REPORT #5

COVID-19 VACCINATION DURING PREGNANCY IN ONTARIO

December 14, 2020 to May 31, 2022

BACKGROUND:

Pregnant individuals are considered a high-risk population for COVID-19 complications, based on higher rates of COVID-19 hospitalization, intensive care unit (ICU) admission, and death compared with non-pregnant individuals. Since late April 2021, pregnant people in Ontario have been prioritized for COVID-19 vaccination as part of Phase 2 of the COVID-19 vaccine program implementation. The Better Outcomes Registry & Network (BORN) Ontario (www.bornontario.ca) is evaluating COVID-19 vaccination in pregnant individuals in Ontario. This report presents data on vaccine coverage among individuals who were pregnant at any point between December 14, 2020 and May 31, 2022.

RESULTS:

FIGURE 1. Estimated percentage of pregnant people who had received at least one COVID-19 vaccine (before or during pregnancy), by calendar month

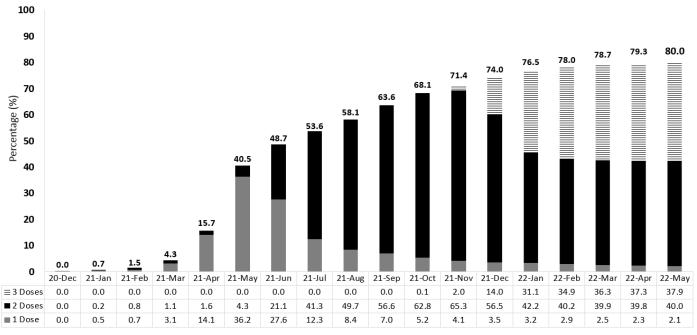


FIGURE 1 shows that among people who were pregnant in May 2022:

- 2.1% had received only one dose of COVID-19 vaccine before or during pregnancy.
- 40.0% had received two doses of COVID-19 vaccine before or during pregnancy.
- 37.9% had received three doses of COVID-19 vaccine before or during pregnancy.
- COVID-19 vaccine coverage in the pregnant population remains lower than in the general female population of reproductive age in Ontario (approximately 91%)^a.

FIGURE 2. COVID-19 vaccine coverage (≥1 dose before or during pregnancy) in the pregnant population by Public Health Region in May 2022

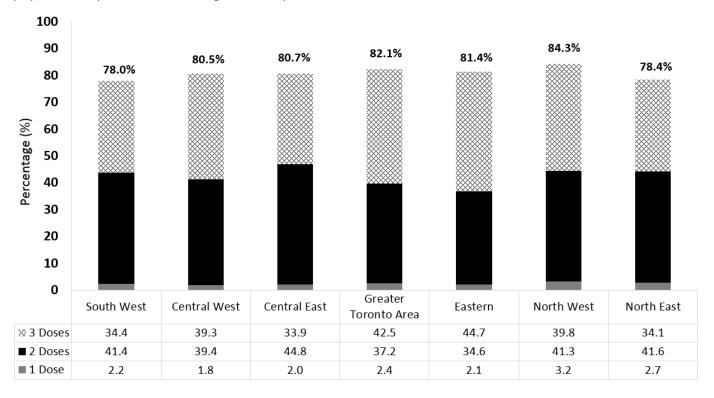


FIGURE 2 shows that among people who were pregnant in March 2022

- COVID-19 vaccine coverage (≥ 1 dose before or during pregnancy) across Public Health Regions ranged from 78.0% to 84.3%.
- COVID-19 vaccine coverage with at least 3 doses before or during pregnancy across Public Health Regions ranged from **33.9%** to **44.7%**.

BIRTH OUTCOMES:

Data from the BORN Information System was used in two studies to investigate the association of COVID-19 vaccination in pregnancy with maternal and neonatal outcomes:

- 1. A study published in the Journal of the American Medical Association^b using BORN Information System data explored outcomes for over 97,500 pregnant individuals (23% of whom had received at least one dose of COVID-19 vaccine) who gave birth between December 14, 2020 to September 30, 2021, and their newborns following COVID-19 vaccination during pregnancy. Vaccinated individuals had <u>no increased risk</u> of postpartum hemorrhage, chorioamnionitis, cesarean delivery, and their babies <u>did not have</u> higher rates of admission to neonatal intensive care unit and low newborn 5-minute Apgar score compared with those who were not vaccinated during pregnancy. See infographic at this link.
- 2. A study published in the British Medical Journal^c using BORN Information System data explored the risk of preterm birth, small-for-gestational-age at birth, and stillbirth, following COVID-19 vaccination during pregnancy, for over 85,000 pregnant individuals (51% of whom had received at least one dose of COVID-19 vaccine) who gave birth from May 1 to December 31, 2021. Individuals who had been vaccinated during pregnancy had no increased risk of preterm birth before 37 weeks (overall or spontaneous preterm birth), very preterm birth (<32 weeks), small-for-gestational-age at birth (<10th percentile), or stillbirth (fetal death at ≥20 weeks) compared with those who were not vaccinated during pregnancy. See infographic at this link.

This work is supported by the Public Health Agency of Canada, through the Vaccine Surveillance Reference Group and the COVID-19 Immunity Task Force.

The report is based on data extracted from the Ontario Ministry of Health's COVaxON and from the BORN Information System (BIS).

Disclaimer: the results of this report may differ from other reported estimates due to differences in data sources and data processing lag times.

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References:

- a) Public Health Ontario: COVID-19 vaccine uptake in Ontario: December 14, 2020 to June 5, 2022. Toronto, ON
- b) JAMA 2022;327(15):1478-1487. https://jamanetwork.com/journals/jama/fullarticle/2790607;
- c) BMJ 2022;378:e071416. https://www.bmj.com/content/378/bmj-2022-071416