



Changing the Way We Work

July 8, 2022: Where we are and where we're going

Panelists: Dr. Amy Montour, Dr. Fahad Razak, Dr. Jeffrey Pernica Co-hosts: Dr. David Kaplan, Dr. Mekalai Kumanan | Moderator: Dr. Tara Kiran

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

VACCINES

I feel confused by the data – is 30-50% efficacy in kids <5 worth getting vaccinated? How should I counsel parents?</p>

That efficacy is based on VERY few numbers and is against infection - which is much less important than efficacy against hospitalization. I think it very possible that the vaccine will be comparably effective against SEVERE disease in this youngest age category based on the seroconversion data. This is really the most important thing...vaccines are not effective against infection in other age groups either (after 6-12 weeks).

[Additional resources]

- OCFP Q&As about the vaccine for ages 6 months to under 5 years: https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/covid-19-vaccines/covid-vaccine-under-5-qas.pdf
- Canadian Paediatric Society position statement, addendum: https://cps.ca/en/documents/position/covid-19-vaccine-for-children-and-adolescents#July%2019%20Addendum
- SickKids Vaccine Consult Service (for parents/patients):
 https://www.sickkids.ca/en/care-services/support-services/covid-19-vaccine-consult/
- Will the new Omicron-specific vaccines due out this fall be studied before they are released for use in the general public, or is that no longer necessary based on experience to date with mRNA vaccines, so they are assumed to be safe?

Definitely, we will not have as much data as we had for earlier vaccine studies – especially the larger vaccine effectiveness studies. I would like to see those kind of studies in an ideal world, but I believe they may no longer be possible given how rapidly waves are occurring.





COVID-19 – VARIOUS

Is it likely it was already BA5 as early as June 1st?

In early June, BA5 was not yet the major variant so it's difficult to know which infection individuals had at that point.

What is Japan doing differently to have such low rates?

It's very unclear. To the best we can say it's not vaccination rates or broad public health measures. Areas being explored are better adherence to mask use, some genetic differences driving immune response that are more common in Japanese, higher baseline immunity because of prior coronavirus infection, Japan being an island and not subject to as many people crossing borders, etc. A lot of research to be done!

• Re: stringency of restrictions, we varied a lot by province. How did you account for that in comparing Canada to other countries?

This is a very important question. The index is estimated at a national level by looking at the strictest sub-national jurisdiction (like a province in Canada or State in the US). Obviously, this has important limitations. We are currently completing a second analysis to look at this within Canada so we will be able to compare provinces directly.

Given that PCR and formal RAT are limited, how do we know the true rate of infection?

Very difficult. More work is being done to see how much wastewater can be used along with other measures (like % positivity, etc.) to create an estimate.

• To clarify, having COVID a couple of months ago is NOT protective against this wave?

Yes, unfortunately. It means the other strategies become especially important -masking, etc.

INDIGENOUS HISTORY

 Are there any books/recommended reading on Indigenous history RE healthcare you would recommend?

I would recommend starting with the Canadian specific Report of the Royal Commission on Aboriginal Peoples, the Truth and Reconciliation Commission of Canada, Seven Fallen Feathers by Tanya Talaga, and Braiding Sweetgrass by Robin Wall Kimmerer. In addition, University of Alberta has an open online course on Indigenous Canada. [https://www.ualberta.ca/admissions-programs/online-courses/indigenous-canada/index.html]

Also, Separate Beds: A History of Indian Hospitals in Canada, 1920s-1980s by Maureen Lux.

COVID-19 Community of Practice for Ontario Family Physicians





These additional questions were answered live during the session. To view responses, please refer to the <u>session recording</u>.

- When will the new hybrid COVID vaccine be available?
- Please comment on this new omicron wave 7. Has the hospitalization rate increased?
- Any role for rapid tests prior to attending major events like conferences or weddings this summer for all attendees?
- What data point would trigger return of mandatory masking given the evidence of a 7th wave with increased hospitalizations?
- How soon after initial COVID infection are you seeing reinfection?
- Do we know when under 60 can get 4th shots?
- So do you recommend we get a 4th shot now which is not designed for omicron 5 or wait for the better designed vaccine(hopefully) coming in the fall, keeping in mind you need time between vaccines?
- The narrative to the public that "fully vaccinated" meant 2 doses seemed to have contributed to the low rate of the boosters is there a move to change?
- The public message to 3+ vaccine illness
- How much benefit is there for well under 60 people getting the 4th dose?
- What is the recommendation for deferring second does for children (>5) who have contacted covid? thanks
- Is there any information about long Covid in children, and if vaccination impacts this risk?
- Can you provide any information about the status of the nitric oxide nasal spray
 (SaNotize in NA, Enovid in Israel) that was developed in part by 2 Canadian researchers
 and is thought to reduce viral load in the nasal passages? It is being used in India and
 apparently under review (for the last 2 years at least, in Canada) by Health Canada. If
 effective, it should be very beneficial for health care workers and transit users—and the
 rest of us.