

COVID-19
Community of
Practice for Ontario
Family Physicians

September 17, 2021

Dr. Janine McCready
Dr. Jeya Nadarajah
Dr. Carol Geller
Dr. David Kaplan
Dr. Liz Muggah



Changing the Way We Work
Keeping our kids safe at school, new IPAC
guidance, and more



Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians



Keeping our kids safe at school, new IPAC guidance, and more

Moderator: Dr. Tara Kiran

Fidani Chair, Improvement and Innovation

Department of Family and Community Medicine, University of Toronto

Panelists:

- Dr. Janine McCready, Toronto, ON
- Dr. Jeya Nadarajah, Toronto, ON
- Dr. Carol Geller, Ottawa, ON
- Dr. David Kaplan, Toronto, ON
- Dr. Liz Muggah, Ottawa, ON

This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 1 Mainpro+ credits.

The COVID-19 Community of Practice for Ontario Family Physician includes a series of planned webinars. Each session is worth 1 Mainpro+ credits, for up to a total of 26 credits.

Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognize that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respect that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.

THE LANCET

COMMENT | VOLUME 398, ISSUE 10303, P825-826, SEPTEMBER 04, 2021

Truth and reconciliation in Canada's health system

Lisa Richardson  • Andrew Boozary

Published: August 26, 2021 • DOI: [https://doi.org/10.1016/S0140-6736\(21\)01953-X](https://doi.org/10.1016/S0140-6736(21)01953-X) •  Check for updates

A renewed commitment and concrete steps are needed by non-Indigenous leaders and allies to support this decolonising work so that it does not fall solely upon First Nations, Inuit, and Métis peoples. Transformative change also requires institutions to build meaningful partnerships with local Indigenous organisations and to recruit First Nations, Inuit, and Métis peoples for roles across health-care organisations, from the boardroom to the patient bedside. Training in Indigenous cultural safety and anti-racist practice should be mandatory for all health-care personnel. Indigenous staff, patients, and families must have access to traditional healers, spaces for ceremonial practices, and safe ways to report mistreatment. Accountability processes such as accreditation and quality reviews for hospitals and institutions must include metrics for Indigenous health equity and reconciliation. There is also a need for the collection of race-based data with appropriate sovereignty agreements to document clinical outcomes and care experiences.

Changing the way we work

A community of practice for family physicians during COVID-19

At the conclusion of this series participants will be able to:

- Identify the current best practices for delivery of primary care within the context of COVID-19 and how to incorporate into practice.
- Describe point-of-care resources and tools available to guide decision making and plan of care.
- Connect with a community of family physicians to identify practical solutions for their primary care practice under current conditions.

Disclosure of Financial Support

This CPD program has received in-kind support from the Ontario College of Family Physicians and the Department of Family and Community Medicine, University of Toronto in the form of logistical and promotional support.

Potential for conflict(s) of interest:

N/A

Mitigating Potential Bias

- The Scientific Planning Committee has full control over the choice of topics/speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by a three-member national/scientific planning committee.

Planning Committee: Dr. Tara Kiran, Patricia O'Brien (DCFM), Leanne Clarke (OCFP), Susan Taylor (OCFP) and Mina Viscardi-Johnson (OCFP), Liz Muggah (OCFP)

Previous webinars & related resources:

<https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions>



Dr. Janine McCready– Panelist

Twitter: @janinemccready

Infectious Disease Physician, Michael Garron Hospital



Dr. Jeya Nadarajah - Panelist

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Dr. Carol Geller – Panelist

Family Physician, Centretown Community Health Centre



Dr. David Kaplan – Co-Host

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OCFP President, Family Physician, Bruyère Family Health Team

Speaker Disclosure

- Faculty Name: **Dr. Janine McCready**
- Relationships with financial sponsors: N/A
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: N/A
 - Others: N/A

- Faculty Name: **Dr. Jeya Nadarajah**
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 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: N/A
 - Others: N/A

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 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: N/A

Speaker Disclosure

- Faculty Name: **Dr. David Kaplan**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: Ontario Health (employee)
- Faculty Name: **Dr. Liz Muggah**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: N/A
- Faculty Name: **Dr. Tara Kiran**
- Relationships with financial sponsors:
 - Grants/Research Support: St. Michael's Hospital, University of Toronto, Health Quality Ontario, Canadian Institute for Health Research, Toronto Central LHIN, Toronto Central Regional Cancer Program, Gilead Sciences Inc.
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians, Ontario Medical Association, Doctors of BC, Nova Scotia Health Authority, Osgoode Hall Law School, Centre for Quality Improvement and Patient Safety
 - Others: N/A

Where are we from (outside the GTA)?

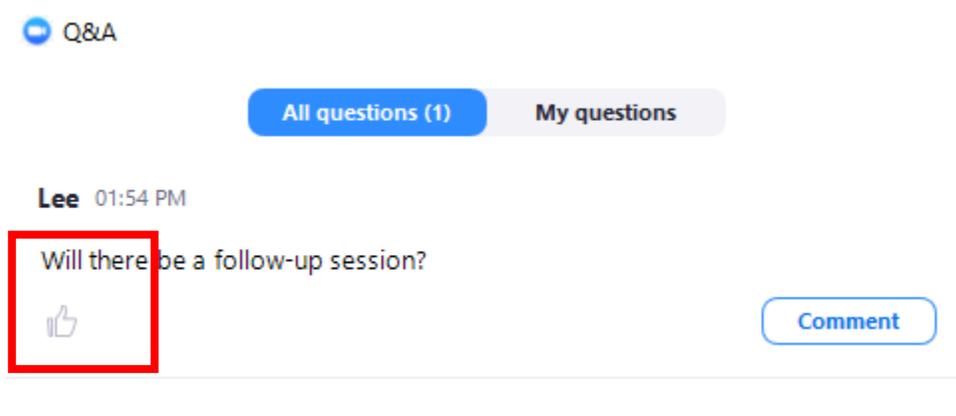


How to Participate

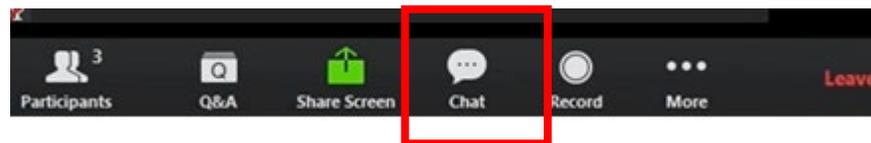
- All questions should be asked using the Q&A function at the bottom of your screen.



- Press the thumbs up button to upvote another guests questions. Upvote a question if you want to ask a similar question or want to see a guest's question go to the top and catch the panels attention.



- Please use the chat box for networking purposes only.





Dr. Janine McCready– Panelist

Twitter: @janinemccready

Infectious Disease Physician, Michael Garron Hospital



Dr. Jeya Nadarajah - Panelist

Twitter: @JeyaNadarajah

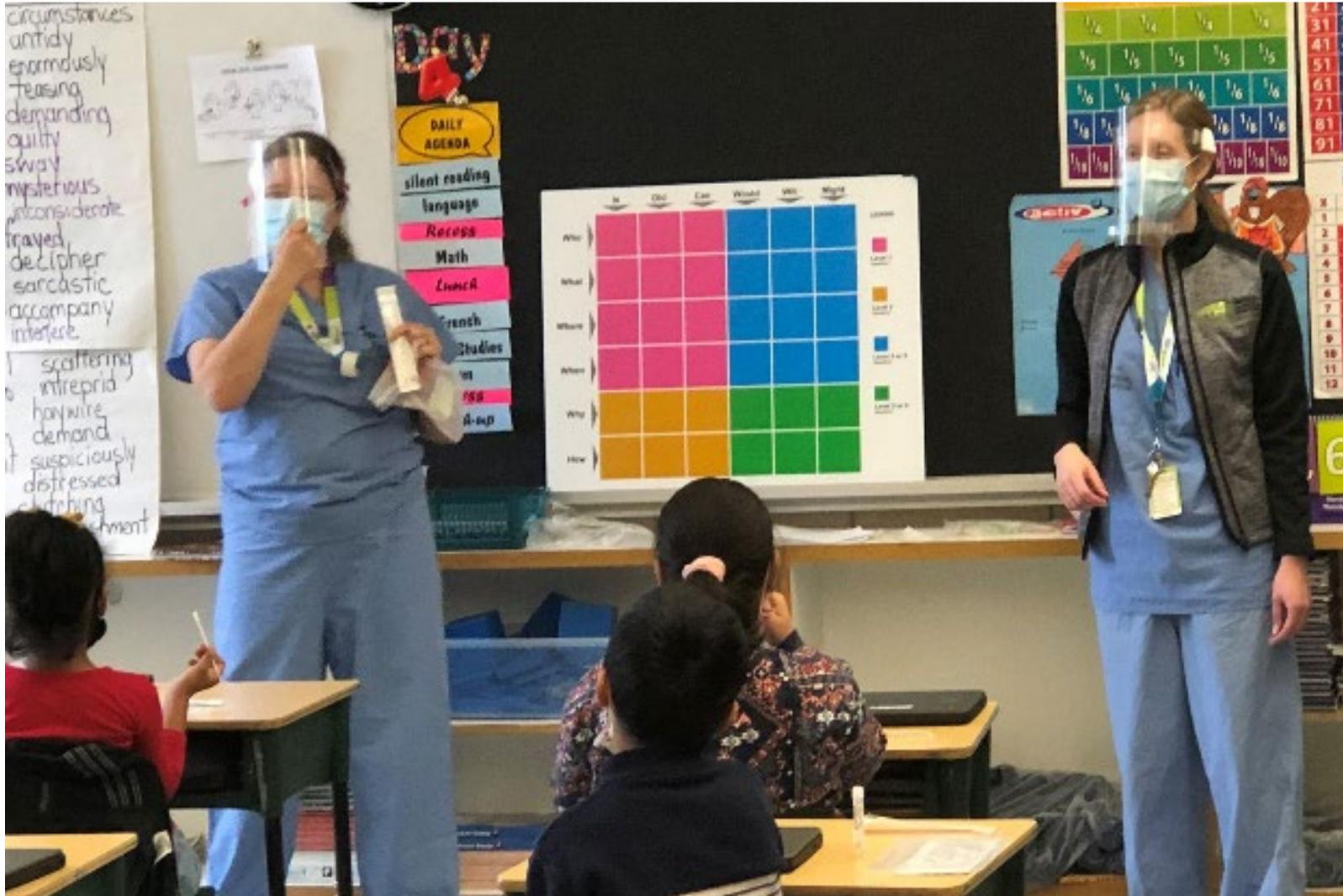
Infectious Disease Specialist, Public Health Ontario and Markham
Stouffville Hospital



Dr. Carol Geller – Panelist

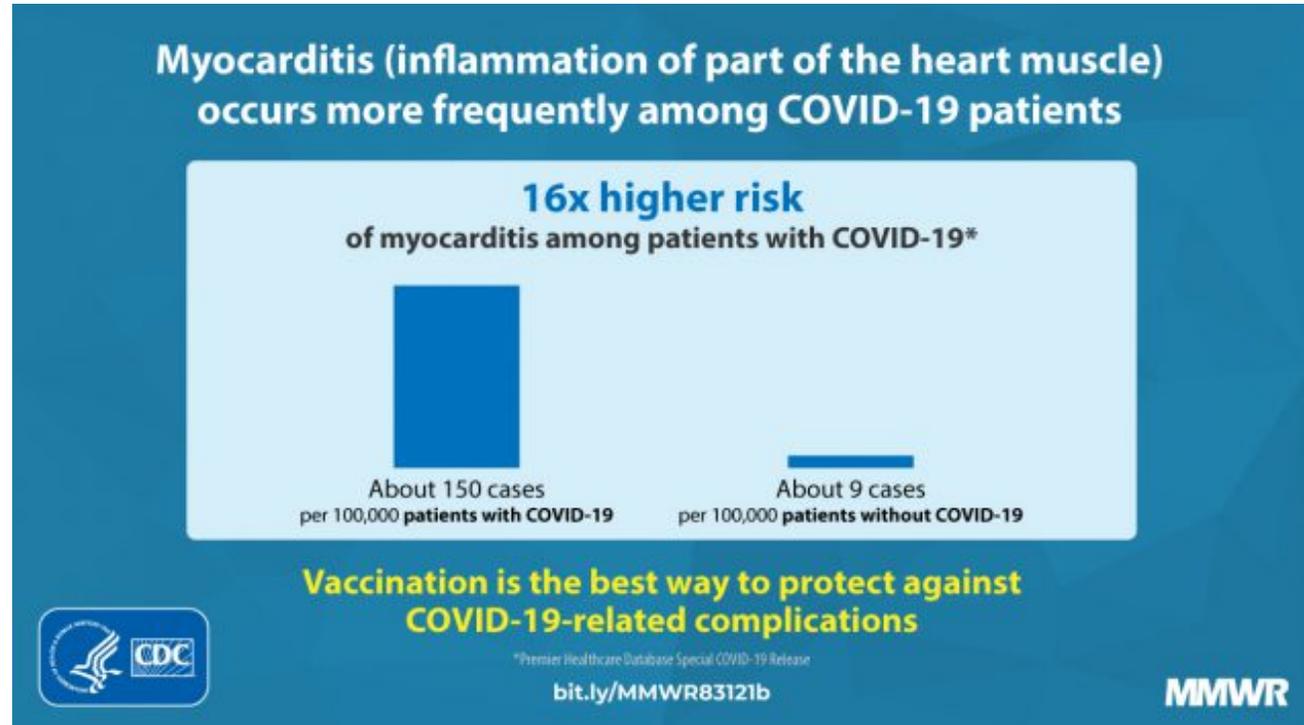
Family Physician, Centretown Community Health Centre

Why am I talking to you about schools?



Vaccines

- >12
 - Myocarditis
 - Fertility
- <12
 - 5-11
 - 6 months - 5





COVID-19 Screening for children/students

Please complete before entering the child care/JK-12 school setting.

Updated Sept. 1, 2021

Name: _____ Date: _____ Time: _____

1. Does the child/student have any of the following new or worsening symptoms?***



Fever > 37.8°C and/or chills

Yes No



Cough

Yes No



Difficulty breathing

Yes No



Decrease or loss of taste/smell

Yes No



Nausea, vomiting or diarrhea

Yes No

• If the child/student has a health condition diagnosed by a health care provider that gives them the symptom, select "No". If the symptom is new, different or getting worse, select "Yes".

If "YES" to any symptom:



Stay home & self-isolate



Get tested



Contact a health care provider

2. Does anyone in your household have one or more symptoms of COVID-19 and/or are waiting for test results after having symptoms? Yes

No

• If the child/student is fully vaccinated* or has tested positive for COVID-19 in the last 90 days and been cleared, select "No".

3. In the last 10 days, has the child/student tested positive on a rapid antigen test or a home-based self-testing kit? Yes

No

• If they have since tested negative on a lab-based PCR test, select "No".

4. Has the child/student been notified as a close contact of someone with COVID-19 or been told to stay home and self-isolate? Yes

No

• If the child/student is fully vaccinated* or has tested positive for COVID-19 in the last 90 days and been cleared or public health has said the child/student does not have to self-isolate, select "No".

5. In the last 14 days, has the child/student travelled outside of Canada AND been advised to quarantine per the [federal quarantine requirements](#)? Yes

No

If "YES" to questions 2,3,4 or 5:



Stay home & self-isolate



Follow public health advice



* Fully vaccinated means 14 days or more after getting a second dose of a two dose COVID-19 vaccine series or one dose of a single dose series.

**Anyone who is sick or has any symptoms of illness should stay home and seek assessment from their health care provider if needed.



Screening

- COVID-19 symptoms in kids indistinguishable clinically from other viral illnesses
- Rhinorrhea and cough as single symptoms had an elevated positive among primary and secondary children age >4 years old relative to their asymptomatic peers
- Is your contact tracing system robust?
 - Among the 10,688 encounters with single symptoms, test positivity was 17.3% if high risk exposure vs 1.0% if no exposure

<https://www.medrxiv.org/content/10.1101/2021.08.19.21262310v1.full.pdf>

Name: _____ Date: _____ Time: _____

1. Does the child/student have any of the following new or worsening symptoms?***

| | | | | |
|---|--|---|---|---|
|  |  |  |  |  |
| Fever > 37.8°C and/or chills | Cough | Difficulty breathing | Decrease or loss of taste/smell | Nausea, vomiting or diarrhea |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

• If the child/student has a health condition diagnosed by a health care provider that gives them the symptom, select "No". If the symptom is new, different or getting worse, select "Yes".

****Anyone who is sick or has any symptoms of illness should stay home and seek assessment from their health care provider if needed.**

• If the child/student is fully vaccinated* or has tested positive for COVID-19 in the last 90 days and been cleared, select "No".

3. In the last 10 days, has the child/student tested positive on a rapid antigen test or a home-based self-testing kit? Yes No

• If they have since tested negative on a lab-based PCR test, select "No".

4. Has the child/student been notified as a close contact of someone with COVID-19 or been told to stay home and self-isolate? Yes No

• If the child/student is fully vaccinated* or has tested positive for COVID-19 in the last 90 days and been cleared or public health has said the child/student does not have to self-isolate, select "No".

5. In the last 14 days, has the child/student travelled outside of Canada AND been advised to quarantine per the [federal quarantine requirements](#)? Yes No

If "YES" to questions 2,3,4 or 5:  Stay home & self-isolate +  Follow public health advice

* Fully vaccinated means 14 days or more after getting a second dose of a two dose COVID-19 vaccine series or one dose of a single dose series.
 **Anyone who is sick or has any symptoms of illness should stay home and seek assessment from their health care provider if needed.

Medical notes



Types of Tests

- Lab based – PCR
 - Nasopharyngeal
 - Oral Nasal
 - Saliva
- ID now
- Rapid Antigen tests

Transmission from kids

Table 2. Adjusted Odds Ratios and 95% Confidence Intervals for the Associations Between Index Case Age Group and Odds of Transmitting SARS-CoV-2 to Household Contacts

| Characteristic | Index cases, No. (%) | | Crude rate of transmission (per 100 000 households with pediatric index cases) | Odds ratio (95% CI) | | |
|----------------|--|--|--|---------------------|-------------------------------|----------------------|
| | Not associated with secondary cases in the household | Associated with secondary cases in the household | | Crude model | Adjusted Model 1 ^a | Model 2 ^b |
| Age, y | | | | | | |
| 0-3 | 532 (11.7) | 234 (13.6) | 30 548 | 1.20 (1.01-1.44) | 1.21 (1.01-1.45) | 1.43 (1.17-1.75) |
| 4-8 | 909 (19.9) | 348 (20.3) | 27 685 | 1.05 (0.90-1.22) | 1.06 (0.90-1.23) | 1.40 (1.18-1.67) |
| 9-13 | 1382 (30.3) | 499 (29.1) | 26 528 | 0.99 (0.86-1.13) | 0.97 (0.85-1.11) | 1.13 (0.97-1.32) |
| 4-17 | 1740 (38.1) | 636 (37.0) | 26 768 | 1 [Reference] | 1 [Reference] | 1 [Reference] |
| Male | 2433 (53.6) | 943 (55.2) | 27 932 | NA | 1.07 (0.95-1.19) | 1.09 (0.96-1.23) |

Children aged 0 to 3 years had greater odds of transmitting SARS-CoV-2 to household contacts compared with children aged 14 to 17 years. Irrespective of presence of symptoms
Greater odds of household transmission by children aged 4 to 8 years after controlling for testing delays, neighborhood-level mean family size, individual-level household size.

| | | | | | | |
|------------------|---------------|---------------|--------|----|----|------------------|
| 3 | 301 (8.0) | 200 (11.7) | 33 051 | NA | NA | 1.97 (1.49-2.59) |
| 4 | 238 (5.3) | 165 (9.7) | 40 943 | NA | NA | 2.38 (1.77-3.19) |
| ≥5 | 692 (15.3) | 574 (33.7) | 45 340 | NA | NA | 2.98 (2.34-3.80) |
| Mean family size | 3.3 (3.0-3.6) | 3.4 (3.1-3.7) | NA | NA | NA | 1.63 (1.43-1.86) |

Abbreviation: NA, not applicable.

^a Adjusted for gender and month of disease onset.

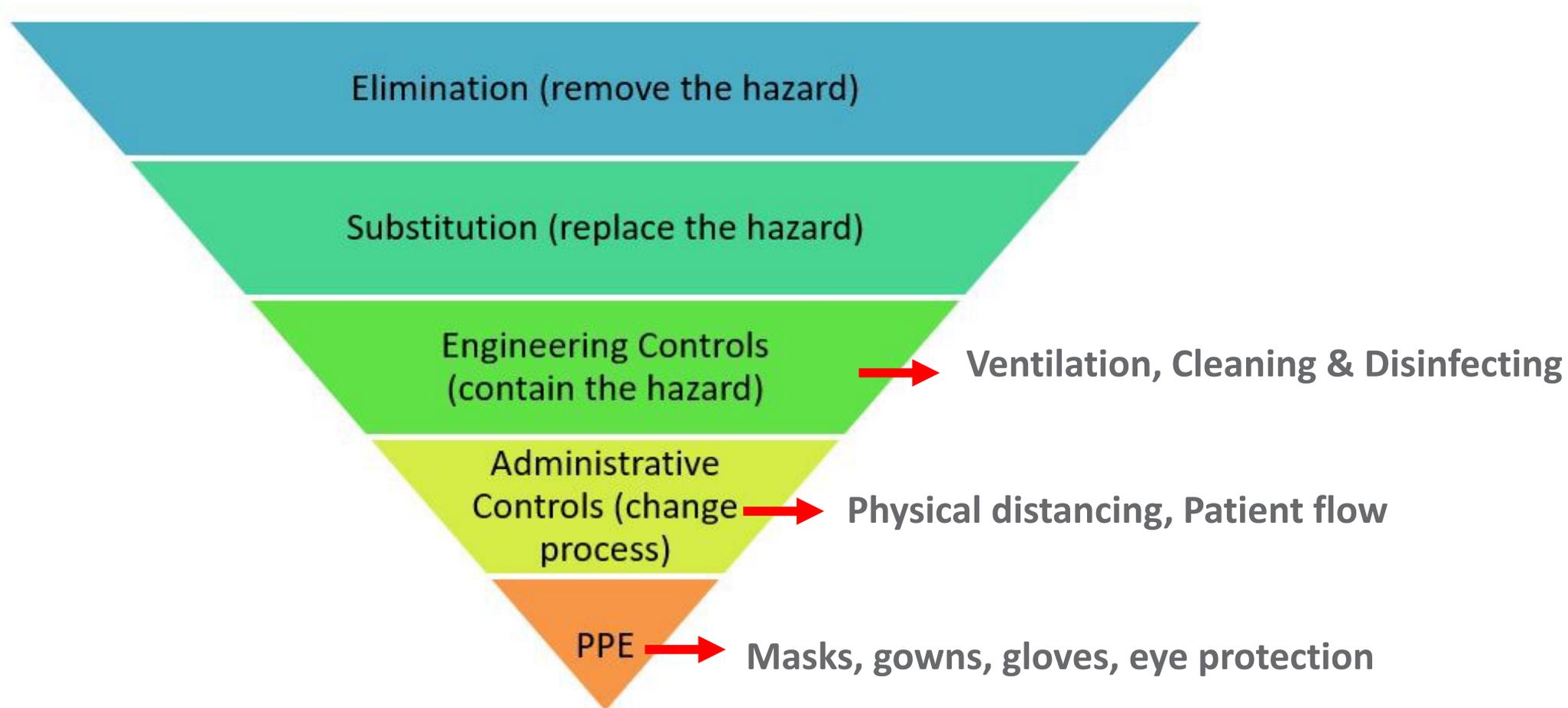
^b Adjusted for gender, month of disease onset, testing delay, and mean family size. A total of 778 index case individuals were excluded from the model who had no COVID-19 symptoms reported in provincial reportable disease systems, were missing symptom onset date, and were not reported as asymptomatic.

What can you do?

- Situation will evolve this fall
 - Vaccination rates
 - Community transmission
 - Hospitalizations
 - Other circulating viruses
- Don't send kids to school sick
- Encourage testing for any symptoms
- Choose contacts wisely for unvaccinated children
 - Outdoors
 - No unvaccinated adults
- Encourage others to get vaccinated



Hierarchy of Controls – Hot topics



Source: National Institute for Occupational Safety and Health (NIOSH). Hierarchy of controls [Internet]. Atlanta, GA: Centers for Disease Control and Prevention; 2015 [cited 2021 Aug 12]. Available from: <https://www.cdc.gov/niosh/topics/hierarchy/default.html>. Adapted with permission available from: <https://stacks.cdc.gov/view/cdc/44301>

Indoor Air Quality

- Risk of transmission increases through close contact, crowded, inadequately ventilated settings.
- Ventilation: Removing stale indoor air and supplying fresh (outdoor) air into a given space.
- Ventilation is only of benefit in ADDITION to other layers of measures.
- The more people and objects in a room (Crowded and Confined), the less air flow and air circulation occurs.

Ontario Agency for Health Protection and Promotion (Public Health Ontario).

Heating, ventilation and air conditioning (HVAC) systems in buildings and COVID-19. Toronto, ON: Queen's Printer for Ontario; 2021.

Air Quality Check:

- HVAC – Inspected, maintained and up to code?
- Vents:
 - Clean? Air blowing/returning? At least 6 inches of clearance?
- Air Circulation:
 - Stuffy? Lingering odours? Drafts? Doors shut/seal properly?
- Crowding:
 - Max capacity in room? Furniture, drapes, barriers?
- Windows:
 - Open to help draw in fresh air or exhaust indoor air directly outside e.g., by pointing a fan outdoors.
 - Opening windows daily, even for a few minutes can improve indoor air quality.

Air cleaning / Filtration

- Filtration: The use of different types of fibrous media designed to remove particles from the airstream. E.g., HEPA filters.
- Air filtration is less preferable to ventilation (i.e. with outdoor fresh air)
- Portable air cleaner/purifier:
 - Avoid units that may produce significant ozone
 - Filter design + filter maintenance + rate of air flow = Clean Air Delivery Rate (CADR)
 - CADR must be high enough for the size of room (or may need multiple units)
 - Increased sound at high air flow rates
 - Avoid direction of air flow from blowing from one individual to another
 - Unobstructed airflow
 - Cleaning and maintenance as per Manufacturer

Ontario Agency for Health Protection and Promotion (Public Health Ontario).

Use of portable air cleaners and transmission of COVID-19. Toronto, ON: Queen's Printer for Ontario; 2020.

Screen Negative Patients

- Patient masking (well fitted non-medical or medical mask)
- Physical distancing as feasible
- Eye protection for staff within 2 metres based on risk assessment:
 - Risk of splash/spray of the task at hand
 - Vaccination status of HCW/patient
 - Community transmission rates
 - Unmasked patient/ill-fitting mask/likelihood of removing mask
- Cleaning:
 - Routine/Standard cleaning: Clean and disinfect medical equipment and surfaces that come into direct contact with the patient's intact skin prior to use on another patient.

Symptomatic Patients

- Book at end of day if possible.
- Provide medical mask to patient (and support person).
- Bring directly to room or wait outside/in vehicle if feasible
- Separate room/area with door closed.
- Batch all activities (eg., History, physical, testing); minimize personnel.
- PPE: Mask, gown, gloves, eye protection.
- Cleaning: Clean and disinfect horizontal surfaces (typically within 2 metres of the patient) and any equipment that have come in direct contact with the patient prior to use on another patient.
- Remove PPE upon leaving patient room.

Testing Patients

- Separate room/area with door closed; minimize personnel
- PPE: Mask, gown, gloves, eye protection
- PCR
- Nasopharyngeal swab preferred
- Other specimen types depend on partner laboratory
- Pre-label swab and pre-fill requisition and minimize handling
- Storage/transport as per laboratory instructions
- Dedicated specimen fridge

Contact:
ipac@oahpp.ca

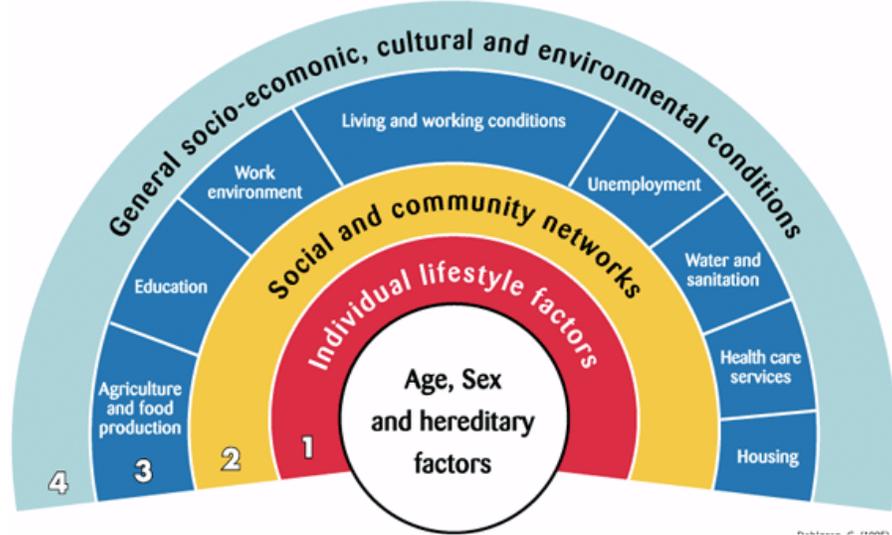
Our Primary Health Care Team

- 8 Nurses for 6.6 FTE
- 6 Medical Receptionists for 5.8 FTE
- 7 Physicians for 4.85 FTE
- 4 Nurse Practitioners for 2.85 FTE
- For our regular practice, Seniors, Early Years, and Urban Outreach Programs



Acknowledgements:

- Alison Eyre, MDCM, CCFP, FCFP
- Lynsey James, Primary Care Director



Marginally housed and homeless communities within this change:

- Need to stay open to serve this population





COVID testing

Public Health Ontario | Santé publique Ontario
COVID-19 and Respiratory Virus Test Requisition

For laboratory use only
Date received (yyyy/mm/dd): PHOL No.:

ALL Sections of this form must be completed at every visit

1 - Submitter Lab Number (if applicable):
Ordering Clinician (required)
Surname, First Name:
OHIP/CPSO/Prof. License No.:
Name of clinic/facility/health unit:
Address: Postal code:
Phone: Fax:

cc Hospital Lab (for entry into LIS)
Hospital Name:
Address (if different from ordering clinician):
Postal Code:
Phone: Fax:

cc Other Authorized Health Care Provider:
Surname, First name:
OHIP/CPSO/Prof. License No.:
Name of clinic/facility/health unit:
Address: Postal code:
Phone: Fax:

2 - Patient Information
Health Card No.: Medical Record No.:
Last Name:
First Name:
Date of Birth (yyyy/mm/dd): Sex: M F
Address:
Postal Code: Patient Phone No.:
Investigation or Outbreak No.:

3 - Travel History
Travel to:
Date of Travel (yyyy/mm/dd): Date of Return (yyyy/mm/dd):

4 - Exposure History
Exposure to probable, or confirmed case? Yes No
Exposure details:
Date of symptom onset of contact (yyyy/mm/dd):

5 - Test(s) Requested
 COVID-19 Virus Respiratory Viruses COVID-19 Virus AND Respiratory Viruses

6 - Specimen Type (check all that apply)
Specimen Collection Date (yyyy/mm/dd): (required)
 NPS Throat Swab Saliva (Swish & Gargle)
 Deep or Mid-turbinate Nasal Swab Throat + Nasal Saliva (Neat)
 Oral (Buccal) + Deep Nasal BAL Anterior Nasal (Nose)
 Other (Specify):

7 - Patient Setting / Type
 Assessment Centre Family doctor / clinic Outpatient / ER not admitted
Only if applicable, indicate the group:
 ER - to be hospitalized Deceased / Autopsy
 Healthcare worker Institution / all group living settings
 Inpatient (Hospitalized) Facility Name:
 Inpatient (ICU / CCU) Confirmation (for use ONLY by a COVID testing lab). Enter your result (NEG / POS / or IND):
 Remote Community
 Unhoused / Shelter
 Other (Specify):

8 - COVID-19 Vaccination Status
 Received all required doses >14 days ago Unimmunized / partial series / ≤14 days after final dose Unknown

9 - Clinical Information
 Asymptomatic Fever Pregnant
 Symptomatic Pneumonia Other (Specify):
Date of symptom onset (yyyy/mm/dd): Cough Sore Throat

CONFIDENTIAL WHEN COMPLETED
The personal health information is collected under the authority of the Personal Health Information Protection Act, s.36(1)(c)(iii) for the purpose of clinical laboratory testing. If you have questions about the collection of this personal health information please contact the PHO Laboratory Manager of Customer Services at 416-236-6556 or toll free 1-877-804-4567.
Form No. F-SD-SCG-4000 (21/07/22)



- Starting in the Summer of 2020 all providers can now swab under their own name using the Ontario COVID 19 laboratory requisition
- Can order the swabs through <https://ehealthontario.on.ca/en/for-healthcare-professionals/ppe-intake?a=ppe-intake>
- Our usual courier Dynacare picks the swabs up with the regular pick up and the swabs are processed by them or they arrange the processing
- We also have a swabbing program on site for the community and some spots are protected for our patients.
- All trained allied health care providers can swab under a directive

Booking Protocols – MR to book without triage

In person

- Pap smears
- Breast exams
- Clients who show up asking for appt and do not have a phone or a reliable way to be reached
- Footcare
- Abdominal assessments
- Issues related to eyes and ears
- Newborn related issues, post birth appointments
- Prenatals - *If booking 1st prenatal please message prenatal nurse to do a phone check in prior to appointment.
- Well Baby Check 0 – 18 months

Virtually

- UTI symptoms
- Prescription renewals
- Forms
- Blood work review
- Review diagnostic imaging
- Review Consultant's Report
- Request for referral

Screening for COVID 19 Symptoms

- Occurs at the entrance of the building
- If patient screens positive on the phone they are triaged by the nurses to a testing centre or to be assessed and swabbed by us
- If patient screens positive at entrance this is entered beside their name in the appointment scheduler so proper PPE can be worn and they are put into the closest exam room

Medical exemptions to COVID-19 vaccination

Four reasons for medical exemptions

- 1. Pre-existing condition** — allergist, immunologist or specialist must confirm individual is unable to receive any COVID-19 vaccine).
 - Medical exemption if severe allergy or anaphylactic reaction to a previous dose or any vaccine component
 - Medical exemption if myocarditis *before* starting mRNA vaccine series (age 12 to 17)
- 2. Contraindications to AZ/COVISHIELD vaccine** — history of capillary leak syndrome, cerebral venous sinus thrombosis with thrombocytopenia, heparin-induced thrombocytopenia, or major venous and/or arterial thrombosis with thrombocytopenia following any vaccine
 - ❑ Complete vaccine series with mRNA vaccine
 - Medical exemption if individual has medical exemption to receiving mRNA vaccine

Medical exemptions to COVID-19 vaccination (cont'd)

3. Adverse events following COVID-19 immunization

- Severe allergic reaction or anaphylaxis following a COVID-19 vaccine.
 - Exemption if allergist/immunologist determines unable to receive any COVID-19 vaccine
- TTS/VITT4 following AstraZeneca/COVISHIELD COVID19 vaccine
 - Exemption if medical exemption to completing series with mRNA vaccine
- Myocarditis or pericarditis following a mRNA COVID-19 vaccine
 - Exemption if diagnosed after medical evaluation (discuss immunization/re-immunization options with specialist if uncertain diagnosis)
- Serious adverse event following COVID-19 immunization
 - Exemption if medically evaluated, risk-benefit of immunization options discussed with relevant specialist AND determined unable to receive any COVID-19 vaccine

4. Receiving monoclonal antibody therapy OR convalescent plasma therapy for the treatment or prevention of COVID-19

- Time-limited exemption while receiving therapy

MOH guidance, Sept. 14,2021: [Medical Exemptions to COVID-19 vaccination](#)

COVID-19 vaccine third dose recommendations

To achieve better protection (vs boosting a response that has waned)

- **Vulnerable elderly in high-risk congregate settings**

- Long-term care
- High-risk retirement homes
- Elder care lodges

- **Moderately to severely immunocompromised**

- Active treatment for solid tumour or hematologic malignancies
- Solid-organ transplant and immunosuppressive therapy
- Chimeric antigen receptor (CAR)-T-cell therapy or hematopoietic stem cell transplant
- Moderate to severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Stage 3 or advanced untreated HIV infection | acquired immunodeficiency syndrome
- Active treatment immunosuppressive therapies
 - anti-B cell therapies² (monoclonal antibodies targeting CD19, CD20 and CD22)
 - high-dose systemic corticosteroids (refer to the CIG for suggested definition of high dose steroids)
 - alkylating agents, antimetabolites, or tumor-necrosis factor (TNF) inhibitors and other biologic agents that are significantly immunosuppressive

MOH guidance, Sept. 14, 2021: [COVID-19 Vaccine Third Dose Recommendations](#)

NACI guidance, Sept. 10, 2021: [Additional dose of COVID-19 vaccine in immunocompromised individuals following 1- or 2-dose primary series](#)

University of Calgary: Vaccine Hesitancy Guide

VH
GUIDE

Home

Hesitancy Types

Clinical Pearls

About

Are your patients hesitant about getting a COVID-19 vaccine?

This Guide supports better clinical conversations about vaccines. It differentiates common types of vaccine hesitancy that primary care clinicians may see. Browse through these types to help identify the sources of your patients' hesitancy, and find advice and resources on how to address them.

For an overview of how to use this guide, visit the [about page](#).

[Browse Hesitancy Types](#)



↓
scroll

<https://www.vhguide.ca/>

Want to know more about
the COVID-19 vaccine?

Our doctors are
ready to talk with
you and answer
your questions.

Book a one-to-one phone
conversation with one of
our doctors so that you can
make an informed decision:

 shn.ca/VaxFacts

 416-438-2911 ext. 5738

SHN
SCARBOROUGH
HEALTH NETWORK

VaxFacts
CLINIC

Questions?

Webinar recording and curated Q&A will be posted soon

<https://www.dfcu.utoronto.ca/covid-19-community-practice/past-sessions>

Our next Community of Practice: **Friday, October 8, 2021**

Contact us: ocfpcme@ocfp.on.ca

Visit: <https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources>

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Post session survey will be emailed to you. Mainpro+ credits will be entered for you with the information you provided during registration.