

## Changing the Way We Work

### March 4, 2022: From pandemic to endemic? What's next with COVID

Panelists: Dr. Allison McGeer, Dr. David Kaplan, Dr. Kate Miller  
Co-host: Dr. Mekalai Kumanan | Moderator: Dr. Tara Kiran

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

#### OFFICE READINESS / IPAC-PPE

- **Should patient masking continue in physicians' offices once the province lifts its mask mandates?**

Yes. The general masking mandate does not apply to healthcare spaces. Patients and clinicians should continue masking in healthcare spaces until directed otherwise.

- **Can we put patients closer together in the waiting room? ... now that no vaccine passports or capacity limits at restaurants etc.**

The primary care guidance that was released in mid-February has not changed with respect to distancing. Where possible, patients should maintain at least 2 metres from each other in a clinic setting. Further information can be found on page 5:

[https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019\\_primary\\_care\\_guidance.pdf](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_primary_care_guidance.pdf)

- **Should we still be actively screening patients on entry to clinic?**

Active screen for patients entering the clinic is still recommended. You will find further details in the most recent primary care guidance on pages 6-7:

[https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019\\_primary\\_care\\_guidance.pdf](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_primary_care_guidance.pdf)

- **Do we have any proof at this point that screening works? Patients are shedding virus for 3 days prior to onset of symptoms...do we not have to assume any of our patients may have COVID? How do we keep our immunocompromised patients safe in our waiting rooms?**

Screening works but is not perfect. You can't keep IC patients completely safe in your waiting room. But masks and hand hygiene and distancing and trying to schedule your IC patients to reduce their waiting all help. There are not miracles in IPAC – only multiple practices each of which reduces risk.

- **Aside from surface cleaning, what about the air component?**

Current guidance recommends that “primary care providers consider ways to optimize ventilation and/or filtration within the office”. Our OCFP guidance on in-person care outlines key recommendations, also: <https://www.ontariofamilyphysicians.ca/considerations-for-in-person-visits-aug2021.pdf>

- **For administrative staff who are not patient facing – is it safe to remove eye protection?**

Eye protection is not required for staff who are not patient-facing.

## PUBLIC HEALTH

- **What impact on case counts do you think dropping mask mandates will have?**

I think cases are going to increase again, but I'm very much hoping I'm wrong.

- **What are our hospital numbers now? Do these numbers support the withdrawal of public safety measures?**

Science Table's Dashboard for Ontario: [https:// COVID19-sciencetable.ca/ontario-dashboard/](https://COVID19-sciencetable.ca/ontario-dashboard/)

- **Has anyone studied the Sweden model where apart from masking and isolating positive cases life went on as normal. Apparently, they did much better than other EU countries.**

They are middle of the pack in terms of morbidity and mortality (check out "our world in data"). Our death rate in Canada about 60 per cent that of Sweden.

[Our World in Data – Coronavirus Cases: <https://ourworldindata.org/covid-cases>]

- **What is the rationale behind a 10- vs 5-day period of isolation for patients on immunosuppressant medication who are COVID positive?**

Because the immunocompromised mount a slower immune response, they shed virus longer and therefore are more infectious later in disease.

## VACCINES (incl. BOOSTERS) | VACCINATION

- **What do the NACI guidelines recommend for booster for age 12-17? I know [the Ontario Ministry of Health] has opened it up to low risk in this age group.**

<https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/rapid-response-guidance-use-booster-COVID-19-vaccine-doses-adolescents-12-17-years-age.html>

- **How do the hospitalizations compare now between the vaccinated and unvaccinated, and the severity of their disease?**

Check out the Ontario Science Advisory Table dashboard – you can see this on an on-going basis. Vaccine protection against hospitalization and death is holding up well.

[Ontario COVID-19 Science Advisory Table dashboard: <https://covid19-sciencetable.ca/ontario-dashboard/>]

- **When will Novavax be available and for whom and how can we get some to give patients?**

Some supply is supposed to be available in mid-March. Probably not very much and may be limited to public health unit clinics at first.

- **Also, some of my unvaccinated patients who had COVID and now have measurable antibodies, believe this is sufficient protection and they don't need vaccine. Comments?**

Prior infection is about as effective as one dose of vaccine – has some effect but will not effectively prevent serious illness and death.

- **Is there any evidence that a 4th dose can be harmful? I read (not sure if credible) can overwhelm immune system.**

No, that is a misinterpretation of the European Medicines Agency statement. There is some reason to believe that there is decreasing benefit from each additional dose, but there is no evidence of harm (besides the adverse effects we know about).

- **Patients have asked about mRNA vaccine in vitro affecting DNA.**

There is no effect, definitively.

- **Is there any chance we are going to get a vaccine that is as stable as the flu vaccine in that we could use a vial of vaccine over several days up to a month? As a very small office it is not practical to use the current vaccine as much as 75-90% of the vaccine would be wasted as we don't see enough patients daily to give the current vaccines.**

Pfizer is making a single dose vial of its vaccine. I believe it will be coming in the next couple of months.

- **Have you noticed a surge of latent infections with the third booster? I have seen more Shingles, worsening of Lyme symptoms and parasitic infections. Can the vaccine reactivate things?**

So far, the data suggest that no, there is no impact of any vaccine dose on reactivation of other viruses or infections.

- **Is protection for triple vaccinated people 90% for serious disease? Can you share the evidence for that please?**

[COVID-19 Vaccine Surveillance Report, March 3, 2022 – UK Health Security Agency]

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1058464/Vaccine-surveillance-report-week-9.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1058464/Vaccine-surveillance-report-week-9.pdf)

- **Someone who received booster with 1/2 dose Moderna & is now over age 70, should they receive another booster & if yes 1/2 or full dose?**

No, they are fine. In most of the world, the Moderna booster is half dose for everyone.

- **Some of my unvaccinated patients had COVID and now have measurable antibodies; believe this is sufficient protection and they don't need vaccine. Comments?**

Prior infection is about as effective as one dose of vaccine – has some effect, but will not effectively prevent serious illness and death

- **So, if they still have measurable antibodies 3, 6, 9 months later, do they still need a vaccine to reduce risk of serious second illness and death when first illness was manageable at home?**

Yes.

- **Any insight as to Long COVID vs. vaccine?**

No data yet for Omicron (too soon), but several studies demonstrate that being vaccinated reduces your risk of getting Long COVID if you do get infected.

- **Many teens have had a recent infection – should they wait 3 months post infection for their booster dose?**

Yes, the suggested interval for booster after infection is three months after symptom-onset or positive test (if asymptomatic), providing it has been at least six months from the prior dose.

[NACI recommendations on vaccination timing after infection:

<https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/naci-rapid-response-updated-guidance-covid-19-vaccination-timing-individuals-previously-infected-sars-cov-2.pdf>]

- **Surprising that 4th dose not available and highly recommended for 90+ age – they are out in the community and not only in LTC. Many have PSW help in and out all the time. Comments?**

Agree, I'd like this to be available.

## IMMUNITY | TESTING

- **Does infection with BA.1 give any natural immunity / protection to BA.2?**

Yes. We obviously don't have long term data yet, but short-term protection is good.

- **Is there any natural immunity for people who have had Omicron BA.1 to Omicron BA.2? (i.e. are we seeing people get both versions of this and if so in what time frame?)**

Yes, there is protection. Infection with BA.2 after a BA.1 infection have been described in Denmark but they are VERY rare (47 in 1 million infections).

- **Can someone comment on sensitivity of RAT's? It's my understanding with Omicron this is only 22%. If one does bilateral buccal then nasal swab, how much better is the sensitivity?**

[Science Table brief on using RATS during Omicron]: [https:// COVID19-sciencetable.ca/sciencebrief/use-of-rapid-antigen-tests-during-the-omicron-wave/](https://COVID19-sciencetable.ca/sciencebrief/use-of-rapid-antigen-tests-during-the-omicron-wave/)

## COVID-19 TREATMENTS

- **Can treatment sites be published, so we can advise patients how to access?**

- List of sites distributing Paxlovid: <https://www.ontariohealth.ca/sites/ontariohealth/files/2022-02/PaxlovidSites.pdf>

- Referral form for Sotrovimab clinics <https://www.ontariohealth.ca/sites/ontariohealth/files/2022-03/COVID19-mab-clinic-referral-form.docx>

- **Any chance for number of Sotrovimab sites to be expanded? We have an area with high number of seniors but many who might be eligible can't travel so far out of town to a site.**

Sotrovimab is somewhat more available than previously more through sending doses to local facilities (e.g. to a rural hospital) rather than creation of new infusion sites. Based on current volume and the complexity of maintaining an infusion site is unlikely that new free-standing clinics will be created.

- **Any real-world data on how effective Paxlovid really is? Seems like very low uptake due to challenges with use and limited benefit.**

Still waiting for the observational studies.

- **If Paxlovid is so successful, supply not being the limiting factor, would everyone eventually be offered the drug?**

It is successful in high-risk populations but there is no evidence to inform the degree of success in low-risk populations. It is complicated to prescribe so, at this time, it is felt that the benefit does not outweigh the risk.

- **What about evidence for the use of steroid inhalers beyond 7 days for standard risk for respiratory symptoms?**

The evidence for shorter duration of symptoms is only with populations where it was started by 7 days. However, we use inhaled corticosteroids for persistent resp symptoms on clinical grounds for other viral illness. You can continue to use in the context as you would otherwise.

- **We have had the issue of not getting the positive COVID test early and generally these high-risk patients we call are saying they are getting better. Is it only to the still unwell patients at day 6/7 when we get the test back [to whom] we should be targeting for therapeutics?**

This would be a matter of judgement and discussion between provider and patient. The evidence does not rely on patients worsening to have benefit.

- **Any comments on the utility of the new Evusheld injection?**

More coming on this in the next couple of weeks.

[NOTE: Some background on Evusheld in AstraZeneca Canada news release, Feb. 23, 2022: <https://www.astrazeneca.ca/en/media/press-releases/2022/astrazeneca-to-supply-canada-with-100-000-doses-of-evusheld--a-l.html>]

- **Can you comment on a preventative monoclonal antibody for COVID that is available in the U.S. but not Canada?**

Evusheld is not yet approved in Canada but has been submitted. Stay tuned. Recommendations from the OST [Ontario Science Table] will not be made prior to approval.

[NOTE: Some background on Evusheld in AstraZeneca Canada news release, Feb. 23, 2022: <https://www.astrazeneca.ca/en/media/press-releases/2022/astrazeneca-to-supply-canada-with-100-000-doses-of-evusheld--a-l.html>]

## TRAVEL

- **What do patients who currently have mild COVID (RAT) and plan to travel during March break do? Is there a chance their RAT upon return would still be positive?**

They should be okay. Generally, RATs are positive at levels that are above those that persist over time. They can check by redoing a RAT a few days before they go.

- **What is a resource to direct patients to for travel after COVID infection? We are inundated with requests for travel notes.**

The last OCFP President's Message links to an OMA reference re: travel (gated access) – please see under “other updates”: <https://www.ontariofamilyphysicians.ca/news-features/family-medicine-news/~242-Long-COVID-resources-updated-guidance-on-treatments-vaccines-and-more>

- **Can you PLEASE advocate to stop requiring a doctor's note to allow folks to travel without testing when they've had a natural infection? This is a bad use of resources and super frustrating.**

The OCFP has been advocating to the Federal Government and will continue to do so. We know that these requests are burdensome and take us away from patient care.

## OTHER

- **I'm assuming that spring/summer/fall is going to be ok for foreseeable future and winter is going to suck for the next 5 or so years—any predictions on this and if we are ever going to be able to test appropriately in next waves or are we just giving up on this??**

Agree that this is the most likely scenario, except we can hope that it will only be 1 or 2 winters that will suck. Early testing and treatment are going to be really challenging; it needs, as you point out, both good testing and treatment.

- **Why are they calling it BA.2 instead of the next letter?**

Good question – it is just what happened, and I think people decided that it was going to be more complicated to change once we figured out that it probably should be.

- **Can you overlay the pattern of the Spanish flu timelines onto our SARS-CoV-2 timelines, so that we can learn from the prior century and mentally/emotionally gauge what to expect?**

The experience with flu pandemics has a lot of parallels, and that is what people are using. The Spanish flu did have a substantial third wave in year 3 (think next winter), and then things got better. So this is what we are hoping for. But coronaviruses are not flu viruses, so we don't want to get too confident

- **Clearly, with the government paying us 15% less for virtual visits, those in FHG/FFS models can't afford to do virtual care and pay our overheads (given we're already earning 30% less than FHO/FHT). with small, shared waiting rooms, one exam room...how do we keep us/our staff/our patients safe?**

Hear your concern. As Nathalie [OMA staff] has posted in the chat, for any comments about the PSA, please email the OMA at [info@oma.org](mailto:info@oma.org). Your message will be triaged and shared with the relevant team.

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

- could you please explain the "science" behind Saskatchewan decision to advise individuals with active COVID that they don't need to self isolate and can go to work even when sick with COVID?
- if our booster shot wanes at 6 months, just after the mask mandates likely to be lifted, any advice?
- Do we have any evidence on 3rd dose importance/protection for 12-18 age group?
- How do First Nations communities fit into the risk stratification for treatment?