

Changing the Way We Work

August 19, 2022

The COVID-19 vaccine for kids under 5

Panelists: **Dr. Amanda Adams, Dr. Upton Allen, Dr Chris Simpson, Dr. Daniel Warshafsky**

Host: **Dr. Liz Muggah** | Moderator: **Dr. Tara Kiran**

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

VACCINES

- **How far apart should COVID vaccination be spaced after/before routine childhood immunizations? | Given the inconvenience of having young kids come in for numerous appointments, any chance the 14-day rule of waiting before/after other vaccines can be lifted? In other words, can we give the COVID vaccine at the same time as other routine vaccines in infants/younger kids?**

As Upton has described, the 14-day interval is a strong recommendation from NACI, not a mandate. The rationale is not because of safety or efficacy concerns within that time frame, rather the need for post-vaccination AEFI [adverse event following immunization] surveillance. Vaccines given within that timeframe from each other would be extremely difficult to determine which led to an AEFI. But NACI does have language currently stating that they can be given within 14 days if necessary, with Ontario following this direction.

[See page 3 of NACI recommendations, July 14, 2022:

<https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/naci-summary-july-14-2022.pdf>]

- **Should seniors 70+ in community with immune-compromising conditions get a 5th shot?**

Some will if immunocompromised, see this link from the website U of T DFCM and OCFP helped create (ConfusedAboutCOVID.ca under “Do I need a booster?”), there are great tables for the various groups and who needs what booster doses:

<https://www.dfcu.utoronto.ca/sites/default/files/assets/files/q10-third-doseen5rev.pdf>

- **When Dan [Dr. Warshafsky] says pediatric population excluded from the bivalent vaccine, does this mean under 5 or all patients under 18?**

Sorry for not being clear! Our understanding is that the submission to Health Canada is for 18+ only at this time.



- **The previous information on incubation period was average of 5-6 days and up to 14 days but that was more in reference to Wuhan. I've observed anecdotally that Omicron seems to have a shorter incubation period. Any information on this?**

The incubation period with Omicron is shorter overall than with Wuhan strain. 10 days is accepted as the longest period for incubation, rather than 14. The median is in the 3 to 5-day range, so slightly shorter than Wuhan, but can be as short as 24 hours.

- **Do we know exactly what variants the vaccine is covering?**

The current vaccine remains directed at the original strain. The bivalent, expected to be authorized in the near future (for adults), will cover the original strain and [Omicron] BA.1.

- **Will they be pivoting to the bivalent vaccine targeting BA.4/5 later or are they going to stick with BA.1?**

There has been indication from the pharmaceutical companies that they are looking to create a BA4/5 targeted product. Unfortunately, the timelines for this are likely months off given the requirements for new trials and authorization by Health Canada, so not available in time for the next wave in any case.

Moreover, while BA5 is dominant now, it's hard to say that it will remain the likely subvariant of interest in the next wave anyways. So, a BA5 vaccine may or may not be a better choice come the fall.

- **Should an adult under 60 who is due for their booster now receive it or wait for the bivalent vaccine that is on the horizon?**

This is a common question and is about weighing out risks. We don't really know when the bivalent vaccine will be available in Canada so the recommendation I've been giving is to be vaccinated now with the booster and get the protection that this provides.

- **Do we have to notify Ottawa of each COVID shot we give?**

You have to enter the vaccines into the CovaxON system which is provincial. OntarioMD does offer CovaxON training/support for primary care/family doctors – link here:

<https://www.ontariomd.ca/pages/covaxon-training-for-primary-care-practices.aspx>

PAXLOVID (TREATMENT)

- **Is Paxlovid an option for post exposure to COVID for individuals at risk? is there any antiviral tx for children who are at risk?**

Paxlovid isn't indicated for post-exposure, only for those >18 with COVID within 5 days of symptoms onset. Science Advisory Table guidance here: <https://COVID19-sciencetable.ca/sciencebrief/nirmatrelvir-ritonavir-paxlovid-what-prescribers-and-pharmacists-need-to-know-3-0/>

- **What is the role for Paxlovid now?**

The Science Table Clinical Practice Guidelines are still an excellent resource for deciding who should be offered Paxlovid – <https://COVID19-sciencetable.ca/sciencebrief/clinical-practice-guideline-summary-recommended-drugs-and-biologics-in-adult-patients-with-COVID-19-version-11-0/>



Paxlovid is widely available across the province and can be obtained at almost any pharmacy. If a pharmacy doesn't have it immediately in stock (currently 2500 pharmacies stock it) then they can get it from another pharmacy usually within 24 hours. It just requires a prescription from an MD or NP. Pharmacies in hospital and nearly all long-term care homes stock Paxlovid as well.

TESTING

- **With regards to testing ... I know RATs are no longer that helpful at picking up Omicron; do we know how sensitive PCR testing is with regards to the new variants? (Asking as I expect a huge increase in exposures to patients in the fall, and trying to figure out how to manage any URI symptoms I get; prefer not to need to avoid work if I catch a cold and want to know if I will be able to rely on a negative PCR)**

PCR testing remains highly accurate in identifying COVID-19. Depending on the sample type (NP vs anterior nasal vs oropharyngeal+nasal), symptomatic vs asymptomatic, the specific assay used, they range from 95-99% sensitive, with specificity generally greater than 99%. They can certainly continue to be relied on at this time.

- **What is the efficacy of the rapid COVID test in detecting current COVID variants?**

Rapid antigen tests are less sensitive for the Omicron variant compared to the Delta variant in nasal samples, especially in the first 1-2 days after infection. However, rapid antigen tests can more reliably detect infectious cases of the Omicron variant in combined oral-nasal samples.

Overall, the sensitivity in a symptomatic individual, depending, on type of sample obtained, is around 50%. So, a single RAT will miss cases about half the time. Using multiple tests over several days increases the accuracy.

The specificity remains high and with the current level of COVID circulation, there would be no concern for false positive.

POLICY | ADVOCACY

- **Can Dr. Simpson expand on fast tracking foreign-trained MDs to licensure?**

CPSO [College of Physicians and Surgeons of Ontario] and CNO [College of Nurses of Ontario] are working on this with MOH now – we should have more details soon on how this will be actioned.

- **Question for Chris [Dr. Chris Simpson] – I read the 18-page MOH Plan to stay open document cover to cover. There were 2 sentences mentioning primary care. How should we interpret that as equal valuable partners within the health care system?**

Agree that primary care was not highlighted explicitly in the 5-point plan. But on the OH side – where things get operationalized – we recognize that primary care must be a critical part of both



the Fall plan, and perhaps even more importantly, the work we all need to do together as we try to capitalize on all this disruption to accelerate health care transformation. We'll be updating our "Optimizing Care" guidance to the field and look forward to working with all of you to help shape that guidance. It will be important that our guidance to the field features the critical role for primary care.

- **Question for Chris [Dr. Chris Simpson] – hearing all this excellent work in how family doctors support, educate, protect their patients, whether vaccination or chronic disease management or prevention – how can family doctors and their critical role across the province in upstream work that keeps people out of hospital not be item number 1 in any “open the province plan”? Family doctors in primary care teams are the answer for pretty much all that ails our system.**

This is indeed the vision we share.

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

- Can you pls comment on what we should tell parents asking if their kids aged 5+ who have previously had 2 doses about the variant vaccine in the fall—should their kids get it? Will they be eligible?
- Does the 6 mo to 4 yo vaccine cover the variants more than the original vaccines for other ages or will they also need a booster in the fall with a variant vaccine?
- Do we have any information on the bivalent vaccine for the fall? Patients are asking.
- Will 5+ be eligible for a booster as they head back to school?
- What kind of numbers were in these trials? Are they powered to pick up risks of vaccines?
- If children have previously had SARS-CoV2 infection, to what extent does vaccination affect benefits and risks?
- Do we have any information on the efficacy of pediatric immunization for COVID on transmission within a household?
- Why did NACI not recommend the vaccine outright for this age group rather than “may be offered”? Considering the risks of the disease is higher than some other diseases for which vaccines are recommended.
- Do we still have to wait 3 months after a COVID infection in peds/ adult population to administer COVID vaccine or booster?
- How accurate was Dan's slide on daily case counts? Since testing is not done routinely, aren't cases underestimated?