada has and will	elevated risk for	COVID-19 vaccine	o <u>Canadian</u>
continue to experience	infection	states that multiple	Adverse Events
delays in expected	• On 18 December 2020,	strategies, such as local	Following
shipments of Moderna	NACI <u>recommended</u> to	and ethnic media and	Immunization
vaccine during the month	further sequence its	social media, should be	Surveillance
of April, which has led to	initial subset of key	used to provide	System, which is
cancelled vaccination	populations using a	vaccination information,	a post-market
appointments in some	stage-based approach	and that tailored	vaccine safety
provinces	• Stage 1 includes	approaches are needed	monitoring
• On 26 February 2021.	residents/staff of care	for vulnerable	system
Canada approved the	facilities, adults aged	populations	o <u>Immunization</u>
Oxford-AstraZeneca	70 and older (priority	 Indigenous Services 	Monitoring
COVID-19 vaccine	will initially be given	Canada (ISC) is	Program ACTive
o Canada pre-ordered 22	to those over 80 years	developing resources	(IMPACT)
million doses of the	of age until supply	to guide vaccination	network, which
vaccine and received the	increases), front-line	delivery, messaging	monitors for
first shipment of	healthcare and	and education	adverse effects
500,000 doses from the	personal-support	• The <u>report</u> also states	from vaccines,
Serum Institute of India	workers, and at-risk	that outreach should be	vaccine failures
on 3 March 2021	adults in Indigenous	provided to healthcare	and vaccine-
• Canada expects to	communities	providers, and the	preventable
receive 2 million more	 Stage 2 includes 	healthcare sector should	diseases
doses of Oxford-	essential workers,	be involved in vaccine	0 External
AstraZeneca vaccines	other healthcare	communication efforts	networks such as
from the Serum	professionals, and	• The government of	the <u>Canadian</u>
Institute of India and a	remaining congregate	Canada's website has a	<u>Immunization</u>
total of 1.9 million doses	facility residents/staff	designated COVID-19	<u>Research</u>
from the COVAX	(e.g., homeless shelters	webpage with links to	<u>Network</u> will also
facility	and correctional	sources and information	be involved in
Canada negotiated a	facilities)	on vaccines that have	the COVID-19
procurement agreement	• NACI recommends	been authorized, the	vaccine safety
with the U.S. to purchase	planning the efficient and	vaccines that have been	initiatives
<u>1.5 million doses of unused</u>	equitable distribution of	purchased in advance,	0 The <u>Canadian</u>
Oxford-AstraZeneca	COVID-19 vaccines in	and how to get	Vaccine Safety
vaccine on loan with the	accordance with the	vaccinated or register	<u>Network</u> , which
understanding that they	established sub-		assesses vaccine

will pay the U.S. back with	prioritization of key	• The Canadian	safety in various
doses in the future	populations	government maintains a	age groups
o. In order for the doses to	o Under specific	database of COVID-19	following
be received. Health	circumstances (e.g.	appoincements	vaccinations
Canada had to approve	when excess doses	(inclusive of undates on	• The Special
the sites where the	remain after	vaccine efficacy and	Immunization
vaccines were made in	immunizing all stage	progurament) on its	Clinics Network
the US	one groups in a	producement) on its	which manages
• On 5 March 2021 Canada	facility) NACI	<u>website</u> that can be filtered by	natients with
• On 5 Match 2021, Canada	acknowledges the		odverse events
$\frac{\text{approved the Johnson &}}{\text{Lehrence COVID 10}}$	benefit in vaccinating	announcement type	following
Johnson COVID-19	on site stars two	(e.g., news releases),	immunizations
vaccine, which is the first	populations in liou of	minister, and	
single dose vaccine to be		government institution	 v accination
approved	dease to enother	The Canadian	coverage across
o Canada has pre-ordered		government also has a	Canada 1s
<u>10 million doses</u> of the	facility with stage-one	dedicated <u>telephone line</u>	monitored by the
vaccine	individuals to avoid	for providing COVID-	government and
0 On <u>9 April 2021</u> ,	the risk of wastage	19 information	reported on its
Canada's Minister of	during delivery		website every Friday
Public Services and	• The Government of		at 12 noon Eastern
Procurement confirmed	Canada's <u>Planning</u>		Standard Time
that Johnson & Johnson	<u>guidance for</u>		 The <u>Angus Reid</u>
vaccines are on schedule	<u>administration of</u>		Institute for
to be delivered at the	COVID-19 vaccine		independent
end of April, but could	document stated that		research in Canada
not confirm how many	vaccines for second		conducts ongoing
doses will be arriving	doses will be allocated at		surveys and
• <u>Canada expects to receive</u>	the same time as the		research on public
more than one million	first-dose quantities to		opinions about the
doses of COVID-19	ensure sufficient supply		COVID-19 vaccine
vaccines each week in	for the second dose at		roll-outs across
April and May of 2021 and	the appropriate interval		Canada and
approximately 44 million	after the first dose.		vaccination in
doses of vaccines by the	• The <u>federal government</u>		general
end of June 2021	reported that 36 million		
An immunization National	Canadians are expected		l
Operations Centre within	to be vaccinated by the		
the Public Health Agency	end of September 2021		
uie <u>rubiic rieatui Agency</u>	end of September 2021		

of Canada was established	• Most provinces have		
as the federal logistical	completed vaccinations		
coordination entity for	in long-term care, or are		
managing COVID-19	close to doing so, and		
vaccine delivery and	vaccinations will now be		
collaboration with	expanded to seniors		
provinces and territories	living independently		
for vaccine distribution	• On 2 March 2021 the		
o The National	• On 5 March 2021, the		
Operations Centre is	NACI issued new		
supported by a national	guidance advising that		
team of experts and the	the time between shots		
Canadian Armed Forces	for the Pfizer-BioN Lech,		
• The National	Moderna, and Oxford-		
Operations Centre has	AstraZeneca vaccines be		
14 viagoino delivierry sites	extended to four months		
across Canada, and	in order to vaccinate, and		
EadEx Express Canada	hopefully protect, more		
redEx Express Canada	people		
and minomar strategies	 NACI's Advisory 		
are positioned to	Committee		
support the National	reconfirmed this		
Operations Centre with	recommendation in its		
vaccine distribution	<u>updated guidance</u> on 7		
• The Government of	April 2021		
Canada is responsible for	• NACI stated that their		
securing storage facilities	recommendations are		
and ancillary supplies	guidance and not rules,		
• A total of <u>75 million</u>	and that the provinces		
immunization supplies	and territories can tailor		
have been secured (e.g.,	their vaccination roll-out		
syringes, needles, gauze,	campaigns to each region		
and sharps containers)	• After a series of changing		
• A total of <u>422 freezers</u>	advice, NACI		
have been purchased	recommended on 29		
• Following the approval by	March 2021 that		
<u>Health Canada</u> for the	Canadian provinces		
extractions of six doses of	pause the use of the		
vaccine from Pfizer-	Oxford-AstraZeneca		

BioNTech vaccines rather	vaccine on people under		
the first the first attend	the age of 55 harden		
than five, the federal	the age of 55 because of		
government ordered 64	evidence of safety		
million of the special	concerns of blood clots		
syringes required to extract	caused by the vaccine		
the additional dose	reported in Europe		
• On 16 March 2021, the	• As of 12 April 2021,		
federal government	Health Canada has		
announced that it is	confirmed distribution of		
investing millions of	<u>11,399,542 COVID-19</u>		
dollars in domestic	vaccines to the provinces		
<u>biomanufacturing</u>	and territories		
companies to boost future	o 7,204,062 doses of		
vaccine and medicine	Pfizer-BioNTech		
development capacity	vaccine		
	o 2,000,980 doses of		
	Moderna vaccine		
	o 2,194,500 doses of		
	Oxford-AstraZeneca		
	vaccine		
	• A shipment of		
	approximately <u>317,000</u>		
	doses of Oxford-		
	AstraZeneca vaccines		
	procured from the		
	COVAX facility were		
	received in Canada on 8		
	April 2021		
	• As of 13 April 2021.		
	78.7% of doses delivered		
	to Canada have been		
	administered		
	o 7,703,437 first doses		
	and 819.131 second		
	doses of COVID-19		
	vaccine have been		
	administered		
	 A shipment of approximately <u>317,000</u> <u>doses</u> of Oxford- AstraZeneca vaccines procured from the COVAX facility were received in Canada on 8 April 2021 As of 13 April 2021, <u>78.7% of doses</u> delivered to Canada have been administered 7,703,437 first doses and 819,131 second doses of COVID-19 vaccine have been administered 		

British Columbia	 In January 2021, British Columbia's Centre for 	 As of 15 April 2021, about <u>22% of the</u> <u>Canadian population</u> has been vaccinated with at least one dose of COVID-19 vaccine The <u>Government of</u> British Columbia 	• <u>ImmunizeBC</u> has provided evidence-	• The third phase of the province's COVID-19	 British Columbia's Centre for Disease
	 Disease Control released a plan for vaccine distribution which stated that the province is preparing for a range of COVID-19 vaccines with varying distribution methods British Columbia is actively preparing for these vaccines by securing freezer capacity Health Officials also reported that between April and June an average of 203,077 doses are expected to be administered per week, and early indications suggest that between July and September 471,538 doses will be administered per week 	 reported that it is working closely with the Provincial Health Services Authority, First Nations Health Authority, Health Emergency Management BC, Canadian Red Cross and Canadian Armed Forces to prepare a system that is ready to receive and distribute all vaccine types as they become approved and available British Columbia's Centre for Disease Control released a plan for vaccine distribution which stated that the first groups to be vaccinated will be residents, staff and essential visitors to long-term care placement; healthcare workers providing care for COVID-19 patients; First Nations 	 based immunization and tools specific to COVID-19 for residents of British Columbia British Columbia's Centre for Disease Control and the Government of British Colombia have created designated public webpages that contain vaccine and eligibility FAQs, information sheets, a COVID-19 Digital Assistant Chat Box, and links to the online vaccine registration and booking system 	 roll-out plan is occurring at immunization clinics throughout the province including school gymnasiums, arenas, convention halls, community halls and mobile clinics As of <u>8 April 2021</u>, vaccinations for the Oxford-AstraZeneca are being administered to those aged 55 to 65 at pharmacies in Lower Mainland, Vancouver Island, the Interior, and Northern B.C to ensure timely uptake and administration Vaccination appointments for front-line priority workers are organized by employers, with appointment information being communicated directly to each employer and sector On <u>23 February 2021</u>, the Provincial Health 	 Control reported that they will closely monitor COVID-19 vaccine safety, uptake and effectiveness and report adverse events following vaccination to the Public Health Agency of Canada Vaccine providers in British Columbia are asked to refer to the B.C. Centre for Disease Controls' reporting adverse events following immunization resource British Colombia's Centre for Disease Control has created a public dashboard displaying vaccination dosage rates in the province

communities in remote	Officer also reported
and isolated locations	that a public-health
• The vaccination program	order was issued to
will then expand to	expand the number of
include community-	health professions able
based seniors; individuals	to administer a COVID-
experiencing	19 vaccine
homelessness or using	 Dentists, paramedics,
shelters; adults in group	midwives, pharmacy
homes or mental health	technicians and retired
residential care: long-	nurses are now among
term care home support	those who can join
recipients and staff:	the vaccination work
hospital staff, community	force over the next six
physicians and medical	months
specialists; Indigenous	Healthcare practitioners
communities not	can <u>sign up</u> as
vaccinated in the first	immunizers and join a
stage	registry maintained by
• On 1 March 2021.	the Ministry of Health to
British Columbia health	support the COVID-19
officials decided to	emergency response
follow NACI	• As of <u>10 April 2021</u> , 170
recommendations, and	mass-vaccination sites
expand the interval	across the province are
between vaccine doses to	in operation
four months, which will	Provincial Health
go into effect as of 8	Officials reported that
March 2021	mobile clinics in self-
• Since <u>29 March 2021</u> ,	contained vehicles will
B.C. health officers have	be available for some
suspended the use of the	rural communities and
Oxford-AstraZeneca	for people who are
vaccine for those under	homebound due to
the age of 55 in British	mobility issues
Columbia following	• On <u>15 March 2021</u> the
recommendations by	province opened mass-
Canada's National	immunization clinics

Advisory Committee on	• The province opened the
Inninutization	"Get Vaccinated" <u>online</u>
• As of <u>11 April 2021</u> , the	registration and vaccine
province is in Phase 3 of	booking system for the
its immunization plan	general public on 6 April
where people born in or	2021
before 1961 (60+),	
Indigenous peoples born	
in or before 2003 (18+),	
and people aged 16 to 74	
who are considered	
<u>clinically vulnerable</u> may	
call and book a vaccine	
appointment	
• As of <u>9 April 2021</u> ,	
people born between	
1956 and 1966 can book	
an appointment for the	
Oxford-AstraZeneca	
vaccine at participating	
pharmacies throughout	
the province	
• As of 12 April 2021,	
people born in or before	
1966 may register for the	
vaccine	
• As of 14 April 2021,	
people born in or before	
1971 may register for the	
vaccine	
• As of <u>16 April 2021</u> ,	
people born in or before	
1976 may register for a	
vaccine, and as of 19	
April 2021, people born	
in or before 1981 or	
earlier may register for a	
vaccine	

		 Health officials reported that all eligible adults should receive at least their first vaccine by the end of June 2021 As of <u>12 April 2021</u>, there has been a total of 1,403,510 doses delivered and the province has received enough of the vaccine to give 27% of its population a single dose The province has used 73.03% of its available vaccine supply As of <u>12 April 2021</u>, British Columbia has reported that 1,025,019 doses have been given and the province has administered doses at a rate of 199.747 per 1,000 population 			
Alberta	 Forecasted weekly allocations for the Pfizer- BioNTech and the Moderna vaccines for Alberta are updated regularly on the Government of Canada's website The Alberta government has a policy describing the requirements for storing and handling the Pfizer- BioNTech and Moderna vaccines, as well as 	 Alberta began its vaccination roll-out in December 2020 with a phased approach to vaccinating prioritized groups Phase 1a group (started in December 2020): workers and residents of acute-care sites in Edmonton and Calgary with the highest COVID-19 concerns (e.g., front- 	 Alberta Health Services has a <u>COVID-19</u> immunization booking webpage and a <u>Frequently-asked</u> <u>Questions page</u> on their website that is regularly updated with information on the COVID-19 vaccination roll-out and how to book an appointment The government of Alberta's COVID-19 	 COVID-19 immunization facilities will be designated by AHS in congregate-care settings The AHS will collaborate with Indigenous Services Canada to designate congregate-care services on reserve Alberta Health Services has an <u>online booking</u> tool for eligible 	 <u>Alberta's</u> <u>Immunization</u> <u>Regulation</u> requires health practitioners to report immunizations electronically to Alberta Health within a week, effective 1 January 2021 Alberta Health Services provides a COVID-19 Client

 vaccines that require storage between 2°C and 8°C Although Health Canada approved eased temperature requirements for the Pfizer-BioNTech vaccine, Alberta continues to follow the original guidelines for transport and storage of the vaccine In a recent interview, an executive director in Alberta Health Services' (AHS) central zone described how COVID-19 vaccines are moved in the province from the airport to people's arms All of Alberta's vaccine supply is flown into Calgary International Airport and AHS staff check the shipments to make sure that the cold- chain temperature did not get disrupted during transport Contracted courier companies transport the vaccines from the airport to 36 vaccine- 	 line healthcare workers and residents of long-term care homes) Phase 1b group (started in February 2021): Seniors 75 years and older as well as First Nations, Inuit, Métis, and persons 65 years and older living in a First Nations community or Métis settlement Alberta released its plan for Phase 2 vaccinations on 19 February 2021 Group A: anyone aged 65 to 74, First Nations and Métis people aged 50 and older, staff of licensed supportive- living facilities not included in Phase 1 (began 15 March) Group B: Albertans aged 16 to 64 with high-risk underlying conditions (began 30 March) Group C: Residents and staff in congregate-living settings, healthcare 	 vaccine program webpage provides information on: The number of vaccines administered in the province Adverse events following immunization reported Access to the appointment portal for booking vaccinations Resources for seniors who need transportation to and from their vaccine appointments Vaccine safety and the vaccine approval process Details on the province's phased vaccine roll-out, including timelines Who should and should not get vaccinated The province also communicates with Albertans through their social-media handles and regular news 	 healthcare workers to book immunization appointments Eligible healthcare workers will receive an email with a link to book their immunization appointment online Alberta's guideline for COVID-19 vaccination provides advice for individuals who may experience reactions after immunization, including calling a Health Service hotline The guideline also describes infection prevention-and- control measures for vaccination venues and healthcare practitioners, including frequent disinfecting and use of PPE Starting 19 February 2021, Alberta Health Services (AHS) began vaccinating residents 75 years and older in retirement centres, lodges, supportive living 	Immunization Record for individuals who have been administered a COVID-19 vaccine • Adverse events following immunization (AEFI) are reported to Alberta Health and Alberta Health Services and posted on Alberta's COVID-19 vaccine distribution website
companies transport the vaccines from the airport to 36 vaccine- storage sites set up around the province that are capable of administering vaccines	and staff in congregate-living settings, healthcare workers who have a high potential for spread, and caregivers who are most at risk	Albertans through their social-media handles and <u>regular news</u> conferences and releases	vaccinating residents 75 years and older in retirement centres, lodges, supportive living facilities, and other congregate-living facilities	

- · · ·	C	
• In the case where	of severe outcomes	• As of 12 April 2021,
vaccines need to be	(began 12 April)	eligible individuals in
transported from	o Group D: Albertans	<u>Phases 1, 2A, 2B, and 2C</u>
storage sites to other	aged 50 to 74 and	of the vaccine roll-out
sites, like pharmacies,	First Nations and	are able to book
the vaccines are thawed	Métis people aged 35	appointments for
and transported within a	to 49 on and off	vaccination through the
limited six-hour window	reserve (anticipated to	AHS online booking tool
 Thawed Pfizer- 	begin in May)	or by calling 811
BioNTech vaccine can	• Details on Phase 3 of the	• A tool has been
be stored in refrigerators	vaccine roll-out will be	provided to help eligible
at administration sites	provided at a future date	individuals find a
for up to five days and	• On 29 March 2021.	pharmacy that is
thawed Moderna	Alberta temporarily	providing COVID-19
vaccine for up to 30	paused the	vaccinations in the
days	administration of the	province
 Additional 	Oxford-AstraZeneca	• At a press conference on
complications that must	vaccine for people under	12 April 2021 Alberta's
be managed include that	55 years old after rare	Prime Minister
both the Pfizer-	blood clots were	appoinced that the
BioNTech and the	reported in people in	province is administering
Moderna vaccines must	Europe several days after	vaccines in more than
be used within six hours	taking the vaccine	1 300 pharmacies and
of the vaccine vials	Alberta adjusted its roll-	103 clinics
being punctured, and	out of Oxford-	• The Prime Minister
the Pfizer-BioNTech	AstraZeneca vaccines	also said that Alberta
vaccine must be diluted	during Phase 2 following	is on track to
with sodium chloride	changes to	distribute over
prior to administration	recommendations on use	300 000 vaccine doses
	of the vaccine by NACI	per week if supplies
	• Starting 6 April 2021	allow
	Albertans aged 55 to	Starting 10 March 2021
	64 who do not have	• Starting 10 March 2021,
	underlying health	eligible Albertans were
	conditions became	able to book <u>first dose</u>
	eligible to receive the	appointments only in
	vaccine	accordance with the
	vaccine	province's decision to

• On 4 March 2021,	extend the second dose
Alberta's Minister of	interval to 16 weeks
Health <u>announced</u> that	o Individuals will
the province will follow	receive a reminder
NACI's	from AHS or
recommendations and	participating
delay the interval	pharmacies to book a
between the first and	second dose
second doses of	appointment at a later
COVID-19 vaccines to	date
16 weeks as of 10 March	• Alberta's <u>Immunization</u>
2021, in order to give	record provides post-
more Albertans access to	vaccination care
first doses of COVID-19	instructions, including a
vaccines more quickly	list of potential side
• All existing second	effects, contact
dose appointments	information for Health
made for individuals	Link, and a reference to
who received their	the COVID-19 Self-
first doses prior to 10	Assessment for
March 2021 will be	Albertans if unusual side
honoured	effects persist
• According to the	
Minister of Health at a	
press conference on 8	
March 2021. Alberta has	
reached a milestone of	
being the first Canadian	
province to fully	
vaccinate every resident	
of long-term care and	
designated supportive	
living	
A = of 12 A = 2021	
• AS 01 12 April 2021, Alberta has received	
1 209 055 dears of	
$\frac{1,205,955 \text{ doses of}}{1,205,955 \text{ doses of}}$	
<u>COVID-19 vaccines</u>	

		 from the Government of Canada As of 11 April 2021, <u>Alberta has administered</u> <u>932,258 doses of</u> <u>COVID-19 vaccines</u> 176,941 Albertans have been fully vaccinated with two doses 			
Saskatchewan	 Forecasted weekly allocations for the Pfizer- BioNTech and the Moderna vaccines for Saskatchewan are updated regularly on the Government of Canada's <u>website</u> Efforts have been made to secure COVID-19 vaccine storage equipment (freezers, fridges, power generators) for Saskatchewan First Nations communities 	 Saskatchewan began its phased COVID-19 vaccination plan in December 2020 A pilot program was conducted on 15 December 2020 where 1,950 healthcare workers were vaccinated with their first dose of the Pfizer-BioNTech vaccine Second doses were received 21 days later during Phase 1 of the vaccination plan After completing the pilot program, Saskatchewan began Phase 1 of its vaccine roll-out, which prioritizes front-line healthcare workers, long-term care residents and staff, residents over age 70, and residents over age 50 living in remote/northern Saskatchewan 	 The Saskatchewan government provides weekly press briefings, COVID-19 news releases, and a number of resources on its website about COVID- 19 vaccines and distribution The Saskatchewan plan indicates that the government's communication focuses on vaccine safety, accurate immunization information, prioritization of vaccination groups, and the importance of maintaining existing public-health measures Information will be included in local and social media, direct mail, posters, and news conferences The Saskatchewan Health Authority 	 During the pilot phase of its <u>COVID-19</u> immunization plan, 1,950 doses of the Pfizer-BioNTech vaccine were administered to healthcare workers on 15 December 2020 Pilot vaccine recipients received their second dose 21 days later during Phase 1 All vaccine doses were transported to and administered at Regina General Hospital Phase 1 immunizations are taking place in long-term care homes, communities in the Far North, and vaccination sites approved by the SHA Electronic and paper copies of COVID-19 immunization records 	 <u>Measures have been</u> <u>taken</u> to ensure that Saskatchewan's immunization administration system, Panorama, can record, store and manage COVID-19 vaccination records and enable reminders for second-dose follow- ups Vaccination records are stored electronically on <u>MySaskHealthRecor</u> d

	\circ Allocations of the	launched a website with	are made available for	
	Pfizer-BioNTech	information on	vaccinated individuals	
	vaccine for these	COVID-19 vaccine	• Up to 2 200 people will	
	groups began to be	drive-thru and walk-in	• Op to 2,200 people will be involved in	
	received on 22	sites as well as their wait	administering COVID	
	December 2020	times	10 vaggings during Dhasa	
	• The Moderna vaccine	unics	2 and an antimately (75	
	bas been allocated to		2, and approximately 675	
	the Ear North Region		healthcare workers will	
	of Saskatahowan		be redeployed to deliver	
			vaccines	
	• The Saskatchewan		• The Saskatchewan	
	government <u>announced</u>		government intends for	
	on 16 February 2021 that		vaccines to be	
	the Ministry of Health		administered by	
	added more healthcare		physicians, nurse	
	workers to the priority		practitioners, and	
	list in Phase 1, including		pharmacists in Phase 2	
	individuals who will be		• A <u>staff scheduling</u>	
	directly involved in		system has been	
	delivering COVID-19		launched to allow all	
	vaccinations in Phase 2		SHA employees to opt-	
	of the roll-out		in for alerts on when	
	 <u>Phase 2</u> began on 18 		they will be eligible to	
	March 2021 and focuses		receive the COVID-19	
	on vaccinating the		vaccine	
	general population in 10-		• A scheduling system has	
	year age increments, with		been developed that	
	targeted vaccinations		provides access to an	
	being administered in		online booking tool for	
	select congregate living		vaccinations and a toll-	
	and extremely clinically		free telephone line that	
	vulnerable populations		allows residents to book	
	• The goal of the		appointments with a	
	Saskatchewan		phone agent	
	government is for all		• Saskatchewan's	
	residents being		immunization system.	
	vaccinated during		Panorama will be	
	Phase 2 to be able to		updated to set reminders	
			updated to set reminders	

	access vaccines where	for second-dose follow-
	they live and work	
	(12) (12) (12) (12) (12)	ups
•	On 15 April 2021, the	• Plans are underway to
	government added	open 230 vaccination
	pregnant women, young	clinics in 180
	adults ages 16 and 17	communities throughout
	who are clinically	rural, urban and
	extremely vulnerable, and	northern Saskatchewan
	everyone over the age of	 Saskatchewan opened its
	40 in the far north to the	first drive-thru and walk-
	Phase 2 priority groups	in immunization site in
•	As of 8 April 2021.	Regina on 3 April 2021
	individuals aged 55 and	and its second on 5 April
	older in Saskatchewan	2021
	became eligible to book	• Several more sites
	vaccination	opened during the
	appointments	week of 12 April 2021
	\circ The eligible age for	• Eligible residents for
	booking vaccination	vaccination at the Regina
	appointments online	drive thru vaccination
	was lowered from 55	clinic are vaccinated on a
	to 52 province-wide	first come first corried
	on 14 April 2021	hasia
	Elizibility was appended	
•	r 12 A r l 2021 st th s	• In addition to mass
	on 15 April 2021 at the	immunization sites, the
	Regina drive-thru	province has made an
	vaccination clinic to	agreement with the
	residents ages 49 to 54	Pharmacy Association of
	only in response to	<u>Saskatchewan</u> to follow
	increasing COVID-19	the influenza
	transmission risk in that	immunization model to
	region	administer COVID-19
•	On 12 April 2021, the	vaccines in pharmacies
	Saskatchewan	0 This agreement
	government announced	establishes the fee for
	that several groups will	pharmacist delivery of
	be prioritized for	COVID-19 vaccines
	COVID-19 vaccination	along with increases in

• First responders, such	dispensing tees for
as police officers and	prescription drugs and
firefighters, will be	influenza vaccines for
targeted by mobile	the 2021 flu season
vaccination units	Extremely vulnerable
following completion	individuals who are now
of the targeted	eligible to be vaccinated
vaccination of	must book their
individuals who are	appointments over the
extremely vulnerable	phone as the online
o However, <u>vaccination</u>	booking system is aged-
of Regina police	based and will not allow
officers already began	those under the eligible
<u>on 10 April 2021 in</u>	age range to book
response to a	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
significant increase in	
transmission of	
COVID-19 variants in	
the region	
• Once they begin	
receiving vaccines,	
pharmacies will be	
offering vaccines to all	
pharmacy and grocery	
store staff working in	
the facilities where	
vaccines are offered	
• Unused vaccines from	
Phase 1 of the roll-out	
have also been allocated	
to the remaining	
healthcare workers pot	
included in Phase 1	
Eollowing the national	
• Following the national	
advice not to give the	
Oxford-AstraZeneca	
vaccine to people under	
age 55, Saskatchewan	

	1 1 1		
susper	ded administration		
of the	vaccine to		
individ	uals under 55		
vears a	s of 30 March		
2021	· · · · <u>· · · · · · · · · · · · · · · </u>		
	1 .		
• Saskat	chewan requires		
two do	ses of vaccine per		
person	and both first and		
second	doses must be of		
the same	ne vaccine		
• Once :	in individual		
hecom	es eligible for		
vaccin	tion in		
Vacchi			
Jaskat			
contin	le to be eligible		
even if	the province has		
movec	on to a different		
phase	of the roll-out		
• As of	2 April 2021,		
Saskat	chewan has		
receive	d 334.325 doses		
of CO	VID-19 vaccines		
from t	he Covernment of		
lioin t			
Canad	1		
• As of	2 April 2021,		
<u>290,92</u>	<u>1 doses have been</u>		
admin	<u>stered</u> in		
Saskat	chewan		
o 249	447 first doses		
o 41,4	74 second doses		
• Beginn	ing 5 March 2021		
all vac	cines administered		
in Sasl	atchewan will be a		
first de	ose, and second		
doses	will be		
admin	stered within an		
interve	l of up to four		
month	e		
<u>111011(1</u>	<u>></u>		

		 This delayed second- 			
		dose strategy does not			
		apply to long-term			
		care and personal-care			
		residents and staff			
		who have not received			
		their second doses or			
		to any existing			
		scheduled second-			
		dose appointments			
Manitoba	• Manitaba dinastly signed a	Manitoha astablished a	• Manitaha maintaina a	• Manitaha alana fan air	• Manitaha
Wallitoba	<u>Manitoba directly signed a</u>	Manitoba established a	Manitoba maintains a	• Manitoba plans for <u>six</u>	• Manitoba
	<u>deal to procure</u> up to two	<u>Imateral table</u> on vaccine	<u>constantiy updated</u>	modular and scalable	Public Llockth
	(that is guarantly in the first	health aurorte corier	webpage dedicated to	delivery a pilot site	<u>Public Health</u>
	(that is currently in the first	officiale from Indiann	outifing in detail the	denvery: a pilot site,	<u>Agency of Canada s</u>
	haing developed by	Samiasa Canada and the	specific groups of	supersites, locused	<u>Canadian Adverse</u>
	Drawidance Thereneutice	Canadian Armad Earnas	to book an appointment	inimunization teams,	Events Following
	Providence Therapeutics	Canadian Armed Forces	to book an appointment	First Nations sites,	<u>Inninunization</u>
	• Manitoba has procured	• In addition to the table,	and receive a vaccine	distributed delivery	Surveillance System
	400 shipping containers for	the province states there	• Manitoba has released		• Reports of adverse
	transporting vaccines and	will be <u>smaller tora</u>	clinical practice	• As of <u>31 March 2021</u> ,	events following
	200 specialized freezers	established to advance	guidelines for vaccine	the province has the	immunization are
	and tridges	priority issues and ensure	<u>use in special</u>	capacity to administer	received by regional
	• The province has <u>procured</u>	dialogue to navigate	populations and issued a	20,918 doses per day	Medical Officers of
	more than 80,000 syringes,	prioritization for First	memo to healthcare	(assuming adequate	Health from
	which enable the	Nations on- and off-	providers regarding	supply)	providers and the
	extraction of six doses per	reserve	enhanced consent for	• A 28-day campaign was	provincial pediatric
	vial of the Pfizer-	• A <u>Vaccine</u>	special populations	launched to vaccinate all	hospital-based
	BioNTech vaccine	Implementation Task	• The province released	eligible personal care	Immunization
	• The province maintains a	Force and Vaccine	an interactive vaccine	home residents in 135	Monitoring
	<u>complex data set</u> to link	Medical Advisory Table	<u>queue calculator</u> for	sites across Manitoba,	Program AC Live
	vaccine deliveries with	have been established	residents to understand	using focused	(IMPACI)
	inventory levels and	• The province released	their place in the	immunization teams	Regional Medical
	known appointments	detailed eligibility criteria	vaccine priority line	who visit locations in all	Officers of Health
		for Stages 1 to 4 of the	• The province has	regional health	make
		vaccine roll-out on 27	released a Supersite	authorities	recommendations
		January 2021	operational manual	0 This campaign used	based on these
		• At supersites and pop-up	• As of 10 February 2021,	the Moderna and	reports and forward
		clinics in Manitoba, all	Manitoba had 225		them to the vaccine

11 174 1	11	1 1		· ·,
adults aged 60 and	older;	phone-line agents and	Pfizer-BioNTech	recipient's
First Nations peop	ble	plans to expand to 300	vaccines	immunization
aged 40 and older;	and a	agents in March	 Focused immunization 	provider and
range of individual	ls aged	• As of <u>9 April 2021</u> , 67%	teams have administered	Manitoba Health,
18 and older work	ing in	of appointment	second doses to all	Seniors and Active
high-risk health an	d	bookings were made	personal-care home	Living.
social-care settings	are	over the phone with	residents in the province	 Manitoba is
currently eligible		others being booked	• As of 10 March 2021.	maintaining a
• The <u>eligibility cr</u>	riteria	through the online	focused immunization	dashboard with key
for vaccination	in	appointment portal	teams were focused on	vaccine-distribution
Manitoba deper	nds on	Manitoba launched the	congregate-living	metrics available
the type of deliv	very	#ProtectMB campaign	settings, with priority	Manitoba is
site, with differe	ent	to encourage vaccine	given to sites with the	reporting phone
criteria applied a	at	uptake	most vulnerable	appointment-
different types of	of sites	\circ The campaign	residents	booking waiting
• At medical clinics	and	includes a dedicated	Staff working in	times, as well as
pharmacies, the		website, an e-mail	personal-care homes and	patient processing
following groups a	ıre	newsletter. and	conoregate-living settings	and several other
currently eligible for	or	targeted advertising	are to be vaccinated at	operationally
vaccination with the	ne	• The program is based	fixed vaccination sites	relevant time
Oxford-AstraZene	eca	on research about the	Supersites are surrently	metrics for one
vaccine: people age	ed 55	province's vaccine-	in operation in	supersite
to 64 years of age	with a	intent profile	Winning Brandon	 Manitoba is also
specific high-risk h	nealth	\circ The research has	Thompson Sellvirk and	reporting time-use
condition (defined	on	identified groups that	Morden with plans to	metrics for Focused
one of the provinc	ce's	are keen to get	open a second site in	Immunization
priority lists for		vaccinated, those	Winning on 7 May 2021	Teams
vaccination) and p	eople	who are likely to get	• Supersites source the dual	The Public Health
aged 65 and older	who	vaccinated but are	- <u>supersites</u> serve the dual	Information
may face barriers		not in a rush, and	vaccination while also	Management
accessing a supersi	ite or	those who are	vacchiation while also	System is used to
pop-up site		ambivalent/concerne	bubs for focused	track individuals'
o Two priority list	<u>ts</u> for	d about vaccination	immunization tooms and	public health
high-risk condit	tions	o Data-driven	ninunization teams and	records, including
have been estab	lished,	advertising is being	 Dop-up/infolic childs Dop-up/infolic childs 	immunization
and individuals	with	used and is initially	• <u>rop-up childs</u> are being	records and is being
conditions on the	ne first	going to be targeted	northern and minal	used to ensure
priority list are t	to be	at those who are keen		patient safety and
			communues	r

 offered vaccination before those with conditions on priority list two On <u>29 March 2021, the</u> 	and likely to share information in their networks (this demographic skews older and female)	↔ The locations and operating hours of these time-limited clinics are detailed on the province's	monitor progressduring the COVID-19 vaccinationcampaignManitobans who
 On 29 March 2021, the province limited the use of the Oxford- AstraZeneca vaccine to individuals aged 55 to 64 due to concerns regarding blood clots, but on 7 April 2021 the decision was made to allow use amongst those aged 65 and older (particularly those who face barriers accessing sites where other vaccines are offered) The province is modelling vaccine rollout and distribution projections under high-supply and low-supply scenarios Under a low-supply scenario the vaccination campaign would run into June 2021 while under a high-supply scenario (which assumes availability of the Janssen and Novavax 	 older and female) o To continually refine the campaign's strategy, the province is using EngageMB (the provincial public engagement platform), monitoring trends in vaccine uptake, and continuing to conduct research o A #ProtectMB coordinating table has been established that includes Data Science, Public Health, Communications and Engagement, and Vaccine Task Force officials to guide the campaign and determine its informational needs The province has established a 'yaccine shot finder' webpage with a map to aid individuals in finding 	 the province's vaccination website Eligible Manitobans can call a dedicated phone line to book vaccination appointments at pop-up sites and use the phone lines or the online booking portal A distributed model of doctors' offices and pharmacists is expected to administer 25% of daily doses in the second quarter, subject to approval of suitable vaccines As of 7 April 2021, 18% of Manitoba's vaccine doses have been distributed via the distributed channel model (pharmacies and medical clinics) As of 9 April 2021, the vaccine allocation to clinics and pharmacies was under 150 doses 	 Manitobans who have been vaccinated can access their individual immunization record online with their health card number and email address Family doctors also have access to immunization records
vaccines) the vaccination campaign would run into May 2021	pharmacies and medical clinics participating in the vaccination campaign	 Focused Immunization Teams and Pop-up <u>Clinics</u> will each administer less than 5% 	

 As of <u>12 April 2021</u>, Manitoba has administered 284,643 total vaccine doses This represents 20.1% of adults aged 18 and older being vaccinated On <u>12 April 2021</u> the province had scheduled 5,264 doses to be administered As of 12 April 2021 	• The map distinguishes between sites that are and are not currently taking appointments	 of daily doses in the second quarter and will respond to needs A pilot project at <u>'Vaxport'</u> was opened in Thompson to provide immunization for residents of remote northern First Nations, and municipal and Indigenous and Northern Affairs 	
 majority (63.1%) of these allocated doses had been administered on reserves A vaccine delivery schedule has been published, and delivery numbers are confirmed up to the week of 24 May 2021 Between the weeks of 12 April 2021 and 24 May 2021, 42,000 doses of the Moderna vaccine, 260,700 doses of the Pfizer- BioNTech vaccine, and zero doses of the Oxford-AstraZeneca vaccine are expected to arrive 		 location for the Thompson supersite A time-limited clinic in Winnipeg was opened to provide vaccination for First Nation health-care workers, Knowledge Keepers and Traditional Healers The province is receiving applications from community pharmacists and physicians interested in providing COVID-19 vaccination, using vaccines that do not need freezing Several eligibility criteria for medical clinics and pharmacies have been outlined, 	

• The province is	and a Q&A targeted
collaborating with First	at potential physician
Nations groups to use	and pharmacist
the Moderna vaccine to	partners exists
address First Nations	• The province is <u>actively</u>
priorities, including	recruiting healthcare and
vaccination in northern	non-healthcare staff to
and remote communities	work in immunization
• The roll-out of	clinics and offering a
vaccines in First	micro-credential course
Nations communities	for people to expand
is expected to begin in	their scope of practice to
mid-March and will	include the administering
prioritize communities	COVID-19 vaccine
at high risk of floods,	• The province has
fires, and other	expanded the criteria for
evacuation risks	who can work as an
• The Vaccine	immunizer and designed
Implementation Task	various training options
Force has four	for new hires based on
operational planning	their level of experience
principles: use the right	• As of 6 April 2021 there
model, at the right time;	are 3 312 full-time
minimize the drain on	equivalent staff working
the healthcare system:	in vaccination centres
inject what you get; be	In addition to new staff
ready to pivot	• In addition to new start
Manitoba has adopted	sorrants have been re
the National Advisory	deployed to week with
Committee on	the Versine
Immunization guidance	Inclomentation Teals
and extended the spacing	Eoreo
between first and second	POLC
vaccine doses to four	
months	
• At this time residents	
are not able to book	
are not able to book	

		 second-dose appointments An emergency order under the Emergency Measures Act enables Shared Health Manitoba to investigate and confirm the eligibility status of healthcare workers who have been vaccinated If people are found to have provided false information to get early vaccination, the order enables Shared Health to disclose this information to the individual's employer, professional regulatory body, or law enforcement 			
Ontario	 The province has published <u>vaccine storage</u> and handling guidance for the Pfizer-BioNTech and <u>Moderna vaccines</u> including information regarding freezer setup, inspections, monitoring of storage equipment, vaccine transport, temperature excursion, and preparation for immunization clinics Protocols have been established to <u>move the</u> <u>Pfizer-BioNTech vaccine</u> so it can be used in long- 	The provincial government's COVID- 19 Vaccine Distribution Task Force, with input from the National Advisory Committee on Immunization, recommends vaccination for all individuals in authorized age groups without contradictions but due to limited supply prioritization is initially given to certain groups	 The province has published vaccine administration guidelines and information packets for healthcare providers regarding the <u>Pfizer-</u><u>BioNTech</u>, <u>Moderna</u>, and <u>Oxford-</u><u>AstraZeneca vaccines</u> The province maintains a website dedicated to <u>COVID-19 vaccine</u> <u>safety</u> The province has published a What you 	 General <u>guidelines for</u> <u>vaccination sites and</u> <u>priority populations</u> <u>served</u> are available but the 34 public health units of the province will determine how best to roll-out vaccination Vaccine delivery began with, and continues at, hospital-site clinics Public health-led mass- vaccination sites (including continued hospital sites) can provide vaccination with 	 The <u>Pfizer-BioNTech</u> and <u>Moderna</u> vaccine administration guidelines for healthcare providers include guidance regarding adverse events following vaccination Adverse events <u>following</u> immunization are reported to <u>Public Health Ontario</u> and

			- f	4b - D1-1' - 111-1
term care and high-risk	The provincial vaccine	need to know before	a focus on people	the Public Health
retirement home settings	distribution plan is	your COVID-19	eligible for vaccination	Agency of Canada
	divided into three phases	vaccine appointment	due to their occupation	• Public Health
	• <u>Phase I prioritizes</u>	information sheet	(such as healthcare	Ontario has
	residents and workers in	• The <u>COVID-19</u>	workers and essential	published a list of
	congregate-living settings	<u>Vaccine After Care</u>	workers) as well as most	<u>adverse events of</u>
	that care for seniors;	Sheet includes a section	adults once eligible	special interest for
	highest, very high and	to note the time and	 On-site clinics can 	<u>COVID-19</u>
	high-priority healthcare	date of a patient's	provide vaccination for	vaccination
	workers; adults in First	second dose	remote communities,	<u>surveillance</u>
	Nations, Métis, and Inuit	• The <u>Centre for</u>	First Nations reserves,	• The province has
	populations; adults 80	Effective Practice has	and adult chronic home	begun voluntarily
	years of age and older;	developed the PrOTCT	care recipients	collecting socio-
	and adult chronic home-	PLAN and other	• Primary	demographic data
	care recipients	resources to aid in	care/pharmacy/public	from those being
	o On 9 February 2021,	having discussions with	health clinics can	vaccinated
	the Ministry of Health	patients about COVID-	provide vaccination for	0 These data
	released guidance for	19 vaccination	populations prioritized	include race,
	prioritizing healthcare	• The Centre for	due to biological factors	household
	workers to	Effective Practice has	(such as older age) and	income, and
	complement existing	put together <u>resources</u>	can provide vaccination	linguistic profile
	sequencing and	for understanding	to all remaining eligible	• In addition, health
	prioritizes different	vaccine hesitancy in	Ontarians in Phase III	professionals are
	healthcare workers	Black and First Nations,	• A " <u>COVID-19 vaccine</u>	required to report
	according to risk of	Inuit and Métis	clinic operations	adverse events to
	exposure, patient	communities	planning checklist" was	local public-health
	populations served,	• The Ministry of Health	published to assist in	units who will
	and the incidence of	has published	local planning	investigate and
	COVID-19 outbreaks	"Vaccination	• Over <u>1,400 pharmacies</u>	provide support
	• <u>Phase II prioritizes</u> older	recommendations for	are offering the Oxford-	Guidance has been
	adults (beginning with	special populations"	AstraZeneca vaccine to	published for
	those 79 years of age and	which regards people	individuals aged 55 and	managing healthcare
	decreasing in five-year	who are pregnant or	older across the	workers with
	increments); adults living	breastfeeding, those	province, with plans to	symptoms within 48
	in COVID-19 hot spot	with autoimmune	reach 1,500 pharmacies	hours of receiving
	communities; those	conditions or who are	by the end of April 2021	COVID-19
	living and working in	immunocompromised,	 Individuals are 	vaccination
	high-risk congregate	_	required to contact	

	settings; caregivers in	those with allergies, and	pharmacies directly to	
	select congregate care	children and adolescents	book vaccination	
	settings; individuals with		appointments	
	health conditions and		• Primary-care providers	
	their caregivers; and		in six public health units	
	essential frontline		have begun contacting	
	workers who cannot		eligible patients to book	
	work from home		vaccination	
	• On 23 March 2021, the		appointments; they are	
	province released details		not taking appointments	
	of priority populations		by request	
	for phase II of its		 Mobile sites can deliver 	
	vaccine roll-out		vaccination to	
	• The primary priority		populations who need	
	groups within phase II		prioritization due to	
	include older adults		social or geographical	
	(those aged 75 to 79)		factors, such as	
	in decreasing five-year		congregate-living	
	age increments;		settings, urban	
	individuals with high-		Indigenous populations.	
	risk health conditions;		and racialized	
	residents, caregivers,		communities	
	and staff in high-risk		• Mobile teams and pop-	
	congregate settings;		up clinics are being	
	and adults aged 50 and		deployed to vaccinate	
	older in hot-spot		individuals in hot-spot	
	communities		communities beginning	
	(beginning with the		in Peel and Toronto	
	older adults in hot		\circ The mobile teams and	
	spots)		pop-up clinics will	
	• The secondary priority		(for now) not be using	
	groups within phase II		the provincial booking	
	include remaining		system	
	individuals with at-risk		The supervises is seen 1.	
	health conditions and		• The province is working	
	essential workers who		with public-nealth units,	
	cannot work from		business groups, and	
	home		large employers to <u>set up</u>	
			employer-operated	

• Vaccinations are	vaccination clinics for	
meant to be first	hot-spot communities at	
offered to those in the	greatest risk	
primary priority group	• These clinics are	
(over the months of	meant to be set up,	
April and May) and	operated and funded	
then to those in the	by employers, and to	
secondary priority	supplement publicly	
group (with	run vaccination clinics	
vaccinations estimated	• These clinics are	
to begin in June)	meant to vaccinate	
• The province is targeting	employees as well as	
hot-spot communities	members of local	
(defined as those with	communities	
historic and ongoing	• Employers operating	
high rates of COVID-19	these clinics must	
death and severe illness)	meet certain	
as part of phase II	conditions and have	
• Provincial data as well	the support of local	
as local public-health	public-health units	
unit knowledge and	and hospitals	
discretion are used to	• Public-health units and	
define 'Forward	family health teams are	
Sortation Areas' that	developing strategies to	
are considered hot	reach homebound	
sports	patients for vaccination	
• Within hot spots	Dhase II will see vaccine	
vaccinations are to	• <u>Thase II will see vaccine</u>	
begin with the oldest	administration occur at	
adults but specific		
neighbourhoods or	vaccination sites,	
sub populations may	nospitais, mobile	
also be used to	vaccination sites,	
aiso be used to	pnarmacies, clinics,	
o Low-barrier methods	primary-care settings,	
to verify are and	and community locations	
to verify age and	Toronto Public Health	
residence in a not-spot	launched a 'proot of	
	concept' immunization	

community are to be	clinic to test and adjust
used	non hospital vaccination
uscu o Dublio health unite are	
o Public-nealth utilits are	plans arread of mass
to leverage	vaccination
community-based	• Expanded healthcare
organizations and	professionals (including
local healthcare	nurse practitioners,
organizations to reach	registered nurses,
residents, build	registered practical
vaccine confidence	nurses, pharmacists,
and address	pharmacy students and
misinformation, and	interns, and pharmacy
identify unique needs	technicians) are able to
and barriers (for	register and apply to
example, linguistic	participate in vaccination
barriers) to accessing	efforts via Ontario's
vaccination	Matching Portal
o Public-health units are	• The University of
to ensure that	Toronto Department of
vaccination clinics in	Family and Community
hot-spot communities	Medicine and the
are readily accessible	Optario College of
(for example by	Family Physicians
locating clinics in	developed a self-learning
popular community	series to build capacity
centres or large	amongst primary-care
workplaces where	providers to support
community members	COVID-19 vaccination
may work)	Beginning on 15 March
• Populations being	• Deginning on 15 Warch
targeted in hot spots	2021, the province will
include all adults aged	operate an online
50 and over: adults	DOOKing system and
aged 18 and older in	provincial customer
targeted high-risk	service desk to support
settings: select	vaccination appointment
educational staff: and	bookings at mass-
	immunization sites

D11 J	how	o The province
Black and o		o The province
racialized co	mmunities	anticipates most local
• On <u>6 April 202</u>	<u>1</u> , Ontario	public-health units
announced it w	ould be	will make use of this
increasing vacc	ne	system upon its
allocations to h	ot-spot	launch
communities in	13	• The Ministry of
public-health u	nits in the	Health has published
province that h	ave had	a " <u>Pre-screening</u>
elevated rates of	f virus	assessment tool for
transmission,		health care providers"
hospitalization	and	• The province has
deaths		directed public health
• The increase	d	units and vaccination
allocation w	ll deliver	clinics to implement
more vaccin	es via all	processes to distribute
the establish	ed	end-of-day leftover
delive r v cha	nnels	doses (due to no-shows
o The provinc	e states it	or cancellations) to
is supporting	public-	priority populations
health units	0	priority populations
vaccinate in	ividuals	
aged 50 and	older in	
hot-spot cor	munities	
identified by	postal	
codes	Pooten	
- Individuale	8 to 49	
veges of age		
the identified	nostal	
codes will be	aligible	
codes will be	a mobile	
and pop-up		
be promoted	by	
public-health	units	
and commu	шту	
partners		
• As of 3 April 2	021,	
individuals <u>55 y</u>	ears and	

<u>older</u> became eligible to		
book vaccinations for the		
Oxford-AstraZeneca		
vaccine at the nearly 700		
pharmacies and primary-		
care settings participating		
in the roll-out		
• In Dhase III, remaining		
• In Phase III, Tellianing		
oficialitatis aged 10 and		
older can be vaccinated		
• Phase I is <u>estimated</u> to		
run from December		
2020 to March 2021,		
Phase II from April 2021		
to July 2021, and Phase		
III from July 2021		
onwards		
Ontario has accepted and		
will implement the		
National Advisory		
<u>Council on</u>		
Immunization guidance		
to extend the vaccination		
dose interval to up to		
four months, with some		
limited exceptions		
• Ontario's Vaccine		
Clinical Advisory Group		
recommended on 26		
March 2021 that the		
following populations be		
evempted from the		
extended second dosp		
interval of form months		
transplant registered		
individuale		
individuals with		
malignant nematologic		
disorders and non-		

hematologic malignant		
solid tumours receiving		
active treatment		
(excluding individuals		
receiving solely		
hormonal therapy or		
radiation therapy)		
Operation Remote		
Immunity, which is led		
by Ornge, aims to		
vaccinate adults in 31 fly-		
in First Nations		
communities and		
Moosonee in Northern		
Ontario		
0 As of <u>8 March 2021</u> ,		
all first doses as part		
of Operation Remote		
Immunity had been		
administered (12,660		
doses) and 2,664		
second doses had		
been administered		
• The program aims to		
finish these		
vaccinations by the		
end of April 2021		
• The principles underlying		
the province's Ethical		
framework for COVID-		
19 vaccine distribution		
include minimizing		
harms and maximizing		
benefits; equity; fairness;		
transparency; legitimacy;		
and public trust		
Several organizations		
involved in primary care		

		 in Ontario have published a document titled "Partnering with primary care for local <u>COVID-19 vaccine roll- out in Ontario: A</u> practical guide" As of <u>13 April 2021</u>, Ontario has administered 3,310,157 total doses and 335,262 people have been fully vaccinated The province is administering 95,692 doses on a daily basis A delivery schedule for the Pfizer-BioNTech, Moderna, and Oxford- <u>AstraZeneca vaccines</u> states that between the weeks of 5 April 2021 and 17 May 2021, the province should receive 2,862,230 total doses 			
Quebec	• The Ministry of Health and Social Services is responsible for the centralized distribution of vaccines	 According to the Quebec Immunization Committee, five values underpin the choices and objectives of the COVID-19 vaccination campaign in the context of limited vaccine supply: beneficence, equity, justice, reciprocity, and non-maleficence The prioritization of groups for vaccination is 	 The provincial government maintains a webpage with information about COVID-19 vaccine safety, development, and role-out plans for Quebec The Ministry of Health and Social Services published vaccination campaign guidelines for healthcare workers to 	 COVID-19 vaccination distribution is being handled by the <u>Quebec</u> <u>Immunization Program</u> The <u>Public Health</u> <u>Ethics Committee has</u> <u>published a bulletin</u> stating that mandatory vaccination of healthcare workers is not justifiable The Ministry of Health and Social Services has also 	• The <u>Quebec</u> <u>Vaccination</u> <u>Registry</u> is an electronic databases that keeps track of all persons receiving vaccines in Quebec and all vaccines received by Quebec residents who may be out of the province
	based on the following	update workers on the	confirmed that	• The <u>Quebec</u>	
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	four factors: age,	priority-based allocation	vaccination will not be	Immunization	
	presence of risk factors,	of vaccines, their	<u>mandatory</u>	Committee has	
	profession, and living	responsibilities and roles	• <u>New groups of</u>	recommended real-	
	situation	during the vaccination	healthcare professional	time and	
•	Ten groups have been	campaign, and resources	have been authorized to	continuous	
	preliminarily identified to	available to them	administer COVID-19	monitoring of	
	prioritize vaccine	• The Ministry of Health	vaccines during the	vaccine efficacy be	
	allocation	maintains a website	health emergency period	conducted to make	
	• The first priority	dedicated to	if they have received	quick changes to	
	group includes	demystifying beliefs	appropriate training	plans, if needed	
	vulnerable people in	regarding the risks of	from the ministry	• The Quebec	
	long-term care and	vaccination	• These groups include	Nosocomial	
	intermediate resources	• The Ministry of Health	midwives, respiratory	Infections	
	and family-type	and Social Services has	therapists, and	Committee has	
	resources homes	published a common	pharmacists	made	
	• The second priority	questions and answers	• The Ministry of Health	recommendations	
	group includes health-	regarding the COVID-	and Social Services'	and produced	
	and social-care	19 vaccination	digital learning	algorithms	
	workers who have	campaign document	environment includes	regarding how to	
	patient contact	intended for workers in	training related to the	manage patients and	
	• The third priority	the health- and social-	COVID-19 vaccination	healthcare workers	
	group includes people	care sectors	campaign	with symptoms	
	living in private	• The Ministry of Health	• The Institut national de	following COVID-	
	retirement homes and	and Social Services has	santé publique du	19 vaccination	
	others in similarly	published an "Aid in	Ouébec has published a	• The Ministry of	
	vulnerable living	clear consent" pamphlet	video series for	Health and Social	
	situations	with information about	healthcare professionals	Services published a	
	• The fourth priority	vaccine benefits and	regarding COVID-19	one-page reminder	
	group includes rural	side-effects to	vaccination and	regarding infection	
	and remote	complement the	commonly encountered	prevention and	
	communities, where	COVID-19 vaccination	questions	control measures	
	people often have	campaign	• The Quebec <u>Vaccine</u>	for vaccinated	
	chronic illnesses	• The provincial	Injury Compensation	healthcare workers	
	• The fifth to seventh	government has	Program compensates	• Health professionals	
	priority groups include	released a <u>document</u>	people who have	have been directed	
	people aged 80 years	and <u>video</u> with guidance	experienced bodily injury	to immediately	
	of age and over;	for the general public	due to vaccination;	report the following	

 between 70 and 79 years of age; and between 60 and 69 years of age, respectively The eighth priority group includes adults younger than 60 years of age who have a risk factor The ninth priority group includes adults younger than 60 years of age without risk factors but who work in essential services The tenth priority group includes the rest of the adult 	 on how to register through the online portal The Ministry of Health and Social Services has produced and released several videos about COVID-19 vaccine safety and the provincial vaccination campaign for the general public (in English and French) 	 however, COVID-19 is not currently on the list of diseases involved (but the program details are noted as being updated) Bookings for COVID-19 vaccination are being conducted through the online portal clicsante.ca The Quebec Immunization Committee is recommending that people who have had severe reactions to other injections (that do not have common components with the COVID-19 vaccine) do 	 adverse events to their local public health unit if there is any suspicion they may be associated with vaccination: Events requiring medical attention or hospitalization Events leading to permanent disability Events that place patients' lives at risk Events that lead to death The province has released guidance
 The tenth priority group includes the rest of the adult population The Quebec Immunization Committee has recommended that vaccination for pregnant women should be offered, but there must be a discussion with a healthcare professional regarding the benefits and risks of vaccination As of <u>13 April 2021</u>, the following groups are being vaccinated: Health and social workers with direct 		 hijections (that do not have common components with the COVID-19 vaccine) do not need specific preassessment, but should be monitored for 30 minutes following vaccination o The normal observation period following vaccination is 15 minutes The Quebec Immunization Committee is recommending using the same vaccine for patients' first and second doses o If the same vaccine is 	 to death The province has released guidance regarding the surveillance, management and reporting of vaccine-induced prothrombotic immune thrombocytopenia in vaccinated patients The Ministry of Health and Social Service established a directive to introduce quality assessment audits of vaccine

are part of priority	of vaccine (e.g.,	handling at
group two	mRNA or viral	administration sites
• Residents under 60	vector) should be	• These audits are
years of age with very	given	to occur at least
high-risk health	• Regardless of what	every three
conditions (only in	type of second dose is	months
Montreal)	given, it will be	
• Essential workers in	considered valid and a	
environments deemed	third dose is not	
to be at high risk of	indicated	
outbreak, such as	• The Ouebec	
teachers, public safety	Immunization	
workers, and	Committee has	
temporary foreign	recommended that	
farm workers (only in	people with prior	
Montreal)	confirmed COVID-19	
• People aged 55 to 79	infection may only need	
who attend pharmacy-	one vaccine dose to	
based walk-in	develop sufficient	
vaccination clinics	immunity	
(with the exception of	• They did note that	
in Abitibi-	immunocompromised	
Témiscamingue due to	people who have had	
the presence of variant	a confirmed COVID-	
strains circulating in	19 infection and all	
this region)	those whose COVID-	
0 Individuals aged 60	19 infection occurred	
and older in all regions	very close (temporally)	
• Quebec has <u>temporarily</u>	with a first vaccine	
suspended the use of the	dose should receive	
<u>Oxford-AstraZeneca</u>	two doses as a	
vaccine among people	precaution	
younger than 55 years of	• The provincial	
age due to ongoing	government has	
investigations into cases	launched a program to	
of blood clots following	engage private	
vaccination	<u>companies in</u>	
	establishing vaccination	

•	The Ministry of Health	<u>centres</u> to complement
	and Social Services has	public-sector vaccination
	recommended a 16-week	efforts and to serve their
	interval between vaccine	employees, families and
	doses, and there is	local communities
	currently no maximum	• The province called
	interval that must be	for companies to
	followed	propose establishing
•	The Ouebec	vaccination sites, but
	Immunization	also let companies
	Committee has released	indicate resources
	preliminary guidance	they would be willing
	regarding the use of the	to contribute towards
	Oxford-AstraZeneca	vaccination efforts
	vaccine in the province	o More than 450
	• The recommendations	companies responded
	depend upon the	with their interest in
	vaccine supply	participating in this
	scenario of the	campaign and 13
	province, and three	companies have thus
	supply situations are	far been selected to
	outlined	participate as
	• In general, the	vaccination centres
	committee does not	Enterprise vaccination
	recommend	centres are expected to
	systematically offering	become operational by
	the Oxford-	May 2021
	AstraZeneca vaccine	• The Public Health
	to people with a very	Ethics Committee has
	high risk of sickness	published a bulletin on
	and complications (for	the topic of <u>immunity</u>
	example, residents of	passports
	long-term care homes	• The committee's
	and	analysis concludes
	immunocompromised	that immunity
	people)	passports are
•	The Quebec	justifiable and can
	Immunization	play a complementary

C]
Committee has	and temporary role in	
recommended that <u>close</u>	decontinement efforts	
helpers of vulnerable	o The committee	
people (residents of long-	estimates that the	
<u>term care homes) not be</u>	benefits from	
included in initial priority	immunity passports	
groups (unless they	slightly outweigh the	
belong to these groups	disadvantages	
for another reason); they	• The committee will	
recommend including	not issue any formal	
them alongside essential	recommendation until	
service workers	August 2021	
• The Quebec		
Immunization		
Committee has issued		
guidance regarding the		
following domains to		
support the COVID-19		
vaccination campaign:		
• Minimum age for		
administering mRNA		
vaccines		
 Counter-indications 		
and precautions for		
certain groups of		
people		
\circ Interchangeability of		
COVID-19 vaccines		
 Second-dose intervals 		
• Interactions between		
mRNA vaccines and		
other products		
• Vaccination of people		
with confirmed		
COVID-19 infection		
• Clinical manifestations		
following vaccination		
Tono wing vice mation		

		 The Ministry of Health and Social Services published a directive with a <u>framework for</u> <u>determining the</u> <u>allocation of limited</u> <u>vaccine doses to</u> <u>prioritized remote and</u> <u>Indigenous communities</u> As of <u>12 April 2021</u>, Quebec has received 2,633,275 doses of vaccines As of <u>12 April 2021</u>, 2,005,106 doses have been administered and 23.5% of the population has been vaccinated o As of 12 April 2021, the province is averaging 58 666 			
New Brunswick	• To ensure optimal storage of the vaccine <u>new ultra-</u> <u>low freezer units</u> have been delivered to regional hospitals	 The New Brunswick Ministry of Health created the <u>COVID-19</u> <u>Vaccine Rollout plan</u> identifying priority groups and the time frame for when each group will receive the vaccine December 2020 – March 2021 prioritizes long-term care residents and staff, healthcare workers 	 The New Brunswick Ministry of Health website provides information for the general public on the province's vaccine roll- out plan Information sheets outlining how the Pfizer-BioNTech and <u>Moderna vaccines</u> protect against <u>COVID-19</u> are linked on the website 	 The website provides vaccine after-care sheets for the Pfizer-BioNTech and Moderna vaccines offering information on what to do after receiving the vaccine Immunization clinics follow the protocol set forth by the Government of Canada For greater efficiency, individuals in priority groups are being 	 Vaccinated individuals receive a record of immunization Chief Medical Officer of Health Dr. Jennifer Russell urged all citizens in the province to download the <u>COVID Alert App</u> to ensure its effectiveness in

	with direct COVID-19	• The website provides	contacted directly to	keeping New
	patient contact, adults	links for healthcare	register for their	Brunswickers safe
	in First Nations	workers and the	<u>appointment</u>	 Enhancements have
	communities and	general public to	• The <u>Paramedics</u>	been made to the
	older New Brunswick	Pfizer's official	Association of New	<u>MyHealthNB</u>
	residents	vaccine information	Brunswick gave its	website allowing
	 Spring 2021 prioritizes 	site and Moderna's	approval to have its	New Brunswickers
	residents and staff of	COVID-19	members trained on	to access their
	other communal	vaccination site	giving vaccines, and	COVID-19 test
	settings (homeless	• A press release from the	paramedics would be	results faster and
	shelters, correctional	Government of New	used later in the roll-out	print an official
	centres), other	Brunswick provided a	when larger quantities of	copy of their recent
	healthcare workers	COVID-19 vaccination	the vaccine are delivered	test results
	including pharmacists	update detailing the	to the province	
	and first responders,	allocation of vaccine	• Due to the Pfizer-	
	and critical	<u>clinics.</u>	BioNTech vaccine	
	infrastructure workers	• Vaccination clinics	delivery delays,	
	(power, water and	were set-up within	vaccinations for some	
	sewer)	eight long-term care	healthcare workers were	
	• In spring or summer	facilities, as well as	postponed to ensure	
	2021 the vaccine will	clinics in	there were enough	
	be available to the	Campbellton,	vaccines for residents in	
	remainder of the	Edmundson,	long-term care facilities	
	population	Fredericton and Saint	• First Nations health	
	• The province has made	John for healthcare	directors and community	
	adjustments to the <u>roll-</u>	workers at high risk	health nurses will begin	
	out timeline pushing	of COVID-19	working with public	
	back the start of the	exposure, including	health to provide the	
	second phase to the start	those working within	vaccine in First Nation	
	of April 2021	regional health	communities	
	• Details on the <u>priority</u>	facilities, the Extra-	• A clinic in the	
	groups for each phase	Mural Program,	Madawaska Maliseet	
	was adjusted	Ambulance New	First Nation will open	
	• <u>Phase 2</u> will include	Brunswick, and	the first week of	
	residents and staff of	healthcare workers at	March with clinics in	
	communal settings,	First nations	other First Nation	
	healthcare	communities	communities opening	
	professionals who		shortly after	

provide direct patient	• In a press conference	• Individuals <u>85 years of</u>	
care, first responders,	on 4 February 2021,	<u>age and older</u> not living	
home-support	Chief Medical Officer	in long-term care	
workers for seniors,	Dr. Jennifer Russell	facilities will be notified	
individuals over the	stated, "Catching	by public health where	
age of 70, volunteers	COVID-19 is not your	they can get their	
in long-term care	fault and no one should	vaccination in the	
facilities, individuals	be ashamed for catching	coming weeks	
between the ages of 40	it" urged citizens not to	Details on how and	
and 69 with chronic	minimize their	when to register for	
health conditions, and	symptoms and asked	when to <u>register for</u>	
workers who regularly	that everyone get tested	vaccinations will be	
travel across the	and not hositate if they	announced publicly	
boarder	and not nestrate if they	closer to the start of	
O Phase 3 will include	suspect they may have	pnase 2	
individuals with two	contracted the virus	<u>Selecting a vaccination</u>	
or more chronic	Chief Medical Officer	<u>clinic</u> is based on specific	
	of Health Dr. Jennifer	criteria	
health conditions,	Russell announced that	• <u>Pharmacies</u> will be	
nearthcare workers	the province will <u>delay</u>	vaccinating	
providing indirect	administering the	individuals aged 70	
patient care, school	second dose of the	years and older,	
staff and high school	vaccine for individuals	people who travel	
and post-secondary	who are considered to	regularly across the	
students aged 16 to 24	be at a lower risk	border and rotational	
• Within the month of	• The goal is to get a	workers	
March, the province	greater number of	• Regional Health	
expects to receive 10,000	vulnerable people	Authorities will be	
doses of the Oxford-	vaccinated with a first	vaccinating individuals	
AstraZeneca vaccine	dose	aged 70 years and	
• Until new changes are	• This approach will	older people with	
made to the vaccine roll-	help lower the	complex medical	
out plan the province is	number of	conditions people	
continuing to focus on	hospitalizations and	agod 40 years and	
vaccinating priority	make sure the	alder with color	
groups in Phase 1	healthcare system is	older with select	
	not overwhelmed	Chronic conditions,	
• At a press conference on	o Dr. Bussell stated	first responders,	
5 March 2021, chief	that although the	health-care workers,	
medical officer Dr.	that although this	health-system staff,	

of age and order, an

Nova Scotia		 of age and older, individuals who travel across the border, rotational workers, health-care workers, health-system staff and individuals with complex medical conditions Priority will also be given to individuals 40 years of age and older with three or more select chronic conditions, and individuals 60 to 69 years of age The province anticipates that individuals between the ages of 16 and 59 will be eligible for vaccination in June As of 12 April 2021, <u>152,265</u> doses have been administered From that total, 136,494 people have been vaccinated with at least one dose 			
Nova Scotia	 Five storage sites have been developed with ultra- low freezers to store vaccines safely Three more <u>cold storage</u> <u>sites</u> will be operational by the end of January 2021 in Amherst, 	 The Nova Scotia Ministry of Health developed a <u>vaccine-</u> <u>distribution strategy</u> prioritizing groups throughout three phases Phase one will run from January to April 2021 and will include 	• The Government of Nova Scotia website provides information about the <u>vaccine</u> , <u>how</u> its citizens are being prioritized and the <u>three-phase distribution</u> program	 As of the week of 8 February 2021, <u>four</u> <u>healthcare worker clinics</u> were opened in Halifax, Truro, Kemptville and Yarmouth During the week of 22 February 2021, three more <u>clinics</u> were 	• In collaboration with the Dalhousie University Faculty of Medicine, the Government of Nova Scotia posted on Twitter a <u>short</u> <u>video</u> debunking the myth, "We don't

Antigonish and	front-line healthcare	• The website links to	opened at St. Martha's	know what's in
Bridgewater	workers who are	the <u>vaccines and</u>	Regional Hospital, South	these vaccines"
• To ensure the safe	closely involved in the	treatments for	Shore Regional Hospital	• As of 22 February
transport of the vaccine	COVID-19 response,	COVID-19 page on	and Cumberland	2021, <u>27,521 doses</u>
Dr. Robert Strang stated	residents, staff and	the Government of	Regional Hospital to	have been
that preliminary tests were	designated caregivers	Canada's website	vaccinate healthcare	administered
taken to determine the <u>best</u>	of long-term care	• The Government of	workers	0 From that total
possible methods for	facilities, residents and	Nova Scotia's <u>YouTube</u>	• Within the month of	11,533 are
transporting the vaccine to	staff of residential-care	<u>channel</u> provides regular	March 2021, <u>clinics</u> in	second doses
confirm that it remained at	facilities, adult	updates on the	New Minas, Sydney and	• As of 16 February
a stable temperature	residential centres and	pandemic as well as	Truro will open on 8	2021, <u>11,059 first</u>
• During the first phase of	regional rehabilitation	allocation and	March 2021, clinics in	doses have been
the vaccination roll-out,	centres, seniors living	distribution of vaccines	Antigonish, Halifax and	administered to
the province will be testing	in the community who	• In collaboration with	Yarmouth will open on	healthcare workers
several distribution	are 75 years of age or	the Dalhousie	15 March 2021, and	and 7,643 have
methods so that when	older, healthcare	University Faculty of	clinics in Amherst,	received their
larger amounts of the	workers (doctors,	Medicine, the	Bridgewater and	second dose
vaccine are delivered in	paramedics) who are	Government of Nova	Dartmouth will open on	• As of 16 February
phase two, the province	in direct contact with	Scotia posted on	22 March 2021	2021, <u>2,268 first</u>
will have established an	patients	Twitter a <u>short video</u>	 Future prototype clinics 	doses have been
efficient delivery method	• Phase two will begin	debunking the myth,	will also be established in	administered to
• The objective is to	in May 2021 and will	"We don't know what's	pharmacy settings and	long-term care
deliver approximately	include remaining	in these vaccines"	Mi'kmaq communities	residents and 496
10,000 doses per day	healthcare workers	• Dr. Strang reiterated the	0 Four <u>pharmacy</u>	have received their
 With more clinics opening 	and essential workers	provinces mantra,	<u>prototype clinics</u> are	second dose
across the province,	o Phase three will begin	<u>"When in doubt wear a</u>	planned to begin in	• Dr. Strang asked
vaccine distribution in the	mi summer 2021 and	<u>mask"</u>	early March in Halifax	that individuals who
province is based on	who were pot	• When <u>prototype</u>	county, Cumberland	have received the
census data and population	prioritized in phase	community clinics open,	county, Shelburne	vaccine to continue
estimates	one or two	a letter will be sent in	county and Inverness	to <u>follow all public</u>
• In addition to the federal	Deservice Leie Deselvice	the mail to eligible	county	health measures
government's efforts to	Premier Tain Kankin	individuals providing	• <u>Starting the week of 1</u>	
secure low headspace	announced at a press	details about how they	March, the first of 13	
syringes, the province is	could have at least the	can book their	vaccination clinics in	
also working	first dose by the and of	vaccination	Mı'kmaq communities	
independently to procure	Jupe 2021	appointment	across the province will	
the syringes	<u>june 2021</u>	• Information about the	open at Millbrook First	
		Oxford-AstraZeneca	Nations	

• The province has <u>10 cold</u> storage sites from which	• The Oxford-AstraZeneca vaccine will be	vaccine has been included on the	 <u>Mi'kmaq elders</u> will receive their 	
eight clinics across the	administered to	Government of Nova	vaccinations starting	
province receive the	individuals aged 63 and	Scotia website	the week of March 1st	
vaccines on a rotational	64 starting 20 March	• An update to the	<u>All First Nations clinics</u>	
basis	2021	COVID-19 vaccine	will be managed by the	
	Vaccination	booking site includes a	health centres located	
	appointments for	postal code look-up to	within each reserve	
	individuals in phases two	help users find available	• The health-centre	
	and three will be	appointment times and	staff will administer	
	prioritized by age to	which vaccine is	the vaccination	
	ensure timely distribution	available at specific	• Dr. Robert Strang, Nova	
	• As of 6 April 2021,	clinics in their area	Scotia's Chief Medical	
	200,250 doses have been	• On 12 April 2021, a	Officer of Health stated	
	delivered to the province	video explaining how	that the province is	
	• As of 12 April 2021,	the COVID-19 vaccines	looking into different	
	<u>150,123 doses</u> have been	are being distributed	hased clipics to ensure	
	administered	government of Nova	the timely delivery of the	
	o 119,004 are first doses	Scotia Twitter account	vaccine	
	and 31,119 are second		• The first prototype	
	doses		community clinic will	
			take place on 22	
			February 2021, at the	
			IWK Health Centre in	
			Halifax	
			• The clinic will	
			vaccinate Nova	
			Scotians who are 80	
			years of age and older	
			who have been	
			randomly selected by	
			postal code that is	
			within an hour	
			site	
	1		site	

		0 <u>1,000 doses</u> have been
		set aside for the
		prototype clinic
		• The first <u>community-</u>
		based clinic will open on
		1 March 2021 at the
		IWK Health Centre in
		Halifax where
		individuals over the age
		of 80 years not living in
		long-term care facilities
		will receive their
		vaccination
		 Premiere Stephen
		McNeil announced
		that 10 clinics across
		the province will open
		for these seniors to
		get vaccinated over
		the next several weeks
		• Letters from MSI will be
		sent in the mail to the
		elderly advising them on
		how to <u>schedule an</u>
		appointment to be
		vaccinated
		 Bookings will be
		made available one
		week prior to the start
		of a clinic
		• Appointments can be
		booked online at
		novascotia.ca/vaccinatio
		<u>n or through a toll-free</u>
		number which will be
		provided in the letter
		• Those who <u>book</u>
		online will receive

		email reminders of
		their appointment
		date closer to their
		scheduled vaccination
		All vaccine clinics and
		pharmacy appointments
		are made through the
		Government of Nova
		Scotia website
		• Dr. Strong asked that
		• D1. Strang asked that
		maining the magine to
		received the vaccine to
		continue to <u>follow all</u>
		public-nealth measures
		• For individuals worried
		about attending large
		clinics the province is
		working with pharmacies
		and physician partners to
		run <u>smaller clinics.</u>
		• The start of these
		clinics is still unknown
		When low headspace
		syringes are delivered to
		the province, <u>special</u>
		training to use the
		syringes will be provided
		to healthcare workers
		administering the
		vaccine to get the extra
		vaccine from the vials
		The Nova Scotia College
		of Nursing put out a <u>call</u>
		for retired nurses to help
		administer COVID-19
		vaccines
		o <u>Conditional licences</u>
		reinstate retired nurses

		to work in COVID-19	
		vaccination clinics,	
		assessment clinics,	
		and assist with contact	
		tracing and/or client	
		follow-up	
		• The Oxford-	
		AstraZeneca vaccine will	
		be handled by the	
		Pharmacy Association of	
		Nova Scotia and	
		Doctors Nova Scotia	
		o <u>25 pharmacies and</u>	
		family-physician	
		clinics will be offering	
		vaccinations, and their	
		locations are posted	
		on the Government	
		of Nova Scotia	
		website	
		• During the week of 6	
		April 2021, the first	
		African-community	
		vaccination clinic opened	
		at the Emmanuel Baptist	
		Church	
		• In a press conference on	
		6 April 2021 Chief	
		Medical Officer of	
		Health Dr. Robert	
		Strang stated that the	
		province has been	
		cautious with their	
		vaccine program due to	
		the unstable vaccine	
		supply	
		ouppiy	

	• Appointments dates
	supply is confirmed
Prince Edward Island • Low headspace syringes will be delivered to the province the week of February 22 nd so that the sixth dose can be drawn from the Pfizer-BioNTech vials • The Prince Edward Island Ministry of Health developed its COVID-19 vacination distribution policy by identifying and prioritizing key populations • The Prince Edward Island Ministry of Health developed its COVID-19 vacination distribution policy by identifying and prioritizing key populations • The Prince Edward Island Ministry of Health developed its COVID-19 vacination distribution policy by identifying and prioritizing key populations • A three-phase plan has been put in place 0 Phase one will run between December 2020 and March 2021, and will include residents and staff of long-term and community care, healthcare workers at higher risk of COVID-19 exposure, seniors 80 years of age and older, Indigenous adults, residents and staff of other residential or shared- living facilities, and truck drivers and other rotational workers • D Covidential or shared- living facilities, and truck drivers and other rotational workers • A • Phase two will take place between April 2021 and June 2021 and will include anyone in priority groups remaining • A	 A telephone number was made available to the general public about the accination status, afety of the vaccine ind the vaccination roll- ut are provided on the Government of Prince ddward Island website regarding the Pfizer-BioNTech, Moderna, and Oxford- AstraZeneca vaccines can be downloaded from the Prince Edward Island Government website Details on who is pipointment during ach phase of the accine roll-out is valiable to ne general public to mswer any health- telephone number was made available to ne general public to nswer any health- leaded questions about COVID-19 In a press conference, Marion Dowling (Executive Director for Health PEI) stated that vaccine clinics will be prevent oor 22 February 2021, for Islanders 80 years of age and older not living in long-term care facilities, commercial truck drivers or Clinics will be located in O'Leary, Summerside, Charlottetown and Montague Homecare nurses will begin assisting with vaccinations at clinics for Islanders 80 years and older not living in long-term care facilities Beginning on 4 February 2021, Islanders 80 years and older not living in long-term care facilities can book an appointment to receive their vaccination Starting 4 February 2021, commercial truck drivers

healthcare workers not	will receive <u>phone calls</u>
included in phase one,	<u>from Health PEI</u> to set
seniors 70 years of age	up appointments to be
and older, and	vaccinated
essential workers	Pharmacists have been
• Phase three will take	legislated to administer
place in summer and	vaccines so that they can
fall 2021 and will	assist with mass
include anyone in	vaccinations in future
priority groups	phases
remaining from phase	• Community-health
two and the general	nurses will begin running
public	clinics at Lennox Island
• After residents in long-	First Nation at the end
term care were fully	of February and
vaccinated, the focus of	beginning of March 2021
the roll-out shifted to	• Information for seniors
providing second doses	80 years and older to
to individuals in	schedule their
community care by 26	vaccination is posted on
February 2021	the Prince Edward
• Starting 11 March 2021,	Island website
individuals aged 18 to 29	• Seniors may call a toll-
who work in the food	free number or use
and beverage industry,	the online webform to
including food delivery	submit their request
service, can register to	and receive a phone
receive the Oxford-	call from public health
AstraZeneca vaccine	to book their
• Appointments can be	appointment
made directly through	International rotational
participating	workers including
pharmacies listed on	commercial airline pilots
the Government of	and members of the
Prince Edward Island	military will begin to be
website	contacted by public
• Updates have been made	health to schedule a
to the vaccine roll-out	vaccination appointment
	vacentation appontiment

	T 1' '1 1 ' 1'
phases on the	o Individuals in this
Government of Prince	category will be
Edward Island website	contacted with <u>age</u>
0 <u>Phase 2</u> will take place	prioritizing who will
between April and	be contacted first
June 2021 and will	(oldest to youngest)
include adults 18 years	• To ensure adults <u>75</u>
of age and older,	years of age and older
front-line essential	receive their vaccine in a
workers between the	timely fashion,
ages of 18-59 who	appointment dates are
work in the food	being scheduled
service and retail	according to an
industry, gas station	individual's date of birth
attendants, clerks,	• Appointments are
teachers, school	scheduled online
administration, early	through the
childhood educators,	Government of
veterinarians, public	Prince Edward Island
transit drivers and	website
seafood and meat	• The Oxford-
plant employees,	AstraZeneca vaccine will
adults between the	be administered at
ages of 18-59 with	participating pharmacies
underlying medical	\circ These pharmacies are
conditions who could	listed on the
be at high risk if	Government of
infected with COVID-	Prince Edward Island
19, non-front-line	website
healthcare workers	 Individuals aged 18 20
and non-front-line	who qualify for the
essential workers	Oxford AstroZopoco
• Phase 3 will take place	vaccine can book their
between summer and	appointments directly
September 2021 and	appointments uncerty
will include all	pharmagica
individuals requiring a	
second dose and	• As of 29 March 2021 , six
	vaccination clinics

youth 15 years of age and older when an appropriate vaccine for this age category becomes availablerunning six days a week have opened across the province administering the Pfizer-BioNTech and Moderna vaccines• Starting the week of 6 April 2021, 12 partner pharmacies began administering the Oxford-AstraZeneca vaccine to individuals 55 years of age and older• To assist with the timely booking of appointments the province has outlined who is eligible to schedule an appointment each week during the month of April	
 30,937 have been administered 22,696 are first doses and 8,241 are second doses In a press conference on 6 April 2021, Chief Public Health Officer Dr. Heather Morrison reassured all islanders that wherever they receive their vaccination all personnel are trained at administering the vaccine 	
Newfoundland and LabradorThe first shipment of Pfizer-BioNTech vaccines arrived on 15 December 2020The Newfoundland and Labrador Ministry of Health developed a phased approach to administering the vaccine prioritizing specific populationsThe COVID-19 immunization plan on the Government of Newfoundland and Labrador website provides information for the general public on the vaccine and safetyThe COVID-19 immunization plan on the Government of Newfoundland and Labrador website provides information on the vaccine administering he vaccine populationsThe COVID-19 immunization plan on the Government of Newfoundland and Labrador website provides information on the vaccine administeriation administered in long- term care homes and cort the general public 	Vaccination after- care information sheets for the Pfizer <u>BioNtech</u> and <u>Moderna vaccines</u> can be downloaded from the Government of Newfoundland and Labrador website o Attached to each information sheet is an immunization

• In a press conference on 9	age and older, and	vaccines protect	their <u>first dose</u> of the	filled out after
February 2021, Chief	individuals living in	against COVID-19	vaccine	receiving the
Medical Officer Dr. Janice	remote and/or	are linked on the	 Vaccinations are being 	vaccination
Fitzgerald announced that	isolated Indigenous	website	administered at Inuit	• A question about
the province is working	communities	• The <u>COVID-19 priority</u>	communities in	the safety of the
with the federal	 Phase two will 	groups page was	Labrador	COVID vaccine has
government to secure <u>low</u>	prioritize healthcare	updated on the	• The vaccine is being	been added to the
headspace syringes	workers not included	Government of	offered to anyone <u>17</u>	frequently asked
• In a news conference on	in phase one, residents	Newfoundland and	years of age and older	questions page on
20 January 2021, Chief	of long-term care	Labrador website	with priority given to	the Government of
Medical Officer Dr. Janice	facilities as well as	outlining how the	healthcare workers	Newfoundland and
Fitzgerald detailed the	long-term care staff	vaccine could be offered	and seniors	Labrador's COVID
distribution of the vaccine	and essential workers	to individuals outside	<u>Vaccine clinics in Phase</u>	site.
when it arrives to the	• Phase three will	the phase one priority	1 will be organized by	 The website links
province, stating that once	include the general	group in an effort to	the Regional Health	to the
the shipment arrives it is	public	prevent wastage	Authority Public Health	Government of
immediately distributed to	• The <u>COVID-19 priority</u>	• <u>Vaccination after-care</u>	teams	Canada's website
regional health authority	groups page was updated	information sheets for	• To ensure a more timely	providing more
depots and then to	on the Government of	the Pfizer BioNTech	approach to <u>vaccinate a</u>	detail about the
communities where public-	Newtoundland and	and Moderna vaccines	greater number of	safety of the
health nurses deliver the	Labrador website	can be downloaded	individuals in Phases 2	<u>vaccines</u>
inoculations	outlining how the	from the Government	and 3, healthcare	
	vaccine could be offered	of Newfoundland and	workers including	
	to individuals outside the	Labrador website	physicians and	
	phase one priority group	 An updated chart 	pharmacists will assist	
	in an effort to prevent	outlining a <u>timeline</u> for	with administering	
	wastage	when priority groups	vaccines	
	o After completing	are eligible to receive	 During this phase 	
		their COVID-19	mobile clinics will	
	particular area, if it is a	vaccine has been posted	launch in smaller	
	fisk to felocate the	on the Government of	communities and	
	will be offered to	Newtoundland and	clinics could be set up	
	individuels in priority	Labrador website	within large	
	groups that follow		businesses and	
	phase one		community-based	
	phase one		settings	
			• Individuals in Phase 1	
			will be contacted directly	

	Vaccinations are being	to schedule their
	administered at Inuit	appointments
	communities in Labrador	• Individuals in Phase 2
	• The vaccine is being	will have the opportunity
	offered to anyone <u>17</u>	to <u>pre-register</u> in mid-
	<u>years of age and older</u>	March 2021, through an
	with priority given to	online registration portal
	healthcare workers	on the Government of
	and seniors	Newfoundland and
•	An update on the priority	Labrador website, or by
	phases was posted on the	calling the COVID-19
	province's COVID-19	vaccination toll-free
	website stating that	number
	details on who is eligible	• An updated chart
	for each phase will be	outlining a timeline for
	defined clearly once	when priority groups are
	more is known about the	eligible to receive their
	number of vaccines and	COVID-19 vaccine has
	doses that will be	been posted on the
	available in Phase 2	Government of
	The province provided	Newfoundland and
	further detail on priority	Labrador website
	groups in phases 2 and 3	• Vaccination clinics are
	on the Covernment of	• <u>vaccination clinics</u> are offering the Oxford
	Newfoundland and	Astra Zanaga yanging to
	Labrador wabaita	Astrazeneca vaccine to
	Labrador website	individuals between the
	$\frac{1}{1111111111111111111111111111111111$	ages of 55 and 64 years
	2021 and arrill in the da	
	2021, and will include	
	aduits aged 60 and	
	older, adults who	
	identify as First	
	Nation, Inuit or Metis,	
	adults in marginalized	
	populations (e.g.,	
	people experiencing	
	homelessness), first	
	responders, front-line	

healthcare workers not	
immunized in phase 1,	
individuals aged 16-59	
with medical	
conditions who could	
be at high risk if	
infected from	
COVID-19,	
individuals such as	
truck drivers and	
rotational workers	
who travel in and out	
of the province, and	
front-line essential	
workers with direct	
contact with the	
public who cannot	
work from home	
• <u>Phase 3</u> will take place	
from July to	
September 2021, and	
will include anyone in	
priority groups 1 and	
2 who were not	
vaccinated, and	
individuals aged 16-59	
who have not been	
vaccinated	
• On 9 March 2021, 7,000	
doses of Oxford-	
<u>AstraZeneca vaccine</u>	
arrived in the province	
• In a news conference,	
Chief Medical Officer of	
Health Dr. Janice	
Fitzgerald stated that the	
province will follow the	
National Advisory	

		C "1			
		 <u>Lounch on</u> <u>Immunization's</u> <u>recommendation</u> of increasing the delay between the first and second dose to four months As of 12 April 2021, <u>144,700 doses have been</u> <u>delivered</u> to the province As of 11 April 2021, <u>112,377 doses</u> have been administered o From that total, 102,703 are first doses 			
Yukon	 Vaccines will be distributed to the Yukon and across Canada by the Immunization National Operation Centre for COVID-19 The Government of Yukon has partnered with experts under the Joint Task Force North to plan for vaccine distribution 	 The Yukon COVID-19 Vaccine Strategy aims to vaccinate 75% of the adult population within the first three months of 2021 The Government of Yukon will work closely with First Nation governments, NGOs, community leaders, and community health centres to reach all Yukoners The flu clinic in Whitehorse will be used as a template for COVID-19 vaccine administration Priority will be given to four key populations, including: 	 The Government of Yukon will provide accurate and updated information to Yukoners through news conferences and <u>Yukon.ca</u> updates A public awareness campaign will also be coordinated through radio, news and social media A public website discussing <u>vaccine</u> <u>progress in the Yukon</u> is available to residents A COVID-19 vaccine <u>after care information</u> <u>package</u> is also available on the Government of Yukon website for residents 	 The Government of Yukon's <u>Department of</u> <u>Health and Social</u> <u>Services is the designated</u> <u>authority</u> in delivering vaccines to Yukoners Public and primary- care nurses, community health- centre staff, Health and Social Services' Emergency Preparedness team, Community Services' Emergency Measures Organization, Yukon Hospital Corporation staff and other personnel will be central to administering the vaccine 	 Panorama, the territory-wide electronic information system, will be used to monitor timing for a second dose, identify vaccine uptake and record adverse vaccine reactions Yukoners can also download the CanImmunize app to keep track of their COVID-19 vaccine and other vaccines In Yukon, all serious side effects, such as hives, swelling, or difficulty breathing,

 Staff and individuals residing in group- living settings for vulnerable groups or older adults Individuals working in healthcare settings and personal-support workers Older adults not living in group settings Individuals, specifically those who are Indigenous, living in rural or remote communities Individuals are eligible to receive vaccination if they are: 18 years of age and older Are no longer infectious if they had a previous COVID-19 infection Individuals may be offered the vaccine with informed discussion if they are: Currently pregnant or planning to be pregnant before receiving the full two 	 The package discusses steps to take after receiving the vaccine, what side effects to expect after the immunization, when to return for the second dose and things to remember when signing up for immunization An information package about Moderna is also available on the government website The package discusses COVID-19, how the vaccine protects Yukoners, who is eligible to receive the vaccine, what to tell the healthcare provider when being vaccinated, and how the vaccine is administered 	 As of 27 January 2020, individuals without Yukon healthcare cards must now present another valid photo ID and one proof of residency document to receive vaccination Yukoners are also asked to bring their <u>COVID-19 vaccine</u> record cards, received during their first dose immunization, to their second immunization Vaccine clinics will be established at centralized locations for COVID-19 vaccine roll-out Approximately 14,000 Yukoners are aimed to be vaccinated in a six-week period Screeners and greeters will be present at all COVID-19 vaccine clinics Mobile clinics will be used to reach individuals in specific remote and rural communities across the Yukon 	are asked to be <u>reported</u> to the Whitehorse Health Centre or to a local community health centre
 Currently pregnant or planning to be pregnant before 		individuals in specific remote and rural communities across	
receiving the full two		the Yukon	
• Currently		directly administered	
breastfeeding		to residents in long-	
o Have immune system		term care homes and	
problems or			

autoimmuno		to those who are
autoininduc		homehound
• Individuals should	not	• As of 27 January 2021,
receive the vaccine		there are <u>14 mobile</u>
they are:		clinics scheduled to visit
0 17 years of age	or	rural and remote
younger		communities across the
• Have symptom	s of a	Yukon for vaccine
COVID-19 infe	ection	administration
• Feel unwell from	n a	Mobile vaccine clinics
recent COVID-	-19	are scheduled to visit
infection		communities for the
• Allergic to		third time to ensure that
polyethylene gly	vcol or	all residents have a
had an allergic		chance to be vaccinated
reaction without	t a	• As of 7 April 2021,
known cause		mobile clinics will
0 Had a serious a	lergic	continue visiting
reaction with th	e	Yukon communities
previous dose of	f the	to vaccinate residents
COVID-19 vac	cine	aged 18 and older
o Received anoth	er non-	• As of 12 February 2021,
COVID-19 vac	cine in	all individuals living in
the past 14 days		long-term care homes, as
• As of 27 January 2	020,	well as long-term care
individuals without	t	staff, have received the
Yukon healthcare	cards	full immunization
must now present		o All home-bound
another valid phot	<u>o ID</u>	people have also been
and one proof of		fully vaccinated
residency docume	<u>nt</u> to	• As of 12 February 2021.
receive vaccination	1	individuals in rural
• Residents of B.C.	are also	communities are
eligible to receive		scheduled to receive the
vaccinations in Yu	kon <u>if</u>	second vaccine dose in
they typically recei	ve	the upcoming weeks
healthcare in the to	erritory	• A public website allows
	-	for residents to self-

• Starting 1 March 2021,	schedule appointments
all residents of the	for the first and second
Yukon will be eligible t	o vaccine doses
receive the COVID-19	• Yukoners are asked to
vaccine	wait a minimum of <u>15</u>
• All Yukon residents are	minutes at the vaccine
expected to be	clinic after receiving their
vaccinated by April 202	immunization
• On 10 December 2020	• For individuals with a
the Minister of Health	history or concern
announced that 50,400	about vaccine allergy,
doses of the Moderna	a waiting period of 30
vaccine will be received	minutes is
by March 2021	recommended
o 75% of the population	o Individuals are asked
in Yukon is expected	to inform a health
to be vaccinated	provider if they feel
during this time peri	od unwell during the
• Yukoners are encourag	ed waiting period
to get their second	• Public health measures,
vaccine 28 to 35 days	such as practising the
after receiving their first	t Safe 6 Plus 1, getting
dose	tested if necessary, and
• As of 13 April 2021,	tollowing self-isolation
51,400 doses have been	requirements will be kept
delivered to the Yukon	in place for all Yukoners,
o Approximately 82.4	regardless of whether
of all delivered dose	they have been
have been	vaccinated
administered	• The <u>Safe 6 Plus 1</u>
• As of 13 April 2021,	includes physically
42,354 total vaccine	distancing six feet,
doses have been	practising hand hygiene,
administered	staying at home when
• This includes 24,701	teeling sick, avoiding
first doses and 17,65	3 crowds, tollowing
second doses	guidelines when
	travelling to

		$-\mathbf{I}$ NI $(1$ V 1		·.· 10	
		o In Northern Yukon,		communities, self-	
		72% of eligible		isolating when necessary	
		<u>residents have</u>		and staying connected	
		received their first		with the outside world	
		dose and 65% have			
		received their first			
		dose			
		 In Central Vukon 			
		53% of eligible			
		regidents have			
		residents have			
		received their first			
		dose and 46% have			
		received their second			
		dose			
		0 In Western Yukon,			
		78% of eligible			
		residents have			
		received their first			
		dose and 70% have			
		received their second			
		dose			
		 In Southeast Yukon 			
		59% of eligible			
		residents have			
		received their first			
		dece and 520 have			
		dose and 55% have			
		received their second			
		dose			
		o In Whitehorse, 71%			
		of eligible residents			
		have received their			
		first dose and 46%			
		have received their			
		second dose			
Northwest	• The Government of	• A phased approach will	Residents of Northwest	Mobile-vaccine clinics	• The territory will
Territories	Northwest Territories will	be used to administer the	Territories will be	comprised of eight	continue to use
	be working in joint	vaccine and priority will	provided with updates	healthcare workers and	previously
	partnership with the	be given to high-risk	to the vaccine strategy,	support staff will be sent	established

National Operation Centre	groups including	evidence or	to all 33 communities	monitoring and
and Joint Task Force	individuals who:	recommendations	across Northwest	reporting systems to
North to plan for vaccine	o are seniors	through multiple plain-	Territories to assist local	keep track of
delivery	• have chronic	language materials	health providers with	vaccine delivery and
• Central points in	conditions or co-	• An update of vaccine	vaccine administration	administration
Northwest Territories have	morbidities	information and	• Mobile clinics will stay	• All information is
been established to	o reside in remote	allocation in the	in the communities as	submitted to the
distribute the vaccine	communities	Northwest	long as needed and	Chief Public Health
across the territory	• have a high risk of	Territories will be	will return for the	Officer of
	transmitting or	posted on a weekly	second dose	Northwest
	contracting a severe	basis	• As of 13 April 2021.	Territories before
	case of COVID-19	• Local health personnel	residents who are	being forwarded to
	o are residents of	will be made available to	interested in being	the Public Health
	Northwest Territories	community residents to	vaccinated are asked to	Agency of Canada
	but work outside the	answer questions about	contact their local health	The Canadian
	territory frequently	the vaccine before	centre or public-health	Vaccine Monitoring
	• As of 19 February 2021,	mobile-vaccine clinics	office	System will be used
	first doses became	arrive	• A community visit	to share and
	available to expanded	• A qualified health	may be organized if	exchange
	priority groups,	professional will also	there is enough	information with
	including:	connect with local	demand for	other jurisdictions
	• People 18 years or	leadership to provide	vaccination in a	on adverse vaccine
	older who have one or	up-to-date and	particular community	events
	more specified chronic	reliable information,	• All healthcare personnel	
	condition	as well as to answer	across Northwest	
	• People 18 years or	questions	Territories must	
	older who are	• Interpreters and	complete the Education	
	immunosuppressed	translators will be	Program for	
	o People 18 years or	available to provide	Immunization	
	older who have a BMI	accessible information	Competencies (EPIC) in	
	of 40 or higher	in Indigenous languages	order to administer the	
	• People older than 60	• A website is available to	Moderna vaccine	
	years of age	residents of NWT to	• Healthcare providers are	
	• People 18 years or	access information	also required to	
	older who are mine	about the Moderna	participate in sessions	
	workers, Medevac	vaccine, the vaccination	about the historical	
	pilots, winter road	schedule, and to book	experiences of	
	support staff,	appointments online	Indigenous communities	

Canadian Armed Forces, taxi drivers, and isolation centre staff • People 18 years or older with intellectual or physical disabilities • People 18 years or older who are primary caregivers with a high risk for contracting COVID-19 • People 18 years of older travelling outside of NWT • People 18 years or older with approval • The Government of Northwest Territories aims to work alongside Indigenous governments, local healthcare providers and community leaders to create a culturally appropriate vaccine- distribution strategy, specifically for Indigenous people, and to design vaccine clinics that meet community needs • As of 8 January 2021, all long-term care residents and staff across Northwest Territories have been vaccinated and	with communicable diseases, and strategies to provide culturally appropriate care • Social-distancing precautions will be implemented at all clinics • As of 10 March 2021, the Government of NWT is also exploring the possible implementation of <u>vaccine passports</u> to allow residents to travel easily
have been vaccinated and	
second vaccine doses	
<u>second vaccine doses</u>	
have been administered	

to long-term care	
residents and staff across	
the territory starting 28	
January 2021	
• As of 5 March 2021,	
additional priority groups	
have been added for	
residents in Yellowknife,	
Hay River and Inuvik,	
including:	
0 Yellowknife residents	
50 years or older	
0 Residents in Inuvik	
who are 18 or older	
 Residents in Hay River 	
who are 18 or older	
• Residents in the	
aforementioned	
communities who are	
18 years or older and	
work in direct contact	
with the public as	
front-line workers (i.e.,	
in schools, day cares,	
hotels, grocery stores,	
drug stores, banks,	
libraries, postal	
service, liquor stores,	
gas stations,	
convenience stores,	
customer service	
agents at airports, and	
media personnel)	
• As of 13 April 2021,	
vaccination clinics in all	
communities across	
NWT are providing a	
second immunization for	

	individuals who have			
	received their first dose,			
	and first doses for any			
	resident older than 18			
	years of age			
	• Residents who have			
	received their first dose			
	are asked to wait at least			
	four weeks before getting			
	their second dose			
	• As of 13 April 2021,			
	51,600 doses have been			
	delivered			
	o 79.9% of these doses			
	have been			
	administered to			
	residents of NWT			
	\circ 75% of the adult			
	population is expected			
	to be vaccinated by			
	March 2021			
	o Nearly 55% of all			
	eligible residents have			
	received at least one			
	dose			
	o More than 24,746			
	residents have			
	received one dose of			
	the vaccine and 16,471			
	people have been fully			
	vaccinated			
Numerous				D
Inunavut	• Priority will be given to	• The Government of	• The Department of	• Patients <u>will be</u>
	elders 65 years or older	Nunavut has hosted	Health will carry out a	tracked atter
	and individuals living in	some <u>public sessions</u>	mass-immunization	receiving their tirst
	<u>sneiters</u>	<u>Since announcing the</u>	program to vaccinate	dose of the vaccine
	• <u>/5% of the total</u>	<u>COVID-19 vaccine</u> to	Nupernat	to ensure they are
	territorial population is		Inunavut	notified when they

. 1. 1	L: C		
vaccinated by March	the public	• <u>Elders' facility clinics</u> will be created to vaccinate	second dose
2021	Residents in central	seniors	
• As of 15 February 2021,	Nunavut who choose to	• In these clinics, health	
other priority groups	get vaccinated will also	staff will go directly to	
eligible for first and	be entered to win cash	the site to administer	
second doses include	prizes as an avenue to	vaccines	
those over 60 years,	encourage vaccination	• Second dose vaccine	
frontline healthcare	rates	clinics will <u>be available</u>	
workers, first responders,	Public officials in	starting February 1st and	
medevac flight crews,	Nunavut have also been	February 8th to residents	
group-home residents	outspoken in press	of select regions	
and staff, and individuals	<u>conferences to</u>	Individuals must book	
at the Akausisarvik Mental Health Treatment	discourage vaccine	an appointment with	
Centre and correctional	<u>nesitancy</u>	their local health centre	
facilities	• An information package	in order to be vaccinated	
• If individuals miss their	on the Government of	• Individuals over the age	
first dose and do not	Nunavut website	of 18 who have <u>missed</u>	
belong to the community	describing what	the first dose of the	
scheduled to receive	residents can expect	Arviat for vaccination	
doses, they will be <u>asked</u>	when visiting vaccine	• Individuals are required	
to wait until the next	<u>clinics</u>	to present a Nupavut	
supply of vaccines is	• Information about the	healthcare card or other	
shipped to Nunavut	Moderna COVID-19	valid IDs to prove	
• Individuals over the age	vaccine, ingredients,	residency before	
of 18 who have <u>missed</u>	side effects and roll-out	receiving a dose	
the first dose of the	plan are also available	• <u>Reminders will be sent</u>	
A ruiat for vaccination	on the Government of	by local healthcare	
The Covernment of	Nunavut website	centres to patients to	
• The Government of Nupavit will not be		remind them of their	
releasing specific details		second dose	
about the level of		• Individuals must <u>receive</u>	
vaccination in		the second dose of the	
communities to prevent		<u>COVID-19 vaccine in</u>	
stigma		the same location as	

- A (10 M	1 2021	where they received the
• As of 10 Marc	n 2021,	
residents 18 ye	ars and	first dose
<u>older</u> in Nuna	vut became	 Individuals are asked to
eligible to sch	dule a	wait 15-30 minutes after
vaccination		being vaccinated to
• As of 13 April	2021,	monitor side effects or
<u>37,500 doses o</u>	of the	adverse reactions
<u>COVID-19 va</u>	ccine have	
been delivered	to	
Nunavut		
• As of 13 April	2021, a	
total of 23,569	vaccine	
doses have be	en	
administered		
0 13,791 first	doses have	
been admin	istered and	
9,778 secon	d doses	
have been		
administere	d	
• Nearly <u>35% o</u>	residents	
across Nunavi	<u>it</u> have	
received at lea	st one dose	

Appendix 5: Documents excluded at the final stages of reviewing

Type of document	Hyperlinked title
Guidelines	How to monitor and report COVID-19 vaccine side effects
	Evaluation of COVID-19 vaccine effectiveness
	Public Health England vaccine effectiveness report
	Operation Warp Speed: Implications for global vaccine security
	COVID-19 vaccination and assisted reproduction
	Planning guidance for administration of COVID-19 vaccine
	COVID-19 vaccine surveillance strategy
	Overview of the implementation of COVID-19 vaccination strategies and vaccine deployment plans in the EU/EEA
	Stress test on logistical aspects of COVID-19 vaccination deployment plans: Final report
	Updated statement on COVID-19 vaccines and thrombosis from Thrombosis Canada
	Guidance for implementing the regional COVID-19 vaccine AEFI/AESI surveillance system
	Monitoring COVID-19 vaccination: Considerations for the collection and use of vaccination data
	Data for action: Achieving high uptake of COVID-19 vaccines (interim guidance)
	Rollout of COVID-19 vaccines in the EU/EEA: Challenges and good practice
	Stress test on logistical aspects of COVID-19 vaccination deployment plans for the Western Balkans: final report
	The safety of COVID-19 vaccines when given in pregnancy
Full systematic reviews	Seroprevalence of SARS-CoV-2 IgG antibodies among health care workers prior to vaccine administration in Europe,
	the USA and East Asia: A systematic review and meta-analysis
	SARS-CoV-2 neutralizing antibodies: A network meta-analysis across vaccines
	Efficacy and safety of COVID-19 vaccines: A systematic review and meta-analysis of randomized clinical trials
	Efficacy and safety of COVID-19 vaccines: A systematic review
Rapid reviews	Potential COVID-19 therapeutic agents and vaccines: An evidence-based review
	Early trial results of SARS-CoV-2 vaccines: A review
Protocols for reviews that are	None identified
underway	
Titles/questions for reviews that are	None identified
being planned	
Single studies that provide additional	Efficacy of the ChAdOx1 nCoV-19 covid-19 vaccine against the B.1.351 variant
insight	Safety and immunogenicity of an inactivated SARS-CoV-2 vaccine, BBV152: Interim results from a double-blind,
	randomised, multicentre, phase 2 trial, and 3-month follow-up of a double-blind, randomised phase 1 trial
	A cost-effectiveness evaluation of hospitalizations, fatalities, and economic outcomes associated with universal versus
	anaphylaxis risk-stratified COVID-19 vaccination strategies
	Immunogenicity of the Ad26.COV2.S vaccine for COVID-19
	The importance of advancing severe acute respiratory syndrome Coronavirus 2 vaccines in children

Type of document	Hyperlinked title
	Effectiveness of the Pfizer-BioNTech COVID-19 vaccine among residents of two skilled nursing facilities
	experiencing COVID-19 outbreaks — Connecticut, December 2020-February 2021
	Vaccine effectiveness after 1st and 2nd dose of the BNT162b2 mRNA Covid-19 Vaccine in long-term care facility
	residents and healthcare workers – A Danish cohort study
	Interim estimates of vaccine effectiveness of BNT162b2 and mRNA-1273 COVID-19 vaccines in preventing SARS-
	CoV-2 infection among health care personnel, first responders, and other essential and frontline workers - Eight U.S.
	locations, December 2020-March
	Nationwide vaccination campaign with BNT162b2 in Israel demonstrates high vaccine effectiveness and marked
	declines in incidence of SARS-CoV-2 infections and COVID-19 cases, hospitalizations, and deaths
	Mobile apps prioritizing privacy, efficiency and equity: A decentralized approach to COVID-19 vaccination
	coordination
	Hypermetabolic lymphadenopathy following administration of BNT162b2 mRNA Covid-19 vaccine: Incidence
	assessed by [18F]FDG PET-CT and relevance to study interpretation
	Microplanning for designing vaccination campaigns in low-resource settings: A geospatial artificial intelligence-based
	framework to tackle COVID-19
	Strategies for ensuring required service level for COVID-19 herd immunity in Indian vaccine supply chain
	Heightened COVID-19 vaccine response following SARS-CoV-2 infection
	Axillary lymph nodes hypermetabolism after BNT162b2 mRNA COVID-19 vaccination in cancer patients undergoing
	<u>18F-FDG PET/CT: A cohort study</u>
	Lives saved from age-prioritized COVID-19 vaccination
	Quantifying the impact of vaccine hesitancy in prolonging the need for non-pharmaceutical interventions to control
	the COVID-19 pandemic
	The economic case for global vaccinations: An epidemiological model with international production networks
	Second dose of the BNT162b2 mRNA vaccine in Greece: The value of timely administration
	Analyzing the global impact of COVID-19 vaccination progress: A result-oriented storytelling approach
	A vaccination simulator for COVID-19: Effective and sterilizing immunization cases
	Where to locate COVID-19 mass vaccination facilities?
	The trade-off between prioritization and vaccination speed depends on mitigation measures
	Pricing the COVID-19 vaccine: A mathematical approach
	VaccinItaly: Monitoring Italian conversations around vaccines on Twitter
	Characterizing discourse about COVID-19 vaccines: A Reddit version of the pandemic story
	Managing two-dose COVID-19 vaccine rollouts with limited supply
	COVID-19 agent-based model with multi-objective optimization for vaccine distribution
	Vaccination planning under uncertainty, with application to COVID-19
	Antibodies against severe acute respiratory syndrome coronavirus type 2 (SARS-CoV-2) in individuals with and
	without COVID-19 vaccination: A method comparison of two different commercially available serological assays from
	the same manufacturer

Type of document	Hyperlinked title
	Immunogenicity and safety of anti-SARS-CoV-2 mRNA vaccines in patients with chronic inflammatory conditions
	and immunosuppressive therapy in a monocentric cohort
	Immunogenicity of the BNT162b2 vaccine in frail or disabled nursing home residents: COVID-A study
	Safety and immunogenicity of a recombinant tandem-repeat dimeric RBD-based protein subunit vaccine (ZF2001)
	against COVID-19 in adults: Two randomised, double-blind, placebo-controlled, phase 1 and 2 trials
	ACIP recommendations for COVID-19 vaccines-and more
	Benefit of COVID-19 vaccination accounting for potential risk compensation
	A feasible and more efficient SARS-Cov-2 vaccine allocation to states and counties in the USA
	Efficient maternofetal transplacental transfer of anti- SARS-CoV-2 spike antibodies after antenatal SARS-CoV-2
	BNT162b2 mRNA vaccination
	Estimating baseline incidence of conditions potentially associated with vaccine adverse events: A call for surveillance
	system using the Korean national health insurance claims data
	Optimal vaccination strategies for COVID-19 based on dynamical social networks with real-time updating
	Impact of booster COVID-19 vaccine for Moroccan adults: A discrete age-structured model approach
	Impact of vaccine prioritization strategies on mitigating COVID-19: An agent-based simulation study using an urban
	region in the United States
	COVID-19 vaccine response in pregnant and lactating women: A cohort study
	Impact of the COVID-19 vaccine on asymptomatic infection among patients undergoing pre-procedural COVID-19
	molecular screening

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