



February 16th CLBC Teleconference for Individuals and Families Plain Language Summary of Questions and Answers

Who were the presenters answering questions on this call?

- Dr. Daniele Behn Smith, Deputy Provincial Health Officer
- Ross Chilton, CEO, Community Living BC

Ross Chilton Opening Remarks:

- We understand the worry around making sure people with developmental disabilities, including Down Syndrome, are a priority in the vaccination plan.
- CLBC has a close working relationship with the Provincial Health Office. We will work together to communicate clearly about the vaccination plan.
- More vaccines are coming soon.
- We have a new vaccine section on CLBC website [here](#).
- There are 5 Self Advocacy Groups leading connection events and activities being posted on the Calendar for Connection website [here](#).

Dr. Daniele Behn Smith Opening Remarks:

- Dr. Henry has extended the orders that restrict social gathering.
- COVID cases are leveling off, but there are still high numbers of people getting sick.
- There are also new variants of COVID that we need to learn about.
- Variants are types of COVID that have changed and are easier to catch and spread.
- The new variants may also cause more serious illness, so we need to be careful.
- We need to continue to wash our hands and stay physically distant from others and follow all the COVID orders and safety plans.
- There was a slow down of receiving the Pfizer and Moderna vaccines in BC.
- We will get over 4 million doses of Pfizer and 2 million doses of Moderna vaccine by the end of March.
- We will also get other new vaccines as they get approved for use in Canada.
- We are following the [BC Centre for Disease Control vaccine schedule](#).
- This means the first people to get the vaccine are older people who are at most risk of getting severe COVID and dying.
- Many groups have put forward good reasons why they should be first in line to get the vaccine.
- This is the most complicated vaccination strategy that has ever been rolled out.
- There is lots of work happening behind the scenes to develop the answers to your questions.
- We are in touch with other countries who are ahead of us and learning from them about inclusive ways to get the vaccine to everyone who wants it.

Question- When will residents at group homes, shared homes and living independently receive the vaccine? Will frontline staff and family caregivers be immunized at the same time? What will we need to do to ensure this occurs?

Answer from Dr. Behn Smith:

- People who live in group homes get the vaccine in Phase 2 (now until the end of March).
- People who live in shared homes or who live on their own will receive the vaccine in Phase 3 (April-June) and Phase 4 (July- September).
- It will depend on age as to when people will get vaccine during Phase 3 or Phase 4.
- Older people will get vaccinated before younger people, because the older you are the more at risk you are at getting severe COVID-19.
- Phase 3 (April – June) has a section for people who are medically fragile and have other illness that put them at risk. This includes people who have developmental disabilities who meet the criteria of *clinically extremely vulnerable* because of other health issues.
- The details about who makes decisions about this is still being worked out.
- Once we get into spring and summer there will be lots and lots of vaccine available and the challenge will be more about how we get it to people as quickly as possible.

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Will frontline staff and family caregivers be immunized at the same time?

- It depends on the situation. For example- health officials in one area may choose to vaccinate staff and caregivers if they live in an area with a high number of COVID cases.
- Sometimes family caregivers and staff have been vaccinated at the same time if there are extra vaccine doses that needs to be used up in a short period of time.
- But this doesn't mean we can do the same thing in every situation.
- It just depends on the situation and the amount of vaccine available at that time.
- CLBC is helping to keep us very up to date on the reality of people and families with developmental disabilities.

Question- I have been informed that only clients living in licenced homes will be included during stage 2 vaccine roll out. Is this correct? If so, this concerns me because my daughter lives with a vulnerable roommate and nine staff work in the home weekly.

Answer from Dr. Behn Smith:

- Yes, the decision to vaccinate people who live in licenced group homes in Phase 2 has to do with the number of people living together in that kind of home and the number of staff that come and go.

Question- When it comes time to vaccinate those who live in home sharing, will the care givers all be given the vaccinations along with the vulnerable individual? Will someone come to the home to give the vaccinations and how will people in these situations be notified?

Answer from Dr. Behn Smith:

- We are working on different ways to give the vaccine and to make sure people know when it's their turn to get it.
- We want to give the vaccine in a fair way that meets diverse needs.
- We know there will need to be accommodations and considerations made for people with diverse abilities.
- There will be details to come around this soon.
- Right now, the vaccination roll-out in Phase 3 and 4 is based on age.
- Once more vaccines are approved and available some essential caregivers may be included in Phase 3.

Question- The vaccine rollout plan says people who are extremely clinically vulnerable are eligible for the vaccine in Phase 3, from April – June. Who determines the eligibility under this criteria for our family member? Will this include people with Down Syndrome? How do we ensure our family member that falls in this category is on the eligibility list?

Answer from Dr. Behn Smith:

- The criteria for 'extremely clinically vulnerable' was informed by research done around people with developmental disabilities, including Down Syndrome.
- The people involved with decision making around this criteria will most likely include one's doctor and/or health care team.
- The details about the criteria for 'extremely clinically vulnerable' are still being developed and coming soon.

Question- We are two seniors living with and caring for our 32-year-old son who has a mental disability and because of his affliction, he is very prone to catching the virus. Just wanted to know, because of our situation, will we be given priority when the vaccine is distributed?

Answer from Dr. Behn Smith:

- Right now, the vaccination plan is age based not situation based.
- As more vaccines come available there will be opportunities to get the vaccine out quickly to people in unique situations.
- We will work as quickly as possible to get the vaccine to everyone as soon as possible.

Question- Which vaccine is being considered? Who is the supplier? Has the vaccine being considered stood the standard trial test time to know it is safe? What about side effects not just now, but long term?

Answer from Dr. Behn Smith:

- No shortcuts are being taken when it comes to new vaccines.

- Vaccines are being tested and approved quickly because everyone around the world is working together in a way that has never happened before.
- We are keeping records about any side effects so we can make sure everyone is safe when they get the vaccine.
- The side effects so far are the same as any vaccination like redness in the arm.
- We rarely see allergic reaction to the COVID vaccine and there have been no deaths.
- Many other vaccines being trialed that are different from the Pfizer and Moderna vaccines.
- Pfizer and Moderna are mRNA vaccines.
- This means they use a bit of the same genetic coding of the COVID virus to make the vaccine. When our bodies see this code we develop antibodies that protect us from getting sick.
- These mRNA vaccines work well for older people who are most at risk.
- We need to use the right vaccine for the right population.
- As other vaccines are approved they may work better for younger or people who don't have as much risk of getting severe COVID-19.

Question- Can I choose the type of vaccine I get? I heard Canada is getting a vaccine that is only 65% effective and other countries aren't using it. Can I refuse that vaccine and wait for the one that is 95%

Answer from Dr. Behn Smith

- There is not enough mRNA vaccine to go around quickly. We need to give it to older people who have the most risk of getting sick and dying.
- A vaccine that works 65% is still very good and meets all the approvals.
- The other vaccines will still protect you and work to protect the community.
- Once 60-70% of people get the COVID-19 vaccine the virus stops spreading, even with the vaccines that are 65% effective.

Question- Who decides whether or not I can make my own decision about getting a vaccine?

Answer from Ross:

- Most people will make their own decision about the COVID vaccine.
- Other people will need support from someone they trust to make this decision.
- In a few of situations, there will be people unable to make health decisions and someone else will be appointed to make the decision on their behalf.

Dr. Behn Smith:

- Getting the vaccine is not mandatory. It is a personal choice.
- We know there will need to be accommodations for some people

Question- As a result of his disabilities, my brother becomes very agitated when he has to receive any shots and generally requires restraints in order to have them successfully administered. How do you plan to accommodate people like my brother?

Answer from Dr. Behn Smith:

- We are looking at different ways for people to get the vaccine in a way that works best for them.
- You will have a chance to have a conversation with the vaccine providers beforehand to explain individual situations and how to best accommodate people with diverse needs.

Question- Are support staff for an individual, provided by an Agency contracted by CLBC, required to get the COVID-19 Vaccine? Is the Agency responsible to ensure the staff have received the COVID Vaccine, and if so, how will the family and/or representative (Rep Agreement) of the individual be informed that the staff have received the vaccine?

Answer from Ross:

- Our first priority is for individuals we support to get the vaccine.
- Staff will continue to follow the safety plans and health protocols that we know are working to protect people.
- Because of privacy issues we can't share a list of who and when agency staff receive the vaccine.

Question- As many people with special needs have limited communication / comprehension issues, to avoid falling through the cracks, how will they be notified of both when and where to receive their immunization?

Answer:

- We are working hard to come up with different ways to reach people with diverse needs and situations.
- We are still building the tools that will be used to register people who want to get the vaccine. More details will be coming soon.
- We are learning from others around the world to understand what has been working.

Question- I've been staying home for over 10 months because I can't wear a mask when I go out and it's hard for me to respect social distancing. Once I get vaccinated, will it be safe for me to return to my day program and go out on my own?

Answer from Dr. Behn Smith:

- We are still learning about how the vaccines will work to protect us and our communities.
- So far, we are seeing that after the second dose of the vaccine people seem to be 90-95% protected against COVID.

- We need more time to understand how the vaccine will work against the new COVID variants.
- Today, the advice is to keep following the public health safety plans and orders even after you get the vaccine.

For the best up to date information about the COVID-19 vaccine visit the [BC Center for Disease Control website here](#)

CLBC has a new vaccine information page on our website [here](#)

Stay tuned for details on the next CLBC Teleconference for Individuals and Families in March. Remember to submit your questions in advance to CLBCinfo@gov.bc.ca

Thank-you!