Ontario College of Family Physicians
Leaders for a healthy Ontario

Family & Community Medicine
UNIVERSITY OF TORONTO

Top Questions about COVID-19 Vaccinations

February 5, 2021

More than 600 of our peers joined the COVID-19 Community of Practice session hosted on February 5, 2021, by the OCFP and the University of Toronto's Department of Family and Community Medicine to address:

COVID-19: New vaccines, building vaccine confidence and more.

Based on current guidance and the current vaccine distribution plan, here are answers to questions posted by participants. Note that these answers are based on information available at the time of the Community of Practice.

- **Does HIV increase the risk of morbidity or mortality?**

We are still learning about how COVID-19 affects those with HIV. Based on the limited data, those with HIV who are on effective treatment may have the same risks as anyone else. Others who are less well, older, or who have other conditions may be at greater risk. Here is a summary from the CDC.

- **Is there any current science to recommend one or another specific vaccine to patients who are HIV positive, on antivirals, yet otherwise healthy?**

People with HIV who were stable on treatment with suppressed viral loads were included in the trials for the vaccines. The evidence shows that the vaccines were just as effective as in those without HIV. They should be vaccinated with whichever vaccine is available to them based on the current prioritization.

- **I have heard conflicting advice on how long to wait after COVID-19 vaccine booster before administering a routine vaccine (td etc.). Is it 2 or 4 weeks?**

The recommendation is to wait 2 weeks after another vaccine before receiving a COVID-19 vaccine, and to wait 4 weeks *after* receiving the COVID-19 vaccine before receiving another vaccine (unless needed for post-exposure prophylaxis). However, if these timelines are missed, the doses do not have to be repeated.

- **Do we get to choose which vaccine we will get when the newer ones – like Astra Zeneca (AZ) and J&J – are available?**

The vaccine supply into Canada is the main determinant and people will need to be open to being vaccinated with whichever vaccine is available to them based on supply and prioritization.

Pfizer, given its "fragility" and temperature requirements, will likely be given in mass vaccine clinic environments. Moderna is simpler so can be used in some of the mobile vaccination efforts and could theoretically be offered in the community if there is enough. AZ and J&J would be really well matched to use in our offices and pharmacies.

- **Once a patient is vaccinated, can they socialize with others who have also been vaccinated?**

At this time, even individuals who are vaccinated should continue to follow all public health measures, including distancing, masking, hand hygiene etc. Socializing with people in other households is still discouraged.

- **How much delay is acceptable between the two shots of Pfizer BioNTech vaccine?**

The recommended interval is 21 to 28 days, but it can be administered up to 42 days later.

- **If someone had the first dose of vaccine, and then tested positive for COVID-19 – asymptomatic – when should they get second dose?**

People who are sick with COVID-19 should wait until they have recovered from acute illness and public health has told them they no longer need to isolate. It is important to wait the full isolation period before getting the vaccine so that people at the vaccination clinic are not exposed to the virus.

- **Could you please give advice regarding contraindications for the vaccine?**

For the mRNA vaccines there are only a few absolute contraindications which include anaphylaxis to the first dose or a known anaphylaxis to components of the vaccine (which is mainly PEG). See more information about contraindications here.

- **I have an elderly patient who had COVID-19 and subsequently received the vaccine, 45 days after recovery. After the vaccine she developed vomiting for several hours. Does this count as an adverse event and how do I report this as I do not know the exact type/lot/date as the vaccine was administered in the retirement home setting and I have received no notification around this.**

Use the provincial AEFI reporting form to report. It has categories of AEFIs that should be reported, and it is always better to report if you are unsure. If you can contact the retirement home to get the information that would be helpful, or alternatively encourage the staff to report. If there is information you are missing that is okay and public health will do the investigation. Patients can also report so encourage them to do so as well.

- **Is there a standard vaccine consent form that can be accessed for when we as physicians can administer?**

The current consent form from the ministry is here, under immunization documents. It's a good idea to keep checking on the MOH website or with your local public health unit as we are hearing the consent forms may change/be updated.

- **I had a patient who developed tingling in his tongue and lips and had a swollen lower lip after the first vaccine shot. Can he get the second vaccine? Should I give him Benadryl prior to the second shot if giving it?**

A clinical allergy referral is suggested.

In response to the COVID-19 vaccination roll out, the Ontario eConsult Centre of Excellence in partnership with Public Health, OMA, OntarioMD, Ontario Health and the MOH have created a COVID-19 – Allergy/Immunology BASE™ Managed Specialty Group. This group enables physicians and nurse practitioners to ask COVID-19 vaccine allergy related clinical questions to Allergy and Clinical Immunology specialists electronically and receive a response within days. The general COVID-19 infectious disease group continues to be available.

The COVID-19 specialties are the only groups that allow for population-based, non-patient specific clinical questions.

The COVID-19 – Allergy/Immunology BASE™ Managed Specialty Group is now available province-wide. To sign up for eConsult, visit www.otnhub.ca or complete the Intake Form and someone can assist you. Here is a refresher on how to submit an eConsult.

- **How can I get the rapid COVID-19 test for patients who are in congregate living?**

Ontario is rolling out rapid tests in certain areas of the province for essential workers, staff and visitors in long-term care homes, and in select hospitals and workplaces. Rapid tests are relatively new to Ontario and being rolled out in limited settings:

  - Rural and remote regions
  - Areas experiencing outbreaks
  - Long-term care homes
  - Employer locations participating in the employer rapid antigen screening pilot

- **How can we find out which of our patients have been vaccinated?**

Once you have COVaxON logins you can check. Plus, we are pushing for Health Report Manager (HRM) push notifications.

(Note: COVaxON is the provincial system to record COVID vaccination, adverse events and eventually also integrate the approved prioritization sequence. **Stay tuned to be enrolled (and trained) on the COVaxON system.** While it likely won't be fully integrated into your EMR, we understand COVaxON system will be able to send reports of your vaccinated patients to your EMR.)

- **We need to register for the COVID vaccine, please let us know how and when?**

Your local Public Health Unit will be responsible for the vaccination of family physicians in their region. You can reach out to them and also stay connected with them as they will be doing communication back to us about when/where we will be vaccinated. The order of vaccination will be based on the ministry prioritization sequence which we hear is coming shortly.

- **How will vaccination be rolled out?**

The vaccination rollout will be managed by the local Public Health Units. There is a good summary of what we know about the vaccination rollout here on the CEP website along with other information.

- **Have there been studies on "passive immunization" testing for antibodies e.g., for those frontlines exposed daily to COVID-19 positive patients?**

Not at this point. Right now, the antibody testing is used in a very limited way: in the investigation of suspected cases of Multisystem Inflammatory Syndrome in Children (MIS-C) and, with PHO approval, in patients with severe illness who have tested repeatedly negative by PCR and where serology results would be a helpful adjunctive tool for clinical/public health action and decision making.

Here is more information from Public Health Ontario.

- **With phase 2, are we going to get a guideline on what "high risk "patient group would be included, or are we, as family doctors, going to decide that about our patient cohort?**

Yes, we are waiting for the detailed prioritization information from the ministry which we understand is coming soon. This will be based on the ethical framework already released by the ministry. On process for this the COVID vaccine table headed by General Hillier is getting input now about the sequencing and then this goes to Cabinet for approval. We will share this information as soon as we know.

- **If a patient was known to be exposed to COVID-19 and later tested positive for the antibody, is he/she still required to get vaccinated?**

Yes. Immunity from natural infection lasts only 3 to 6 months. It is recommended that everyone get vaccinated regardless of previous infection.

- **Can people who develop Guillain-Barré after flu receive the COVID-19 vaccine?**

GBS is not a contraindication for COVID-19 vaccination, according to the GBS|CIDP Foundation. You can see more on this in this OCFP document about the vaccine in special populations, including GBS.

- **Is antibody testing helpful in a patient who has very "classical symptoms" of COVID-19, but the PCR swab came negative. Would a positive antibody confirm what the swab missed?**

There are very limited situations where antibody testing should be used: "in the investigation of suspected cases of Multisystem Inflammatory Syndrome in Children (MIS-C) and, with advance PHO microbiologist approval, serology may be considered in patients with severe illness who have tested repeatedly negative by PCR and where serology results would be a helpful adjunctive tool for clinical/public health action and decision making". Check out this information from Public Health Ontario.

- **Do the vaccines contain any substances that would be of concern to persons not wanting any animal products?**

The currently approved COVID-19 vaccines do not contain any food products or gelatin and are considered recommended or permissible by many religious organizations. Here is an infographic on religious permissibility of the vaccine from the South Asian COVID Task Force and COVID-19 Made Simple.

- **For PEG allergies, what other allergies would be related to it? Somebody mentioned latex allergy.**

Allergy to PEG is not that common and those people often have repeated anaphylaxis before diagnosis and the history can be reactions to different drugs that have PEG. The attention to latex may be to ensure that, if an immediate vaccine anaphylaxis occurs, it isn't from something else (i.e. to latex if you are wearing gloves). Get more details here on allergies and other special populations.

- **Will we be given direction on what infrastructure we will need for a COVID vaccine clinic? i.e., Should we have iPads etc. to load the COVax program? It would be helpful to plan for this ahead of time.**

PHAC has released this guidance about getting an immunization clinic for COVID ready:.

- **For physicians who are retired and would like to get vaccinated so they can help the vaccination campaign later, who they should contact for both vaccination and helping with vaccination?**

Ensure that you still have CPSO standing. Contact your local Public Health Unit or primary care leader where you work/live.

- **Any information about withholding ASA/NOACs/Coumadin before administering COVID-19 vaccination?**

In LTC homes, we did not hold ASA or NOACs. Use additional pressure and time post vaccination.

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

- Why can we not give all the doses we have in the freezer and delay the second dose >42 days. Surely the threat of a third wave [see Denmark] is riskier than saving the doses.

- I have a patient suffering from Long COVID (10 months). Is it safe for her to get a covid vaccine? One or two doses?

- What is the role for antibody testing? I've had several nurses asking for testing (they pay through life labs). How do we interpret negative results (after they've had vaccination)?

- I have heard that once family physicians are able to vaccinate their patients in the office that the vaccine administration data must be entered in a system called COVax that is not integrated with any EMRs, so the data must be entered twice along with extra information required by this system- is there a plan to streamline this as family doctors will likely receive very little renumeration (especially in an FHO/FHT) for vaccinating their patients?

- Is there any clarity on which vaccine family doctors will be giving out at our clinics? And when?

- How will high risk or older individuals who live in the community in large cities be identified? Will EMRs in family physicians' offices be used? What happens if these individuals don't have a family physician especially with the increased retirements this past year?