

Healthcare Professional Town Hall:
Immunizing children under 5 against COVID-19

August 11, 2022



The webinar will begin at 7 p.m.

If you run into technical difficulties, please email Javier.Rincon@halton.ca

halton.ca ☎ 311



Indigenous Land acknowledgement

***Boozhoo, She:kon , Tanshi,
Greetings!***

Halton Region acknowledges the Treaty Lands of the Mississaugas of the Credit First Nation as well as the Traditional Territory of the Haudenosaunee, Huron-Wendat and Anishinabek on which we gather.

In stewardship with Mother Earth and the enduring Indigenous presence connected to these lands we acknowledge the Indigenous Nations of the past, present and future.

In the spirit of ally-ship and mutual respect, we will take the path of Truth and Reconciliation to create change, awareness and equity as we strive to elevate the collective consciousness of society.

Miigwetch, Nia:wen, Marsi, Thank you

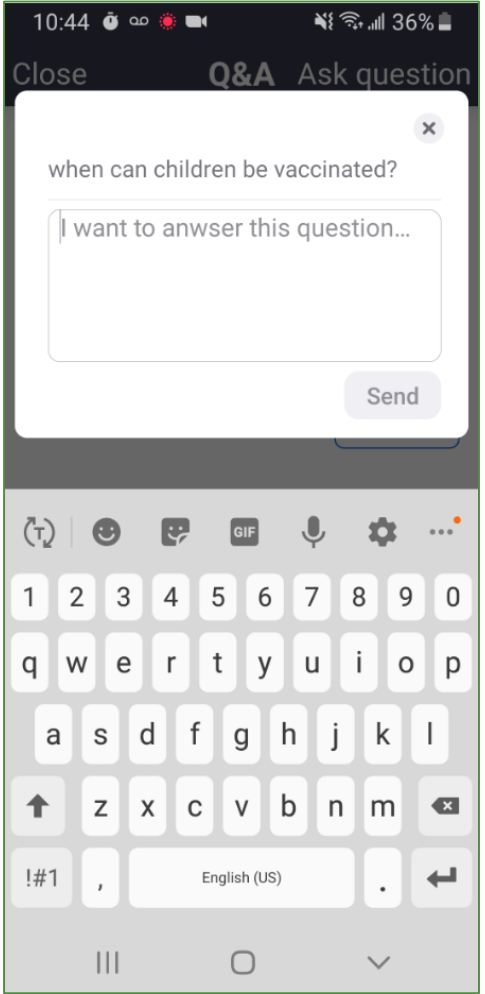
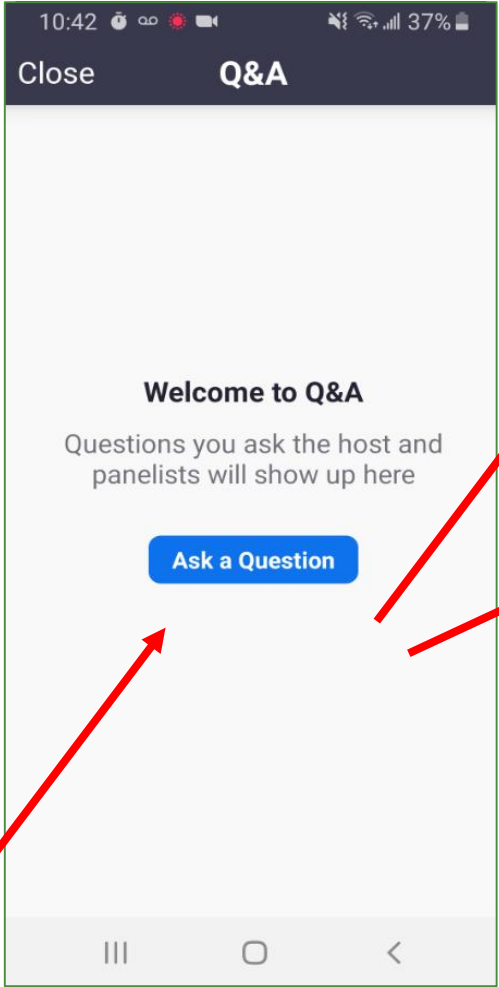
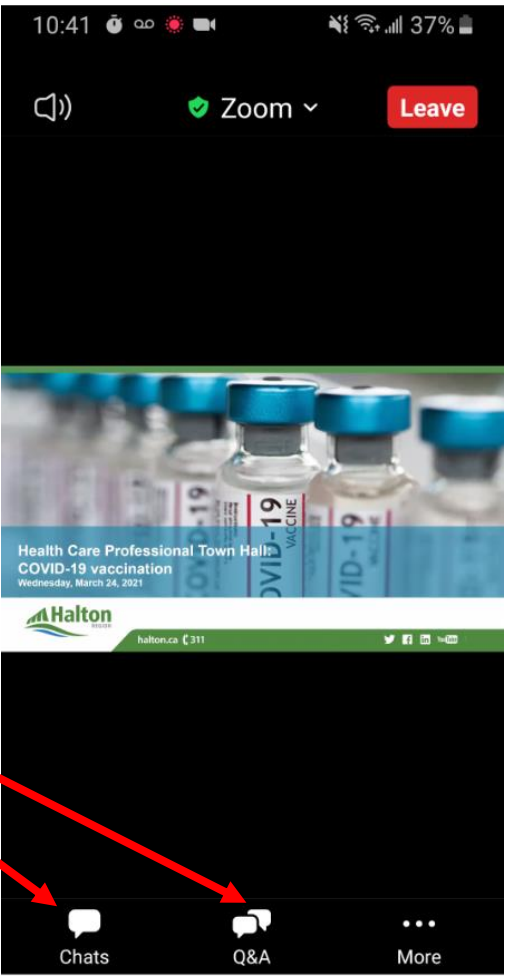


Agenda

- Where we are now
- Why the COVID-19 vaccine is important to 0-5 year olds
- What you need to know about the COVID-19 vaccine for 0-5 year olds
- Resources to support you
- Question & Answer Session



Housekeeping



Use the Q&A function to ask, vote or comment on a question

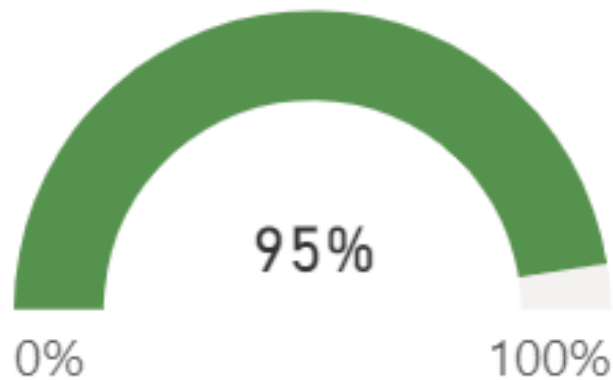
We are here

The current state

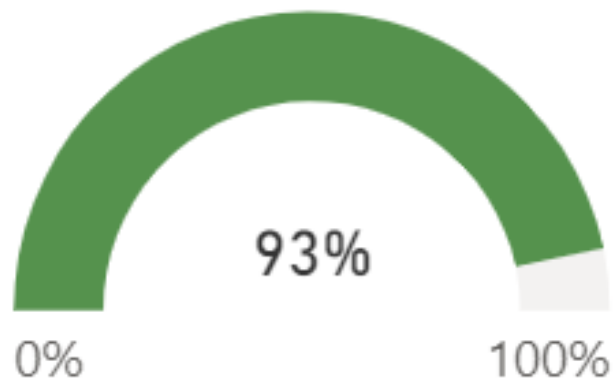


Vaccination coverage among Halton residents

% of population with at least one dose

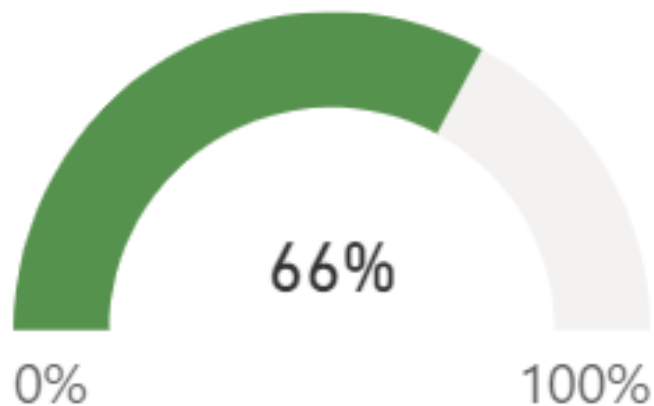


% of population with at least two doses

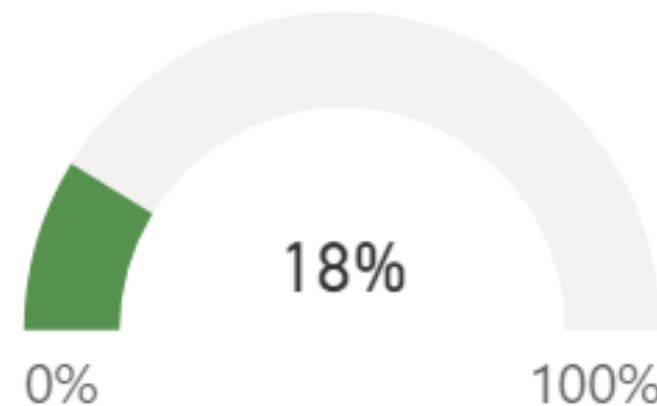


As of August 10, 2022

% of population with at least three doses



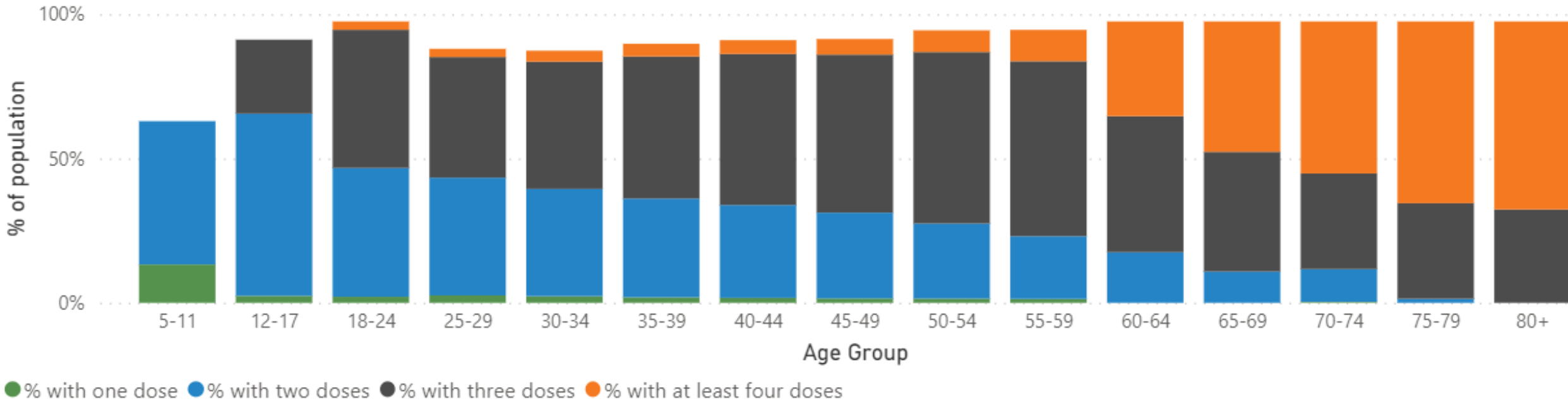
% of population with at least four doses



Vaccination coverage by age in Halton

As of August 10, 2022

One-dose, two-dose, three-dose and four-dose COVID-19 vaccine coverage among Halton residents, by age group



Vaccination coverage in Halton vs Ontario

| | @ least one dose | | Complete primary series | | Complete primary series + one booster | |
|-----------------|------------------|-------|-------------------------|-------|---------------------------------------|-------|
| 5-11 year olds | 63% | 53.9% | 50% | 40.7% | | |
| 12-17 year olds | 91% | 85.9% | 89% | 82.3% | 26% | 19.6% |

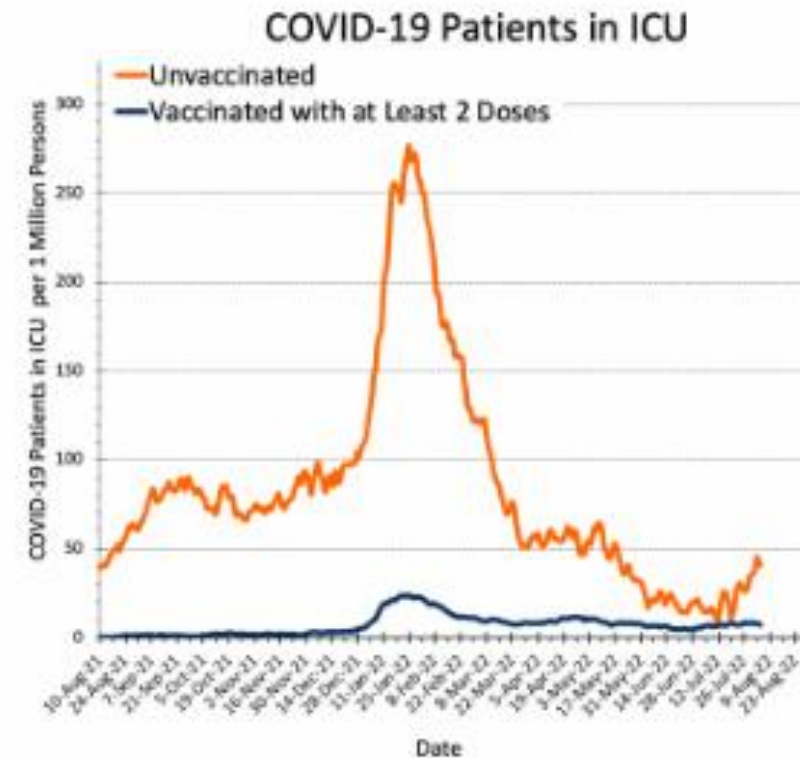
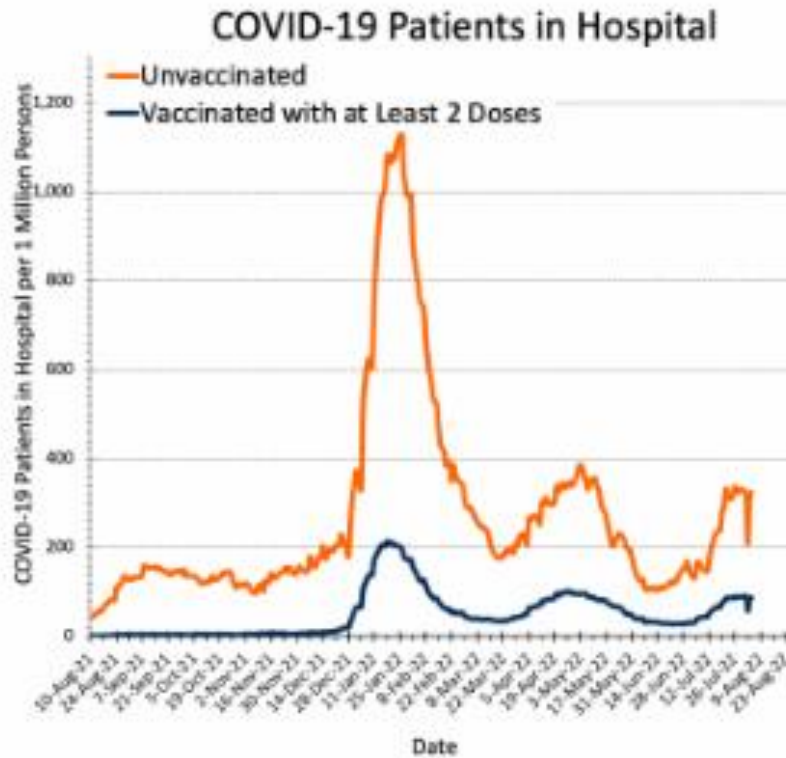
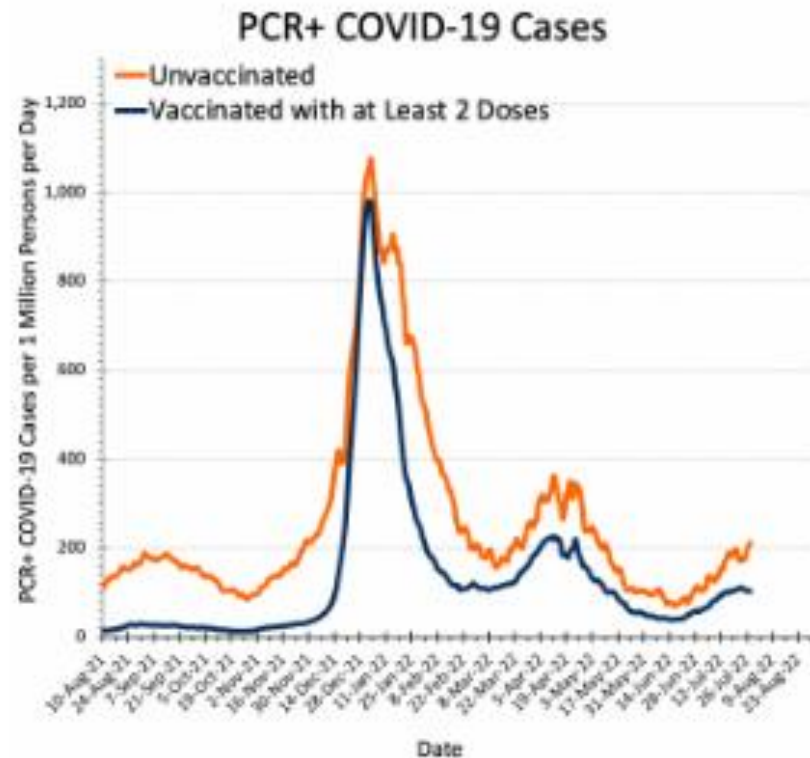
Green = Halton Region statistics

Purple = Provincial statistics

[Halton Region COVID-19 vaccine dashboard](#)
[Public Health Ontario surveillance report](#)



Vaccines are working



[Ontario Dashboard – Ontario COVID-19 Science Advisory Table \(covid19-sciencetable.ca\)](https://covid19-sciencetable.ca)
August 23, 2022



Why the COVID-19 vaccine is important to younger children (6 months – 5 years old)



Hospitalizations Among COVID-19 Cases by Age

Jan 1, 2022 – Aug 4, 2022

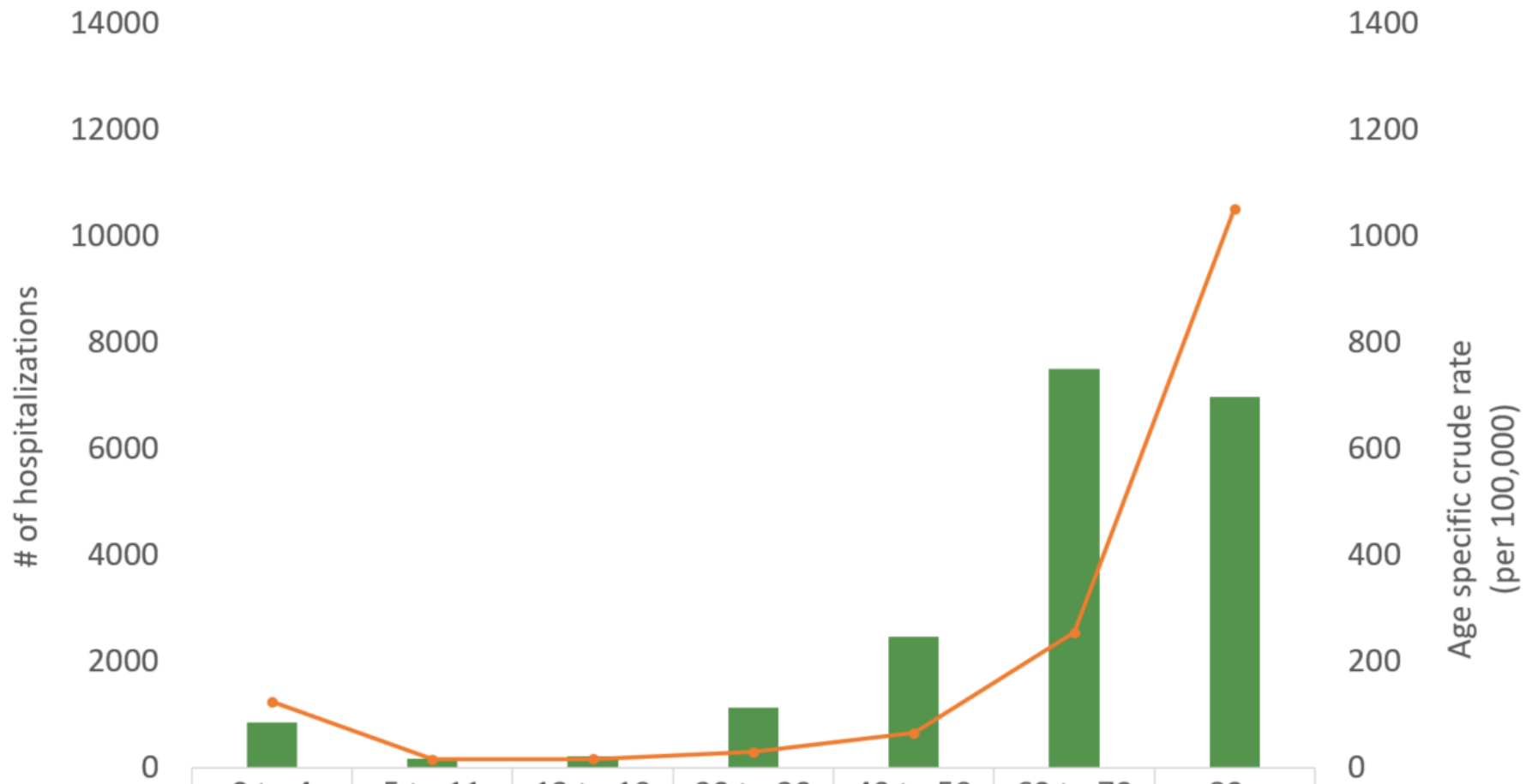


Fig: Recent counts and rates of hospitalizations among COVID-19 cases by age group in Ontario from January 1, 2022 to August 4, 2022

| | | | | | | | |
|--------------------|--------|---------|----------|----------|----------|----------|--------|
| | 0 to 4 | 5 to 11 | 12 to 19 | 20 to 39 | 40 to 59 | 60 to 79 | 80+ |
| ■ Hospitalizations | 854 | 177 | 214 | 1137 | 2468 | 7500 | 6981 |
| —● Rate | 124.9 | 16.4 | 16.6 | 29.9 | 65.5 | 255.1 | 1051.8 |



Hospitalizations Among COVID-19 Cases by Age

Jan 1, 2020 – Dec 31, 2021

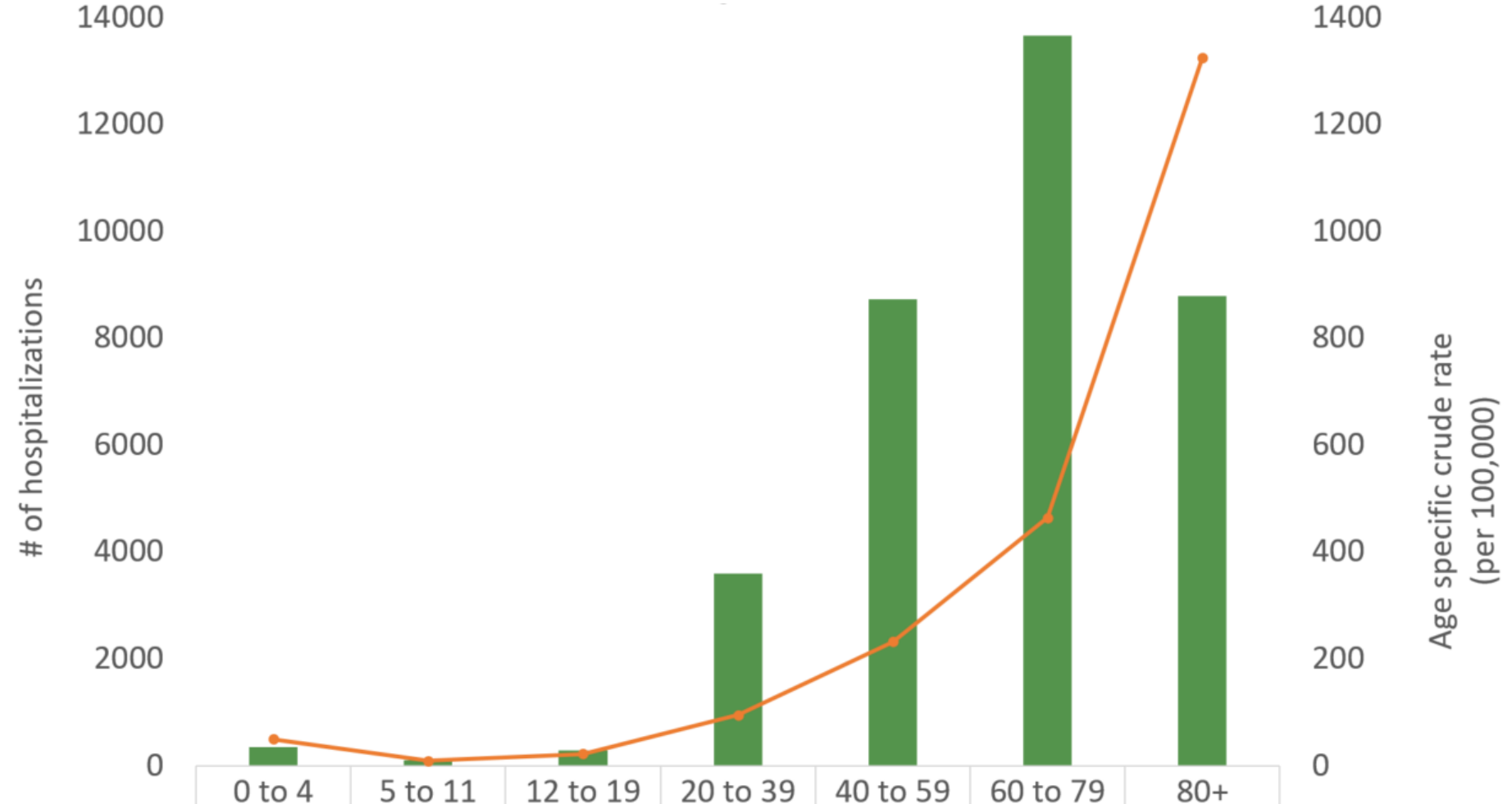


Fig: Recent counts and rates of hospitalizations among COVID-19 cases by age group in Ontario from January 1, 2020 to December 31, 2021



| | | | | | | | |
|------------------|------|-----|------|------|-------|-------|--------|
| Hospitalizations | 339 | 103 | 287 | 3587 | 8731 | 13655 | 8790 |
| Rate | 49.6 | 9.5 | 22.3 | 94.4 | 231.8 | 464.4 | 1324.3 |

Do younger kids really need the vaccine?

Child and Youth Infection Outcomes as of July 16, 2022¹

- Over 1,000 children under 5 years old have been hospitalized from COVID-19 in Ontario
- The 0-4 population has the highest number of hospitalizations among children due to COVID-19

| Youth Infection Outcomes Overview ¹ | |
|--|------------------|
| Population (age) | Hospitalizations |
| 0 – 4 | 1,105 |
| 5 – 11 | 264 |
| 12 – 19 | 475 |
| Total | 1,844 |

Note: There have been 18 deaths in the 0-19 age group; the number for the 0-4 age group is not currently available.

<https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/COVID-19-Data-Surveillance/COVID-19-Data-Tool?tab=ageSex>

1. Public Health Ontario - Data as of July 16, 2022; [Ontario COVID-19 Data Tool](#) | Public Health Ontario

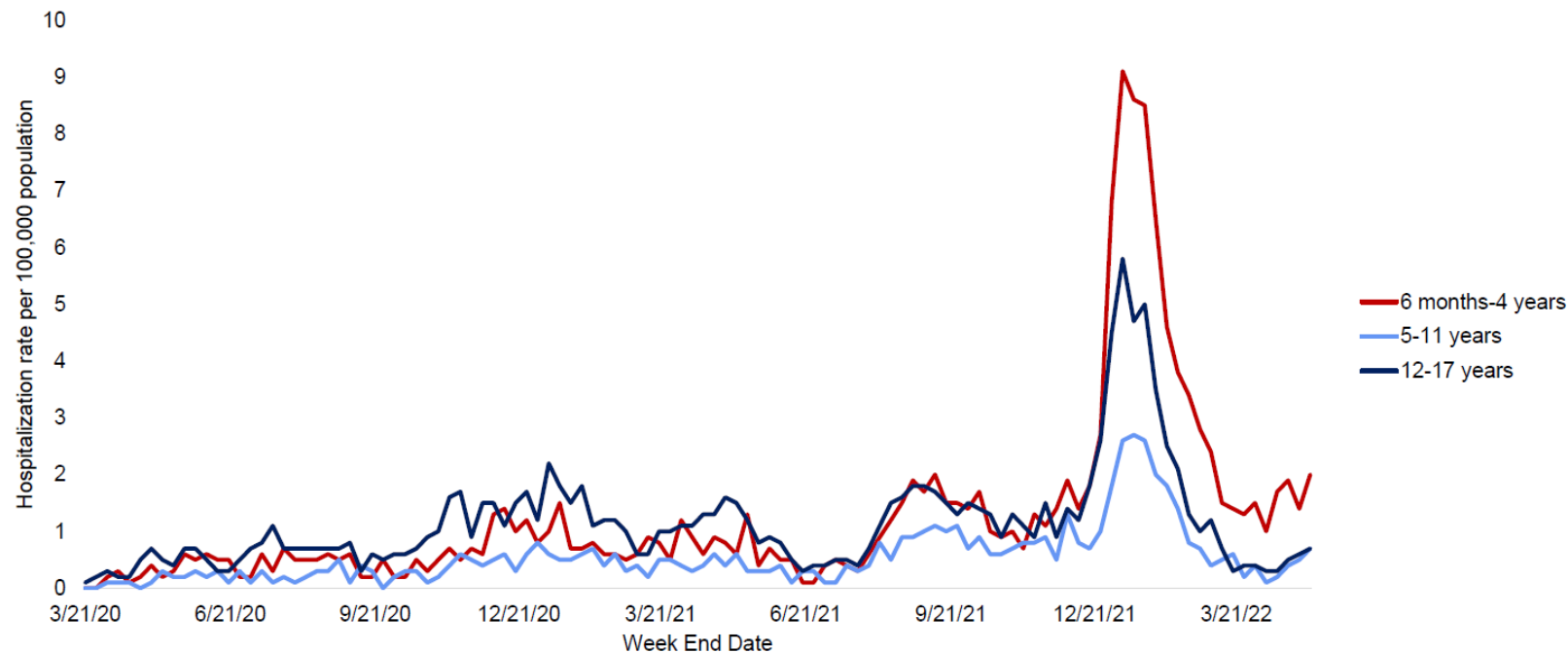
Multisystem inflammatory syndrome in children (MIS-C)

- Multisystem inflammatory syndrome in children (MIS-C) is a severe potential complication of COVID-19 that most frequently occurs among children.
- Rare: 419 cases reported nationally to date
- Severe:
 - A review of the 269 cases reported to PHAC between March 11, 2020 and October 2, 2021:
 - 99% required hospitalization; 36% ICU admission
- ~30% of cases occurred in children 1-4 y.o.



COVID-19-associated hospitalizations in children and adolescents 6 mos–17 yrs

Mar 2020-Mar 2022



Fleming-Dutra, K. COVID-19 epidemiology in children ages 6 months– 4 years. Advisory Committee on Immunization Practices. [Meeting 2022 Jun 17-18](#) : Atlanta, GA



In U.S., COVID-19 is leading cause of death among children and teens 1-19 years

March 1, 2020-April 30, 2022

| Age group | Rank of COVID-19 among causes of death |
|-------------|--|
| 1-4 years | 5 |
| 5-9 years | 5 |
| 10-14 years | 4 |
| 15-19 years | 4 |

Based on death certificate data from the National Center for Health Statistics. COVID-19 based on cumulative total incidence of COVID-19 deaths from March 1, 2020-April 30, 2022.

Source: Flaxman S, Whittaker C, Semenova E et al. Covid-19 is a leading cause of death in children and young people ages 0-19 years in the United States. medRxiv 2022.05.23.22275458; doi:

<https://doi.org/10.1101/2022.05.23.22275458>



Is the vaccine effective?

50.6%

36.8%



Moderna randomized control trial

| | mRNA-1273 (25 mcg) | Placebo |
|----------------------|--------------------|---------------|
| 6 months – 23 months | 51/1511 (3.4%) | 34/513 (6.6%) |
| VE (95% CI) | 50.6% (21.4, 68.6) | |
| 2 years – 5 years | 119/2,594 (4.6%) | 61/858 (7.1%) |
| VE (95% CI) | 36.8% (12.5, 54.0) | |

- Per protocol results: i.e. negative baseline SARS-CoV-2 and received two doses of vaccine or placebo
- Cases were PCR confirmed + at least one symptom.
- Followed for median of 71 days (data cut off Feb 2022)
- No cases of severe COVID-19, MIS-C or deaths among trial participants; unable to estimate protection against severe disease.

Moderna Trial – Immunogenicity outcomes

| Outcome | N | GMT (95% CI) | N | GMT (95% CI) | GMR |
|-----------------------------|-------------|----------------------------|------------|----------------------------|----------------------|
| | 6-23 months | | 18-25 y.o. | | |
| Neutralizing antibody level | 230 | 1780.7 (1606.4, 1973.8) | 291 | 1390.8 (1269.1, 1524.2) | 1.28 (1.12, 1.47) |
| | 2-5 y.o. | | 18-25 y.o. | | |
| Neutralizing antibody level | 264 | 1410.0 (1273.8, 1560.8) | 291 | 1390.8 (1269.1, 1524.2) | 1.01 (0.88, 1.17) |

Excluded children with serologic evidence of previous infection
 Samples collected 28 days following dose 2.



WHAT ARE THE REASONS TO VACCINATE MY YOUNG CHILD AGAINST COVID-19? (6 months to 5 years old)

The Moderna (Spikevax™) mRNA vaccine is approved by Health Canada for children 6 months and older.



mRNA COVID-19 vaccines are safe

Vaccines lower the risk of getting sick from COVID-19. Children can get COVID-19 more than once. We are still learning about the health effects of COVID-19 infections.

Data from older children and teens shows that vaccines lower the risk of complications from COVID-19. COVID-19 is a leading cause of hospitalization and death in young children. Children can get multisystem inflammatory syndrome in children (MIS-C). MIS-C is rare, but very serious. It causes inflammation of the heart, lungs, kidney, brain, skin, eyes, and stomach. COVID-19 can also cause Long COVID in children. Symptoms like cough and tiredness can last for months.

- More than **500,000** children under age 5 and more than **12 million** 5 to 11-year-old children in North America have had at least 1 COVID-19 vaccine.* Most children have had the Pfizer-BioNTech (Comirnaty™) vaccine.
 - Serious vaccine side effects are expected to be rare for young children. There were no safety concerns in the Moderna vaccine trial.
 - Serious allergic reactions to COVID-19 vaccines are very rare. Children with allergic conditions can be vaccinated safely.
 - Myocarditis (inflammation of the heart) after a COVID-19 vaccine is expected to be very rare in young children.
 - Long-term side effects are not expected. Vaccine ingredients are gone from the body in 2 to 3 days.
- Vaccines do not affect fertility, genes (DNA), or hormones.
- *https://covid.cdc.gov/covid-data-tracker/#vaccinations_yacc-people-additional-dose-totalpop
<https://health-infobase.canada.ca/covid-19/vaccination-coverage/>

Learn more about COVID-19 mRNA vaccines for children here: https://uwaterloo.ca/pharmacy/sites/ca.pharmacy/files/uploads/files/faq_covid-19_vaccines_for_children.pdf

You may decide to vaccinate your young child sooner if:

- They (or someone they live with) is at higher risk of severe illness (e.g., low birth weight, asthma, health conditions, or medication that affect the immune system).
- There is a lot of COVID-19 in your community.
- They are in regular contact with a lot of people (e.g., attend daycare).

You may decide to wait to vaccinate your young child if:

- They had COVID-19 recently. Experts recommend waiting 2 months after a COVID-19 infection to get a COVID-19 vaccine. Getting vaccinated after an infection can give longer-lasting protection.
- COVID-19 levels in your community are low. COVID-19 levels can change very quickly.



Vaccines work with other measures to protect young children & those around them. Wear a high-quality mask indoors, avoid crowded spaces & wash your hands often to lower the risk of COVID-19.



Focused Covid Communication is: Andrea Chittle, MD, CCFP; Kelly Grindrod, BScPharm, PharmD; Noah Ivers, MD, PhD, CCFP; Samira Jelmy, MD, PhD, FRCPC; Kate Miller, MD, CCFP; Menaka Pal, MSc, MD, FRCPC; Adrian Poon, BA, Sabrina Votaw-Miller, MSc; Kristen Watt, BScPhm, RPh; Holly Witzeman, PhD; Samantha Yemmine, PhD. Reviewed by: Rosemary Kilien, BScPhm, PGCert, RPh.

For questions about the reproduction, adaptation, translation, or other uses of this material, contact: phrpd@uwaterloo.ca

Financial contribution from:

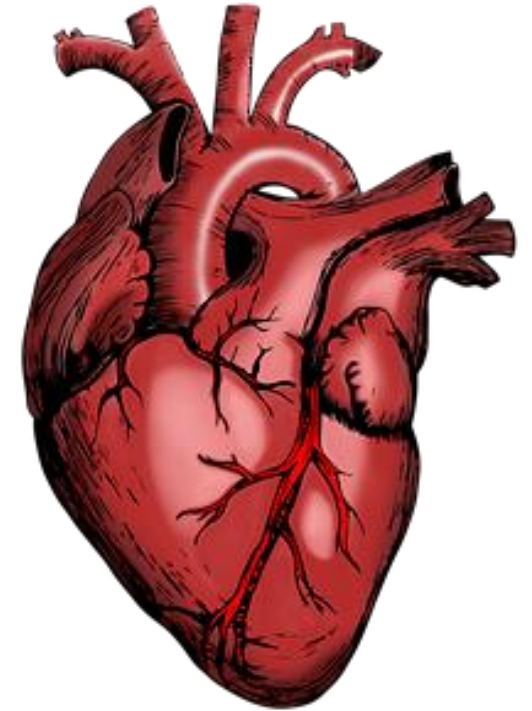


Vaccines are safe

https://uwaterloo.ca/pharmacy/sites/ca.pharmacy/files/uploads/files/what_are_the_reasons_to_vaccinate_my_young_child_against_covid-19_1.pdf



What about myocarditis and pericarditis?



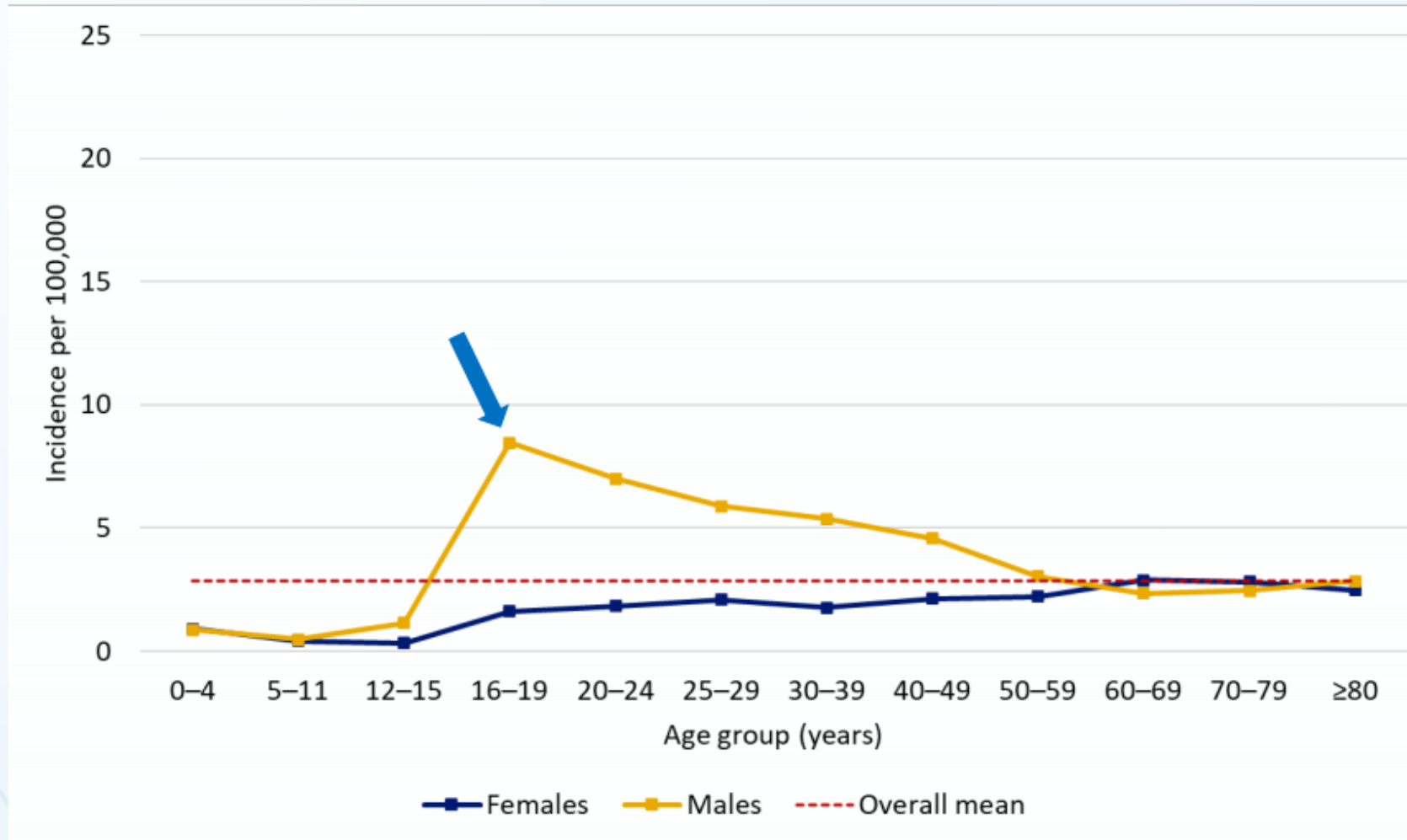
Myocarditis/Pericarditis post-COVID immunization

- A known adverse event following immunization with mRNA COVID-19 vaccines
- As of March 2022, Ontario reporting a crude rate of 24.3 per million doses administered.
- Higher rates among:
 - Males
 - 18-29 y.o.
 - After the second dose
 - People receiving Moderna (Spikevax)

PHO. [Myocarditis and Pericarditis after COVID-19 mRNA Vaccines](#), March 2022



Mean Rates of Myocarditis, 2015–2019



Sharifa Nasreen and
Jeff Kwong

NACI Vaccine Safety
Working Group
Meeting

October 25, 2021



Myocarditis/Pericarditis post-COVID vaccine, 5-11 y.o.

Of the almost **1 million doses** of pediatric COVID-19 vaccine administered in Ontario:

0.02%

Of all doses were associated with an adverse event following immunization (AEFI).

98.4%

Of AEFIs were non-serious. Half occurred on the same day as vaccination.

Most commonly reported specific adverse events:

45.1%

Allergic skin reaction

13.7%

Rash

8.8%

Syncope (fainting) with injury

0.0003%

Of all doses were associated with an AEFI involving hospitalization.

1

Case of myocarditis / pericarditis has been reported following immunization.

Data current as of February 27, 2022.

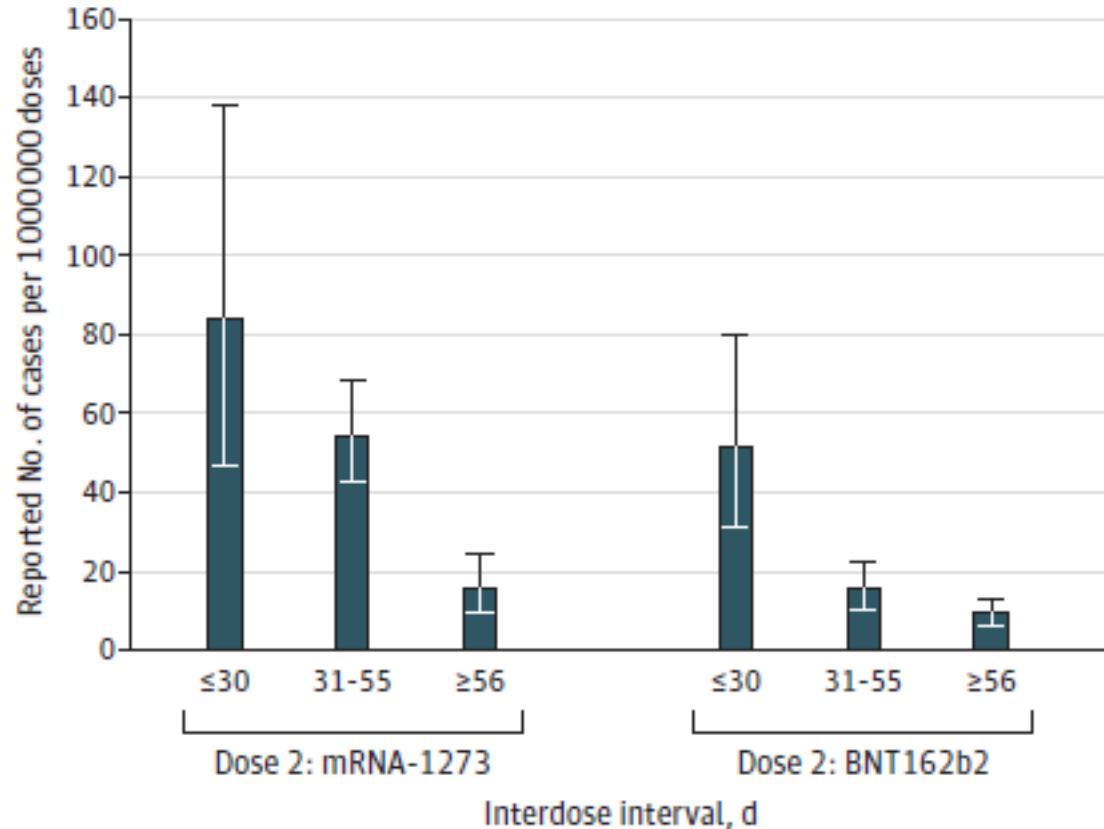
- Public Health Ontario data, Feb 2022
- After 600,000 first doses, 355,000 second doses, one case of myocarditis/pericarditis
- Similar results in other countries:
 - Denmark: 5 in 1,000,000
 - US: 2 in 1,000,000 for boys post dose 2; less than 1 in 1,000,000 for girls

PHO. [Safety of COVID-19 Vaccine in 5-11 y.o.](#) February, 2022



Additional benefit to the 8 week interval

B Rate by interdose intervals



- AEFI surveillance data from Dec 2020 to Sept 2021
- Included 19.7 million doses of vaccine
- 297 reports of myocarditis or pericarditis

Buchan SA, Seo CY, Johnson C, et al. Epidemiology of Myocarditis and Pericarditis Following mRNA Vaccination by Vaccine Product, Schedule, and Iddose Interval Among Adolescents and Adults in Ontario, Canada. *JAMA Netw Open*. [2022;5\(6\):e2218505](https://doi.org/10.1001/jama.2022.5(6):e2218505)

Vaccinating now or later

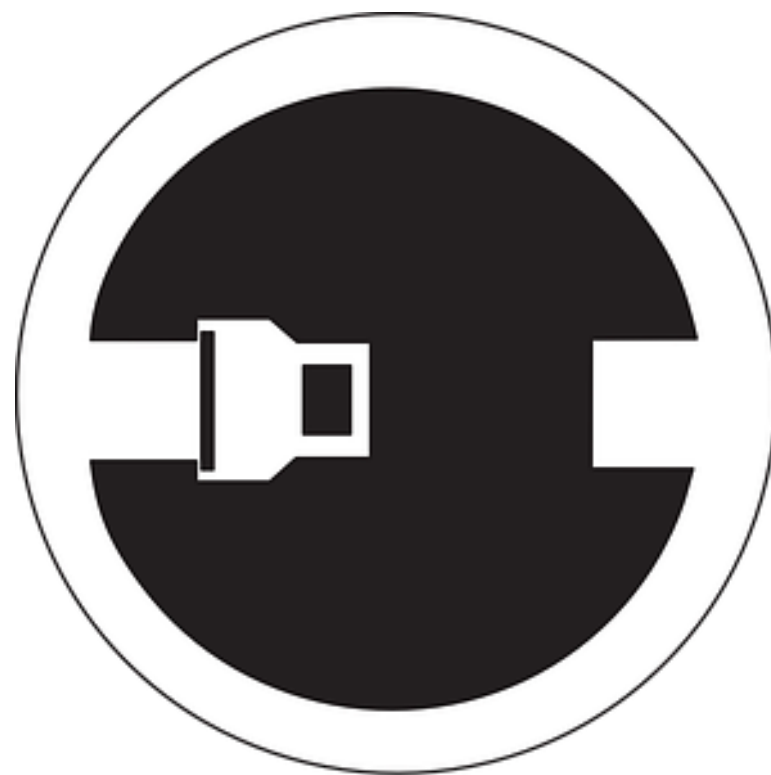
NOW

- Higher risk or live with someone at higher risk
- A lot of COVID-19 in community
- Regular contact with lots of people (e.g. daycare)

LATER

- Had COVID-19 recently
- Low levels of COVID-19 in community. NB: levels can change quickly

Bivalent for this age group unlikely in the near future.



SEAT BELT

What you need to know about the COVID-19 vaccine for 6 months – 5 year olds



Moderna Spikevax for children 6 mos-5 yrs

| | Moderna Spikevax |
|----------------------------------|---|
| Age | 6 months to 5 years |
| Dose | 25 mcg (0.25 mL) |
| Presentation | 0.10 mg/mL Royal blue vial cap |
| Diluent | None |
| Immunization schedule | 2-dose schedule (3-dose primary series for moderately to severely immunocompromised) |
| NACI recommended interval | At least 8 weeks |
| Stability | Fridge stable for 30 days |

NACI recommendations for 6 mos - 5 yrs

- 1) Complete series with Moderna Spikevax COVID-19 vaccine (25 mcg) may be offered to children 6 mos-5 yrs with at least 8 weeks between first and second doses.
- 2) Moderately to severely immunocompromised may be immunized with three dose primary series of Moderna Spikevax (25 mcg) vaccine, with 4-8 weeks between each dose.
- 3) Moderna Spikevax (25 mcg) COVID-19 vaccine primary series for 6 mos-5 yrs should not be given concurrently (same day) with other vaccines (live or non-live). A shorter interval may be warranted in some circumstances at the discretion of a health care provider.

Needle selection guidelines

| Route of administration | Needle gauge | Age of vaccine recipient | Site of injection | Needle length |
|---------------------------------|--------------|---|---|--|
| Intramuscular (IM) 90° angle | 22-25 | Infants (1-12 months) | Anterolateral thigh (vastus lateralis) | 2.2 cm- 2.5 cm (⁷ / ₈ inch - 1 inch) |
| | | Young children (>12 months-3 years) | Deltoid muscle | 1.6 cm–2.5 cm (⁵ / ₈ inch – 1 inch) |
| | | | Anterolateral thigh (vastus lateralis) | 2.5 cm- 3.2 cm (1 inch - 1¼ inch) |
| | | Children (>3 years- 12 years) | Deltoid muscle | 1.6 cm–2.5 cm (⁵ / ₈ inch – 1 inch) |
| | | | Anterolateral thigh (vastus lateralis) | 2.5 cm- 3.2 cm (1 inch - 1¼ inch) |
| | | | Anterolateral thigh (vastus lateralis) | 2.5 cm- 3.2 cm (1 inch - 1¼ inch) |

Table 1. Needle Selection Guidelines. CIG: Adapted from Vaccine administration practices [1].

What about the 5 year olds?

- Pfizer-BioNTech vaccine (10 mcg) is preferred to Moderna vaccine (25 mcg) for children who are 5 years old
- Moderna (25 mcg) may be offered to children who are 5 years old as an alternative to Pfizer-BioNTech (10 mcg) with informed consent and discussion of risks/benefits with HCP
- [COVID-19 Vaccine Administration](#), Ministry of Health, for more details

| | Moderna (25 mcg) | Pfizer (10 mcg) |
|---------------------------------------|------------------|----------------------|
| Indicated in 5 year olds | Yes | Yes (recommended) |
| Recommended interval | 8 weeks | 8 weeks |
| Minimum interval | 28 days | 19 days |
| Co-administration with other vaccines | Not recommended | Permitted |

Summary of vaccine options for children aged 4-5

| Age at First Dose | First Dose | Age at Second Dose | Recommended Second | Alternative Second |
|-------------------|---|--------------------|--------------------|--------------------|
| 4 years | Moderna 25mcg | 5 years | Moderna 25mcg | Pfizer 10mcg |
| 5 years | Moderna 25mcg (requested to receive Moderna) | 5 years | Moderna 25mcg | Pfizer 10mcg |
| 5 years | Moderna 25mcg (requested to receive Moderna) | 6 years | Moderna 50mcg | Pfizer 10mcg |
| 4 years | Inadvertent administration of 10mcg Pfizer | 4 years | Moderna 25mcg | n/a |
| 4 years | Inadvertent administration of 10mcg Pfizer | 5 years | Pfizer 10mcg | Moderna 25mcg |
| 5 years | Pfizer 10mcg | 5 years | Pfizer 10mcg | Moderna 25mcg |



Thanks to Ottawa PHU for this table

Want to learn more?

- [COVID-19 Vaccination in Canada: an educational series for primary care professionals](#)
 - One-credit-per-hour self-learning program (Mainpro+)
 - Module 7 – Vaccinating children



Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians

Leaders for a healthy Ontario



We're here to help



Offering COVID-19 vaccine in your practice

Readiness
checklist &
MOU

[OntarioMD
COVax
Training](#)

Halton
online
onboarding
session

Receive
COVax
accounts &
vaccine
event

Order
COVID-19
vaccine
online

halton.ca/physicians



Accessing vaccine

- Onboarded physicians can order through the online vaccine ordering portal
- Small amount of Moderna (2,900 doses) was received as initial allocation with future orders tbd
- Pharmacies able to immunize 2+ yrs as per UIIP and Ministry has sent info re. how to opt-in for under 2 immunizations
- Pharmacies to order Under 5 products through Public Health due to limited supply at this time.




halton.ca ☎ 311



 For Residents ▾

 For Business ▾

 The Region ▾

Vaccine Order Form

[Home](#) / [For Business](#) / [Information for Physicians](#) / [Vaccine Information for Physicians](#) /
Special Order Vaccine Online Request Form

1. Getting Started

2. Health Care Provider Information

3. Routine Vaccine Order

4. Client Information

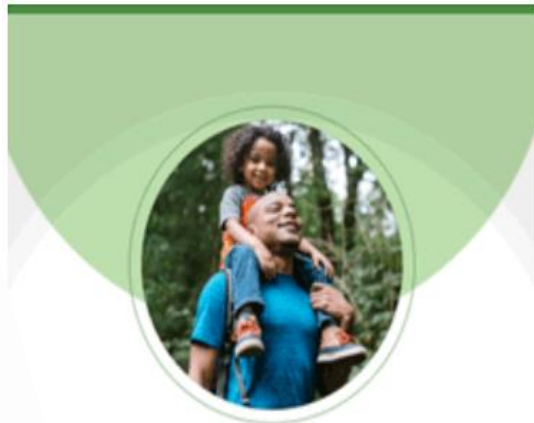
5. Special Vaccine order

6. COVID-19 Vaccine Order

7. Review and Submit

Order public health resources online

- halton.ca/COVIDvaccines
 - [COVID-19 Vaccine Resources](#)
 - [Order COVID-19 Vaccine print resources for delivery](#)



#EveryDoseCounts

Stay up-to-date with the COVID-19 vaccine.



Scan to view COVID-19 vaccine recommendations, clinic locations and times.

#EveryDoseCounts posters

Halton Public Health

When should I get vaccinated if I've had COVID-19?

COVID-19 vaccination is recommended to protect individuals from the severe outcomes of the virus, including for people previously infected with COVID-19. While infection alone provides some protection, vaccination after infection helps improve the immune response and may provide better and longer-lasting protection against COVID-19 and its variants.

When you should get your next dose of vaccine depends on when you had COVID-19:

| | |
|---|--|
| <p>If you are 5+ and had COVID-19 before starting or completing your primary COVID-19 vaccine series*</p> <p>Get your next dose:</p> <ul style="list-style-type: none"> - eight weeks after your COVID-19 symptoms started; or - eight weeks after you tested positive if you did not experience symptoms. <p>If you are moderately to severely immunocompromised, it is recommended to get your dose four to eight weeks after your COVID-19 symptoms started (or after you tested positive if you did not experience symptoms).</p> | <p>If you are 12+ and had COVID-19 after completing your primary COVID-19 vaccine series and before getting a booster dose*</p> <p>Get your next dose:</p> <ul style="list-style-type: none"> - three months after symptoms started; or - three months after you tested positive if you did not experience symptoms. <p>If you are 12 to 17 years of age, this must be at least six months after completing your primary series.</p> |
|---|--|

*For most people, a complete primary series is two doses of either Pfizer, Moderna or AstraZeneca vaccines. Some individuals, including those in an immunocompromised state, require three doses of COVID-19 vaccine.

The intervals recommended above may result in a better immune response and longer-lasting protection against COVID-19 and its variants, compared to a shorter interval between infection and vaccination. However, with informed consent, you may receive the COVID-19 vaccine once you are feeling well, have no COVID-19 symptoms and have completed your required self-isolation period. All post-COVID-19 infection vaccinees must follow the minimum dose interval suggested for your age and eligibility category.

The National Advisory Committee on Immunization (NACI) provides additional recommendations for individuals who are moderately to severely immunocompromised, or children who have experienced multiple inflammatory syndromes in children (MIS-C). Visit halton.ca/COVIDvaccine and select 'Who is currently eligible in Halton' to learn more.

[When should I get vaccinated if I've had COVID-19? e](#)

Halton Public Health

What to Expect after Getting a COVID-19 Vaccine

What should I do right after receiving the vaccine?

Wait for 15 minutes after receiving the vaccine to ensure you are feeling well. During this time, do not operate a vehicle or other form of transportation. You may be asked to wait for 30 minutes if there is a concern about a possible allergic reaction.

Tell clinic staff if you are feeling unwell or if any of these symptoms develop:

- Hives (bumps on skin that are itchy)
- Difficulty breathing
- Swelling of your face, tongue or throat
- Dizziness

What could I expect in the next few days?

On the arm where you got the vaccine:

- Pain
- Redness or Swelling

Throughout the rest of your body:

- Fever
- Chills
- Tiredness
- Headache
- Muscle joint pain

When to call your doctor

Allergic reactions to the vaccine are rare. However, they may occur up to three days after receiving the vaccine. Contact your doctor if you develop any of the symptoms below. If your symptoms are severe, call 911.

- Hives
- Swelling of the face or mouth
- Trouble breathing
- Very pale colour and serious drowsiness
- High fever (over 40°C)
- Convulsions or seizures
- Other serious symptoms (for example, 'pins and needles' or numbness)

[What to Expect After Getting a COVID-19 Vaccine](#)

Pediatric pain management



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



- [Needle Pain Management for Vaccinations & More](#), Solutions for Kids in Pain (SKIP)
- [Needle Pain and Phobia: How to avoid fear of needles and vaccines](#) (Video with Dr. Andrea Furlan)
- [Child Life Specialist Infographic](#)
- [Parents Canada infographic on needle pain](#)

Resources for vaccine hesitant patients



COVID-19 Vaccine
Consult Service

SickKids

[SickKids COVID-19 Vaccine Consult Service](#)

- Appointment-based, phone consultation for youth 12+ and their families
- Available in multiple languages
- No OHIP card required
- [Sickkids.ca/vaccineconsult](https://sickkids.ca/vaccineconsult)
- 437-881-3505

- [COVID-19 vaccination for ages under five](#), SickKids AboutKidsHealth
- Provincial Vaccine Contact Centre:
1-833-943-3900



Resources for 0-5 vaccination & hesitancy

- [Halton Hero COVID-19 vaccination program](#), Halton Region Public Health
- [Max the Vax campaign](#), Canadian Medical Association
- [COVID-19 mRNA vaccines for children FAQ](#) – University of Waterloo
- [COVID-19 Community of Practice for Family Physicians](#), University of Toronto Department of Family and Community Medicine (DFCM) and Ontario College of Family Physicians (OCFP)



**MAX THE
VAX**



Resources for 0-5 vaccination & hesitancy

- [COVID-19: Vaccines resource](#), Centre for Effective Practice (CEP)
- [KidsHealthFirst](#), resources for parents and providers on COVID-19 vaccine
- [The Vaccine Hesitancy Guide](#), University of Calgary and partners
- [Addressing vaccine hesitancy in the context of COVID-19: A primer for healthcare providers](#), Health Canada

CEP

Centre for Effective Practice



- [COVID-19 Conversations](#), COVID-19 Resources Canada



Reporting AEFIs

1 Complete [Ontario AEFI reporting form](#) (Ministry of Health) – 3 page form updated in October 2021

2 Fax to 905-465-3403 or Email to AEFI@halton.ca



What AEFIs to report?
[AEFI fact sheet](#),
 (Public Health Ontario)



TYPES OF ADVERSE EVENTS TO REPORT

The table below lists the types of adverse events that you should report to your [local public health unit](#). For each event there are estimated timelines between vaccination and onset of symptoms (i.e., temporal criteria). Other events not listed below can also be reported if they are clinically significant. If you are unsure, be proactive and report.

| Adverse event type | TEMPORAL CRITERIA for Non-live vaccines | TEMPORAL CRITERIA for Live vaccines |
|--|---|-------------------------------------|
| | Non-live vaccines | Live vaccines |
| Injection site reactions | | |
| Pain or redness or swelling lasting 4 days or more OR extending beyond the nearest joint | 0 to 2 days | 0 to 7 days |
| Infected abscess | 0 to 7 days | 0 to 7 days |
| Sterile abscess | 0 to 7 days | 0 to 7 days |
| Nodule | 0 to 7 days | 0 to 7 days |
| Cellulitis | 0 to 7 days | 0 to 7 days |
| Systemic reactions | | |
| Rash | 0 to 7 days | 0 to 42 days |
| Adenopathy/lymphadenopathy | 0 to 7 days | 0 to 42 days |
| Severe vomiting/diarrhea | 0 to 3 days | 0 to 42 days |
| Parotitis | N/A | 0 to 30 days |
| Hypotonic-hyporesponsive episode (HHE), under 2 years of age only | 0 to 2 days | 0 to 2 days |
| Persistent crying/screaming, under 2 years of age only | 0 to 3 days | 0 to 3 days |
| Allergic reactions | | |
| Event managed as anaphylaxis (i.e., epinephrine administered) | 0 to 24 hours | 0 to 24 hours |
| Oculorespiratory Syndrome (ORS) | 0 to 24 hours | 0 to 24 hours |
| Allergic skin reaction (e.g., hives) | 0 to 2 days | 0 to 2 days |
| Neurologic events | | |
| Convulsions/seizure | 0 to 3 days | 0 to 42 days |
| Encephalopathy/encephalitis | 0 to 42 days | 0 to 42 days |
| Meningitis | 0 to 15 days | 0 to 42 days |
| Anaesthesia/paroaesthesia | 0 to 42 days | 0 to 42 days |
| Paralysis | 0 to 42 days | 0 to 42 days |
| Myelitis/transverse myelitis | 0 to 42 days | 0 to 42 days |
| Acute disseminated encephalomyelitis (ADEM) | 0 to 42 days | 0 to 42 days |
| Guillain Barré Syndrome (GBS) | 1 to 8 weeks | 1 to 8 weeks |
| Bell's palsy | 0 to 3 months | 0 to 3 months |
| Other events of interest* | | |
| Arthritis/arthralgia | 0 to 30 days | 0 to 42 days |
| Influenzaeception | N/A | 0 to 42 days |
| Thrombocytopenia | 0 to 42 days | 0 to 42 days |
| Syncope (fainting) with injury | 0 to 30 minutes | 0 to 30 minutes |
| Kawasaki disease | 0 to 42 days | 0 to 42 days |
| Other severe/unusual events | Reportable regardless of timeline | Reportable regardless of timeline |

*Other adverse events of special interest for COVID-19 vaccine have been added to the [Ontario AEFI Reporting Form](#), please refer to the form for a complete list of types of adverse events to report.

This document may be adapted with the permission of [Public Health Ontario](#). Public Health Ontario assumes no responsibility for the content of any publication resulting from translation/changes/adaptation of PHO documents by third parties.

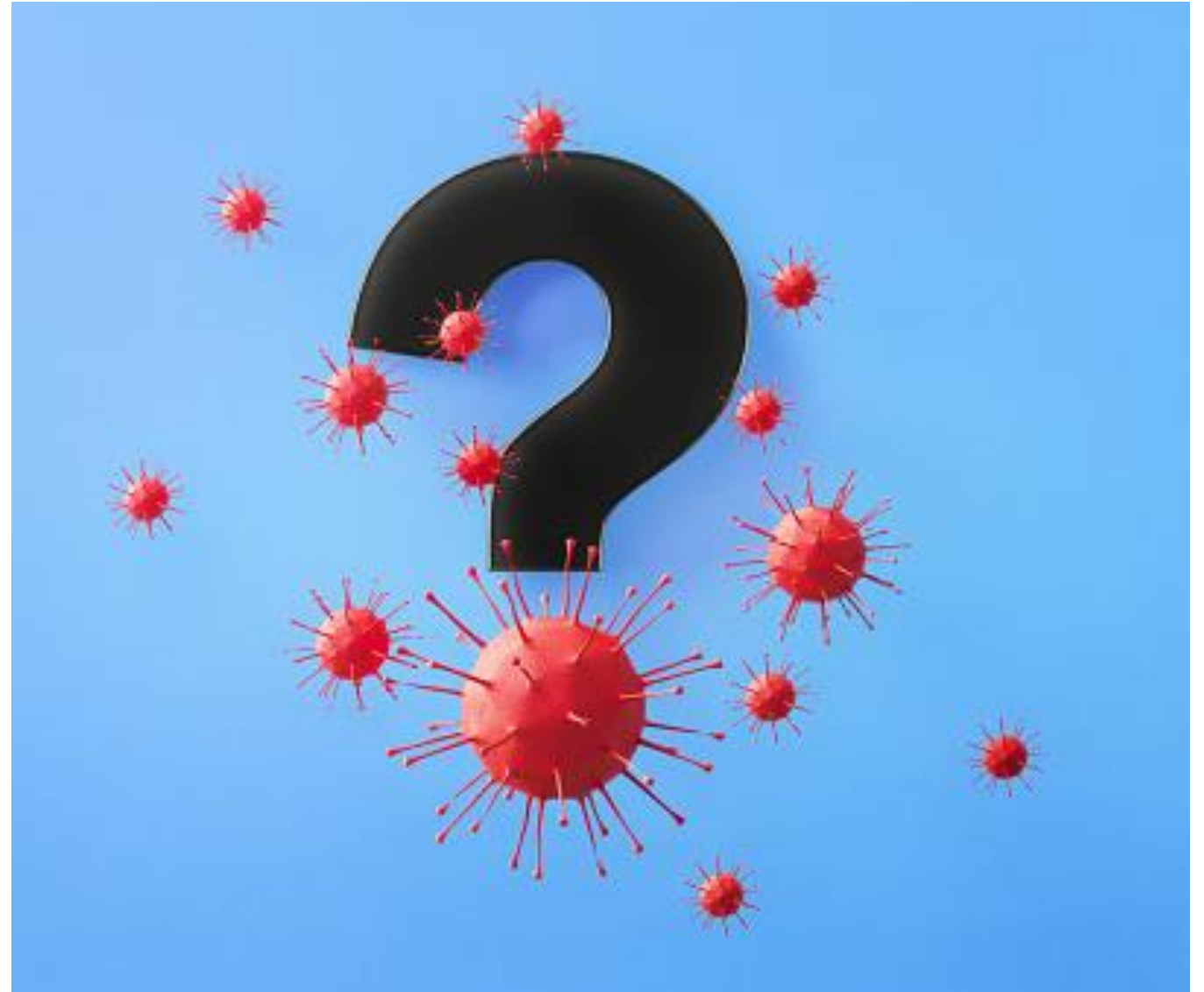
For questions about AEFI reporting, contact your [local public health unit](#).
PublicHealthOntario.ca/VaccineSafety

Questions?

Email doctors@halton.ca

Call 311

halton.ca/COVIDvaccines



Thank you!

doctors@halton.ca

halton.ca/physicians

