COVID-19 Community of Practice for Ontario Family Physicians

February 18, 2022

Dr. Ruchi Murthy
Dr. Ashley Verduyn
Dr. Liz Muggah

The Omicron Aftermath: Post-acute COVID and Physician Wellness

Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of Family Physicians

The Omicron Aftermath: Post-acute COVID and Physician Wellness

Moderator: Dr. Tara Kiran

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

Panelists:

- Dr. Ruchi Murthy, Ottawa, ON
- Dr. Ashley Verduyn, Toronto, ON
- Dr. Liz Muggah, Ottawa, 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.

Land Acknowledgement

Whose land am I on?

City, State or Zip Code | Submit Query

Or message your Canadian or US zip code or [city, state], or city, state & country for Australia, NZ or South America to the Facebook Messenger bot and we'll send you the Native land you're living, working, or recreating on.

Data from the amazing, Native Land, a Canadian not-for profit, who also just launched new versions of their mobile apps. Please consider joining their Patreon community to help fund their research and projects.

Land Acknowledgement Bot is an SMS and Facebook Messenger bot leveraging data from Canadian not-for-profit, Native Land, who ask that people use the data carefully because confirmation by nations is pending and they are updating data weekly. Short Land Acknowledgement explanation from Molly of Denali including footage of kids at the Anchorage Museum

https://land.codeforanchorage.org/

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. Ruchi Murthy– Panelist

Twitter: @ruchimurthy

Infectious Disease Physician, Queensway Carleton Hospital

Dr. Dr. Ashley Verduyn– Panelist

Twitter: @ashley12677416

Family Physician, Chief and Director of Medical Affairs, Providence Health Care

Dr. Liz Muggah – Panelist

Twitter: @OCFP_President

OCFP President, Family Physician, Bruyère Family Health Team

Speaker Disclosure

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

- Faculty Name: **Dr. Ashley Verduyn**
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- Faculty Name: **Dr. Liz Muggah**
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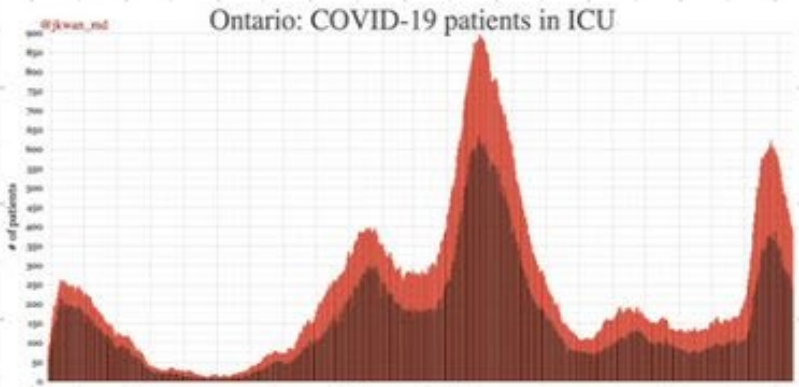
  - Others: N/A

Speaker Disclosure

- 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, Ontario Ministry of Health, Gilead Sciences Inc (re: Hepatitis C), Staples Canada (re: Patient Engagement)
  - 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, Ontario Health

Ontario COVID-19: Total hospitalizations & daily deaths



Please see thread for additional graphs ⬇

(including vaccinations, ICU, tests)

Total hospializations

Daily reported deaths

4500
4000
3500
3000
2500
2000
1500
1000
500
0

450
400
350
300
250
200
150
100
50
0

Apr 1 May 1 Jun 1 Jul 1 Aug 1 Sep 1 Oct 1 Nov 1 Dec 1 Jan 1 Feb 1 Mar 1 Apr 1 May 1 Jun 1 Jul 1 Aug 1 Sep 1 Oct 1 Nov 1 Dec 1 Jan 1 Feb 1

@jkwan_md

Total COVID19 hospitalizations (L axis)

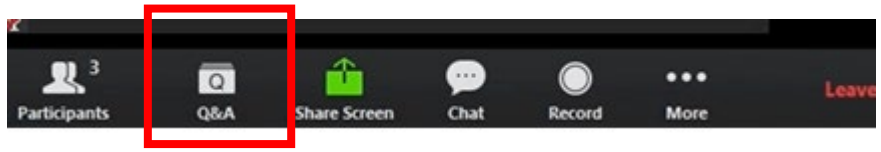
Daily deaths (R axis)

What we will cover today

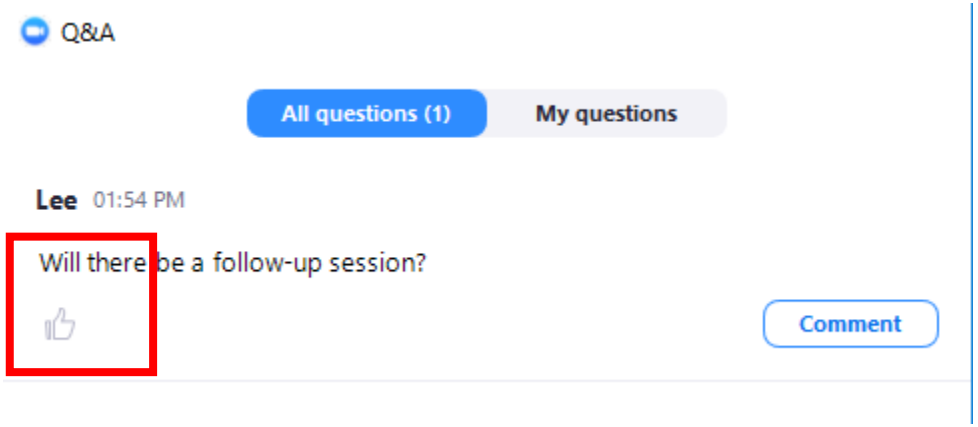
- Post-COVID Condition
- Omicron + Vaccine update
- Our wellness
- Q&A!

How to Participate

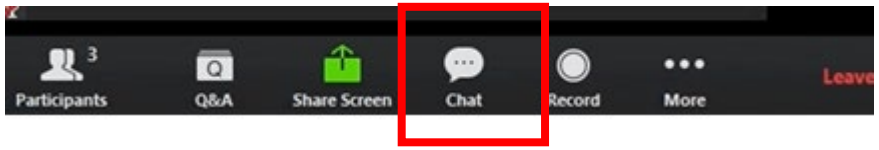
- All questions should be asked using the Q&A function at the bottom of your screen.



- 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.



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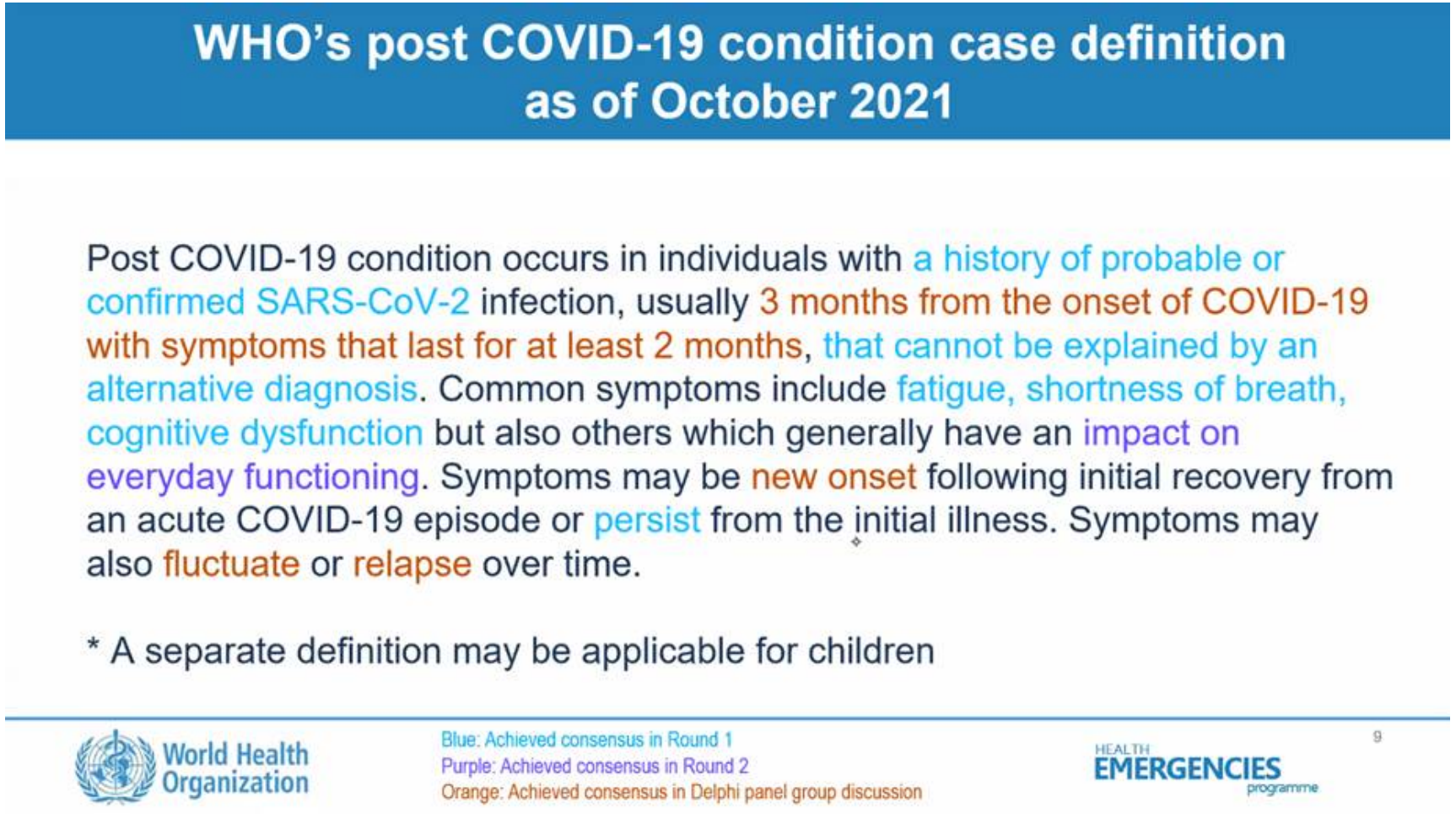
Recovering from Post-COVID Condition

Dr. Ashley Verduyn, CCFP, CFPC
Chief and Director Medical Affairs
Providence Healthcare,
Unity Health Toronto

February 2022

What is Post-COVID Condition?



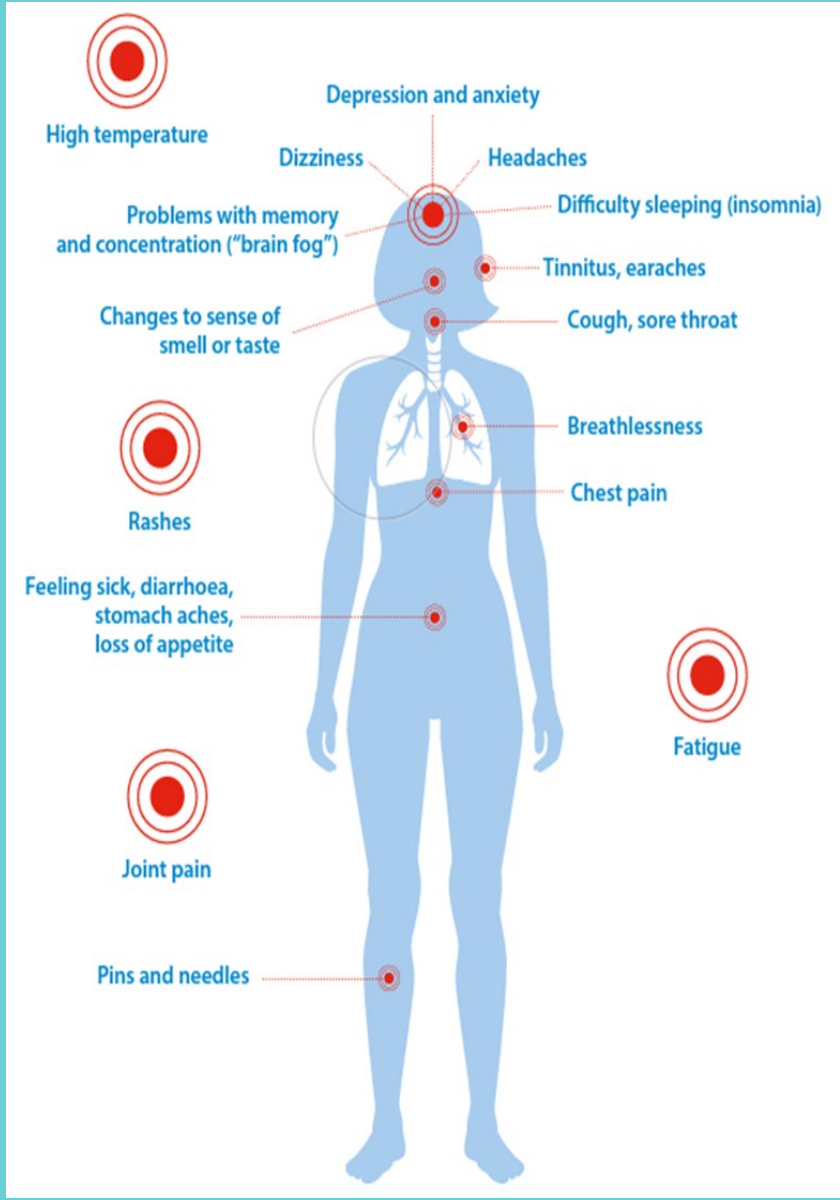
Prevalence of Post-COVID Condition

- Prevalence estimates vary widely:
  - 1 in 3 infected with SARS-CoV-2 experience at least one persistent symptom
  - 1 in 4 infected experience symptoms for at least one month
  - 1 in 10 experience symptoms lasting beyond 12 weeks

As of January 6, 2022, cumulative total of **877,000 cases** of SARS-CoV-2 infections in Ontario

*** **87,000** to **292,000** Ontarians had or might be currently affected by Post-COVID Condition

O'Dowd, A. (2021) 'Covid-19: Third of people infected have long term symptoms,' BMJ, 2021;373:n1626.
Alwan NA, et al. In the wake of the pandemic: Preparing for Long COVID (2021). *Eur Obs Health Syst Policies*.(39):30. https://www.euro. who.int/en/about-us/partners/observatory-old/publications/policy-briefs-and-summaries/in-the-wake-of-the-pandemic-preparing-for-long-covid-2021



Post-COVID Condition

Common Symptoms:

- Fatigue, post exertional malaise
- Dyspnea
- Chest discomfort
- Cognitive dysfunction "Brain Fog"
- PTSD, anxiety, depression
- Sleep disturbances
- Dysautonomia – POTs

** More than 200 symptoms across 10 organ systems have been associated with post-COVID condition

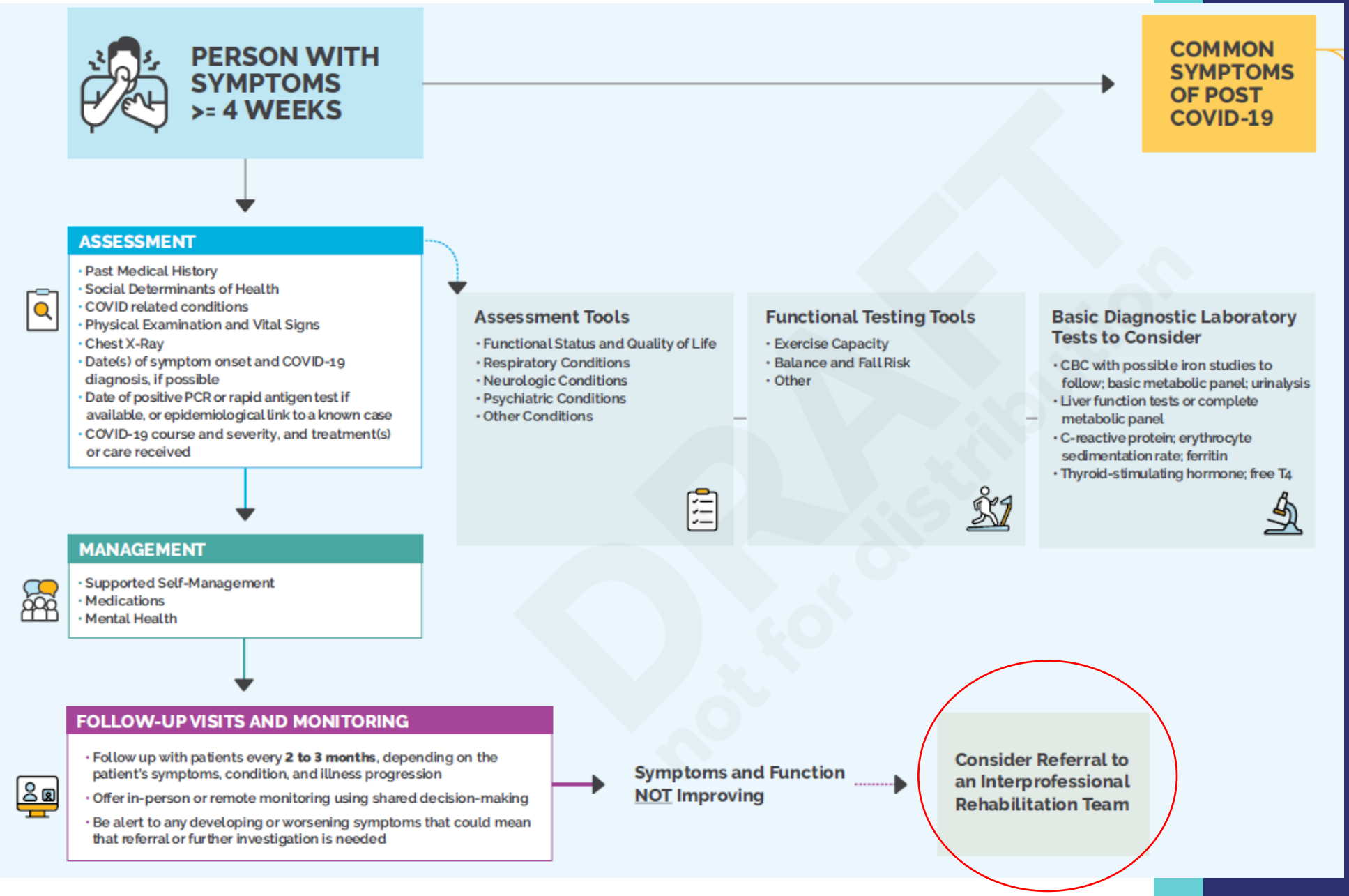
Impact of Post-COVID Condition

Whether hospitalized or not, persistent symptoms of Post-COVID Condition affect a person's functional abilities and quality of life:

- Reduced ability to perform basic and instrumental ADLs
- Reduced ability to care for dependents and family members

- Difficulty returning to work and/or school
- **Negative psychological, social and financial impacts**

Post-COVID Condition Guidance - Primary Care



Patient Education: Self-Management

Energy Conservation

- Gas tank analogy
- 4 P's: plan, prioritize, pace, position
- Stop, rest, pace

Symptom Journals

- Tools to monitor effort

Managing Symptoms

- Breathlessness
- Brain fog
- Headache
- Fatigue
- Post-exertional malaise

Patient Resources for Self-Management

Recovery resources, fact sheets and videos about Post-COVID Condition symptom management:

- BC Health Authority: http://www.phsa.ca/health-info/post-covid-19-care-recovery
  ******Fact sheets available in multiple languages***
- University Health Network: COVID-19 Resources for Patients and Families
- Ottawa Hospital: Post-COVID Rehabilitation Self-Management: https://sway.office.com/ftjlGXmmpt0WLTox?ref=email
- World Health Organization (WHO): Support for rehabilitation: self–management after COVID-19-related illness
- COVID Long-Haulers Canada (Patient support and advocacy group)

How to help your patients with Post-COVID Condition

- Validate and listen
- Assess symptoms and impact on functional abilities and quality of life
- Consider the needs of marginalized populations
- Be judicious in the use of tests/referrals/investigations
- Support self-management of symptoms – energy conservation, pacing
- Advocate for your patients– workplaces, insurance, WSIB
- Consider referral to multi-disciplinary rehab programs when symptoms not improving and/or severely affecting functional abilities

Outpatient Post-COVID Condition rehabilitation programs in Ontario

North Ontario

- Health Sciences North – Community Care & Rehabilitation
- St. Joseph's Care Group (Thunder Bay) – Post-COVID-19 Outpatient Clinic

West Ontario

- Halton Healthcare: Post COVID-19 Syndrome Clinic
- Hamilton Health Sciences Centre – Regional Rehabilitation Centre
- Hôtel-Dieu Grace Healthcare – COVID Recovery Program
- Hotel Dieu Shaver Health and Rehabilitation Centre
- St. Joseph's Health Care London – Post-acute COVID-19 Program

East Ontario

- Providence Care Hospital (Kingston)
- The Ottawa Hospital – Rehabilitation Centre

South Ontario

- Runnymede Healthcare Centre
- Sinai Health System – Hennick Bridgepoint Hospital
- Toronto Grace Health Centre: Pulmonary Rehabilitation Clinic
- UHN – Toronto Rehabilitation Institute (TRI)
- Unity Health Toronto – Providence Healthcare: Outpatient Post-COVID Condition Rehabilitation Program

eConsult

http://www.otnhub.ca/

eConsult
Ontario eConsult Service

Access to COVID-19 and Post-COVID Condition Advice through eConsult

The Ontario eConsult Service, accessed on the OTNhub and a part of the ***Ontario eServices Program***, is a secure web-based tool, that allows physicians and nurse practitioners timely access to specialist advice.

The **Ontario eConsult Service, accessed on the OTNhub.ca,** offers easy and timely access to specialist advice, including questions related to COVID-19 and Post COVID-Conditions.

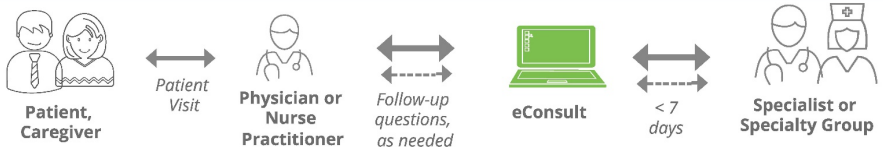
The following specialties are **now available** through the **BASE™ Managed Specialty option** through the **COVID-19** and **Public Health specialty categories**:

- **COVID-19 Infectious Diseases**
- **COVID-19 Vaccine - Public Health**
- **COVID-19 Vaccine - Allergy/Immunology**
- **COVID-19 and Respirology**
- **COVID-19 and Autoimmune Disorders**
- **COVID-19 and Pregnancy**
- **Post-COVID Condition – Chronic Fatigue Syndrome, Environmental Health Group**
- **Post-COVID Condition – Internal Medicine**
- **Post-COVID Condition – Neurology**
- **Post-COVID Condition - Respiratory Recovery Group**
- **Post-COVID Condition – Physical Medicine & Rehabilitation**

The COVID-19 specialties are the only groups that allow for population-based, non-patient specific clinical questions, in addition to the ability to ask patient-specific eConsult questions.

Check out our guide on sending **Vaccine Allergy questions**

"Even more valuable to have this service during the COVID-19 pandemic and restrictions to regular clinic visits!"
- eConsult user and Primary Care Provider



Send an eConsult today

- Need a refresher on how to submit an eConsult? Watch our video or contact us at eConsultCOE@toh.ca for support.
- To sign up for eConsult, visit www.otnhub.ca or complete our Intake Form and a member from our team will assist you.

For more information visit www.eConsultOntario.ca or contact us eConsultCOE@toh.ca.

Updates in COVID-19

Ruchi Murthy, MD, FRCPC, CIC
Infectious Diseases
Queensway Carleton Hospital, Ottawa, Ontario
February 18, 2022.

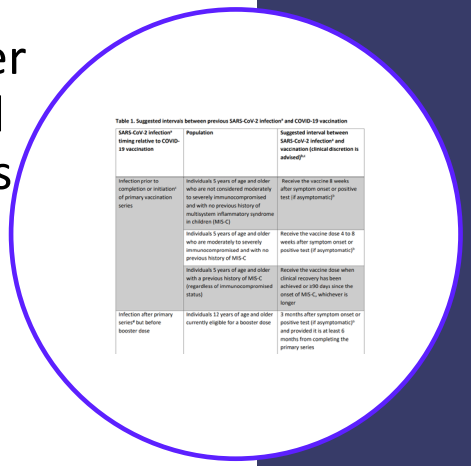
Updated NACI Guidelines: Feb 4, 2022.

Table 1. Suggested intervals between previous SARS-CoV-2 infection[a] and COVID-19 vaccination

SARS-CoV-2 infection[a] timing relative to COVID-19 vaccination	Population	Suggested interval between SARS-CoV-2 infection[a] and vaccination (clinical discretion is advised)[b,c]
Infection prior to completion or initiation[c] of primary vaccination series	Individuals 5 years of age and older who are not considered moderately to severely immunocompromised and with no previous history of multisystem inflammatory syndrome in children (MIS-C)	Receive the vaccine 8 weeks after symptom onset or positive test (if asymptomatic)[b]
	Individuals 5 years of age and older who are moderately to severely immunocompromised and with no previous history of MIS-C	Receive the vaccine dose 4 to 8 weeks after symptom onset or positive test (if asymptomatic)[b]
	Individuals 5 years of age and older with a previous history of MIS-C (regardless of immunocompromised status)	Receive the vaccine dose when clinical recovery has been achieved or ≥90 days since the onset of MIS-C, whichever is longer
Infection after primary series[d] but before booster dose	Individuals 12 years of age and older currently eligible for a booster dose	3 months after symptom onset or positive test (if asymptomatic)[b] and provided it is at least 6 months from completing the primary series

Updated NACI Guidelines- Feb 4, 2022.

- “These suggested intervals are based on immunological principles and expert opinion, and may change as evidence on COVID-19, variants of concern (VOCs), and COVID-19 vaccines emerge. When considering whether or not to administer vaccine doses following the suggested intervals outlined in this table, biological and social risk factors for exposure (e.g., local epidemiology, circulation of VOCs living settings) and severe disease should also be taken into account. **These intervals are a guide and clinical discretion is advised.”**



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Infection after primary series[e] but before booster dose	Individuals 12 years of age and older currently eligible for a booster dose	3 months after symptom onset or positive test (if asymptomatic)[d] and provided it is at least 6 months from completing the primary series

- “For individuals who have not had any previous doses, they may receive their first dose after acute symptoms of COVID-19 have resolved and they are no longer infectious, or they may follow these suggested intervals. Individual benefit/risk assessment and clinical discretion are advised as per footnote “b”. These suggested waiting times are intended to minimize the risk of transmission of COVID-19 at an immunization venue and to enable monitoring for COVID-19 vaccine adverse events without potential confounding from symptoms of COVID-19 or other co-existing illnesses.”

Protection against the Omicron Variant from Previous SARS-CoV-2 infection

Altarawneh, et al., NEJM, Feb 9, 2022

- Correspondence from Qatar
- effectiveness of previous infection in preventing reinfection:
  - Alpha 90.2% (95% confidence interval [CI], 60.2 to 97.6)
  - Beta 85.7% (95% CI, 75.8 to 91.7)
  - Gamma 92.0% (95% CI, 87.9 to 94.7)
  - Omicron 56.0% (95% CI, 50.6 to 60.9)

Table 1. Effectiveness of Previous Infection with SARS-CoV-2 against Symptomatic Reinfection, According to Variant.*

Type of Analysis and Variant	Cases (PCR-Positive)		Controls (PCR-Negative)		Effectiveness (95% CI)†
	Previous Infection	No Previous Infection	Previous Infection	No Previous Infection	
	number of patients				*percent*
Effectiveness against symptomatic infection					
Primary analysis‡					
Alpha	2	334	94	1548	90.2 (60.2 to 97.6)
Beta	14	1322	450	6084	85.7 (75.8 to 91.7)
Delta	23	2153	1154	8782	92.0 (87.9 to 94.7)
Omicron	412	5284	1620	9053	56.0 (50.6 to 60.9)
Primary analysis after adjustment for vaccination status‡					
Alpha	2	334	94	1548	90.3 (60.4 to 97.6)
Beta	14	1322	450	6084	85.1 (74.5 to 91.3)
Delta	23	2153	1154	8782	91.9 (87.8 to 94.7)
Omicron	412	5284	1620	9053	55.9 (50.5 to 60.8)
Primary analysis after exclusion of vaccinated patients‡§					
Alpha	1	285	94	1294	95.3 (66.0 to 99.3)
Beta	10	1084	312	4976	85.4 (72.4 to 92.2)
Delta	11	1026	400	3966	90.2 (81.9 to 94.6)
Omicron	60	1031	258	1738	61.9 (48.2 to 72.0)
Effectiveness against severe, critical, or fatal Covid-19¶					
Alpha	1	44	15	199	69.4 (−143.6 to 96.2)
Beta	2	186	76	824	88.0 (50.7 to 97.1)
Delta	0	135	56	528	100 (43.3 to 100)‖
Omicron	2	70	39	167	87.8 (47.5 to 97.1)

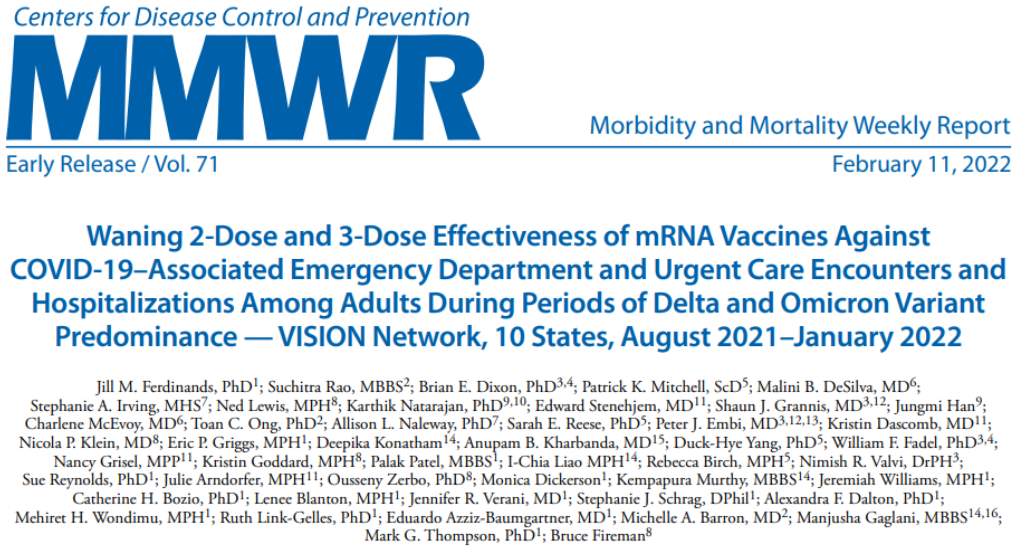
* Covid-19 denotes coronavirus disease 2019, and PCR polymerase chain reaction.

https://www.nejm.org/doi/full/10.1056/NEJMc2200133

Vaccine Effectiveness 2 vs. 3 Doses During Omicron

VE against COVID-19

- 2 months post 3rd dose
  - 87% against ED visits/Urgent Care Visits
  - 91% effective against Hospitalizations
- 4 months post 3rd dose
  - 66% against ED/Urgent Care
  - 78% against Hospitalizations
- Protection against hospitalizations exceeded that against ED/UC visits



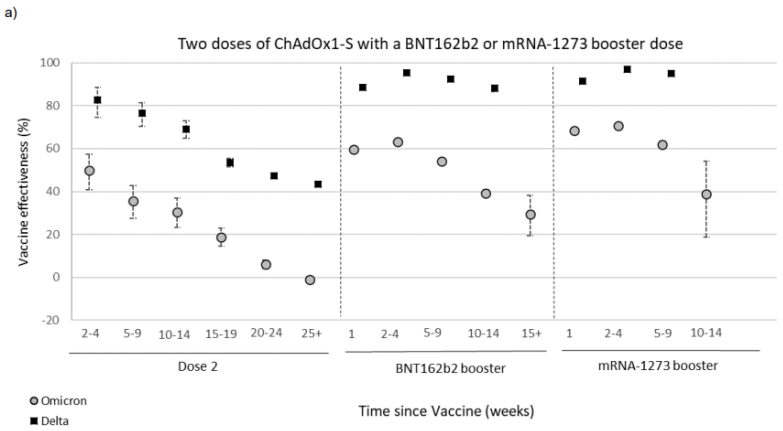
Centers for Disease Control and Prevention
MMWR
Morbidity and Mortality Weekly Report
Early Release / Vol. 71
February 11, 2022

Waning 2-Dose and 3-Dose Effectiveness of mRNA Vaccines Against COVID-19–Associated Emergency Department and Urgent Care Encounters and Hospitalizations Among Adults During Periods of Delta and Omicron Variant Predominance — VISION Network, 10 States, August 2021–January 2022

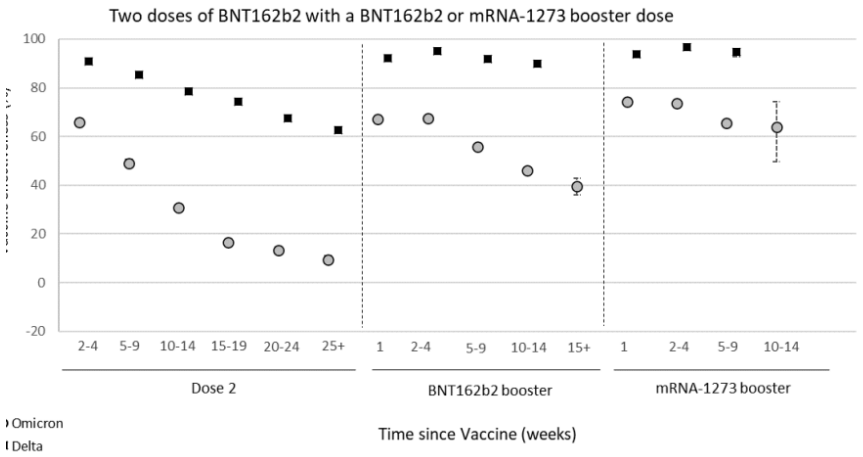
Jill M. Ferdinands, PhD[1]; Suchitra Rao, MBBS[2]; Brian E. Dixon, PhD[3,4]; Patrick K. Mitchell, ScD[5]; Malini B. DeSilva, MD[6]; Stephanie A. Irving, MHS[7]; Ned Lewis, MPH[8]; Karthik Natarajan, PhD[9,10]; Edward Stenehjem, MD[11]; Shaun J. Grannis, MD[3,12]; Jungmi Han[9]; Charlene McEvoy, MD[6]; Toan C. Ong, PhD[2]; Allison L. Naleway, PhD[7]; Sarah E. Reese, PhD[5]; Peter J. Embi, MD[3,12,13]; Kristin Dascomb, MD[11]; Nicola P. Klein, MD[8]; Eric P. Griggs, MPH[1]; Deepika Konatham[14]; Anupam B. Kharbanda, MD[15]; Duck-Hye Yang, PhD[5]; William F. Fadel, PhD[3,4]; Nancy Grisel, MPP[11]; Kristin Goddard, MPH[8]; Palak Patel, MBBS[1]; I-Chia Liao MPH[14]; Rebecca Birch, MPH[5]; Nimish R. Valvi, DrPH[3]; Sue Reynolds, PhD[1]; Julie Arndorfer, MPH[11]; Ousseny Zerbo, PhD[8]; Monica Dickerson[1]; Kempapura Murthy, MBBS[14]; Jeremiah Williams, MPH[1]; Catherine H. Bozio, PhD[1]; Lenee Blanton, MPH[1]; Jennifer R. Verani, MD[1]; Stephanie J. Schrag, DPhil[1]; Alexandra F. Dalton, PhD[1]; Mehiret H. Wondimu, MPH[1]; Ruth Link-Gelles, PhD[1]; Eduardo Azziz-Baumgartner, MD[1]; Michelle A. Barron, MD[2]; Manjusha Gaglani, MBBS[14,16]; Mark G. Thompson, PhD[1]; Bruce Fireman[8]

https://www.cdc.gov/mmwr/volumes/71/wr/pdfs/mm7107e2-h.pdf

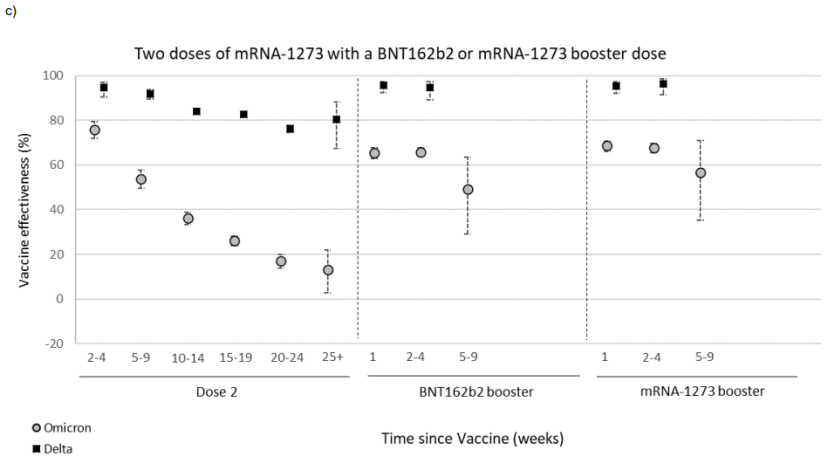
Vaccine Effectiveness Omicron: UK HSA data Feb 10, 2022



AZ x 2 + Pfizer or Moderna



Pfizer x 2 + Pfizer or Moderna

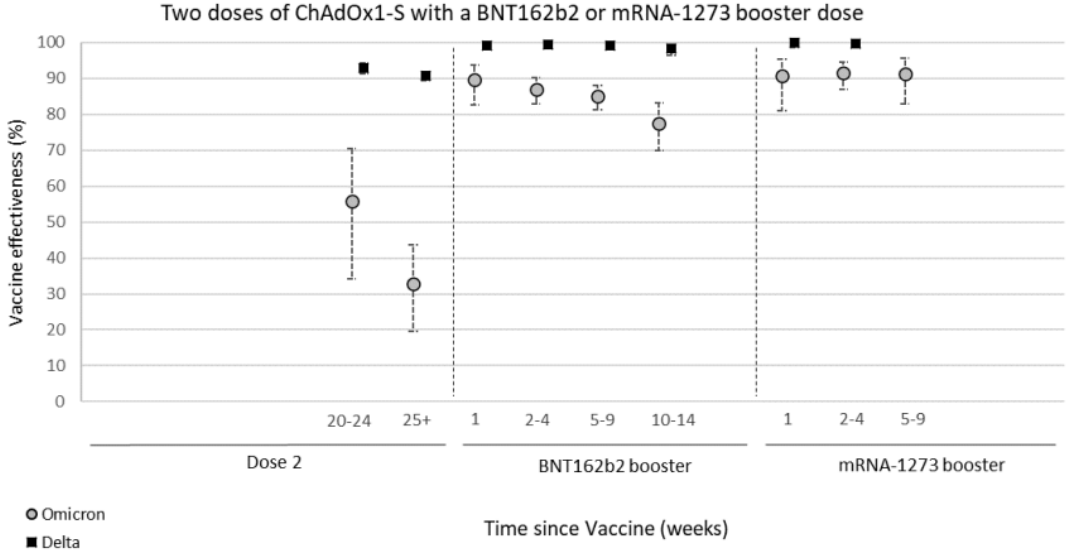


Moderna x 2 + Pfizer or Moderna

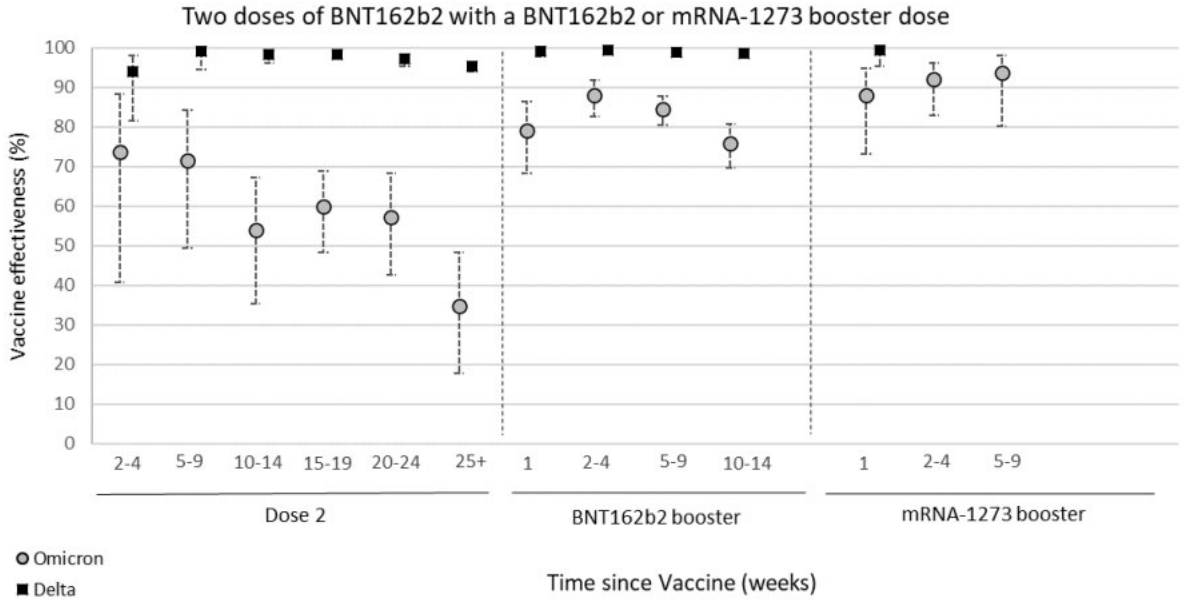
Vaccine Effectiveness Omicron: UK HSA data Feb 10, 2022

Figure 2. Vaccine effectiveness against hospitalisation by period after the second and booster doses for Delta (black squares) and Omicron (grey circles) for a) recipients of 2 doses of Astrazeneca (ChAdOx1-S) vaccine as the primary course and Pfizer (BNT162b2) or Moderna (mRNA-1273) as a booster; b) recipients of 2 doses of Pfizer vaccine as the primary course and Pfizer or Moderna as a booster

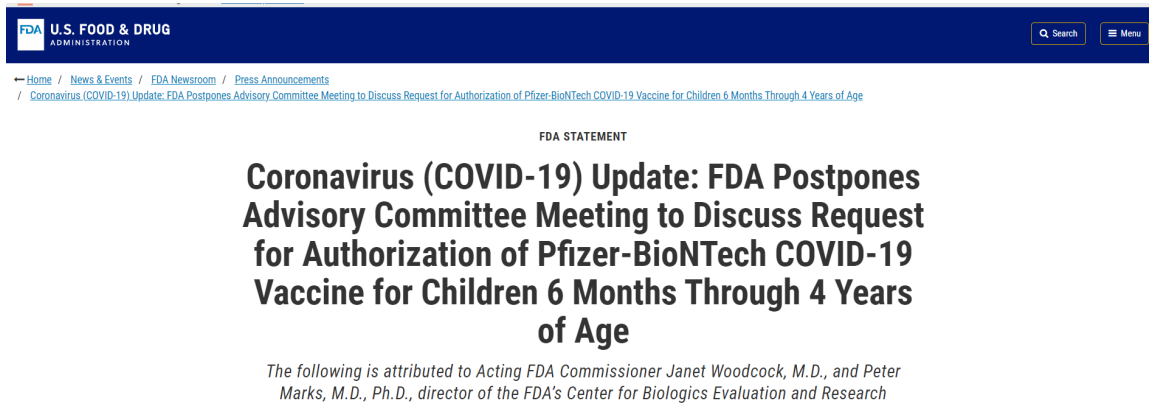
a)



b)



Vaccine Delay 6 months- 4 years


U.S. FOOD & DRUG ADMINISTRATION

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/ Coronavirus (COVID-19) Update: FDA Postpones Advisory Committee Meeting to Discuss Request for Authorization of Pfizer-BioNTech COVID-19 Vaccine for Children 6 Months Through 4 Years of Age

FDA STATEMENT

Coronavirus (COVID-19) Update: FDA Postpones Advisory Committee Meeting to Discuss Request for Authorization of Pfizer-BioNTech COVID-19 Vaccine for Children 6 Months Through 4 Years of Age

The following is attributed to Acting FDA Commissioner Janet Woodcock, M.D., and Peter Marks, M.D., Ph.D., director of the FDA's Center for Biologics Evaluation and Research

- FDA Feb 11th
  - " Given the recent omicron surge and the notable increase in hospitalizations in the youngest children to their highest levels during the pandemic so far, we felt it was our responsibility as a public health agency to act with urgency and consider all available options, including requesting that the company provide us with initial data on two doses from its ongoing study. The goal was to understand if two doses would provide sufficient protection to move forward with authorizing the use of the vaccine in this age group"

- Dec 17th Pfizer press release:
  - No safety concerns in 6 months- Under 5 years
  - Compared to the 16- to 25-year-old population, non-inferiority was met for the 6- to 24-month-old population but not for the 2- to under 5-year-olds.

Protective antibodies in pregnancy

- JAMA Feb 7, 2022:
- Shook et al.
- 6 months post birth
- Looked at babies of vaccinated mothers vs. mothers infected with covid during pregnancy
  - 57% of infants had antibodies vs. 8% in the unvaccinated

Table. Demographic and Clinical Data for Participants Vaccinated Against COVID-19 vs Those With Natural COVID-19 Infection

	COVID-19, No. (%)		
	Vaccination (n = 77)	Infection (n = 12)	*P* value
Maternal age, median (IQR), y	34 (32-36)	35 (31-37)	.95
Parity, median (IQR)	1 (0-1)	1 (1-2)	.07
Prepregnancy BMI, median (IQR)	23.7 (21.6-25.3)	24.3 (23.6-26.4)	.29
Gestational age at delivery, median (IQR), completed wk	39 (38-40)	38 (38-39)	.06
Weeks of gestation at vaccination or SARS-CoV-2 infection, median (IQR)	27 (21-32)	27 (25-32)	.84
Days from first vaccine dose to delivery, mean (SD)	85 (46)		
SARS-CoV-2 infection			
Days from SARS-CoV-2 positive test to delivery, mean (SD)		71 (28)	
Disease severity			
Mild		8 (67)	
Moderate		3 (25)	
Severe		1 (8)	
Vaccine platform			
mRNA-1273	25 (32)		
BNT162b2	52 (68)		
Neonatal sex			
Female	40 (52)	7 (58)	.76
Birthweight, median (IQR), g	3330 (3000-3675)	3076 (2668-3504)	.14
Days from birth to serum collection, mean (SD)			
At 2 mo	71 (11)		
At 6 mo	170 (23)	207 (40)	.002
Titers at birth, mean (SD), $OD_{450-570}$			
Maternal	2.03 (0.47)	0.65 (0.76)	<.001
Umbilical cord	2.17 (0.50)	1.00 (0.83)	<.001
Infant titer, mean (SD), $OD_{450-570}$			
At 2 mo[a]	1.29 (0.53)		
At 6 mo[b]	0.33 (0.46)	0 (0.01)	.004
Infants with detectable antibody			
At 2 mo	48/49 (98)		
At 6 mo	16/28 (57)	1/12 (8)	.005

Abbreviations: BMI, body mass index, calculated as weight in kilograms divided by height in meters squared; $OD_{450-570}$, phosphate-buffered saline corrected optical density at 450 nm corrected from a reference wavelength of 570 nm.

[a] Due to the timing of COVID-19 cases relative to the study period, infants born to mothers infected with COVID-19 during pregnancy were older than 2 months at sample collection. Thus, the 2-month time point includes only infants of vaccinated mothers.

[b] The 6-month time point includes both infants born to vaccinated mothers and infants born to unvaccinated mothers with COVID-19.

Maternal Vaccination during Pregnancy and Infant Hospitalization

- July 2021–January 2022
- 2 dose vaccine series (Moderna or Pfizer) reduced risk for COVID-19 hospitalization among infants aged <6 months in a real-world evaluation at 20 U.S. pediatric hospitals during a period of Delta and Omicron variant circulation
- **148/176 (84%) infants aged <6 months hospitalized with COVID-19 were born to mothers who were not vaccinated during pregnancy**

Centers for Disease Control and Prevention
MMWR
Morbidity and Mortality Weekly Report
Early Release / Vol. 71
February 15, 2022

Effectiveness of Maternal Vaccination with mRNA COVID-19 Vaccine During Pregnancy Against COVID-19–Associated Hospitalization in Infants Aged <6 Months — 17 States, July 2021–January 2022

Natasha B. Halasa, MD[1,*]; Samantha M. Olson, MPH[2,*]; Mary A. Staat, MD[3]; Margaret M. Newhams, MPH[4]; Ashley M. Price, MPH[2]; Julie A. Boom, MD[5]; Leila C. Sahni, PhD[5]; Melissa A. Cameron, MD[6]; Pia S. Pannaraj, MD[7]; Katherine E. Bline, MD[8]; Samina S. Bhumbra, MD[9]; Tamara T. Bradford, MD[10]; Kathleen Chiotos, MD[11]; Bria M. Coates, MD[12]; Melissa L. Cullimore, MD[13]; Natalie Z. Cvijanovich, MD[14]; Heidi R. Flori, MD[15]; Shira J. Gertz, MD[16]; Sabrina M. Heidemann, MD[17]; Charlotte V. Hobbs, MD[18]; Janet R. Hume, MD[19]; Katherine Irby, MD[20]; Satoshi Kamidani, MD[21]; Michele Kong, MD[22]; Emily R. Levy, MD[23]; Elizabeth H. Mack, MD[24]; Aline B. Maddux, MD[25]; Kelly N. Michelson, MD[12]; Ryan A. Nofziger, MD[26]; Jennifer E. Schuster, MD[27]; Stephanie P. Schwartz, MD[28]; Laura Smallcomb, MD[29]; Keiko M. Tarquinio, MD[30]; Tracie C. Walker, MD[28]; Matt S. Zinter, MD[31]; Suzanne M. Gilboa, PhD[2]; Kara N. Polen, MPH[2]; Angela P. Campbell, MD[2]; Adrienne G. Randolph, MD[4,32,†]; Manish M. Patel, MD[2,†]; Overcoming COVID-19 Investigators

TABLE 3. Effectiveness* of maternal 2-dose primary mRNA COVID-19 vaccination against COVID-19-associated hospitalization in infants aged <6 months, by timing of maternal vaccination during pregnancy† — 20 pediatric hospitals, 17 states,§ July 2021–January 2022

Timing of maternal vaccination during pregnancy†	No. vaccinated¶/Total (%)		Vaccine effectiveness,* % (95% CI)
	Case-infants	Control-infants	
Any time	28/176 (15.9)	65/203 (32.0)	61 (31 to 78)
Early (first 20 weeks)	17/165 (10.3)	26/164 (15.9)	32 (–43 to 68)
Late (21 weeks' gestation through 14 days before delivery)	9/157 (5.7)	38/176 (21.6)	80 (55 to 91)

https://www.cdc.gov/mmwr/volumes/71/wr/pdfs/mm7107e3-H.pdf

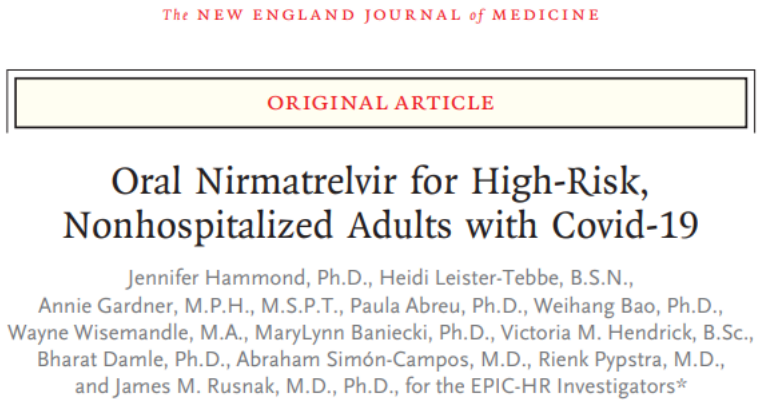
Variants you may be hearing of…

- Omicron sub-lineage BA.2
  - preliminary assessment did not find evidence of a difference in vaccine effectiveness against symptomatic disease for BA.2 compared to BA.1
  - 2 dose VE: 9% (BA.1) and 13% (BA.2)
  - 2 weeks post 3rd dose VE: 63% (BA.1) and 70% (BA.2)

- Delta x Omicron Recombinant (UK)
  - Noted in the UKHSA Feb 11th
  - Not much detail so far…

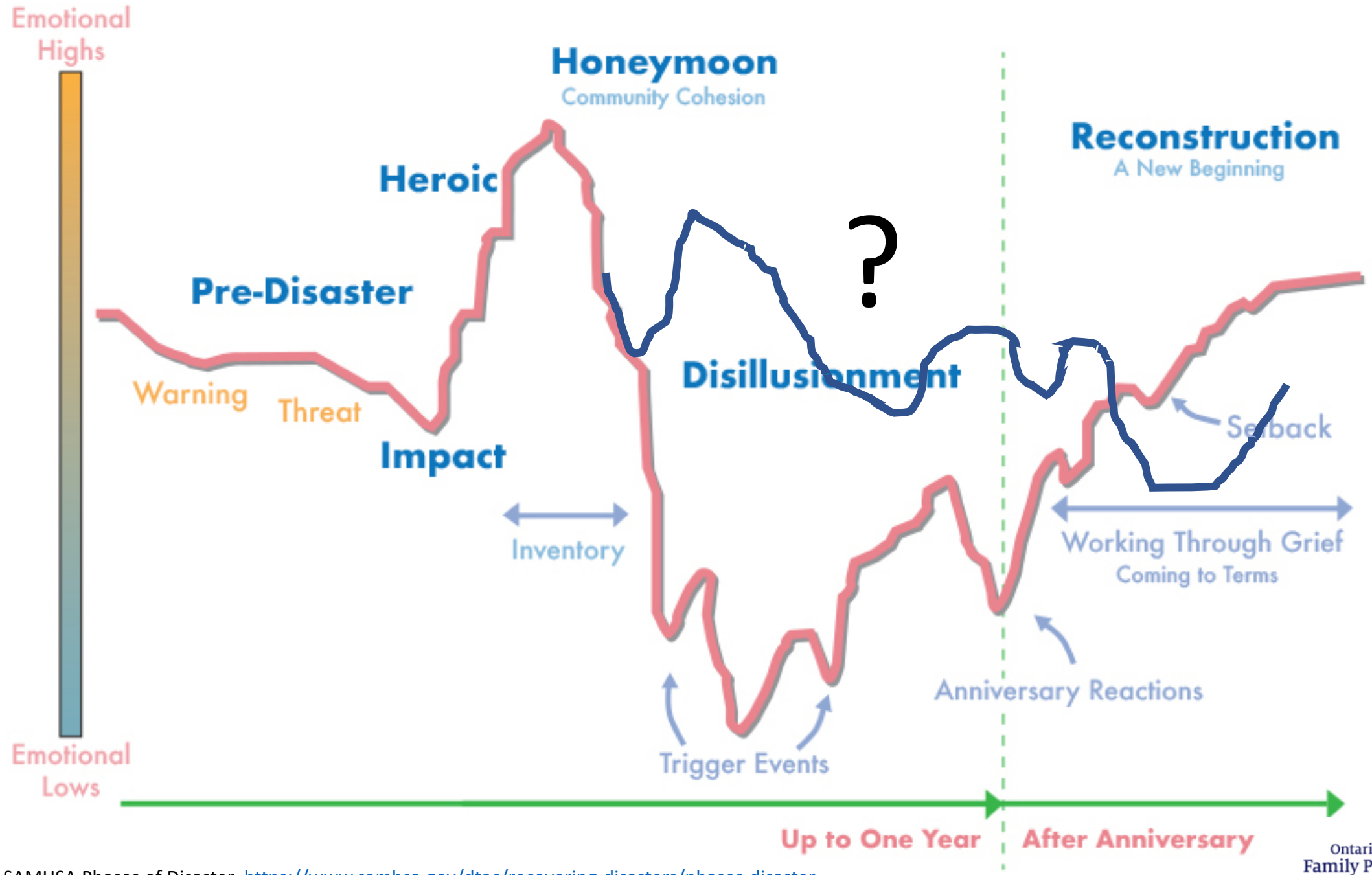
https://www.gov.uk/government/news/covid-19-variants-identified-in-the-uk

Paxlovid Data



- Hot off the press!
- Feb 16th:
  - symptomatic, unvaccinated, non-hospitalized adults at high risk
  - Dose: 300 mg PO q12H x 5 days
  - incidence of Covid-19–related hospitalization or death by day 28 was lower in the nirmatrelvir group than in the placebo group by 6.32 percentage points
  - **RRR= 89.1%**
  - 0.77% death in Nirmatrelvir vs. 7% death in placebo group
  - Dysgeusia (5.6% vs. 0.3%) and diarrhea (3.1% vs. 1.6%) occurred more frequently with nirmatrelvir plus ritonavir than with placebo

https://www.nejm.org/doi/full/10.1056/NEJMoa2118542



SAMHSA Phases of Disaster https://www.samhsa.gov/dtac/recovering-disasters/phases-disaster

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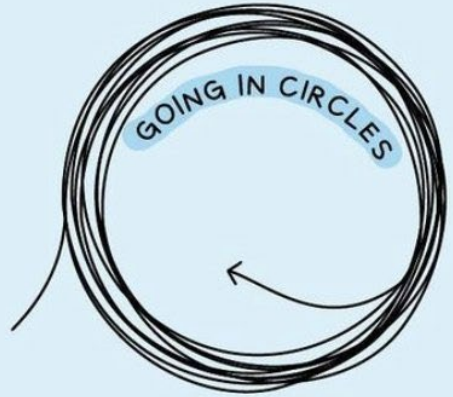
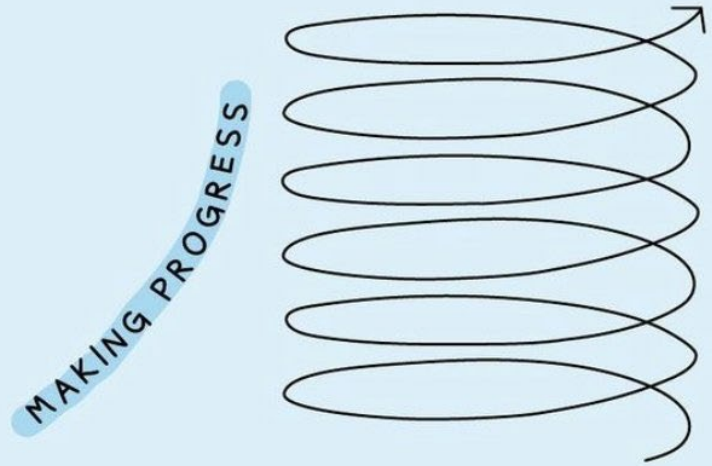
WHAT IT CAN FEEL LIKE



WHAT'S ACTUALLY HAPPENING



@LIZANDMOLLIE

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RECOVER
(permission to exhale)

RECONNECT
(with purpose)

RELATIONSHIPS
(be there for each other)

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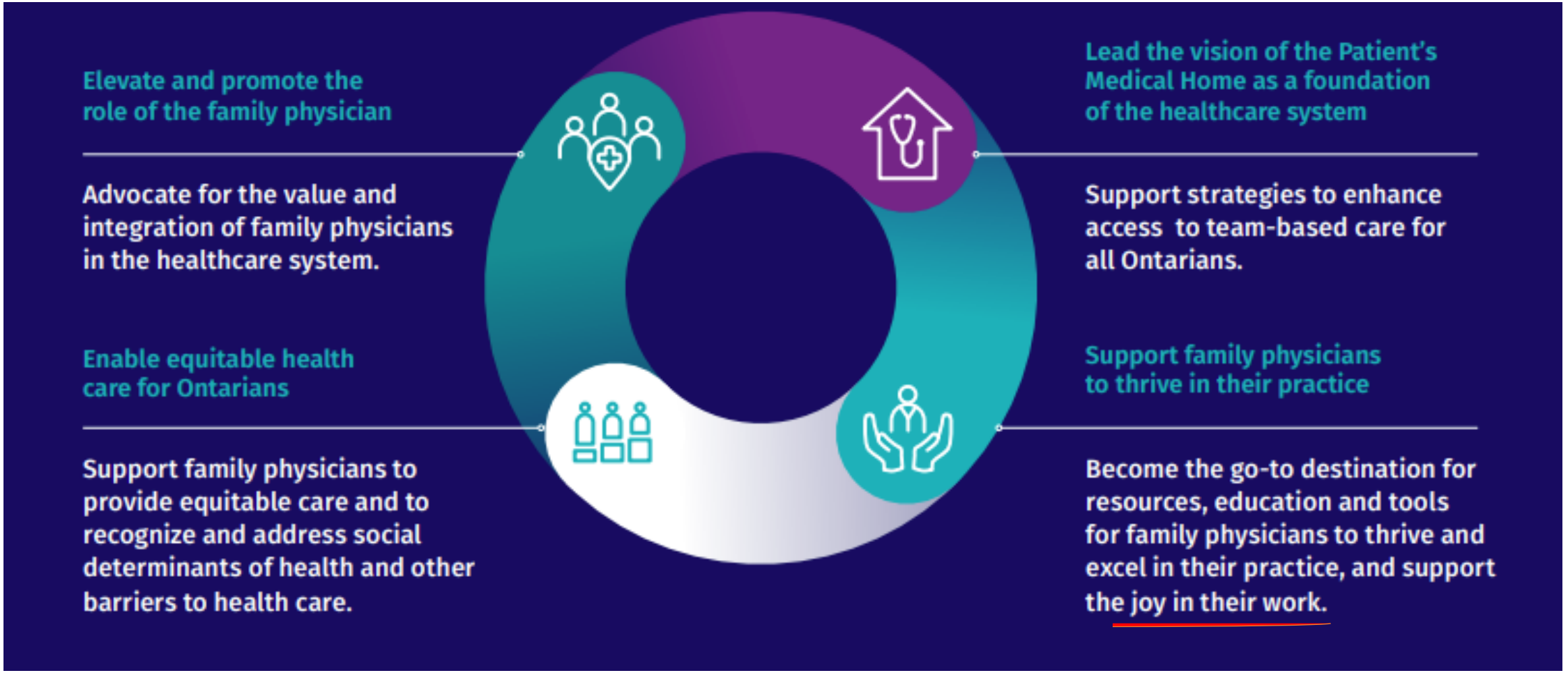
Leaders for a healthy Ontario

Joy in Our Work



https://www.ontariofamilyphysicians.ca/about-us/our-strategic-plan

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Leaders for a healthy Ontario

Family & Community Medicine
UNIVERSITY OF TORONTO

Physician Wellness Resources

ONE-ON-ONE SUPPORT FOR PHYSICIANS

- **Ontario Medical Association (OMA) – 24/7 Confidential 1:1 Support**, including weekly group chat sessions, and wellness resources for physicians, residents and medical students and supportive services for their families as part of the Physician Health Program – confidential line **1-800-851-6606** or email php@oma.org | cma.ca/supportline/ontario
- **PARO** – Professional Association of Residents of Ontario – **24-hour Helpline** available to residents, their partners and family members, as well as medical students – **1-866-HELP-DOC (1-866-435-7362)** – myparo.ca/helpline

DROP-IN GROUP AND PEER SUPPORT

- **Dr. Mamta Gautam** – Canadian physicians are welcome to join Dr. Gautam's free videoconference call every day at 4:00 p.m. EST for one hour. The virtual environment is being secured by Dr. Gautam, as she will confirm that all participants are physicians in advance through email verification – **Zoom Invitations via Twitter** – twitter.com/PEAKMD/status/1242066018979270657
- **ECHO Coping with COVID** – Ontario virtual educational sessions for healthcare providers and health professionals to share and learn about ways to build resilience and overall wellness through didactic lectures and case-based discussions – camh.echoontario.ca/echo-coping-with-covid
- **Pause for Providers** – Online 30-minute drop-in mindfulness sessions for healthcare providers facilitated by Ontario psychiatrists and psychologists – pause4providers.com

GENERAL RESOURCES FOR PHYSICIAN WELLNESS AND RESILIENCE

- **Canadian Medical Association (CMA)** Physician Wellness Hub – Resources for physicians on mental health and coping and links to 24/7 crisis support – cma.ca/physician-wellness-hub
- **Ontario Medical Association (OMA)** Physician Health Program – Wellness resources for physicians, residents and medical students and supportive services for their families – php.oma.org

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Physician Wellness Resources

REGIONAL HOSPITALS PROVIDING CARE FOR HEALTHCARE WORKERS

(self-referral)

- **CAMH** – camh.ca/en/health-info/mental-health-and-covid-19/information-for-professionals
- **Ontario Shores: Centre for Mental Health Sciences** – ontarioshores.ca/finding_help/programs_and_services/adults/health_care_worker_assist
- **The Royal: Mental Health Care & Research** – COVID Frontline Wellness – theroyal.ca/covid-frontline-wellness
- **St. Joseph's Healthcare (Hamilton)** – stjoes.ca/hospital-services/mental-health-addiction-services/connect-mental-health-and-addiction-outpatient-programs/covid-19-mental-health-services-for-hcw
- **Waypoint Centre for Mental Health Care** – COVID Frontline Wellness – waypointcentre.ca/programs_and_services/c_o_v_i_d_frontline_wellness

FACULTY OF MEDICINE WELLNESS OFFICES

(a variety of support and resources for physicians with academic affiliations)

- **Western University (Schulich)** – schulich.uwo.ca/facultyaffairs/faculty_equity__wellness/index.html
- **University of Ottawa** – med.uottawa.ca/professional-affairs/faculty-wellness-program
- **Northern Ontario School of Medicine (NOSM)** – nosm.ca/our-community/coronavirus-information-for-nosm-community/wellness-resources
- **University of Toronto** – medicine.utoronto.ca/wellness-resources-faculty
- **McMaster University** – macfacaffairs.ca/home/well-being-resilience
- **Queen's University** – queensu.ca/humanresources/wellness-accessibility/mental-health

https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/community-supports-special-populations/ocfp-mh-patient-resources.pdf

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Ontario College of Family Physicians | FMS 2022 FAMILY MEDICINE SUMMIT

Knowledge for the Now

REGISTER : OCFPSummit.ca

- **Learn on your time** – on demand **to July 31, 2022**
- **Learn and earn** – up to 60 Mainpro+® credits
- **Learn for today's challenges** –practical tools and resources

Dozens of on-demand sessions, including:

- ❑ Getting Off the Path to Burnout
- ❑ Making Moments Counts
- ❑ Both/And: Being and Having More than an MD
- ❑ Recognizing and Acting on the Interplay between Insomnia, Burnout and Suicide in Healthcare Workers

… and many more.

Ontario College of Family Physicians | Practising Well
Teaching. Learning. Connecting.

- Educational support for family doctors in the areas of **mental health, substance use disorders and chronic pain**
- Register for the Feb 23 CoP on **navigating undifferentiated distress during the pandemic**
- Access past sessions on **physician wellness,** including
  - Burnout and Balance
  - Getting off the Path to Burnout
- Join as a Peer Learner to partner with another family physician for **educational support** and earn up to **36 Mainpro+ credits**

https://www.ontariofamilyphysicians.ca/education/practising-well

CFPCLearn: Physician Wellness Small Group Learning Program

A certified learning program that has up to six family physicians come together virtually and discuss wellness and resiliency with a family physician facilitator through the Foundation for Medical Practice Education (FMPE). There are four sessions delivered over 10 weeks.

https://cfpclearn.ca/physician_wellness/

Youth ages 12 to 17 eligible for third dose

- Ontario youth ages 12 to 17 are eligible for third dose as of today (Friday Feb. 18)
- Must be 12 years old at time of appointment
- 168 days (6 months) after second dose*
- Book through provincial booking system or call centre, starting at 8 a.m.
- Also available at select pharmacies and (in Toronto) to walk-ins at city-run mass vaccination clinics

* Youth ages 12 to 17 with **underlying medical condition** that puts them at high risk for severe illness due to COVID-19 are eligible for booster at least **3 months (84 days**) after the completion of a primary COVID-19 vaccine series. (Feb. 7, 2022)

- https://covid-19.ontario.ca/covid-19-vaccines-children-and-youth
- MOH Guidance – COVID-19 Vaccine Third Dose Recommendations (Version 7.1; Feb 7, 2022) **UPDATE PENDING**

Ontario College of Family Physicians

Use of Rapid Antigen Tests during the Omicron Wave

Key Message

The emergence of the now provincially and globally dominant SARS-CoV-2 Omicron variant demands a reassessment of the diagnostic performance of rapid antigen tests.

Rapid antigen tests are less sensitive for the Omicron variant compared to the Delta variant in nasal samples, especially in the first 1-2 days after infection. However, rapid antigen tests can more reliably detect infectious cases of the Omicron variant in combined oral-nasal samples. Individuals can collect these samples by initially swabbing both cheeks, followed by the back of the tongue or throat, and then both nostrils.

In light of currently very high SARS-CoV-2 transmission rates in Ontario and the limited s
for the Omicron variant, a single negative rapid antigen test result cannot reliably rule ou
result is not conclusive and should not be used as a green light for abandoning or reduci
this context, an individual with a positive rapid test result should be considered and mana
should immediately isolate; additional confirmation by polymerase chain reaction (PCR) i

If asymptomatic testing strategies are considered, rapid antigen tests need to be perform
When using 'Test-to-Stay' strategies as an alternative to large-scale isolation, asymptoma
case need to do rapid antigen testing daily. When using 'Voluntary Asymptomatic Screen
asymptomatic individuals should do rapid antigen testing 3-5 times per week.

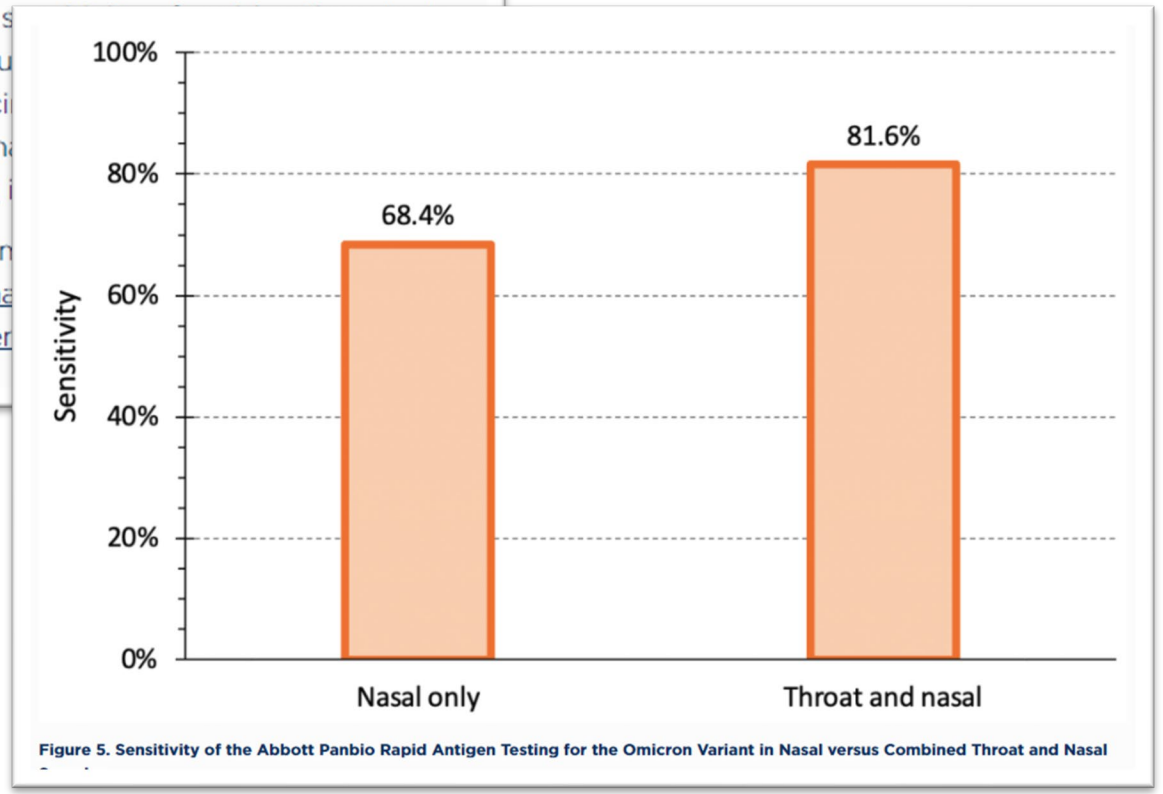


Figure 5. Sensitivity of the Abbott Panbio Rapid Antigen Testing for the Omicron Variant in Nasal versus Combined Throat and Nasal

https://covid19-sciencetable.ca/sciencebrief/use-of-rapid-antigen-tests-during-the-omicron-wave/

Feb 17th: Novavax vaccine (NVX-CoV2373) approved by Health Canada for use in adults 18+

The NEW ENGLAND JOURNAL of MEDICINE

RESEARCH SUMMARY

Efficacy and Safety of NVX-CoV2373 in Adults in the United States and Mexico

Dunkle LM et al. DOI: 10.1056/NEJMoa2116185

CLINICAL PROBLEM

The NVX-CoV2373 Covid-19 vaccine (Novavax) has been shown to be efficacious in clinical trials in the United Kingdom and South Africa, but efficacy data from North America are lacking.

CLINICAL TRIAL

Design: A phase 3, randomized, observer-blinded, placebo-controlled trial conducted in the United States and Mexico assessed the efficacy and safety of the NVX-CoV2373 vaccine in adults without known previous severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection.

Intervention: Approximately 30,000 adults 18 years of age or older, most living in the United States, were randomly assigned in a 2:1 ratio to receive NVX-CoV2373 or placebo in two doses given 21 days apart. The primary end point was the first occurrence of confirmed symptomatic Covid-19 at least 7 days after the second dose.

RESULTS

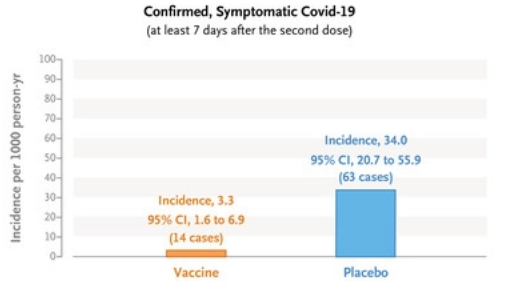
Efficacy: During a median 3-month follow-up of roughly 25,000 patients who received both doses of NVX-CoV2373 or placebo, NVX-CoV2373 showed high efficacy against confirmed, symptomatic Covid-19 and 100% efficacy against moderate-to-severe Covid-19 (95% CI, 87.0 to 100).

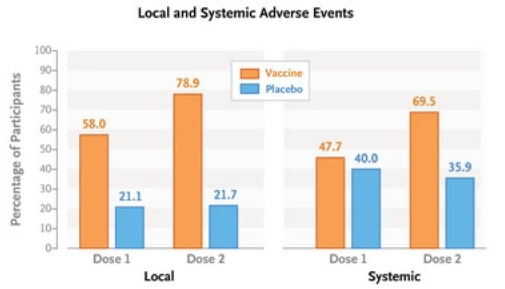
Safety: Local adverse events and systemic adverse events occurred more often among NVX-CoV2373 recipients than placebo recipients and more often after the second dose of NVX-CoV2373 than the first. Most events were mild to moderate and transient.

LIMITATIONS

- The delta variant was not yet widely established in the United States and Mexico at the time of the trial; therefore, efficacy of NVX-CoV2373 against delta and subsequent variants could not be assessed.
- Emergency use authorization of other Covid-19 vaccines led to reduced enrollment of persons 65 years of age or older, preventing estimation of efficacy in this population.

Links: Full Article | NEJM Quick Take





CONCLUSIONS

The NVX-CoV2373 vaccine was safe and efficacious for prevention of symptomatic Covid-19 in adults in the United States and Mexico.

https://www.nejm.org/doi/full/10.1056/NEJMoa2116185

COVID-19 Clinical Assessment Centers (CACs)

COVID-19 Clinical Assessment Centres (CACs): Information for Primary Care Providers

UPDATED Determining whether a patient should be referred to a Clinical Assessment Centre

CACs are not intended to replace in-person assessments by primary care providers. If you have determined that a patient should be seen in person, and you can safely offer the services that you think the patient needs (e.g., access to testing and/or medications, similar timing of appointment), consider seeing the patient in-person at your office/clinic.

Due to the limited availability of COVID-19 tests, many patients will not know whether they are COVID-positive. **Lack of a positive test (i.e., PCR or RAT) should not preclude you from referring a patient to a CAC**. If a test is required for disposition planning (e.g., for prescription of Paxlovid) a CAC will administer the test.

CACs are not extended emergency rooms. Primary care providers should continue to refer patients to the appropriate Emergency Department if they are experiencing one or more of the following symptoms (Ontario Health, January 4, 2022):

- Severe difficulty breathing
- Severe chest pain
- Feeling confused
- Losing consciousness

If the patient is part of one of the high-risk population groups below **and** their symptoms began within the last 6 days, referral to a CAC should be strongly considered as they may be eligible for sotrovimab (if within 6 days of symptom onset) or Paxlovid (within 4 days). Therapeutic Management of Adult Patients with COVID-19 provides full details on which patients may be eligible for outpatient therapies.

- Immunocompromised individuals aged 18 and over regardless of vaccine status
- Unvaccinated individuals over 60
- Unvaccinated First Nations, Inuit, and Métis individuals over 50
- Unvaccinated individuals over 50 with **one or more** of the following risk factors
  - Obesity (BMI ≥ 30)
  - Dialysis or stage 5 kidney disease (eGFR < 15mL/min/1.73 m^2)

https://tools.cep.health/tool/covid-19/#CACAssess

LTC+ pathway for Sotrovimab and Paxlovid

Clinical Decision Guide for Sotrovimab

Version Date: February 1, 2022

This clinical decision guide has been developed to support City of Toronto Long-Term Care homes (with the exception of Scarborough) with identifying COVID positive residents who may be eligible for Monoclonal Antibody therapy with Sotrovimab in the home.

Please note, Scarborough Health Network will be supporting Long-Term Care homes in their area with access to Sotrovimab.

LTC resident has **mild symptoms** that started less than 7 days ago

Mild symptoms = COVID symptoms that do not require additional supplemental oxygen from their baseline

↓

LTC resident goals of care include **active treatment** of acute medical conditions

Ontario Science Table guidelines recommend monoclonal Ab therapy for individuals with reasonable expectation for 1-year survival

↓

LTC resident meets the **criteria** for monoclonal antibody therapy

•1. Immunocompromised* (fully vaccinated or unvaccinated) OR
2. Unvaccinated (fewer than 2 doses of COVID vaccine)

↓

LTC resident **does not have a known allergy** to Sotrovimab

•Non-medicinal ingredients include L-histidine, L-histidine monohydrochloride, L-methionine, polysorbate 80, sucrose

↓

LTC resident or their substitute decision maker **consents** to treatment

1. Benefits of monoclonal therapy = improved survival & decreased risk of hospitalization (NNT 13 to 50)
2. The most common side effects are rash and diarrhea, which occur 1-2% of the time
3. Infusion & allergic reactions are rare (can cause nausea, vomiting, pruritis, bronchospasm, hypotension)

↓

Call 1-855-LTC-PLUS

Due to limited drug supply and need for IV administration, LTC+ nurse navigator will confirm drug availability and coordinate on-site IV administration

***Examples of immunocompromised states:**

- Active treatment with high-dose corticosteroids (i.e., ≥20 mg prednisone or equivalent per day when administered for ≥ 2weeks)
- Active treatment for solid tumor and hematologic malignancies
- Solid-organ transplant and taking immunosuppressive therapy
- (CAR)-T-cell therapy
- Hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)
- Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome, common variable immunodeficiency, Good's syndrome, hyper IgE syndrome)
- Advanced or untreated HIV infection
- Alkylating agents, antimetabolites, cancer chemotherapeutic agents classified as severely immunosuppressive
- Tumor-necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory

Clinical Decision Guide for Paxlovid

Version Date: February 1, 2022

This clinical decision guide has been developed to support City of Toronto Long-Term Care homes (with the exception of Scarborough) with identifying COVID positive residents who may be eligible for oral anti-viral therapy with Paxlovid if they are not able to access Monoclonal Antibody therapy.

Please note, Scarborough Health Network will be supporting Long-Term Care homes in their area with access to Paxlovid.

LTC resident has **mild symptoms** that started less than 5 days ago

Mild symptoms = COVID symptoms that do not require additional supplemental oxygen from their baseline

↓

LTC resident goals of care include **active treatment** of acute medical conditions

Unlike for monoclonal antibodies, Ontario Science Table guidelines does not recommend taking into consideration whether individuals have reasonable expectation for 1-year survival

↓

LTC resident meets the **criteria** for Paxlovid therapy

•1. Immunocompromised* (fully vaccinated or unvaccinated) OR
2. Unvaccinated (fewer than 2 doses of COVID vaccine)
3. Sotrovimab is either unavailable or contraindicated

↓

LTC resident **does not have severe renal dysfunction**

•Severe renal dysfunction defined as EGFR < 30 mL/min, not eligible for Paxlovid therapy

↓

Call 1-855-LTC-PLUS

Due to numerous drug-drug interactions and need for renal dose adjustment, consultation with clinical pharmacist required prior to Paxlovid dispensing

***Examples of immunocompromised states:**

- Active treatment with high-dose corticosteroids (i.e., ≥20 mg prednisone or equivalent per day when administered for ≥ 2weeks)
- Active treatment for solid tumor and hematologic malignancies
- Solid-organ transplant and taking immunosuppressive therapy
- (CAR)-T-cell therapy
- Hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppression therapy)
- Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome, common variable immunodeficiency, Good's syndrome, hyper IgE syndrome)
- Advanced or untreated HIV infection
- Alkylating agents, antimetabolites, cancer chemotherapeutic agents classified as severely immunosuppressive
- Tumor-necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory

Supporting patients in Toronto with access to remote care monitoring for COVID-19

Home and Community Support Services (HCCSS) Toronto has partnered with Women's College Hospital (WCH) and University Health Network (UHN) to expand access to their COVID remote care monitoring programs.

Scope and Details

Patient Type:

- COVID+ or COVID-like symptoms
- Unable to receive PCR testing at a COVID Assessment Centre
- Without a Primary Care Physician or Primary Care Physician who isn't involved with COVID@Home monitoring

Staffing Hours:

- Starting February 14 2022, nurses from HCCSS will be available to triage calls on Monday-Friday from 8:30-4:30pm
- Women's College Hospital (WCH) and University Health Network (UHN) have clinicians staffing their existing COVID monitoring programs to support patients

Triage and Care pathway:

- HCCSS nurse will triage patients based on criteria determined by WCH / UHN clinical teams
- Basic contact and health information will be collected and shared with WCH / UHN for patients who qualify
- WCH or UHN will contact triaged patients within 24-48 hours

As of February 14 2022, patients who meet the criteria above can speak with a HCCSS nurse to assess their eligibility for COVID@Home Monitoring by calling 416-506-9888

Ontario Health
Toronto

Confused about COVID?

Family doctors answer your questions.

- How do I know if I have COVID?
- When should I call my doctor?
- Do I need a COVID PCR test?
- When should I use a Rapid Antigen Test?
- What do I do if I have been in close contact with someone who has COVID?
- How do I keep safe during Omicron?

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Ontario College of Family Physicians

- My child has COVID. What should I know?
- I'm pregnant. How should I keep safe? What should I do if I get COVID?
- What happens after I get COVID? What do I need to know?
- Do I really need a third dose?
- If I get COVID, is there a medication I can take? ***NEW***
- What type of mask should I be wearing? ***NEW***

Now in *French, Spanish, Farsi, Korean, Traditional and Simplified Chinese*

ConfusedAboutCOVID.ca

Global Blood Tube Shortage

Using Labs Wisely

During Global Blood Tube & Other Resource Shortages

Choosing Wisely Canada | CSCC | SCCC | CAMB AMBC

https://choosingwiselycanada.org/perspective/global-shortages/

RECOMMENDATIONS FOR CONSERVING LAB RESOURCES IN PRIMARY CARE

1. **Don't do annual screening blood tests unless directly indicated by the risk profile of the patient.** | Family Medicine

   DID YOU KNOW that 1 in 20 results for healthy individuals fall outside the reference interval? Testing without an indication provides no clinical value, involves numerous blood tubes, and unexpected abnormal results can lead to unnecessary follow up testing.

2. **Don't support repeat test ordering at a frequency that is not backed by evidence.** | Medical Laboratory Science

   DID YOU KNOW that up to 20% of tests in Canada are repeated too soon after a previous result, and provide little to no change in management or additional clinical information? This significantly affects lab resources and uses precious blood tubes.

3. **Don't routinely measure vitamin D in low-risk adults.** | Family Medicine

   DID YOU KNOW that testing in Canada often requires dedicated instruments, tubes, and lab staff solely for vitamin D testing? Except in rare circumstances, testing is unnecessary and vitamin D supplements can be used without testing.

4. **Don't order thyroid function test in asymptomatic patients.** | Family Medicine

   DID YOU KNOW that an estimated 25% of TSH tests do not conform with ordering guidelines, and result in unnecessary blood draws?

5. **Don't request a serum protein electrophoresis in asymptomatic patients in the absence of otherwise unexplained hypercalcemia, renal insufficiency, anemia or lytic bone lesions.** | Medical Biochemistry

   DID YOU KNOW that serum protein electrophoresis and immunofixation are labour-intensive tests in the lab, and current practice guidelines do not recommend routine screening in the general population?

Ontario College of Family Physicians AWARDS 2022

Celebrate the vital contributions family doctors make to keep their patients and communities healthy.

Nominate a colleague, or yourself, for a 2022 OCFP Award.

Deadline for nominations: **March 13, 2022**

For more information or to make a nomination:
ontariofamilyphysicians.ca/ocfp-awards

Questions? awards@ocfp.on.ca

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, March 4, 2022**

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.

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