COVID-19 Community of Practice for Ontario Family Physicians

February 5, 2021

Dr. Sarah Newbery
Ms. Sabina Vohra-Miller
Dr. Daniel Warshafsky
Dr. Liz Muggah
Dr. David Kaplan

Changing the Way We Work

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

Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of Family Physicians

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

Moderator: Dr. Tara Kiran

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

Panelists:

- Dr. Sarah Newbery, Marathon, ON
- Ms. Sabina Vohra-Miller, Toronto, ON
- Dr. Daniel Warshafsky, Toronto, ON

Co-Hosts:

- 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 18 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.

CORONAVIRUS | News

'Operation Remote Immunity' kicks off, bringing vaccines to fly-in Indigenous communities in Ontario

Donna Sound and Alexandra Mae Jones

Published Monday, February 1, 2021 10:29PM EST

Operation Remote Immunity, a project aimed at bringing the Moderna vaccine to remote Indigenous communities in Northern Ontario, many of them fly-in, started officially today.

https://www.ctvnews.ca/health/coronavirus/operation-remote-immunity-kicks-off-bringing-vaccines-to-fly-in-indigenous-communities-in-ontario-1.5291712

GTA

Toronto's Indigenous population largely overlooked in COVID-19 vaccine plans, doctors who work with them say

By **Brendan Kennedy** Social Justice Reporter
Stephanie Nolen Atkinson Fellow
Sat., Jan. 23, 2021 | 6 min. read

https://www.thestar.com/news/gta/2021/01/23/torontos-indigenous-population-largely-overlooked-in-covid-19-vaccine-plans-doctors-who-work-with-them-say.html

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. Sarah Newbery – Panelist

Twitter: @snewbery1

Rural Generalist Family Physician, Marathon Family Health Team, and Assistant Dean Physician Workforce Strategy for the Northern Ontario School of Medicine

Ms. Michèle Lajeunesse – Guest Panelist

Community Health Promotion Coordinator, Marathon Family Health Team

Ms. Sabina Vohra-Miller – Panelist

Twitter: @SabiVM

Co-founder Vohra Miller Foundation and Co-founder South Asian Health Network, MSc in Clinical Pharmacology and Toxicology

Dr. Daniel Warshafsky– Panelist

Senior Medical Consultant at the Office of the Chief Medical Officer of Health

Dr. Liz Muggah – Co-Host

Twitter: @OCFP_President

OCFP President, Family Physician, Bruyère Family Health Team

Dr. David Kaplan – Co-Host

Twitter: @davidkaplanmd

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

Speaker Disclosure

- Faculty Name: **Dr. Sarah Newbery**
- Relationships with financial sponsors: Northern Ontario School of Medicine
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Others: N/A

- Faculty Name: **Ms. Michèle Lajeunesse**
- Relationships with financial sponsors: Marathon Family Health Team
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: N/A
  - Others: N/A

- Faculty Name: **Ms. Sabina Vohra-Miller**
- Relationships with financial sponsors: Vohra Miller Foundation
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: N/A
  - Others: N/A

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

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. David Kaplan**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Others: Ontario Health (employee)

- 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 we've received from YOU:

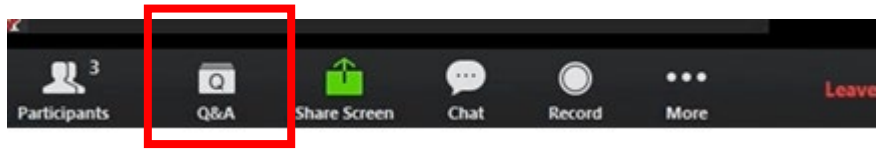
1. What other vaccines will soon be available? How do they work?
2. How can we build vaccine confidence? What are the most common questions about the vaccines and how do these differ among racialized communities? How can we address these concerns?
3. What's the latest on the vaccine rollout plan, especially given delays in shipment? What role will community family doctors have and when?
4. What data are being used to support extending the second dose interval to within 42 days? What happens if the second dose is given beyond 42 days?
5. What is effectiveness of the vaccines against new strains of COVID-19?

Vaccine resources:

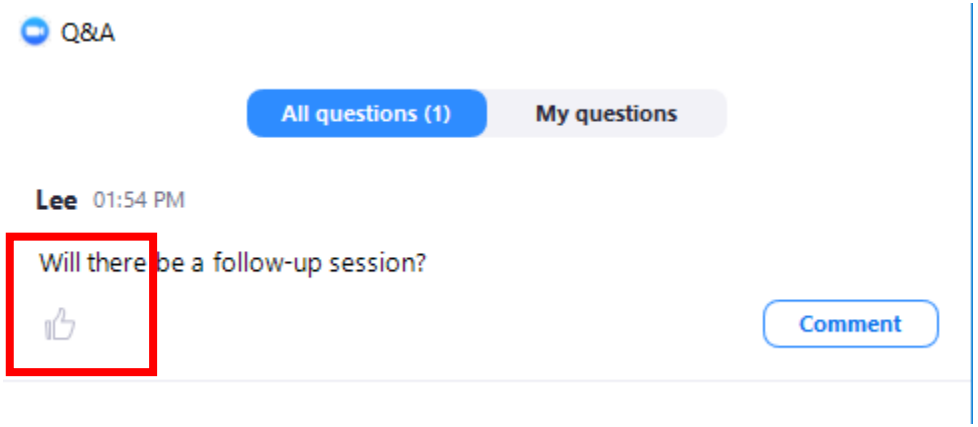
- Centre for Effective Practice (CEP) https://cep.health/
- Ontario College of Family Physicians (OCFP) https://www.ontariofamilyphysicians.ca/
- New England Journal of Medicine (NEJM) FAQ https://www.nejm.org/covid-vaccine/faq
- Community of Practice for Family Physicians https://dfcm.utoronto.ca/covid-19-community-practice

How to Participate

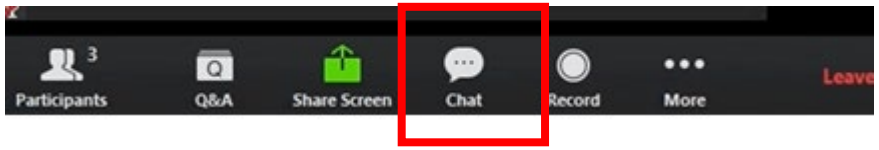
- All questions should be asked using the Q&A function at the bottom of your screen.



- 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.



Dr. Sarah Newbery – Panelist

Twitter: @snewbery1

Rural Generalist Family Physician, Marathon Family Health Team, and Assistant Dean Physician Workforce Strategy for the Northern Ontario School of Medicine

Ms. Michèle Lajeunesse – Guest Panelist

Community Health Promotion Coordinator, Marathon Family Health Team

Ms. Sabina Vohra-Miller – Panelist

Twitter: @SabiVM

Co-founder Vohra Miller Foundation and Co-founder South Asian Health Network, MSc in Clinical Pharmacology and Toxicology

Dr. Daniel Warshafsky– Panelist

Senior Medical Consultant at the Office of the Chief Medical Officer of Health

COVID-19 VACCINE PLANNING: A RURAL PERSPECTIVE

By Dr. Sarah Newbery, MD CCFP FCFP FRRMS &*
Michèle Lajeunesse, Community Health Promotion Coordinator

MARATHON
FAMILY HEALTH TEAM

Integrated health care in Marathon

MARATHON
FAMILY HEALTH TEAM

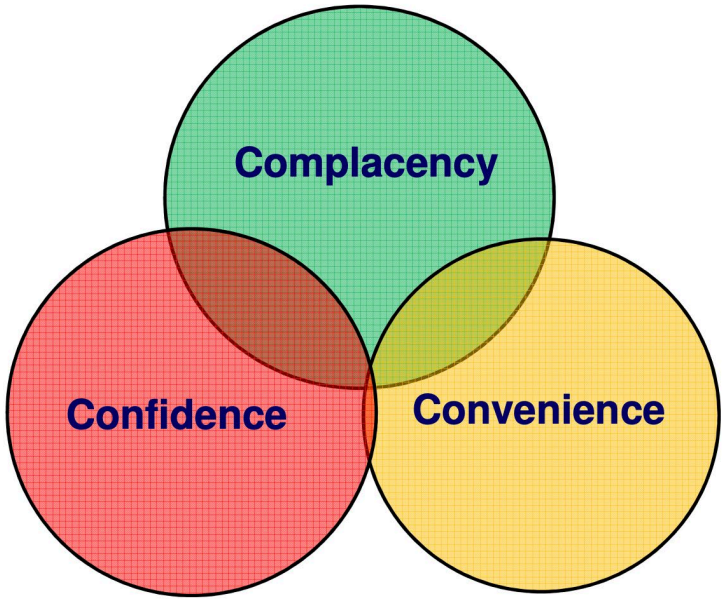
Addressing vaccine hesitancy

Vaccine Hesitancy is a Top Ten Priority for the World Health Organization

January 23, 2019 Rene F. Najera

The World Health Organization (WHO) released the list of its top ten priorities for 2019. Listed among those priorities is combating what it terms vaccine hesitancy. This is what WHO states:

Vaccine Hesitancy Model



https://www.who.int/news-room/spotlight/ten-threats-to-global-health-in-2019

Credit: SAGE working group

Rural vaccine rollout - concerns

Ottawa

Rural areas anxious for news on vaccine rollout plan

Vaccine 'may not reach the arms of emergency staff in Perth until March': ER doctor

Julie Ireton · CBC News · Posted: Jan 11, 2021 4:00 AM ET | Last Updated: January 11

Ministers › The Hon Greg Hunt MP › Minister Hunt's media

COVID-19 vaccine rollout for regional, rural and remote Australians

The rollout of COVID-19 vaccines into regional, rural and remote communities is an vital part of the Australian Government's vaccine strategy to protect country people and managing the fight against the virus in the regions.

Listen Print Share

The Hon Greg Hunt MP
Minister for Health and Aged Care

Thunder Bay

COVID-19 could cause a health care staffing crisis in NWO, physician says

SOCIETY OF Rural Physicians OF CANADA
SOCIÉTÉ DE LA Médecine Rurale DU CANADA

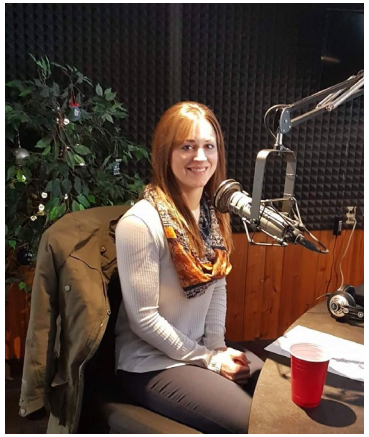
Statement Regarding Rollout of COVID-19 Vaccination to Rural Canada

For Immediate Release - January 25, 2021

MARATHON FAMILY HEALTH TEAM

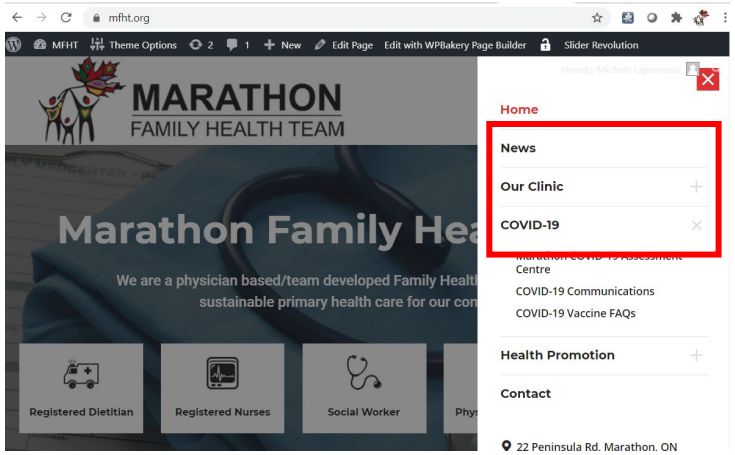
Communication tools

Weekly “Medical Minute” radio segments



Regular posts on the MFHT Facebook page

Weekly articles published in local paper and on MFHT website



MARATHON
FAMILY HEALTH TEAM

Local vaccine planning – Primary care

Ministry of Health

COVID-19 Vaccine Clinic Operations Planning Checklist

Version 2.0 - December 30, 2020

Highlights of changes

- Added Moderna COVID-19 Product Monograph (page 1)
- Hyperlinks updated throughout including PHAC links and the Ontario AEFI form

This guidance provides basic information only. It is not intended to take the place of medical advice, diagnosis or treatment.

Please check the Ministry of Health (MOH) COVID-19 website regularly for updates to this document.

This document is to support local planning as well as the successful operationalization of COVID-19 vaccination clinics in Ontario for all Ontarians, including considerations for vulnerable populations.

Additional resources that you may wish to review (once available) include:

- Planning Guidance for Immunization Clinics for COVID-19 Vaccines
- Planning Guidance for Administration of COVID-19 Vaccines
- National Advisory Committee on Immunization (NACI) Statement: Recommendations on the use of COVID-19 vaccine(s)
- Pfizer-BioNTech COVID-19 [COVID-19 mRNA Vaccine] Product Monograph
- Moderna COVID-19 [COVID-19 mRNA Vaccine] Product Monograph

COVID-19 VACCINE ROLLOUT PLAN

MARATHON FAMILY HEALTH TEAM

Goal: To ensure that every person who wishes to receive a COVID-19 vaccine can receive one, by rapidly delivering safe and effective vaccine doses to residents within our community beginning January 2021.

Some variables that will impact the planning of this vaccination program are unknown. Therefore, this document lays out a flexible strategy that can accommodate a range of scenarios.

KEY PROGRAM OBJECTIVES	Action items	Description	Delegate(s)	Status (not started, in progress, complete)
GOVERNANCE & ADVOCACY	**Governance**			
	Appoint a COVID-19 vaccine planning lead		Joanne & Eli	Complete
	Identify areas where collaboration may be required and reach out to external partners		Michèle	In progress
	Determine insurance and liability coverage in case of vaccine-related adverse events		Joanne	Not started
	Advocacy			
	Advocate for timely local vaccine distribution at a Provincial level		Sarah N. & Adam Brown	In progress
	COVID-19 program lead attends District COVID-19 vaccine rollout meeting and to bring information back to the COVID Crew	Briefing notes will be sent to internal and external partners	Michèle	In progress
COMMUNICATION	**Internal communication**			
	Provide staff and HCPs with vaccine education		Michèle	Complete
	Provide HCPs with tools on how to discuss the benefits of the vaccination with patients		Michèle	Complete
	Ensure appropriate training materials are available for staff and HCPs prior to vaccination clinics		Michèle	In progress
	Ensure that staff and HCPs are aware of the safety protocols put in place to keep them and patients safe during vaccination clinic	Refer to internal Infection Control Policy	Michèle	In progress
	Write and approve necessary medical directives		Ada & Lily	Complete
	Write plan for the management of anaphylaxis and other medical issues		Ada & Lily	Complete
	Provide on-site orientation and prepare an orientation package for all immunizers and support staff		Michèle	In progress
	External communication			
	Keep communities informed about the vaccine, the local vaccine strategy and vaccine uptake	Use various media outlets (newspaper, CFNO, website, Facebook)	Michèle	In progress
	Create accessible signage to support screening and clinic flow		Michèle	Not started
	Individual patient communication			

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

MARATHON FAMILY HEALTH TEAM

Strengthening “convenience” – advance consent

MFHT - COVID-19 Vaccine Screening and Consent From

home | view

Important

Before you complete this form please make sure you read and understand the COVID-19 Vaccine Information Sheet.

First name*

Last name*

Health Card Number*

Sex*

Please Select One

Primary Care Clinician*

Please Select One

Home phone*

Mobile phone

Email*

Street address*

City*

Marathon

Province*

ON

Postal code*

P0T2E0

Date of Birth*

Age*

Dose*

First

Date of first dose if applicable

1. Do you have symptoms of COVID-19 today or feel ill today? *

Yes

https://mfht.org/category/covid-19/

MARATHON FAMILY HEALTH TEAM

TORONTO STAR Newsletters

CONTRIBUTORS OPINION

What I've learned countering vaccine disinformation on social media

By **Sabina Vohra-Miller** Contributor
Mon., Dec. 14, 2020 | 3 min. read

What I've learned countering vaccine disinformation on social media

I have spent most of my life in academia or working in science-based professions. My echo chamber consisted of others with similar science backgrounds.

I got my rude awakening when I became a mother in 2017. Parenthood was an entirely new phenomenon, so I joined several online parenting or "mom" groups on social media. These groups were my first encounter with sensational, provocative and unscientific information. This is when I realized we were amidst a war — a war on science.

THE GLOBE AND MAIL ST. REGI...

CANADA WORLD BUSINESS INVESTING OPI

OPINION

We can't be dismissive about people's anxieties regarding COVID-19 vaccines

SABINA VOHRA-MILLER, SEEMA MARWAHA AND **NAHEED DOSANI**
CONTRIBUTED TO THE GLOBE AND MAIL
PUBLISHED JANUARY 21, 2021

13 COMMENTS SHARE TEXT SIZE

BOOKMARK

TORONTO STAR Newsletters

CONTRIBUTORS OPINION

What good are COVID-19 vaccines if people are afraid? We need to build trust with racialized communities, specifically PSWs facing vaccine hesitancy

By **Sabina Vohra-Miller** Contributor
Dr. Anjali Bhayana Contributor
Fri., Jan. 8, 2021 | 5 min. read

Never in history have we gone from identifying a pathogen to creating and disseminating a safe and effective vaccine in under a year, however, we have not done a good job of explaining how we have been able to utilize scientific innovation without compromising on safety. Terms such as 'Operation Warp Speed' have not helped with hesitancy. Decades of mistrust towards pharmaceutical companies have also exacerbated this.

So, we must discuss vaccine hesitancy. What is it? It describes people who are not flat out against vaccinations, but who are anxious and afraid of vaccines, or sometimes one specific vaccine. Over the past few years, it's a

UNAMBIGUOUS SCIENCE

COVID-19 VACCINES Q&A

WHAT ARE MRNA VACCINES?

mRNA is the part of our genetic material that gives instructions to the body, similar to a IKEA manual or a recipe card. For COVID-19, the mRNA vaccine tells the body to make a harmless piece called the "spike protein." The spike protein is found on the surface of the virus that causes COVID-19. Our immune system recognizes that the protein doesn't belong there and begins building an immune response and making antibodies, like what happens in natural infection against COVID-19.

MRNA IS NEW BUT NOT UNKNOWN

In fact, mRNA technology has been studied in oncology for ever a decade. So once the virus was genetically sequenced, scientists and researchers were able to get to work to create the vaccine and start the trials.

MRNA DOES NOT ALTER DNA

mRNA is in fact just a recipe card that your cell uses to make the spike protein. mRNA also breaks down quickly once it enters your body.

YOU CANNOT GET COVID-19 FROM THE VACCINE

Since the vaccine only produces the spike protein and does not contain any actual virus, there is no possibility of it causing an actual infection.

SIDE EFFECTS CAN OCCUR

Side effects typically occur because your body is gearing up an immune response. For the mRNA vaccines, this included fatigue, sore arms, headaches, muscle and joint pain, low grade fever and chills. Most disappeared within 2 days.

CAN THE VACCINES BE MIXED AND MATCHED?

At this point, there is no data to allow for mixing and matching of vaccines. Your second dose should be of the same vaccine as your first.

CAN I GET THE VACCINE IF I ALREADY HAD COVID-19?

You are still eligible and in fact, it is recommended that you do get it.

UNAMBIGUOUS SCIENCE

http://unambiguous-science.com/
@unambiguousscience

UNAMBIGUOUS SCIENCE

COVID-19 VACCINE SIDE EFFECTS

HOW DO VACCINES WORK?

Your immune system is designed to attack anything that is foreign to your body, such as a virus. When it encounters something new, it takes a while for the body to ramp up its immune system fight squad. Since it has never seen the virus before, by the time it is ready to fight back, the foreign body can already have caused a lot of damage. But, once it fights off that virus, it also produces a special kind of memory immunity that helps it remember the virus. So the next time the virus decides to pay a visit, the body remembers and is able to put together the fight squad quickly.

This is where vaccines can be advantageous. The mRNA vaccine basically injects a recipe card that your body then uses to make the spike protein that is similar to the protein that exists on the actual Covid-19 causing virus. The body doesn't recognize this spike protein and realizes it is foreign. So it ramps up an immune response against the protein. So if later your body comes into contact with the actual Covid-19 causing virus, it now knows to quickly fight it off!

WHAT KIND OF SIDE EFFECTS CAN I EXPECT?

The most common side effects are soreness at the site of injection, fatigue, headache, muscle aches, chills, joint pain and fever. These typically last 1-2 days, but rarely more than a few days.
These side effects mean that the body's immune system is kicking into gear as it should, and getting ready to remember the virus if it ever encounters it in the future.
Vaccine side effects have also been less frequent and severe in older adults in the vaccine trials. This could likely be because immune response declines with age.

CAN YOU GET COVID FROM THE VACCINE?

You cannot get Covid-19 from the vaccine. Because the vaccine only includes mRNA, which is like the recipe card to produce the spike protein and does not contain the actual virus, there is no possibility of it causing an actual infection. mRNA also breaks down quickly once it enters your body.

WHAT ABOUT AUTOIMMUNE EFFECTS?

Although vaccines can in very rare instances cause these side effects, generally these are a lot more common with the actual viral infection. In the past with other vaccines, we have seen that the rates are much lower with the vaccine than what we would typically see with the virus itself.

WHAT ABOUT ALLERGIC REACTIONS?

You can have an allergic reaction to any medicine or food. It is possible that some people might be allergic to an ingredient in the Covid-19 vaccines; however, it is important to remember that these allergic reactions are relatively rare.

UNAMBIGUOUS SCIENCE

http://unambiguous-science.com/
@unambiguousscience

UNAMBIGUOUS SCIENCE

COVID-19VACCINES SPECIAL GROUPS

PREGNANCY

As with pretty much any clinical trial on medications or vaccines, pregnant people are excluded. Due to this, we do not have data in pregnancy. There were a few pregnant people in the trials and no adverse effects were noted. mRNA vaccines are not live viruses and break down very quickly in the body. Experts feel the cause for concern is low, and that the risk in pregnancy is low.
In the US, the CDC and American College of Obstetricians and Gynecologists have said to 'not withhold' the vaccine from pregnant people based on the prioritization criteria. These are consistent with Society of Obstetrics and Gynecology Canada recommendations, that state individuals who are at high risk of infection and/or morbidity from COVID-19, vaccination may be offered weighing the risks and benefits given the elevated risks associated with Covid-19 illness and outcomes in pregnancy.

BREASTFEEDING

There is no data available in breastfeeding and we do not know how much is excreted in human milk. In the US, the CDC and American College of Obstetricians and Gynecologists have said the vaccine 'should be offered' to lactating people based on the prioritization criteria. These are consistent with Society of Obstetrics and Gynecology Canada recommendations, that state individuals who are at high risk of infection and/or morbidity from COVID-19, vaccination may be offered.
mRNA vaccines are not live viruses and break down very quickly in the body. They are generally not thought to pose a risk to a breastfeeding infant.

ELDERLY

The mRNA trials included participants over age 65 and there was no difference in efficacy or safety when compared to younger age groups.

PEDIATRICS

There is currently no data available in children under the age of 16; however, there are studies undergoing in adolescents (above age 12).
Data for children 11 and under will likely need dose de-escalation studies, ie, understanding how much of the vaccine is appropriate and tolerated in younger children – these studies have not yet started.

RACIALIZED

Nearly 40% of the participants in the mRNA trials were Black or African American, Hispanic or Latino.

IMMUNOCOMPROMISED

Vaccine safety and efficacy profiles in immunocompromised people is still not known and they may have a lower immune response to the vaccine. Persons with HIV infection, other immunocompromising conditions, or who take immunosuppressive medications can be vaccinated as long as they don't have a specific reason where it is not advised. Immunocompromised individuals should also continue to protect themselves from Covid-19 even after getting the vaccination.

UNAMBIGUOUS SCIENCE

http://unambiguous-science.com/
@unambiguousscience

MYTHBUSTERS

mRNA technology is not new and has been studied for more than 10 years.

mRNA vaccines do not contain any actual virus, so they cannot cause a Covid-19 infection.

mRNA does not affect or change your DNA.

mRNA quickly breaks down once it enters your body.

The vaccine will protect you and your loved ones

The COVID-19 vaccine is your best protection against the virus.

Studies show the Covid-19 vaccine is 94-95% efficacious in preventing symptomatic Covid-19 disease. Importantly, it also helps prevent severe illness from Covid-19.

The Covid-19 vaccine is very safe. Please speak to your doctor if you have any questions or concerns.

SOUTH ASIAN HEALTH NETWORK

@SAsianHealthNetwork
SAHealthNetwork
sahealthnetwork
www.southasianhealthnetwork.ca

What are mRNA vaccines?

mRNA is the genetic material that gives instructions to your body.

In the vaccine, the mRNA tells the body to make the 'spike protein' that is found on the actual virus. The body recognizes this as being foreign, and builds an immune response. When your body comes across this protein on the actual virus, it is able to fight it off quickly.

UNAMBIGUOUS SCIENCE

Source: @unambiguousscience
https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines.html#a1

Hindi

Gujarati

Tamil

WHAT'S IN THE COVID-19 VACCINES?

mRNA - harmless genetic material

Helps build immunity against Covid-19 virus

Lipids and Cholesterol

Forms a bubble around the mRNA and helps it enter our cells

Sugar (sucrose) and salts (sodium, potassium)

Helps to keep the vaccine stable and balanced

No blood or fetal products

No pork or cow or animal products

SOUTH ASIAN HEALTH NETWORK

@SAsianHealthNetwork

SAHealthNetwork

sahealthnetwork

www.southasianhealthnetwork.ca

UNAMBIGUOUS SCIENCE

http://unambiguous-science.com/

@unambiguousscience

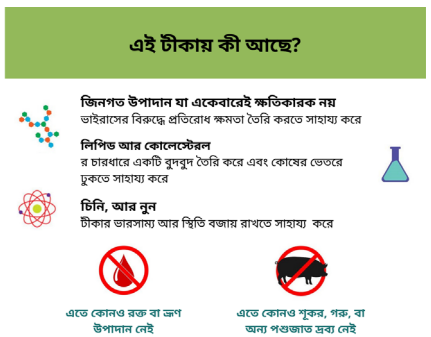
کوویڈ 19 ویکسین کیا ہے؟

Urdu

কোভিড -19 টীকে বীচ কী হৈ ?

Punjabi

এই টীকায় কী আছে?



Bengali

Protect your elders.
Get Vaccinated.

https://southasianhealthnetwork.ca/

Variants of Concern (VoC)

B.1.1.7

The VoC that was first seen in UK is called B.1.1.7. One of its mutations is called N501Y, which improves how well the virus' spike protein can attach to our cell receptors called ACE2 – so it kind of makes it more sticky/tacky and therefore more transmissible (shown to be up to 50% more transmissible).

B.1.351

The VoC that was first seen in South Africa is called B.1.351. This variant includes the N501Y to make more sticky, but it also has another mutation - the E484K mutation. This mutation occurs on the receptor binding domain of the spike protein, which is part of the virus that your immune system antibodies get trained to recognize after you've been infected or vaccinated. This mutation therefore helps the virus to disguise part of its signature appearance, allowing it to slip past immune response.

http://www.unambiguous-science.com/

Vaccinations

When you get vaccinated, you make tons of different kinds of antibodies – it's a polyclonal response. So think of the vaccine as a lock and key analogy, you're making keys to match multiple locks but you're also making slightly different keys so that if doesn't quite fit right, another might.

mRNA Vaccines

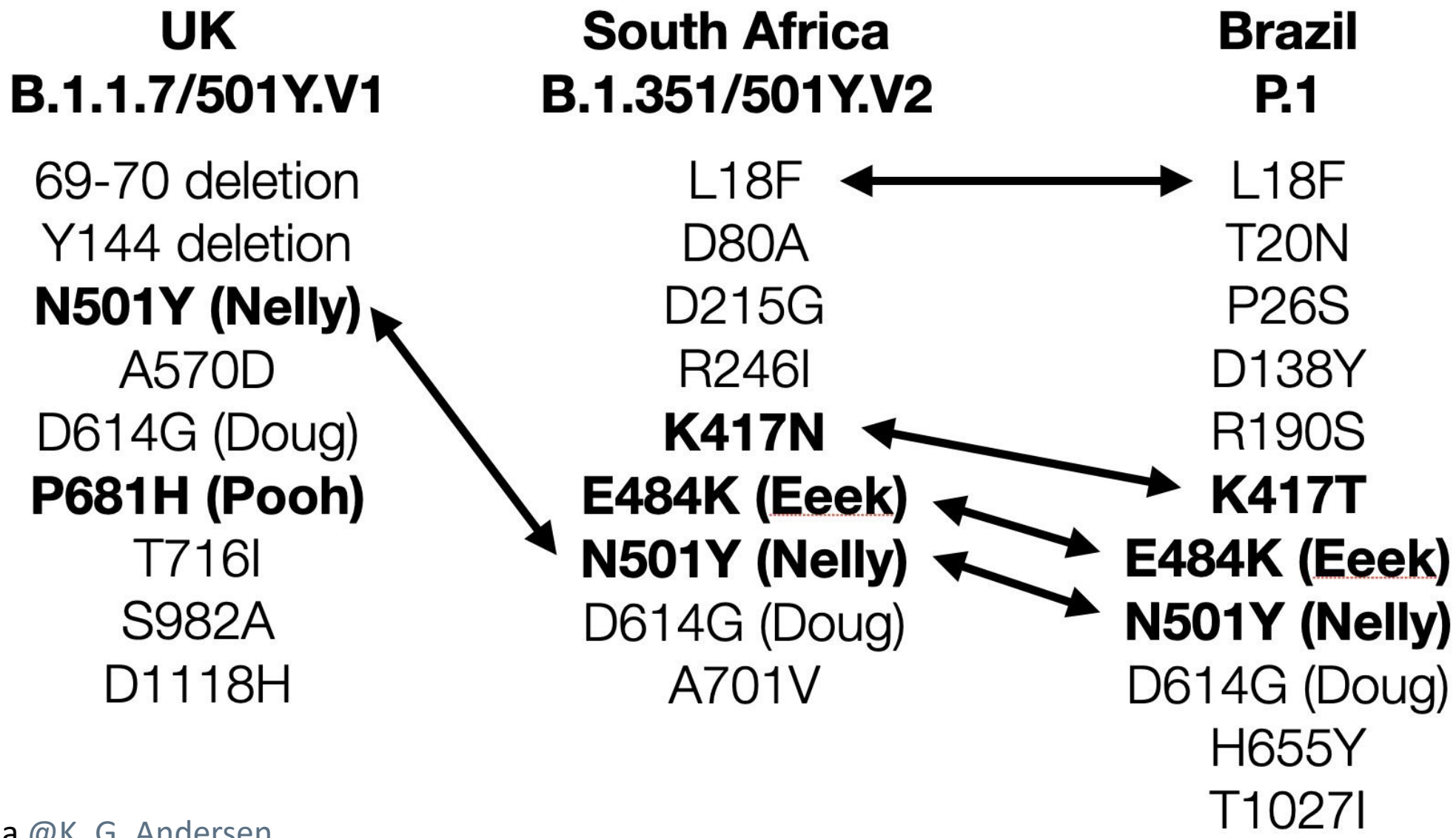
Pfizer and Moderna have both studied their mRNA vaccine and found they were just as effective against the B.1.1.7 variant with the N501Y 'sticky' mutation.
Moderna recently released a study on the B.1.351 VoC and showed a six fold decrease in neutralizing antibodies due to this E484K mutation. They are considering adding a booster shot to their vaccine regimen. However, one point that is consistently missed is that there is more to the immune system than antibodies! In fact, Memory B and T cells play a huge role as well, so we still do not know if the vaccines would overall be less efficacious. Besides, with 94-95% efficacy, we have some room to play. Pfizer has not yet studied this variant.

UNAMBIGUOUS SCIENCE

http://unambiguous-science.com/
@unambiguousscience

J&J
72% efficacy in US with mostly WT/B.1.1.7

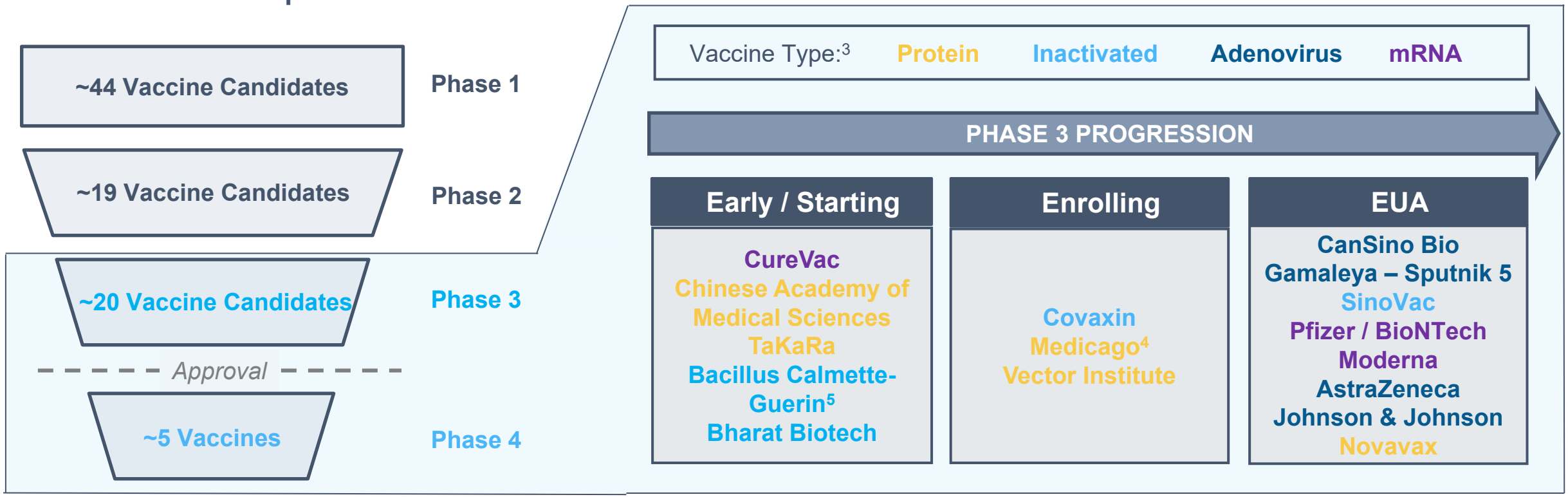
57% efficacy in South Africa with predominant B.1.351



Via @K_G_Andersen

There are currently ~86+ COVID-19 diverse vaccine candidates in human clinical trials, ~20 of which are in late stage trials

COVID-19 Vaccine Pipeline[1,2]



Greater vaccine platform diversity in the clinical trial pipeline could increase the likelihood of finding the safest and most effective vaccine both in the short- and long-term

Two vaccines - Pfizer/BioNTech and Moderna - have reported high efficacy and have been approved for use in Canada

Pfizer / BioNTech
(mRNA)

- Reported initial efficacy of **~90%**
- Phase 3 trial included **~43,000 enrollees**, with fatigue as the only serious adverse events noted[1,2]
- Two-dose regimen – cold storage at -70C
- 779K Pfizer/BioNTech vaccines have been distributed across 10 provinces

Moderna
(mRNA)

- Reported initial efficacy of **~94%**
- Phase 3 trial included **~30,000 enrollees**, and no significant safety concerns were noted[4]
- Two-dose regimen –**cold storage** at -20C
- 340k Moderna vaccines have been distributed across Canada

Three more vaccines are currently waiting approval for use in Canada with promising efficacy results

AstraZeneca
(Adenovirus)

- Reported efficacy of **~70%** among participants given two full doses in the UK and Brazil
- However, a manufacturing error, in which some study participants received a partial dose, resulted in a **second cohort with higher efficacy (~90%+)**
- Total trial around 23,000 participants
- Two-dose regimen – stored at 2-8C
- Pending approval in Canada

Johnson & Johnson
(Adenovirus)

- Phase 3 trial involving 44,000 participants globally has reported an initial efficacy of **~66**% and **85% in preventing moderate to severe infection** at 28 days
- Decreased efficacy (57%) reported in the South Africa arm of the study, potentially related to variant
- There **were no COVID-related cases of hospitalizations or deaths** among those who received the vaccine
- Single dose regimen – stored at 2-8C
- Pending approval in Canada

Novavax
(Spike protein)

- In Phase 3 in the UK, where **interim efficacy has been reported at 89%.** Over 50% of cases had the UK variant.
- This represents 96% efficacy against the original strain and 84% against the UK variant
- Interim results from Phase 2B studies in South Africa is estimated at 49-60%
- Total ~20,000 participants
- As per recent announcement, Novovax will begin to be **produced domestically** by the end of 2021
- Two dose regiment – stored at 2-8C
- Pending approval in Canada

Others in use around the world

Gamaleya-Sputnik 5
(Adenovirus)

- Phase 3 trial involving 20,000 participants globally has reported an efficacy of 91.6% in preventing moderate to severe infection at 21 days after the first dose
- Almost all white, 60% male, 18 and older
- Comorbidities in about 25% of participants
- 3 fatalities in vaccine group due to pre-existing comorbidities
- No serious adverse events related to vaccine, but 45 reported in vaccine group and 23 in placebo group
- Single dose regimen – stored at 2-8C
- Combined 2 adenovirus vector vaccine

Sinovac
(Inactivated)

- Efficacy ~50-75% based on 13,000 participants
- Currently in use China, Brazil, Turkey
- Two dose regimen – stored at 2-8C
- No serious adverse events reported

Up to date as of 12/01/2021

Canada has secured enough doses to vaccinate entire population ~4 times over

Summary of known advance purchase agreements[1]

Approved

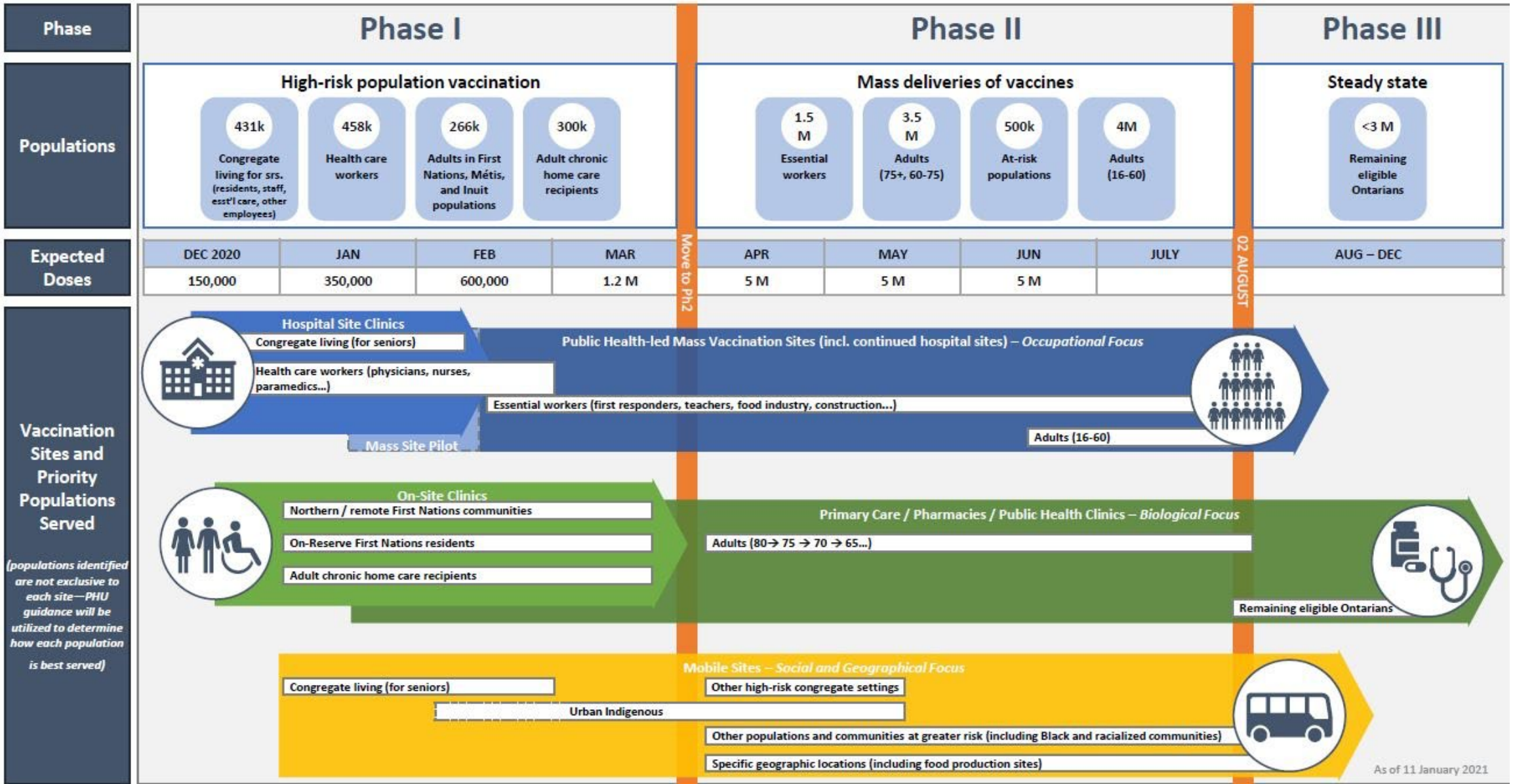
Manufacturer	Number of doses purchased	Dosage	Storage	Status
Pfizer / BioNTech	40 M Committed 36 M Optioned	Dual	-80C	Approved Dec 09
Moderna[2]	20 M Committed 36 M Optioned	Dual	-20C	Approved Dec 23
AstraZeneca / Oxford	20 M Committed	Dual	2-8C	Under review by Health Canada[4]
Johnson & Johnson	10 M Committed[3] 28 M Optioned	Single	2-8C	Under review by Health Canada[4]
Novavax	52 M Committed[3] 24 M Optioned	Dual	2-8C	Phase 3 clinical trials
Sanofi / GSK	52 M Committed[3] 20 M Optioned	Dual	2-8C	Phase 3 clinical trials
Medicago	76 M Committed	Single	2-8C	Phase 3 clinical trials

- Canada has secured enough doses to **vaccinate its population** with the recommended dosage **~4 times over**
- There are **~60M doses (30M courses) committed across vaccines already approved**
- However, timelines for availability of vaccines are relatively unknown:
  - Expected ~6M total doses delivered by end of Q1 (~3M Canadians vaccinated)[2]
  - An additional ~15-19M doses are expected to arrive in Canada by end of Q2 (~7.5-9.5M Canadians vaccinated)[5]

Canada is a global leader in COVID-19 vaccine procurement volume per capita, with multiple manufacturer agreements despite criticism around lack of in-country manufacturing – although sufficient doses have been secured, distribution challenges remain

COVID-19 VACCINE DISTRIBUTION PLAN

For deployment of Pfizer and Moderna vaccines



Webinar: Recognizing and Managing Anxiety Disorders in Primary Care during the COVID-19 Pandemic

Moderated by Dr. David Kaplan, hear from experts in the field about how to support patients presenting in primary care with symptoms of anxiety

Tuesday, February 9, 2021 | 12:00pm to 1:00pm

REGISTER NOW

OBJECTIVES:

- Review the overlapping and distinguishing features between anxiety related to the COVID-19 pandemic and anxiety disorders
- Highlight the key elements in delivering optimal care for individuals with anxiety disorders based on the quality standard
- Introduce the resources currently available to support people living with an anxiety disorder

SPEAKERS

- **Randi E. McCabe, BSc, MA, PhD**, Director of the Anxiety Treatment and Research Clinic, and Psychologist-in-Chief, Mental Health and Addictions Program at St. Joseph's Healthcare Hamilton
- **Peggy Richter, MD, FRCP(C)**, Head of the Frederick W. Thompson Anxiety Disorders Centre at Sunnybrook Health Sciences Centre
- **Paul Kurdyak, MD, PhD, FRCPSC,** Medical Lead for the Mental Health and Addictions Centre of Excellence
- **Carol Miller,** Lived Experience Advisor for the Anxiety Disorders Quality Standard Advisory Committee
- **Ethan Chilcott**, Student with Lived Experience of Anxiety Disorders

Ontario Health

Family Medicine Summit 2021

www.OCFPsummit.ca

Useful COVID-19 websites

Ontario College of Family Physicians:
https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources

Centre for Effective Practice:
https://cep.health/toolkit/covid-19-resource-centre/

COVID-19 Community of Practice self-learning program

Past COVID-19 Community of Practice sessions

The COVID-19 Community of Practice is a space for family physicians across Ontario to connect and learn from each other. Approximately once a month, practicing family physicians share their perspectives on COVID-related topics ranging from implementing virtual care, to organizing community collaborations, and supporting patients with mental health and addiction. These one-hour webinars are interactive and questions from participants are answered in real-time where possible. Each session is recorded and shared after the event, including links to notable resources.

This COVID-19 Community of Practice is a joint initiative from the University of Toronto Department of Family and Community Medicine (DFCM) and the Ontario College of Family Physicians (OCFP).

Please visit the DFCM events page for upcoming sessions.

Self-learning program

The COVID-19 CoP session materials, including recordings, tools, and resources are available as self-learning modules.

This one-credit-per-hour self learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 1 Mainpro+® credits. This program is part of a series that has been certified for up to 18 Mainpro+® credits.

To participate in this self-learning:

- Select the dates/sessions you wish to participate in. You are welcome to complete as many sessions as you wish.
- Watch the video recording of the live session.
- Review the session tools and resources.
- Complete the self-learning post-session activity, click the button below.

Complete the self-learning post-session activity here

Past sessions

COVID-19 vaccine, public health collaboration, and supporting our teams (December 11, 2020) +

Supporting patients with COVID-19, evolving guidance, and fatigue (November 13, 2020) +

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

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: **February 19, 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 18 credits.

Post session survey will be emailed to you. Certificates will be emailed in approximately 1 week.

Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of Family Physicians
Leaders for a healthy Ontario