COVID-19 Community of Practice for Ontario Family Physicians

December 29, 2021

Dr. Peter Juni
Dr. Allison McGeer
Dr. Sacha Bhatia

Q&A on the Omicron situation in Ontario

Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of Family Physicians

Q&A on the Omicron situation in Ontario

Moderator: Dr. Tara Kiran

Fidani Chair, Improvement and Innovation

Department of Family and Community Medicine, University of Toronto

Panelists:

- Dr. Peter Juni, Toronto, ON
- Dr. Allison McGeer, Toronto, ON
- Dr. Sacha Bhatia, Toronto, ON

This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 1 Mainpro+ credits.

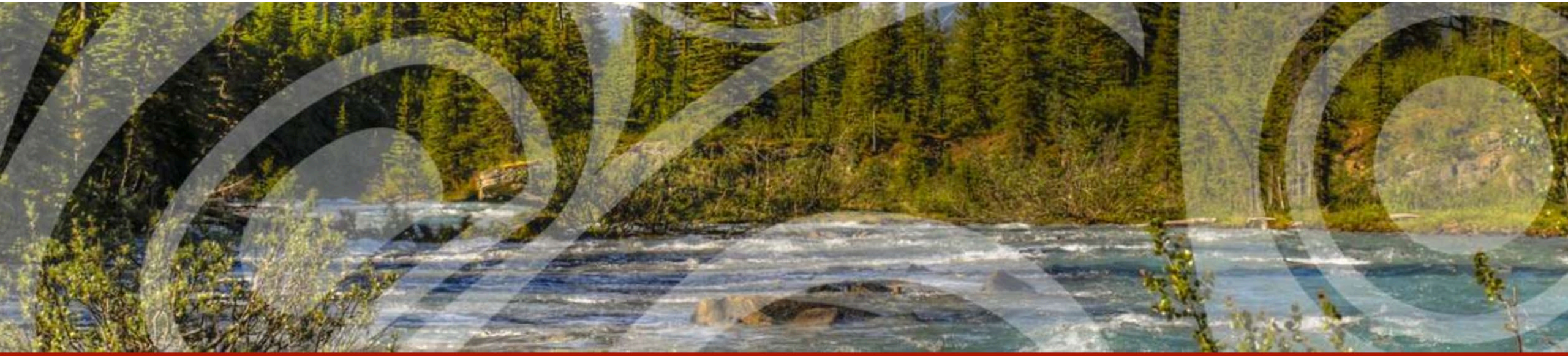
The COVID-19 Community of Practice for Ontario Family Physician includes a series of planned webinars. Each session is worth 1 Mainpro+ credits, for up to a total of 26 credits.

Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognize that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respect that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.



SAN'YAS ANTI-RACISM INDIGENOUS CULTURAL SAFETY TRAINING PROGRAM

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Changing the way we work

A community of practice for family physicians during COVID-19

At the conclusion of this series participants will be able to:

- Identify the current best practices for delivery of primary care within the context of COVID-19 and how to incorporate into practice.
- Describe point-of-care resources and tools available to guide decision making and plan of care.
- Connect with a community of family physicians to identify practical solutions for their primary care practice under current conditions.

Disclosure of Financial Support

This CPD program has received in-kind support from the Ontario College of Family Physicians and the Department of Family and Community Medicine, University of Toronto in the form of logistical and promotional support.

Potential for conflict(s) of interest:
N/A

Mitigating Potential Bias

- The Scientific Planning Committee has full control over the choice of topics/speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by a three-member national/scientific planning committee.

Planning Committee: Dr. Tara Kiran, Patricia O'Brien (DCFM), Susan Taylor (OCFP) and Mina Viscardi-Johnson (OCFP), Liz Muggah (OCFP)

Previous webinars & related resources:

https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions

Dr. Peter Juni – Panelist

Director of the Applied Health Research Centre (AHRC), St. Michael's Hospital, and Scientific Director of Ontario COVID-19 Science Advisory Table

Dr. Sacha Bhatia – Panelist

Twitter: @sacha_bhatia

Executive, Population Health and Value-Based Health Systems, Ontario Health

Dr. Allison McGeer – Panelist

Infectious Disease Specialist, Mount Sinai Hospital

Dr. David Kaplan – Co-Host

Twitter: @davidkaplanmd

Family Physician, North York Family Health Team and Vice President, Quality, Ontario Health

Dr. Liz Muggah – Co-Host

Twitter: @OCFP_President

OCFP President, Family Physician, Bruyère Family Health Team

Speaker Disclosure

- Faculty Name: **Dr. Peter Juni**
- Relationships with financial sponsors:
  - Grants/Research Support: Appili Therapeutics
  - Speakers Bureau/Honoraria: Amgen, Fresenius, Ava
  - Others: Appili Therapeutics, Abbott Vascular, Terumo

- Faculty Name: **Dr. Sacha Bhatia**
- Relationships with financial sponsors: N/A
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: N/A
  - Others: N/A

- Faculty Name: **Dr. Allison McGeer**
- Relationships with financial sponsors: Novavax, Medicago, Sanofi-Pasteur, GSK, Merck
  - Grants/Research Support: Sanofi-Pasteur, Pfizer
  - Speakers Bureau/Honoraria: Moderna, Pfizer, AstraZeneca, Novavax, Medicago, Sanofi-Pasteur, GSK, Merck
  - Others: N/A

Speaker Disclosure

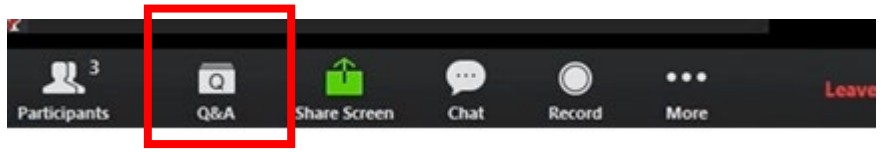
- Faculty Name: **Dr. David Kaplan**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Others: Ontario Health (employee)

- Faculty Name: **Dr. Liz Muggah**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Others: N/A

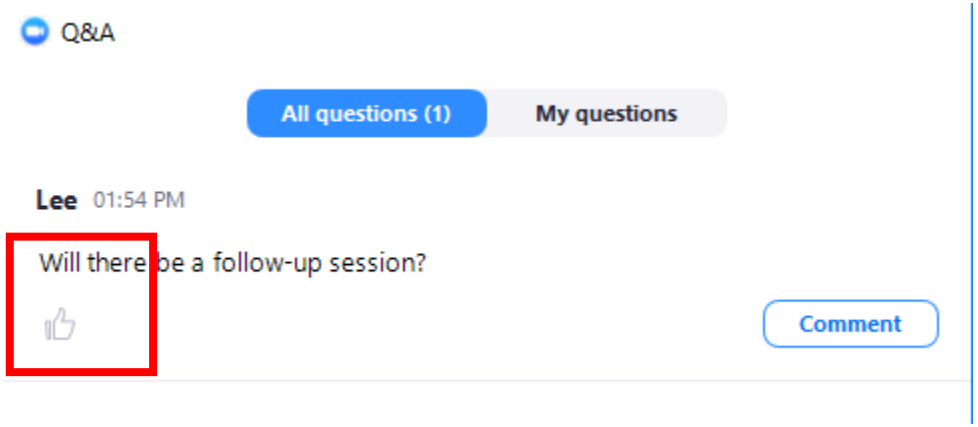
- Faculty Name: **Dr. Tara Kiran**
- Relationships with financial sponsors:
  - Grants/Research Support: St. Michael's Hospital, University of Toronto, Health Quality Ontario, Canadian Institute for Health Research, Toronto Central LHIN, Toronto Central Regional Cancer Program, Gilead Sciences Inc.
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians, Ontario Medical Association, Doctors of BC, Nova Scotia Health Authority, Osgoode Hall Law School, Centre for Quality Improvement and Patient Safety, Vancouver Physician Staff Association, University of Ottawa
  - Others: N/A

How to Participate

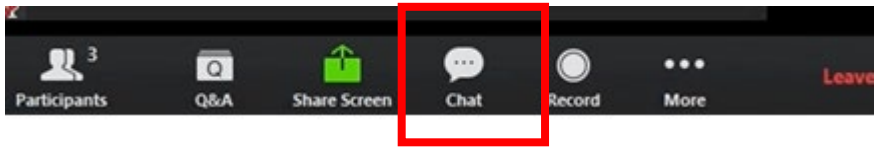
- All questions should be asked using the Q&A function at the bottom of your screen.



- Press the thumbs up button to upvote another guests questions. Upvote a question if you want to ask a similar question or want to see a guest's question go to the top and catch the panels attention.



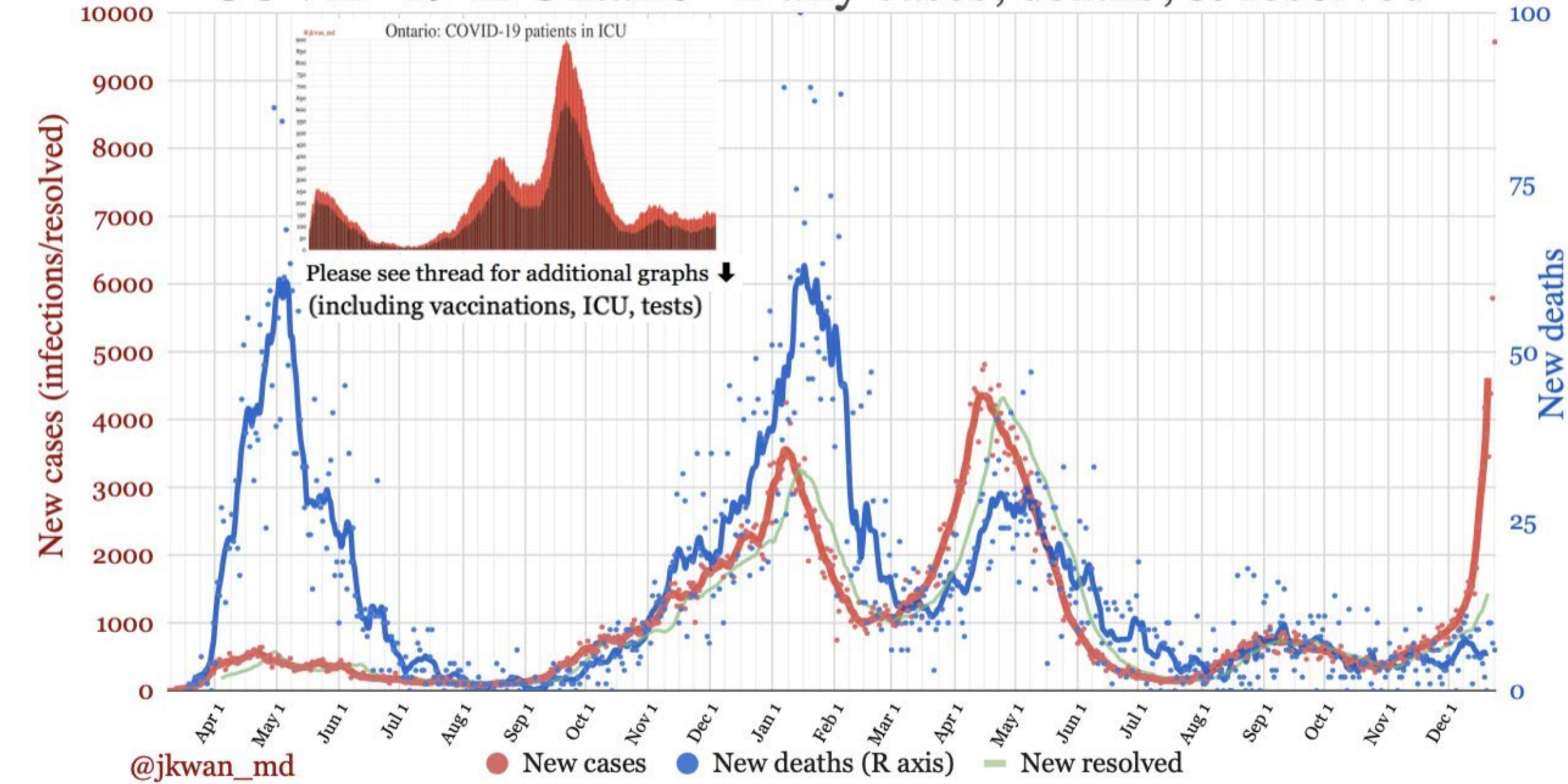
- Please use the chat box for networking purposes only.



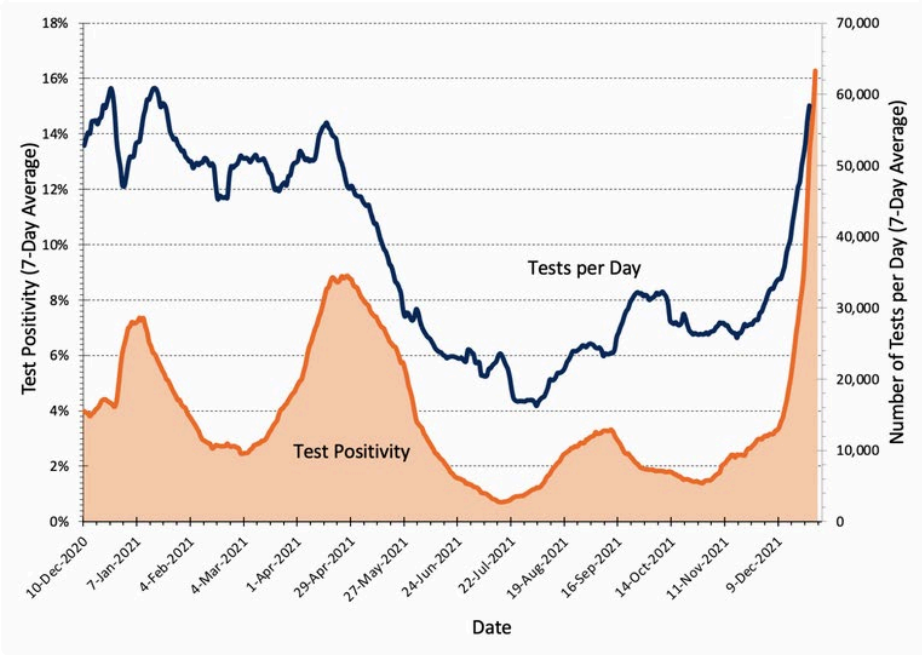
A few of your questions…

- What is the current evidence on severity of omicron in the unvaccinated and vaccinated community? What is hospitalization rate compared to Delta?
- What is the clinical presentation of Omicron: any difference in picture from previous strains?
- How effective are the vaccines for Omicron? What is the incubation time? What is the utility of rapid test for omicron?
- Should I change N95 after every patient contact?
- How should work be restricted, if at all, when triple immunized HCW have Covid (particularly Omicron) exposures?
- What are the current guidelines on who has to self isolate and when/for how long, what if one is double or triple vaxxed?
- What is the best timing for pediatric vaccination given omicron? Should it be 3 or 8 weeks?

COVID-19 in Ontario - Daily cases, deaths, & resolved



Test Positivity and Number of COVID-19 Tests in Ontario



Current Status in Ontario

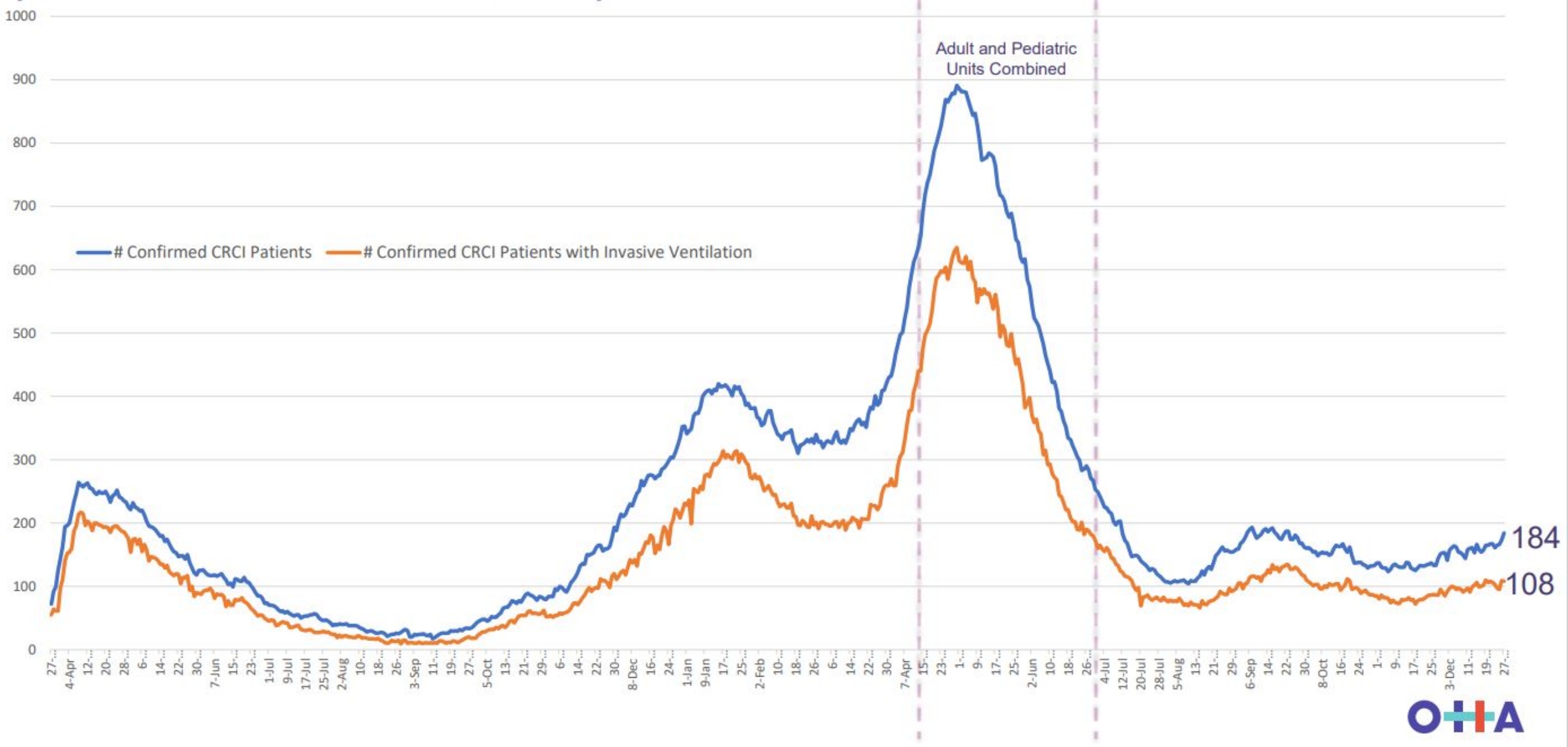
Key Indicators	
Effective Reproduction Number R(t)	
Omicron, on 22-Dec-2021	2.28
Delta, on 22-Dec-2021	1.03
All Variants Combined, on 25-Dec-2021	2.08
Estimated Number of COVID-19 Cases per Day, on 28-Dec-2021	12,448
Change per week	+7,526
Estimated Percentage of COVID-19 Cases Caused by Omicron	94.1%
Doubling Time Omicron (Days)	4.0
COVID-19 Hospital Occupancy, on 28-Dec-2021	501
Change per week	+77
COVID-19 ICU Occupancy, on 28-Dec-2021	187
Change per week	+22
COVID-19 Deaths per Day, on 25-Dec-2021	7
Change per week	+2

https://covid19-sciencetable.ca/ontario-dashboard/

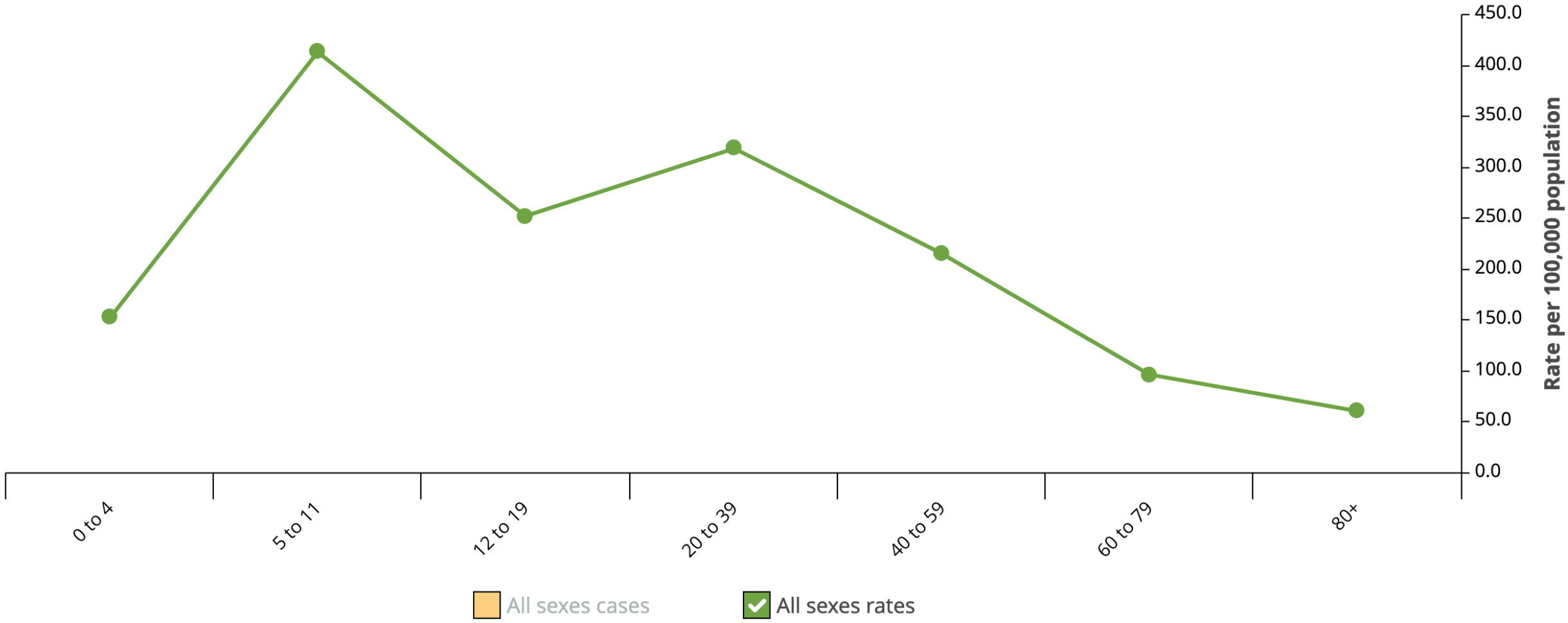
Adult Critical Care Units COVID Related Critical Illness (CRCI) Patients

(Source: Critical Care Services Ontario)

(Data as of December 27, 2021)

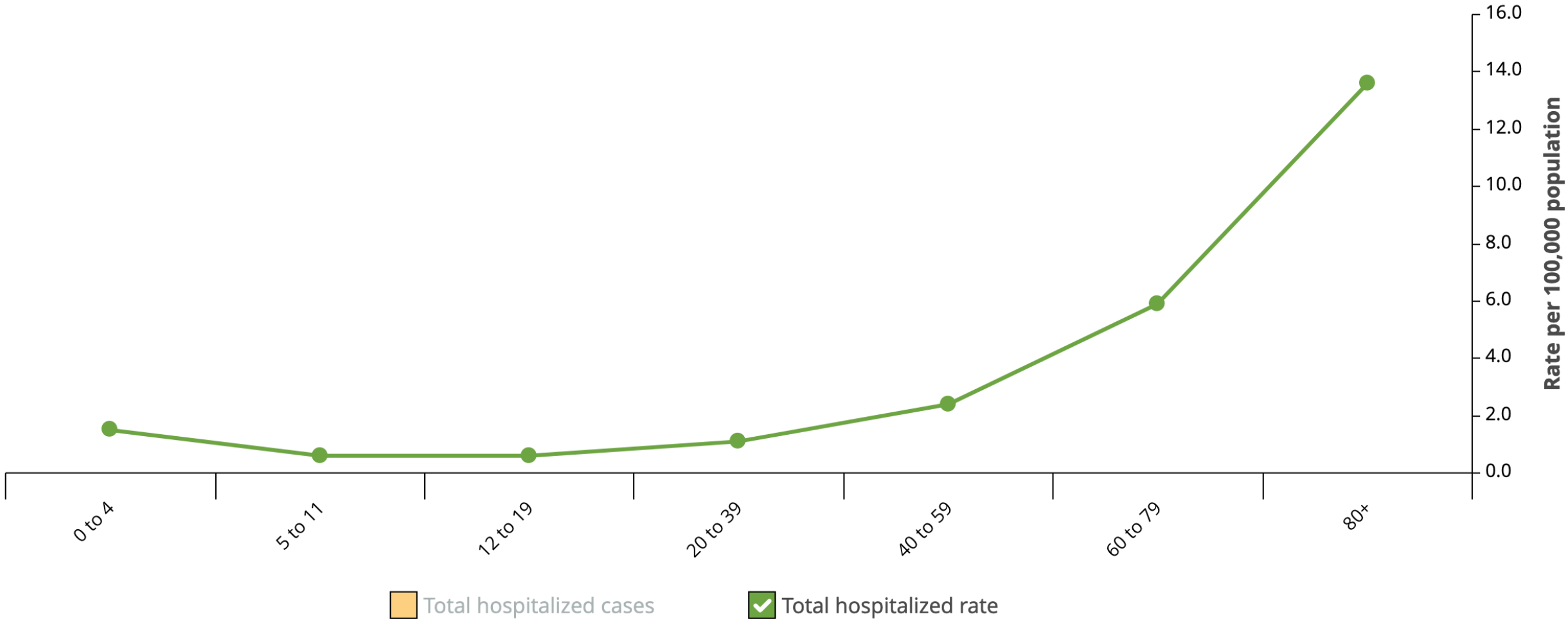


Counts and rates of recent COVID-19 cases by age group in Ontario - Last updated December 23, 2021 at 11:30 am



https://www.publichealthontario.ca/en/data-and-analysis/infectious-disease/covid-19-data-surveillance/covid-19-data-tool?tab=summary

Counts and rates of hospitalizations amongrecent COVID-19 cases by age group in Ontario - Last updated December 23, 2021 at 11:30 am



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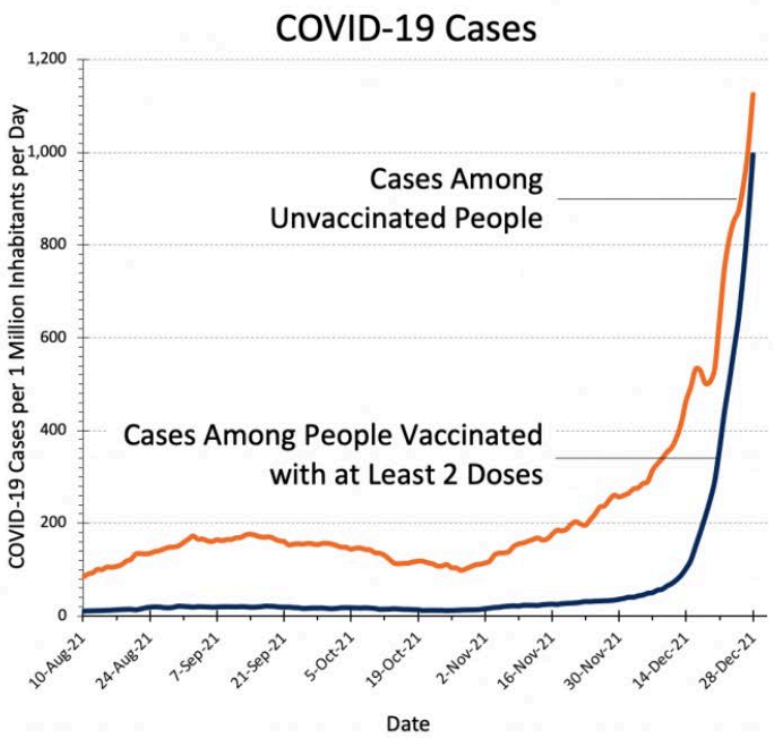
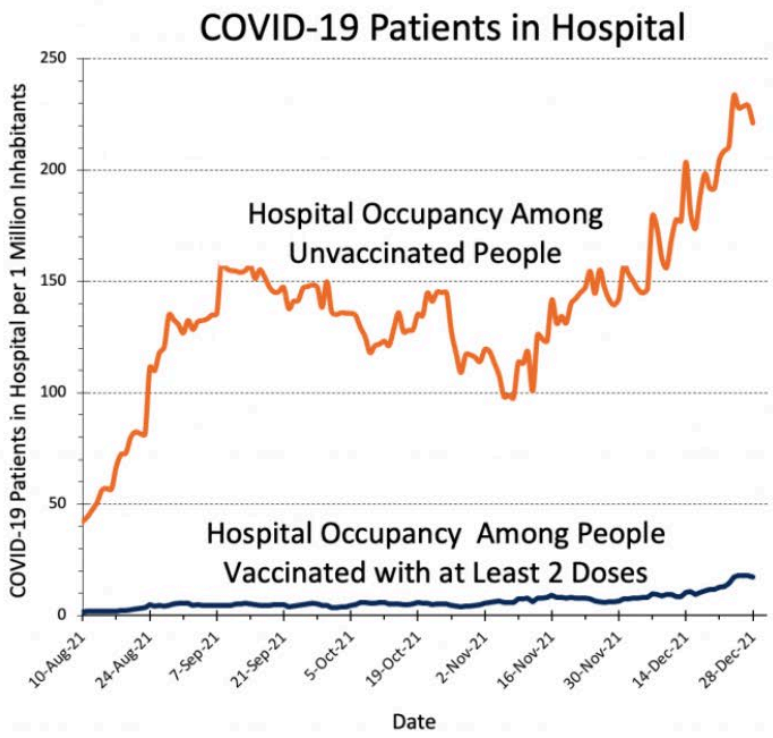
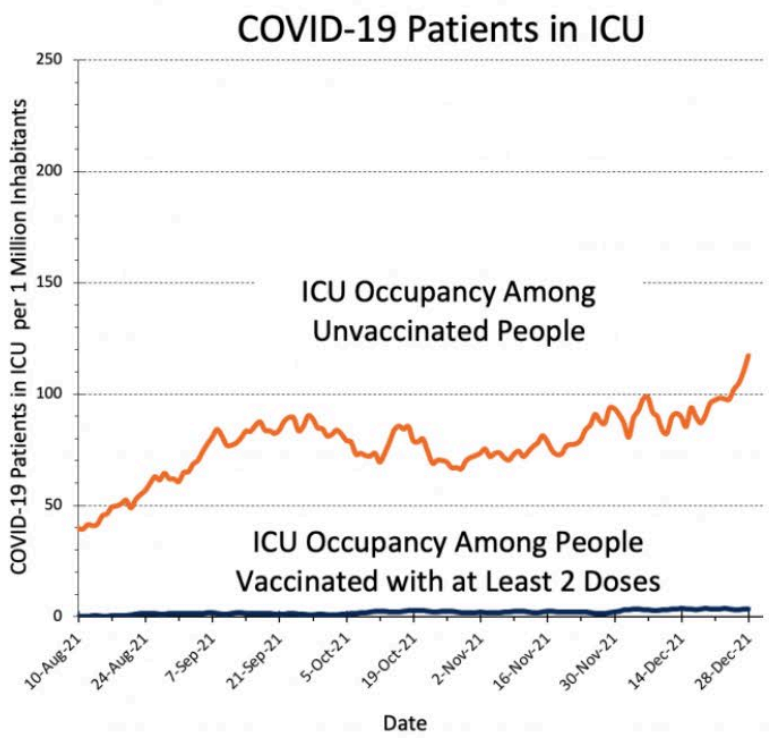


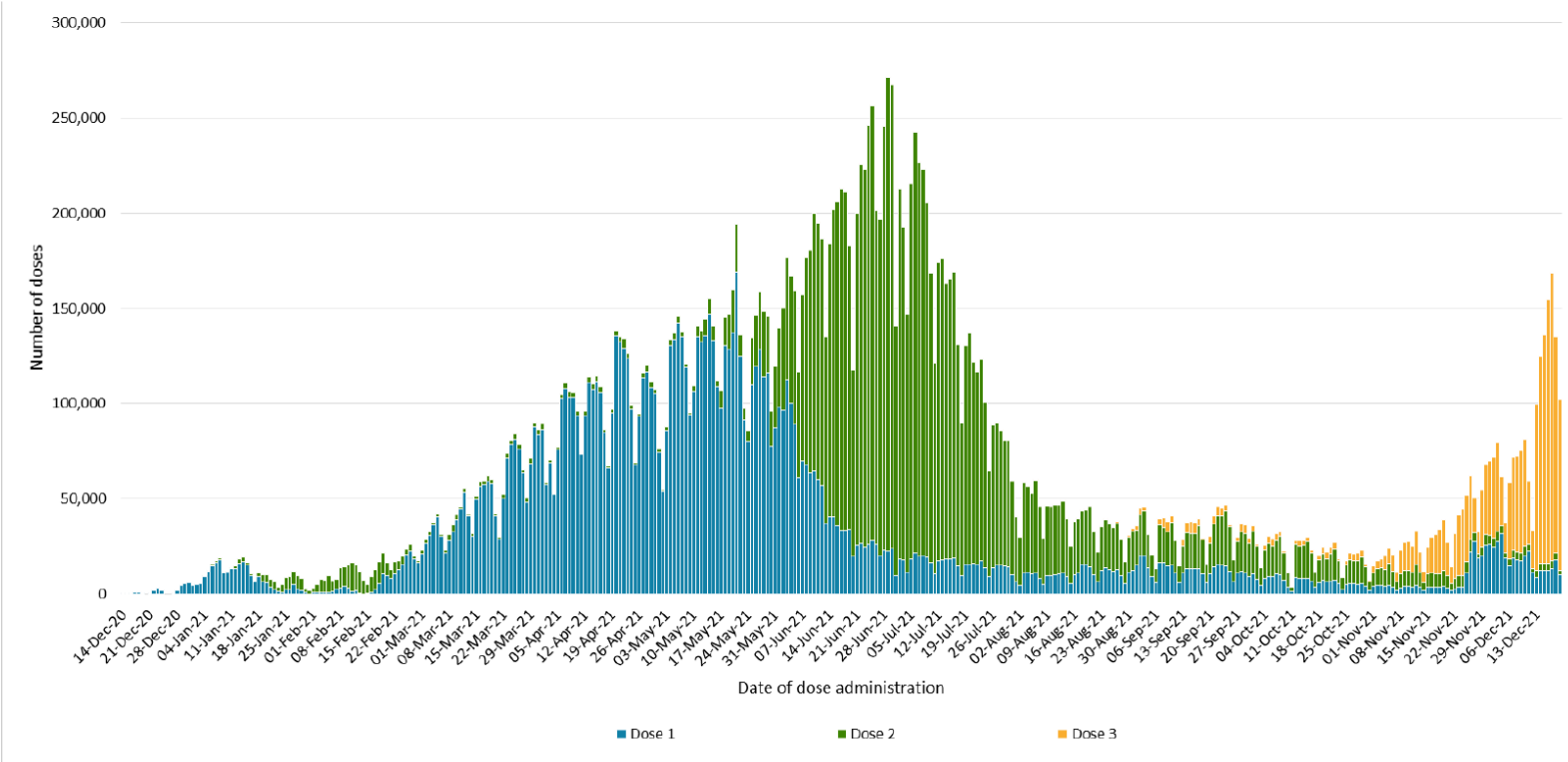




https://covid19-sciencetable.ca/ontario-dashboard/

3rd doses

Figure 1a. Number of COVID-19 vaccine doses administered in Ontario by dose number and date



Public Health Ontario

Vaccinations by age

People 5+ who have had at least one dose

Age	Number of people	Percentage of age group
80+	671,812	100.0%
70-79	1,131,395	99.7%
60-69	1,701,730	96.4%
50-59	1,834,220	89.8%
40-49	1,653,781	89.2%
30-39	1,790,903	88.0%
18-29	2,112,383	85.0%
12-17	824,202	85.7%
5-11	437,435	40.6%

https://covid-19.ontario.ca/data

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Director of the Applied Health Research Centre (AHRC), St. Michael's Hospital, and Scientific Director of Ontario COVID-19 Science Advisory Table

Dr. Sacha Bhatia – Panelist

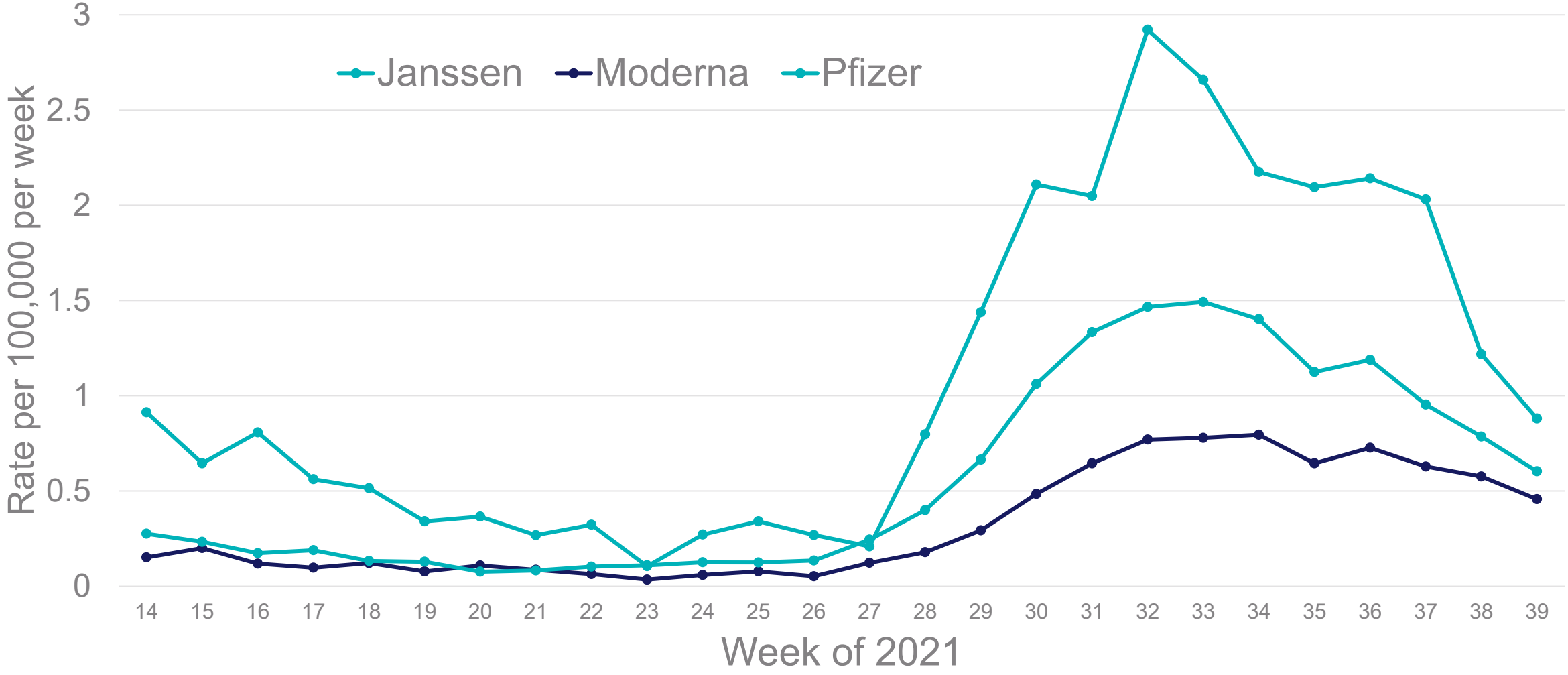
Twitter: @sacha_bhatia

Executive, Population Health and Value-Based Health Systems, Ontario Health

Dr. Allison McGeer – Panelist

Infectious Disease Specialist, Mount Sinai Hospital

Rates of death due to COVID-19
All adults >14 days after second dose
United States, by vaccine product



Updated guidance for case and contact management for Omicron

All COVID-19 cases can be sent to the Provincial Workforce (PWF) for initial contact.

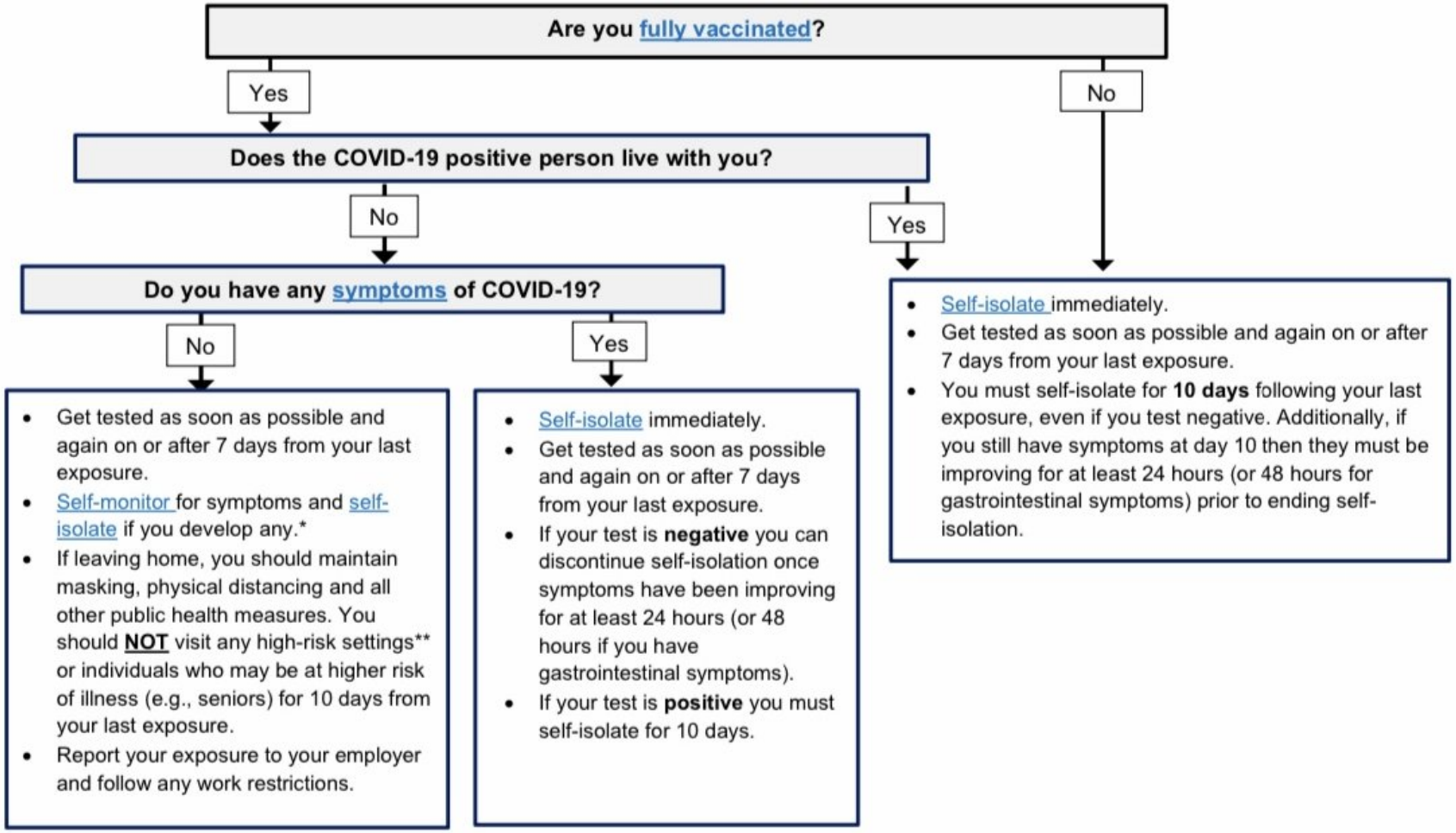
- The PWF will provide cases with self-isolation instructions as well as testing and self-isolation information to be passed onto their household members and other high-risk contacts (a virtual handout will be provided).
  - All household members and high-risk contacts will be asked to be tested right away and again 7 days after the exposure.
  - Household members of cases will be asked to self-isolate, regardless of vaccination status.
  - High-risk contacts (non-household members) who are asymptomatic and fully vaccinated do not need to self-isolate.
  - High-risk contacts (non-household members) who are symptomatic, not fully vaccinated or immunocompromised will be asked to self-isolate for 10 days.

COVID-19 Case, Contact and Outbreak Management Interim Guidance. Dec 17 2021

https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/management_cases_contacts_omicron.pdf

Ontario

You've been exposed to someone who has tested positive for COVID-19 (on a rapid antigen or PCR test), now what?



*If you are immunocompromised or live, work, attend or volunteer in a high-risk setting*** your PHU may contact you and ask you to self-isolate, even if you don't have symptoms.

**High-risk settings include hospitals, long-term care facilities, retirement homes, congregate living settings, schools, and childcare settings

Updated guidance for case and contact management for Omicron

Management of Contacts in the High-Risk Setting

- PHUs are responsible for follow up of high-risk contacts in the case's high-risk setting.
- All high-risk contacts associated with the high-risk setting of the case must self-isolate for 10 days (regardless of vaccination status or previously positive status) and be tested in accordance with the COVID-19 Provincial Testing Guidance.
- **Management of Critical Staffing Shortages:** If the high-risk contact is a staff member in a health care or congregate living setting, and they are asymptomatic and fully vaccinated, they may work under work-self-isolation as per the COVID-19 Provincial Testing and Clearance Guidance if clinical care would be severely compromised without additional staffing.

High-risk settings include: hospitals and healthcare settings (but NOT primary care offices), congregate living settings, schools, child care centres/camps

https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/management_cases_contacts_omicron.pdf

New IPAC Guidance

- **Healthcare workers (HCWs) are at risk of infection from both occupational and community exposures**. Therefore, protection of HCWs from COVID-19 requires both the application of the hierarchy of controls for infection prevention and control (IPAC) in healthcare settings and public health measures aimed at reducing COVID-19 transmission in the community setting, particularly vaccination.
- Enhancing vaccine effectiveness with a **third dose** will provide increased protection for HCWs from COVID-19 due to the Omicron (B.1.1.529) variant and reduce infection from exposures in both the community and healthcare setting.
- Given the undetermined impact of the Omicron (B.1.1.529) variant, the **interim recommended PPE** when providing direct care for patients with suspected or confirmed COVID-19 includes a fit-tested, seal-checked N95 respirator (or equivalent or greater protection), eye protection, gown, and gloves. **Other appropriate PPE** includes a well-fitted surgical/procedure (medical) mask, or non-fit tested respirator, eye protection, gown and gloves for direct care of patients with suspect or confirmed COVID-19.
- Fit tested N95 respirators (or equivalent or greater protection) should be used when aerosol-generating medical procedures (AGMPs) are performed or anticipated to be performed on patients with suspect or confirmed COVID-19.

Interim IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19, Dec 15 2021

https://www.publichealthontario.ca/-/media/documents/ncov/updated-ipac-measures-covid-19.pdf?sc_lang=en

Provincial Pandemic Stockpiles – Primary Care

- The PPE and Testing Pandemic Stockpiles were established to provide health care providers with access to PPE and testing supplies at no cost and over and above what could be fulfilled by regular supply chains
- Product Scope:
  - **PPE:** disinfectant wipes, surgical masks, hand sanitizer, gloves, gowns, eye protection (face shields and goggles), and N95 Masks
    - Note: The 3M domestically produced N95 1870+ Respirator is the model of choice and recommended. Orders for other models will be based on availability and provided only on an emergency basis.
  - **Rapid Antigen Tests**
  - **SWAB kits**
- PPE and testing supplies are requested via an online platform and are distributed through provincial warehouses

https://ehealthontario.on.ca/en/health-care-professionals/digital-health-services

Ontario Health

Ontario COVID-19 Drugs and Biologics Clinical Practice Guidelines Working Group

Therapeutic Management of Adult Patients with COVID-19

Recommendations apply to patients >18 years of age. Recommendations are based on the best available data and may change as additional data becomes available. Science Briefs can be found on the Ontario COVID-19 Science Advisory Table website.

SCIENCE TABLE
COVID-19 ADVISORY FOR ONTARIO

SEVERITY OF ILLNESS	RECOMMENDATIONS

Critically Ill Patients

Patients requiring ventilatory and/or circulatory support, including high-flow nasal oxygen, non-invasive ventilation, invasive mechanical ventilation, or ECMO

- **Dexamethasone** 6 mg PO/IV daily for 10 days (or until discharge if sooner) **is recommended**.
- **Tocilizumab** **is recommended** for patients who are on recommended doses of dexamethasone therapy (or a dose-equivalent corticosteroid) AND are within 14 days of hospital admission (or within 14 days of a new COVID-19 diagnosis if the infection was nosocomially acquired).
  - **In drug shortage situations, a single dose of tocilizumab 400 mg IV or sarilumab 400 mg IV** should be used for all eligible patients. A second dose of tocilizumab or sarilumab should not be given to any patient.
- **Baricitinib** 4 mg PO/NG daily for 14 days (or until discharge if sooner) **may be considered** in patients who are on recommended doses of dexamethasone therapy (or a dose-equivalent corticosteroid) or who have a contraindication to corticosteroid treatment. The panel does not recommend combined use of baricitinib and IL-6 inhibitors due to absence of safety and efficacy evidence.
- **Prophylactic dose low molecular weight or unfractionated heparin** **is recommended**.
- These patients **should not receive therapeutic dose anticoagulation** unless they have a separate indication for this treatment.
- **Remdesivir** is **not recommended** for patients receiving mechanical ventilation.
- **Remdesivir** 200 mg IV on day 1, then 100 mg IV daily for 4 days **may be considered** in patients requiring high-flow oxygen (i.e., oxygen by mask, oxygen by high-flow nasal cannula, or non-invasive mechanical ventilation).
- **SARS-CoV-2 neutralizing antibodies** are **not recommended** for critically ill patients. For symptomatic inpatients with nosocomial infection, see mildly ill recommendations below for sotrovimab.
- Bacterial co-infection is uncommon in COVID-19 pneumonia at presentation. **Do not add empiric antibiotics for bacterial pneumonia** unless bacterial infection is strongly suspected. Continue empiric antibiotics for no more than 5 days, and de-escalate on the basis of microbiology results and clinical judgment.

Moderately Ill Patients

Patients newly requiring low-flow supplemental oxygen

- **Dexamethasone** 6 mg PO/IV daily for 10 days (or until discharge if sooner) **is recommended**.
- If patients are discharged with home-based oxygen therapy, **dexamethasone** 6 mg PO daily until oxygen is no longer required (for a maximum of 10 days) **may be considered**.
- **Remdesivir** 200 mg IV on day 1, then 100 mg IV daily for 4 days **is recommended**.
- **Therapeutic dose anticoagulation** **may be considered** over prophylactic dose anticoagulation in patients who are felt to be at low risk of bleeding.
- **All other patients should receive prophylactic dose anticoagulation.**
- **SARS-CoV-2 neutralizing antibodies** are **not recommended** for moderately ill patients. For symptomatic inpatients with nosocomial infection, see mildly ill recommendations below for sotrovimab.
- **Tocilizumab** **is recommended** for patients who have evidence of systemic inflammation, defined as a serum CRP of 75 mg/L or higher, AND have evidence of disease progression (i.e., increasing oxygen or ventilatory requirements) despite 24-48 hours of recommended doses of dexamethasone therapy (or a dose-equivalent corticosteroid), AND are within 14 days of hospital admission (or within 14 days of a new COVID-19 diagnosis if the infection was nosocomially acquired).
  - **In drug shortage situations, a single dose of tocilizumab 400 mg IV or sarilumab 400 mg IV** should be used for all eligible patients. A second dose of tocilizumab or sarilumab should not be given to any patient.
- **Baricitinib** 4 mg PO daily for 14 days (or until discharge if sooner) **may be considered** in patients who are on recommended doses of dexamethasone (or a dose-equivalent corticosteroid) or who have a contraindication to corticosteroid treatment. The panel does not recommend combined use of baricitinib and IL-6 inhibitors due to absence of safety and efficacy evidence.

Mildly Ill Patients

Patients who do not require new or additional supplemental oxygen from their baseline status

- **Sotrovimab** 500 mg IV x 1 dose **is recommended** for mildly ill patients who present within 7 days of symptom onset and meet any one of the following criteria:
  - Symptomatic residents of long-term care facilities, retirement homes, and other congregate care living settings
  - Symptomatic inpatients with nosocomial infection
  - High-risk patients: (a) ≥70 years of age AND have at least one additional risk factor; or (b) ≥50 years of age AND First Nations, Inuit, or Métis, AND have at least one additional risk factor (e.g., obesity (BMI ≥30), dialysis or stage 5 kidney disease (eGFR <15 mL/min/1.73 m^2), diabetes, cerebral palsy, intellectual disability of any severity, sickle cell disease, receiving active cancer treatment, solid organ or stem cell transplant recipients)
- **Sotrovimab** **may be considered** in patients who do not meet the above criteria if they present within 7 days of symptom onset and if, in the opinion of a physician, they have other important risk factors for disease progression (e.g., immunosuppression, receipt of immunosuppressants).

Previous SARS-CoV-2 infection and vaccination status do not need to be considered. Serologic testing does not need to be done.

It is recommended that monoclonal antibody therapy be administered to non-hospitalized individuals across Ontario using a hybrid network that includes, but is not limited to, mobile integrated healthcare services, community paramedicine, and outpatient infusion clinics.

- **Budesonide** 800 mcg inhaled twice daily for 14 days **may be considered** for symptomatic high-risk outpatients (as described under sotrovimab recommendation for mildly ill patients).
- **Fluvoxamine** 50 mg PO daily titrated up to 100 mg PO TID for 15 days **may be considered** for mildly ill patients presenting within 7 days of symptom onset. This recommendation is based on very low certainty evidence of reduction in hospitalization, and the need for outpatient treatment options with a reasonable safety profile during an anticipated spike in COVID-19 cases due to the Omicron variant. Pharmacist consultation and outpatient provider follow-up is important to avoid any significant adverse drug interactions with fluvoxamine.
- There is currently **insufficient evidence** to make a recommendation around **anticoagulation** for mildly ill patients.
- The following therapies are **not recommended** in mildly ill patients: dexamethasone, remdesivir, tocilizumab, and baricitinib.

CURRENTLY NOT RECOMMENDED

There is insufficient evidence to support the use of the following therapies in the treatment of COVID-19 outside of clinical trials or where other indications would justify its use:

- Colchicine
- Interferon (with or without lopinavir-ritonavir and ribavirin)
- Vitamin D

RECOMMENDED AGAINST

The following therapies are not recommended for treatment of COVID-19 due to lack of benefit, potential harm, and system implications of overuse:

- Antibiotics (azithromycin)
- Casirivimab-imdevimab due to lack of neutralizing activity against the Omicron variant
- Hydroxychloroquine or chloroquine
- Ivermectin
- Lopinavir/ritonavir

Click here for dosing and pharmacologic considerations for medications approved or under investigation for COVID-19

Version 6.0 | Updated December 20, 2021 | https://doi.org/10.47326/ocsat.cpg.2021.6.0 | Design by Tiffany Kan PharmD

https://covid19-sciencetable.ca/sciencebrief/clinical-practice-guideline-summary-recommended-drugs-and-biologics-in-adult-patients-with-covid-19-version-6-0/

- In drug shortage situations, a single dose of tocilizumab 400 mg IV or sarilumab 400 mg IV should be used for all eligible patients. A second dose of tocilizumab or sarilumab should not be given to any patient.

▲ Baricitinib 4 mg PO/NG daily for 14 days (or until discharge if sooner) **may be considered** in patients who are on recommended doses of dexamethasone therapy (or a dose-equivalent corticosteroid) or who have a contraindication to corticosteroid treatment. The panel does not recommend combined use of baricitinib and IL-6 inhibitors due to absence of safety and efficacy evidence.

■ SARS-CoV-2 neutralizing antibodies are **not recommended** for critically ill patients. For symptomatic inpatients with nosocomial infection, see mildly ill recommendations below for sotrovimab.

■ Bacterial co-infection is uncommon in COVID-19 pneumonia at presentation. **Do not add empiric antibiotics for bacterial pneumonia** unless bacterial infection is strongly suspected. Continue empiric antibiotics for no more than 5 days, and de-escalate on the basis of microbiology results and clinical judgment.

● Dexamethasone 6 mg PO/IV daily for 10 days (or until discharge if sooner) **is recommended**.
▲ If patients are discharged with home-based oxygen therapy, **dexamethasone** 6 mg PO daily until oxygen is no longer required (for a maximum of 10 days) **may be considered**.

● Remdesivir 200 mg IV on day 1, then 100 mg IV daily for 4 days **is recommended**.

▲ Therapeutic dose anticoagulation **may be considered** over prophylactic dose anticoagulation in patients who are felt to be at low risk of bleeding.
● **All other patients should receive prophylactic dose anticoagulation.**

■ SARS-CoV-2 neutralizing antibodies are **not recommended** for moderately ill patients. For symptomatic inpatients with nosocomial infection, see mildly ill recommendations below for sotrovimab.

● Tocilizumab **is recommended** for patients who have evidence of systemic inflammation, defined as a serum CRP of 75 mg/L or higher, AND have evidence of disease progression (i.e., increasing oxygen or ventilatory requirements) despite 24-48 hours of recommended doses of dexamethasone therapy (or a dose-equivalent corticosteroid), AND are within 14 days of hospital admission (or within 14 days of a new COVID-19 diagnosis if the infection was nosocomially acquired).

- In drug shortage situations, a single dose of tocilizumab 400 mg IV or sarilumab 400 mg IV should be used for all eligible patients. A second dose of tocilizumab or sarilumab should not be given to any patient.

▲ Baricitinib 4 mg PO daily for 14 days (or until discharge if sooner) **may be considered** in patients who are on recommended doses of dexamethasone (or a dose-equivalent corticosteroid) or who have a contraindication to corticosteroid treatment. The panel does not recommend combined use of baricitinib and IL-6 inhibitors due to absence of safety and efficacy evidence.

● Sotrovimab 500 mg IV x 1 dose **is recommended** for mildly ill patients who present within 7 days of symptom onset and meet any one of the following criteria:

- Symptomatic residents of long-term care facilities, retirement homes, and other congregate care living settings
- Symptomatic inpatients with nosocomial infection
- High-risk patients: (a) ≥70 years of age AND have at least one additional risk factor; or (b) ≥50 years of age AND First Nations, Inuit, or Métis, AND have at least one additional risk factor (e.g., obesity (BMI ≥30), dialysis or stage 5 kidney disease (eGFR <15 mL/min/1.73 m^2), diabetes, cerebral palsy, intellectual disability of any severity, sickle cell disease, receiving active cancer treatment, solid organ or stem cell transplant recipients)

▲ Sotrovimab **may be considered** in patients who do not meet the above criteria if they present within 7 days of symptom onset and if, in the opinion of a physician, they have other important risk factors for disease progression (e.g., immunosuppression, receipt of immunosuppressants).

Previous SARS-CoV-2 infection and vaccination status do not need to be considered. Serologic testing does not need to be done.

It is recommended that monoclonal antibody therapy be administered to non-hospitalized individuals across Ontario using a hybrid network that includes, but is not limited to, mobile integrated healthcare services, community paramedicine, and outpatient infusion clinics.

▲ Budesonide 800 mcg inhaled twice daily for 14 days **may be considered** for symptomatic high-risk outpatients (as described under sotrovimab recommendation for mildly ill patients).

▲ Fluvoxamine 50 mg PO daily titrated up to 100 mg PO TID for 15 days **may be considered** for mildly ill patients presenting within 7 days of symptom onset. This recommendation is based on very low certainty evidence of reduction in hospitalization, and the need for outpatient treatment options with a reasonable safety profile during an anticipated spike in COVID-19 cases due to the Omicron variant. Pharmacist consultation and outpatient provider follow-up is important to avoid any significant adverse drug interactions with fluvoxamine.

◆ There is currently **insufficient evidence** to make a recommendation around anticoagulation for mildly ill patients.

■ The following therapies are **not recommended** in mildly ill patients: dexamethasone, remdesivir, tocilizumab, and baricitinib.

of clinical trials or where other indications would justify its use:

- ◆ Colchicine
- ◆ Interferon (with or without lopinavir-ritonavir and ribavirin)
- ◆ Vitamin D

RECOMMENDED AGAINST

The following therapies are not recommended for treatment of COVID-19 due to lack of benefit, potential harm, and system implications of overuse:

- ■ Antibiotics (azithromycin)
- ■ Casirivimab-imdevimab due to lack of neutralizing activity against the Omicron variant
- ■ Hydroxychloroquine or chloroquine
- ■ Ivermectin
- ■ Lopinavir/ritonavir

Click here for dosing and pharmacologic considerations for medications approved or under investigation for COVID-19

Version 6.0 | Updated December 20, 2021 | https://doi.org/10.47326/ocsat.cpg.2021.6.0 | Design by Tiffany Kan PharmD

https://covid19-sciencetable.ca/sciencebrief/clinical-practice-guideline-summary-recommended-drugs-and-biologics-in-adult-patients-with-covid-19-version-6-0/

What can you do?

1. Keep you, your staff, and your patients safe

- 3rd doses for you, your staff, your households
- Reduce contacts in and out of the office (e.g. virtual meetings, stricter lunch policies/breaks, limit gatherings etc)
- Ensure proper ventilation, PPE; consider rapid tests to screen staff
- Be more judicious with which patients are seen in-person

2. Continue to provide primary care, prioritizing what is essential

- Prioritize urgent, emergent, and new issues
- If your region needs help, defer preventive care & other non-essential work

3. Support COVID-19 vaccination, particularly for those most vulnerable

- Contact booster-eligible patients who may have difficulty navigating system
- Support regional vaccination efforts
- Vaccinate in-office if you can
- Support public health messaging

COVID-19 vaccine boosters

Beginning **Monday, December 20th** all individuals **age 18+** are eligible to receive a third dose of the COVID-19 vaccine. The eligibility for boosters has been shortened to **3 months (or 84 days)** from a second vaccine dose.

https://news.ontario.ca/en/release/1001352/all-ontarians-18-eligible-for-covid-19-booster-appointments-at-three-month-interval

COVID-19 vaccine third dose

At least approximately 2 months (56 days) after second dose**:

- **Active treatment for solid tumour or hematologic malignancies** (completed treatment within 3 months)
- **Solid-organ transplant and taking immunosuppressive therapy**
- **Chimeric antigen receptor (CAR)-T-cell therapy or hematopoietic stem cell transplant** (within 2 years of transplantation or taking immunosuppression therapy)
- **Moderate to severe primary immunodeficiency** (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- **Stage 3 or advanced untreated HIV infection; acquired immunodeficiency syndrome**
- **Active treatment immunosuppressive therapies** (anti-B cell therapies (monoclonal antibodies targeting CD19, CD20 and CD22), high-dose systemic corticosteroids (refer to the CIG for suggested definition of high dose steroids), alkylating agents, antimetabolites, or tumor-necrosis factor (TNF) inhibitors and other biologic agents that are significantly immunosuppressive)
- **Receiving dialysis (hemodialysis or peritoneal dialysis)** (effective Dec. 2, 2021)

MOH Guidance – COVID-19 Vaccine Third Dose Recommendations (December 14, 2021)

- See page 6 for more on immunocompromising conditions, page 8 for list of immunosuppressant medications
- Ontario recommended interval between last dose of third dose is at least two months. Exact timing should be decided by treating provider to optimize the immune response and minimize delays in management of the underlying condition. See Guidance page 5-6.

COVID@Home

- Due to rising case counts the new Omicron variant the Ministry of Health has procured more oxygen saturation monitors to support those already doing monitoring with additional supply and to provide monitors to any new providers who need to monitor their high-risk patients.
- Monitors are due to arrive Dec. 30th. Ordering link https://survey.alchemer.com/s3/6240240/O2-Saturation-Monitor-Survey. Processing and delivery of orders will begin the week of January 3rd.
- Clinical pathways, EMR templates and CoP are available supports

Ontario Health

COVID@Home: Resources

- Link to ordering O2 at monitors: https://survey.alchemer.com/s3/6240240/O2-Saturation-Monitor-Survey (link not active until Dec 29th)
- Assessment and Management of COVID clinical pathway
- EMR Templates for monitoring
- Palliative Pathway for Managing Progressive Life Limiting Conditions (COVID and non COVID)
- Post-hospitalization pathway (exists, is password protected currently)
- Primary Care and COVID-19 Support CoP Group
- COVID@Home Resource Toolkit
- Working with Oxygen Providers
- Recordings of past sessions (#18 and onward)

Ontario Health

Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of Family Physicians
Leaders for a healthy Ontario

COVID-19 Community of Practice for Family Physicians: Managing COVID-19 in the Community

With a dramatic rise in cases, we need to be prepared to manage COVID-19 in the community. Our panelists will review the latest on COVID-19 therapeutics and share tips for outpatient management of people with COVID-19.

DATE: Friday, January 7, 2022, 8:00-9:00am EST

REGISTRATION NOW OPEN: https://us02web.zoom.us/webinar/register/WN_vLxEqSxfTlyyfRxoBPXUkA

Moderator: Dr. Tara Kiran (Toronto, ON)

Panelists:

- Dr. Derelie Mangin (Hamilton, ON)
- Dr. Ullanda Niel (Scarborough, ON)
- Other TBD

Co-hosts:

- Dr. Liz Muggah (Ottawa, ON)
- Dr. David Kaplan (North York, ON)

This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 1 Mainpro+ credits.
The COVID-19 Community of Practice for Ontario Family Physician includes a series of planned webinars. Each session is worth 1 Mainpro+ credits, for up to a total of 26 credits.

Questions?

Today's recording will be posted early next week and will be found at https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions

Contact us: *ocfpcme@ocfp.on.ca*

Visit: https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources

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Post session survey will be emailed to you. Mainpro+ credits will be entered for you with the information you provided during registration.

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