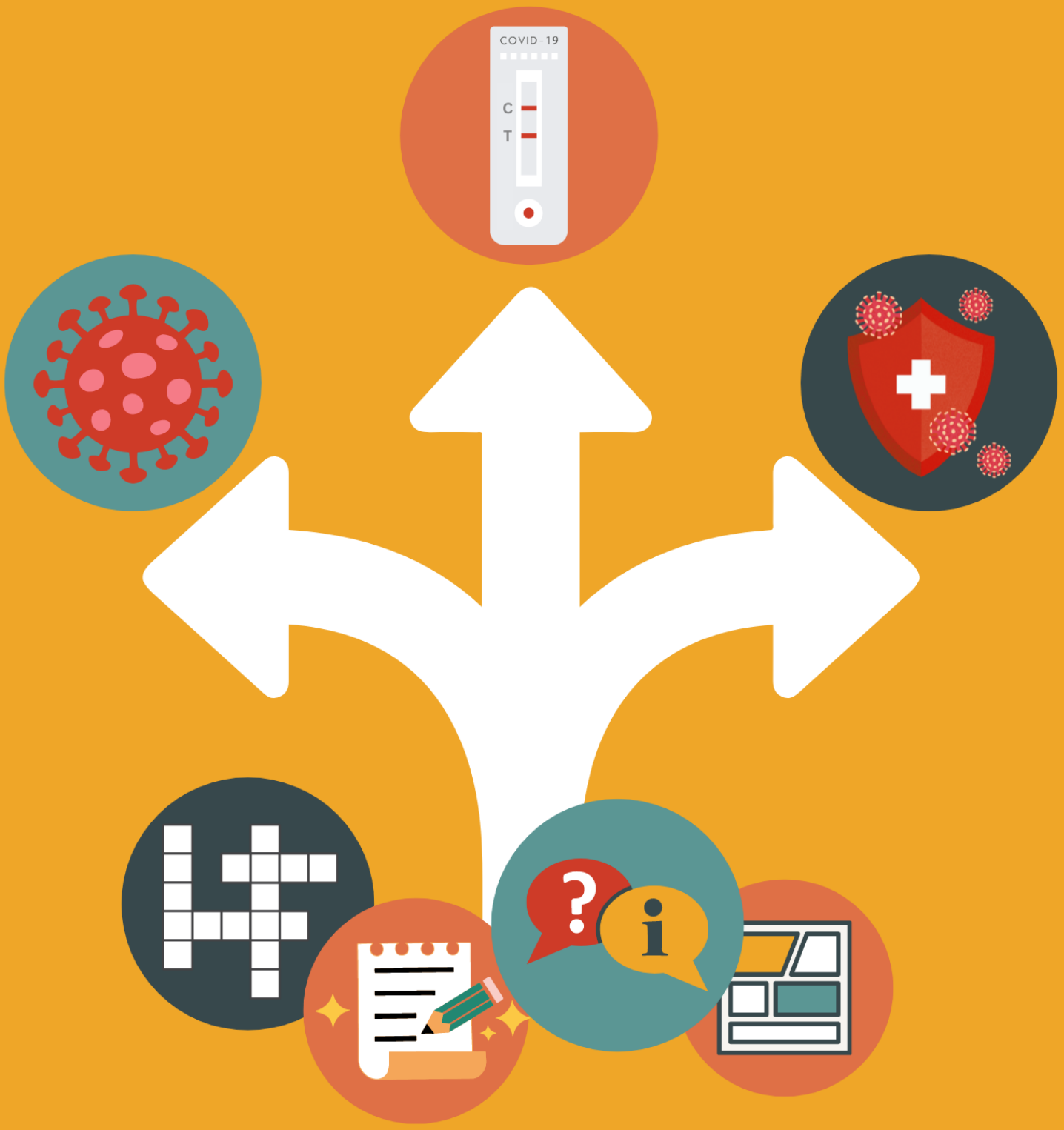


Making Informed Choices

A COVID-19 Activity and Info Book

Made by the ADVANCE Study

Acknowledgements

Territories

This workbook is based on input from many people with lived experience of incarceration across what is colonially known as British Columbia. The authors humbly acknowledge the many territories on which we held workshops, collected surveys, worked on these resources, and where these resources will be put to use. This includes the territories of:

The Lheidli T'enneh and Dene Nations
- Prince George Regional Correctional Centre

The Snuneymuxw Nation
- Nanaimo Correctional Centre

The Katzie, Kwantlen, Semiahmoo, and Stó:lö Nations
- Alouette Regional Correctional Centre

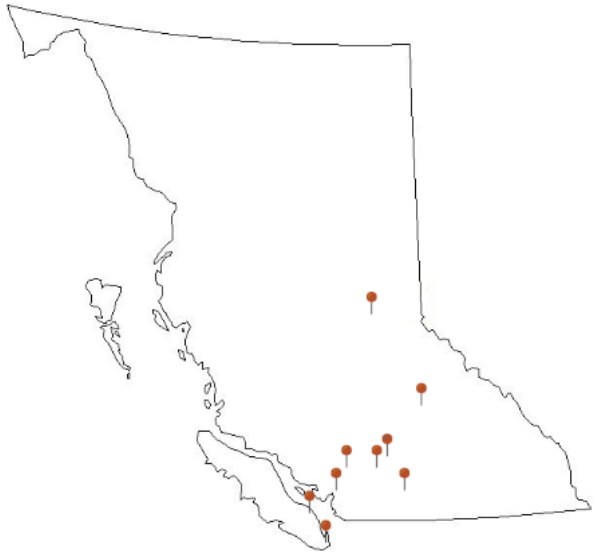
The Songhees, Esquimalt, and Wesanec Nations
- Vancouver Island Regional Correctional Centre

The Semiahmoo, Katzie, Kwikwetlem, Kwantlen, Qayqayt, and Tsawwassen Nations
- Surrey Pretrial Services Centre

The S'ólh Téméxw (Stó:lō) Nation
- Ford Mountain Correctional Centre

The S'ólh Téméxw (Stó:lō), Semiahmoo, Hul'qumi'num Treaty Group, Kwantlen, sq̓əc̓iy̓aʔɬ təməxʷ (Katzie), and Stz'uminus Nations
- Fraser Regional Correctional Centre

The Kʷikʷəƛ̓əm, S'ólh Téméxw (Stó:lō), sc̓əwaθenaʔɬ təməxʷ (Tsawwassen), sq̓əc̓iy̓aʔɬ təməxʷ (Katzie) Nations
- North Fraser Pretrial Centre



This project is about COVID-19 and people who are incarcerated. We know that colonization:

- Has been deeply linked to viral pandemics/epidemics for centuries
- Has resulted in Indigenous people being incarcerated at much higher rates than non-Indigenous (particularly white) folks
- And has impacted who has access to information about COVID-19, medical care, who gets COVID, and how people feel about COVID vaccines

We want to uphold and show our respect for the continued resilience of Indigenous Peoples and Nations throughout the COVID-19 pandemic. We acknowledge the tireless work of Circle of Eagles Lodge Society and First Nations Health Authority to support their communities through what has been a very difficult time, and pay our gratitude to them for their work on this project.

People With Current or Past Experience of Incarceration

This workbook was created based on the input of people with current or past experience of incarceration in BC. We gratefully acknowledge the creativity, insight, wisdom, and expertise of everyone who filled out surveys, participated in focus groups, and provided feedback on drafts for this project. We could not have done this project without you.

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This project was also made possible through the hard work and insight of a team of additional Investigators, Collaborators and other Partners (listed below). Thank you for sharing your expertise with us. We could not have done this project without you!

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Acronyms

BCCDC: British Columbia Centres for Disease Control
UTG: Unlocking the Gates Services Society
CHS: Correctional Health Services
UBC: University of British Columbia
BCMHSUS: British Columbia Mental Health & Substance Use Services
FNHA: First Nations Health Authority
COELS: Circle of Eagles Lodge Society

This work was funded by a Genome BC/Michael Smith Foundation for Health Research/BCCDC Foundation for Public Health Rapid SARS-CoV-2 Vaccine Research Initiative in BC Award, and supported in-kind by BC SUPPORT Unit.

THE UNIVERSITY OF BRITISH COLUMBIA
BC Centre for Disease Control
BC MENTAL HEALTH & SUBSTANCE USE SERVICES

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Section 1

Introduction

Welcome!

We're happy this workbook has made it to you! We hope you'll find it helpful, interesting, and entertaining.

This workbook was made by the "**A**ddressing COVI**D**-19 **V**accine concerns **A**mo**N**g people who are in**C**arc**E**rated" (**ADVANCE**) Study Team. We are independent researchers and educators who care about **P**eople **W**ho **A**re **I**ncarcerated (**PWAI** for short).

We know it's important to have access to good info about COVID-19. We know you haven't always had that. So, we made this workbook based on input from hundreds of people in BC who were in custody or were recently released during the time of this study. We want to give you access to info you can trust, from people who care about you. This workbook is our best shot. We hope you like it!

Check out our other resources, listed below. You can ask for a copy from a Programs Officer or from Healthcare Staff:

- Making Informed Choices: A COVID-19 Activity and Info Book
- Making Informed Choices About COVID-19 Vaccines
- Wellness While in Custody
- What You Need to Know About COVID-19 Testing
- Planning for Release
- Overdose Prevention & Harm Reduction
- COVID-19 FAQ Posters
- COVID-19 Myth Busting Posters
- Real Talk Comic
- Needle Hate Comic
- Making Informed Choices: A COVID-19 Activity and Info Book (Reference Edition)

What's in the Workbook

The workbook has info about COVID-19 and vaccines that PWAI in BC asked us for. Turns out that's a lot of info!

We know not everyone will want to read the whole thing, and that's totally fine. Please feel free to use it in whatever way is most useful: read the whole thing if you want to, or skip sections, or look up stuff in the table of contents and jump straight to that. You do you!

The workbook is organized into four sections:

Section 1 gives you some background on the project and ideas about how to approach the stuff in the workbook.

Section 2 covers COVID-19 testing and stats about COVID-19 in corrections.

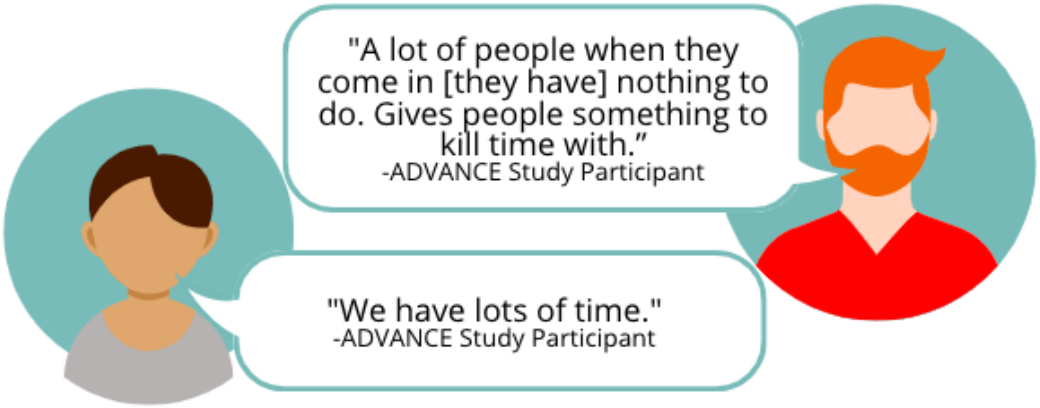
Section 3 has in-depth info on the COVID-19 virus and vaccines.

Section 4 talks about release-related COVID-19 info.

Throughout the workbook, you'll find bits labelled ***What We Heard***. These bits have quotes and summaries of what people who participated in the study shared with us, which relates to the part you're about to get into.

At the end of each section, you'll find a short recap of what was covered, followed by an activity (e.g. crossword puzzle). There's also a certificate - more on that below.

About the Activity Sections



Each activity section has either true/false questions, trivia-style multiple choice questions, crosswords, or some other type of puzzle. The activities are there to keep things interesting, to make space to reflect, and to help you learn. People learn better through interactive stuff. Plus, it's way less boring!

Answer Key

You'll find all the answers to activities in the answer key at the back of the book. You can check your answers to find out if you're on the right track. Feel free to change things after you check. We won't tell!

About Your Certificate

What We Heard:

You deserve proof of your hard work for reading and doing the activities in each section of this workbook, and a huge kudos when you get to the end! Here's how the activities and the certificate works:

- After you finish each activity, follow the prompt to check your answers in the Answer Key at the back of the workbook (page 85).
- Make any corrections you need to.
- Flip to the Record of Completion (page 91) and give yourself a check mark next to the section you completed.
- Once you've completed all the activities and checked everything off on your Record of Completion, write your name and the date on your certificate. Show it off to a friend, to someone helping you plan for release, or to a Parole Officer as proof of your hard work.

About the Glossary of Terms

There's a Glossary on page 81 of the workbook with definitions for some of the words we've used. The first time a word that's in the Glossary appears in the workbook, it will be highlighted. If you come across a word that looks like this: ***COVID-19***, or this: ***antigen***, that means there's a definition for it in the Glossary. The Glossary is organized in alphabetical order, from A to Z.

What We Hope This Workbook Will Do

This workbook will NOT push you to make any kind of decision. We hope this workbook will:

- Support you to think for yourself about COVID-19, and to sort through all the info that's out there
- Make you feel seen, heard, and supported
- Answer questions you might have had for a while
- Help you feel confident when talking about COVID-19 with others
- Give you a feeling of accomplishment if you choose to do the activities
- Most of all, we hope it will help you feel informed

We want you to have all the info you need to make your own choices about your health and wellbeing. We hope this workbook will give you just that.

Acknowledging COVID-19 Impacts

COVID-19 has had a huge impact on people. Many of us have lost loved ones. A lot of us got sick ourselves, felt alone, heard horror stories, or saw people we love get sick. COVID-19 can bring up a lot of fear, anger, sorrow, and grief. Please take care of yourself as you go through this book. Take breaks. Stop if you need to. We want you to be okay! Please do what you need.

How We Chose Our References

We used a careful approach to choosing sources of info for our resources. Whenever possible, we used peer-reviewed sources, which have been checked by experts to make sure their claims are valid. If you want to take a close look at the references for all the things we made, you can find them in the *Making Informed Choices Reference Edition* in your centre's library. The text also includes a guide to thinking critically about COVID-19 info, an explanation of our source-finding process, and a guide to the reference list.

Limitations and How to Contact Us

There are some limitations to this workbook. There were things that we wanted to do but couldn't, due to either the setup in correctional centres or our funding. For example, we couldn't do a regularly updated resource, because we don't have the funding. We also couldn't include absolutely everything known about COVID-19 in this workbook, since it would end up being enormous. We included as much info as we could. Everything is up-to-date as of November 2022.

To deal with these limitations, we've put an "Ask or Tell Us Anything" form on page 95 that you can use to ask us any follow-up questions, or tell us anything that you thought about the

workbook. We also included the contact information again on page 97 so you can contact us more than once if needed.

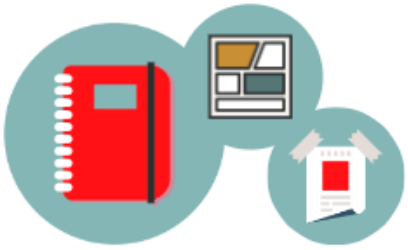
Introduction to ADVANCE

What Is ADVANCE?

ADVANCE is short for "**A**ddressing COVI**D**-19 **V**accine concerns **A**mo**N**g people who are in**C**arc**E**rated." When we started the project, we had a couple of goals in mind:

1. To find out why vaccine rates were so low among people in BC prisons, and

2. To co-create educational materials (like this workbook) with people who are or had been in custody during the COVID-19 pandemic.



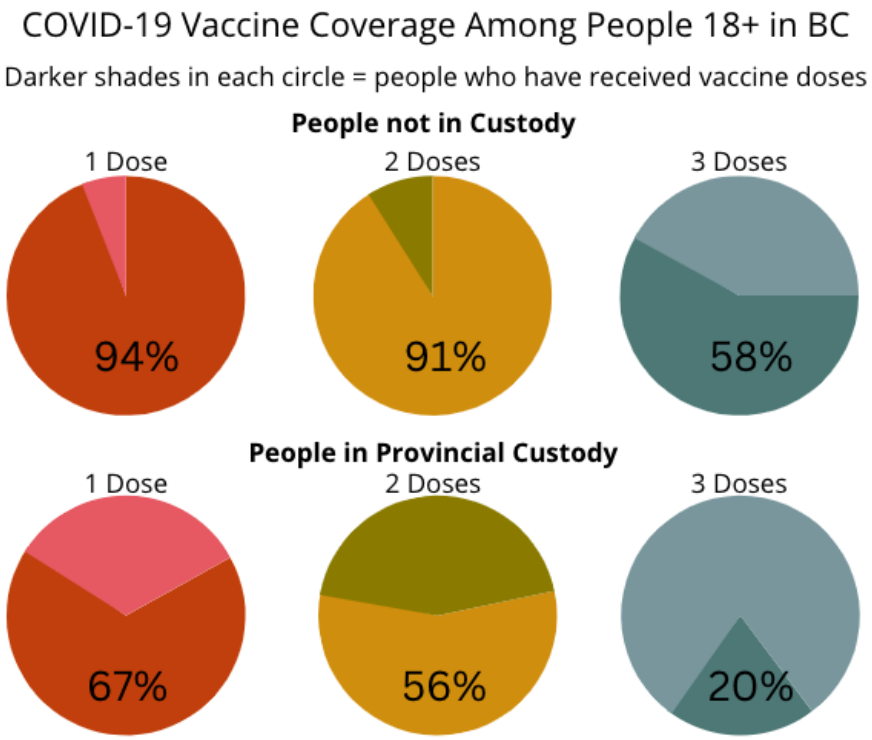
You'll often see us refer to people who are in prison using the letters '***PWAI***'. This stands for **P**eople **W**ho **A**re **I**ncarcerated. We'll also use '***PWLE***,' which is short for **P**eople **W**ith **L**ived **E**xperience of incarceration, meaning folks who were in custody, but aren't anymore.

Why Did We Do ADVANCE?

There are a few reasons why we did this project. First off, we heard the stats on PWAI and COVID-19. People who experience ***criminalization*** are more likely to get COVID-19, to have to go to the hospital for it, and to die from it.

In early 2021, 5.5% of PWAI tested positive for COVID-19 antibodies. This means that 5.5% recently had COVID-19. During that same time, about 1% of people who were not incarcerated tested positive for COVID-19 antibodies.

Vaccines have been proven to reduce the chances of getting COVID-19 and getting really sick from it. But vaccine rates among PWAI aren't great. The chart below shows the percentage of adults (18+) in BC who got COVID-19 vaccines, as of March 11th 2022.



Visual representation of vaccine rates among adults (18+) in BC.

No one really knew why vaccine rates were so low among PWAI, nor how to better support PWAI around COVID-19 and vaccines. We wanted to find out, because we care deeply about PWAI.

Some of the people on this project have family members who have been incarcerated. Some have been in custody themselves. Some of us have had the honour of working with PWAI for years through our roles as researchers or health educators. What all of us have in common is the belief that you have the right to make informed decisions about your life and your health. To do that, you need access to info that matters to you, and info you can trust.

That's why we did this project, and why we made this workbook.

What We Learned

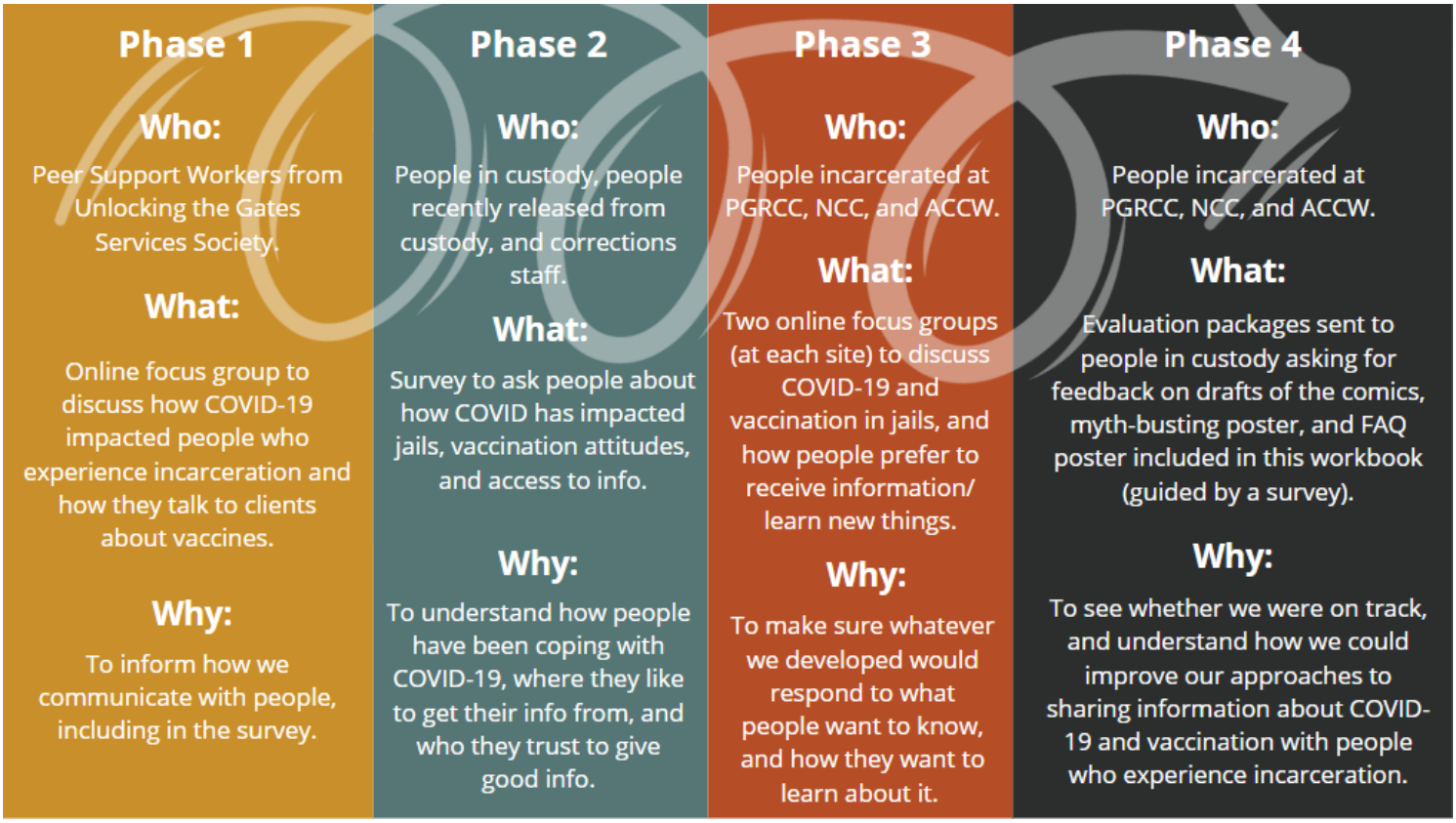
There isn't just one answer to why people are less likely to accept vaccines while in custody. It's complicated, and depends on the person! Here are some of the factors influencing how people make decisions about COVID-19 vaccines:

Factors influencing COVID-19 vaccine confidence and acceptance among PWAI

We learned that people in custody don't have access to the information they want, and that trust is a major factor in how people decide what they want to do. A lot of people don't trust where and who information is coming from.

How Did We Make This Workbook and Who Helped Make it?

This project was done in 4 phases. In each phase, we worked with people in custody, people who were released during COVID-19, ***peer support*** workers from Unlocking the Gates (UTG) Services Society, and other collaborators. The image below shares the basics of each phase.



After we finished all four phases, we took everything that was shared with us, made changes to the resources, and finished them. Then, we sent them to you. In your hands are the finished products. We hope you like them!

Review

- The workbook was made by the "**A**ddressing COVI**D**-19 **V**accine concerns **A**mo**N**g people who are in**C**arc**E**rated" Study Team, or **ADVANCE** for short.
- We tried to include all the info PWAI in BC asked us for in this workbook.
- There are 4 sections in the workbook. Use it however works best for you!
- You get a certificate for doing the activities in this workbook.
- We did this project because we care about PWAI (you).
- We also did this project because PWAI in BC have lower ***vaccination*** rates than people not in corrections, and higher rates of COVID-19. We wanted to find out why and work with PWAI to make resources.
- The resources you're holding are the result of input from PWAI across the province, and a team of folks from many different backgrounds.

Activity

1. Fill in the blanks to tell the story of how the workbook was created.

This workbook was created by the _____Study (project acronym). The study team includes people from different backgrounds, who _____(action word) about people who are incarcerated. We created the workbook based on survey responses, focus groups, and other input from people who have been/are currently _____(custody status).

2. True or false? As of March 2022, PWAI in BC are more likely to get COVID-19 and less likely to get vaccinated than people who are not in prison. Circle the right answer below.

True False

Check your answers in the Answer Key at the back of the workbook (page 85) and make any corrections you need to.

When you're done, give yourself a check mark next to the section you completed on your Record of Completion (page 91). You're one step closer to getting your certificate!

Section 2

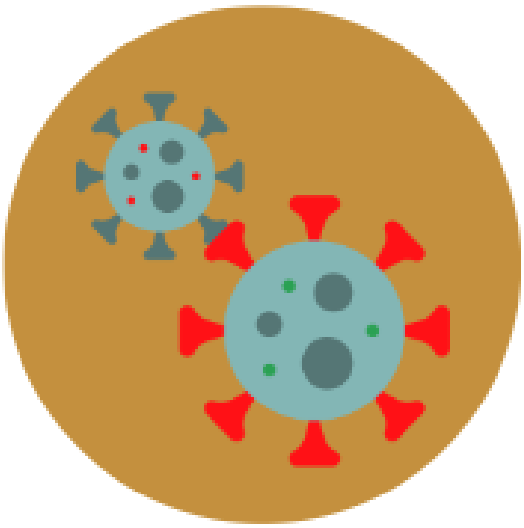
What Is COVID-19?

We've all heard the words "COVID-19" and "Coronavirus" A LOT over the last few years. But what do those words really mean? And why is "COVID" written in all caps, anyway?

COVID-19 is actually an acronym - a short form. That's why it's in all caps! COVID-19 stands for **Co**rona**vi**rus **d**isease-**19**. Basically, COVID-19 is a disease that started in 2019, which is caused by a coronavirus.

The coronavirus that causes COVID-19 is the SARS-CoV-2 virus. SARS-CoV-2 is another acronym that is short for **S**evere **A**cute **R**espiratory **S**yndrome **Co**rona**V**irus **2**. Yikes, what a mouthful!

Sometimes people use "COVID-19" to refer to the virus itself, and that's okay. This happens because the disease (COVID-19) and the virus that causes it (SARS-CoV-2) are so closely connected. Plus, it's a lot easier to say COVID-19. In this workbook, we'll say "COVID-19" when we mean the illness, and "COVID-19 virus" when we're talking about the virus itself.

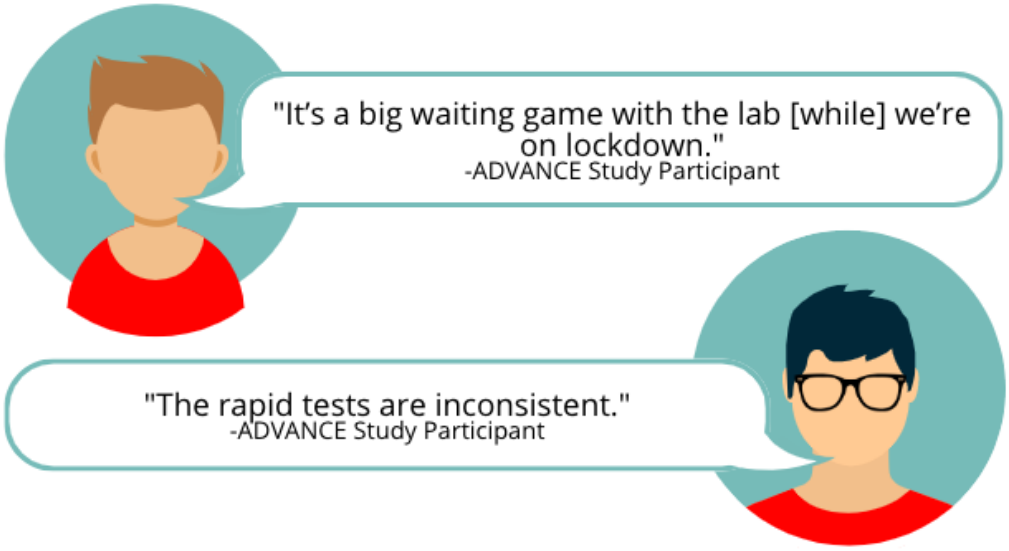


The virus: SARS-CoV-2 or COVID-19 Virus

The illness: Coronavirus disease-19 or COVID-19

Testing for COVID-19

What We Heard:



During the focus groups, people shared how testing for COVID-19 in provincial correctional centres is done at intake. Then, people are put on induction units, regardless of the results of the test. There was a lot of confusion around testing and what the results mean. We wanted to start the workbook by talking about testing, since it's one of the first COVID-19-related things you come across when you enter custody.

Since the beginning of the pandemic, several ways of testing for COVID-19 have been created. With so many tests being around, it can be hard to keep track of which test does what, how accurate tests are, and what results really mean. Here, we break down everything you need to know. For detailed information, read on. Or skip to page 24 for a quick-reference chart.

How Many Types of COVID-19 Tests Are There?

There are three types of tests for COVID-19:

Rapid Antigen Tests

Current Infection

PCR Tests

Current Infection

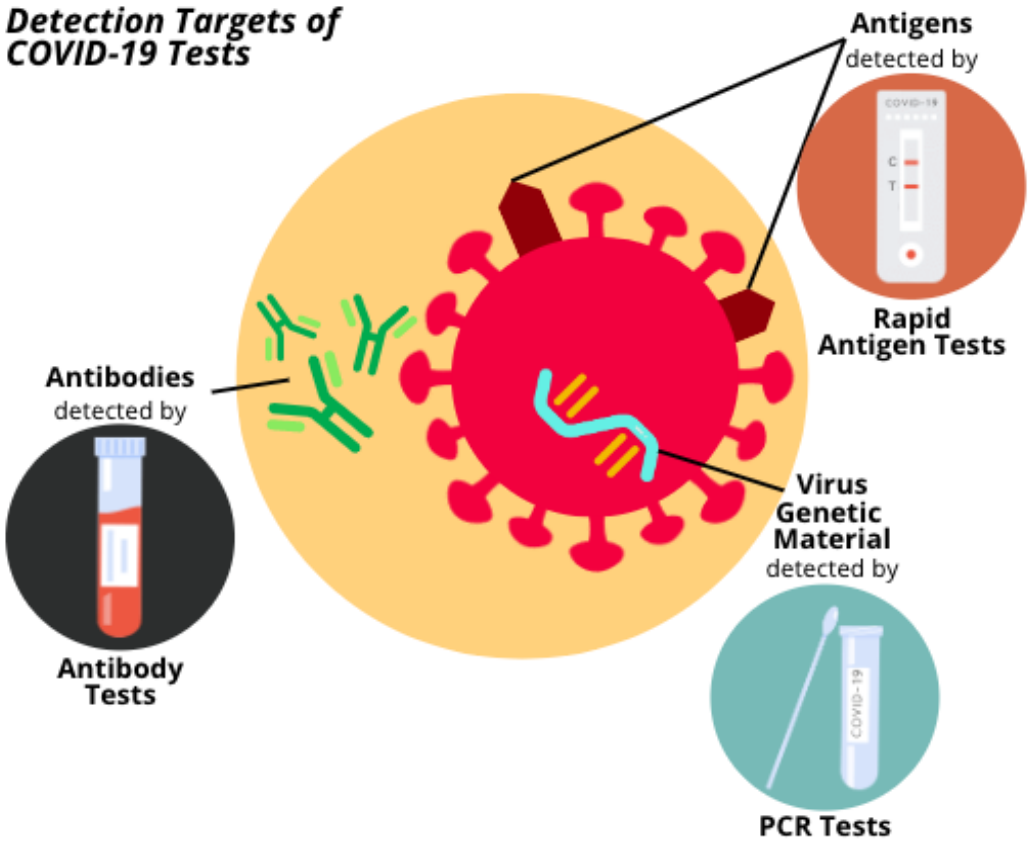
Antibody Tests

Past Infection

Two of them (***rapid antigen tests*** and ***PCR tests***) aim to tell if you currently have COVID-19. One of them (antibody tests) aims to find out if you've ever had COVID-19.

How Do COVID-19 Tests Work?

COVID-19 tests work by detecting one of three things: COVID-19 antigens, genetic material from the COVID-19 virus, or COVID-19 antibodies.



Rapid antigen tests react to proteins made by the COVID-19 virus. These proteins are called ***antigens***. Rapid antigen tests are sometimes called antigen tests or rapid tests, but technically other types of tests for COVID-19 can also be done rapidly.

PCR tests react to genetic material from the COVID-19 virus. PCR is short for **P**olymerase **C**hain **R**eaction.

Antibody tests react to COVID-19 ***antibodies***, made by your body to help protect you from infection. Your body makes certain antibodies when you get vaccinated, and other antibodies if you've had COVID-19. Most antibody tests will come back positive if you've had COVID-19 or been vaccinated, but some react only to antibodies from COVID-19 infection. Antibody tests can't

tell you whether you have enough antibodies to protect you from future COVID-19 infection. Antibody tests are sometimes called serology tests.

COVID-19 Testing in Provincial Correctional Centres

Provincial correctional centres use COVID-19 rapid antigen tests and PCR tests, depending on the situation.

Rapid antigen testing (the one where they swab inside your nostrils or inside your mouth, *not* deep inside your nose) might take place in Corrections when:

- Someone has symptoms of COVID-19 at intake,
- People are transferred between centres, and they have symptoms,
- People leave for in-person court appearances and come back, and they have symptoms,
- People develop symptoms while they're incarcerated.

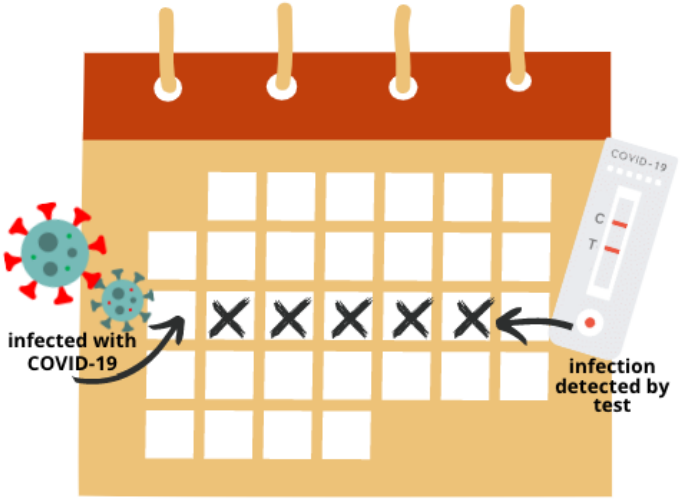
PCR testing (the one where they swab deep inside your nose, or where you gargle and spit it into a tube) might take place in Corrections when:

- People develop symptoms while they're incarcerated,
- Someone's rapid antigen test comes back positive,
- Someone's rapid antigen test comes back negative, but they have symptoms and a doctor determines it's necessary to do a PCR test.

We heard from a lot of people who were (understandably) confused about the tests they've had in Corrections, why they still need to isolate or go on induction units when their tests come back negative, and how it's possible to have a negative test one day and a positive test the next. The answers to these common questions have to do with ***"window periods"*** and test accuracy, which we'll talk about next.

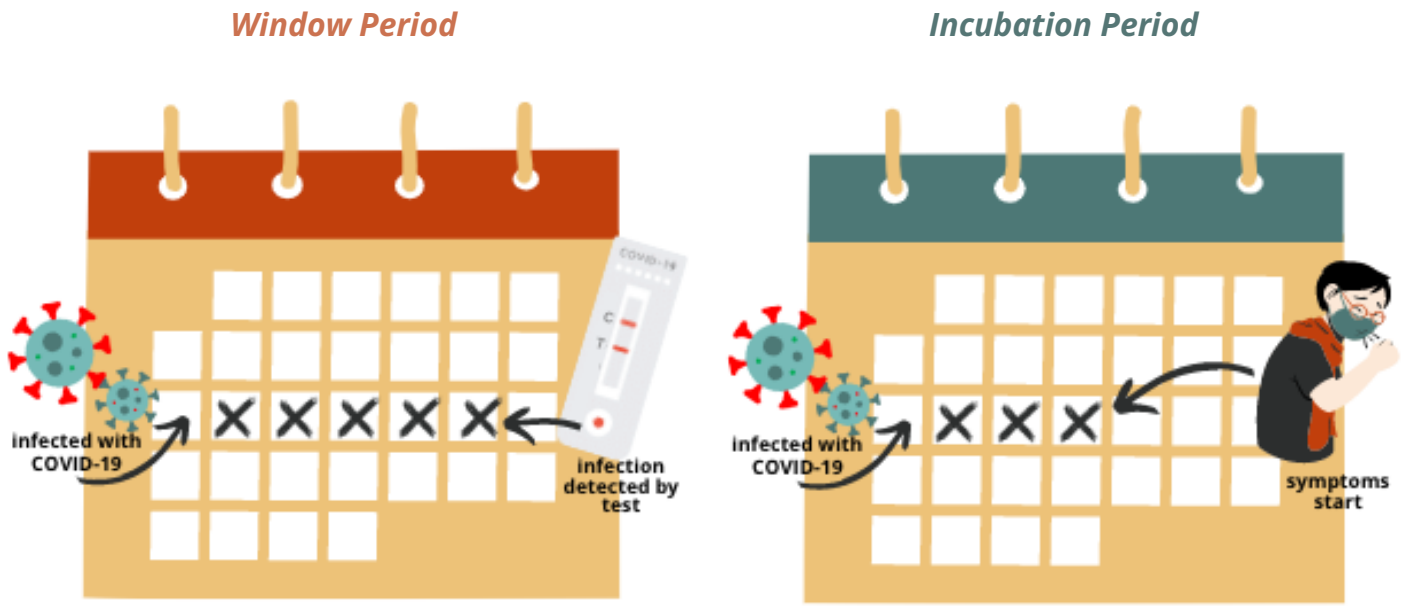
Window Periods

The ***window period*** is the period of time between being infected with the COVID-19 virus and being able to detect the infection with a test (see image to the right).



When you get COVID-19, it takes some time for the test to detect the stuff it reacts to because it takes time for it to build up in your body. That means that negative results on tests that were done before the window period is over might not be accurate. Exactly how long the window period is depends on which test we're talking about (see the chart later in this section).

The window period is different from the ***incubation period***. The incubation period is the time between being infected with a virus and when you start to show symptoms.



One of the reasons people might be placed on induction units despite a negative test result is the window period. Tests done before the window period is over will come back negative, even if a person has COVID-19. If someone has symptoms, it's recommended to wait out the window period before trusting a negative test result.

How Accurate Are COVID-19 Tests?

Answering the question "How accurate is this COVID-19 test?" is complicated, because accuracy is shaped by lots of things.

A couple of the tools scientists use to assess the reliability of tests are ***"sensitivity"*** and ***"specificity"***.

Sensitivity

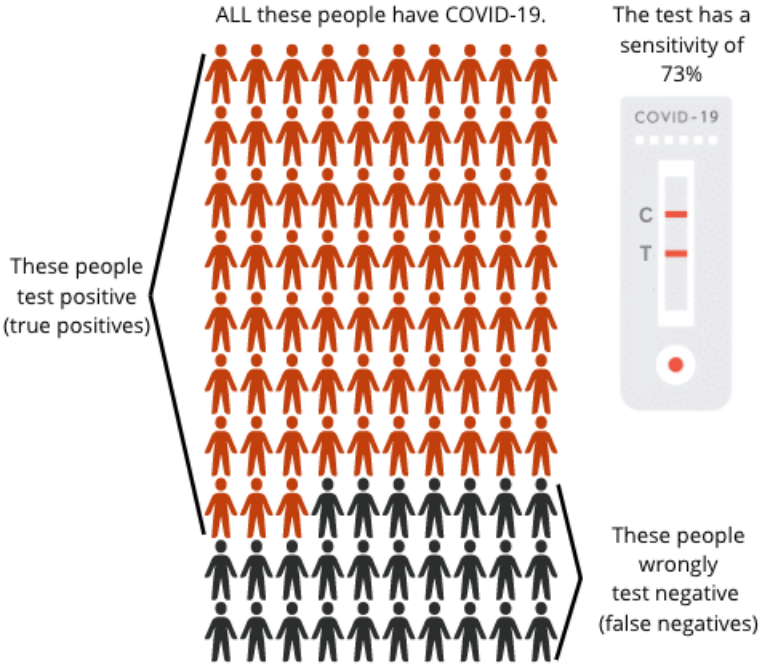
Sensitivity is the percentage of positive test results (true positives) a test is able to identify.

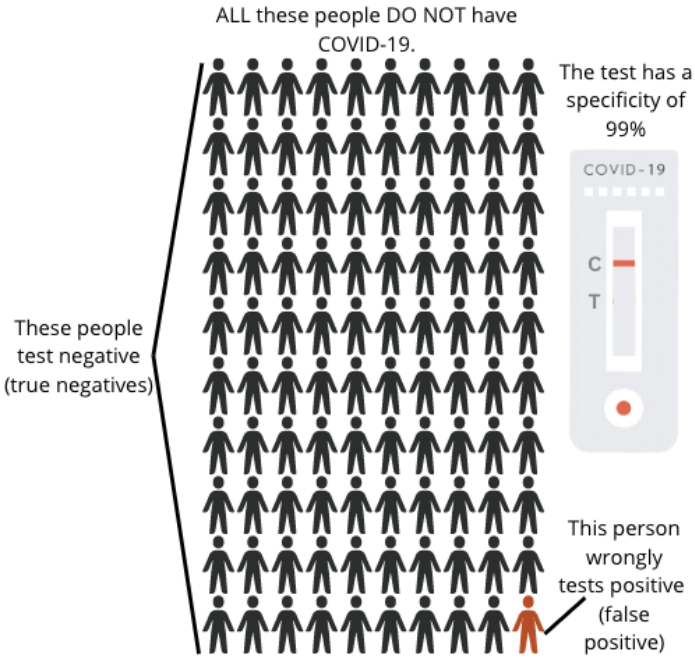
Let's say 100 people have COVID-19 and all of them are tested. The test correctly identifies 73 people as having COVID-19. This means the test has a sensitivity of 73%, as shown in this diagram. The 73 detected are called 'true positives'. The 28 people missed (who actually have COVID-19) are 'false negatives'.

Specificity

Specificity is the percentage of negative test results (true negatives) a test is able to identify.

Let's say 100 people DO NOT have COVID-19, and all of them are tested. The test correctly identifies 99 people as NOT having COVID-19. The test would have a specificity of 99%, as shown in the diagram. The 99 identified are called 'true negatives'. The 1 person who doesn't actually have COVID-19 is a 'false positive'.





Knowing the sensitivity and specificity of tests can help inform how reliable a test is. The higher the percentages of each, the lower the number of false negatives and false positives the test tends to have, all other things being equal. Check out the chart on the next pages to compare the sensitivity and specificity of different types of tests.

Other Things That Impact Accuracy

Even if we know how specific and sensitive a test is, there are several things that can impact how accurate it is, such as:

- Whether the test was done during or after the window period
- The test manufacturer
- The sample type (e.g. from the mouth or from the nose)
- How widespread COVID-19 is in a particular area
- Type of test (e.g. antigen, antibody or PCR)
- Whether or not someone has symptoms (especially for rapid antigen tests)

...And more. Told ya it's complicated.

No test for COVID-19 is 100% accurate, and it's important not to rely on test results alone. This is another reason why people are placed on induction units or in isolation if they have symptoms, even if their test comes back negative.

It's better to think of tests as one tool among many that we have for catching COVID-19 cases, and figuring out how to move forward when people are sick (e.g. if someone should start treatment for COVID-19). Together with measures like isolating when you're sick, or physical distancing, tests can help prevent the spread of COVID-19.

COVID-19 Testing Quick Reference

	Rapid Antigen Test	PCR Test	Antibody Test
Also known as	Antigen Test Rapid Antigen Detection Test (RADT)	Polymerase Chain Reaction Test Molecular Test	Serology Test
Used for	Helping to diagnose if you currently have COVID-19	Helping to diagnose if you have COVID-19	Trying to find out if you've had COVID-19 in the past
Reacts to	COVID-19 proteins	COVID-19 genetic material (part of the virus itself)	Specific antibodies (things you body has made to fight COVID-19)

	Rapid Antigen Test	PCR Test	Antibody Test
Used when	People have symptoms of COVID-19. In workplaces, schools, during intake into Corrections, and other settings where routine testing is offered (on the off chance that they'll identify someone who has COVID-19 but isn't showing symptoms). Note: Tests are not very accurate when people have no symptoms.	People have symptoms of COVID-19 AND are hospitalized, pregnant, eligible for treatment, or live/work with those at high risk from COVID-19.	Researching or collecting public health info.
Method (sample collection)	Nasal or mouth swab by healthcare provider or self	Nasal swab or mouth rinse/gargle collection by healthcare provider	Blood draw by healthcare provider Dried blood spot test by healthcare provider or self.
Used to	Help diagnose COVID-19 cases when people have symptoms. To help screen for COVID-19 in places that are high-risk for the virus/negative impact.	Help diagnose COVID-19 cases, when having a diagnosis would impact what action is taken (e.g. whether someone should be treated, hospitalized, etc.).	Research how many people in a certain area have had COVID-19.
Window period	3 - 7 days after exposure	5 days after exposure	3 - 4 weeks after exposure

	Rapid Antigen Test	PCR Test	Antibody Test
Positive means	If you have a positive test and symptoms, you most likely have COVID-19	If you have a positive test and symptoms, you most likely have COVID-19	You have had COVID-19 at some point
Negative means	COVID-19 antigens were not found in your sample. You could still have COVID-19.	COVID-19 virus material was not found in your sample. You could still have COVID-19, but the likelihood of false negatives is lower than with rapid antigen tests.	COVID-19 antibodies were not found in your sample. This does not mean you've never had COVID-19; your body could need longer to develop antibodies, the antibodies could have gone away, or you might not have made enough antibodies to show up on a test.
Sensitivity (% of positive results the test identifies)	In people with symptoms: 73% sensitive. In people without symptoms: 55% sensitive.	In people with symptoms: 85% - 90% sensitive. In general/on average (people with and without symptoms): 70 - 90% sensitive.	Antibody tests must have a sensitivity of at least 95% to be approved by Health Canada.
Specificity (% of negative results the test identifies)	About 99% specific for both people with and without symptoms.	In people with symptoms: 99% - 100% specific. In general (people with and without symptoms): 97% specific.	Antibody tests must have a specificity of at least 98% to be approved by Health Canada.

If Your Rapid Antigen or PCR Test Is Positive...

- **If you have COVID-19 symptoms:** If you have COVID-19 symptoms, it's recommended that you **isolate** until you no longer have a fever (without use of meds) and your symptoms have improved. If you cannot isolate while you have symptoms, wear a mask indoors, cover your coughs or sneezes with your elbow, and clean your hands often.

- If you don't have COVID-19 symptoms, you do not need to stay home or avoid others, regardless of test results. People who work in settings with people at higher risk of severe COVID-19 illness should consult their workplace-specific policies for guidance though.
- If you have an underlying medical condition, **contact your healthcare provider or call 8-1-1**. There are some treatments for COVID-19 that you might be eligible for, which work best if started soon after symptoms develop.
- **Take good care of yourself.** Drink lots of fluids and get lots of rest. Non-prescription medications like acetaminophen (a.k.a. Tylenol®) and ibuprofen (a.k.a. Advil®) can be used to help with some symptoms of COVID-19.
- If you're having a hard time managing your symptoms, find it hard to breathe or drink, have chest pain, or feel confused, **tell a healthcare provider or call 8-1-1 to speak to a nurse**. They will tell you the best place to go for medical attention (i.e. which hospital is taking COVID-19 patients).
- If you're not sure what to do, **ask a healthcare provider**. If you're not currently in custody, call 8-1-1, or check the BC Centre for Disease Control website for up-to-date information (bccdc.ca).

If you have COVID-19 infection and are a First Nations person with status, there are some supports available through First Nations Health Authority when you are in the community:

- The FNHA Health Benefits Isolation Support team can help you with accommodation, travel and meals if you need to self-isolate. To see if you are eligible or to find out more, call 1-888-305-1505.
- Indigenous people (and their non-Indigenous family members) may contact the First Nations Virtual Doctor of the Day program if you are unsure or concerned, or want medical advice (phone: 1-855-344-3800).

If Your Rapid Antigen or PCR Test Is Negative…

- **If you have COVID-19 symptoms,** you should still **isolate** until you no longer have a fever (without use of meds) and your symptoms have improved. If you cannot isolate while you have symptoms, wear a mask indoors, cover your coughs or sneezes with your elbow, and clean your hands often.

If the test is negative, it could be because you're still in the early phases of infection. This is especially true when it comes to rapid antigen tests. You can still pass the virus to others during this time. If you're using rapid tests, you can do another one later on if you want (like the next day) if you have symptoms.

If You Didn't Get Tested but Have Symptoms...

- **Self-isolate** until you no longer have a fever and your symptoms improve.

Review

- The three types of tests for COVID-19 are rapid antigen tests, PCR Tests, and antibody tests.
- Rapid antigen tests react to proteins made by the COVID-19 virus. They're done by swabbing inside your nostrils or mouth. They can be self-administered or done by healthcare providers.
- PCR tests react to genetic material from the COVID-19 virus. They're done by swabbing deep inside your nose, or by getting you to gargle and spit in a tube. They're done by healthcare providers.
- Antibody tests react to COVID-19 antibodies. They're done through a blood test.
- The window period is the time between getting COVID-19 and being able to detect the infection with a test. It's different for different tests. Tests are most accurate after the window period.
- PCR tests are most accurate.
- Rapid tests are not very accurate when people do not have symptoms of COVID-19.
- Lots of things impact how accurate tests are, and you can't rely on tests alone to tell if you have COVID-19.
- If your PCR or rapid test is positive and you have symptoms, you most likely currently have COVID-19. Follow public health guidelines and self-isolate until your symptoms are gone.
- If your PCR or rapid test is negative, you could still have COVID-19 (especially with rapid tests). If you have symptoms, self-isolate until they improve and any fever is gone.

Activity

1. Check out the chart in this section. Based on specificity and sensitivity alone, which type of test is likely more accurate? Circle the correct answer.

The Rapid Antigen Test The PCR test

2. True or false? If you test negative for COVID-19, you can be 100% sure you don't have COVID-19.

True False

3. True or false? If you test negative for COVID-19, there's still a chance you could have COVID-19.

True False

4. Review the testing terms we talked about in this section by completing the wordsearch on the next page.

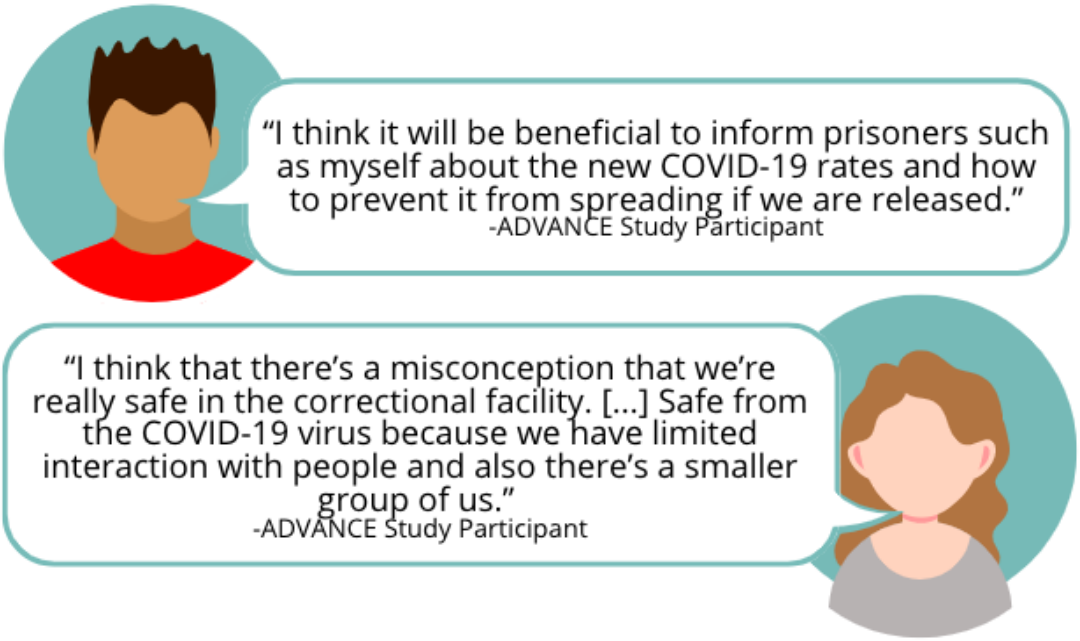
Rapid antigen test	PCR test	Antibody test	Nasal swab
Window period	Sensitivity	Specificity	True positive
True negative	False positive	False negative	Self isolate

Check your answers in the Answer Key at the back of the workbook (page 85) and make any corrections you need to.

When you're done, give yourself a check mark next to the section you completed on your Record of Completion (page 91).

COVID-19 in Correctional Centres

What We Heard:



So what's been going on with COVID-19 in correctional centres, specifically?

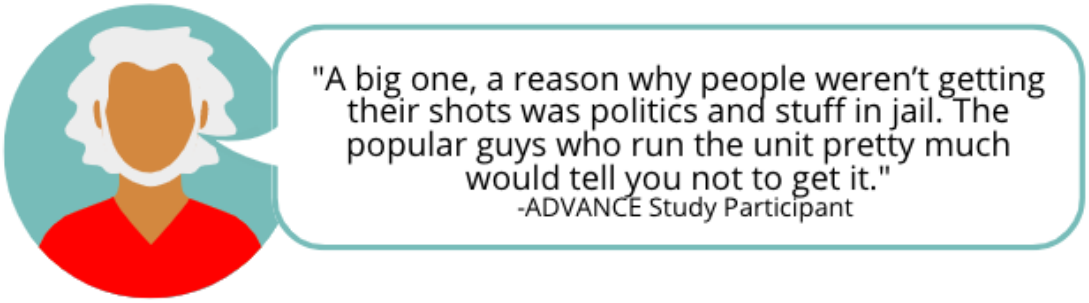
COVID-19 Rates in Correctional Centres

At the beginning of the workbook, we shared that rates of COVID-19 have been higher among PWAI in BC than in folks who are not in custody. A major reason for this is that vaccination rates are lower among people in custody than those who are not.

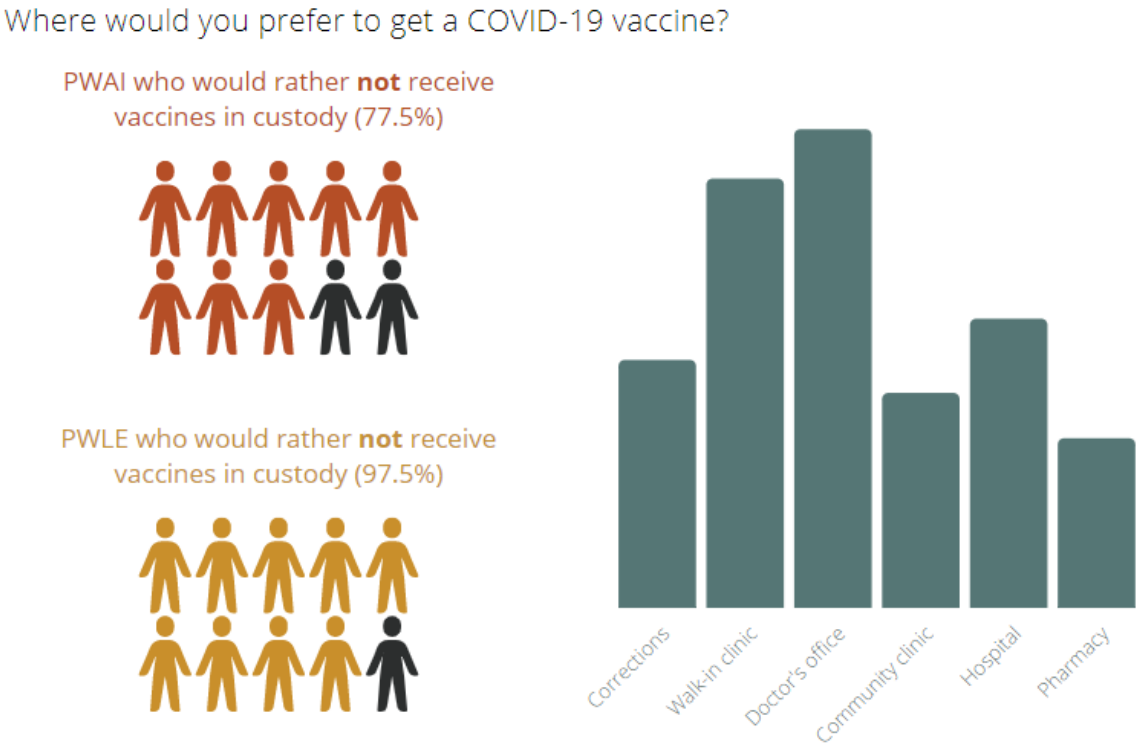
COVID-19 Vaccination Rates in Correctional Centres

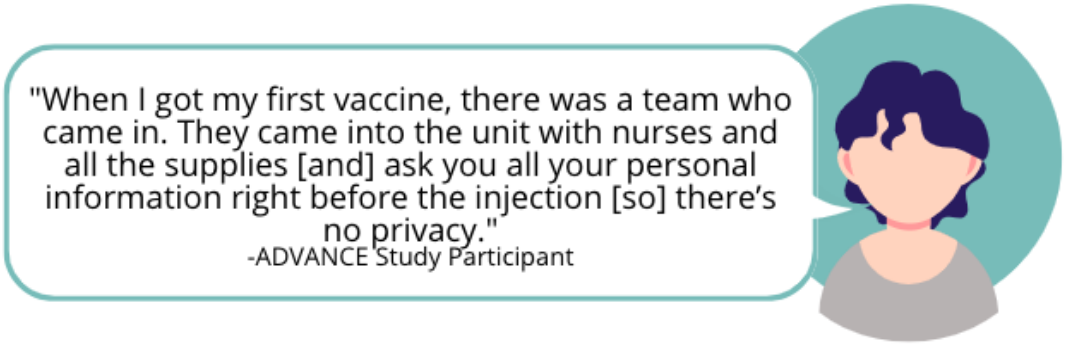
What We Heard:

During our focus group discussions, people explained why folks avoid getting vaccinated while in custody.One explanation was the culture inside, and how misinformation shapes dynamics:



In many correctional centres, vaccines are offered to everyone on the same day. An announcement is made, so it's obvious who is getting vaccinated. When offering vaccinations in front of others, some people feel like they're put on the spot, or that they don't have much privacy.





People shared that offering vaccines in private in the health unit would be better for lots of folks. Participants explained that people come and go from healthcare “all the time” so there are opportunities to offer vaccinations more discreetly.

Even though people would rather receive vaccines in private, if at all, many people reported getting vaccinated. So, we asked:

It looks like vaccination rates could be increasing in BC correctional centres. As of March 11, 2022, 66% of PWAI in BC had gotten 1 COVID-19 vaccine. But when we asked PWAI (as part of this project) if they had ever been vaccinated, 74.3% told us they had at least 1 dose.

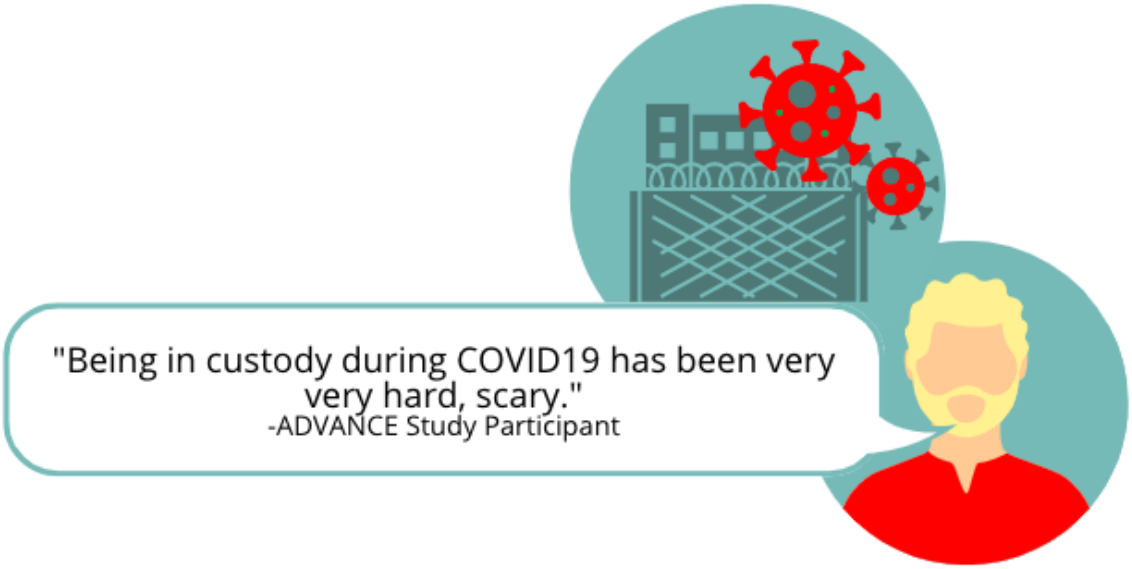
In case you’re curious, vaccination rates are higher in federal correctional centres in BC: 85.5% of folks there have at least 1 COVID-19 vaccine.

COVID-19 Fears

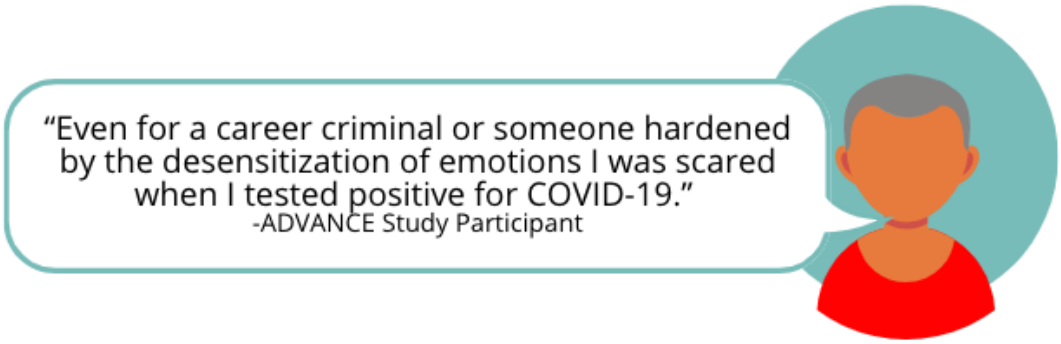
When we were doing the survey and focus groups for this project, it was clear that many PWAI in BC were dealing with COVID-19-related fears.

93.6% of people who did the survey for this project were scared of at least one COVID-19 scenario. That’s almost everyone we heard from.

What were the top fears? 33.2% of people were afraid of getting COVID-19 while in custody.



32.6% were afraid of being alone or lonely if they had to isolate.



27.6% were afraid of being hospitalized.

Many people also told us they were afraid for their friends and family. People feared passing COVID-19 on to loved ones, or losing people they care about to COVID-19 while in custody. During this time of huge uncertainty, most of us are afraid. Check out the *Wellness While in Custody* resource we made for tips to help deal with COVID-19-related fears and anxiety. You can find it at healthcare, and also in the Reference version of this workbook, located in the Correctional Centre Library.

Deaths From COVID-19 Among PWAI

We do have some (mostly) good news for you: only 1 person in Federal custody in BC has died from COVID-19. This happened in April 2020, prior to the roll out of COVID-19 vaccines. No one in BC Provincial custody has died from COVID-19.

Review

- During the pandemic, COVID-19 rates have been higher among PWAI than people who are not in custody.
- A major reason for higher COVID-19 rates in custody is low vaccination rates, but vaccination rates might be increasing.
- COVID-19-related fears like getting COVID-19 while in custody, being alone or lonely, and being hospitalized are common.
- As of November, 2022, we aren't aware of anyone who has died from COVID-19 in BC Provincial custody.

Activity

1. What were the top 3 COVID-19 related fears among the people who did the ADVANCE survey?

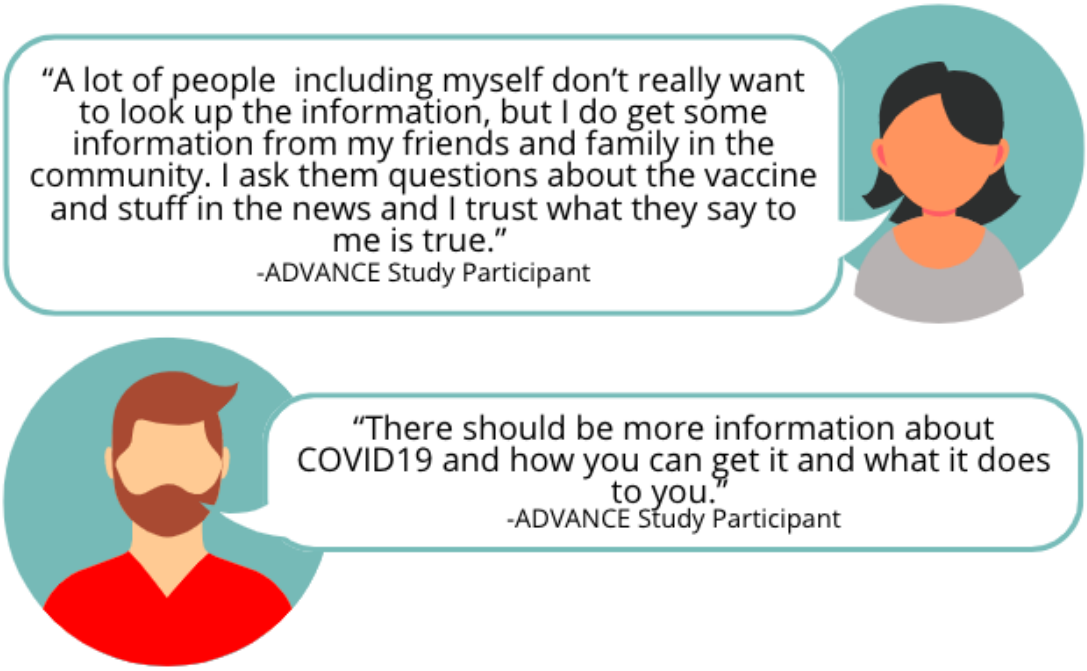
1.
2.
3.

Optional: Use the space below to write or draw about any COVID-19-related fears you have.

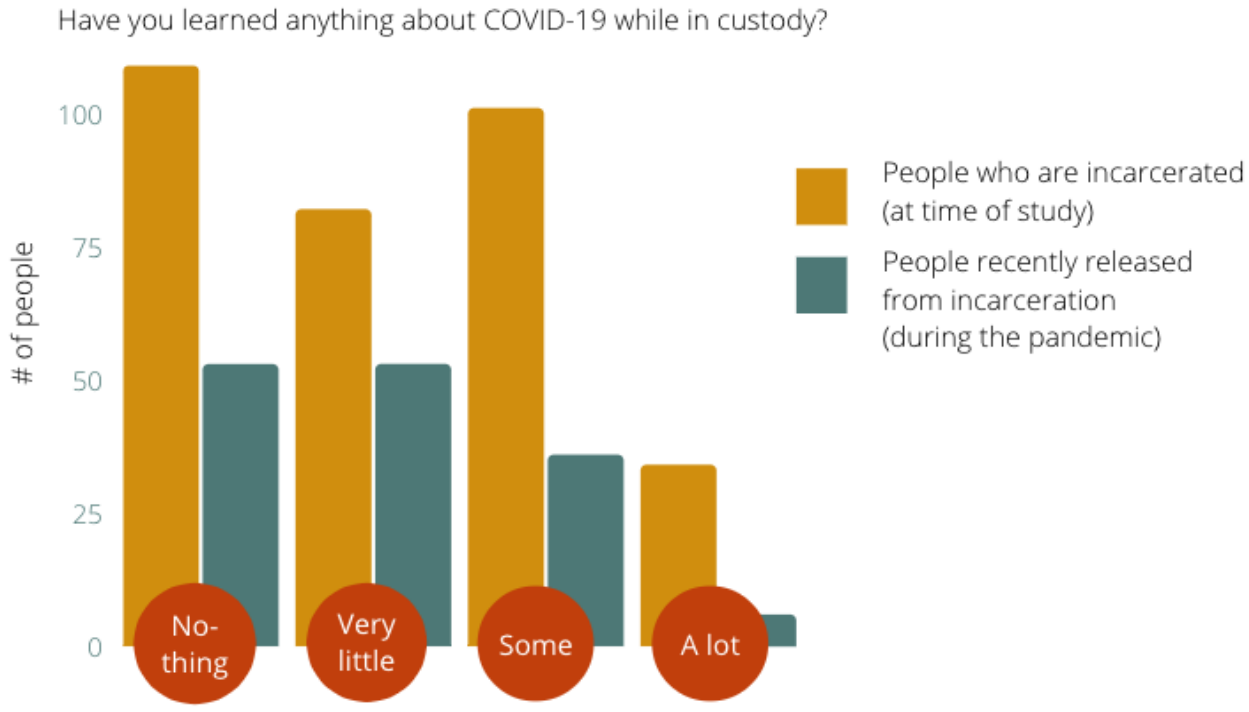
Section 3

All About COVID-19

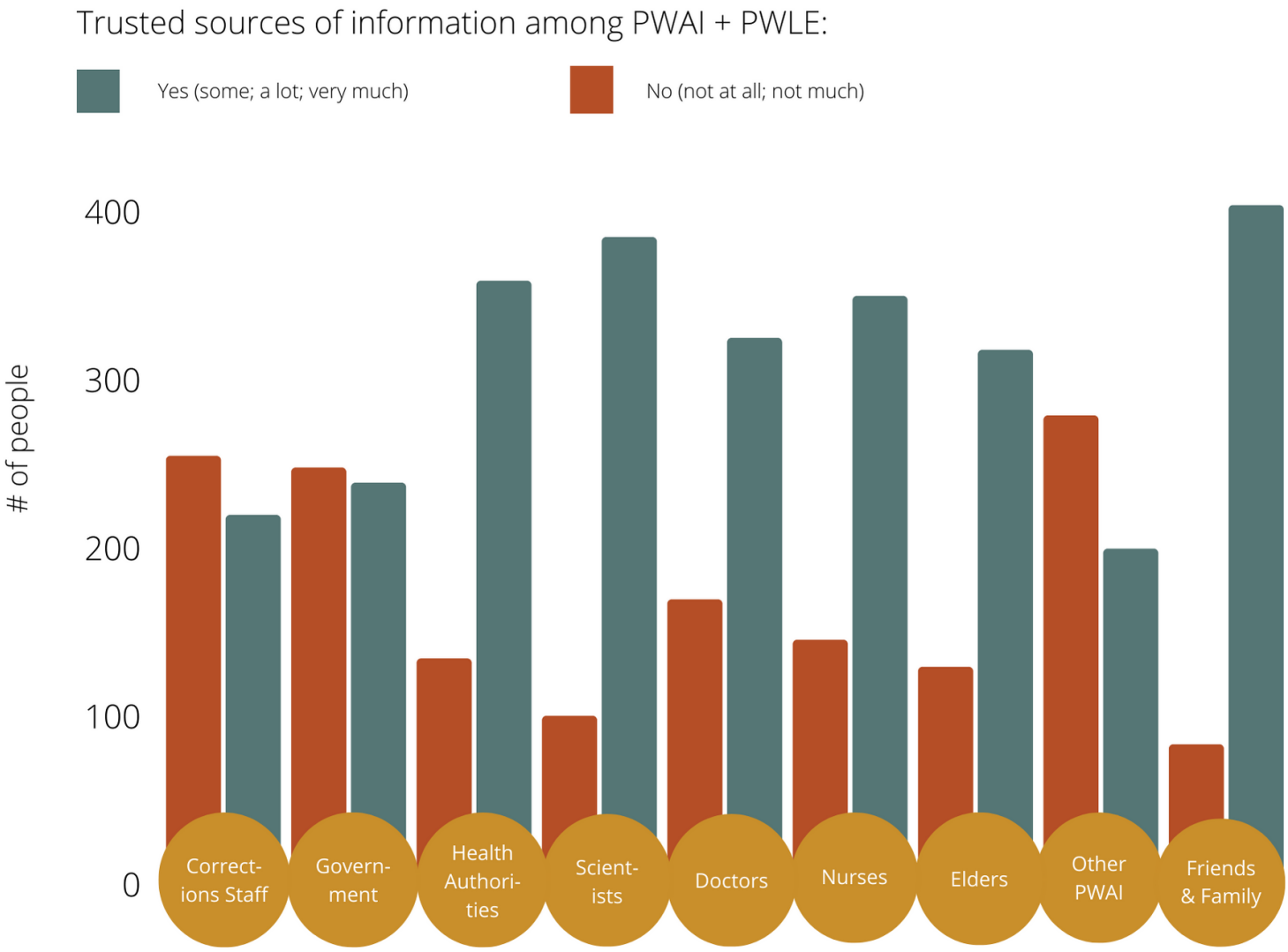
What We Heard:



In the surveys and focus groups we did, a lot of people told us it was hard to get info on COVID-19 inside. We also heard that it's important to have information about the long-term effects of COVID, so people know how serious it can be. We asked people whether they had learned anything useful about COVID-19 while in custody, and most people said "no".



Focus group participants shared that they sometimes had access to TV, newspapers, but not always. Some explained that they were able to ask guards or family to look up info they had questions about. But most wished they could access the internet and do their own research.



Note: People could choose more than one answer for this survey question.
PWAI = People Who Are Incarcerated; PWLE = People With Lived Experience (of incarceration)

In this section of the workbook, we share the info on COVID-19 that PWAI said would be useful.

Tip: As you're going through this section, keep track of the facts you learn. You'll be using them for a crossword puzzle at the end.

The COVID-19 Virus

Earlier, we talked about how COVID-19 is caused by the SARS-CoV-2 virus, a.k.a. the COVID-19 virus. But what exactly is a ***virus***?

Viruses are tiny things that must use the cells of others to be able to grow and reproduce. In humans, viruses enter the body, seek out certain types of cells, and grab onto them. When a virus infects a cell, that cell becomes a "host cell".

Viruses are organized into "families" or types. The COVID-19 virus (SARS-CoV-2) is a member of the ***coronavirus family***. This type of virus looks like a crown under a microscope, which is how the coronavirus family got its name - the Latin word for "crown" is "corona." The English translation of "coronavirus" would be "crown virus."

How Is the COVID-19 Virus Transmitted?

The COVID-19 virus is spread mainly by close contact between people. When someone with COVID-19 coughs, sneezes, speaks, or breathes, the virus is carried out of their body in tiny bits of liquid. These are called droplets. Droplets can travel through the air. They can enter another person's body through their eyes, nose, or mouth. It's easiest for droplets to be passed between people when they're within 6 feet or 2 meters of each other.

People who have the COVID-19 virus but don't have symptoms can pass the virus to others. This can happen when:

- People are **asymptomatic,** meaning that they are infected but don't show symptoms
- People are **presymptomatic,** meaning they are infected but haven't shown symptoms yet. These people will eventually have symptoms in a few days.

The time between a person getting infected and showing symptoms is called the incubation period. People can infect others up to 3 days before showing symptoms themselves. It can take anywhere from 2 days to 2 weeks to start showing COVID-19 symptoms.

What Are the Symptoms?

COVID-19 symptoms - and how bad they are - differ from person to person. You might have some symptoms and not others, or no symptoms at all. It depends on the person, and it can also

depend on the variant (a.k.a. version) of the virus you get. In most people, symptoms last for a few days to a couple weeks.

The most common symptoms are...

Fever

Cough

Tiredness

Other symptoms can include...

Aches and pains

Runny or stuffy nose

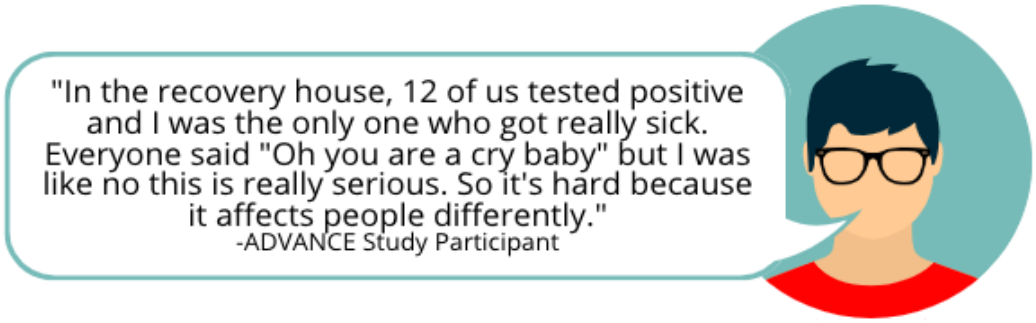
Sore throat

Diarrhea

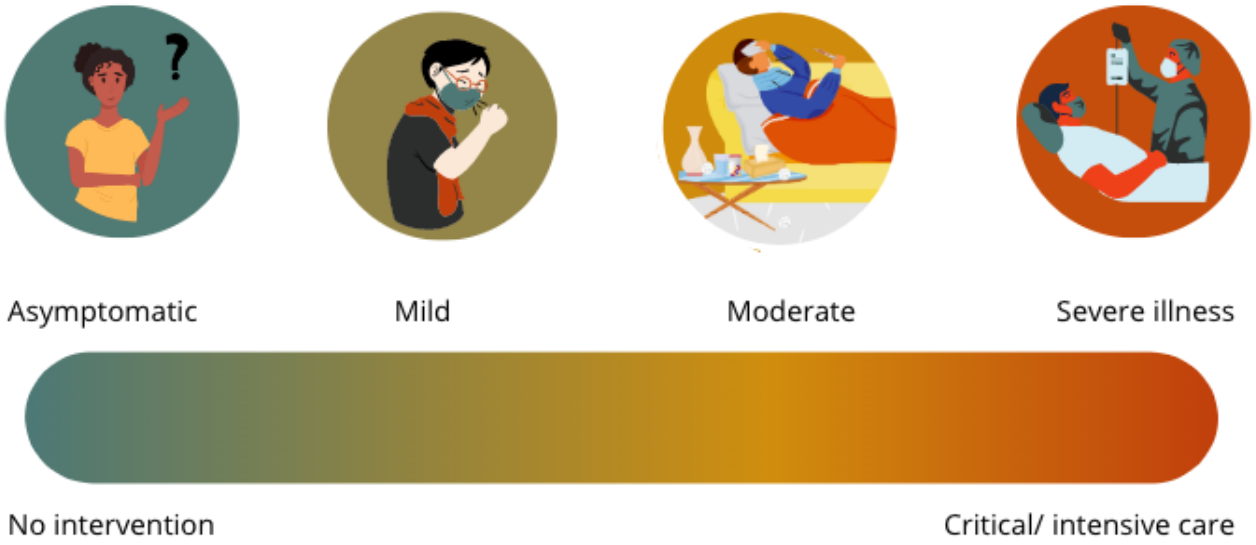
Loss of taste and/or smell

Shaking and chills

How Bad Are the Symptoms?



COVID-19 impacts everyone differently. While some people can be asymptomatic (meaning they don't show symptoms), others can experience severe symptoms that land them in the hospital.



The spectrum of COVID-19 symptoms, from asymptomatic to severe.

Some people develop symptoms that last a long time after the virus has been cleared from the body. This can happen regardless of how sick someone gets when they first test positive for the virus. "***Long COVID***" is when people feel the effects of the virus for months after they first get sick. It's unclear exactly how long "Long COVID" lasts - it varies from person to person. No one knows for sure why Long COVID happens, and why some people get it while others don't. But there is more and more evidence showing that Long COVID is common.

Symptoms of long COVID can be tiredness, shortness of breath, difficulty breathing, cough, joint pain, chest pain, memory issues, having a hard time concentrating or sleeping, dizziness, depression, anxiety, racing heart, loss of taste or smell, sore throat, congestion or runny nose,

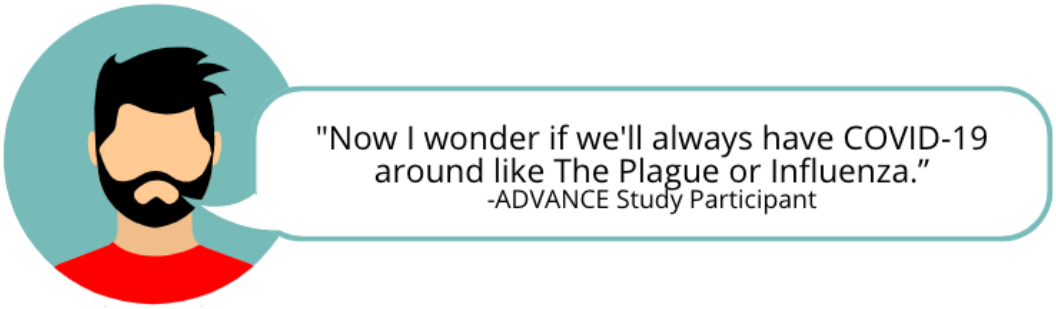
nausea, vomiting, and other stomach issues. Sometimes symptoms can get worse after effort (either mental or physical).

How Is COVID-19 Different From the Common Cold or Flu?

What We Heard:

In the focus groups and surveys, many people were confused about how COVID-19 is different from the cold or flu.

We also heard people are worried about how COVID-19 is similar to previous pandemics...



To clear up some confusion, we will describe the similarities and differences between the common cold, the flu, and COVID-19.

Similarities

COVID-19, colds, and flus have these things in common:

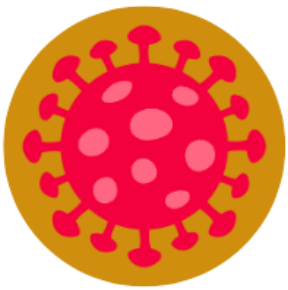
- They are all respiratory illnesses. In other words, they primarily impact your lungs and breathing, which can impact other bodily functions as well.
- They can be spread to others through droplets from breathing, coughing, sneezing, etc. This happens most easily when in close contact (6 feet or less between people).
- All three illnesses are caused by viruses. There are also different versions (or variants) of each of the viruses that cause COVID-19, colds, and flus.

- It can take a few days to a couple weeks to start showing symptoms for any of these. This period of time is called the incubation period.
- Ways to prevent spreading colds, flus and COVID-19 to other people are the same: hand washing, mask wearing, physical distancing, and staying away from others when sick.
- Vaccines reduce the risk of getting the flu and COVID-19, and of getting super sick.
- How bad the symptoms are can vary from person to person. Some people have mild symptoms, while others can become very sick (especially with COVID-19 and the flu).
    - People who are older, people with certain health conditions, and pregnant people are at higher risk for getting very sick.

Differences

COVID-19 is different from colds and flus in these ways:

- They're caused by different viruses. COVID-19 is caused by the SARS-CoV-2 virus (AKA COVID-19 virus). Flus are caused by the influenza virus. Colds are most commonly caused by rhinoviruses (but sometimes they're caused by other viruses - just not flu or COVID-19 viruses).

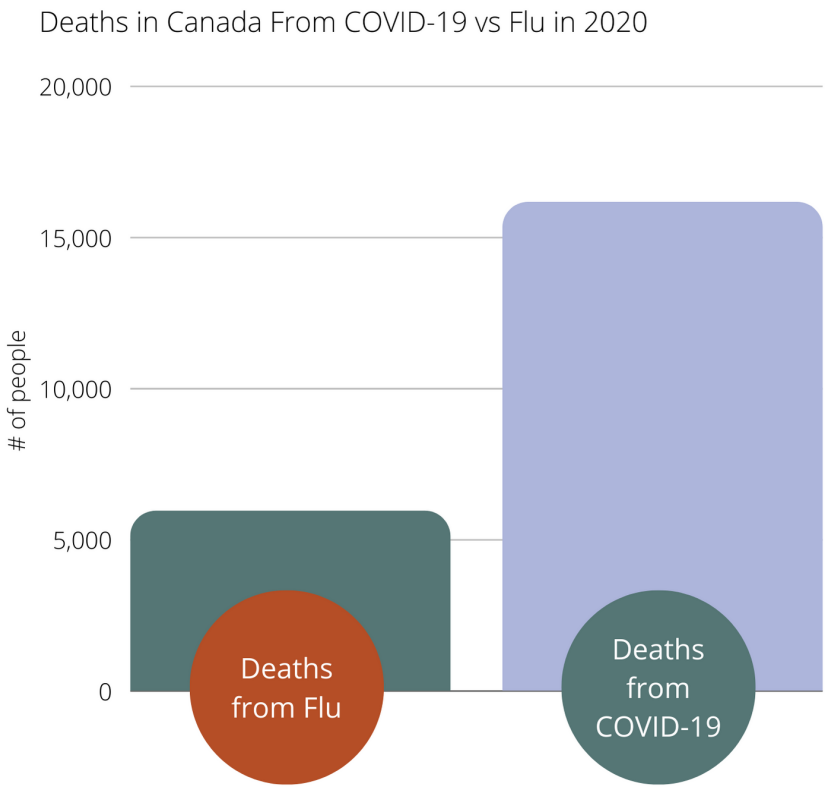


SARS-CoV-2 Virus
Causes COVID-19

Influenza Virus
Causes the flu

Rhinovirus
Causes colds

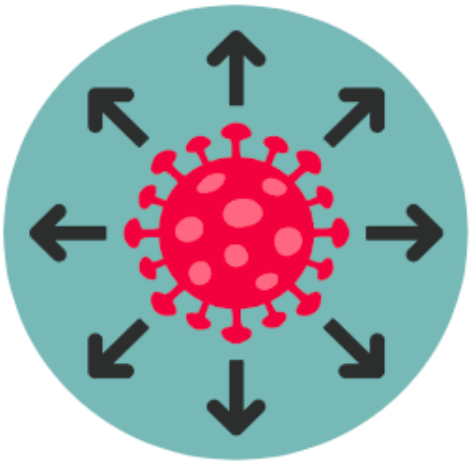
- There is no vaccine for colds.
- COVID-19 spreads more easily. It's more ***contagious*** than colds and flus.
- COVID-19 causes more severe illness, puts more people in the hospital, and kills more people every year than the flu (and way more than colds). As shown below, 16,151 people died from COVID-19 and 5,931 people died from the flu in Canada in 2020.
- COVID-19 can make even healthy people really sick - or kill them. That doesn't typically happen with colds or flus.
- Some people who get COVID-19 have effects that last weeks or months after they get the virus, also known as Long COVID.



The most important differences to remember are:

- It's much easier to spread and catch COVID-19 than it is to spread and catch colds and flus.

- COVID-19 is more deadly than colds or flus. While not everyone who gets COVID gets sick, it kills way more people than the flu (and way, way more than colds).



A Chart to Compare Flu, Cold and COVID-19 Symptoms

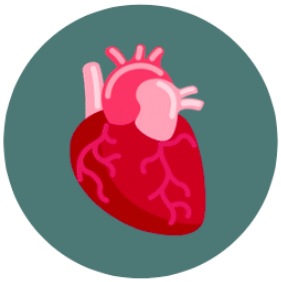
There are differences and similarities in how the common cold, flu, and COVID-19 show up in our bodies. Check out the chart below for comparisons.

Symptom	COVID-19	Flus	Colds
Fever	Common	Common	Rare
Cough	Common (usually dry)	Common	Common
Tiredness	Common	Common	Sometimes
Aches and pains	Common	Common	Sometimes
Runny or stuffy nose	Rare	Common	Common
Sore throat	Sometimes	Common	Common
Diarrhea	Common	Sometimes	Rare
Loss of taste or smell	Sometimes	**No**	**No**

How Can COVID-19 Impact Chronic Health Conditions?

There are several ***chronic health conditions*** that put you at higher risk of getting very sick from COVID-19. These include:

- Lung conditions:
  - Asthma (moderate to severe)
  - Chronic obstructive pulmonary disease (COPD)
  - Other lung diseases



- Heart conditions:
  - Heart disease (such as angina, arrhythmia, cardiomyopathy, coronary artery disease)
  - High blood pressure

- Having a weak immune system. This could be due to:
  - Cancer

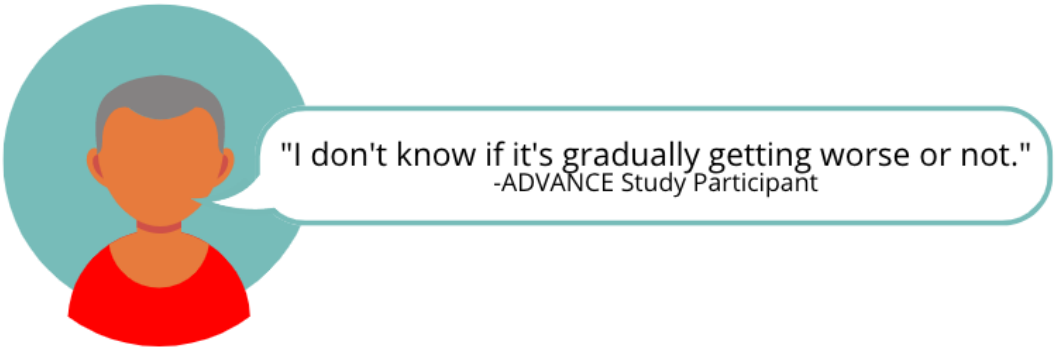
    - Having received an organ or stem cell transplant
    - Being on meds that weaken your immune system (such as chemotherapy, transplant anti-rejection meds)

- Cystic fibrosis
- Diabetes (type 1 or type 2)
- Kidney disease
- Having had a stroke
- Dementia and other neurological conditions
- Other conditions that make it hard to breath

Smoking or being pregnant also increases the risk of getting very sick from COVID-19.

How Has the COVID-19 Virus Changed Over the Pandemic?

What We Heard:



You've probably heard about COVID-19 virus ***variants***, or "variants of concern." A variant is another version of the virus. Variants are created when the virus mutates, a.k.a changes.

The virus that causes COVID-19 is always changing. New variants are found through testing. If a variant starts spreading more easily, making people sicker, or dodging the vaccines, it's called a ***"Variant of Concern."***

As of September, 2022, there are five Variants of Concern: Alpha, Beta, Gamma, Delta, and Omicron. Omicron is currently the most common variant in BC.

Each of these variants of concern has slightly different features. This is because of the changes, or mutations that have happened to the COVID-19 virus. These changes have made the COVID-19 virus more ***transmissible,*** meaning it spreads more easily. Omicron has become the most common variant because it spreads faster and more easily than other variants. It's unclear

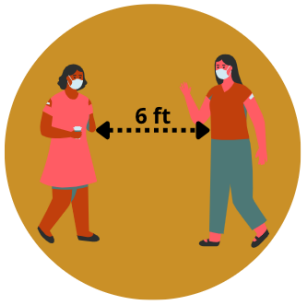
whether Omicron makes people more sick than other variants. The same protection strategies are effective, regardless of the variant.

How Can I Protect Myself Against COVID-19?

Trying to protect yourself and others from COVID-19 can feel hard, tiring, and sometimes impossible. Also, everyone has their own level of comfort with risk. The factors that impact how you feel and act can change too, depending on the situation. For example, when we are angry or tired, we may be more likely to feel frustrated with COVID-19 precautions and to not want to wear a mask. We're giving you this list so you know what some of your options are, so you can make the best decision for you in any given situation. Some suggestions will be more possible outside of custody, while others will work anywhere you are. Here are some strategies you can use to help protect yourself from COVID-19:

Get vaccinated. Getting vaccinated is the most effective way to reduce your risk of getting very ill from COVID-19. It also reduces the chances you'll pass the virus on to someone else. Being vaccinated doesn't prevent you from getting the COVID-19 virus 100% of the time, but it lowers your chances.

- Get ***booster shots*** when you're able. Boosters increase your protection against COVID-19. See page 66 for more information.



Practice physical distancing. Keep 2 metres (6 feet, or the average length of a cougar) of space between yourself and others. If that isn't possible, aim for 1 metre of space (3 feet)

Wear a mask. This is something you can do when physical distancing isn't possible. Masks can be especially useful in higher-risk areas, like indoors. Disposable multi-layer masks (e.g. Surgical masks, N95) work better than cloth masks.

We know this isn't always possible in prison, but **choose spaces with lots of air flow** over spaces with no fresh air or that feels stuffy if you can. Open a window if possible.

Wash your hands. Soap and alcohol-based sanitizers both kill the COVID-19 virus. Clean your hands often, especially before and after you touch your face, go to the bathroom, or eat.

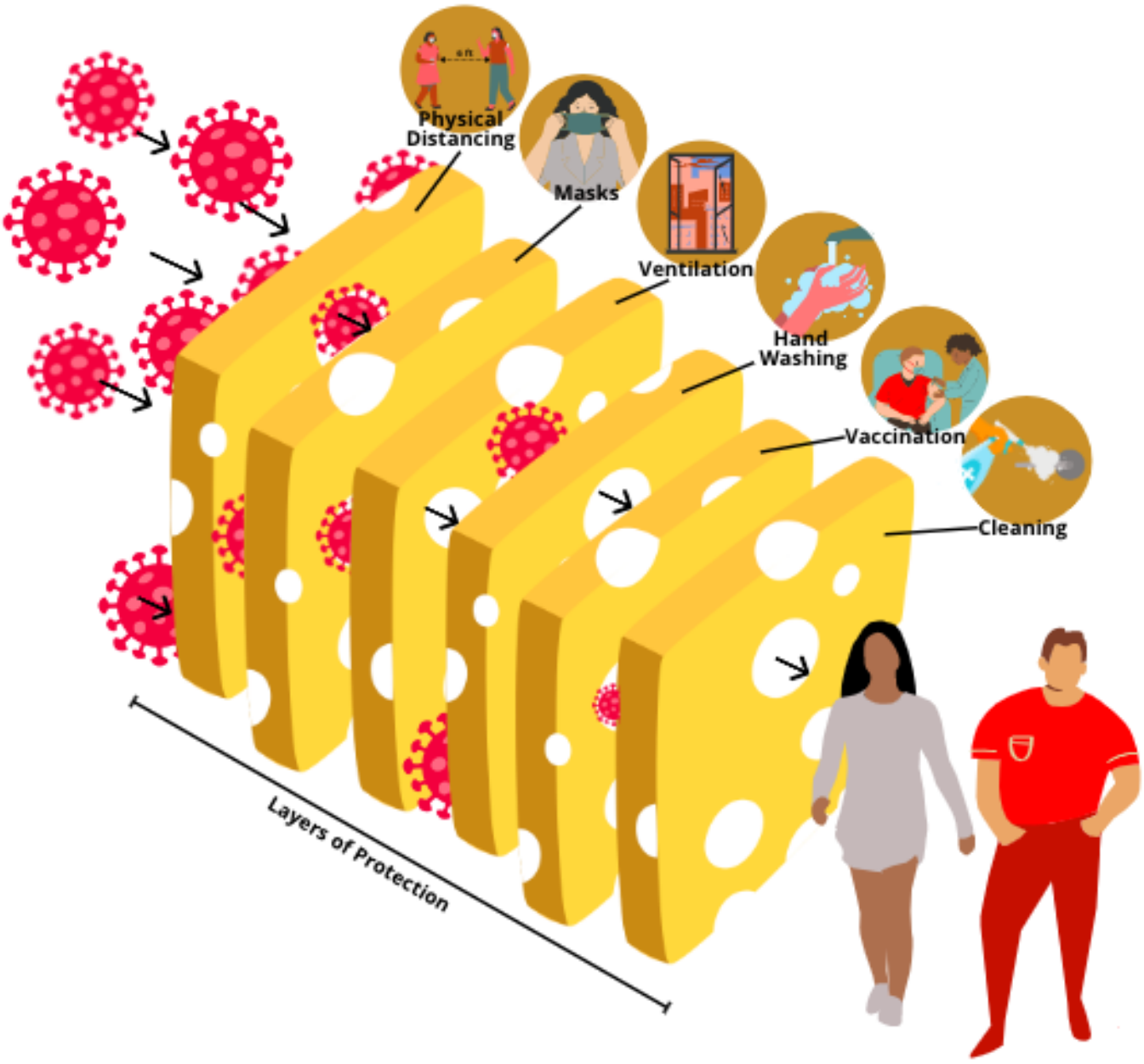
Cover your nose and mouth with your bent elbow or a tissue when you cough or sneeze.

Clean surfaces that are touched often. Regular cleaning products work well.

Stay away from others if you feel unwell (e.g. by staying at home). If you are employed, you are allowed 5 paid sick days per year.

- Avoid contact with people who are sick if you can.

Strategies to protect yourself and others from COVID-19 work best if you use more than one of them at the same time. This is called layering. It isn't always possible to use every strategy in every situation, but each layer you use helps.



Adapted from a diagram by Ian M. Mackay (virologydownunder.com), based on James T. Reason's Swiss Cheese Model of Accident Causation (1990).

From physical distancing to cleaning, the more layers of protection you add, the less likely you are to get COVID-19.

Note: It's not clear how much protection getting COVID-19 gives you from future infection, or how long the protection lasts. It seems to vary from person to person, and depending on the variant.

Review

- COVID-19 is short for Coronavirus disease-19. COVID-19 (the illness) is caused by the SARS-CoV-2 virus.
- The COVID-19 virus comes from the “corona” (meaning *crown*) family of viruses.
- Symptoms of COVID-19 vary from person to person. They can include: fever, cough, tiredness, aches and pains, runny or stuffy nose, sore throat, diarrhea, loss of taste or smell, shaking and chills.
- As of November, 2022, there are five Variants of Concern. Variants are versions of the virus, created by the virus mutating.
- COVID-19, colds, and flus have things in common, but are caused by different viruses.
- The virus that causes COVID-19 spreads more easily and causes worse sickness and more deaths overall than colds and flus.
- The COVID-19 virus is spread by droplets, which are mostly passed between people in close contact. A number of chronic conditions can put you at higher risk for getting very sick from COVID-19.
- You can protect yourself by physical distancing, wearing masks, handwashing, getting vaccinated, cleaning high-touch surfaces, and avoiding contact with people who are sick.

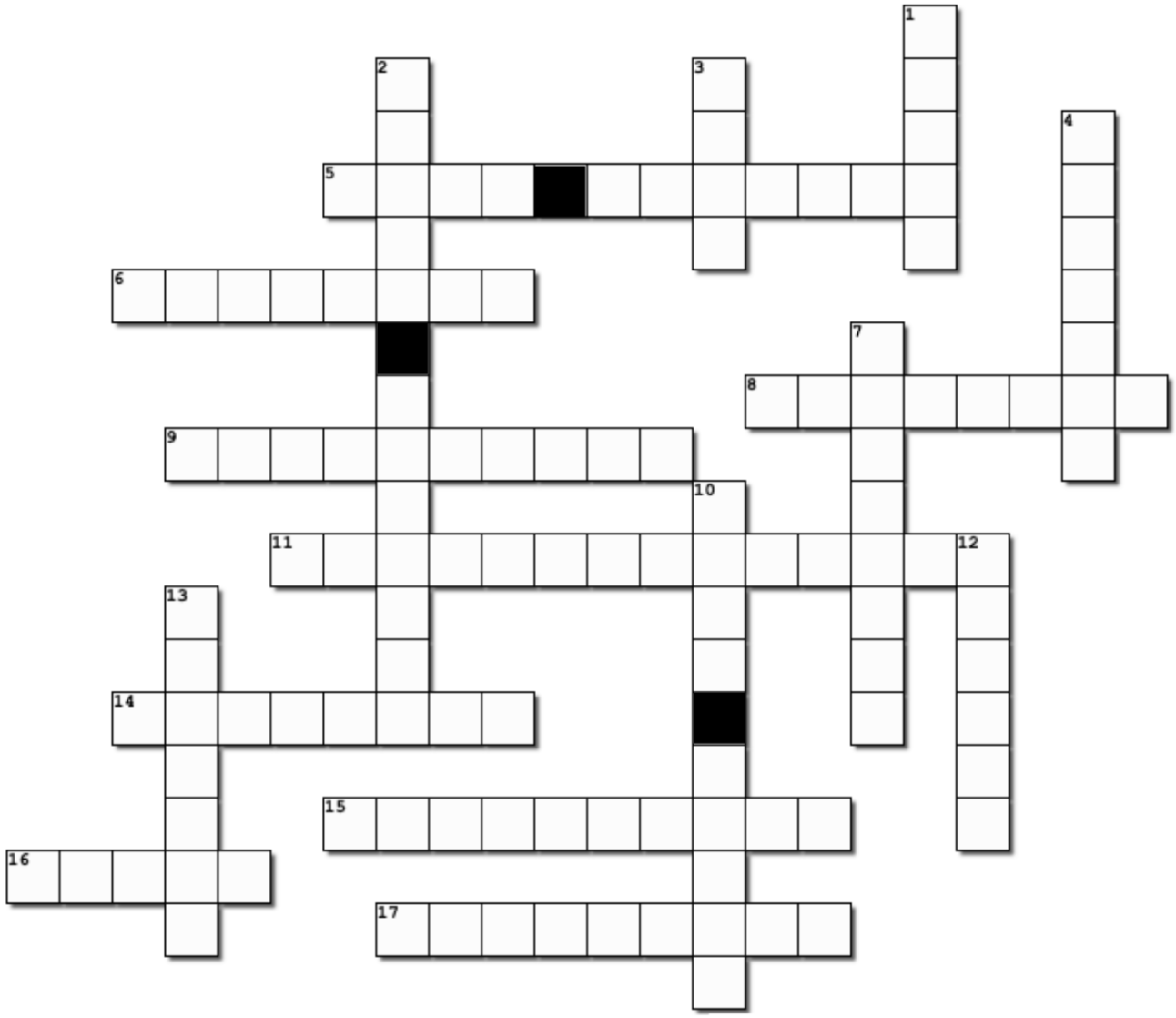
Activity

Use what you learned in the section above to complete the activities on the next pages.

When you’re done, check your answers in the Answer Key at the back of the workbook (page 85) and make any corrections you need to.

Then give yourself a check mark next to the section you completed on your Record of Completion (page 91). You’re one step closer to getting your certificate!

COVID-19 Crossword



Across

5. You can do this to reduce transmission of COVID-19 and other viruses (two words)
6. Chronic health condition that can be impacted by COVID-19, related to blood sugar
8. Using more than one COVID-19 prevention strategy
9. A way of helping your immune system to fight off COVID-19 is to get _____
11. People who have COVID-19 but haven't shown symptoms yet are _____
14. COVID-19 is passed via liquid particles called _____
15. A key difference between COVID-19 and the flu is that COVID-19 is more _____
16. Common symptom of COVID-19, measured by taking your temperature
17. COVID-19 can be passed from coughing, sneezing, talking, and _____

Down

1. Common symptom of COVID-19
2. Chronic health condition that can be impacted by COVID-19, related to the body's ability to pump blood around the body proper
3. Worn to reduce chances that you will pass on or catch COVID-19
4. A version of the COVID-19 virus
7. You can pass the COVID-19 virus to others, even if you don't have these
10. When people feel the effects of COVID-19 long after they first got sick
12. COVID-19 family of viruses, from latin for "crown'
13. COVID-19, the flu, and colds are caused by different _____

Circle the right answers:

1. *True or False?* COVID-19 will likely be here for a long time, maybe forever. But how we deal with it will likely be different than at the start of the pandemic.

   True False

2. As of November, 2022, how many Variants of Concern were there?

   1 5 3 10

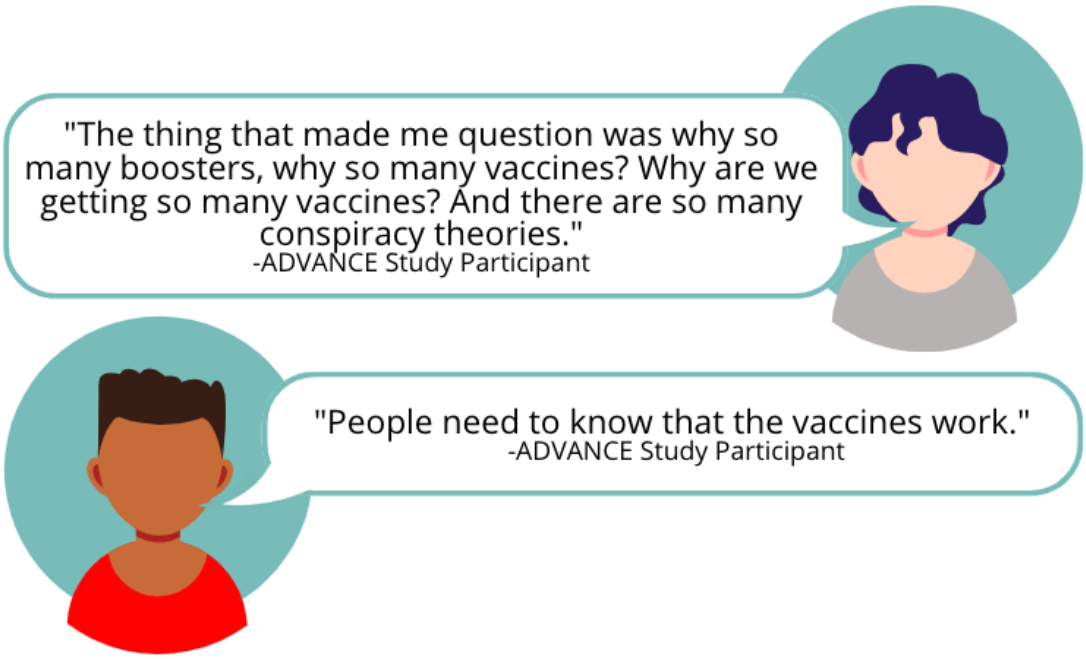
3. Which of these things raise your odds of getting sick from COVID-19? (Circle all that apply)

   Owning a motorcycle Being 65 or older Liking the band Nickelback

   Having other health issues Not being vaccinated

COVID-19 Vaccines

What We Heard:



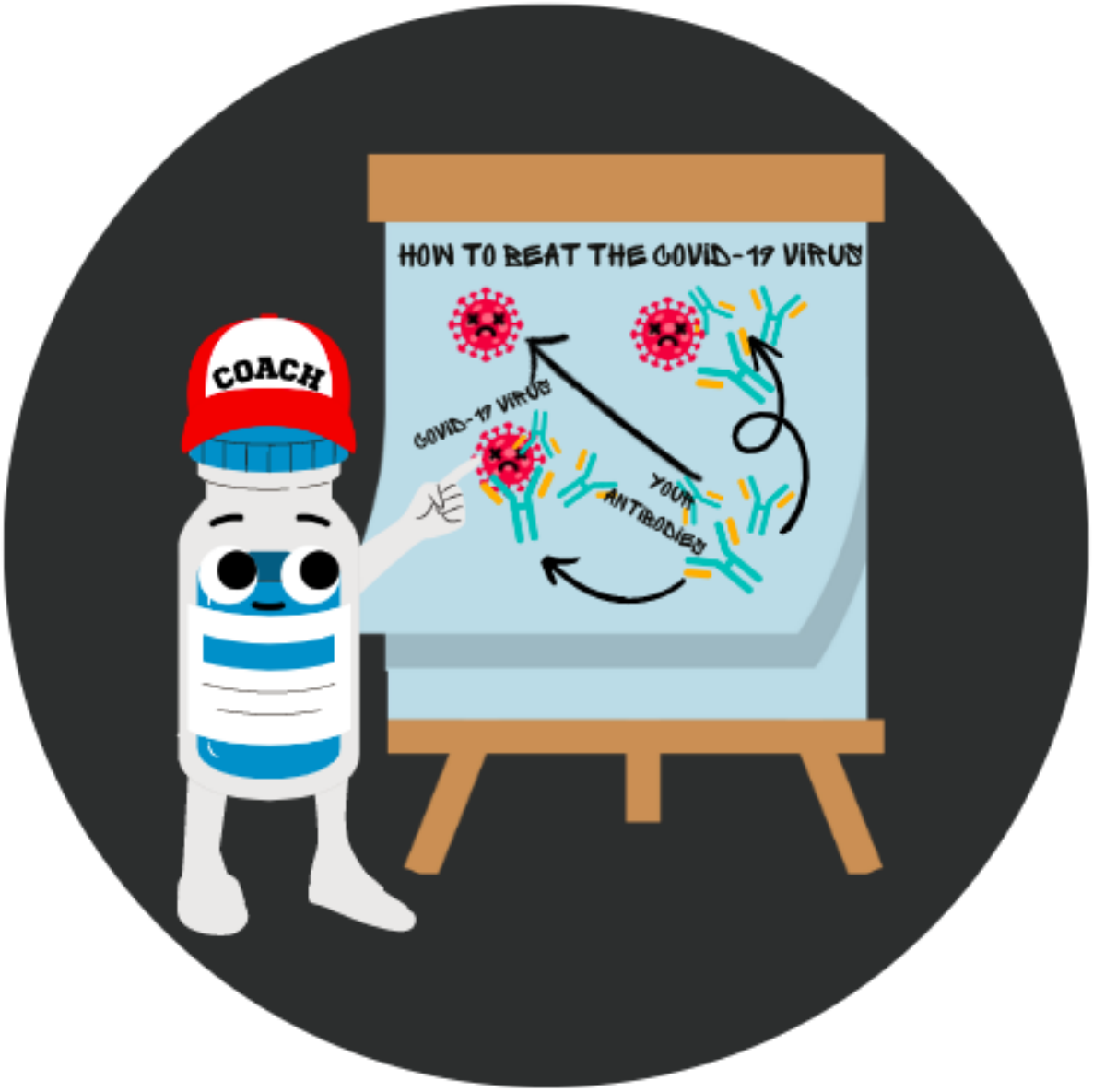
In our conversations with PWAI, we heard a lot of questions about COVID-19 vaccines. People wanted to know how they work, what the ***side effects*** are, and what the deal is with booster shots. This section talks about all of that.

How Do COVID-19 Vaccines Work?

There are a few different types of COVID-19 vaccines. In Canada, Pfizer and Moderna vaccines are used the most, because they're the most effective and have the least side effects. Both are ***mRNA vaccines***. mRNA vaccines work by showing your body how to make a protein (called an antigen), that is similar to a protein on the COVID-19 virus. The protein is harmless on its own.

When you get vaccinated, your body makes this protein and uses it to train fighter cells. Those cells produce a special type of armour called antibodies. These antibodies are specially designed to target the antigen in the vaccine. After being vaccinated, if the real SARS-CoV-2 virus that causes COVID-19 enters your body, the antibodies you made will be able to block and bind to the virus, stopping it from infecting your cells and making you sick.

You can think of it like training to face off against an opposing team in a sport. The vaccine is the coach that trains your body to beat the opposing team (the COVID-19 virus).



When your body is trained, it has a game plan for when the actual COVID-19 virus enters your body. This increases your chance of winning the match against the COVID-19 virus, and makes winning much easier.

People who haven't been vaccinated don't have a team that's ready to go. If COVID-19 gets into their bodies, they have to face off against a team without knowing what they're up against. The virus has the advantage and their bodies have to play catch up. If they do manage to win, it will take them longer than if their bodies had been prepared. They have a lower chance of winning the fight, and a higher chance of being injured or killed, because they're at a disadvantage.

Natural Immunity **Isn't Enough**

While our bodies do have some 'natural' ability to protect us from viruses, these defences are not a guarantee. People who have had COVID-19 will have some protection from the virus, but it may not last very long, may not protect against different variants, and may come at a cost. Some people who have had COVID-19 have developed long term health issues.

What's clear is that getting vaccinated, even if it's after you've had COVID-19, lowers your chances of getting really sick again in the future.

What Protection Do Vaccines Provide?

Vaccines **significantly** lower your chances of:

- Getting really sick from the virus
- Going to the hospital for COVID-19
- Dying from COVID-19

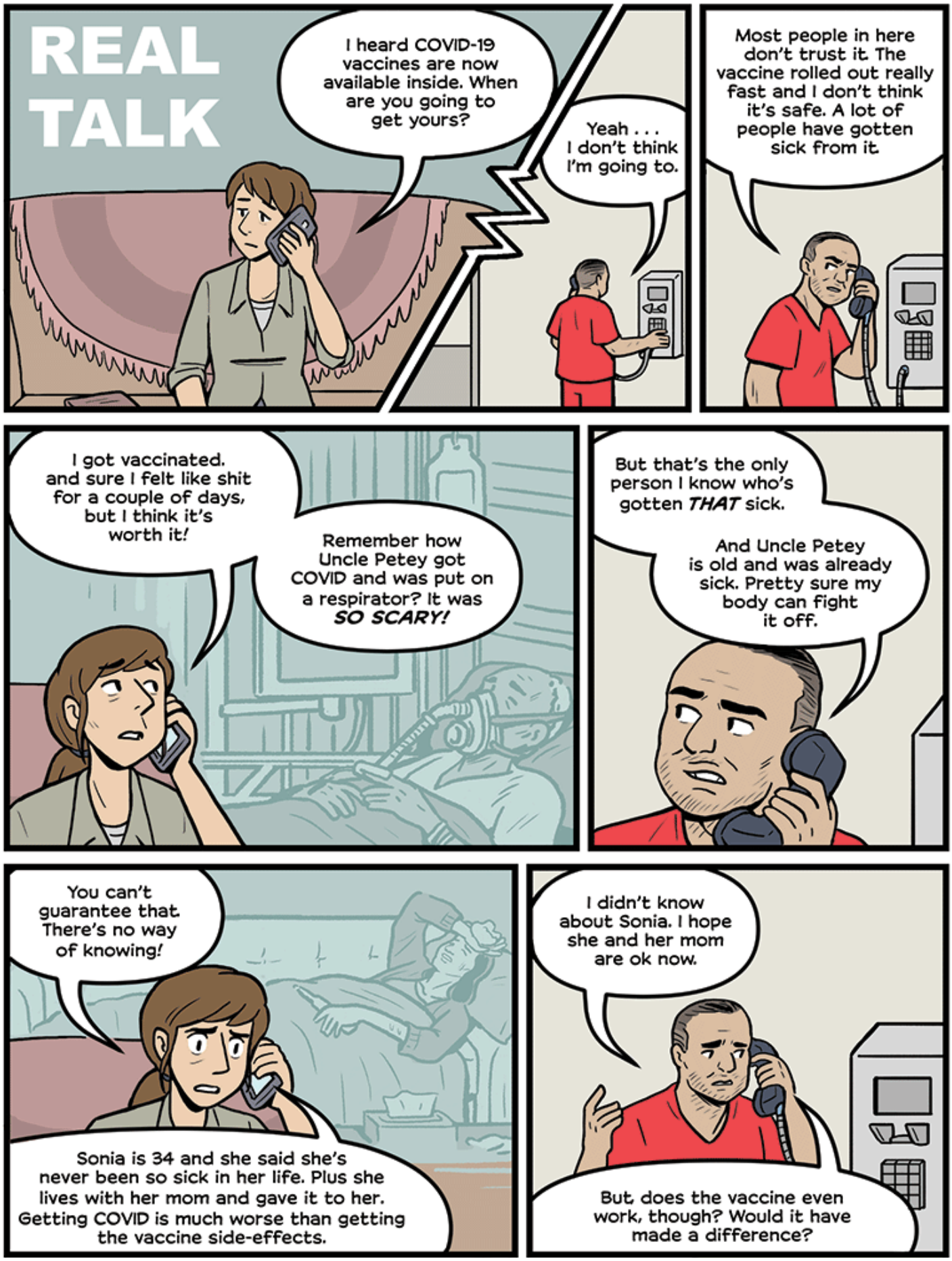
How much protection you have depends on:

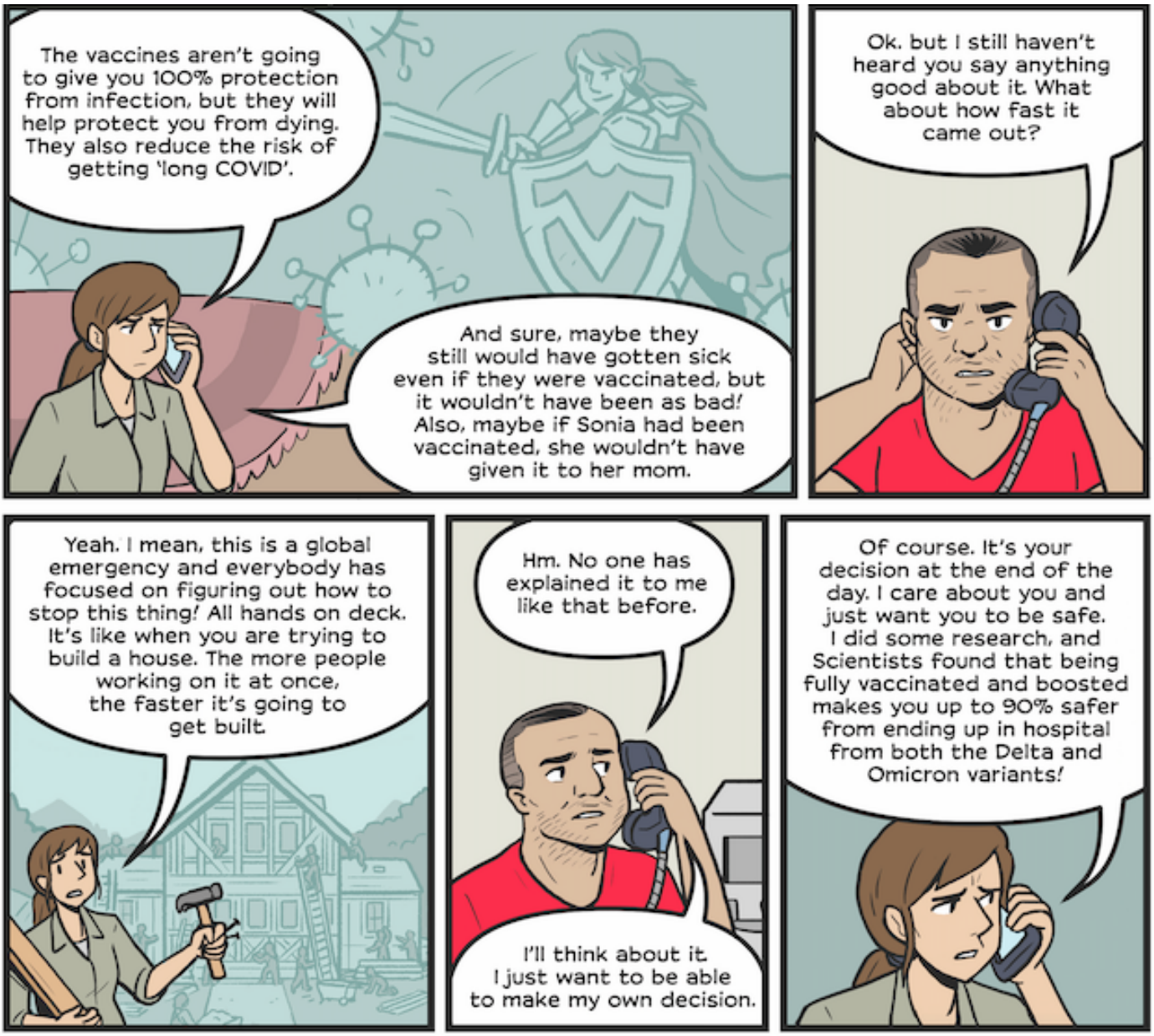
- How many COVID-19 vaccine doses you've had (more shots = more protection)
- Time since your last shot (protection starts to wear off after 6 months)
- The variant you're exposed to
- Your body and your unique immune system

Other Benefits of Being Vaccinated

Getting vaccinated can prevent you from getting sick and having to go to medical isolation. When out of custody, it can prevent you from having to take time off work because of being sick. It can also give you more peace of mind when being in big groups, travelling, and doing fun activities (e.g. concerts, sports games, restaurants).

Being vaccinated can also help prevent others from getting sick. Research has found that the more people are vaccinated, the less COVID-19 is passed around in a community. This is true of other vaccines, as well. For example, smallpox is no longer a threat to people's lives thanks to vaccination. This is called ***herd immunity***. Another benefit: the more people around the world are vaccinated, the lower the chance that COVID-19 variants will develop.


REAL TALK
I heard COVID-19 vaccines are now available inside. When are you going to get yours?
Yeah . . . I don't think I'm going to.
Most people in here don't trust it. The vaccine rolled out really fast and I don't think it's safe. A lot of people have gotten sick from it.
I got vaccinated. and sure I felt like shit for a couple of days, but I think it's worth it!
Remember how Uncle Petey got COVID and was put on a respirator? It was SO SCARY!
But that's the only person I know who's gotten THAT sick.
And Uncle Petey is old and was already sick. Pretty sure my body can fight it off.
You can't guarantee that. There's no way of knowing!
Sonia is 34 and she said she's never been so sick in her life. Plus she lives with her mom and gave it to her. Getting COVID is much worse than getting the vaccine side-effects.
I didn't know about Sonia. I hope she and her mom are ok now.
But does the vaccine even work, though? Would it have made a difference?



Here is Where We Got Our Info

Majeed, A., Papaluca, M., Molokhia, M. (2021). Assessing the long-term safety and efficacy of COVID-19 vaccines. *Journal of the Royal Society of Medicine*. 114(7), 337-340.

Biggs, A.T. & Littlejohn, L.F. (2022). Vaccination and natural immunity: Advantages and risks as a matter of public health policy. *The Lancet Regional Health, Americas*. 8(100242).

León, T.M., Dorabawila, V., Nelson, L., et al. (2022). COVID-19 Cases and Hospitalizations by COVID-19 Vaccination Status and Previous COVID-19 Diagnosis — California and New York, May–November 2021. *Morbidity and Mortality Weekly Report*. 71(4),125–131.

Ismail, S.J., Young, K., Tunis, M.C., et al. (2022). Canadian Immunization Guide: Part 4 - Active Vaccines. *Government of Canada*. Online.

Kuodi, P., Gorelik, Y., Zayyad, H., et al (2022). Association between vaccination status and reported incidence of post-acute COVID-19 symptoms in Israel: a cross-sectional study of patients tested between March 2020 and November 2021. *medRxiv*. 22268800.

Xie, Y., Xu, E., Bowe, B. et al. (2022). Long-term cardiovascular outcomes of COVID-19. *naturemedicine*. 28, 583–590.

BC Centre for Disease Control. (2022). Measuring Vaccination Impact & Coverage. Provincial Health Services Authority. Online.

Illustrations by Josh Rosen. Script and scenario by the ADVANCE project team. The ADVANCE study engaged people who experience incarceration in the development of this comic

Activity

Use what you learned in the section so far to complete the activities below.

When you're done, check your answers in the Answer Key at the back of the workbook (page 85) and make any corrections you need to.

Then give yourself a check mark next to the section you completed on your Record of Completion (page 91). You're one step closer to getting your certificate!

1. Which of the following are reasons to get vaccinated? (Check all that apply)
   - ☐ To lower your chances of getting COVID-19
   - ☐ To lower your chances of passing COVID-19 to someone else
   - ☐ To lower your chances of getting really sick from COVID-19
   - ☐ To lower the chances you'll die from COVID-19

2. Use the space below to list or draw some good things you've heard about COVID-19 vaccines.

What Are the Ingredients in COVID-19 Vaccines?

Many PWAI told us they wanted to know the ingredients in COVID-19 vaccines. Spoiler alert: this next bit is pretty scienc-y. If you're not into that, feel free to skip it!

Vaccines are generally made up of several parts. The main, active component in COVID-19 vaccines is an **antigen**. In the case of COVID-19 vaccines (currently 5 versions approved for use in Canada), the antigens mimic a part of the virus (protein). This lays the groundwork for future immune responses to a COVID-19 infection.

The remaining stuff is there to help deliver the antigen into your body safely, and isn't specific to COVID-19 vaccines. It includes:

Stabilizers to prevent different ingredients in the vaccine from combining. Sugars, amino acids, gelatin, and proteins are all used as stabilizers.

Surfactants keep the vaccine together and stop the separation of ingredients, which can lead to sediment or clumps forming.

Lipids are simply fats. The three main types of lipids are phospholipids, sterols, and triglycerides. Lipids are needed specifically for mRNA vaccines to protect the mRNA and ensure it is delivered into our bodies undamaged.

Diluent is the liquid used to get the vaccine to the right concentration. This makes up most of the volume of what is in the injection when a vaccine is given. Usually, the vaccine diluent is sterile water.

Adjuvants stimulate immune cells near the injection site, and help trigger a stronger immune response.

Some of these ingredients might sound complicated or strange, but they're actually quite common. They're used in other medications and can often be found in natural sources. For example, Tromethamine is used in treatment of some heart conditions, and also in lotions. Acetic acid occurs naturally in vinegar.

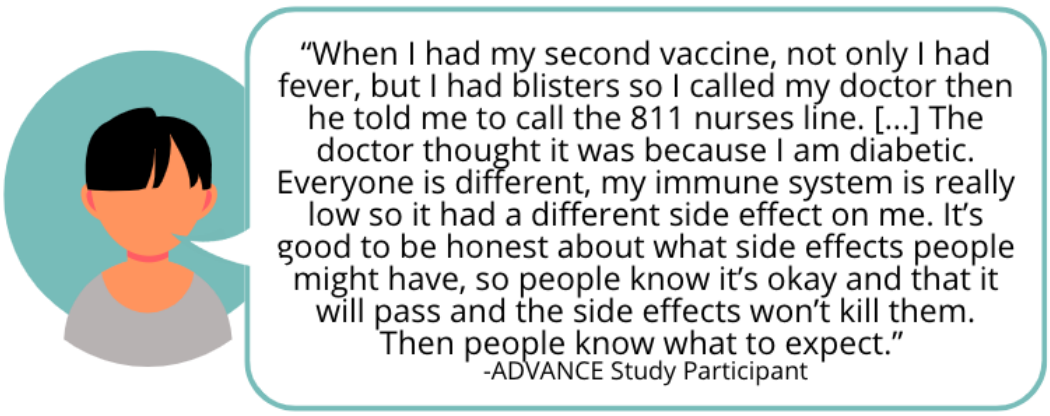
In BC, the most commonly used are **Moderna Spikevax®**, **Moderna Spikevax® Bivalent**, **Pfizer-BioNTech Comirnaty®**. Let's take a closer look at the ingredients in the Moderna vaccine in the chart on the next page.

Vaccine	Ingredients	Type
Moderna Spikevax® COVID-19 vaccine mRNA vaccine	Messenger ribonucleic acid (mRNA) sequence for SARS-CoV-2 original strain	Antigen
	• SM-102 • Cholesterol	Lipid
	• Polyethylene glycol • 2000 dimyristoyl glycerol • 1,2-distearoyl-sn-glycero-3-phosphocholine	Surfactant
	• Tromethamine • Tromethamine hydrochloride • Acetic acid • Sodium acetate • Sucrose	Stabilizer
	Water	Diluent
Does not contain adjuvants.		

Note: the bivalent version of the **Moderna Spikevax®** contains all the same ingredients, except that a different version of the messenger ribonucleic acid (mRNA) sequence used as the adjuvant is for both the SARS-CoV-2 original strain and Omicron B.1.1.529 (BA.1) strains.

Side Effects and Vaccine Safety

What We Heard:



Side effects, also known as ***"adverse reactions"***, are the unwanted effects of a medication. In the case of COVID-19 vaccines, side effects can vary from very minor to severe.

Common side effects are expected (and warned about), don't usually require medical attention, and usually go away on their own (e.g. a sore arm). ***Serious side effects*** are unexpected, rare, and may require medical attention.

You are more likely to have many of these effects as a result of COVID-19 infection than as a result of a COVID-19 vaccine. For example, it's much more likely that you'll feel deeply tired as a result of getting COVID-19 than it is that you'll feel deeply tired as a result of getting vaccinated.

Who Keeps Track of Side Effects?

Health Canada keeps track of all the side effects people report, for all medications in Canada (even cannabis!). Anyone can *choose* to report side effects they experience, but drug companies are *required to by law*. There's a record of every side effect report that Health Canada gets, which you can find here: https://www.canada.ca/en/health-canada/services/drugs-health-products/medeffect-canada/adverse-reaction-database.html.

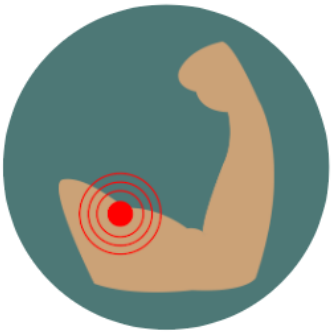
In British Columbia (BC), health care providers are also required by law to report vaccine side effects. When public health units get a report of side effects, it's checked out, and then reported to the province. A record of these side effects is kept by the BC Centre for Disease Control. Every month, they share every vaccine side effect that has been reported. You can find that report here: http://www.bccdc.ca/health-info/diseases-conditions/covid-19/covid-19-vaccine/vaccine-safety.

If you experience side effects from a vaccine in BC, you can ask your doctor, nurse, or pharmacist to send an **A**dverse **E**vents **F**ollowing **I**mmunization (**AEFI**) Form to the BC Centre for Disease Control, so it can be included in the report.

Common Side Effects After COVID-19 Vaccination

It's common to have these side effects a day or two after getting a COVID-19 vaccine (listed from most to least common):

- Pain at the injection site
- Tiredness
- Headache
- Muscle pain



- Fever
- Chills
- Joint pain
- Redness or swelling at injection site
- Diarrhea
- Vomiting

These side effects are usually minor, and can be a sign that the vaccine is working. But not having side effects doesn't mean the vaccine didn't work. Everyone responds differently!

Although these side effects are minor (meaning they don't need medical attention), people can feel them differently. Some people have mild side effects, meaning that they don't feel very uncomfortable, while others have severe side effects that make them feel worried.

The Vaccine Can't Give You COVID-19

None of the COVID-19 vaccines contain the COVID-19 virus, so they can't give you COVID-19. Vaccines trigger your immune system, and that can result in some side effects that are similar to COVID-19 ***symptoms***, like fever. These are usually less intense when caused by a vaccine than if they were caused by the actual COVID-19 virus.

Protection against COVID-19 from the vaccine isn't instant. It typically takes two weeks to build immunity to the virus after each dose of a COVID-19 vaccine. If you are exposed to COVID-19 during this time, you can still get COVID-19. Symptoms like sore throat, runny nose, or cough are NOT vaccine side effects. If you have these soon after getting vaccinated, you could have COVID-19. You will be best protected once you receive two doses, plus at least 1 booster.

Tips For Managing Common COVID-19 Vaccine Side Effects

The most common COVID-19 vaccine side effects are minor and will go away on their own in a few days. These side effects can be managed without medical attention. Here are some tips:

- Put a clean, cool, damp cloth or a wrapped ice pack on any sore areas, like the injection site or swollen lymph nodes.
- Use or keep moving the arm that received the injection.
- Rest if possible.
- Drink lots of fluids. Water is best. If it's hard to eat or drink, Gatorade, Ginger Ale, or other types of pop are good options.
- Wear comfortable clothes that don't press on the spot where you got your shot.

- Over-the-counter meds like Tylenol®, ibuprofen (Advil®), or Aspirin® can reduce fever and joint pain. **If you're pregnant, don't take ibuprofen (Advil®)**. During pregnancy, treat fever or pain with Tylenol® instead.

Serious Side Effects After COVID-19 Vaccination

Serious side effects from COVID-19 vaccines are rare.

The rate of serious side effects for other very common meds like penicillins (a type of antibiotic) and asthma drugs is actually *way higher* than the rate of serious side-effects for COVID-19 vaccines.

As of August 27, 2022, there have been over 12.2 million COVID-19 vaccine doses given in BC. From the 12.2 million vaccine doses given, there have been 456 serious side effects following immunization reported in BC. That is 3.7 per 100,000 doses given.

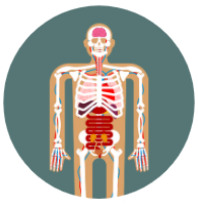
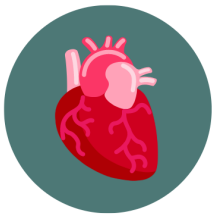
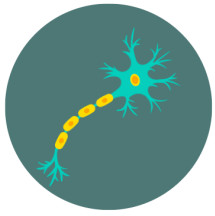
To get an idea of what that looks like, imagine a few 2kg bags of rice (the medium sized ones you'd get at the grocery store). 3.7 in 100,000 is equal to 4 grains of rice in 6.5 kg of rice, or 4 grains in 3 and a quarter of those 2 kg rice bags.

Rates and Types of Serious Side Effects

The chart on the next page shows the rare side effects that have been linked to COVID-19 vaccines, and the number of people who have had them per 100,000 vaccine doses.

This chart only covers mRNA vaccines, as they are the most commonly used COVID-19 vaccines in Canada.

As we said above, it's important to remember that you're more likely to experience many of these effects as a result of getting COVID-19 than as a result of a COVID-19 vaccine. For example, you're much more likely to have a stroke from getting sick with COVID-19 than to have a stroke as a result of a COVID-19 vaccination.

Rare Side Effect	Average # of People per 100,000 Vaccine Doses
 Auto-immune issue (e.g. Guillain-Barré Syndrome, blood clotting problems)	Average: 0.075 (less than 1 person)
 Heart problems (e.g. heart attack, swelling around the heart)	Average: 0.415 (less than 1 person)
 Vein problems (e.g. blood clots)	Average: 0.13 (less than 1 person)
 Kidney and liver injury	Average:0.05 (less than 1 person)
 Nerve problems (e.g. ***Bell's Palsy***/facial paralysis, stroke)	Average 0.146 (less than 1 person)
 Skin reaction (e.g. rash)	Average: 0.05 (less than 1 person)

 Pregnancy problem (e.g. miscarriage)	Average: 0.09 (less than 1 person)
Other (e.g. anaphylactic allergic reaction, organ swelling in kids)	Average: 0.48 (less than 1 person)
Note: The number 1.0 in this chart would equal 1 person in 100,000. Numbers that are less than 1 (e.g. 0.09, 0.48) mean side effects would impact less than 1 person for every 100,000 doses.	

Ask for immediate medical help and tell a health care provider if:

- Immediately after receiving any COVID-19 vaccine you have an allergic reaction. Signs of an allergic reaction are:
  - Hives or a rash, swelling of your face, tongue or throat, or difficulty breathing
- In the 7 days after receiving a mRNA vaccine (Pfizer or Moderna) you have:
  - Chest pain
  - Shortness of breath

Other types of vaccines can have slightly different side effects. Non-mRNA vaccines are much less commonly used in BC. If you receive one of these, make sure to ask your healthcare provider about side effects to watch out for, or look it up in the Reference version of the workbook (available in your correctional centre's library).

Support For People Who Have Serious Side Effects

Even though serious side effects after COVID-19 vaccination are very rare, there's a **V**accine **I**njury **S**upport **P**rogram (**VISP**; https://vaccineinjurysupport.ca/en). The purpose of the VISP is to make sure that everyone in Canada who has a serious, lasting injury as a result of a vaccine, given in Canada on or after December 8, 2020, has access to financial support.

To get support through VISP, the injury or serious side effects after vaccination must have been:

- From a vaccine administered in Canada
- Reported to a health care provider

The max payout is about $284,000 and people who are approved may also be able to get income replacement each year.

COVID-19 Vaccine Booster Shots

A vaccine booster dose, or 'shot', is any vaccine dose that is given after a ***primary vaccine series***. For COVID-19, the "primary vaccine series" for mRNA vaccines is the first two doses. Booster doses are given when protection decreases over time.

There are many vaccines which require booster shots. For example, people need to get boosters for both tetanus and whooping cough every 10 years. New vaccines for the flu are needed each year. This is because the flu virus mutates a lot, and past years' shots don't protect against the new mutations.

Getting a booster shot kick starts your body into making new fighter cells, so you can stay protected. Booster shots can also help to keep you safe from new COVID-19 variants, by training your immune system to fight the variants, as well as the original strains of the virus.

We don't yet know how often booster shots for COVID-19 will be needed, or for how long we will continue to need booster shots. It's likely that COVID-19 is becoming 'endemic' now, just like the flu. That means that it isn't going to go away, and we will probably continue to need boosters every 6-12 months for quite some time. Boosters will be especially important for people who have health conditions that put them at higher risk from COVID-19, and for people who work with or care for people at greater risk from COVID-19.

How to Get Vaccinated

While in Custody

To get vaccinated while in custody, visit Correctional Health Services. They're responsible for providing healthcare services in Provincial Correctional Centres. They offer daily healthcare, and can provide you with vaccinations. You can request to see a doctor or nurse Monday to Friday.

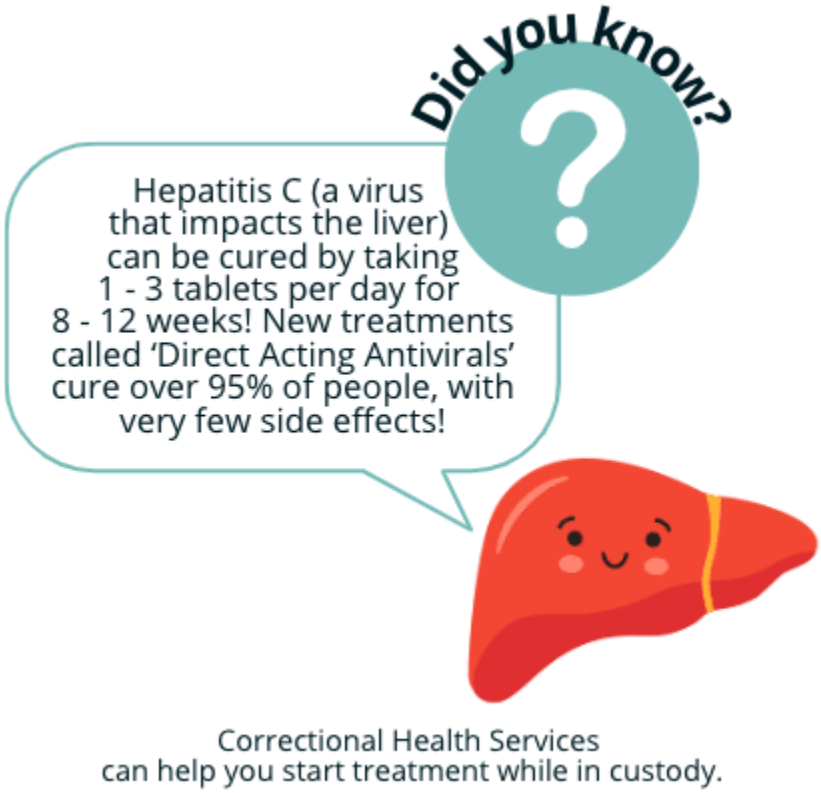
Correctional Health Services staff will check your previous COVID-19 vaccine history at intake and advise if any additional vaccine doses are recommended. If you previously said no to a

vaccine and now want one, you should complete a paper or electronic Health Service Request (HS 020B).

If you're being released, Correctional Health Services staff can help you register for the BC COVID-19 Get Vaccinated System online https://www.getvaccinated.gov.bc.ca/s/ or by phone 1-833-838-2323. That way, you can get invitations when it's time for your next dose or boosters.

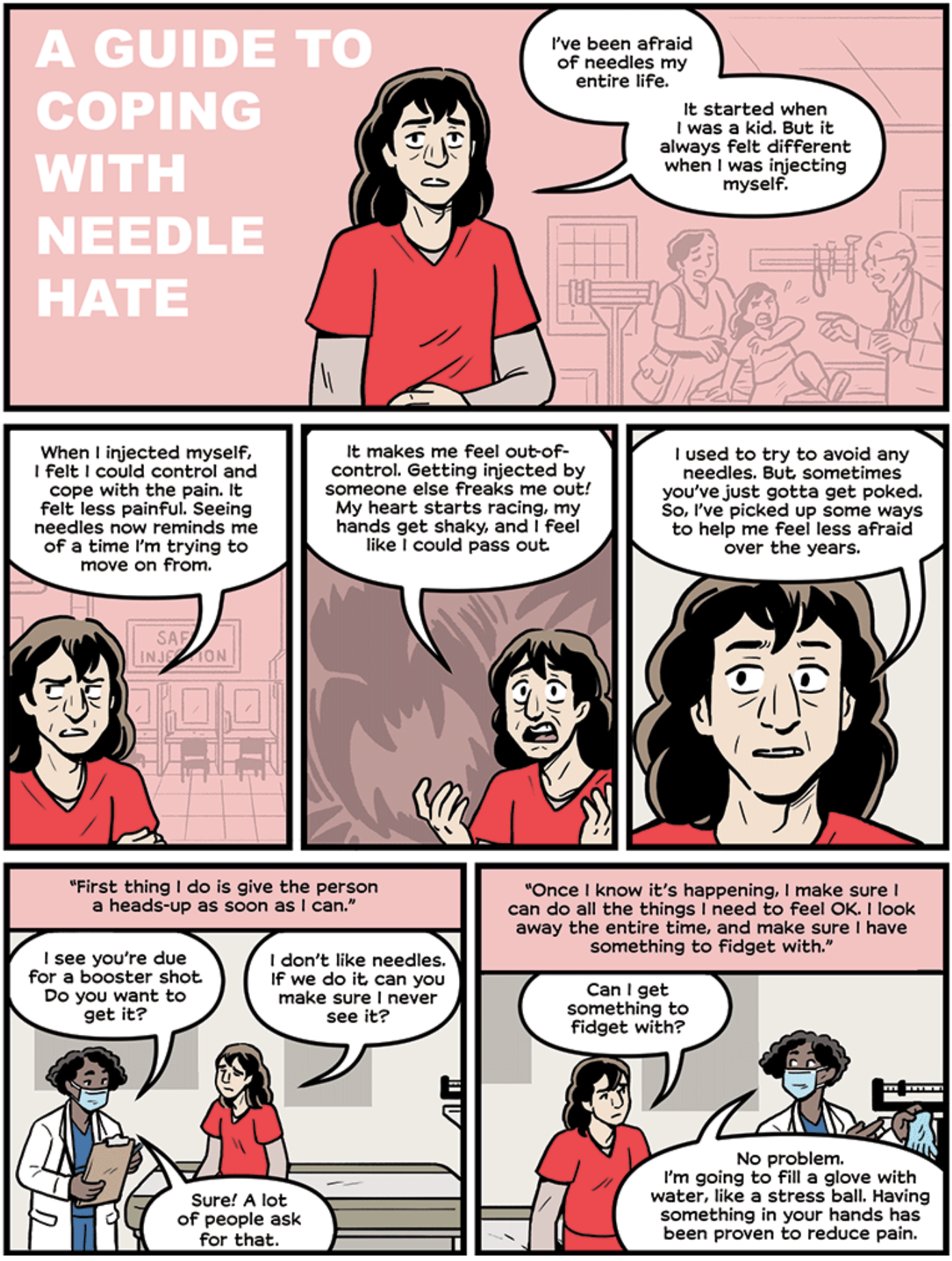
In addition to vaccines, Correctional Health Services provides mental health care, substance use treatment, dentistry, and more. Common services include:

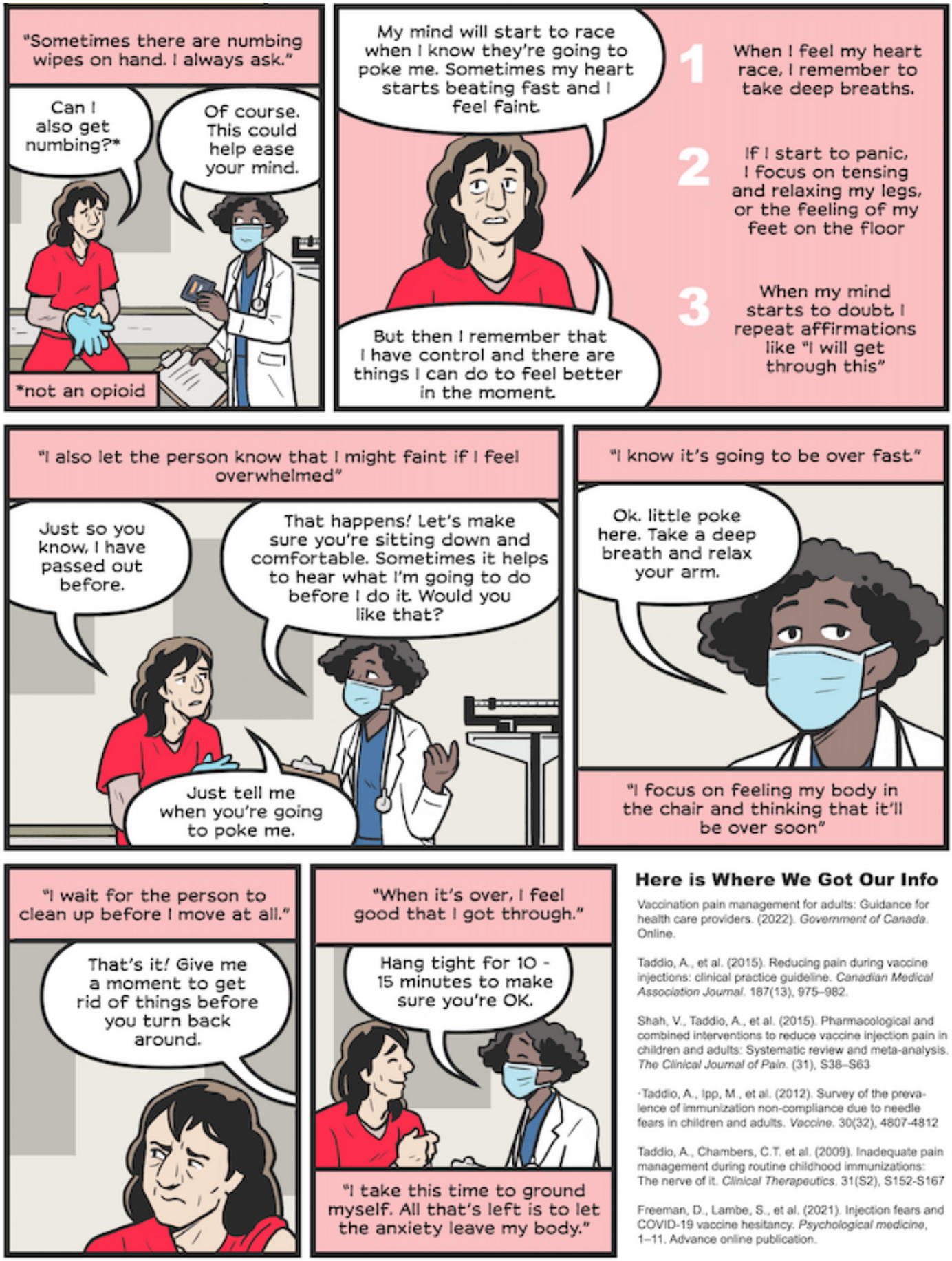
- Screening for Sexually Transmitted and Blood-Borne Infections, including hepatitis C virus, HIV, chlamydia, gonorrhea, and syphilis. You can be tested for just one, or any combination- your choice.
- Treatment for Sexually Transmitted and Blood-Borne Infections, such as Hepatitis C, HIV, and other STIs.
- Opioid Agonist Treatment that can be continued after release back to the community.
- Support for chronic conditions such as diabetes, heart disease, COPD, etc.



In the Community

To get vaccinated against COVID-19 in BC, you must register with the BC COVID-19 Get Vaccinated System. To register, either go on-line to the above address or call 1-833-838-2323. After you register, you will receive a text, email or phone call when it's your turn to book a vaccine appointment. When you are invited to book a vaccine appointment, you can choose from many locations such as community pharmacies or other pop-up vaccine clinics in places such as community centres or schools.


A GUIDE TO COPING WITH NEEDLE HATE
I've been afraid of needles my entire life.
It started when I was a kid. But it always felt different when I was injecting myself.
When I injected myself, I felt I could control and cope with the pain. It felt less painful. Seeing needles now reminds me of a time I'm trying to move on from.
It makes me feel out-of-control. Getting injected by someone else freaks me out! My heart starts racing, my hands get shaky, and I feel like I could pass out.
I used to try to avoid any needles. But, sometimes you've just gotta get poked. So, I've picked up some ways to help me feel less afraid over the years.
"First thing I do is give the person a heads-up as soon as I can."
I see you're due for a booster shot. Do you want to get it?
I don't like needles. If we do it, can you make sure I never see it?
Sure! A lot of people ask for that.
"Once I know it's happening, I make sure I can do all the things I need to feel OK. I look away the entire time, and make sure I have something to fidget with."
Can I get something to fidget with?
No problem. I'm going to fill a glove with water, like a stress ball. Having something in your hands has been proven to reduce pain.



Here is Where We Got Our Info

Vaccination pain management for adults: Guidance for health care providers. (2022). *Government of Canada*. Online.

Taddio, A., et al. (2015). Reducing pain during vaccine injections: clinical practice guideline. *Canadian Medical Association Journal*. 187(13), 975–982.

Shah, V., Taddio, A., et al. (2015). Pharmacological and combined interventions to reduce vaccine injection pain in children and adults: Systematic review and meta-analysis. *The Clinical Journal of Pain*. (31), S38–S63

·Taddio, A., Ipp, M., et al. (2012). Survey of the prevalence of immunization non-compliance due to needle fears in children and adults. *Vaccine*. 30(32), 4807-4812

Taddio, A., Chambers, C.T. et al. (2009). Inadequate pain management during routine childhood immunizations: The nerve of it. *Clinical Therapeutics*. 31(S2), S152-S167

Freeman, D., Lambe, S., et al. (2021). Injection fears and COVID-19 vaccine hesitancy. *Psychological medicine*, 1–11. Advance online publication.

Illustrations by Josh Rosen. Script and scenario by the ADVANCE project team. The ADVANCE study engaged people who experience incarceration in the development of this comic

Your Right to *Consent* for Health Care

In BC, health care providers cannot provide any health care to an adult (person aged 19 or older) without their consent. This means that they agree to the proposed healthcare before receiving it. There are laws that make sure that this rule is followed, including the BC Health Care (Consent) and Care Facility (Admission) Act.

Every adult who is capable of giving or refusing consent to health care has the right to:

- Give consent or to refuse consent on any grounds, including moral or religious grounds, even if the refusal will result in death.
- Select a particular form of available health care on any grounds, including moral or religious grounds.
- Revoke consent, meaning that they may have given consent before but have changed their mind. If you previously consented to receiving a treatment or other health care, you can decide at any time to withdraw your consent and stop some or all of the treatment.
- Expect that a decision to give, refuse or revoke consent will be respected.
- Be involved to the greatest degree possible in all case planning and decision making.

Indigenous people (First Nations, Metis, Inuit) have the right to “Free and Prior Informed Consent”. This is outlined in UNDRIP (United Nations Declaration of the Rights of Indigenous Peoples). Free and Prior Informed Consent means:

- Consent is given voluntarily and without coercion, intimidation or any form of manipulation.
- Consent for proposed Health Care decisions happens before the Health Care and includes enough time for people to make their own decisions.
- People are making decisions based on objective and accurate information, presented in a way that’s understandable to them.

Is Being Vaccinated Against COVID-19 Mandatory?

Mandates are still changing and depend on lots of things, such as new variants, case counts, strain on the healthcare system, and so forth. As of November 2022, being vaccinated against COVID-19 is not mandatory.

As of November, 2022, you don't need proof of COVID-19 vaccination to access businesses, events or services in BC anymore. People travelling to Canada don’t have to provide proof of vaccination.

There are some situations where you have to provide proof of vaccination, including:

- Traveling to the US as a Non-U.S. citizen
- Traveling internationally (some countries)
- Working in the following settings in BC: Long-term care and assisted living, Healthcare, BC Public Service.
- Seeking residence in recovery homes and other drug treatment or addiction centres (these policies are not mandated by law and are up to the organization).

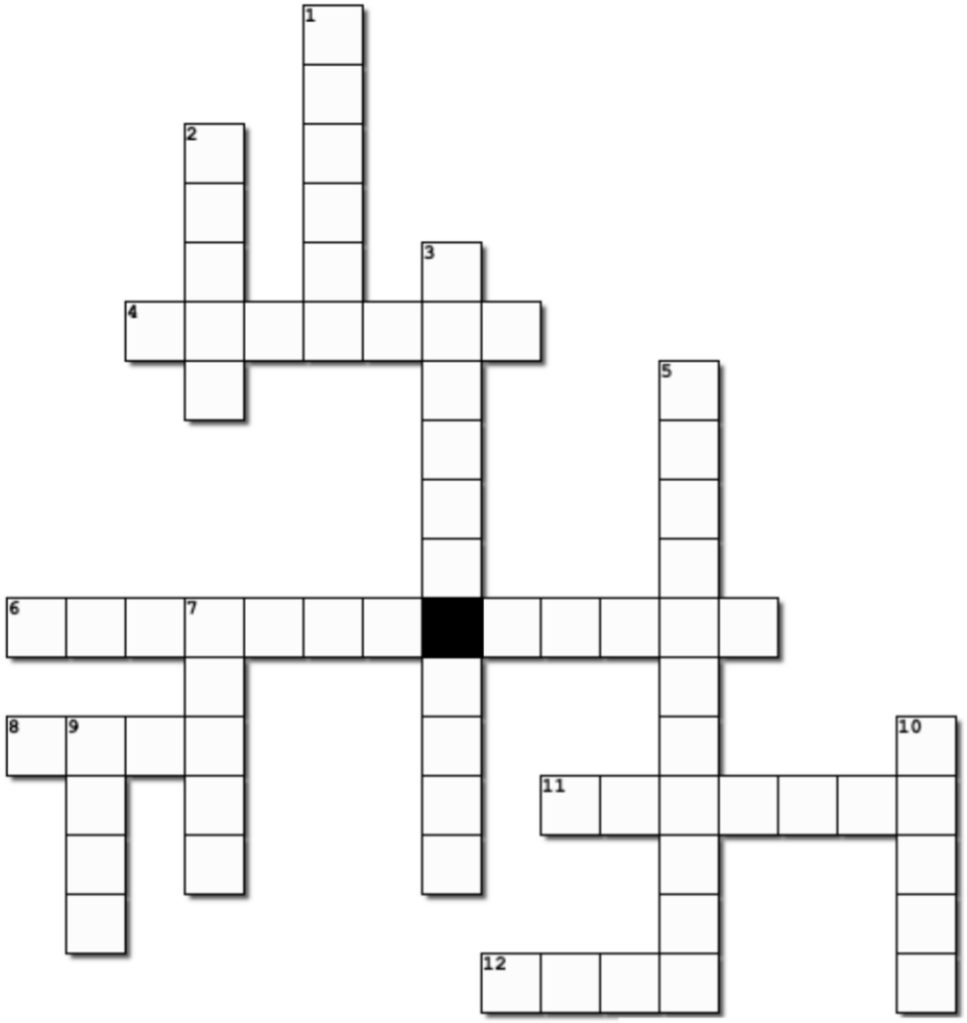
Review

- The most common COVID-19 vaccines in Canada are mRNA vaccines, made by Pfizer and Moderna.
- These vaccines teach your body to recognize and beat the COVID-19 virus. They increase the likelihood your body will win, and make winning easier.
- COVID-19 vaccines lower your chances of: getting the virus, getting really sick, going to the hospital, and dying from COVID-19. They come with many benefits, like greater peace of mind in big groups, and preventing others from getting sick.
- COVID-19 vaccines contain antigens, stabilizers, surfactants, lipids, diluents, and (sometimes) adjuvants.
- Common side effects of COVID-19 vaccines include pain at the injection site, fatigue, headache, fever, and body pain. These are usually minor.
- Using a cold compress, resting, drinking lots of fluids, and over-the-counter meds can help with these side effects.
- Serious side effects from COVID-19 vaccines are very rare.
- There is support for people who have serious side effects from COVID-19 vaccines.
- Many vaccines require booster shots. Booster shots keep your protection level high. We don't know how often boosters for COVID-19 will be needed.
- To get vaccinated in custody, visit Correctional Health Services.
- To get vaccinated in the community, register for the BC COVID-19 Get Vaccinated system online or by phone.
- If you're uncomfortable with needles, there are strategies you can use to make getting vaccinated easier.
- You have a right to consent for health care. Indigenous people have specific rights when it comes to health care consent.
- As of November, 2022, being vaccinated for COVID-19 isn't mandatory.

Activity

Use what you learned in this section to complete the activities on the following pages.

COVID-19 Vaccines Crossword



Across

4. Protection from vaccines is highest after this.
6. Vaccines lower your chances of _____.
8. This type of COVID-19 vaccine is the most commonly used in Canada.
11. Common side effect from COVID-19 vaccines.
12. ____ at the injection site is a common side effect from COVID-19 vaccines.

Down

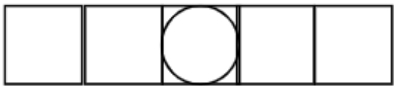
1. Even if you've had COVID-19 before, getting vaccinated _____ your chances of getting it again.
2. Common side effects from COVID-19 vaccines are _____.
3. Vaccines lower your chances of getting _____ from COVID-19.
5. You're more likely to experience things like heart problems or stroke from getting COVID-19 than from _____.
7. Vaccines _____ your body how to beat the COVID-19 virus.
9. Serious side effects from COVID-19 vaccines are _____.
10. Common side effect from COVID-19 vaccines.

COVID-19 Vaccines Word Scramble

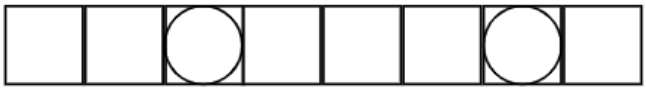
Answer the questions below. Then unscramble the circled letters to solve the riddle below.

1. The risks for COVID-19 vaccines are ____ _____.

2. Common side effect of COVID-19 vaccines.



3. You're less likely to have to go here if you're vaccinated against COVID-19.



4. Getting vaccinated lowers your chances of getting really _____.

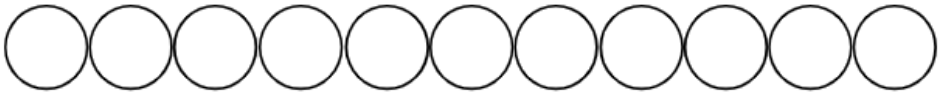
5. On a global level, a goal of vaccination is to lower the chances of these developing.

6. Booster shots are required for many vaccines. They help your body stay _____.

7. If enough people are immune to this, a group has "herd immunity."

8. This virus was eliminated thanks to vaccines.

Riddle: What wears a crown but isn't a head?



9. Write or draw at least 3 strategies you could use to cope with being uncomfortable with needles.

   Strategy 1.

   Strategy 2.

   Strategy 3.

10. Which of these strategies do you think would work best for you? Are there other things you could do that would help you feel more comfortable? Write or draw your ideas in the space below.

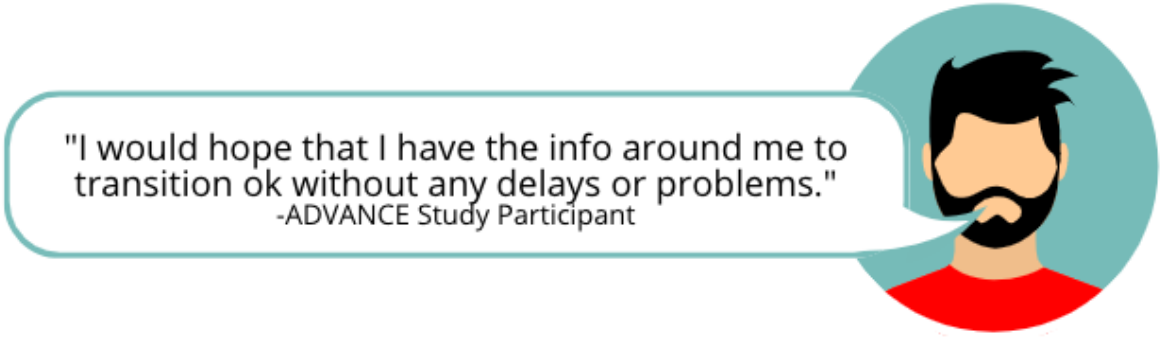
When you're done, check your answers in the Answer Key at the back of the workbook (page 85) and make any corrections you need to.

Then give yourself a check mark next to the section you completed on your Record of Completion (page 91). You're one step closer to getting your certificate!

Section 4

Preparing for Release

What We Heard:



We heard from many people that having resources to help prepare for release would be helpful. This section includes info on what to expect when you're released, in terms of COVID-19. Check out our *Planning for Release* resource, available from the Community Transition Team for more information.

Release from Custody Procedures

In some situations, you might get tested for COVID-19 before release. For example, if there is an active outbreak on your unit at the time of discharge, you may get tested.

Regardless of whether you test positive for COVID-19 infection, **if you have COVID-19 symptoms** it is recommended to isolate and stay away from others until your fever is gone (without the use of medicines that reduce fever like Tylenol), AND you feel well enough to return to daily activities. You should avoid close contact with people at higher risk of severe illness or complications from COVID-19. If you cannot stay away from others while you have COVID-19 symptoms, should try to wear a mask indoors, cover your coughs or sneezes with your elbow, and clean your hands often.

If you don't have COVID-19 symptoms, you do not need to stay home or avoid others, regardless of test results.

If you have COVID-19 symptoms when you are released from custody, ask for a surgical face mask to wear. If you have COVID-19 symptoms, even if you haven't tested positive, if you are unsure or concerned, connect with your healthcare provider, call 8-1-1, or go to an Urgent and Primary Care Centre to be assessed.

COVID-19 Outside of Corrections

As of November 2022, most COVID-19 ***mandates*** have been lifted in BC. That means:

- There are no restrictions on travel or entry into BC
- There are no restrictions on gatherings or events
- You don't need to be vaccinated to go into public spaces like restaurants
- Masks are encouraged (but not required) on public transport (e.g. planes, busses)
- Stores and event organizers can choose to ask people to wear masks at their locations
- You have to wear a mask in healthcare settings (e.g. hospitals, vaccine clinics)
- Two vaccines and at least one booster are recommended
- You can still wear a mask if you want to

To get the most up-to-date information on COVID-19 mandates, ask a loved one or Corrections staff (e.g. Corrections Officer, someone helping you with release planning) to check this website: https://www2.gov.bc.ca/gov/content/covid-19/info/restrictions

Review

- You might be tested for COVID-19 before you're released from custody.
- If you test positive, you'll be released and required to self-isolate. How long you have to self-isolate depends on whether or not you're vaccinated and your symptoms.
- As of November 2022, most COVID-19 mandates in BC have been lifted.

Activity

1. Review the COVID-19 protection strategies we talked about in the workbook by completing the wordsearch below. For a reminder of different protection strategies, see page 47.

E E M N S I L C G P W Z K J U Y J X P P
P X H G N T I L T N V X C E N Q I U S G
A H G A W S A C J W W Y X L M M Q F M E
J J Y E N W E Y O M C R R D A H G X Y T
I D W S T D A B A V Y U W E S R V B J B
A H N E I V W U E W E N Z O K K T P Z O
Q G K C F C A A V A A R R P Y R Q T D O
S J R R Y W A C S S X Y C C V Q U V L S
H V Z M U F O L C H M A I O W R N J A T
O O N F Q Q X C D I I T I F U G K F Y E
P B P M O L M G D I N N D W S G D Q E R
P B X O N U A O W Q S A G O A I H P R S
D O B Z K I U P M M R T T Z O K C S I Q
E C E C A K T Z H A O H A E R B L K N F
N T E I T I L Y N A F J D N D A Y E G L
N H P S B F V N J J J V V C C K X P I R
J V C F G Q A X M A M A T P L I T C A K
V W K T C D R I W V C D E P W M N B Q C
A M D F W A Z Q S A W V R L N N I G Q V
P N D G U L I X A R A I R F L O W I X I

Physical distancing
Hand washing
Get boosters

Stay away if sick
Cover coughs
Layering

Get vaccinated
Air flow
Mask

2. As you prepare for release, what are three ways you plan to protect yourself and your loved ones from COVID-19 when you get out? List them in the space below.
    1.
    2.
    3.

When you're done, check your answers in the Answer Key at the back of the workbook (page 85).

Then give yourself a check mark next to the section you completed on your Record of Completion (page 91).

Congratulations! This is the final activity section in the book! Give yourself a huge pat on the back for making it through!

Glossary

Definitions are in alphabetical order.

ADVANCE: The **A**ddressing COVI**D**-19 **V**accine concerns **A**mo**N**g people who are in**C**arc**E**rated Study (ADVANCE) aimed to co-develop educational strategies that address COVID-19 and COVID-19 Vaccine concerns among people incarcerated across BC's Provincial Correctional Centres.

Adverse reactions: Otherwise known as side-effects, "adverse" means that something has an opposite or unfavourable effect.

Antibodies: Fighter cells made by your body. These cells protect your body by seeking out specific proteins of the COVID-19 virus and fighting the virus off.

Antigen: Antigens are substances from outside of your body that trigger an immune response. Antigens can come from bacteria or viruses (like the COVID-19 virus).

Asymptomatic: Term for when a person is infected with the COVID-19 virus but isn't showing symptoms.

Bell's Palsy: Bell's Palsy is an unexplained episode of facial muscle weakness or paralysis. This condition results from damage to the facial nerve. Pain usually occurs on one side of the face or head. Bell's Palsy can strike anyone at any age.

Booster shot: A supplementary dose of the vaccine after the primary dose(s) is administered. COVID-19 vaccine booster shots can further enhance or restore protection that might have decreased over time after your primary series vaccination.

Chronic health conditions: Conditions that last one year or more. These conditions require ongoing medical attention and/or limit activities of daily living.

Consent: Permission/agreement for something to happen.

Contagious: Possible to pass between people.

Coronavirus family: Group of viruses, characterized by crown-like appearance when viewed by a

microscope.

COVID-19: Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus.

Criminalization: Experiencing police attention, arrest, incarceration, or other contact with the carceral system due to activities that are illegal.

Focus Group: A guided group discussion to give feedback, ask questions, and voice concerns.

Herd immunity: If enough people in the community get vaccinated, then whole communities become harder to infect, which means the disease won't be able to spread as easily. This ultimately protects those who do not have immunity from the disease. By reducing the spread of infection, the harder-to-infect members of the herd help to keep more vulnerable ones safe.

Incubation period: The time between being infected with a virus and when you start to show symptoms.

Informed decision-making: Having enough information about the benefits, alternatives, and risks of a procedure or study to make a decision about whether or not to do it.

Long COVID: A condition where people experience symptoms of COVID-19 after the initial period of sickness. The length of time varies between people.

Mandate: An official order or requirement to do something.

Minor side effects: Unwanted effects from a medication that don't require medical attention and go away on their own.

mRNA Vaccine: Messenger RNA (mRNA) vaccines teach our cells how to make a protein that will trigger an immune response inside our bodies. Similar to all vaccines, mRNA vaccines produce antibodies, which helps protect us from getting sick from that germ in the future.

Natural immunity: The antibody protection your body creates against a virus or bacteria once you've been infected with it. Natural immunity varies according to the person and the virus or bacteria. For example, people who have had a COVID-19 infection in the past can get reinfected in the future.

Pandemic: A worldwide spread of a new disease that affects a large number of people.

Participants: People who engage in something, such as research.

Pre-symptomatic: Term for when a person is infected with COVID-19 but isn't showing symptoms yet.

Primary vaccine series: The core vaccine doses needed for a vaccine to be most effective. For COVID-19, the primary vaccine series is two doses. Doses given after the primary vaccine series to maintain protection are called boosters.

Polymerase Chain Reaction (PCR) Test: A test used to identify fragments of the COVID-19 virus from a swab of secretions collected from the nose and throat. The results of a PCR test are not as quick but provide more accurate results than a rapid antigen test.

PWAI: People who are incarcerated.

PWLE: People with lived experience. In this workbook, PWLE refers to people with lived experience of incarceration.

Rapid Antigen Test: A test that involves collecting nose and throat secretions via swab and then examining them for protein fragments specific to the COVID-19 virus. These tests provide quick results (within 15 minutes) but are generally considered less accurate than PCR tests.

Respiratory system: A biological system of organs in the body that is involved in breathing.

Sample: In research, the sample is the group of people who participate in the study.

Self-care: Taking care of your own health and wellness.

Sensitivity: The percentage of positive test results (true positives) a test is able to identify.

Serious side effect: Unwanted effects from a medication that require medical attention, are life-threatening, or do not go away on their own.

Side-effect: An unpleasant effect from a drug, medical treatment, or vaccine that occurs in addition to the main intended effect.

Specificity: The percentage of negative test results (true negatives) a test is able to identify.

Symptoms: Signs of illness based, based on feeling different from how one normally feels (e.g. body temperature that is different from normal might be a symptom).

Transmissible: When something (like a virus) can pass from one person to another.

Vaccine/ Vaccination: Products that protect people against many diseases. Most vaccines are given by injection (needle), but some are given orally (by mouth) or nasally (sprayed into the nose).

Variant: A mutation or variation of a virus.

Variant of Concern (VoC): A mutation or variation of a virus that has one or more of these traits: spreads more easily, causes more serious illness, or impacts vaccine effectiveness.

Virus: Tiny things that need to use the cells of others to be able to grow and reproduce.

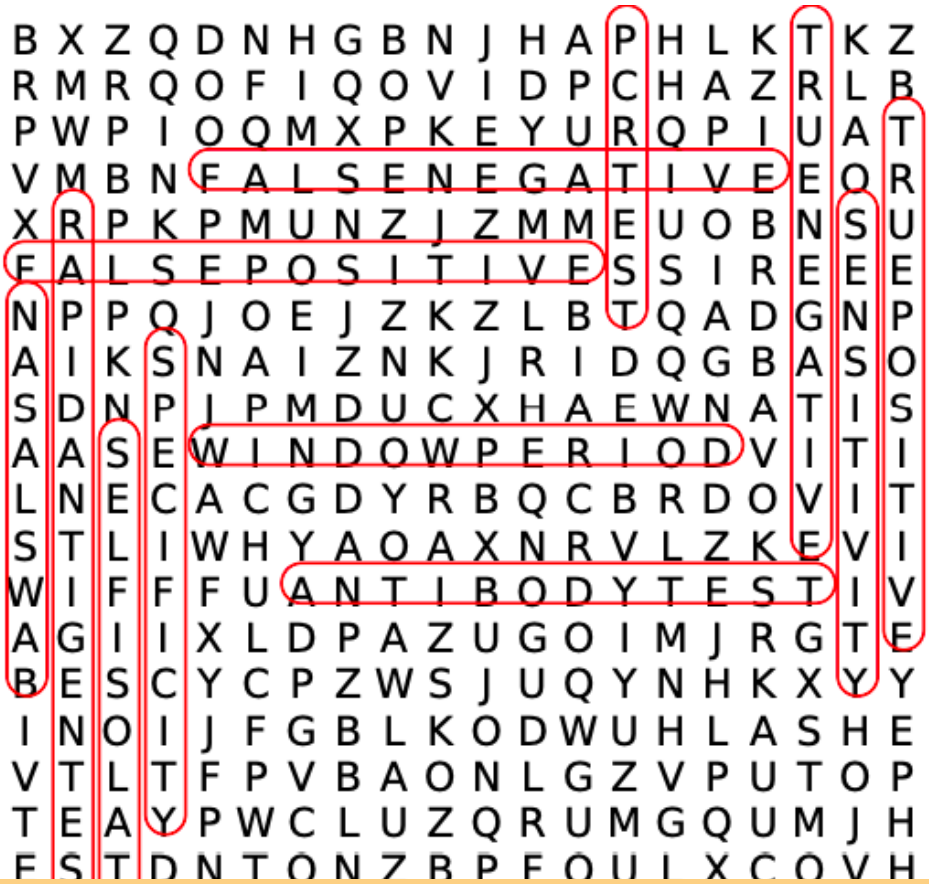
Window Period: The period of time between being infected with the COVID-19 virus and being able to detect the infection with a test.

Answer Key

Section 1

Introduction, page 17	**Answers** 1. This workbook was created by the ___ADVANCE____Study (project acronym). The Study team includes people from different backgrounds, who __care__(action word) about people who are incarcerated. We created the workbook based on survey responses, focus groups, and other input from people who have been/are currently _incarcerated/in jail_(custody status). 2. True

Section 2

Testing for COVID-19, page 29	**Answers** 1. The PCR test 2. False 3. True 4. 

COVID-19 in Correctional Centres, page 35

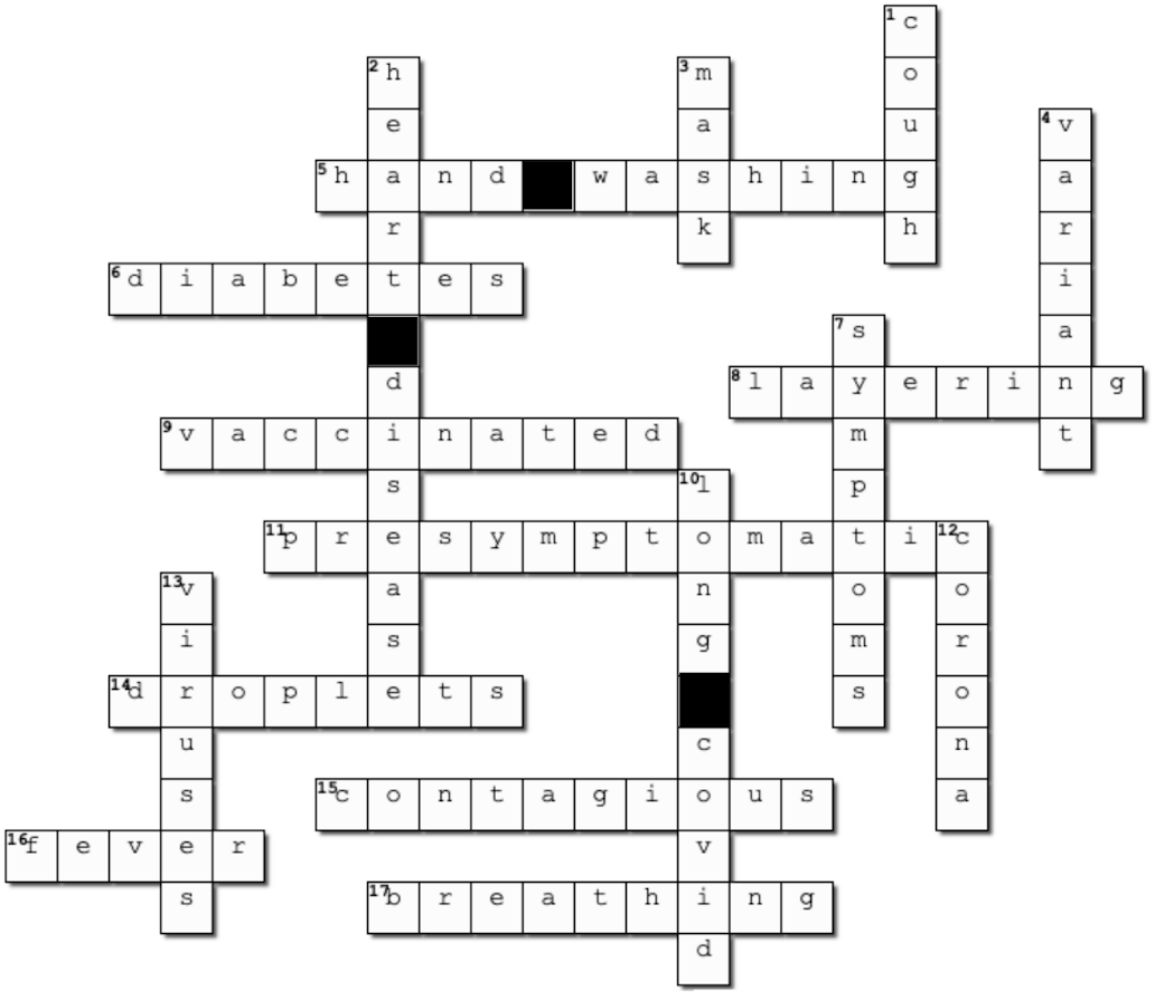
Answers

1. Top 3 COVID-19-related fears among people who participated in the ADVANCE survey:
    1. Getting COVID-19 while in jail
    2. Being alone or lonely if I have to isolate
    3. Being hospitalized

Section 3

All About COVID-19, page 50

Answers



1. True
2. 5
3. Being 65 or older, Having other health issues, Not being vaccinated

COVID-19 Vaccines Part 1, page 58

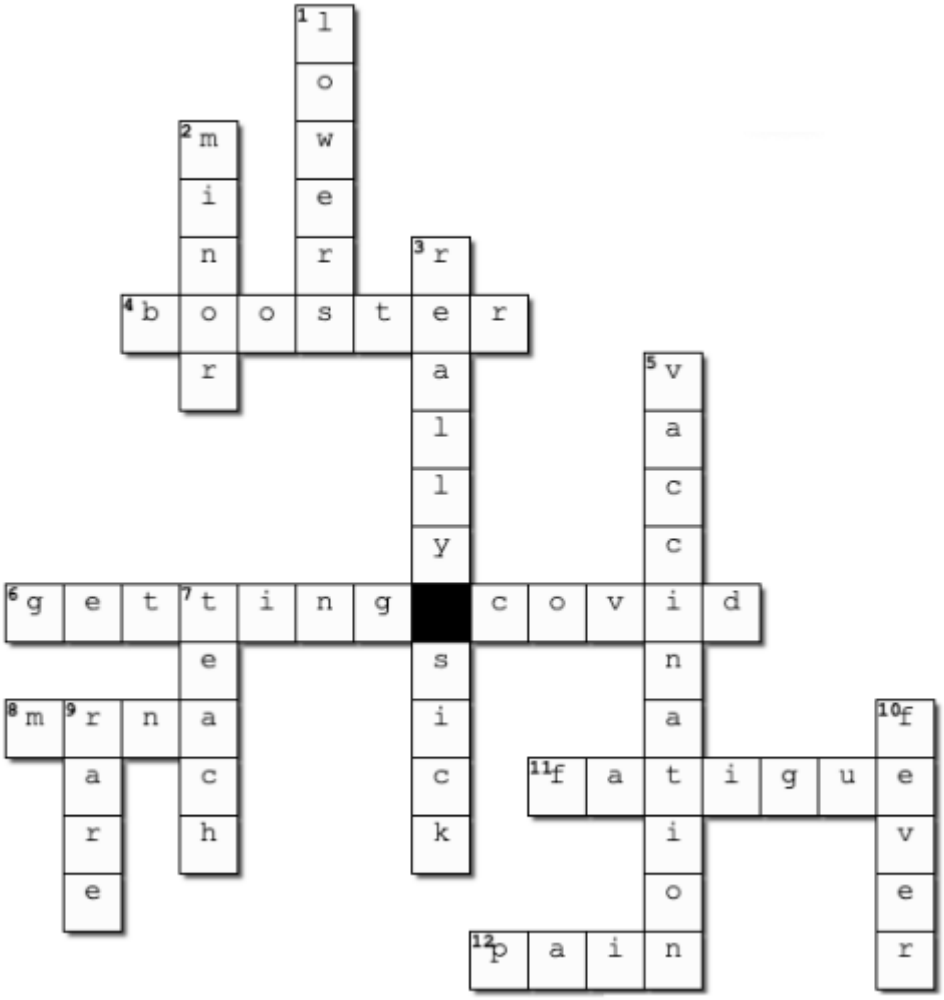
Answers

1. All answers apply
2. Possible answers:

- They give you peace of mind
- They allow you to do things you want to do
- They help the community
- They help you feel safe
- They support your health
- They protect Elders and people who are immune-compromised
- They're free

Give yourself a mark if you wrote or drew any benefits of COVID-19 vaccines, even if they're not on this list.

COVID-19 Vaccines Part 2, page 71



COVID-19 Word Scramble

Answer the questions below. Then unscramble the circled letters to solve the riddle below.

1. The risks for COVID-19 vaccines are ____ _____.

2. Common side effect of COVID-19 vaccines.

3. You're less likely to have to go here if you're vaccinated against COVID-19.

4. Getting vaccinated lowers your chances of getting really _____.

5. On a global level, a goal of vaccination is to lower the chances of these developing.

6. Booster shots are required for many vaccines. They help your body stay _____.

7. If enough people are immune to this, a group has "herd immunity."

8. This virus was eliminated thanks to vaccines.

Riddle: What wears a crown but isn't a head?

9. Possible answers:

- Give the health care provider a heads up
- Fidget with something
- Take deep breaths
- Focus on feeling your feet on the floor
- Tell someone if you're going to faint
- Look away when getting your shot
- Ask for numbing wipes or other things you find helpful
- Tense, then relax muscles
- Positive self-talk

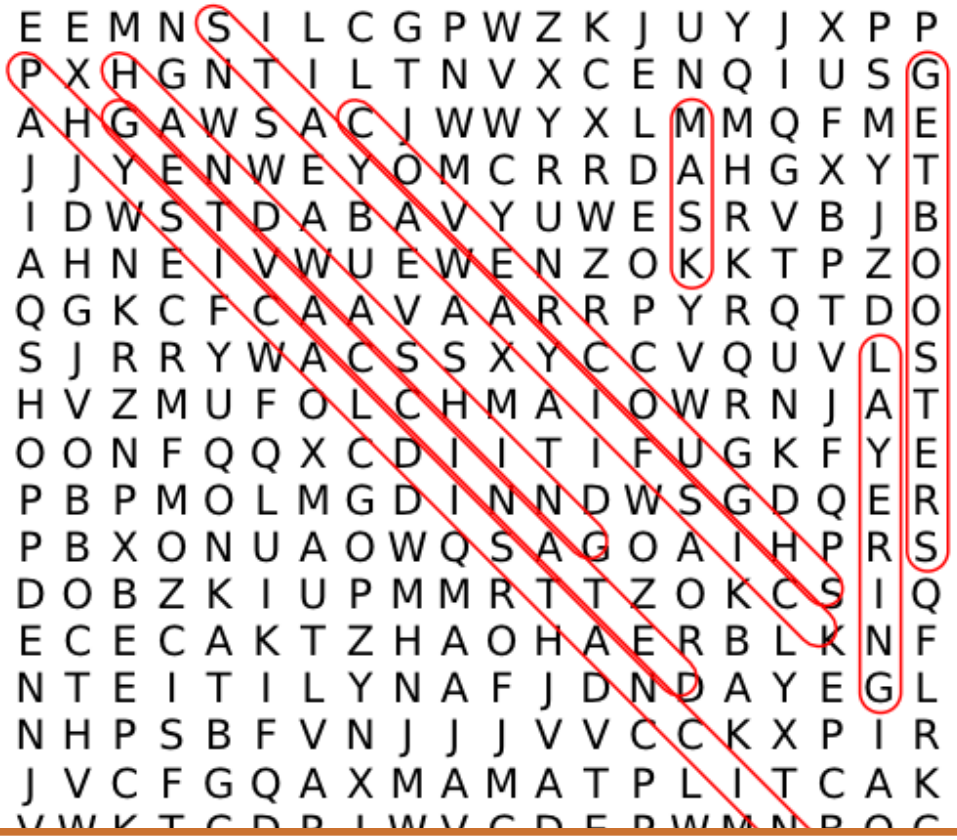
10. Give yourself a mark if you wrote or drew the strategy that would work best for you.

Section 4

Preparing for Release, page 79

Answers

1.



2. Possible answers:

- Practice physical distancing
- Wear a mask
- Choose spaces with lots of air flow
- Wash hands regularly or use hand sanitizer
- Get vaccinated
- Get a booster shot
- Cover nose and mouth when coughing or sneezing
- Clean high-touch surfaces
- Stay away from others if sick
- Avoid contact with people who are sick
- Layer strategies

Give yourself a mark if you came up with three strategies, even if they're different from those listed.

Record of Completion

Section 1

- ☐ **Introduction:** I completed all the activities in the Introduction section.

Section 2

- ☐ **Testing for COVID-19:** Done!
- ☐ **COVID-19 in Correctional Centres:** Complete!

Section 3

- ☐ **All About COVID-19:** I kicked that COVID-19 crossword puzzle's butt.
- ☐ **COVID-19 Vaccines Part 1:** I did the questions!
- ☐ **COVID-19 Vaccines Part 2:** I did the crossword puzzle, word scramble, and answered the questions.

Section 4

- ☐ **Preparing for Release:** I did the activity in this section. Give yourself an extra pat on the back for completing the activity book. Seriously, good job!

☐ I have completed all the activities in this workbook

Write your name on the Certificate of Completion on the next page. Congratulations on a job well done!

CERTIFICATE OF COMPLETION

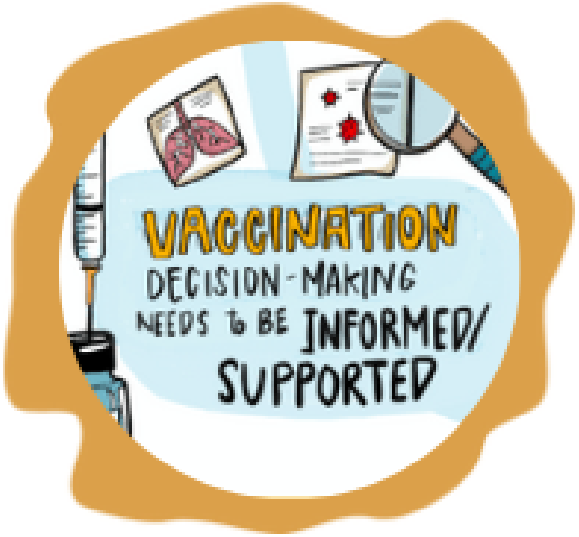
This is presented to

for completing the
Making Informed Choices: A COVID-19 Activity and Info Book
created by the ADVANCE Study Team.

This certificate recognizes the hard work and initiative this individual put into learning about COVID-19 and vaccines.

S. Bartlett

DR. SOFIA BARTLETT
Project Head,
Addressing COVID-19 Vaccine concerns AmoNg people who are incarCeratEd Study (ADVANCE)



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Ask or Tell Us Anything

Use this form to request information, ask questions or tell us something about the workbook.

☐ I would like to request a copy of a publication or paper referenced in the workbook be sent to me.

Name of reference/s I would like to request:

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☐ I have a question related to COVID-19 that was not answered in the workbook and I would like more information about this.

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My feedback:

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For return of requested information:
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Address I want response sent to: _____
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Once completed, tear out and send the form to:

Dr. Sofia Bartlett, Clinical Prevention Services
BC Centre for Disease Control
655 West 12th Avenue
Vancouver, BC V5Z 4R4 Canada

In case other thoughts, questions, and/or requests come up, keep this address!

Making Informed Choices: A COVID-19 Activity and Info Book

To order more copies of this workbook or get more information about the ADVANCE Study, go to:
https://stbbipathways.ca/advance-covid-19-vaccines-study/

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