COVID-19 Vaccine

The clinic is currently following the guidelines and recommendations of the COVID-19 Vaccine Distribution Task Force. We anticipate that the clinic will received the COVID-19 vaccine when the province enters the 2nd phase of vaccine distribution but we currently have no indication of when this might occur. Please rest assured that we will advise you as soon as we know when the vaccines will be available to the public at large.

The COVID-19 vaccines and you

So far, two COVID-19 vaccines have been approved in Canada. These are safe and are recommended for everyone, with the exception of a few people. For now, only those working or living in long term care and retirement homes, and front line health workers in these areas will be offered the vaccine, but it is possible that by the spring, they will be available more widely and **we really hope you will join us in being vaccinated and making our community safer.**

If you have questions about the vaccines, please take the time to read through the following resources:

- https://covid-19.ontario.ca/covid-19-vaccines-ontario
- https://www.ottawapublichealth.ca/en/public-health-topics/covid-19-vaccine.aspx

In addition, we are getting many questions from people who:

- May have allergies and are worried they may have a bad reaction to the vaccine
- Pregnant or breastfeeding women
- People who are immunocompromised because of a medical condition or medication
- People who have an autoimmune disease

Allergies and side effects

The approved COVID-19 vaccines are safe and effective. **Even if you have had allergic reactions to other vaccines or medications in the past, you can still have these vaccines.** You should not have the vaccines if you have had a severe (anaphylactic) reaction to the vaccine components (Moderna and Pfizer-BioNtech), which include polyethylene glycol, the same ingredient which people receive to prepare for colonoscopies.

Health Canada states that "in general, the side effects observed during the clinical trials are similar to what you might have with other vaccines. The side effects that followed vaccine administration in clinical trials were mild or moderate. They included things like pain at the site of injection, body chills, feeling tired and feeling feverish. These are common side effects of vaccines and do not pose a risk to health. As with all vaccines, there's a chance that there will be a serious side effect, but these are rare. A serious side effect might be something like an allergic reaction."

Pregnant and breastfeeding women

The Society of Obstetricians and Gynecologists of Canada (SOGC) states that "For individuals who are at high risk of infection and/or morbidity from COVID-19, it is the SOGC's position that the documented risk of not getting the COVID-19 vaccine outweighs the theorized and undescribed risk of being vaccinated during pregnancy or while breastfeeding and vaccination should be offered."

Please see the full statement here:

- https://sogc.org/common/Uploaded%20files/Covid%20Information/SOGC_Statement_COVID-19_Vaccination_in_Pregnancy.pdf

CRFHT Statement: Given the current epidemiology, the doctors at the Clarence-Rockland Family Health Team suggest that all pregnant and breastfeeding women who work in schools, health care, or in services where they are in frequent contact with the public in Ottawa and Prescott-Russell should obtain the vaccine. Furthermore, if you have a risk factor for COVID-19 complications, such as lung disease, heart disease, hypertension, diabetes, kidney disease, liver disease, cancer, or obesity (BMI greater than 40), then you should also obtain the vaccine.

For women who do not work in high risk areas or who do not have risk factors for COVID-19 complications, the decision to obtain the vaccine should be a personal choice and we do not have additional recommendations to those made by the SOGC and the National Advisory Committee on Immunization (NACI).

Immunocompromised patients

NACI recommends that the "COVID-19 vaccine should not be routinely offered to individuals who are immunosuppressed due to disease or treatment until further evidence is available (Strong NACI Recommendation). However, a complete series with a COVID-19 vaccine may be offered to individuals in the authorized age group in this population if a risk assessment deems that the benefits outweigh the potential risks for the individual, and if informed consent includes discussion about the absence of evidence on the use of COVID-19 vaccine in this population. (Discretionary NACI Recommendation)

Summary of evidence and rationale:

- Currently, there is limited evidence that immunosuppression is an independent risk factor for severe COVID-19, though evidence is evolving.
- Currently, there are no data on COVID-19 vaccination in individuals who are immunosuppressed. Participants in the mRNA COVID-19 vaccine clinical trials only included individuals who were not immunosuppressed, such as those with stable infection with human immunodeficiency virus (HIV), and those not receiving immunosuppressive therapy during the trial.

- No safety signals of concern have been noted to date in non-immunosuppressed participants with an immunocompromising condition (e.g., stable HIV infection) included in the clinical trials.
- The relative degree of immunodeficiency in individuals who are immunocompromised is variable depending on the underlying condition, the progression of disease and use of medications that suppress immune function. Therefore, the balance of benefits and risks must be made on a case-by-case basis.
- Immunocompromised persons, including individuals receiving immunosuppressant therapy, may have a diminished immune response to the vaccine.
- In general, non-replicating vaccines may be administered to immunocompromised people because the antigens in the vaccine cannot replicate. However, the magnitude and duration of vaccine-induced immunity are often reduced. It is currently unknown whether immunocompromised individuals will be able to mount an immune response to mRNA vaccines.
- People living with HIV that are considered immunocompetent may be vaccinated.
- Active surveillance in these vaccine recipients is strongly encouraged. NACI will monitor the evidence as it evolves and update recommendations as needed."

CRFHT Statement: Given the current epidemiology, the doctors at the Clarence-Rockland Family Health Team suggest that all immunocompromised patients who work in schools, health care, or in services where they are in frequent contact with the public in Ottawa and Prescott-Russell should obtain the vaccine. Furthermore, if you have a risk factor such as age over 60, lung disease, heart disease, hypertension, diabetes, kidney disease, liver disease, dementia, stroke, cancer, or obesity (BMI greater than 40), then you should also obtain the vaccine.

For people who do not work in high risk areas or who do not have risk factors for COVID-19 complications and are immunocompromised, the decision to obtain the vaccine should be a personal choice and we do not have additional recommendations to those made by the National Advisory Committee on Immunization (NACI).

Persons with an autoimmune condition

NACI recommends that the "COVID-19 vaccine should not be routinely offered to individuals with an autoimmune condition until further evidence is available (Strong NACI Recommendation). However, a complete series with a COVID-19 vaccine may be offered to individuals in the authorized age group in these populations if a risk assessment deems that the benefits outweigh the potential risks for the individual, and if informed consent includes discussion about the insufficiency of evidence on the use of COVID-19 vaccine in these populations. (Discretionary NACI Recommendation)

Summary of evidence and rationale:

- Currently, there is limited evidence that having an autoimmune condition is an independent risk factor for severe COVID-19, though evidence is evolving.

- Currently, there are very limited data on COVID-19 vaccination in individuals who have an autoimmune condition. Although participants with autoimmune conditions who were not immunosuppressed were not excluded from trials, they constitute a very small proportion of trial participants and represent a very narrow range of autoimmune conditions.
- The spectrum of autoimmune conditions is diverse. The relative degree of autoimmunity in individuals with autoimmune conditions is variable depending on the underlying condition, the severity and progression of disease and use of medications that impact immune function. Therefore, the balance of benefits and risks must be made on a case-by-case basis.
- Other applications of mRNA technologies have been for the treatment of cancer, which required an immune response directed against an individual's cancer cells. This raised the theoretical concern that mRNA vaccines for infectious diseases would behave similarly, eliciting inflammation and possibly exacerbating existing autoimmune diseases. Current applications of mRNA technology for COVID-19 vaccines have been optimized to reduce this risk.
- Active surveillance in these vaccine recipients is strongly encouraged. NACI will monitor the evidence as it evolves and update recommendations as needed."

CRFHT Statement: Given the current epidemiology, the doctors at the Clarence-Rockland Family Health Team suggest that all patients with autoimmune disease who work in schools, health care, or in services where they are in frequent contact with the public in Ottawa and Prescott-Russell should obtain the vaccine. Furthermore, if you have a risk factor such as age over 60, lung disease, heart disease, hypertension, diabetes, kidney disease, liver disease, dementia, stroke, cancer, or obesity (BMI greater than 40), then you should also obtain the vaccine.

For people who do not work in high risk areas or who do not have risk factors for COVID-19 complications and are immunocompromised, the decision to obtain the vaccine should be a personal choice and we do not have additional recommendations to those made by the National Advisory Committee on Immunization (NACI).