



COVID-19 Vaccine Sequencing Framework for Healthcare Workers and Vulnerable Populations

With the arrival of the COVID-19 vaccine, and under the direction of the Saskatchewan COVID-19 Steering committee, COVID-19 Vaccine Clinical Expert Advisory Committee has been convened to review evidence and federal and provincial guidance around vaccine sequencing.

The National Advisory Committee on Immunizations (NACI) defines the goal of the pandemic response as to “minimize serious illness and overall deaths while minimizing societal disruption as a result of the COVID-19 pandemic”.¹ With this in mind, the committee was tasked to develop criteria for sub-prioritization of vulnerable populations and healthcare workers. The Saskatchewan immunization strategy is guided by key principles as outlined in the NACI recommendations. These include the need to, “1) protect those most vulnerable, 2) protect healthcare capacity, 3) minimize spread, and 4) protect critical infrastructure”.¹

For the purpose of vaccine sequencing, HCWs will be defined as all staff and learners that interact with and provide care to patients, as well as staff that work in those clinical areas. This includes (but is not limited to) physicians, nurses, emergency medical services staff, therapies, pharmacy, laboratory and diagnostic technicians, dietary staff, environmental services workers, dentistry, hospital volunteers, and administrative staff. An important consideration is the multidisciplinary team approach to health care. Vaccine delivery should consider members of the health care teams that create care (example: physicians, nurses, learners and therapists providing care together in a given unit or team). This HCW definition is not exclusive to SHA staff and employees nor is the sequencing.

Vulnerable Populations are defined as those at high risk for severe illness and death, those most likely to transmit to those at high-risk, and those in living or working conditions with elevated risk for infection or disproportionate consequences from Covid-19. The aim is to protect those most vulnerable to severe illness first, keeping in mind the need to reduce the extra burden COVID-19 is having on people already facing disparities related to social determinants of health and geographic and social isolation. Actions and decisions will reflect our commitment to Reconciliation, “an ongoing process of establishing and maintaining respectful relationships”², in support of closing the gap in health outcomes between Indigenous and non-Indigenous peoples. Scientific review should provide the evidence and data on risk of COVID-19 severe morbidity and mortality for different population groups, which underpins sequencing decisions. Sequencing of key populations and sub-prioritization within key populations will also be based on a population-based risk-benefit analysis: taking into consideration risk of exposure, risk of transmission to others, and the safety and effectiveness of vaccine(s) in key populations, and vaccine supply.

Saskatchewan’s immunization strategy will occur in two key phases as announced in the “Saskatchewan Covid-19 Vaccine Delivery Plan.” This sequencing framework aims to minimize risk of Covid-19 infection while optimizing health care capacity.

SEQUENCING FRAMEWORK FOR COVID-19 VACCINE

Phase	HCW	Vulnerable Populations	Community-wide
Phase 1	<ul style="list-style-type: none"> • HCW of congregate living settings for older adults (long term care and personal care homes) • Adult ICU • Emergency department • Respiratory Therapy • Covid-19 designated wards • Code blue and trauma teams • Covid-19 assessment and testing centers • EMS, road and air transport teams • All HCW over age 70 	<p>LTC/PCH residents and staff</p> <p>Residents of First Nations Communities over the age of 40</p> <p>Age > 80 and Indigenous adults age >60</p> <p>Age > 70 and Indigenous Adults age > 50</p> <p>Planned or post solid organ and bone marrow/stem cell transplant</p> <p>Patients on Dialysis</p>	
Phase 2a	<ul style="list-style-type: none"> • HCW of congregate living situations for vulnerable adult populations • Anesthesia / Operating Rooms • All other critical care • Hemodialysis • Vaccination team • Radiology technicians • ECG/echo • Phlebotomy / lab workers handling COVID-19 specimens • Home care (direct care providers) 	<p>Residents and staff of shared living situations [language from NACI guidelines] for seniors not included above</p> <ul style="list-style-type: none"> ➤ seniors' assisted living <p>Residents and staff of other shared living settings²</p> <ul style="list-style-type: none"> ➤ homeless shelters and other emergency shelters ➤ group homes ➤ mental health residential care ➤ non-federally regulated correctional institutions ➤ Congregate Living Arrangements <p>Medically vulnerable populations</p>	



		<ul style="list-style-type: none"> ➤ Malignant Hematology patients on active treatment ➤ Solid Tumor Oncology patients on active treatment 	
Phase 2b	<p>All other direct clinical care including:</p> <ul style="list-style-type: none"> ▸ physicians ▸ RN and LPN ▸ therapists (physical, occupational, speech) ▸ Ward clerks ▸ Outpatient clinic staff ▸ mental health providers ▸ Patient registration ▸ Housekeeping/environmental services ▸ Dietary staff ▸ Security ▸ Social workers & Case managers ▸ CPAS ▸ Chaplain staff ▸ Dentists and dental clinics (direct care providers) ▸ Pharmacists and pharmacies (direct care providers) ▸ community based health workers on First Nations Communities ▸ Traditional/cultural workers 	<p>We recommend further engagement with Indigenous partners for additional sequencing of Indigenous populations in the province.</p> <p>We recommend further engagement with community partners for additional sequencing of socially vulnerable populations in the province.</p>	<p>We recommend further exploration of essential workers who face additional risks to maintain services for the functioning of society [language from NACI guidelines]</p>
Phase 2c	HCW not included above	Outreach as part of general population roll-out	General population

1. National Advisory Committee on Immunization (NACI): Statements and publications. December 23, 2020. Recommendations on the use of COVID-19 vaccines. [National Advisory Committee on Immunization \(NACI\) Recommendation on the use of COVID-19 Vaccines](#)
2. Truth and Reconciliation Commission of Canada (2015). Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada. p.16