



Vaccine Confidence Info Bulletin

Issue 8 | December 2021 | Public Health Agency of Canada (PHAC)

Providing credible and timely information on vaccines to health care providers and public health decision makers to support vaccine confidence.

Thank you for being a trusted source for vaccine information for individuals and communities across Canada.

Trending Topic

Omicron Variant

The Public Health Agency of Canada (PHAC) will continue to assess the data on the [newly designated variant of concern, Omicron](#), in the Canadian and international context, including its impact on the effectiveness of vaccines, and take action accordingly. PHAC will continue sharing emerging information on this variant as it becomes available, with updates posted on the [COVID-19 daily epidemiology update webpage, COVID-19 variants section](#).

The COVID-19 transmission pressures of Omicron underscore the need to encourage individuals to receive all vaccine doses, including a booster dose, when they become eligible.

Featured Resource

[Omicron Variant Common Question and Answers](#) that can help you communicate with patients and others (see Annex 1).

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Vaccine Confidence Corner

Providing evidence-informed tips, strategies and information in support of vaccine confidence.

Vaccine confidence is defined by the Vaccine Confidence Project as follows: “Vaccine confidence concerns the belief that vaccination – and by extension the providers and range of private sector and political entities behind it – serves the best health interests of the public and its constituents.”ⁱ

Vaccine^a mis- and disinformation pose a salient challenge to vaccine confidence in Canada. In fact, just being exposed to anti-vaccine content decreases vaccine confidence.ⁱⁱ Social media has allowed for the widespread sharing of vaccine misinformation and foreign disinformation campaigns and bots have increased its proliferation.ⁱⁱⁱ

How can health care providers counter mis- and disinformation?

Tips for addressing misinformation among peers or patients:

- Avoid trying to debunk all information^{iv}
- Address their specific concerns

Tips for proactively building resilience to misinformation:

- “Prebunk” it by identifying circulating misinformation people are likely to hear, before they hear it.
- Share:
 - where the misinformation came from;
 - how the misinformation spread; and
 - why it is incorrect.

For more information on effective strategies and resources for debunking misinformation, see this month’s [Community Spotlight \(below\) on #ScienceUpFirst](#).

^a See [Annex 2](#) for [Sources](#).

Misinformation Monitor Alert

Credible sources to debunk mis/disinformation.

Misinformation
is information that is
false or misleading;
but presented as fact, regardless of intention.

Disinformation
is misinformation which is intentionally
created and circulated to
deceive or mislead.

The rumour:

There has been a spike in stillbirths among vaccinated pregnant individuals in hospitals in both Waterloo, O.N. and Vancouver, B.C. They allege that 86 babies were stillborn in a 7-month period in Waterloo, and 13 babies were stillborn in 24 hours at a Vancouver Hospital to vaccinated pregnant people.

Where the rumour came from and how it was spread:

Media reports that the rumors have been spread online by a retired family physician, who has referred to COVID-19 as a hoax, and an Alberta physician, who is currently under review for administering Ivermectin to COVID-19 patients.^v

Why the rumour is incorrect:

- The hospitals in question, independent data collection registries, and news media, have verified that stillbirth rates remain within expected rates at the hospitals / within the regions.
- There is no evidence that COVID-19 vaccines increase the risk of stillbirth. However, COVID-19 infection has been associated with an increased risk of stillbirth; therefore, it is recommended that people who are pregnant get vaccinated for COVID-19.

PHAC Webinars for Health Care Providers

PHAC, in collaboration with the Canadian Vaccination Evidence Resource and Exchange Centre (CANVax) and the National Collaborating Centre for Infectious Diseases (NCCID), offers expert-led webinars focused on providing health care providers with clinical guidance related to key vaccine topics.

Watch List:

- [COVID-19 vaccine for pediatric use in Canada](#)
 - Information on the vaccination of 5-11 year olds, including: epidemiology and impacts of COVID-19, vaccine clinical trial data, National Advisory Committee on Immunization (NACI) recommendations and factors that parents or guardians should consider when deciding on COVID-19 vaccination.
- [Preparing for pediatric COVID-19 immunization and adult booster doses](#)
 - Information on the planning and administration of COVID-19 vaccination for children 5-11 years of age and the logistics of multi-product clinics.
- [Additional COVID-19 vaccine doses for individuals who are immunocompromised](#)
- [Contraindications to COVID-19 vaccines](#)
- [Revaccination with COVID-19 vaccines after anaphylaxis](#)
- [Seasonal influenza immunization 2021-2022](#)

Subscribe to The [CANVax Boost](#) newsletter and [NCCID News Alerts](#) to stay up-to-date on upcoming PHAC webinars.

COVID-19 Vaccination in Canada

PHAC is your trusted source for COVID-19 information, including the latest guidance from the National Advisory Committee on Immunization (NACI), and resources to support you in promoting COVID-19 vaccination in your communities.

COVID-19 Vaccination Rates in Canada

	Received at least 1 dose	
Total Population	12 years and older	5 to 11 years
81.03% (30,990,259)	89.83% (30,076,486)	31.59% (909,474)
	Fully vaccinated	
Total Population	12 years and older	5 to 11 years
76.26% (29,165,541)	87.00% (29,130,513)	1.14% (32,772)

This report was last updated on December 17, 2021 with data up to and including December 11, 2021.

What's New from NACI

Booster doses for COVID-19 vaccines in Canada - updated guidance

- NACI has reviewed the available data which suggests that protection against SARS-CoV-2 infection decreases over time since completion of a primary COVID-19 vaccine series. Protection against severe illness remains generally high, but may decrease over time for some people, such as older adults.
- NACI strongly recommends that a booster dose of an authorized mRNA COVID-19 vaccine should be offered at least 6 months after completion of a primary COVID-19 vaccine series to the following populations:
 - All adults who are frontline healthcare workers;
 - adults 50 years of age or older;
 - adults living in long-term care homes for seniors or other congregate living settings that provide care for seniors;
 - recipients of a viral vector vaccine primary series completed with only viral vector vaccines (AstraZeneca/COVISHIELD or Janssen COVID-19 vaccine); and
 - adults in or from First Nations, Inuit or Métis communities.
- NACI also recommends that a booster dose of an authorized mRNA COVID-19 vaccine may be offered to adults 18 to 49 years of age at least 6 months after completion of a primary COVID-19 vaccine series and in light of the Omicron variant in Canada, with consideration of jurisdictional and individual risks as outlined in the full NACI statement.
- Booster doses should be prioritized with particular emphasis on frontline health care workers and those at highest risk of severe illness from COVID-19, including those in older age groups and those with high risk medical conditions.
- Booster doses of COVID-19 mRNA vaccines can increase the immune response and are expected to offer enhanced protection against infection and severe disease and may help reduce spread of infection. Booster doses have a favourable safety profile that is comparable to the primary series.

Myocarditis and pericarditis following mRNA COVID-19 vaccines - updated guidance

- In early December, NACI issued a rapid response on authorized COVID-19 vaccines in individuals aged 12 years and older in the context of myocarditis and pericarditis reported following mRNA COVID-19 vaccines.
- NACI reviewed new Canadian and international data that suggest the rare risk of myocarditis after receiving a mRNA COVID-19 vaccine may be lower with the Pfizer-BioNTech (Comirnaty®) vaccine (30 mcg) compared to the Moderna (Spikevax™) vaccine (100 mcg).

- Based on new evidence, and in order to further minimize the rare risk of adolescents and young adults experiencing myocarditis and/or pericarditis after receiving a COVID-19 mRNA vaccine, NACI recommended that the Pfizer-BioNTech (Comirnaty®) vaccine (30 mcg) is preferred to Moderna (Spikevax™) vaccine (100 mcg dose) to start or continue the mRNA primary series in those 12 to 29 years of age.
 - The second dose of mRNA vaccine should be provided 8 weeks after the first dose as a longer interval between doses is associated with higher vaccine effectiveness and potentially lower risk of myocarditis/pericarditis.
- NACI also recommended that the Pfizer-BioNTech (Comirnaty®) booster dose (30 mcg) may be preferred to Moderna (Spikevax™) booster dose (50 mcg dose) in those 18 to 29 years of age.
 - The booster dose should be provided at least 6 months after completing the primary vaccine series.
- For individuals aged 30 years or older receiving an mRNA COVID-19 vaccine primary series or booster dose, either of the mRNA COVID-19 vaccines - Moderna (Spikevax™) or Pfizer-BioNTech (Comirnaty®) - should be used.
 - Furthermore, in older age groups, COVID-19 infection is associated with a higher risk of complications (including myocarditis/pericarditis) and older adults may benefit from the slightly higher antibody titres observed with the Moderna (Spikevax™) vaccine (100mcg) vaccine compared to the Pfizer-BioNTech (Comirnaty®) vaccine (30mcg). Limited data suggests that protection from Moderna (Spikevax™) may also be more durable compared to Pfizer-BioNTech (Comirnaty®).
- Adolescents and young adults 12 to 29 years of age who have already received one or two doses of the Moderna (Spikevax™) vaccine more than a few weeks ago do not need to be concerned, as the risk of myocarditis/pericarditis with this vaccine is rare and the adverse event usually occurs within a week following vaccination. However, any potential cases should be medically assessed and investigated regardless of the time since vaccination and age.

Pfizer BioNTech (Comirnaty®) mRNA COVID-19 vaccine in children 5-11 years of age

- A complete series of the Pfizer-BioNTech (Comirnaty®) vaccine (10 mcg) may be offered to children 5-11 years of age who do not have contraindications to the vaccine, with a dosing interval of at least 8 weeks between the first and second dose.

Featured Resources: Focus on Pediatric Patients & their Parents/Guardians

PHAC webinar: COVID-19 vaccine for pediatric use in Canada

- PHAC, in collaboration with NCCID, hosted a webinar for health care providers on COVID-19 in children and authorized COVID-19 vaccine for pediatric use in Canada which focused on the following learning objectives:
 - Identify of the factors that parents or guardians should consider when deciding on COVID-19 vaccination for children aged 5-11 years.
 - Describe the COVID-19 pandemic among children 5-11 years of age in Canada.
 - Summarize the clinical trial information available on the COVID-19 vaccine authorized in children 5-11 years of age.
 - Explain NACI recommendations for children 5-11 years of age.

COVID-19: making vaccination decisions for children 5 to 11 years of age

- Information to support parents and guardians with making vaccination decisions for their children.

The Canadian Immunization Monitoring Program

- In addition to a strong COVID-19 vaccine safety monitoring system, Canada also has a safety surveillance system specifically designed for monitoring pediatric vaccinations. The Canadian Immunization Monitoring Program (also referred to as ACTIVE or IMPACT) has been used to monitor the efficacy and safety of childhood immunizations for more than 20 years. The Canadian Immunization Monitoring Program is administered by the Canadian Pediatric Society with funding from the Public Health Agency of Canada.
 - You can [subscribe to the IMPACT newsletter to stay up-to-date](#) on the latest regarding pediatric vaccinations.

Canadian Pediatric Society (CPS) position statement on COVID-19 vaccine for children 5 to 11 years of age

- On November 23, 2021 CPS released a position statement in relation to the November 19, 2021 authorization of Pfizer-BioNTech (Comirnaty®) COVID-19 vaccine in Canada for use in children 5 to 11 years of age.

The CARD system from Immunize Canada's website

- A patient-centered, evidence-based system for coping with needle fear and anxiety in children.

COVID-19 vaccine communications toolkit | children, youth and young adults

- Now updated to include information related to Pfizer-BioNTech (Comirnaty®) COVID-19 vaccine for use in children 5 to 11 years of age.
- This toolkit provides a wide variety of content (including a list of online resources, social media messaging, images and key messages) that you can re-purpose to reach your patients or audience in ways that will have the most impact.

Planning guidance for immunization clinics for COVID-19 vaccines

- Now updated to include information related to Pfizer-BioNTech (Comirnaty®) COVID-19 vaccine for use in children 5 to 11 years of age.
- Planning guidance to assist in planning immunization clinics for COVID-19 vaccines. This guidance is meant to complement existing jurisdictional immunization campaign and clinic plans, and provides ideas and suggestions for consideration which may or may not be appropriate in particular settings and contexts.

Seasonal Influenza Vaccination in Canada

What's New

Co-administration of seasonal flu vaccine and COVID-19 vaccines

- NACI recommends that the influenza vaccine should continue to be offered to anyone 6 months and older who does not have contraindications to the vaccine.
- All seasonal influenza vaccines, including live-attenuated influenza vaccine (LAIV), may be given at the same time as, or at any time before or after administration of other vaccines, including COVID-19 vaccines.
- Exception for children 5-11 years of age: at this time, NACI recommends that children receive an authorized COVID-19 vaccine at least 14 days before or after another vaccine. Concomitant administration or a shortened interval between COVID-19 vaccines and other vaccines may be warranted on an individual basis in some circumstances at the clinical discretion of the healthcare provider. For more information on co-administration refer to [NACI's guidance on COVID-19 vaccines for children aged 5-11](#).

Featured Resources

Flu vaccine awareness resources

- Find posters, handouts, social media accessories and a mobile guide on seasonal influenza vaccination for use within your practices and communities.

2020-2021 seasonal influenza vaccination coverage survey

- This survey collects information every year about flu shot uptake in Canadian adults as well as their knowledge, attitudes, and beliefs about the shot.
- Understanding these factors is a key starting point for discussions to build vaccine confidence. Here are some of the findings:



The most common reason for not getting the flu shot was they are healthy and/or they never get the flu (29%).



About three quarters of respondents (74%) agreed that the opinion of their family doctor, general practitioner or nurse practitioner is an important part of their decision to get the flu shot.



While most of the respondents believed that the flu shot is safe (91%), there were still 40% of respondents who believed they might get the flu from the flu vaccine—which is not true for any flu shot in Canada. Moreover, 34% felt that the flu vaccine does not protect them against getting the flu.

Community Spotlight

Putting the spotlight on innovative projects and best practices from communities across Canada.

#ScienceUpFirst

PHAC's [Immunization Partnership Fund \(IPF\)](#) provides funding for projects that improve access to vaccines and encourage vaccine acceptance and uptake. Funded projects build capacity of health care providers as vaccinators and vaccination promoters; support community-based COVID-19 education, outreach, and vaccine promotion; and build capacity for evidence-based vaccine communication.

With support from PHAC's IPF, the Canadian Association of Science Centres, in partnership with COVID-19 Resources Canada and the Health Law Institute at the University of Alberta, has developed [ScienceUpFirst](#) - a national awareness and engagement initiative that works with a collective of independent scientists, researchers, health care experts and science communicators to create, distribute, and amplify the best available science for COVID-19 and COVID-19 vaccines in creative ways to stop the spread of misinformation and counter the infodemic.

Since its January 2021 launch, **#ScienceUpFirst** has:

- had over 500,000 engagements to an audience of over 360 million people; and
- gained more than 43,000 followers.

Support the #ScienceUpFirst initiative by:

- Sharing [expert-approved content from #ScienceUpFirst](#) on a variety of topics.
- Following and using the #ScienceUpFirst hashtag to fight misinformation when sharing evidence-based information.

Immunizing Children with Confidence: Vaccination Conversations Pop Up Event

Find out more about this January 27, 2022 day long conference and register [here](#).

This day long conference is one component of the Immunizing Children with Confidence project, a collaboration between Children's Healthcare Canada and Solutions for Kids in Pain, co-hosted by Stollery Children's Hospital & Alberta Health Services. This event will provide healthcare professionals with the skills, tools, and information necessary to confidently promote and provide vaccinations to children and their families. Topics delivered by the Children's Healthcare Canada community include:

- Preventing needle fear and pain.
- Setting up your vaccination clinics.
- Vaccination tips to optimize the experience for children and youth.
- Counselling vaccine hesitant families.
- Science and risk communication.

For helpful tools to support vaccine communicators, vaccine providers and families with pediatric vaccination visit Children Healthcare Canada's [resource hub](#).

Stay Current

Subscribe to stay up-to-date on the latest guidance and information from the **Canadian Immunization Guide (CIG)** and/or the **National Advisory Committee on Immunization (NACI)** including recommendations, statements, and literature reviews.

The **CIG** is a comprehensive resource on immunization developed based on recommendations and statements of expert advisory committees, including NACI and the Committee to Advise on Tropical Medicine and Travel (CATMAT).

NACI makes recommendations for the use of vaccines currently or newly approved for use in humans in Canada, including the identification of groups at risk for vaccine-preventable diseases for whom vaccination should be targeted.

Vaccine Confidence Feedback

- Do you have questions or comments?
- Do you have a success story or best practice to share with your colleagues across the country?
- Do you wish to be added to the distribution list to receive the PHAC Vaccine Confidence Info Bulletin directly?

Email us:

vaccination@phac-aspc.gc.ca

Please note that any medical questions should be directed to your local health care provider and any urgent medical questions should be directed to 911 or your local emergency department.

Annex 1

Omicron Variant Common Questions and Answers

1. What is a variant?

A “variant” of a virus appears due to genetic variations that occur when the virus replicates (makes copies of itself). Each time the virus replicates there is potential for a mistake to be made, but most of those mistakes do not result in big changes in the way the virus behaves. The more a virus spreads, the more opportunity it has to mutate. Sometimes these genetic variations will change the way a virus behaves.

These variations can change:

- how easily a virus spreads;
- the severity of illness it causes;
- the effectiveness of available treatments; or
- vaccine effectiveness.

Mutations in the virus are very common, and many different mutations in the SARS-CoV-2 virus have been previously observed around the world.

However, when mutations impact the behavior of the virus, they can have significant implications for public health. Omicron, with its many mutations, is having such an impact and has been designated a variant of concern.

2. What is a “variant of concern” (VOC)?

A SARS-CoV-2 variant is a VOC if, through a comparative assessment, it has been demonstrated to be associated with one or more of the following:

- increased transmissibility or detrimental change in COVID-19 epidemiology;
- increased virulence (severity of illness) or change in clinical disease presentation;
- decreased effectiveness of available diagnostics, vaccines, therapeutics, or public health measures; or
- is otherwise assessed to be a VOC by WHO; or
- is otherwise assessed to be a VOC by the provincial / territorial assessment group.

On November 26, the World Health Organization designated Omicron as a variant of concern.

3. Will vaccines still work?

Current evidence suggests that COVID-19 vaccines in Canada are effective at providing protection against the Alpha, Beta and Delta variants of concern. Vaccine protection is generally higher against severe disease than against infection, particularly as time passes from the last dose of vaccine. Booster doses help to improve the immune response and protection.

Because Omicron has quite a few mutations compared to other variants:

- The primary series of COVID-19 vaccines (two doses for most vaccines) appears to be less effective at protecting against infection from this variant of concern.
- In Canada, Omicron cases have been detected in both fully vaccinated and unvaccinated people.
- It appears that people who have received a full primary series of an approved vaccine as well as a booster have better protection against infection than those with only two doses
- There may be some protection against severe disease from the primary series, although evidence is currently limited. It is expected that the booster dose will provide very good protection against severe disease from the Omicron variant

Evidence on vaccine effectiveness against Omicron is becoming available.

- PHAC continues to closely monitor the evolving science and research related to vaccine effectiveness and breakthrough infection.
- Health Canada is working with the manufacturers of all the vaccines authorized in Canada and vaccines under review to determine how Omicron affects vaccine effectiveness.

Vaccines can be modified to address new variants.

- Studies are presently underway to determine if a new formulation of vaccine will be needed for the Omicron variant of concern. In the meantime, a booster dose of mRNA vaccine will help restore higher levels of protection against the Omicron variant of concern compared to the protection offered by a primary series (2 doses for most people).

As we continue to assess the significance and impact of this new variant of concern, people in Canada are urged to remain vigilant and continue maintaining layers of protection by following public health measures.^{vii}

- They are also encouraged to receive all vaccine doses, including a booster dose, when they become eligible.

4. Is the Omicron variant less severe?

- There have been some reports that the Omicron variant is less severe than previous strains, leading some to minimize the potential impact of the variant in Canada.
- There is still much unknown about the epidemiology of the Omicron variant, and more evidence is required to determine the severity of the variant in the Canadian population, including in people who are older, or unimmunized.
- However, due to rapidly escalating transmission of the variant, even if Omicron turns out to be less severe, the volume of cases will likely have a significant impact on Canada's healthcare system.

5. How can I learn more about the Omicron variant, as information becomes available?

The following organizations / websites are your best resources for evidence-based, science-backed information on the Omicron VOC:

- [Canada's COVID-19 Daily Epidemiology Report](#)
- [The Public Health Agency of Canada's News Page](#)
- [Statements from the Chief Public Health Officer of Canada](#)
- [The World Health Organization](#)

Annex 2

Sources

ⁱ Vaccine Confidence Project website: <https://www.vaccineconfidence.org/vcp-mission>

ⁱⁱ Betsch, C., Brewer, N. T., Brocard, P., Davies, P., Gaissmaier, W., Haase, N., Stryk, M. (2012). Opportunities and challenges of Web 2.0 for vaccination decisions. *Vaccine*, 30(25), 3727-3733. doi:<https://doi.org/10.1016/j.vaccine.2012.02.025>

ⁱⁱⁱ Ibid.

^{iv} Puri, N., Coomes, E. A., Haghbayan, H., & Gunaratne, K. (2020). Social media and vaccine hesitancy: new updates for the era of COVID-19 and globalized infectious diseases. *Human Vaccines & Immunotherapeutics*, 16(11), 2586-2593. doi:10.1080/21645515.2020.1780846

^v Stewart, A. (2021, November 25). Fact check: COVID-19 vaccines are not causing a rise in stillbirths in Canada. *Global News*. <https://globalnews.ca/news/8401613/fact-check-covid-19-vaccines-stillbirths-pregnancy/>

^{vi} <https://health-infobase.canada.ca/covid-19/vaccination-coverage/>

^{vii} Sentence adapted from: [Statement from the Chief Public Health Officer of Canada on December 3, 2021](https://www.canada.ca/en/public-health/news/2021/12/statement-from-the-chief-public-health-officer-of-canada-on-december-3-2021.html): <https://www.canada.ca/en/public-health/news/2021/12/statement-from-the-chief-public-health-officer-of-canada-on-december-3-2021.html>