Ministry of Health

Fall Booster Doses for Residents of Long-Term Care Homes, Licensed Retirement Homes, Elder Care Lodges and Adults Living in Other Congregate Living Settings

Last updated: September 12, 2022

Ontario

Overview

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- **Fall COVID-19 bivalent booster doses are now recommended for residents of long-term care (LTC) homes, licensed retirement homes (RH), Elder Care Lodges and adults living in other congregate settings providing assisted-living and health services.**
  - Note the **recommended interval between doses** is **6 months with a minimum of 3 months following the last dose or post COVID-19 infection**. Please see the Ministry of Health COVID-19 Vaccine Guidance[1] for more information.

- **Individuals living and working in these setting are prioritized** for the fall bivalent booster.

- **The Bivalent Moderna is the preferred vaccine for this population**. Any mRNA vaccine product is acceptable as a fall booster dose, although data suggest that Bivalent Moderna Spikevax COVID-19 vaccine may provide a more robust humoral and cellular immune response.

- It is estimated that, in Ontario, LTC and Retirement Homes have capacity to administer **156,914** COVID-19 doses.

- Vaccine supply is being prioritized for these setting; PHUs are responsible for distributing vaccine.

[1]The latest document will be accessible at this link once it is posted on September 12, 2022. If you do not see an updated version on this date, clear the cache on your internet browser and try again.

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This package provides an overview of the timelines, implementation guidance and options, and current data for LTC, RH, Elder Care Lodges and other congregate care settings.

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COVID-19 Booster Dose Coverage For LTCH/RH Residents and Staff as of September 6, 2022

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Long-Term Care Home Residents

Dose Series	3rd Dose	4th Dose
Total eligible population	82,690	78,608
Total vaccinated	79,714	63,909
% of eligible vaccinated	96.4%	81.3%

Long-Term Care Staff

Dose Series	3rd Dose
Total eligible population	87,107
Total vaccinated	77,338
% of eligible vaccinated	88.8%

Retirement Home Residents

Dose Series	3rd Dose	4th Dose
Total vaccinated	57,205	45,621
Estimated high-risk residents vaccinated	19,415	15,139
% of high-risk RH residents vaccinated	101.5%	79.2%

Note: At the time of extraction, no vaccination data on Retirement Home staff was available.

Sources: COVAX Analytical File, extracted 8:00 pm, September 6, 2022 (CPAD, MOH); LTC Cohort, September 5, 2022 (HAIB, CPAD, MOH); RHRA Survey (December 2020, with high-risk homes updated October 7, 2021)

LTCH/RH/Other Congregate Settings Clinical Guidance 1 of 2

Fall bivalent booster doses for elderly adults in congregate care settings

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Eligible Population

As of September 12, 2022, the following high-risk groups will be recommended to receive their fall COVID-19 bivalent (Moderna) booster dose, regardless of the number of booster doses previously received:

- Residents of LTC, RH, Elder Care Lodges, and adults living in other congregate settings
- 70 years of age +
- Health Care workers
- 12+ IC
- 18+ FNIM and household members 18+
- 18+ pregnant

18+ eligible on Sep 26, 2022*

Booster Dosage Options

- Moderna Bivalent 50mcg **(preferential recommendation)**
- Moderna 50mcg. Note 100 mcg may be preferred based on clinical discretion
- Pfizer 30mcg
- See Ministry of Health COVID-19 Vaccine Guidance[1] full details on original monovalent and bivalent vaccine options

[1]The latest document will be accessible at this link once it is posted on September 12, 2022. If you do not see an updated version on this date, clear the cache on your internet browser and try again.

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LTCH/RH/Other Congregate Settings Clinical Guidance 2 of 2

Fall bivalent booster doses for elderly adults in congregate care settings

Interval	• Recommended 6 months from last COVID-19 vaccine dose • Minimum 3 months from last COVID-19 vaccine dose • NACI recommends that COVID-19 booster doses may be offered at an interval of 6 months since previous COVID-19 vaccine dose or SARS-CoV-2 infection. However, a shorter interval of at least 3 months may be warranted in the context of heightened epidemiologic risk, as well as operational considerations for the efficient deployment of the program. (Discretionary NACI Recommendation)
Observation Time	• 5-15 min can be considered • Observe >30 min for observed AEFI related symptoms

Overview of Implementation Options

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Is the LTC/ RH /elder care lodge / congregate care settings able to independently administer vaccine on site?

Yes

A

Preferred option

Independent Administration

- On-site staff administer COVID-19 vaccines, and the PHU provides vaccine supply.

No

Option 1: Pharmacy

B

Pharmacy Administration

- Site is unable to vaccinate residents and works with local pharmacy and PHU to vaccinate on site.

Option 2: Work with PHUs

C

PHU Partnership

- Site is unable to vaccinate residents and works with PHU to find an appropriate approach (e.g., mobile clinics, PHU, etc.).

Option 3: MOH Resources

D

MOH Resources

- Site is unable to vaccinate residents and works with MOH resources to vaccinate on site (e.g., SOLGEN Go-VAXX Bus etc.).

⚠ **In all scenarios the reason for immunization must be filled out in COVax and closely monitored.**

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Implementation Options
A. Independent Administration

LTCs/RHs/Congregate Care Settings for senior populations are strongly encouraged to independently administer COVID-19 vaccines to their residents and staff.
To onboard sites and support independent vaccine administration, please see the attached document to consider the following **readiness steps:**

Readiness Assessment.pdf

Onboarding Considerations:

- ❑ **Identify key partners** currently supporting LTCH/RH (e.g., Pharmacy, Mobile, etc.)
- ❑ **Establish the partnership and accountability structure** with local Public Health Unit and Hospitals (as applicable)
- ❑ **Identify key contact from PHU and vaccine lead at home** and establish a regular cadence for communication to raise concerns or issues
- ❑ **Sign a Memorandum of Understanding (MOUs)** between PHU and home where necessary to ensure accountability for: vaccine storage/handling, vaccine administration, inventory management, COVax use and data entry within 24 hours
- ❑ **Establish a process and timeframe for identifying and documenting opportunities for improvement** (i.e., continuous quality improvement process with routine opportunities for homes to check-in with PHUs).

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Implementation Options
B. Pharmacy

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Organization Roles & Responsibilities to Enable On-site Vaccine Administration by Pharmacy[1]

Public Health Unit	LTC Homes, Retirement Home, Elder Care Lodges, Congregate Setting	Pharmacy
• Identifies retirement homes, congregate settings or LTC home that have residents who are eligible for a COVID-19 vaccine dose that will be administered by a pharmacy • If available, provides pharmacy with 'Clinic in a Box' (IPAD for accessing $COVAX_{ON}$ on site at the retirement home, congregate setting or LTC home) if required	• Works with the public health unit to determine best method of vaccine administration • Establishes a partnership with a local pharmacy if needed • Works with the pharmacy to provide guidance on the number of doses needed and support for scheduling dose administration / clinic days including which mRNA vaccine to be administered • For congregate settings, determine number of elderly residents or staff (and others noted above) that require a vaccine dose	• Administers mRNA COVID-19 as per arrangements between PHU and retirement home, congregate setting or LTC home • Transports doses to the retirement home, congregate setting or LTC home as per storage and handling guidelines and administers COVID-19 vaccine from own supply • Accesses $COVAX_{ON}$ on site using 'Clinic in a Box' for required documentation and issuing of patient receipts if needed • Upon return to pharmacy, submits claim through the HNS as soon as possible within one business day • Comply with applicable law, including with respect to waste

1. See question 70 for full details Updated: Questions and Answers for: Administration of Publicly Funded COVID-19 Vaccine in Ontario Pharmacies (gov.on.ca)

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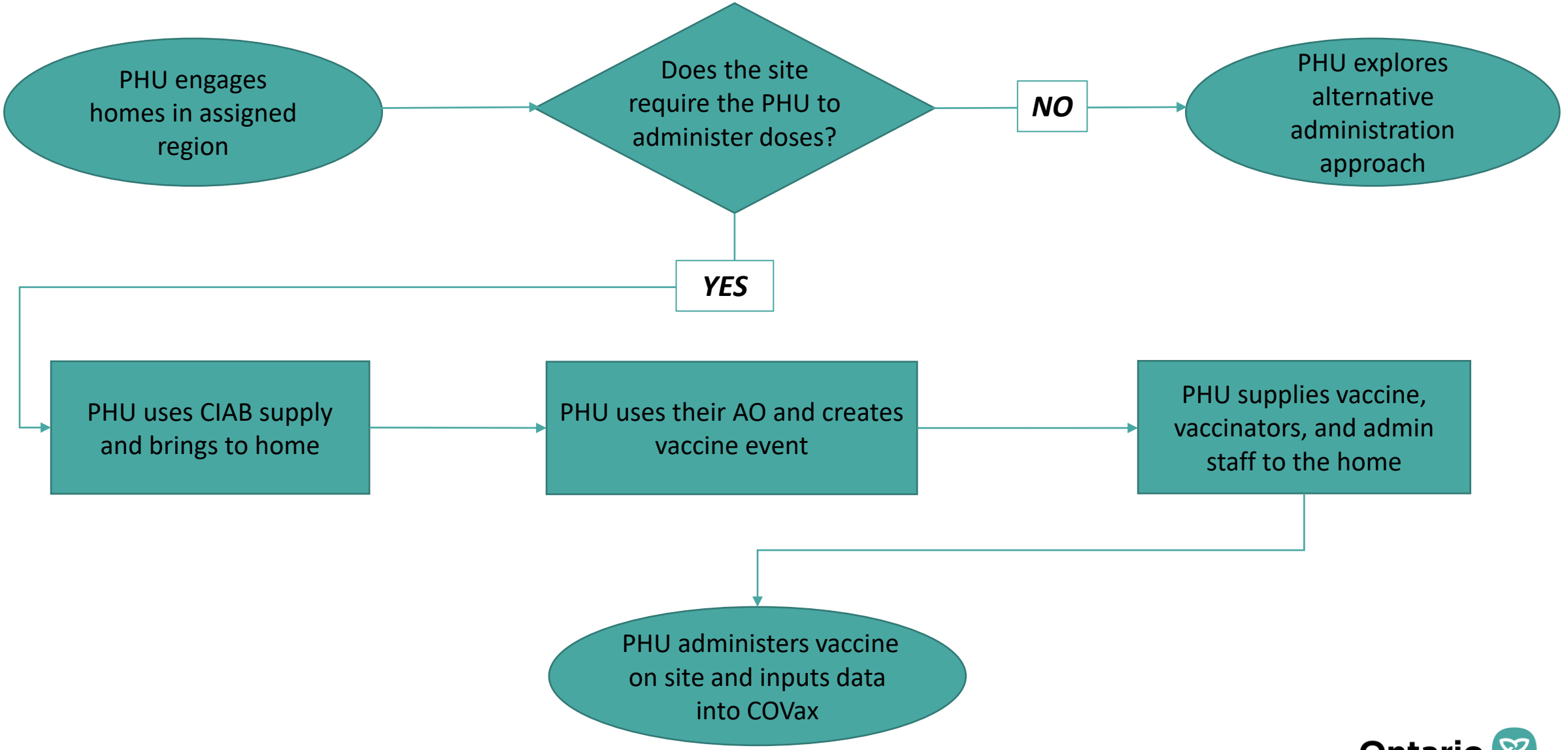
Implementation Options

C. PHU partnership



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Implementation Options
D. MOH Resources

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Resource	Description	Contact
Go-VAXX Bus	• Buses travel up to two hours from the Greater Toronto Area for the day. Longer trips are possible, however, may require additional planning • The buses arrive with all necessary supplies and equipment • The teams are able to bring supplies and vaccines off the buses into the retirement homes and long-term care homes • Up to 300 people can be vaccinated per day	govaxx@ontario.ca
Indoor Mobile Clinics	• Indoor mobile clinics allow for vaccinations inside existing establishments • The team arrives with all the necessary equipment to host a clinic, including vaccines and supplies • Up to 250 people can be vaccinated per day	govaxx@ontario.ca
Micro-Mobile Clinics	• Mobile clinic for smaller sites within an hour of the Greater Toronto Area • Due to size, multiple micro-mobile clinics can be coordinated in a day • Up to 45 people can be vaccinated per clinic	govaxx@ontario.ca
Calian Health Human Resources	• Provide HHR supports (i.e. vaccinators, admin) to support authorized organizations in their vaccinations • Can travel anywhere in the province	provincialhhrsupport@ontario.ca

Tools and Resources
Additional information

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Resource	Information
 Readiness Assessment.pdf	This document provides key readiness requirements that should be completed prior to an eligible setting receiving any COVID-19 vaccine.
Vaccine Consent Form[1]	COVID-19 Consent form (PDF) and vaccine script for vaccinations.
COVID-19 Guidance[1]	Provides guidance on administering fall booster doses of COVID-19 vaccines in Ontario.

[1]The latest document will be accessible at this link once it is posted on September 12, 2022. If you do not see an updated version on this date, clear the cache on your internet browser and try again.

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Tools and Resources
Additional information

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Resource	Information
Vaccination pain management for adults: Guidance for health care providers	Developed by the federal Government of Canada, this resource provides an overview of pain management including muscle tension technique and needle fear.
Immunization Pain Management (clinician focus)	Developed by Immunize Canada, this resource including recommendations for reducing vaccine pain in adults, needle fear, needle-related fainting, and the CARD system that may be used for adults.
VaxFacts	Developed by the Scarborough Health Network, VaxFacts is free healthcare vaccine consult service that offers one-to-one phone consultations with a doctor and facts and resources to keep you informed. For general questions and inquiries, please email vaxfactsclinic@shn.ca or call 416-438-2911 ext. 5738.
Vaccine hesitancy and First Nations, Inuit and Métis populations	In this webinar, Dr. Sarah Funnell, an Associate Medical Officer of Health with Ottawa Public Health, discusses some of the specific challenges for vaccine uptake amongst First Nations, Inuit and Métis populations, including their negative historic and contemporary experiences with mainstream healthcare systems, health care professionals, and vaccine providers in Canada.

Q & A – 1 of 4

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Question	Answer
What is considered a primary series?	A completed primary series of a COVID-19 vaccine authorized by Health Canada, or any combination of such vaccines (two doses of Moderna, Pfizer-BioNTech, Novavax, Medicago, AstraZeneca, including COVISHIELD) in any combination or one dose of Janssen (Johnson & Johnson)
What is considered a booster dose?	Doses of the COVID-19 vaccines after the primary series are described as booster doses. Per the Canadian Immunization Guide (CIG), the intent of a booster dose is to restore protection that may have decreased over time to a level that is no longer deemed sufficient in individuals who initially responded adequately to a complete primary vaccine series.
What are the minimum and recommended intervals?	An individual should wait 6 months (recommended) or a minimum of 3 months following the previous COVID-19 vaccine dose or COVID-19 infection before receiving a booster dose.
What is the difference between the monovalent and bivalent booster dose?	The bivalent vaccine will target both the original COVID-19 virus and the Omicron variant BA.1. The monovalent vaccine only targets the original COVID-19 virus.

Q & A – 2 of 4

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Question	Answer
A resident does not want an mRNA as a fall booster dose and have requested a viral vector instead. Can they receive a viral vector as a fall booster dose?	It is recommended for an mRNA to be provided as a booster. If the individual has requested and consented to a viral vector dose for a fall booster dose, a request to a PHU needs to be completed to identify the best method for this individual to receive a viral vector dose.
Can the bivalent vaccine be used as a primary series dose?	No, at this time the bivalent vaccine is only approved as a booster dose.
Is there a preference of vaccine manufacturer (Pfizer v. Moderna) for this population?	For individuals 70+, residents of LTC, RH or seniors in other congregate settings, the bivalent Moderna (50mcg) is preferred. If the bivalent Moderna (50mcg) is not available, the original Moderna (100 mcg) may be preferred over the other vaccines based on clinical discretion.
Can someone below the age of 70 residing in an eligible congregate care setting receive a fall booster dose?	Individuals receiving assistance in these settings are able receive a fall booster dose.

Q & A – 3 of 4

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Question	Answer
Is co-administration with Influenza vaccine permitted?	Yes, COVID-19 and Influenza vaccine may co-administered. However, all sites are encouraged to administer COVID-19 fall booster doses as soon as possible.
If an ALC patient is in transition to a LTC home, can they receive a fall booster dose prior to entering the residence?	Yes, they may receive a dose if the facility they are in are able to administer the dose (e.g., hospital to LTCH).
Are naturally occurring retirement communities included for roll-out?	No, naturally occurring retirement communities are not specifically included in the roll-out at this time, however, all individuals aged 70 and older are prioritized for the bivalent fall booster dose.
Will there be any changes to the VAB related to booking capabilities for this population?	No, there will be no change to the VAB since the administration will be happening within the eligible setting (LTCH/RH/Other Congregate).

Q & A – 4 of 4

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Question	Answer
Why should I take the bivalent and not the "original" monovalent valent vaccine?	Evidence has shown a reduced vaccine effectiveness (VE) of currently available COVID-19 vaccines against Omicron compared to the effectiveness observed with previous VOCs. When administered as a second booster dose, Moderna Spikevax Bivalent (50 mcg) elicited higher neutralizing antibody responses against the original strain, Omicron BA.1 and Omicron BA.4 and BA.5, among individuals with and without prior infection when compared to a second booster dose of Moderna Spikevax original(50 mcg). This effect was consistent across age groups studied, in individuals 18-65 years of age and individuals >65 years of age. NACI
Is the bivalent vaccine safe?	Adverse events following Moderna Spikevax Bivalent (50 mcg) given as a second booster dose was similar or lower compared to that of a first booster dose of Moderna Spikevax original (50 mcg), and of the second dose of the Moderna Spikevax original primary series (100 mcg). There were no vaccine-related cases of myocarditis, pericarditis or deaths reported during the study period. However, given the number of participants enrolled in the bivalent clinical trial, it is unlikely that rare adverse events would be detected. NACI will monitor post-market safety surveillance data as it emerges and update its recommendations as needed. NACI