Changing the Way We Work
April 8, 2022: Strategies for an equitable recovery and the latest on 4th doses, immunity and more
Panelists: Mr. Francis Garwe, Dr. Isaac Bogoch, Dr. Chris Simpson, Dr. David Kaplan
Co-host: Dr. Liz Muggah | Moderator: Dr. Tara Kiran

Curated answers from CoP panelists and co-host to in-session questions posed by participants, based on current guidance and information available at the time.

MASKING

- How can we effectively advocate for re-instatement of indoor mask mandates, given the sixth wave that is showing larger numbers of new infection compared to previous waves using wastewater modelling?

I have posted what our advocacy has been at the OCFP, particularly around the need to ensure masking continues in healthcare settings post April 27th. We are hearing this will continue under regulation. You can see our statement here, including that public indoor masking must continue to be guided by epidemiological data: [https://www.ontariofamilyphysicians.ca/news-features/family-medicine-news/~245-OCFP-Calls-for-Continued-Efforts-to-Protect-Ontarians-Against-COVID-19](https://www.ontariofamilyphysicians.ca/news-features/family-medicine-news/~245-OCFP-Calls-for-Continued-Efforts-to-Protect-Ontarians-Against-COVID-19)

- Agree with question, ‘how can we advocate for re-introducing mask mandates, at least within the schools, at minimum’?

We’re supporting the need to ensure mask mandates continue in our offices beyond April 27th and, as we’ve been discussing, the need to press for vaccination/access to Rx as measures to protect patients [https://www.ontariofamilyphysicians.ca/news-features/family-medicine-news/~245-OCFP-Calls-for-Continued-Efforts-to-Protect-Ontarians-Against-COVID-19](https://www.ontariofamilyphysicians.ca/news-features/family-medicine-news/~245-OCFP-Calls-for-Continued-Efforts-to-Protect-Ontarians-Against-COVID-19)

- Can we as physicians effectively advocate for maintaining mask mandates in healthcare settings beyond April 27th?

The OCFP and our partners have been following this closely and from what we are hearing it will extend in healthcare settings, including in community [healthcare settings] through regulation. So, on our end, we will bring your voices forward.

- Masking is the simplest thing one can do in indoor spaces: with the resurgence of the Omicron variant BA.2, why is there not a coordinated effort by the colleges/ science table and OH to ask the government to reinstate this simple action by Ontarians (which has shown to make a difference)?

We have been supporting, as OCFP, the continuation of masking in HC settings post April 27th, along with vaccination/treatments. I’ve posted our recent message here: [https://www.ontariofamilyphysicians.ca/news-features/family-medicine-news/~245-OCFP-Calls-for-Continued-Efforts-to-Protect-Ontarians-Against-COVID-19](https://www.ontariofamilyphysicians.ca/news-features/family-medicine-news/~245-OCFP-Calls-for-Continued-Efforts-to-Protect-Ontarians-Against-COVID-19)
• **Why isn’t the CMOH and other PHUs stepping in to protect the vulnerable? Please advocate for us.**

We have been pushing out communication to support masking in high-risk settings so as to protect vulnerable patients. See here for our recent statement [https://www.ontariofamilyphysicians.ca/news-features/family-medicine-news/~245-OCFP-Calls-for-Continued-Efforts-to-Protect-Ontarians-Against-COVID-19](https://www.ontariofamilyphysicians.ca/news-features/family-medicine-news/~245-OCFP-Calls-for-Continued-Efforts-to-Protect-Ontarians-Against-COVID-19)

• **Is OCFP pressuring to restore mask mandate?**

We are advocating for the continuing mask mandates in health settings including our offices which we understand it is likely to be expanded by regulation post April 27th. See our recent statement here: [https://www.ontariofamilyphysicians.ca/news-features/family-medicine-news/~245-OCFP-Calls-for-Continued-Efforts-to-Protect-Ontarians-Against-COVID-19](https://www.ontariofamilyphysicians.ca/news-features/family-medicine-news/~245-OCFP-Calls-for-Continued-Efforts-to-Protect-Ontarians-Against-COVID-19)

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**VACCINES | BOOSTERS**

• **My patients in the Toronto area are having trouble finding access to Novavax COVID vaccines. Where and how can they find Novavax in and around Toronto?**

Access via the Toronto PHU.

  - **Novavax** is currently authorized for 18+ and available through referral to local public health units for those unable or unwilling to receive mRNA vaccines.

• **How will appointments for Novavax injections be made available? What will be the criteria and documentation needed for making an appointment?**

Contact your local PHU about access. It is 2 doses 21 days apart, for ages >18.

• **Fourth doses for pregnant women?**

Fourth doses right now do not extend to pregnant women specifically. [Newly eligible groups] – age >60, Indigenous and their household members age >18; in addition to previously eligible – LTC/RH residents and those who are immunocompromised.


• **Will physicians be again prioritized for fourth doses despite age, given some of us will be 6 months out from last vaccine in June/July>?**

We have not heard anything more about this – as per the discussion in the session today we will be seeing how this rolls out with the highest-risk categories in frail/elderly.

• **Does a senior with recent COVID still require the second booster and, if so, how soon after the infection?**

90 days post infection.

• **What about if you get infected, then when should you have the second booster? | How long after COVID infection can you receive fourth dose?**

90 days post infection is current guidance.

• **Second booster: Clarity needed as some pharmacies are giving after 3 months. Time after first booster? How many days after the COVID positive diagnosis.?**
90 days post infection and suggested spacing in Ontario is 5 months (140 days) for fourth dose (though minimum of 3 months is an option) – noting the NACI suggestions are different (6 months).


**Should we boost age 12-17 (third dose) now? Ontario has offered it but Dr. McGeer had suggested hold off based on NACI. Any changes to this?**

[ANSWERED POST SESSION] Yes, NACI now recommends everyone a booster for everyone over age 12, based on current surge in cases. For the 12-17 age group, it was previously limited to people at immunocompromised and others at greater risk for severe illness. The minimum interval is six months after second dose (third dose in a if in higher risk group). The update is based on the current surge in cases. NACI guidance: https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/naci-guidance-first-booster-dose-covid-19-vaccines.pdf

**COVID-19 TREATMENTS**

- How do you determine if a person under 40 and on Imuran for IBD should receive treatment if they are otherwise healthy and appear to have mild illness at the onset of testing positive for COVID, and are triple vaxxed?

  Agree, even with SAT guidance, these decisions can be hard and lots in the “grey” area for Rx. A thought – you can always call the CAC [clinical assessment centre] locally and ask to speak with the MD there to get advice.

  - List of CACs distributing Paxlovid: https://www.ontariohealth.ca/sites/ontariohealth/files/2022-02/PaxlovidSites.pdf

- If you are worried about a patient in the 40-69 yr. age group who is triple vaccinated with one risk factor only such as hTN or obesity, do you send them to ER directly as they won’t qualify for Paxlovid at this time. It is frustrating that we cannot access Paxlovid easily anywhere at this time.

  Hoping to really open up Paxlovid availability with multiple channels and empower PCPs to make those clinical judgments. Science Advisory Table describes many of the high-risk patients, but this may not be an exhaustive list.


  Details and resources in April 12 edition of the OCFP President’s Message: https://www.ontariofamilyphysicians.ca/news-features/family-medicine-news/~247-Prescribing-Paxlovid-Patient-Resources-and-more]
• B.C. recently changed the window of symptom onset for Paxlovid to 7 days. Is the recommendation changing?

No immediate plans at the moment to change from 5 to 7 days but all possibilities on the table.

• Comment on having pharmacists prescribing Paxlovid?

[ANSWER REFLECTS OPINION OF A PANELIST] I am all for it.

**CASE MANAGEMENT**

• How do university students living in a dormitory self isolate if roommate (sleeping in the same room) comes down with COVID?

Agree, there are challenges in congregate settings. Universities/colleges should ideally have options, but I know this is not always the reality.

• Given current Omicron and limited efficacy of RATs, how do we advise families re: gatherings — relevant with upcoming holiday period.

Agree that, given transmission risk and prevalence, I think we need to caution people about risks, particularly if unvaccinated and significant time indoors.

• How long should the RAT test be positive? I have a teenager who is vaxxed, tested positive, stayed home for 5 days and still remains positive.

We do not have the precise answer, but it looks like about six to 10 days on average, longer in some cases.

• Given this wave and numbers, what screening should medical offices in the community be doing, e.g. should we be taking temperatures at check in?

We are recommending continuing passive and active screening (signage, asking screening questions). Not recommended to be taking temperatures, as not evidence it adds additional benefit. Here is our latest OCFP guide related to this stay tuned we are putting out another IPAC update shortly. 

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*These additional questions were answered live during the session. To view responses, please refer to the session recording.*

• Given we have not been able to use a significant amount of Paxlovid for outpatient COVID 19 cases, could we consider scaling up our existing clinical assessment centres? Our AC at Markham Stouffville hospital is a site that uses family docs, pharmacy and ID - can’t other ACs do the same thing across Ontario?

• Given recent reports that re-infection can occur within 30 days, what should we be telling our patients regarding how long they should wait for their booster after infection?

• Can we have some discussion about the Novavax vaccine. My patient had severe adverse effects to the Pfizer vaccine. His reaction resulted in a rare consequence where he required immunosuppression treatment (rituximab). He now needs a 3rd and 4th dose but is fearful of another mRNA vaccine due to his rare reaction. Is Novavax a good option for him?

• Any evidence about mixing mRNA vaccines for fourth dose?

• What is the best interval between the 3rd and 4th booster dose?

• Please discuss anticipated recommendations for fourth doses for health care providers
• Fourth doses for health care workers?
• What do we know to date about the side effects of having a fourth dose (pros and cons)?
• What is the estimated rate of false negatives for RATs?
• What is the evidence on the incremental benefit of the second booster/fourth dose?
• The latest science table guidelines seem to have made access to Paxlovid much more limited. Why? This seems to reduce the ability to intervene.
• Even though fourth shots will be available over 60-should those over sixty all receive them at this pt. vs waiting for the fall etc.? Also what about health care workers who are younger?
• When will an updated vaccine be coming out? Many people feel there is no point getting another booster when the first one did not prevent them from getting COVID.
• Is there any evidence that any mask other than a well fitted N95 mask does anything to prevent COVID? And if they do not, (which is what I understand) how is the policy around removal of mask mandates better communicated: tell us the “why,” not just the “what.”