



NEWS

## Who should get a COVID-19 vaccine first in Canada? New formal advice released

By [Alex Boyd](#) Calgary Bureau

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Canadians have been given their **first look** at who could be prioritized once a COVID-19 vaccine becomes available in this country.

A national advisory body tasked with giving immunization advice released on Tuesday its first set of guidelines. They suggest the elderly and the high risk as well as health-care and essential workers should be first in line for a vaccine.

The National Advisory Committee on Immunization's guidelines are not binding but

are designed as advice to public health bodies to “minimize serious illness and overall deaths while minimizing societal disruption as a result of the COVID-19 pandemic.”

They’re based on the assumption that once a vaccine becomes available, there won’t be enough to go around — at least not at first. To that end, the guidelines are designed to plan out an “efficient, effective and equitable allocation.”

According to the guidelines, key groups include:

\* **those at high risk of severe illness and death:** including those of advanced age or with other high-risk conditions;

\* **those most likely to transmit COVID-19 to those who are high risk:** including health-care workers and caregivers, as well as household contacts of those at high risk;

\* **essential service workers:** to be identified in conversations with the provinces and territories, but potentially including police and grocery store staff; and

\* **those whose living and working conditions put them at risk of infection:** potentially including Indigenous communities.

“I don’t think there are any surprises here,” says Amy Greer, an infectious disease epidemiologist and associate professor at the University of Guelph.

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The priority groups are similar to what’s outlined in the national influenza pandemic plan, she noted. But what will be different this time, Greer said, is that these will all be brand new vaccines that are being mass produced for the first time.

Canada currently has a [handful of advance agreements](#) that entitle us to a certain number of doses of promising vaccine candidates, but even the most advanced ones are still in the final stages of human testing, after which they face the scrutiny of Health Canada.

Most experts say it’s not unlikely that we’ll eventually end up with [multiple vaccines](#),

but how effective each one will be and when we'll be able to start distributing doses remains to be seen.

“When a vaccine becomes available, we know that the limiting factor is going to be, ‘How many doses can these producers get off the production line per week?’”

“When that’s the case, the prioritization exercise is to say, ‘How do we get the most bang for our buck?’”

### **Priorities could change**

Officials stress that these first guidelines are not set in stone, as there are still a lot of unanswered questions about what a vaccine will look like. The recommendations could change as we go, officials say, and will be updated after major milestones, for example, when potential vaccines begin to get regulatory approval.

Prioritization could also change in the face of data that shows a vaccine is more effective in a particular group, manufacturing shortages or oversupply. One group might be bumped above another by the the state of the pandemic when doses start becoming available.

Both the guidelines and experts acknowledge that if you want a group to get vaccinated, it’s not enough to just put them on a list.

“We need to think right now about how are we actually going to operationalize the delivery of vaccines,” Greer said.

Like flu shots, the actual vaccinations will be handled by provincial or territorial authorities. The recommendations stress the need for equity and accessibility.

They call for public health bodies to involve marginalized and racialized populations in planning, and to get cracking on setting up safety monitoring and making sure people in remote communities aren’t left out.

### **Addressing the concerns**

A national online survey targeted at a sample of people on the prioritization list will launch in the coming weeks.

“The idea is really to understand the perceptions of people who may be prioritized to

get a vaccine, to find out, ‘So, you’re prioritized, but do you intend to get vaccinated? Or do you have questions and concerns that can be addressed?’” says Shannon MacDonald, an assistant professor of nursing at the University of Alberta who is leading the research team.

If a specific group is really resistant, they might just require more information, according to MacDonald, who holds a PhD in addition to being a registered nurse.

In extreme circumstances, public health experts could adjust. For example, if seniors really didn’t want to get a vaccine, they might then try vaccinating more people who care for seniors, she said.

Before all else, vaccines have to be considered safe for a particular population.

For example, most vaccine trials are testing on healthy young adults for safety reasons, and haven’t yet expanded to seniors or more high risk groups. If an early vaccine doesn’t have data to show it works on older people, those doses would be given to other key groups instead.

Or, the focus might shift to vaccinating people who care for older people, so that they’re still protected.

### **Keeping the public on-side**

Public trust will hinge on vaccination decisions being made transparently, experts say, and these recommendations could be a step in the right direction.

MacDonald points to the H1N1 epidemic, when [players for the Calgary Flames](#) were able to get vaccines before a lot of health-care workers.

“If we say that these are the high risk groups that should get vaccinated first, we cannot have movie stars getting it before everybody else,” she said. “Unless they happen to be octogenarians with kidney disease.”

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