Changing the Way We Work
Q&A with Dr. Kieran Moore and Dr. Janine McCready

COVID-19 Community of Practice for Ontario Family Physicians

December 3, 2021

Dr. Kieran Moore
Dr. Janine McCready
Dr. Daniel Warshafsky
Q&A with Dr. Kieran Moore and Dr. Janine McCready

Moderator: Dr. Tara Kiran

Fidani Chair, Improvement and Innovation
Department of Family and Community Medicine, University of Toronto

Panelists:
• Dr. Kieran Moore, Toronto, ON
• Dr. Janine McCready, Toronto, ON
• Dr. Daniel Warshafsky, 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.
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.
Wise Practices for those supporting COVID Vaccination

Date: Tuesday, December 7, 6:30pm

As COVID vaccines, third doses, and now 5 to 11 vaccinations continue rolling out across the province, many First Nations, Inuit, and Métis people will be accessing these services through mainstream health services. Given the often times negative historical and contemporary experiences that Indigenous Peoples have experienced with the health system and beyond, it is imperative that Health Care Providers (HCPs) actively design and deliver vaccination services in a way that supports high quality, safe experiences for Indigenous clients.

This webinar will provide participants with foundational knowledge to support vaccine administration among the Indigenous population, whether on-reserve First Nations or Indigenous populations living in urban settings.

Register:
https://iphcc-ca.zoom.us/webinar/register/1716376974953/WN_Pi1iyqQ0SKOWwHygt-6y7w
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

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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’Bien (DCFM), Susan Taylor (OCFP) and Mina Viscardi-Johnson (OCFP), Liz Muggah (OCFP)

Previous webinars & related resources:
https://www.dfcem.utoronto.ca/covid-19-community-practice/past-sessions
Dr. Kieran Moore – Panelist
Chief Medical Officer of Health for Ontario

Dr. Janine McCready – Panelist
Twitter: @janinemccready
Infectious Disease Physician, Michael Garron Hospital

Dr. Dan Warshafsky – Panelist
Senior Medical Consultant at the Office of the Chief Medical Officer of Health
Dr. David Kaplan – Co-Host  
Twitter: @davidkaplanmd  
Family Physician, North York Family Health Team and Chief, Clinical Quality, Ontario Health - Quality

Dr. Liz Muggah – Co-Host  
Twitter: @OCFP_President  
OCFP President, Family Physician, Bruyère Family Health Team
Speaker Disclosure

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

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

- Faculty Name: **Dr. Daniel Warshafsky**
  - Relationships with financial sponsors: N/A
    - Grants/Research Support: N/A
    - Speakers Bureau/Honoraria: N/A
    - 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
Where are we from (outside the GTA)?
Your Questions

• The latest on Omicron
• Update on 3rd doses
• Advising patients about holiday gathering
• Vaccines in kids 5 to 11
COVID-19 in Ontario - Daily cases, deaths, & resolved

Please see thread for additional graphs (including vaccinations, ICU, tests)

@jkwan_md

New cases • New deaths (R axis) • New resolved
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 guest's question. 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 panel's attention.

- Please use the chat box for networking purposes only.
Dr. Kieran Moore – Panelist
Chief Medical Officer of Health for Ontario

Dr. Janine McCready – Panelist
Twitter: @janinemccready
Infectious Disease Physician, Michael Garron Hospital

Dr. Dan Warshafsky – Panelist
Senior Medical Consultant at the Office of the Chief Medical Officer of Health
Omicron
### Table 1. Risk Assessment for Omicron B.1.1.529

<table>
<thead>
<tr>
<th>Issue</th>
<th>Risk Level</th>
<th>Degree of Uncertainty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Importation in Ontario</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>Increased Transmissibility</td>
<td>Moderate</td>
<td>High</td>
</tr>
<tr>
<td>Disease Severity</td>
<td>No information</td>
<td>High</td>
</tr>
<tr>
<td>COVID-19 Re-infection</td>
<td>Moderate</td>
<td>High</td>
</tr>
<tr>
<td>Lowered Vaccine Effectiveness/Breakthrough Infections</td>
<td>Moderate</td>
<td>High</td>
</tr>
<tr>
<td>Impacts on Testing/Surveillance</td>
<td>Low</td>
<td>Low</td>
</tr>
</tbody>
</table>
Covid cases and test positivity are rising faster in Gauteng than in past waves. Hospitalisations are so far tracking past climbs, but reflect cases a week earlier

Cases, test positivity and hospital admissions in Gauteng province, by number of days since each wave began*

*Start of wave defined as when 7-day average of cases rose for 7 successive days
Source: FT analysis of data from South Africa’s National Institute for Communicable Diseases
FT graphic by John Burn-Murdoch / @burnmurdoch
© FT
3rd Doses
COVID-19 vaccine boosters

At least approximately 6 months (168 days) after second dose:

- **Healthcare workers**: regulated health professional, staff member, contract worker, student/trainee, registered volunteer, designated essential caregiver working in-person in facility (incl. non-direct patient care), patient service/care outside the organization.

  *(Healthcare workers: Reduced post-vaccination observation period of at least 5 minutes up to 15 minutes if vaccinated in healthcare setting and no previous issues)*

- **Elderly in congregate settings**: long-term care, retirement homes, Elder care lodges, assisted-living facilities, chronic care hospitals, seniors’ apartment buildings, other older adults in congregate settings

- **Adults age 70+ in the community** *(age 50+ effective Dec. 13, 2021)*

- **First Nations, Inuit and Métis adults** and their non-Indigenous household members

- **AstraZeneca/COVISHIELD** (2 doses) or Janssen COVID-19 vaccine (1 dose)

NACI: [Interim guidance on booster COVID-19 vaccine doses in Canada](#)
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](#)

- Exact timing should be decided by treating provider to optimize immune response and minimize delays in management of the underlying condition. See Guidance page 5-6.
- See page 4 of Guidance for more on immunocompromising conditions, pp 6-7 for list of immunosuppressant medications
Effective December 2, 2021:
Recommendation for re-vaccination with a new COVID-19 vaccine primary series post-transplantation (due to loss of immunity following therapy or transplant) for:

- individuals who receive **hematopoietic stem cell transplants** (HSCT)
- individuals who receive **hematopoietic cell transplants** (HCT) (autologous or allogeneic)
- recipients of CAR-T-cell therapy
COVID-19 vaccine boosters/third dose

Also notable

- **Either Moderna or Pfizer as third dose** regardless of previous two doses

- **Moderna dosage**: full dose (100 mcg) for age 70+ residents of long-term care homes, retirement homes or seniors in other congregate living settings and eligible immunocompromised; *half dose* (50 mcg) if younger than 70.

- **Pfizer dosage**: full dose (30 mcg)

- Further expansion of eligibility based on age and risk expected in January 2022

- Boosters not mandatory, i.e., people with two doses considered fully vaccinated
COVID-19 VACCINE
FOR CHILDREN AGED 5-11

Dr. Janine McCready
Infectious Diseases Physician, Michael Garron Hospital

November 2021
Rates of recent COVID-19 cases by age group in Ontario

Last updated November 18, 2021 at 11:30 am

The bars below show data from recent cases reported within the past 14 days with a three day lag from the time of data extraction.
Ontario COVID-19 outbreaks by type (7-day avg.)
### Risks of COVID-19 in children

**Other vaccine preventable diseases:**

Deaths per year prior to recommended vaccines

<table>
<thead>
<tr>
<th></th>
<th>Hepatitis A&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Meningococcal (ACWY)&lt;sup&gt;2&lt;/sup&gt;</th>
<th>Varicella&lt;sup&gt;3&lt;/sup&gt;</th>
<th>Rubella&lt;sup&gt;4&lt;/sup&gt;</th>
<th>Rotavirus&lt;sup&gt;5&lt;/sup&gt;</th>
<th>COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>&lt;20 years</td>
<td>11–18 years</td>
<td>5–9 years</td>
<td>All ages</td>
<td>&lt;5 years</td>
<td>5–11 years</td>
</tr>
<tr>
<td><strong>Average deaths per year</strong></td>
<td>3</td>
<td>8</td>
<td>16</td>
<td>17</td>
<td>20</td>
<td>66</td>
</tr>
</tbody>
</table>


United States Vaccination Rates

Percent with At Least One Dose, by Age Group

- 5-11 years: 14.2%
- 12-17 years: 61.0%
- 18-24 years: 68.2%
- 25-39 years: 71.9%
- 40-49 years: 80.0%
- 50-64 years: 87.3%
- 65-74 years: 99.9%
- 75+ years: 97.0%

Chart: Benjy Renton • Source: CDC • Created with Datawrapper
Table 2. Immunization schedule for primary series, by COVID-19 vaccine

<table>
<thead>
<tr>
<th>Vaccine Product</th>
<th>Dose</th>
<th>Immunization Schedule</th>
<th>Minimum Interval</th>
<th>Authorized Interval</th>
<th>NACI - Recommended Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pfizer-BioNTech (Comirnaty; 10 mcg)</td>
<td>0.2mL</td>
<td>2-dose schedule</td>
<td>19 days</td>
<td>21 days</td>
<td>At least 8 weeks</td>
</tr>
</tbody>
</table>

1. There is emerging evidence that longer intervals between the first and second doses of COVID-19 vaccines result in more robust and durable immune response and higher vaccine effectiveness. See Evidence to inform an optimum dosing interval for the primary series of an mRNA COVID-19 vaccine section below. NACI will continue to monitor the evidence and update this interval as needed.
Efficacy of the COVID-19 vaccine

Geometric Mean Titers (NT50), by Age Subgroup – Subjects 5 to <12 Years – Evaluable Immunogenicity Population
Immunogenicity Subset – Without Evidence of Prior Infection up to 1 Month Post Dose 2

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>NT50 (titer) GMT</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 1</td>
<td>10.1</td>
<td>264</td>
</tr>
<tr>
<td>1M PD2</td>
<td>1197.6</td>
<td>264</td>
</tr>
<tr>
<td>BNT162b2 10 µg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-6 Years</td>
<td>10.0</td>
<td>59</td>
</tr>
<tr>
<td>1M PD2</td>
<td>1164.1</td>
<td>59</td>
</tr>
<tr>
<td>BNT162b2 10 µg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7-8 Years</td>
<td>10.0</td>
<td>74</td>
</tr>
<tr>
<td>1M PD2</td>
<td>1236.1</td>
<td>74</td>
</tr>
<tr>
<td>BNT162b2 10 µg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9-11 Years</td>
<td>10.3</td>
<td>131</td>
</tr>
<tr>
<td>1M PD2</td>
<td>1191.5</td>
<td>131</td>
</tr>
<tr>
<td>BNT162b2 10 µg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NT50 = 50% neutralizing titers
Resources to support kids vaccination
The Benefits of Vaccinating Children Against Covid-19 (aged 5 to 11 years)

- Much lower risk of illness
- Lower risk of complications including MIS-C and Long Covid
- Lower risk of spread to friends and family
- May not need to miss school or activities after an exposure
- Safely return to fun activities like hockey
- All kids can return to being kids again

All children deserve to safely return to school and activities. Vaccines help get us there.

Covid-19 can cause serious illness and death in any child. Social factors and health conditions mean that the risks for some children are higher. Getting vaccinated protects children and those around them.

*MIS-C (Multisystem Inflammatory Syndrome in children) is rare but very serious. It causes inflammation of the heart, lungs, kidneys, brain, skin, eyes, and stomach.

Focused Covid Communication by Andrea Childs, MD, COPP; Kelly O'Neill, BCPharm; Phyllis D. Poulin; MD; COPP; Santia Velez, MD; PhD; PR; CPC; Kate Miller, MD; COPP; Marielle Pau, MIc; ME, PR; CPC; Adrien Poore, BA; Sabine Volkmann-Miller, MIc; Kristen West, BScPhm; RPh; Holly Wilhemsen, PPh; Sonnemire Veternas, PPh. Reviewed by: Rosemary Kilren, BScPhm, PPh, SPhPh. For questions about the reproduction, translation, or other uses of this material, contact: phsp@uwaterloo.ca.
NOW OR WAIT?
COVID-19 mRNA VACCINES
For children aged 5 to 11 years

November 19, 2021

Reasons to vaccinate a child now:

- Lower risk of complications from infection (Multisystem Inflammatory Syndrome in Children (MIS-C), or Long Covid).
- May be able to continue to go to school and do activities after a Covid-19 exposure.
- Lower risk of spreading Covid-19 to others.
- Able to safely return to sports, clubs, and sleepovers sooner.
- Able to travel without quarantine.

Reasons some people wait to vaccinate a child:

- Mild side effects may temporarily interrupt plans.
- Unclear risk of very rare vaccine side effects (e.g., myocarditis).
- Children living in areas with very low numbers of Covid-19 infections have a lower chance of being exposed at this time.¹
- Covid-19 case numbers can change very quickly.

Choosing to wait can be a short-term plan. Follow public health advice to lower the risk of Covid-19 while you decide.

Need more information to decide? Here’s what we know so far.

What we know about Covid-19 infections:

- Covid-19 is very contagious. Most children are expected to be exposed to Covid-19 within a year.
- Most children with Covid-19 infections will have mild illness.
- Some children, including children with no health conditions, can get very sick and die from Covid-19.
- Children can get Long Covid and have health problems that last weeks to months, or possibly longer.
- Myocarditis (inflammation of the heart) is much more common and severe after a Covid-19 infection than after a vaccine.
- Covid-19 can cause Multisystem Inflammatory Syndrome in children (MIS-C).² MIS-C is most common in children aged 5 to 11.

What we know about Covid-19 mRNA vaccines:

- Data from teens and adults shows the health risk is much higher with a Covid-19 infection than vaccination.
- Vaccines for children aged 5 to 11 use a lower dose than the vaccines for teens and adults.
- Mild side effects (e.g., sore arm, tiredness) are common after the vaccine. They usually go away after a few days.
- Long-term side effects are not expected. Vaccine ingredients are gone from the body in 2 to 3 days.
- Vaccines do not affect fertility, genes (DNA), or hormones.
- Myocarditis from the vaccine is rare. It is expected to be even rarer in kids aged 5 to 11.

¹ Covid-19 case numbers can change very quickly.
² MIS-C is rare but very serious. It causes inflammation of the heart, lungs, kidneys, brain, skin, eyes, and stomach.
# Safety of Vaccines

**IS THE COVID-19 VACCINE SAFE FOR KIDS?**

Ontario’s pediatricians answer your questions about the COVID-19 vaccine

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Will the vaccine change my child’s genetics or cause infertility?</strong></td>
<td>No. The vaccine does not alter genetics or hormones. The active ingredient in the vaccine is called mRNA; it gets broken down very quickly after it is injected and cannot reach the area where your child’s genetics are stored. The COVID-19 vaccines do not affect puberty, the ability to have children, or your child’s hormones as it is not involved in those body systems.</td>
</tr>
<tr>
<td>2. <strong>Can my child get the vaccine if they are on medication?</strong></td>
<td>Yes. The COVID-19 vaccine does not interfere with other medications your child may be taking. Prescribed or over the counter medications will also not affect how the vaccine works. Talk to your child’s pediatrician or family doctor if you have more questions.</td>
</tr>
<tr>
<td>3. <strong>Does the COVID-19 vaccine work with the regular vaccinations?</strong></td>
<td>Yes. The COVID-19 vaccine doesn’t appear to affect other vaccines and vice versa. Out of an abundance of caution, if possible, the COVID-19 vaccine should not be given within 14 days of other vaccines, like the flu vaccine. Your physician may consider giving a vaccine earlier, if needed urgently.</td>
</tr>
<tr>
<td>4. <strong>Do kids really need the COVID-19 vaccine?</strong></td>
<td>Yes. Kids need the COVID-19 vaccine. Everyone needs the vaccine! Children can catch and spread COVID-19. Children may not get as sick as adults but they can have symptoms for weeks. The vaccine is our best path back to regular routines.</td>
</tr>
<tr>
<td>5. <strong>Can my child with allergies get the vaccine?</strong></td>
<td>Yes. Children with allergies can receive the COVID-19 vaccine. Children with severe allergies to food, medications and insect bites should all be vaccinated. If your child has had a severe allergic reaction to a vaccine or medical product, or if you have other questions about allergic reactions, this should be discussed with your child’s pediatrician or family doctor before getting the COVID-19 vaccine.</td>
</tr>
<tr>
<td>6. <strong>Will the vaccine lead to blood clots?</strong></td>
<td>No. There is no evidence that the COVID-19 vaccine approved for children causes blood clots.</td>
</tr>
<tr>
<td>7. <strong>My child has other medical issues, is it safe for them to be vaccinated?</strong></td>
<td>Yes. Children with other medical conditions such as Autism, ADHD, heart or kidney problems, or any other condition can safely receive the COVID-19 vaccine. If you are concerned about a specific medical condition, be sure to speak with your child’s pediatrician or family doctor.</td>
</tr>
<tr>
<td>8. <strong>Should I be worried that the vaccine was developed so quickly?</strong></td>
<td>No. All testing and approval processes were followed for the COVID-19 vaccines. Many resources were made available to develop the COVID-19 vaccines so quickly because of how many people developed the disease around the world. The technologies behind the COVID-19 vaccines were built on decades of research and experience. No steps were skipped in the development, testing or approval processes.</td>
</tr>
</tbody>
</table>

Source: [Ontario’s pediatricians](https://pedsontario.com/Resources/Physician-Resources/COVID-Resources)
### PrOTCT Framework for COVID-19 vaccine discussions with parents and caregivers

**Version 3, December 2, 2021**

#### What do you think of the new vaccine for kids? Do you think my child should get it? Is it safe?

When patients ask these questions, it may be tempting to dive into answering. This framework will help approach these conversations thoughtfully to achieve a positive, effective interaction that builds trust while sharing important information.

<table>
<thead>
<tr>
<th>Pr: Present</th>
<th>Talking tip:</th>
</tr>
</thead>
<tbody>
<tr>
<td>They will get the vaccine with positive statements</td>
<td>I have already gotten the COVID vaccine for my children/ many of my patients who are children. I am happy to help your child get it too so they can be protected and help protect their family.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>O: Offer</th>
<th>Talking tip:</th>
</tr>
</thead>
<tbody>
<tr>
<td>To share your knowledge about the facts and your experience with having had the vaccine</td>
<td>I have been thinking a lot about this vaccine for my patients and educating myself on the science around it. Can I share some of what I know with you?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>T: Tailor</th>
<th>Talking tip:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The recommendation to their specific health concerns</td>
<td>Here is why this vaccine will benefit your child: It will provide them direct protection from infection and hospitalization (by having to protect kids by holding them back from activities and learning opportunities). It will also protect them from getting infected and making school if there is an outbreak. It will provide extra peace of mind as your child will be spending time with grandparents for whom transmission of this virus can have significant health consequences. Even mild COVID in kids has been associated with long lasting symptoms like &quot;long COVID&quot; or multisystem inflammation.**</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C: Connect</th>
<th>Talking tip:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address specific concerns (should not be the bulk of the conversation)</td>
<td>Are there any particular concerns about this vaccine you would like me to address? We can also discuss ways to make getting the vaccine more comfortable for your child.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>T: Talk</th>
<th>Talking tip:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through a specific plan for where and when to get the vaccine</td>
<td>You can do the following to get the vaccine: Provide appointment time. Provide patient vaccine information sheet. Provide schedule (2 doses). Keep the conversation going: If your patient does not book a vaccine appointment, schedule a time for them to discuss it further with you.</td>
</tr>
</tbody>
</table>

#### Provider resources:
- Vaccines: Emerging Evidence (CEP)
- Ensuring Patient Confidence in Vaccines (CEP)
- Patient Resources and FAQs

### For FAQs on COVID-19 vaccines for children and resources on reducing needle phobia see CEP’s Patient Resources List.

### Reference:
Max the Vax Campaign

COVID-19 Vaccines

COVID-19 vaccines

By SickKids staff

Learn which COVID-19 vaccines are available in Canada, and find information about vaccine development, vaccine safety and effectiveness, and information about vaccination and children and youth.

Key points

- Vaccines against COVID-19 have been shown to be safe and effective against the disease.
- As of October 2021, four COVID-19 vaccines are approved for use by Health Canada.
- Most vaccines can only be given to adults, except for the Pfizer vaccine, which is approved for people aged 12 years of age and older.
- Currently studies are underway looking at the safety of the vaccines and how well they work in children under 12 years of age.
- Parents who are vaccinated against COVID-19 may help protect their children and others against the disease.

COVID-19 vaccines approved for use in Canada

https://www.aboutkidshealth.ca/article?contentid=3937&language=english
Do you have questions about your child getting the #COVID19Vaccine? We've launched a COVID-19 Vaccine Consult Service to help answer those questions.

Make an appointment to speak to a SickKids clinician through a confidential phone consult: sickkids.ca/vaccineconsult

Want to know more about the COVID-19 vaccine?

Our doctors are ready to talk with you and answer your questions.

Book a one-to-one phone conversation with one of our doctors so that you can make an informed decision:

shn.ca/VaxFacts
416-438-2911 ext. 5738
Livestream days: January 28 & 29, 2022
+ dozens of on-demand sessions

Registration now open!

https://www.ontariofamilyphysicians.ca/education/conferences
COVID-19 Vaccination in Canada: an educational series for primary care professionals

NEW: Vaccination in Children Age 5-11 Module

COVID-19 VACCINATION MODULES: A FREE EDUCATIONAL SERIES FOR PRIMARY CARE PROFESSIONALS

https://www.dfcm.utoronto.ca/covid19-vaccination-modules

* Updated November 18, 2021
Questions?

Webinar recording and curated Q&A will be posted soon
https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions

Our next Community of Practice: **Friday, December 17, 2021**

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

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

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.

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