

## **Statement Regarding Rollout of COVID-19 Vaccination to Rural Canada**

**For Immediate Release - January 25, 2021**

The Society of Rural Physicians of Canada (SRPC) is concerned and disappointed by the lack of communication regarding the COVID-19 vaccination for long term care and health care workers in rural and remote Canada. Rural communities and the health care workers who serve them have had less access to vaccination compared with their urban colleagues.

We recognized that the rollout of the COVID-19 vaccine is a unique and unprecedented challenge. We support the use of a fair and ethical framework for vaccine distribution, which considers exposure, risk, and susceptibility to complications of COVID19.

Long term care and retirement homes in rural areas have not been prioritized or vaccinated at the same rate as these settings in urban areas. Many of these congregate settings have outbreaks as severe as long term care outbreaks in urban areas. Rural communities are already disadvantaged by reduced access to tertiary care, longer transport times, and reduced or delayed access to COVID19 testing.

Rural communities have lower socioeconomic status and higher comorbidities rates than their urban counterparts, which place them at higher risk for serious disease. Rural health care workers, especially physicians, are a high-risk population for transmission of this virus. Many rotate daily between hospitals with COVID-19 outbreaks, long term care centres in outbreak, home care, and their clinics. These health care workers are vigilant to keep their risk of transmission to a minimum, but vaccination would decrease the risk to communities that depend on a small number of physicians and other staff who work in many high-risk environments.

Many rural communities have serious outbreaks of COVID-19 with cases per 100,000 as high as many urban hot spots but with fewer resources available in times of outbreak. The impact of an outbreak is much higher where there is a small workforce with little or no redundancy to cover for ill or quarantined staff. These settings do not have nurses to move from other wards or the ability to move trainees or specialist colleagues to help in times of need. This is critically important in many rural and remote communities that were understaffed and underserved even before the COVID-19 pandemic.

It is a failure of the vaccine rollout when administrative staff, research personnel, and low risk medical staff who are not seeing patients in person receive the COVID-19 vaccination before

rural residents of long term care and front line rural healthcare providers. In some places, healthcare providers are being asked to drive 3-4 hours to an urban centre for vaccination when options exist to make the vaccine more accessible. Many rural health care workers remain unvaccinated and have heard nothing or vague reassurances about vaccination “in the next few months”.

It is imperative that the COVID-19 vaccine be made available to rural long term care residents, staff, and high-risk front-line health care workers, using the same priority categories as their urban counterparts, factoring in the fragile nature of the healthcare ecosystem in many rural communities.

We ask that all leaders support and speak on behalf of rural Canadians. We ask that vaccine task forces consider the potential disparity that will arise if the needs of rural communities are not met. This situation needs to be addressed immediately for the safety of rural communities and the health care providers who serve them.

If you would like more information regarding this topic, please contact the SRPC office at 877-276-1949 or [info@srpc.ca](mailto:info@srpc.ca).