

## TDSB Transcript

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So, just, let's just start. We know a lot about COVID-19. We know that it can be serious. It can affect our organs, like our lungs or heart. We sometimes forget that.

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Even people who have had COVID-19, maybe up to 20% of people can get long haul that. They can be long haulers and they experience things like fatigue, brain fog, difficulty concentrating.

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That can be quite troubling. Even after their COVID-19 infection is no longer contagious.

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And one of the things, when we talk about preventing COVID-19, we have to remember the hospitalizations, severe illness, but also preventing this COVID-19, would longest syndrome next slide. Please.

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Now, that seems it can help they are faith and they work and we're going to talk about that. But I want you to remember that the reason why we're vaccinating is to protect us from serious illness. That is the goal of the vaccination programs.

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Next slide. Please.

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Worldwide more than a 1Billion doses have been given of these vaccines. And the reason why we tell you this is because there's power in numbers and in 175 countries have used quoted 19 vaccines even within Canada.

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We've already given 14Million doses, including 1.2Million in our own city.

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And the reason why I tell you this is because the more people have been vaccinated, the more we have these surveillance systems afterwards to detect any rare side effects, the more we can be sure that the vaccines are safe and that they work next slide.

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Please.

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So, we have 4 vaccines that are licensed in Canada. The Pfizer, the asrs. Annika and the Janson vaccine the Pfizer in Missouri are called Messenger vaccines and the AstraZeneca.

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And Jansen are what we call viral vector vaccines. They're recommended and available in Ontario for different age groups. And we will talk about that a bit more.

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As we go into, may our in May and go into June, the predominant vaccines that will be available in Ontario and in Toronto will be the Pfizer a loss of Pfizer. Some.

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And some Madonna and we'll talk more about that later on next slide. Please.

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So,

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a lot of people wonder,

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how were the vaccines developed and **approved** so quickly and this is just very briefly tell you that the approval process of for vaccines,

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even before Colvin and during were followed where there were the phase 1 phase 2 phase 3 clinical trials.

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That were done next slide please.

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As the trials were done, they would send the information to health Canada for review.

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That's 1 of the ways in which they were able to help Canada was able to do the review faster because it reviewed the data as it evolves rather than waiting for the whole package all at once and

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healthcare reviewed all of the trial data and gave it.

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And **approval**, and we'll talk about this, but today, health Canada **approved** a new indication for Pfizer down to age 12. once the vaccines are **approved** by health Canada.

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They then continue to go on,

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do ongoing monitoring and the vaccines themselves,

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the technologies themselves while they're new vaccines to us,

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the technology has been around for a decade or more and that's how they were able to develop vaccines.

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So quickly next slide. Please.

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So **are the vaccines safe** that's top of mind for everyone? Well, we know that they were, they met health candidates, safety and quality standards.

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We know that they were tested in large trials to show that **they were safe** and that they worked. We know that we continue to keep a very close eye on vaccines through the millions of doses that have been given around the world to make sure that they are.

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They are, they can **though cause side effects and we know though that most of the side effects are mild and we'll go away after a few days** next slide. Please.

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We know the **vaccines are safe for almost everyone** they were actually studied in those who were 65 years of age and older.

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Most vaccine trials actually are not studies in the elderly, and these ones were, and they were shown to be safe and that they work were also studied in people who had chronic health conditions.

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So, heart disease, asthma, diabetes, high blood pressure on blood thinners people who have weakened immune systems, autoimmune disorders, even people who are pregnant, and they continue to show that they're safe for these individuals.

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What we know though is that issue, for example, have a weakened immune systems vaccines may not work as well, but they are certainly state safe and recommended next slide. Please.

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Now, how do these vaccines work that's supposed to work by using an instruction manual that's really what the vaccines are and instructor instructions are included in the vaccine. They're at.

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That's what the injection is, whether it's Messenger or a viral vector the instructions tell your body to make this protein. It's a spike protein. That's the protein that's on. The edge of the virus.

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Your body makes this protein. It can't get sick from the protein. It's just a protein, it can't give you code. It's not but by seeing the protein in your body, your body then produces antibodies.

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Your body makes the antibodies it then gets rid of the proteins. The Messenger or viral vector are actually gone for your from your body within within days and what you're left with, are the antibodies and that is your body's and you respond to.

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That will be there. If down the line, you are exposed to Colvin to give you protection next slide please.

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Now, what is in the vaccine? Well, we know that the vaccines need to be protected that instruction manual needs to be protected. And the way they do that is by coding it with lipids, salt sugars and buffers.

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The vaccines do not have, they do not have a, they do not have gelatin. They do not have preservatives. They do not have low tech and there are no antibiotics in the vaccine and there's also no Colvin. We talked about that.

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So, you actually cannot get cobit from the vaccine next slide please.

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Now, what, if you have allergies actually, the vast majority of people who have allergies can safely be vaccinated.

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There are if you have an allergy Twain ingredient in the vaccine, then you need to consult with your doctor to see if the vaccine can be given to you. So, then the next question is, well, what are the ingredients in the vaccine?

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Well, there are 3 that you need to be aware of 1 is polyethylene glycol.

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The 2nd is, and the 3rd is 80 now, you may wonder what are these things I've never heard of them well, if you've never heard of them. The likelihood is that you don't have an allergy to them.

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They are found in many other products.

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And so,

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if you had an allergy to any of these ingredients,

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you would likely know about it already you would likely already have an allergist,

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but just to let,

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you know,

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so starting with the polyethylene glycol that's in the Pfizer and Madonna vaccine the other names for it is peg.

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So, if you've ever had a colon Oscar be taken some laxative, the laxative restore relax. For example, the main ingredient is peg.

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If you've ever had a liquid jelscap or 1 of those red easy tabs again, that is those things have peg in them.

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The 2nd degree at is sound only in the maternal vaccine, and that is commonly found in contrast media for scans or scan.

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And then the final ingredient is posed survey 80 that is used in AstraZeneca and the Janson vaccine. And that is found in many, many things.

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That process foods, pickles, ice cream and cosmetics cream shampoos, for example, and over the counter medications next slide. Please.

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Now, will the vaccines make it you sick? Well, it won't give you Colvin.

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You may get side effects. Most of them are mild and will go away after a few days. There is a rare risk of getting an allergic reaction called anaphylaxis.

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We know, though that that occurs within the 1st, 15 minutes. And that's why you will stay at the clinic for 15 minutes. So if you get an allergic reaction, we will treat you right away.

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Now, if you have side effects, that are severe or they last more than 3 days. That's the signal that you need to talk to your doctor next slide please.

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So, the comment is, side effects that are in 10 to 20% of people get that last for 1 to 3 days or headache, not feeling well, muscle aches or fever.

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Some people a lot of people can get pain or swelling, or redness where they got their injection.

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It's also important to know that the side effects can be more common after the 1st, dose of astrazenecas or after the 2nd, dose of Pfizer and.

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Next slide please now, just a few points here about rare blood costs and a low platelets. That can occur after the viral vector vaccines. So these are asrs.

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Annika and Johnson and Johnson. What we know so far is that they can occur after AstraZeneca 1 in 50,000 to 1 in 100,000 Johnson and Johnson vaccine 1 in 500,000. so it is still rare.

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The blood clots can be severe, though, they can be in the brain, the arms and the leg or the abdomen, but they can be treated. And so with proper medical attention and being mindful of your symptoms, you can get treated.

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So, the import what's important is that we have informed consent before getting the vaccine and that's really to recognize that, especially in a situation.

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Like, we have in Toronto where we have a lot of cobit, the benefits of not getting colds and getting vaccinated will often outweigh the risks that are there for this rare side effect.

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Now, what should you watch for if you get 1 of these vaccines? Well, you should watch for trouble, breathing chest, pain, tummy pain that doesn't go away as severe or sudden, headache, blurred vision.

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Or skin bruising or spots, and we actually recommend that you watch for these symptoms from 4 to 28 days after the vaccine next slide. Please.

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So, where are we at right now? In Toronto? It's an important to talk about the variance of concern.

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It's because we have such high rates of coded right now that we really need the vaccines, and we really need to vaccinate as many people as possible.

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And so the variance, what we know about them is that in Ontario, and especially in Toronto, it's the UK variant. That is the most common variant spreads more easily, and can cause more serious disease.

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And if you see that graph there on the right, the orange line is the variance of the colon, 19 cases that are caused by the variance. And you can see that sharp increase and it's slowly coming down, which is really good news.

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And so, what we know about the variance is those public health measures work staying at home wearing masks, physical distancing, they will work to help us prevent variants, but we also know that vaccines work as well. Next slide please.

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And so that things have been used in countries that have had variants. So, for example, the UK variant is found in the UK and the UK has very successfully.

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Come down with their cover rates, they have used the Pfizer and the AstraZeneca vaccine to do that. Now vaccines can give us protection. Even when viruses change the vaccines can often provide cross protection.

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If we can vaccinate more people and get that herd immunity. That will be 1 really important tool that we have in this 3rd wave to help us fight it.

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And in the future,

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if there are future variance that we've heard about the Indian variance,

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if they are not protected by our current vaccines,

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and they are common in out in Toronto,

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for example,

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booster doses can become a consideration next slide.

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Please.

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Now, it's important to know that the colon 19 variance in particular can be serious in pregnancy. This is something new that we found. We did not see this in the 1st, 2 waves necessarily.

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Definitely, not as severe as we're seeing it now in this 3rd wave. And so, as a result, if you are pregnant at any time in your pregnancy, you are recommended to get vaccinated and so you can get vaccinated and book an appointment.

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Right now you are eligible we know that vaccination in pregnancy and breastfeeding can prevent the pregnant or breastfeeding person and the baby,

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the vaccines don't pass through the breastmilk the vaccines don't pass through the placenta to the baby.

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The antibodies can. So, when the pregnant person makes antibodies, those can pass and protect the baby.

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Now, it's also important to know that this is continuing to be steady to ensure that the vaccines are safe and pregnancy. And so, in the USA, there's a vaccine registry of over 100,000 pregnant people that are following them.

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Some of them have even delivered that they were vaccinated in pregnancy and have delivered and have no safety concerns about the vaccinations next slide. Please.

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Now,

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vaccines and children,

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well,

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today,

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you may have heard the news as a Pfizer vaccine was approved for use and children 12 years of age in Canada,

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Canada,

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and Algeria are the only 2 countries that have this age indication right now it's expected that the FDA and Europe will lower their age to 12 for this vaccine as well.

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But that has not happened yet.

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As of today, right now, children are not included in the provincial vaccination plan, but you can expect that. There will be mention of them in the short future.

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And so, right now, the best way to protect children as ourselves is to keep following those public health guidelines. And for adults who are eligible, get vaccinated, as soon as they can next slide, please.

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Now, what, if you had, should you still get the vaccine? And the answer is yes the code that you had may not give you long term protection.

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You may also have not gotten the variance coded and we don't know if you're going to have protection from variance.

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And so that's why we still recommend that if you got scolded,

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as soon as you're no longer contagious,

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and you're able to leave self isolation that you can get vaccinated and you are still right now,

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recommended to get 2 doses if you're getting 1 of the to dos vaccines next slide please.

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Now, what's the vaccine is best for you?

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Well, we know that all vaccines are safe and effective. We know that all of vaccines will protect you from serious illness. We want you to get back to me as soon as you're eligible.

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Because right now we're in the 3rd wave, and we need to drive down those infection rates. And so whichever vaccine you can you're eligible for and can get that is the vaccine that we certainly do recommend you get next slide please.

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So this is the phase 2 of Ontario vaccine roll out last week they announced that they will be speeding up when people can book to get their appointments as of Monday.

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Those who were in hotspot age in hotspot, postal code 18 years of age could book to get an appointment as of tomorrow on Thursday. If you're 50 plus and older, you can book across the province.

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So that has been available in Toronto.

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You can also,

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if you're 1 of the group 1,

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who cannot work from home,

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this includes health care workers,

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education workers and many other groups of workers who cannot work from home will be eligible to book from tomorrow.

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And you can see that down the road next week there will be more people who can be eligible until the week of May 24th every adult in Ontario,

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18 years of age and older will be eligible to book a vaccine in Ontario next slide.

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Please.

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So, let's talk a little bit more about the Pfizer vaccine. The reason for this is because in Ontario we're expecting an average of 787,000 doses of Pfizer per week during the month of May.

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And that's the most vaccine that we've received per week. And that. So that's going to be the predominant vaccine that's available. There will also be more. There will also be maternal vaccine, though, not in quite a large amount.

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And so, the Pfizer vaccine 131 Million doses have been given in the US.

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The reason why I tell you that number is because the US has a very good surveillance system to ensure that if there are side effects following the vaccines that they are following up and if there's a safety signal that it can be detected.

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And so, so we continue to have reassurance that the Pfizer vaccine is safe.

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And so this is the vaccine that's currently being offered at China, public health, mass immunization clinics and will be the predominant vaccine again in the month of May. And June as well next slide.

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Please.

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So what about the 2nd, doses and why are we giving 2nd doses a 4 months after the 1st dose? Well, there's 1 reason why we're doing this.

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And this is the main reason, because we have vaccine shortages if we did not have a vaccine shortages that we could shorten that interval for the 2nd dose.

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But because of vaccine charges, we had to, as a country make important choices on how best to use the scarce vaccine supplies that we had.

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And so, what that meant was, we knew that 1 dose gives you strong protection.

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Actually, the CDC posted a study that showed that 1 dose of a messenger are named vaccine, gives you 80% protection to those to 90% protection.

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So that 80% percent protection last in the 1st dose, and even if it goes down by say, month of 3 or 4, it doesn't go to 0 It will Wayne slowly.

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And in the meantime, it allows us to vaccinate more people.

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By vaccinating more people, we get more of that herd immunity effect. We can drive down the rates of cobit and this is really important as we have variance right now. And as we're in the midst of our 3rd wave next slide please.

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Now, what is herd immunity? I've mentioned that term a few times another name for it is community immunity.

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So if you see this graphic, the people in dark blue are vaccinated and the people in green are vaccinated and they have a coded.

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So, if someone has a coded, and they're around people who are vaccinated the virus, then cannot spread. And that's what herd immunity tries to do. It tries to create a wall or a barrier.

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Of protection, so if covid comes into a community, it does not spread to others and that's what we're trying to achieve for Kovac. We the source code to the virus.

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We need herd immunity rates in our community of between 60 to 90%.

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And it's maybe at the higher end, especially for variants, because variants can spread more easily.

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That's often when you will need higher herd immunity rates to prevent prevents cases of cobit from spreading rapidly in the community next slide. Please.

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So, how can you get vaccinated? There are 4 different types of clinics, or vaccines are offered 1 are our city of Toronto, mass immunization clinics. They use the provincial booking system.

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To book that can be done online or by phone. There are hospital clinics hospital clinics often have a specific eligibility for the neighborhoods. Hospitals are also doing a lot of the pop up clinics in.

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A lot of the hotspot postal codes, there are also pharmacy and primary care providers.

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Pharmacies and primary care providers have gotten the AstraZeneca vaccine. Some have used up their supply. There is currently right now. No new AstraZeneca supply expected in the next week.

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Some primary care providers still have AstraZeneca. So that is still an option. There is a pilot with some pharmacies in Toronto using Pfizer.

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I've heard of a new pilot as well with some pharmacies will be using a journal, the other and vaccine. And so you can expect that in the future, depending upon the vaccines that are available, pharmacies and primary care providers may have some of it.

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Some of you may ask well, I bought asrs in a car. I know someone who got AstraZeneca at a pharmacy. And now you're telling me we have no AstraZeneca left by the time. 2nd, doses are due.

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The hope is that we will get more AstraZeneca in June as well the pharmacies where you got your vaccine are expected to provide the 2nd dose and the 2nd, dose appointment. And in the event, the AstraZeneca is not available.

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There will be recommendations from the National advisor committee on immunization on what to do. Should you get another vaccine if you get 1 additional vaccine? Does that complete your series? For example.

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The last way to get vaccinated is through a mobile team or pop up clinic. This strategy we've talked about the pop up clinics too hot spot neighborhoods. Mobile teams are also going to places like shelters, congregate settings.

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They're also going to homebound adults who can't leave their house to get vaccinated to get them vaccinated as well. Okay. Next slide. Please.

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Now, if you know someone who does not have an oh, hip card, they 2 can get vaccinated.

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There are ways for them to book an appointment either through 1 of our agency partners, or also by calling the Toronto public health hotline and we'll give you that number at the end of the presentation next slide. Please.

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It's also important to know that if you or someone, you know, has difficulty getting to the clinic, there are transportation means to get a vaccine appointment.

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And so you can refer people to call these numbers or to go online. If they require transportation assistance next slide. Please.

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Now,

164

00:24:23.604 --> 00:24:29.574

until we have more people vaccinated until our kobe's rates has come down,

165

00:24:29.844 --> 00:24:34.374

we will need to continue with our public health measures not forever,

166

00:24:34.433 --> 00:24:38.903

but for the time being and so we'll need to wear a mask,

167

00:24:38.963 --> 00:24:42.534

keep a physical existence stay home for sick wash your hands.

168

00:24:42.989 --> 00:24:55.679

Next slide please now, I do want to spend just a few moments to talk about misinformation that there is a loss of misinformation on the Internet and all social media.

169

00:24:56.064 --> 00:24:59.364

Some of it is very convincing, but it's absolutely false.

170

00:24:59.394 --> 00:25:11.814

And so if you hear things about the vaccine or, you know, others that have heard things, and are that reason why they're not getting vaccinated please do consider where the information is coming from.

171

00:25:13.314 --> 00:25:25.433

And dig deeper verify the information. The best thing that you could do is to tell someone, you know, what talk to your health care provider, talk to your doctor, make an appointment, have a telephone conversation about the vaccine.

172

00:25:25.644 --> 00:25:34.614

Because then, you know, they're getting information from a trusted store, or lead them to a trusted website. Next slide. Please.

173

00:25:36.503 --> 00:25:49.403

Now, Colvin, 19 is more than a disease. It's more than infectious disease. It has caused us to feel confused and scared overwhelm all of our mental health has been impacted.

174

00:25:49.763 --> 00:25:58.824

And so, by preventing cobit, 19, we can prevent all of these other things that have been quite challenging for us. And this coming year next slide. Please.

175

00:26:00.473 --> 00:26:10.433

And so it's okay not to feel. Okay we know that covert 19 has made us all feel sad worried, scared, confused or angry next slide. Please.

176

00:26:10.913 --> 00:26:23.304

And so, if you or someone, you know, is not in an acute crisis, but is a struggling, they can fall. 211211 can connect you with resources that are available in the community. They also have a language interpretation available.

177

00:26:26.068 --> 00:26:30.269

And so that's a good resource to know about next slide. Please.

178

00:26:30.269 --> 00:26:43.739

So, by getting vaccinated, we can all be part of something greater. Your vaccine protects you, but it also protects others around you and by getting vaccinated, we can all be protected together.

179

00:26:43.739 --> 00:26:48.209

Next slide and so here is.

180

00:26:48.209 --> 00:26:59.963

The information on public health hotline 463 387600, it's open from 830 am to 8 P M 7 days a week. There are translation services available. And so that's a good resource.

181

00:27:00.324 --> 00:27:05.544

If you have questions and on cobit 19 to call them. And also our website.

182

00:27:13.108 --> 00:27:27.118

19, we're constantly updating our website and that's where you can get more information about vaccines. How to book vaccines, whether you're eligible as well. And with that, I will turn it back over to our moderators.

183

00:27:28.588 --> 00:27:42.989

Right Thank you very much vineeta for the very informative presentation I will get started with just going over the poll results that we asked earlier to share with the group. If you remember the question.

184

00:27:44.634 --> 00:27:56.753

What was which best described your attention of getting a cold vaccine? Um, a, was I already got vaccinated about 20% of you answered that 40% said I'm planning to get vaccinated.

185

00:27:56.753 --> 00:28:10.673

10% said, I am not sure 5% said I am not getting vaccinated and 2006. we had no answer so that was at the beginning of the session and that was a total of 155 of you participated in that poll.

186

00:28:10.673 --> 00:28:16.104

So thank you very much, just to let the group. Know we have around 250 participants today and lots of questions.

187

00:28:16.104 --> 00:28:25.763

So, I'm going to turn it over to my Co moderator, and he will begin to ask some of the questions that you submitted in the chat feature.

188

00:28:29.308 --> 00:28:33.719

Thank you. Hi there. I hope you can hear me this time.

189

00:28:34.769 --> 00:28:45.294

Yeah, yeah, yeah, thank goodness. Okay. So technology has not completely failed me today. Thanks so much vineeta.

190

00:28:45.294 --> 00:28:55.193

That was a great presentation and the chat box has blown up once again many, many questions and some interesting ones.

191

00:28:55.499 --> 00:29:01.739

Um, that I've never even thought about before Here's 1 of them. So I want to know.

192

00:29:01.739 --> 00:29:07.229

Whether there is something called an RCA 5 in the vaccines.

193

00:29:07.229 --> 00:29:17.243

I need to I don't even know what 5 is. Yeah, I'm not aware of 5 either. Now. It depends on which vaccine you're talking about.

194

00:29:17.243 --> 00:29:26.993

The full list of ingredients is available on the health Canada website. Also on our Toronto, public health website, we have more information.

195

00:29:26.993 --> 00:29:40.644

Actually, I think we have a slide that has a vaccine ingredients that are listed out further. We can show that to you, but health Canada, when they approve a vaccine, they list all of the ingredients that are in the vaccine.

196

00:29:40.644 --> 00:29:48.834

And so, if you're looking for a particular ingredient to see that, you're not allergic to it. You can certainly get that information from health Canada, but we'll put up that slide.

197

00:29:49.318 --> 00:30:02.669

Saw was saying that they read a letter provided by the school board saying that there were 3 types of cobit, 19 vaccines.

198

00:30:02.669 --> 00:30:08.189

I'm only aware of the and the viral vector vaccines. Is there a 3rd 1.

199

00:30:09.294 --> 00:30:14.693

There are 2 big classes of vaccine that Messenger and viral vector.

200

00:30:15.443 --> 00:30:19.523

We actually only really have 3 vaccines available right now,

201

00:30:19.554 --> 00:30:20.003

Pfizer,

202

00:30:20.003 --> 00:30:21.503

Madonna and AstraZeneca,

203

00:30:21.713 --> 00:30:27.084

but Jessen vaccine while it has been **approved** and licensed and while we have doses right now,



204

00:30:27.084 --> 00:30:27.713

in Canada,

205

00:30:27.713 --> 00:30:35.273

they have not been released yet by health Canada and so the 3 vaccines that are available right now would be Pfizer maternal and AstraZeneca.

206

00:30:35.578 --> 00:30:47.939

And so this is a slide of the ingredients that are in the vaccine in each of the 4 vaccines. And so you can see what some of the other ingredients are in the vaccine.

207

00:30:49.558 --> 00:30:58.709

Okay, I don't see.

208

00:30:58.709 --> 00:31:06.598

What's the vaccine tested in animals before it moved to human trials?

209

00:31:06.598 --> 00:31:20.729

So that, yes, so that is 1 of the earlier on we had the slide that showed phase 1 phase 2 and phase 3 clinical trials and phase 1 trials includes testing in animal.

210

00:31:22.138 --> 00:31:29.278

Thank you, as someone is saying that they can't be vaccinated for medical reasons.

211

00:31:29.278 --> 00:31:41.548

And they want to know whether doctors could provide documentation for sort of official purposes. So, there's that question, which leads me to think.

212

00:31:41.548 --> 00:31:46.138

What are some of the medical reasons that would exclude people from getting a vaccine?

213

00:31:47.243 --> 00:31:59.723

So, as a physician, there's only 1 medical reason that I know of and that would be if you have a severe anaphylactic reaction to either a previous dose, or to any of the ingredients in the vaccine.

214

00:32:00.023 --> 00:32:13.433

But I do know that allergists actually have a very good ways to be able to provide the vaccine. Even if you are severely allergic other than that, there are no other contraindications to being vaccinated.

215

00:32:13.763 --> 00:32:20.153

And that's the amazing thing is that this vaccine is really quite safe from a medical perspective to most people.

216

00:32:20.459 --> 00:32:26.638

Almost everyone great thanks and with the person.

217

00:32:26.638 --> 00:32:34.048

Be able to ask their doctor for a letter saying that they, that they cannot get vaccinated for medical reasons.

218

00:32:34.614 --> 00:32:47.304

I think if someone is being told that, they cannot get back to me. I would 1st ask them to explore that with their doctor. Because and maybe it means seen a specialist, seen an allergist to see what the concern is.

219

00:32:47.933 --> 00:32:59.034

People who have neurological condition. That people who are on cancer treatments, people who have other kinds of medical conditions, can still safely receive these vaccines.

220

00:32:59.364 --> 00:33:07.794

There are also, as we said, 3 and coming for vaccines. And so, even if you may not be able to get 1 vaccine, you may be able to get 1 of the other ones.

221

00:33:08.219 --> 00:33:19.318

Thanks the need some, some parents are asking on behalf of their children.

222

00:33:19.318 --> 00:33:22.949

Whether there is any risk of.

223

00:33:22.949 --> 00:33:29.548

Um, you know, infertility in the future for people getting vaccinated.

224

00:33:29.548 --> 00:33:43.318

Yeah, so this is something that has been going around talking mentioning that the vaccines can cause infertility and I want our participants to know that as a vaccine specialist.

225

00:33:43.318 --> 00:33:45.443

I've been working in vaccines for a long time.

226

00:33:45.653 --> 00:33:59.213

I've heard that concern about the vaccine and it is a common statement that's made for all vaccines often to create fear in people that actually cause infertility,

227

00:33:59.483 --> 00:34:02.304

but there is no evidence for that.

228

00:34:02.574 --> 00:34:10.193

We actually know that the vaccines work to prevent. There's no signs that they prevent that.

229

00:34:10.193 --> 00:34:25.014

They cause infertility and by not getting vaccinated for fear of a theoretical misinformation or false claim. But we're actually then putting our kids more risk because they could then get. They could get severely sick.

230

00:34:25.344 --> 00:34:31.103

And they could also pass it on to other members of their family. Which can sometimes be quite challenging.

231

00:34:31.409 --> 00:34:40.378

Yeah, so it's about protecting yourself your family and the community at bar just I think a really important point.

232

00:34:40.378 --> 00:34:44.219

People are wondering.

233

00:34:44.219 --> 00:34:58.108

Can an employer mandate you to get vaccinated like 1 example was if, if you're a childcare worker, can be employer, require you to get a vaccine.

234

00:34:58.974 --> 00:35:07.403

Well, right now the vaccines are, it's a personal choice to get vaccinated it's certainly as strongly recommended. There certainly are.

235

00:35:08.244 --> 00:35:14.603

There is legislation and policies in place and workplaces that do require some vaccine.

236

00:35:14.603 --> 00:35:27.563

So, for example, in childcare, there's the childcare in early years act, which requires staff and attendees of child care to be vaccinated, or to have a valid exemption. So, that is something that has occurred.

237

00:35:27.563 --> 00:35:32.784

I'm not aware right now of any policies or legislation for the coban. 19 vaccines.

238

00:35:33.329 --> 00:35:37.048

Okay, thanks to need us.

239

00:35:37.554 --> 00:35:52.494

We haven't had the vaccine around for years and years and years and so people are wondering what are the long term effects and if we haven't had the vaccine for 2

240

00:35:52.494 --> 00:35:52.853

years,

241

00:35:52.853 --> 00:35:53.423

3 years,

242

00:35:53.693 --> 00:35:54.653

how do we know.

243

00:35:54.989 --> 00:36:05.938

Yeah, it's a good question. We have had the vaccines not even for a year, or the Pfizer in the maternal trials started last summer.

244

00:36:06.233 --> 00:36:17.184

And so we will soon be having data that shows that they continue to be safe a year later, and that they work. They publish studies to show that at 6 months.

245

00:36:17.213 --> 00:36:27.443

The protection is still strong, and we're going to have to wait until we've had the vaccines for 2 or 3 years to know. But what we do know, though, is that cope is serious.

246

00:36:27.443 --> 00:36:34.614

And I think when we talk about again, these theoretical risks about well, what about 2 or 3 years from now, with the vaccines we have to talk about?

247

00:36:34.614 --> 00:36:46.403

Well, what about 2 or 3 years from now, if you have colon, we know that if you had a severe illness from Colvin, it can ruin some of your organs. They can be impacted.

248

00:36:46.403 --> 00:36:52.824

You could get long cold it and we don't actually know how to treat long Colvin. We don't actually know if long cobit can ever go away.

249

00:36:53.094 --> 00:37:03.143

And so there are certainly long term health effects from getting, and we know that it's actually difficult to prevent without a vaccine.

250

00:37:03.173 --> 00:37:13.313

That's why we're in our 3rd wave because this virus keeps resurfacing without something like a vaccine to keep it keep it under control.

251

00:37:14.784 --> 00:37:22.494

It's interesting because 1 of the questions is like, why are we focused on vaccination in the 1st place?

252

00:37:23.034 --> 00:37:37.224

If people, if people get Povich, they will just get immunity naturally but I think you mentioned before 1st, the immunity doesn't last.

253

00:37:37.498 --> 00:37:43.108

That long and 2nd, there is a big risk in getting pulled it in the 1st place.

254

00:37:43.673 --> 00:37:44.063

Yeah,

255

00:37:44.063 --> 00:37:47.784

that's right and you could get cobit again and so,

256



00:37:47.784 --> 00:37:50.724

and we've seen that if we just kind of leave,

257

00:37:51.414 --> 00:37:57.893

even with public health measures in place that we can get outbreaks this 3rd way we've had,

258

00:37:58.224 --> 00:38:00.684

we've continued to have around 1000 cases.

259

00:38:00.684 --> 00:38:04.523

New cases reported a day in Toronto and so leaving.

260

00:38:07.259 --> 00:38:14.514

To let people get sick, we know that then our hospitals get full our get full. We get in very dire situations.

261

00:38:14.514 --> 00:38:23.574

And so that's why we really cannot just ignore the vaccine and let it just spread.

262

00:38:25.170 --> 00:38:37.050

This is a really good question if if we're saying, as a vaccines are effective, they work.

263

00:38:37.050 --> 00:38:44.400

Then, why do we still have to follow public health measures wearing a mask keeping distance? Can we just.

264

00:38:44.400 --> 00:38:48.329

Give that up right now I'm kind of tired of the solve.

265

00:38:49.315 --> 00:39:02.005

You know, we will get there, but right now the reason why right now we have to continue with it is because right now about 40% of our city is vaccinated, but that so we're not we're not add to that again.

266

00:39:02.905 --> 00:39:12.505

I think 60% is the lower, and we're probably going to need closer to 80 to 90% of people vaccinated. So we're not at that level. Yet. We also have very, very high rates of 19.

267

00:39:14.545 --> 00:39:28.465

Which means that even if you're vaccinated, there is a small chance that you could still get coded. And when it's spreading so high in our community, we need to then take those extra measures to prevent the spread.

268

00:39:28.465 --> 00:39:42.684

It's only by getting our rates down. And then being vaccinated that we can then think about loosening those restrictions and it will happen. I mean, look at what's happening in the UK. I mean, and so we just have to stay the course right now.

269

00:39:44.400 --> 00:39:59.400

Back to question about fertility and pregnancy what do we know about the risk of miscarriage after vaccination?

270

00:39:59.400 --> 00:40:05.940

So, this was also looked at in those individuals who were pregnant and got vaccinated.

271

00:40:06.264 --> 00:40:21.204

And we know that miscarriage can occur. It occurs naturally actually a certain rate. And so what they found was that the rates of miscarriage, and those who are vaccinated, compared to the general population rate was the same.

272

00:40:21.534 --> 00:40:29.125

And so there was no evidence to suggest that you were more likely to get a miscarriage from the vaccine.

273

00:40:32.670 --> 00:40:45.599

And you were talking about the risk of blood spots with astrazenecas, if you're getting a 2nd dose of presenting, does your risk of blood clot?

274

00:40:45.599 --> 00:40:53.039

Increase as a result of like, even more so than the 1st so so you add more risk in the 2nd.

275

00:40:53.724 --> 00:41:05.635

Yeah, so a really good question. We actually know with AstraZeneca they actually had a study that did the 2nd at at 1 month and the 2nd dose at 12 weeks. And it actually showed that.

276

00:41:05.635 --> 00:41:18.474

If the 2nd dose is given later you actually get a better response. But you also have less side effects and so it could actually be that the risk is lower with the 2nd dose.

277

00:41:19.284 --> 00:41:33.534

The UK is now just starting to gamble the 2nd, doses for the AstraZeneca. And so I think we'll be able to determine what the rate of that serious blood will be after the 2nd dose I don't think is expected to be higher.

278

00:41:34.465 --> 00:41:43.824

But whether it's the same or lower. I mean, again, we're hoping to get some more information as people are vaccinated with their 2nd dose, especially in the UK.

279

00:41:45.809 --> 00:41:58.619

You may have talked about this in your in your presentation. Sorry? I missed it, but a few people have asked whether the vaccines can be mixed. So if you get 1.

280

00:41:58.619 --> 00:42:02.550

Brand of vaccine in the 1st dose. Can you get another.

281

00:42:02.550 --> 00:42:15.565

Type of vaccine in the 2nd, right. So good question especially. So so, a couple of things to say, 1 is the National advisor committee on immunization currently has a recommendation.

282

00:42:15.565 --> 00:42:29.335

That says as much as possible try and get your 2nd dose with the same vaccine. That you had in the 1st dose. However, it goes on to say, if you don't know what vaccine you got in your 1st, dose or that vaccine is not available.

283

00:42:29.905 --> 00:42:35.545

That you can get a different vaccine. And as much as possible, try and get a cousin vaccine.

284

00:42:35.545 --> 00:42:48.235

So another viral vector vaccine, if you or another vaccine, for example, the National advisor committee, immunization is going to be releasing more guidance on this.

285

00:42:49.079 --> 00:42:50.155

Especially there,

286

00:42:50.335 --> 00:42:50.574

you know,

287

00:42:50.574 --> 00:42:52.284

we've heard from people,

288

00:42:52.764 --> 00:42:55.045

some people who got AstraZeneca say,

289

00:42:55.045 --> 00:42:56.635

before they we knew about this,

290

00:42:56.635 --> 00:42:59.605

where a blood clot and want a different vaccine or what,

291

00:42:59.605 --> 00:43:03.054

if we don't have AstraZeneca when the 2nd doses are due,

292

00:43:03.414 --> 00:43:07.494

rather than delaying even further beyond 4 months,

293

00:43:07.525 --> 00:43:09.235

what can we recommend to them them?

294

00:43:09.534 --> 00:43:11.934

So there will be more guidance that will be coming out.

295

00:43:16.434 --> 00:43:30.534

You talked about the, the vaccines providing protection against variance. A few people are wondering how do we know this for? Sure given that the, the variance of concern.

296

00:43:30.960 --> 00:43:37.320

Our, our, our, our new newer? Yeah. Thanks for the backseat.

297

00:43:37.735 --> 00:43:51.684

Yeah, good question we actually don't know this for all of the various I actually don't know what the answer is for the Indian variance. For example, I have not seen any data on that, but actually the vaccines so some of it is real world data.

298

00:43:51.684 --> 00:44:01.465

So, we know the UK variant is the predominant strain in the UK and in Israel, where in the UK, they use Pfizer and AstraZeneca and then actions have been.

299

00:44:01.769 --> 00:44:08.070

Very effective at helping to get those rates down and in Israel, they used Pfizer as well. There.

300

00:44:08.364 --> 00:44:17.815

We also know that the Janson or Johnson and Johnson vaccine was actually studied in the UK in the South Africa and Brazil.

301

00:44:17.815 --> 00:44:23.844

So they actually have good data to show that they have protection against those 3 variants.

302

00:44:24.324 --> 00:44:36.655

The astrazenecas seems not to have good protection against the South African variant, but likely protects against the Brazil and the UK variant. And Madonna is very similar to AstraZeneca.

303

00:44:36.775 --> 00:44:45.355

So, if you follow to that bouncing ball is to say that we do have data to show, with the current variance, that there's protection.

304

00:44:46.344 --> 00:45:00.235

But again, if there's a new variant down the road where the vaccine doesn't provide the best protection, there may be then a booster dose down the line to be able to provide protection.

305

00:45:00.264 --> 00:45:02.844

If a new variant develops, for example.

306

00:45:04.380 --> 00:45:17.340

Need if there's, there's a number of people asking about vaccination for children and of course, we want to keep our kids safe.

307

00:45:17.340 --> 00:45:22.019

What are this? Are there any studies underway?



308

00:45:22.019 --> 00:45:25.860

What what are the plans in the future for vaccinating children?

309

00:45:26.905 --> 00:45:39.954

Well, okay, so the health candidate approved vaccinating children down to 12, and that was based on studies that were done in the USA showing that the vaccines actually worked. They actually had 100% efficacy.

310

00:45:39.954 --> 00:45:53.664

So, the kids who got the vaccine, and none of them got coded compared to the group that got the placebo, where there was found in those kids. So, the vaccines that work and kids, and then they were also found to be safe.

311

00:45:53.664 --> 00:46:06.085

They check to the safety during those trials now younger than 12 years of age and they are doing studies. Pfizer is doing studies as well as some of the other manufacturers.

312

00:46:06.085 --> 00:46:20.875

Astrazeneca has halted their study and children but Pfizer I know for. Sure. And has some trials as well to look at how well, the vaccines work in the younger kids, and whether they are faced.

313

00:46:20.875 --> 00:46:32.034

And so if that proves to be the case from the studies, again, health Canada will review the data and decide on whether it should be approved in those age groups.

314

00:46:32.034 --> 00:46:46.014

Now, in terms of the recommendations for kids right now, Ontario does not have them in the prioritization framework meaning but it was only just approved today by health candidates.

315

00:46:46.014 --> 00:46:53.244

So you can expect that Ontario will mentioned when kids, at least 12 up can be vaccinated.

316

00:46:55.855 --> 00:47:09.835

Thanks vineeta someone in the chat is saying that they've been advised by their doctor to get the Pfizer vaccine and not the maternal vaccine is for medical reasons.

317

00:47:10.255 --> 00:47:13.704

We have an appointment book at a vaccination clinic.

318

00:47:14.010 --> 00:47:22.320

How can they find out which vaccine they're going to receive on the day of the appointment? They don't want to waste their time of course, and be turned away.

319

00:47:23.275 --> 00:47:34.914

Yeah, so really good question. So I actually can't provide any guarantees because some of the clinics have Madonna and some of them have a Pfizer.

320

00:47:35.875 --> 00:47:48.655

What I can say is our tone of public health clinics are using Pfizer. Some of the hospital clinics are using Madonna. So, I think it's going to a ton of public health clinic is probably your best bet to get Pfizer.

321

00:47:50.400 --> 00:47:54.329

Great and.

322

00:47:54.329 --> 00:47:58.199

There's been a few comments about.

323

00:47:58.199 --> 00:48:07.739

You know, any, any complications, any, any risk of death specifically.

324

00:48:08.125 --> 00:48:11.514

With with the vaccines, what do we know about that?

325

00:48:11.514 --> 00:48:24.355

I know you talked about blood clots that could potentially lead to death but what about what about other vaccines and other really serious consequences?

326

00:48:25.554 --> 00:48:39.985

Yeah, so for the 5, the maternal vaccines, that's why I showed the numbers to show you in the US 131 Million doses of Pfizer and Pfizer vaccine has not been linked to any serious side effects or to death.

327

00:48:44.429 --> 00:48:54.625

Same with my Donna for the AstraZeneca and the Johnson and Johnson unfortunately, while that side effect for the blood clots are rare.

328

00:48:55.465 --> 00:49:08.784

If you get it and it's not treated in time, it can lead to death. So we do in the meeting reports. There was 1 person in Quebec who died from that serious blood clot.

329

00:49:08.815 --> 00:49:18.505

So that is a very unfortunate situation but for Pfizer and Moderna, there are no desks that have been related to the vaccine.

330

00:49:18.804 --> 00:49:26.065

Now, you may have heard in Israel right now that they've found a cluster of young.

331

00:49:26.699 --> 00:49:41.514

Young young men who received their 2nd dose and had mild, which is inflammation of the heart. And so, again, it's when you vaccinate millions of people that you can detect things that may be rare.

332

00:49:41.755 --> 00:49:55.675

And so there is ongoing investigation for that to see whether that is that inflammation, the heart could be related to the vaccine, but there are no conclusive reports on that right now.

333

00:49:57.239 --> 00:50:02.550

There's a question about international students.

334

00:50:02.550 --> 00:50:07.829

And whether they are eligible for a vaccine in Toronto.

335

00:50:08.695 --> 00:50:09.474

Absolutely,

336

00:50:09.474 --> 00:50:09.804

yes,

337

00:50:10.255 --> 00:50:12.985

so anyone in Toronto or Ontario,

338

00:50:13.014 --> 00:50:14.394

regardless of status,

339

00:50:14.514 --> 00:50:22.074

regardless of is eligible to be vaccinated and so if they don't have no hip card and they can't book online,

340

00:50:22.074 --> 00:50:23.485

but they can certainly color China,

341

00:50:23.485 --> 00:50:28.644

public health hotline to get an appointment when they become eligible.

342

00:50:28.949 --> 00:50:32.070

And, um.

343

00:50:32.070 --> 00:50:40.349

For those people who who have had Colvin, how long did they have to wait to get vaccinated?

344

00:50:41.635 --> 00:50:55.554

So there is no interval from when you finish kobe's your infection to getting vaccinated. We say that you should no longer be contagious because we don't want you to go to the clinic when you're in yourself isolation, period.

345

00:50:55.554 --> 00:51:00.175

So typically that's 10 days after originally in January.

346

00:51:00.775 --> 00:51:15.655

Well, we had very, very, a lot of vaccine shortages. The recommendation was that if you had Colvin wait, 90 days before you get vaccinated and that was purely a recommendation, because we had vaccine shortages. It was a vaccine supply issue.

347

00:51:15.925 --> 00:51:22.554

But now that we have more vaccines, as soon as you're as soon as you recovered, you can get vaccinated.

348

00:51:26.574 --> 00:51:38.905

Any concerns about people who are taking anti depressants medications are actually any other medications. Are there any potential adverse.

349

00:51:39.389 --> 00:51:46.019

Um, effects of taking this medication and being vaccinated.

350

00:51:47.425 --> 00:51:51.204

So, the answer is, no, not definitely not for antidepressants. Now.

351

00:51:51.204 --> 00:52:04.585

We do know that if you are on 1 of these very strong immune modulators will call them a drug that affects your immune system, like Hydro steroids or if you're on a biologic. If you're getting chemotherapy.

352

00:52:04.945 --> 00:52:14.664

In that case, you may just want to time when you're vaccinated to when you get your medication because what you want is for your body to get the best immune response.

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00:52:14.664 --> 00:52:29.574

And so, sometimes it can be before you're due for your next chemotherapy, get vaccinated, and then wait a couple of weeks before you get your next chemotherapy or or biological, for example.

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00:52:29.574 --> 00:52:34.824

So that would be a situation where it would be good to talk to your doctor based on the medications that you're on.

355

00:52:38.155 --> 00:52:48.085

The Nita when when the 1st vaccine was announced, I commonly got the question. How did this get approved so quickly?

356

00:52:48.565 --> 00:52:56.755

And now with younger people getting approved with Pfizer.

357

00:52:57.150 --> 00:53:02.219

The question is becoming what, how do people of this age group get.

358

00:53:02.219 --> 00:53:05.880

To get approved to get vaccinated so quickly.

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00:53:07.045 --> 00:53:20.545

Right. So Pfizer actually did, did the studies that on children that and so they actually had a trial that was went between the fall until January.



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00:53:21.414 --> 00:53:33.054

And so they actually did studies in children. They had thousands of children in the study to show that the vaccine with faith, and that it worked in it worked and then they submitted these.

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00:53:33.960 --> 00:53:39.534

Their application to health Canada to have the studies reviewed so that's how it occurs.

362

00:53:40.255 --> 00:53:54.684

They were able to, to, I imagine, to enroll a lot of children quite quickly in the trials, which probably helped as well, but it's not that they were given. It's not that they cut any corners.

363

00:53:54.684 --> 00:53:58.914

It's not that they said, okay, you just need a handful of children. They actually have thousands of children.

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00:53:59.784 --> 00:54:14.635

And so, and then the review process was what we're hearing from health Canada, is that rather than waiting for everything to be completed and getting the full package, they may get pieces at a time as they become available.

365

00:54:14.934 --> 00:54:24.894

So, that way when the last trial is done, the last piece information is submitted, they've reviewed all of the information before then, and are able to make a quicker decision.

366

00:54:25.199 --> 00:54:30.329

This is a question about the schools.

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00:54:30.329 --> 00:54:42.869

What are the, the plans to have? Are there any plans to have a cobit 19 vaccination be mandatory in order for kids to go to school?

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00:54:44.425 --> 00:54:44.875

Right.

369

00:54:44.934 --> 00:54:48.295

So I'm not aware of any plans at the moment,

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00:54:48.565 --> 00:54:49.255

Ontario,

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00:54:49.255 --> 00:54:49.405

as,

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00:54:49.405 --> 00:54:49.675

you know,

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00:54:49.675 --> 00:54:52.344

does have the immunization school people's act,

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00:54:52.405 --> 00:54:56.965

which requires that students either be vaccinated against certain diseases,

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00:54:57.235 --> 00:55:00.625

or have a valid exemption in order to attend school.

376

00:55:00.925 --> 00:55:03.954

Right now though children don't have a vaccine.

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00:55:05.730 --> 00:55:14.664

For the most part, or they're not eligible and so that's not something that is likely to be in place for September. I can probably say that with certainty.

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00:55:14.965 --> 00:55:23.844

If there become vaccines available for Kobe down the road, that's something that could be could occur. And so more to come on that.

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00:55:25.409 --> 00:55:34.199

Someone asked in the chat, why 16 and 17 year olds been hotspot.

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00:55:34.199 --> 00:55:44.699

Postal code can't get the can get vaccinated. Yet. The concern is that they're equally at risk as somebody who's 18.

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00:55:45.744 --> 00:55:58.315

Yeah, so good question. So right now the prioritization framework that the province has put out 1st of all is provincial. It's not a Toronto 1 and a lot of it is based on risk.

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00:55:58.315 --> 00:56:11.815

And so we know that the risks for are actually highest the older you are, and then it tends to go down backwards. So, and so that's why you can see that. We started with the older age groups and are slowly going down.

383

00:56:11.965 --> 00:56:24.025

We're hitting the 40, 40, for example, overall in Ontario, the hotspot neighborhoods, 18, plus were offered the vaccine, because it is an adult strategy, but you can expect to that.

384

00:56:24.775 --> 00:56:31.795

There may be more recommendations for children, including 12 to 17 year olds coming out.

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00:56:33.295 --> 00:56:37.224

Part of why and so the question well, why didn't we give it to 16 year olds?

386

00:56:37.554 --> 00:56:50.875

Well, we couldn't guarantee the supply 16 was only licensed for Pfizer and when the prioritizing ship framework was done, actually, you're not actually don't even know what you're getting until it really comes.

387

00:56:51.355 --> 00:57:05.065

And so now that we know that we have an abundance supply of Pfizer, you can start considering well, how can we vaccinate 16 year old? How can we get them Pfizer? Because that would be the only vaccine that would be licensed for them.

388

00:57:05.369 --> 00:57:16.050

Some concerns of Anita about the interval the 4 month interval between the 1st and 2nd.

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00:57:16.050 --> 00:57:24.210

Some people want to know under what situations could they be approved to have their 2nd dose.

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00:57:24.210 --> 00:57:27.840

Given earlier than 4 months.

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00:57:28.824 --> 00:57:29.275

Okay,

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00:57:29.275 --> 00:57:44.094

so there actually are some situations so there's the ministry of health has a clinical practice working group that meets I am a member of that to discuss what are the highest risk groups that actually should

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00:57:44.094 --> 00:57:49.255

have a short interval and for right now it's a very small group,

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00:57:49.255 --> 00:57:58.315

it's those who have had a transplant and aren't on transplant medications and those who are actively getting cancer treatments.

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00:57:58.764 --> 00:58:06.324

And the reason for that is because the studies have shown that because their immune system is so weak because of their their treatments or their medications. They're.

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00:58:06.659 --> 00:58:18.744

The immune response with 1 dose is actually quite not good at all and so giving that 2nd, set of shorten interval will give those people more immunity.

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00:58:19.224 --> 00:58:27.775

And so that group is the group that looks at which categories of people should have a shortened 2nd doses.

398

00:58:28.079 --> 00:58:38.250

We talked about watching for side effects, particularly of side of.

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00:58:38.664 --> 00:58:41.934

Potential signs of black box for up to,

400

00:58:41.934 --> 00:58:46.434

I think you said 3 weeks or 2008 days or 3 weeks after the 1st,

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00:58:46.434 --> 00:58:50.454

or after getting the vaccine,

402

00:58:50.454 --> 00:58:53.905

does this apply to all vaccines or only AstraZeneca?

403

00:58:56.514 --> 00:59:09.264

Yeah, for most vaccines, the side effects. Well, we know that the 1 to 3 day side effects is quite common for all of the vaccines for, in general for vaccines. We say in the 1st, 2 weeks, you can get side effects. We know.

404

00:59:09.264 --> 00:59:23.454

Depending upon the vaccine, you may expect it in that interval. In fact, we actually say that you can expect side effects up to 42 days after vaccination. Especially if something severe happened after vaccination within 42 days.

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00:59:23.454 --> 00:59:35.514

That would be something that we actually asked doctors to report to us. If someone got a vaccine in the past 42 days, and something happened to them, report it to us. So that we can do an investigation to see if it could be related to the vaccine.

406

00:59:35.875 --> 00:59:46.014

So that's kind of broad strokes for the most part. So the Pfizer and Internet do not have sent them beyond that 123 days. Maybe lingering into a week.

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00:59:46.045 --> 00:59:56.875

But for the asrs and this rare blood clot, the reason why it presents later is because your body is actually the platelets, which are blood.

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00:59:59.610 --> 01:00:01.074

Counts in your body actually,

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01:00:01.074 --> 01:00:05.755

come together to form those clots and that can take days to develop,

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01:00:05.755 --> 01:00:07.855

which is why right now,

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01:00:08.094 --> 01:00:17.184



the recommendation is that you watch for symptoms up to 30 days after vaccination from either the AstraZeneca or the Janson vaccine.

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01:00:19.494 --> 01:00:28.224

Need an interesting question that I never thought of myself if somebody has shoulder injuries,

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01:00:28.255 --> 01:00:30.114

the rotator cuff injury,

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01:00:31.554 --> 01:00:38.425

will the vaccine in the shoulder area negatively impact them?

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01:00:38.760 --> 01:00:42.449

Is there another place in the body where they can get the injection.

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01:00:43.375 --> 01:00:53.394

Okay, yes, so good question. So the vaccine is preferred to be given in the deltoid for adults. It's really not recommended to give it in the muscle. It has to go into the muscle.

417

01:00:53.664 --> 01:01:05.485

And so, the choices are really the deltoid, which is the upper arm, or the answer lateral 5, which there's a muscle there in the Phi. But that's not a good spot. Because sometimes you miss the muscle. Sometimes there's fat. There.

418

01:01:05.485 --> 01:01:18.235

You need a really long needle and you need to expose yourself. The arm is really the best place in adults. If you haven't rotator cuff injury, it's not going to disturb your rotator cuff injury, though. You're our maybe store it. Maybe.

419

01:01:18.264 --> 01:01:31.675

I know when I got my 1st dose, my arm was very, very sore for 36 hours, but then it resolved. Now hopefully you don't have a rotator cuff injury on both of your shoulders. So you could get the vaccine in the opposite arm as well.

420

01:01:33.630 --> 01:01:48.480

Yeah, my my arm hurt for 2 days, but like, for other people, I knew it didn't. And so I was like, some of their jokes for a little while. I just had to include that, but at least I was protected. Exactly.

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01:01:50.454 --> 01:02:02.545

Someone wants to know, and I've heard this question often. How was the 4 month interval between doses determined and this is in light of the manufacturers.

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01:02:02.724 --> 01:02:10.885

They did a trial studying, like a 3 to 4 week interval. 4 months.

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01:02:11.219 --> 01:02:15.809

3 weeks very different. How did we come to 4 months?

424

01:02:16.735 --> 01:02:29.695

Yeah, good question. And I can actually take a step further and say why is the Johnson and Johnson vaccine only 1 dose. And the reason for that is because they only studied 1 dose. And we actually don't even know if the other vaccines.

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01:02:29.695 --> 01:02:39.324

1 dose is enough. Because we actually didn't study that and so you're right the manufacturer studied and interval of about 1 month between doses.

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01:02:40.164 --> 01:02:46.344

The reasons why and the only reason why we have an extended interval of 4 months. There's only 1 reason.

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01:02:46.344 --> 01:02:59.364

And that is because a vaccine supply, because of our severe vaccine shortages in Canada, and because of the fact that COVID continue to spread that we had variance that our case counts continue to rise very quickly.

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01:02:59.635 --> 01:03:14.244

We had to come up with a strategy to maximize our benefits from the vaccines. And so that is why it was based on data, not the manufacturer's data, but data that was presented from the U.

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01:03:14.244 --> 01:03:15.954

K. where they had studied this.

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01:03:17.275 --> 01:03:29.695

Come back to also studied this and so come back to actually used 1 dose and extend an interval in everyone. And so, for example, in their long term care homes, they gave them just 1 dose.

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01:03:30.025 --> 01:03:42.835

Whereas in Ontario, we gave in our long term care homes. The 2 doses, and they're actually finding that the Windows, even in the long term care homes has been very effective at keeping Colvin out of the longterm care homes.

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01:03:43.224 --> 01:03:57.985

Bc also had data to show that that extended 1 dose provided good protection and allowed you to maximize your short supply. And as well, the public health agency of Canada did some modeling study.

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01:03:57.985 --> 01:04:09.594

And it showed that if you extend that 2nd dose, you can maximize the benefits of vaccines shortages, and you can prevent 10% more more depth can be prevented.

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01:04:09.594 --> 01:04:18.474

And so all of this information combined to provide that recommendation. But only because we had vaccine shortages.

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01:04:18.474 --> 01:04:30.655

Now, we end up with rain down vaccines and we have enough supply, plentiful supply. Well, we can shorten that interval.

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01:04:30.655 --> 01:04:38.574

We are not stuck in stone to that 4 months interval. If we have enough vaccine, we can then shorten that interval as well.

437

01:04:39.570 --> 01:04:53.010

Thanks Anita there's a question about the Pfizer vaccine approved for for people 12.

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01:04:53.010 --> 01:05:01.860

And up just some clarification, is this still the original Pfizer vaccine or does Pfizer develop a different vaccine?

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01:05:01.860 --> 01:05:14.304

For people at that age group no, it is the same visor vaccine that's being used for children and it's also the same vaccine that's used for dose 1 and those 2.

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01:05:14.304 --> 01:05:21.655

so there is only 1 Pfizer vaccine and that's the 1 that's been approved. And now at the same dose for children down to 12.

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01:05:22.380 --> 01:05:26.460

I've I've been.

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01:05:26.460 --> 01:05:32.190

Hearing this question often as of late and it's.

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01:05:32.190 --> 01:05:36.239

The difference between a vaccine that.

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01:05:36.239 --> 01:05:46.525

Approved through regular approval process and 1 that's approved or authorized under emergency protocol. What's the difference?

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01:05:46.764 --> 01:05:51.534

Is 1 better than the other can we trust 1 more than the other.

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01:05:53.304 --> 01:05:53.784

Okay,

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01:05:53.784 --> 01:05:54.114

so,

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01:05:54.175 --> 01:05:54.445

I mean,

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01:05:54.445 --> 01:05:57.204

the emergency approval process is purely,

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01:05:57.204 --> 01:05:58.704

because we are in an emergency,

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01:05:58.704 --> 01:06:05.485

which is what we are in in the pandemic part of that the change in the emergency approval process is again,

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01:06:05.784 --> 01:06:08.635

this sequential review of results.

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01:06:08.635 --> 01:06:19.405

And so, as results, come in, they can be reviewed how candidate can go back to the manufacturer and say, I need more information on this or that. So it's more intuitive that way versus in the.

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01:06:20.545 --> 01:06:33.835

Otherwise, the manufacturer has to have all of their data collected together. And then produce that to health Canada for review. So there are different different processes in place that way for that emergency review.

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01:06:34.135 --> 01:06:41.485

The other piece with it being a pandemic is that many governments around the world provided funding.

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01:06:41.514 --> 01:06:52.885

So the vaccines could be developed and studied as part of the emergency that we're in. And so that's also another consideration.

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01:06:53.219 --> 01:07:04.019

The need of some people in joining us today, they've had blood clotting issues in the past.

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01:07:04.019 --> 01:07:10.050

Some of us had strokes, some are taking birth control pill, which can increase.

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01:07:10.050 --> 01:07:22.199

Uh, your risk and blood spot is the AstraZeneca vaccine recommended for them does their risk of a blood spot increase even more if they have if they get AstraZeneca.

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01:07:23.755 --> 01:07:38.724

You know, what the thrombosis specialist, which those are the physicians that are the experts in blood clots. They're called hematologist. They have said that, even if you had to previous blood clot, you have a family history of a blood clot.

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01:07:39.054 --> 01:07:49.824

You have a genetic mutation that makes you more likely to get blood costs that you're on medications that may make it more likely for you to get costs. You are still okay to get to the AstraZeneca vaccine.

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01:07:50.065 --> 01:07:56.394



The costs that are formed from AstraZeneca form in a very different way and they really are no risk factors.

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01:07:56.394 --> 01:08:05.574

There's really nothing that can predict who gets it, including those who have, who are on certain medications, or who have had previous costs.

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01:08:06.090 --> 01:08:20.460

Now, if you had a severe previous class, like a clot in the brain, not just your clots that are very common in the legs, the deep vein. Thrombosis. But you've had a severe.

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01:08:20.460 --> 01:08:26.970

Fought in the brain that might be a consideration for you not to get a viral vector vaccine.

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01:08:26.970 --> 01:08:32.909

Okay, thanks, Anita. Sorry I just.

467

01:08:38.579 --> 01:08:49.109

Any any issues with people who had high platelet count or low RBC I'm not sure with low RBC me.

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01:08:50.904 --> 01:08:51.295

Yeah,

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01:08:51.295 --> 01:08:59.664

so RBC is 1 of the markers that tested when you do a complete blood count or a CBC and no there's like,

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01:08:59.664 --> 01:09:06.774

even based on blood counts or blood results even if you have a high platelet or even a low platelet,

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01:09:06.805 --> 01:09:07.555

you would still be.

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01:09:07.555 --> 01:09:08.545

Okay to get.

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01:09:09.479 --> 01:09:12.569

To get the vaccines.

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01:09:12.569 --> 01:09:16.979

Interesting questions here about the different barrier.

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01:09:16.979 --> 01:09:21.810

1st question is, why do we have all these variance.

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01:09:21.810 --> 01:09:26.550

And the related question is.

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01:09:26.550 --> 01:09:33.810

Is there a possibility that colon 19 will mutate to the point that the vaccine's no longer going to be effective?

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01:09:34.885 --> 01:09:41.545

Okay, yeah, so good questions. So the reason why we have variances because viruses like to change and they mutate.

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01:09:41.545 --> 01:09:54.625

That's actually what viruses do we know that with the flu virus every year that it does change and so the virus has changed now sometimes viruses change and they're not more severe.

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01:09:54.625 --> 01:10:04.435

They're not more contagious and so, that very enter that. Newton just kind of dies off and sometimes it becomes the more dominant strain and that's what we're seeing now.

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01:10:05.064 --> 01:10:15.234

With, especially with these 3, even 4 combine variant strains around the world and so that's why we have them because that's what viruses do. Now.

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01:10:15.265 --> 01:10:20.935

The vaccines are targeted towards the spike protein that's on the virus.

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01:10:21.114 --> 01:10:32.364

So, even if the virus that mutates, as long as that spike protein is similar to previous strains, well, then the vaccines are likely to provide good protection.

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01:10:32.845 --> 01:10:46.015

But if that spike protein is very different well, then the vaccines that might not provide good protection. And in which case down the road, if that's the case of a new variant, there could be a booster job that could be provided.

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01:10:47.520 --> 01:10:55.319

Interesting question here about the Pfizer vaccine so I'm wondering.

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01:10:55.319 --> 01:11:00.750

Is it only available in hospital clinics or public health clinics?

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01:11:00.750 --> 01:11:09.659

Is it available in pharmacies? I believe it's going to start being available in pharmacy. So why not more why isn't this broader.

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01:11:10.585 --> 01:11:10.944

Yeah,

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01:11:10.944 --> 01:11:19.885

so there is currently a pilot in pharmacies for Pfizer the reason why Pfizer is not available everywhere is because actually,

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01:11:19.885 --> 01:11:25.524

the Messenger are named vaccines are they're very finicky and what,

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01:11:25.524 --> 01:11:25.854

I mean,

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01:11:25.854 --> 01:11:31.345

by that is they're actually very delicate vaccines and so there's no preservatives in them,

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01:11:31.345 --> 01:11:35.335

and the way they keep the vaccines preserved is actually by freezing them.

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01:11:35.640 --> 01:11:48.295

So they're stored and these are very deep freezers and right now, Pfizer, once it comes out of the deep freezer can be in a fridge for only 5 days. And if it's not used within 5 days, it has to be discarded.

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01:11:48.295 --> 01:12:02.305

And so it's some of these logistical reasons that are why the Pfizer vaccine can't be readily used in a lot of different settings. Now, as I understand it, there is more information coming out to vote.

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01:12:02.305 --> 01:12:11.904

Whether could Pfizer be stable for longer than then just 5 days. And and that's part of what the pilot is doing, but that's why.

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01:12:12.750 --> 01:12:24.895

You're finding Pfizer in some of these larger clinics where the Toronto, public health clinics, you have access to the deep freezer and can whatever vaccine. They take out of the deep freezer will use that day or the next day.

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01:12:24.895 --> 01:12:28.764

And so it's really a logistical reason more than anything else.

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01:12:30.479 --> 01:12:36.029

Question about hotspots. People are wondering.

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01:12:36.029 --> 01:12:45.689

Okay, I don't live in a hot spot. I work in a hot spot. Are those people being prioritized for a vaccine?

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01:12:47.064 --> 01:13:01.015

So, the hot spot strategy for is right now for mostly for people who live in hot spots, there have been certain exceptions. So, education workers who work in hotspots who were eligible for vaccine.

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01:13:01.795 --> 01:13:10.255

But as of tomorrow, actually, the group, 1 of essential workers will be eligible to book an appointment.

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01:13:10.944 --> 01:13:24.024

And then beginning next week, the remaining group of essential workers will be eligible to book. So, even if you don't live in a hotspot, but work in a hotspot and are essential worker, you'll be able to be vaccinated.

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01:13:25.020 --> 01:13:30.000

Uh, or book an appointment that way.

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01:13:30.000 --> 01:13:30.539

Just,

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01:13:30.805 --> 01:13:33.715

for for our participants today,

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01:13:33.715 --> 01:13:39.744

I put I posted our our polling question again,

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01:13:40.074 --> 01:13:54.744

and it's asking you about your intention to get vaccinated just so we're kind of curious to see if the numbers have changed at all from the beginning of the session to right

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01:13:54.744 --> 01:13:55.194

now.

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01:13:55.824 --> 01:14:04.734

There should be about 4 minutes left and we'll take up that full just before we finish, but we'd love to hear to get your responses.

511

01:14:05.069 --> 01:14:17.579

When you talked about, I believe it was an 80% effectiveness rate of vaccines after the 1st dose.

512

01:14:17.579 --> 01:14:24.300

Does this apply equally to all the 4 vaccines that are available in Canada?

513

01:14:25.015 --> 01:14:35.484

Okay, so that was actually a study based from the CDC and it was Messenger on a vaccine. So it was Pfizer and Moderna vaccine. What? We know with the ashes.

514

01:14:35.484 --> 01:14:49.345

Annika and Johnson and Johnson vaccine is that 1st, dose usually provides somewhere between 60 to 70% protection. And we actually know, and so with the Jensen is just the 1 dose with the AstraZeneca.

515

01:14:49.345 --> 01:15:00.895

We know that if you delay the 2nd dose and give it at 12 weeks, then your protection after the 2nd dose, then can go up to can go up higher than that.



516

01:15:03.479 --> 01:15:08.939

Great.

517

01:15:08.939 --> 01:15:19.619

If someone's just asking in terms of herd immunity, you provided a range of 60 to 90% just want to understand.

518

01:15:19.619 --> 01:15:24.149

You know how we came to that number and why.

519

01:15:24.149 --> 01:15:28.859

Why there's such a distance between the minimum and the maximum.

520

01:15:28.859 --> 01:15:41.274

Of 60 to 90. yeah, I think that's a fair question. That is quite quite a big range part of the reason why it's such a big range is because which comb are we talking about?

521

01:15:41.305 --> 01:15:51.864

And we've seen with the old code that we had a year ago. It didn't spread as easily as this new UK variant that we have right now for example.

522

01:15:52.135 --> 01:16:04.255

And so, that's part of why there is the range of the more or the more easily the virus can spread the more that you will need to have more people vaccinated, for example, to help prevent the spread.

523

01:16:05.640 --> 01:16:20.310

Great just wanted to take a moment to make sure I, there's just so many questions and, and many comments.

524

01:16:20.965 --> 01:16:24.085

And it's just hard to keep track of them. All.

525

01:16:24.505 --> 01:16:30.625

I did want to say that somebody found that this presentation was really precise,

526

01:16:30.864 --> 01:16:31.645

informative,

527

01:16:31.645 --> 01:16:32.395

and to the point,

528

01:16:33.475 --> 01:16:34.074

and they,

529

01:16:34.104 --> 01:16:40.555

they personally found it really effective and it was just what they were looking for.

530

01:16:47.005 --> 01:16:58.314

Well, thank you for that. I think it's, we're trying to provide information to help people make decisions and to help them help their family and their loved ones make decisions as well, too.

531

01:16:58.645 --> 01:17:10.704

I don't know medical, if you want to talk about the, the survey that where people can leave additional comments and give us some more information on how they found this webinar.

532

01:17:11.875 --> 01:17:21.354

Yes, Lisa King, 1 of our committee health officers is going to be dropping a link to an online survey.

533

01:17:21.534 --> 01:17:34.614

It's really asking for feedback what you thought and what could be improved. We do take a look at your feedback and incorporated into any future session that we provide.

534

01:17:34.914 --> 01:17:42.654

We will continue to offer another round of town halls for residents. So please weigh in let us know what you thought.

535

01:17:42.989 --> 01:17:49.500

And Nicole, I don't know if you can hear me. Did you want to go over the ball?

536

01:17:49.500 --> 01:17:57.210

To our thing it has, uh, I don't see the results yet, but before we go to, as I.

537

01:17:57.210 --> 01:18:03.239

As I wait for the results to come in. Do you see that? Yeah, I do. Let me.

538

01:18:03.239 --> 01:18:08.159

Okay, as we're pulling that up, I am going to add vineeta.

539

01:18:08.159 --> 01:18:18.810

1 additional question, it will be about a minute 3 to answer Bonita. I've heard a lot lately and there is this question has been asked in the chat as well.

540

01:18:18.810 --> 01:18:22.770

Why is it important to vaccinate.

541

01:18:22.770 --> 01:18:26.069

Children and teenagers.

542

01:18:26.069 --> 01:18:32.010

When they don't get as ill from coven and I'm.

543

01:18:32.010 --> 01:18:35.904

May not show any symptoms why should we vaccinate them?

544

01:18:35.904 --> 01:18:47.814

I think you've said it throughout the presentation, but I wanted to hear from you again, just to leave our group with the important of vaccinating this population as we know that.

545

01:18:48.090 --> 01:19:00.569

We will be looking at including them into the sequence of vaccination over the next little while. And because you and I spend a lot of time doing the school work and really know about the impacts this year has.

546

01:19:00.569 --> 01:19:09.779

Past year or so has had on schools, the importance of vaccinating if you can just leave our participants with some key messages around this younger age group. Please.

547

01:19:10.555 --> 01:19:25.225

Yeah, so good question. So while most children will not get severely sick from Colvin some actually have. And so by vaccinating them against Kobe, you can prevent their colon infection and from them getting severely ill.

548

01:19:25.645 --> 01:19:36.295

but, yes, they, they tend not to have the higher percentage of people getting very sick from cobit, but if they get cold, including an asymptomatic infection, they can spread it.

549

01:19:36.685 --> 01:19:40.675

And we know that they can actually spread it quite easily in their homes.

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01:19:41.574 --> 01:19:53.545

And we know that especially in a city, like Toronto, there are many homes that have multiple generations grandparents that live with kids. And we really want to also be able to protect the other family members in the home.

551

01:19:53.935 --> 01:20:02.425

And the more we can keep cobit out of schools, it will also enable us to keep schools open. And we know that kids have suffered a lot through this pandemic.

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01:20:02.425 --> 01:20:14.994

And, by by vaccine is 1 additional tool to allow kids to go back to being kids. And to going on play dates to getting together with friends to going to school.

553

01:20:15.329 --> 01:20:24.359

And so that's those are all some really important reasons why vaccinating kids is, is something that, that must be considered.

554

01:20:24.359 --> 01:20:35.159

Right Thank you very much. I do see the polling results now, and I can run through those quickly. So, uh, for those that said they already got vaccinated, we're down to us.

555

01:20:35.159 --> 01:20:46.795

Smaller group that have responded that our 1st time only about 91, but that's 23% and planning to get the vaccine. Is it about 50%? I am not sure. Is it about 15%?

556

01:20:46.824 --> 01:20:54.685

And I'm not getting vaccinated is around the 5% mark. So, thank you very much for sharing your thoughts with us. I believe.

557

01:20:57.989 --> 01:21:04.829

**Lisa** has put the link in for the additional survey, has that I've shared with.

558

01:21:04.829 --> 01:21:16.500

Absolutely. Perfect. Thank you so much. So we do really appreciate if you could take some time to finish up the survey for us it will be very helpful to inform our.

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01:21:16.500 --> 01:21:27.989

Future presentations and Q and A's, and let us know where we can improve and where more information may be needed. So thank you so much for joining us this evening.

560

01:21:27.989 --> 01:21:32.850

We do apologize for some of the technical difficulties, but I'm glad we were able to get.

561

01:21:32.850 --> 01:21:47.670

People on either via phone or log directly into the Webex. So thank you again. Thank you. vineeta melody, Lisa and Nicole for all your supports this evening and thanks for each. And every 1 of you for participating.

562

01:21:47.670 --> 01:21:54.899

And I'm staying home accessing public health measures and continuing to do so take care. Everyone.

563

01:21:54.899 --> 01:21:57.539

Thanks everyone bye.