

Changing the Way We Work

July 9, 2021: Vaccinating the last 25% and ramping up in-person visits

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

SCREENING | PPE/IPAC

- **Should we still send vaccinated patients with fever and viral symptoms for COVID test prior to being seen in office?**

Yes, those with symptoms still need to be tested even if fully vaccinated. Here is the most recent PHO – PIDAD guidance on this question of vaccinated patients/health care workers – scroll down to section 8 (recommendations) <https://www.publichealthontario.ca/-/media/documents/ncov/ipac/2021/06/covid-19-vaccinated-patients-hcw-hospitals.pdf>

[Answered by panellist Dr. Abhishek Raut, Medical Director, Appletree Medical Group] Symptomatic people still need a COVID test but depending on presentation, it may be appropriate/important to see them in the office even before the test result. In our own office, we can do the COVID test then and there (at the same time we examine and/or do other tests). If a symptom positive patient is brought in, you need to take extra precaution e.g., isolation room, full PPE including gown etc.

- **How to screen walk in patients and especially if they have URTI symptoms: should we have full PPE even if they are vaccinated?**

Yes, for now with symptomatic patients even if they have been fully vaccinated, we need to use the same IPAC/PPE guidance. This is new PHO–PIDAC guidance on the question of what to do with healthcare workers and patients who are vaccinated, in terms of testing/IPAC. Bottom line is no change for symptomatic patients – summary recommendations are found in section 8. [See previous question for more on this topic.]

https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_guidance_for_individuals_vaccinated_outside_of_ontario.pdf

- **Will guidelines change for screening for pts who are double vaccinated? Can they be booked directly for in-person visits by medical office staff?**

Not yet! The most recent guidance (from June 2021) on this comes from PHO –PIDAC about vaccinated health care workers and patients in LTC and hospital settings (no ambulatory setting guidance but we can extrapolate) says in most situations IPAC/PPE is unchanged. Check out the last section on recommendations. <https://www.publichealthontario.ca/-/media/documents/ncov/ipac/2021/06/covid-19-vaccinated-patients-hcw-hospitals.pdf>

- **I see that "sore throat" is included in the list of conditions Appletree assesses virtually. What about swabs?**

Great question! Yes, it is absolutely not ideal. We try to focus on symptoms and education of the patient and making the decision based on clinical suspicion.

- **Does Appletree require a negative COVID-19 test before seeing patients with earache, sore throat, ILI symptoms? If not, do they swab the patient as part of their assessment?**

For earache and sore throat, we don't. For ILI symptoms and high probability, we currently ask these patients to do virtual care first to prevent transmission in the clinic.

- **At what point will you shift to far less screening and not keeping patients outside the office setting when waiting in person, given rising vaccination rates and falling disease rates? Do we have any guidelines about when "less is more"?**

My guess would be that, over time, screenings should decrease significantly. We ask all of our MDs and staff to be vaccinated. We will be waiting for additional guidance in the coming weeks.

- **Can you please comment on the U.K. study showing almost 100% reduction in transmission when hospital staff wore FFP3 masks providing non-aerosol generating care to COVID patients?**

They had an extraordinarily high risk of infection in HCWs. I'm thinking that the hospital was old with no ventilation (many U.K. hospitals are VERY old) and it is really unusual to ONLY react to such a high infection rate with a single intervention. Certainly, this is not our experience in Canadian hospitals.

- **So, does this mean you wear full PPE – gowns, masks, gloves – for every person you see, vaccinated or not?**

For patients with COVID symptoms at this point, yes. Because if Public Health informs you about COVID transmission, you will have to quarantine unless you had full PPE on.

- **Is anyone doing rapid COVID-19 testing before seeing patients in person who have no vaccination?**

We don't do this at this time.

- **I am extremely frustrated with patients that are less than honest with screening questions (e.g., patients with active COVID under quarantine still expecting to be seen for pap/immunizations), similarly with travel questions, etc. Any suggestions?**

Yes, this is definitely frustrating. We found the three-pronged screening approach (passive, active, verbal) to be very helpful in minimizing.

- **What software do you use for online check in?**

We use the Insig platform.

- **Is anyone using a text message system of screening patients at their clinic? (As opposed to screening them over the phone before they come up to clinic for an in-person visit)**

Yes, we use the Insig software.

- **Can you please comment about introducing rapid tests for COVID that we can maybe introduce in our offices in attempt to better ramp up in-person visits?**

Good question: no clear guidance how best to use these rapid tests but the MOH has said they are now available to businesses including health care: <https://covid-19.ontario.ca/get-free-rapid-tests>

- **Any expectations on when Psych and Counselling can start seeing people in person, potentially without masks?**

Unlikely to have a change in mask wearing soon – guidance continues to say routine PPE/IPAC practices should stay in place.

BALANCING IN-PERSON AND VIRTUAL CARE

- **How to balance the increased demand for virtual care i.e., more phone calls and maintain or ramp up the in-person visits? There are only so many hours in the day. We cannot go back to in-person visits and maintain the demand for virtual and work more and more hours.**

[Answered by panellist Dr. Abhishek Raut, Medical Director, Appletree Medical Group] This is a very good point. My prediction is that we as a profession will have a 50-50% split between VC and in-person care which can be much more comfortable for physicians and patients alike.

- **Appletree seems to have a lot of admin staff. Being able to call each person waiting to enter the office needs a lot of resources. Is this realistic for smaller FFS practice offices?**

We have a 1:1 staff per MD. The way we are able to do this is automate as much as possible with technology tools.

- **Part of our struggle is STAFF who are very reluctant to have more patients in the office. We are short staffed (reception ok but hard to find nurses!) and front staff are reluctant to have patients come into the office.**

I hear you! We've had to have lots of conversations on this. I think it will be a process for sure as we move towards more in person. We might need to be creative and test out a change in the office flow/process and then see if that works or not. Fully aware that the IPAC/PPE guidance remaining the same means a limitation in how efficiently we can do in person.

- **Some of us who work with populations who are vulnerable (homeless, not having access to phone, unable to communicate due to language barrier). Do we have any data of virtual care for this group?**

Great question – Tara's study provided some information about these vulnerable groups and raised the flag that those who were facing more equity issues were less comfortable with virtual care: <https://www.dfcm.utoronto.ca/improving-quality-during-covid-19>

- **I have a few patients who refuse in-person care due to fear. I feel it is long past time to see these people in office. Can I refuse phone care? What if they don't come in, to the detriment of their health issue?**

Great question – I'd check with CPSO/CMPA on this. Refusing care is not generally advisable. At the same time CPSO/CMPA are clear that virtual care needs to be “appropriate” but professional judgment needs to be used and the limitations explained. I think the phone call with your explanation of limitations of what you can provide is critical. <https://www.cmpa-acpm.ca/en/covid19/telehealth-and-virtual-care#:~:text=The%20CMPA%20supports%20the%20appropriate,and%20other%20internet%2Dbased%20tools.>

- **What do we do with patients who come to the office and refuse to wear a mask?**

This was a tough one and we had some resistance initially. Consistency is most important. If the patient doesn't wear a mask, they can't be seen.

[CPSO advises to start by sensitively explaining the expectation that they wear a mask for public health reasons. “Depending on the patient’s needs, your ability to safely isolate them from other patients, and your ability to safely provide care, you may need to defer or reschedule their appointment or re-direct them to a setting that can safely provide care. Be aware that some patients have health conditions that make it difficult or uncomfortable to wear a mask, so plan ahead to help accommodate their needs and find ways to help them access care safely (e.g., providing as much care virtually, scheduling appointments during specific times, etc.).”]

- **Doing visit through FaceTime, is it okay?**

[General videoconference apps like FaceTime may be used for virtual visits. Two reference documents on virtual visits: OCFP patient Q&A on virtual care: <https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/qa-virtual-visits.pdf>; OTN checklist for patients: <https://otn.ca/wp-content/uploads/2020/03/Patient-Technical-eligibility-FINAL.pdf>]

VACCINES: MYOCARDITIS | OTHER SIDE EFFECTS

- **Given the risk of myocarditis in adolescents, will children who have recovered from COVID still benefit from being vaccinated. If so, is one dose sufficient? Also, if children/adults get COVID after one dose of COVID vaccine, do they still need to get a second dose after they recover?**

COVID vaccine adds protection against variants. So, definitely they should get one dose, and for anyone >30 and female teenagers, a second dose is still almost certainly the best choice. In young men (18-29) who have had COVID, waiting to decide on a second dose is a reasonable option in my view.

- **What is the ideal time period between vaccine doses in teens, especially with risk of myocarditis after 2nd dose? Our health unit has decreased from 56 days to 28 days.**

Any time on or after 28 days is good.

- **Should we be waiting to give our sons aged 12-18 a second dose of Pfizer due to the myocarditis risk?**

Both NACI and CDC say no. I'm with them – I admit to some anxiety when my 20-something son got his second dose, though.

- **How to advise people with possible myocarditis after the first shot re: getting a second shot?**

That they should wait at the moment, because different effective (non-mRNA) vaccines are coming (e.g., Novavax).

- **Is there any correlation with males <25 that have had pericarditis/myocarditis before (unrelated to COVID vaccine) falling ill post mRNA vaccination?**

No data on this yet.

- **Is there more myocarditis with 28-day second dose than with a delayed second dose?**

No evidence, but probably lower risk.

- **Can you update regarding cardiomyopathy post Pfizer vaccine?**

Best data I've seen at: <https://www.cdc.gov/mmwr/volumes/70/wr/mm7027e2.htm>

- **VITT with first dose-Moderna – is it okay to get second dose?**

Refer to CIRN special immunization clinic. (<https://cirnetwork.ca/network/special-immunization/>)

- **Any comments about reports about erectile dysfunction in young men after COVID? Are there any reports after the vaccine?**

Lots of worry about this but no evidence for fertility/ED decline with vaccination – actually some evidence linking COVID-19 vaccine to an increase in erectile dysfunction and fertility issues.

- **Any data for cis women who have started a period after being post-menopausal after receiving mRNA vaccine? I have a patient that did get her period after not having one for 15 months and apparently, she heard on the radio this has been reported.**

Lots of folks looking at this. So far, no convincing evidence for an impact of the COVID vaccine on menstruation. Would need to work her up as per normal protocol. Good summary here from BC: <https://immunizebc.ca/ask-us/questions/can-i-get-covid-19-vaccine-while-i-am-menstruating-having-my-period-will-it-affect>

VACCINES: MIXING | VARIANTS

- **Are there any studies showing efficacy and safety of Pfizer followed by Moderna second dose?**

No, but these are functionally identical vaccines (Moderna higher dose). Absolutely no reason to worry about mixing mRNA vaccines.

- **Updates on Com-Cov and CombivacS?**

Reference links added post-session:

Latest on Com-COV: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3874014

Latest on CombivacS: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)01420-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01420-3/fulltext)

- **Will a third dose be recommended for immunocompromised patients and/or front-line healthcare providers?**

Maybe. It's still too early to tell if they will be needed for HCWs. Likely to be offered to immunocompromised – but may offer best protection for fall /winter if given closer to fall. We might also want to wait for the new vaccines with better activity against variants.

- **Patients (seniors) who had 2 AZ asking if/when they can get mRNA because concerned re lower efficacy AZ.**

It is difficult, but they need to wait. UK data says at the moment that they are well protected against severe disease.

- **Any comments on the rate of “breakthrough” COVID infections in fully vaccinated adults? My understanding is that this is rare, and symptoms aren't severe. But would these people who get breakthrough infections be able to transmit to more vulnerable people? Still need to quarantine if you are fully vaccinated but get infected with COVID? What is the optimism level on whether we truly are at the end of the pandemic in Ontario (notwithstanding that most of the world is unvaccinated)?**

Lots of good questions there: Data that Dr Kieran Moore presented recently addressed this and the rate of “breakthrough” was very small - i.e.: around 1% for those who were fully vaccinated.

<https://www.cbc.ca/news/canada/toronto/covid-ont-1.6092636>

- **Despite the high rate of fully vaccinated people in Israel, we are seeing increased number of positive cases in the last few days. Can you comment what the reason may be?**

Outbreaks in schools, since they vaccinated 19+ only, and those who are otherwise unvaccinated. Also some who are vaccinated because this is the Delta variant.

- **How much of the Delta take-off in the U.K. and Spain is because they did not use as much mRNA vaccines? More OAZ... less effect?**

A good question. We don't know for sure; it may be contributing.

- **Is Delta more transmissible AND more lethal? I have heard some ID people suggest that case rates and hospital rates may in fact be decoupling. Is case rate the best metric to consider in reopening plans? Or hospitalization rate? I have a patient who feels their mental health has suffered since gyms have been closed and very frustrated about gyms being closed despite our growing vaccination rates.**

It is the hospitalization rate that matters, but it lags 2-3 weeks behind the cases and most jurisdictions have not been reporting hospitalization rates. We need to shift. But a 10x increase in case rate is likely associated with a significant increase in hospitalizations, so there is reason to worry.

- **Please, can you advise on patients who have had 2 Sinopharm/Sinovac vaccines abroad? Should they get 2 mRNA shots here? What time interval between them, and how about one of these patients who also has had COVID (he has a + antibody test).**

Those who have been vaccinated with vaccines that aren't approved in Canada or listed for emergency use by WHO (which right now includes Sinopharm/vac) need to have their series restarted – see here:

https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_guidance_for_individuals_vaccinated_outside_of_ontario.pdf

OTHER

- **Why was the newest variant named Lambda instead of continuing alphabetically - Epsilon, Gamma etc.?**

There are other strains that have those names. WHO, when they switched naming to Greek letters, gave some names to variants of interest. They haven't turned into VOCs, but the letters are gone. Confusing and not ideal (like so much pandemic stuff).

- **Will there be a 'passport' issued to patients to document vaccination status for travel? If they have received two AZ – will they still be able to eventually travel to the U.S.?**

Not certain; and will be country by country what you need. At the moment most countries are saying - vaccines authorized in our country, but there are active conversations going on and reason to hope that everyone will switch to WHO recommendations

- **What is the evidence for "long COVID"? Is it possible without a clear case of acute COVID?**

No need for a positive COVID test. Good summary of some of the top questions on long COVID that we developed here: <https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/long-covid-qa.pdf>. Also, the CoP session that Trish Greenhalgh did on this topic a few months back is REALLY great: see **Past sessions** > **Feb. 19, 2021**: <https://www.dfcu.utoronto.ca/covid-19-community-practice/past-sessions>

- **Ontario is now urging family docs to encourage vaccination for those who have been hesitant thus far. Will we be receiving COVID-19 vaccines finally to help us fulfill this initiative?**

I certainly hope so! At the press conference yesterday the MOH announced that family doctors will play a larger role in this next phase and that includes with vaccinating in office. No details about time lines/how much vaccine we will get. We're continuing to advocate for this.

- **Please comment on if family doctors will get Pfizer.**

We hope so. We had this confirmed in a recent Ministry meeting – that Pfizer will be made available. We don't yet know when/how much vaccination will be coming to primary care and, as always, it will differ from PH unit to PH unit.

- **Any data for ivermectin?**

Nothing that you would want to believe. Ontario Science Table is going to be publishing an evidence review – hopefully, next couple of weeks. There is no reason to believe that ivermectin works.

- **Any guidance on preparing for flu shots/how to do flu shot clinics this fall?**

Not yet! We've been asking about this, definitely need to be looking at this.

- **How is the influenza vaccine being developed, with such low prevalence last year? Should we anticipate an increase in other respiratory infectious disease this fall? Looking to prepare.**

Some places are reporting an early resurgence of RSV already, but still not much influenza in the southern hemisphere. What is being seen suggests that there may be a mismatch this year because it was hard to track evolution because of the very small number of cases.

These additional questions were answered live during the session. To view responses, please refer to the [session recording](#).

- Any updates on the lambda variant, and the need for booster doses?
- What do we know about the lambda variant? And 4th wave?
- Please comment on need for booster doses, especially for those of us who were vaccinated 6 months ago.
- What is the latest opinion about the potential need for boosters? Pfizer is applying for FDA approval for a third dose.
- Update on myocarditis data post vaccination?
- Please comment on expected funding got phone calls as a form of virtual care, then video visits being provided on other formats beside OTN. Will it be funded past Sept 30th, 2021?
- What is the recommendation for surface cleaning in offices with increasing in person visits?