COVID-19 Vaccine Prioritization Advisory Committee Terms of Reference
Approved – January 19, 2021
Revised – April 21, 2021

Vision: An equitable and risk-based prioritization of recipients of the COVID-19 vaccine in the Huron Perth Public Health, Middlesex-London Health Unit, and Southwestern Public Health regions.

Purpose: Within the provincial government's Ontario's Vaccine Distribution Implementation Plan and considering vaccine supply, determine the regional prioritization of recipients of the COVID-19 vaccine using the ethical framework described by the federal and provincial government.

Background: The province has outlined three-phased vaccination plan for the distribution of the COVID-19 vaccine. These phases represent a system of prioritization based on the objective of minimizing severe outcomes/death associated with COVID-19. That is, the best available evidence and expert opinion suggests that by working in this order of priority, Ontario will be able to limit severe outcomes and death from COVID-19 more than if the vaccine was distributed in any other order. This plan was influenced by the National Advisory Council on Immunization (NACI) which publicly outlines this rationale.

Unfortunately, within the province's first phase, there is insufficient vaccine to immediately vaccinate all eligible individuals. To address this gap, the province has entrusted local public health units to further prioritize within group eligible in Phase 1. The province has provided two documents that support this additional prioritization:
- Ethical framework for COVID-19 vaccine distribution
- Guidance for Prioritizing Health Care Workers for COVID-19 Vaccination

The public health units will continue to follow the direction of NACI and the Province in prioritizing only when there are evidence-based reasons to believe it will positively affect the goal of minimizing severe outcomes/death associated with COVID-19. If there is no evidence-based reason to believe that prioritizing one group over another will positively affect this objective, an orderly sequencing process will be used that ensures everyone (of equal priority) has equal access to the vaccine in a given period of time. Depending on availability of vaccine, this may include a process of randomization.

Composition and Membership:
The membership of the committee is intended to be reflective of relevant populations within the region. It does not aim to represent professions or professional groups.

Representative	Organization	Position
Dr. Miriam Klassen	Huron Perth Public Health	Medical Officer of Health

Dr. Alex Summers	Middlesex-London Health Unit	Associate Medical Officer of Health - *Chair*
Dr. Joyce Lock	Southwestern Public Health	Medical Officer of Health
Dr. Scott McKay	London Health Sciences Centre	Family Physician, Medical Director, Western Fair Agriplex Clinic
Dr. Gord Schacter	London Middlesex Primary Care Alliance	Family Physician, London Middlesex Pandemic Clinical Lead
Dr. Paul Gill	Huron Perth & Area OHT	Family Physician, South West Primary Care COVID Response Co-Chair, Huron Perth Pandemic Lead
Dr. Michael Silverman	St. Joseph's Hospital	Infectious disease physician
Jody Paget	Middlesex-London Health Unit	Manager, Vaccine Preventable Diseases
Rob Sibbald	London Health Sciences Centre, Western University	Director, Ethics, Patient Experience, Health Equity, Indigenous Liaison
April Mullen	London Health Sciences Centre	Director, Western Fair Agriplex COVID-19 Vaccination Clinic

Additional representation may be asked to attend at the invitation of the chair to provide information regarding certain populations and sectors.

Role of Committee Membership:
Members of the committee have a duty to:
1. Attend committee meetings
2. Participate in discussions
3. Participate in decision making

Meetings:
The COVID-19 Vaccine Prioritization Advisory Committee will meet weekly to determine the cohorts from priority populations which will receive the vaccine in the subsequent weeks.

Decision Making:

The committee will strive for consensus. A Consensus Model for Decision-Making can be found in Appendix A.

The chair will be determined at the initial meeting.

Key inputs and data required for decision making will include:

- [Ontario's Vaccine Distribution Implementation Plan](#)
- [Ethical framework for COVID-19 vaccine distribution](#)
- [Guidance for Prioritizing Health Care Workers for COVID-19 Vaccination](#)
- Anticipated vaccine doses available for upcoming 2 weeks in the Middlesex and London region
- Estimated number of individuals in each cohort
- Anticipated immunization capacity in the region

Communication and Reporting:
The committee will communicate its guidance to the Medical Officers of Health of Huron Perth Public Health, Middlesex-London Health Units, and Southwestern Public Health.

The health units will publish decisions regarding eligibility publicly and regularly, as well as relay its decisions directly to impact cohorts and any relevant vaccine administrators.

Appendix A – Consensus Model for Decision-Making

Borrowed with permission from Huron Perth Public Health.

The simplest and most basic definition of consensus is, '**general agreement about something**' (Soanes, C. and Hawker, S., ed., The Compact Oxford English Dictionary of Current English. 3rd ed. Oxford University Press, 2005.)

In this approach, people are not simply for or against a decision, but have the option to situate themselves on a scale that lets them express their individual opinion more clearly. This model is usually used with a round, so that everyone in the meeting is given the opportunity to state where they are according to the following six levels:

1. Full support
2. Acceptable
3. Support with reservations
4. I am not thrilled with it, but I can live with it and will not block it
5. Need more information or more discussion
6. Cannot support it and cannot accept it

If everyone is at level #4 or above (3, 2, or 1), then by definition, consensus has been reached.

If someone is at level 2, 3 or 4, they have the option of explaining their reservations. These can be addressed by the meeting, if the group wishes to. This is not absolutely necessary for achieving consensus if everyone is already at 4 or higher, but it usually improves the recommendation or suggestions being discussed.

If someone is at level 5, they have the obligation to explain what information or discussion they require from the group.

If someone is at level 6, it is important for them to try and offer a solution that can accommodate their needs and the needs of the rest of the group.

In addressing someone's reservation, it is important to:
- ask everyone for possible solutions (the person expressing the concern and the rest of the group have the responsibility to find solutions)
- ask people to suggest improvements as alternatives that meet the objectives of the entire group.

IDENTIFYING CONSENSUS

Consensus is a relative term. There are varying levels of agreement with decisions, as indicated in the table below. Levels 1 through 5 all constitute consensus. Only Level 6 lacks consensus.

Level	Position	Feelings and Behaviour		
1	Agree strongly	"I really like it!"	"I'll advocate for it publicly whether or not it's adopted"	"I'll actively support its implementation"
2	Agree	"I like it"	"I'll advocate for it publicly"	I'll support its implementation"
3	Agree with some reservations	"I can live with it"	"I'll support it publicly and privately even with my reservations"	I'll participate in its implementation"
4	Disagree, but willing to go along with majority	"I don't like it. I'm willing to go along with it, but I want my disagreement acknowledged"	"I'll support it publicly and privately when asked"	"I won't work against its implementation"
5	Disagree, and won't be involved in implementation	"I really don't like it, but I'm willing to go along with it because I don't want to stop others"	"I'll not oppose it publicly or privately"	"I will not be involved in its implementation, but won't sabotage it"
6	Opposed, and will work to block	"I hate it and will work to block it!"	"I'll advocate against it publicly if adopted"	"I'll work to sabotage it"

Adapted from the SW LHIN