COVID-19
Community of Practice for
Ontario Family Physicians

Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians

Changing the Way We Work

August 20, 2021: The vaccine, virus and in-person visits as we head into fall

Panelists: Dr. Megan Stephenson, Dr. Allison McGeer
Co-hosts: Dr. Liz Muggah, Dr. David Kaplan | Moderator: Dr. Tara Kiran

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Curated answers from CoP panelists and co-hosts to in-session questions posed by participants, based on available guidance and information.

In addition to answers to participant questions, the following key updates and resources were shared by panelists and co-hosts during the session.

- Ontario has made **COVID-19 vaccination policies** mandatory for certain high-risk settings – this does **NOT** apply currently to community practitioners. Rather, the recent announcement applies to hospitals, home & community care service providers, and paramedics. News release **here.**

- **There are limited medical exemptions to the COVID-19 vaccine**, which include a severe allergy to any vaccine ingredients or components of its container, and myocarditis/pericarditis after the initial dose. Further information on medication exemptions can be found in this **CPSO FAQ on COVID-19-** related exemptions, and (page 5/6) in this **MOH document**. The **OMA has also created a toolkit** with a summary of exemptions and sample language that you may use for notes.

- **On July 28, 2021**, the Ministry of Health updated its **COVID-19 guidance for primary care providers**. Below are links to OCFP documents that summarize the guidance and the changes to in-person care/virtual, vaccination, screening, testing and occupational health and safety:

    - Summary of the updated guidance**:** https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/public-health-updates-guidance/ocfp-primary-care-guidance-aug2021-4.pdf.

    - Overview of "what changed" in the updated guidance: https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/public-health-updates-guidance/pc-guidance-updates-2021-08.pdf

- **With Delta, are vaccinated people just as likely to transmit COVID as non-vaccinated people, given that they seem to carry the same amount of virus as non-vaccinated people?**

That is the assumption, although we need data to be sure. However, remember that vaccinated people are much less likely to get Delta, so the overall risk of transmission from vaccinated people is significantly lower.

- **How are we acquiring data on asymptomatic transmission? What is the current evidence?**

It is hard to collect data systematically – for Delta, we can first expect to see opportunistic observations about whether completely asymptomatic infections transmit, and systematic data on virus concentrations in the nasopharynx. It will take months before systematic data are available, and it is complicated now because you need to distinguish vaccinated partially vs. completely vs. not.

- **Is there any data to inform us if the COVID infection complications/consequences are the same in vaccinated and unvaccinated people who contract the disease?**

It looks like disease is less severe, which likely means that complications are lower. But on long COVID and other important complications, we just don't know yet.

- **It looks like vaccinated people make up 20-25% of COVID cases in Ontario. The CDC stated in early August that those who are fully vaccinated and who then get COVID carry the same viral loads in their noses as nonvaccinated – meaning they can spread the virus. So, does vaccination actually prevent the spread of COVID?**

YES. Vaccination reduces your chance of getting COVID by at least 50%, and probably 60-70%. But, if you get COVID, then it looks like you have the same viral load as unvaccinated and thus might transmit as much.

- **Does the level of antibody to the spike protein correlate with immunity? What level is adequate? Is it worth monitoring?**

Yes, we are learning that levels of antibody are associated with protection. BUT – we don't know the shape of that relationship yet – e.g. Is there a threshold over which you are ok, or is an increasing degree of protection as levels increase? We also don't know whether it is the antibody itself that is protective, or whether it is a marker of some other part of the immune response – so, for some people antibody might be better correlated with protection than for others. And we still don't have standardized ways of measuring antibody levels (different labs use different tests). So, at the moment, measurement isn't very helpful at the individual level.

- **When doing a blood test for the COVID ab titre [antibody titer] to the spike protein, what number is considered a significant immunity?**

We don't know that yet.

- **More patients are asking about changes in periods following vaccines. Has this been shown to be a side effect yet? Not seeming to be a huge deal but just so I can offer reassurance and counselling ahead of time.**

It is very difficult to assess causal association of vaccine and changing periods (I think you'd need a blinded placebo-controlled RCT to tell for sure, and I'm not sure anyone has the time to focus on this. In the middle of pandemics, there are a million reasons why periods might change. At the moment it is impossible to tell whether it is not real, or an effect of all the (unwarranted) concerns about vaccine and fertility, or if the immune response to vaccine might temporarily disrupt periods.

- **Is there any guidance around when we might NOT be testing for COVID in symptomatic patients?**

Physician's discretion. It depends on your clinical judgement. If you think it's an exacerbation of their chronic condition, no need to swab.

- **Are you doing rapid testing for yourselves and staff in clinic?**

We're not. Rapid antigen testing is only for asymptomatic and not recommended for "one-off" – which limits utility. Given low sensitivity we've heard from PHO that these types of tests are likely best for repeated testing, such as for staff.

- **As more workplaces mandate vaccination, will OCFP or others issue guidance for primary care physicians on what constitutes a medical exemption?**

This is an active area of discussion for sure. The CPSO has spoken to this issue, and they refer to the NACI/MOH guidance which speaks to severe allergy. We are seeking further statement of clarification from the MOH on this. https://www.cpso.on.ca/Physicians/Your-Practice/Physician-Advisory-Services/COVID-19-FAQs-for-Physicians?fbclid=IwAR1gIUijXp8RkdmZ-b972ECzPRL9MijIe1ALn9ZoBxJWaW-3zKKfogXeLFY

[There are few valid medical exemptions; they include serious allergic reaction to the vaccine or its components and myocarditis/pericarditis with the first dose. These must be reviewed and confirmed by an allergist or other appropriate specialist.]

OFFICE READINESS | PPE/IPAC

- **I have only 2 chairs in my waiting room. How can I see "sick" people? There is no time at end of day to put them there. I cannot knowingly leave kids with colds in the waiting room to expose others….**

Leave appointments open at the end of the day. Sick patients should come in and go directly to an examination room after checking in in the waiting room (but not sitting down or waiting).

- **How do I see more patients in my small office while following IPAC guidelines? We can only have so many people in the physical space at a time among other restrictions.**

IPAC guidelines have changed and so a minimum of cleaning is required between asymptomatic patients. As I indicated, for symptomatic patients, I clean the room. It takes about 90 seconds.

- **Could you speak to the challenges of maintaining social distancing in our office waiting rooms, especially for those of us who practice in large groups?**

Have a minimum number of chairs, space appointments more widely and possibly have people wait in their cars to be called in if there is a lot of congestion.

- **What if office staff do not feel comfortable having patients back in the waiting room? We are really struggling with that – so the door remains locked, and patients knock on arrival. This is a tiring workflow.**

Part of our job is to educate our staff about the actual risks and assure them that you are doing everything you can to mitigate risk. A plexiglass barrier is very helpful and will keep staff safe.

- **Should patients be asked to wear a surgical mask, versus a cloth mask, upon entering our office?**

If symptomatic, then a surgical mask is preferred. Otherwise, preference is for a well fitted three-layer mask.

- **We have a physically small office. We do not have room to NOT use the room again after a potentially infected patient is seen.**

That's okay if the room is cleaned between symptomatic patients and you have a decent air filtration system.

- **Is KN95 legit and recommended? I know Health Canada did not approve it yet. Is it better than the surgical masks we have now?**

KN95s don't have same rules for QA as N95s, so what testing has been done suggests that they are not as good, but how good they are is also very variable (this is true for N95s as well) – it depends on how well they "fit" to different faces. So, some of them are better than surgical masks – I don't think any of them are worse.

- **Dr Stephenson: what symptoms are you using in your office for screening and what combination of symptoms would exclude a patient from being seen in person?**

I never refuse to see a patient regardless of their symptom constellation. We screen for fever, travel history, URTI and GI symptoms.

- **What about routine CPX [complete physical exam] on well people? When to restart?**

I started doing periodic health exams about a year ago – August 2020.

- **RTI symptoms are COVID-like. In the fall, we are expecting a large number of RTI patients – would you see all of these patients are the end of the day?**

Yes, I would as much as possible.

- **Given that many patients are asymptomatic, how can we differentiate our cleaning and PPE based on screening questions?**

With current vaccination rates/prevalence, the MOH-PHO guidance is that the change in guidance for cleaning for those who are screen negative is acceptable. I think it's also good to remember that fomite transmission via surfaces etc. is very low.

ILI | FLU SEASON

- **Flu vaccine: will we be able give COVID and flu vaccines simultaneously? Do we know what specific flu vaccines will be available through Ontario Public Health?**

I know that MOH is working on their update on flu/flu vaccines for the 2021-2022 season, should be forthcoming. My understanding is that the same periods of delay will apply as with other vaccines and COVID vaccine. If needing to prioritize flu or covid vaccine, priority will be for the COVID vaccine [to be given first].

- **How do we increase inpatient care to see ILI symptoms in the fall and winter? Will we be asked to do COVID testing in the office?**

Great question – and we will be getting into this today on the call. No specific requests for us NOT to do testing but this is an option open to us, both PCR and also rapid antigen testing (the latter is available from the MOH for use in our offices).

OTHER

- **Happy to open up the office more safely… but how do we cope with incessant demand of telephone calls. I cannot work more hours in the day and as I have increased my in-person visits, the number of calls has not decreased. I do not have this capacity**

I think people are overly anxious about COVID and that's why they're calling. You can only see what is possible.

- **Is there a restriction on seeing patients older than 65 years if the physician has returned from international travel in past 14 days?**

No longer. [See "HCW Self-Isolation and Return to Work", page 12 in updated MOH guidance: https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_primary_care_guidance.pdf]

- **How long to wait after COVID infection to start immunization?**

When no longer symptomatic and out of isolation.

- **Please update regarding the timing of other vaccines and Mantoux tests, in relation to COVID vaccines; still wait 28 days post COVID vaccine to administer?**

No change to recommendations (yet). [NACI recommendations on "Simultaneous administration with other vaccines": https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines.html]

- **When might Novavax, the protein-based style of COVID vaccine, be released for use in Canada?** Novavax is having difficulty producing vaccine – they can't meet the QA requirements in some way. Impossible to tell how long it is going to go on (unfortunately). Even when fixed, their production capacity will be limited, and I don't know how much vaccine we will get in Canada.
- **Will dental offices be included in this mandate for vaccines?**

Not clear at this point.

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

- Update on if 3rd [shots]/boosters will be offered to those of us fully vaccinated in January.
- I'm starting to hear rumblings again that we should be wearing N95 masks in our offices and KN95 masks in public as the Delta variant is way more contagious than previous variants. Is this true?
- Are there any resources for response to letter from patients refusing vaccination, and requesting ivermectin etc.? Is there a prepared response for these people? Also, for people who start to request a letter to excuse them from vaccination. My thought is unless allergy or severe immunocompromise, is there consensus no physician will provide a note for exemption?
- Will giving boosters/3rd doses to people without getting the unvaccinated % up really make a significant difference? Will Canada be following the US and Israel? Is the evidence for this really that strong?