

## Changing the Way We Work

### May 21, 2021: Mobilizing community, administering Moderna in the office, evolving guidance and more

Panelists: Dr. Karen Chu, Dr. Nili Kaplan-Myrth, Dr. Allison McGeer  
Co-hosts: Dr. David Kaplan, Dr. Liz Muggah | Moderator: Dr. Tara Kiran

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

- **What is the safety profile for children >12 years old regarding Pfizer vaccine? Expected short /long term side effects?**

NACI summary: Trial description: The Pfizer-BioNTech COVID-19 vaccine was evaluated in 2,260 adolescents 12 to 15 years of age as an amendment to study C4591001, an ongoing randomized, observer-blind, placebo-controlled Phase 3 trial. Participants were randomized to receive either two doses of the vaccine (n=1,131) or placebo (n=1,129), 21 days apart. All adolescent study participants were recruited from the United States (US). Almost half (49.0%) of participants were female and the median age of adolescent participants at vaccination was 14.0 years (range: 12 to 15 years).

Safety: Consistent with clinical findings in individuals 16 to 25 years of age. Footnote 3, the Pfizer-BioNTech COVID-19 vaccine was well tolerated in adolescents 12 to 15 years of age. Local reactions were mostly mild to moderate in severity and occurred predominantly following the first dose. Systemic events were predominantly fatigue, headaches, chills, muscle pain, fever, and joint pain (in order of descending frequency).

- **Is it possible to get an update on studies done on children aged 12-16, and what counselling would be suggested when in clinic to administer the Pfizer vaccine?**

NACI statement, which has nice summary of trial, can be found at: <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendation-use-pfizer-biontech-covid-19-vaccine-adolescents.html>

- **Are there any studies looking at children younger than 12?**

Studies in process, no results yet.

- **I have been given reason to believe that the new strain from India is difficult to diagnose, with negative nasal swabs. Patients with SOB are diagnosed with COVID with a lung scan. Can you make comments on this strain?**

There are lots of cases in the UK and no information from them suggesting that disease is different, but it is still early days. However, we have very few cases in Canada now, so we have some time to figure it out. There is nothing in the mutations that means that our lab testing will not work. I am confident that if there were lab testing issues, we would have heard from India or the UK by now.

- **Do we need to worry more about fomite transmission with the new “Indian” variant?** <https://www.cbc.ca/news/canada/new-brunswick/delta-fredericton-india-variant-contact-transmission-fomite-outbreak-magee-house-1.6033626>. **Also, any thoughts on the risk of aerosol transmission in patients who live in condos or apartment buildings with no control over their building’s HVAC?**

You need to worry about fomites with all strains – not panic about it, but work at keeping shared surfaces clean –OR washing your hands/using alcohol hand rub after you touch things before you put your hands up to your face. Getting COVID on your hands is not a problem if you don’t subsequently touch your face.

It is important to remember that there are tens of thousands of apartment buildings and only a handful where there have been outbreaks. So, perfectly reasonable to ask the managers about getting things checked, but no point in losing sleep over the issue.

- **I have a patient diagnosed with the South African variant 135, she is healthy 40-year-old. She is asking about effectiveness of vaccines against this variant. What is the evidence currently?**

Some decrease in effectiveness, but vaccines still work.

- **Is there a form or place to report possible adverse effects post vaccination with mRNA if patient immunized in a vaccine clinic? Or are the patients given a website to do so themselves?**

There is lots of good info on the adverse event reporting process on the Public Health Ontario website. We do have an obligation to report (along with pharmacists/RNs) using this Ontario AE form. Vaccine recipients (or caregivers) can also voluntarily report to their public health unit. <https://www.publichealthontario.ca/-/media/documents/a/2016/aei-reporting-overview.pdf?la=en>

- **Moderna persistent rash for several weeks after first dose, asking for his options regarding which vaccine to get as a second dose?**

For second vaccine only a severe allergy/anaphylaxis to the first dose is a contraindication. The guidance would be to get the same vaccine as for the first dose, so another Moderna. Of course always depends on vaccine supply but at this point no reason to think we won’t have enough Moderna for second doses with this.

- **What conditions would be reportable post vaccine. E.g., 80-year-old developed superficial thrombophlebitis four days post Pfizer. Also, any recommendations regarding 2nd shot?**

Common mild events don’t need to be reported (i.e. injection site reactions <4 days, syncope at vaccination w/o injury). Here are the technical definitions from MOH about reporting adverse events: [https://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/docs/aei\\_cd.pdf](https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/aei_cd.pdf) and great info from Public Health Ontario on AE reporting: [https://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/docs/aei\\_cd.pdf](https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/aei_cd.pdf)

- **If someone had mild symptoms (40 min throat irritation) within a few minutes post first Pfizer, should they be assessed by allergist prior to 2nd dose?**

If they are worried, you can refer them to have second dose vaccine monitored by an allergist.

- **In Toronto I have NOT been able to access allergy assessment with those allergists on list for 2 patients with concerning symptoms post COVID vaccine. They keep sending back form letters and I keep indicating they still qualify as per their forms. They will soon be coming up for second shots, any other help available?**

One option would be to try eConsult service as they specifically have services for allergy issues related to COVID/COVID vaccine: <https://econsultontario.ca> <https://econsultontario.ca/allergy-advice-for-covid-19-vaccine-is-now-available-on-the-ontario-econsult-service/>

- **I have a few patients who developed cellulitis distal to their Moderna injection sites. Oral antibiotics were required. These patients are refusing a second Moderna shot. Advice?**

There is a good article here in NEJM about delayed local reactions which is helpful to help distinguish this from cellulitis. Hopefully they will accept a second Moderna shot to complete their series. [NEJM article, Delayed Large Local Reactions to mRNA-1273 Vaccine against SARS-CoV-2:] <https://www.nejm.org/doi/full/10.1056/NEJMc2102131>

- **How long after covid infection do you have to wait to get COVID vaccine?**

28 days.

- **Can you address Ontarians requesting to drive to the US to get their vaccine?**

**Apparently, it was announced on CTV that this can be done with a letter from your [doctor]. My patient is 12. I live in Ottawa and they drive to Ogdensburg NY. Allowed over and back for the vaccine. Do you support this?**

There were reports early this this week that vaccination might be considered an essential service, but PHAC then clarified that crossing just for vaccination is not considered “essential travel” or “essential medical service” and you need to quarantine for 14 days after if you do cross, just like for all other essential travel. There are rules about what is required for certification that you are receiving an essential medical service – this certification needs to come from your Canadian physician and then also from the physician treating you on the US side. <https://www.cbc.ca/news/politics/vaccine-border-u-s-quarantine-1.6033711>

- **Guidance for traveling to US for J&J?**

Both Canada and US have stated that crossing the border for the sole purpose of getting a COVID vaccine is not considered essential travel (in accordance with the travel restrictions that are in place) and you will have to quarantine for 14 days after your return. I know that this is actively being clarified this week.

- **Do we have any insight into how long protection from vaccination will last? Many HCWs were fully vaccinated back in January/February – at what point will a booster dose be needed?**

So far protection looks like it is holding well. No need to worry about boosters yet.

- **Are we still supposed to do an “Z” technique when injecting?**

No, not needed, unless someone has very little muscle mass.

- **Are there any concerns about vaccinating patients with certain cancers such as leukemia or lymphoma?**

In most cases, all cancer patients are getting the vaccine (and indeed prioritized given higher risk for serious COVID). You can check our OCFP Special Populations document about this:

<https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/covid-19-vaccines/covid-vax-special-populations.pdf>. If you are not sure, you can check in with the treating oncologist office.

- **COVID vaccination for cancer patients?**

Cancer and COVID-19 Vaccine Eligibility – infographic: <https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/cancer-covid-vax-infographic.pdf>

- **Please clarify the difference in opinions about the stage of pregnancy when to be vaccinated? | Any concern about timing of infant immunizations with mother's COVID vaccination in breastfeeding mother?**

Here is a good summary of the guidance for COVID vaccination in pregnant and breastfeeding individuals: <https://tools.cep.health/tool/covid-19-vaccines/#pregbreast>

No, nothing to worry about. No need to change infant immunization.

- **What is the evidence that led to the change in cold storage directive for the mRNA vaccines?**

The change was approved following assessment of additional stability study data submitted to EMA in Europe:

<https://www.ema.europa.eu/en/news/more-flexible-storage-conditions-biontechpfizers-covid-19-vaccine>.

- **Our PHU has said we need a special fridge thermometer to store Moderna. Can you comment on thermometer needed?**

It is the same fridge thermometer as you'd require for any other vaccine (a thermometer that monitors highest/lowest temperature).

- **Had 2 patients with transplants that received AZ in March then early [second] dose at 4 weeks. Now they are saying 12 weeks is ideal. Do they need another dose later?**

Probably not, but more data will come in the next few months that will help with this.

- **Is there any way that a community-dwelling senior can do any blood testing to see what their response to the COVID vaccine is? I see there is a study going on about this – <https://stopcov.ca> – but some patients are asking about a lab blood test as they are discouraged about the off-label 112-day interval between doses they never consented to.**

**I heard that they might be moving up second doses for the elderly but by the time that gets decided it will be a moot point for some.**

Outside of studies, nothing available yet.

- **Are there written various language translations for the screening questions we ask patients before giving shot?**

TNO (The Neighbourhood Organization) has information for patients in multiple language.  
<https://tno-toronto.org/>.

Also, MOH COVID-19 communication resources in variety of languages:

<https://www.ontario.ca/page/covid-19-communication-resources> ]

- **ACIP in the US (like our NACI) says coadministration of vaccines with COVID vaccine is fine. No splitting of vaccines needed. Thoughts?**

ACIP is probably right, but occasionally you get less response if vaccines are given together. If it is easy to avoid giving vaccines at the same time, I would do that. But if there is a good reason to give them at the same time, I think it is just fine to follow US recommendations.

- **Are there any concerns with other HCP giving the vaccine (i.e., EMS workers, students, etc.) in terms of post-vaccine events? And does anyone know if this is being tracked in any way through COVax?**

You need to enter who did the actual injection in COVaxON – there is a list of types of providers. I know NPs and MDs and RNs are on there, not sure who else. EMS is giving to homebound here in Toronto.

- **My patient is Hep C positive. Is there any contraindication to her receiving one of the COVID vaccines?**

No contraindications – definitely recommended including for those with cirrhosis, given risk for serious illness with COVID-19. Here is some info from CATIE <https://www.catie.ca/en/covid-19-faq>.

- **Why not use COVax in real time? With so many volunteers, couldn't it be done on the spot?**

It could, in theory, but we didn't have Internet in the field (we used one phone as a hotspot for one computer, which was entering data into the EMR). It was 5 minutes to bring the papers back to my office, and that allowed us to ensure that we reconciled every patient who had arrived with the data on their consent forms. It was easy and efficient, without having multiple computers on a soccer field.

- **Dr. Kaplan-Myrth, did you have any issues with patients who had received AstraZeneca, and now wanted the “better” one booking for your Moderna Jabapalooza inappropriately? We've run into that at our mass immunization clinic.**

I haven't encountered people trying to book now for Moderna who just got AstraZeneca in April or May, no. The 825 people whom we immunized are waiting to hear whether their 2nd doses will be AstraZeneca or an mRNA vaccine, but they understand that we have to await guidance from our science/medical advisors before we can answer that.

- **In the UK, St. John's Ambulance trains nonclinical workers to be vaccinators. Is this something available in Canada? SJA never got back to me.**

I'm not sure about St John's Ambulance training vaccinators. They were at our event with their AED as first responders, but fortunately we didn't require them.

- **How do you screen patients for medication use, such as warfarin, before vaccination?**

Medical students went through consent forms, and if there were any medical questions, they were brought to me (or to the pediatrician who was on site working, also).

- **Is there a plan to transfer COVax info to family doctors EMRs?**

Yes, it has already started this week to those in patient enrollment models, thanks to lots of work and advocacy from many. [Here is a summary:

<https://www.ontariomd.ca/documents/resource%20library/hrm%20covaxon%20vaccine%20report%20ofaq.pdf>]

- **Dr. Kaplan Myrth, any advice about coordination with Public Health on obtaining a batch of vaccine?**

You have to reach out to OPH if you want a batch – send me a message and I'll guide you.

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

- What will the recommendation be for second dose for people who received first dose AstraZeneca? Risks with mixing vaccines?
- I am uncomfortable with immunizing 12–15-year-olds without parental consent. What is our coverage?
- What should we be advising patients who are awaiting their second dose of AstraZeneca? will the second be moved up to 2 months?