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Export date: Sat Oct 31 16:38:04 2026 / +0000 GMT

Local leaders call for changes to vaccine roll out plan

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Local leaders are calling on the provincial government to make changes to the current vaccine roll out plan as the National Advisory Council on Immunizations recommends adults from racialized groups disproportionately affect by COVID-19 should be prioritized in the second stage of vaccines.

Shelburne Deputy Mayor Steve Anderson and Dufferin County Canadian Black Association (DCCBA) President Alethia O'Hara Stephenson submitted a letter on Feb. 17, on behalf of the Black and racialized community, to Dufferin-Caledon MPP Sylvia Jones.

In the letter, Anderson and O'Hara Stephenson call on the immediate action from the provincial government to ?elevate the Black and other racialized groups as priority candidates for the vaccine? and that ?plans be made to address this inequity.?

?We just want to make sure that in the discussion about who should be prioritized, who should be getting the vaccine next, that this priority group is right there at the top of the list,? said Anderson in an interview with the Free Press. ?We want to hear a commitment, but we also want to hear a plan that this is going to be addressed.?

?If you've got a group of people that are significantly impacted, or disproportionately impacted, it needs to be addressed. You can't turn a blind eye to this, it is absolutely essential,? said O'Hara Stephenson.

Dr. Nicola Mercer, Medical Officer of Health and CEO for Wellington-Dufferin-Guelph Public Health in a presentation to Dufferin County Council on Feb. 11 spoke about those with an increased risk of getting COVID-19. Dr. Mercer noted members of the BIPOC (Black, Indigenous, persons of colour) community locally have more than five times the incidence of having COVID-19.

?It is not proportionate, there are neighbourhoods in Ontario, there are age groups and there are certainly other risk groups such as our BIPOC community that have a greater burden of COVID-19 disease than others,? said Mercer. ?I think that is important for us to know as we try to see who should be immunized next especially when we're looking at a scarce, shortage ofvaccine.?

During the first stage of vaccinations against COVID-19, frontline workers and residents in long-term care homes have been some of the first to receive the shot. The National Advisory Council on Immunizations recommended populations in Stage 1included residents and staff in congregate living settings, adults 70 years and older beginning with those older than 80, frontline workers, and adults in Indigenous communities.

?When people in our community are being impacted and ravaged by the effects of COVID-19, we need to respond. The same way we've responded to our frontline workers, the same way we responded for the elderly in long term care homes,? said Anderson.

?You've got your frontline workers, you've got your long term care, we're talking about group pockets of individuals that are impacted,? said O'Hara Stephenson. ?It's the same. Here you've got a pocket of individuals impacted and it's so happens that is the BIPOC community. We're asking for that same expedited action to take care of these groups of individuals that are now facing a similar disproportionate result as a result of the COVID-19 pandemic.?

The National Advisory Council on Immunization recommends Stage 2 should include:

? Adults in or from Indigenous communities not offered the vaccines in Stage 1

? Residents and staff of other congregate living (correctional facilities, migrant workers, shelters)

? Adults between 60 and 69 years of age, beginning with 65 and older

? Adults in racialized and marginalized communities disproportionately affected by COVID-19

? First responders (police, firefighters, military)

? Frontline essential workers (teachers, grocery store staff, postal service)

? Essential primary care givers

Anderson and O'Hara Stephenson, along with the call for changes to the vaccine roll out plan, are also asking for additional resources and supports for emotional and mental health for the community.

At the time of print, WDG Public Health has had 4,596 confirmed cases, 4,378 resolves, and 103 fatalities.