

For edits: Updated: OpEd for DBH review and input

From: Youngs, Kirsten R GCPE:EX <Kirsten.Youngs@gov.bc.ca>
To: Smith, Paula GCPE:EX
Cc: Grieve, Chandler GCPE:EX
Attachments: PHO Letter - DOBC re Two-Dose Series Jan 12 2021 FINAL.pdf, OpEd Dr. Henry_Vaccine 2nd Doses_Jan 11 2021 v5 ky nl.docx

Morning Paula! Asap this a.m., s.13

s.13 as DBH requests below? By 9:30 would be optimal.

From: Henry, Bonnie HLTH:EX
Sent: January 13, 2021 6:23 PM
To: Youngs, Kirsten R GCPE:EX
Cc: 'Nicola Lambrechts' ; Henry, Lynn
Subject: RE: Updated: OpEd for DBH review and input

s.13

s.13 I can try to work on it tomorrow unless one of you has a chance to take a crack at it. Have also copied my favourite editor for advice!

Thanks,

Bonnie

*Dr Bonnie Henry
Provincial Health Officer
Office of the PHO
Ministry of Health
4th floor, 1515 Blanshard St
Mailing address: PO Box 9648, STN PROV GOVT
Victoria, BC
V8W 9P4
Bonnie.henry@gov.bc.ca*

Phone: 250 952-1330

I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em

Warning: This email is intended only for the use of the individual or organization to whom it is addressed. It may contain information that is privileged or confidential. Any distribution, disclosure, copying, or other use by anyone else is strictly prohibited. If you have received this in error, please telephone or e-mail the sender immediately and delete the message.

From: Youngs, Kirsten R GCPE:EX <Kirsten.Youngs@gov.bc.ca>
Sent: January 13, 2021 8:48 AM
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>
Cc: 'Nicola Lambrechts' <nicola@nlkstrategies.ca>
Subject: Updated: OpEd for DBH review and input



January 13, 2021

Dr. Steve Fedder, Co-President
Dr. Quynh Doan, Co-President
Dr. Gord McInnes, Co-President
Doctors of BC
Section of Emergency Medicine

VIA EMAIL

Dear Colleagues:

Thank you for your letter dated December 24, 2020 regarding the provincial COVID-19 vaccine program and your concerns about our approach to administering the two-dose series in the context of limited supply of vaccine. I want to reassure you that we are committed to a two-dose program in alignment with the current evidence about effectiveness of the vaccines we have in BC and with the consent form that you signed when receiving the first dose. However, we are also aware of the need to protect as many people as we can during this time of limited vaccine supply.

Our decision to delay the second dose of the series for one week, to 35 days, is a short-term approach based on sound science and ethical analysis. The goal of the first phase (from December 2020 to March 31, 2021) of our COVID-19 vaccination program is to maximize the population benefit of the limited supply of vaccine to prevent hospitalizations and deaths during a time when transmission rates in the community remain high.

In coming to this decision, we consulted with stakeholders and undertook comprehensive review including reviewing data and modelling from the BCCDC, consulted immunization experts and the BC Immunization Committee, looked at evidence and advice from external agencies [firstly the Canadian National Advisory Committee on Immunization (NACI), the WHO SAGE committee, and the UK and US immunization advisory committees] and engaged in both ethical and operational reviews with the BC Immunization Emergency Operations Centre.

Recently published data from the clinical trials of both mRNA vaccines (Pfizer-BioNTech and Moderna) show that both vaccines provide very high short-term efficacy (92.6% for the Pfizer product and 92.1% for the Moderna product) by two weeks following the first dose. This is similar protection, and is within the 95% confidence intervals, of that reported for both vaccines one week following the second dose (94.8% for Pfizer-BioNTech and 95.2% for Moderna). This

Ministry of Health

Office of the
Provincial Health Officer

4th Floor, 1515 Blanshard Street
PO Box 9648 STN PROV GOVT
Victoria BC V8W 9P4
Tel: (250) 952-1330
Fax: (250) 952-1570
<http://www.health.gov.bc.ca/pho/>

tells us that high short-term protection is achieved rapidly following the first dose of both vaccines. In addition, the interval between the two doses in the trials ranged from 19-42 days for both products (Pfizer-BioNTech 19-42 days and Moderna 21-42 days) with no reduced protection or response to the second dose in those who received the vaccine later in the interval. While the recommended time for administration is 21 to 28 days, the most important consideration is not to give the second dose too soon, as we know this leads to blunting of the immune response. We still do not know the duration of protection from either of these new vaccines but expect to have more data on this important question as vaccine programs roll out worldwide.

On January 8, 2021, immunization experts at the WHO released this statement on COVID-19 vaccine intervals: "WHO's recommendation at present is that the interval between doses may be extended up to 42 days, on the basis of currently available clinical trial data," adding: "Should additional data become available on longer intervals between doses, revision of this recommendation will be considered." NACI has also recognized this and adjusted their recommendation to indicate provinces "may maximize the number of individuals benefiting from a first dose of vaccine by delaying the second dose, until further supplies of the vaccine become available, preferably within 42 days of receipt of the first dose."

Both NACI and the WHO statements are also aligned with past experience with other vaccines where delaying the second dose can actually lead to a stronger booster effect (NACI: Recommendations on the use of COVID-19 vaccines, January 12, 2021 <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines.html>).

We have also considered the theoretical risk of increased pressure that would allow for the development of a vaccine resistant strain in a partially immunized population (i.e., where individuals do not receive a second dose for a prolonged period of time), especially in the context of high transmission. However, this theoretical risk is reduced by the high short-term efficacy of a single dose of mRNA vaccine and the very short delay in interval to receipt of second dose.

Given the data, modelling, and knowledge we have on immunology, our approach aims to balance administering the second dose as close as possible to the 21 to 28 day recommended timeline, recognizing that there is no maximum interval, with the operational challenges posed by the limited current vaccine supply.

A prevailing principle we considered in the allocation of these scarce resources is to seek to maximize benefit, that is, to prioritize people with the highest needs and greatest likelihood to benefit in order to maximize health benefits for the population overall. We can reach over a third more at-risk people with a high level of protection by offering the first dose to as many people in our top priority groups as possible in the initial weeks during our period of scarce vaccine

supply. If we do this, modelling shows we will at minimum prevent dozens to hundreds of hospitalizations and deaths.

With due consideration of all these important factors, we made the decision in BC to extend the interval for receipt of the second dose of either the Pfizer-BioNTech or Moderna vaccine to approximately 35 days. This should allow us to protect an additional 150,000 people with first doses with the vaccine that is scheduled to arrive in BC between December 2020 and March 2021 while providing a very high level of individual protection to all vaccine recipients in the short term. A 35-day interval aligns with the operational reality that vaccine supplies will be back-end loaded with more vaccine scheduled to arrive in February and March 2021 than in December 2020 and January 2021 so everyone vaccinated will receive their second dose as scheduled in the coming weeks. Even greater amounts, while not yet confirmed by the federal government, are expected in the second quarter of 2021 (April – June 2021).

Given what we know about our immune system and what we know right now about these vaccines, I believe we have taken a reasonable and safe approach that provides as much protection as possible to as many people at risk as possible in this period of vaccine supply constraint. I assure you that this approach is for the short term in the context of limited supplies and current knowledge and we are committed to monitoring and reevaluating as new information emerges.

Thank you again for the opportunity to provide the background and evidence that went into this difficult decision; I hope I have addressed your concerns. Your work on the front lines continues to be vital as we move into the next phase of the pandemic. It is our hope that our short-term approach to vaccinate with the first dose as broadly as possible will alleviate pressures on hospitals and acute care more quickly and will allow the health system the needed space to recover.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bonnie Henry', with a stylized, cursive script.

Bonnie Henry
MD, MPH, FRCPC
Provincial Health Officer

cc: Dr. Ross Brown
Dr. Meena Dawar
Dr. Reka Gustafson

Page 05 of 47

Withheld pursuant to/removed as

s.13

For Minister Review: DBH OpEd on vaccine doses

From: Youngs, Kirsten R GCPE:EX <Kirsten.Youngs@gov.bc.ca>
To: Dix, Adrian HLTH:EX
Cc: hlth Ministerial and Executive Assistants
Attachments: LH EDITS OpEd Dr. Henry_Vaccine 2nd Doses_Jan 14 2021 v6 bh ky.docx

Good afternoon, Minister,

Dr. Henry is hoping to put out the attached OpEd this week in response to criticisms/confusion about the timing between vaccine doses.

Do you have any concerns with that, or edits for the attached?

Page 07 of 47 to/à Page 08 of 47

Withheld pursuant to/removed as

s.13

OpEd for translation

From: Youngs, Kirsten R GCPE:EX <Kirsten.Youngs@gov.bc.ca>
To: Chan, Catherine GCPE:EX, Joshi, Shruti GCPE:EX
Cc: Harris, Megan GCPE:EX, Grieve, Chandler GCPE:EX
Attachments: OpEd Dr. Henry_Vaccine 2nd Doses_Jan 18 2021_FNL.docx

Good morning, ladies,

Thanks so much for the reminder re the OpEd – attached is in the TC today and tomorrow will be in the Van Sun.

I'll be sure to build translation time in next round!

KY

OP-ED

Maximizing the Benefit of Limited Vaccine Supply

Dr. Bonnie Henry
Provincial Health Officer
January 18, 2021
(626 words)

"The COVID-19 pandemic has been incredibly difficult for all of us, and each day I am grateful for the sacrifices people have made, and continue to make, to keep their friends, family and neighbours safe. We are all eager to put the pandemic behind us, and the approval of two safe and effective vaccines for use in Canada gives us light at the end of the tunnel.

Right now, in B.C. and globally, access to the COVID-19 vaccine is limited, which means we need to focus our efforts on keeping our most vulnerable safe. Our Elders, seniors and those who care for them, our frontline healthcare workers, as well as remote and at-risk Indigenous communities, have been hardest hit, and that is where our focus will remain through the first months of immunization.

As we get through the first months of the year and more vaccine becomes available, we will increasingly expand our focus to include other groups primarily based on the greatest risk factor for illness and death: age. By next fall we full expect a vaccine will be available to everyone who would like one.

To date, we have provided the first dose of the vaccines to more than 87,000 people in British Columbia. Each vaccine dose reduces the likelihood of severe illness and saves lives, and also increases the protection that our health care system needs.

Both the Pfizer-BioNTech and Moderna vaccines require a second dose to maximize their effectiveness and give longer lasting protection. However, we also know that the protection after even a single dose is over 90%, and that this protection lasts for at least six weeks. In B.C., we have made the decision to provide the second dose starting at day 35 after receipt of dose one. This decision was made after detailed review of the evidence and consultation with experts, as well as an ethical analysis.

By delaying the second dose by seven days in these initial weeks of limited vaccine and high-transmission rates, we will be able to reach over 150,000 more at-risk people in B.C. than we otherwise could.

This plan is based on sound science and data. When clinical trials were underway for the vaccines, the timing between the two doses ranged from 19-42 days, and the results showed no change in the level of protection for the people who received the vaccine later in that range.

I think that it's also important to note that waiting between doses is key. This allows the body to develop the antibodies needed to fight the virus. If you give the second dose too soon, it doesn't have that boosting effect we want and need.

For both approved vaccines, this dosing schedule is within the approved range and has been endorsed by Canada's National Advisory Committee for Immunization as well as by immunization experts at the World Health Organization.

Our pandemic response is continuing to evolve as we learn more about this virus, and that is especially true when it comes to our vaccination planning and distribution. Delaying the second dose for one week is a temporary approach that we know will protect as many people as possible from this virus during a time of limited vaccine supply.

Given what we know about our immune system and what we know right now about these vaccines, I believe we have taken a reasonable and safe approach that provides as much protection as possible to as many people at risk as possible in this period of vaccine supply constraint.

With every person who receives a vaccine, our entire province becomes that much safer. We still have a ways to go, but the light of hope is shining brighter and soon we will all be able to leave COVID-19 behind us.”

Contact:

Ministry of Health Communications
250 952-1887 (media line)

FW: From CTV News: Dr. Henry op-ed

From: Grieve, Chandler GCPE:EX <Chandler.Grieve@gov.bc.ca>
To: Smith, Devon GCPE:EX <Devon.P.Smith@gov.bc.ca>
Can you send -t hx

From: Mangione, Kendra <kendra.mangione@bellmedia.ca>
Sent: January 21, 2021 8:15 AM
To: Smith, Devon GCPE:EX <Devon.P.Smith@gov.bc.ca>; Grieve, Chandler GCPE:EX <Chandler.Grieve@gov.bc.ca>
Subject: From CTV News: Dr. Henry op-ed

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Good morning,
Just trying to track down the Dr. Henry op-ed on vaccines – looks like most of the local newspapers got it, but I don't think it was sent to CTV News, though it's possible I just can't find the email.

We generally publish these online.

Kendra Mangione | Producer – Digital Content

CTV News Vancouver | t 604.609.5812 | m 604.787.1862 | kendra.mangione@bellmedia.ca
969 Robson St. | Vancouver | CTVNewsVancouver.ca

RE: From CTV News: Dr. Henry op-ed

From : Mangione, Kendra <kendra.mangione@bellmedia.ca>
To: Smith, Devon GCPE:EX <Devon.P.Smith@gov.bc.ca>, Grieve, Chandler GCPE:EX <Chandler.Grieve@gov.bc.ca>

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Awesome – thanks Devon!

From: Smith, Devon GCPE:EX <Devon.P.Smith@gov.bc.ca>
Sent: January-21-21 9:06 AM
To: Mangione, Kendra <kendra.mangione@bellmedia.ca>; Grieve, Chandler GCPE:EX <Chandler.Grieve@gov.bc.ca>
Subject: [EXT]RE: From CTV News: Dr. Henry op-ed

Hi Kendra – I've attached the op-ed for you.

Thanks!
Devon

From: Mangione, Kendra <kendra.mangione@bellmedia.ca>
Sent: January 21, 2021 8:15 AM
To: Smith, Devon GCPE:EX <Devon.P.Smith@gov.bc.ca>; Grieve, Chandler GCPE:EX <Chandler.Grieve@gov.bc.ca>
Subject: From CTV News: Dr. Henry op-ed

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Good morning,
Just trying to track down the Dr. Henry op-ed on vaccines – looks like most of the local newspapers got it, but I don't think it was sent to CTV News, though it's possible I just can't find the email.

We generally publish these online.

Kendra Mangione | Producer – Digital Content

CTV News Vancouver | t 604.609.5812 | m 604.787.1862 | kendra.mangione@bellmedia.ca
969 Robson St. | Vancouver | CTVNewsVancouver.ca

External Email: Please use caution when opening links and attachments / **Courriel externe:** Soyez prudent avec les liens et documents joints

FOR APPROVAL: 35 Days Op-Ed

From : Ferguson, Stephanie GCPE:EX <Stephanie.Ferguson@gov.bc.ca>
To: Grieve, Chandler GCPE:EX <Chandler.Grieve@gov.bc.ca>, Youngs, Kirsten R GCPE:EX <Kirsten.Youngs@gov.bc.ca>
Cc: Thaw, Sara GCPE:EX <Sara.Thaw@gov.bc.ca>, Smith, Mat E GCPE:EX <Mat.Smith@gov.bc.ca>, Smith, Devon GCPE:EX <Devon.P.Smith@gov.bc.ca>

Hi there,

Please see below a post we've prepared to share Dr. Henry's 35 Days op-ed, for your approval. Thanks!

POST COPY

Every person who receives a COVID-19 vaccine makes our entire province that much safer. By delaying the second dose, we can maximize our supply and give the first dose to over 150,000 more at-risk British Columbians.

Learn more from Dr. Henry: <https://www.timescolonist.com/opinion/op-ed/dr-bonnie-henry-maximizing-the-benefit-of-limited-vaccine-supply-1.24269993>

--

Stephanie Ferguson

Digital Communications Officer | Digital Communications
Government Communications and Public Engagement
Province of British Columbia
250-889-3745

From: [Smith, Paula GCPE:EX](#)
To: [Smith, Paula GCPE:EX](#)
Subject: FW: Important - OpED in response to docs re second dose interval
Date: February 18, 2021 10:18:07 AM
Attachments: [Op Ed Vaccine 2nd Doses Jan 11 2021.docx](#)
Importance: High

Paula Smith | Senior Public Affairs Officer
Government Communications and Public Engagement
Ministry of Health COVID-19 Task Force
c. 250-880-6549 d. 778 974-4676

From: Smith, Paula GCPE:EX
Sent: January 11, 2021 11:37 AM
To: Grieve, Chandler GCPE:EX <Chandler.Grieve@gov.bc.ca>
Subject: Important - OpED in response to docs re second dose interval
Importance: High

Hi Chandler,

Kirsten asked me to pen an op/ed re: second dose delays and to have you review it before sending it to her at 1 (**at the latest**). Could you please have a look? Her key points are below in her email to me.

Thanks!

Paula Smith | Senior Public Affairs Officer
Government Communications and Public Engagement
Ministry of Health COVID-19 Task Force
c. 250-880-6549 d. 778 974-4676

From: Youngs, Kirsten R GCPE:EX <Kirsten.Youngs@gov.bc.ca>
Sent: January 10, 2021 2:10 PM
To: Smith, Paula GCPE:EX <Paula.Smith@gov.bc.ca>
Cc: Grieve, Chandler GCPE:EX <Chandler.Grieve@gov.bc.ca>
Subject: For PS: OpED in response to docs re second dose interval

Hi Paula,
Could you please make this your first priority tomorrow?

Please draft a concise (under 600 words), plain-language OpEd explaining the rationale for the 2dose approach and how that is grounded in science/the NACI recommendation (coming likely tomorrow) based on the attached letter - highlighting some of BC's success stories including how many BCers have been vaccinated thus far, and perhaps one of the First Nation communities (ie the Ahousaht) good news stories.

Have a look at the recent media coverage of the 2nd dose approach in other jurisdictions and make sure to address the common themes.

I'd love to see a draft by 1pm, so if you could have something to Chandler for review by noon at the latest, that would be optimal.

Media contact at the end can be the media line.

Many thanks!

KY

From: [Smith, Paula GCPE:EX](#)
To: [Smith, Paula GCPE:EX](#)
Subject: FW: Op Ed Vaccine 2nd Doses_Jan 11 2021
Date: February 18, 2021 10:17:54 AM
Attachments: [Op Ed Vaccine 2nd Doses_Jan 11 2021.docx](#)

Paula Smith | Senior Public Affairs Officer
Government Communications and Public Engagement
Ministry of Health COVID-19 Task Force
c. 250-880-6549 d. 778 974-4676

From: Grieve, Chandler GCPE:EX <Chandler.Grieve@gov.bc.ca>
Sent: January 11, 2021 12:32 PM
To: Smith, Paula GCPE:EX <Paula.Smith@gov.bc.ca>
Subject: Op Ed Vaccine 2nd Doses_Jan 11 2021

Hey Paula,

Thanks for the share and the chance to take a look.

s.13

I think the big thing here is we are doing this to save lives and protect more people **right now**.

s.13

Does that make sense?

Happy to chat if it doesn't.

Thanks,

Chandler

Chandler Grieve
Manager | GCPE COVID-19 Communications

C: 250-883-2237

From: [Smith, Paula GCPE:EX](#)
To: [Smith, Paula GCPE:EX](#)
Subject: FW: Op_Ed Second Doses_Jan 11 2021
Date: February 18, 2021 10:17:12 AM
Attachments: [OpEd Dr. Henry_Vaccine 2nd Doses_Jan 11 2021 v3.docx](#)

Paula Smith | Senior Public Affairs Officer
Government Communications and Public Engagement
Ministry of Health COVID-19 Task Force
c. 250-880-6549 d. 778 974-4676

From: Smith, Paula GCPE:EX
Sent: January 11, 2021 2:07 PM
To: Youngs, Kirsten R GCPE:EX <Kirsten.Youngs@gov.bc.ca>
Cc: Grieve, Chandler GCPE:EX <Chandler.Grieve@gov.bc.ca>
Subject: RE: Op_Ed Second Doses_Jan 11 2021

Here it is with the template – thanks to you both for your help:)

Paula Smith | Senior Public Affairs Officer
Government Communications and Public Engagement
Ministry of Health COVID-19 Task Force
c. 250-880-6549 d. 778 974-4676

From: Youngs, Kirsten R GCPE:EX <Kirsten.Youngs@gov.bc.ca>
Sent: January 11, 2021 1:48 PM
To: Smith, Paula GCPE:EX <Paula.Smith@gov.bc.ca>
Cc: Grieve, Chandler GCPE:EX <Chandler.Grieve@gov.bc.ca>
Subject: RE: Op_Ed Second Doses_Jan 11 2021

Thanks Paula, looks good and thanks to Chandler for taking the first cut.
I made some edits to reflect first person more consistently/her voice and also cut down a bit more on words as I assume she will want to add more.
Do you have access to the GCPE OpED template? Would prefer a clean copy of attached in the template to send to the PHO asap for approval. It's on the GCPE 411 site.

From: Smith, Paula GCPE:EX <Paula.Smith@gov.bc.ca>
Sent: January 11, 2021 1:21 PM
To: Youngs, Kirsten R GCPE:EX <Kirsten.Youngs@gov.bc.ca>

Subject: Op_Ed Second Doses_Jan 11 2021

Hi Kirsten,

Here is the draft op/ed coming in at 570 words. Chandler has reviewed and provided input.

thanks

Paula Smith | Senior Public Affairs Officer
Government Communications and Public Engagement
Ministry of Health COVID-19 Task Force
c. 250-880-6549 d. 778 974-4676

From: [Smith, Paula GCPE:EX](#)
To: [Smith, Paula GCPE:EX](#)
Subject: FW: Op_Ed Second Doses_Jan 11 2021
Date: February 18, 2021 10:17:20 AM

Paula Smith | Senior Public Affairs Officer
Government Communications and Public Engagement
Ministry of Health COVID-19 Task Force
c. 250-880-6549 d. 778 974-4676

From: Smith, Paula GCPE:EX
Sent: January 11, 2021 1:55 PM
To: Youngs, Kirsten R GCPE:EX <Kirsten.Youngs@gov.bc.ca>
Cc: Grieve, Chandler GCPE:EX <Chandler.Grieve@gov.bc.ca>
Subject: RE: Op_Ed Second Doses_Jan 11 2021

On it!

Paula Smith | Senior Public Affairs Officer
Government Communications and Public Engagement
Ministry of Health COVID-19 Task Force
c. 250-880-6549 d. 778 974-4676

From: Youngs, Kirsten R GCPE:EX <Kirsten.Youngs@gov.bc.ca>
Sent: January 11, 2021 1:48 PM
To: Smith, Paula GCPE:EX <Paula.Smith@gov.bc.ca>
Cc: Grieve, Chandler GCPE:EX <Chandler.Grieve@gov.bc.ca>
Subject: RE: Op_Ed Second Doses_Jan 11 2021

Thanks Paula, looks good and thanks to Chandler for taking the first cut.
I made some edits to reflect first person more consistently/her voice and also cut down a bit more on words as I assume she will want to add more.
Do you have access to the GCPE OpED template? Would prefer a clean copy of attached in the template to send to the PHO asap for approval. It's on the GCPE 411 site.

From: Smith, Paula GCPE:EX <Paula.Smith@gov.bc.ca>
Sent: January 11, 2021 1:21 PM
To: Youngs, Kirsten R GCPE:EX <Kirsten.Youngs@gov.bc.ca>
Subject: Op_Ed Second Doses_Jan 11 2021

Hi Kirsten,

Here is the draft op/ed coming in at 570 words. Chandler has reviewed and provided input.

thanks

Paula Smith | Senior Public Affairs Officer
Government Communications and Public Engagement
Ministry of Health COVID-19 Task Force
c. 250-880-6549 d. 778 974-4676

From: [Smith, Paula GCPE:EX](#)
To: [Smith, Paula GCPE:EX](#)
Subject: FW: Op_Ed Second Doses_Jan 11 2021
Date: February 18, 2021 10:17:32 AM
Attachments: [Op_Ed Vaccine 2nd Doses_Jan 11 2021 v2 ky.docx](#)

Paula Smith | Senior Public Affairs Officer
Government Communications and Public Engagement
Ministry of Health COVID-19 Task Force
c. 250-880-6549 d. 778 974-4676

From: Youngs, Kirsten R GCPE:EX <Kirsten.Youngs@gov.bc.ca>
Sent: January 11, 2021 1:48 PM
To: Smith, Paula GCPE:EX <Paula.Smith@gov.bc.ca>
Cc: Grieve, Chandler GCPE:EX <Chandler.Grieve@gov.bc.ca>
Subject: RE: Op_Ed Second Doses_Jan 11 2021

Thanks Paula, looks good and thanks to Chandler for taking the first cut.
I made some edits to reflect first person more consistently/her voice and also cut down a bit more on words as I assume she will want to add more.
Do you have access to the GCPE OpED template? Would prefer a clean copy of attached in the template to send to the PHO asap for approval. It's on the GCPE 411 site.

From: Smith, Paula GCPE:EX <Paula.Smith@gov.bc.ca>
Sent: January 11, 2021 1:21 PM
To: Youngs, Kirsten R GCPE:EX <Kirsten.Youngs@gov.bc.ca>
Subject: Op_Ed Second Doses_Jan 11 2021

Hi Kirsten,

Here is the draft op/ed coming in at 570 words. Chandler has reviewed and provided input.

thanks

Paula Smith | Senior Public Affairs Officer
Government Communications and Public Engagement
Ministry of Health COVID-19 Task Force
c. 250-880-6549 d. 778 974-4676

From: [Smith, Paula GCPE:EX](#)
To: [Smith, Paula GCPE:EX](#)
Subject: FW: Op_Ed Second Doses_Jan 11 2021
Date: February 18, 2021 10:17:39 AM
Attachments: [Op_Ed Vaccine 2nd Doses_Jan 11 2021 v2.docx](#)

Paula Smith | Senior Public Affairs Officer
Government Communications and Public Engagement
Ministry of Health COVID-19 Task Force
c. 250-880-6549 d. 778 974-4676

From: Smith, Paula GCPE:EX
Sent: January 11, 2021 1:21 PM
To: Youngs, Kirsten R GCPE:EX <Kirsten.Youngs@gov.bc.ca>
Subject: Op_Ed Second Doses_Jan 11 2021

Hi Kirsten,

Here is the draft op/ed coming in at 570 words. Chandler has reviewed and provided input.

thanks

Paula Smith | Senior Public Affairs Officer
Government Communications and Public Engagement
Ministry of Health COVID-19 Task Force
c. 250-880-6549 d. 778 974-4676

From: [Smith, Paula GCPE:EX](#)
To: [Smith, Paula GCPE:EX](#)
Subject: FW: OpEd Dr. Henry_Vaccine 2nd Doses_Jan 11 2021 v5 ky nl
Date: February 18, 2021 10:18:37 AM
Attachments: [OpEd Dr. Henry_Vaccine 2nd Doses_Jan 11 2021 v5 ky nl.docx](#)

Paula Smith | Senior Public Affairs Officer
Government Communications and Public Engagement
Ministry of Health COVID-19 Task Force
c. 250-880-6549 d. 778 974-4676

From: Smith, Paula GCPE:EX
Sent: January 14, 2021 9:45 AM
To: Youngs, Kirsten R GCPE:EX <Kirsten.Youngs@gov.bc.ca>
Cc: Grieve, Chandler GCPE:EX <Chandler.Grieve@gov.bc.ca>
Subject: OpEd Dr. Henry_Vaccine 2nd Doses_Jan 11 2021 v5 ky nl

Plain-language science attempt.

Page 26 of 47 to/à Page 27 of 47

Withheld pursuant to/removed as

s.13

Maximizing the benefit of limited vaccine supply

Dr. Bonnie Henry

Provincial Health Officer

January X, 2021

(539 words)

“The COVID-19 pandemic has been incredibly difficult for all of us. Every day, we are grateful for the sacrifices people have made, and continue to make every day, to keep their friends, family and neighbours safe. We are all eager to put the pandemic behind us, and the approval of two effective vaccines for use in Canada gives us light at the end of the tunnel.

Right now in B.C. and throughout Canada, access to the COVID-19 vaccine is limited and we need to focus our efforts on keeping our most vulnerable people safe – right now that means long-term care residents, the healthcare workers who support them, and those on the healthcare frontlines of this pandemic.

B.C.’s initial vaccination strategy is focused on protecting those most vulnerable to severe illness and death first, reducing the likelihood of transmission in high-risk scenarios, and making sure that our health care system is protected and is able to operate efficiently. To date, we have provided the first dose of the vaccines to more than 40,000 British Columbians who fit these criteria.

Last month, my team and I made the calculated decision to delay the second dose of the series for one week, to 35 days, in order to protect as many people as possible during a highly infectious period. I want to assure you that we are fully committed to a two-dose program that will still provide the highest effectiveness of the vaccines and that our decision is a temporary one based on sound science and data.

Through this altered, temporary process, we can reach over a third more at-risk people with a high level of protection by offering the first dose to as many people in our top priority groups as possible during our period of limited vaccine supply. If we do this, our data shows we will at minimum prevent dozens to hundreds of hospitalizations and deaths. This is especially important to groups such as the remote Ahousaht Indigenous population on northern Vancouver Island. There was a serious outbreak there in early December that infected a number of individuals, but is now in the process of protecting over half of their residents with the wider distribution of the first doses.

I do think it’s important to note that when the manufacturers provide vaccine information to Health Canada, they have a ‘recommended dose interval’, which is 21 to 28 days for Pfizer and Moderna at 28 days respectively, however there is also a minimum dose interval. If you give the vaccine too soon, it doesn’t have that boosting affect that you want it to have.

For both approved vaccines, the outside range before the second shot was 48 days and it was shown that there was no less protection during that period of time. This is the range that has been upheld by a UK vaccine expert committee, as well as my colleagues at the National Advisory Committee for Immunization here in Canada and immunization experts at the World Health Organization.

This process is going to save lives and provide a needed respite for our over-burdened healthcare system. I truly believe that the earlier we can have these vaccines in our communities, the faster we can return to the 'old normal'."

Contact:

Ministry of Health Communications
250 952-1887 (media line)

OPINION-EDITORIAL

Maximizing the Benefit of Limited Vaccine Supply

Dr. Bonnie Henry
Provincial Health Officer
January X, 2021
(447 words)

“The COVID-19 pandemic has been incredibly difficult for all of us, and each day I am grateful for the sacrifices people have made, and continue to make every day, to keep their friends, family and neighbours safe. We are all eager to put the pandemic behind us, and the approval of two safe, effective vaccines for use in Canada gives us light at the end of the tunnel.

Right now in B.C. and throughout Canada, access to the COVID-19 vaccine is limited and we need to focus our efforts on keeping our most vulnerable people safe. Our seniors and those who care for them, our frontline healthcare workers, as well as many at-risk and remote Indigenous communities, have been hardest hit, and that is where our focus will remain through this first phase of vaccination.

To date, we have provided the first dose of the vaccines to more than 40,000 British Columbians. Each vaccine reduces the likelihood of transmission, and helps ensure that our health care system, schools and workplaces are protected and can stay open. That is why we have moved forward with delaying the second dose of the vaccine to 35 days. This allows us to protect as many people as possible right now – when it is most urgently needed.

We need to be flexible in our approach to vaccination, and through the 35-day timeline, we can protect more people, sooner, and as data shows, hospitalizations and deaths. This is especially important to groups such as the remote Ahousaht Indigenous population on northern Vancouver Island. They experienced a serious outbreak in early December and I’m happy to say that they are now in the process of vaccinating residents partly because of B.C.’s nimble approach with a wider distribution of the initial doses.

It’s important to note that manufacturers have a ‘recommended dose interval’, which is 21 to 28 days for Pfizer and Moderna at 28 days respectively, however there is also a minimum dose interval. If you give the vaccine too soon, it doesn’t have that boosting affect that you want it to have.

For both approved vaccines, the outside range before the second shot was 48 days and it was shown that there was no less protection during that time. This is the range that has been upheld by a UK vaccine expert committee, as well as my colleagues at the National Advisory Committee for Immunization here in Canada and immunization experts at the World Health Organization.

This decision is going to save lives and help protect our healthcare system. I truly believe that the earlier we can have these vaccines in our communities, the faster we can put COVID-19 behind us for good.”

Contact:

Ministry of Health Communications
250 952-1887 (media line)

Maximizing the benefit of limited vaccine supply

Dr. Bonnie Henry

Provincial Health Officer

January X, 2021

(539 words)

“The COVID-19 pandemic has been incredibly difficult for all of us. Every day, we are grateful for the sacrifices people have made, and continue to make every day, to keep their friends, family and neighbours safe. We are all eager to put the pandemic behind us, and the approval of two effective vaccines for use in Canada gives us light at the end of the tunnel.

Right now in B.C. and throughout Canada, access to the COVID-19 vaccine is limited and we need to focus our efforts on keeping our most vulnerable people safe. As we know, the burden of COVID-19 has been particularly heavy on our seniors and elders and those who care for them, and that is where our focus has been and will continue to be for the next week or two here in BC as we use the vaccine that we have received. This reduces the likelihood of transmission in high-risk scenarios, making sure that our health care system, schools and workplaces are protected and are able to stay open.

To date, we have provided the first dose of the vaccines to more than 40,000 British Columbians.

We are still losing too many loved ones to COVID-19 and we need to continue do everything we can to protect and save our province’s most vulnerable people. That is why we have moved forward with delaying the second dose of the vaccine to 35 days. This allows us to protect as many people as possible right now – when it is urgently needed.

I want to assure you that we are fully committed to a two-dose program that will still provide the highest effectiveness of the vaccines and that our decision is a temporary one based on following data and science.

Through the 35-day timeline, we can protect more people by offering the first dose to as many people in our top priority groups as possible during this time of limited vaccine supply. If we do this, our data shows we will at minimum prevent dozens to hundreds of hospitalizations and deaths. This is especially important to groups such as the remote Ahousaht Indigenous population on northern Vancouver Island. They experienced a serious outbreak there in early December that impacted a large number of people. I’m happy to say that they are now in the process of vaccinating over half of their residents with the wider distribution of the initial doses.

I do think it’s important to note that when the manufacturers provide vaccine information to Health Canada, they have a ‘recommended dose interval’, which is 21 to 28 days for Pfizer and Moderna at 28 days respectively, however there is also a minimum dose interval. If you give the vaccine too soon, it doesn't have that boosting affect that you want it to have.

For both approved vaccines, the outside range before the second shot was 48 days and it was shown that there was no less protection during that time. This is the range that has been upheld by a UK vaccine expert committee, as well as my colleagues at the National Advisory Committee for Immunization here in Canada and immunization experts at the World Health Organization.

This process is going to save lives and provide a needed respite for our over-burdened healthcare system. I truly believe that the earlier we can have these vaccines in our communities, the faster we can return to the 'old normal'."

Contact:

Ministry of Health Communications
250 952-1887 (media line)

Page 33 of 47 to/à Page 38 of 47

Withheld pursuant to/removed as

s.13

Maximizing the benefit of limited vaccine supply

Dr. Bonnie Henry

Provincial Health Officer

January X, 2021

(539 words)

“The COVID-19 pandemic has been incredibly difficult for all of us. Every day, we are grateful for the sacrifices people have made, and continue to make every day, to keep their friends, family and neighbours safe. We are all eager to put the pandemic behind us, and the approval of two effective vaccines for use in Canada gives us light at the end of the tunnel.

Right now in B.C. and throughout Canada, access to the COVID-19 vaccine is limited and we need to focus our efforts on keeping our most vulnerable people safe – right now that means long-term care residents, the healthcare workers who support them, and those on the healthcare frontlines of this pandemic.

B.C.’s initial vaccination strategy is focused on protecting those most vulnerable to severe illness and death first, reducing the likelihood of transmission in high-risk scenarios, and making sure that our health care system is protected and is able to operate efficiently. To date, we have provided the first dose of the vaccines to more than 40,000 British Columbians who fit these criteria.

Last month, my team and I made the calculated decision to delay the second dose of the series for one week, to 35 days, in order to protect as many people as possible during a highly infectious period. I want to assure you that we are fully committed to a two-dose program that will still provide the highest effectiveness of the vaccines and that our decision is a temporary one based on sound science and data.

Through this altered, temporary process, we can reach over a third more at-risk people with a high level of protection by offering the first dose to as many people in our top priority groups as possible during our period of limited vaccine supply. If we do this, our data shows we will at minimum prevent dozens to hundreds of hospitalizations and deaths. This is especially important to groups such as the remote Ahousaht Indigenous population on northern Vancouver Island. There was a serious outbreak there in early December that infected a number of individuals, but is now in the process of protecting over half of their residents with the wider distribution of the first doses.

I do think it’s important to note that when the manufacturers provide vaccine information to Health Canada, they have a ‘recommended dose interval’, which is 21 to 28 days for Pfizer and Moderna at 28 days respectively, however there is also a minimum dose interval. If you give the vaccine too soon, it doesn’t have that boosting affect that you want it to have.

For both approved vaccines, the outside range before the second shot was 48 days and it was shown that there was no less protection during that period of time. This is the range that has been upheld by a UK vaccine expert committee, as well as my colleagues at the National Advisory Committee for Immunization here in Canada and immunization experts at the World Health Organization.

This process is going to save lives and provide a needed respite for our over-burdened healthcare system. I truly believe that the earlier we can have these vaccines in our communities, the faster we can return to the 'old normal'."

Contact:

Ministry of Health Communications
250 952-1887 (media line)

OPINION-EDITORIAL

Maximizing the Benefit of Limited Vaccine Supply

Dr. Bonnie Henry
Provincial Health Officer
January X, 2021
(447 words)

“The COVID-19 pandemic has been incredibly difficult for all of us, and each day I am grateful for the sacrifices people have made, and continue to make every day, to keep their friends, family and neighbours safe. We are all eager to put the pandemic behind us, and the approval of two safe, effective vaccines for use in Canada gives us light at the end of the tunnel.

Right now in B.C. and throughout Canada, access to the COVID-19 vaccine is limited and we need to focus our efforts on keeping our most vulnerable people safe. Our seniors and those who care for them, our frontline healthcare workers, as well as many at-risk and remote Indigenous communities, have been hardest hit, and that is where our focus will remain through this first phase of vaccination.

To date, we have provided the first dose of the vaccines to more than 40,000 British Columbians. Each vaccine reduces the likelihood of transmission, and helps ensure that our health care system, schools and workplaces are protected and can stay open. That is why we have moved forward with delaying the second dose of the vaccine to 35 days. This allows us to protect as many people as possible right now – when it is most urgently needed.

We need to be flexible in our approach to vaccination, and through the 35-day timeline, we can protect more people, sooner, and as data shows, hospitalizations and deaths. This is especially important to groups such as the remote Ahousaht Indigenous population on northern Vancouver Island. They experienced a serious outbreak in early December and I’m happy to say that they are now in the process of vaccinating residents partly because of B.C.’s nimble approach with a wider distribution of the initial doses.

It’s important to note that manufacturers have a ‘recommended dose interval’, which is 21 to 28 days for Pfizer and Moderna at 28 days respectively, however there is also a minimum dose interval. If you give the vaccine too soon, it doesn’t have that boosting affect that you want it to have.

For both approved vaccines, the outside range before the second shot was 48 days and it was shown that there was no less protection during that time. This is the range that has been upheld by a UK vaccine expert committee, as well as my colleagues at the National Advisory Committee for Immunization here in Canada and immunization experts at the World Health Organization.

This decision is going to save lives and help protect our healthcare system. I truly believe that the earlier we can have these vaccines in our communities, the faster we can put COVID-19 behind us for good.”

Contact:

Ministry of Health Communications
250 952-1887 (media line)

Maximizing the benefit of limited vaccine supply

Dr. Bonnie Henry

Provincial Health Officer

January X, 2021

(539 words)

“The COVID-19 pandemic has been incredibly difficult for all of us. Every day, we are grateful for the sacrifices people have made, and continue to make every day, to keep their friends, family and neighbours safe. We are all eager to put the pandemic behind us, and the approval of two effective vaccines for use in Canada gives us light at the end of the tunnel.

Right now in B.C. and throughout Canada, access to the COVID-19 vaccine is limited and we need to focus our efforts on keeping our most vulnerable people safe. As we know, the burden of COVID-19 has been particularly heavy on our seniors and elders and those who care for them, and that is where our focus has been and will continue to be for the next week or two here in BC as we use the vaccine that we have received. This reduces the likelihood of transmission in high-risk scenarios, making sure that our health care system, schools and workplaces are protected and are able to stay open.

To date, we have provided the first dose of the vaccines to more than 40,000 British Columbians.

We are still losing too many loved ones to COVID-19 and we need to continue do everything we can to protect and save our province’s most vulnerable people. That is why we have moved forward with delaying the second dose of the vaccine to 35 days. This allows us to protect as many people as possible right now – when it is urgently needed.

I want to assure you that we are fully committed to a two-dose program that will still provide the highest effectiveness of the vaccines and that our decision is a temporary one based on following data and science.

Through the 35-day timeline, we can protect more people by offering the first dose to as many people in our top priority groups as possible during this time of limited vaccine supply. If we do this, our data shows we will at minimum prevent dozens to hundreds of hospitalizations and deaths. This is especially important to groups such as the remote Ahousaht Indigenous population on northern Vancouver Island. They experienced a serious outbreak there in early December that impacted a large number of people. I’m happy to say that they are now in the process of vaccinating over half of their residents with the wider distribution of the initial doses.

I do think it’s important to note that when the manufacturers provide vaccine information to Health Canada, they have a ‘recommended dose interval’, which is 21 to 28 days for Pfizer and Moderna at 28 days respectively, however there is also a minimum dose interval. If you give the vaccine too soon, it doesn't have that boosting affect that you want it to have.

For both approved vaccines, the outside range before the second shot was 48 days and it was shown that there was no less protection during that time. This is the range that has been upheld by a UK vaccine expert committee, as well as my colleagues at the National Advisory Committee for Immunization here in Canada and immunization experts at the World Health Organization.

This process is going to save lives and provide a needed respite for our over-burdened healthcare system. I truly believe that the earlier we can have these vaccines in our communities, the faster we can return to the 'old normal'."

Contact:

Ministry of Health Communications
250 952-1887 (media line)

Page 44 of 47 to/à Page 47 of 47

Withheld pursuant to/removed as

s.13

From: [Youngs, Kirsten R GCPE:EX](#)
To: [Smith, Paula GCPE:EX](#)
Cc: [Grieve, Chandler GCPE:EX](#)
Subject: For edits: Updated: OpEd for DBH review and input
Date: January 14, 2021 8:13:59 AM
Attachments: [OpEd Dr. Henry Vaccine 2nd Doses Jan 11 2021 v5 kv nl.docx](#)
[PHO Letter - DOBC re Two-Dose Series Jan 12 2021 FINAL.pdf](#)
Importance: High

Morning Paula! Asap this a.m., s.13

s.13

as DBH requests below? By 9:30 would be

optimal.

From: Henry, Bonnie HLTH:EX
Sent: January 13, 2021 6:23 PM
To: Youngs, Kirsten R GCPE:EX
Cc: 'Nicola Lambrechts'; Henry, Lynn
Subject: RE: Updated: OpEd for DBH review and input

s.13

s.13

I can try to work on it tomorrow unless one of you has a

chance to take a crack at it. Have also copied my favourite editor for advice!

Thanks,

Bonnie

*Dr Bonnie Henry
Provincial Health Officer
Office of the PHO
Ministry of Health
4th floor, 1515 Blanshard St
Mailing address: PO Box 9648, STN PROV GOVT
Victoria, BC
V8W 9P4
Bonnie.henry@gov.bc.ca*

Phone: 250 952-1330

I gratefully acknowledge that I live and work on the traditional unceded territory of the Lekwungen Peoples, specifically the Songhees and Esquimalt First Nations. Hay'sxw'qu Si'em

Warning: This email is intended only for the use of the individual or organization to whom it is addressed. It may contain information that is privileged or confidential. Any distribution, disclosure, copying, or other use by anyone else is strictly prohibited. If you have received this in error, please telephone or e-mail the sender immediately and delete the message.

From: Youngs, Kirsten R GCPE:EX <Kirsten.Youngs@gov.bc.ca>
Sent: January 13, 2021 8:48 AM
To: Henry, Bonnie HLTH:EX <Bonnie.Henry@gov.bc.ca>

Page 02 of 23

Withheld pursuant to/removed as

s.13



January 13, 2021

Dr. Steve Fedder, Co-President
Dr. Quynh Doan, Co-President
Dr. Gord McInnes, Co-President
Doctors of BC
Section of Emergency Medicine

VIA EMAIL

Dear Colleagues:

Thank you for your letter dated December 24, 2020 regarding the provincial COVID-19 vaccine program and your concerns about our approach to administering the two-dose series in the context of limited supply of vaccine. I want to reassure you that we are committed to a two-dose program in alignment with the current evidence about effectiveness of the vaccines we have in BC and with the consent form that you signed when receiving the first dose. However, we are also aware of the need to protect as many people as we can during this time of limited vaccine supply.

Our decision to delay the second dose of the series for one week, to 35 days, is a short-term approach based on sound science and ethical analysis. The goal of the first phase (from December 2020 to March 31, 2021) of our COVID-19 vaccination program is to maximize the population benefit of the limited supply of vaccine to prevent hospitalizations and deaths during a time when transmission rates in the community remain high.

In coming to this decision, we consulted with stakeholders and undertook comprehensive review including reviewing data and modelling from the BCCDC, consulted immunization experts and the BC Immunization Committee, looked at evidence and advice from external agencies [firstly the Canadian National Advisory Committee on Immunization (NACI), the WHO SAGE committee, and the UK and US immunization advisory committees] and engaged in both ethical and operational reviews with the BC Immunization Emergency Operations Centre.

Recently published data from the clinical trials of both mRNA vaccines (Pfizer-BioNTech and Moderna) show that both vaccines provide very high short-term efficacy (92.6% for the Pfizer product and 92.1% for the Moderna product) by two weeks following the first dose. This is similar protection, and is within the 95% confidence intervals, of that reported for both vaccines one week following the second dose (94.8% for Pfizer-BioNTech and 95.2% for Moderna). This

tells us that high short-term protection is achieved rapidly following the first dose of both vaccines. In addition, the interval between the two doses in the trials ranged from 19-42 days for both products (Pfizer-BioNTech 19-42 days and Moderna 21-42 days) with no reduced protection or response to the second dose in those who received the vaccine later in the interval. While the recommended time for administration is 21 to 28 days, the most important consideration is not to give the second dose too soon, as we know this leads to blunting of the immune response. We still do not know the duration of protection from either of these new vaccines but expect to have more data on this important question as vaccine programs roll out worldwide.

On January 8, 2021, immunization experts at the WHO released this statement on COVID-19 vaccine intervals: "WHO's recommendation at present is that the interval between doses may be extended up to 42 days, on the basis of currently available clinical trial data," adding: "Should additional data become available on longer intervals between doses, revision of this recommendation will be considered." NACI has also recognized this and adjusted their recommendation to indicate provinces "may maximize the number of individuals benefiting from a first dose of vaccine by delaying the second dose, until further supplies of the vaccine become available, preferably within 42 days of receipt of the first dose."

Both NACI and the WHO statements are also aligned with past experience with other vaccines where delaying the second dose can actually lead to a stronger booster effect (NACI:

Recommendations on the use of COVID-19 vaccines, January 12, 2021

<https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines.html>).

We have also considered the theoretical risk of increased pressure that would allow for the development of a vaccine resistant strain in a partially immunized population (i.e., where individuals do not receive a second dose for a prolonged period of time), especially in the context of high transmission. However, this theoretical risk is reduced by the high short-term efficacy of a single dose of mRNA vaccine and the very short delay in interval to receipt of second dose.

Given the data, modelling, and knowledge we have on immunology, our approach aims to balance administering the second dose as close as possible to the 21 to 28 day recommended timeline, recognizing that there is no maximum interval, with the operational challenges posed by the limited current vaccine supply.

A prevailing principle we considered in the allocation of these scarce resources is to seek to maximize benefit, that is, to prioritize people with the highest needs and greatest likelihood to benefit in order to maximize health benefits for the population overall. We can reach over a third more at-risk people with a high level of protection by offering the first dose to as many people in our top priority groups as possible in the initial weeks during our period of scarce vaccine

supply. If we do this, modelling shows we will at minimum prevent dozens to hundreds of hospitalizations and deaths.

With due consideration of all these important factors, we made the decision in BC to extend the interval for receipt of the second dose of either the Pfizer-BioNTech or Moderna vaccine to approximately 35 days. This should allow us to protect an additional 150,000 people with first doses with the vaccine that is scheduled to arrive in BC between December 2020 and March 2021 while providing a very high level of individual protection to all vaccine recipients in the short term. A 35-day interval aligns with the operational reality that vaccine supplies will be back-end loaded with more vaccine scheduled to arrive in February and March 2021 than in December 2020 and January 2021 so everyone vaccinated will receive their second dose as scheduled in the coming weeks. Even greater amounts, while not yet confirmed by the federal government, are expected in the second quarter of 2021 (April – June 2021).

Given what we know about our immune system and what we know right now about these vaccines, I believe we have taken a reasonable and safe approach that provides as much protection as possible to as many people at risk as possible in this period of vaccine supply constraint. I assure you that this approach is for the short term in the context of limited supplies and current knowledge and we are committed to monitoring and reevaluating as new information emerges.

Thank you again for the opportunity to provide the background and evidence that went into this difficult decision; I hope I have addressed your concerns. Your work on the front lines continues to be vital as we move into the next phase of the pandemic. It is our hope that our short-term approach to vaccinate with the first dose as broadly as possible will alleviate pressures on hospitals and acute care more quickly and will allow the health system the needed space to recover.

Sincerely,

A handwritten signature in black ink, appearing to read "Bonnie Henry".

Bonnie Henry
MD, MPH, FRCPC
Provincial Health Officer

cc: Dr. Ross Brown
Dr. Meena Dawar
Dr. Reka Gustafson

Cc: 'Nicola Lambrechts' <nicola@nlkstrategies.ca>

Subject: Updated: OpEd for DBH review and input

Page 07 of 23 to/à Page 10 of 23

Withheld pursuant to/removed as

DUPLICATE

From: [Youngs, Kirsten R GCPE:EX](#)
To: [Dix, Adrian HLTH:EX](#)
Cc: [hlth Ministerial and Executive Assistants](#)
Subject: For Minister Review: DBH OpEd on vaccine doses
Date: January 17, 2021 1:43:04 PM
Attachments: [LH EDITS OpEd Dr. Henry Vaccine 2nd Doses Jan 14 2021 v6 bh kv.docx](#)

Good afternoon, Minister,

Dr. Henry is hoping to put out the attached OpEd this week in response to criticisms/confusion about the timing between vaccine doses.

Do you have any concerns with that, or edits for the attached?

Page 12 of 23 to/à Page 13 of 23

Withheld pursuant to/removed as

s.13

Page 14 of 23 to/à Page 17 of 23

Withheld pursuant to/removed as

DUPLICATE

From: [Youngs, Kirsten R GCPE:EX](#)
To: [Chan, Catherine GCPE:EX](#); [Joshi, Shruti GCPE:EX](#)
Cc: [Harris, Megan GCPE:EX](#); [Grieve, Chandler GCPE:EX](#)
Subject: OpEd for translation
Date: January 20, 2021 8:15:57 AM
Attachments: [OpEd Dr. Henry Vaccine 2nd Doses Jan 18 2021 FNL.docx](#)

Good morning, ladies,

Thanks so much for the reminder re the OpEd – attached is in the TC today and tomorrow will be in the Van Sun.

I'll be sure to build translation time in next round!

KY

OP-ED

Maximizing the Benefit of Limited Vaccine Supply

Dr. Bonnie Henry
Provincial Health Officer
January 18, 2021
(626 words)

"The COVID-19 pandemic has been incredibly difficult for all of us, and each day I am grateful for the sacrifices people have made, and continue to make, to keep their friends, family and neighbours safe. We are all eager to put the pandemic behind us, and the approval of two safe and effective vaccines for use in Canada gives us light at the end of the tunnel.

Right now, in B.C. and globally, access to the COVID-19 vaccine is limited, which means we need to focus our efforts on keeping our most vulnerable safe. Our Elders, seniors and those who care for them, our frontline healthcare workers, as well as remote and at-risk Indigenous communities, have been hardest hit, and that is where our focus will remain through the first months of immunization.

As we get through the first months of the year and more vaccine becomes available, we will increasingly expand our focus to include other groups primarily based on the greatest risk factor for illness and death: age. By next fall we full expect a vaccine will be available to everyone who would like one.

To date, we have provided the first dose of the vaccines to more than 87,000 people in British Columbia. Each vaccine dose reduces the likelihood of severe illness and saves lives, and also increases the protection that our health care system needs.

Both the Pfizer-BioNTech and Moderna vaccines require a second dose to maximize their effectiveness and give longer lasting protection. However, we also know that the protection after even a single dose is over 90%, and that this protection lasts for at least six weeks. In B.C., we have made the decision to provide the second dose starting at day 35 after receipt of dose one. This decision was made after detailed review of the evidence and consultation with experts, as well as an ethical analysis.

By delaying the second dose by seven days in these initial weeks of limited vaccine and high-transmission rates, we will be able to reach over 150,000 more at-risk people in B.C. than we otherwise could.

This plan is based on sound science and data. When clinical trials were underway for the vaccines, the timing between the two doses ranged from 19-42 days, and the results showed no change in the level of protection for the people who received the vaccine later in that range.

I think that it's also important to note that waiting between doses is key. This allows the body to develop the antibodies needed to fight the virus. If you give the second dose too soon, it doesn't have that boosting effect we want and need.

For both approved vaccines, this dosing schedule is within the approved range and has been endorsed by Canada's National Advisory Committee for Immunization as well as by immunization experts at the World Health Organization.

Our pandemic response is continuing to evolve as we learn more about this virus, and that is especially true when it comes to our vaccination planning and distribution. Delaying the second dose for one week is a temporary approach that we know will protect as many people as possible from this virus during a time of limited vaccine supply.

Given what we know about our immune system and what we know right now about these vaccines, I believe we have taken a reasonable and safe approach that provides as much protection as possible to as many people at risk as possible in this period of vaccine supply constraint.

With every person who receives a vaccine, our entire province becomes that much safer. We still have a ways to go, but the light of hope is shining brighter and soon we will all be able to leave COVID-19 behind us.”

Contact:

Ministry of Health Communications
250 952-1887 (media line)

From: [Mangione, Kendra](#)
To: [Smith, Devon GCPE:EX](#); [Grieve, Chandler GCPE:EX](#)
Subject: From CTV News: Dr. Henry op-ed
Date: January 21, 2021 8:15:29 AM

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Good morning,

Just trying to track down the Dr. Henry op-ed on vaccines – looks like most of the local newspapers got it, but I don't think it was sent to CTV News, though it's possible I just can't find the email.

We generally publish these online.

Kendra Mangione | Producer – Digital Content

CTV News Vancouver | t 604.609.5812 | m 604.787.1862 | kendra.mangione@bellmedia.ca
969 Robson St. | Vancouver | CTVNewsVancouver.ca

From: [Grieve, Chandler GCPE:EX](#)
To: [Smith, Devon GCPE:EX](#)
Subject: FW: From CTV News: Dr. Henry op-ed
Date: January 21, 2021 9:02:16 AM

Can you send -t hx

From: Mangione, Kendra <kendra.mangione@bellmedia.ca>
Sent: January 21, 2021 8:15 AM
To: Smith, Devon GCPE:EX <Devon.P.Smith@gov.bc.ca>; Grieve, Chandler GCPE:EX <Chandler.Grieve@gov.bc.ca>
Subject: From CTV News: Dr. Henry op-ed

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Good morning,
Just trying to track down the Dr. Henry op-ed on vaccines – looks like most of the local newspapers got it, but I don't think it was sent to CTV News, though it's possible I just can't find the email.

We generally publish these online.

Kendra Mangione | Producer – Digital Content

CTV News Vancouver | t 604.609.5812 | m 604.787.1862 | kendra.mangione@bellmedia.ca
969 Robson St. | Vancouver | CTVNewsVancouver.ca

Robinson, Joshua CITZ:EX

From: Ferguson, Stephanie GCPE:EX
Sent: January 21, 2021 9:34 AM
To: Grieve, Chandler GCPE:EX; Youngs, Kirsten R GCPE:EX
Cc: Thaw, Sara GCPE:EX; Smith, Mat E GCPE:EX; Smith, Devon GCPE:EX
Subject: FOR APPROVAL: 35 Days Op-Ed

Importance: High

Hi there,

Please see below a post we've prepared to share Dr. Henry's 35 Days op-ed, for your approval. Thanks!

POST COPY

Every person who receives a COVID-19 vaccine makes our entire province that much safer. By delaying the second dose, we can maximize our supply and give the first dose to over 150,000 more at-risk British Columbians.

Learn more from Dr. Henry: <https://www.timescolonist.com/opinion/op-ed/dr-bonnie-henry-maximizing-the-benefit-of-limited-vaccine-supply-1.24269993>

--

Stephanie Ferguson

Digital Communications Officer | Digital Communications
Government Communications and Public Engagement
Province of British Columbia
250-889-3745