

**MEETING NOTES**

**Meeting (held on the Zoom platform):**

**In attendance:** Trustee Rachel Chernos Lin; Superintendents Howard & Felsen; School Administrators & School Council members; Other TDSB Staff (including Wilmar Kortleever, Shared Services Liaison); Janice Barnett (Ward 11 Rep on PIAC/Parent Involvement Advisory Committee); Parents/Caregivers/Guardians (#25).

**Guests:** Dr. Janine McCready (Michael Garron Hospital, Toronto East Health Network)

After the land acknowledgement, Trustee Chernos Lin welcomed everybody. The first half of the meeting will provide information about the COVID-19 vaccination for children, as the vaccine was recently introduced for 5-11 year olds. Special guest is Dr. McCready, who has led the effort on Covid testing as well as vaccination from Michael Garron Hospital (MGH) and the Toronto East Health Network (TEHN). The second hour of the meeting is to be a more informal Q&A with Trustee and Superintendents about other matters.

**1. COVID-19 for Children Age 5-11: Presentation Dr. J. McCready**

Dr. McCready (Infectious Diseases Physician at Michael Garron Hospital) presented a slideshow about the Covid-19 Vaccine for Children Age 5-11.

Covered in the Presentation were the following topics:

- **About Dr. Janine McCready**
  - Dr. McCready is an infectious disease specialist at Michael Garron Hospital. She has been helping staff, physicians, community and schools safe during the COVID-19 pandemic.
  - her friends and family are fully vaccinated.
- **What we know about the COVID-19 vaccine for Children aged 5-11 in Canada**
  - The National Advisory Committee on Immunization (NIAC) recommends that children aged 5-11 should receive two doses of the COVID-19 vaccine for maximum protection against the virus. ‘Should’ is a recent change from ‘may’. This is because the benefits of the vaccine *far* outweigh the risks.
  - As of January 7, 2022, more than 1.4 million doses of the Pfizer Covid-19 vaccine had been administered to children aged 5-11 in Canada. Only 116 adverse reaction effects have been documented, and very few of those were serious.
  - The optimal time between doses for this age is 56 days. However, children 5-11 can get their second dose if they received their first dose more than 21 days ago (21 days was the interval used during clinical trials, and is the period used in the United States).
  - The vaccine is safe and effective, and it provides children protection against COVID-19.
  - NIAC also strongly recommends that children aged 5-11 (and over) who are moderately to severely immunocompromised, receive a third dose 4-8 weeks after their second dose.
  - There is currently no recommendation (nor expectation of such) of a third dose for other children or youth. The Ontario government is reviewing a recommendation from NIAC to provide a 3<sup>rd</sup> dose for

certain youth 12-17, including those belonging to racialized and/or marginalized communities disproportionately impacted by COVID-19. (NOTE: Since the time of thi meeting, this is now approved and available in Ontario)

- **Why it's important that children are vaccinated against COVID-19**

- It protects children's health. Children are as likely as adults to be infected. Risk of severe illness (while lower than for adults) include multisystem inflammatory syndrome (MIS-C– a rare but very serious condition), as well as Post-COVID conditions or other long term effects. Two-dose vaccination has shown to reduce risks significantly.
- It protects vulnerable people around children, including seniors, pregnant people, and people who are immuno-compromised.
- It increases protection in the whole community, which helps end the pandemic.
- It helps children get back to "normal" and the things they love. This is vital for children's health, happiness and development.

- **Why it's important that children are vaccinated against COVID-19 (II)**

- From October 2020 until October 2021 alone, 66 children died of Covid-19 in the United States. That is far more than the many years of deaths from all of Hepatitis A, Meningococcal (ACWY), Varicella, Rubella, an Rotavirus *combined* – illnesses we now routinely administer vaccines for.

- **Why it's important that children are vaccinated against COVID-19 (III)**

- Recent data suggest that vaccination reduces the chance of Covid-caused MIS-C by 91%. And 95% of all adolescents hospitalized with MIS-C were unvaccinated.

- **Safety and efficacy of the COVID-19 vaccine**

- In Pfizer's clinical trials, two doses of smaller, 10 ug child-size doses were determined optimal (the adult dose is 30 ug), and it is 90.7% effective against lab-confirmed symptomatic COVID-19, including the Delta variant (Omicron was not circulating at the time of the study).
- NO adverse events were reported during the trials (NO myocarditis/pericarditis; NO anaphylaxis or hypersensitivity, NO impact to development of fertility; NO multi-system inflammatory syndrome; NO severe cases of COVID-19). You CANNOT get Covid from the Vaccine, it contains NO live virus.
- Most common side effects: most common is pain at the injection site (arm), then to a lesser extent fatigue, headache, muscle pain, chills (typically going away in 24-48 hours).

- **Safety of the COVID-19 vaccine**

- Side effect symptoms were significantly less among children compared to adult vaccination, and less again among younger children (5-12) compared to older youth.

- **Efficacy of the COVID-19 vaccine**

- Any dose of the vaccine is effective. So even if your child is 11y, just get the 10 ug child-size dose now, don't wait until they are older to get the larger dose.
- For now, a child needs to be 5 to get their first dose.

- **Update from the United States**

- Since authorization, as of January 5, 8,7 million dozes of Pfize have been administered to 5-11y olds, and 18.7 million to 12-15y. Among all these, only 100 serious side effects were reported.

- **Myocarditis**

- Among all these doses administered, only 12 case of myocarditis were reported – none fatal, most mild. The risk of getting myocarditis from Covid is much higher than from the vaccine.
- **Fertility**
  - there is currently no evidence that any vaccines, including COVID-19 vaccines, cause fertility problems in women or men.
  - mRNA human trials are actually not as recent as COVID-19: the first trials date back as far as 2006.
  - where some minor changes in menstrual cycles were reported, most were mild and returned to normal in 2 months or less.
- **Where to get the COVID-19 vaccine for children aged 5 to 11 in East Toronto**

***Book a first dose appointment:***

  - on the provincial booking system online ([covid-19.ontario.ca/book-vaccine/](https://covid-19.ontario.ca/book-vaccine/)), or call 1-833-943-3900;
  - on the Michael Garron website ([tehn.ca/VaccineAppointment](https://tehn.ca/VaccineAppointment)), or call 437-537-5131;
  - use the provincial pharmacy locator online (or visit a pharmacy in person);
  - contact your family doctor or paediatrician to confirm if they offer the vaccine.

***MGH/TEHN also offers mobile clinics at school in priority neighbourhoods***

  - If you have a child at one of these schools, information about the clinic will be shared with you .
  - Vaccines are available to children by walk-in at these clinics.
  - MGH/TEHN lists their mobile, drop-in, and school clinics at <https://www.tehn.ca/covid19/covid-19-vaccine/mobile-and-pop-vaccine-clinics-east-toronto>.
- **How to help your child have a comfortable vaccination experience.**
  - Make an appointment whenever possible.
  - Talk to your child about the COVID-19 vaccine and why it is important.
  - Dress your child in comfortable clothing.
  - Bring items that comfort your child (like blankets, stuffies, or something to read/watch) .
  - Bring a positive distraction (such as fidget toy, or smart phone, or tablet).
  - Consider applying pain management relief if needed (e.g. topical numbing, child dose pain medication).
  - Consider a comfort(able) position.
- **What to expect after your child is vaccinated**
  - Most common temporary side effects: pain at injection site (arm), fatigue, headache, muscle pain, chills (all goes away in day or so). If you think side effects are not normal, contact your child’s doctor. Only call 911 if it is an emergency.
  - Vaccines are only one of the tools against Covid-19, you can still get Covid -- keep following public health advice including masking, keeping safe distances, ventilation, etc
- **Helpful vaccine resources for families**
  - Sick Kids Hospital offers a COVID-19 Vaccine Consult Service for Children, Youth, and their Families.
  - the Scarborough Health Network also operates a VaxFacts Clinic Hotline for information.
- **Where to get a child-friendly COVID-19 tests and other supports in East Toronto**

Options include Covid-19 Outreach Centres ([www.tehn.ca/CovidOutreachCentres](https://www.tehn.ca/CovidOutreachCentres): Flemingdon Park, Taylor-Massey, Warden Woods, Leslieville, Danforth Village and more) and the MGH COVID-19 Assessment Centre ([www.tehn.ca/AssessmentCentre](https://www.tehn.ca/AssessmentCentre)), both of which offer take-home pcr test kits. The MGH

Emergency Department's Child and Youth Emergency Zone ([www.thn.ca/EmergencyDepartment](http://www.thn.ca/EmergencyDepartment)) is available for urgent and acute care.

## **1a. Questions & Answers**

- Q: How do you know that there is no adverse impact on fertility in age 5-11 when no one in that cohort has reached puberty? Is it scientifically sound to compare the impact of a vaccine on adults with the projected impact on children?

A: Firstly, there is some long-term data. The human trials with mRNA vaccines have been done for 15 years, and no impact on fertility has been found.

The second aspect is looking at how the vaccines work and whether there is any plausible physiological way they could impact fertility – and there simply is not. mRNA can't stay stable in your body. It is in your body only long enough to trigger your immune system, and the mRNA is gone in 72 hours if not 24 hours. It cannot linger, or influence your hormones.

Do we have 20 year-old studies following people until pregnancy? No. But there is no plausible reason how it would work, and we do have data of people receiving other mRNA vaccines. We also now have data of children and adolescents receiving the vaccine, and not any impact has been found on development or fertility.

Q: How long should you wait between having Covid and a second vaccine dose?

A: We usually recommend waiting 1-2 months, to allow your body to recover. Depending on when kids get their first dose, wait the 56 days or a month after Covid-recovery, whichever is longer.

Q: Does masking at recess have a basis in science?

A: It is not a mandate that kids wear masks outside. Some schools recommend it, mostly because of the proximity of kids during recess. It is being made very clear that it is not mandatory, and people cannot be ostracized or singled out for not doing it. Also, Toronto Public Health's standing advice is that masks should be worn when distancing is not possible.

A: Transmissibility of COVID-19 is limited outside, although cases have been documented of outside transmission especially if people are very close together. A complication can be that masks can get wet easily outside, even more so in winter.

- Q: Can 17 year olds (who are turning 18 this year) get their booster anytime or must they wait until their 18th birthday?

A: Currently, they still have to be 18 to receive their booster.

- Q: For healthy 12-17y olds, is there data to show two doses is enough for this group? Or can we expect boosters?

A: NACI is monitoring, and so far there has been little increase in indicators like hospitalization or indication that immunity is waning in 2-dose vaccinated teenagers.

- Q: If kids are playing in school, like the gym or cafeteria, can they remove masks?

A: Masks can only be removed for outdoor activities. Indoor the masks are required.

Q: Do take-home pcr tests need to be refridgerated?

A: No. The instruction sheet explains fully how to use them. These tests are for students and staff who are symptomatic at school, and as supply lasts (they are currently not being replenished).

## 2. GENERAL SCHOOL DISCUSSION

- **Semesters:** Today, February 3, high schools started the second semester in a traditional format, with 4 subjects each day. The first feedback was very positive from both staff and students.
- **Masks:** Yesterday, February 2, the Board decided to start providing medical-grade masks to all students who need/want them. For more information, see: <https://www.tdsb.on.ca/News/Article-Details/ArtMID/474/ArticleID/1767/TDSB-to-Provide-Medical-Masks-for-all-Students>.
- **Covid-Reporting:** Even though the Ministry does no longer require reporting of all Covid-cases, TDSB will still send notices home and inform staff if positive cases are reported to the school. TDSB is also now reporting school by school data of the number of Covid Cases. For more information, see: <http://tdsb.on.ca/School-Year-2021-22/Covid-19-Reporting> ("On this page, the TDSB will provide more detailed daily absence data to help provide a comprehensive picture of a school community. Any discrepancy in numbers between the TDSB data and the data reported on the Ministry website is related to the time the information is collected each day.")

### 1a. Questions & Answers

- **Q: Will TDSB make vaccination mandatory for September 2022?**  
A: TDSB does not have this authority, only the Province can do this through the Immunization Act. Toronto Public Health has asked the Province to consider it, as have the Ontario Public School Board Association and the TDSB.
- **Q: Are teachers and staff dismissed if they are not vaccinated? And what can be done to encourage students to limit spread as much as possible?**  
A: As an employer, TDSB needs to provide a health and safe work environment, and it was decided that that would include a vaccination requirement. A procedure is in place. Students can be asked to wear masks and distance. What they do outside school, including over lunchtime, cannot be policed. TDSB asks students to self-disclose vaccination status, but it is voluntary.
- **Q: Is there an update regarding the return of school sports, intramurals, and other extracurriculars?**  
A: The current operational guidelines still preclude high-contact sports, and other extra-curriculars indoors. But it is being reviewed every week, in consultation with Toronto Public Health.
- **Q: Is there talk about elongating the lunch hour in high school?**  
A: It was extensively discussed, but Toronto Public Health is still hesitant extending lunch. The main reason is that masking cannot be controlled over lunch. There will be reconsideration as the weather gets

warmer.

- Q: The students are urged to sit while eating with their mask off. How is the compliance?

A: It varies, of course, but there is a high level of compliance. Admittedly, it is not extensively 'policed' as such in High Schools (which do not have lunchroom supervisors), but there is a lot of education, and explaining that adhering to health measures has made it possible to be back in-school, so compliance is importance to keep it that way.

- Q: Will TDSB continue with the High Schools semester system in September?

A: No decision has been made. The signal that has been coming through loudly is stability. Especially as we were online in the beginning of the pandemic, then quadesters last year, and modified semesters in the past months. Most TDSB high schools were semestered pre-pandemic, with some (like Northern) had year-long schedules (in Ontario, only two Boards have some year-long schools: TDSB and Ottawa). As a system, operationally, there are some benefits to everybody being on the same system, as well as some financial benefits (e.g. only having to buy half the number of textbooks), but no decisions have been made regarding next year.

- Q: Is there direction yet on Graduations?

A: No final decisions yet. Graduation photos were just authorized. At this point, schools can only book venues for Grads or Proms if full refunds are offered. There is hope that Covid-circumstances will allow for a more 'normal' Graduation year.

- Q: With teacher shortages growing, does the procedure re: staff vaccination still make sense?

A: At this point, the Board of Trustees is still very comfortable with the decision. Reversing the decision will likely also require a 2/3rds majority, which at this point seems unlikely. Staff shortage issues are being remedied in various ways.

- Q: If Covid-19 vaccines are not mandated for students come Sept'22, will TDSB continue to provide online/virtual option for children through their respective local schools/local hubs?

A: Currently full-time remote learning is offered also because it was mandated by the Government, but the government policy direction for coming September has not been issued yet – it typically comes in April with the staffing information.

Seperately, a reminder that the government has changed graduation requirements for secondary schools (and not just for public schools, it now also applies to independent and private schools). Students entering in 2020/2021 or later, have to do at least two of their credits through online learning. That first cohort will get one of those credits based on all the virtual learning that happened past year, but the direction for obtaining the other credits is still being worked out . Parents, btw, can opt out of this requirement.

**For more questions, always feel free to contact Trustees Chernos Lin ([Rachel.ChernosLin@tdsb.on.ca](mailto:Rachel.ChernosLin@tdsb.on.ca)). Also a reminder: for local questions, make sure to reach out to your local Principals and Administrators.**