

COVID-19  
Community of  
Practice for Ontario  
Family Physicians

**July 9, 2021**

**Dr. Abishek Raut  
Dr. Allison McGeer  
Dr. David Kaplan  
Dr. Liz Muggah**



***Changing the Way We Work***  
**Vaccinating the last 25% and ramping up in-  
person visits**



Family & Community Medicine  
UNIVERSITY OF TORONTO

Ontario College of  
Family Physicians



# Vaccinating the last 25% and ramping up in-person visits

Moderator: Dr. Tara Kiran

Fidani Chair, Improvement and Innovation

Department of Family and Community Medicine, University of Toronto

Panelists:

- Dr. Abhishek Raut, Toronto, ON
- Dr. Allison McGeer, Toronto, 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.

# Indigenous people in Toronto have much higher rates of COVID hospitalization than general population, new data shows



By **Brendan Kennedy** Social Justice Reporter  
Mon., April 26, 2021 | 5 min. read

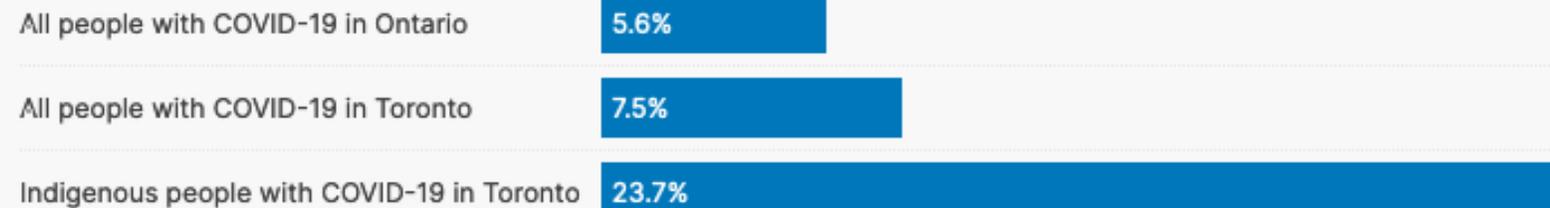
## COVID-19 incidence per 100,000 people\*



SOURCE: DR. JANET SMYLIE/OUR HEALTH COUNTS TORONTO

\*AS OF APRIL 13, 2021/TORONTO STAR

## COVID-19 hospitalization rates



SOURCE: PUBLIC HEALTH ONTARIO, CITY OF TORONTO, DR. JANET SMYLIE/OUR HEALTH COUNTS TORONTO

TORONTO  
STAR

<https://www.thestar.com/news/gta/2021/04/25/indigenous-people-in-toronto-have-much-higher-rates-of-covid-hospitalization-than-general-population-new-data-shows.html?rf>

# 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. Abhishek Raut– Panelist**

Medical Director, Appletree Medical Group



## **Dr. Allison McGeer – Panelist**

Infectious Disease Specialist, Mount Sinai Hospital



## **Dr. David Kaplan – Co-Host**

**Twitter: @davidkaplanmd**

Family Physician, North York Family Health Team and Chief,  
Clinical Quality, Ontario Health - Quality



## **Dr. Liz Muggah – Co-Host**

**Twitter: @OCFP\_President**

OCFP President, Family Physician, Bruyère Family Health Team

# Speaker Disclosure

- Faculty Name: **Dr. Abhishek Raut**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Others: Appletree Medical Group (Medical Director), OCFP (Board Member)
  
- Faculty Name: **Dr. Allison McGeer**
- Relationships with financial sponsors: Novavax, Medicago, Sanofi-Pasteur, GSK, Merck
  - Grants/Research Support: Sanofi-Pasteur, Pfizer
  - Speakers Bureau/Honoraria: Moderna, Pfizer, AstraZeneca, Novavax, Medicago, Sanofi-Pasteur, GSK, Merck
  - Others: N/A
  
- 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)

# Speaker Disclosure

- 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: N/A
  - Others: N/A

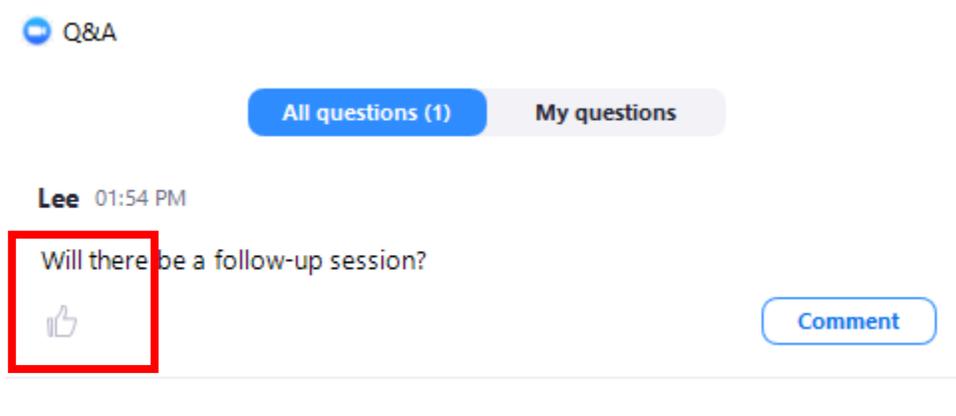


# How to Participate

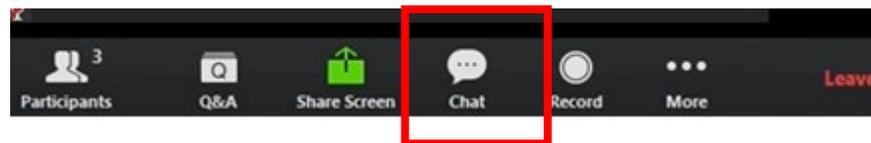
- All questions should be asked using the Q&A function at the bottom of your screen.



- 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.



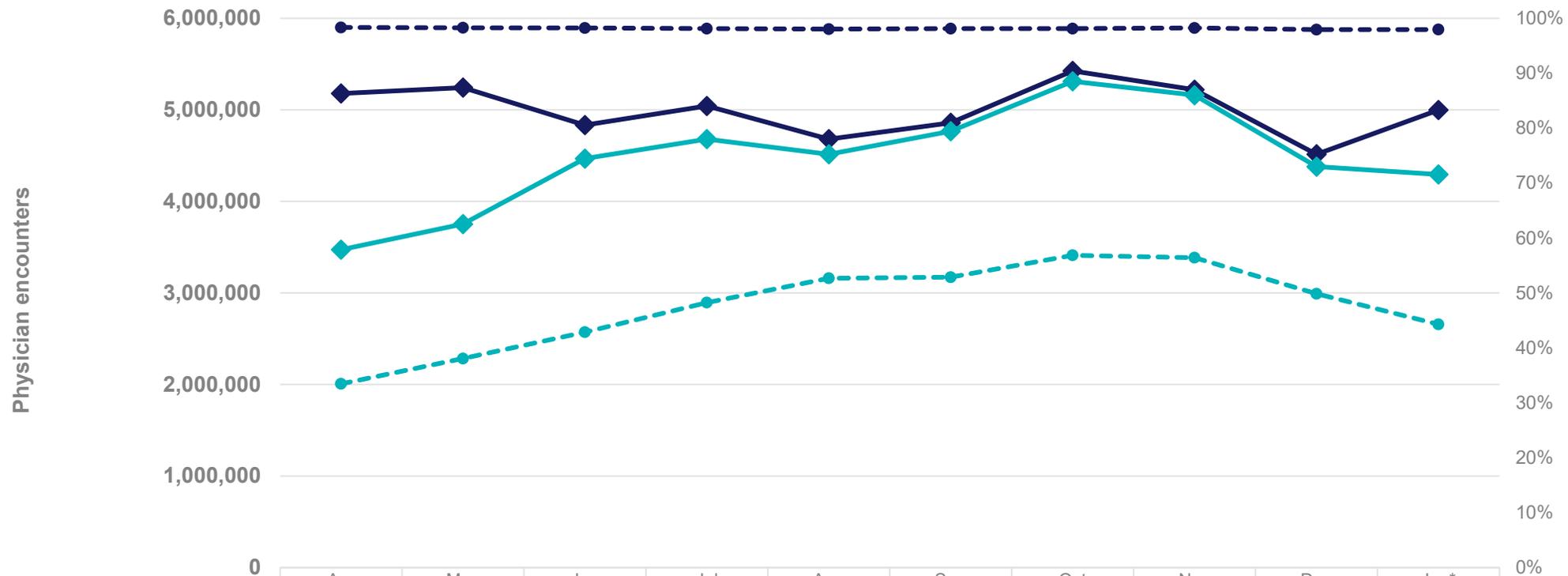
- Please use the chat box for networking purposes only.



# The number of primary care visits in 2020 has increased back to similar levels as 2019. About half of the visits are in-person.

## Monthly trend in primary care visits and percent in-person

FY 2019 vs FY 2020 – April through January

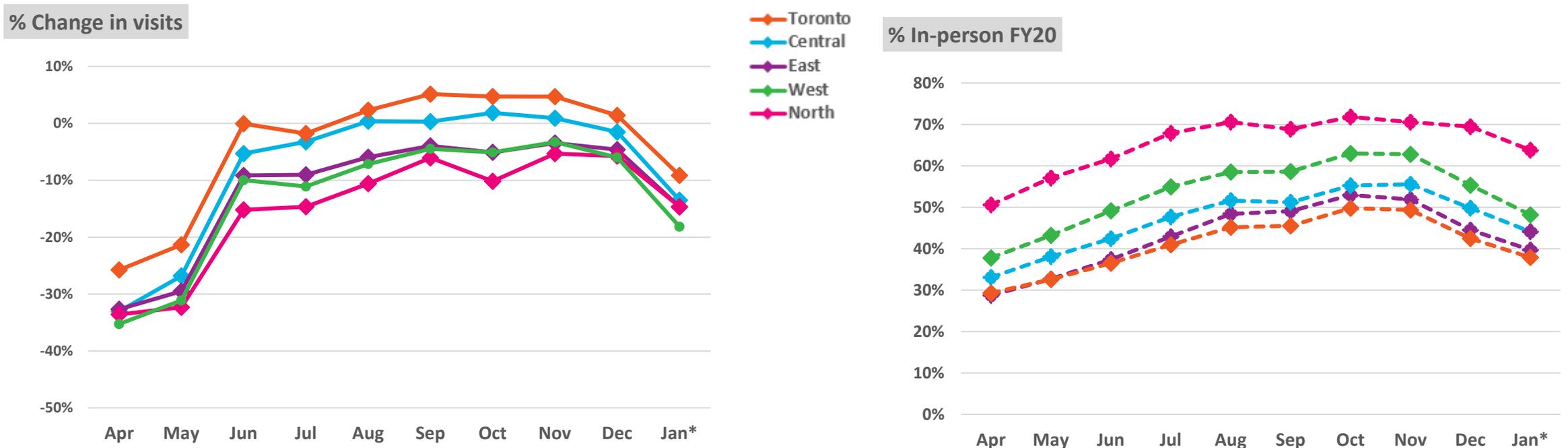


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan*
Visits FY19	5,179,572	5,243,955	4,834,154	5,043,132	4,681,048	4,859,101	5,425,714	5,220,548	4,514,941	4,998,599
Visits FY20	3,472,941	3,752,821	4,467,859	4,680,651	4,514,860	4,766,694	5,312,054	5,160,630	4,380,413	4,294,524
% In-person FY19	98.3%	98.3%	98.3%	98.1%	98.0%	98.1%	98.1%	98.2%	98.0%	98.0%
% In-person FY20	33.5%	38.1%	42.9%	48.2%	52.7%	52.9%	56.9%	56.4%	49.9%	44.3%

\* Preliminary results based on incomplete data.

# Change in number of primary care visits and proportion of in-person visits has varied by region.

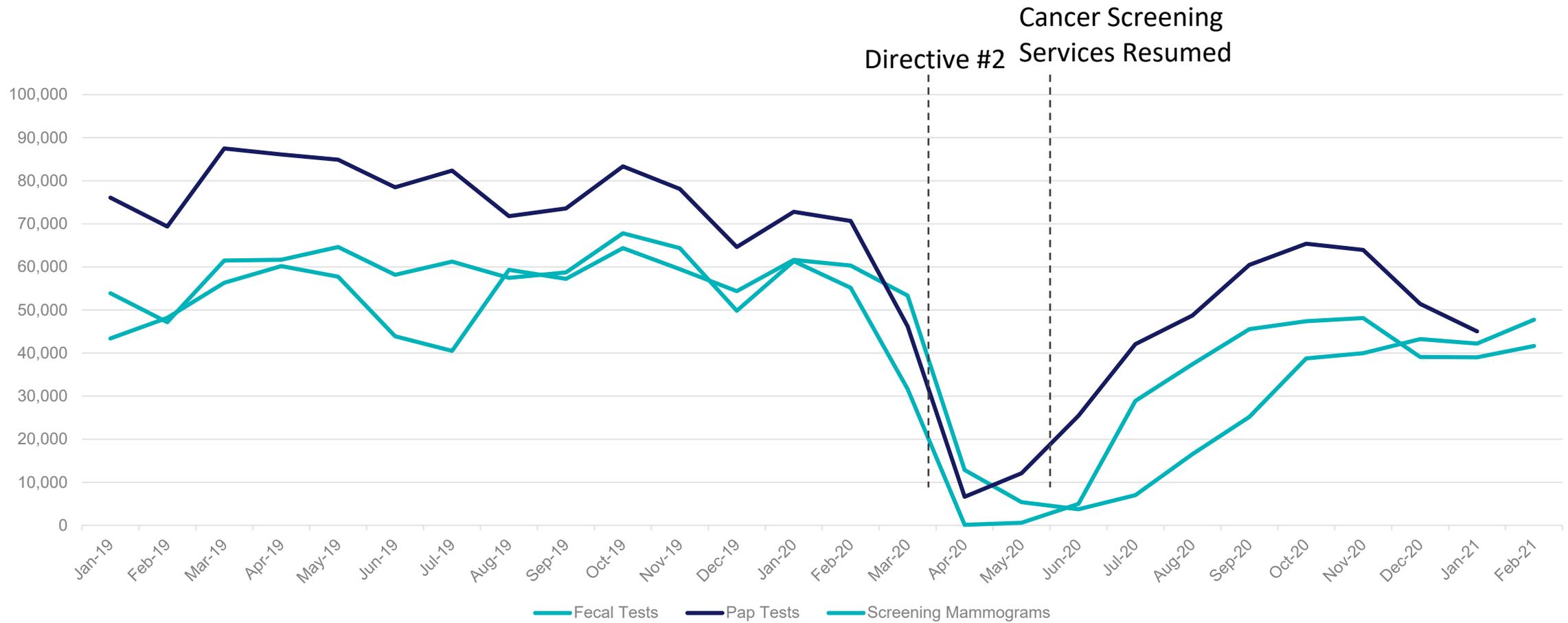
## Monthly trend in visits and percent in-person FY 2019 vs FY 2020 – April through January by region



\*January 2021: Preliminary results based on incomplete data.

# Cancer screening volumes decreased in April 2020 but have been steadily increasing

# Fecal Tests, Pap Tests, Screening Mammograms, ON, Jan. '19 – Feb. '21



Source: Ontario Health. Cancer Screening COVID-19 Monitoring and Planning Tools.  
Contact: [cancerscreening@ontariohealth.ca](mailto:cancerscreening@ontariohealth.ca)



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Medical Director, Appletree Medical Group



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OCFP President, Family Physician, Bruyère Family Health Team

# THE APPLETREE MEDICAL GROUP



# PATIENT VISIT DISTRIBUTION

PATIENT VISITS



■ IN PERSON ■ TELEMED ■ VIRTUAL CARE ■



## Ineligible Services & Conditions

# VIRTUAL CARE EXCLUSIONS

- Narcotic renewal or prescription
- Controlled substance renewal or prescription
- Abdominal pain
- Chest pain
- Conditions that require a Breast, Pelvic, Genital. or Rectal exam
- Cuts that would reasonably require stitches (longer than 1cm)
- Acute or new psychiatric crises or symptoms
- Any emergency symptoms including:
  - Chest pain
  - Shortness of breath
  - Abdominal pain
  - Allergic reaction
  - Choking
  - Altered state of consciousness
  - Head or neck injury
  - Under 4 years of age

**This service is not intended for emergency situations.** If this is a medical emergency, please call 9-1-1, or go to your local emergency department.



**Appletree**  
Medical Group



## Eligible Services & Conditions

### Eligible Conditions:

- Acne
- Allergy Symptoms – Nose/Eyes
- Asthma flare-up
- Bug Bites, Impetigo, Ringworm
- Cankers in Mouth
- Do I need to come in?
- Cold Sore(s)
- Coughing
- Ear Ache
- Eye infection, Pink Eye or Styes
- Gout Flare Up
- Head Lice
- Hemorrhoids
- Herpes (genital) Recurrence
- Poison Ivy
- I have questions about my current ongoing condition
- Rash or Skin Condition
- Shingles
- Sinus Infection
- Sore Throat
- STI symptoms
- Toenail or Fingernail Infection
- Urinary Tract Infection (UTI) symptoms

# VIRTUAL CARE INCLUSIONS



# HOW TO ENSURE IN-PERSON SAFETY

PASSIVE SCREENING

ACTIVE SCREENING

VERBAL SCREENING

# PERSONAL PROTECTIVE EQUIPMENT

Masks (Surgical and N95)

Sanitizers

Gloves

Isolation Gowns

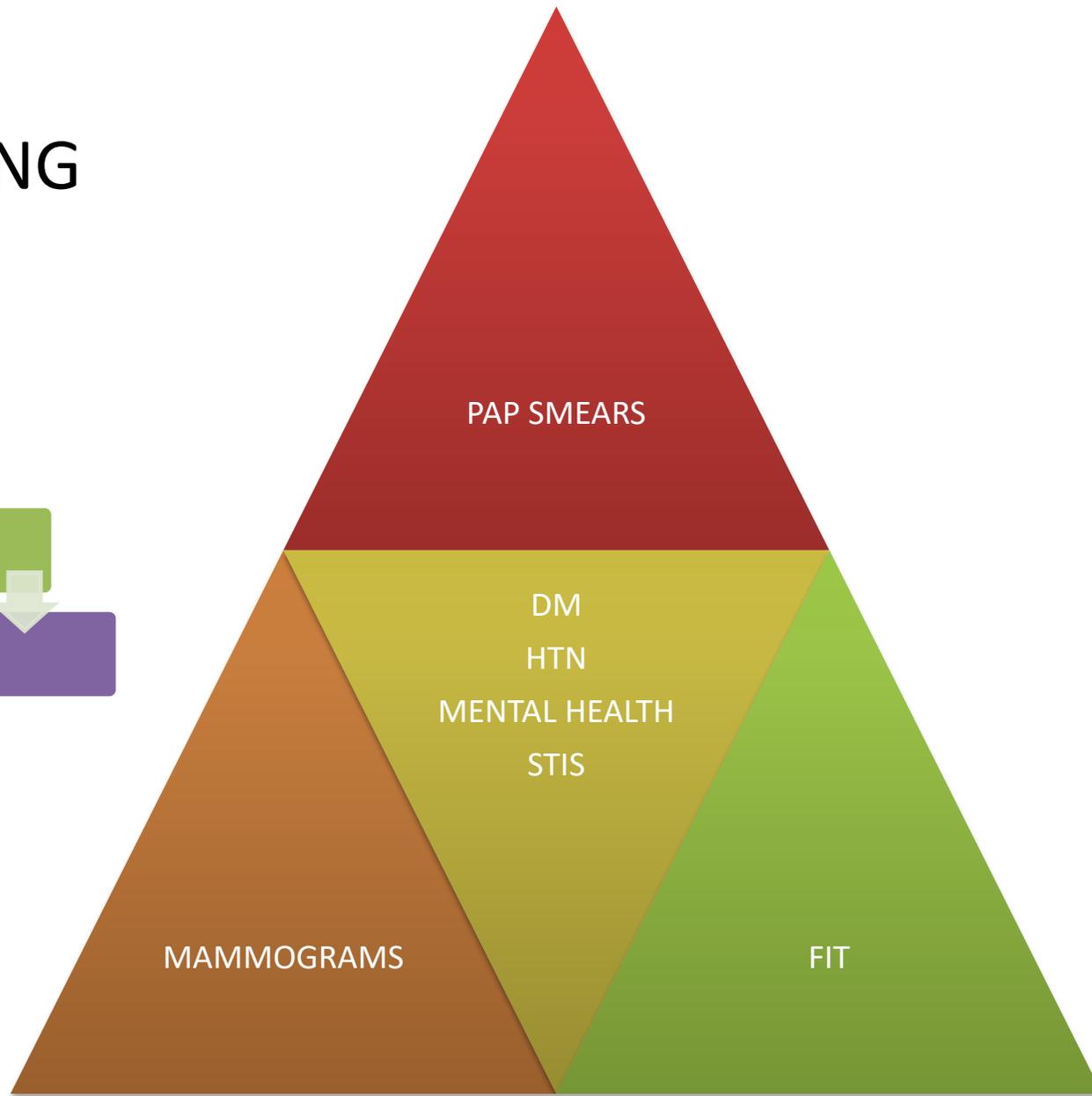
Face Shields / Protective  
Glasses

# PREVENTIVE SCREENING

PASSIVE SCREENING

ACTIVE SCREENING

VERBAL SCREENING



# PPE and Infection Control

Ontario College of Family Physicians  
Leaders for a healthy Ontario

## PPE and Infection Control for In-office Assessments

2021-07

As Ontario opens up, we know that family practices should now have sufficient personal protective equipment (PPE) and experience with IPAC protocols to conduct routine and necessary in-office assessments. Working with your patients, you can determine when an in-person visit is needed, or whether a virtual visit will suffice. Before every patient interaction, conduct [screening](#) and consider whether you can best serve your patient's need with an [in-person or virtual visit](#). See the visual guide below for tips on PPE use and environmental cleaning for the clinical setting.

**Staying safe when providing in-person care:**

- All patients should wear a **mask\*** (may bring their own mask to the clinic).
- Conduct 20-second **hand hygiene** (either soap/water or hand sanitizer) before and after all patient interactions, and after removal of PPE.
- You can re-use your **procedure mask** until soiled, wet, crumpled or no longer fits properly. Store in a breathable container between uses (a paper bag is reasonable). N95 masks are not required for in-clinic use as no aerosol generating procedures are performed.
- PPE use is required for **all interactions within 2 metres** of patients. For patients who screen positive for COVID-19 in office, take Droplet and Contact precautions. (*surgical/procedure mask; isolation gown; gloves; eye protection*)
- Goggles or face shield** are required for patients who screen positive and for those who screen negative. Goggles or face shield should be cleaned after seeing a patient who screens positive and you suspect may have COVID-19.
- Isolation gown and gloves** are not required for those who screen negative. When administering vaccines, consider the use of gloves as per the [Canadian Immunization Guide](#). Gowns may be worn when seeing a series of patients who may have COVID-19 but should be changed if moving from a COVID suspect to a COVID negative screened patient.
- Clean equipment and surfaces** – after every patient interaction for shared equipment.

\* Some patients with underlying health conditions may not be able to tolerate masks. For patients refusing or unable to wear a mask, family doctors need to determine the right course of action for their own circumstances (e.g. ability to isolate the patient, etc.). Those choices may involve providing in-person assessment, deferring, rescheduling, or redirecting the patient to another setting that can safely provide care to them. (For more, see the [CPSO's COVID-19 FAQs for Physicians](#).)

Turn over/see next page for more information on healthcare provider precautions from the Ministry of Health.

Questions? email [ocfp@ocfp.on.ca](mailto:ocfp@ocfp.on.ca) | [ontariofamilyphysicians.ca/covid19](https://ontariofamilyphysicians.ca/covid19)

Ontario College of Family Physicians  
Leaders for a healthy Ontario

## Healthcare Provider Precautions

2021-07

### Summary of Required Healthcare Provider (HCP) Precautions

Activity	HCP Precautions
Before every patient interaction	HCP must conduct a point-of-care <a href="#">risk assessment*</a> to determine the level of precautions required
All interactions within 2 metres of patients <b>who screen negative</b>	<ul style="list-style-type: none"> <li>Surgical/procedure mask</li> <li>Eye protection (goggles or face shield)</li> <li>Perform hand hygiene before and after contact with the patient and the patient environment and after the removal of PPE</li> </ul>
All interactions within 2 metres of patients <b>who screen positive</b>	Droplet and Contact precautions: <ul style="list-style-type: none"> <li>Surgical/procedure mask**</li> <li>Isolation gown</li> <li>Gloves</li> <li>Eye protection (goggles or face shield)</li> <li>Perform hand hygiene before and after contact with the patient and the patient environment and after the removal of PPE</li> </ul>

\* A Point-of-Care Risk Assessment (PCRA) assesses the task, the patient, and the environment. A PCRA should be completed by the HCP before every patient interaction to determine whether there is a risk to the provider or other individuals of being exposed to an infection, including COVID-19.

\*\* N95 respirator must be worn for Aerosol-Generating Medical Procedures (AGMPs). See page 5 of this Technical Brief from Public Health Ontario for a [list of AGMPs](#).

Questions? email [ocfp@ocfp.on.ca](mailto:ocfp@ocfp.on.ca) | [ontariofamilyphysicians.ca/covid19](https://ontariofamilyphysicians.ca/covid19)

<https://www.ontariofamilyphysicians.ca/tools-resources/timely-trending/novel-coronavirus-2019-ncov/ocfp-ppe-for-hpc-visual-june-2020.pdf>

41,312,866 doses administered

(+621201 today)

People

50,532,018 doses delivered

81.8% of doses delivered have been administered

68.430%

of the Canadian population has received at least one dose

Eligible

39.915%

of the Canadian population is fully vaccinated

Eligible

<https://covid19tracker.ca/vaccinationtracker.html>

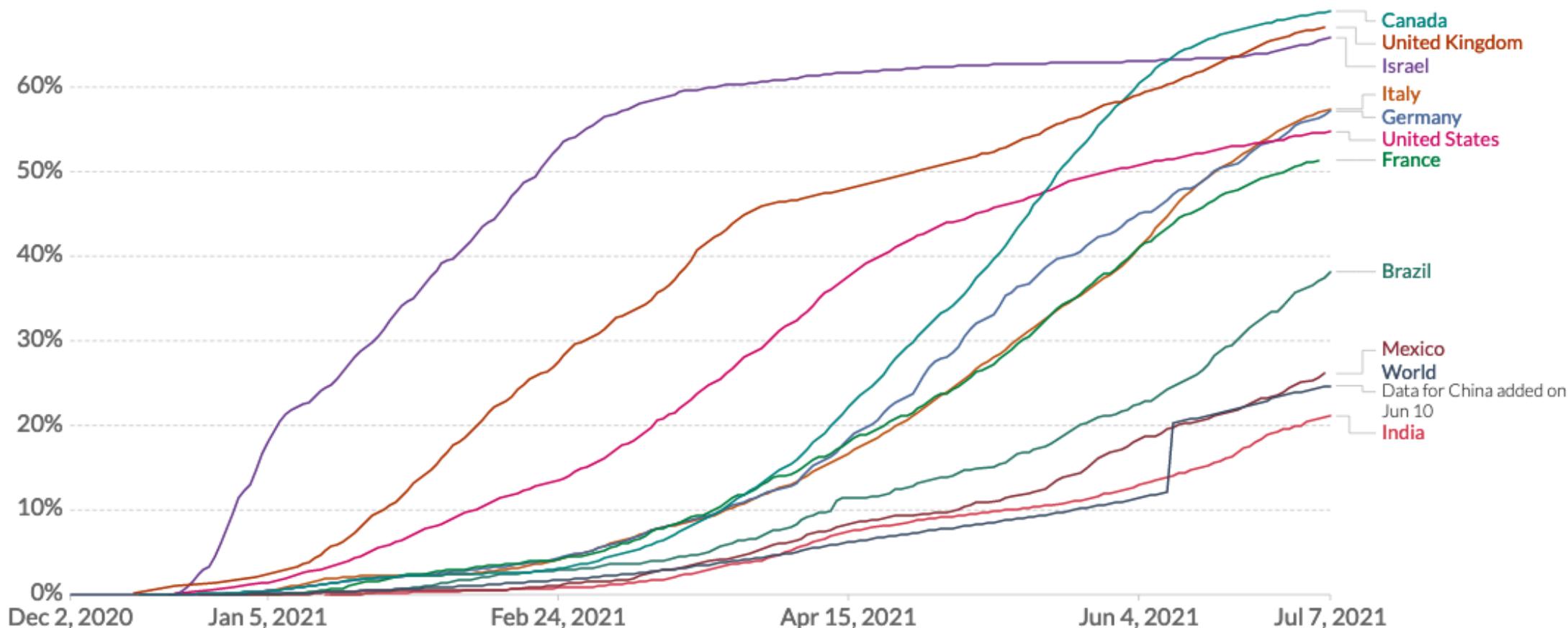
<https://ourworldindata.org/covid-vaccinations>

## Share of people who received at least one dose of COVID-19 vaccine



Share of the total population that received at least one vaccine dose. This may not equal the share that are fully vaccinated if the vaccine requires two doses. This data is only available for countries which report the breakdown of doses administered by first and second doses.

LINEAR LOG



GTA

# Family doctors are getting a new tool to help nudge vaccine stragglers towards getting their first COVID jabs

By **May Warren** Staff Reporter  
Thu., July 1, 2021 | 4 min. read  
Article was updated 6 days ago

## Ontario hopes family doctors can reach those unvaccinated against COVID-19



More than 20% of Ontario adults haven't had a first dose of vaccine  
By **Mike Crawley** · CBC News · Posted: Jul 08, 2021 4:00 AM ET | Last Updated: July 8



Going door to door to vaccinate people against COVID-19 — such as this effort with residents of the San Romanoway apartments in Toronto — is one of the strategies that public health units are using to reach as many unvaccinated people as possible. (Evan Mitsui/CBC)

# Primary Care Vaccination Report

Dr. David Kaplan MD MSc CCFP FCFP

Chief, Clinical Quality



Date: June 24<sup>th</sup>, 2021

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To: Primary Care Physicians Working in a Patient Enrollment Model

From: Dr. David Kaplan, Chief Clinical Quality and Dr. Sacha Bhatia, Population Health and Value Based Health Systems Executive

Re: Aggregate Primary Care Vaccination Report

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# COVID-19 Vaccination - Patient Summary



eReport Portal

PrimaryCareProviderUser1

Log Out

Home SAR Dashboard COVaxON

FAQ

Report Practice Level COVID-19 Vaccination Report

View Report

## Practice Level COVID-19 Vaccination Report

Navigation icons: back, forward, refresh, zoom (100%), print, search (Find | Next)

### COVID-19 Vaccination - Patient Summary Report

As of: 20-Jun-21

Physician: John Smith CPSO: 123456

Patient Information				Most Recent Vaccination		
Surname	Given Name	HIN	Patient Date of Birth	Dose	Administration Date	Vaccine
<a href="#">Adams</a>	<a href="#">Barry</a>	1234567809	1-Jan-52	2 of 2	14-Jun-21	PFIZER-BIONTECH COVID-19 mRNA PB
<a href="#">Collins</a>	<a href="#">Meghan</a>	9012242455	2-Mar-66	1 of 2	16-Apr-21	ASTRAZENECA COVID-19
<a href="#">Khan</a>	<a href="#">Sj</a>	3322522563	4-Dec-84	2 of 2	3-Apr-21	PFIZER-BIONTECH COVID-19 mRNA PB
<a href="#">Lincoln</a>	<a href="#">Margaret</a>	7395803803	5-Oct-72	1 of 2	18-Mar-21	ASTRAZENECA COVID-19
<a href="#">Noor</a>	<a href="#">Shiva</a>	6819493049	6-Aug-01	1 of 1	12-Jun-21	JANSSEN COVID-19
<a href="#">Wu</a>	<a href="#">Francis</a>	8408532145	3-Aug-37	1 of 2	14-Feb-21	MODERNA COVID-19 VACCINE mRNA PB

<Static Disclaimer Statement>

Confidential - Contains Personal Health Information

# COVID-19 Vaccination - Patient Status

 **Ontario Health** | eReport Portal PrimaryCareProviderUser1

Home | SAR Dashboard | COVaxON

FAQ

Report

**Practice Level COVID-19 Vaccination Report**

Navigation: < 1 of 1 > Refresh Back 100% Print Find | Next

**COVID-19 Vaccination - Patient Status: BARRY ADAMS** [Go to Summary](#)

As of: 20-Jun-21 Physician: John Smith CPSO: 123456

PATIENT INFORMATION		
Patient Name:	Barry Adams	
HIN:	1234567809	
Date of Birth:	01-Jan-52	

Dose	Administration Date	Vaccine
1 of 2	13-Feb-21	PFIZER-BIONTECH COVID-19 mRNA PB
2 of 2	14-Jun-21	PFIZER-BIONTECH COVID-19 mRNA PB

<Static Disclaimer Statement>  
Confidential - Contains Personal Health Information

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# Instructions for using the OMD EMR-eReport Patient Vaccination Reconciliation Toolkit with

## Exporting Practice Level COVID-19 Vaccination Report from Ontario Health eReport Portal

- 1 Login at Ontario Health eReport portal with your ONE ID account: <https://providers.cancercare.on.ca/>
- 2 Navigate to the **Practice Level COVID-19 Vaccination Report** in the eReport Portal
- 3 Click on **"Actions"** Menu
- 4 Select **"Export"** option
- 5 Select **"CSV (comma delimited)"** and save to a chosen location.
- 6 If you are a **delegate** and working with **multiple clinicians**, select Physician (CPSO#: LastName, FirstName) from the **Physician Dropdown**, click on **Export**, repeat steps 2-4 for all physicians. **Note:** Be sure to identify each Physician or CPSO# in the name of the download file when saving.

## Using "OMD eReport Patient Vaccination Reconciliation - Patient List" Query to export patient list from EMR (Searches for active patients, 12 years and older)

- 1 Download the **"OMD eReport Patient Vaccination Reconciliation - Patient List"** Query published in Accuro Definition Publisher
- 2 **Note**, this query looks for patients with a **status that starts with "Active"**. If you have a **"custom status field"** you may need to change this rule to find active patients
- 3 Open Query Builder. (Press Alt. and type query in the search field)
- 4 Highlight the query you wish to run and click on **"Run Report"**
- 5 **Select 'all patient' or 'selected providers'** under the 'Apply Against' option. If there are additional columns you wish to display, you may select them under 'Columns to Display'
- 6 Click **'Run'**
- 7 From the generated report, click **'Export'**, in the Export Result window,
- 8 Select **'Encrypt'**, enter, and confirm a password for the file. (It is recommended all files with PHI be encrypted)
- 9 Click the ellipsis to choose a location to save the file, in the window that opens, click in the 'Look in' field and **select a location on your local computer where you want to save the file**, enter a file name, click **'Open'**.
- 10 Click **'Export'**. (Note: the path to the location where you selected to save the file will now display in the 'Output File' field)

Remember to delete or encrypt any files on your desktop that contain PHI



Calibri (Body) 12

**B** *I* U abc



ABC 123



A Z



*f<sub>x</sub>*

	A	B	C	D	E	F	G	H	I	J	K
1	<b>Last Name</b>	<b>First Name</b>	<b>Health Card</b>	<b>DOB</b>	<b>Age</b>	<b>Dose 1</b>	<b>Admin Date</b>	<b>Vaccine</b>			
2	Duck	Daffy	5970326459	1933-02-02	88	1 of 2	03-Mar-21	MODERNA			
3	Moose	Mickey	8915168051	16-Jun-26	95	1 of 2	03-Mar-21	MODERNA			
4	Man	Bat	7079927518	16-Jun-23	98	1 of 2	15-Mar-21	Pfizer-BioNTech			
5	Man	Ant	6300453435	16-Jun-36	85	2 of 2	03-Apr-21	MODERNA			
6	Freeze	Mr.	3785013198	24-Apr-28	93	2 of 2	03-Mar-21	Pfizer-BioNTech			
7	Trump	Donald	3785013199	1934-01-23	93	2 of 2	03-Mar-21	Sputnik V			
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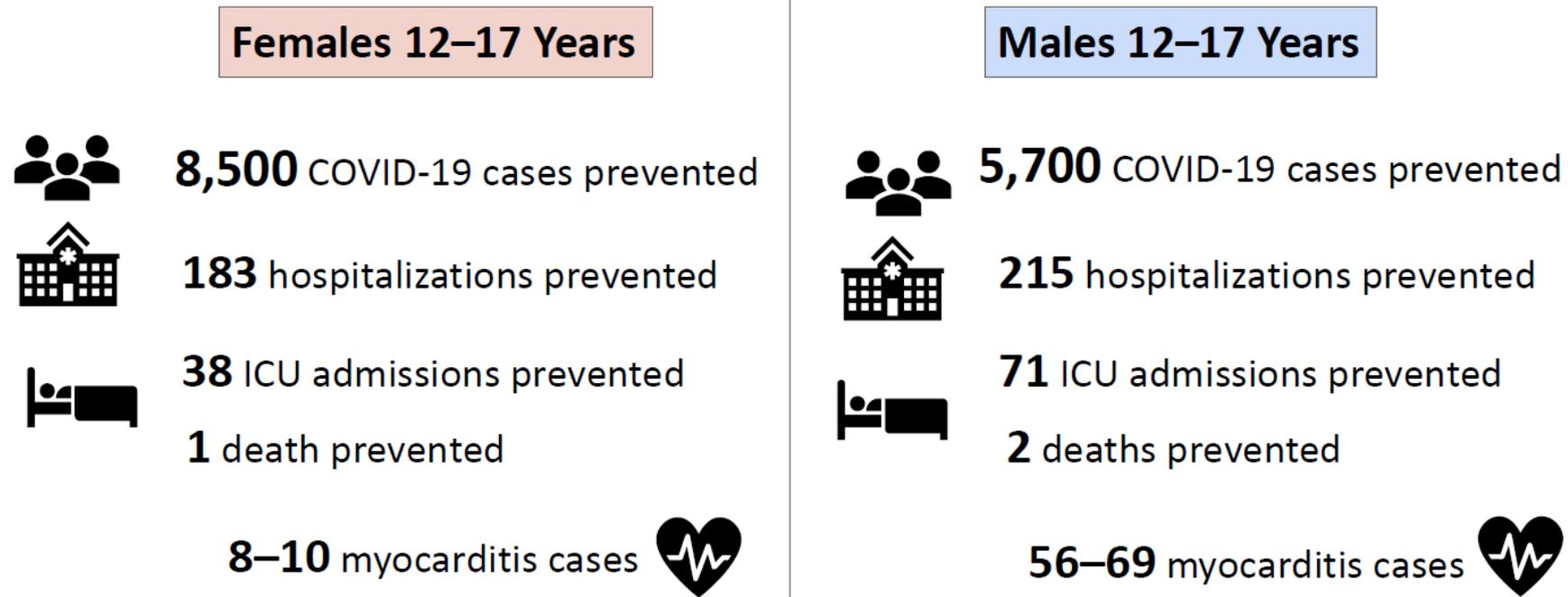
# Risk of myocarditis after mRNA vaccine (21d window)

	Females			Male				
	Age groups	Doses admin	Expected <sup>*,†</sup>	Observed <sup>*</sup>	Doses admin	Expected <sup>*,†</sup>		Observed <sup>*</sup>
Dose one	12–17 yrs	3,777,097	1–13	4	3,569,239	2–21	<b>32</b>	3x
	18–24 yrs	6,830,706	2–23	9	5,863,268	3–34	<b>47</b>	3x
	25–29 yrs	5,198,356	2–18	3	4,685,036	3–27	18	
Dose two	12–17 yrs	2,189,726	1–7	<b>20</b>	2,039,871	1–12	<b>132</b>	22x
	18–24 yrs	5,237,262	2–18	<b>27</b>	4,337,287	2–25	<b>233</b>	19x
	25–29 yrs	4,151,975	1–15	11	3,625,574	2–21	<b>69</b>	7x

<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-06/03-COVID-Shimabukuro-508.pdf>

# US CDC assessment of benefits/risks of mRNA vaccines

Predicted cases prevented vs. myocarditis cases for every million second dose vaccinations over 120 days



Hospitalizations, ICU admissions and deaths based on data for week of May 22, 2021.

32

Risk second dose: 12-17 males: 1 per 16,000; 18-24: 1 per 20,000

# Incident COVID-19 cases per million per day

## Stringency index:

**Israel:** 29.63

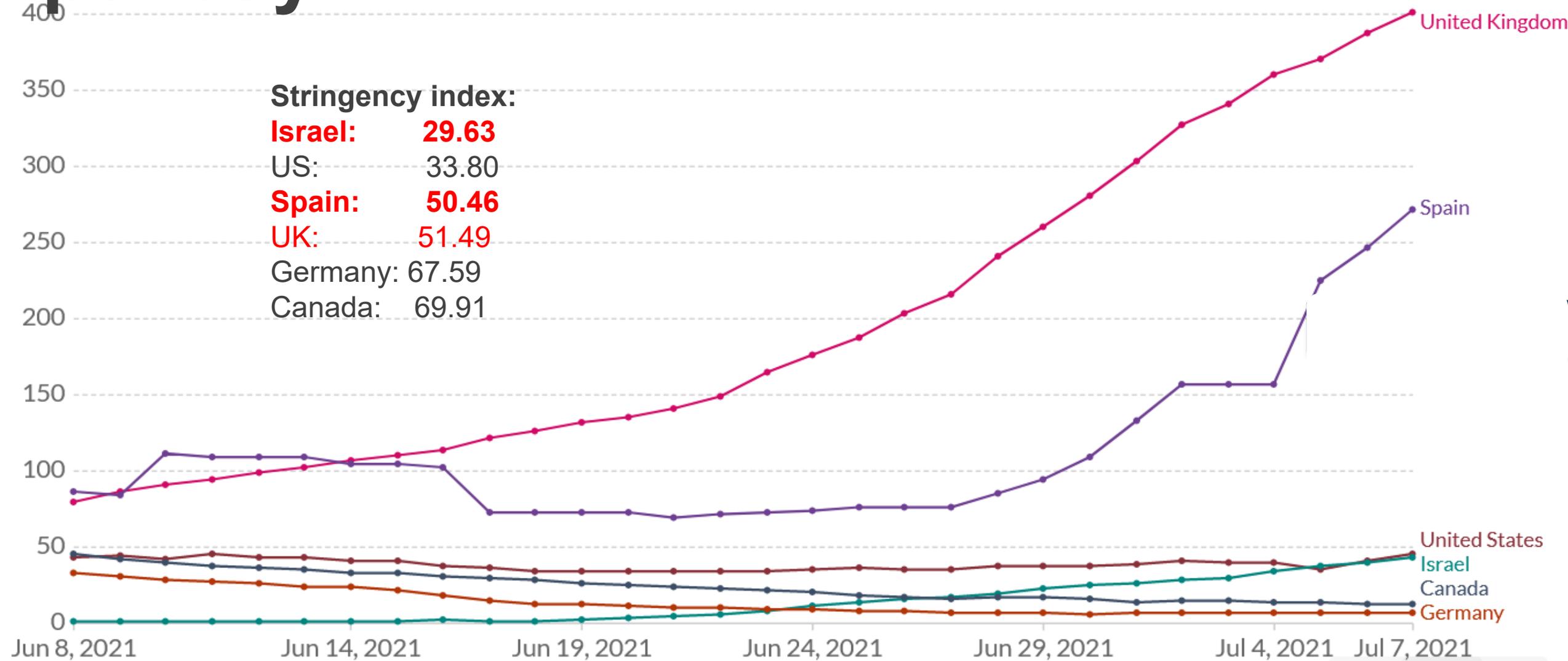
US: 33.80

**Spain:** 50.46

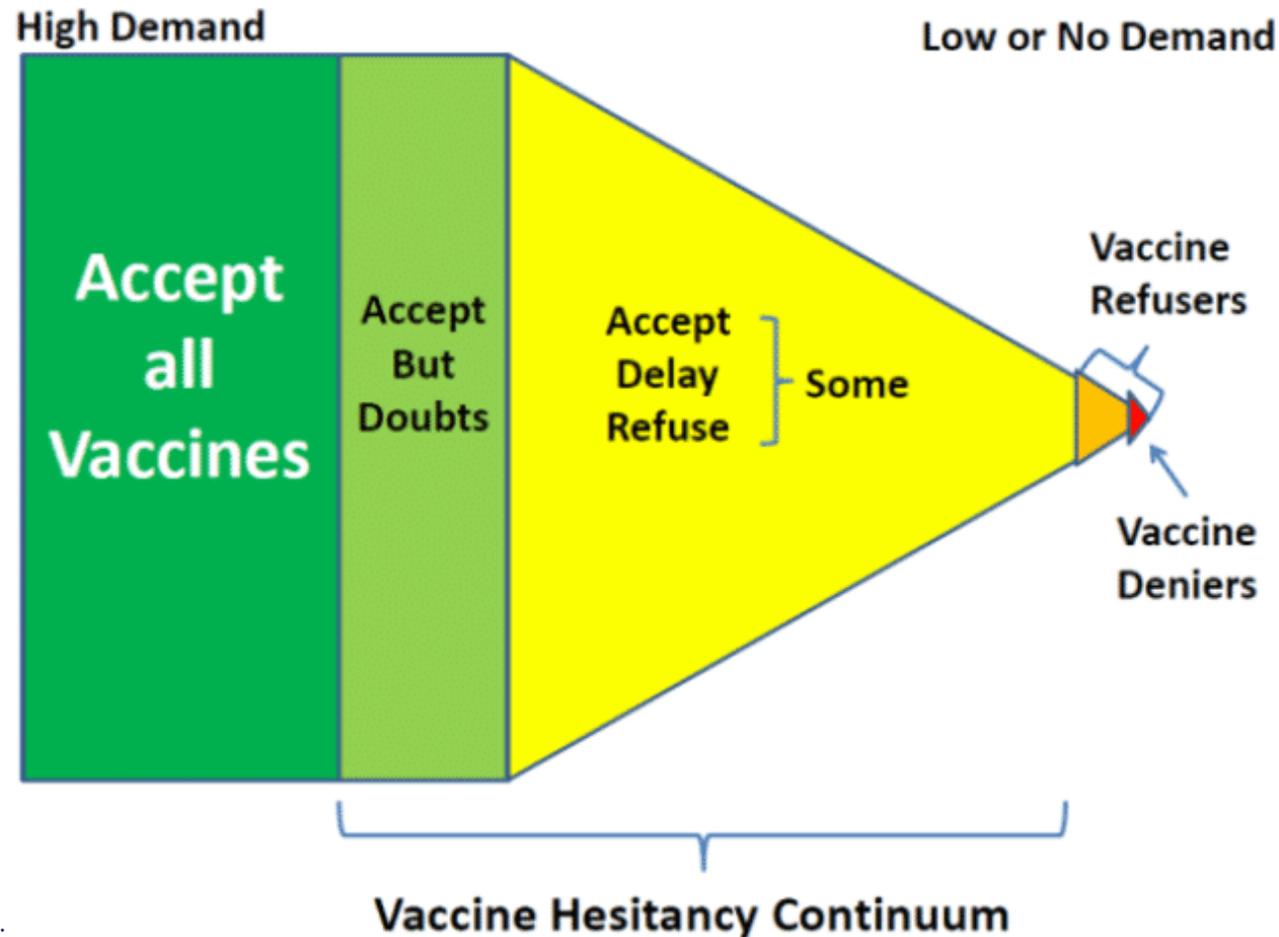
**UK:** 51.49

Germany: 67.59

Canada: 69.91



# Confidence occurs along a continuum...



**What is one issue have you found the most difficult to address when counselling people who are reluctant to get the vaccine?**

*Conspiracy ideas*

*Hesitancy*

*Misinformation*

*Efficacy*

*General mistrust*

*Long-term effects*

*Adverse events/side effects*

*Changing recommendations*

**Name one strategy that you have found to be helpful in increasing vaccination uptake in your practice and/or community?**

*Reassurance*

*Calling patients*

*Flexible to home visits*

*Education*

*Debunking myths*

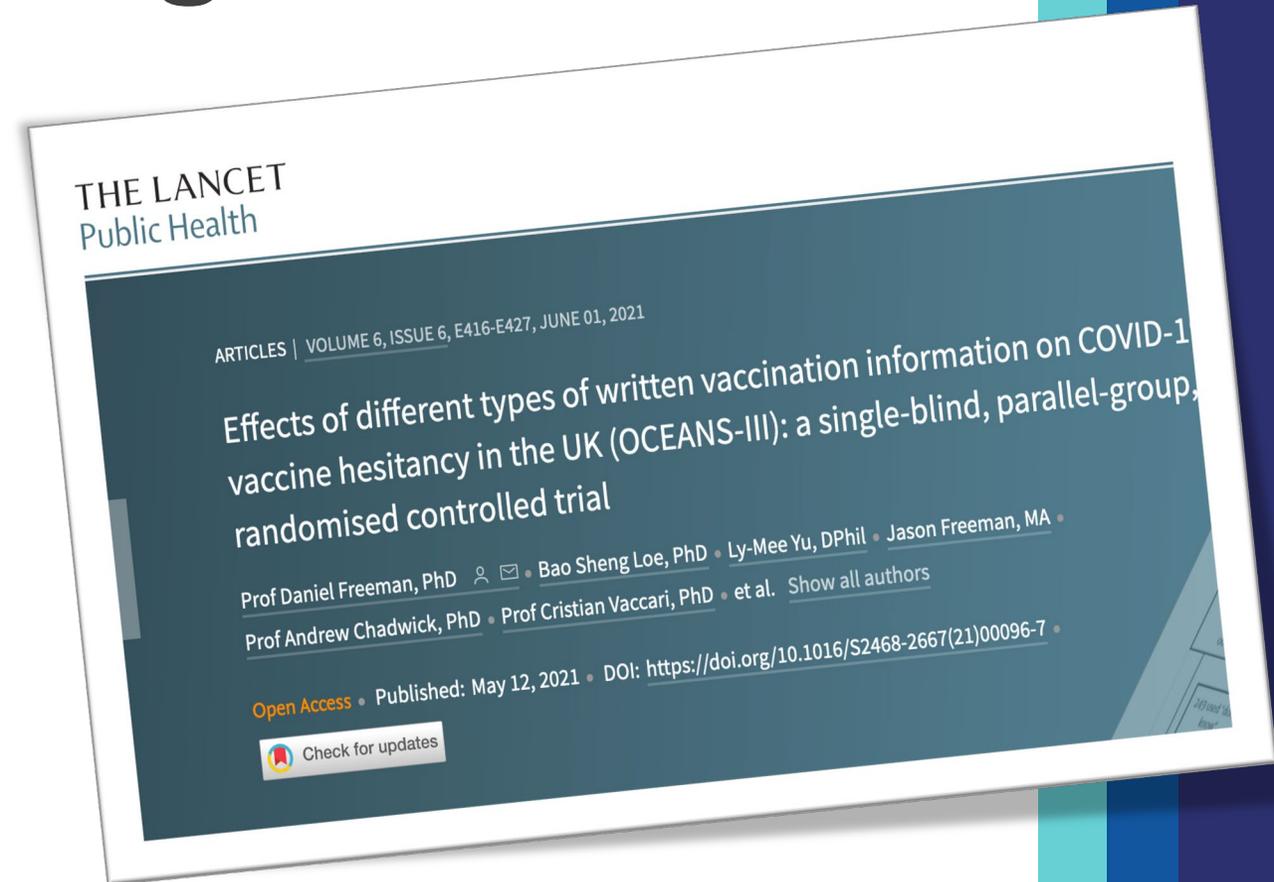
*Addressing anxiety/concerns*

*Regular newsletters/townhalls*

*Sharing my experience*

# Delivering the message

- Focus on the personal benefit (vs collective benefit)  
Eg. Protecting yourself & loved ones; return to normal
- Keep it around their identity
- Directly address safety concerns (stay away from platitudes)



[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(21\)00096-7/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(21)00096-7/fulltext)

# Vaccinated against COVID-19? What does it mean to me?

## Vaccinated Against COVID-19? What does it mean to me?



By getting vaccinated, you benefit from the protection you get against COVID-19 and the easing of restrictive measures in your community.



You still need to follow local public health advice in public settings (e.g. workplaces, public transit). Their advice considers community risk levels.



A majority of people in Canada have now had their first shot and many will soon be fully vaccinated. This advice is based on the current state and will be updated as vaccination rates continue to increase and cases decrease.



If you are at risk of more severe disease or outcomes, masking and physical distancing provide additional layers of protection that further reduce your risk in all settings. Your risk is always lower when outside.

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/awareness-resources/vaccinated-against-covid-19-public-health-measures.html>

### SETTING OR ACTIVITY

(Always follow local guidelines for gatherings and public health measures)

### YOU ARE NOT VACCINATED OR PARTIALLY VACCINATED

### YOU ARE FULLY VACCINATED

(i.e. you have received the full series of a vaccine authorized in Canada at least 14 days ago)

Outdoors with a small group of **fully vaccinated** individuals 

e.g. *small family BBQ, camping with friends/family, swimming at the lake, sharing a hug*

No mask or physical distancing is necessary if everyone is comfortable with that

No mask or physical distancing is necessary

Indoors with a small group of **fully vaccinated** individuals 

e.g. *dinner with a small group of friends, watching a sporting event on TV, sharing a hug*

Consider removing your mask and being physically close to the fully vaccinated individuals if everyone is comfortable with that, AND nobody is at risk of more severe disease or outcomes

No mask or physical distancing is necessary

Outdoors with people from multiple households who are **unvaccinated, partially vaccinated, or their vaccination status is unknown** 

e.g. *playing a close contact sport, gathering with a group of friends, child's outdoor birthday party, outdoor wedding*

For now, consider wearing a mask if physical distancing cannot be maintained, especially if you or others are at risk of more severe disease or outcomes

No mask or physical distancing is necessary

Indoors with people from multiple households who are **unvaccinated, partially vaccinated, or their vaccination status is unknown** 

e.g. *private celebrations or ceremonies, indoor birthday party, places of worship, fitness facility*

Wear a mask and maintain physical distancing

Follow the measures put in place by the owner/organizer to reduce the risk of COVID-19

Keep windows and doors open, if possible

Follow the measures put in place by the owner/organizer to reduce the risk of COVID-19

If you are at risk of more severe disease or outcomes, consider wearing a mask and maintain physical distancing

Keep windows and doors open, if possible



Indoors or outdoors in a large crowd where people are closely gathering

e.g. *crowded concert, organized sporting event, house party*

Wear a mask

Follow the measures put in place by the owner/organizer to reduce the risk of COVID-19

Maintain physical distancing wherever possible

Consider only attending events where there are safety plans in place that follow local public health advice

If you are at risk of more severe disease or outcomes, consider wearing a mask and maintain physical distancing. Even if you are not at risk, you may still consider wearing a mask at an indoor crowded setting

Follow the measures put in place by the owner/organizer to reduce the risk of COVID-19

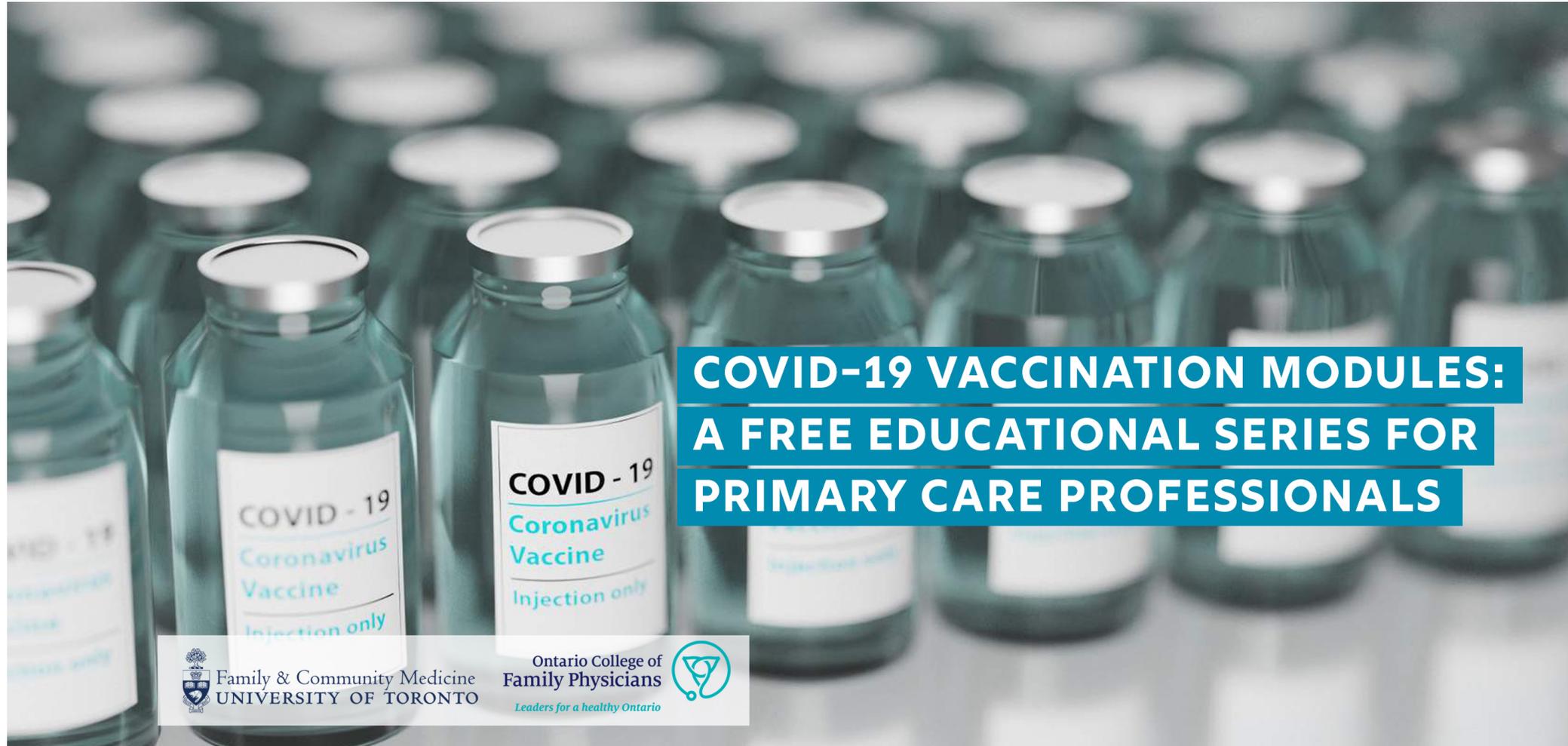


# COVID-19 Vaccines for Ontario Youth

Let's get kids back to being kids

Sele

# COVID-19 Vaccination in Canada: an educational series for primary care professionals



<https://www.dfcm.utoronto.ca/covid19-vaccination-modules>

\* Updated May 17, 2021

# 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: **August 20, 2021 0800**

Contact us: [ocfpcme@ocfp.on.ca](mailto:ocfpcme@ocfp.on.ca)

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

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.

**Post session survey will be emailed to you. Certificates will be emailed in approximately 1 week.**