COVID-19 Community of Practice for Ontario Family Physicians

**May 7, 2021**

**Dr. Menaka Pai**
**Dr. Allison McGeer**
**Dr. Dr. Liz Muggah**
**Dr. David Kaplan**

# *Changing the Way We Work*

## Variants, the J&J vaccine, VIIT, and more

Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians

# Variants, the J&J vaccine, VIIT, and more

Moderator: Dr. Tara Kiran

Fidani Chair, Improvement and Innovation
Department of Family and Community Medicine, University of Toronto

Panelists:

- Dr. Menaka Pai, Hamilton, ON
- Dr. Allison McGeer, Toronto, ON
- Dr. Liz Muggah, Ottawa, ON
- Dr. David Kaplan, Toronto, 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.

# EXPECTATIONS FOR PARTICIPATION IN COMMUNITY OUTREACH

**As a clinician or staff member representing myself and Women's College Hospital (WCH), I will strive to work with awareness of my own power and privilege in community partnerships. I recognize that in each patient and community interaction I have a chance to heal part of a broken relationship between institutions and historically marginalized people and communities.**

## PRINCIPLES:

### RESPECT

- I will honour the knowledge and expertise of the community as well as their existing processes and practices.
- I will adopt a trauma-informed approach in providing care and expertise.
- I recognize the self-determination of community partners in both the development and the leadership of the outreach activity.

*I will identify what I do not know and seek clarification, context and guidance from community members where necessary. WCH will assist me in identifying resources and community experts. WCH teams leads are also present to help and guide me where necessary.*

### RESPONSIBILITY

- I will uphold WCH standards of inclusive and respectful behaviours and practices.
- I will develop and sustain credible relationships with community organizations, their leaders and all members of the community.
- I will learn and enact the specific responsibilities of my role on the team.
- I will engage in reflection to understand how historical power dynamics continue to impact the relationship between community organizations and hospitals.

*WCH will provide me with preparatory materials such as learning modules and team huddles to assist me with context, history and community protocols.*

### RECIPROCITY

- I will learn together with community and other hospital staff to iteratively adapt the program and debrief incidents in a respectful and thoughtful way as guided by the leadership of the community organization or the team lead from WCH.

*I will share my knowledge throughout the process and learn from the knowledge and expertise of the local community.*

### RELEVANCE

- I will engage in services and programs that are responsive to the needs identified by the community organizations, leaders and members.
- I will partner with the community organizations to ensure that the services are provided as guided by the communities.

***I will see that my work yields meaningful and sustainable community partnerships.***

**I _____ , have read and agree to adhere to the above principles for participation in community outreach.**

**Date** _____

WCH WOMEN'S COLLEGE HOSPITAL Healthcare | REVOLUTIONIZED

WCH CWP INDIGENOUS HEALTH

# CREATING A *CULTURE OF SAFETY* IN COVID-19 COMMUNITY OUTREACH

### WITHIN YOURSELF...

- educate yourself on how social and historical contexts shape an individual's experiences
- continue to examine your own privileges, power, biases, and assumptions
- be aware of existing power dynamics between community organizations and WCH

### WITH CLIENTS...

- introduce yourself in a friendly manner
- sit down when talking to clients (if possible)
- ask 'what name can I call you'?
- use gender neutral language
- be friendly and empathetic
- ask preferred language and use on-site interpreters or language line if needed
- be sensitive in asking for documentation and identification
- be sensitive that receiving a COVID test or vaccination can be triggering for some - always ask:
  - how do you usually respond to these types of tests/vaccines/needles?
  - would it be helpful to discuss some grounding techniques, for example deep breathing?
  - can I put my hand on your shoulder, etc.?
  - what arm would you prefer?
- be approachable and flexible to meet clients where/how/when they prefer, to best respect their needs

### WITH COMMUNITY PARTNERS...

- enter the shared space with humility and respect - we are guests
- listen more, talk carefully, and make sure everyone's ideas are heard
- respect different ways of knowing and being
- respect different styles of leadership, communication and problem solving
- engage in open and honest dialogue
- rely on the organization's staff who are present and are a trusted source of support and guidance

### REMINDERS:

1. Clients do not need OHIP cards; other forms of ID can be used for registration. Address does NOT need to be entered into CoVaxON or other databases.
2. All clients have a right to be tested/vaccinated. Treat them with respect and dignity regardless of race, gender, sexual orientation, class, sobriety, age, ability, mental health status, immigration status, and so on.
3. We are institutional allies and guests, NOT the ones in charge; our community partners are leading the show and are experts in their community. Please be mindful of this in set-up, flow, and engagement in all events.
4. You are the face of the healthcare system to these clients and communities; be gentle and use your encounters with them as an opportunity to (re)build trust.
5. Clients may feel nervous, anxious, on-edge, or triggered; recognize triggers and know that trauma reactions are not personal. Express concern for safety and well-being.
6. Remember that your role is to welcome and help people feel safe and supported.

WCH WOMEN'S COLLEGE HOSPITAL Healthcare | REVOLUTIONIZED

WCH CWP INDIGENOUS HEALTH

# *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.

## Previous webinars & related resources:

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

# 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)

## Dr. Menaka Pai– Panelist

**Twitter: @MPaiMD**

Hematologist, McMaster University

## Dr. Allison McGeer – Panelist

Director of Infection Control, Mount Sinai Hospital

## Dr. David Kaplan – Panelist

**Twitter: @davidkaplanmd**

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

## Dr. Liz Muggah – Panelist

**Twitter: @OCFP_President**

OCFP President, Family Physician, Bruyère Family Health Team

# Speaker Disclosure

- Faculty Name: **Dr. Menaka Pai**
- Relationships with financial sponsors: N/A
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Others: N/A

- 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

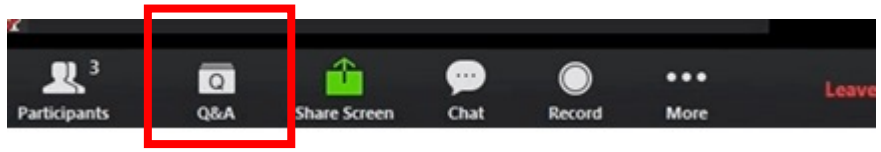
# *Where are we from (outside the GTA)?*

# Questions YOU asked that we will prioritize:

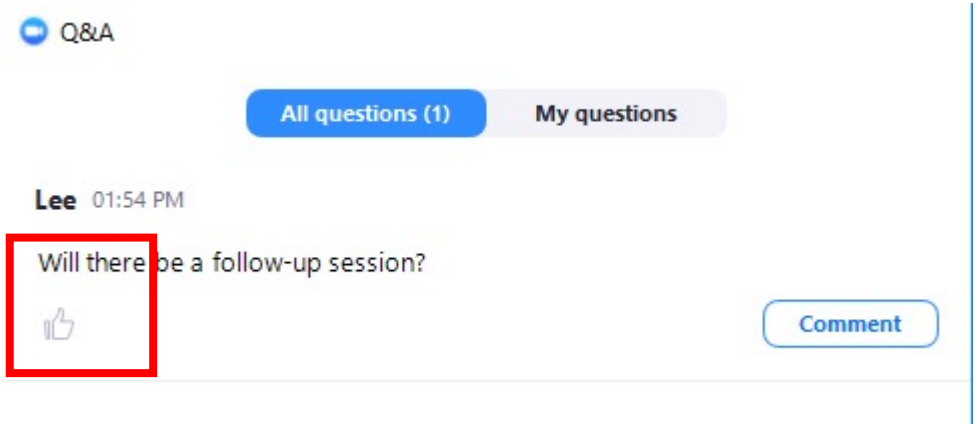
1. What's the most up-to-date science on VIIT? What symptoms should we look for?
2. How should we counsel patients on Astra Zeneca given the NACI recommendations and risk of VIIT?
3. What's the latest on variants and whether vaccines are effective against them?
4. What's the safety & efficacy of J&J and who should receive it?
5. Where are we at with delivering vaccine in primary care clinics?

# How to Participate

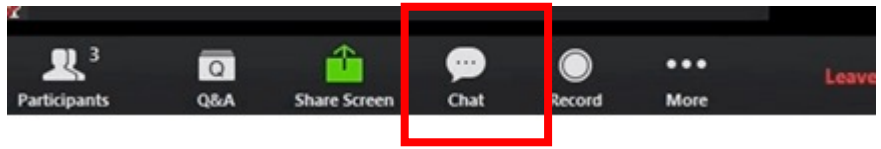
- All questions should be asked using the Q&A function at the bottom of your screen.




- 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.



# We needed to prioritize those in high-risk neighbourhoods

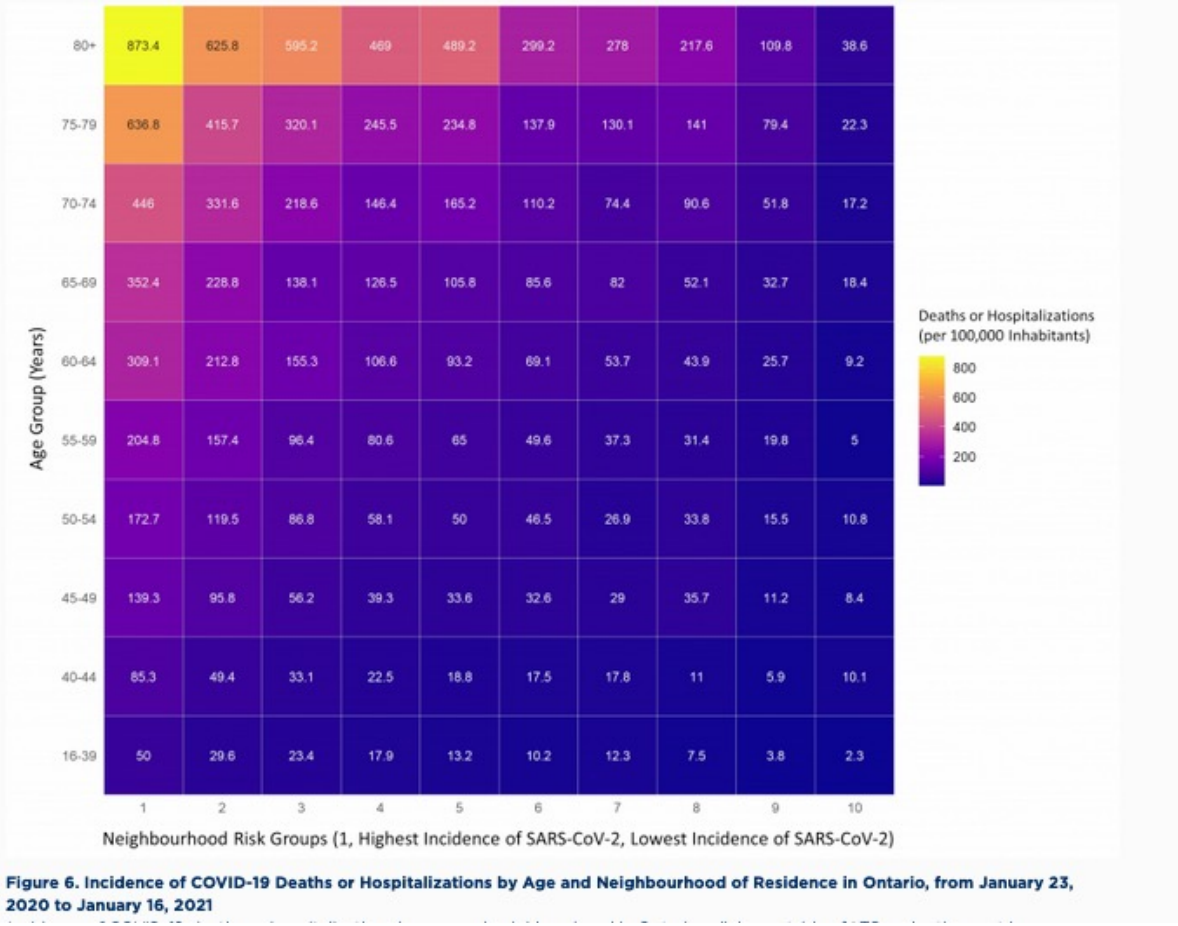



**Figure 6. Incidence of COVID-19 Deaths or Hospitalizations by Age and Neighbourhood of Residence in Ontario, from January 23, 2020 to January 16, 2021**

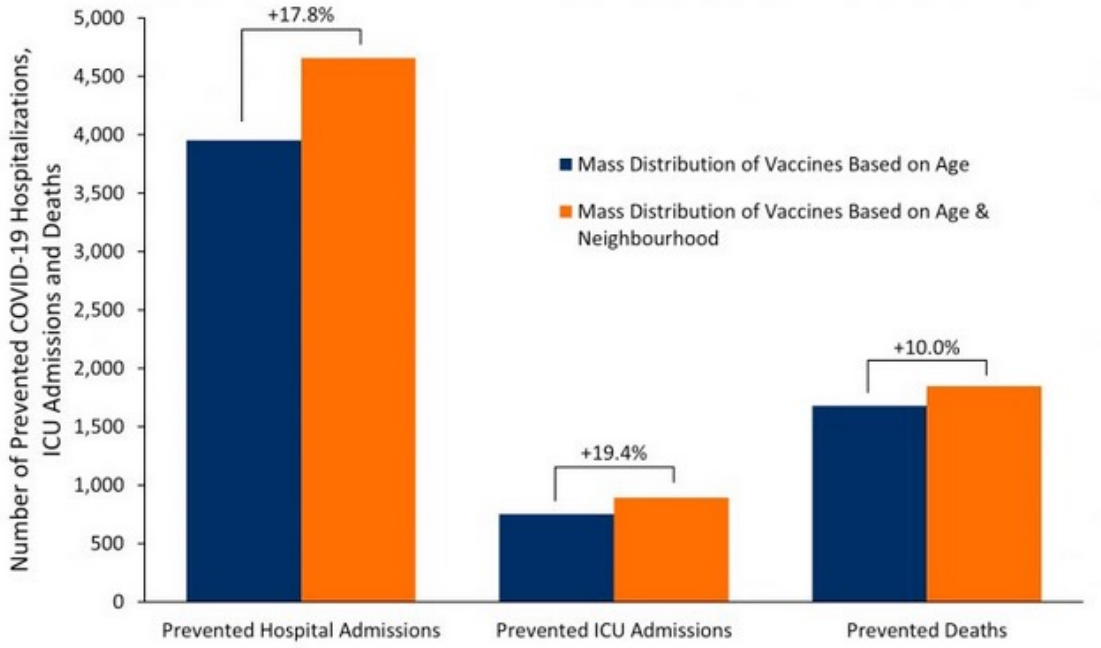
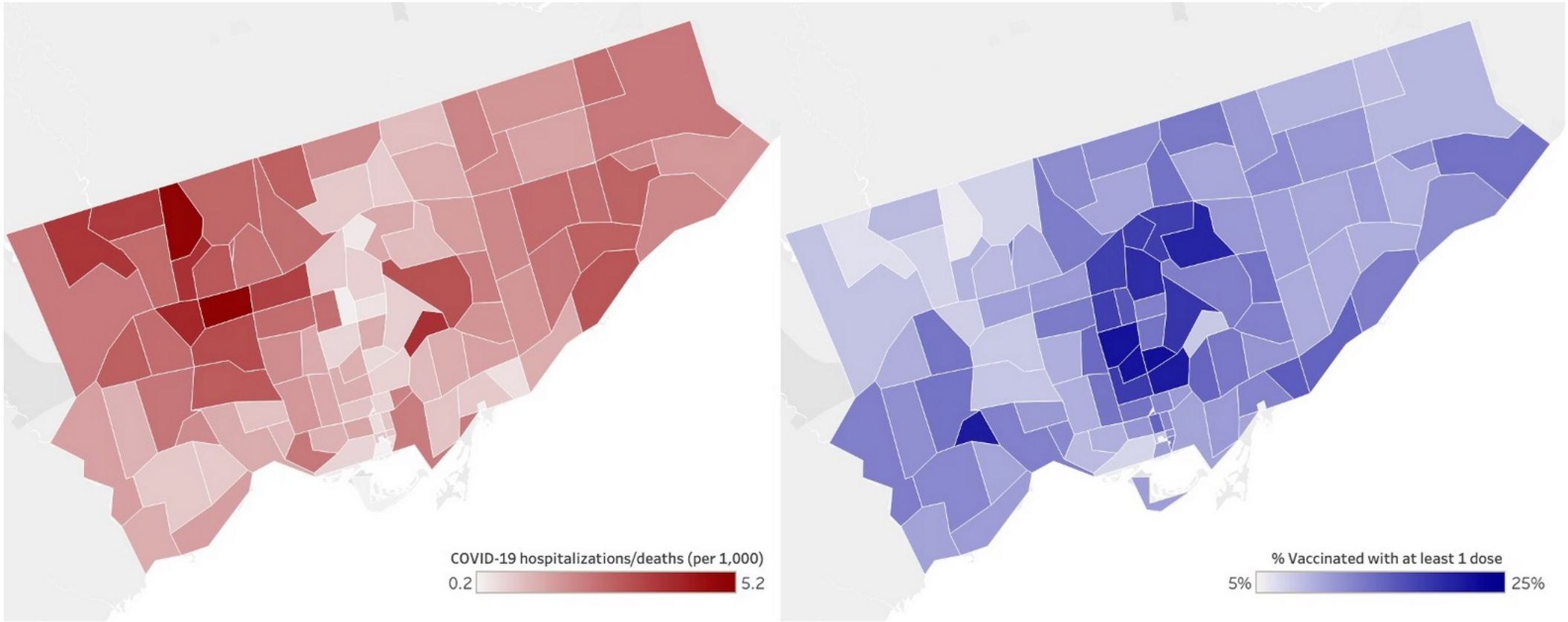



**Figure 1. Projected Number of Prevented COVID-19 Hospitalizations, ICU Admissions and Deaths by Two Strategies for Mass Distribution of Vaccines in Ontario, March 1 to May 31, 2021**

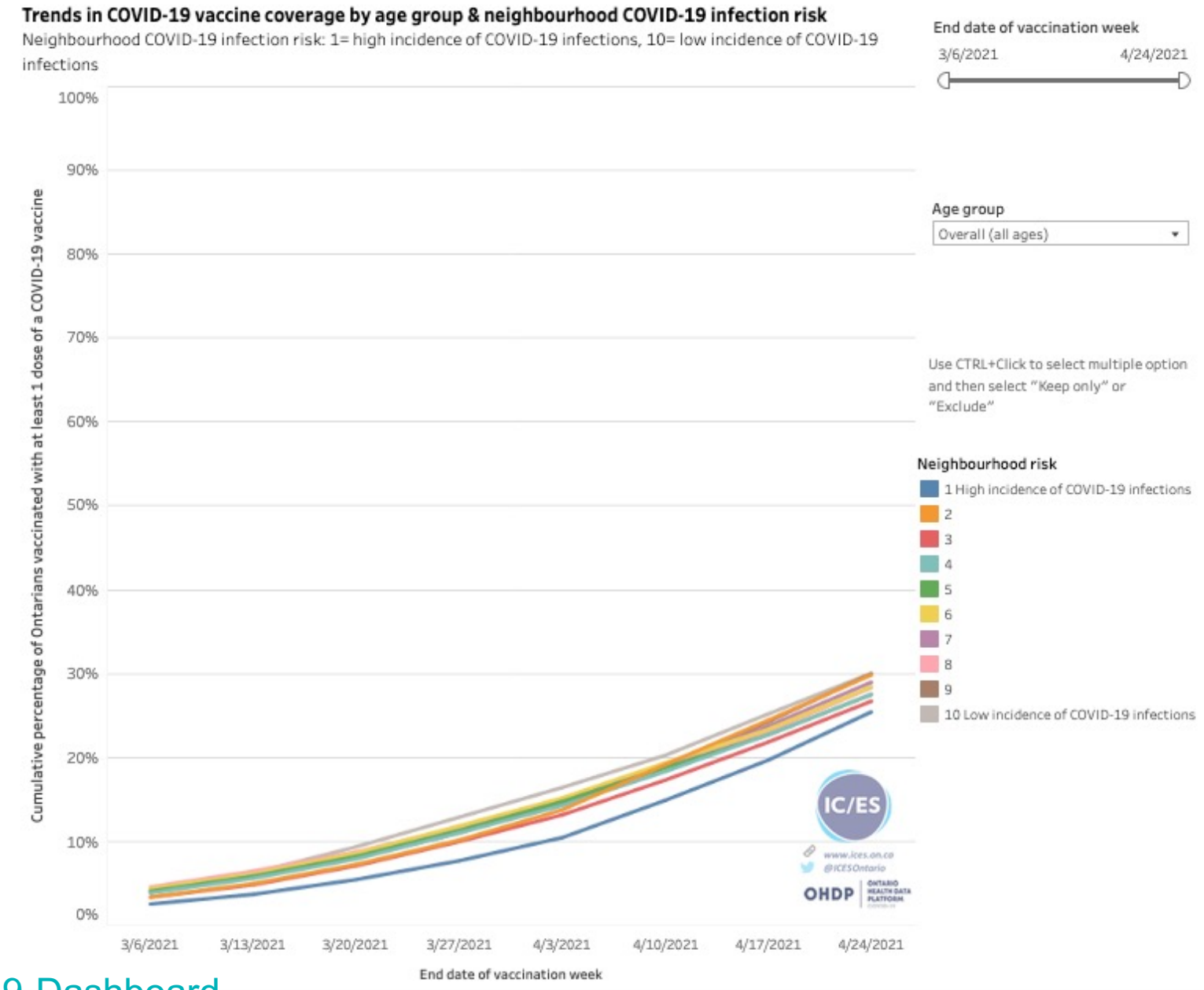
https://covid19-sciencetable.ca/sciencebrief/covid-19-vaccination-strategy-for-ontario-using-age-and-neighbourhood-based-prior

# But instead, high-risk neighbourhoods were left behind




https://thelocal.to/the-vaccine-rollout-is-leaving-torontos-hardest-hit-postal-codes-behind /

# COVID-19 vaccinations in Ontario by neighbourhood COVID-19 infection risk




https://www.ices.on.ca/DAS/AHRQ/COVID-19-Dashboard

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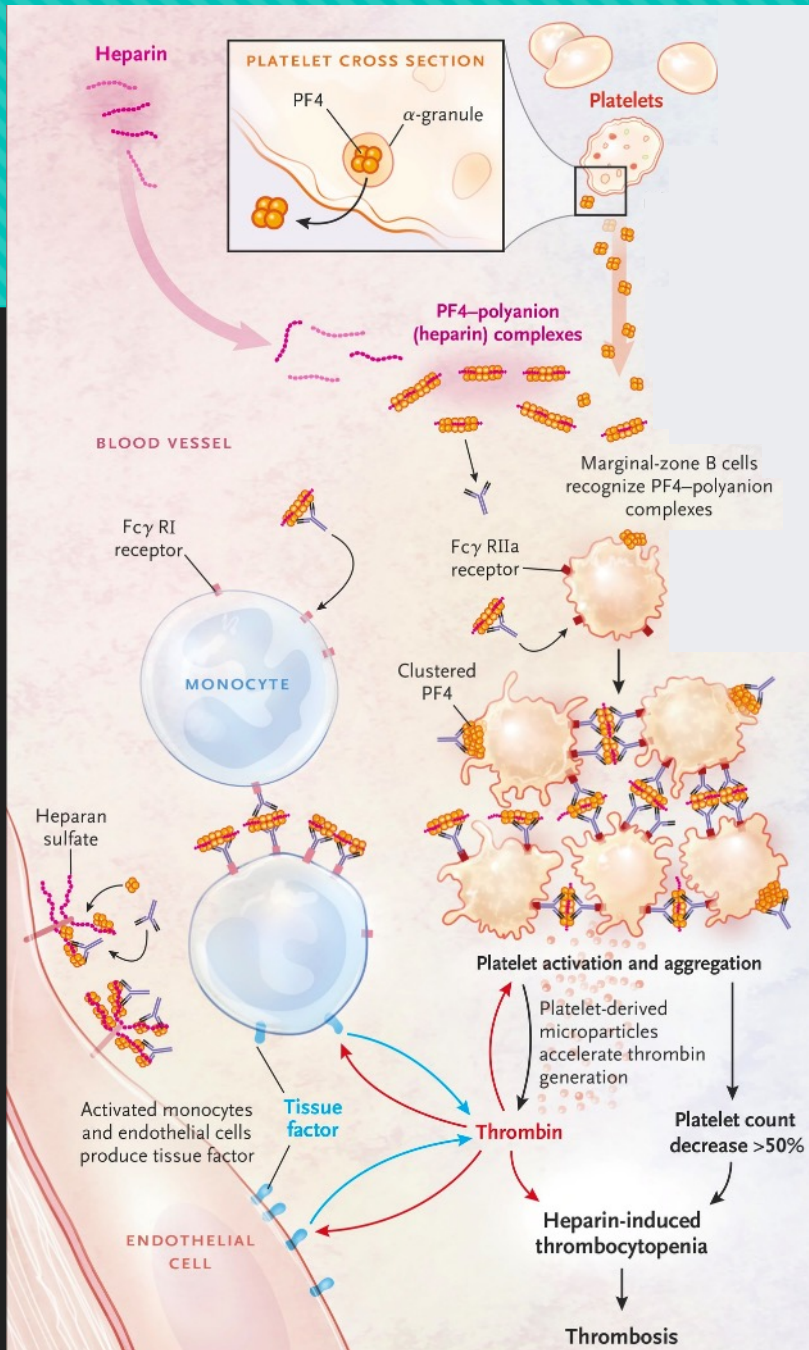
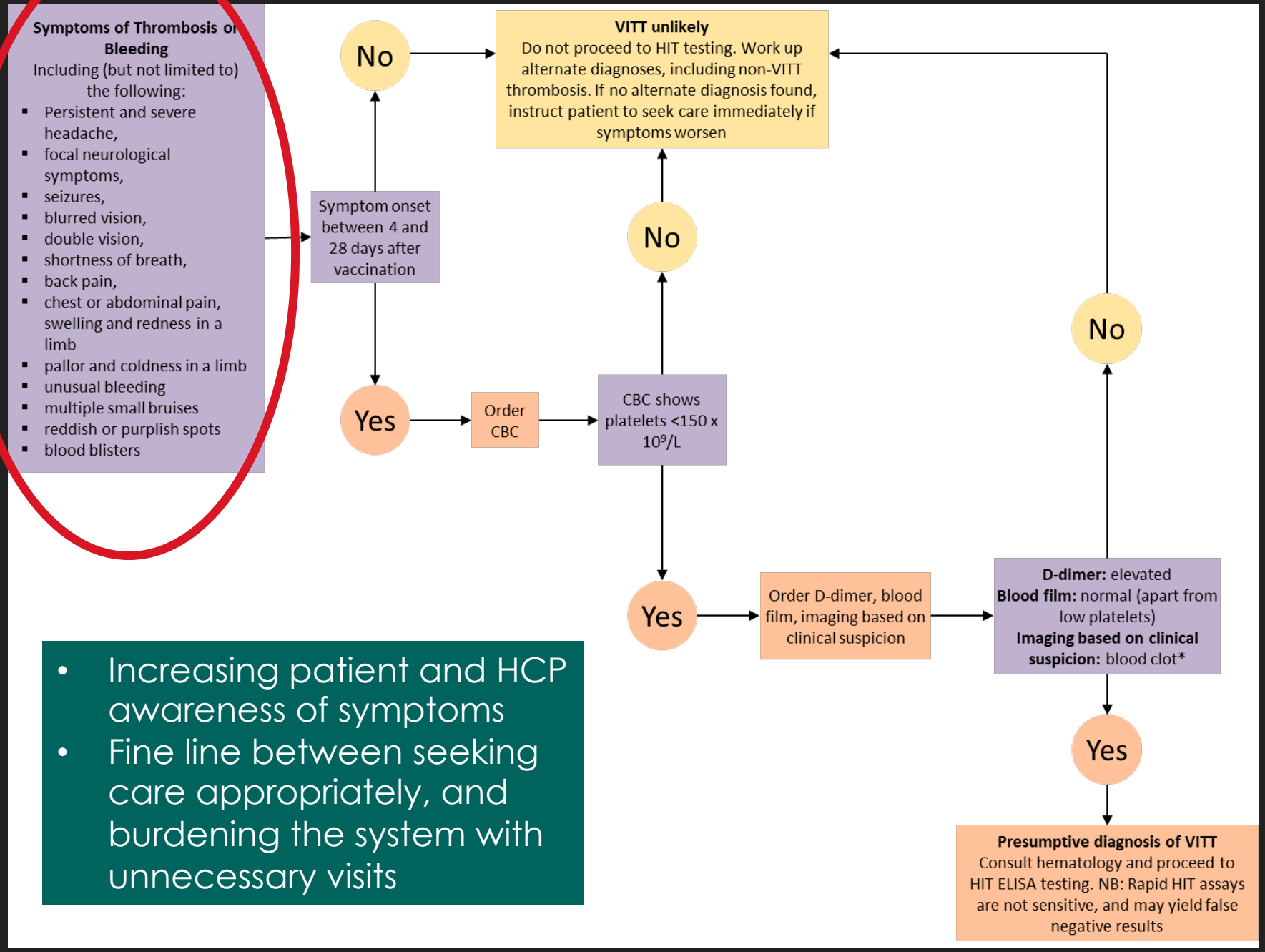
# What is VITT?

- **Thrombosis** and **thrombocytopenia**, in a typical **time frame** after vaccination
- Incidence:
  - 1/30,000 – 1/100,000 doses for AZ/COVISHIELD
  - 1/500,000 doses for Janssen
- Slight predominance of women, no age cutoff
- **No clear risk factors**
  - previous clots, family history of clots, autoimmune disease, hormone use, anticoagulant use, aspirin use, platelet disorders, pregnancy
- Case fatality 20 - 40%




Greinacher A. NEJM 2015; 373:252-261




**Not all cases of VITT initially present with a clot. Patients with all of the features of presumptive VITT (low platelets, high D-dimer, presenting 4 to 28 days post-vaccination) but NO blood clot merit a hematology consultation to consider starting anticoagulation until the results of confirmatory testing are back.*

# NACI's statement emphasized that benefit must outweigh risk to be offered AZ/Janssen

- A complete series with an mRNA COVID-19 vaccine should be preferentially offered to individuals in the authorized age group without contraindications to the vaccine. If an mRNA vaccine is contraindicated, another authorized COVID-19 vaccine should be offered.
- A complete series with the AstraZeneca COVID-19 vaccine may be offered to individuals 30 years of age and older without contraindications only if the individual does not wish to wait for an mRNA vaccine and all of the following conditions apply:
  - The benefit-risk analysis* determines that the benefit of earlier vaccination with the AstraZeneca COVID-19 vaccine outweighs the risk of COVID-19 while waiting for an mRNA COVID-19 vaccine; and
  - The benefits and relative risk* and consequences of VITT and COVID-19 for the individual are clearly outlined, factoring in the anticipated waiting time to receive an mRNA vaccine as well as the availability of other effective personal public health measures to mitigate risk of COVID-19, and the individual makes an informed decision based on an understanding about these risks and benefits; and
  - There will be substantial delay to receive an mRNA vaccine.

# Supporting your patients as they make decisions around vaccination

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## How COVID-19 Vaccines Compare

Oxford AstraZeneca | Johnson & Johnson | Pfizer BioNTech | Moderna

All four vaccines protect against hospitalization and death from COVID-19.

| | AstraZeneca | Johnson & Johnson | Pfizer | Moderna |
|---|---|---|---|---|
| Eligible age | 18+* | 18+* | 16+ | 18+ |
| Number of doses | 2 | 1 | 2 | 2 |
| **Those fully vaccinated who are still at risk of hospitalization and death from COVID-19** | **0 in 100[1]** | **0 in 100[2]** | **0 in 100[3]** | **0 in 100[4]** |
| Those fully vaccinated who are still at risk of mild to moderate COVID-19 | 38 in 100[1] | 34 in 100[2] | 5 in 100[3] | 5 in 100[4] |
| Offers some protection 4 - 6 weeks after first dose | Yes | Yes | Yes | Yes |
| Rare but serious side effects (more info page 3) | 1 to 2 in 100,000 risk of vaccine induced blood clot | 1 in 500,000 risk of vaccine induced blood clot | None as of April 29, 2021 | None as of April 29, 2021 |

*Health Canada has authorized use of AstraZeneca for those 18+, while some provinces have set the eligible age to 40+.
†As of April 14, 2021, Health Canada states that the benefits of the vaccine in protecting against COVID-19 outweigh its potential risks.

[1]Voysey et al. Lancet 2021; 397 (10269): 99-111.
[2]https://www.fda.gov/advisory-committees/advisory-committee-calendar/vaccines-and-related-biological-products-advisory-committee-december-10-2020-meeting-announcement
[3]Polack et al. N Engl J Med. 2020; 383: 2603-2615
[4]Baden et al. N Engl J Med. 2021; 384: 403-416
†https://healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2021/75389a-eng.php

19TOZERO



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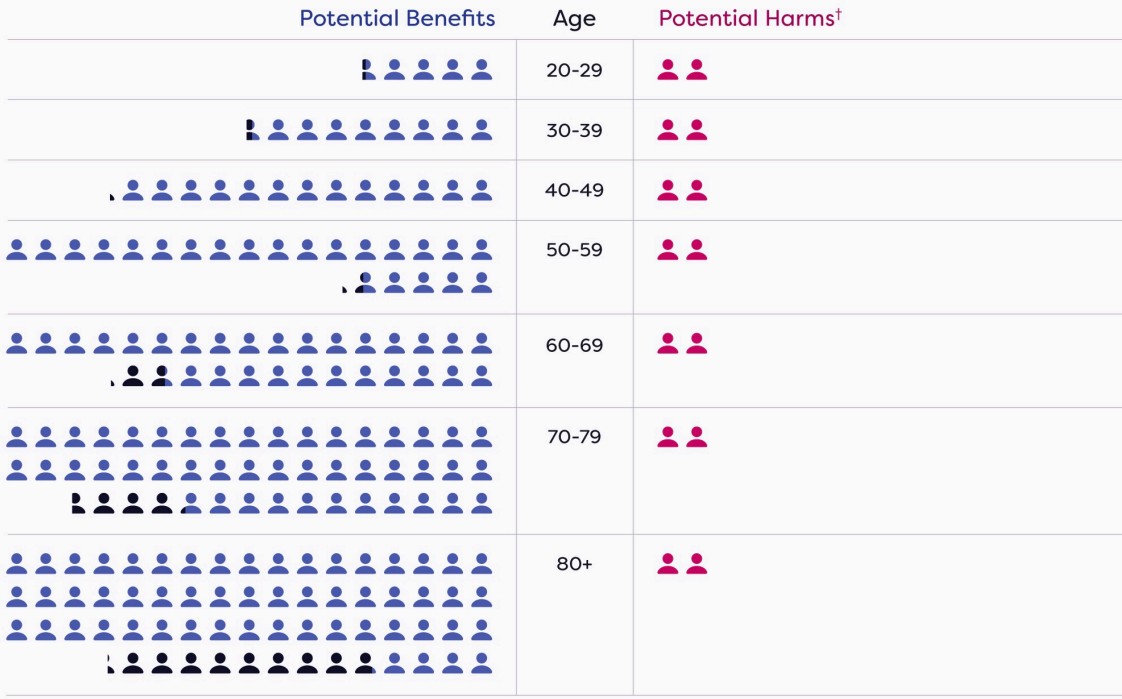
## Getting an AstraZeneca or Johnson & Johnson Vaccine when COVID-19 Risk is High

Based on Ontario data over the previous 14 days as of April 27, 2021*




= 1 COVID-19 hospitalization prevented (per 100,000)
= 1 COVID-19 related death prevented (per 100,000)

= 1 vaccine-related blood clot (per 100,000)
†these are estimates and subject to change as we learn more about vaccine-related blood clots

*https://www.publichealthontario.ca/en/data-and-analysis/infectious-disease/covid-19-data-surveillance/covid-19-data-tool?tab=summary

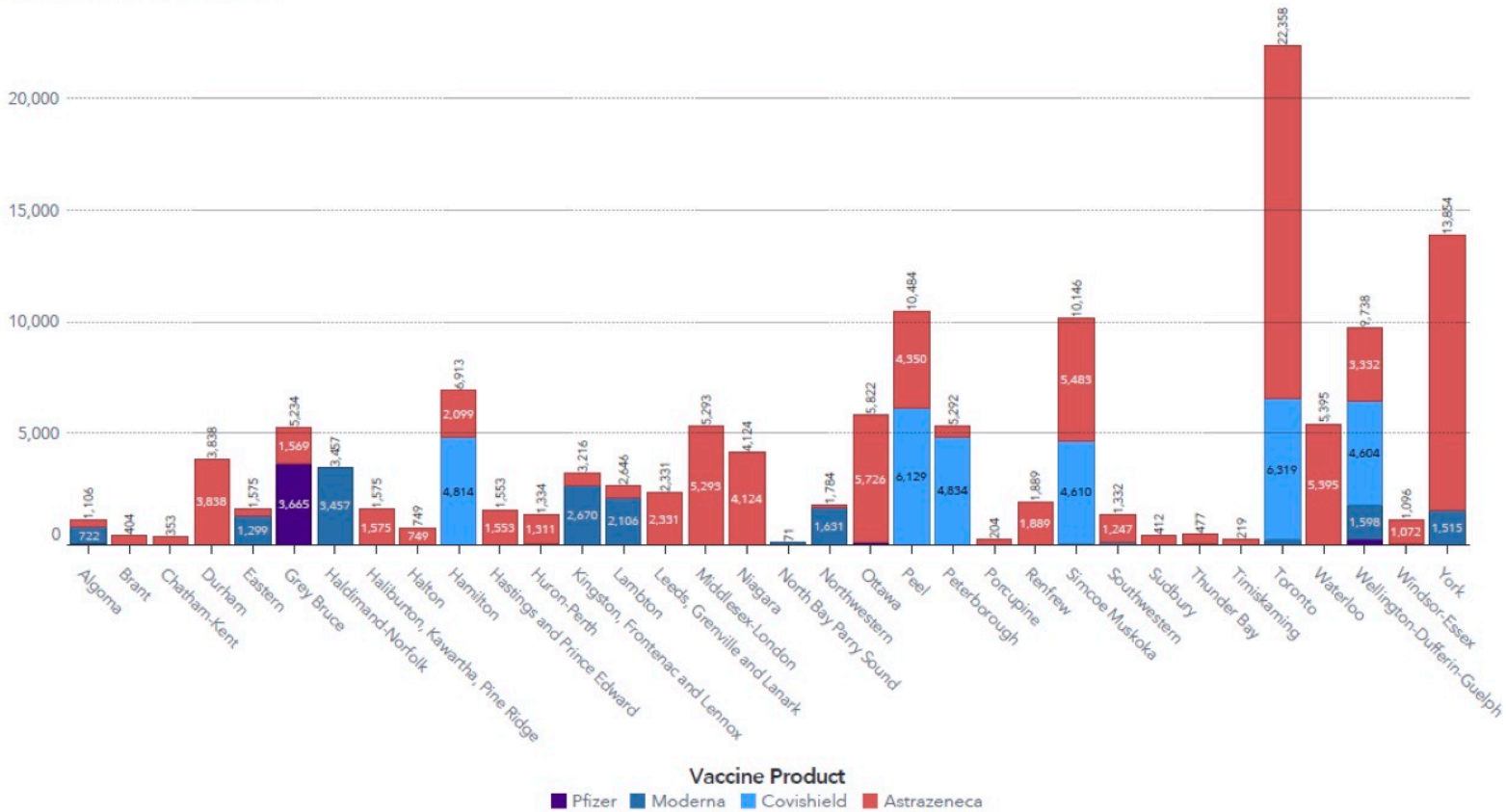
19TOZERO

# Primary Care - cumulative

Ontario

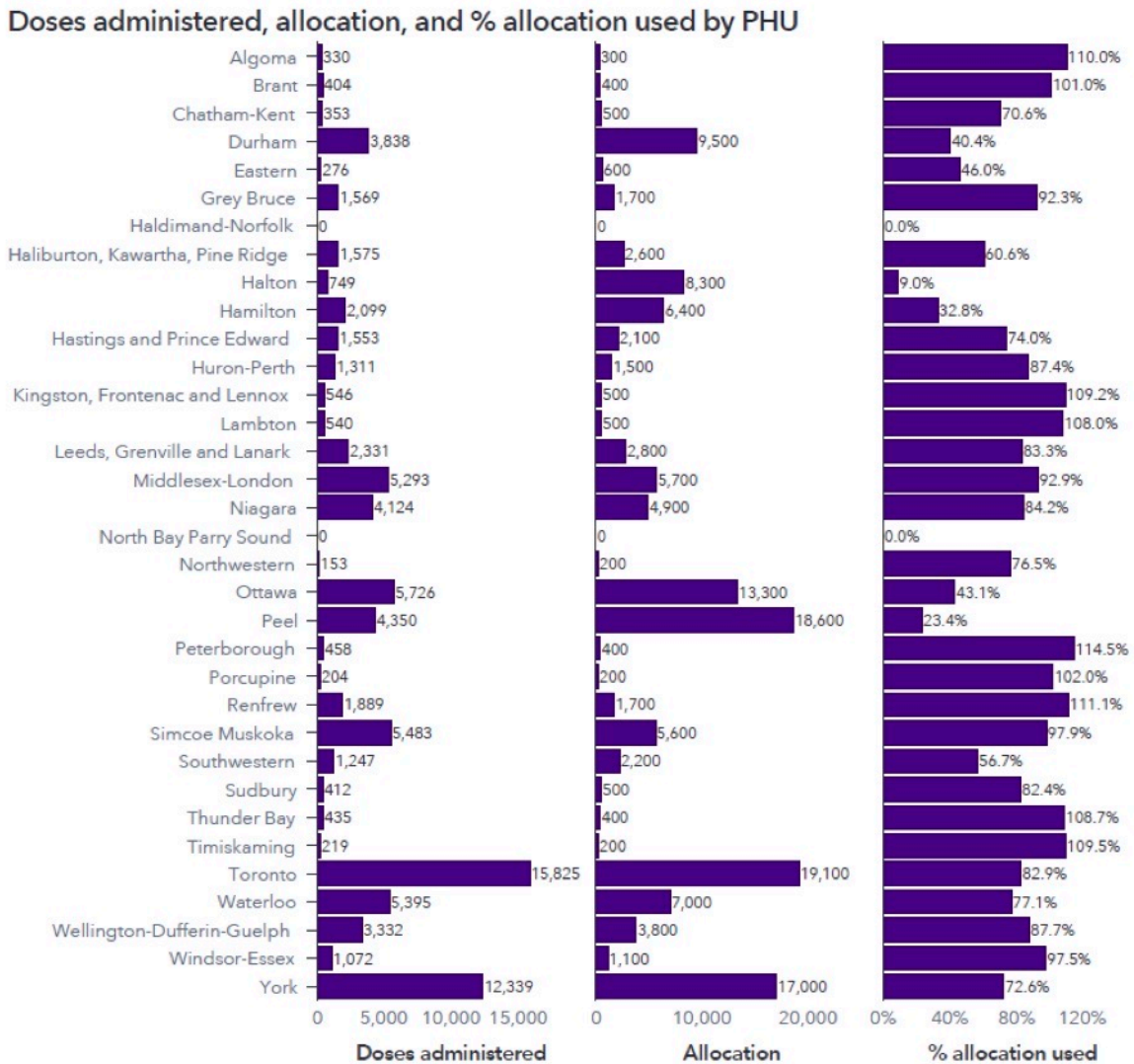
Doses administered in primary care, by vaccine


Dose administrations by PHU




Extracted from COVax analytical file, 8:00pm, CPAD, MOH. Note: analytical file has been processed for data quality checks and results may differ from the COVax live data system..
**Note:** Haldimand-Norfolk and Southwestern PHUs transferred their primary care AZ allocation to pharmacy without input from the ministry.

# Primary Care - AstraZeneca




**Total doses administered**
**85,430**

**Total allocation**
**139,600**

**% allocation used**
**61.2%**

Extracted from COVax analytical file, 8:00pm, CPAD, MOH. Note: analytical file has been processed for data quality checks and results may differ from the COVax live data system.. Percent allocation used may be higher than 100% due to extra doses from vials; calculated as the number of doses administered divided by the allocation; does not include wasted doses or doses where consent for data collection was not provided. **Note: Note:** Haldimand-Norfolk and Southwestern PHUs transferred their primary care AZ allocation to pharmacy without input from the ministry. North Bay Parry Sound was allocated 400 doses, but they cannot be used due to a temperature excursion.

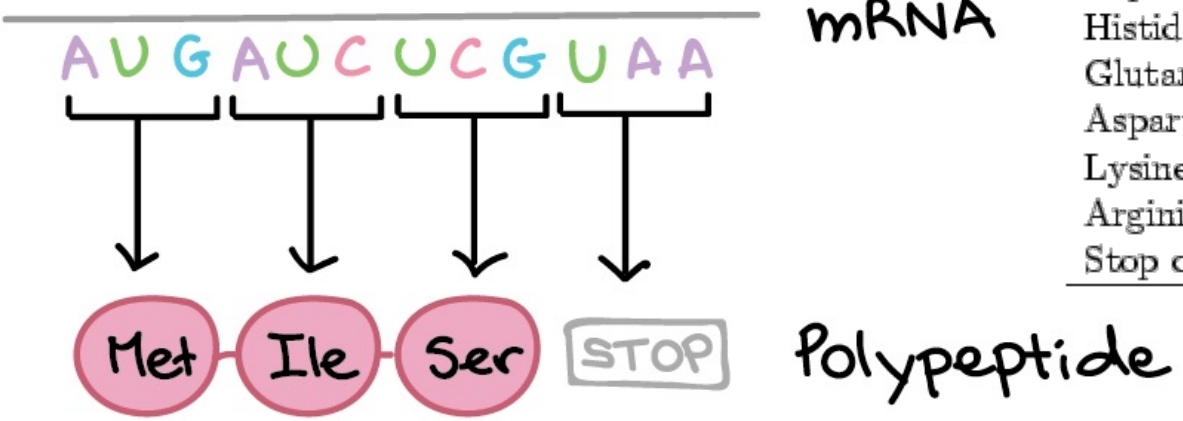

NOW, I KNOW YOU'RE WORRIED ABOUT THE VARIANTS, BUT THIS GRAPH SHOULD BE ENCOURAGING.
YOUR ROLLOUT IS GOING WELL. THE VACCINES ARE GOOD. THEY WORK.
VACCINATIONS
YOU'RE JUST TELLING US WHAT WE WANT TO HEAR.
IF YOU THINK THAT, YOU SHOULD SEE THE REPORTS FROM MY COLLEAGUES WHO WORK FOR COVID.
THEY WORK FOR WHO??
OUR FIRM HAS LOTS OF CLIENTS.
MEANWHILE...
NOW, I KNOW YOU'RE EXCITED ABOUT THE VARIANTS, BUT THIS GRAPH SHOULD BE TERRIFYING.
WE'RE IN REAL TROUBLE HERE.
VACCINATIONS

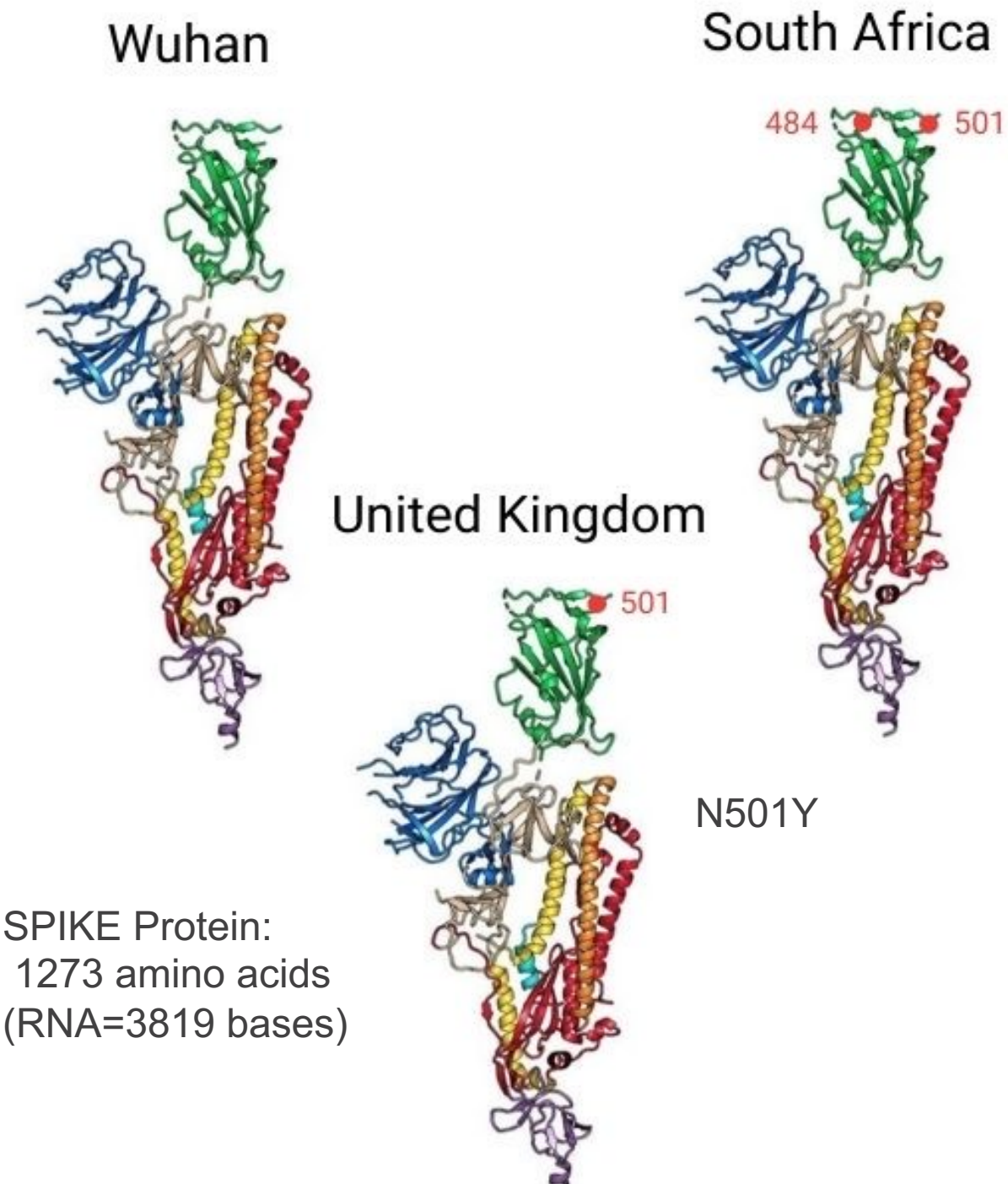
www.xkcd.com

DNA/RNA

- 4 bases (ACTG or ACUG)
- Permutations code for different amino acids (three bases code for one amino acid)

| Amino Acid | single letter code | 3-letter code | DNA codons |
|---|---|---|---|
| Isoleucine | I | Ile | ATT, ATC, ATA |
| Leucine | L | Leu | CTT, CTC, CTA, CTG, TTA, TTG |
| Valine | V | Val | GTT, GTC, GTA, GTG |
| Phenylalanine | F | Phe | TTT, TTC |
| Methionine | M | Met (start) | ATG |
| Cysteine | C | Cys | TGT, TGC |
| Alanine | A | Ala | GCT, GCC, GCA, GCG |
| Glycine | G | Gly | GGT, GGC, GGA, GGG |
| Proline | P | Pro | CCT, CCC, CCA, CCG |
| Threonine | T | Thr | ACT, ACC, ACA, ACG |
| Serine | S | Ser | TCT, TCC, TCA, TCG, AGT, AGC |
| Tyrosine | Y | Tyr | TAT, TAC |
| Tryptophan | W | Trp | TGG |
| Glutamine | Q | Gln | CAA, CAG |
| Asparagine | N | Asn | AAT, AAC |
| Histidine | H | His | CAT, CAC |
| Glutamic acid | E | Glu | GAA, GAG |
| Aspartic acid | D | Asp | GAT, GAC |
| Lysine | K | Lys | AAA, AAG |
| Arginine | R | Arg | CGT, CGC, CGA, CGG, AGA, AGG |
| Stop codons | Stop | termination | TAA, TAG, TGA |

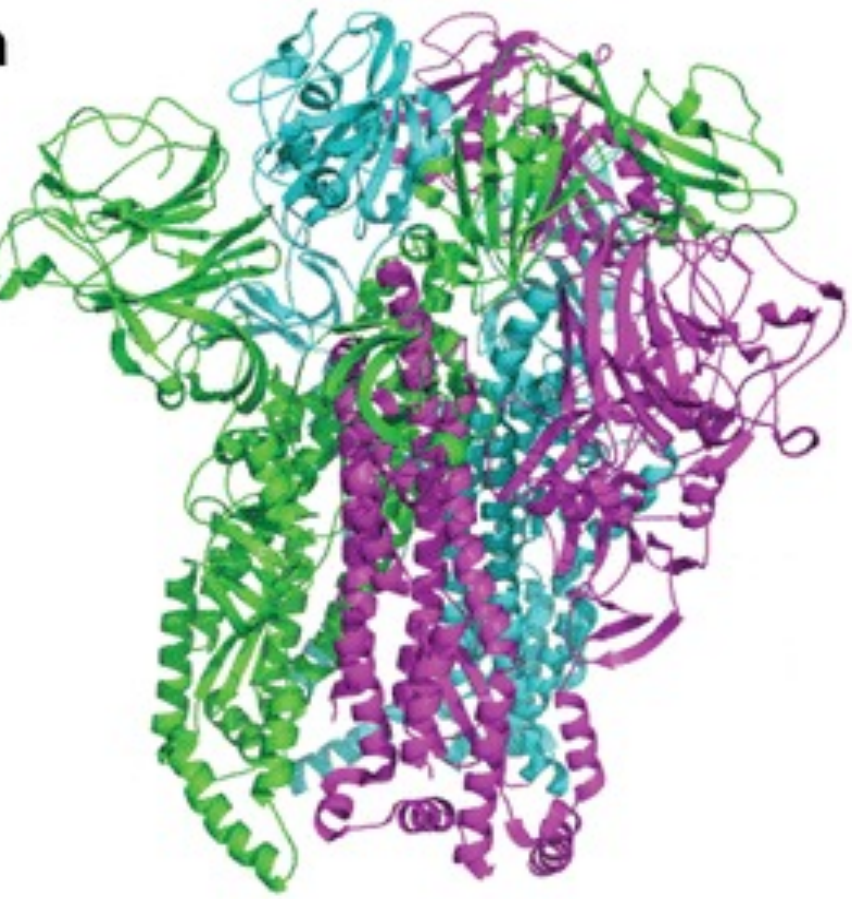


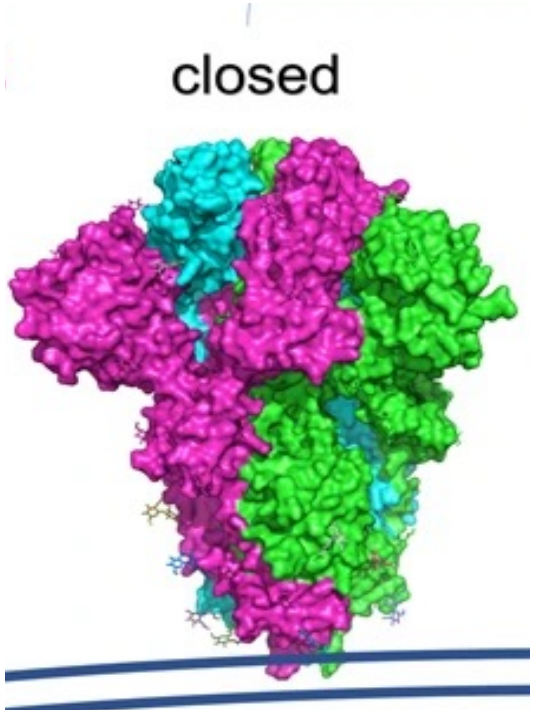



SPIKE Protein:
1273 amino acids
(RNA=3819 bases)

N501Y, E484K

| Amino Acid | single letter code | 3-letter code | DNA codons |
|---|---|---|---|
| Isoleucine | I | Ile | ATT, ATC, ATA |
| Leucine | L | Leu | CTT, CTC, CTA, CTG, TTA |
| Valine | V | Val | GTT, GTC, GTA, GTG |
| Phenylalanine | F | Phe | TTT, TTC |
| Methionine | M | Met (start) | ATG |
| Cysteine | C | Cys | TGT, TGC |
| Alanine | A | Ala | GCT, GCC, GCA, GCG |
| Glycine | G | Gly | GGT, GGC, GGA, GGG |
| Proline | P | Pro | CCT, CCC, CCA, CCG |
| Threonine | T | Thr | ACT, ACC, ACA, ACG |
| Serine | S | Ser | TCT, TCC, TCA, TCG, AGT |
| Tyrosine | Y | Tyr | TAT, TAC |
| Tryptophan | W | Trp | TGG |
| Glutamine | Q | Gln | CAA, CAG |
| Asparagine | N | Asn | AAT, AAC |
| Histidine | H | His | CAT, CAC |
| Glutamic acid | E | Glu | GAA, GAG |
| Aspartic acid | D | Asp | GAT, GAC |
| Lysine | K | Lys | AAA, AAG |
| Arginine | R | Arg | CGT, CGC, CGA, CGG, AGA |
| Stop codons | Stop | termination | TAA, TAG, TGA |

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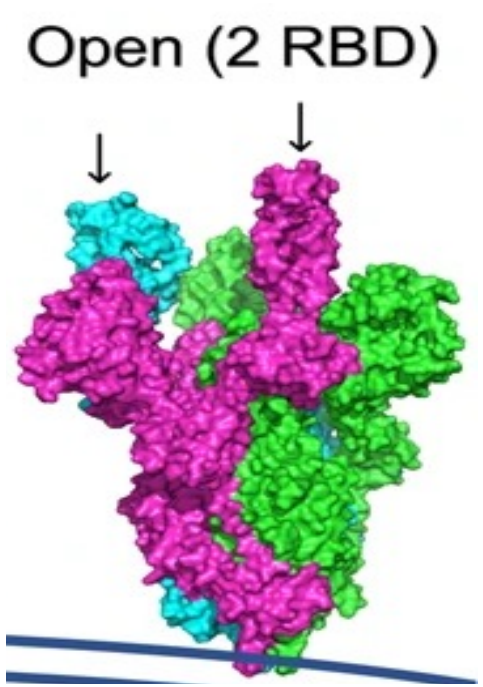
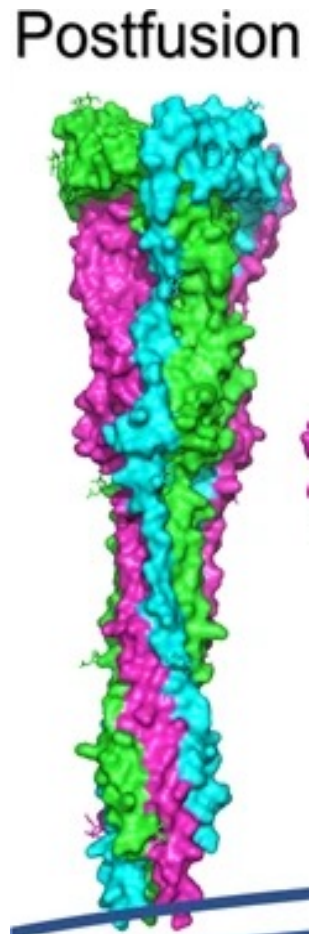
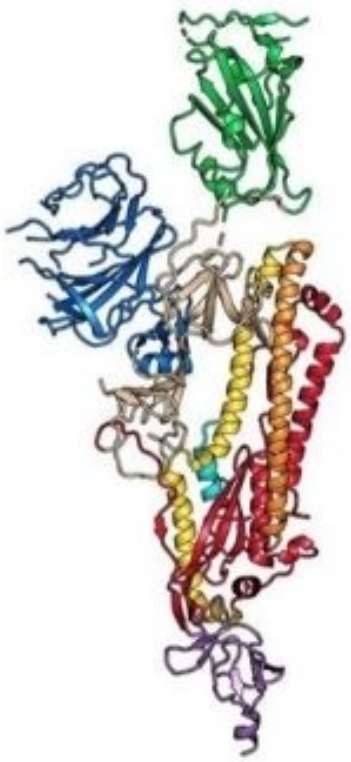

Open (2 RBD)


Postfusion

# SARS-CoV-2 Variants

| | B.1.1.7 | B.1.351 | P.1 |
|---|---|---|---|
| Alternate name | 501Y.V1 | 501Y.V2 | 501Y.V3 |
| Country identified | United Kingdom | South Africa | Brazil |
| Mutations | 23 | 21 | 17 |
| Spike mutations | 8 | 9 | 10 |
| Key RBD, spike mutations beyond N501Y in all | E69/70 deletion, P681H 144Y deletion, A570D | E484K, K417N, orf1b deletion | E484K, K417T, orf1b deletion |
| Other mutations, including N-terminal | T7161, S982A, D1118H | L18F, D80A, D215G, Δ242-244, R264I, A701V | L18F, T20N, P26S, D138Y, R190S, H655Y, T10271 |
| Transmissibility Δ | >50% increased | Not established | Not established |
| Lethality Δ | Likely increased >30% | ? | ? |

# Testing for COVID-19 and mutations



- Routine PCR testing detects a pre-selected sequence of about 100 base pairs in one of the SARS-CoV-2 proteins
  - Different companies and labs use different  sequences from different proteins

- To detect variants, new PCRs are designed for the specific (usually shorter) sequences where there are changes
  - Ontario labs do 3 tests:  for COVID, for N501 and for E484

# Why is figuring out how well vaccines work against variants so difficult?

1. We don't have "correlates of protection" (yet)
2. Protection may be different against asymptomatic infection, symptoms, hospitalization, death, and risk of transmission
3. Even very large studies of vaccine efficacy have confidence limits on efficacy
4. Variants may appear in countries without the infrastructure necessary to do assessments rapidly

# Vaccine protection against variants

- Against B.1.1.7 – might be a bit (?5%) less, but not enough to worry about

- Pfizer (Qatar): VE 87% (82-91%) vs. B.1.1.7
  VE 72% (66-77%) vs. B.351
- Janssen (S. Africa): VE 60% (20-80) vs. B.351 in HIV negative
- Astra-Zeneca (S. Africa): VE 10% (0-55%)

- ?P1 / Indian variant

https://www.nejm.org/doi/full/10.1056/NEJMc2104974?query=TOC;
https://www.nejm.org/doi/full/10.1056/nejmoa2102214

# COVID@Home

Ontario Health

**RESOURCE TOOLKIT:**

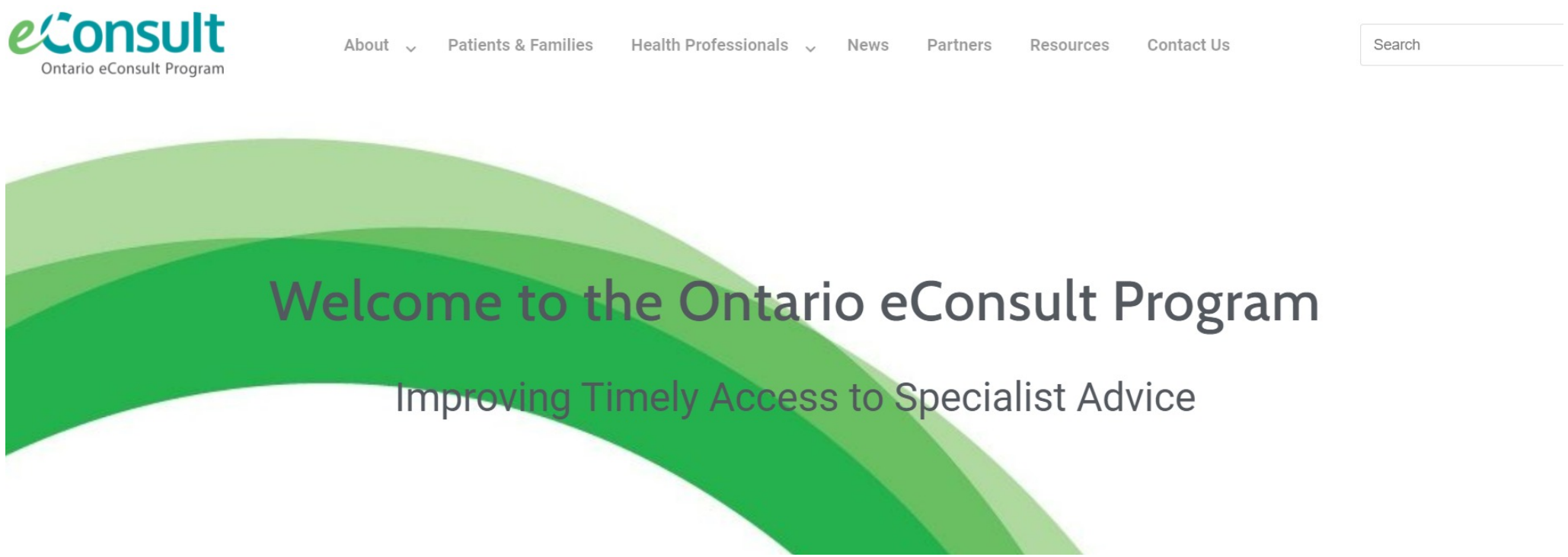
## *COVID@Home* Monitoring for Primary Care

Implementing home monitoring for COVID-19 patients through primary care

March 17, 2021

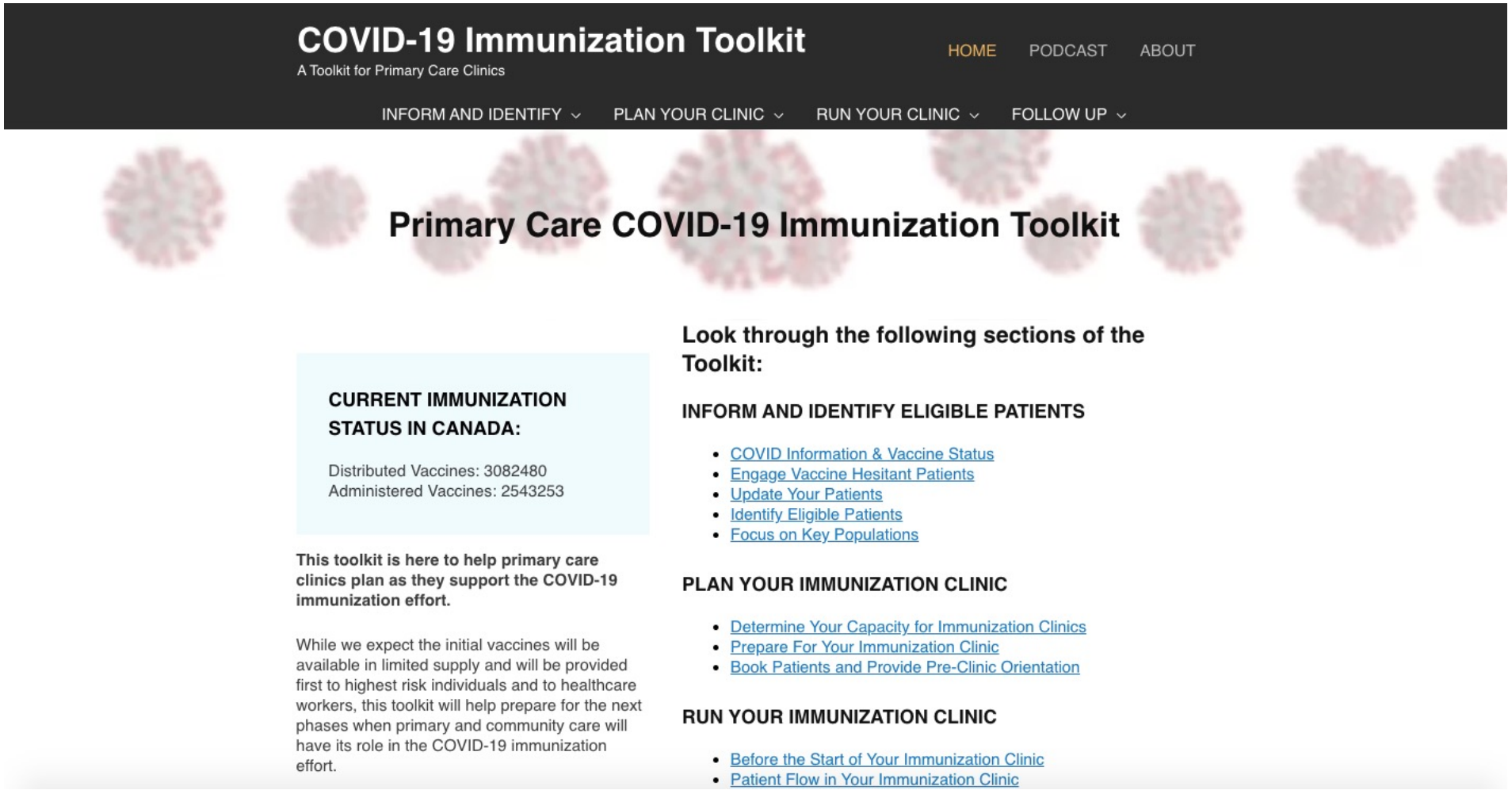
https://www.ontariohealth.ca/sites/ontariohealth/files/2021-04/COVID%40Home%20Monitoring%20for%20Primary%20Care%20Providers%20Resource%20Final_EN%20210331.pdf

# Ontario eConsult Program



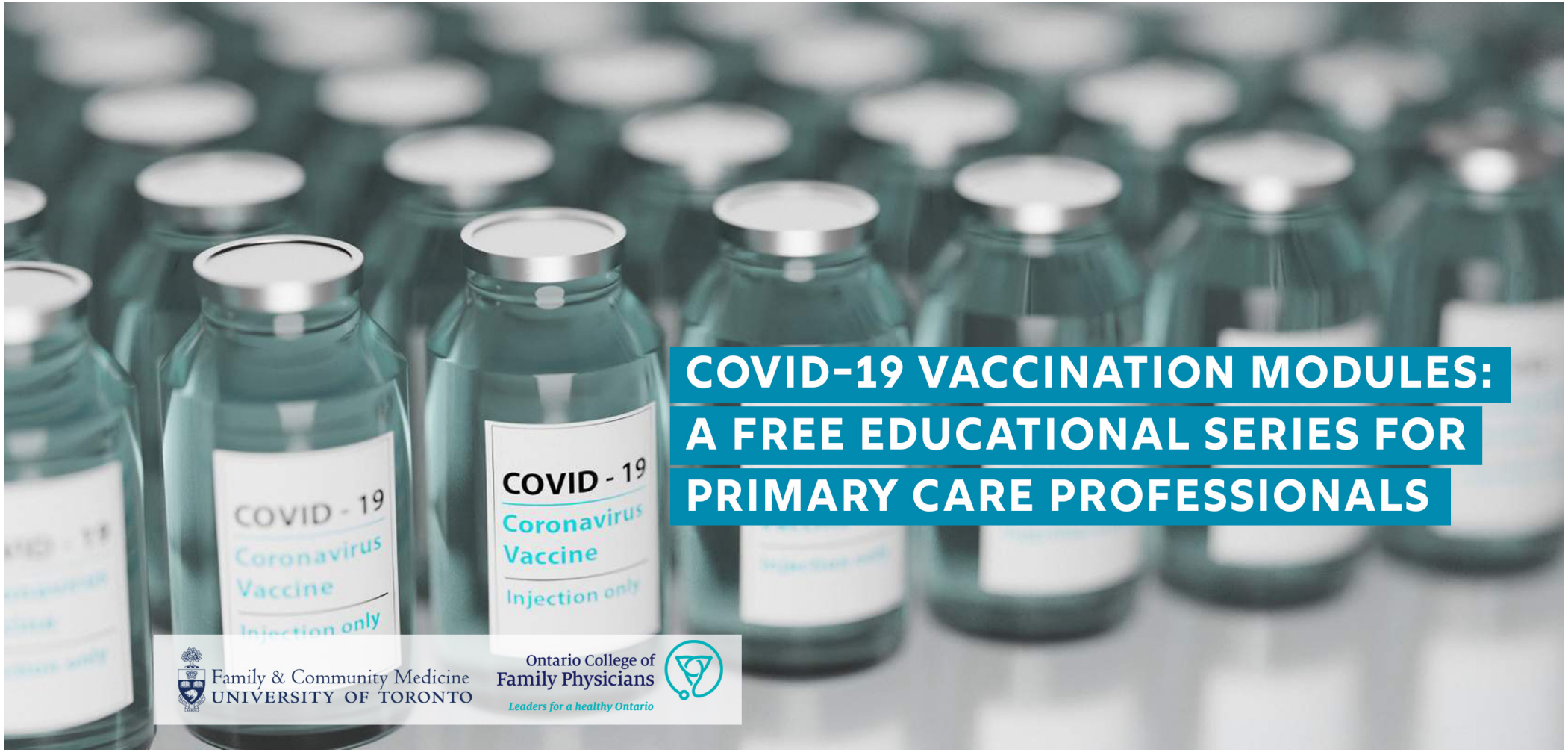

https://econsultontario.ca/

# Primary Care COVID-19 Immunization Toolkit




https://covidtoolkit.ca/

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




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

*** Updated March 30, 2021**

# Questions?

Webinar recording and curated Q&A will be posted soon
https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions

Our next Community of Practice: **May 21, 2021 0800**

*Contact us:* *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.**

Family & Community Medicine
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Ontario College of Family Physicians
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