

Changing the Way We Work: COVID-19 Community of Practice for Ontario Family Physicians

The COVID-19 Vaccine: Vaccination in primary care, evolving vaccine evidence, and more, April 23, 2021

Answers from CoP panelists to in-session questions posed by participants, based on current guidance and information available at the time.

- **If someone has COVID and they are scheduled for vaccine very soon after isolation period, what should they do?**

As long as they are out of isolation and feeling better, they should get their vaccine.

- **Has VIPIT occurred with mRNA vaccines?**

No, it is specific to the viral vector vaccines.

- **Please remind me of the recommended timing for Mantoux tests and COVID vaccine.**

No reason to worry, as these are inactivated vaccines.

- **Many patients are calling the office inquiring when the Family Doctors will obtain AstraZeneca vaccines for distribution to patients. How should I answer their questions?**

The answer is for now, we don't know. I hope we get more AstraZeneca (and J&J and hopefully Moderna) but supply in an issue. I would advocate to your PHU as well.

- **Tell us more about the new India double variant**

Not yet much known - cases are rising very quickly in India, and people are worried that the increase might be because this variant is more transmissible. But this is just a theory, not enough data yet to know more about it.

- **How accurate are pulse oximeters bought at a drugstore for home use?**

Variable, and not very, but hard to predict.

- **How effective is the AstraZeneca vaccine against the different variants in terms on preventing COVID-19 infection and serious infection?**

Against B.1.1.7, it is fine. Against B.351, in one trial, doesn't look great against mild disease, but it is probably effective against more severe disease (based on immunogenicity). As with B.351, AZ is probably pretty good against P1. So, it is a good vaccine for now - if it turns out not to be as good as we would like against P1, we'll switch people over to the mRNA vaccines for second doses.

- **Are the thromboembolic events occurring with COVID infection the same as VIPIT?**

No, they do not seem to be.

- **Many patients live in hot spots in Toronto, but they are unable to schedule an appointment for vaccination since they are mid forties and thirties. Any advice how to assist these patients in obtaining a vaccine?**

This is not a satisfactory answer, but calling pharmacies and using the "vaccine hunter" group twitter feed sometimes helps (@VaxHuntersCan, <https://vaccinehunters.ca/>)

- **For the injections zoladex and zolidronic acid, should there be an interval with COVID-19 vaccine?**

If [injections are] for osteoporosis, recommendations from Osteoporosis [Canada] suggest vaccination one week after zolendronate: <https://osteoporosis.ca/covid-19-vaccination-and-osteoporosis-drug-therapy/>

- **Can you comment on concerns that acetaminophen before/after vaccination reduces the immune response? My patients have alerted me to this concern.**

After is not a problem. The concern [about] before is based on data for kids from studies of pneumococcal vaccine in which the immunogenicity was reduced – a small amount, but statistically significant. This has not been identified in adults for any vaccine but has not been well-tested. I do not think that people should be worried about this.

- **Is there any new information on how we can sign homebound patients up for any mobile clinics?**

If you go onto the Toronto public health website, there is a link to an email you can send to the LHIN to notify them of your homebound patients and get them on the list - if you can't find it, email me - allison.mcgeer@sinaihealth.ca [Note: here is a link to the Toronto Public Health webpage with information for homebound patients: <https://www.toronto.ca/home/covid-19/covid-19-protect-yourself-others/covid-19-vaccines/covid-19-how-to-get-vaccinated/>]

- **For someone in her late 60's who got AstraZeneca vaccine and [since] some European countries have advised against getting the second vaccine with AstraZeneca – what is your opinion about a second dose of AstraZeneca?**

I'm deferring worrying about this for the next 3 weeks, until we see how things evolve. There is not evidence that a second dose of AstraZeneca carries a higher (or lower) risk of VITT, so no reason to particularly worry about a second dose. But we might change our minds as data evolves.

One of our local rheumatologists recommends holding methotrexate for a week post vaccination, another rheumatologist does not. Is there an expert opinion on this?

As you've seen, the problem is that there is more than one expert opinion! Best advice I've seen is that holding any immunosuppressant for 7-14 days post vaccination is a good idea IF there isn't a significant risk of disease flare. Studies are on-going, but it will be months before we know more.

- **A patient had a stem cell transplant – what should the interval be for the next shot? I read the efficacy is better if given at 3-4 months.**

Stem cell [transplant] is listed as one of the conditions that should receive the vaccination in the dosing as indicated in the product monograph.

https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID_19_medical_exceptions_vaccine_dose_intervals.pdf

- **If a patient had a side effect from their first vaccine, should they change to another vaccine as their second shot?**

[...] they should receive the same vaccine (until guidance changes on mix and matching). If they have had a severe/anaphylaxis then they should be seen by an allergist as per this process:

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

- **MOH has sent a recent directive for shorter [than] 16-week dose interval for a subset of patients. How will they be identified? Also, OMA has advised no letters [needed] to be given to these patients, although MOH directive has. If you could please clarify.**

A letter is needed for those who are exempt from the 16-week timelines (i.e., organ transplant, tumors receiving chemo etc.). Specialists/hospitals have also been sent info to ask them to help identify these patients and write these letters - we are hoping this does not all fall on FPs but recognize that the note is an added burden and have communicated this to the MOH. No notes are needed for proof of a condition that makes you eligible for the Phase 2 vaccination.

- **Many countries have stopped AstraZeneca. What about premenopausal patients? How safe? Can we reassure them?**

There are so many ways that countries have been deciding about AstraZeneca, impacted by prevalence of COVID-19, other vaccines available. I like this info from Thrombosis Canada about risk around clots lots there: <https://thrombosiscanada.ca/covid-19-vaccines-and-blood-clots-faqs/>

- **How do patients who received their first vaccine at a pilot clinic get their second vaccine if the pilot clinic has closed now?**

It may be that second doses are given at different sites - the COVAX system will record dates of vaccination/type of vaccines/when due and hopefully can be leveraged for communication efforts about second doses. For now, it would be the same vaccine (though possible this might change).

- **AstraZeneca vaccine and special population recommendations – i.e., pregnant, anti phospholipid syndrome?**

Here is the recent statement from SOGC that all vaccines are acceptable. Note that the province is most likely going to formally announce that pregnant women are now “highest risk” and so will be prioritized for mRNA:

https://sogc.org/en/content/featured-news/SOGC_Statement_on_the_COVID-19_vaccines_and_rare_adverse_outcomes_of_20thrombosis.aspx

and [one] from Thrombosis Canada that personal history of clotting disorder [is] not a contraindication: <https://thrombosiscanada.ca/covid-19-vaccines-and-blood-clots-faqs/>

- **Do we have Canadian data on COVID-19 cases occurring after receiving just 1st dose of vaccine?**

We have some data, but not organized enough to calculate VE. We should have some data soon from ICES, but there is no timeline.

- **Is AstraZeneca vaccine okay in patients with previous history of PE or DVT on anticoagulant now. Also, I'd like to know about the safety of AstraZeneca in Chronic Idiopathic Thrombocytopenia patients. Do we check platelets after the vaccine?**

Yes, it is okay to give AZ to those with a history of clots - there is a great summary From Thrombosis Canada that covers this. <https://thrombosiscanada.ca/covid-19-vaccines-and-blood-clots-faqs/>

- **Because of the delay in 2nd vaccine, is there any value to mixing vaccines? 1st Pfizer, 2nd AstraZeneca or similar?**

Yes, we will probably mix vaccines – studies are running now, decisions coming in the next few weeks.

- **Is it time to “flip” the age parameters and offer AstraZeneca to those 50 years old+ (or 45 years old, 50 years old...depending on supply) and Pfizer/ Moderna to those under that age?**

It will be good to see what NACI has to say. I think figuring out the most effective way to get vaccines to as many people as possible and safely as possible is key. [NOTE: Here is NACI's [Recommendations on the Use of COVID-19 Vaccines.](#)]

- **Can you please comment on patients who deteriorate rapidly at home and die? How can we watch for signs?**

This is a challenge, and I don't think that there is any good solution to it. I think best you can do is to let patients know that this happens, and that if they feel short of breath, or if their family is worried about them, better to go to the ED than to wait.

- **Can you please comment on safety of AstraZeneca vaccine in pregnancy? I hear pregnant women will be eligible for vaccination in the near future.**

Here is the most recent SOGC statement about this saying all vaccines including AstraZeneca are safe and should be recommended. Last night information was released informally that pregnant patients will be identified now as highest risk priority for vaccination and eligible for mRNA vaccines, distributed by the PHU. https://sogc.org/en/content/featured-news/SOGC_Statement_on_the_COVID-19_vaccines_and_rare_adverse_outcomes_of_%20thrombosis.aspx

- **Why is most of Europe allowing AstraZeneca to people over 60 only or simply not providing it at all. Do they have less knowledge than Canada?**

I think in a number of cases (with exception clearly of UK) they have more Pfizer so their approach has been different as a result.

- **Any new precautions about second dose vaccine if any reaction: urticaria, shingles etc.**

Right now, the guidance is just around need for allergy/immunology consult if severe/anaphylaxis to the first dose; otherwise give second dose as required. You can also ask for eConsult on this [and speak] to an allergist if you have a specific questions (<https://econsultontario.ca/>). MOH allergy document here: https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_special_populations_vaccination_allergy_form.pdf

- **How long should a COVID-19 patient wait after positive COVID-19 result if recovered very quickly, to get the vaccine. Public health is telling my patients 2 weeks but I learnt from your sessions 8-12 weeks?**

In some ideal world on another planet, 8-12 weeks may get you a bit better immunogenicity. In the chaos in Canada at the moment, if someone gets a chance for a vaccine and they are out of isolation, good to get the vaccine.

- **After two months of doing public health vaccine clinics, I'm gutted at the amount of paper and administrative burden by everyone just to give a vaccine. Is this ever going to improve or are we stuck with lawyers telling us how we must practice?**

For now, no plans to change the [requirement] for the COVAX system. I think in our offices we have found ways to try to improve efficiency.

- **What is SQL?**

SQL: MySQL is a query platform that allow my manager to extract data from our EMR and upload to COVax. I would ask your EMR support person or please contact my manager lpavone@rogers.com or myself rlall@shn.ca and I can direct your questions. [Answered by Dr. Rosemarie Lall]

- **What do you do if you do not end up giving the vaccine [and have] preprinted the receipt?**

Dr. Lall is only preprinting EMR receipts — COVAX receipts are emailed after the clinic.

- **Receipts are printable at checkout on COVaxON not at checking in... how?**

We use an EFORM from OSCAR to print out receipts on the assumption that patients will show up. If we spend time to print out receipts, we feel we will lose efficiencies, and once put into COVax they will get emailed receipts.

- **At a mass vaccination clinic, I was told by a patient that her neurologist told her not to take AstraZeneca vaccine (she has stable MS, on no treatment) as it is contraindicated. Please comment.**

MS society of Canada supports that there is no preferred vaccine:

<https://mssociety.ca/resources/news/article/covid-19-vaccine-guidance-for-people-living-with-ms>

- **What is the pay at the end of a clinic after paying staff?**

Hard to say, except that my manager has told me we are not losing money, and as I said we are not hiring more staff but redeploy them.

- **Are you pre-booking second doses? Do you have a recall process or are you counting on patients to remember in 16 weeks?**

We have all the contact information in our own EMR and will recall patients closer to their vaccine #2 date.

- **How many clinics are run per week and for how many hours per clinic?**

If we have patients and supply we run clinics from 4-5 pm on weekdays and 1-3 pm on weekends but that being said, if we have no appointments we will not hold a clinic. For now, it has been 2 times per week and Saturdays. We try to be flexible in scheduling and will not schedule until we have ~50 for one hour.

- **The OHIP billing isn't very much, and you have a lot of runners/admin staff supporting this – is it costing you money?**

It is break even, and we are using our [existing] staff in different roles.

- **If a person is in a room on their own post vaccine, who will observe if they have a severe reaction?**

The doors are left open, and the runners scan the rooms all the time.

- **a001 + vaccine?**

Check with OMA billing, but no we don't do this. Only the G codes at \$18.6 per vaccine.

The following question was answered live during the session. To view the response, please refer to the [session recording](#).

- **What is the most up to date information on what is the cause of blood clot/stroke with AstraZeneca - are there any specific or rare health issues known that should guide people to steer away from AstraZeneca or Johnson & Johnson?**