

## Changing the Way We Work

### March 25, 2022: COVID Recovery

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Co-hosts: Dr. David Kaplan, Dr. Liz Muggah | Moderator: Dr. Tara Kiran

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*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 | VARIANTS

- **There is anecdotal data coming from Hong Kong and England the new variant caused more serious illness in children. Please comment on this amidst the lifting of mask mandates in schools and what we can do as physicians to advocate for our youngest patients?**

I believe it caused more serious illness in UNVACCINATED children and those without previous exposure. At this point, our best defence is to vaccinate all children >5 and boost those that are eligible.

- **What are the new variants and what are we predicting with respect to the impact of these in Canada?**

[See projections from Ontario COVID-19 Science Advisory Table]

<https://COVID19-sciencetable.ca/sciencebrief/update-on-COVID-19-projections-18/>

- **Please can you tell us when our patients can get the Medicago vaccine?**

It has been approved by Health Canada and we are awaiting shipment to Ontario.

- **Any indication that Health Canada is ready to approve vaccines for infants and toddlers?**

Moderna just put out interim results on the clinical trial for its vaccine for <6 years. 1/4 dose (25 ug), 2 doses, 28 days apart showed robust neutralizing antibody response in 6 months to 2 yrs and 2-<6 yrs groups and good safety profile. Studies were done in Omicron era so VE against infection was 43.7% for infant/toddler group and 37.5% for 2-<6yrs, which is comparable to adult VE. All infections were mild. So, looks promising and they are applying for regulatory emergency use authorization. So, we are getting there!

- **Any update on a new improved vaccine specific to Omicron? Will we have one by fall?**

No idea when it will be ready, but Moderna is testing a bivalent vaccine with the mRNA -1273 (usual) + Omicron-specific booster in all age groups... stay tuned!

- **Can you comment on immunity for those who have had 3 doses AND had COVID Omicron variant? Do we know how long the protective natural immunity will last? Is having COVID after being triple vaccinated just as efficacious as having a 4th dose?**

No good comparative data from what I know but you do have a robust immune response with infection and multiple doses of vaccine. Vaccines have held up with great protection against severe infections across variants, so we have better data on vaccines and therefore encourage max vax in spite of infection history.

## CASE AND CONTACT MANAGEMENT | SELF-ISOLATION

- **As expected, we already know from wastewater studies that case counts are going up after March break (and the lifting of mask mandates) and no doubt after Easter/Passover we will see the same yet again. Are we just to accept that at some point we will all get COVID? Some of us may have significant morbidity (without WSIB to protect us) and if we/staff do get COVID, would we still be expected to shut down the entire office (given we are all vaccinated)?**

Ontario's "living with and managing COVID" approach accepts that there will be ongoing COVID transmission and some severe outcomes. The idea is to keep things at a point of "manageable" for healthcare, and to leave decisions to individuals rather than mandating what we should all do. It does not address long COVID/complications well, in my opinion. In terms of shutting down offices if there are outbreaks, public health may get involved and help guide the appropriate interventions. Things are changing rapidly, and we have to balance pros/cons (but operationally, it's tough to function when you lose key staff in an office).

- **Given more infectious nature of BA.2, how can household contacts NOT be expected to isolate?**

It's a challenge that comes with taking this mitigation approach. It will not stop transmission but will reduce it.

- **According to the new guidelines, do our staff who have COVID need to stay away from our offices for 5 days or 10 days?**

The isolation requirement remains five days.

[Ministry of Health – COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge:

[https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact\\_mngmt/management\\_cases\\_contacts\\_omicron.pdf](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/management_cases_contacts_omicron.pdf)]

- **Can you comment on the need to self isolate if you are a face-to-face (fully vaccinated) healthcare worker who lives with someone with COVID? Should they self isolate? Do daily rapid tests, have a PCR?**

According to the current guidance, if you only work in a primary care practice (not also in a hospital/LTC), you do not need to self-isolate if you are boosted (3 doses). You would need to continue masking. The confusing part is the guidance says you should not visit anyone who is highest risk for severe outcome ... which describes most of our patients.

Personally, [I believe] quarantining is helpful for ALL HCWs who care for vulnerable patients, but that is my opinion. Because it is not feasible for most of us, there are early RTW protocols that incorporate

work-self isolation (not breaking with others at work, only going to work/home etc.) and testing (RATs daily, PCRs at key intervals). This would seem prudent to continue.

[Ministry of Health – COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge:

[https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact\\_mngmt/management\\_cases\\_contacts\\_omicron.pdf](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/management_cases_contacts_omicron.pdf)]

- **So where did the 5 days [isolation period for COVID cases] come from?**

Not entirely sure. It does cover most of the peak viral transmission period and it may pass some acceptability threshold (since previous recommendations for other resp viruses like influenza have used 5 days). It is imperfect.

## IPAC/PPE | MASKING

- **Please clarify why we need gown and gloves?**

While fomite (surface) transmission is not nearly as important as respiratory transmission, it does play a role. There is an element of contact transmission with all respiratory viruses. This is why glove, gowns and hand hygiene remain a part of precautions (but less important than resp and eye protection).

- **With respect—I would argue that this shows a lack of understanding of what we in primary care do all day. We see high volumes of patients with little resources and are actually higher risk, I think.**

[Note: This comment and response pertain to the fact that primary care is not considered a “highest risk” setting in Ministry of Health guidance.] There is ongoing advocacy/communications from OCFP and partners like SGFP [OMA Section on General and Family Practice] to make it clear what our context is and what supports we need.

- **Can you comment on the airline industry now pushing to remove mask mandates in flight?**

I personally don't agree with removing mask mandates on flights. While there are very high air exchanges and HEPA filtration of recirculated air in planes, people are sharing a space in close proximity for prolonged periods. If mandates go away, people may continue to wear a well-designed, well-fitting medical grade mask (or respirator) and I would encourage it especially if you are or are around high-risk/vulnerable individuals.

- **I expect that universal masking may be the new normal for health care just as wearing gloves became the new standard early in the 80's with the onset of HIV/AIDS.**

I expect that too. As I mentioned live, I'm hoping that the government extends the mask mandate in healthcare settings beyond April 27. We're communicating on this to MOH.

- **What if patients refuse the mask?**

I suggest developing an escalation process to support those who have to deal with this. Ultimately, the care of patients comes first, so care should proceed (with the HCW wearing eye protection).

[CPSO COVID-19 FAQs for Physicians – What if a patient refuses to wear a mask?:

<https://www.cpso.on.ca/Physicians/Your-Practice/Physician-Advisory-Services/COVID-19-FAQs-for-Physicians>

- **Can we refuse to see patients if non mask compliance? What is our legal responsibility?**

Good points on this from [CPSO in the link] that was put into the chat.

[CPSO COVID-19 FAQs for Physicians – see third question: What if a patient refuses to wear a mask?  
<https://www.cpso.on.ca/Physicians/Your-Practice/Physician-Advisory-Services/COVID-19-FAQs-for-Physicians>]

- **Could you please comment on masking policies in our offices after April 27?**

We can still require masking in our private businesses. We can post signs to this effect. Obviously, hard to enforce but you can still require it via signage.

[OCFP printable sign – mask reminder: <https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/clinical-care-office-readiness/ocfp-mask-sign.pdf>]

- **I saw a wonderful sign in specialist's exam room yesterday reminding pts to keep their masks on even when doctor is not in the room. Can OCFP make a template we can print?**

Yes! [See link below to the sign we previously created to remind patients to keep masks on while in office.] We also have a number of tools underway for this next phase of the pandemic.

[OCFP printable sign to remind patients to keep mask on during visit:  
<https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/clinical-care-office-readiness/ocfp-mask-sign.pdf>]

- **Can we please push back with respect to Ford's comments that on April 27th the mask mandate will be lifted in health care settings? Last time I checked, he was not a health care provider! We are already struggling with patients refusing to wear masks—this does not help**

Directives are being lifted April 27th, but we understand after that, masks will likely continue to be required in all health care settings through government regulation – including in community-based clinics. We will continue conversations with MOH on this topic.

## COVID-19 TREATMENTS

- **Should all patients who test positive for COVID and who are immune suppressed receive Paxlovid?**

As you likely know, the guidance on this comes from the Ontario COVID-19 SAT [Science Advisory Table] – they have outlined what conditions are considered immunosuppressed regardless of age and vaccine status. The February 23 SAT update covers this, and we did a great session last time on COVID treatments.

[Access past COVID-19 CoP sessions: <https://www.dfc.utoronto.ca/past-covid-19-community-practice-sessions>]

[Paxlovid info for prescribers and pharmacists: <https://COVID19-sciencetable.ca/sciencebrief/nirmatrelvir-ritonavir-paxlovid-what-prescribers-and-pharmacists-need-to-know-2-0/>]

Here is the guidance for Paxlovid – <https://COVID19-sciencetable.ca/sciencebrief/evidence-based-recommendations-on-the-use-of-nirmatrelvir-ritonavir-paxlovid-for-adults-in-ontario/>

- **When will Paxlovid be available? I have a LTC outbreak now and frustrating I had not had access to Paxlovid or Sotrovimab.**

While supplies continue to be limited, that story is concerning. If you want to reach out to us at OCFP we can follow up and see how we can help.

- **Do you think the MOH has done enough to advertise [COVID-19 Clinical Assessment Centres] CACs and access to anti-viral treatments like Paxlovid? Can primary care help with this?**

Always more communications needed – with guidance/context changing so rapidly. Agree that we need to use all channels to let our patients know about the treatments early on (and even before they get COVID).

- **The Pharmacists are now lobbying to prescribe Paxlovid. Any response from OCFP?**

Yes, we have seen this and OCFP is in conversations with MOH about this. Our position is that when there are any conversations for changes to scope in practice, we must be at the table. We also have firmly advocated for access in the community for us to be able to prescribe all COVID treatments where indicated.

## TESTS/TESTING

- **Is the RAT less likely to pick up new variants? seeing lots of people with classic COVID symptoms testing negative on RATS repeatedly**

Yes, this has been noted with Omicron. Multiple RATs can help to overcome but ultimately symptomatic people should be isolating as recommended by MOH regardless of testing. This is tough to enforce!

- **But if a RAT only picks up 22 per cent of Omicron, we have to presume any patient may be positive.**

Yes, symptoms [are key, and be aware that asymptomatic patients may be COVID-positive also]. Although with mask mandates coming down, we're likely to see a rise in another respiratory virus too, so it will get very, very muddy.

- **What are we doing to ensure that with the next wave we will actually be able to test everyone?**

To my knowledge, there is no plan to expand molecular testing for the general public. The strategy seems to be to deploy rapid antigen testing broadly for public use. However, with Omicron, RATs are less sensitive, and the results are not being centrally recorded so there are limitations to this approach.

- **Where can we report on positive rapid tests told by patients? I've had 10 this week when I previously had nothing since Feb. 17.**

There is no central reporting repository. It's an issue because guidance states that those with COVID in the past 90 days don't have to self isolate if exposed regardless of vaccination status...but people cannot prove they had COVID with RATs. Our surveillance won't capture any of this.

## POST-COVID CONDITION (LONG COVID)

- **Insurance companies are not recognizing long COVID as a disability especially if patient never had a PCR confirmatory test. Can you comment.**

This is really unfortunate. There aren't enough Long COVID clinics but, if possible, can you reach out to one and discuss this issue?

I am worried that we are not addressing Long COVID enough (as a system but also in the longer-term provincial COVID strategy). Would be happy to chat further but not sure I have any answers! Consider watching and reviewing Q&A from our past community of practice focused on long COVID. E-consult in this situation may be helpful.

- **Are there any treatments/clinical trials for post-COVID condition?**

We did a good CoP session recently on post-COVID which you can check out. Also OCFP summary on long COVID in primary care: <https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/long-covid-qa.pdf>

[See also:

- OH guidance on post-COVID condition:  
[https://www.ontariohealth.ca/sites/ontariohealth/files/2021-12/PostCOVIDConditionsClinicalGuidance\\_EN.pdf](https://www.ontariohealth.ca/sites/ontariohealth/files/2021-12/PostCOVIDConditionsClinicalGuidance_EN.pdf)

- Curated resources on long COVID from the OCFP: <https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/long-covid>]

## OTHER

- **A patient wants a note to travel. She is unvaccinated, does not want to get vaccinated. She did get COVID on 27/12/21. On this basis she was told that her family doctor should give her a note that she is fit to travel. What should the FD do?**

I agree we are getting requests for notes like this. Good guidance from CMPA on this – affirming that you need to stick to the facts and report what the patient has told and no need to interpret. I also covered this in my President's Message on Feb. 4, with a sample script for a letter. Note that you can also charge for these letters.

CMPA: [https://www.cmpa-acpm.ca/en/COVID19/testing-and-screening?utm\\_source=21Jan22EN-F&utm\\_medium=Email&utm\\_campaign=Ebulletin%22%20%5C%20%22providing-note-when-i-did-not-perform-test](https://www.cmpa-acpm.ca/en/COVID19/testing-and-screening?utm_source=21Jan22EN-F&utm_medium=Email&utm_campaign=Ebulletin%22%20%5C%20%22providing-note-when-i-did-not-perform-test)

[OCFP President's Message, Feb. 4, 2022: <https://www.ontariofamilyphysicians.ca/news-features/family-medicine-news/~240-Guidance-for-COVID-19-therapeutics-travel-notes-and-more>]

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

- Does someone, who recovered from Delta, becomes immune to Omicron? Same with BA.1 and immunity than to BA.2?
- Please comment on the evidence for fourth doses for general population
- There is emerging anecdotal evidence that the new variant causes more GI symptoms such as nausea, vomiting and abdominal pain and more difficult to detect on RATs. Please comment and advise on how to manage these patients and whether there are plans to change the public health messaging in the face of the expected upcoming wave?
- Fourth doses for health care workers?
- What are the recommendations for screening patients in our office and should we still be RAT testing our staff?
- Should family practice offices continue to screen patients at the door and require masking?
- Will there be a return to PCR testing for every symptomatic person?
- At one point ICU's patients were the unvaccinated and the partially vaccinated. are you now seeing fully vaccinated (2 or 3 shots) who are now many months post vaccination in the ICU?
- When will the elderly in the community be eligible for a fourth vaccine similar to other countries?
- What should our screening questions be? Is travel still on that list?