COVID-19 Vaccine:
5-11 Implementation Package

November 24th, 2021

Note:
The information in this document continues to evolve as guidance from NACI and the province is updated

Ontario

5-11 Implementation Package - Table of Contents

The contents of this onboarding package are intended to support PHUs and other delivery channels as they plan to administer vaccines for children aged 5-11.

This package will review key readiness elements and resources specific to the vaccination of 5–11 year olds:

Ontario

5-11 Implementation Package | Context

The 5-11 vaccination roll out is a major initiative to protect children, keep children in school, and get Ontario back on track to normalcy.

Insights

- COVID-19 vaccine administration for children 5-11 **differs** from the approach used for those aged 12-17 and adults.
- Research identifies **increased hesitancy** and a need to **focus on public awareness and education** to increase vaccine confidence as priorities for this age cohort; **engaging and informing legal guardians** of this age cohort will be critical.
- To provide the greatest degree of coverage to the 5 to 11 age cohort, PHUs will be **adopting multi-modal approaches** to vaccine delivery.
- **Mass immunization clinics, pharmacies, primary care, mobile teams, vaccine-to-client, pop-up clinics, and school-based clinics** will be leveraged to vaccinate this population effectively and efficiently.

Key implementation considerations

- Vaccine confidence (e.g., low vaccine confidence and needle fears)
- System capacity (e.g., HHR & site availability)
- Equitable access to vaccines across Ontario
- Accessibility (e.g., mobility, seasonal constraints, child-friendly clinics)
- Security preparation (e.g., protests, security protocols, police awareness)

Eligibility - 5-11 Age Cohort

Eligibility:
- Based on year of birth rather than date of birth
- Children must be turning five years old by the end of 2021 (born in 2016). Advice pending from OIAC for children born in 2017 for Jan 2022
- If a child turns 12 after they receive the first dose, they should get the adult 30mg dose as their second dose.

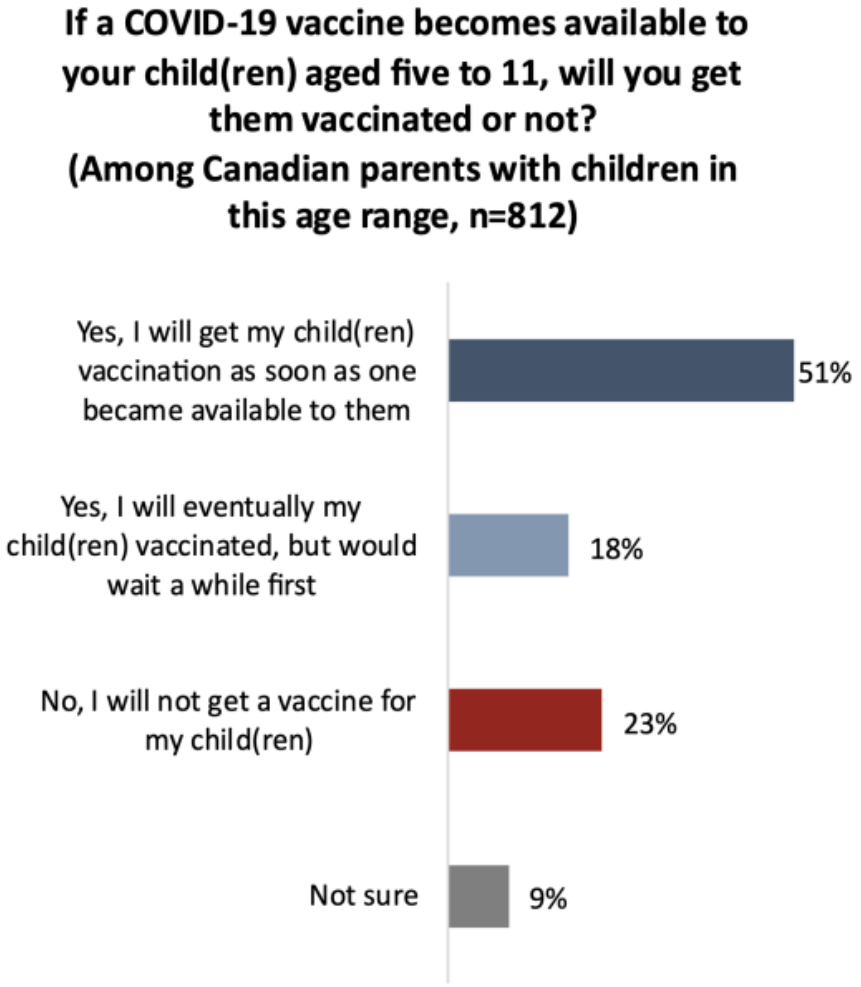
Interval:
- Using an 8-week interval between first and second dose

Co-administration:
- Coadministration will not be permitted for 5-11 year olds (COVID vaccine will need to be given 14 days before or after any other vaccine)

Updated provincial guidance for COVID-19 Vaccination Administration can be found here

Ontario

Angus Reid Institute – Study Results



- The Angus Reid Institute conducted an online Canadian-wide study which found that 75% of parents surveyed intend on vaccinating their child aged 5-11.
- There is a substantial amount of regional variation, with approximately 15% of those with children aged 5-11 living in BC, Ontario, and Atlantic Canada reporting that they would not vaccinate their kids, compared to nearly 30% in Alberta, Saskatchewan and Quebec.
- Two-in-five (38%) parents whose household income is less than $50,000 say they would be willing to do so right away, compared to 59% among those earning more than $100,000.

Source: Angus Reid Institute (ARI)

The Angus Reid Institute conducted an online survey from Sept. 29 to Oct. 3, 2021, among a representative randomized sample of 5,011 Canadian adults

Vaccine Confidence

Overview

- Research from McMaster's School of Nursing outlined several reasons for a lack of vaccine confidence among parents, including:
  - A strong desire to make their own choices about the health of their children
  - A preference for perceived alternative treatment options
  - Concerns over adverse effects of vaccination
  - A lack of information regarding vaccines
  - Constantly changing information provided by healthcare professionals, some of which is perceived as contradictory

- **Opportunity to reach vaccine-hesitant individuals through trusted channels**, particularly through primary care providers, community healthcare partners and other channels to encourage vaccinations among this age cohort.

- For healthcare professionals, addressing vaccine hesitancy is best done through the **3A (Ask, Answer, Act) approach**
  - Asking parents and caregivers about any concerns they have
  - Answering those questions with clinical information in **an easy-to-understand and compassionate manner free of judgement**
  - Acting to schedule and administer vaccinations as appropriate.

At the PHU level, **direct outreach** in the form of **reminders, phone calls, emails and public communication campaigns** can help encourage uptake among the 5-11 cohort.

Partnerships with community leaders, including teachers, religious leaders and other ambassadors can help improve confidence in hesitant populations.

Vaccine Confidence

Readiness Requirements

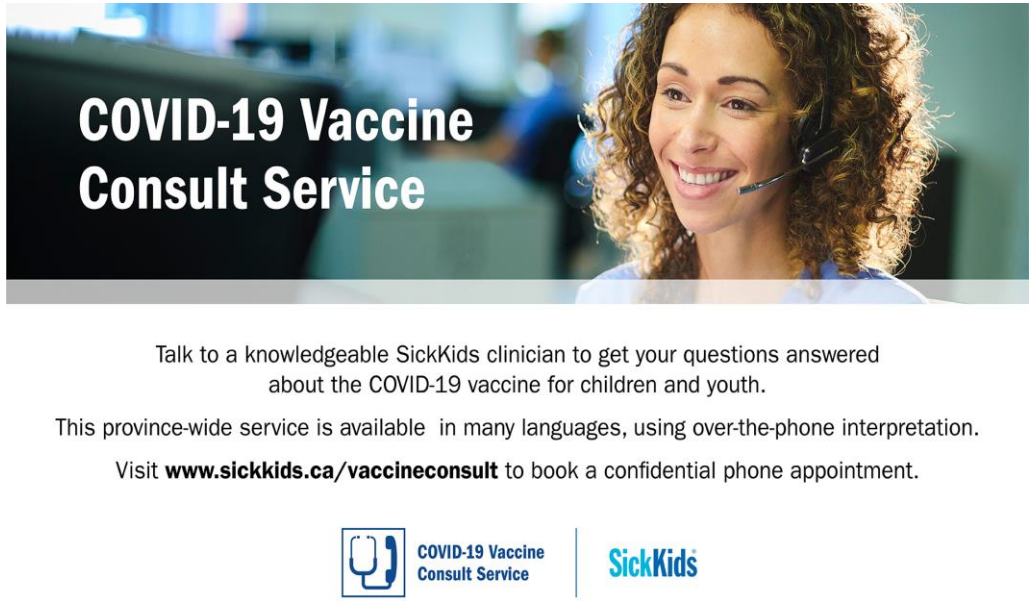
Pre and Post Vaccine Patient Information

- ✓ Encourage parents to familiarize themselves with information about the COVID-19 vaccine using the Canadian Paediatric Society's Childhood Immunization Education Module.
- ✓ Answer key patient questions and address vaccine hesitancy using the COVID-19 Vaccine Information Sheet.
- ✓ Help children prepare for vaccination by following the strategies outlined in the School Vaccine Student Resource, including cut-out cards to help them remember key tips.
- ✓ Provide parents and children with the COVID-19 Aftercare Infographic that provides information on how to manage the effects of vaccination.

Resources for Paediatricians and Family Physicians

- ✓ The Canadian Paediatric Society has provided directory of resources for paediatricians to help health professionals educate families on COVID-19 vaccination.
- ✓ The Ontario Ministry of Health has developed a set of COVID-19 vaccine FAQs to guide your advice to patients.
- ✓ Read this document on Supporting Conversations with Youth about the COVID-19 Vaccine by the Ontario Association of Children's Aid Societies.
- ✓ Review these resources on the CARD System put together by SickKids
- ✓ The Vaccine Hesitancy Guide presents advice, scripts, and resources to help navigate conversations about COVID-19 vaccines with hesitant patients. These have been developed with clinicians from across Canada

Resource Highlight:
SickKids COVID-19 Vaccine Consult Service



- SickKids has developed a COVID-19 Vaccine Consult Service (VSC), available to all parents and caregivers, to answer specific questions and concerns related to the COVID-19 vaccine for children, especially for children with complicated medical histories or specialized needs.
- SickKids has engaged with pediatric vaccine experts (Children's Vaccine Table)
- SickKids is developing a robust communications plan with all children's hospitals across Ontario to improve vaccine confidence.
- Partnerships are in place with CHEO, Holland Bloorview Kids Rehabilitation Hospital, McMaster Children's Hospital, and Children's Hospital LHSC to support children and youth who require additional support for vaccination.

Resource Highlight: Max The Vax Campaign

- Sticker takeaway for children to showcase their participation in the COVID-19 vaccine campaign and demonstrate pride in doing their part to protect others
- Partnered with Ontario Association of Children's Aid Societies and COVID Vaccine Facts to promote credible resources for vulnerable children, youth, & families
- Resource webpage with content and links for caregivers and kids – www.oacas.org/maxthevax
- Connecting with:
  - Ontario's children's hospitals
  - Vaccine clinics
  - Indigenous Child and Family Well-Being Agencies
  - MCCSS partners- including CASs, shelters, group homes, youth justice facilities

COVID VACCINE FACTS
Ontario Association of Children's Aid Societies
19 TO ZERO
THIS IS OUR SHOT #TogetherAgain
skip solutions for kids in pain pour la douleur chez les enfants

Consent for 5-11 Age Cohort

There is no minimum age to consent to treatment in Ontario. Rather, Ontario uses a **capacity-based consent model**. A person is capable of consenting to treatment if they can understand the information that is relevant to making the decision and are able to appreciate the consequences of the decision.

The consent process for the 5-11 age cohort follow the same process used for the COVID-19 vaccination program to date. **However, the 5-11 age cohort will not have the same capacity to consent for themselves as older cohorts and will require parental consent before receiving the vaccine in most cases.**

Where a child is found by a health practitioner to be incapable of consenting to receive the COVID-19 vaccine, **a proxy decision-maker, such as a parent or legal guardian, may consent on their behalf.**

Consent to receive the COVID-19 vaccine should be collected directly in COVax, using proxy-based consent if needed. The MOH youth/children paper consent form has been updated to include individuals aged 5-11 following Health Canada authorization and can be used if COVax is not available.

Where a proxy decision-maker provides consent for the COVID-19 vaccine to be provided to an individual, **that decision-maker may also consent to the collection, use and disclosure of personal health information** related to the individual where the collection, use and disclosure is a necessary part of the treatment.

The MOH children/youth vaccine information sheet has been updated to include information on the pediatric Pfizer vaccine, and should be provided to child, or if the child is incapable of consenting, to their substitute decision maker for the informed consent process.

Public Health Units can use their discretion, in collaboration with school board partners to determine whether formal consent processes are required for in-school vaccination clinics.

Note: The consent form link will be updated upon HC approval

Ontario

Clinic Planning and Site Readiness

Readiness Requirements

- ✓ IPAC measures in place
- ✓ HHR plan has been established for vaccine administration and data collection
- ✓ Scheduling process or system in place, with a mechanism to fill spots in case of cancellation
- ✓ Protocols for vaccine administration including consent process, screening, and post-vaccination recovery tailored to children's needs in place
- ✓ Patient movement protocols in place and tested/dry runs complete
- ✓ Immunization supplies and PPE are available (VAS kits to come 1:1 with allocation)
- ✓ Paper consent and screening forms available for clients who decline consent to data collection
- ✓ Process to store paper consent forms established, and ownership/accountability of forms determined
- ✓ Process in place to monitor for adverse events following immunization such as allergic reactions and reporting of events to local public health unit (per standard practice), and AEFI reporting forms reviewed
- ✓ Protocol in place for tracking vaccination administration coverage where appropriate
- ✓ Leverage Government of Ontario's Primary Care Playbook; steps to clinic set up tailored to primary care setting

Clinic Planning and Site Readiness

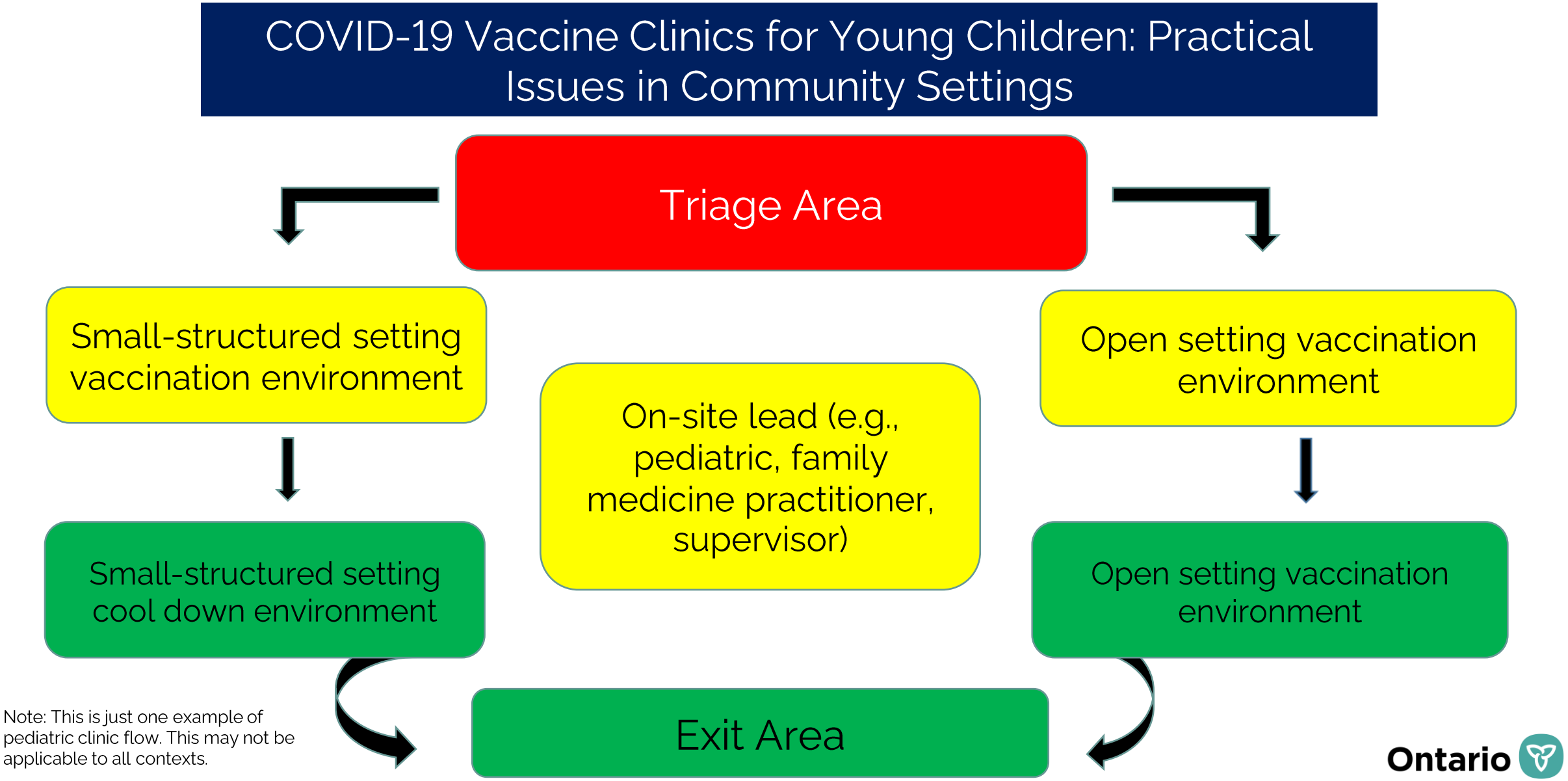
Site Planning Considerations

- ✓ Vaccinating children aged 5-11 may require more time to get them comfortable, talk through any questions, and administer the vaccine. Plan longer appointments and account for lower throughput as a result.
- ✓ Ensure additional space for vaccinating this age cohort, as parents and siblings will likely stay with children aged 5-11 as they are vaccinated. Consider allowing other family members to be vaccinated within a single appointment.
- ✓ Do your best to maintain a friendly and comfortable demeanor and find ways to distract hesitant or anxious children from the actual act of receiving a needle, such as asking questions or singing songs.
- ✓ Consider sensory friendly clinics if there is local demand.
- ✓ Younger children may also find it harder to wait in line for long periods of time. Consider having resources like games, books or other distractions available to prevent children from getting angsty.
- ✓ Clearly communicate through promotional materials and booking systems that patients should arrive shortly before their appointment times to prevent crowding and longer waits than necessary.
- ✓ Consider a dry run of the clinic's flow with staff to identify any possible optimization opportunities.
- ✓ All considerations within the clinic geared for children should be handled with strict IPAC measures. All resources provided should be disinfected and cleaned.

Supporting Sources

- All relevant MOH information and planning resources
- Public Health Playbook for the COVID-19 Vaccination Program (see Toolkit)
- COVID-19 Checklist V3.0 - outlines a clinic operation planning checklist to support your planning
- User Guide for HHR Matching Portal for recruitment of HHR
- AEFI and Anaphylaxis Reporting Forms
- Resources and accommodations such as sectioned off rooms and distraction toys for the children are admissible through the public health unit COVID-19 extraordinary cost reimbursement process.

Example of pediatric clinic flow:



Note: This is just one example of pediatric clinic flow. This may not be applicable to all contexts.

Source: Dr. Upton Allen – SickKids

Clinic & Site Planning Considerations

Considerations: COVID-19 clinics for children

When planning consider:

- Clinic size and noise level
- More privacy to not see vaccinations of others
- Short wait times

Immunization rate:

- May be slower if takes more time to answer parents' questions and make children feel ready to be vaccinated
- Parents likely already vaccinated so have some familiarity
- Vaccinating siblings together may speed the rate up

Considerations: COVID-19 school-based clinics

- Scheduling for each school
- Liaison and coordination with the school
- Appropriate locations in the school and flow of the clinic
- Information sheets and consent forms, including in multiple languages
- Communications with the parents to address questions and concerns
- Number of staff and volunteers based on anticipated number of children to vaccinate
- Transportation to and from the schools for equipment and vaccines
- Getting students to and from each class
- Identifying each student
- Contacting parents as needed

TO DO:

In the clinics, try to keep it light:

✓ Costumed characters
✓ Jugglers
✓ Magicians
✓ Non-latex balloons

At the tables:

✓ Distracting objects or toys for kids to hold or play with
✓ Consider ease of cleaning
✓ Picture books
✓ Find the object
✓ Stickers

AVOID:

x Congregation of groups of children in the waiting area
x Music – makes it hard to hear and need to talk louder
x Food – need to take off masks (unless it is wrapped to go)

Source: Public Health Agency of Canada (PHAC)

How to plan a culturally-safe pediatric clinic

Identify communities that require additional resources

Is there **a High Priority Community (HCP) Lead Agency**?

Yes - engage and **partner** with them to develop a culturally safe approach; generate vaccine confidence

No - identify the demographics of the community and **engage and empower community groups** in the planning process

Partner with the schools - leverage their trusted communication channels and locate clinics within them

If the community is largely **diverse,** ensure your **vaccinators look like the community** to make children more comfortable

Design the clinic **in partnership with lead agencies, schools and parent groups** (see planning tips on next slide). Ensure socio-demographic data is being collected.

Tips for culturally safe pediatric vaccination, as applicable

Location and Physical Design

In vaccine-hesitant communities creating a multipurpose clinic has helped bring families in by offering relevant services such as haircuts, preventative care, counselling, etc. **Removing the distinction** between those receiving vaccines. (e.g., Black Creek)

Offer a range of vaccination clinics based on the community: in-school to accommodate working parents with explicit parental consent, by appointment, walk-ins, etc.

Sectioned-off stations in rooms for **privacy and reducing the psychological impact** of needles on children.

Deploy the **mobile vaccination bus to trusted locations** (e.g., faith-based centers).

Offer family-style clinics where adults can receive their 1st, 2nd or 3rd dose along with their child.

Children's Support, Engagement and Distraction Strategies

Offer multiple positive experiences for children: (e.g., animal pictures on the walls, puppet show, iPad for use during vaccination with calming apps, stickers), engage child in identifying coping strategies they have used successfully in the past i.e. deep breathing, visualization, holding on to comfort items (etc.) **Education prior to appointment**: "it doesn't hurt" video.

Identify Trusted Community Members

Ensure **trusted community members attend the clinic**: early childhood education (ECE) Specialists, teachers,, trusted personnel, children's treatment center staff, faith leaders, etc.
Ensure the **vaccinators look like the community** they serve.

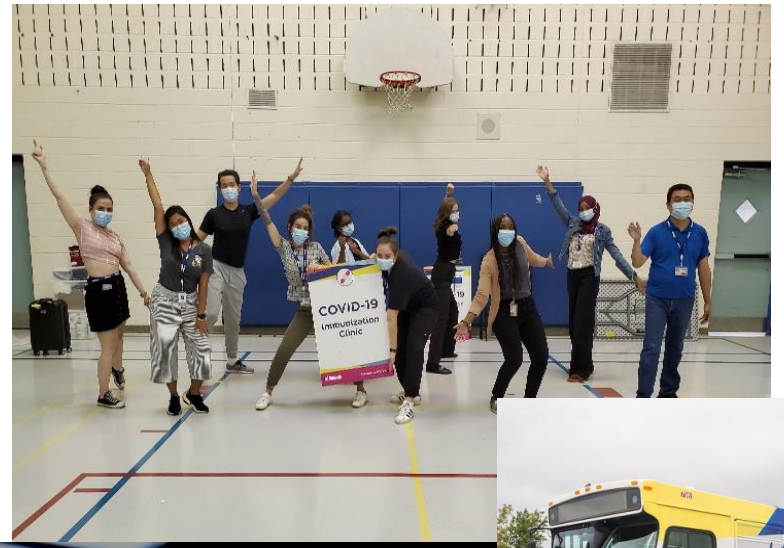
Vaccinator Profiles

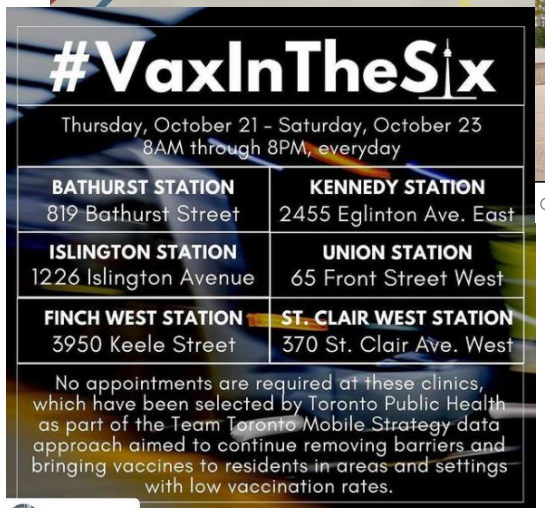
Clinic & Site Planning Considerations

Case Study: Toronto Public Health

CYRT Youth Mobile Clinics

- TPH worked with healthcare partners and Toronto's school boards to offer Mobile Vaccine Clinics in neighbourhoods where youth vaccine uptake has been low.
- Clinic locations were selected based on their transit and walking accessibility within their communities, and include:
  - Workplaces, schools, post-secondary education, childcare and places of worship and;
  - Locations and areas where people commonly go, including TTC stations, grocery stores, parks, sports, and recreational facilities, and malls.
  - Hyper-local clinics in targeted neighbourhoods with lower vaccine uptake among three specific age groups (ages 12 to 17, 25 to 49 and residents 65 and older).
- TPH has also maintained close CCM of youth vaccination rates and COVID-19 outbreaks at schools. In the event of an outbreak, in-person clinics have been scheduled at schools to help increase vaccine coverage and reduce community transmission. This approach could be considered for primary schools for the 5-11 cohort, as well as other locations where children aged 5-11 normally visit, such as recreational centres.
- The CYRT youth mobile clinics were planned and implemented in response to low numbers of individuals accessing COVID-19 vaccination clinics. Even without all the necessary resources to begin, a small team with no prior experience running vaccination clinics, mobilized quickly and effectively to vaccinate many residents.
- Over a six-week period, 1,030 people were vaccinated at 41 mobile clinics at various locations in the northwest quadrant of the city.





Source: Toronto Public Health

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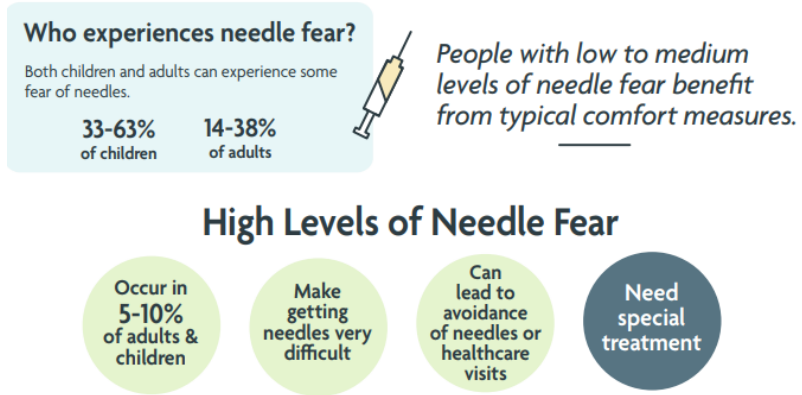
Pediatric Pain Management

Overview

- **In Ontario**, among the roughly one million children aged 5 to 11 who will be eligible to receive the Pfizer COVID-19 vaccine, caregivers of approximately **600,000 will be interested in getting their children vaccinated.**
- In Canada, about **1 in 4 adults report they are afraid of needles**, and about **1 in 10 report** that **concerns about needle pain influence their decision to get vaccinated**.
- We know up to **two thirds of children experience some form of needle fear**, with 5-10 percent reporting high levels of needle fear that makes receiving a vaccination difficult and can require special treatment to address.



Source: Needle Fear: When It Gets in the Way – Immunize Canada

Pediatric Pain Management Strategies

- No aspiration
- Sitting up during vaccine injection
- Education of parent/caregiver about pain management before and on the day of immunization
- Education of child about pain management on the day of immunization
  - Give information on what to expect (the procedure and how it will feel) as well as suggestions to assist the child
- Topical anesthetics prior to vaccine injection
- Presence of parent/caregiver during vaccine injection (≤ 10 years of age)
- Distraction, special object, toy, electronic device, singing, counting

Pediatric Pain Management

SickKids | AboutKidsHealth

Pre-Vaccination

Education of patients and caregivers
- Hand out CARD pamphlets while patients are waiting.
- Hand out vaccine information.
- Post signage that tells people what will happen.

Assessment of patients
- Screen patients for level of fear of needles and past history of fainting.
- Triage patients by level of fear and provide topical anesthetics for those who want it.
- Review CARD and answer any questions that patients have

Post Vaccination

- Screen for adverse reactions.
- Suggest patients squeeze their knees together if they feel dizzy.
- Provide and/or allow the use of distraction items.
- Obtain feedback about the experience to inform future practice.
- End visit on a positive note (e.g., Thanks for getting vaccinated. You did a great job relaxing!) and provide a reward (e.g., sticker, photo, treat)

During Vaccination

- Foster a **calm environment** and **be positive.**
- **Review patients' medical history**, including fainting and level of fear about vaccination.
- Answer **patients' questions.**
- Communicate using **neutral language** (e.g., How do you want me to let you know when I am ready to give you the vaccine?).
  - Do not use words that elicit fear (e.g., the needle "stings") and do not use repetitive reassurance (e.g., you'll be fine) or dismiss concerns
- Provide **balanced information**.
  - Do not say that vaccination will not hurt. Instead, describe sensations (e.g., Some people say they feel "pressure" or a "pinch" or nothing at all) and duration (e.g., it lasts "about a second") and invite patients to tell you how it felt (e.g., I don't know how it will feel for you. Let me know how it felt when we are done
- **Provide distraction items** for patients that do not have their own but would like to be distracted (in keeping with infection control and prevention guidelines).
- **Ask patients which arm they want vaccinated**. If there is no preference, inject the non-dominant arm.
- **Encourage patients to relax their arm** and keep it still during the injection (e.g., I have a couple of jobs for you to do to help me – first, relax your arm so it is loose or jiggly; second, keep your arm still)
- Inject patients sitting upright **(for children they may sit on a parent's/guardian's lap)**

Source: SickKids - CARD

Pediatric Pain Management

The CARD system (Comfort, Ask, Relax, Distract) was developed to reduce stress during vaccination.

It provides **four categories** of evidence-based activities that health-care providers and patients can play to have a better vaccination experience.

Resources

1. CARD: Improving the Vaccination Experience
2. CARD Summary
3. CARD Vaccination Handout
4. CARD YouTube Video
5. Needle Fears Resource

Source: SickKids - CARD

Pediatric Pain Management

Solutions for Kids in Pain (SKIP) is a national knowledge mobilization network incorporated as a not-for-profit organization.

Resources

- Needle Pain Management for Vaccinations & More Solutions for Kids in Pain (SKIP) - #ItDoesntHavetoHurt
- COVID-19 Vaccine Hesitancy & Needle Fear Survey (June 2021)
- Needle Pain and Phobia: How to avoid fear of needles and vaccines (Video with Dr. Andrea Furlan, MD, PhD)
- Child Life Specialist Infographic
- Mom Hack: When Kids are Afraid of Needles video (YMC & SKIP)
- Highlight sheet from a Q&A with Dr. Taddio & Dr. McMurtry
- Parents Canada infographic on needle pain
- All About Me – Booklet for kids who are receiving vaccination/shots

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Pediatric Vaccine Clinical Information

Health Care Provider & Patient Education

- ✓ The COVID-19 Vaccine Approval Process and Safety document establishes the process by which vaccines are approved in Canada and can be used to address concerns around vaccine safety
- ✓ An overview and FAQ document of the Pfizer vaccine can be used to educate patients on the foundations of vaccinations and address common points of uncertainty
- ✓ The COVID-19 Pfizer-BioNTech Vaccine Administration document addresses clinical precautions, recommended patient groups, side effects and adverse events following immunization, as well as the storage, stability and disposal of the Pfizer vaccine
- ✓ Ontario's COVID-19 Vaccine Administration guidance document.
- ✓ Children specific education documents, including: Children Vaccine Information Sheet, What Youth Need to Know About Their COVID-19 Vaccine Appointment

Patient Education

Pre and Post Vaccine Patient Information

- ✓ Provide vaccine recipients with instructions on how to prepare for their vaccine as well as aftercare instructions and guidance via the Ministry of Health What You Need to Know About Your COVID-19 Vaccine Appointment and After Your COVID-19 Vaccine Documents

Consent Forms

- ✓ COVID-19 Youth and Children Vaccine Consent Form
- ✓ COVID-19 HCP Script V2.0 - Outlines a script for health care providers to use before vaccination
- ✓ COVID-19 Consent for Collection, Use and Disclosure of Sociodemographic Information

Pediatric Pfizer	
Doses per vial	10
Vials per tray	200
Label colour	Orange
Transportation	Either at -90C to -60C or at 2C to 8C
ULT freezer storage time	At -90C to -60C up to 6 months after the manufacturing date
Refrigerated storage time	Within those 6 months, can be stored at 2C to 8C up to 10 weeks
Unrefrigerated storage time	24 hours at room temperature; no more than 12 hours post-puncture (post-dilution)

Pediatric Vaccine Clinical Information

The following provides a comparison of the Pfizer-BioNTech Comirnaty adult/adolescent COVID-19 vaccine formulation and pediatric COVID-19 vaccine formulation:

	Adult/adolescent formulation	Pediatric formulation
Age	12 years of age and over	5 (birth year of 2016) to less than 12 years
Color	**Purple**	**Orange**
Diluent	**1.8 ml**	**1.3 ml**
Dose	**0.3 ml** (30 micrograms)	**0.2 ml** (10 micrograms)
Doses per vial	**6**	**10**
Potential allergens	Polyethylene glycol (PEG)	• Polyethylene glycol (PEG) • Tromethamine (Tris)
Post-dilution time Can be at room temperature	6 hours	• 12 hours
Ancillary supplies	Low dead volume needle/syringe	Low dead volume needle/syringe
Storage	• Ultra-frozen until expires • Frozen for 2 weeks • Refrigerator for 31 days • Room temperature 8 hours: 2 hours pre-puncture; 6 hours post-puncture (post-dilution)	• Ultra-frozen until expires • Refrigerator for 10 weeks* • Room temperature: 24 hours; no more than 12 hours post-puncture (post-dilution)
Transport	• Ultra-frozen or frozen • If thawed, 12 hour maximum	• Ultra-frozen • If thawed, no limit TBD*

Source: Public Health Agency of Canada (PHAC)

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Pediatric Vaccine Co-Administration

- During the flu season, and particularly since many individuals have missed routine immunizations during the pandemic, administering all vaccine doses for which a person is desirable for optimal protection against all vaccine-preventable diseases.

- Unlike adolescent and adult populations, COVID-19 vaccines for children 5-11 years old should not routinely be given concomitantly (i.e. same day) with other vaccines (live or inactivated) at this time (NACI). In the absence of evidence, it would be prudent to wait for a period of at least 14 days BEFORE or AFTER the administration of another vaccine before administrating a COVID-19 vaccine to prevent erroneous attribution of an AEFI to one particular vaccine or the other.

- However, this suggested minimum waiting period between vaccines is precautionary and therefore concomitant administration or a shortened interval between COVID-19 vaccines and other vaccines may be warranted on an individual basis in some circumstances.

- These circumstances may include:
  - when there is a risk of the individual being unable to complete an immunization series due to limited access to health services or being unlikely to return at a later date;
  - when an individual may not return to receive a seasonal influenza vaccine;
  - when another vaccine is required for post-exposure prophylaxis;
  - when individuals require accelerated vaccination schedules prior to immunosuppressive therapy or transplant; and
  - at the clinical discretion of the healthcare provider

Adverse Events Follow Immunization (AEFI) for 5-11 Vaccination

- Health Canada is currently conducting a rigorous review of the Pfizer-BioNTech Comirnaty COVID-19 vaccine study data for 5–11-year-olds. COVID-19 vaccines are only authorized by Health Canada if they are safe, effective and the benefits outweigh any potential harms.

- Clinical trial data suggests that reactogenicity patterns in children aged 5-11 were generally similar to those previously observed in individuals over 12. Children less than 12 tended to have less severe systemic events (including fever and chills) after vaccine doses of 10 µg compared to individuals over 12 that received the 30 µg vaccine doses (FDA, 2021).

- No cases of myocarditis/pericarditis, thromboctyponeia, anaphylaxis, Bell's palsy/facial paralysis, meningitis, VTE or MIS-C were reported in the study (FDA, 2021).

- Ontario has a robust vaccine safety and surveillance program to monitor and identify adverse events following immunization.

- The process for reporting AEFIs from the vaccine for 5-11 year olds will follow the same process as other age cohorts.

General Reporting Process: Adverse Events Follow Immunization (AEFI)

COVID-19 Vaccine Administration

Version 2.0 November 15, 2021

Guidance on reporting adverse events following immunization (AEFI) for health care providers

Health care providers administering vaccines are required to inform vaccine recipients or their parent/guardian of the importance of immediately reporting adverse events following immunization (AEFIs) to a physician or nurse in accordance with Section 38 of the Health Protection and Promotion Act (HPPA). Vaccine recipients or their parent/guardian may also contact their local public health unit to ask questions or to report an AEFI.

Specified health care providers (e.g., physicians, nurses and pharmacists) have a duty under s.38 of the HPPA, to report AEFIs to their local public health unit.

- If you use an integrated EMR, Providers can click on eReferral button to send AEFI digitally:
  - Patient information can be pulled directly from your EMR
    - The COVID-19 AEFI submission is documented in your EMR
    - If you are not using eReferral yet and are interested in setup, please send an email to: eReferral@ehealthce.ca
    - OR,
      - Ontario AEFI Reporting Form

See Public Health Ontario's vaccine safety webpage and Fact Sheet - Adverse Event Following Immunization Reporting For Health Care Providers In Ontario (publichealthontario.ca) for additional guidance.

The Ontario Ministry of Health in collaboration with Public Health Ontario monitors reports of AEFIs. This monitoring is done in collaboration with the Public Health Agency of Canada and Health Canada

Security Considerations

Overview

As eligibility for COVID-19 vaccines expands to the 5-11 age cohort, Ontario's PHUs have reported increased protests near clinics and security breaches at PHU offices. It is incumbent upon PHUs to take adequate steps to maintain the safety of their patients and staff.

Threats to PHUs, their staff and their vaccine supply can come from both internal and external sources. The remedy of any security vulnerabilities rests with the vaccine storage location or clinic.

- **Having policies and procedures that support physical security** reinforces to personnel and visitors that the organization/site management takes security seriously; extend policies and procedures to staff safety (e.g. travel in pairs, do not engage)
- It is important to **invest in quality physical security measures and practices** including frequent and random security inspections, recognized physical security products and vendors and regular system testing and maintenance.
- Consideration should be given to **proactively plan, train for or practice exercises** in order to mitigate any civil disturbance – such as protesters or unruly clients.
- Sites should **have a single point of contact on site** that is able to liaise with the local police to coordinate any response to situations and proactively plan and share known threats.

PHUs must ensure that all persons who have a responsibility for/ or access to the vaccines have:

- undergone background security clearance screening
- completed training on code of conduct, ethical behaviours and confidentiality

Security Considerations

Readiness Requirements

- ✓ Consultation with local police jurisdiction to discuss security requirements
- ✓ Review and implement security requirements by local police as needed
- ✓ Emergency situation protocols established and dry runs tested/complete
- ✓ Security plans for site and clinic operations in place
- ✓ Installation and constant maintenance/check of physical and operational security measures, such as cameras, access tokens, locks and alarms

Vaccine Security and Handling Checklist

- ✓ Is access to vaccines restricted to only those who have a responsibility for it?
- ✓ Is there a vaccine handling and accountability procedure?
- ✓ Is frequent inventory of the vaccine conducted for loss/theft/tampering/spoilage/spillage to be detected and investigated in a timely manner?
- ✓ Is there a clear process to report the discovery of wrongdoing by co-workers or discovery of a security vulnerability?

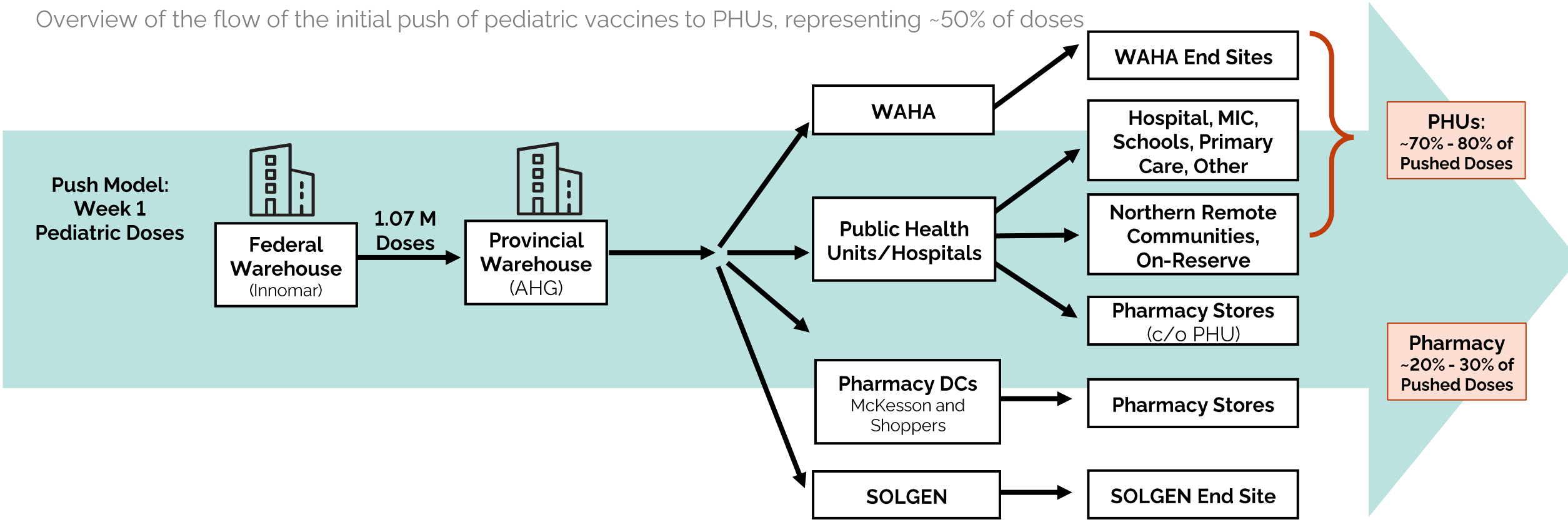
Supporting Resources

- ✓ Ontario's Police Services

Logistics & Inventory Management

Pediatric Vaccines Allocation Planning: Push Model

Overview of the flow of the initial push of pediatric vaccines to PHUs, representing ~50% of doses



Ontario

Logistics & Inventory Management

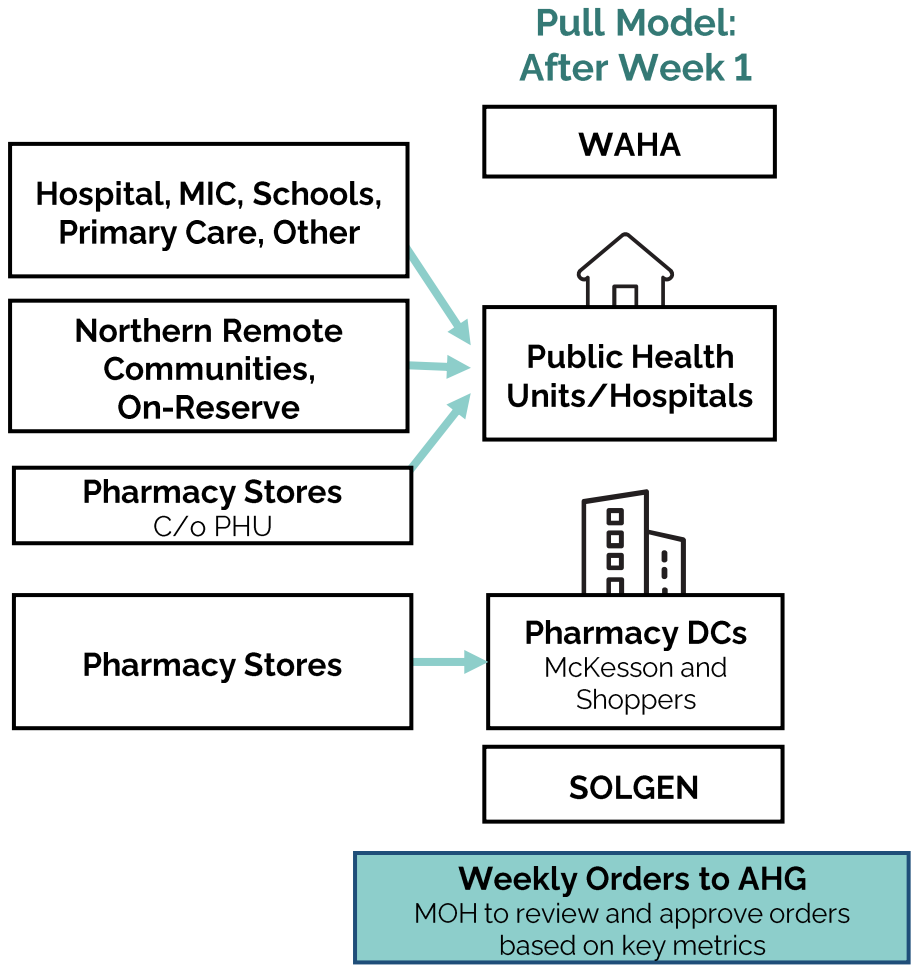
Pediatric Vaccines Allocation Planning: Pull Model (after week 1)

After the initial Week 1 push, allocations will switch to a pull model for two main reasons:

1. To **allocate doses where demand is the highest within each region**. As demand for vaccines becomes clearer, more vaccines will be allocated to preferred channels
2. To **minimize wastage given limited supply.** It is necessary to ensure there is no excess inventory available at end sites.

Pull Model Process

1. PHUs and Pharmacy DCs will order from AHG based on end site needs:
   - PHUs, Pharmacy DCs, SOLGEN and WAHA will be able to order by Wednesday of Week 2, for arrival the following week.
2. Orders will be reviewed weekly and approved by MOH (location and quantity) based on several key metrics:
   - Number of children remaining to be vaccinated in region
   - Inventory on hand
   - Administration from the previous week
   - Wastage (based on limited provincial allocation, low tolerance for wastage)
3. Wastage will need to be monitored carefully across all channels. As such, reallocation between PHUs will be on exception basis only to maximize the use of available inventory.



Pediatric Vaccines Allocation Planning: Issues/Risks

Issue/Risk	Description	Mitigating Strategy
AHG Storage	• Pfizer may not agree to storing large quantities of vaccine at AHG	• Continue to engage Pfizer to monitor any change in approach • Leverage Pharmacy DC and End Site direct deliveries as required
PHU Distribution to Pharmacy	• PHUs with under 10,000 5-11 population will require support to distribute vaccines to pharmacies in their region	• Leverage Pharmacy DC in those PHUs after initial rollout if required
Vaccine Expiry Date	• Pfizer pediatric vaccine is currently slated to expire on February 13, 2022	• Monitor Pfizer application for extension of product expiry date • Use 1st shipment vaccines ahead of any new product to minimize wastage
Wastage	• There are 1,070,190 Children 5-11 in Ontario and the Province will receive 1,076,000 Pediatric Pfizer vaccines as its 1st shipment leaving a very low margin for wastage	• Minimize movement of doses between end sites • Leftover doses from 1st dose uptake should be used for 2nd doses where possible as product can remained viable for 10 weeks in refrigerated state • Monitor end site wastage
Demand	• Demand at specific sites might be higher than the initial push allocation	• First push is meant to cover 50% of doses, which should be enough supply for multiple weeks • Additional doses at AHG can be rapidly deployed to meet surge in demand at specific sites
Pharmacy/PHU Split	• Pharmacy channel may feel that they can administer more than 20% of the overall cohort	• Current set of pharmacy stores/qtys are based on the first week of shipments only • Following weeks shipments will be determined by demand and what channel is seeing the uptake for 5-11

Ontario

Logistics & Inventory Management

Pediatric Vaccines Allocation Planning: Key Takeaways

1 **Initial Push Model:** In Week 1, ~50% of children's first doses will be pushed for administration, with ~70% - 80% going to PHUs and ~20% - 30% going to Pharmacies. Engagement was conducted with both channels to ensure readiness to administer.

2 **Move to Pull Model:** Following Week 1, channels will order vaccines through a pull model. MOH will approve all orders (location and quantity) to minimize wastage and maximize channel utilization.

3 **Monitor uptake and wastage:** Precautions have been put in place to minimize wastage given low margin for wastage. This includes the hybrid push-pull model, minimizing end-site deliveries, transporting in ULT and care of PHUs, and a robust approval model for new orders based on inventory on hand, demand, and wastage history.

Community Engagement and Partnerships

5-11 Equity Considerations

- Change the narrative from "targeting priority populations" to an equity-focused lens: "**no child left behind** – all communities are empowered to reach the provincial-wide vaccination level"

- Pre-clinic, PHUs should engage with community lead agencies to **generate vaccine confidence through community partnerships**.

- **Anatomy of the pediatric clinic** is essential due to the vaccine hesitancy in racialized communities
  - In communities where vaccination is controversial, a proven approach is to create a multi-purpose clinic to ensure privacy and remove the distinction between those getting vaccines and those seeking other services.
  - Offer mobile and pop-up clinics in trusted locations (e.g., faith centers, community centres)

- Vaccinator profile: **ensure the vaccinators look like the community these serve**; ensure they are trusted members of the community (e.g. early childhood education (ECE) Specialists, teachers, pediatric staff from the community, children's treatment center staff, faith leaders, etc.)

Community Engagement and Partnerships

Lifting Communities

- A list of suggested communities that may benefit most from an equity approach, identified based on: high volume of children aged 5-11 (split into two tiers). Communities within these PHUs were selected based on: high ethnic concentration, high material deprivation and low vaccination rates.
- A detailed list of FSAs is included on slide 49 of the appendix.
- Identified health units will be prioritized to receive additional provincial resources while requiring a commitment to an equity-based approach, ensuring no child is left behind in their vaccination campaign.

Tier 1 (50,000 + Children Ages 5-11)		Tier 2 (30,000 – 50,000 Children Ages 5-11)	
• Toronto Public Health	193,680	• Region of Waterloo Public Health	45,902
• Region of Peel	126,726	• City of Hamilton Public Health Services	42,165
• York Region	94,961	• Middlesex-London Health Unit	36,818
• Ottawa Public Health	76,442	• Niagara Region Public Health	31,338
• Region of Durham	56,966	• Windsor-Essex County Health Unit	31,028
• Halton Health Department	52,506		
*Data was referenced from IC/ES, Statistics Canada and Public Health Unit population projections			

Community Engagement and Partnerships

PHU & Local School Board collaboration

- **School board, school and education leaders are critical** to the 5 to 11 vaccination strategy, as trusted partners in local communities.
  - To date, over 300 vaccine clinics in or nearby elementary and secondary schools have been planned to administer vaccines.

- To support 5-11 vaccination planning, all school boards are asked to:
  - **Work with local PHUs** to have plans in place to **host vaccination clinics** in or near schools beginning this calendar year.
  - **Prioritize the use of school space** to support these clinics, which can operate before, during, or after school hours, including weeknights, weekends and over the holidays.
  - **Communicate frequently with parents and families,** share facts and point them towards **credible information**.

12-17 Case Studies

Toronto Public Health

- TPH meets regularly with Directors of Education, trustees, and principals to obtain feedback, answer questions and discuss upcoming initiatives.
- TPH provides COVID-19 support/guidance, consulting and assisting schools in identifying gaps and opportunities for improvement to IPAC measurements
- TPH has established a team of school nurses to provide COVID-19 and mental health and well-being support to elementary and secondary schools.
- TPH promotes mobile clinics with schools identified as a priority.
- TPH officials host townhalls and presentations for school staff, parents/caregivers, and students

Porcupine Health Unit

- As led by School Board leadership in Moosonee, education staff personally contacted every student and/or parent/guardian in this age group to schedule an appointment at PHU led community vaccine clinics.
- All vaccine related questions or concerns were transferred to Porcupine Health Unit vaccine trained staff for counselling.
- At clinics, school board staff were present and working in various roles.
- School staff were keen to share resources and link families and youth with health professionals to answer questions prior to clinics.

First Nations, Inuit & Métis (FNIM) – Considerations

5-11 FNIM

- Connect directly with local First Nations and urban Indigenous partners in advance to plan for capacity requirements and/or allow partners to highlight any issues/ barriers/concerns with vaccine administration.
    - If there are any barriers or capacity concerns, please flag for the Ministry what type of supports are needed.
- Keep First Nations and urban Indigenous partners organizations involved in the planning appraised of plans and communications, so they can relay information in a timely and clear manner to their members. For example, information such as when families will be able to book and where they can receive the vaccine, whether at an Indigenous site or other location.
- Where possible/applicable - consult with Indigenous partners and organizations to coordinate the administration of 5-11 vaccinations at an Indigenous led site.
- Leverage Indigenous health care organizations where applicable (AHACs, Friendship Centres, etc) to assist in disseminating information regarding the vaccine.
    - Use clear plain language messaging to provide information about the vaccine to attempt to mitigate vaccine hesitancy

Resources

- Information on local First Nations, Inuit and Métis health organizations or local Public Health Unit
- First Nations Health Authority: What you need to know about the vaccine
- Maad'ookiing Mshkiki: Sharing Medicine
- Vaccine hesitancy and First Nations, Inuit and Métis populations – Potential implications during COVID-19

5-11 Congregate Care Settings

- Children 5-11 years old in MCCSS licensed, funded and directly operated congregate care settings may be at higher risk of transmission and exposure of COVID-19 due to the nature of living in a shared setting. Settings also serve high-risk populations with complex health and mental health conditions. Vaccine administration for high-risk children in MCCSS congregate care settings will need to consider special accommodations for children with mental health and/or health conditions.
- MCCSS has prepared a list of site locations and contact information, including VAW/AHT, children's residential settings, and provincial and demonstration schools, for PHUs. If you have not received this list, please connect with Huma Durrani (Huma.Durrani2@ontario.ca) or covid.immunization@ontario.ca for a copy.

Equity

- There is an estimated 1,000 children under 12 in MCCSS congregate care settings, and more than half of this group reside in VAW/AHT settings where residents are highly transient. Consideration should be given to ensure equitable access to vaccinations.
- Strategies for improving access to children of individuals who access supports through the Ontario Works/Ontario Disability Support Programs and other parent resources would help support equitable access.
- Children will not be turned away because they are unable to produce government ID. In such cases, a letter attesting to the child's age/name from their school, physician or social service agency will suffice.
- For some youth, vaccine certificates remain difficult to access as they may lack digital devices or printers. Continued access to free printout services in public areas would support equitable access.
- Strong communication is required to inform settings and service providers of the appropriate forms of ID that can be used to accompany vaccination certificates. ID with an individual's name and birthdate is sufficient – photo ID is NOT required. In addition, photocopied IDs and digital IDs should also be accepted.

Consent

- Process for obtaining consent will need to consider unique circumstances of children living in group or foster care homes, Widely sharing consent forms well in advance will help information sharing and provide adequate time to seek consent.
- residential settings, and those seeking refuge in shelter settings.

Vaccine Hesitancy

- Potential for increased vaccine hesitancy amongst caregivers of children in this group.
- Increased hesitancy may stem from historical mistrust of government, lack of information, and existing complex mental and medical health needs.
- There is a need to focus on increasing awareness and education, leveraging trusted relationships and supporting access.

5-11 Congregate Care Settings

MCCSS Clients

MCCSS has provided lists of all children's residential settings by PHU for easier identification of these settings.

Children with Special Needs

Clients: Children may receive treatment for their developmental needs at Children's Treatment Centres (CTCs) or live-in residential settings.

Notes: As trusted organizations, CTCs have a role to play in parental education and awareness of vaccine safety.

Children & Youth in Mental Health Settings

Clients: Children and youth in a MOH funded, MCCSS licenced, residential settings for individuals with complex mental health needs. Large numbers of children are in the care of the Children's Aid Society.

Notes: Consent from parents may be required in advance. High potential for vaccine hesitancy.

VAW/AHT

Clients: Dependents of women escaping domestic violence/ human trafficking and seeking emergency VAW/ AHT residential services. Residents are in precarious living situations and may not have to access community clinics, including school clinics.

Notes: Population is transient and would benefit from targeted outreach, on-site vacations, or appointments with pharmacies for both adults and children.

Child Welfare

Clients: Children not living with parents and may be in group homes or with foster parents. Many children and youth residing in foster homes are vulnerable. A subset of these children may have complex special needs or medical fragility.

Notes: No onsite medical care in foster/most residential settings. Potential for complexity around consent. Pre-planning is integral

Key Contact Information

Child Parent Resource Institute (CPRI)

- Shannon Bain, Director | 519-858-2774 x 2010 | shannon.bain@ontario.ca
- Mallory Sullivan | 226-926-8871 | Mallory.Sullivan@ontario.ca

Empowered Kids Ontario (EKO)

- Children's Treatment Centres (CTCs) and their provincial association, EKO, can be reached using their member directory.

Ontario Association of Children's Aid Societies (OACAS)

- Marisa Cicero, Interim Director | 437-928-4049 | mcicero@oacas.org

MCCSS Regional Office Directors

- West Region – Linda Chihab (Linda.Chihab@ontario.ca)
- East Region – Jeff Gill (Jeff.Gill@ontario.ca)
- North Region – Sandra Russell (Sandra.Russell@ontario.ca)
- Toronto Region – Sherri Renni (Sherri.Rennie@ontario.ca)
- Central Region – Karen Singh (Karen.Singh3@ontario.ca)

Ontario

5-11 Congregate Care Settings

Key On the Ground Learnings from 12+ Vaccinations

Source: OACAS and SickKids*

Mass vaccination sites increased patient anxiety for already anxious families and children with special needs.

- The visual of a busy clinic, high noise level, the overwhelming amount of PPE on staff and lack of privacy attributed to patient anxiety.
- For children with needle phobias this was especially difficult because they could see needles everywhere in clinics that didn't have private spaces or dividers.
- Knowing that young children respond negatively when they witness other children in distress it was noted private rooms or at least having dividers is a must for the younger age group.

Successful Strategies

- Interprofessional team including RN's, CCC NP's, SW's, and Child Life Specialist* are important as they have the hands on skills to differentiate the experience for children with diverse needs.
- Drop in format preferable and increases access for families who have precarious transport or are unable to take time off for vaccination.
- Line management with helpers who are willing to assist in various ways e.g., hold a baby, walk someone up stairs, get water, have a chat, watch a Tik Tok, hype squad etc.
- Need to consider jurisdictional issues for young people placed outside of their home address. Interactions with foster carers and residential providers need to be considerate.

Sick Kids has vaccinated a large group of children with special needs who have attempted getting vaccinated in their communities without any success. Here are some specific tactics used that were successful:

- Opportunity for a nurse will talk to parents about any concerns or special needs their child has and plan accordingly with other staff, before the appointment.
- Drive-up option where parents and children remain seated in their car and a nurse will register and vaccinate in the car. This method has been successful because exposure to variables that may cause increased anxiety is very limited.

*See next slide for role of Child Life Specialist in Vaccination Settings

**OACAS and Sick Kids are trusted organizations with experience providing support to this group and act as trusted sources of information for parents and guardians who are seeking expert advice/opinions.*

5-11 Congregate Care Settings

Differentiating the Vaccination Experience for Children with Diverse Needs

- Identify children with special needs or high anxiety at registration.
- Work with parents to plan the best way for their child to cope through the appointment.
  - Work to speed up registration and wait times for highly anxious patients
  - Allocate private spaces to lessen environmental anxiety , offer non-medicalized spaces.
  - Accommodation for comfort positions (chair, stretcher, standing)
  - Assist parents in therapeutic holds to safely administer vaccine
  - Stem toys, stress balls
  - Numbing spray
  - Ice packs offered (some patients like the cold sensation on their skin before vaccinating to numb their skin, others used it on their foreheads if they felt faint)
  - Distraction with IPADS or ISPY games, music
  - Story boards with pictures about vaccine process for children who are non-verbal(this can be found on autismcanada.ca website)
  - Sibling support if present (part of our family centered care model)
  - Post vaccine family support

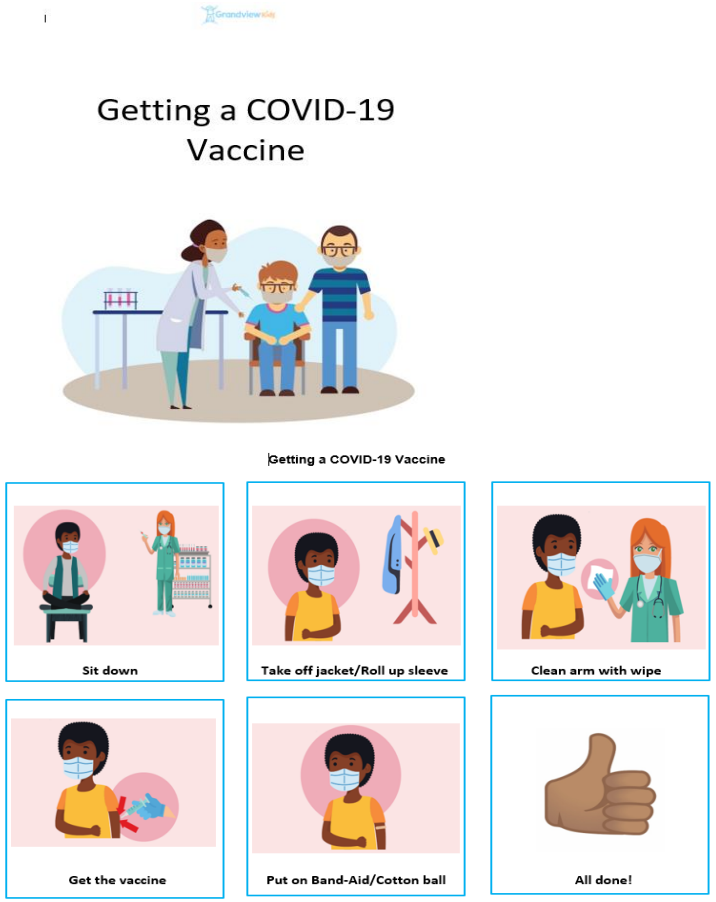
5-11 Congregate Care Settings

Best Practices for Vaccine Clinics for Children with Special Needs

Grandview Kids (Children's Treatment Centre) has shared the following tips and best practices for making the vaccine setting more comfortable and accommodating for children with special needs:

Provide a **story for the child to read ahead of time**

- Good for older kids



Provide a **Laminated Vaccine Checklist**

- Clients can check off the steps using dry erase markers

Provide **a Poppers Toy** as a **distraction**

- Easily wipeable

Provide **virtual reality goggles** as a **distraction**

- Grandview is looking into this for younger kids including exploring the cleaning requirements

Administer the vaccine in a **small, dimly lit room** away from the main activity

Data and Reporting

COVaxON
5-11 Updates

Updates to support immunization of youth 5+

1. Update RIM value from “youth 12+” to “Child and Youth Eligible Population”
    - Existing records will be updated with the new RIM value
    - Changes will be reflected in record history
2. Add new Childcare services institutions to the institution picklist
    - Home Child Care Agency
    - Licensed Child Care Center
3. Pediatric COVID-19 mRNA vaccine data set up in COVax

Add new Vaccination Event Types

1. Indigenous Clinics
2. School Based Clinics

Data and Reporting

Overview – Reason for Immunization

Eligible Age Groups and the Pediatric Strategy

- As different age groups are prioritized for vaccination (i.e., they become eligible) they are to be included, where applicable, in the Reason for Immunization (RIM) priority groups.

Prioritizing RIM for youth 5-11:

- Indigenous Community
- Chronic Home Care,
- Congregate living resident in multifamily home such as foster care,
- Person with Priority Health Condition,
- Community at Greatest Risk,
- Child and Youth Eligible Population

Note:

The *Child and Youth Eligible Population* RIM value should only be used if the child/youth does not fit in any other preceding eligible priority population

Prioritizing RIM for youth 12-17 and 18-25 *for age 16+ only:

- LTC Essential Caregiver, RH Essential Caregiver,
- *LTC Other Non-Employee, *LTC Other Employee,
- *RH Other Non-Employee, *RH Other Employee,
- *Healthcare worker
- Indigenous Community
- Chronic Home Care
- Congregate Living Resident, essential care giver, *Staff
- Person with Priority Health Condition,
- Community at Greatest Risk,
- *Essential Workers who can not work from home
- Child and Youth Eligible Population

Vaccinator/Clinician Resources

1. Canadian Paediatric Society:
   - Childhood Immunization Education Module
   - Resources for Pediatricians
2. McMaster University – Rapid Review: What is known about parents' considerations for vaccine uptake for children and adolescents?
3. Science Advisory Table: Behavioural Science-Informed Strategies for Increasing COVID-19 Vaccine Uptake in Children and Youth
4. Immunize Canada: Immunization Pain Management (clinician focus) | immunizecanada
5. CMA – Research Paper on Characteristics of children admitted to hospital with acute SARS-CoV-2 infection in Canada in 2020
6. Maintaining Immunizations for School-Aged Children During COVID-19: Expert and Stakeholders Roundtable Report
7. PHAC's COVID-19 Vaccine Communications Toolkit | Youth and Young Adults
   - Featuring social media messaging, images, key messages, and more, this toolkit provides a wide variety of content that you can re-purpose, re-post or customize to reach your patients or audience in ways that will have the most impact.
8. Canadian Immunization Guide
9. Child Life Specialist Infographic
10. Needle Pain Management for Vaccinations & More Solutions for Kids in Pain (SKIP) - #ItDoesntHavetoHurt
11. Our best shot at beating COVID-19: overcoming vaccine hesitancy in 2021 (Course Bundle)
12. COVID-19 mRNA Vaccines for Children – FAQs (UWaterloo)
13. COVID-19 Vaccination for People with Disabilities – Science Table (2021)
14. COVID-19 Vaccines for Ontario Youth – KidsHealthFirst
15. Vaccine Hesitancy Guide (vhguide.ca)
16. Vaccine hesitancy and First Nations, Inuit and Métis populations – Potential implications during COVID-19
17. Vaccine Information Sheet for Children (gov.on.ca)
18. COVID-19 Vaccine Children/ Youth (Age 5-17) Consent Form (gov.on.ca)
19. COVID-19 Vaccine Administration Guidance

Parent Resources

1. Sick Kids
    - A Guide for Parents: Reduce the Pain of Vaccination in Kids and Teens
    - Sick Kids – Vaccine Consult Service
2. A Caregiver's Guide to Safeguarding School-Aged Children's Health Through Vaccination
3. CARD: Improving the Vaccination Experience
4. Needle Fears Resource
5. Vaccines for children at school | ontario.ca
6. All About Me – Booklet for kids who are receiving vaccination/shots
7. Mom Hack: When Kids are Afraid of Needles video (YMC & SKIP)
8. Needle Pain and Phobia: How to avoid fear of needles and vaccines (Video with Dr. Andrea Furlan, MD, PhD)
9. Needle Pain Management for Vaccinations & More Solutions for Kids in Pain (SKIP) - #ItDoesntHavetoHurt
10. COVID-19 mRNA Vaccines for Children – FAQs (UWaterloo)
11. COVID-19 Vaccines for Ontario Youth – KidsHealthFirst
12. Myocarditis and Pericarditis After Covid-19 Vaccines (Updated Nov 8 2021) (uwaterloo.ca)
13. Max The Vax – Children's Vaccine Campaign
    - English version
    - French version
14. Child and youth COVID-19 vaccine fact sheet (PDF)
15. Child and youth COVID-19 vaccine poster (PDF)
16. Vaccine Information Sheet for Children (gov.on.ca)

Appendix A: Resources by Area

Resources and Support by Area

Pain Management:

1. Immunize Canada: Immunization Pain Management (clinician focus) | immunizecanada
2. CARD: Improving the Vaccination Experience
3. Needle Fears Resource
4. A Guide for Parents: Reduce the Pain of Vaccination in Kids and Teens
5. Needle Pain Management for Vaccinations & More Solutions for Kids in Pain (SKIP) - #ItDoesntHavetoHurt
6. COVID-19 Vaccine Hesitancy & Needle Fear Survey (June 2021)
7. Needle Pain and Phobia: How to avoid fear of needles and vaccines (Video with Dr. Andrea Furlan, MD, PhD)
8. Child Life Specialist Infographic
9. Mom Hack: When Kids are Afraid of Needles video (YMC & SKIP)
10. Highlight sheet from a Q&A with Dr. Taddio & Dr. McMurtry
11. Parents Canada infographic on needle pain

Evidence-based Resources:

1. Science Advisory Table: Behavioural Science-Informed Strategies for Increasing COVID-19 Vaccine Uptake in Children and Youth
2. CMA – Research Paper on Characteristics of children admitted to hospital with acute SARS-CoV-2 infection in Canada in 2020
3. Roadmap to Catch-up Immunizations for School-Aged Children During COVID-19
4. Maintaining Immunizations for School-Aged Children During COVID-19: Expert and Stakeholders Roundtable Report
5. COVID-19 Vaccination for People with Disabilities – Science Table (2021)
6. Managing pain and distress in children undergoing brief diagnostic and therapeutic procedures – CPS (2019)

Resources and Support by Area

Vaccine Hesitancy:

1. Sick Kids – Vaccine Consult Service
2. COVID-19 mRNA Vaccines for Children – FAQs (UWaterloo)
3. Myocarditis and Pericarditis After Covid-19 Vaccines (Updated Nov 8 2021) (uwaterloo.ca)
4. Our best shot at beating COVID-19; overcoming vaccine hesitancy in 2021 (Course Bundle)
5. McMaster University – Rapid Review: What is known about parents' considerations for vaccine uptake for children and adolescents?
6. Max The Vax – Children's Vaccine Campaign
   - English version
   - French version
7. Vaccine Hesitancy Guide (vhguide.ca)
8. Vaccine hesitancy and First Nations, Inuit and Métis populations – Potential implications during COVID-19
9. COVID-19 Vaccines for Ontario Youth – KidsHealthFirst

Appendix B: Ministry of Education Parent Surveys

Ministry of Education – Parent Survey on 5-11 Vaccination

Qualitative Takeaways:

- Up to **80 parents who live in Ontario** shared their thoughts between **October 4th and 8th, 2021.**
- **Most believe that COVID-19 vaccines are safe and effective**, especially given the current evidence – that case counts and hospitalizations are steady / declining, and that those who are currently testing positive are mostly those who are unvaccinated, among other factors.
- Many feel that vaccinating children ages 5-11 is important; **some are very eager and will get their child/ren vaccinated right away,** but there was **a considerable group of those who are likely to wait before doing so** – they would want to see how other children react or speak to a healthcare professional – a typical wait time is a few months.
- **There are some who are very hesitant about their children receiving the COVID-19 vaccine** and feel that that should have **as much time and space as needed to make an informed choice**, or are adamant that their child/ren will not receive it at all.
- **Location preferences varied** – some wanted the first available location, others were mindful of the comfort of their children, while others preferred locations that were convenient or close by. Trusted sources tend to be health authorities – local, national, and international, or doctors / healthcare professionals.
- Views expressed in this survey reflect sentiment and outlook of parents pre-Health Canada approval and are likely to evolve and change following regulatory approval and messaging, a trend which also occurred with older age cohorts.

Ministry of Education – Parent Survey on 5-11 Vaccination

Quantitative Takeaways:

- **768 surveys** were collected between **October 12 and 18, 2021** from Ontario parents of children aged 4 to 11.
- **Approximately half (47%) of parents say they will get their 4- to 11-year-old children vaccinated as soon as a COVID vaccine becomes available**.
    - Parents are more likely to vaccinate their 8- to 11-year-old children right away (at 54%) when compared to their 4- to 7-year-old children (at 43%).
    - Among those who will wait before vaccinating their child(ren), 1 in 3 (35%) say the upcoming December holiday break would at least somewhat motivate them to get their child(ren) vaccinated.
- Overall, **location preference for vaccinating children under 12 is relatively equal between family doctors and mass vaccination or pop-up clinics for children.**
    - Parents are more likely to prefer vaccination at a family doctor or pediatrician for their younger children (4 to 7). For older children (8 to 11), parents are more likely to prefer mass vaccination or pop-up clinics or pharmacies.
- **Roughly, 20% of parents preferred a school-based vaccine clinic**, with slightly more (21%) parents of older children choosing this option compared to 18% for younger children. 48% of parents said they would consider the option.
    - 4 in 5 (81%) parents agree that they would not want their child(ren) vaccinated without one of the child(ren)'s parents being present. School-based clinics are being held both during and outside instruction hours, and parents will be able to attend clinics with their children.
- Views expressed in this survey reflect sentiment and outlook of parents pre-Health Canada approval and are likely to evolve and change following regulatory approval and messaging, a trend which also occurred with older age cohorts.

Appendix C:
Target FSAs and High Priority Communities (HPC)

Ontario

5-11 Implementation Package

Equity Approach: Target FSAs

FSAs that may benefit most from an equity approach, identified based on the following criteria: high ethnic concentration, high material deprivation, low vaccination rates, and volume of youth aged 5-11 on slide 34)

Health Unit	Priority FSAs
Toronto Public Health	Guildwood, Morningside, West Hill (M1E); Woburn (M1G); Dorset Park, Wexford Heights, Scarborough Town Centre (M1P); Wexford, Maryvale (M1R); Clarks Corners, Tam O'Shanter, Sullivan (M1T); Fairview, Henry Farm, Oriole (M2J); York Mills West (M2P); Willowdale, Willowdale West (M2R); Don Mills (M3B); Don Mills (M3C); Downsview (M3L); Victoria Village (M4A); The Annex, North Midtown, Yorkville (M5R); Glencairn (M6B); North Park, Maple Leaf Park, Upwood Park (M6L); Mimico NW, The Queensway West, South of Bloor, Kingsway Park South West, Royal York South West (M8Z); Islington Avenue, Humber Valley Village (M9A); Eringate, Bloordale Gardens, Old Burnhamthorpe, Markland Wood (M9C); Humber Summit (M9L); Westmount (M9P); Kingsview Village, St. Phillips, Martin Grove Gardens, Richview Gardens (M9R).
City of Hamilton - Public Health & Social Services	Hamilton (Confederation Park / Nashdale / East Kentley / Riverdale / Lakely / Grayside / North Stoney Creek) (L8E); Hamilton (Greenford / North Gershome / West Stoney Creek) (L8G); Hamilton (West Kentley / McQuesten / Parkview / Hamilton Beach / East Industrial Sector / Normanhurst / Homeside / East Crown Point) (L8H); Hamilton (East Delta / Bartonville / Glenview / Rosedale / Lower King's Forest / Red Hill / Corman / Vincent / South Gershome) (L8K); Hamilton (Stinson / Corktown) (L8N); Hamilton (Central / Strathcona / South Dundurn) (L8R); Hamilton (Sherwood / Huntington / Upper King's Forest / Lisgar / Berrisfield / Hampton Heights / Sunninghill) (L8T); Hamilton (Raleigh / Macassa / Lawfield / Thorner / Burkholme / Eastmount) (L8V); Hamilton (Crerar / Bruleville / Hill Park / Inch Park / Centremount / Balfour / Greeningdon / Jerome) (L9A); Hamilton (Barnstown / West Chappel / Allison / Ryckmans / Mewburn / Sheldon / Falkirk / Carpenter / Kennedy / Southwest Outskirts) (L9B); Hamilton (Southam / Bonnington / Yeoville / Kernighan / Gourley / Rolston / Buchanan / Mohawk / Westcliffe / Gilbert / Gilkson / Gurnett / Fessenden / Mountview) (L9C)
Windsor-Essex County Health Unit	Leamington (N8H); Windsor (East Riverside) (N8P); Windsor (East Forest Glade) (N8R); Windsor (West Forest Glade / East Fontainbleu) (N8T); Windsor (South Walkerville / West Fontainbleu / Walker Farm / Devonshire) (N8W); Windsor (South Central - West Walkerville / Remington Park) (N8X); Windsor East (East Walkerville) (N8Y); Windsor (City Centre / NW Walkerville) (N9A); Windsor (University / South Cameron) (N9B); Windsor (Sandwich / Ojibway / West Malden) (N9C); Windsor (South / East Malden) (N9E); Windsor (Roseland) (N9G); LaSalle East (N9H)
Region of Peel	Mississauga (Matheson / East Rathwood) (L4W); Mississauga (East Applewood / East Dixie / NE Lakeview) (L4X); Mississauga (West Applewood / West Dixie / NW Lakeview) (L4Y); Mississauga (Mississauga Valley / East Cooksville) (L5A); Mississauga (West Creditview / Mavis / Erindale) (L5C); Mississauga (Central Lakeview) (L5E); Mississauga (SW Lakeview / Mineola / East Port Credit) (L5G); Mississauga (Clarkson / Southdown) (L5J); Mississauga (Erin Mills / Western Business Park) (L5L); Mississauga (West Hurontario / SW Gateway) (L5R); Brampton Southeast (L6W)
York Region	Richmond Hill Southwest (L4C); Woodbridge South (L4L)
Ottawa Public Health	Ottawa (Blackburn Hamlet / Pine View / Sheffield Glen) (K1B); Ottawa (Riverview / Hawthorne) (K1G); Gloucester (Beacon Hill / Cyrville) (K1J); Ottawa (Overbrook) (K1K); Ottawa (Vanier) (K1L); Ottawa (Britannia / Pinecrest) (K2B); Kanata (Marchwood) (K2T)
Region of Durham	Oshawa Southwest (L1J); Whitby Southeast (L1N)
Halton Health Department	Oakville East (L6K); Oakville South (L6L); Burlington Northeast (L7L)
Region of Waterloo Public Health	Kitchener (Central) (N2G)
Middlesex-London Health Unit	London (Glen Cairn) (N5Z); London (Central) (N6B); London (South White Oaks / Central Westminster / East Longwoods / West Brockley) (N6E); London (Sunningdale / West Masonville / Medway / NE Hyde Park / East Fox Hollow) (N6G); London (Southcrest / East Westmount / West Highland) (N6J); London (East Tempo) (N6L); London (South Highbury / Glanworth / East Brockley / SE Westminster) (N6N); London (Talbot / Lambeth / West Tempo / South Sharon Creek) (N6P)
* FSA descriptions can be found in the notes section, as well as in the one-pager provided	

Current High Priority Communities (HPCs)

The Ministry of Health identified 16 communities based on: COVID-19 prevalence (current/historical persistent high positivity and low testing rates), as well as Determinants of Health (Measures of material deprivation and racial/ethnic concentration). Lead agencies were selected within these communities in consultation with Ontario Health regional leads and Public Health Units. Leveraging these lead agency partnerships can build vaccine confidence in equity seeking populations and aide in vaccine implementation

Current High Priority Communities (HPCs)
Black Creek (Black Creek CHC)
Bramalea (Wellfort Community Health Services)
Brampton(Punjabi Community Health Services
Central Ottawa (South East CHC)
Durham West (Carea)
East Mississauga (Dixie Bloor Neighbourhood) Services)
Malton (Wellfort Community Health Services)
Markham (Carefirst)
North Etobicoke (Rexdale CHC)
North West Mississauga (Indus Community Services)
Scarborough North (TAIBU CHC)
Scarborough South (Scarborough Centre for Health Communities)
South West Mississauga (Dufferin-Peel Canadian Mental Health Association)
Thorncliffe Park (Flemingdon CHC)
Vaughan (Vaughan CHC)
Roots Community Services (providing service to Peel Region)
Windsor and Essex County (Canadian Mental Health Association -Windsor and Essex County)

Other Community Partners (Black-led organizations)
Peel: WellFort; LAMP CHC
Toronto: Jamaican Canadian Association; Caribbean African Canadian Social Services (CAFCAN); Women's Health in Women's Hands; African Food Basket; La Passerell; Black CAP; Solid Black Collective; Canadian Black Clergies & Alliance; Ghanaian Association of Ontario; Braeburn Neighbourhood Association; Grace foods; Tropicana centre
Durham: DurhamOne
Ottawa: Ottawa Newcomers Health Centre; Ottawa Black Mental Health Coalition; Somerset West CHC ACB centre

Ontario