

COVID-19 Vaccines and People with Disabilities in Ontario

April 7, 2021, 1:00pm-3:00pm

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Centre for Independent Living in Toronto (CILT) Workshop Facilitators:

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Land Acknowledgement

CILT would like to begin by acknowledging that the land on which we gather is the territory of the Haudenosaunee, and most recently, the territory of the Mississaugas of the Credit First Nation. The territory was the subject of the Dish With One Spoon Wampum Belt Covenant, an agreement between the Iroquois Confederacy and the Ojibwe and allied nations to peaceably share and care for the resources around the Great Lakes.

This territory is also covered by the Upper Canada Treaties.

Today, the meeting place of Toronto (from the Haudenosaunee word Tkaronto) is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work in the community, on this territory.

Workshop Guidelines

- We have American Sign Language (ASL), Deaf Interpreters and Captioning for this webinar.
- If you need support, please select Rebecca Wood (CILT Staff) in the chat box or email her rebecca.wood@cilt.ca and she will assist you.
- We will be recording the Zoom webinar and the questions and answers section so we can share it with people with disabilities and our allies.
- Workshop is content heavy but meant to empower you with information and resources.
- For privacy and time management, everyone will be muted and no video except for the hosts.
- If you have a specific question/comment for the facilitators, please ensure that you type it in the chat box or email Rebecca Wood rebecca.wood@cilt.ca and she will ask it during questions and answers section. **Your question/comment will be anonymous in the final recording.**
- We want to co-create a space that everyone will feel heard and respected.
- We reserve the right to remove anyone from the webinar who does not follow these guidelines.

Workshop Agenda

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| 1) Welcome, Land Acknowledgement, Introductions | 5 mins |
| 2) Workshop Guidelines | 5 mins |
| 3) Workshop Objectives | 60 mins |
| 4) Question and Answers | 40 mins |
| 5) Resources, Evaluations & Thank Yous | 10 mins |

Workshop Disclaimer

- **DISCLAIMER:** The webinar is for general informational purposes only and is not meant to be a substitute for advice provided by a doctor or other qualified health care professionals. **People should always consult with a doctor or other health care professionals for medical advice or information about COVID-19 vaccines.**
- **The information is current as of April 2, 2021 or were otherwise stated.** The information given is subject to change depending on possible policy, regulation and law changes in Ontario. For the most current information, participants should check the Government of Ontario websites and other websites mentioned in the presentation.
- This presentation is the **property of Timothy Valyear, RPN, Owner, Integrity Care Consultants Inc.** and neither the whole or part is to be circulated without his expressed consent. His contact number is 905-895-0842.
- This workshop is based on Canada and Ontario Vaccine Roll-Out.

Workshop Objectives

This workshop will have following objectives:

- 1) Information on the Development Process on COVID-19 Vaccines, Effectiveness & Safety in Canada
- 2) How Canada Chose Groups for Early Vaccination
- 3) Information on Different COVID-19 Vaccines
- 4) Addressing Vaccine Hesitancy and the Meaning of Herd Immunity
- 5) Vaccine Rollout: Getting a COVID-19 Vaccine in Ontario
- 6) Vaccine Advocacy & Equity
- 7) Resources
- 8) Question and Answers

About Us & Brief Introductions

- **Centre for Independent Living in Toronto (CILT):** Rooted in the “Nothing About Us Without Us” disability rights movement, **CILT is a community-based Resource Centre run by people with disabilities for people with disabilities.** We work towards building a society where people with disabilities have social and economic equity.
- **CILT Core Programs** assist persons with disabilities to take control of their own lives and to live independently in the community. They are Information & Referral/Volunteer Program, Peer Support & Parenting with a Disability Network, Independent Living Skills Training, Attendant Service Application Centre (ASAC), & the Direct Funding Program.
- CILT believes in the Independent Living Philosophy where people with disabilities are seen as **consumers** who have the right to: examine choices, make decisions, take risks, make mistakes, and take responsibility for one’s own life.

About Us & Brief Introductions

- **Timothy Valyear, RPN, Owner/President, Integrity Care Consultants Inc.**
- Timothy Valyear is an RPN who began his healthcare career in 1979. He is a healthcare educator.
- President Integrity Care Consultants - care consultant, specializing in: care and services for physically disabled adults and seniors, operational reviews, education development, sales and marketing and workshop facilitation, provincially and internationally
- Educator York Region District School Board - Personal Support Worker (PSW) program development, teacher and clinical preceptor
- RPN, Emily's House/Philip Aziz Centre, Paediatric Hospice

Objective 1: Information on the Development Process on COVID-19 Vaccines, Effectiveness & Safety in Canada

How Vaccines Help

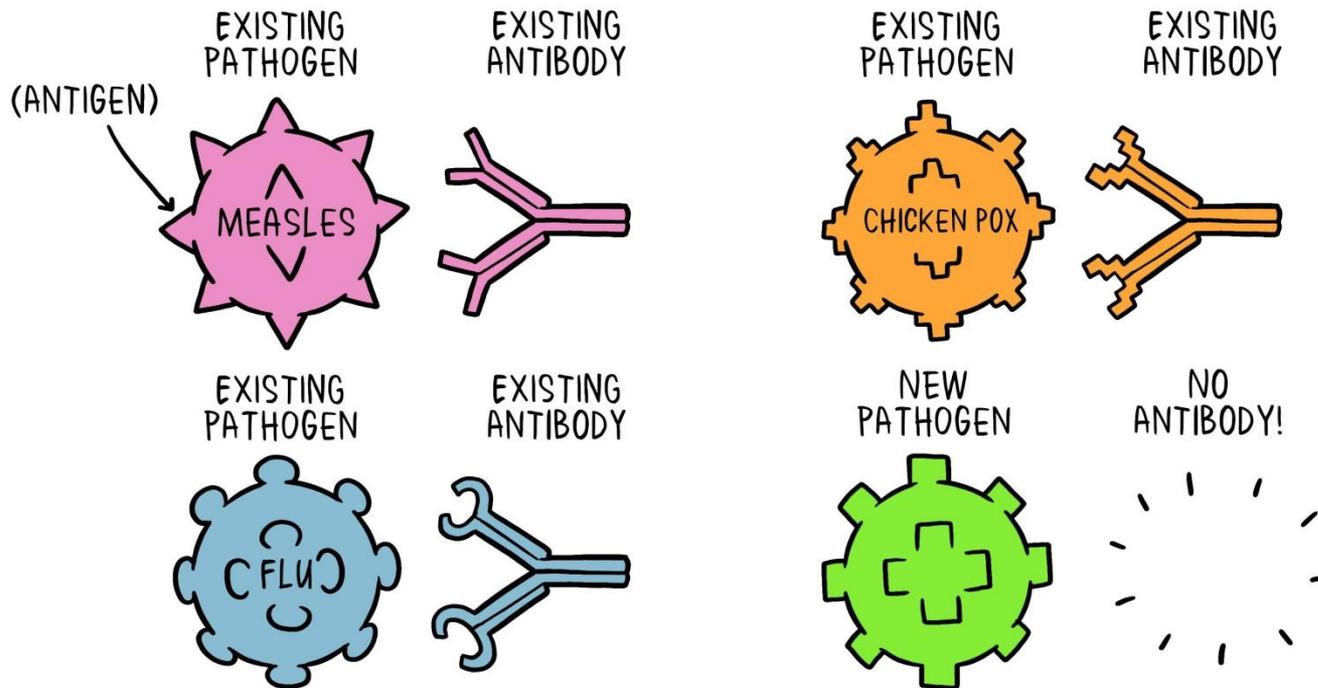
- Vaccines contain weakened or inactive parts of a particular organism (antigen) that triggers an immune response within the body. Newer vaccines contain the blueprint for producing antigens rather than the antigen itself.
- Regardless of whether the vaccine is made up of the antigen itself or the blueprint so that the body will produce the antigen, this weakened version will not cause the disease in the person receiving the vaccine, but it will prompt their immune system to respond much as it would have on its first reaction to the actual pathogen.

Objective 1: Information on the Development Process on COVID-19 Vaccines, Effectiveness & Safety in Canada

How Vaccines Help cont'd

- Some vaccines require multiple doses, given weeks or months apart. This is sometimes needed to allow for the production of long-lived antibodies and development of memory cells.
- In this way, the body is trained to fight the specific disease-causing organism, building up memory of the pathogen so as to rapidly fight it if and when exposed in the future.

Objective 1: Information on the Development Process on COVID-19 Vaccines, Effectiveness & Safety in Canada



When a new pathogen or disease enters our body, it introduces a new antigen. For every new antigen, our body needs to build a specific antibody that can grab onto the antigen and defeat the pathogen.

<https://www.who.int/news-room/feature-stories/detail/how-do-vaccines-work>

Objective 1: Information on the Development Process on COVID-19 Vaccines, Effectiveness & Safety in Canada

How Vaccines are Developed and Tested

<https://youtu.be/Y51ZgZCS8J0> This short video by Health Canada explains the vaccine development process and how it is possible to achieve a COVID-19 vaccine, with significant domestic and international collaboration, in a much shorter period of time.

- An experimental vaccine is first tested in animals to evaluate its safety and potential to prevent disease. It is then tested in human clinical trials, in three phases:
- **In phase I**, the vaccine is given to a small number of volunteers to assess its safety, confirm it generates an immune response, and determine the right dosage.
- **In phase II**, the vaccine is usually given hundreds of volunteers, who are closely monitored for any side effects, to further assess its ability to generate an immune response. In this phase, data are also collected whenever possible on disease outcomes, but usually not in large enough numbers to have a clear picture of the effect of the vaccine on disease. Participants in this phase have the same characteristics (such as age and sex) as the people for whom the vaccine is intended. In this phase, some volunteers receive the vaccine and others do not, which allows comparisons to be made and conclusions drawn about the vaccine.

Objective 1: Information on the Development Process on COVID-19 Vaccines, Effectiveness & Safety in Canada

How Vaccines are Developed and Tested

In *phase III*, the vaccine is given to thousands of volunteers – some of whom receive the investigational vaccine, and some of whom do not, just like in phase II trials. Data from both groups is carefully compared to see if the vaccine is safe and effective against the disease it is designed to protect against.

- Once the results of clinical trials are available, a series of steps is required, including reviews of efficacy, safety, and manufacturing for regulatory and public health policy approvals, before a vaccine may be introduced into a national immunization program.
- Following the introduction of a vaccine, close monitoring continues to detect any unexpected adverse side effects and further assess effectiveness in the routine use setting among even larger numbers of people to continue assessing how best to use the vaccine for the greatest protective impact.

Objective 2: How Canada Chose Groups for Early Vaccination

How Canada Chose Vaccine Groups

- The National Advisory Committee on Immunization (NACI) is an independent committee of experts that provides advice to the Public Health Agency of Canada.
- This advice is then distributed and published to inform decision making by provinces and territories, which are responsible for administering vaccines and deciding which populations will receive them first.

Objective 2: How Canada Chose Groups for Early Vaccination

How Canada Chose Vaccine Groups

Looking at risk factors for severe COVID-19 disease and outcomes, such as:

- biological factors like:
 - advanced age
 - pre-existing medical conditions
- social factors like:
 - low socioeconomic status
 - belonging to a racialized population

Objective 2: How Canada Chose Groups for Early Vaccination

How Canada Chose Vaccine Groups cont'd

The decision-making process also includes a review of:

- ethics
- equity
- feasibility
- acceptability

These recommendations aim to reduce disruptions in society due to the pandemic by prioritizing those who:

- provide essential services
- take additional risks to protect the public

Objective 2: How Canada Chose Groups for Early Vaccination

How Canada Chose Vaccine Groups cont'd

Recommendations are based on:

- population-based analysis of the risks and benefits that considers:
 - risk of exposure to COVID-19, including:
 - ability to physically distance
 - access to other measures to prevent infection
 - risk of severe illness and death from COVID-19
 - how safe and effective authorized vaccines are in key populations

Objective 2: How Canada Chose Groups for Early Vaccination

How Canada Chose Vaccine Groups cont'd

Results of clinical trials

- vaccine supply, which is the timing of available doses and the number of:
 - available vaccine types
 - doses each group needs
- the current pandemic situation when vaccines become available
- *Provinces and territories* may have to adjust their strategy at each stage *depending on local trends and transmission rates.*

Objective 3: Information on Different COVID-19 Vaccines

4 Canadian Approved Vaccines & Efficacy rate against severe disease:

- After independent and thorough scientific reviews for safety, efficacy and quality, Health Canada has approved four vaccines for use in Canada:
 - 1) AstraZeneca (AstraZeneca and COVISHIELD) – expected to be 64% effective after two doses
 - 2) Janssen (Johnson & Johnson) – expected to be 66% effective after one dose
 - 3) Moderna – expected to be 94% effective after two doses
 - 4) Pfizer-BioNTech – expected to be 95% effective after two doses

<https://covid-19.ontario.ca/covid-19-vaccine-safety>

Objective 3: Information on Different COVID-19 Vaccines

1) AstraZeneca

How It Works

- Viral vector-based vaccines use a harmless virus, such as an adenovirus, as a delivery system. This “vector” virus is not the virus that causes COVID-19. Adenoviruses are among the viruses that can cause the common cold. There are many different types of adenoviruses, and many have been used as delivery systems for other vector-based vaccines for decades.
- When a person is given the vaccine, the vector virus contained within the vaccine produces the SARS-CoV-2 spike protein. This protein is found on the surface of the virus that causes COVID-19. This protein will not make you sick. It does its job and goes away.
- Through this process, the body is able to build a strong immune response against the spike protein without exposing you to the virus that causes COVID-19

Objective 3: Information on Different COVID-19 Vaccines

1) Astra Zeneca

How it's given

- The vaccine is given by 2 separate injections of 0.5 mL each into the muscle of the arm. For the vaccine to work best, you need to get 2 doses: a first dose and then a second dose 4 to 12 weeks later.
- Immunity develops over time. It takes about 2 weeks to develop significant protection against COVID-19. For the greatest protection, you will need the second dose.
- The AstraZeneca COVID-19 vaccine showed an effectiveness of about 62% in preventing symptomatic COVID-19 disease beginning 2 weeks after the second dose. This effectiveness rate is based on an analysis of results from participants who had received the 2 dose regimen that will be used in Canada.

Objective 3: Information on Different COVID-19 Vaccines

1) AstraZeneca

Advantages

- Easier to store
- 6 months in fridge vs. 5 days for Pfizer vaccine
- May be easier to up-scale manufacturing = more Canadian getting vaccinated
- Shown to protect against disease severity and death

Objective 3: Information on Different COVID-19 Vaccines

1) AstraZeneca

Possible side effects

- 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. Speak with your health professional about any serious allergies or other health conditions you may have before you receive this vaccine.
- Health Canada has conducted a rigorous scientific review of the available medical evidence to assess the safety of the AstraZeneca COVID-19 vaccine. No major safety concerns have been identified in the data that we reviewed.

Objective 3: Information on Different COVID-19 Vaccines

1) AstraZeneca

Trials

- Almost 24,000 participants – Brazil, UK, S. Africa
- 62% efficacy, 90% in those of lower dose followed by standard dose
- Manufactured in either UK or EU – one had twice the amount of viral particles as the other
- Lower dose followed by higher dose combination may show higher efficacy

Objective 3: Information on Different COVID-19 Vaccines

1) AstraZeneca

Thrombosis Concerns

- European Medicines Agency report 30 cases of thrombosis amongst 5 million recipients
- Norway, Denmark and Iceland paused use as precautionary measure
- Deaths reported = Norway 1, Italy 2, Austria 1 and Denmark 1
- Potentially tied to a specific batch/lot of vaccine

Objective 3: Information on Different COVID-19 Vaccines

2) Janssen Covid-19 Vaccine

How it works

- Viral vector-based vaccines use a harmless virus, such as an adenovirus, as a delivery system. This “vector” virus is not the virus that causes COVID-19. Adenoviruses are among the viruses that can cause the common cold. There are many different types of adenoviruses, and many have been used as delivery systems for other vector-based vaccines for decades.
- When a person is given the vaccine, the vector virus contained within the vaccine produces the SARS-CoV-2 spike protein, which is found on the surface of the virus that causes COVID-19. This protein will not make you sick. It does its job and goes away.
- Through this process, the body is able to build a strong immune response against the spike protein without exposing you to the virus that causes COVID-19.

Objective 3: Information on Different COVID-19 Vaccines

2) Janssen Covid-19 Vaccine

How it's given

- A single 0.5mL dose of the vaccine is given by injection into the muscle of the arm.
- Based on studies in about 43,000 participants, the Janssen COVID-19 vaccine was 66% effective in preventing symptomatic COVID-19 disease beginning 2 weeks after vaccination. Immunity develops over time. You won't develop significant protection against COVID-19 for at least 2 weeks.

Objective 3: Information on Different COVID-19 Vaccines

2) Janssen Covid-19 Vaccine

Possible side effects

- 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. Speak with your health professional about any serious allergies or other health conditions you may have before you receive this vaccine.
- Health Canada has conducted a rigorous scientific review of the available medical evidence to assess the safety of the Janssen COVID-19 vaccine. No major safety concerns have been identified in the data that we reviewed.

Objective 3: Information on Different COVID-19 Vaccines

2) Janssen Covid-19 Vaccine

Trials

- 75% effective in US and 66% overall at preventing moderate to severe Covid-19
- 85% effectiveness at preventing severe disease and death
- 72% in US, 66% in Latin America and 57% for S. African variant

Objective 3: Information on Different COVID-19 Vaccines

3) Moderna

How it works

- mRNA vaccines teach our cells how to make a protein that will trigger an immune response without using the live virus that causes COVID-19. Once triggered, our body then makes antibodies. These antibodies help us fight the infection if the real virus does enter our body in the future.
- ‘RNA’ stands for ribonucleic acid, which is a molecule that provides cells with instructions for making proteins. [Messenger RNA \(mRNA\) vaccines](#) contain the genetic instructions for making the SARS-CoV-2 spike protein, which is found on the surface of the virus that causes COVID-19 (mRNA is used constantly in our bodies to make the proteins we require)
- When a person is given the vaccine, their cells will read the genetic instructions like a recipe and produce the spike protein. After the protein piece is made, the cell breaks down the instructions and gets rid of them.
- The cell then displays the protein piece on its surface. Our immune system recognizes that the protein doesn’t belong there and begins building an immune response and making antibodies.

Objective 3: Information on Different COVID-19 Vaccines

3) Moderna

How it's given

- The vaccine is given by an injection (0.5 mL) into the muscle of the arm. For the vaccine to work best, you need to get 2 doses: a single dose and then a second dose one month apart.
- Immunity develops over time. It takes about 2 weeks to develop significant protection against COVID-19. For the greatest protection, you will need the second dose.
- Based on studies in about 30,000 participants, the Moderna COVID-19 vaccine was 94.1% effective in preventing COVID-19 beginning 2 weeks after the second dose.

Objective 3: Information on Different COVID-19 Vaccines

3) Moderna

Possible side effects

- 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. Speak with your health professional about any serious allergies or other health conditions you may have before you receive this vaccine.
- Health Canada has conducted a rigorous scientific review of the available medical evidence to assess the safety of the Moderna COVID-19 vaccine. No major safety concerns have been identified in the data that we reviewed.

Objective 3: Information on Different COVID-19 Vaccines

4) Pfizer-BioNTech

How it works

- mRNA vaccines teach our cells how to make a protein that will trigger an immune response without using the live virus that causes COVID-19. Once triggered, our body then makes antibodies. These antibodies help us fight the infection if the real virus does enter our body in the future.
- 'RNA' stands for ribonucleic acid, which is a molecule that provides cells with instructions for making proteins. [Messenger RNA \(mRNA\) vaccines](#) contain the genetic instructions for making the SARS-CoV-2 spike protein, which is found on the surface of the virus that causes COVID-19.
- When a person is given the vaccine, their cells will read the genetic instructions like a recipe and produce the spike protein. After the protein piece is made, the cell breaks down the instructions and gets rid of them.
- The cell then displays the protein piece on its surface. Our immune system recognizes that the protein doesn't belong there and begins building an immune response and making antibodies.

Objective 3: Information on Different COVID-19 Vaccines

4) Pfizer-BioNTech

How it's given

- The vaccine is given by an injection (0.3 mL) into the muscle of the arm. For the vaccine to work best, you need to get 2 doses: a single dose and then a second dose 21 days later.
- Immunity develops over time. It takes about 2 weeks to develop significant protection against COVID-19. For the greatest protection, you will need the second dose.
- Based on studies in about 44,000 participants, the Pfizer-BioNTech COVID-19 vaccine was 95% effective in preventing COVID-19 beginning 1 week after the second dose.

Objective 3: Information on Different COVID-19 Vaccines

4) Pfizer-BioNTech

Possible side effects

- 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. Speak with your health professional about any serious allergies or other health conditions you may have before you receive this vaccine.
- Health Canada has conducted a rigorous scientific review of the available medical evidence to assess the safety of the Pfizer-BioNTech COVID-19 vaccine. No major safety concerns have been identified in the data that we reviewed.

Objective 3: Information on Different COVID-19 Vaccines

Side Effects Statistics:

- 8 in 10 people complain of sore arm BUT only 1 in 100 call that soreness severe
- 5 in 10 people complain of fatigue and headache BUT only 1 in 10 need Advil or Tylenol
- Side effects are the result of an expected immune response to the vaccine and the majority are mild and easily manageable at home

Objective 3: Information on Different COVID-19 Vaccines

Adverse Effects Following Immunization (AEFI) in Canada

- Canadian vaccines are monitored continuously in Canada
- AEFI = a medical incident that may occur following immunization
- AEFI's are reported and reviewed by Public Health Agency of Canada (PHAC)
- Canadian Vaccine Safety Network (CANVAS) assesses vaccine safety immediately after implementation of vaccine campaigns

Objective 3: Information on Different COVID-19 Vaccines

Adverse Effects Following Immunization (AEFI) in Canada

AS of February 26, 2021:

- 1,591 total AEFI reports (0.089% of all doses administered)
- 1,397 total AEFI reports were non-serious (0.079% of all doses administered)
- 194 total AEFI reports were serious (0.011% of all doses administered)
- 1,778,405 total doses administered as of February 26, 2021

Objective 3: Information on Different COVID-19 Vaccines

- Precautions for COVID-19 Vaccines
- Symptoms of confirmed or suspected SARS-CoV-2 infection – defer until recovered
- Acutely ill individuals, as a precautionary measure
- Individuals who have received another vaccine in the past 14 days
- Individuals outside the authorized age group (less than 16yrs.)

Objective 4: Addressing Vaccine Hesitancy and the Meaning of Herd Immunity

Herd Immunity

- When someone is vaccinated, they are very likely to be protected against the targeted disease. But not everyone can be vaccinated. People with underlying health conditions that weaken their immune systems (such as cancer or HIV) or who have severe allergies to some vaccine components may not be able to get vaccinated with certain vaccines. These people can still be protected if they live in and amongst others who are vaccinated. When a lot of people in a community are vaccinated the pathogen has a hard time circulating because most of the people it encounters are immune. So the more that others are vaccinated, the less likely people who are unable to be protected by vaccines are at risk of even being exposed to the harmful pathogens.

Objective 4: Addressing Vaccine Hesitancy and the Meaning of Herd Immunity

Herd Immunity

- This is especially important for those people who not only can't be vaccinated but may be more susceptible to the diseases we vaccinate against. No single vaccine provides 100% protection, and herd immunity does not provide full protection to those who cannot safely be vaccinated. But with herd immunity, these people will have substantial protection, thanks to those around them being vaccinated.
- Vaccinating not only protects yourself, but also protects those in the community who are unable to be vaccinated. If you are able to, get vaccinated.

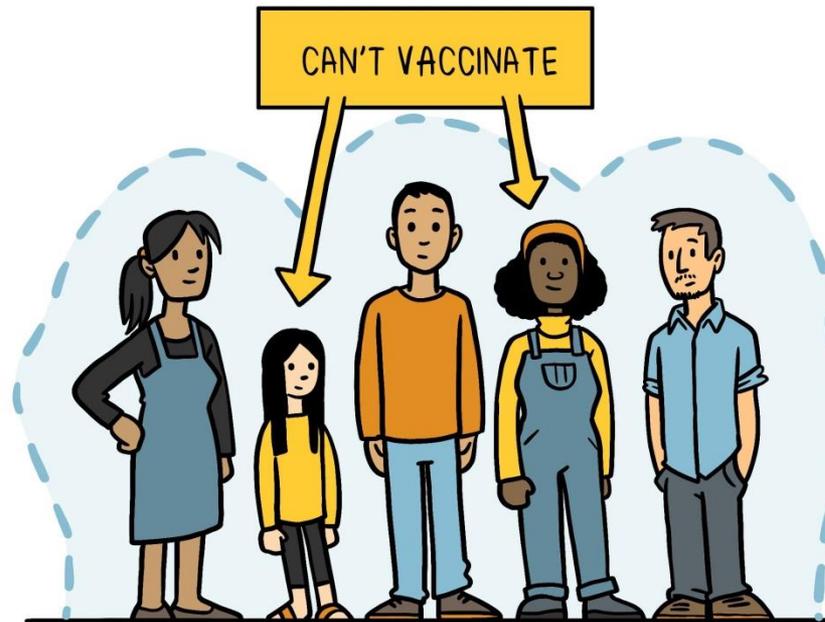
Objective 4: Addressing Vaccine Hesitancy and the Meaning of Herd Immunity



A vaccine protects an individual...

<https://www.who.int/news-room/feature-stories/detail/how-do-vaccines-work>

Objective 4: Addressing Vaccine Hesitancy and the Meaning of Herd Immunity



Community vaccination protects the whole community,
even those who can't vaccinate.

<https://www.who.int/news-room/feature-stories/detail/how-do-vaccines-work>

Objective 4: Addressing Vaccine Hesitancy and the Meaning of Herd Immunity

Building up immunity takes time.

- One dose of vaccine may not be enough to provide individual protection. You may need to get a second shot to allow your body to develop adequate immunity.
- We don't yet know what level of immunity in the population is sufficient to achieve community immunity. Until that time, Canadians should continue to wash their hands, stay home when sick, maintain physical distancing, wear a face mask as appropriate, and keep using good cough and surface hygiene.
- <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/awareness-resources/know-vaccine.html>

Objective 4: Addressing Vaccine Hesitancy and the Meaning of Herd Immunity

What is Vaccine Hesitancy?

- Vaccine hesitancy is the refusal or delayed acceptance of vaccination due to fears or anxiety about vaccines.
- It includes a range of concerns such as uncertainty about vaccines' contents and their safety and the belief that vaccines are responsible for causing other medical conditions (e.g., autism).
- Other factors include opposition to state control and infringement on individual liberty, suspicions about the pharmaceutical industry and a declining faith in science and medicine.
- Is complex and context specific varying across time, place and vaccines.
- Is influenced by factors such as complacency, convenience and confidence.
- In Canada, as in other wealthy countries, vaccine hesitancy has increased in recent years
- <https://www.thecanadianencyclopedia.ca/en/article/vaccination-and-vaccine-hesitancy-in-canada>

Objective 4: Addressing Vaccine Hesitancy and the Meaning of Herd Immunity

Vaccine Hesitancy and Herd Immunity

- Every year, vaccines prevent an estimated two to three million deaths among young children around the world. Yet experts have noted an increasing trend of vaccine hesitancy in Canada and other wealthy countries. This trend threatens herd immunity and community health.
- Herd immunity happens when a large proportion of the community is immune to a disease. This makes it unlikely for the disease to be spread from person to person, protecting those who cannot be vaccinated or who are otherwise vulnerable. In order to achieve herd immunity for measles, for example, approximately 95% of the population must be vaccinated.
- Vaccine hesitancy has contributed to a resurgence in measles and other vaccine-preventable diseases in North America and Europe.
- **In 2019, the World Health Organization listed vaccine hesitancy as one of the “Ten Threats to Global Health.”**

Objective 4: Addressing Vaccine Hesitancy and the Meaning of Herd Immunity

COVID-19 Vaccine Hesitancy: 12 Things You Need to Know

- 1) Getting the COVID-19 vaccine can protect you from getting sick.
- 2) Black, Indigenous and People of Color are especially vulnerable to severe COVID-19.
- 3) Getting vaccinated for COVID-19 helps others in your community.
- 4) More vaccinations for COVID-19 mean a chance to return to normal.
- 5) Though the COVID-19 vaccine development was fast, it did not skip steps.
- 6) Diversity in COVID-19 vaccine testing helped assess safety and effectiveness.
- 7) Side effects of the COVID-19 vaccine are temporary and do not mean you're sick.
- 8) Do you have allergies? You can probably still get the COVID-19 vaccine as long as they are not severe allergies and **you consult your doctor.**
- 9) Pregnant or Breastfeeding women should **discuss a COVID-19 vaccine with their doctors.**
- 10) If you've already had COVID-19, getting the vaccine will add extra protection
- 11) COVID-19 Vaccines: Time is of the essence
- 12) Vaccines can't save lives unless people get vaccinated.

<https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/covid19-vaccine-hesitancy-12-things-you-need-to-know>

Objective 4: Addressing Vaccine Hesitancy and the Meaning of Herd Immunity

Vaccine Confidence (Angus Reid 2020 Base: Total n=1580)

- July 2020 - 46% of Canadians willing to get vaccine as soon as available
- September 2020 - 39% of Canadians would get vaccinated
- November 2020 – 40% of Canadians would get vaccinated
- December 2020 – 48% of Canadians would get vaccinated
- January 2021 – 60% of Canadians would get vaccinated

Objective 4: Addressing Vaccine Hesitancy and the Meaning of Herd Immunity

Vaccine Confidence Health Care Workers

Rates of vaccine confidence in healthcare workers mirrors that of the rest of the population

- 76% are strong supporters, 17% are undecided, and 7% oppose the vaccine
- 49% of Personal Support Workers (PSWs) were not confident about the Covid-19 vaccine
- Healthcare workers who are lower wage, racialized, female and part time workers were more likely to have lower vaccine confidence

Objective 4: Addressing Vaccine Hesitancy and the Meaning of Herd Immunity

Vaccine Confidence Health Care Workers cont'd

- 18-34 years of age
- Visible minority
- Have children
- Have a household income less than \$40K/yr.
- Unsure of vaccine safety

Objective 4: Addressing Vaccine Hesitancy and the Meaning of Herd Immunity

Vaccine Confidence Health Care Workers cont'd

Those who completely oppose the vaccine:

- 18-34 yrs. of age
- Believe vaccines are harmful
- Work in construction/manufacturing

Objective 4: Addressing Vaccine Hesitancy and the Meaning of Herd Immunity

Vaccine Confidence Ethnic Communities

- Histories of trauma related to medical experimentation and discrimination
- Black 47%, Indigenous 38%, Middle Eastern 35%, Latinx 32%, South Asian 30%, East Asian 28%, Whit 25%

Objective 4: Addressing Vaccine Hesitancy and the Meaning of Herd Immunity

SIREN Study Data from (UK) when B1.1.7 variant was dominant strain with

- Participants who had experienced Covid-19 and those who had not were/are part of the study
- The study showed that those who had recovered showed immunity for at least 5 months
- 83% of the participants were protected from re-infection
- The study continues to monitor participants

Objective 4: Addressing Vaccine Hesitancy and the Meaning of Herd Immunity

SIREN Study Data from (UK) when B1.1.7 variant was dominant strain with cont'd

Vaccine coverage was 89%

- Health Care Workers tested every 2 weeks regardless of symptoms
- Infection risk:
 - One dose decreased risk of infection by 70% rising to 85% after second dose
- Symptomatic COVID-19 disease:
 - People under 65
 - Overall effectiveness of single dose 3 weeks after first dose was 75% and 86% 14 days after 2nd dose
 - People over 80
 - 57% effectiveness after first dose and 85% after 2nd dose

<https://www.gov.uk/government/news/past-covid-19-infection-provides-some-immunity-but-people-may-still-carry-and-transmit-virus>

Objective 4: Addressing Vaccine Hesitancy and the Meaning of Herd Immunity

- Pfizer-BioNTech Vaccine in Israel maintained effectiveness across age group including over 70

Time Days	Asymptomatic Infection	Symptomatic Illness	Hospitalization	Severe Disease	Death
14-20 1 st dose	46%	57%	74%	62%	72%
21-27 1 st dose	60%	66%	78%	80%	84%
7+ days 2 nd dose	92%	94%	87%	92%	
www.19tozero.com					

Objective 4: Addressing Vaccine Hesitancy and the Meaning of Herd Immunity

Pfizer-BioNTech & AstraZeneca in Scotland

- Cohort study 5.4 million people
- Effectiveness of preventing hospitalization after one dose of each vaccine
- Effectiveness peaked at day 28-34 post vaccination
- Highest effectiveness after the first dose of Pfizer was 85% and 94% after AstraZeneca (*note update in subsequent slides about AstraZeneca*)

Objective 5: Vaccine Rollout: Getting a COVID-19 Vaccine in Ontario

There are 3 Stages to our Vaccine Rollout in Ontario

Stage 1 December 2020 to March 2021 approx. 1.8 million people

- at higher risk of severe outcomes of COVID-19
- most likely to transmit to those at higher risk for severe illness or death

These groups include:

- residents and staff of shared living settings who provide care for seniors
- **Adult chronic home care recipients**
- adults 70 years of age and older, with order of priority:
 - beginning with adults 80 years of age and older
 - decreasing the age limit by 5-year increments to age 70 as supply becomes available
- frontline health care workers who have direct contact with patients, including:
 - personal support workers
 - those who work in health care settings
- adults in [Indigenous communities](#)
- **Distribution: hospital site clinics, mobile teams, site-specific clinics, mass vaccination clinics (late March)**

Objective 5: Vaccine Rollout: Getting a COVID-19 Vaccine in Ontario

Stage 2 April 2021 to July 2021

- adults in or from Indigenous communities not included in stage 1, including those who live in urban settings
- residents and staff of all other shared living settings, such as:
 - shelters
 - group homes
 - correctional facilities
 - housing for migrant workers
- adults 60 to 79 years of age, in 5 year increments:
- adults in racialized and marginalized communities
- first responders, including:
 - police
 - military
 - firefighters
 - coast guard

Objective 5: Vaccine Rollout: Getting a COVID-19 Vaccine in Ontario

Stage 2 cont'd

- frontline essential workers who can't work virtually and have direct close physical contact with the public, such as:
 - postal services
 - border services
 - rotational workers
 - grocery store staff
 - transportation workers
 - those involved in the pandemic response
 - food production or manufacturing workers
 - teachers and school or childcare staff not working virtually
- essential primary caregivers for people who:
 - can't care for themselves **and**
 - are at high risk of severe illness from COVID-19 due to advanced age (60 years of age or older)

Distribution: mass vaccination clinics, pharmacies, primary care, site-specific clinics, mobile teams, mobile sites, public health units

Objective 5: Vaccine Rollout: Getting a COVID-19 Vaccine in Ontario

Stage 3 July 2021 and beyond

- people 16 to 59 years of age with an underlying medical condition who are at high risk of severe illness due to COVID-19
 - this includes their essential primary caregiver, where applicable
- adults 50 to 59 years of age without an underlying medical condition:
 - beginning with adults 55 years of age or older. **then**
 - decreasing the age limit to 50 years
- non-frontline health care workers that:
 - are needed to maintain health care capacity **but**
 - don't have direct close physical contact with the public
- non-frontline essential workers who don't have direct close physical contact with the public

Distribution: mass vaccination clinics, pharmacies, primary care, site-specific clinics, mobile teams, mobile sites, public health units

Objective 5: Vaccine Rollout: Getting a COVID-19 Vaccine in Ontario

How to book a COVID-19 vaccine appointment at Mass Immunization Clinic as of April 2, 2021

Provincial Vaccine Information Line

8 a.m. – 8 p.m., 7 days a week

Call if you have questions about Ontario's COVID-19 vaccination program or booking your vaccination appointment. Information is available in multiple languages.

- <https://covid-19.ontario.ca/book-vaccine/>
- Telephone: 1-888-999-6488 TTY: 1-866-797-0007
- Enter some information online or call to find out how you can schedule your vaccine appointments.
- You can also do this for someone else, if you manage their medical care and appointments.
- **Last updated:** April 2, 2021
- **Age eligibility:**
- If you are turning **60 or older in 2021**, you can book a vaccine at a mass immunization clinic if you live in regions for the following public health units:
- **Peel Public Health and Toronto Public Health Unit**
- If you are turning **70 or older in 2021**, you can book a vaccine at a mass immunization clinic if you live in other Ontario public health units.

Objective 5: Vaccine Rollout: Getting a COVID-19 Vaccine in Ontario

- **COVID-19 Pharmacy Vaccine Locations**
- Find your closest pharmacy to get the AstraZeneca COVID-19 vaccine **if you are age 55 or older.**
- **Starting April 1, 2021**, select pharmacies across the province are booking appointments for AstraZeneca COVID-19 vaccines for eligible people ages 55 or older in 2021.
- You must have an appointment to get vaccinated at a participating pharmacy. Contact a participating pharmacy near you to book an appointment.
- **Before you book**
- You must:
 - be 55 years old or older in 2021
 - have a valid Ontario health (OHIP) card, or other form of valid government-issued identification
- <https://covid-19.ontario.ca/vaccine-locations>

Objective 5: Vaccine Rollout: Getting a COVID-19 Vaccine in Ontario

- **How to book a COVID-19 vaccine appointment – as of April 2, 2021 cont'd**

Eligible group (required)

If you are not a member of one of these groups, you may not be currently eligible. Learn when more groups will become eligible.

Select an eligible group *You Select from drop down menu*

Postal code(required) *You enter or*

If you do not have one or live in a recently built neighbourhood, use the postal code of a shelter, library, or other community space in your area. Example: A2F 2A3

Start *Click start*

Objective 5: Vaccine Rollout: Getting a COVID-19 Vaccine in Ontario

How to locate your correct Public Health Unit

- Shortcut to:

<https://www.phdapps.health.gov.on.ca/phulocator/>

Ontario 

Public Health Unit Locator

MINISTRY OF HEALTH

- You enter your Postal Code or Municipality and then hit the Search button

Objective 5: Vaccine Rollout: Getting a COVID-19 Vaccine in Ontario

Toronto Vaccination if you are “house bound” and/or Adults receiving chronic home care:

- 1) Within the Toronto Region vaccination for homebound patients, **not on home and community care services** is coordinated by contacting your Medical Doctor who will assist with the help of Toronto EMS for at home vaccination.
- 2) For **Adults receiving chronic home care** and are **home bound** contact your LHIN Care Coordinator (Toronto Central & Central LHIN) or your Attendant Service Provider who will putting you on a list for Toronto EMS for at home vaccination.
- 3) For **Adults receiving chronic home care** contact your LHIN Care Coordinator (Toronto Central & Central LHIN) or your Attendant Service Provider **to give you a letter stating you are receiving chronic home care so that you can book vaccine appointment at Toronto Hospitals and Ontario Health Teams COVID-19 Vaccination Pre-Registration and Booking Site** <https://vaccineto.ca/> 1-888-385-1910
- 4) For community in York Region **not** on home care services and **home bound** contact your Medical Doctor.

Objective 5: Vaccine Rollout: Getting a COVID-19 Vaccine in Ontario

CILT's Direct Funding (DF) Program Vaccination Support to DF Self-Managers

-The DF Program provided a letter to all DF Self-Managers confirming they are an **“adult recipient of chronic home care.”** The letter is to be shown at any vaccine clinic to prove they are a part of the group included in Phase 1.

-The DF Program also asked any **DF Self Managers** who wanted a vaccine to **submit their name** to the DF program. DF have forwarded those names to the Public Health Units across the province to ensure they are on any lists being kept.

-The DF Program also wrote to all Self-Managers and asked them to **submit the names of any of their attendants** who would like to receive the vaccine. The program sent each attendant a letter confirming they are a home health care worker and should be considered the highest priority for vaccine in phase 1. The program also provided a copy of each attendant letter to the DF Self-Manager so they know what was provided to their attendants. And last, the DF Program submitted the names of all attendants to the various public health units across the province.

Objective 5: Vaccine Rollout: Getting a COVID-19 Vaccine in Ontario

CILT's Direct Funding (DF) Program Vaccination Support to DF Self-Managers

-The DF Program have heard from a handful of DF Self-Managers and attendants both, in the Toronto area, who were turned away for their vaccine. When this happened, DF Program reported the names of the hospitals to the TC LHIN who reminded the hospitals DF Program are a provincial program that funds adult recipients of chronic homecare and home healthcare workers.

-In some cases, the attendant or Self-Manager have called CILT's Direct Funding Program and they have intervened to assist them in getting their shot.

-In some cases, hospitals did not recognize the DF attendants since they do not work for one of the more recognized organizations like March of Dimes or Paramed. Once again, DF Program educated the hospital and provided the name of the hospital to the LHIN.

For more information on DF Program and vaccines: sara.stonehouse@cilt.ca or brittany.hudson@cilt.ca

Objective 5: Vaccine Rollout: Getting a COVID-19 Vaccine in Ontario

Update on Vaccine second (2nd) dose from NACI March 26, 2021:

- Based on emerging evidence of the protection provided by the first dose of a two-dose series for COVID-19 vaccines currently authorized in Canada, NACI recommends that in the context of limited COVID-19 vaccine supply and ongoing pandemic disease, jurisdictions should maximize the number of individuals benefiting from the first dose of vaccine by extending the second dose of COVID-19 vaccine up to four months after the first. NACI will continue to monitor the evidence and update this interval as needed.

- <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines.html#b2>

Objective 5: Vaccine Rollout: Getting a COVID-19 Vaccine in Ontario

- **Update on Vaccine second (2nd) dose from NACI cont'd:**

Vaccine product (manufacturer)	Immunization schedule	Minimum interval	Authorized interval	Extended interval
Pfizer-BioNTech COVID-19 (Pfizer-BioNTech)	2-dose schedule	19 days	21 days	16 weeks
Moderna COVID-19 (Moderna)	2-dose schedule	21 days	28 days	16 weeks
AztraZeneca COVID-19 (AstraZeneca)	2-dose schedule	28 days	4 to 12 weeks	16 weeks

Objective 5: Vaccine Rollout: Getting a COVID-19 Vaccine in Ontario

Collecting sociodemographic data

As part of Ontario Government's commitment to building safe and healthy communities, they are collecting sociodemographic data on a **voluntary basis** from individuals who get the COVID-19 vaccine.

They are collecting this data to:

- get a more complete picture of who is being vaccinated across the province
- make sure vaccines are provided in a way that is equitable
- show us where we need to provide more information to address any gaps
- help ensure that we are reaching everyone who wants to be vaccinated

When you get the vaccine, you may be asked to share information about your:

- race
- ethnicity
- language
- income
- household size

Objective 5: Vaccine Rollout: Getting a COVID-19 Vaccine in Ontario

Collecting sociodemographic data cont'd

- Providing this information will be completely voluntary, and safeguards will be in place to protect your privacy.
- You will be able to receive the vaccine whether you provide the information or not.
- If you change your mind about allowing your information to be used, you can contact the Ministry of Health, Health Equity Impact Assessment at heia@ontario.ca. If you withdraw your consent, we will stop using your sociodemographic data in the future.

Objective 6: Vaccine Advocacy & Equity

Creating an Accessible Canada

- We note with alarm that NACI removed disabled Canadians living with chronic medical conditions from both Phase I and Phase II vaccine priority groups, when they had been included in earlier drafts of the document. As a result, disabled Canadians living with chronic medical conditions will have to wait several months at a minimum for a vaccine when they are at a heightened risk of death should they contract COVID-19.
- NACI's decision ignores the fact that in addition to having co-morbidities, disabled Canadians living with chronic medical conditions are unduly exposed to the virus because they frequently rely on health care workers providing personal care.

Objective 6: Vaccine Advocacy & Equity

Creating an Accessible Canada cont'd

We ask the Government of Canada to take the following immediate actions:

- Give disabled Canadians living with chronic medical conditions placing them at greater risk of contracting the COVID-19 virus the highest priority in the ethical framework for the distribution of COVID-19 vaccines.
- Consult with communities of disabled Canadians living with chronic medical conditions when devising a vaccine distribution strategy.
- Hold a stakeholder meeting immediately with the Honourable Carla Qualtrough to discuss the ethical framework for vaccine distribution as it affects disabled Canadians living with chronic medical conditions.
- Appoint a person with a disability to the NACI.
- Demonstrate strong leadership to ensure that provincial governments adhere to the above principles, international commitments, and legal obligations.

Objective 6: Vaccine Advocacy & Equity

Some Barriers for people with disabilities getting the COVID-19 Vaccine

- Lack of priority, access and clear communication on vaccine rollout in various regions in Ontario
- Access accommodations such as
 - Need of a support person/psw to attend with person with disability to vaccination clinic
 - American Sign Language Interpreters at Vaccine clinics
 - Accessible information in alternative formats and plain language
- Technology barriers having to book online. People with disabilities may not have Internet access or need assistance with booking appointments online or by phone
- Cost and need to coordinate transportation, parking and support person
- Cost of transportation, psw to attend with person with disability
- Access to more PPE throughout roll-out

Objective 6: Vaccine Advocacy & Equity

Vaccine Self-Advocacy Tools

- Have a phone/zoom meeting with your Doctor, Specialist, Local Health Integration Network (LHIN) Coordinator, Attendant Service Manager or local, provincial, federal politician)
- Create a good e-mail/letter/open letter
- Effectively use Social Media like Twitter and Facebook
- Effectively work with News Media

<https://www.thestar.com/opinion/contributors/2021/03/29/vaccine-rollout-is-excluding-people-with-disabilities.html>

Objective 6: Vaccine Advocacy & Equity

Sample Vaccine Advocacy Message

- Hello, my name is....I am a resident of City of _____. I am (disabled/higher-weight/a person with X condition). I am at high risk for COVID-19 and I need to get vaccinated. Seniors, disabled people, and higher-weight people have died of COVID-19 in the greatest numbers -- especially those who are also Black, Latino, and Indigenous. People of all ages who are at high risk must have access to vaccines right away. We know you can help make this happen. **Please act now.**
- OR
- Hello, my name is....I am a resident City of _____. I am an **ally/friend** of people who are disabled/higher-weight/older. I'm contacting you because vaccine policy needs to make sure they get vaccinated for COVID. Seniors, disabled people, and higher-weight people have died of COVID in the greatest numbers -- especially those who are also Black, Latino, and indigenous. People of all ages who are at high risk must have access to vaccines right away. We know you can help make this happen. **Please act now.**

Objective 6: Vaccine Advocacy & Equity

- **Share on Social Media!**

- Use Twitter Hashtags: #ReadyForMyShot, #VaccineEquity, #HighRisk, #NoBodyIsDisposable

- **Sample social media posts:**

- Prime Minister Trudeau or Premier Ford or Mayor Tory, every day we experience ableism, ageism, racism, and sizeism. Every day there are new vaccine plans that fail to get vaccines in the arms of high-risk people with disabilities of all ages, especially in communities of color. When will this change?

#VaccineEquity #HighRisk #NoBodyIsDisposable #ReadyForMyShot

- I am (disabled/fat/higher weight/a person with X condition) and I need to be included in COVID vaccine plans!

- I am **#HighRisk** for COVID and I count! **#VaccineEquity**

Objective 6: Vaccine Advocacy & Equity

- **Create a Zoom Background:** (image below light blue background with text at the top “I am #HighRiskCA” text at the bottom an #NoBodyIsDisposable”)



Objective 6: Vaccine Advocacy & Equity

- **Contact ARCH Disability Law: Experiencing Barriers to Vaccines? ARCH wants to learn more from you**
- People who are “adult recipients of chronic home care” and experiencing barriers in accessing the vaccine are welcome to contact ARCH’s Summary Advice and Referral Service for free confidential legal advice toll-free at 1-866-482-2724 or by email at archintake@lao.on.ca.

ARCH wants to continue to develop thier understanding of the barriers facing persons with disabilities in getting the vaccine.

If you are an “adult recipient of chronic home care” and you:

- have received a COVID vaccine, OR
- are in the process of receiving one, OR
- have not been able to make an appointment to get the vaccine,

ARCH invites you to complete the questions below to track what is happening across the province. All answers will remain anonymous.

- https://docs.google.com/forms/d/e/1FAIpQLSdCo5A7pm18-LVjsoj5b1UGMIPQ5ZScvMwsxc2_P1Nx5uh1uw/viewform

Objective 6: Vaccine Advocacy & Equity

- **CILT and Miles Nadal Disability Vaccine Outreach Initiative**
- **The Disability Vaccine Outreach Initiative (DVOI)** will use funding from the City of Toronto to support Community Vaccine Engagement Clusters to build capacity on how to outreach to people with disabilities in their communities
Disability by:
 - engaging with grassroots disability organizations in the GTA to form a steering committee to lead the work
 - Engaging a part-time project coordinator
 - Working together to identify barriers to vaccines for people with disabilities
 - Each disability organization will develop an outreach webinar specific to their membership and engage a Community Ambassador who will be a point of contact for people with disabilities who have questions or need support in accessing a vaccine
 - Two training opportunities will be provided to offer Neighborhood Cluster engagement groups with an understanding of accessibility and how to support people with disabilities as part of their broader outreach efforts too.
 - The Initiative will run from April 2021 to March 2022.
- For more information please contact: David.Meyers@cilt.ca , David Meyers, CILT Senior Manager of Independent Living Programs

Objective 6: Vaccine Advocacy & Equity

- My Vaccine Story



Summary: Key Points

- There are four (4) approved Covid-19 vaccines for use in Canada
- Research is ongoing and in it's infancy
- Vaccines prevent spread of the virus
- Vaccine efficacy with the variants is under investigation
- Herd immunity for Covid-19 is estimated at 40 to 70%
- **Some people may have no symptoms** (are in incubation period of a disease or are a carrier of a disease) and yet they can spread microorganisms that make others ill.
- Some people may be in contact with microorganisms and not become ill while others do become ill.

Summary: Key Points cont'd

During this time we must continue to ensure quality IPAC measures:

- Use of good hand hygiene is the **most** important method for preventing the spread of microorganisms
- Maintain physical distancing of six (6) feet
- Stay home if you are ill. And receive notification from consumer/employer
- Use Routine Practices : These practices describe prevention and control strategies to be used with **all** clients during **all visits** and include hand hygiene and personal protective equipment/barrier precautions.
- Keep yourself healthy (good nutrition, exercise, enough sleep etc.. Immunization and control stress)
- Keep your immunization up-to-date.
- Get an annual influenza vaccination.

Objective 7: Resources

- **COVID-19 Vaccine Information for Toronto, Ontario, Canada**
- **Toronto: How to Get Vaccinated**
- <https://www.toronto.ca/home/covid-19/covid-19-protect-yourself-others/covid-19-vaccines/covid-19-how-to-get-vaccinated/?accordion=hospital-immunization-clinics>
- **Toronto Hospitals and Ontario Health Teams COVID-19 Vaccination Pre-Registration and Booking Site** <https://vaccineto.ca/> 1-888-385-1910
- **Ontario: Getting a COVID-19 vaccine**
- <https://covid-19.ontario.ca/covid-19-vaccines-ontario>
- Telephone: 1-888-999-6488, TTY: 1-866-797-0007
- **Canada: Vaccines and treatments for COVID-19: Vaccine rollout**
- <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks/covid-19-vaccine-treatment/vaccine-rollout.html#a3>

Objective 7: Resources

COVID-19 Vaccine Information and Disability Specific Organizations

- **University Health Network (UHN) Resources for Patients and Families**
<https://guides.hsict.library.utoronto.ca/c.php?g=716817&p=5161007>
- **University Health Network (UHN) COVID-19 Vaccines & Health Conditions (Transplant, Cancer, Diabetes, Liver Disease, Thrombosis, Multiple Sclerosis, Rheumatic Conditions, Inflammatory Bowel Disease, Pregnancy and Breastfeeding)**
<https://guides.hsict.library.utoronto.ca/c.php?g=716817&p=5165252>
- **Arthritis** <https://arthritis.ca/living-well/optimized-self/treatments/covid-19-vaccines-and-arthritis>
- **Rheumatoid Arthritis and COVID 19 Vaccine Webinar**
<https://www.facebook.com/238482486227997/posts/3764055767003967/>
- **Asthma** <https://asthma.ca/asthma-and-covid-19-coronavirus/>
- **Centre for Addiction and Mental Health (CAMH)**
<https://www.camh.ca/en/camh-news-and-stories/covid-19-vaccine-booking>

Objective 7: Resources

COVID-19 Vaccine Information and Disability Specific Organizations

- **Crohn's and Colitis** <https://crohnsandcolitis.ca/About-Crohn-s-Colitis/COVID-19-and-IBD/Vaccines>
- **Diabetes and the Covid19 Vaccine**
<https://www.diabetes.ca/DiabetesCanadaWebsite/media/Campaigns/COVID-19%20and%20Diabetes/COVID-Vaccine-and-Diabetes-Summary-Final.pdf>
- **Down Syndrome Association of Toronto** <https://dsat.ca/covid-19-updates/>
- **The Guillain Barre Syndrome foundation did a video about vaccines**
<https://www.gbs-cidp.org/2021/01/21/covid-19-vaccines-and-the-gbscidp-community/>
- **Heart Disease and the Covid19 vaccine**
<https://www.heart.org/en/news/2021/01/15/what-heart-and-stroke-patients-should-know-about-covid-19-vaccines>

Objective 7: Resources

COVID-19 Vaccine Information and Disability Specific Organizations

- **Hereditary Neuropathy Foundation (American resource)** <https://www.hnf-cure.org/cmt-vaccination-cmt-statement/>
- **HIV and the Covid19 vaccine** <https://hivclinic.ca/information-on-covid-19-for-people-living-with-hiv/>
- **Neuromuscular Disorders (Muscular Dystrophy)**
- **Frequently Asked Questions:** <https://muscle.ca/covid-19-vaccines-and-nmds/>
- **Webinar Recording:** <https://youtu.be/HPCpK6GWe2o>
- **Decision Aid:** <http://bit.ly/COVIDVaccineDecisionAid>
- **Multiple Sclerosis** <https://www.stmichaelshospital.com/programs/multiple-sclerosis/covid-19.php>
- **Ontario Federation of Cerebral Palsy COVID Vaccine Support Fund**
- <https://www.ofcp.ca/programs/funding> to assist in costs related to vaccine access.

Objective 7: Resources

Vaccine Advocacy

- **Include Me:** Open Letter Regarding Vaccines for Disabled Canadians with Chronic Medical Conditions February 18th, 2021. If you would like to add your organization's name, please email: bill@sci-can.ca
- <https://www.include-me.ca/making-canada-accessible-covid-19/blog/2021/03/open-letter-regarding-vaccines-disabled-canadians>
- **Ontario March of Dimes Mission Immunity Advocacy Campaign:** The vaccine rollout is being managed by the provincial government. Speak up and let your provincial representative (MPP) know about the needs of people with disabilities during the vaccine rollout and ask them to commit to a barrier-free vaccination process. There should be no roadblocks to immunity.
- <https://www.marchofdimes.ca/en-ca/aboutus/govtrelations/elections/Pages/Mission-Immunity.aspx>
- **U.S.A. Action Toolkit for Vaccine Equity:** Created by Senior and Disability Action, #NoBodyIsDisposable Coalition, California Foundation for Independent Living Centers, and others
- https://docs.google.com/document/d/1pHfzTMZ4x2A3EFcGP7UrFDIMy1poy1Ao6_y8m0xaEZU/edit?fbclid=IwAR3ucR_uDFfxSczku7YRbc6oCKxfV548ab39sh6mKVy_WyWj24SgVjBrBhY

Objective 7: Resources

Ontario and Canada Information on COVID-19

- <https://covid-19.ontario.ca/>
- <https://www.ontario.ca/page/vaccines>
- <https://covid-19.ontario.ca/covidalert>
- <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines.html#b2>

19 to Zero United Against Covid-19

19 To Zero is a dedicated coalition of academics, public health experts, behavioural economists, and creative professionals working to understand, engage with, and ultimately shift public perceptions around COVID-19 behaviours and vaccination.

- <https://www.19tozero.ca/>

Objective 7: Resources

- **World Health Organization (WHO)** Science in 5 is conversation in science.
- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/media-resources/science-in-5>
- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/media-resources/science-in-5/episode-25---vaccines-explained>
- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/media-resources/science-in-5/episode-16---covid-19---how-do-vaccines-work>
- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/media-resources/science-in-5/episode-24---vaccine-myths-vs-science>
- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/media-resources/science-in-5/episode-1>
- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/media-resources/science-in-5/episode-18---covid-19---immunity-after-recovery-from-covid-19>

Objective 8:

Question and Answers

Resources, Evaluations & Thank You

- Resources: PowerPoint, Vaccine Resources, and Zoom Recording
- 5 Zoom Poll Evaluation Questions
- Thank you for your time & participation

CILT & Timothy Valyear Contact Information

Centre For Independent Living in Toronto

365 Bloor Street East, Suite 902,
Toronto, Ontario M4W 3L4

Tel: (416) 599-2458, TTY: 711

DF Hotline: 1-800-354-9950

Fax: (416) 599-3555

E-mail: cilt@cilt.ca

Website: www.cilt.ca

Twitter: @CIL_Toronto Facebook:
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