

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

### Building vaccine confidence in the Black community, evolving guidance, and more – April 9, 2021

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

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- **Can we give AstraZeneca vaccine second dose to patients who have received their first dose after 4 weeks instead of waiting 16 weeks?**

Right now, the recommendation is to have the 16-week delay between first and second dose for all vaccines including AstraZeneca. The exceptions right now are in these groups: The Vaccine Clinical Advisory Group (VCAG) (March 26, 2021) has recommended two exceptions to the extended dose interval: transplant recipients (including solid organ transplants and hematopoietic stem cell transplants) and those with malignant hematologic disorders and non-hematologic malignant solid tumors receiving active treatment (chemotherapy, targeted therapies, immunotherapy).

- **In terms of dose intervals, do you mean we cannot give second dose even if we have AstraZeneca vaccines in our office that no one else wants? we cannot give second dose? is it ok for it to sit in fridge and not be given to those who are eligible to receive second dose?**

The idea is to get as many people as possible their first dose. A contingency plan should be in place to deal with any “left over” doses.

- **Family Physicians are being sidelined in vaccine roll out. Pharmacies are in the news and appear to have ongoing advocacy. Why is this not happening with Family Physicians?**

The initial “pilot” of AstraZeneca in 6 PHU’s has been expanded and in this most recent AstraZeneca allotment 20% (120K) of vaccines are being distributed to family doctors/primary care across the 34 PHU. This is starting this week. PHUs are reaching out to the primary care/family doc communities to identify who is interested to participate in vaccinating with AstraZeneca in their offices. Would recommend you reach out to your local PHU, also each PHU has an identified primary care lead, often a family doctor. **[List of PHU contacts here: <https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/phu-pc-contacts.pdf>]**

- **I was wondering if there are any updates regarding how can we get our elderly (very demented or very sick) home bound patients (not helped by LHIN because of safety concerns/ family preference) register to be vaccinated at home?**

This will be led by the PHUs, so will look differently across the 34 units. I know there are a variety of ways this could happen with mobile teams going to the home (including primary care/family docs who have access to the vaccines). We have continued to press for this important group to be considered and I know that it is on the priority list for the PHUs.

- **Many elderly and immune compromised patients worried about getting second dose so far out, asking if we advocate to advance or not?**

At this point this is all vaccine supply dependent. Ongoing evaluation is going on by NACI to help determine if there are other subpopulations where the dosing interval should be reduced. NACI reaffirmed the current delays just this Wednesday. We are hoping with increase in vaccine supply the timing can shorten and continue to advocate to MOH to keep on this.

- **For those who qualify for earlier second dose. How does patient access that second dose earlier?**

This would happen at the time of the first vaccination and based on your health issues if you are eligible for the shorter interval, you would be booked your second vaccine in that time.

- **Any evidence for mixing vaccines? I have a patient who is age 30 and received the AstraZeneca vaccine in Laos but she will be back in Canada when her second dose is needed. What will she be offered here? What is the evidence for mixing vaccines e.g., AstraZeneca and Pfizer?**

There are trials currently underway in the UK, US, and Canada. Currently, we don't have the data on mixing vaccines but are expecting results from these in May. It is likely that mixing doses will be an option and even recommended if the first dose was with a less efficacious vaccine.

- **I have a PSW student patient who needs many routine vaccinations. How long after a COVID vaccination should I wait to administer other vaccinations?**

You need to wait 4 weeks (28 days) after COVID vaccine to give another vaccine.

- **Is there any precaution in timing of Pfizer vaccine and Prolia injection?**

New guidance in the end of March from Osteoporosis suggests an interval of one week between Aclasta and COVID vaccine and 4-7 days between Prolia and COVID vaccine  
<https://osteoporosis.ca/covid-19-vaccination-and-osteoporosis-drug-therapy-2/>

- **Regarding allergy injections including dust, tress, grass etc. Do these patients have to wait the 28 days post COVID vaccine to have these administered or can it be given anytime around the vaccine?**

Allergy shots are not vaccinations, no definitive guidelines but most are avoiding the shots on the same day. See our OCFP Vaccine FAQ for more on this:

<https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/covid-vaccines-faqs.pdf>

- **Can a 4-day dose of oral prednisone for an acute allergy 3 days after first COVID-19 shot blunt efficacy of the shot.**

Depends on the dosing, prednisone dose of 20mg or greater (or equivalent) has been identified as potentially impacting immune response.

- **I'm still getting lots of requests for notes especially now that medical conditions are being prioritized. I heard that there is a form that we need to sign that was becoming available. Should we be doing this form (and how do we get it if so) proactively, especially as more medical conditions are qualifying people? And as far as medical conditions, are there guidelines? (i.e., well controlled vs poorly controlled diabetics), which mental health conditions are "at risk"?**

There is no need for a note to confirm if a patient has a health condition for the phase 2 prioritization. We are continuing to inform the MOH and others of the need to ensure that these are not requested. For consent to be vaccinated there are a small number of populations where they need to provide verbal attestation that they had a discussion with their provider, and those with severe allergy reaction to prior dose may need a note from an allergist. Check out our special populations document on this <https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/covid-19-vaccines/covid-vax-special-populations.pdf>

- **One of my patients has a child with Autism Spectrum Disorder. His stated developmental disabilities are "high priority." Could you please comment.**

The government has defined High-Risk Health Conditions as:

- Obesity (BMI > 40)
- Other treatments causing immunosuppression (e.g., chemotherapy, immunity-weakening medications)
- Intellectual or developmental disabilities (e.g., Down Syndrome)

There is no additional granularity to these categories.

[https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19\\_Phase\\_2\\_vaccination\\_prioritization.pdf](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_Phase_2_vaccination_prioritization.pdf)

- **Is there higher rate of shingles after COVID vaccine? How do we report adverse effects? Is the Family Doc or the vaccine clinic that administered it?**

People with immediate reactions are reported via the vaccine clinic in COVAX. For delayed or prolonged reactions - family doctors should report with Report of Adverse Event Following Immunization (AEFI) using this form <https://www.publichealthontario.ca/-/media/documents/A/2020/aefi-reporting-form.pdf?la=en>

- **Can you please comment on NACI guideline related to AstraZeneca use below 55 years? Are we giving AstraZeneca vaccine to people under 55?**

Not at this point, we are at this point giving it only to those over 55. This is related to the concerns around VIPIT. More here: <https://www.canada.ca/en/public->



[health/services/immunization/national-advisory-committee-on-immunization-naci/rapid-response-recommended-use-astrazeneca-covid-19-vaccine-younger-adults.html](https://www.ontariocollege.ca/health/services/immunization/national-advisory-committee-on-immunization-naci/rapid-response-recommended-use-astrazeneca-covid-19-vaccine-younger-adults.html)

- **AstraZeneca is recommended to be given to those over 55 years of age. How about patients who are 54 now but turning 55 in 2021 - should they receive AstraZeneca vaccine, or a different one?**

Guidance is if you are 55 or will be 55 at any time in 2021.

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

- Please cover AstraZeneca hesitancy. Why should we recommend it when Pfizer/ Moderna is better and safer?
- Is the change in time interval from exposure to testing from 5 day to 7 day due to the increasing prevalence of the variants?
- What population of patients qualifies for the 21-day separation for the second dosage?
- What's up with AstraZeneca and most recently, as of this morning, J&J, apparently North Carolina paused its use due to adverse effects?
- Can you please discuss vaccination post COVID infection? Apart from recommendation to get once out of isolation and feeling well is there any evidence of delaying it a few months due to presumed immunity post infection?
- Please comment on COVID infection after COVID Vaccination. Variant breakthrough? Poor immune response?
- I have reviewed the recent full NACI statement on the 4-month delay of dosing. I don't see any studies looking at delay of much more than 80 days after an initial dose of the mRNA vaccines. Is there data beyond 80 days, that looks at the 3- or 4-month timeframe? Has this delay been studied with the context of variants such as P1 and B.1.351 in mind rather than only the B.1.1.7 variant?
- When can a patient get the vaccine after having the COVID infection?

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**Please also check out this [list of FAQs and answers](#) from the OCFP which may be helpful in addressing some of your questions about COVID-19 vaccines and vaccination.**