

KNOW BEFORE YOU GO: MARITIME FORCES PACIFIC VACCINATION ROLL-OUT

CORONAVIRUS VACCINATION FAQS



About the vaccines

What's the difference between SARS-CoV-2 and COVID-19?

SARS-CoV-2, or Severe Acute Respiratory Syndrome Coronavirus 2, is the name of the virus that causes the disease COVID-19, or coronavirus disease 2019.

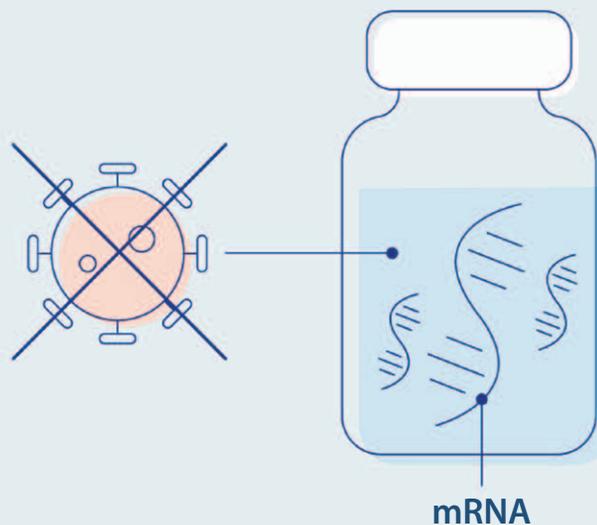
How do the COVID-19 vaccines work?

There are several types of vaccines. The two currently being used in Canada are messenger RNA vaccines (mRNA vaccines) and are usually identified by the companies that make them: one is called Moderna, the other is called Pfizer. CAF Health Services is providing the Moderna vaccine.

Researchers have been studying and working with these kinds of vaccines for years. Many types of vaccines use a weakened or inactivated virus or part of a virus to trigger an immune response inside our body. However, instead of using the live virus that causes COVID-19, mRNA vaccines teach our cells how to make a protein that will trigger an immune response. In this case, it is a replica of something called the spike protein, a part of the virus' armour. Our body then makes antibodies against it. This protein that the vaccine makes actually disappears from our bodies in a short time. But, the antibodies it triggers stick around to help us fight the infection if the real virus does enter our body in the future.

Vaccines using mRNA technology protect you from COVID-19 disease **without exposing you to the virus.**

They do not contain weakened or inactivated viruses.



Instead, **they do** contain a type of genetic information (called mRNA) with instructions on how to create **copies** of the coronavirus's 'spike' protein.

Image: European Centre for Disease Prevention and Control

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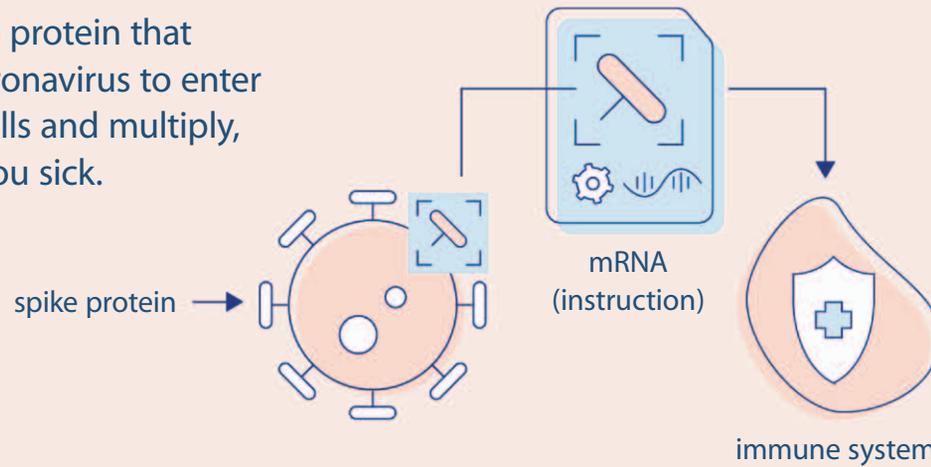
RNA stands for ribonucleic acid, which is a molecule that provides cells with instructions for making proteins. RNA vaccines contain the instructions for making the SARS-CoV-2 spike protein. This protein is found on the surface of the virus that causes COVID-19. Thus, the mRNA molecule is essentially a recipe, telling the cells of the body how to make the spike protein.

After the protein piece is made, the cell breaks down the instructions and gets rid of them. The mRNA never enters the central part (nucleus) of the cell, which is where our DNA (genetic material) is found.

The cell then displays the protein piece on its surface. Our immune system recognizes that the protein doesn't belong there and begins building an immune response and making antibodies.

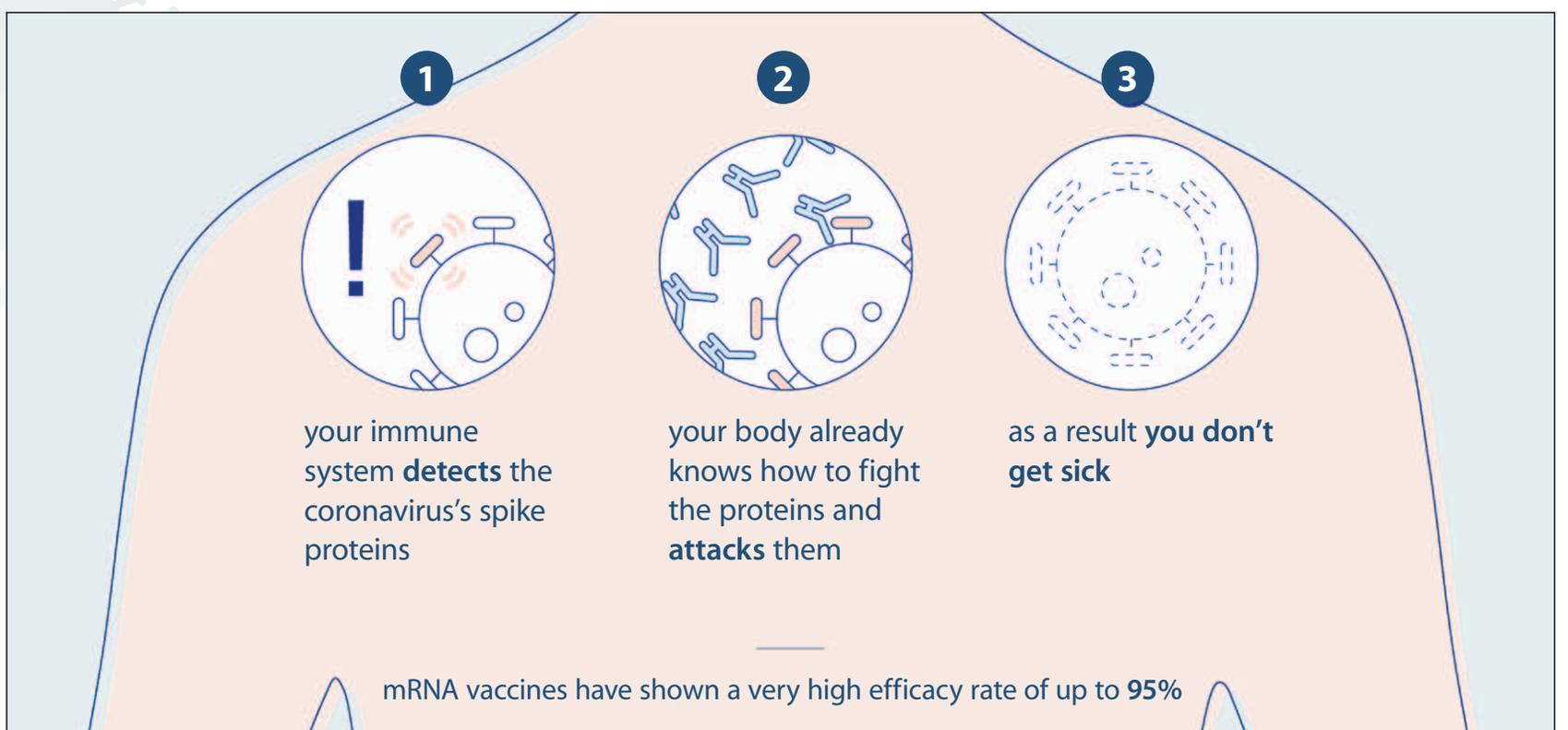
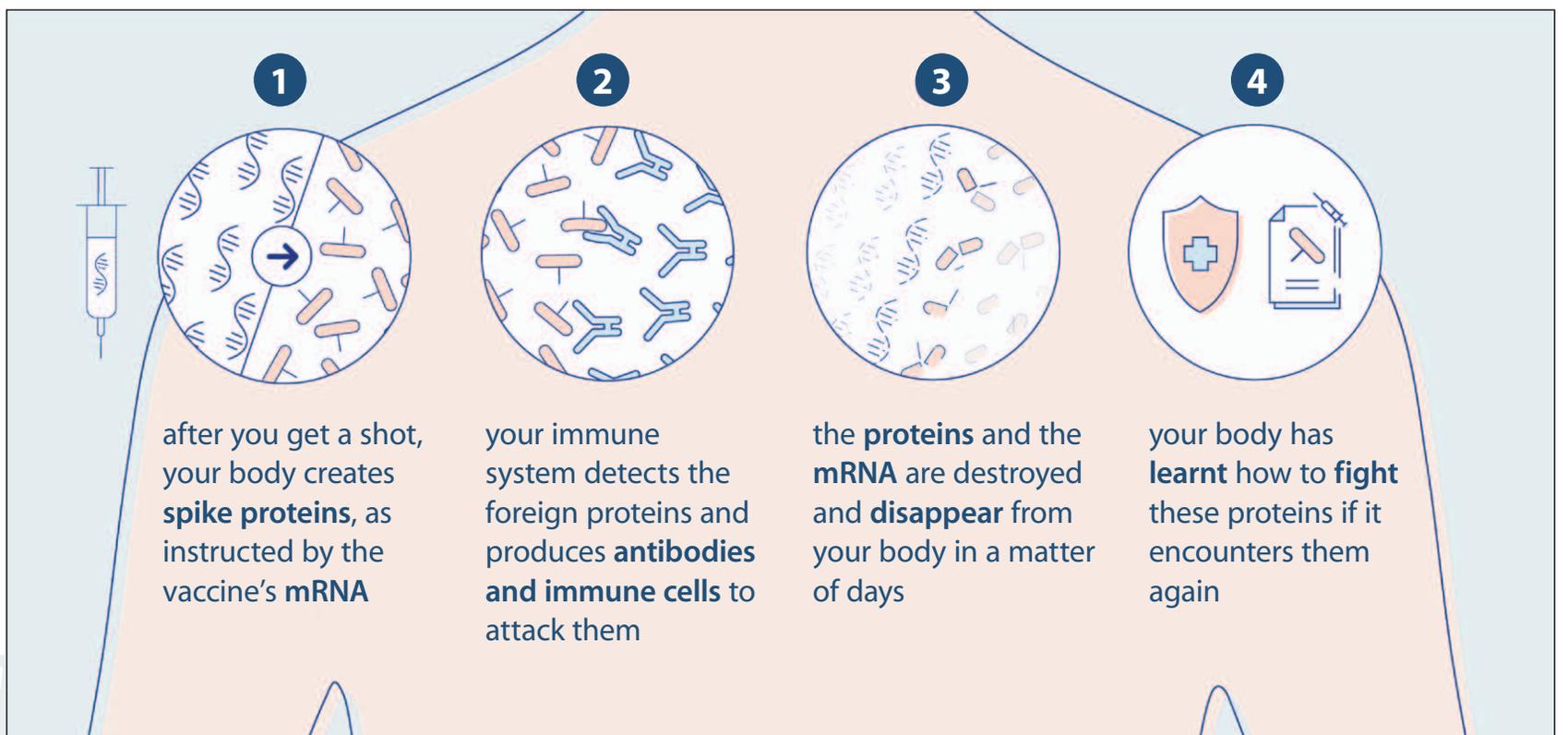
Why should your body create the spike protein?

This is the protein that allows coronavirus to enter human cells and multiply, making you sick.



mRNA vaccines instruct your body to create these proteins so that your immune system becomes familiar with them and is ready to beat them if you are infected with the virus.

On its own, the spike protein **can't** cause you any harm.



How effective are the vaccines?

In clinical trials, the Moderna vaccine was about 94 percent effective at preventing symptomatic COVID-19. When comparing about 15 000 people with both doses of the vaccine, and 15 000 people without it, there were about 94 percent fewer cases of symptomatic COVID-19 in the group who had the vaccine (11/14 134 with vaccine, 185/14 073 without vaccine). (The Pfizer vaccine is not being administered by H Svcs, but the results are similar: in trials it is about 95 percent effective at preventing symptomatic COVID-19 (8/18 198 with vaccine, 162/18 325 without vaccine). This is really good compared to the effectiveness of other common vaccines: influenza, 56-67 percent; mumps, 76-95 percent; Hepatitis B, 95-100 percent.

Studies did not directly look at COVID-19 infection without symptoms, but it's likely the vaccines will prevent transmission of SARS-CoV-2: it has more chances to spread when an infected person has symptoms, because they are coughing out particles that carry the virus, and when that person has more virus circulating in their body. As more people get the vaccine, and as more people get tested – even when they don't have symptoms – we will better understand what impact the vaccine has on actual transmission of the virus.

The studies also did not look specifically at protection against more severe COVID-19, such as cases requiring hospital admission or ICU care. Given the numbers of cases, and the proportion of cases that become severe, much larger and longer are needed to determine the benefit specifically against severe illness. Because the risk factors for severe illness are known, and community transmission leading to infection to vulnerable people is well documented, the bottom line is that protection against symptomatic COVID-19 is enough reason to push for everyone to get vaccinated.

How long will protection last following vaccination?

We do not know how long protection will last following vaccination. It will be critically important to measure long-term protection (at least two years) as we go along. We are still learning about the duration of protection following infection with COVID-19 and it is too early to tell how long protection will last.

Will a booster shot be needed?

Maybe, we don't know yet. The duration and quality of protection will be confirmed over time, likely over the next year, and advice around the need for a booster shot will follow.

Can I get COVID-19 from the vaccine?

No. The vaccine does not contain live or deactivated SARS-CoV-2 virus, which causes COVID-19.

Will getting the vaccine interfere with COVID-19 tests?

No. COVID-19 tests don't look for the mRNA that is in the vaccine, the replica spike protein your cells generate temporarily to make antibodies, or the antibodies themselves. The mRNA and the replica spike protein disappear quickly after they are created anyway. The antibodies could be detected on a specific kind of test that looks for them, but this is not the same test used to check for COVID-19 infection.

Should I get the vaccine if I already had COVID?

Yes. Due to the health risks associated with COVID-19 and the fact that reinfection is possible, you should be vaccinated regardless of whether you already had COVID-19 infection.

Experts do not yet know how long someone is protected from getting sick again after recovering from COVID-19. The immunity someone gains from having an infection, called "natural immunity," varies from person to person. It is rare for someone who has had COVID-19 to get infected again. It also is uncommon for people who do get COVID-19 again to get it within 90 days of when they recovered from their first infection. We won't know how long immunity produced by vaccination lasts until we have more data on how well the vaccines work.

Can I get antibody testing to see if I've already had it? If I have the antibodies, why do I need the vaccine?

The protection someone gains from having an infection, called "natural immunity", varies depending on the disease, and it varies from person to person.

Because this virus is new, we don't know how long natural immunity might last. Current evidence suggests that reinfection is uncommon in the 90 days after the first infection with the virus that causes COVID-19.

We won't know how long immunity lasts after vaccination until we have more data on how well COVID-19 vaccines work in real-world conditions. Experts are working to learn more about both natural immunity and vaccine-induced immunity.

How can the mRNA vaccines be safe if they were developed so quickly?

Think of the mRNA vaccines as a house. But this house wasn't built from scratch, the foundation was already laid and the walls were already framed. What was needed was many tradespeople to show up at the worksite, and for others to give money to the building budget. Combined, those enabled the house to get built effectively and efficiently.

Researchers have been studying and working with these vaccines for years. For example, they have been studied for flu, Zika, rabies and cytomegalovirus (CMV). Researchers have also used mRNA to trigger the immune system to target certain cancer cells. mRNA vaccines can be developed faster than traditional methods because they're made in a lab using materials that are easily available. However, these technology advancements don't replace the large-scale clinical trials needed to show that the vaccine is safe and effective.

Because there is so much COVID-19 spreading around the world, it didn't take long for the trials to prove the benefit of the vaccines – which is different from diseases that spread much more slowly. No steps in the approval process were skipped. All the regulatory requirements, like of benefit and of safety, are no different from other vaccine development as they enter the market for the first time.

Normally, much of the delay in developing vaccines has to do with the business side of things: market research, raising investment, educating prescribers and building a customer pool. Because of the pandemic and guaranteed funding from governments around the world, scientists from multiple drug companies could focus on leveraging their decades of existing research to go straight into development, without worrying about financial risk.

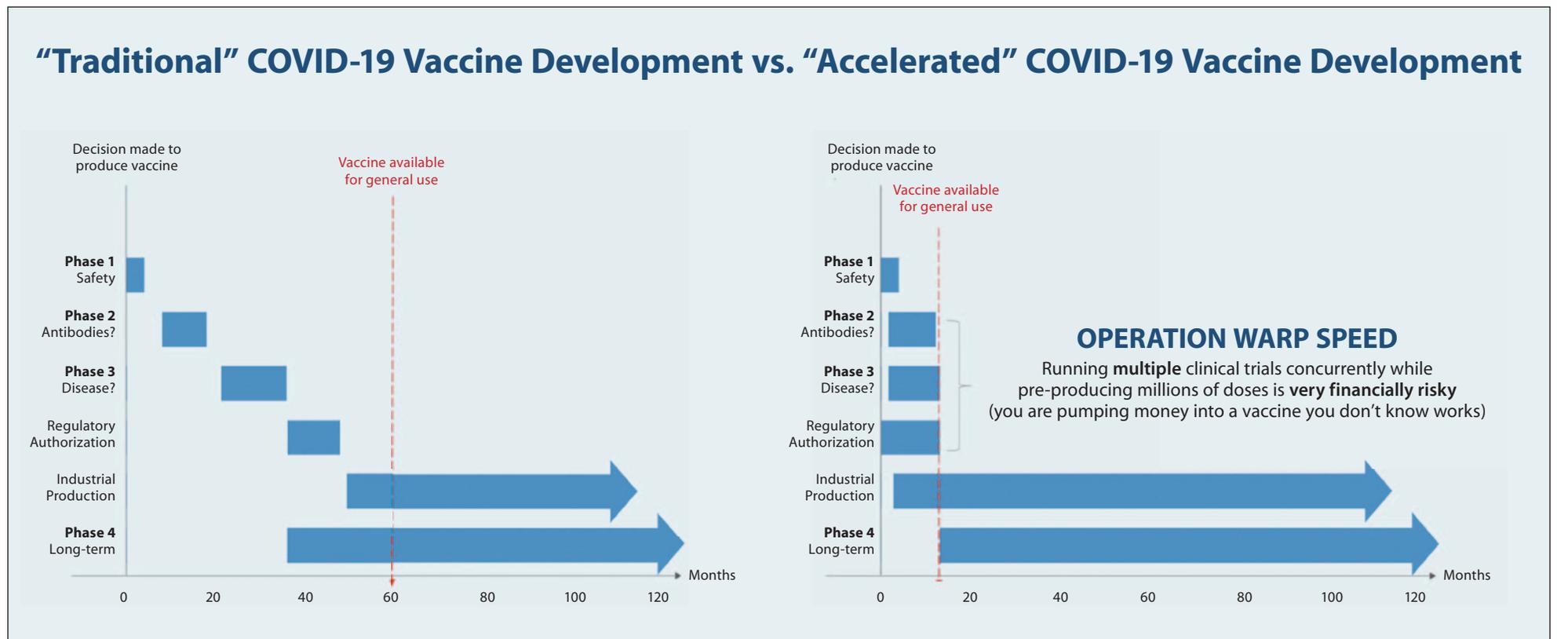


Image: CDLS(W) H Svcs attaché, LCol C Rossi

What are the possible short term adverse events?

Pretty much the same as other vaccines you've already gotten. As your body develops immunity after a vaccination, it is normal to experience symptoms. The most common of these are pain at the injection site (92 percent), tiredness (70 percent), headache (65 percent), muscle pain (62 percent) and chills (45 percent). These generally occur within 1-3 days after vaccination, last for about 1-3 days and are mild, without the need for medical employment limitations or sick leave/excused duties.

A very small number of people will experience these symptoms more severely, to the point of preventing them from their regular daily activities and possibly needing MELs. See figure 1 below. These are not common, but do happen more frequently after the second dose.

In clinical trials, three serious adverse events among the 14 134 study participants were likely related to the Moderna vaccine: two cases of facial swelling occurring within 7 days of receiving dose 2, in female patients aged 46 and 51; and one case of nausea and vomiting with headaches and fever occurring within 7 days after dose 2 and requiring in-hospital treatment in a 61 year old female, with past medical history of headaches with nausea and vomiting requiring hospitalization. These all got better.

If I begin to feel ill after the vaccine, should I be concerned about being around my family members?

No. People who have a fever should stay home from work and away from their family members as much as possible, not because of any risk from the vaccine, but because it is possible that someone with a fever might have a different infection, completely unrelated to receiving the COVID-19 vaccine that simply occurred at the same time as receiving the vaccine.

What are the possible long term effects of the vaccine?

We are still learning and have good reason for optimism. While the mRNA vaccines have years of development behind them, these two specific vaccines are new and came to market following confirmation of safety amongst about 30 thousand study participants followed for about three months. The first mRNA vaccine administered outside of a study was in December 2020 in the UK, and over 100 million people worldwide have been vaccinated so far. We know the vaccines are safe over the first few months, and have no scientific reason to expect they will be unsafe beyond that timeframe. Remember that the mRNA and the protein it makes end up disappearing from our body.

But we are watching closely. Like all vaccines, the COVID-19 vaccines will undergo continuous monitoring following their approval. Health Services reports all adverse events to Health Canada to make sure that drugs approved for use in Canada remain safe to use. Continued careful monitoring and investigation of adverse events at the national and global level assures detection of any such effects.

Based on how the mRNA vaccines work, we know that they will not alter human DNA. The mRNA disappears in a short time, and importantly it never enters the central part (nucleus) of our cells where our DNA lives. In fact, our bodies make our own mRNA all the time, and using it then recycling it is normal for us. Even if the mRNA stuck around, humans lacks the machinery to integrate mRNA into our DNA: enzymes with names like reverse transcriptase and integrase. The mRNA itself lasts just long enough to make the spike protein, then soon breaks down through normal cellular processes.

There is no indication that the mRNA vaccines lead to autoimmune disease, whether by causing SARS-CoV-2 spike protein to be expressed on normal cells and becoming targeted by the immune system, or antibodies induced by the spike protein binding normal cells by mistake. No adverse effects attributable to an auto-

immune cause occurred during clinical trials. Notably, there are no reports of autoimmune disease amongst the 104 million people who have received vaccine so far. Guidance around the need for booster doses from the National Advisory Committee on Immunization and other bodies will consider the theoretical potential of autoimmune disease.

There is no indication that the vaccine could lead to antibody-dependent enhancement, where infection after vaccination becomes much worse. In the clinical trials of both COVID-19 mRNA vaccines, both including more than 30 thousand patients each, no participants have developed ADE. Better yet, there are no reports of ADE amongst the 104 million people who have received vaccine so far. The potential mechanisms for ADE in SARS-CoV-2 are well publicised and because the virus continues to circulate broadly around the world, if ADE was going to be a problem, we would have seen it by now.

Overall, the known long term effects we already know people will experience from COVID-19 disease, outweigh theoretical ones from the vaccine.

Why can't we wait for longer term (e.g. 1 year) data before vaccinating the CAF? Why should we receive the first-available vaccines when there are several other vaccines in trials?

The impacts of COVID-19 are already degrading the CAF's ability to train and employ our personnel. Broad vaccination – as soon as possible – is the best chance we have to maintain operational readiness, resume normal activities and prevent further infection, including the rise of viral variants. Vaccinated people will be protecting themselves, as well as their families and all people with whom they interact. Evaluation of the first-available vaccines will continue, so they will have the most available data around effectiveness and safety. The release of other vaccines cannot be fully predicted, so people who are offered the first-available vaccines are highly encouraged to receive it.

Figure 1

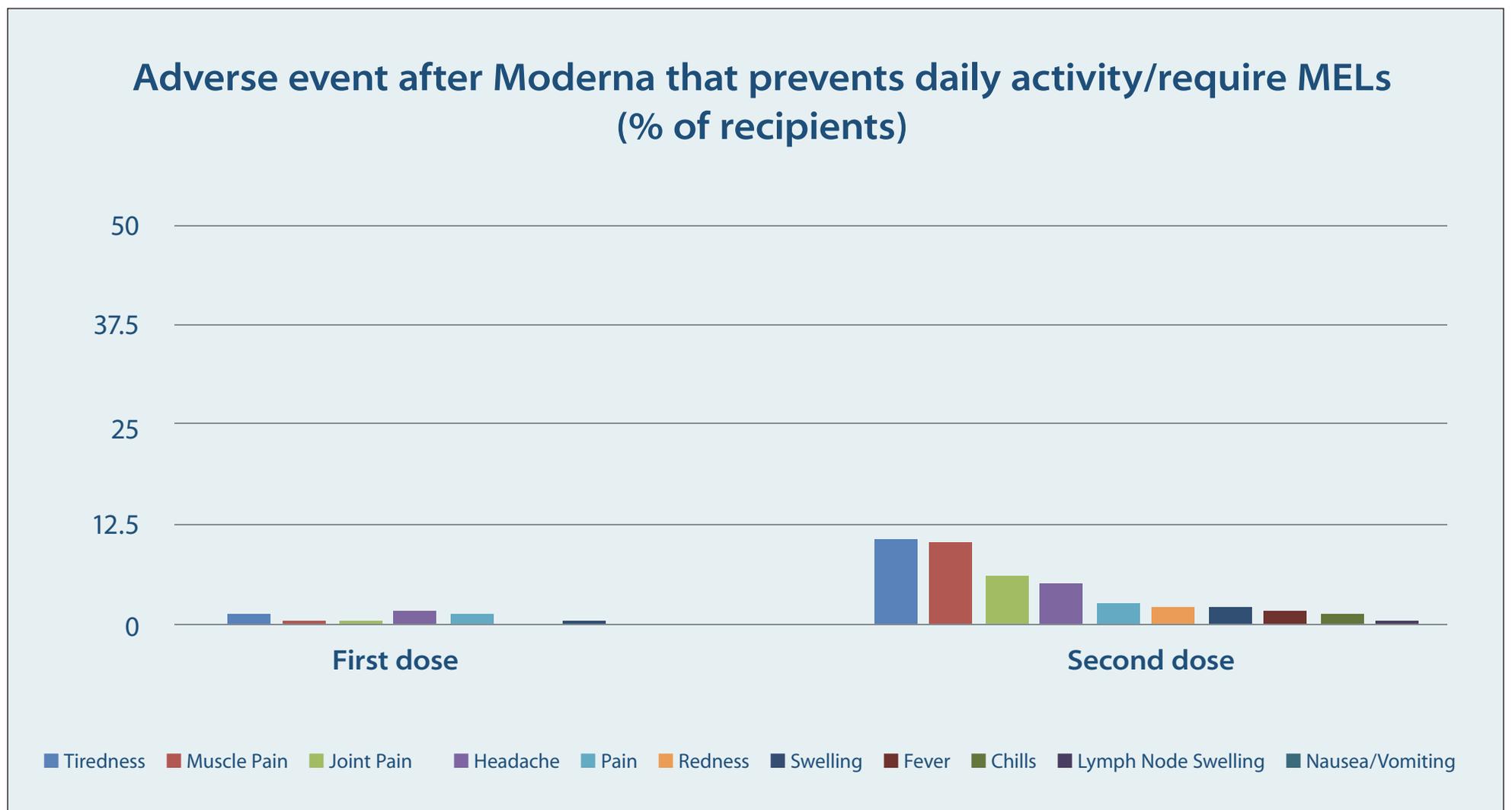


Image: adapted from Moderna monograph. Percentage of vaccine recipients who have an adverse event that prevents daily activity

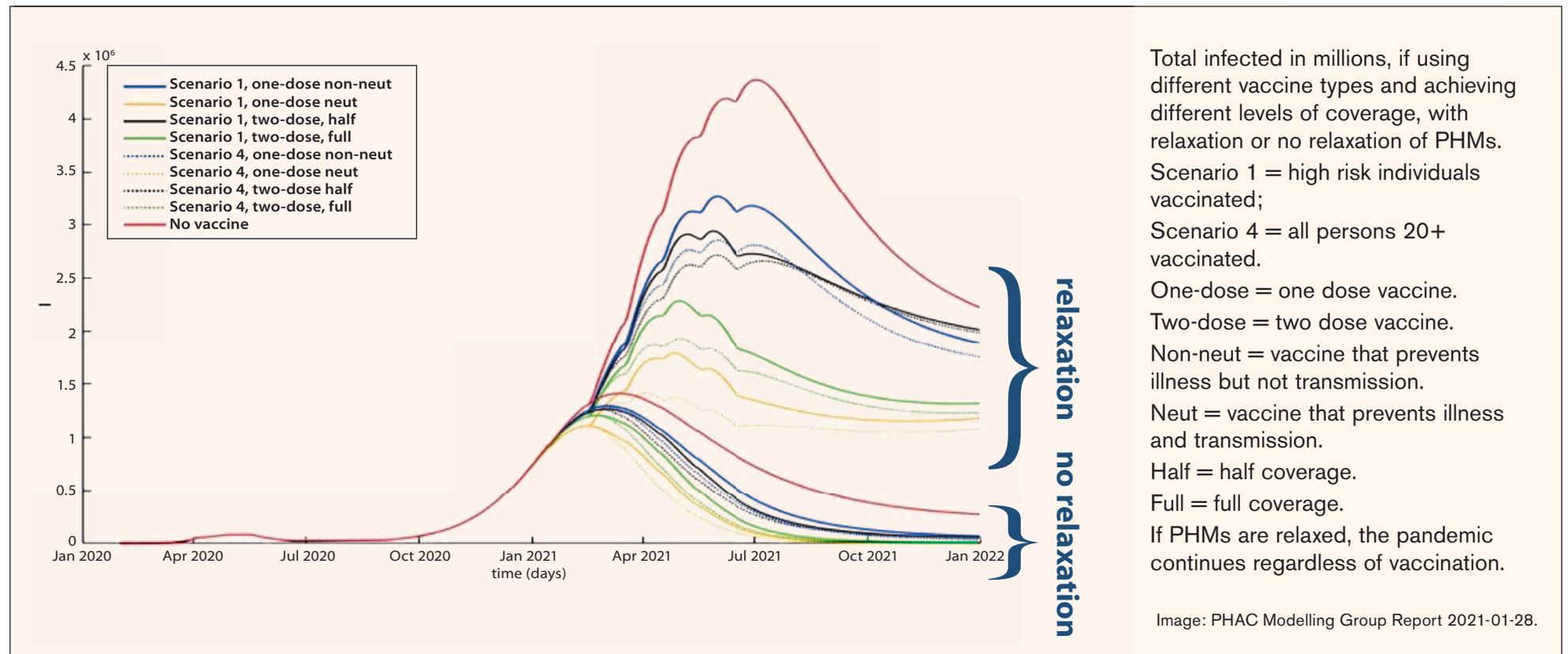
Vaccine and Public Health Measures

Why do we have to continue public health measures after getting vaccinated?

Even with 95 percent effectiveness in clinical trials, there is still the real possibility of developing COVID-19 if exposed to the virus. Because there are still so many active cases, including ones without symptoms who don't know they are infected, there will still be virus spreading in our communities and units. And as long as virus is circulating, it will continue to develop variants and potentially adapt to vaccines and other treatments.

We are also still learning to what extent will actually prevent transmission of virus from one person to another – until we know for sure, you could still infect others even if you are vaccinated.

Public health measures must continue until enough people are immune to stop the pandemic. Modelling shows that vaccination alone will not be enough to stop the virus from spreading. Both vaccination and continued public health measures, like distancing, activity restrictions, hand washing and masking, are needed to drive down infection rates.



How does herd immunity work?

- Healthy (not immune)
- Ill (infectious)
- Immune (either after vaccination or recovery from an infection)

Patterns of virus spread



Herd immunity

The spread of viruses is limited. People without immunity are better protected.

When will public health measures be lifted?

We can't put a definite timeline on this yet. It depends on how quickly transmission of the virus stops. If enough of the population becomes immune – herd immunity – and the virus is no longer broadly circulating, public health measures will be lifted. Based on modelling, it is unlikely that all measures will be withdrawn before 2022. It is likely that measures will be lifted gradually, not all at once, as population level immunity is confirmed and the risk of overwhelming the health care system drops.

In general, public health measures across the CAF will continue to reflect those of the general population. Restrictions on activities will probably be the first to be relaxed. Limited public gatherings and travel might be permitted, though with some continued mitigation requirements like evidence of immunity, quarantine and testing. The simplest measures, such as distancing, hand washing and masking, should be expected to continue long term.

All of this depends on getting as many people as possible vaccinated, and soon – within the CAF, and Canada generally. The longer it takes to stop transmission, the more likely we will continue to face new variants and require continued activity restrictions and public health measures to maintain control.

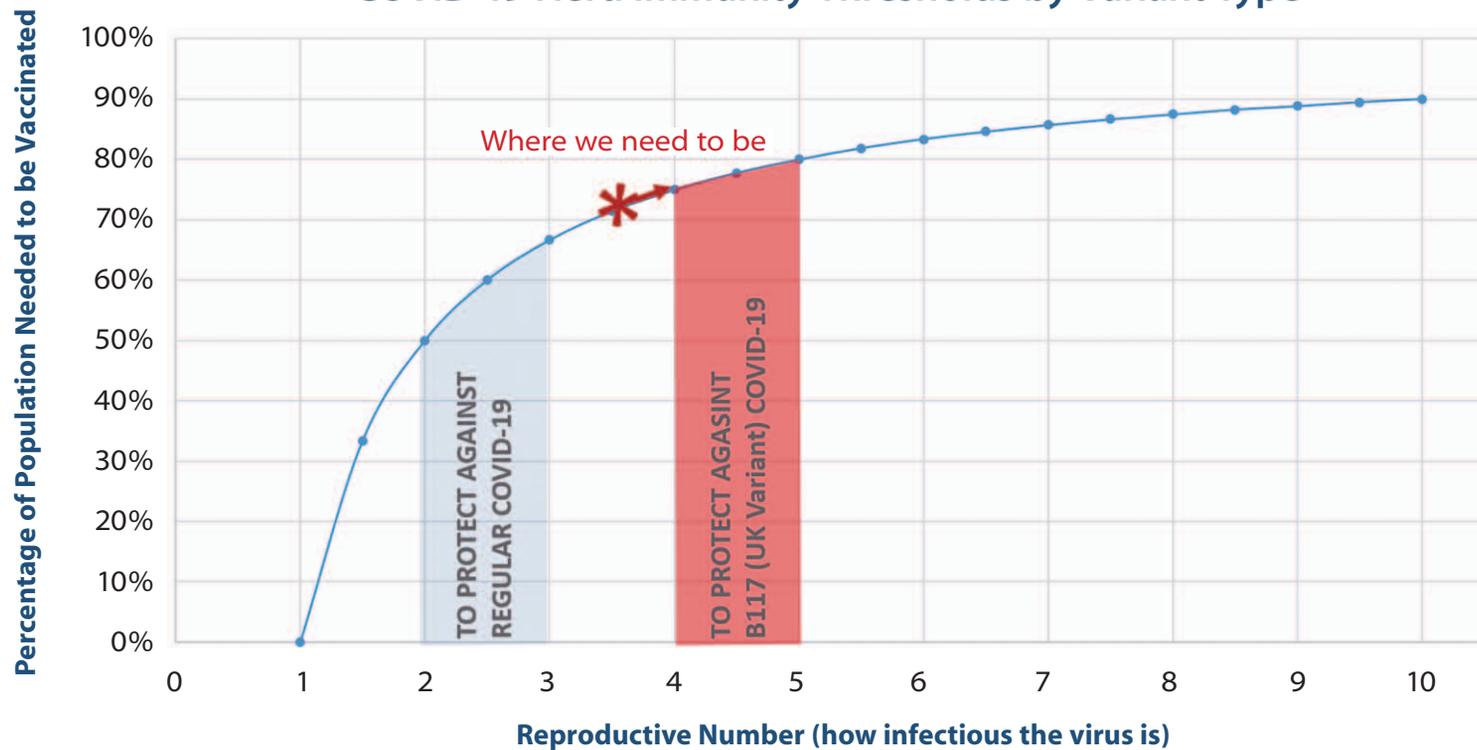
When enough people in a population are immune, the spread of virus is limited.

When enough people in a population are immune, the spread of virus is limited.

Image: Deutsche Welle



COVID-19 Herd Immunity Thresholds by Variant Type



The number of new infections caused by each case, determines how much of the population needs to be immune to prevent further spread.

Image: CDLS(W) H Svcs attaché, LCol C Rossi.

Vaccine and the CAF

Why do generally-healthy military members need to get the vaccine?

Although the vast majority of COVID-19 in the CAF have been mild and resolved after 10 days, about 10 percent of cases will have persistent symptoms lasting weeks to months. Many young and otherwise healthy individuals will require prolonged rehabilitation after infection. Catching COVID-19 could lead to medical employment limitations that will impact your fitness to serve, either temporarily or long-term. While there have been no deaths in the CAF, our allied forces such as the US have lost members due to COVID-19.

We don't operate in isolation either. CAF members have been part of transmission chains leading to further infections within their units and their communities: two-thirds of infections in the CAF have confirmed connections with other cases. Many of these are with our own families. Vaccination will help protect ourselves, our units and our loved ones.

Outbreaks, or even just the threat of an outbreak, have had operational impacts. Entire deployed sections have had to isolate/quarantine, camps have been locked down, and deployments and taskings have been cancelled. It's not just the cases: it's also all the people who need to be quarantined because they might have gotten infected. Broad vaccination – as soon as possible – is the best chance we have to maintain operational readiness, resume normal activities and prevent further infection, including the rise of viral variants.

If an entire unit is vaccinated, can that unit relax its public health measures?

Maybe. Public health measures within specific CAF units could be adjusted based on vaccination uptake within a unit, the chance of continued transmission between the unit and the surrounding community, the operational context, other mitigating factors like pre-activity quarantine and testing, and the advice of the supporting medical advisor.

Will the vaccine be mandatory in the CAF?

The authority to make a vaccination mandatory in the CAF belongs to the CDS alone. There are no such mandatory vaccines and none are anticipated by H Svcs. It is the CDS' intent that the authority to make a vaccine broadly mandatory across the general CAF population be retained at the L0 level.

While not mandatory, the vaccine can be recommended. Where there is a risk to the force that can be meaningfully prevented through immunization, Directorate Force Health Protection will recommend vaccination. The practice of making such vaccines a criterion for readiness for annual personnel readiness verification (APRV or Tier 1 PRV), and international deployments and high-tempo units/positions (DAG or Tier 2 PRV) is established in DAOD 5009-1 Personnel Readiness Verification Screening.

In the case of APRVs, the standard series of recommended vaccines is described in 6643-12, and broadly matches vaccine recommendations for the general Canadian adult population. While the COVID-19 vaccine is recommended for the general CAF population, it is not yet included in the standard series defined in 6643-12 given the evolving data defining its effectiveness and duration of protection. Therefore, COVID-19 vaccination is not assessed in an APRV.

In the case of DAGs, recommended vaccines will vary according to context and will generally be promulgated in orders. The COVID-19 vaccine is strongly recommended in many operational contexts. Either force generators or force employers for international deployments and high-tempo units/positions will determine if the COVID-19 vaccine is a readiness requirement, with consultation with their respective medical advisor. Not taking the COVID-19 vaccine might interfere with DAG status, and thus whether a member can be tasked or trained, including deployments.

Units might also consider consulting with their legal advisors for guidance.

Will it be required for deployments?

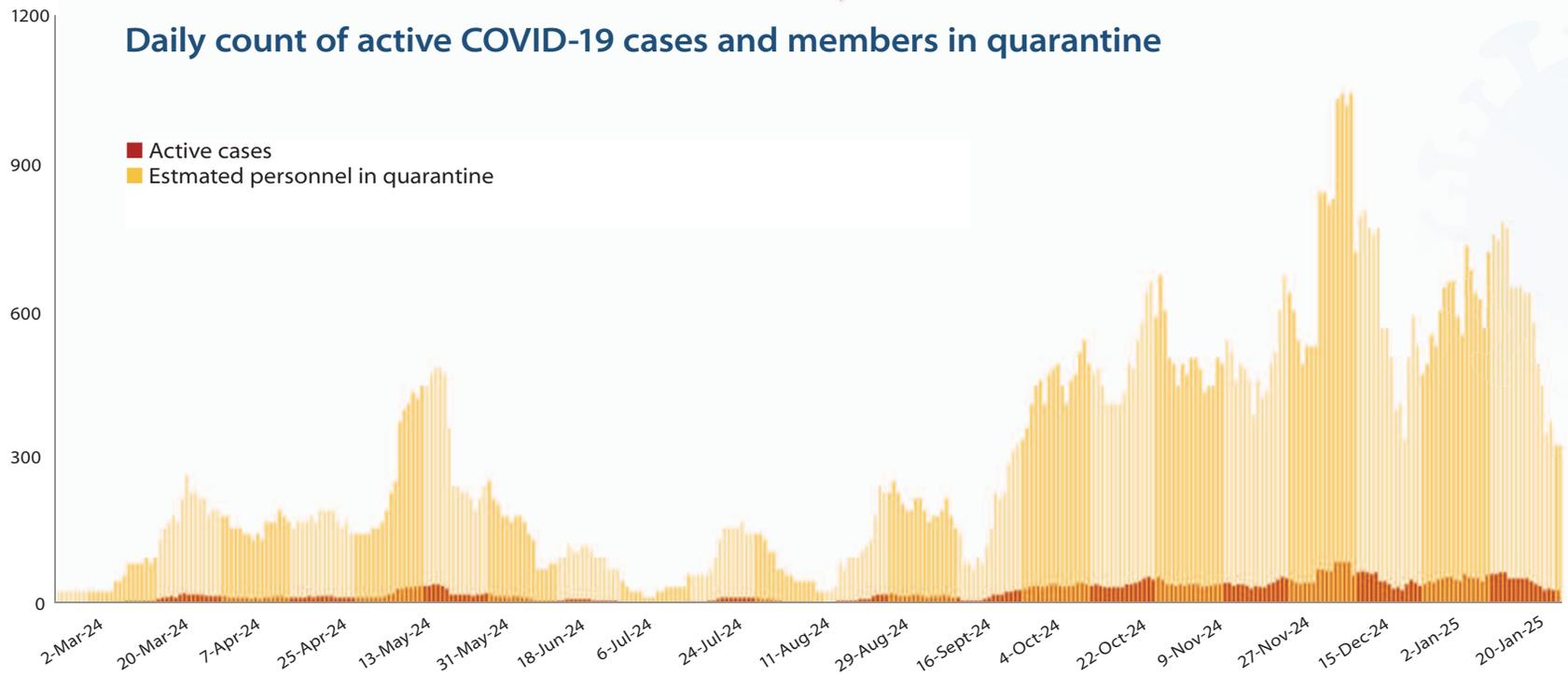
Either force generators or force employers for international deployments and high-tempo units/positions will determine if the COVID-19 vaccine is a readiness requirement, with consultation with their respective medical advisor. Factors to consider include individual and force health risks, the risk of infection – including outbreaks – impacting the mission, and the ability to mitigate these risks. Because of factors such as shared accommodation, limited access to medical facilities and military operational imperatives, the COVID-19 vaccine is strongly recommended in many operational contexts.

How is my decision to refuse a vaccination going to be kept private and respected?

Personal information including decisions made during a medical visit are kept private and confidential. Medical personnel are professionally and legally obligated to respect your right to make informed decisions about your own health, and to not disclose personal health information to anyone without your consent or lawful authority. If a vaccination is a DAG requirement, the status of a member will be conveyed only by the defined colour codes in DAOD 5009-1 Personnel Readiness Verification Screening, e.g.:

- Green – checklist item is current and the CAF member meets the requirement;
- Yellow – checklist item is expired and the CAF member does not meet the requirement but the item may be completed within 30 days;
- Red – checklist item is expired, the CAF member does not meet the requirement and item cannot be completed within 30 days;
- Gray – checklist item is not applicable or does not impact the readiness of the CAF member

Only the colour code is provided to the chain of command. The reasons leading to the assigned code disclosed to a medical provider are considered confidential medical information, whether it is refusal, an underlying medical condition preventing vaccination, etc.



For every confirmed case, there are on average 12 additional persons under quarantine as close contacts.

Image: DFHP Epidemiology.

Leadership

How should I encourage my troops to get the vaccine? What is the best messaging?

The best messaging is to appeal to what motivates them. Some members will be driven by a sense of duty and common responsibility, and will accept the vaccine as a way to ensure the health and safety of their colleagues and their community. Some are focused on being part of the CAF and ensuring mission success, and will accept the vaccine to enable the resumption of military operations and training. Others are motivated out of self-interest, and will accept the vaccine to protect their own health, avoid the potential long-term consequences of COVID-19, and regain some freedoms like to have social gatherings or travel. Others still might be focused on what they don't know, like how safe the vaccines are or what the effects might be. Most people have a bit of all of these. Your supporting medical advisor can assist with providing information, briefings and opportunities to address questions from your members.

Can I get my vaccine done in front of my troops, with my RSM (if also a volunteer) as a way of setting the example?

Yes, that is an excellent way to demonstrate your confidence in the vaccine and its importance in assuring mission success, operational readiness, and of course the health of your members.

How do I encourage my members to get vaccinated and yet not pressure them, or seem to be pressuring them to get vaccinated?

Leading by example and leveraging natural leaders amongst your members is important. Being seen getting vaccinated and taking COVID-19 seriously is a start. Transparent and truthful explanations, like the operational impact of COVID-19 when an outbreak occurs – on average, every case leads to 12 contacts who must be quarantined, which degrades unit readiness – can motivate those who are driven by their identity as military professionals. Educating members on the potential long term consequences of COVID-19 – 10 percent of cases may develop chronic illness leading to medical limitations – can also drive acceptance. Your supporting medical advisor can assist with providing information, briefings and opportunities to address questions from your members.

Dependents

When can I expect a vaccine for my dependents aged 16 and under?

Based on development timelines, vaccine might be approved for children by the end of 2021. No COVID-19 vaccine has been approved by any regulator for children as of yet. Moderna is approved only for persons 18 and over, while Pfizer is approved for those 16 and over. Clinical trials often focus exclusively on adults to ensure that efficacy and safety monitoring are as streamlined as possible for approval purposes. For the two vaccines approved in Canada, studies are now underway for persons 12-18 (Moderna) and 12-15 (Pfizer).

Why should I get vaccinated if my dependents won't be vaccinated (e.g. my spouse may not get it at the same time as the CAF member or the children not at all)?

The vaccine will protect you from developing COVID-19, particularly if other members of your household are still vulnerable to becoming infected and transmitting the virus. It is also expected that being vaccinated will prevent you from becoming infected and transmitting it to them.



OUTCAN

What about herd immunity internationally? What if I am vaccinated but there is yet no vaccination available for the locals?

Like all locations around the world, public health measures will continue until the spread of virus is no longer a threat. If you are vaccinated, you will be protected from developing COVID-19 if you are exposed to the virus. It is also expected that being vaccinated will prevent you from becoming infected and transmitting it to them. Every individual who is vaccinated brings the community closer to stopping viral spread.

Where can I get reliable information on vaccines that are being administered at my OUTCAN post?

This will vary by post and should be directed to your supporting medical advisor. Generally, the manufacturer's monograph as approved by a regulator is the best source for validated information. If the vaccine is approved by Health Canada it will be readily available on their website in English and French.

What do we know from other jurisdictions that are ahead of us in vaccination?

On discussion with the Israel Ministry of Health (24 January), observations so far include:

Expectation that vaccination is causing viral loads to be low enough for virus to not be transmissible or for there to be a low risk of transmission, if exposed to the virus

Adverse reaction rates and types are consistent with clinical trial data. Facial numbness and paralysis have been noted amongst some who received the Pfizer vaccine, lasting for a few hours and then resolving.



MARITIME FORCE PACIFIC (MARPAC) VACCINATION ROLL-OUT

FREQUENTLY ASKED QUESTIONS



What is the situation?

Maritime Forces Pacific is mobilizing to provide COVID-19 vaccinations to eligible Canadian Armed Forces (CAF) personnel within the formation. The Moderna vaccine is anticipated to arrive in Esquimalt mid-April 2021, after which a vaccine schedule will be confirmed. First-doses of the vaccine will be provided via mass vaccination clinics in April/May, with second doses being administered in May/June. Notwithstanding leave or other personal circumstances, all eligible CAF members within the formation can expect to receive their COVID-19 vaccination by the end of June.

What vaccine is MARPAC getting?

Canadian Forces Health Services (Pacific) is receiving and will be administering the Moderna vaccine. The Moderna vaccine is a messenger RNA vaccine (mRNA) that is administered in two doses.

What will the roll-out look like for Esquimalt?

**Please note that dates are subject to change. Second-dose clinic information will be shared when it is confirmed.*

Esquimalt First-Dose Clinics

- 16 April – Commander, MARPAC to confirm Vaccine Schedule
- 21 April – Vaccine clinic set-up, dry run, and clinician team training
- 22 April – Clinic of health service staff and select patients

Chiefs' & Petty Officer's Mess

- 27-29 April – Vaccine clinics (500 pers/day)
- 4-6 May – Vaccine clinics (500 pers/day)

Base Medical Clinic (Evenings/Weekends)

- 11, 13, 15, 18, 20, 22 May – Vaccine clinics (150 pers/day)
- 1700-2000 Tues & Thurs
- 1000-1400 Saturdays

How do I know when my unit is supposed to be vaccinated?

A detailed schedule has been promulgated and is being sent to unit Chains of Command. This schedule is also available on MARPAC's internal CAF COVID-19 Vaccination Roll-out webpage (http://esquimalt.mil.ca/main/e/vaccination_campaign.htm).

What training is being provided to vaccination teams?

The vaccination teams are made up of health care professionals who will receive additional training specific to the vaccine and their role on the team. Team training will take place from 21-22 April and will include briefings, dry run practice sessions, and a slow-time clinic.

What can I expect when I go to be vaccinated?

CAF members appearing for their vaccination should refer to the map of the vaccination site at the Chief's & Petty Officer's Mess to help orient themselves.

Waiting Area

- Personnel are to show up no earlier than 5 minutes prior to their appointment times, and will be met at the entrance point by a unit point of contact who will check them in.

Consent Area

- When called, personnel will report to consent room. Personnel will receive their immunization card and be directed to change into a medical mask and sanitize their hands. Personnel will then be briefed on the vaccine and provided with an opportunity to read the vaccine information sheet. The vaccination screening will be completed for each person which will include identifying anyone who is high-risk and needs to wait 30 minutes or be deferred to clinic. When complete, personnel will continue to their immunization station.
- If the patient has more specific questions, they can be answered in a private setting by one of the designated consent personnel.
- If the person refuses the vaccine, they can proceed into the recovery room, drop their vaccine card with the medical administrator and exit through the recovery room area. Refusals will be documented by the medical administrator in Canadian Forces Health Information System (CFHIS).

Injection Area

- To get the vaccine, the member will then go to their immunization station. Information of the vaccine care will be verified. The vaccinator will fill out their vaccine log (Service Number and name), fill out the passport, discuss side effects and deliver the vaccine.

Recovery Area

- Once the vaccination is complete, the person will take their vaccine card to the medical administration table located on the recovery side. Their card will be put in a bin. Their exit time will be recorded on the vaccine after care sheet.
- Encounter will be recorded in CFHIS by the medical administrators on-site.
- Personnel can leave after they have waited their designated time (15 or 30 min). This time will be verified at the exit.

What should I bring to my vaccination time?

Members should arrive with the following:

- An undershirt worn on their person (beneath uniforms);

- Military identification card; and
- A full stomach (please don't skip breakfast)!

Members are required to follow current Public Health Measures and stay home if they are ill and/or experiencing COVID-19 symptoms. Medical masks will be provided to members as they arrive at the clinic(s).

Should I get the vaccine if I am pregnant / nursing? What if I have another medical condition?

Members with specific medical concerns should speak to their individual healthcare providers to ensure they are equipped with as much information as possible to make an informed decision.

Designated consent personnel will also be on-hand during the vaccination clinics to answer any questions members might have.

Will we be vaccinating civilians?

Civilian employees and military dependents can expect to receive their COVID-19 vaccinations through their provincial health department or public health authority.

An exception to this will be made for the dependents of members slated for OUTCAN postings. They will be included in Priority 3.

Can CAF members get the vaccine through the Province?

Every CAF member will be eligible for a vaccine through the CAF vaccination program. Under exceptional circumstances there may be occasions where members receive a COVID-19 vaccination through the Province; if this is the case, members are required to call the immunization cell to book an appointment to have their vaccination documented. Members will be required to present their COVID-19 vaccination card and military ID at their appointment.

What classes of reservists will be able to get the vaccine through MARPAC's CAF vaccination roll-out program?

Class C and Class B over 180 days will be able to get their vaccination through the CAF COVID-19 vaccination program.

If people are traveling outside of the area for work or have a high-risk family member, are they prioritized?

No. Priorities are set by the Personnel Coordination Centre on behalf of Commander, MARPAC, in accordance with Chief of Defence Staff direction and Public Health Agency of Canada guidelines.