



COVID-19 Vaccination Rollout: British Columbia

Mauer-Vakil D., Allin S., Camillo C.A., Fitzpatrick T.,
Habbick M., Muhajarine N., Roerig M., & Rowein S.

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About CoVaRR-Net

Coronavirus Variants Rapid Response Network (CoVaRR-Net) is a network of interdisciplinary researchers from institutions across the country created to assist in the Government of Canada's overall strategy to address the potential threat of emerging SARS-CoV-2 variants. Pillar 8 of CoVaRR-Net studies the impacts of Coronavirus variants on public health, our healthcare system, and on social policy, and reports these findings to decision-makers and government officials.

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North American Observatory on Health Systems and Policies
155 College Street, Suite 425
Toronto, ON M5T 3M6

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List of Acronyms and Abbreviations

BC	British Columbia
BCCDC	British Columbia Centre for Disease Control
BCIC	British Columbia Immunization Committee
EDI	Equity, diversity, and inclusion
FNHA	First Nations Health Authority
FPT	Federal/provincial/territorial
LTC	Long-term care
MOH	Ministry of Health
NACI	National Advisory Council on Immunization
PHO	Public Health Officer
PHSA	Provincial Health Services Authority
PT	Provincial and territorial or province and territory
RHA	Regional Health Authority

Executive Summary

This report provides a high-level overview of actions taken in British Columbia (BC) to distribute and promote the uptake of the primary two-dose COVID-19 vaccination series in the first year of the vaccination rollout (December 2020 – December 2021). It provides examples highlighting key strategies and activities, an idea of their range and types, and any other initiatives that are otherwise unique to the province. Broken into six sections, this report details how BC has advised the general public regarding health communication; its supports to maintain and enhance health care personnel and infrastructure to support immunization activities; the approaches taken for service delivery planning and patient pathways for vaccination clinics; activities taken to support inclusivity and equitable delivery of vaccines; the governance of the vaccination rollout, and additional measures to encourage BC to get vaccinated. The report also highlights efforts to combat misinformation, as well as describes some of the non-governmental initiatives that have helped with the province's COVID-19 vaccination efforts.

This review draws primarily on publicly available policy documents, news releases, and reports; these are complemented by media sources and unpublished materials provided by local experts. Thus, a detailed account of all activities taken during the province's COVID-19 vaccination campaign is beyond the scope of this report. Also, given the complexity of health systems and rollout strategies, there may be some overlap in content across the sections in this report.

BC's approach to its COVID-19 vaccination campaign was aligned with the National Advisory Committee on Immunization's (NACI) *Ethics, Equity, Feasibility and Acceptability Framework* and to the British Columbia Centre for Disease Control's (BCCDC) *COVID-19 Ethical Decision-Making Framework*. The campaign, the largest mass vaccination in provincial history, was led by a group of public health professionals in close collaboration with several governmental and non-governmental agencies and advisory bodies. The BC leadership strategy for its COVID-19 vaccination campaign was highly centralized, characterized by high levels of coordination between key stakeholders and health organizations. By November 5, 2021, 90.2% of eligible individuals 12 and older in BC had received their first dose of COVID-19 vaccine and 85.7% had received their second dose.

Please direct any questions, suggestions, or comments to the NAO at naobservatory@utoronto.ca

1. Health Communication

This section describes how provinces/territories (PTs) have advised the general public regarding the availability of and eligibility for COVID-19 vaccines. Examples are also provided to highlight activities taken to increase equity, diversity, and inclusion (EDI), and to address mis- and dis-information.

1.1 Public Communications

The province of British Columbia (BC) employed a variety of approaches to communicate important information to the general public during its COVID-19 vaccination campaign. These approaches took the form of daily media briefings, targeted advertising campaigns, the posting of educational resources on their webpages, and the active use of social media.

The BCCDC, an agency of BC's Provincial Health Services Authority (PHSA), which provides leadership in disease surveillance and prevention, has played an important role in keeping British Columbians informed throughout the COVID-19 pandemic. Specifically, the BCCDC launched its COVID-19 vaccination specific webpages on December 10, 2020; the pages included: materials providing general information to the public about COVID-19 vaccines; guidance regarding registration/eligibility; instructions regarding how to find drop-in clinics; and details regarding how to obtain vaccination records/proof of vaccination (BCCDC, 2021d). The BCCDC COVID-19 webpages have been frequently updated throughout the pandemic to convey important and timely information relevant to the general public. Earlier, on April 18, 2020, the BCCDC first publicly shared its online COVID-19 Dashboard, which has since been updated on a daily basis throughout the pandemic (BCCDC, 2021b). This resource has a tab entitled "Vaccine Information," which displays vaccine administration and supply data graphically, including stratifications by regional health authority (RHA) and vaccine type (ibid.).

ImmunizeBC, a collaborative project between the BCCDC, BC government, and other relevant BC health agencies dedicated to providing British Columbians with evidence-based information and tools regarding vaccinations against all diseases, is also a key source of COVID-19 vaccination information in the province. On November 30, 2020, ImmunizeBC published a page on its existing website dedicated to COVID-19 vaccinations (ImmunizeBC, 2020a). This regularly updated resource provides important information on COVID-19 vaccines to keep the public up to date, alongside a vaccination clinic/health unit finder (ibid.). ImmunizeBC also communicates information to the public through its Facebook (ImmunizeBC, 2021a) and Twitter (ImmunizeBC, 2021b) pages.

In addition to the BCCDC and ImmunizeBC, each of BC's five RHAs (Fraser Health, Interior Health, Northern Health, Island Health, Vancouver Coastal Health) and the First Nations Health Authority (FNHAs) also provide COVID-19 vaccine information to the public. Furthermore, the RHAs' websites offered an avenue for registering and booking vaccine appointments between December 2020 and April 5, 2021, before the provincial, centralized booking system had been implemented (see below in this section for further details). The RHAs strategically employed their social media channels (Twitter, Facebook, Instagram, LinkedIn) to extend their communications reach, including tailored communication and outreach strategies for specific populations (as further described in Sections 3.3 and 3.4).

Throughout BC's COVID-19 vaccination campaign, the Ministry of Health (MOH) has delivered regular media briefings entitled "Joint Statement of BC's COVID-19 Response, Latest Updates" in both video

(televised and YouTube livestream) and/or text (news release) formats. These briefings have ranged in their frequency, with daily (i.e., Monday-Friday) briefings occurring during periods with frequent policy or situational changes (e.g., implementation of vaccination eligibility changes) and weekly (or more infrequent) briefings being held during other periods. These sessions were consistently attended by Minister of Health, Adrian Dix, and the Provincial Health Officer (PHO), Dr. Bonnie Henry, alongside other high-level government officials in accordance with the information being presented. While these updates covered a broad range of COVID-19 related information, these briefings were the main channel of information flow for important vaccine program updates. As of December 9, 2020, these briefings consistently presented information such as the percentage of individuals in specific groupings who have received their first and/or second doses, key registration and booking dates, important content related to prioritization, and critical policy discussions, debates, and decisions. These media briefing materials were also shared via the Government of BC's Facebook (BC, 2021e), Twitter (BC, 2021a), and YouTube (BC, 2021h) webpages.

On April 6, 2021, the BC government launched its provincial COVID-19 online vaccine booking and registration platform, "Get Vaccinated" (BC, 2021f). This site describes the steps individuals must take to get their COVID-19 vaccinations, including registering online or by phone (if one does not have a BC Personal Health Number or internet access), and in person at Service BC offices (ibid.). In an effort to create a highly centralized vaccine booking and registration system, all BC RHA websites redirected individuals to the Get Vaccinated webpage from April 5, 2021 onward. Individuals can also book a COVID-19 vaccine at a pharmacy through the British Columbia Pharmacy Association website (British Columbia Pharmacy Association, 2021b, 2021a). More details regarding the administration of COVID-19 vaccines in BC is provided in Section 3.2.

1.2 Increasing Equity, Diversity, and Inclusion and Addressing Mis/Dis-information

The BC government provides its online information in multiple languages. HealthLink BC, which provides health information and advice to British Columbians, showcases a comprehensive webpage of information specific to COVID-19 vaccines (BC, 2021l). This webpage provides information in English, Arabic, Chinese (simplified and traditional), Farsi, French, Hindi, Japanese, Korean, Punjabi, Spanish, Tagalog, and Vietnamese (ibid.). In addition, transcripts of the BC MOH's daily media briefings (discussed above in Section 1.1) are translated into Chinese (traditional), French, and Punjabi. BC's COVID-19 Immunization Plan, published on January 22, 2021, describing the phased approach to administering the vaccine throughout the province, was available in Arabic, Chinese (traditional), Farsi, French, Hindi, Japanese, Korean, Punjabi, Spanish, Tagalog, Urdu, and Vietnamese (BC, 2021j). Lastly, the BCCDC's COVID-19 vaccine-related webpages offer users the option to translate content into a variety of additional languages in a user-friendly manner (BCCDC, 2021d).

Several provincial bodies created online content to specifically address issues related to vaccine hesitancy and mis- and dis-information. ImmunizeBC first publicly made available their COVID-19 vaccine frequently asked questions (FAQ) webpage on December 22, 2020 (ImmunizeBC, 2020b); similarly, on March 30, 2021, the FNHA released their COVID-19 vaccine FAQ (First Nations Health Authority, 2021). Furthermore, the BCCDC and the FNHA collaboratively released a series of posters and videos in English providing education and promoting COVID-19 vaccination (BCCDC, 2021g). These included videos featuring Dr. Nel Wieman, Deputy Chief Medical Health Officer of the FNHA, discussing vaccine questions and why it is important to get both doses (ibid.). On April 20, 2021, the BCCDC released a detailed FAQ on the use of

the AstraZeneca Vaxzevria® vaccine (BCCDC, 2021a) and then launched, on May 14, 2021, a webpage entitled “How to Find Trusted Information about Vaccines” (BCCDC, 2021f).

In addition to BC governmental actors, other groups have provided the public with both general and content-specific information to combat hesitancy in relation to COVID-19 vaccines. On April 28, 2021, the national “This Is Our Shot” campaign was launched by doctors and other front-line professionals, with support from a number of notable British Columbian celebrities, to provide accurate vaccine information to those individuals most at risk of contracting COVID-19 (Krugel, 2021). The objective of this public campaign was to dispel myths and to answer questions in multiple languages. BC-born celebrities Ryan Reynolds and Michael Bubl , among other well-known Canadians, promoted the campaign by posting photos to social media wearing the “This Is Our Shot” t-shirts (ibid.). This campaign was also heavily supported by the professional association Doctors of BC, who released nine videos on YouTube in May and June 2021 encouraging British Columbians to get their COVID-19 vaccinations (Doctors of BC, 2021a). Similarly, in January and February 2021, well-known Vancouver emergency physician Dr. Nadveep Grewal worked with the South Asian Task Force to help with “mythbusting” misinformation regarding COVID-19 vaccines (Collins, 2021). For example, this involved publishing infographics and dispelling myths related to COVID-19 vaccines causing infertility, modifying DNA, etc. and answering vaccine-related questions (e.g. whether vaccines were vegan and/or kosher) (ibid.). In March 2021, the BC Assembly of First Nations launched a public service announcement campaign entitled “Protecting Our Communities” aimed at promoting COVID-19 vaccine confidence in Indigenous communities (CTV News Vancouver, 2021). The campaign stressed that the available vaccines were safe and had gone through rigorous testing (ibid.). As discussed in Section 3.3, several local outreach initiatives also occurred to support increased vaccine uptake and trust within specific marginalized communities.

2. Ensuring Sufficient Infrastructure and Workforce Capacity

This section considers the deployment of the health workforce involved in the administration of vaccines, including what is being done to maintain or enhance capacity, the initiatives to train, protect, or support workers, the prioritization of healthcare workers in the vaccination rollout, and vaccination requirements for healthcare workers.

2.1 Maintaining/Enhancing Workforce Capacity

BC employed various strategies to ensure the availability of a health workforce that is adequately trained to contribute to the province's COVID-19 vaccination rollout. This section outlines several of these strategies.

On February 23, 2021, the PHO issued a public health order expanding the range of health professions legally allowed to administer COVID-19 vaccines (BC, 2021m). The purpose of the order was for the province to meet its goal of vaccinating most British Columbians by September 2021 (CBC News, 2021a). The expansion of health professions approved to administer vaccines included dentists, midwives, retired registered nurses, nursing/midwifery students, dental hygienists, podiatrists, anesthesia assistants, and medical laboratory technologists, and assistants (BC, 2021m). Additional details regarding how COVID-19 vaccines are administered in BC are discussed in Section 3.2.

On March 24, 2021, BC announced a new initiative to engage more than 1,400 hospitality and tourism workers at mass vaccination clinics across the province (BC Office of the Premier, 2021c). The initiative's objective was to create jobs for BC's tourism, hospitality, and sport sectors, which had been hard hit economically by the COVID-19 pandemic with many individuals having their working hours significantly reduced or being laid off altogether. Workers from these sectors were to provide logistical support as non-clinical employees at vaccination clinics (ibid.). Notably, in mid-April 2021, around the time that BC officially entered a third wave of the pandemic, concerns were raised when the Canadian Red Cross (which were included in the aforementioned initiative) hired out-of-province workers for non-clinical positions at a vaccination site in Langford on Vancouver Island (Descoteau, 2021). These hirings came at the expense of local workers, who were given the choice to redeploy to other assignments; notably, this received widespread criticism (ibid.). Of note, the role of the Canadian Red Cross included the provision of non-clinical, administrative, and leadership support (Red Cross, 2021), while the Canadian Armed Forces contributed in many ways including, but not limited to, ongoing logistical/planning support and the transportation of medical equipment/supplies to remote communities (Canada, 2020a).

2.2 Prioritization of Health Care Workers in Vaccination Rollout

One of the ways to ensure that the workforce is maintained is through prioritizing the vaccination of health care workers. BC prioritized this group at multiple stages during its provincial COVID-19 vaccination rollout campaign. In Phase 1 (December 2020–February 2021), BC prioritized long-term care (LTC) home and assisted-living staff, alongside hospital workers providing care for COVID-19 patients (BC, 2021j). In Phase 2 (February–March 2021), hospital staff, community general practitioners, and medical specialists not yet vaccinated, alongside staff in community home support and senior nursing services were prioritized for vaccination (ibid.). Alongside the phased approach (see Section 3.3 for further details), starting in April 2021, some frontline health care workers were prioritized for vaccination as part of “priority front-line workers,” which included the following: “first responders (police, firefighters,

emergency transport); K-12 educational staff; child care staff; grocery store workers; postal workers; bylaw and quarantine officers; manufacturing workers; wholesale/warehousing employees; staff living in congregate housing at places such as ski hills; correctional facilities staff; and cross-border transport staff” (BC MOH, 2021e). These groups were identified as employees working in settings in which the use of personal protective equipment and barriers could be problematic, outbreaks have occurred or are ongoing, employees must live or work in congregate settings, and/or maintaining the workforce for critical services are necessary (ibid.). Further details regarding priority group populations as it pertains to BC’s COVID-19 vaccination rollout are discussed in Section 3.3.

2.3 Vaccination Requirements for Health Care Workers

In an effort to address breakthrough cases of COVID-19 and low rates of vaccine uptake among health care workers in LTC facilities, a public health order issued on August 12, 2021 made vaccination mandatory and a condition of employment for all individuals working in LTC and assisted-living settings in BC (BC, 2021r). This order required employers to provide information to the PHO about all employees in such facilities, which allowed public health to confirm the vaccination status of employees (BC, 2021r). The order also required that, until October 12, 2021 (the deadline for all staff to be vaccinated), all unvaccinated employees were to wear personal protective equipment and be regularly tested for COVID-19. Additionally, volunteers and personal service providers entering LTC settings were also to be fully vaccinated as part of the public health order (ibid.). Furthermore, on September 13, 2021, BC health officials declared that COVID-19 vaccination would be mandatory for all those working in health care settings across the province effective October 26, 2021 (Lindsay, 2021). This policy included students/residents, physicians, contractors, volunteers, and all other health care professionals, alongside those working in home and community care settings. Workers who were not vaccinated by October 26, 2021 were placed on unpaid leave (BC, 2021f); Health Minister Dix reported on October 26, 2021 that more than 4,000 unvaccinated workers were placed on unpaid leave (Cable Public Affairs Channel, 2021).

3. Principles Underlying British Columbia’s Vaccination Campaign

This section describes BC’s plans for the COVID-19 vaccination rollout, the distribution and administration of the vaccines, and the prioritization of sub-populations.

3.1 Planning Services

The BC government planned their COVID-19 vaccination campaign, the largest mass vaccination in provincial history, with the leadership of public health professionals in collaboration with governmental and non-governmental agencies (see Section 5 for further details). On January 22, 2021, the BC government released their COVID-19 vaccination rollout plan, [COVID-19: BC’s Immunization Plan](#) (BC, 2021j). Subsequently, on March 1, 2021, the province released [BC’s COVID-19 Immunization Plan: Phase 2](#) outlining updated information on the vaccination campaign (BC Office of the Premier, 2021b). Importantly, BC has also regularly updated their COVID-19 vaccination rollout webpage with relevant information specific to the vaccination strategy (BC, 2021c). The province’s COVID-19 vaccination plan used community clinics, mobile sites, and where necessary, home visits, alongside a province-wide communication strategy to keep the public informed regarding pre-registering and booking appointments (BC, 2021j). Two ethical frameworks were utilized to guide BC’s COVID-19 vaccination rollout campaign. The plan states that BC’s overall approach was developed based on expert guidance from the National Advisory Committee on Immunization (NACI), and was informed by NACI’s [Ethics, Equity, Feasibility and Acceptability Framework](#) (Ismail et al., 2020). Furthermore, BC’s approach also followed the [BCCDC’s COVID-19 Ethical Decision-Making Framework](#) (BCCDC & BC MOH, 2020).

BC’s public health workforce has played critical roles in supporting the province’s COVID-19 vaccination campaign. In general, public health leaders provided a coordination and organizational role in vaccination registration and appointment bookings (BC, 2021g). In addition, public health workers played important roles in surveillance and epidemiology, including data collection, reporting, and evaluation. More specifically, public health nurses have contributed immensely by administering COVID-19 vaccines and contact tracing (see Section 3.2 for more details). The BC response to COVID-19 in relation to vaccination has largely been the responsibility of the public health workforce with a seemingly strong collaboration across the provincial MOH, PHO’s office, and arm’s-length health agencies, such as the BCCDC and RHAs.

The BCCDC has made efforts to ensure strategies and providers in relation to the COVID-19 vaccine rollout are culturally competent. Their dedicated webpage, “Culturally Safe Care,” provides resources for health care workers with the objective to support workers’ capacities to deliver anti-racist, respectful, and culturally safe care through embracing self-reflection and continuous learning (BCCDC, 2021e). These resources consist of online courses (e.g., San’yas Indigenous Cultural Safety Training Program, Introduction to Health Equity) webinars (e.g., [Cultural Safety in the Face of a Pandemic: Historic and Contemporary Realities through a Trauma Informed Lens with Harley Eagle](#)), and reference guides/fact sheets (e.g., Let’s Talk Racism and Health Equity, Aboriginal Racism in Canada) (ibid.).

3.2 Distribution and Administration

Several health care providers can legally administer COVID-19 vaccines in BC, though vaccinators are predominantly pharmacists, physicians, and nurses. With the PHO Dr. Henry's public health order on February 23, 2021, this list was expanded to include dentists, midwives, retired registered nurses, nursing/midwifery students, dental hygienists, podiatrists, anesthesia assistants, and medical laboratory technologists and assistants (BC, 2021m). On March 24, 2021, Dr. Henry issued a second public health order, which further expanded the list to include retired licensed practical nurses (not registered with the British Columbia College of Nurses and Midwives), retired midwives (not registered with the British Columbia College of Nurses and Midwives), student nurses, student midwives, retired medical practitioners (not registered with the College of Physicians and Surgeons of British Columbia), and international medical graduates (not registered with the College of Physicians and Surgeons of British Columbia) (BC, 2021i). In addition to administering vaccines, physicians have also been recruited by BC's RHAs throughout the pandemic, including for vaccination efforts, to provide overall leadership and to oversee patients at special venue vaccination clinics (General Practice Services Committee, 2021).

Nurses and family physicians administer COVID-19 vaccines primarily at vaccination clinics (Doctors of BC, 2021b; Mahoney, 2021; Treble, 2021), while pharmacists administer vaccines solely through community pharmacies (British Columbia Pharmacy Association, 2021a). Despite the active role of physicians in COVID-19 vaccination efforts, physicians' offices have not yet been widely used for COVID-19 vaccination clinics (Doctors of BC, 2021b; Mahoney, 2021; Treble, 2021). BC's vaccination clinics have included publicly funded clinics set up in existing community centres (Vancouver Coastal Health, 2021) and health units (also called public health units, community health centres, and primary care homes) (BC, 2021d). Mass vaccination sites were also set up in large venues, for example school gymnasiums, arenas, and convention/community halls. During the first half of 2021, community centres, sports facilities (predominantly hockey rinks), and large event spaces throughout the lower mainland of BC were converted into mass COVID-19 vaccination clinics, as these were closed as a part of broader COVID-19 prevention measures (Provincial Health Services Authority, 2021). Notably, mobile clinics (separate from mass vaccination clinics) have been employed to reach individuals who are homebound due to mobility issues and/or reside in rural communities (BC Office of the Premier, 2021a).

Alongside BC's centralized provincial COVID-19 online booking and registration system, individuals could also book vaccines at pharmacies through the centralized British Columbia Pharmacy Association website (British Columbia Pharmacy Association, 2021b, 2021a). To access and utilize this booking system, individual pharmacies are charged monthly fees by the British Columbia Pharmacy Association (British Columbia Pharmacy Association, 2021b). While pharmacies are considered private health care providers, their COVID-19 vaccination services are paid for through the province's statutory health system, and thus individuals are not charged for the vaccination. BC's pharmacy vaccination program began on April 10, 2021, with individuals 55–65 years of age becoming eligible for the AstraZeneca vaccine (BC MOH, 2021f). As of June 3, 2021, only AstraZeneca vaccine doses were offered at community pharmacies in BC (BC, 2021o), and beginning August 27, 2021, Moderna Spikevax® doses were offered at pharmacies as a result of Health Canada's approval of the Moderna vaccine for individuals 12 and older (British Columbia Pharmacy Association, 2021a). Beginning in August 2021, London Drugs Pharmacy (a Canadian retail pharmacy), in collaboration with the BC Pharmacy Association and the Government of BC, launched a pilot program at select pharmacy locations in the lower mainland to provide Pfizer-BioNTech Comirnaty®

vaccinations to eligible individuals as per the province’s rollout phases using the “Get Vaccinated” registration and booking system (London Drugs Pharmacy, 2021).

In BC, there are some similarities regarding the utilization of pharmacies for both COVID-19 and influenza vaccine programs. Both programs employ similar booking procedures and administration patterns in relation to direct booking with specific pharmacy locations and the widespread use of pharmacists. Apart from pharmacies, while the influenza vaccine in BC is provided in similar settings (e.g., public health units, general practitioner offices), there does not exist a centralized booking system, as is in place for the COVID-19 vaccination program. Furthermore, influenza vaccines are available to BC pharmacies during 2021–2022 through a direct-distribution model, which makes program delivery easier and more flexible (BC MOH, 2021l). This contrasts with BC’s COVID-19 vaccination supply chain patterns, where product is purchased and distributed at the provincial and federal levels of the Canadian government (Canada, 2020).

3.3 Prioritization

BC’s general approach to its COVID-19 vaccination rollout took the form of a phased strategy, based on age (starting with the oldest citizens through to young adults) and health status (those most vulnerable to severe illness and death taking precedence over others). This method was employed to increase protection for individuals with clinical risk factors for severe COVID-19 illness. Phases 1 (December 2020–February 2021) and two (February–April 2021) targeted “high-risk populations,” while Phases 3 (April–May 2021) and 4 (May–July 2021) targeted the “general population.” As was described in Section 3.1, BC’s overall approach and specifically its choice of priority populations was informed by expert guidance from NACI. The objective of the campaign was to provide COVID-19 vaccinations to all willing British Columbians by the end of September 2021. Further details on priority groups and their associated eligibility phases and scheduling processes can be found below and in Table 1.

Within BC, there were some notable regionalized differences in vaccine delivery allocation schemes. On April 19, 2021, clinics exclusively administering the AstraZeneca vaccine were established in 13 communities with the “highest identified transmission in community” (BC MOH, 2021g). These locations were Dawson Creek, East and West Newton, Fleetwood, Kensington, North Delta, North Surrey, Panorama, Port Coquitlam, South Langley Township, Squamish, West Abbotsford, and Whalley (BC MOH, 2021h). Notably, younger individuals (aged 30+ or 40+, depending on the clinic) living in these areas were eligible for vaccination ahead of the province’s age-specific timeline (i.e., the province’s age-based criteria were still restricted to those aged 59 and older at that time) (CTV, 2021); shortly thereafter, AstraZeneca was offered to all British Columbians aged 30+ later in April as vaccine supply increased (ibid). This hotspot strategy was established as a result of collaboration between the province, Fraser Health, Vancouver Coastal Health, and Northern Health Authorities. Additionally, on May 16, 2021, the province, the City of Surrey, and the Fraser Health Authority partnered to create new opportunities for the people of Surrey to get vaccinated by creating new vaccine clinics and offering 4,000 additional doses of Pfizer-BioNTech and Moderna vaccines (BC MOH, 2021i).

There have also been some changes since BC’s initial plans for COVID-19 vaccine distribution were released. On January 25, 2021, in accordance with NACI guidance, second doses were delayed until 42 days following the first dose as a result of a limited vaccine supply (BC, 2021k). However, on March 1, 2021, new NACI guidance to set the second dose interval at 16 weeks, coupled with the additional supply of recently authorized AstraZeneca vaccines, meant that people “moved up the line” resulting in an

accelerated timeline for first dose eligibility than previously planned (BC MOH, 2021c). Importantly, the initial shipment of AstraZeneca vaccines to BC supported an accelerated eligibility timeline for individuals working in settings where use of personal protective equipment and barriers can be challenging, where outbreaks have occurred or are ongoing, and where individuals work or live in congregate settings (see Table 1 and the “Essential Workers” subsection below for further details regarding this group’s eligibility and scheduling processes) (BC MOH, 2021d).

Of note, there have been some examples of BC slightly deviating from NACI’s age-based vaccination recommendations throughout the province’s vaccination campaign. For example, NACI recommended the 2-dose Pfizer vaccine for use in youth aged 12-17 years on May 18, 2021 (NACI, 2021). The following day, the Government of BC announced youth aged 12+ were eligible for Pfizer vaccinations (additional details followed in subsequent days), suggesting BC may have pre-empted NACI’s recommendations in an effort to expediate vaccination eligibility for younger populations (BC Office of the Premier, 2021e).

Further details regarding specific priority groups for COVID-19 vaccination in BC are outlined below.

Indigenous Populations

Phase one included 18 “remote and isolated Indigenous communities,” phase two included “Indigenous (First Nations, Métis and Inuit) peoples born in 1956 or earlier, Elders and additional Indigenous communities not immunized in Phase 1,” and phase three included “Indigenous (First Nations, Métis and Inuit) peoples aged 18–64” (BC, 2021j).

Essential Workers

In BC, “priority front-line workers” included the following: “first responders (police, firefighters, emergency transport); K-12 educational staff; child care staff; grocery store workers; postal workers; bylaw and quarantine officers; manufacturing workers; wholesale/warehousing employees; staff living in congregate housing at places such as ski hills; correctional facilities staff; and cross-border transport staff” (BC MOH, 2021e). These groups were identified as workers in places/sectors in which “the use of personal protective equipment and barriers can be challenging; outbreaks and clusters have occurred or are ongoing; workers must live or work in congregate settings; or maintaining the workforce for a critical service is necessary” (BC MOH, 2021e). These priority front-line workers were prioritized for vaccination at the beginning of April 2021.

Congregate Living Settings

Individuals experiencing homelessness and/or using shelters, staff and residents in provincial correctional facilities, and adults in group homes or mental health residential care (which includes severely disabled individuals) were prioritized for vaccination in phase two as “vulnerable populations living and working in select congregated settings” (BC MOH, 2021a). Residents and staff of LTC facilities, individuals assessed for and awaiting long-term care, and essential visitors to LTC facilities were prioritized for vaccination from December 2020 to February 2021 (Phase 1) (BC, 2021j). In relation to efforts to prioritize high-risk groups/areas, the province of BC supported Vancouver Coastal Health’s implementation of a community-specific neighbourhood approach to increase vaccination coverage for homeless residents in the Downtown Eastside of Vancouver (Bilefsky, 2021; Correia, 2021). This included the creation of four new vaccination clinics in existing community centres and community health centres that were specifically

designed for individuals experiencing homelessness and residents of shelters, single room occupancy hotels, or supported housing.

Populations at Risk of Severe Illness due to Medical and Other Factors

From April to June 2021 (Phase 3), individuals aged 16–69 who were deemed “clinically extremely vulnerable” were provided COVID-19 vaccination priority. This priority group covered those with a wide range of health issues: “solid organ transplant recipients; severe respiratory conditions (cystic fibrosis, asthma, chronic obstructive pulmonary disease); rare diseases (severe combined immunodeficiency, homozygous sickle cell disease); those on immunosuppression therapies (biologic modifiers, high dose steroids, azidothymidine, cyclophosphamide); splenectomy recipients; significant developmental disabilities (including Down syndrome); those on dialysis or with chronic kidney disease; pregnant women with significant heart disease (congenital, acquired), and significant neuromuscular conditions requiring respiratory support” (BC, 2021j). Specifically in relation to cancer, individuals deemed “clinically extremely vulnerable” were those “with cancer who are undergoing active chemotherapy; with lung cancer who are undergoing radical radiotherapy; with cancers of the blood or bone marrow (leukemia, lymphoma, myeloma); having immunotherapy or other continuing antibody treatments for cancer; having other targeted cancer treatments that can affect the immune system (protein kinase inhibitors, poly adenosine diphosphate-ribose polymerase inhibitors); and who have had bone marrow or stem cell transplants in the last 6 months or who are still taking immunosuppression drugs” (BC, 2021j).

Box 1. Booster Doses

On October 26, 2021, BC announced its rollout plan for administering COVID-19 booster doses; all booster doses are mRNA vaccines. The plan is divided into two phases: September–December 2021 and January–May 2022 (BC MOH, 2021p).

Phase 1: September – December 2021

Target populations: clinically extremely vulnerable (immunosuppressed); rural and remote Indigenous communities; residents in LTC and assisted living; seniors (starting 70+) and Indigenous people (12+); long-term home support clients and seniors in independent living; and health care workers (ibid.).

Phase 2: January – May 2022

Target populations: clinically extremely vulnerable (non-immunosuppressed), health care workers in acute care and LTC and assisted living; health care workers in the community; and all remaining people (12+) (ibid.).

Booster doses are provided through RHA public health community clinics and select pharmacies around the province, with walk-ins not being an option (ibid.). The centralized Get Vaccinated booking system facilitates registration and booking procedures.

3.4 Strategies to Increase Uptake

Several efforts were undertaken in BC to speed up their COVID-19 vaccination campaign to vaccinate as many people as quickly as possible. In January 2021, pop-up vaccination clinics were first created in 18 remote First Nations communities as part of the “remote and isolated Indigenous communities” priority

grouping (see Section 3.3 for further details) (BC MOH, 2021a). In Phases 3 (April–May 2021) and 4 (May–July 2021), which targeted the general population, mass vaccination sites were set up in large centres including school gymnasiums, arenas, and convention/community halls. Furthermore, as outlined in Section 3.2, mobile clinics were employed to rural communities and to reach homebound individuals. Beginning on July 27, 2021, the province launched its “Vax for BC” campaign, which consisted of community events, “vax vans” and mobile clinics in dozens of communities (BC, 2021q). While it was encouraged to register and book appointments through the Get Vaccinated system, individuals were allowed to walk-in to these events and get vaccinated without a scheduled appointment (ibid.). Vax for BC also held an event entitled “Walk-in Wednesday” on August 4, 2021, in which a variety of vaccination clinics throughout the province reserved 20,000 doses for anyone 12 years of age and older still needing their first dose or who were eligible for their second dose (ibid.).

In relation to new sources of COVID-19 vaccine supply, BC received approximately 340,000 AstraZeneca doses by the end of May 2021, which were then deployed to inoculate front-line workers through community pharmacies, and existing vaccination and mobile clinics at worksites (BC MOH, 2021e). While BC does not offer vaccine lottery programming or direct cash payments to those who choose to receive COVID-19 vaccines, a lower mainland First Nation chose to go this route to boost vaccination rates. The Matsqui First Nation (population 210) decided to give \$1,000 to any member aged 12 and older who provided proof of full vaccination in August 2021 with no end date indicated (Global BC, 2021; Robinson, 2021). In attempt to further speed up its COVID-19 vaccination campaign, BC tried to secure doses of the Janssen (Ad26.COVS.2) vaccine to no avail, as has been common in other parts of Canada (Gul & Nasser, 2021).

At the time of writing (November 11, 2021), masking and physical distancing rules had not been relaxed for vaccinated individuals in BC, although the province has brought forth policies tying provincial vaccination coverage to the loosening of specific public health measures (e.g., gathering restrictions). The *BC’s Restart: A plan to bring us back together* framework presents a careful four-step reopening plan focused on protecting the health and well-being of British Columbians (BC, 2021b). Step 1 was initiated on May 25, 2021 and ran until June 14, 2021. This step was associated with at least 60% of the 18+ population vaccinated with one dose, alongside stable case counts and hospitalizations (ibid.). Step 2 ran from June 15, 2021 to June 30, 2021 and was associated with at least 65% of the 18+ population vaccinated with one dose, alongside similar indicators for case counts and hospitalizations as Step 1 (ibid.). Importantly, the key metrics outlined above were met before moving forward into subsequent steps. At the time of writing (November 11, 2021), BC is in Step 3, which began July 1, 2021, and is associated with at least 70% of the 18+ population vaccinated with one dose. Across the three stages, there had been an overall relaxation of public health restrictions in relation to personal and organized gatherings, travel, offices and workplaces/businesses, and sport and exercise settings (ibid.). At the time of writing (November 11, 2021), the BCCDC stated that if an individual has been exposed to someone with COVID-19, they will need to self-monitor or -isolate; however, these isolation requirements were relaxed for fully vaccinated individuals. For example, BCCDC’s guidance read: “Some close contacts may also need to self-isolate for part of that time. For example, if you are not fully vaccinated, you may need to self-isolate for 10 of the 14 days”; albeit, the specifics of these orders and recommendations, as provided by the BCCDC and PHO, varied over the summer (BCCDC, 2021h).

The “BC Vaccine Card” was announced on September 7, 2021 (BC Office of the Premier, 2021d) and implemented on September 13, 2021 (BC, 2021t). The card can be saved to a mobile device or printed in

hard-copy and includes an individualized QR code. In BC, the following are accepted as proof of vaccination alongside a government-issued photo ID for those aged 19 and older: a BC vaccination record (accepted until September 26, 2021), the BC Vaccine Card (electronic or hard-copy), and an outside-of-BC vaccination record (for those visiting BC) (ibid.). Individuals in BC were required to present their BC Vaccine Card to access certain businesses and events, showing one vaccine dose as of September 13, 2021, then two-doses as of October 24, 2021. The full listing of settings included: “indoor ticketed sporting events; indoor concerts, theatre, dance and symphony events; licensed restaurants, and those that offer table service (indoor and outdoor dining); pubs, bars and lounges (indoor and outdoor dining); night clubs, casinos, movie theatres; fitness centres/gyms/adult sports (indoor); indoor group exercise activities; organized indoor events with 50 or more people (e.g., wedding receptions, organized parties, conferences, workshops); and discretionary organized indoor group recreational classes and activities” (ibid.).

At the time of writing (November 11, 2021), the booster COVID-19 vaccine dose did not show up on the BC Vaccine Card. Importantly, there are limited options regarding the requirement of the BC Vaccine Card for individuals who are medically exempt from receiving COVID-19 vaccines. A public health order issued on September 10, 2021 included an option of requesting “reconsideration for proof of vaccine” on the basis of a “medical contraindication” (Brend, 2021). COVID-19 vaccines accepted as part of a complete vaccination record in BC follow the World Health Organization’s list of approved vaccines (i.e., Pfizer-BioNTech, Moderna, AstraZeneca, CoviShield, Janssen, SinoPharm (Beijing)/Covilo/BBIBP-CorV, Sinovac/CoronaVac, COVAXIN, Covovax, Novavax/Nuvaxovid) (BCCDC, 2021i).

Of relevance to many commuting British Columbians are the BC Ferries COVID-19 vaccination policies. Passengers on BC Ferries are not required to show proof of vaccination; however, effective November 15, 2021 all BC Ferries staff were required to be fully vaccinated (Cordasco, 2021). Importantly, masking continued to be required for all passengers over the age of 12 in all indoor spaces on ferries and at associated terminals, regardless of vaccination status (ibid.).

4. Vaccines Insurance Coverage and Access

This section describes the entitlements and insurance coverage for vaccines, and approaches to increase access to vaccines and overcome barriers to access.

4.1 Entitlement and Coverage

In BC, as is the case across Canada, all individuals are entitled to a free COVID-19 vaccination (Canada, 2021). Under no circumstances do individuals pay out-of-pocket fees for this service. All people in BC, regardless of whether they have specific documentation (e.g., a BC Personal Health Number), are a Canadian citizen or permanent resident, temporary visitor or international student, can receive a COVID-19 vaccine (BC, 2021p). If an individual receives their first dose while outside BC and then arrives in the province, they can show their proof of first dose vaccination from the first jurisdiction (including info regarding the vaccine brand and administration date) and request to receive their second dose in BC (University of British Columbia, 2021). Importantly, consent must be provided by the recipient of the COVID-19 vaccine prior to administration. For individuals considered minors (i.e., those 18 years of age or younger), the province's *Infants Act* authorizes a health care provider in the provision of services to this group based on consent given by the minor (BC Laws, 2021). This involves the health care provider believing that the minor understands the benefits and risks of the proposed health service and that the service is in the best interest of the minor (BCCDC, 2019). In BC, there is no legal age of consent for health services. The minor's capacity for consent depends on their level of maturity, which maintains their authority to give, refuse, or revoke consent in relation to COVID-19 vaccination (ibid.).

4.2 Access

There exist several barriers to accessing COVID-19 vaccines in BC. First, barriers related to languages or lack of access to phone or internet connections make it difficult for some individuals to find key information regarding vaccines and to register and book the service (British Columbia's Office of the Human Rights Commissioner, 2021). Second, undocumented and migrant workers may be concerned about revealing their immigration status for fear of potential deportation (ibid.). Third, individuals with mental illnesses or disabilities may face challenges with booking processes or travelling to their vaccine appointments. Furthermore, individuals with specific medical conditions may be waiting for the results of additional clinical trial research to ensure their safety in receiving a COVID-19 vaccine (ibid.). Finally, precarious or low-income earners with multiple jobs may lack the financial resources or time to prioritize reaching a vaccination site, even if provided leave from work (ibid.).

Regarding vaccination registration and booking processes, individuals faced barriers accessing these services in March 2021. Issues arose for the Fraser Health Authority in relation to receiving 1.7 million phone calls within the first few hours of opening registration resulting in their phone lines jamming, in addition to their website crashing as a result of high internet traffic (Hasegawa, 2021). Additionally, there was reportedly a lack of clear communication between the province and pharmacists, who had not anticipated the earlier than expected rollout to middle-aged British Columbians and, thus, had not adequately prepared for the increase in appointment bookings (Dayal, 2021); this was further complicated by the fact pharmacies had only recently begun to provide COVID-19 vaccination and had lacked the familiarity required for large-scale delivery (ibid). Initially, the rollout of vaccinations to community pharmacies was met by much confusion from residents who experienced troubles accessing the limited number of available doses. Additionally, pharmacy rollout was initially limited to community pharmacies

in the Fraser Health and Vancouver Coastal Health RHAs that had prior experience delivering influenza vaccinations (ibid.).

Actions were taken by the BC government to reduce some of the aforementioned barriers to accessing COVID-19 vaccines. An overnight clinic at the Guildford Recreation Centre in Surrey was implemented on June 18, 2021 to reach shift workers as a method to reduce barriers to access for some vulnerable or hard-to-reach populations (Fraser Health, 2021). Furthermore, initiatives were undertaken that saw teams travel door-to-door to register individuals for COVID-19 vaccination, in addition to providing them with the means of getting to clinics (Hinks, 2021; Vancouver Sun, 2021). Further details regarding measures taken to enhance access among specific vulnerable populations and to increase the speed of vaccine rollout are discussed in Section 3.4.

5. Governance and Authority

This section describes the governance of the COVID-19 vaccination rollout, including who is leading the vaccination rollout, the composition and role of advisory bodies, and the level of coordination of the BC strategy across the province, and across actors.

The vaccination response to COVID-19 in BC appears to have been led by a small group of public health professionals in collaboration with several governmental and non-governmental agencies and advisory bodies; however, the specifics of these interactions, actors involved, and the role of experts in advising decision-makers have not been publicly shared. Albeit, Dr. Ross Brown, Vancouver Coastal Health's vice-president for pandemic response and director of regional emergency operations centre, began as the lead of BC's vaccination plan in November 2020 (BC, 2020). On January 13, 2021, Dr. Penny Ballem, Vancouver Coastal Health chair, took over as lead of the vaccination efforts, with Dr. Brown staying on under Dr. Ballem's direction (BC MOH, 2021b). Both Drs. Ballem and Brown reportedly worked in close collaboration with Dr. Bonnie Henry, BC's PHO, who served as the lead of COVID-19-related decision making, which included vaccines (ibid); also included in decision-making were the deputy PHO (BCCDC leadership, Dr. Reka Gustafson); the Senior Medical Advisor for COVID-19 response (from the PHO's office); other members of the PHO's office; and the Chief Medical Health Officers from each of the RHAs and the FNHA. During BC's COVID-19 vaccination campaign, Drs. Brown, Ballem, and Henry worked closely with BC's health minister, Adrian Dix, whose primary role was communicating important vaccine-related information to the public during daily media briefings, in addition to his active Twitter presence. This small group of professionals were supported by the Immunize BC Operations Centre (which includes the BCCDC), PHSA, FNHA, Canadian Red Cross, Canadian Armed Forces, and health ministry leadership (BC, 2020).

Furthermore, BC's four-phased COVID-19 vaccine rollout approach was reportedly guided by BC's immunization and public health leadership committees, including the existing NACI-equivalent BC Immunization Committee (BCIC) (BC, 2021c, 2021n). BCIC's membership includes representatives from each RHA, BC's Vaccine Evaluation Center, Doctors of BC, and the BC Pharmacy Association; the BCIC was further augmented for COVID-19 response (BCIC-COVID) to include medical health officers from each RHA with decision making authority, who regularly attended BCIC-COVID meetings. While the BCIC did not make decisions regarding COVID-19 vaccine rollout, it provided feedback into the policies being considered by the PHO (Shepert, 2021). Of note, unlike in other provinces, there was no evidence of a specifically appointed COVID-19 vaccine taskforce in BC. The BC leadership strategy in relation to its COVID-19 vaccination campaign was highly centralized, characterized by high levels of coordination between key stakeholders and health organizations (Snowdon et al., 2021). Furthermore, this level of centralization features integrated leadership teams where decisions are led by public health professionals and informed by experts across a variety of government and industries agencies (ibid.); however, as stated above, the specifics of these advisory committees and roles have not been publicly shared. In BC, a small group of public health professionals spearheaded the vaccination campaign in close collaboration with a variety of groups and organizations including public health agencies, RHAs, and communities. In general, the COVID-19 vaccine response in BC did not substantially differ across public health regions or communities, unless leadership and coordination were provided by the province (e.g., expediting the delivery of vaccines to hotspot communities). This was evidenced by the April 2021 decision by the province in collaboration with multiple health authorities to establish COVID-19 vaccine clinics in 13 communities with the "highest identified transmission in community" (see Section 3.3 for further details)

(BC MOH, 2021g). An Emergency Operations Centre is part of Emergency Management BC, which has been involved in COVID-19 coordination and communications (e.g., across ministries, authorities, agencies) while the vaccine rollout was spearheaded by the RHAs at the direction of the BC Ministry of Health and PHO.

6. Measures in Other Sectors

Many measures in other sectors beyond the immediate scope of the health system are being taken to encourage individuals to get vaccinated. This section contains information on some of these measures, including in educational (kindergarten - grade 12 [K-12] and university) settings and workplaces.

There are varied vaccination policies in place in BC educational settings. For elementary and secondary students/staff, there were no provincially mandated vaccination policies at the time of writing (November 11, 2021). However, some school boards have implemented their own policies. For example, on October 13, 2021, the Delta School Board directed its district to immediately begin on the development of a proof of vaccination policy for all staff (Delta School District, 2022); however, at the time of writing, no such policy had been introduced by the Delta school board. In lieu of a formal vaccination policy, BC health and education officials have encouraged all those eligible to get vaccinated as soon as possible (Bains, 2021). To support increased access in this population, an August 24, 2021 provincial news release stated that health authorities would be targeting elementary and secondary students/staff in vaccination campaigns over the coming weeks (BC, 2021s).

In relation to post-secondary institutions in BC, no provincial-level mandate exists to enforce COVID-19 vaccinations (CoVaRR-Net, 2021); however, local experts suggested that the Ministry of Advanced Education had prohibited universities from exceeding the provincial guidance. In the absence of a provincial mandate, there is variation across BC post-secondary settings regarding COVID-19 vaccination policies. At the University of British Columbia and Royal Roads University, no formal vaccination mandates exist but regular rapid testing is required to enter campus buildings for all students, staff, and faculty that are not fully vaccinated (Royal Roads University, 2021; University of British Columbia, 2021). At the British Columbia Institute of Technology and Capilano University, proof of vaccination is required to access select academic services (i.e., in-person activities) (British Columbia Institute of Technology, 2021; Capilano University, 2021). No BC post-secondary institutions have policies in place that require returning/new international students to be vaccinated against COVID-19. Of note, there have been several reports that several post-secondary institutions have not enforced their proof of vaccination policies (Xu, 2021).

COVID-19 vaccinations for children ages 5 to 11 were authorized by Health Canada on November 19, 2021 (Health Canada, 2020). Registration was open through BC's Get Vaccinated system for this age group even before vaccinations were delivered to the province (registered individuals were notified when bookings were available) (BCCDC, 2021c). Parents and guardians registering their child began receiving appointment booking invitations on November 29, 2021, marking the first day children aged 5–11 were allowed to receive their first COVID-19 vaccine dose (BC MOH, 2021m; CBC News, 2021b). Importantly, COVID-19 vaccinations for children and for individuals receiving third doses (starting with those at highest risk of severe COVID-19 illness) are occurring in parallel.

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Tables

Table 1. Summary of Vaccine Eligibility, by Priority Group

Priority Group	Eligible phase of vaccine rollout	Date eligible/ Scheduling opened	Other notes
Vaccines first available	--	Dec 14, 2020	4,000 vaccines administered to lower mainland health-care workers in LTC homes and front-line healthcare workers
Common priority groups			
Residents of LTC	Phase 1	Dec 2020–Feb 2021	
LTC staff	Phase 1	Dec 2020–Feb 2021	
Frontline health care workers	Phase 1	Dec 2020–Feb 2021	Only workers who may provide care for COVID-19 patients
Residents and staff of other congregate living facilities (e.g., shelters)	Phase 2	Mar 2-Apr 2021	Vulnerable populations living and working in select congregated settings
Adult residents of remote or isolated communities	Phase 1	Dec 28, 2020-Feb 2021	Rural and isolated First Nations communities
Adults in First Nations, Métis, and Inuit populations	Phase 1	Dec 28, 2020–Feb 2021	Rural and isolated First Nations communities
	Phase 2	Mar 2–Apr 2021	Mar 8: Indigenous (First Nations, Métis, Inuit) individuals aged 65+ & Indigenous communities/Elders not immunized in Phase 1
Agri-food production workers	Alongside phased approach	Mar 15, 2021	<ul style="list-style-type: none"> - Food processing plants - Agricultural operations with congregate worker accommodations, including farms, nurseries and greenhouses - Large industrial camps under the PHO Industrial Camps order with congregate accommodations for workers - Other large congregate living settings for workers where isolation and quarantine is difficult and outbreaks are ongoing
People living or working in hotspot communities	Alongside phased approach	Mar 31, 2021	Those in the lower mainland (the highest transmission area) between 55–65 years of age
Diagnosis of high-risk medical condition(s)	Alongside phased approach	Mar 29, 2021	Clinically extremely vulnerable: people at higher risk from COVID-19 due to existing medical conditions, such as various forms of cancer, transplant recipients and severe respiratory conditions
Age-based eligibility (based on age in 2021)			
Children, <12 years	--	Nov 29, 2021	
Youth, 12–17 years	Phase 3	May 19, 2021	
Young adults	Phase 3	Apr-Jun 2021	Apr 3: Indigenous adults age 18+ Apr 21: 30+ Apr 22: 25+

			Apr 19: 40+ Apr 20: 35+	Apr 23: 18+
Adults	Phase 3	Apr-Jun 2021	Apr 12: 55+ Apr 14: 50+	Apr 16: 45+ Apr 19: 40+
Older adults	Phase 3	Apr-Jun 2021	Apr 23: 60+ Apr 27: 59+ Apr 30: 56+ May 2: 54+ May 4: 52+ May 6: 49+	May 7: 46+ May 9: 43+ May 11: 40+ May 12: 30+ May 14: 25+
Seniors ²	Phases 2	Mar 2-Apr 2021	Mar 8: 90+ Mar 15: 85+ Mar 19: 80+ Mar 24: 76+ & Indigenous peoples aged 55+ Mar 25: 75+ & Indigenous peoples aged 55+ Mar 26: 74+ & Indigenous peoples aged 55+	Mar 29: 73+ & Indigenous peoples aged 55+ Apr 3: 72+ Apr 6: 71+ Apr 7: 70+ Apr 9: 65+
All ages	Phase 3	Apr-Jun 2021		
Other groups				
Pregnant persons	Phase 3	May 4, 2021	All pregnant people (aged 16+) were considered a priority population in BC's Immunization Plan	
Migrant workers	N/A	N/A	N/A	
Essential caregivers	Alongside phased approach	Apr 2021	Childcare staff	
Those who cannot work from home	Alongside phased approach	Apr 2021		
First responders	Alongside phased approach	Apr 2021	Including police, firefighters, and emergency transport	
Allied health (e.g., dentists)	N/A	N/A		
Teachers	Alongside phased approach	Apr 2021	K-12 educational staff	
Grocery store workers	Alongside phased approach	Apr 2021		

Table 2. Summary of key dates of policies regarding, and eligibility for, vaccination

Item	Date(s)	Notes
Vaccination Passports		
Announced	Sep 7, 2021 ¹	
Implemented	Sep 13, 2021 ²	
Eligibility for Vaccination		
Vaccines first administered	Dec 14, 2020 ³	
Highest Risk (i.e., front line HCWs, LTC residents)	Dec 14, 2020	
Seniors (60/65+ years old)	Apr 9, 2021	60+
	Apr 10, 2021	65+
General adult population (18+)	May 17, 2021 ⁴	
Youth (12+)	May 19, 2021 ⁵	
Children (5-11 years old)	Nov 29, 2021	

¹ (BC Office of the Premier, 2021d)

² (BC, 2021t)

³ (BC, 2020)

⁴ (BC MOH, 2021j)

⁵ (BC MOH, 2021k)

Appendix A. Key Information and Links

Key Information

- > Public health measures in response to COVID-19 are the shared responsibility of the federal government and PT governments, provincially-delegated health authorities, as well as local governments.
- > The first case in Canada was confirmed January 25, 2020 in Ontario (originated in Wuhan, China). As of April 13, 2020 there were 25,680 confirmed cases in Canada.
- > The number of total cases, confirmed cases, and mortality from COVID-19 are tracked nationally by the Government of Canada: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>
- > Federal government measures introduced in response to COVID-19 are summarized on this site: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html?topic=tilelink#wb-auto-5>

Each PT tracks its COVID-19 cases with daily updates, e.g. BC's is here: <http://www.bccdc.ca/health-info/diseases-conditions/covid-19/data>

Links

CANVAX COVID-19 Resources on Immunization	https://canvax.ca/covid-19-resources-immunization
CIHI COVID-19 Intervention Scan	www.cihi.ca/en/covid-19-intervention-scan
CIHI COVID-19 Intervention Timeline	www.cihi.ca/en/covid-19-intervention-timeline-in-canada
NACI Recommendations on the use of COVID-19 vaccines	www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines.html
BC's COVID-19 Website	https://www2.gov.bc.ca/gov/content/covid-19/info/response
BC Health Region Maps	www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/partners/health-authorities/regional-health-authorities

Visit the NAO's webpage for more key links and resources, including detailed PT reports: <https://ihpme.utoronto.ca/research/research-centres-initiatives/nao/covid19/>

Visit the CoVaRR-Net's Pillar 8 recommendations to policymakers, public health officials, and the public: <https://covarnet.ca/knowledge-commons/>



<https://covarnet.ca>



info@covarnet.ca



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naobservatory@utoronto.ca



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