

## **COVID-19 Update**

### **COVID-19 VACCINE**

LTC residents and staff receive priority administration of the Pfizer-BioNTech and Moderna vaccines. Vaccines arrived over three weeks ago and recipients in Ottawa have already received their second dose of the Pfizer vaccine. Resident vaccination began with arrival of the Moderna vaccine, which does not have the same requirements of ultra-cold storage and transportation. The Pfizer vaccine is now being transported to LTC facilities for administration to staff. Although storage requires temperature of – 70 to 90° C, it can be stable at +2 to +8° C for 120 hours (5 days) and 25°C for two hours.

Initial experience with giving the vaccine, obtained from our clinicians, with confirms that it is a safe vaccine with minimal adverse effects. “No serious safety concerns related to the vaccines have been identified to date in clinical trials; however, studies are ongoing. For both vaccines, some solicited adverse events were reported to be very common (defined as 10% or more) among vaccinees. However, they are mild or moderate and transient, resolving within a few days. These includes pain at the injection site, fatigue, headache, muscle pain, chills, joint pain, and fever. Some adverse events, including fever, are more frequent after the second dose.” (National Advisory Committee on Immunization – NACI). General precautions have unfortunately been interpreted as contraindications, denying prioritized candidates the vaccine. These “contraindications” abet vaccine hesitancy.

[NACI recommendations COVID vaccine, Dec 23](#)

Medical directors, physicians and nurse practitioners lead in advising of the vaccines’ efficacy and safety. In order to reach out to many over a short period, interactive video meetings, such as Microsoft Teams or Zoom, can include large numbers of staff and family members. These platforms assure a consistency in the information, and an opportunity for questions and dialogue.

Allergies – The non-medicinal ingredients in the mRNA vaccines make up the lipid nanoparticles (LNPs) that forms the envelope encasing the fragile mRNA molecule. In their statement, the Canadian Society for Allergy and Clinical Immunology confirms that “there is a low risk for allergic reactions associated with vaccines. Non-allergic reactions to vaccines are much more frequent than allergic reactions.” The Pfizer-BioNTech and Moderna COVID-19 vaccines contain polyethylene glycol (PEG), which has been identified as potentially allergenic, but it is not yet known whether allergy to PEG is responsible for the reported adverse reactions to these vaccines.

<https://csaci.ca/covid19-resources/>

Autoimmune disorders – The inflexible question about autoimmune disorder may result in people with asthma, type I diabetes, stable RHA, MS, etc not receiving the vaccine. Guidance from the Centres for Disease Control state: *“No data are currently available on the safety and efficacy of mRNA COVID-19 vaccines in persons with autoimmune conditions, though these persons were eligible for enrollment in clinical trials. No imbalances were observed in the occurrence of symptoms consistent with autoimmune conditions or inflammatory disorders in clinical trial participants who received an mRNA COVID-19 vaccine compared to placebo. Persons with autoimmune conditions who have no contraindications to vaccination may receive an mRNA COVID-19 vaccine.”*

<https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>

Immunosuppressive drugs – NACI guidelines does not advise the vaccine for people on immunosuppressive drugs because of limited data. “Unfortunately, this may lead to unintended inequities to access of the COVID-19 vaccine for some patients with rheumatic diseases” Consent for these individuals should include discussion about the absence of evidence and potential for lower vaccine response in those immunosuppressed. “Depending on the jurisdiction, a physician support letter for vaccination may be required since the pre-vaccination questionnaire identifies immunosuppressive agents and/or autoimmune disease as factors that may prevent the COVID-19 vaccine from being offered routinely.”

[CRA Position Statement, COVID vaccine, Dec 31](#)

An update from Ontario is coming. In an email yesterday, Dr. Allison McGeer reminds us, “It is important to remember that LTC/retirement residents and staff are at substantially higher risk of COVID than many others, so the risk/benefit balance for them more strongly favours vaccine than for younger populations not living/working in congregate settings.” She adds, The only residents of long term care and retirement homes who should NOT be offered either currently available COVID vaccine are:

- Those who have a KNOWN allergy to polyethylene glycol or polysorbate (this is very rare) – the new estimated rates of anaphylaxis to COVID vaccines are 5.5 per million doses
- Those who have a bleeding diathesis so severe that you would not give them their influenza vaccine
- Those who have had an anaphylactic reaction to a previous vaccine or other parenteral medication where the ingredient causing the reaction is not known

The Ontario College of Family Physicians hosted at COVID-19 Community of Practice webinar on the vaccine distribution this morning. Local Public Health Units will begin to play a lead role in the distribution of the vaccines to LTC and retirement homes. Dr. Noah Ivers, Co-Chair of the Ontario Vaccination Advisory Council advises, “Now is the time to build relationships with Public Health Units.” The provincial goal is to have all LTC health providers and residents vaccinated by the end of March. This goal may be reached sooner. Canada has purchased more vaccine per capita than any other country in the world.