



# Huron Perth Public Health **COVID-19** **Vaccination Report**

December 2020 – March 2022

[www.hpph.ca](http://www.hpph.ca)





# Vision, Mission & Values

## Vision

Optimized health and well-being for all.

## Mission

HPPH takes action to protect and promote population health and prevent disease, strengthening quality of life and well-being for all.

## Values

### Equity, Diversity and Inclusion

We value all community members. We are responsive to the communities we serve and commit to finding ways for people to feel safe and welcome.

### Evidence-informed Practices

We will use the best available information and public health best practices in our work.

### Partnership and Collaboration

We value our relationships and commit to authentic engagement in our work in order to meet the public health needs of our communities.



### People

We acknowledge that HPPH staff are the greatest asset to achieving our vision and mission, and commit to creating a healthy workplace together.

### Innovation

We embrace new ways to respond to the public health needs of our populations and will use bold and creative approaches as needed.

### Accountability

We focus on our public health mandate and are committed to transparent accountability for the use of our resources.

### Leadership

All staff are valued as HPPH ambassadors who continually show leadership by using public health knowledge, skills and expertise to improve population health.

# Introduction

COVID-19 emerged globally in early 2020 as a novel (new) disease. This meant the virus was capable of infecting every single person on the planet. As a result, even if most people would experience mild disease, uncontrolled transmission could overwhelm healthcare systems and disrupt society through simultaneous, widespread illness and deaths.

The goal of pandemic response locally, provincially, and across Canada was to minimize serious illness and overall deaths and minimize the impact to the healthcare system, while also minimizing societal disruption as a result of the COVID-19 pandemic. Initially, the response was a containment strategy, i.e., trying to identify every case and break all chains of transmission. With time, because of higher levels of immunity due to vaccinations and infections, the risk of infection changed at both an individual and population level. The strategy changed to align with our typical response to respiratory illness (such as influenza) becoming targeted to higher risk populations and settings.

There is no easy path out of the pandemic. Without the collective efforts of everyone in our community to reduce COVID-19 transmission — by following public health measures, as well as building a strong wall of population immunity through vaccination — there would have been much more societal disruption, and an even higher number of



infections and deaths due to the virus. Your efforts made a difference and worked to save as many lives as possible.

This is the second of three reports describing Huron Perth Public Health's (HPPH) response to the COVID-19 pandemic. It provides an overview of the planning and implementation of the largest vaccine rollout in history in Huron Perth. The report spans from December 2020, when the first COVID-19 vaccines were administered, to March 2022, when HPPH began transitioning from acute pandemic response to recovery. The other two reports focus on HPPH's actions to prevent and control COVID-19 transmission, and on the non-COVID-19 programs and services HPPH delivered between March 2020 and March 2022.

Miriam Klassen  
Medical Officer of Health and CEO  
Huron Perth Public Health

# Why vaccination is a critical tool to get out of a pandemic

Vaccination is a safe, and effective way of protecting people against harmful diseases before they encounter them. Vaccines reduce the risk of getting a disease by working with your body's natural defences to build protection. This makes vaccination an important tool to increase population immunity during a pandemic.

**Immunity** is the body's ability to prevent pathogens from invading the body. **Pathogens** are external disease-causing organisms, such as bacteria and viruses. Immunity from an infectious disease means that the body's immune system has previously been exposed and responded to the virus or bacteria (i.e., pathogen) that causes the infection. Gaining immunity can happen from an infection or from a vaccine. If you were exposed to the same pathogen that causes the infection, you are less likely to get as sick again because of your previous exposure.

With some pathogens your immunity can be lifelong after infection or a vaccine series — this occurs with measles, hepatitis B and chicken pox. However, with other pathogens, your immunity can wane or become weaker with time, which is why booster doses are needed (such as for influenza). Common seasonal coronaviruses are an example of a virus that cause the 'common cold'. Immunity to these coronaviruses has been found to wane between six and 12 months after infection.

Research shows that immunity from both infection with COVID-19, and from COVID-19 vaccines, can wane over time. However, when you get a vaccination, you gain immunity with far less risk of severe illness and possible lower risk of having long-term effects of Long COVID. Also, although immunity against acquiring infection wanes with time, protection against severe illness persists.



# Why vaccination is a critical tool to get out of a pandemic

## Why were COVID vaccines developed so quickly?

Typically, the process for the creation and approval of a vaccine takes some time; researchers need to secure funding, carry out the specific vaccine research, when not working on their other research commitments, locate people to take part in clinical trials, and conduct trials and review the results. They must then submit their findings to a regulatory government body for an approval process; typically the approval process takes time as well since there is a queue of projects seeking government approval.

The massive global disruption caused by COVID-19 meant that the world's best scientists, governments, universities, and pharmaceutical companies immediately mobilized their funding and research resources in pursuit of protecting the world from COVID-19. Many participants volunteered to be in clinical trials, and these large trials ran more quickly than usual because they could rapidly recruit large samples worldwide.

COVID-19 vaccines received priority in the review process, whereas vaccines for less transmissible diseases are required to wait in a queue. Health Canada shortened the administrative and organizational processes, but the safety standards were just as strict as for any other vaccine<sup>1</sup>. It is also important to note that there is a robust international and national system for monitoring vaccines and updating guidance for Ontarians.

All of the above factors meant that COVID-19 vaccines became available much more quickly than most vaccines.



## About mRNA vaccines

The active ingredient in the two major COVID-19 vaccines from Pfizer and Moderna is messenger RNA (mRNA). mRNA is a molecule that provides cells with instructions for making proteins that will activate an immune response by making antibodies. These antibodies help you fight COVID-19 infection if you contract the real virus in the future. Other ingredients in the vaccines are fats, salts, and sugars. They help with storing, transporting and injecting the vaccine. Our cells break down mRNA and get rid of it within a few days after vaccination.

Although COVID-19 vaccines were some of the first broadly used vaccines to use mRNA, mRNA was discovered in the early 1960s and research into how mRNA could be delivered into cells was developed in the 1970s. Before COVID-19, mRNA vaccines had been developed to protect against Ebola<sup>2,3</sup>. mRNA technology has also been used in cancer research.

# Why did vaccination eligibility and recommendations change?

## Who got vaccine first

When reviewing the initial COVID vaccination rollout, it is important to note that, as a novel disease, there was no vaccine available at the onset of the pandemic. As outlined on the previous page, there were several factors that contributed to the ability to get well-tested, safe and effective vaccines to the public quickly. Nonetheless, it is not possible to manufacture enough vaccine for the entire world all at once, and at first inventory was limited.

As COVID-19 vaccination rollout began in December 2020 and continued through 2021, vaccine eligibility and recommendations changed several times.



Ontario's COVID-19 vaccine program was led by the Ontario Ministry of Health, with the guidance of the provincial COVID-19 Vaccine Task Force. Because initial vaccine supply was limited, the province began with an [ethical framework](#)<sup>4</sup>.

One set of principles in the ethical framework was to **minimize harms and maximize benefits**.

The goals included:

- Reduce overall illness and death related to COVID-19
- Protect those at greatest risk of serious illness and death due to biological, social, geographical, and occupational factors
- Protect critical infrastructure
- Promote social and economic well-being

This meant that generally, COVID-19 vaccine was first made available to:

- the elderly
- healthcare workers
- people with compromised immune systems
- people living in group settings
- First Nations, Inuit and Metis individuals
- people who could not work from home

# Why did vaccination eligibility and recommendations change?

## Local leadership of vaccine rollout: Huron Perth Mass Vaccination Advisory Committee (HPMVAC)

The COVID-19 vaccination rollout was the largest vaccination effort in Ontario, including in Huron Perth. As lead agency, HPPH's main role was to coordinate the local delivery and administration of vaccine, ensuring that everyone who wanted to be vaccinated in Huron Perth could access and receive vaccine.

Drawing on the mass immunization plans from the former Huron County and Perth District Health Units, key areas of HPPH focus included:

- Vaccine supply and management
- Long-Term Care Home (LTCH)/ Retirement Home (RH) roll out
- Supporting training and education for immunizers
- Communication across community and stakeholders
- Logistics (facilities, transport, staffing, etc.), information technology and data support and management

The **Huron Perth Mass Vaccination Advisory Committee (HPMVAC)** formed in December 2020 to guide the local COVID-19 vaccine rollout. HPMVAC was a collaborative of numerous stakeholders including Huron Perth Public Health, the Huron Perth and Area Ontario Health Team (representing more than 60 organizations including, but not limited to, hospital, paramedics, primary care, community and home care, mental health and addictions services, long-term care), pharmacy sector representation and municipalities. Under the leadership of Huron Perth Public Health, the committee played a critical role in guiding the COVID-19 vaccination rollout, including strategic decisions, coordination, and communication of vaccination activities locally.

As mentioned, when vaccine first arrived, the Ministry of Health/ COVID-19 Vaccine Task Force directed who would receive COVID-19 vaccine first. In January 2021, HPPH, Middlesex-London Health Unit, and Southwestern Public Health formed the COVID-19 Vaccine Prioritization Advisory Committee. The group's role was to help further prioritize vaccine eligibility at a regional level when necessary.

“ I really appreciated... EMS and their calm presence responding to needs in the building or in the parking lot. ”

This committee voluntarily disbanded on May 5, 2021, once the regional vaccine supply was well established. With the majority of Huron Perth residents vaccinated against COVID-19 by early 2022, the partners involved in HPMVAC decided to move into a longer-term sustainable vaccination model with support from community partners. As such, the committee voluntarily disbanded on February 10, 2022.



# Why did vaccination eligibility and recommendations change?

## Delayed second doses and “mixing” vaccine products

Limited vaccine supply at the beginning of vaccination efforts meant that Canada made some decisions based on general principles of immunology and previous experience with vaccines, such as the understanding that longer intervals between doses generally lead to more robust immune responses. For example, Canada chose a “first doses first” strategy during the spring of 2021. This meant that instead of providing a second dose three weeks after the first dose for fewer people, Canada chose to provide second doses up to 16 weeks later for populations who were at less risk. This freed up more vaccine to use as first doses for more people, providing broader population coverage.

Researchers also determined that the two different mRNA vaccines could be used safely in the same series. This meant that people could receive one mRNA vaccine, such as Pfizer, for their first dose and the other available mRNA vaccine, Moderna, as a second dose (or the other way around). People’s ability to “mix vaccine products” and take the first vaccine

“ ..... ”

**Kudos from the public...**

- FYI... I took my husband to the vaccine clinic in Goderich yesterday. Just wanted to say how well the clinic was run. No waiting in line and everyone was very pleasant and helpful. Made the visit very pleasant for someone 80 years old. Keep up the good work.
- My wife and I received our first COVID shots last Friday. I just wanted to say kudos to all the health unit staff and volunteers. It was a smooth well-oiled machine. Everyone was polite, helpful and informative. Keep up the good work and thank you to all who are putting in the long hours.

”

available to them meant that any slow downs in the supply of Pfizer or Moderna wouldn’t keep people from being able to receive timely mRNA vaccine protection against COVID-19.

“ ..... ”

**Clinic staff were moved by...**

- The clients that said ‘Thank you for doing this.’ Some had tears of joy knowing they would be safer from COVID.
- The genuine relief and appreciation for the clinics and public health efforts. You could see client’s stress and anxiety melt away and it was a truly joyous experience to be able to celebrate with them. I have enjoyed being part of such a positive and uplifting environment!

”

# Why did vaccination eligibility and recommendations change?

## Monitoring safety and adjusting recommendations

After a vaccine is studied and approved, it is still monitored through **post-market surveillance**. This means that all possible vaccine reactions are collected by health care providers, and then studied by doctors and scientists.

An adverse event following immunization (AEFI) is an unwanted or unexpected health effect that happens after someone receives a vaccine; this health effect may or may not be caused by the vaccine. However, public health agencies investigate and review all AEFI information to see if there are any safety concerns that did not appear in the original clinical trials.

Health care providers (physicians, nurses and pharmacists) are required by law to report AEFIs and some AEFIs can also be voluntarily self reported by vaccine recipients or their caregivers. Reports should be made using the Ontario AEFI Reporting Form and sent to the local public health unit. Submitting a report does not mean that the vaccine caused the event<sup>5</sup>.

Monitoring AEFIs for the original COVID-19 vaccines resulted in the following changes:

### AstraZeneca

In spring of 2021, Ontario paused the rollout and administration of first doses of the AstraZeneca vaccine.

The province decided to stop AstraZeneca out of an abundance of caution due to an observed increase in the rare blood clotting condition, known as vaccine-induced immune thrombotic thrombocytopenia (VITT). The decision to pause the rollout was also based on the increased and reliable supply of the Pfizer and Moderna mRNA vaccines and the downward trend in cases in Ontario.

“ .....  
What kept me going was...  
Every shift was different; I met so many wonderful community members and thoroughly enjoyed all the folks I worked with.  
”

### Pfizer recommended for people ages 18-24

In the fall of 2021, the province recommended that people ages 18-24 receive the Pfizer vaccine instead of the Moderna vaccine. This was because Ontario’s AEFI system indicated an increase of a very rare heart condition called pericarditis/myocarditis following vaccination with Moderna compared to Pfizer in the 18 to 24 year old age group, particularly among males. The majority of reported cases were mild and the cases recovered quickly, usually with anti-inflammatory medication.

While the risk of pericarditis/myocarditis was higher with Moderna than with Pfizer, a person runs a greater risk of cardiac complications, including myocarditis, if they become infected with COVID-19<sup>6,7</sup>.

Since December 2020, millions of people have received vaccinations worldwide. Evidence continues to show that vaccines are safe, effective and protect against severe illness and death from COVID-19. As with all other vaccines, post-market surveillance through AEFIs continues for COVID-19 vaccines.

# Why did vaccination eligibility and recommendations change?

## Huron Perth Adverse Events Following Immunization (AEFIs)

An adverse event following immunization (AEFI) may range from local redness lasting more than four days to more severe outcomes. Between December 2020 and the end of March 2022 HPPH investigated 389 reported COVID Vaccine AEFIs.

Public health investigates reported AEFIs to determine whether they meet the confirmed case definition: An AEFI is any untoward medical occurrence which follows immunization and which does not necessarily have a causal relationship with the usage of the vaccine.

After Public Health Ontario (PHO) consultants analyzed and reviewed the COVID AEFIs reported by HPPH, 365 cases did meet the required classification. This equates to 0.12% of the 295,899 COVID-19 vaccine doses administered in Huron Perth between December 2020 and March 31, 2022, or a reporting rate of 120 AEFIs per 100,000 doses of vaccine administered. In Ontario to date (December 2020 to January 2023) 0.06% of all vaccine doses administered have resulted in an AEFI, a reporting rate of 60.5 per 100,000 doses administered<sup>8</sup>.



**Above:** Over the last two years HPPH along with community partners have provided many COVID-19 vaccinations.

“ .....  
**It felt so good...**  
 • At the end of every day to feel that I had contributed as a healthcare worker in a meaningful way.  
 • To be a part of the team helping to keep our families, friends and community members safe!  
 ”

# Vaccination clinics in Huron Perth

## Early days and cold chains

When the COVID-19 vaccine rollout began in Ontario in December 2020, Canada's vaccine supply was extremely limited. The first vaccine available was Pfizer BioNTech.



In this early stage, there were many challenges to ensure appropriate storage and handling of the original Pfizer vaccine. The process of safely shipping and storing a vaccine product **while maintaining the required temperature** is called a **cold chain**. The cold chain for the Pfizer BioNTech vaccine required ultra cold freezers (-90 to -60°C). Thanks to the generous donation of Bruce Power, HPPH was able to obtain an ultra cold freezer to store the vaccine.

Health care workers had to follow very strict storage and handling rules for the Pfizer vaccine, including:

- Once thawed, the original formulation needed to be mixed and gently turned over, but could not be shaken.
- Mixed vaccine needed to be used within six hours.
- Transport time of thawed vaccine could not exceed 12 hours.
- Vaccine needed to be protected from light and stored upright.

When transporting vaccine it needed to be protected from shocks, drops and vibration. This was accomplished by wrapping the vaccine vials (containers) in foam.

With further development of the COVID vaccine, more stable vaccine formulations were produced. These more stable forms did not need such specialized storing tools and handling techniques.

“ .....  
On my very first shift, I felt...  
Terrified to mishandle the vaccine: 4 nurses, 4 vials of Pfizer, only 24 long-term care home residents. It took us 4 hours to do the process ... Wow, how far we have come since then!  
—PUBLIC HEALTH NURSE  
”

“ .....  
I will not forget...  
• My hands shaking while handling the vaccine in the first few weeks.  
• Wonderful community members who were eager to volunteer their time to help make the mass clinics run smoothly!  
”

# Vaccination clinics in Huron Perth

## HPPH Mass Vaccination clinics

HPPH, with the support of HPMVAC partners, operated Mass Immunizations Clinics (MICs) to provide COVID-19 vaccine in communities across Huron and Perth counties. At clinics, people could be vaccinated in a semi-private area, in their vehicle, or in other ways that accommodated their needs. Once youth vaccinations were available, HPPH clinics offered a family-friendly environment, including games and stickers at each vaccinator station.

Local Rotary Clubs (Rotary Club of Stratford, Festival City Rotary Club, Rotary Club of Mitchell and the Rotary Club of Goderich) took on the massive job of volunteer coordination.

Hundreds of volunteers, Rotarians and community-minded citizens stepped up to lend a hand to the health care professionals who administer vaccinations nearly every day.

“

**I was at the first few clinics offered...**

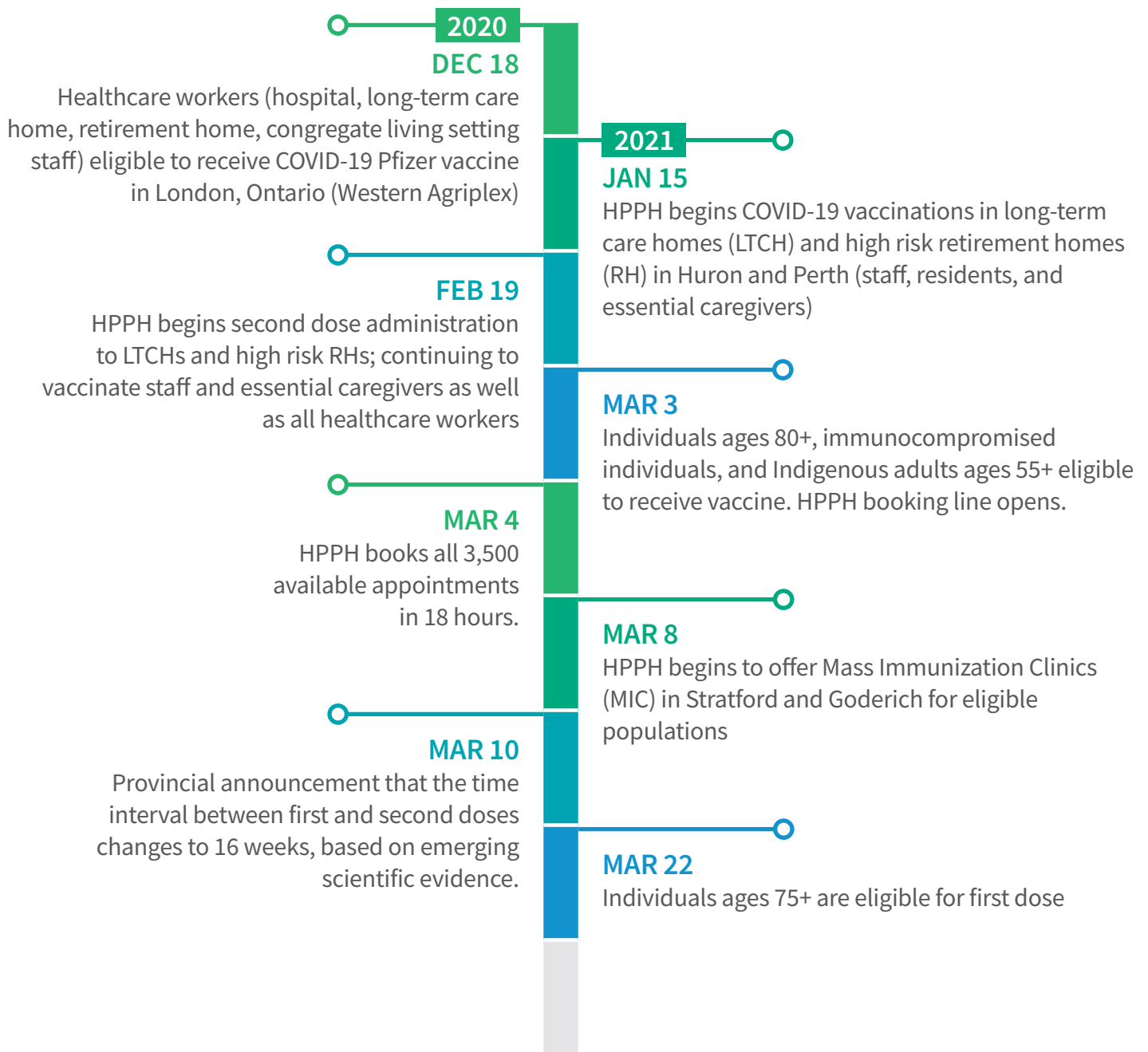
in Huron/Perth, and I remember the tears of joy the clients had. A few times I would share a little cry with a client as they shared their reasons for getting vaccinated.

And then the days got long, really long and the number of clients in a day kept growing and growing!! The lugging of koolatrons and suitcases full of technology was tiring, and to top it off the eligibility changed frequently...sometimes mid-clinic!! Somehow, we managed to find a new stride and were able to make it fun! It was great to meet new HPPH staff, paramedics, community partners, physicians, etc. We all worked together to get it done!!

”

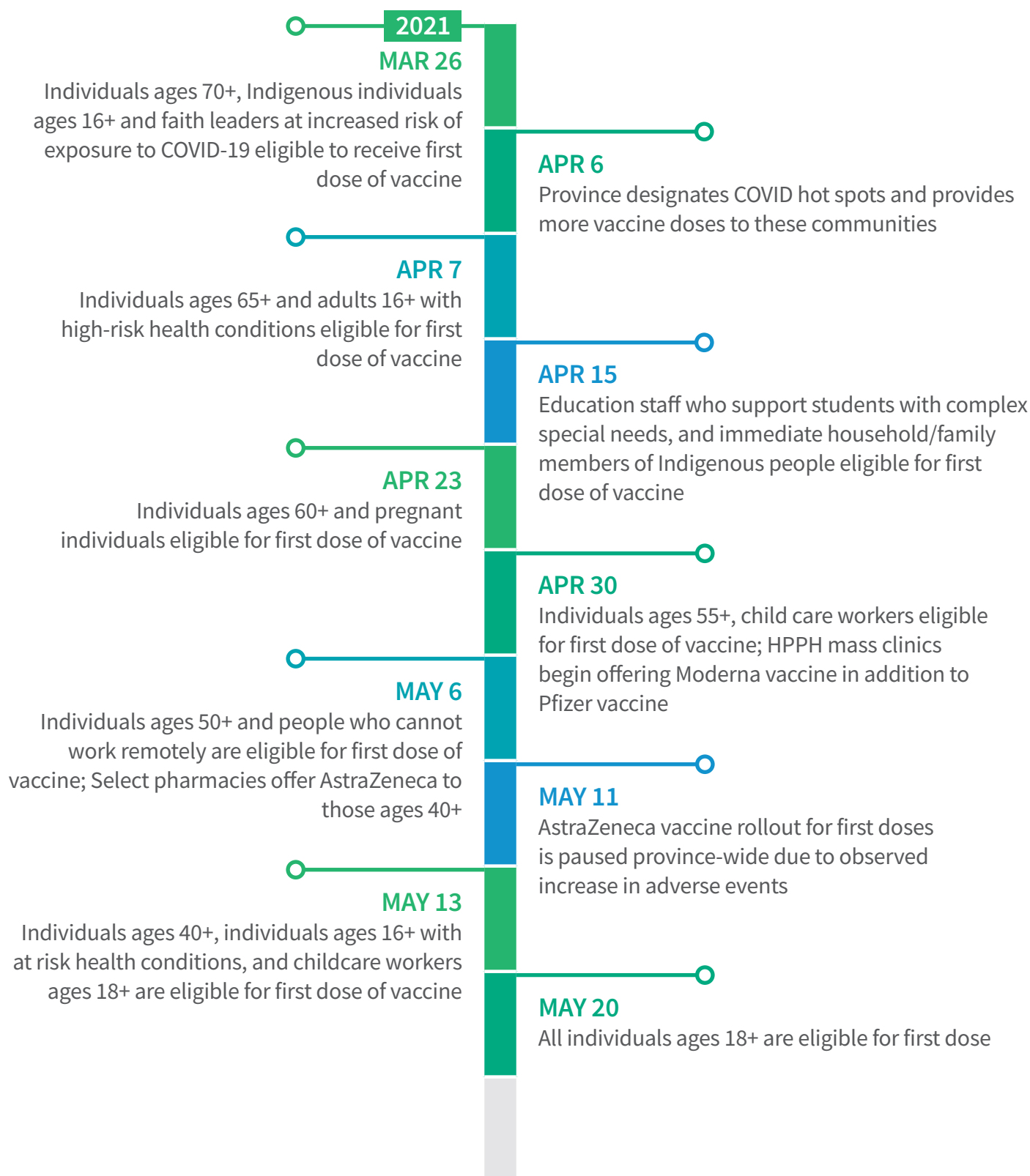
# Timeline of vaccine eligibility and products

## Huron Perth COVID-19 vaccine timeline: December 2020 to March 2022



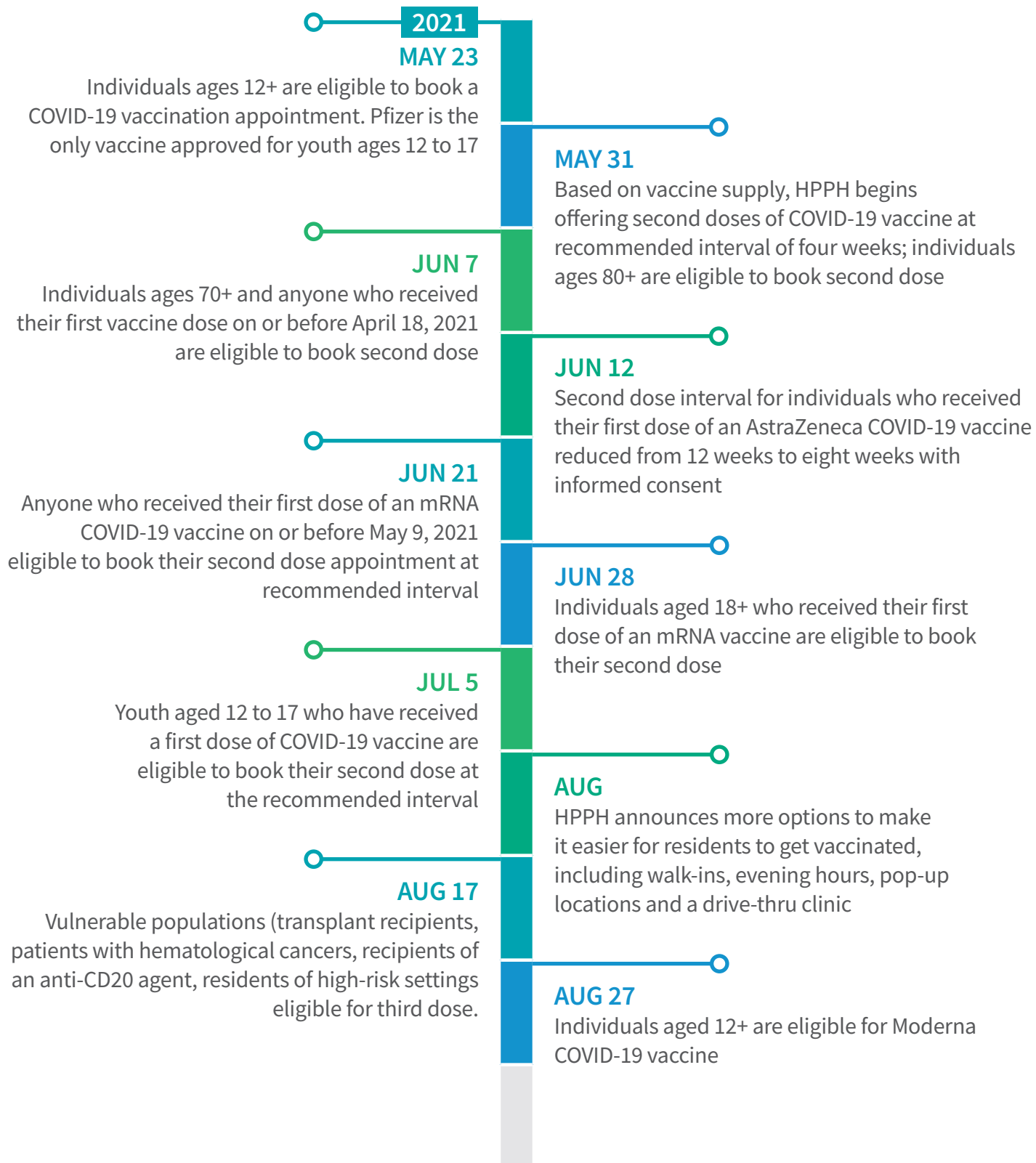
## Huron Perth COVID-19 vaccine timeline:

December 2020 to March 2022



## Huron Perth COVID-19 vaccine timeline:

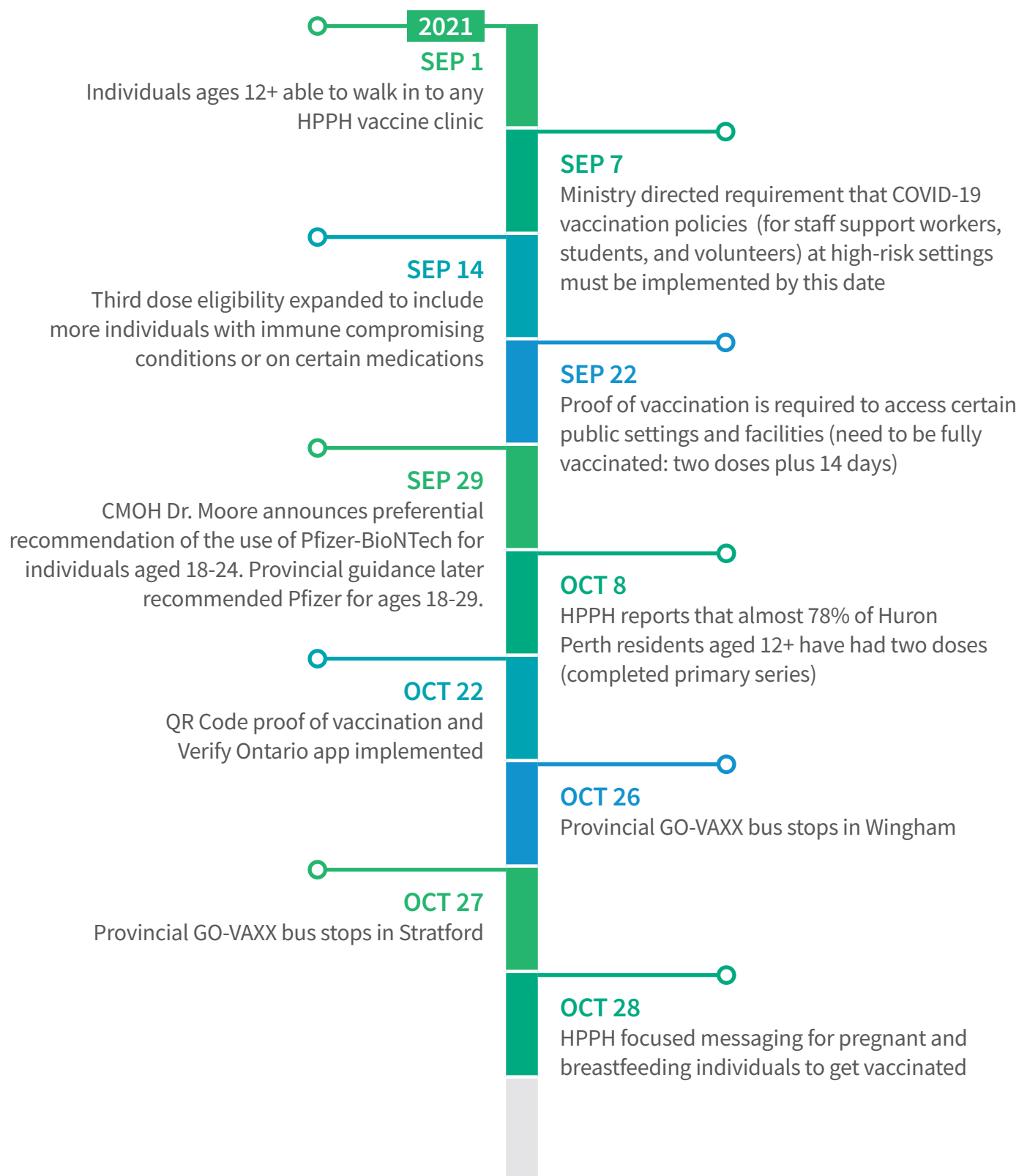
December 2020 to March 2022



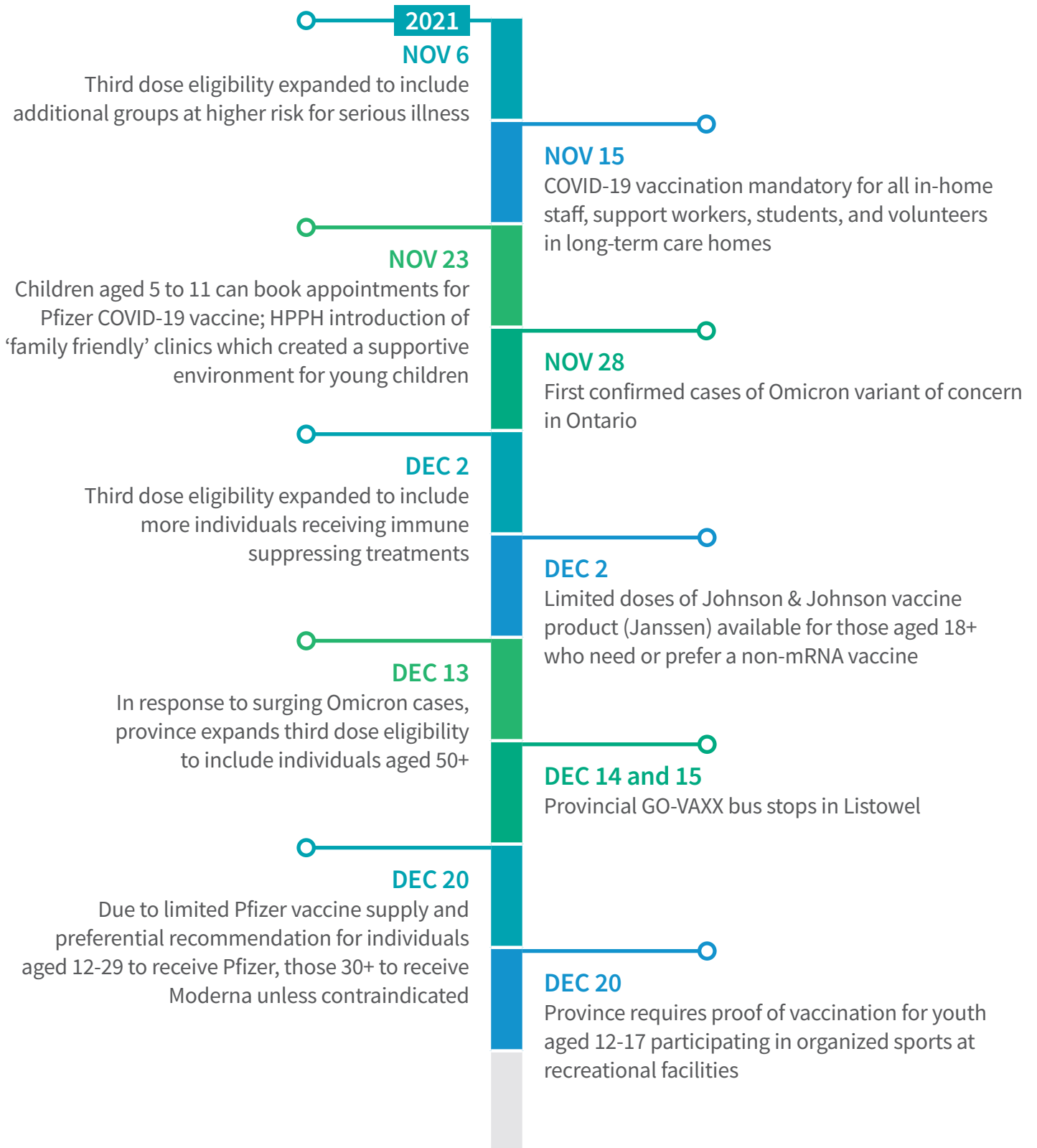


## Huron Perth COVID-19 vaccine timeline:

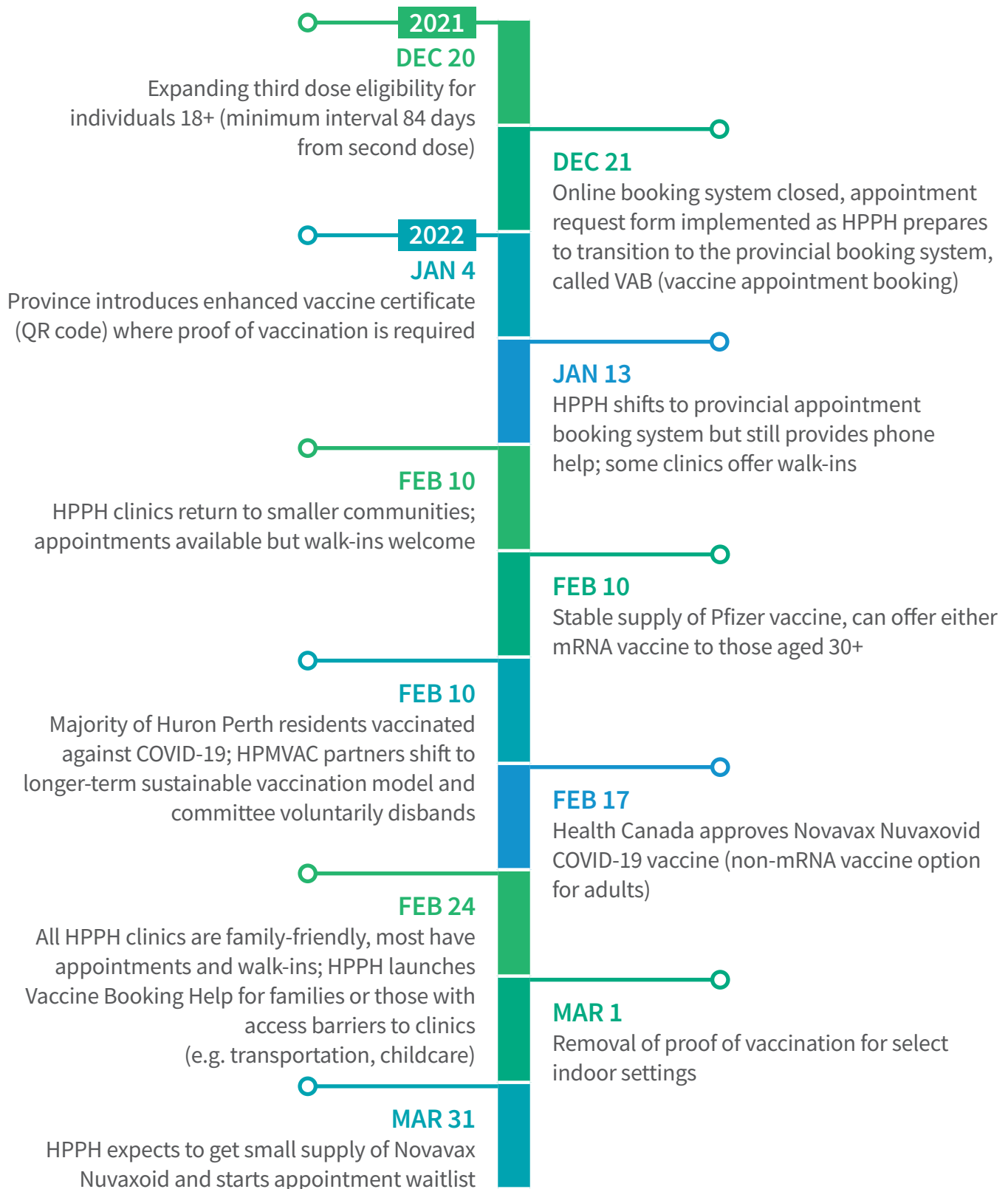
December 2020 to March 2022



## Huron Perth COVID-19 vaccine timeline: December 2020 to March 2022



## Huron Perth COVID-19 vaccine timeline: December 2020 to March 2022



# Vaccine stats

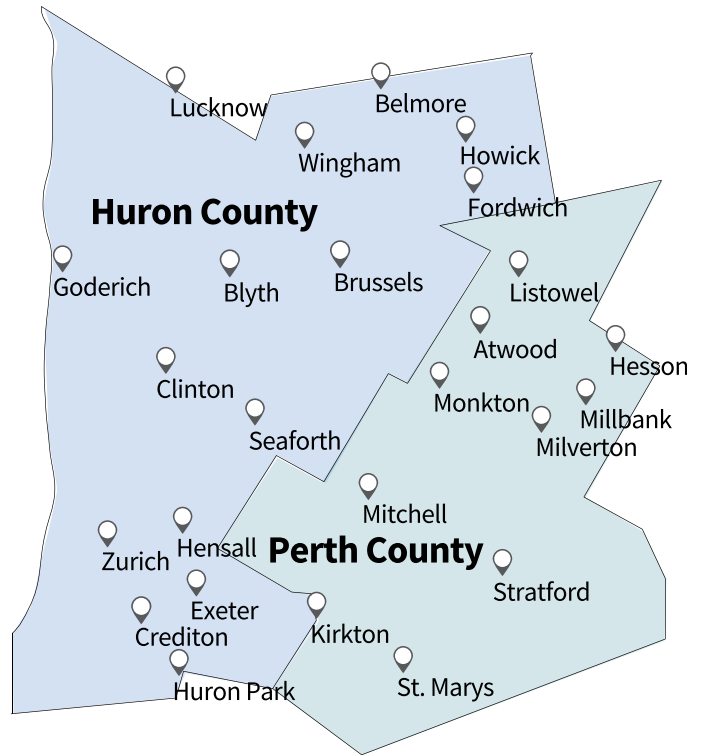
December 2020 to March 2022

# 295 899

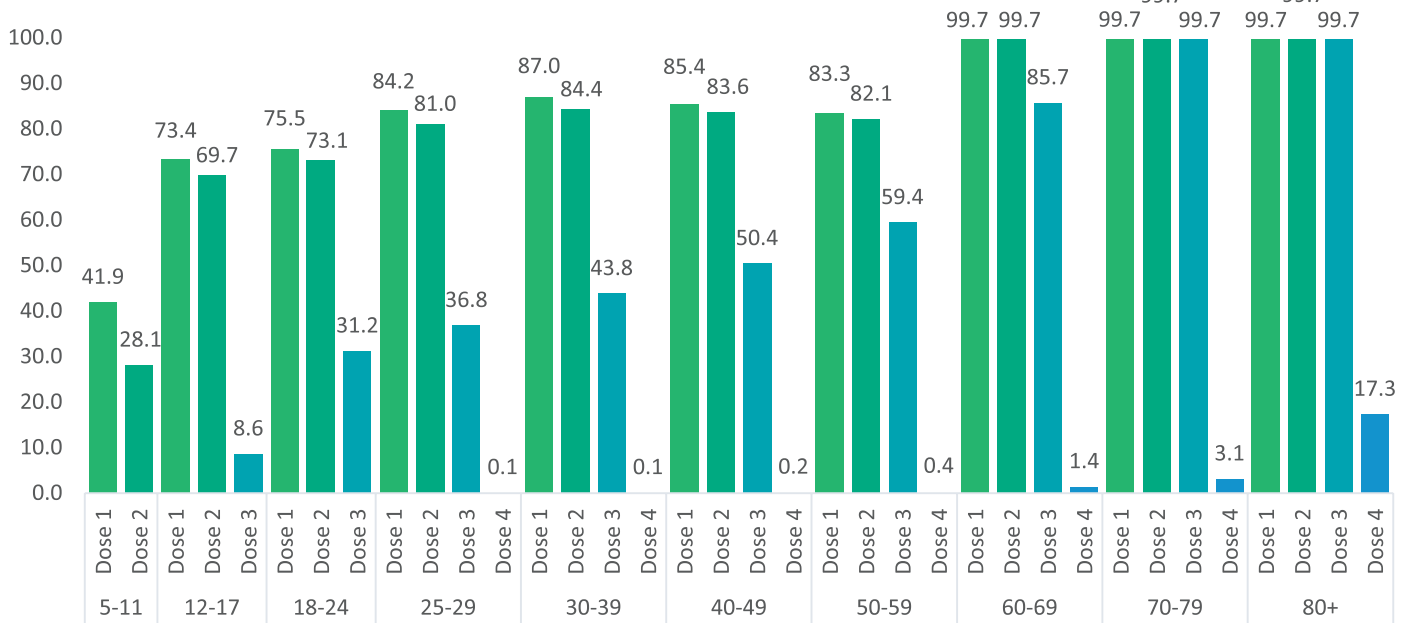
Vaccine doses administered in Huron Perth to residents and non-residents

## COVID-19 mass vaccination clinics

HPPH held 330 mass vaccination clinics beginning in February 2021 – 155 in Huron and 175 in Perth. The map shows the communities where clinics were held.



**Coverage of Huron Perth residents for COVID-19 vaccine doses by age, Dec 2020-Mar 2022**



Note: Data for this graph are based on vaccine dose records assigned to HPPH. Age is calculated as the age at date of vaccination. Some age groups were not eligible for a third or fourth dose before March 31, 2022.

# Making an appointment: Booking system behind the scenes

In order to start COVID-19 vaccination clinics as soon as supply was ready, HPPH built its own COVID vaccine appointment booking system in February 2021. When mass vaccination across the province began, having our own booking system allowed HPPH to quickly add clinics and increase the size of clinics based on changing eligibility.

This system included a separate phone line. When there were many calls and voice mail messages, staff working in office or from home with cell phones would also return calls.

When general eligibility expanded we had clinics filling within minutes of booking opening. It only took 18 hours for our first 3,500 appointments to be filled. Booking and clinic logistics staff worked closely together, often seven days a week, to add and fill new clinics as quickly as possible.

While trouble-shooting was ongoing, the HPPH internal booking system was used until August 2021. As the complexity of eligibilities increased, HPPH recognized the need for a new system. In the fall of 2021, HPPH switched to an appointment booking tool on our website. Despite some limitations, this new tool allowed smooth booking by the public.

During the Omicron surge of December 2021 into early January 2022, vaccine eligibility expanded and overall demand for COVID-19 boosters increased. This demand caused the booking system to become overloaded resulting in a system failure just before the end of December 2021. To resolve this issue we came up with a number of stop gap solutions such as filling clinics by phone and returning more than one thousand messages.

Booking and logistics staff worked over the 2021 winter holidays to book as many people as possible into clinics.

In January 2022, due to increased functionality of the provincial booking system, HPPH transitioned to the provincial vaccine appointment booking system (VAB). The province supported HPPH with training and implementation of the new system. It allowed clients to book via the provincial website, call centre, and through HPPH booking staff.

Across all booking platforms, 179,600 appointments were booked for COVID vaccine clinics in Huron Perth between February 2021 and March 2022.

Community partners also helped their clients and community members book appointments and sometimes supported transportation to clinics as well. Several local agencies under the Community Support Services Network were important to help local seniors book and get to their clinic appointments.

HPPH is grateful to the participating agencies of the Huron Perth and Area Ontario Health Team (HPA-OHT). The HPA-OHT is made up of more than 60 organizations including, but not limited to, hospitals, paramedics, primary care, community and home care, mental health and addictions services and long-term care. Among the many contributions of this group, HPPH is grateful for all the HPA-OHT members who shared information on vaccination opportunities and assisted clients with booking vaccine appointments.

# Vaccine communications

## Communicating with the public

Demand was high as COVID-19 vaccines started to arrive in Ontario. HPPH received many phone calls, emails and social media messages as people looked to get vaccinated.

As more people became eligible for vaccine, and different vaccine products became available, there was a large amount of information to communicate. It was important to provide timely and accurate information to address questions about vaccine safety and effectiveness, and to let people know when and where they could receive vaccine.

Early in the pandemic, HPPH created a team called COVID Intake and set up a dedicated phone line and email to respond to the high volume of inquiries from the public.

COVID Intake staff received over 27,000 phone and email inquiries from October 2020 to March 31, 2022. Over 2000 of those inquiries came in March, April and June of 2021. Vaccines generally were the most popular topic.

## Web stats

COVID-19 Vaccine: Booking Appointments | **1 214 990 views** | 27.0% of website visits for 2021

Frequent updates to the HPPH website were needed. The "Get a vaccination" webpage was updated **1,196 times** between March 3, 2021 and March 31, 2022.

HPPH provided many avenues to connect with the public to discuss the COVID-19 vaccine effectiveness, HPPH vaccine clinics, and other questions or concerns about COVID-19 vaccination. We created videos with local physicians to answer common vaccine questions and posted them on the HPPH YouTube channel. We also created vaccine clinic videos to show adults and children what to expect when getting vaccinated at an HPPH clinic. We also hosted Facebook Live events with community partners such as schools and local physicians, as well as telephone town hall sessions, to provide information and answer questions about vaccines.

# Vaccine communications

## Vaccine hesitancy and communicating during an “infodemic”



Vaccination has been used for over 200 years to protect people against various diseases. By August 12, 2021, five months after COVID-19 vaccinations began in Huron Perth, about 70% of Huron Perth residents had received their complete primary COVID vaccination series. However, some residents were hesitant about receiving the vaccine; this made vaccine hesitancy a topic for HPPH and health care partners to focus on. The main reasons for hesitation included the apparent speed of vaccine creation and the use of mRNA technology.

COVID vaccinations, much like the rest of COVID response, was affected by an “infodemic”. Infodemic refers to a rapid and far-reaching spread of both accurate and inaccurate information. HPPH and other health sector agencies had to share information as well as respond to misinformation.

“ .....  
**I was surprised...**  
 that asking a simple question to distract people during the injection brought such rich responses. The question was ‘How is your summer going?’  
 Favourites include:  
 • ‘I am a farmer and I vaccinate my cattle.’  
 • ‘I’m a carpenter and that is why I signed my consent form with a carpenter’s pencil.’  
 ”

This sharing was done by:

- answering thousands of individual phone calls, emails and social media messages;
- hosting several Facebook Live events, including with local physicians, and with school board representatives;
- creating question and answer videos; and
- sharing joint statements from groups like the Huron Perth Primary Care Providers.

# Conclusion

When COVID-19 appeared, it was capable of infecting every single person on the planet since no one had immunity in 2020. The virus had the potential to seriously overwhelm healthcare systems across the globe and disrupt societies through simultaneous, widespread illness and deaths.

Immunization was a critical factor in helping humans get through the acute phase of the COVID-19 pandemic. Since the development of the first vaccine over 200 years ago, immunization has been widely recognized as one of the most effective public health interventions for reducing the impact of infectious diseases. Once Health Canada authorized safe and effective COVID-19 vaccines, and the province approved their administration, Huron Perth along with the rest of Ontario embarked on a historic vaccine rollout.

Huron Perth Public Health, and our partners in the Huron Perth Mass Vaccination Advisory Committee are immensely proud of the hard work and dedication from all partners. The success of local vaccination efforts was only possible because of dedicated community partners and an enthusiastic community.

HPMVAC members extend their gratitude and appreciation for everyone involved in local vaccination efforts, and everyone who has done their part to reduce the spread of COVID-19 in our community.

High vaccination rates and COVID-19 infection have led to good levels of population immunity; however, immunity typically wanes with coronaviruses and scientists have confirmed that COVID is no exception. Even though immunity against acquiring infection wanes over time, protection against severe disease persists. Some people (such as those with advanced age and pregnant women) remain at higher risk of severe outcomes.

New variants also continue to emerge. This means that our communities must maintain our strong wall of immunity with boosters, especially those at higher risk for severe illness from COVID-19 infection or whose loved ones or clients are at higher risk. While many people infected with COVID-19 experience only mild illness, others may get a severe illness or even die. There is no way to know how COVID-19 will affect an individual, even if they

are not at increased risk of severe complications. The higher the number of people with immunity, the less likely the virus will be to replicate, mutate, and possibly 'escape' the protection provided by vaccines.

Although we know a lot more about COVID-19 and have tools to control its spread, there is still much uncertainty about how the virus will behave over the longer term.

This means that COVID-19 vaccination will remain an important tool HPPH uses to protect community members from the severe outcomes of COVID-19 infection, and to protect healthcare system capacity.

We encourage you to stay up to date and consult your healthcare provider about COVID-19 and any other vaccinations for which you are eligible.

“ .....  
**Clinic staff were moved by...**  
• The seniors who cried with relief when they got their first vaccines. That sense of safety we provided them with still puts me to tears.  
”



# References

“

## Clinic staff really enjoyed...

- Learning about the diverse communities throughout Huron Perth through the vaccination experience.
- There were town folks, farmers, migrant workers, Anabaptists, indigenous communities. As a newcomer to Stratford this has enriched my understanding and appreciation of Huron Perth.
- Recognizing people I went to high school with accompanying their parents to the clinic as soon as they became eligible.
- The camaraderie.
- All the community partners we got to know and develop closer bonds with during this time.
- The inspiring COVID t-shirts worn by some of our physician partners.

”

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