

# Long-Term Care COVID-19 Commission Meeting

Vaccination Panel  
on Thursday, February 11, 2021



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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

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--- Held via Zoom Videoconferencing, with all  
participants attending remotely, on the 11th day of  
February, 2021, 1:30 p.m. to 2:34 p.m.

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1 BEFORE:

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3 The Honourable Frank N. Marrocco, Lead Commissioner

4 Angela Coke, Commissioner

5 Dr. Jack Kitts, Commissioner

6

7 PRESENTERS:

8

9 Alison Blair, Associate Deputy Minister, Pandemic

10 Response and Recovery, Ministry of Health;

11 Erin Hannah, Associate Deputy Minister, Ministry of

12 Long-Term Care

13

14 PARTICIPANTS:

15

16 Alison Drummond, Assistant Deputy Minister,

17 Long-Term Care Commission Secretariat;

18 Lynn Mahoney, Counsel to the Ministry of Health and

19 Long-Term Care;

20 Rose Bianchini, Senior Policy Analyst, Long-Term

21 Care Commission Secretariat;

22 Angeline Hawthorn, Senior Policy Analyst, Long-Term

23 Care Commission Secretariat;

24 Derek Lett, Policy Director, Long-Term Care

25 Commission Secretariat;

1 John Callaghan, Co-Lead Commission Counsel, Gowling  
2 WLG;  
3 Valerie Pelchat, Counsel, Gowling WLG;  
4 Eric Wagner, Counsel, Crown Law Office, Civil;  
5 Michele Valentini, Counsel, Crown Law Office,  
6 Civil;  
7 Erin Hannah, Associate Deputy Minister, Ministry of  
8 Long Term Care;  
9 Kristin Smith, Counsel, Ministry of the Attorney  
10 General, Health and Long-Term Care Branch;  
11 Kinsey Bowen, Counsel, Ministry of the Attorney  
12 General, Health and Long-Term Care Branch;  
13 Nishat Hoque, Student at Law, Ministry of the  
14 Attorney General, Health and Long-Term Care Branch.

15  
16 ALSO PRESENT:

17 McKaya McDonald, Stenographer/Transcriptionist.  
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1 -- Upon commencing at 1:30 p.m.

2  
3 LEAD COMMISSIONER FRANK MARROCCO: Good  
4 afternoon. Hello, hi.

5 JOHN CALLAGHAN: Let me know, Kristin,  
6 when you're ready and who's going to do the  
7 presentation because we --

8 LEAD COMMISSIONER FRANK MARROCCO: Oh,  
9 the --

10 KRISTIN SMITH: Sure. We have  
11 Erin Hannah with us --

12 JOHN CALLAGHAN: Hi.

13 KRISTIN SMITH: -- from -- our  
14 associate deputy minister of long-term care, and  
15 we're just waiting for Alison Blair. I believe  
16 Alison's going to lead the first part of the  
17 presentation, but Erin can correct me if I'm wrong.

18 ERIN HANNAH: No, that's correct.  
19 Alison will be leading.

20 KRISTIN SMITH: Great. Thanks. And  
21 there's Alison. She's just joined us.

22 JOHN CALLAGHAN: Great.

23 KRISTIN SMITH: And from our end, we  
24 have who we need. Thank you.

25 JOHN CALLAGHAN: Thank you.

1 LEAD COMMISSIONER FRANK MARROCCO:

2 Well, I think we're all here, so we'll dispense  
3 with the formalities and go ahead.

4 JOHN CALLAGHAN: Yes. And just as the  
5 commissioners know, this -- it was a holdover piece  
6 from an earlier presentation that didn't get  
7 placed. And so I'd like to thank Ms. Blair who,  
8 unfortunately, is a frequent flier with us for  
9 coming back again.

10 I wonder, Ms. Blair, you might wish to  
11 start, then. You have a slide deck. If we can put  
12 the slide deck up, please, Valerie.

13 ALISON BLAIR: Very good. And good  
14 afternoon, everybody.

15 JOHN CALLAGHAN: Good afternoon.

16 ALISON BLAIR: I feel right at home.

17 So this afternoon, I'll walk you  
18 through the implementation of the vaccine rollout  
19 especially with respect to long-term care, but I'll  
20 probably provide some details about, overall, what  
21 we were thinking through about the vaccine program.

22 And I'm sure I can provide some  
23 updates. This deck was from February 2nd. As we  
24 said, this was a holdover, so we can provide some  
25 updates to you as well.

1                   So if we turn to the next slide.

2                   We wanted to start with the two  
3 different vaccines that we have that are Health  
4 Canada-approved. Everybody is waiting for bated --  
5 with bated breath for additional approvals. We're  
6 hopeful that there will be some additional ones.

7                   But the authorization for Pfizer and  
8 Moderna both came in December, and these are  
9 currently licensed for use in Canada.

10                  The Pfizer-BioNTech -- I will call that  
11 "Pfizer" just for ease of reference for the rest of  
12 the presentation. This is a vaccine that takes two  
13 doses given 21 to 27 days apart and for individuals  
14 who are 16 years of age and older.

15                  And the Moderna vaccine, two doses  
16 given 28 days apart to individuals who are 18 years  
17 of age and older.

18                  And the -- which ages and how things  
19 are used is also informed by the National Advisory  
20 Committee on Immunization. In general, when Health  
21 Canada approves these, it comes along with  
22 recommendations on their use from the National  
23 Advisory Committee on Immunization.

24                  Both of these are mRNA vaccines. I'm  
25 certainly not an expert in this, so we'll just

1 leave that at that.

2 And there are, for both vaccines, some  
3 groups that should not be immunized. You can read  
4 there.

5 I want to talk a little bit about how  
6 these vaccines are stored. My involvement in the  
7 vaccination program is primarily on the  
8 distribution, logistics, and administration side,  
9 and so I'm very much aware that the Pfizer vaccine  
10 needs to be stored at minus 70 degrees Celsius in  
11 an ultra-cold freezer.

12 The Moderna vaccine needs to be stored  
13 at minus 20, and this is -- there are exceptions.  
14 We can talk about how long each of these vaccines  
15 can be out of the -- ultra-cold or irregular  
16 freezers and that kind of thing.

17 But they are certainly -- they're not  
18 the usual kind of flu vaccine, fridge-stable,  
19 easy-to-move vaccines, and so that definitely  
20 informed how we rolled out the implementation  
21 certainly earlier on in December.

22 The Moderna -- so as you can imagine,  
23 the -- for Moderna and Pfizer, we had different  
24 plans for each of them. The Moderna vaccine is  
25 easier to handle, store, and transport. And so the



1 northern public health units where either travel  
2 times or travel distances and the logistics are  
3 trickier, we are allocating the Moderna vaccine to  
4 them and especially to the northern and remote  
5 First Nation community. I think you've probably  
6 seen or heard something about our operation remote  
7 immunity.

8           Where air transport is needed, we have  
9 the Moderna vaccine being used for those. It was  
10 initially allocated to southern public health units  
11 to support vaccination in congregate settings.

12           And if we just flip to the next slide.  
13           There we go.

14           The -- so we can get to the  
15 transportation of Pfizer. So in our plans in  
16 December, we were -- we were looking at the Moderna  
17 vaccine being used in long-term care, transporting  
18 to long-term care, because of the nature of the  
19 vaccine.

20           Pfizer, which had storage -- more  
21 intricate storage and transportation requirements,  
22 we would have people come to that vaccine, whereas  
23 the Moderna would be -- we would bring the vaccine  
24 to the locations. And that's because initial  
25 communication from Pfizer indicated that the

1 vaccine couldn't be moved from its initial point of  
2 delivery.

3           And as we talked about earlier, storage  
4 of Pfizer is minus 70 degrees from its initial  
5 point -- or -- sorry, minus 70. And once thawed,  
6 vials may be stored at 2 to 8 degrees -- so that's  
7 fridge temperature -- for about five days or room  
8 temperature for no more than two hours, and it  
9 cannot be refrozen.

10           JOHN CALLAGHAN: Can I ask -- can I  
11 stop you there? I've got a couple of questions.

12           Now, we haven't received any  
13 communication. Did you get emails communication?  
14 We haven't -- I don't believe we received any  
15 documents from CLOC on the communication. But  
16 you're saying that Pfizer communicated with you?

17           ALISON BLAIR: So -- no. The National  
18 Operations Centre at -- which is Ottawa, the  
19 federal government -- was -- were the ones  
20 communicating with Ontario about vaccines and about  
21 what needed to be done.

22           And they range from daily updates that  
23 go -- and not necessarily to me, but the team  
24 within the Ministry. And that's how we found out  
25 about Pfizer, you know, when it was approved, the

1 day it was approved, that we found out about that  
2 through the National Operations Centre.

3 JOHN CALLAGHAN: So can I just put up  
4 Document 21 for a second? This is the monograph  
5 for Pfizer's product. I don't think that's it.

6 ALISON BLAIR: Not it.

7 JOHN CALLAGHAN: Document 21, I believe  
8 it is. It's the monograph.

9 VALERIE PELCHAT: Sorry, I'm just  
10 exiting the presentation.

11 JOHN CALLAGHAN: All right.

12 Okay. So this is --

13 If you go to the front page, Valerie,  
14 just to make sure we know.

15 This is the -- this is the monograph,  
16 and this is dated December 9th, if we go -- you see  
17 there at the bottom. It says "date of initial --"

18 If we go to page 17...

19 And as you talked about, they're  
20 frozen, and it is to be used in a ultralow freezer.

21 And it says:

22 "Once received, remove the vial  
23 cartons immediately from the thermal  
24 container and store in the freezer  
25 between minus 80 to minus 60. Vials

1 must be kept frozen between minus 80  
2 to minus 60 and protected from  
3 light, in the original cartons,  
4 until ready to use."

5 And then it goes on to say:

6 "If an ultralow-temperature  
7 freezer is not available, the  
8 thermal container in which the  
9 Pfizer-BioNTech COVID-19 vaccine  
10 arrives may be used as temporary  
11 storage and consistently refilled to  
12 the top of the container with dry  
13 ice. Refer to the re-icing  
14 guidelines packed in the original  
15 thermal container for instructions."

16 And then it goes -- below that, it  
17 says:

18 "Prior to dilution --"  
19 Thawed vials.

20 "Prior to --"  
21 This is what's in your slide deck.

22 "Prior to dilution, multiple  
23 dose vials of Pfizer --"

24 Maybe you can blow that up, Val, so  
25 people can read it. So it's under "Thawed," and

1 I'll just start again there.

2 "Prior to dilutions --"

3 If you can go down there, please.

4 Val, if you could go down to "Thawed  
5 Vials."

6 VALERIE PELCHAT: Sorry, I think my  
7 program's frozen, so it's just taking a moment.

8 JOHN CALLAGHAN: All right. There we  
9 go. So it says:

10 "Prior to dilution, multiple  
11 dose vials of Pfizer-BioNTech  
12 vaccine may be thawed and storage in  
13 the refrigerator [2 to 8 degrees].  
14 A carton of 25 vials or 195 vials  
15 may take up to two to three to thaw  
16 in the refrigerator, respectively,  
17 whereas a fewer numbers of vials  
18 will thaw in less time. Vials may  
19 be stored in the refrigerator for up  
20 to five days."

21 So I guess the first question is from  
22 the monograph, it would suggest, A, you could store  
23 it in the temporary container, and you could thaw  
24 it within five days, so I -- just use it within  
25 five days.

1                   And given that your central  
2 distribution centres would probably be within  
3 about, you know, less than three hours of  
4 90 percent of people in Ontario, why wasn't that  
5 done?

6                   That is, ship them out, use them for  
7 five days as would be -- seems to be provided for  
8 in the monograph.

9                   ALISON BLAIR: So the instruction from  
10 Pfizer in December -- so we had two deliveries in  
11 December: One was to the two pilot sites -- one at  
12 UHN, and one at the Ottawa Hospital -- and then at  
13 another 17 sites, the following week.

14                   And at the time, Pfizer's instruction  
15 was do not move the vaccines that are delivered  
16 beyond the delivery site. That was --

17                   JOHN CALLAGHAN: So what --

18                   ALISON BLAIR: -- expressed to us by  
19 the National Operations Centre. And, in fact,  
20 Pfizer, even now, prefers that you do not move the  
21 vials from their initial delivery site.

22                   JOHN CALLAGHAN: Presumably that means  
23 that they're coming in a specialized trailer that  
24 maintains that cold and put into a cold freezer,  
25 correct?

1 ALISON BLAIR: That is right.

2 JOHN CALLAGHAN: And so --

3 ALISON BLAIR: And they --

4 JOHN CALLAGHAN: -- how many -- sorry.

5 ALISON BLAIR: So there were -- that is  
6 right.

7 JOHN CALLAGHAN: So how many cold  
8 freezers did the province buy?

9 ALISON BLAIR: They -- for the week of  
10 December the 21st, there were 17 sites that had  
11 ultra-cold freezers available to them that received  
12 Pfizer.

13 JOHN CALLAGHAN: Well, can I just put  
14 up Document 41? Because I just -- while I'm doing  
15 that, we've heard evidence that other jurisdictions  
16 did move the product. We've heard British Columbia  
17 did, California, Ohio, United Kingdom, and Israel.  
18 So that's why we ask.

19 So this is an article, December 7th.  
20 And if you go down a bit, it refers to in here --  
21 and I don't know whether you have any information.  
22 We've had a bit of information here.

23 And it says:

24 "Normally, says Greco --"

25 If you could look at that line.

1                   "-- his company would sell 40  
2                   or 45 over the course of a year.  
3                   These ultralow-temperature freezers  
4                   the Pfizer vaccine requires which go  
5                   as low as 90 degrees costs roughly  
6                   8,500 apiece for 3 cubic feet, about  
7                   the size of a hotel fridge."

8                   And then, of course, over on the next  
9                   page, not surprisingly, the cost of a standup  
10                  fridge is said to be about \$14,000. If we can go  
11                  to the next page, it refers to \$14,000, you'll see.

12                  And I'm just wondering why you, you  
13                  know, wouldn't have bought a whole bunch of those  
14                  fridges. And we've -- and just to be clear, we've  
15                  heard that you can put it on your credit card from  
16                  some fellow that did buy them who's testified here.

17                  So is there any reason why you wouldn't  
18                  buy more to spread it around more?

19                  ALISON BLAIR: The government of  
20                  Canada -- so the National Operations Centre and the  
21                  Public Health Agency of Canada -- and I don't  
22                  remember the exact timing of this -- asked Ontario  
23                  for how many sites. Because Pfizer was willing to  
24                  deliver to approximately 100 sites across Canada.

25                  And we looked at where we had freezers



1 available for delivery ASAP, and we went with the  
2 initial 17 in the week of December the 21st, and  
3 that was due to availability and also the volume  
4 that we were receiving. The decision was made to  
5 allocate to places that had the ability to put on  
6 these clinics.

7           And as you'll recall, the priority  
8 populations for the clinics that were stood up by  
9 hospital sites were long-term care staff and  
10 essential caregivers. The point was to make sure  
11 that we were getting to long-term care without  
12 being able to move it to long-term care.

13           The decision was taken not to -- not to  
14 have those ultra-cold -- well, the ultra-cold  
15 freezers already existed in many of the hospitals,  
16 and they were chosen as a centralized area that  
17 could -- that could deal with that, the ultra-cold  
18 temperatures and the management of the vaccine, and  
19 they had the pharmacy departments to be able to do  
20 that. And so that was how the decision was first  
21 taken.

22           JOHN CALLAGHAN: Did you ever look at  
23 the monograph? Because it would suggest to me that  
24 the monograph would clearly indicate you could go  
25 to your 17 sites and move it and use it within five

1 days, which I assume could be done that 90 percent  
2 of Ontarians -- given that you can drive anywhere  
3 in Ontario for 90 percent of the population within  
4 three hours of any major centre, I would think.

5 ALISON BLAIR: The monograph as well as  
6 instructions from the National Operations Centre  
7 was what we were working with, John. The -- I  
8 believe that the --

9 So the monograph was provide by Health  
10 Canada, and I can tell you that through the  
11 National Operations Centre, the -- that we were  
12 told that we were not to move this beyond the point  
13 of delivery.

14 JOHN CALLAGHAN: Okay.

15 ALISON BLAIR: It would have changed  
16 the equation significantly. We were operating  
17 within the instructions that we had been given on  
18 the use and the distribution and transportation of  
19 Pfizer.

20 JOHN CALLAGHAN: Right. And so just  
21 because tomorrow they're going -- the commissioners  
22 are going to hear about the 500 million that was  
23 spent between Wave 1 and Wave 2, so cost was never  
24 an issue with respect to that part of the project?

25 ALISON BLAIR: No.

1 JOHN CALLAGHAN: Okay.

2 ALISON BLAIR: We put in -- just on  
3 that point, I would say the limitations in -- this  
4 is probably true more broadly. But for vaccine,  
5 the limitations on freezers -- we have put in  
6 purchase orders, and some of them are not available  
7 until later.

8 But we have -- we put in purchase  
9 orders for freezers to expand our capabilities and  
10 still have plans as the amount of Pfizer vaccine  
11 increases, as it's expected to do in Phase 2 and  
12 Phase 3. We want to make sure that we are able to  
13 put that in more places, and so we are continuing  
14 to order more ultralow-temperature freezers.

15 JOHN CALLAGHAN: So if we can go back  
16 to the slide deck to where Ms. Blair left off at  
17 page 3.

18 So in the slide deck -- and maybe --  
19 I'm sorry. I cut you off, so I'm not sure how far  
20 you got there. But I think what happens is you get  
21 additional information from Pfizer on December 31st  
22 (indiscernible).

23 ALISON BLAIR: Yeah. So -- and, again,  
24 this is -- Pfizer doesn't communicate with Ontario  
25 directly on this. It's through the National

1 Operations Centre, but it was provided by Pfizer.  
2 Still indicating redistribution which means  
3 movement beyond the original delivery place is not  
4 recommended as part of regular operations but  
5 providing some guidance -- I don't think they would  
6 call it guidance, but some instructions about how  
7 to transport it both frozen and at fridge  
8 temperature.

9 JOHN CALLAGHAN: So according to this  
10 note that the technical advisory group -- is that  
11 Ontario or is that federal?

12 ALISON BLAIR: That was Ontario.

13 JOHN CALLAGHAN: So they didn't --

14 ALISON BLAIR: When we --

15 JOHN CALLAGHAN: Sorry, go ahead.

16 ALISON BLAIR: When we received the  
17 information through the National Operations Centre  
18 about the movement, we quickly realized that in  
19 order to make it operational and be able to provide  
20 instructions to the sites on how to do this in a  
21 safe and competent way, that we needed to provide  
22 more direction and so form the technical advisory  
23 group that came up with the instructions that  
24 were -- and those recommendations were given on the  
25 5th, and then the instructions -- the guidance on

1 vaccine storage and handling, which I believe are  
2 in your documents, was issued on the 6th.

3 JOHN CALLAGHAN: And that's -- is that  
4 when the product started to move, as it were?

5 ALISON BLAIR: It did. On January 6th,  
6 the Ottawa Hospital moved the Pfizer product to one  
7 of its long-term care homes, and there were many  
8 other sites that either did that day or the very  
9 next.

10 JOHN CALLAGHAN: So we've heard -- and  
11 you're probably aware of this, and we can put up  
12 the slide deck. But I'm sure the commissioners  
13 remembered, and you were probably aware of it --  
14 that Dr. Stall did some modelling about how lethal  
15 it was to delay the implementation of vaccinations.

16 Are you aware of that -- that -- how  
17 many people died, like, in a delay? How -- what a  
18 delay would cost in respect of infections and  
19 disease -- and death, we should say.

20 ALISON BLAIR: I'm aware of what  
21 Dr. Stall presented.

22 JOHN CALLAGHAN: So I guess the  
23 question is why would it take you a technical  
24 advisory committee in the space of all that five  
25 days to come up with recommendations?

1                   It seems like an awfully lot of time in  
2 the face of an emergent situation.

3                   ALISON BLAIR: I can tell you that  
4 everybody involved has been seized with producing  
5 this guidance as quickly as possible, that the --  
6 these are expert pharmacists and technicians who  
7 were involved, and they did this as quickly as they  
8 could.

9                   JOHN CALLAGHAN: Okay. Perhaps we can  
10 move -- if you're done this section, we can move  
11 on, otherwise...

12                  ALISON BLAIR: Go right ahead. Thank  
13 you.

14                  Yeah, this is the COVID-19 vaccine  
15 distribution plan. I believe it was initially  
16 posted on January the 11th, and the -- it shows the  
17 various channels through which the vaccine will --  
18 has been and will be deployed.

19                  You can see in the "High-Risk  
20 Population Vaccination," if you squint, the  
21 congregate settings for seniors, and the goal was  
22 to make sure that we were getting at those  
23 populations which included the residents, of  
24 course, and the staff and the essential caregivers  
25 as quickly as possible.

1                   We had the hospital site -- the  
2 hospital delivery sites working with long-term care  
3 home staff and essential caregivers and then the  
4 on-site clinics which began on December the 31st  
5 which was the day after the Moderna delivery to  
6 Ontario.

7                   As you'll see, the expansion from --  
8 for hospital sites also include other -- includes  
9 other healthcare workers and that there are other  
10 on-site clinics that we have also been targeting.

11                   Sorry, John.

12                   JOHN CALLAGHAN: No, that's fine. I  
13 just -- if I read that, the expected doses -- this  
14 was anticipated -- you thought -- is that the --  
15 was that the delivery of doses, or was that the  
16 jabs, as they say, of vaccines in arms?

17                   Were you expecting 150,000 doses to be  
18 delivered to humans or just delivered to the  
19 province in December?

20                   ALISON BLAIR: That row is to -- how  
21 many would be delivered to Ontario.

22                   JOHN CALLAGHAN: So there would be  
23 another schedule in terms of delivery to the  
24 populace?

25                   ALISON BLAIR: That's right.

1                   JOHN CALLAGHAN: All right. And I've  
2 got a few documents that I'd like to go over, but I  
3 think it's better that you set out the rest of  
4 this. Because there's more on this slide, and  
5 you've got a few more slides describing the  
6 development.

7                   ALISON BLAIR: Okay. We can -- I just  
8 wanted to make sure we covered off -- there are a  
9 few important things about this slide. One is the  
10 priority populations within each of the phases.

11                   So you can see the high-risk  
12 populations for vaccination in the first priority  
13 were at the congregate settings for seniors or  
14 congregate living for seniors which is generally  
15 where there are -- congregate meals is one defining  
16 characteristic of that congregate living for  
17 seniors which we think is the highest risk;  
18 healthcare workers, adults in First Nation, Inuit,  
19 and Métis populations.

20                   And we say adults only because, at this  
21 point, we don't have a vaccine that has -- that is  
22 authorized by Health Canada for use in non-adults.  
23 Pfizer goes 16 and up.

24                   And the adults in chronic home care or  
25 those who are receiving chronic home care are in



1 Phase 1. And then in Phase 2, we have a number  
2 of other -- this is where we're getting into more  
3 and more vaccines.

4 I can tell you that the April, May, and  
5 June -- those numbers have since been revised.  
6 There's been a lot of revisions on supply and when  
7 we will be receiving it. So the 5 million numbers  
8 on expected doses is lower, but nonetheless, we  
9 will be into larger deliveries of vaccine than we  
10 are in Phase 1. And so you can see that the  
11 populations that we're looking to target are higher  
12 in this one.

13 And then in Phase 3, what we're hoping  
14 is that this will be the remaining Ontarians that  
15 we haven't got to by the end of Phase 2 and also  
16 just being in maintenance mode at that point.  
17 And --

18 JOHN CALLAGHAN: So if we can just  
19 go -- while we're doing this, maybe we should take  
20 a quick look at Document 1 which is an announcement  
21 by the Province on January 8th.

22 And what you said is what I understood,  
23 but this announcement actually adds another group  
24 in Phase 1, and it -- and maybe I'm missing this.  
25 But if you go to -- go down a little bit there.

1 There you go.

2 It says:

3 "Early doses of the vaccine  
4 will be available for residents,  
5 staff, essential caregivers, and  
6 other employees who work in  
7 congregate living settings --"  
8 Which is what we just talked about.

9 ALISON BLAIR: M-hm.

10 JOHN CALLAGHAN:

11 "Healthcare workers including  
12 hospital employees."

13 That wasn't on your list and that  
14 chart, I didn't think. I didn't see that.

15 ALISON BLAIR: I think --

16 JOHN CALLAGHAN: So --

17 ALISON BLAIR: -- hospital employees  
18 would be a subset of healthcare workers.

19 JOHN CALLAGHAN: I see. Okay. And  
20 so -- and then the rest were the First Nations and  
21 adult recipients.

22 So it was always intended that  
23 healthcare workers would be dealt with consistent  
24 with long-term care residents?

25 ALISON BLAIR: Well, I think what we

1 wanted to do was for the -- for people working in  
2 congregate -- for the congregate living settings,  
3 we wanted to make sure that we were clear that it's  
4 everybody in those areas. So we wanted to protect  
5 the residents, staff, essential caregivers, and  
6 other employees who work in that setting.

7 The intent was to focus on those  
8 high-risk settings and make sure we covered  
9 everybody there. And so you have some duplication,  
10 as you can see in Bullet 1 versus Bullet 2, because  
11 there are healthcare workers who are in the first  
12 bullet.

13 JOHN CALLAGHAN: But was it intended  
14 that healthcare workers in hospitals who weren't in  
15 congregate living centres would take a priority?

16 ALISON BLAIR: They are part of the  
17 Phase 1 priorities, the four priorities that are  
18 there in Phase 1.

19 JOHN CALLAGHAN: Okay. Might as well  
20 go back to the slide deck.

21 ALISON BLAIR: Okay. And I think the  
22 fact that each of the streams continues, that  
23 hospital site clinics morph into public health mass  
24 vaccination sites, which could include hospitals  
25 but will also -- we'll know that that will include

1 community centres and other locations in Toronto.

2 We're managing some rather large  
3 venues. For the on-site clinics, that -- these  
4 will include, in Phase 2, primary care, pharmacies,  
5 public health clinics.

6 And basically as you move left to  
7 right, we're looking for this to become more like a  
8 flu vaccine as we get more vaccines that are more  
9 like the vaccines that we have for flu: fridge  
10 stable, easier to transport. But we're looking to  
11 have this more -- be more steady-state as you move  
12 to the right-hand side.

13 The mobile sites, just quickly, would  
14 be sites that move from place to place whether  
15 you're visiting one community at a time.  
16 Especially those populations and communities that  
17 are facing health barriers or at greater risk, we  
18 imagine bringing the vaccine to them, and same  
19 thing with other geographic settings which could be  
20 food production sites we've got as an example  
21 there.

22 So I don't think there's anything about  
23 this slide in particular beyond that. The expected  
24 doses -- we had, in December 2020 --

25 If at the start of December you had

1 asked me to fill in that column, I would have said  
2 "zero." And then the approval and the shipping  
3 went very quickly, so we were pleased to get  
4 150,000 doses in December. And then in January and  
5 February, those numbers, by the time we end in  
6 February -- I don't know if they will be quite as  
7 high. We have been dealing with some supply  
8 challenges, as I'm sure you've heard in the media.

9 And I don't feel like we need to go  
10 through every slide of this presentation, but the  
11 ethical framework for the distribution of the  
12 COVID-19 vaccine has been led by a subgroup  
13 co-chaired by Dr. Dirk Huyer and Dr. Max Smith.  
14 And this has -- the ethical framework has been made  
15 public, and I don't think we necessarily need to go  
16 through that. I'm sure that you have had a chance  
17 to read it.

18 Next slide.

19 The phased prioritization just goes  
20 into a bit of a closer look at, in Phase 1, who and  
21 how we're looking to get the vaccines available.  
22 So specialized vaccination centres in long-term  
23 care homes and high-risk retirement homes and mass  
24 vaccination sites -- you may know that Toronto --  
25 the City of Toronto piloted a mass vaccination

1 clinic for about two days, and it was a -- it was a  
2 very low dose.

3 We knew that we were in supply issues  
4 at that time, so it was a very low-volume clinic.  
5 But we wanted to make sure that that would be  
6 available for when we get more doses available, so  
7 we wanted to have that pilot.

8 Ultimately it was -- ended two days  
9 after it started because, again, of supply issues,  
10 but we're looking forward to making sure that  
11 municipalities are available to help in the vaccine  
12 distribution in the future.

13 JOHN CALLAGHAN: Can I -- just before  
14 you get to that, I just want to make sure I'm  
15 understanding this clearly. You talk about the  
16 hospitals, but was the distribution and the  
17 planning -- was that done by the province, or was  
18 that done by local public health units?

19 ALISON BLAIR: The -- we have daily and  
20 had daily meetings with the public health units and  
21 the hospital sites and people from across the  
22 Ministry involved in either communications or  
23 information technology or the logistics piece.

24 So we were doing this certainly  
25 together, spending a lot of time understanding,

1 initially, how the pilot sites -- UHN and the  
2 Ottawa Hospital, how they had done theirs.

3 As we moved to the Moderna vaccine and  
4 how the public health units were getting into the  
5 long-term care homes, there was a daily call among  
6 those groups of public health units that were  
7 initially doing the transfers so that they could  
8 share information with one another about how it was  
9 going and what the barriers were.

10 There were discussions with the  
11 long-term care sector that the Ministry of  
12 Long-Term Care and the Ministry of Health were  
13 involved in as well as General Hillier to make sure  
14 that they were ready from a -- getting the consents  
15 in place and knowing what it means to have a  
16 long-term care clinic.

17 All those kinds of communications was  
18 happening, so I would say it is not led out of --  
19 the administration having -- being done in  
20 hospitals, and there was -- not to discount the  
21 great leadership that hospitals were showing, but  
22 it was always in partnership with Public Health and  
23 with the Ministry of Health and Ministry of  
24 Long-Term Care.

25 JOHN CALLAGHAN: So my question is

1 directed at the fact that I take it that public  
2 health units approached things differently, and I'm  
3 going to show you, for example, Document 12. This  
4 is for Grey Bruce. And those who know that area of  
5 the world will know that they have the pleasure of  
6 having Chapman's Ice Cream. And I say that because  
7 it comes back to the cold storage, which is why I  
8 found it, not because I'm asking.

9 But if you go to 5 of 8, for example,  
10 just to make the point that I was going to make --  
11 5 -- but you'll see here -- so if we go up -- go  
12 the other way, sorry. Down, I suppose, Val.

13 Grey Bruce partnered with Chapman's.  
14 And if you go to page 5 of 8, you'll see at the top  
15 it sort of shows that -- there you go -- that:

16 "Chapman's Ice Cream can store  
17 vaccines at desired temperatures.  
18 Two ultralow-temperature freezers  
19 with temperature ranges down to  
20 minus 86 will be delivered third  
21 week of December.

22 A fleet of over 40 trucks can  
23 reach temperatures of minus 25 to  
24 minus 30, and trained drivers  
25 available if required.



1                   Human resources with expertise in  
2                   dealing with extreme cold in place."

3                   I only bring that point not to go back  
4 to the frozen -- the frozen issue, but it seems to  
5 me that --

6                   Were public health units able to do  
7 their own things in terms of planning?

8                   ALISON BLAIR: Public health units have  
9 certainly led the planning for their population,  
10 and we have worked with them. They have all  
11 submitted and finalized in --

12                   At the end of January, they finalized,  
13 as much as you can finalize, an evergreen plan for  
14 vaccination of their distinct populations. So  
15 public health units have always been the leaders in  
16 how to vaccinate their communities. We have the  
17 hospitals administering the program early on, and  
18 that's based on the logistics requirements that we  
19 talked about earlier. But public health units have  
20 been involved.

21                   This proposal, an eight-week proposal,  
22 would take more vaccine than we had available. And  
23 so we needed -- the province has done the  
24 allocations, and we -- along the way. The public  
25 health units have certainly been ready to receive,

1 and I think they continue to be eager and willing  
2 to receive vaccines so that they can vaccinate  
3 their populations. And the Province has had to say  
4 "we're getting this much. Here's how we're  
5 dividing it up and allocating it to the various  
6 areas."

7 JOHN CALLAGHAN: Right. And I  
8 wasn't -- I wasn't raising it -- I recognize this  
9 was an ambitious plan, but I raise it because it  
10 seemed to be one that was obvious to demonstrate  
11 that the public health units were doing individual  
12 programs in their region, and this one happens to  
13 be tied to an asset that happens to be in Grey  
14 Bruce County in Markdale being Chapman's Ice Cream.

15 ALISON BLAIR: Yeah.

16 JOHN CALLAGHAN: So that -- there would  
17 be variations across the province, correct?

18 ALISON BLAIR: Absolutely. Now, that  
19 said, the 34 public health units did come together  
20 with the Ministry to write a playbook for what each  
21 of their plans would contain. And so I would say  
22 it's more in depth. It's more standardized than  
23 you might expect reading this particular plan  
24 that --

25 Dr. Ian Arra from this area has

1 submitted a plan that's different from this one to  
2 look at vaccinating his entire population rather  
3 than this proposal for the eight-week pilot.

4 JOHN CALLAGHAN: Right. So I want to  
5 just ask a few specific questions about the  
6 Province's involvement. So just Document 13.  
7 Because this is from the Central Coordination Table  
8 on December 3rd. And, frankly, it comes up in a  
9 number of different documents.

10 But it says below, if you scroll down  
11 there -- there you go -- to the highlighted  
12 portion:

13 "Endorsement of the Minister of  
14 Health and SOLGEN working with the  
15 task force and EDU to explore  
16 options for using school buses as  
17 methods of transportation as part of  
18 vaccine distribution planning, as  
19 required."

20 I was unable to find whether or not the  
21 Province actually provided the resources for a --  
22 for buses. Did they?

23 ALISON BLAIR: I think there was an --  
24 I believe I was at that meeting, and I believe that  
25 Education, Nancy Naylor, the deputy of education,

1 had offered that if we needed to use school buses  
2 to transport people, that -- to let her know. So  
3 we did know that the offer was there, and the --

4           When we talked to the hospital sites  
5 and to the long-term care homes, there wasn't a --  
6 there didn't seem to be a need to do that  
7 transportation, that the staff who were going from  
8 long-term care homes or from their homes to go to  
9 the vaccination centres -- that this was not  
10 requested that the Ministry of Health provide that.

11           JOHN CALLAGHAN: Okay. So we have -- I  
12 don't know what that noise is, but we've heard the  
13 opposite from a couple of people. That, one,  
14 Michael Garron got the hop on everybody because  
15 they use buses and were able to do their allotment  
16 in a day. And then we've heard others saying that  
17 not having transportation for staff hindered them.  
18 But that's not the information the government had?

19           ALISON BLAIR: That's not the  
20 information that I had. I have also heard that  
21 Michael Garron bussed some people. I also heard  
22 that some long-term care homes arranged for  
23 transportation at least one of which was in a bus  
24 in Ottawa where those long-term care homes had made  
25 those arrangements, but it wasn't done centrally.

1                   JOHN CALLAGHAN: Okay. So if we can go  
2 to Document 5. So this is a letter from the deputy  
3 minister and chief medical officer of health, and  
4 it's -- and the section "Logistical Matters," it  
5 first starts with saying -- they refer to:

6                                 "Having the vaccine available  
7 in the long-term care home  
8 eliminates the need to travel to  
9 hospitals."

10                   And do you know whether, by  
11 January 14th, the vaccine was making its way into  
12 homes at that point?

13                   ALISON BLAIR: The vaccine made its way  
14 into homes beginning on January the 6th.

15                   JOHN CALLAGHAN: Okay. And then it  
16 says:

17                                 "If staff are being vaccinated  
18 outside the usual working hours, it  
19 is strongly recommended that they be  
20 paid for their time and  
21 transportation to ensure that  
22 finances are not a barrier to  
23 immunization. Long-term care homes  
24 can use prevention and containment  
25 funding to cover these costs."

1                   Now, we have heard that they -- that  
2 that was considered a barrier for some employees.  
3 Is there any reason why they wouldn't order it as  
4 opposed to recommend it, that the homes pay for  
5 their staff to get vaccinated if they had to do so  
6 outside of work hours?

7                   ALISON BLAIR: I don't think I can  
8 answer that question. I'm not sure if Erin from  
9 the Ministry of Long-Term Care is able to do so.

10                  JOHN CALLAGHAN: Right. Sorry about  
11 that, Ms. Blair. You're quite right.

12                  ERIN HANNAH: Hello. So this memo was  
13 dated before I officially started with the  
14 Ministry. I will say, though, that the indication  
15 that these would be eligible costs for the  
16 long-term care homes who are the employer -- for  
17 the employer to consider doing so where they -- and  
18 this would be reimbursement for, obviously, their  
19 time but then their transportation costs.

20                  So if they were taking public transit,  
21 for example, it was an indication of, as the memo  
22 indicates, tips and strategies, not requirements,  
23 because the Ministry is not the employer in that  
24 instance.

25                  JOHN CALLAGHAN: Okay. Well, just --

1 because you said what you said, just so I'm clear,  
2 between the CMOH and the deputy minister, they  
3 would have the legislative power to order it,  
4 wouldn't they?

5 ERIN HANNAH: I can't answer that  
6 without legal-counsel advice, about what that would  
7 engender in terms of a legal process to do so. I  
8 do know that it was the Province that provided the  
9 prevention and containment funding and, again, made  
10 that funding very broad in terms of the types of  
11 pandemic-related costs that could be covered. And  
12 so it was pointing towards that side for long-term  
13 care homes to be able to exercise that opportunity.

14 JOHN CALLAGHAN: So -- yeah, would  
15 it -- would you happen to know? Because we've  
16 asked for it but have yet to receive a breakdown of  
17 how that funding was spent. Would it be --

18 If and when we get that, would it show  
19 us whether -- would it be detailed enough to show  
20 us who availed themselves of the money to ensure  
21 that staff were able to get vaccinated outside of  
22 the usual working hours?

23 U/T ERIN HANNAH: The information is  
24 available. I don't have it at my fingertips, so  
25 certainly we can provide that. The Q1 expenditure

1 breakdown, I know, is validated. Q2 and Q3 are  
2 actually coming in mid February. I believe they're  
3 due February the 16th. And there are categories.

4 The highest expenditure in Q1 was  
5 related to staffing costs, and there are travel and  
6 accommodation expenses associated with that. But  
7 how things were coded might vary across the homes  
8 under the broader umbrella of staffing. But that  
9 was the large majority of expenditure that were  
10 submitted in Q1.

11 JOHN CALLAGHAN: But just -- I mean, I  
12 know your counsel's trying to get this information  
13 for us, but it would be of assistance for the  
14 commission to understand how the money was spent  
15 and what the government believed was successful so  
16 that it might guide them in their deliberations,  
17 but -- so I'll wait for that.

18 Perhaps we should go back to the slide  
19 deck for Ms. Blair to finish.

20 ALISON BLAIR: Great. If you go to the  
21 next slide -- and I'm just trying to -- the numbers  
22 have increased since then. We're over 400,000  
23 vaccines that are available. We just come up with  
24 last night -- so it's available on the public site.

25 JOHN CALLAGHAN: Yeah.



1 ALISON BLAIR: But you can certainly  
2 see that there are a number of -- that we've made  
3 good progress.

4 I'm just looking at the February 10th  
5 at the end of the day, the numbers of 426,834. And  
6 so there are -- the number of people who have had  
7 two vaccines is about 137,000, and those with one  
8 dose is about 153,000 at this point.

9 JOHN CALLAGHAN: Do you have the  
10 breakdown for -- I don't know what that noise is,  
11 but do you have the breakdown for long-term care  
12 residents?

13 ALISON BLAIR: Let's see.

14 JOHN CALLAGHAN: First dose versus the  
15 second one?

16 ALISON BLAIR: I don't have that at my  
17 fingertips. No, I do not.

18 ERIC WAGNER: It --

19 JOHN CALLAGHAN: I wonder if --

20 ERIN HANNAH: It's on the next slide of  
21 the -- Slide 8. So the information is dated,  
22 though, because when we provided this material, it  
23 was current as of January the 31st.

24 So as Alison noted, these numbers have  
25 increased since then. I don't know the exact

1 numbers off the top of my head in terms of first  
2 and second dose.

3 I know that for residents, because the  
4 focus of the last several weeks has been to  
5 prioritize residents specifically, we are at over  
6 62,000, first dose.

7 JOHN CALLAGHAN: And then what's  
8 happened in the last -- what's happened to the  
9 other 8,000?

10 ERIN HANNAH: The other 8,000? I'm not  
11 sure I understand your question.

12 JOHN CALLAGHAN: Well, I think we've  
13 generally worked on the assumption there were  
14 70,000 residents in long-term care, but you might  
15 have a different number. So what --

16 ERIN HANNAH: Oh, I see you're asking,  
17 about the denominator. So there's people who would  
18 have refused the vaccine offer. There are  
19 individuals who would have already had a COVID  
20 diagnosis who would not be taking the vaccine, and  
21 there are, of course, individuals who actively have  
22 COVID who would also not be taking the vaccine.

23 I'd also say the census count of  
24 roughly 70,000 is at a point in time, and it's very  
25 challenging to say precisely what, exactly, the

1 census count is at a particular given day. But  
2 those would be a number of the reasons why  
3 individuals would not match exactly the census  
4 count for a particular time frame.

5 JOHN CALLAGHAN: So then, precisely,  
6 how many long-term care residents are protected,  
7 then?

8 ERIN HANNAH: So I'd have to go back  
9 and look at the total number of long-term care  
10 residents who were diagnosed with COVID and have  
11 since resolved.

12 As we know, there were tragic loss of  
13 life as a result of the virus as well, so those who  
14 have resolved, the -- and, again, I am not a  
15 physician, but I will say what we have been advised  
16 by experts is that there is a level of immunization  
17 provided through having had a COVID diagnosis and  
18 recovered. So you'd need to include those  
19 individuals in the group of those who have also  
20 been vaccinated.

21 JOHN CALLAGHAN: Is it -- is that -- is  
22 that a recommendation or a position of long-term  
23 care that if you've had the virus, you will not be  
24 vaccinated, or is that a matter for the resident  
25 or...?

1 ALISON BLAIR: We would need --

2 JOHN CALLAGHAN: I don't know the -- I  
3 don't know the -- I don't know the science on this,  
4 so...

5 ALISON BLAIR: The chief medical  
6 officer of -- well, the advice of the chief medical  
7 officer of health at this point is that within a  
8 certain number of days, you don't get the vaccine,  
9 but there is a recommendation to have the vaccine.

10 Now, obviously, there may be other  
11 reasons that a long-term care resident would not  
12 choose to get the vaccine. But in terms of the  
13 ability to get it or the clinical recommendation on  
14 when to, there is a certain number of days after  
15 which it is indicated that you could.

16 JOHN CALLAGHAN: And I'm assuming that  
17 there is no legislation or something that compels a  
18 long-term resident or the guardian of a long-term  
19 resident to insist on being vaccinated?

20 ALISON BLAIR: That's right.

21 ERIN HANNAH: No, there is not.

22 JOHN CALLAGHAN: One thing that I'm  
23 obviously going to go back to -- so with the --

24 LEAD COMMISSIONER FRANK MARROCCO: Just  
25 before you -- just before you leave that, did I

1 understand correctly, or did I misunderstand?

2 If you have had COVID and you've  
3 recovered, you're not going to be vaccinated, but  
4 you're not in -- but are you included in the  
5 vaccinated number or not?

6 ERIN HANNAH: So to be clear, what I  
7 was saying is that there's a number of reasons why  
8 individuals may have chosen not to be vaccinated.

9 So there is the chief medical officer  
10 of health advice from an expert perspective about  
11 the number of days whereby you should not receive a  
12 vaccine after you have been cleared by a public  
13 health unit for a COVID diagnosis.

14 What I was talking about is there is an  
15 indication from the science perspective that you  
16 have a level of immunity for -- I believe it's a  
17 three to four month period -- but, again, we would  
18 need to go back and just validate that -- where  
19 individuals may have chosen to refuse an offer of a  
20 vaccine.

21 LEAD COMMISSIONER FRANK MARROCCO: What  
22 I was trying to understand is when you say the  
23 number of people vaccinated --

24 ERIN HANNAH: Yes.

25 LEAD COMMISSIONER FRANK MARROCCO: --

1 that would not include people who could not be or  
2 are not to be vaccinated because they already had  
3 COVID?

4 ERIN HANNAH: No, it would not include  
5 those people.

6 LEAD COMMISSIONER FRANK MARROCCO: Is  
7 doesn't.

8 ERIN HANNAH: It would only include --

9 LEAD COMMISSIONER FRANK MARROCCO:  
10 Okay.

11 ERIN HANNAH: No. It would only  
12 include people who actually received a vaccine.

13 LEAD COMMISSIONER FRANK MARROCCO:  
14 Thank you.

15 JOHN CALLAGHAN: So it would be of  
16 assistance to us to know exactly how many residents  
17 in long-term care, both as a total number and a  
18 percentage, are currently deemed to be protected  
19 against COVID at the moment. And perhaps you might  
20 break them down by way of vaccination or immunity  
21 due to prior infection.

22 ERIN HANNAH: Yes. I think what we  
23 could provide is the number of active COVID cases  
24 that have recovered. Again, I would say my  
25 response was situated in the reasons why some

1 people may have chosen not to accept a first  
2 vaccine offer.

3           JOHN CALLAGHAN: Okay. So that doesn't  
4 really answer the question because somebody who has  
5 recovered might well have gotten vaccinated. What  
6 I'm trying to figure out is -- and I'm assuming  
7 long-term care knows how many of its population is  
8 susceptible to the COVID virus. So -- and so I  
9 don't think what you're proposing answers the  
10 question.

11           ERIN HANNAH: Perhaps we could get  
12 clarification on the question, then, in terms of  
13 the numbers so we can bring that back for you.

14           JOHN CALLAGHAN: Right. Well, that's  
15 just the understanding of the Ministry of Long-Term  
16 Care as to how many and by what method it's  
17 believed its residents are protected from COVID  
18 either by way of immunization or by having the  
19 antibodies having been prior -- been infected  
20 previously.

21 U/T           ERIN HANNAH: Right. And I think the  
22 challenge would be -- again, we will -- absolutely.  
23 We will look at exactly the numbers we can provide.  
24 I just would say the challenge would be coming down  
25 to that individual level where an individual may

1 have been recovered from COVID and also chosen to  
2 get a vaccine.

3 So we can provide the number of  
4 individuals who were active and have recovered and  
5 the number of individuals who received a first  
6 dose. We cannot -- it's unlikely that we can say  
7 how much duplication there would be between those.

8 JOHN CALLAGHAN: And what's the -- what  
9 is, to your knowledge, the current -- the current  
10 rate of infection in long-term care? Has it gone  
11 down dramatically?

12 ERIN HANNAH: The number of cases have  
13 dropped significantly over the past two weeks in  
14 long-term care in terms of active cases, yes.

15 JOHN CALLAGHAN: Perhaps you might give  
16 us that information in written form so the  
17 commissioners can consider it for their  
18 deliberations.

19 U/T ERIN HANNAH: Okay.

20 JOHN CALLAGHAN: If we can go to  
21 Document 23.

22 So one of the issues, obviously, as I  
23 said, was what's been raised by people like  
24 Dr. Stall, and so this is a briefing of January the  
25 13th. If we go to the second page...



1                   Now at that point, there are 144,000  
2 doses administered, and yet only 13,000 had gone to  
3 either long-term care or retirement home  
4 residences. Given that you were in the position of  
5 providing doses at least by January 6th and you  
6 produced -- you did 144,000 -- and I can't tell you  
7 how much was in long-term care, but less than  
8 13,000 -- why so few?

9                   ALISON BLAIR: My answer to this  
10 question is about what the -- who we were  
11 vaccinating with what product starting when.

12                   So on December 31st, we began  
13 vaccinating at long-term care homes in Toronto,  
14 Peel, York, and Windsor-Essex. And they were  
15 working through their long-term care and high-risk  
16 retirement home residents as quickly as they could.

17                   And the Pfizer vaccine was moved  
18 beginning January the 6th, and the hospital sites  
19 and the public health units were working to move  
20 that as quickly as they could into long-term care  
21 and high-risk retirement homes.

22                   And so I can tell you that at the daily  
23 calls, we were emphasizing -- and everybody  
24 throughout the program knew that long-term care  
25 homes -- those highest-risk seniors' congregate

1 settings were the priority, and they were working  
2 through this very quickly.

3 JOHN CALLAGHAN: So, first of all,  
4 could we get, then, for our -- the date of  
5 January 13th, the exact number of long-term care  
6 residents? Because this is 13,000 for both.

7 So is that -- would that be available  
8 to the Ministries?

9 U/T ALISON BLAIR: We can certainly take  
10 that back, yeah.

11 JOHN CALLAGHAN: Because there is a  
12 certain feeling amongst people who have testified  
13 to us that that -- that they weren't prioritized.

14 If I go to Document 25 -- and this is a  
15 newspaper article that -- just go down to the  
16 second page there -- that quotes Dr. Hillier -- or  
17 General Hillier suggesting that hospitals were to  
18 prioritize speed over precision.

19 Was that a directive that you heard?  
20 Because this comes from one of the -- one of your  
21 CEOs of the hospital, the University Health  
22 Network.

23 ALISON BLAIR: So I can't attest to  
24 exactly what General Hillier said on any particular  
25 call, but he has certainly been consistent in

1 talking about the need to get vaccinations into the  
2 arms of people who need the protection from the  
3 virus. And there is no question that he believes  
4 that the most vulnerable should be getting those.

5 JOHN CALLAGHAN: Okay. Well, just -- I  
6 don't know -- I don't want to press the point other  
7 than to say that there were 77,000 healthcare  
8 workers and something less than 13,000 long-term  
9 care residents who were done by just two days after  
10 this comment. And, you know, there have been  
11 questions about it.

12 Does the government have -- not the  
13 government. I shouldn't -- was -- is there any  
14 other explanation other than what you've said that  
15 you can think of?

16 ALISON BLAIR: I think the -- I think  
17 the approach of the vaccination rollout at every  
18 given point was about protecting those who are most  
19 vulnerable.

20 So when we had the Pfizer vaccine that  
21 couldn't be moved beyond the point of delivery, we  
22 protected the long-term care staff and essential  
23 caregivers. And when we received the Moderna  
24 vaccine on December the 30th, the very next day, we  
25 were vaccinating in long-term care homes. And then

1 once we were able to move the vaccine in a way that  
2 was safe and that technical experts had agreed to  
3 how it would be done, we were vaccinating in  
4 long-term care homes with mobile teams. And so --  
5 I mean, those are the --

6 JOHN CALLAGHAN: Yeah, I guess the  
7 only -- the reason I ask is that -- in part, is  
8 that by that point, you had been at least aware  
9 that you could move the Pfizer vaccine for the last  
10 six days -- or almost a week, I guess, January 6th  
11 to January 13th.

12 That -- there had been permission to  
13 move it, yet the proportions of less than 13,000 of  
14 144,000 would suggest that that offer wasn't being  
15 taken up at any great rate.

16 ALISON BLAIR: I would say that all  
17 public health units and the hospital sites knew  
18 that the long-term care homes and vulnerable people  
19 were the priority. And I don't -- I don't think --

20 I think, given the facts with which we  
21 were working, we were moving as quickly as we could  
22 to vaccinate the priorities that we could. Maybe  
23 that's just what I'll say about that.

24 JOHN CALLAGHAN: Okay. Thank you. If  
25 we can go back to the slide deck, I'll let you or

1 Erin finish off.

2 ALISON BLAIR: Thank you. Okay. Next  
3 slide, please.

4 Actually, sorry, if you can move back  
5 one more. There we go. Perfect.

6 Something that I just want to point out  
7 on this slide was the -- was the commitment of all  
8 long-term care home residents will receive a first  
9 dose vaccine offer by February the 10th.

10 It is now the 11th, and what you would  
11 have seen in news releases is that long-term care  
12 home residents -- I think there are a handful of  
13 long-term care homes that are still on the schedule  
14 over the next couple of days due to vaccine  
15 delivery, but that has now been accomplished.

16 And so we needed to revise that target  
17 based on what -- you can just flip to the next  
18 slide where we can talk about the Pfizer  
19 reductions -- Pfizer and Moderna reductions that  
20 were experienced in January.

21 JOHN CALLAGHAN: So could I just have  
22 someone ask the --

23 LEAD COMMISSIONER FRANK MARROCCO:

24 Excuse me. Just so I understand. In other words,  
25 by February 10th -- do I understand you correctly?

1 By February 10th, virtually everyone in a long-term  
2 care residence in Ontario has received one dose of  
3 the vaccine or two doses, or did I misunderstand?

4 ALISON BLAIR: So the long-term care  
5 homes -- virtually all of the long-term care homes  
6 and long-term care home residents have been offered  
7 a vaccine, and so that was the offer. There is  
8 still -- just to be perfectly clear, there is still  
9 a handful of homes that have not yet received that  
10 offer of the first dose.

11 And -- but that's the exception. And  
12 that's for the first dose. Although, there are  
13 many that have also received the second dose at  
14 this time.

15 JOHN CALLAGHAN: Could I ask, then --  
16 as I understood it -- and I can't say I know this  
17 for both, but were they not supposed to be done  
18 within two weeks of each other?

19 ALISON BLAIR: For -- no. For Pfizer,  
20 it's three weeks; and for Moderna, it's four weeks.

21 JOHN CALLAGHAN: All right. And so  
22 your prior slide, if I could go back there, Val,  
23 for a second.

24 By February 2nd, there are 3,475 that  
25 have -- this is by January 31st -- that have a

1 second dose. Do you know what it is -- what it is  
2 currently, and are you within the guidelines of the  
3 monographs?

4 Because I've heard some people  
5 extending the monograph for longer doses. Where --  
6 how is that playing out, and where are we on second  
7 doses?

8 ALISON BLAIR: So I'll answer the  
9 question about the monograph.

10 Sorry, John. Our IT isn't compatible?  
11 I think that's what --

12 JOHN CALLAGHAN: Well, I -- there's  
13 probably a lot not compatible. If it's just our  
14 IT, that's probably just fine.

15 ALISON BLAIR: For the monograph, all  
16 of the long-term care home, high-risk retirement  
17 home, First Nation elder residents that have been  
18 vaccinated, we will -- we will be providing the  
19 second dose within the monograph limits.

20 We have extended the dose interval for  
21 people who received the first dose but who aren't  
22 in that category of people to scheduling those to  
23 aiming for 35 days. But the residents -- it will  
24 be within the -- what's in the monograph.

25 And I don't have the number off the top

1 of my head for those provided with the second dose,  
2 but I can tell you it's for a predictable -- for a  
3 predictable interval.

4 JOHN CALLAGHAN: All right. It would  
5 be helpful for the commissioners to have that  
6 information for their report as to where, exactly,  
7 it stands with both doses. So thank you. If you  
8 could -- I know Erin's taking care of that, those  
9 questions.

10 I think we're back to the next slide  
11 unless there's anymore questions.

12 ALISON BLAIR: Great. Okay. This now  
13 feels a bit like it's water under the bridge, but  
14 there were three weeks in which there were  
15 significant reductions to the Pfizer deliveries to  
16 Canada and, consequently, to Ontario. They were  
17 the weeks of January 25th, of February 1st, and  
18 then this week.

19 The resumption of delivery is not as  
20 high -- exactly as high as expected but,  
21 nonetheless, much higher for the week of  
22 February 15th and then February 22nd. So that has  
23 been restored.

24 At this point, based on that technical  
25 briefing date, no allocations had been provided



1 beyond the week of February 2nd -- or 22nd. We now  
2 know the federal allocation for Pfizer for the  
3 weeks of March 1st and March 8th and are working  
4 with them on the Ontario allocations so that we can  
5 then subsequently allocate this to the public  
6 health unit.

7 We needed, based on that shortage, to  
8 determine what the greatest priorities were, and  
9 that's when we determined that we would focus on  
10 residents rather than including staff and essential  
11 caregivers for the deadline of -- or the target of  
12 February the 10th. And we went with long-term care  
13 home, high-risk retirement home, and First Nation  
14 elder care home residents because they are the most  
15 vulnerable.

16 Similarly, there was a reduction  
17 in the --

18 LEAD COMMISSIONER FRANK MARROCCO: So  
19 --

20 ALISON BLAIR: -- number of Moderna  
21 doses.

22 LEAD COMMISSIONER FRANK MARROCCO: So  
23 when the federal government advised you that the  
24 Pfizer and Moderna doses would not be delivered in  
25 the quantities expected, Ontario made the decision

1 that it would choose to vaccinate residents rather  
2 than -- it --

3 Given that factual reality, Ontario  
4 decided to vaccinate residents rather than staff?

5 ALISON BLAIR: That's correct.

6 LEAD COMMISSIONER FRANK MARROCCO:

7 Okay.

8 JOHN CALLAGHAN: So that's the end of  
9 the slide deck. I don't know whether Erin has  
10 anything to add or whether we're at the end of the  
11 presentation subject to the commissioners'  
12 questions. I suspect we're at that point.

13 ERIN HANNAH: Thank you. No. I think  
14 Alison's covered everything in the material itself.  
15 Thank you.

16 JOHN CALLAGHAN: I think that's it,  
17 commissioners, unless there's some questions.

18 LEAD COMMISSIONER FRANK MARROCCO:

19 Commissioner Coke?

20 COMMISSIONER ANGELA COKE: Just one  
21 question. Do you have any sort of current stats on  
22 the extent of the staff in long-term care homes who  
23 have accepted the vaccination?

24 U/T ALISON BLAIR: Yes. We have -- what we  
25 can do is we can provide the statistics for those

1 as well, recognizing that the -- there might be  
2 more that would have accepted it, but then we  
3 prioritized and haven't offered it to them. We're  
4 looking forward as the doses come in to resuming  
5 that.

6 COMMISSIONER ANGELA COKE: Okay. Thank  
7 you.

8 ALISON BLAIR: Thank you.

9 LEAD COMMISSIONER FRANK MARROCCO:  
10 Well, thanks very much for the presentation. In  
11 terms of the priority list of people receiving  
12 these vaccinations, is there any category for  
13 long-term care commissioners that you're aware of?

14 Thank you very much.

15 You knew that that was, of course, not  
16 a serious question.

17 Thank you very much for coming back  
18 again and helping us with this aspect of the  
19 matter. It's much appreciated.

20 ALISON BLAIR: Great.

21 JOHN CALLAGHAN: Thank you very much to  
22 both of you.

23 COMMISSIONER JACK KITTS: Yeah, thank  
24 you.

25 COMMISSIONER ANGELA COKE: Thank you.

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-- Adjourned at 2:34 p.m.

1 REPORTER'S CERTIFICATE

2  
3 I, MCKAYA MCDONALD, Chartered  
4 Shorthand Reporter, certify;

5  
6 That the foregoing proceedings were  
7 taken before me at the time and place therein set  
8 forth, at which time the witness was put under oath  
9 by me;

10  
11 That the testimony of the witness  
12 and all objections made at the time of the  
13 examination were recorded stenographically by me  
14 and were thereafter transcribed;

15  
16 That the foregoing is a true and  
17 correct transcript of my shorthand notes so taken.

18  
19 Dated this 11th day of February, 2021.

20  
21   
22 \_\_\_\_\_

23 NEESONS, A VERITEXT COMPANY

24 PER: MCKAYA MCDONALD, CSR

25 CHARTERED SHORTHAND REPORTER

C L A R I F I C A T I O N S

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Page 7, line 15: "regular" not "irregular"

Page 8, line 15: "communities" not "community"

Page 14, line 12: "Pfizer vaccines" not "Pfizer"

Page 17, line 9: "provided" not "provide"

Page 19, line 22: "formed" not "form"

Page 28, line 21: "have the vaccines" not "get the  
vaccines"

Page 29, line 2: "volume" not "dose"

Page 30, line 17: "communications were" not  
"communications was"

Page 32, line 22: "vaccines" not "vaccine"

Page 39, line 9: "expenditures" not "expenditure"

C L A R I F I C A T I O N S

(Continued)

Page 44, line 13: "of a COVID diagnosis" not "from  
a COVID diagnosis"

Page 48, line 4: "residents" not "residences"

Page 56, line 6: "health units" not "health unit"

Page 58, line 3: "prioritized residents and  
haven't" not "prioritized and  
haven't"

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