



MEMO: Update on Regional Prioritization of COVID-19 Vaccine

April 28, 2021

Huron Perth Public Health, Middlesex-London Health Unit, and Southwestern Public Health will provide regular updates on the eligibility criteria for recipients of the COVID-19 vaccine in their respective regions.

The Ministry of Health, through the guidance of the provincial COVID-19 Vaccine Task Force, prioritizes and directs the allocation of the vaccine. To ensure fairness across the province, local jurisdictions must adhere to the provincially determined sequence of recipients. Periodically, vaccine supply differs by region and additional prioritization is necessary. In these instances, a regional **COVID-19 Vaccine Prioritization Advisory Committee** has been struck to help inform the public health units' decisions regarding further prioritization when necessary.

This document outlines the overall policy for eligibility in the region. Depending on local vaccine supply and appointment availability, there will be slight variation between health units with regards to who is eligible to book an appointment on any given day. Please check each health units' website for up-to-date information. Eligibility will be reviewed weekly and will be dependent on vaccine supply and Provincial direction.

Current Provincial Direction on Prioritization

The province continues to expand vaccine eligibility. Phase Two is now underway, dependent on regional supply. The province has provided specific direction regarding the order of eligible recipients in the [Guidance for Prioritization of Phase 2 Populations for COVID-19](#).

Regional Update

Appointment availability, inventory, and operational requirements may result in differences in administration between health units. Please note that pre-registration and booking processes may also vary.

When possible, Huron Perth Public Health, Middlesex-London Health Unit, and Southwestern Public Health will strongly consider age in determining the sequence of COVID-19 vaccine recipients. This is consistent with the province's ethical framework to guide COVID-19 vaccine prioritization and distribution decisions. The core principles include the objective of minimizing harms and maximizing benefits by reducing overall illness and death related to COVID-19. Amongst those infected with the SARS-CoV-2 virus, age is the single most predictive risk factor for death; in Ontario, [87% of COVID-19 associated deaths](#) have occurred in those over the age of 70. To reduce the number of deaths in the province, prioritizing the immunization of older individuals will be critical.

Eligibility criteria in the region are described below.

ELIGIBLE FOR BOOKING AN APPOINTMENT FOR A FIRST-DOSE

The following people are eligible to receive the first dose of the vaccine. Appointment availability and operational requirements may result in differences in administration between health units. Please check the website of the local health unit for up-to-date information on who is eligible to book on any given day.

Adults 60 years of age and older.

Indigenous adults 16 years of age and older.

- Immediate household/family members of Indigenous people who themselves are not Indigenous are also eligible to receive the vaccine.

All health care workers.

- Cohort is defined in further detail in Appendix A.

Residents, staff, and essential caregivers associated with long-term care, retirement homes, and other congregate care settings for seniors, including assisted living facilities.

- Cohort is defined in further detail in Appendix B.

Residents and staff of congregate settings with a history of outbreak at the discretion of the local public health unit.

Adults 16 years of age and older who are chronic home care recipients.

Faith leaders who as part of their regular role are at increased risk of exposure to COVID-19 through close contact with persons and families in the following circumstances:

- End of life care.
- Care of the deceased, funerals, bathing, or other ceremony with direct contact with deceased persons.
- Home visits to unwell persons.
- Pastoral care in hospitals/LTCHs/RHs or other vulnerable settings.

Residents, Primary Essential Caregivers and Staff of High-Risk Congregate Living Settings

High-risk congregate living settings refer to residential facilities where a high-risk client population live or stay overnight and use shared spaces (e.g. common sleeping areas, shared bathrooms, shared kitchens, communal dining spaces). The settings are at higher risk of transmission, and include:

- Supportive housing
- Developmental services/intervenor including supported independent living
- Emergency homeless shelters
- Other homeless populations not in shelters
- Mental health and addictions congregate living
- Homes for special care
- Employer-provided living accommodations for temporary foreign agricultural workers
- Adult correctional facilities
- Violence Against Women (VAW) shelters

- Anti-Human Trafficking (AHT) residences
- Children’s residential facilities
- Youth justice facilities
- Indigenous healing and wellness
- Bail beds and Indigenous bail beds
- Provincial and demonstration schools/Consortium Centre Jules-Leger
- Inpatients on rehabilitation, complex care, geriatrics and mental health units

Primary essential caregivers are individuals who provide regular and sustained assistance with personal care and/or activities of daily living.

Adults 16 years of age and older with the following highest-risk and high-risk health conditions:

- Organ transplant recipients and individuals awaiting organ transplant
- Hematopoietic stem cell transplant recipients
- Neurological diseases in which respiratory function may be compromised (e.g., motor neuron disease, myasthenia gravis, multiple sclerosis)
- Haematological malignancy diagnosed < 1 year
- Kidney disease eGFR < 30
- Individuals who are pregnant at the time of vaccination
- Obesity (BMI > 40)
- Other treatments causing immunosuppression (e.g., chemotherapy, immunity weakening medications, biologics)
 - Individuals should speak to their treating provider to determine the most appropriate timing for administration of the first dose of vaccine.
- Intellectual or developmental disabilities (e.g., Down Syndrome)
 - This includes individuals who require regular and sustained assistance with personal care and/or activities of daily living. At this time, individuals with attention deficit hyperactivity disorder (ADHD) are not eligible.

Written documentation or proof of an eligible health condition is **not** required from a healthcare provider. Self-attestation will be accepted.

In addition, one (1) primary essential caregiver for an individual with an eligible highest-risk or certain high-risk¹ health condition is now also eligible to receive the COVID-19 vaccine. Primary essential caregivers are individuals who provide regular and sustained assistance with personal care and/or activities of daily living. For clarity, if the individual with the eligible health condition cannot receive the vaccine (ex. under the age of 16), the primary essential caregiver is still eligible.

¹ Primary essential caregivers are included for individuals in the High-Risk Health Conditions group who require regular and sustained assistance with personal care and/or activities of daily living.

Education staff who provide direct supports to students with complex special needs are defined as those who support students who meet one or more of the following criteria:

- who require support with activities of daily living, including health and safety measures
- are unable to wear masks for medical reasons
- have complex medical needs
- cannot be accommodated through remote learning.

Adults 45 years of age and older in a provincially-designated hotspot, specifically residents with addresses in the N5H postal code area. *

- Individuals who reside in the N5H postal code are eligible to book an appointment at mass immunization clinics located in Southwestern Public Health only.
- Proof of age and proof of residence will be required at the time of vaccination.

Child care workers who are 18 years of age and older, defined specifically as: *

- Licensees, employees and students on an educational placement who interact directly with children in licensed child care centres and in authorized recreation and skill building programs.
- Licensed home child care and in-home service providers, employees of a home child care agency and students on an educational placement who interact directly with children in a licensed home child care setting.

Eligibility will be expanded to child care workers in unlicensed child care settings across the province in the near future.

**Updated or new eligibility criteria.*

ELIGIBLE FOR END-OF-DAY DOSES

At the end of each clinic, there may be a small amount of additional vaccine available that is to be used to avoid wastage. Clinic operators should develop a plan for ensuring that the following groups are available for end-of-day doses, in the following order of preference:

- Individuals eligible for a first-dose who can present to the clinic within 30 minutes.
- Individuals eligible for second-dose who can present to the clinic within 30 minutes.

SECOND-DOSE SCHEDULE

Consistent with provincial direction and to maximize the number of individuals benefiting from a first dose of vaccine, the second dose of vaccine will be delayed for most recipients.

Given the scarce vaccine supply, the Province has directed the following:

- All second doses for the following individuals will be delivered at the intervals described in the product monographs:
 - Residents of long-term care, retirement and First Nations elder care homes.
 - Indigenous people living on reserve.
 - Transplant recipients (including solid organ transplants and hematopoietic stem cell transplants).
 - Individuals with malignant hematologic disorders and non-hematologic malignant solid tumors receiving active treatment (chemotherapy, targeted therapies, immunotherapy), excluding individuals receiving solely hormonal therapy or radiation therapy.
- All second-doses for all other groups will be scheduled at 112 days after their first dose.

APPENDIX A – Health Care Workers

Where a health sector has been named in the priority sector, all frontline workers in that sector are included (e.g., including students, registered volunteers, custodial, security and reception staff). Where a non-health setting has been named, only workers providing a health service or direct patient care are included.

Hospital and acute care health care workers in frontline roles with COVID-19 patients and/or with a high-risk of exposure to COVID-19. These individuals should be regularly scheduled staff (full time or part time) and not transient workers. The staff must be drawn from the following areas:

- Critical Care Units
- Emergency Departments and Urgent Care Departments
- COVID-19 Medical Units
- Code Blue Teams and rapid response teams
- General internal medicine and other specialists involved in the direct care of COVID-19 positive patients

Patient-facing health care workers involved in the COVID-19 response:

- COVID-19 Assessment Centers, including Mobile Testing Teams
- COVID-19 vaccine clinics and mobile immunization teams
- COVID-19 Isolation Centers
- COVID-19 Laboratory Services

Medical First Responders

- ORNGE, paramedics, firefighters and police providing medical first response

Patient-facing community health care workers serving specialized populations including:

- Needle exchange/syringe programs & supervised consumption and treatment services
- Aboriginal Health Access Centers, Indigenous Community Health Centers, Indigenous Interprofessional Primary Care Teams, and Indigenous Nurse Practitioner-Led Clinics
- Community Health Centers serving disproportionately affected communities and/or communities experiencing highest burden of health, social and economic impacts from COVID-19
- Home and community care health care workers caring for recipients of chronic homecare and seniors in congregate living facilities or providing hands-on care to COVID-19 patients.

Frontline healthcare workers working in hospital inpatient settings and hospital procedural areas, including surgical care, anesthesia, obstetrics, endoscopy, operating rooms, dialysis, imaging, chemotherapy, and radiotherapy.

Frontline healthcare workers in the following outpatient and ambulatory areas:

- Hospital-based outpatient clinics
- Primary care, including walk-in clinics, community health centres, and nurse-practitioner-led clinics
- Home and community care
- Adult day programs for seniors
- Community Based Specialty clinics, including medical and surgical specialties

- Death investigation professionals
- Dentistry
- Gynecology/obstetrics, midwifery, and birth centres
- Contract nursing agencies
- Pharmacies
- Assisted living, group homes, residential facilities, supportive housing
- Correctional settings
- Hospices and palliative care settings
- Shelters

Laboratory services.

Frontline healthcare workers in the following outpatient and ambulatory areas, including:

- Developmental services
- Mental health and addictions services
- Campus health
- Community diagnostic imaging
- Daycare/school nursing
- Dietary / nutrition
- Independent health facilities (e.g., Opticians/Optomety, Podiatry, Audiology)
- Naturopathy / Holistic care
- Social work
- Sexual health clinics

Frontline healthcare workers in the following non-acute rehabilitation and therapy areas, including:

- Chiropractic
- Chronic pain clinics
- Kinesiology
- Occupational therapy
- Physiotherapy
- Psychiatry
- Psychology
- Psychotherapy
- Registered massage therapy
- Acupuncture, other therapy

Public health.

Non-Frontline health care workers (e.g., those working remotely, in administration, and who do not require PPE to work).

APPENDIX B – Individuals associated with long-term care and retirement homes

The following individuals associated with long-term care and retirement homes are eligible to receive the first-dose vaccines.

- Long-term care and retirement home residents.
- Long-term care and retirement home staff.
 - Includes LHIN, Hospital, Primary Care and Paramedic Services staff who are directly providing on-site support to LTCH and RHs in outbreak and have committed to a week or more of attending the facility.
- Essential caregivers in long-term care and retirement homes
 - A caregiver is a type of essential visitor who is designated by the resident and/or their substitute decision-maker and is visiting to provide direct care to the resident.
- Alternative level of care patients in hospitals who have a confirmed admission to LTCH, RH, or other congregate care home for seniors, as operationally feasible.