COVID-19: Where we are and where we're going

July 8, 2022

Dr. Amy Montour
Dr. Fahad Razak
Dr. Jeffrey Pernica
COVID-19: Where we are and where we're going

Moderator: Dr. Tara Kiran

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

Panelists:
• Dr. Amy Montour, Six Nations of the Grand River, ON
• Dr. Fahad Razak, Toronto, ON
• Dr. Jeffrey Pernica, Hamilton, ON

The COVID-19 Community of Practice for Ontario Family Physicians is a one-credit-per-hour Group Learning program that has been certified for up to a total of 32 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.
Webinars  
https://www.icscollaborative.com/webinars

This national webinar series provides an opportunity to share knowledge, experiences, and perspectives in support of collective efforts to strengthen Indigenous cultural safety across sectors.

Webinar #1: Setting the Context for Indigenous Cultural Safety: Facing Racism in Health
Presented by: Cheryl Ward and Janet Smylie
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 (DFCM), Dr. Elizabeth Muggah (OCFP); Kimberly Moran (OCFP) and Mina Viscardi-Johnson (OCFP)

Previous webinars & related resources:

https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions
Dr. Amy Montour—Panelist
Palliative Care Physician, Six Nations of the Grand River, ON

Dr. Fahad Razak—Panelist
Twitter: @DrFahadRazak
General Internist, St. Michael’s Hospital, Toronto, ON
Scientific Director of the Ontario COVID-19 Science Advisory Table

Dr. Jeffrey Pernica—Panelist
Twitter: @JeffPernica
Head of the Division of Infectious Disease, Department of Pediatrics, McMaster University, Hamilton, ON
Co-Chair of the Ontario Immunization Advisory Committee
Dr. David Kaplan – Co-Host
Twitter: @davidkaplanmd
Family Physician, North York Family Health Team and Vice President, Quality, Ontario Health

Dr. Mekalai Kumanan– Co-Host
Twitter: @MKumananMD
Family Physician, Two Rivers Family Health Team, Chief of Family Medicine, President-Elect, Ontario College of Family Physicians, Cambridge, ON
Speaker Disclosure

• Faculty Name: **Dr. Amy Montou**
  • Relationships with financial sponsors:
    • Grants/Research Support: N/A
    • Speakers Bureau/Honoraria: N/A
    • Others: N/A

• Faculty Name: **Dr. Fahad Razak**
  • Relationships with financial sponsors:
    • Grants/Research Support: CIHR, University of Toronto, Canadian Frailty Network, Hospital Excellence Funds
    • Speakers Bureau/Honoraria: COVID-19 Science Table, Ontario Health
    • Others: N/A

• Faculty Name: **Dr. Jeffrey Pernica**
  • Relationships with financial sponsors:
    • Grants/Research Support: MedImmune, HAHSO AFP Innovation Grants
    • Speakers Bureau/Honoraria: Ontario College of Family Physicians
    • 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. **Mekalai Kumanan**
  - Relationships with financial sponsors:
    - Grants/Research Support: N/A
    - Speakers Bureau/Honoraria: ECHO Chronic Pain and Rheumatology Advisory Board, 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, 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, Canadian Medical Association
Outline for Today

• COVID recovery: considerations for Indigenous populations
• Look-back at COVID in Canada
• Look-forward to the COVID vaccine for kids <5
• 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 guest’s 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 panel’s attention.

• Please use the chat box for networking purposes only.
Dr. Amy Montour—Panelist
Palliative Care Physician, Six Nations of the Grand River, ON

Dr. Fahad Razak—Panelist
Twitter: @DrFahadRazak
General Internist, St. Michael’s Hospital, Toronto, ON
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Dr. Jeffrey Pernica—Panelist
Twitter: @JeffPernica
Head of the Division of Infectious Disease, Department of Pediatrics, McMaster University, Hamilton, ON
Co-Chair of the Ontario Immunization Advisory Committee
Indigenous resources

- **First Peoples Second Class Treatment**

- **CanMEDS-FM Indigenous Health Supplement**

- **Cultural Safety Guidelines for Clinicians during the CoVid19 Pandemic**

- **In Plain Sight**

- **Land Acknowledgements**

- **Maadookiing-mshkiki – Sharing Medicine. First Nations, Inuit, Metis Perspectives and Knowledge Sharing on CoVid 19 vaccines**

- **Indigenous Cultural Safety Collaborative Learning Series**
  https://www.icscollaborative.com/webinars

- **Indigenous Specific Racism in Health Care across the Champlain Region**
COVID-19 Wastewater Signals in Ontario

Province-Wide COVID-19 Wastewater Signal

- Incomplete Data, Provisional Estimates*
- Complete Data

Standardized Concentration of SARS-CoV-2 Gene Copies

Sampling Date

Two Year Review of the COVID-19 Pandemic: Disease Burden and Equity Concerns

Fahad Razak MD MSc

General Internist, St Michael's Hospital
Assistant Professor, University of Toronto
Provincial Clinical Lead, General Medicine, Ontario Health
Director, COVID-19 Science Advisory Table
Canada’s response to the initial 2 years of the COVID-19 pandemic: a comparison with peer countries

Fahad Razak MD MSc, Saeha Shin MPH, C. David Naylor MD DPhil, Arthur S. Slutsky MD MSc

Section 1: How has Canada’s experience of the pandemic compared to peer nations?
Choosing comparator countries:
• Use a pre-pandemic grouping of countries (e.g. G7, OECD)
• Choose countries with similar economic and political models and per capita income level
• Do not include countries with very small populations (e.g. Iceland) given logistical challenges of pandemic management
• Choose largest group of comparators possible
Two Year Review of Canada Compared to Peer Nations

Choosing comparator countries:
- Use a pre-pandemic grouping of countries (e.g. G7, OECD)
- Choose countries with similar economic and political models and per capita income level
- Do not include countries with very small populations (e.g. Iceland) given logistical challenges of pandemic management
- Choose largest group of comparators possible

Based on these criteria, G10 Countries used for comparison
Summary

- Japan had much lower COVID-19 burden, but for unclear reasons (not because of vaccination or public health measures)
- Among remaining countries, Canada had the lowest COVID-19 burden
- The Canadian public experienced among the strictest and most sustained public health restrictions, including school closures.
- Most countries are at pre-pandemic employment levels, inflation has risen, and government debt rose for all countries
  - Canada at approximate middle of the pack for economic measures
So where do we go from here?

Monitoring
• Knowing what variants are circulating
• Improving completeness and reducing data lags

Maintaining public trust through smart policies
• Celebrating successes
• Precision public health measures
• Prioritizing next steps
• Transparency
COVID-19 vaccination for young children

8 July 2022
J Pernica
What is going to happen next with vaccination of infants and preschoolers in Canada?
Rationale for infant/preschooler vaccination

• prevention of severe disease in individual children!
Determinants of individual-level benefit

1. Likelihood of morbidity associated with infection
2. Vaccine effectiveness
3. Likelihood of significant adverse events following immunization (AEFIs)
Clinical COVID-19 disease in young children
COVID-19 is not ‘just a cold’, even in children.
Young children are hospitalized more.
Young children are hospitalized more.

Counts and rates of recent hospitalizations among COVID-19 cases by age group in Ontario

Last updated June 25, 2022

The bars below show hospitalizations reported within the past 14 days with a three day lag from the time of data extraction. Hospitalizations include ICU cases but not emergency room visits.

Cumulative counts and rates of hospitalizations among COVID-19 cases by age group in Ontario

January 15, 2020 to June 25, 2022

The bars below show the total confirmed hospitalizations reported since the beginning of the pandemic. Hospitalizations include ICU cases but not emergency room visits.

No. of hospitalizations per 100,000

Delta-predominant period

Omicron-predominant period

0–4 yrs
5–11 yrs
12–17 yrs

3 10 17 24 31 7 14 21 28 11 18 25 2 9 16 23 30 6 13 20 27 4 11 18 25 1 8 15 22
Jul Aug Sep Oct Nov Dec Jan 2021 2022
Figure. Comparison of Risks of Clinical Outcomes of SARS-CoV-2 Infection in Children Younger Than 5 Years

A Omicron vs Delta cohorts

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Matched Omicron cohort, No. (%)</th>
<th>Matched Delta cohort, No. (%)</th>
<th>HR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED visits</td>
<td>4637 (20.36)</td>
<td>5602 (24.60)</td>
<td>0.84 (0.80-0.87)</td>
</tr>
<tr>
<td>Hospitalizations</td>
<td>401 (1.76)</td>
<td>741 (3.25)</td>
<td>0.66 (0.58-0.74)</td>
</tr>
<tr>
<td>ICU admissions</td>
<td>38 (0.17)</td>
<td>115 (0.51)</td>
<td>0.35 (0.25-0.51)</td>
</tr>
<tr>
<td>Mechanical ventilation</td>
<td>10 (0.04)</td>
<td>51 (0.22)</td>
<td>0.15 (0.07-0.33)</td>
</tr>
</tbody>
</table>

Moderna mRNA-1273 vaccine effectiveness and safety in young children
# Moderna mRNA-1273 vaccine trials

## Pediatric Studies

<table>
<thead>
<tr>
<th>Dose/regimen:</th>
<th>6-23 months</th>
<th>2-5 years</th>
<th>6-11 years</th>
<th>12-17 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>25 µg</td>
<td>25 µg</td>
<td>50 µg</td>
<td>100 µg</td>
</tr>
<tr>
<td></td>
<td>Two doses (0, 28 days)</td>
<td>Two doses (0, 28 days)</td>
<td>Two doses (0, 28 days)</td>
<td>Two doses (0, 28 days)</td>
</tr>
<tr>
<td>Pediatric Study</td>
<td>P204</td>
<td>P204</td>
<td>P204</td>
<td>P203</td>
</tr>
<tr>
<td>mRNA-1273 recipients</td>
<td>1,761</td>
<td>3,031</td>
<td>3,007</td>
<td>2,486</td>
</tr>
<tr>
<td>Immunobridging to 18-25-year-old participants in P301 (GMC and seroresponse)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Descriptive efficacy</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
P204 Study Design

Part 2: Randomized, placebo-controlled, observer-blind evaluation of the selected dose for each age cohort

- 4,048 participants 2-5 years
- 2,355 participants 6-23 months
Randomized 3:1

- mRNA-1273 25 μg
  - Dose 1
  - Dose 2
  - 28 days

- Placebo
  - Dose 1
  - Dose 2
  - 28 days
Trial results were positive, if underwhelming.

- immunobridging endpoints met (antibody levels in young children noninferior to those in young adults)
- efficacy against symptomatic infection mediocre (30-50%, depending on definition)
- no particular safety concerns (note total n ~ 4K)
Other safety considerations
Cardiac AEFI rates established for Ontario.

Table 2. Crude Rate of Reported Myocarditis or Pericarditis per Million Vaccine Doses Administered by Vaccine Product, Dose Number, Age, and Sex With Series Initiation on or After June 1, 2021

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Reported No. of cases per 1 000 000 doses, No. (95% CI)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All individuals</td>
<td>Female individuals</td>
</tr>
<tr>
<td></td>
<td>Dose 1</td>
<td>Dose 2</td>
</tr>
<tr>
<td>BNT162b2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age group, y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12-17</td>
<td>27.3 (14.9-45.8)</td>
<td>54.4 (34.5-81.7)</td>
</tr>
<tr>
<td>18-24</td>
<td>17.9 (5.8-41.7)</td>
<td>44.3 (17.8-91.3)</td>
</tr>
<tr>
<td>25-39</td>
<td>13.0 (5.2-26.8)</td>
<td>16.0 (5.2-37.4)</td>
</tr>
<tr>
<td>≥40</td>
<td>5.9 (1.2-17.3)</td>
<td>NR</td>
</tr>
<tr>
<td>Total</td>
<td>15.6 (10.4-22.4)</td>
<td>29.0 (20.2-40.3)</td>
</tr>
<tr>
<td>mRNA-1273</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age group, y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12-17</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>18-24</td>
<td>21.6 (2.6-77.9)</td>
<td>195.5 (117.7-305.3)</td>
</tr>
<tr>
<td>25-39</td>
<td>16.2 (3.3-47.3)</td>
<td>58.7 (30.3-102.6)</td>
</tr>
<tr>
<td>≥40</td>
<td>30.0 (11.0-65.2)</td>
<td>NR</td>
</tr>
<tr>
<td>Total</td>
<td>23.0 (11.5-41.1)</td>
<td>62.5 (42.4-88.6)</td>
</tr>
</tbody>
</table>

B  Rate by interdose intervals

Reported No. of cases per 1,000,000 doses

Interdose interval, d

Dose 2: mRNA-1273

Dose 2: BNT162b2
Cardiac complications rare in children 5-11 y

- Danish surveillance found one probable myocarditis case in 200K vaccinated
  
  Nygaard U *Pediatrics* 2022 epub

- US surveillance found that AEFIs less common in children aged 5-11 compared with adolescents
  
    - 8 cases myocarditis in boys after dose 2 (reporting rate 2.2 cases per million)

  Hause AM *Pediatrics* 2022 epub
Safety of COVID-19 Vaccine in 5-11 Year Olds

In Ontario, almost 1 million doses of pediatric Pfizer-BioNTech Comirnaty COVID-19 vaccine (approximately 600,000 first doses and 355,000 second doses) have been administered to 5-11 year olds.

More than 50 countries, including Canada, have expanded their COVID-19 immunization programs to include 5-11 year olds with a pediatric formulation of the Pfizer-BioNTech Comirnaty COVID-19 vaccine.

<table>
<thead>
<tr>
<th>Of the almost 1 million doses of pediatric COVID-19 vaccine administered in Ontario:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>0.02%</strong></td>
</tr>
<tr>
<td>Of all doses were associated with an adverse event following immunization (AEFI).</td>
</tr>
</tbody>
</table>

**Most commonly reported specific adverse events:**

- **45.1%** Allergic skin reaction
- **13.7%** Rash
- **8.8%** Syncope (fainting) with injury
- **0.0003%** Of all doses were associated with an AEFI involving hospitalization.
- **1** Case of myocarditis / pericarditis has been reported following immunization.

Data current as of February 27, 2022.
Overall take-home messages

- infants/toddlers more at risk for severe COVID-19 than school-aged children
- 2-dose Moderna vaccine series likely have comparable effectiveness in infants/toddlers (as compared to older children)
- mRNA vaccination unlikely to be associated with significant cardiac risk in infants/toddlers
- stay tuned for NACI statement and HC opinion on Moderna mRNA-1273 submission!
Thank you!!

J Pernica
Associate Professor
pernica@mcmaster.ca
Early polling indicates ~50% of parents will get their child <5yrs vaccinated

- **Strategic Council (February 2022)**
  - (n = 167 parents of children < 5 years in Ontario)¹
  - 53% of parents report they will get their children vaccinated for COVID-19 once approved
  - 58% indicated their preferred location is their child’s family doctor’s/pediatrician’s office
  - 86% of parents would feel most comfortable having a doctor (86%) or nurse (65%) give the vaccination.
    - 38% indicated they would feel comfortable with a pharmacist providing the vaccination.

- **Angus Reid (Summer 2021)**
  - (n = 812 Canadian parents of children 5-11 years)²
  - 51% of parents of children 5-11 said they would get their child vaccinated
  - 23% said they would not get their child vaccinated

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¹ Data Source: Provincial Health Behaviours Polling Results for Under 5 (March 2022 – The Strategic Council)
² Data Source: Angus Reid Institute (October 2021)
Children 5 to 11 | First & Second dose progress

As of June 5, 2022

**Provincial 1st Dose Progress age 5-11**

- **% people 5 to 11 with at least 1 dose**: 56.7%
- **New Dose 1 last 7 days**: 945
- **People 5 to 11 with at least one dose**: 611,941
- **Percentage point Increase last 7 days**: 0.1%
- **Daily Dose 1 (7-day avg)**: 135
- **People 5 to 11 remaining**: 466,586

**Provincial 2nd Dose Progress age 5-11**

- **% people 5 to 11 fully vaccinated**: 36.4%
- **New Dose 2 last 7 days**: 2,119
- **People 5 to 11 fully vaccinated**: 393,103
- **Percentage point Increase last 7 days**: 0.2%
- **Daily Dose a (7-day avg)**: 303
- **People 5 to 11 remaining**: 685,424

Data Source(s): SAS VA Tool, COVax analytical file, extracted daily at 8:00 pm, CPAD, MOH. Note: analytical file has been processed for data quality checks and results may differ from the COVax live data system. Population Estimates 2020, Statistics Canada, CCM Cases Data, OLIS Testing File, CCSO ICU File.
Third Doses | Overall progress

As of June 5, 2022

**Third doses to people 12+**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>People 12+</th>
<th>% Dose 3</th>
<th>New Dose 3 last 7 days</th>
<th>People 12+ with 3 doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>12+</td>
<td>7,383,025</td>
<td>57.1%</td>
<td>10,463</td>
<td>7,383,025</td>
</tr>
</tbody>
</table>

**Percentage point Increase last 7 days**

- People 12+ with 3 doses: 0.1%

**Daily Dose 3 (7-day avg)**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Daily Dose 3 (7-day avg)</th>
<th>People 12+ remaining</th>
</tr>
</thead>
<tbody>
<tr>
<td>12+</td>
<td>1,495</td>
<td>5,549,446</td>
</tr>
</tbody>
</table>

**Third doses | by age group**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>People 12+</th>
<th>% Dose 3</th>
<th>Percentage point Increase last 7 days</th>
<th>New Dose 3 last 7 days</th>
<th>Daily Dose 3 (7-day avg)</th>
<th>People remaining</th>
</tr>
</thead>
<tbody>
<tr>
<td>70+</td>
<td>1,603,899</td>
<td>89.6%</td>
<td>0.1</td>
<td>1,444</td>
<td>206</td>
<td>186,497</td>
</tr>
<tr>
<td>50to69</td>
<td>2,685,194</td>
<td>70.5%</td>
<td></td>
<td>2,486</td>
<td>355</td>
<td>1,122,076</td>
</tr>
<tr>
<td>18to49</td>
<td>2,935,107</td>
<td>46.1%</td>
<td></td>
<td>5,134</td>
<td>733</td>
<td>3,438,356</td>
</tr>
<tr>
<td>12to17</td>
<td>158,825</td>
<td>16.5%</td>
<td></td>
<td>1,399</td>
<td>200</td>
<td>802,517</td>
</tr>
</tbody>
</table>
Fourth Doses | Overall progress

As of June 5, 2022

### Fourth doses to people 60+

<table>
<thead>
<tr>
<th>Age Group</th>
<th>% people 60+ with dose 4</th>
<th>New Dose 4 last 7 days</th>
<th>People 60+ with 4 doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>60+</td>
<td>31.0%</td>
<td>61,061</td>
<td>1,102,314</td>
</tr>
<tr>
<td></td>
<td>Percentage point Increase last 7 days</td>
<td>Daily Dose 4 (7-day avg)</td>
<td>People 60+ remaining</td>
</tr>
<tr>
<td></td>
<td>1.7%</td>
<td>8,723</td>
<td>2,453,287</td>
</tr>
</tbody>
</table>

### Fourth doses | by age group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>% Dose 4</th>
<th>Percentage point Increase last 7 days</th>
<th>New Dose 4 last 7 days</th>
<th>Daily Dose 4 (7-day avg)</th>
<th>People remaining</th>
</tr>
</thead>
<tbody>
<tr>
<td>80+</td>
<td>48.4%</td>
<td>1.9</td>
<td>12,343</td>
<td>1,763</td>
<td>338,434</td>
</tr>
<tr>
<td>70 to 79</td>
<td>38.3%</td>
<td>2.1</td>
<td>23,562</td>
<td>3,366</td>
<td>699,934</td>
</tr>
<tr>
<td>60 to 69</td>
<td>19.8%</td>
<td>1.4</td>
<td>25,156</td>
<td>3,594</td>
<td>1,414,919</td>
</tr>
</tbody>
</table>
**Do you plan to get another booster of the COVID-19 vaccine and why are you unlikely or unsure about getting another booster?**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I don’t believe it is effective</td>
<td>15%</td>
</tr>
<tr>
<td>I am afraid of the side effects</td>
<td>13%</td>
</tr>
<tr>
<td>I’m tired of having to get so many shots, two is enough</td>
<td>13%</td>
</tr>
<tr>
<td>I have made a personal choice to wait</td>
<td>13%</td>
</tr>
<tr>
<td>I’ve had COVID so I have natural immunity and don’t need the booster</td>
<td>7%</td>
</tr>
<tr>
<td>Prefer to wait for a different variety of vaccine or treatment</td>
<td>5%</td>
</tr>
<tr>
<td>Not interested</td>
<td>5%</td>
</tr>
<tr>
<td>Not concerned enough about getting COVID-19</td>
<td>5%</td>
</tr>
<tr>
<td>Medical or health reasons / allergy</td>
<td>4%</td>
</tr>
<tr>
<td>Do not trust information from the government</td>
<td>4%</td>
</tr>
<tr>
<td>Not available in my area / too hard to get appointment</td>
<td>3%</td>
</tr>
<tr>
<td>Dislike needles</td>
<td>2%</td>
</tr>
<tr>
<td>Too busy / no time</td>
<td>1%</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>1%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>9%</td>
</tr>
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*Via OMA*
When determining whether virtual care is appropriate and, in the patient's best interest, physicians must consider and ensure their decisions reflect the following factors:

• the nature of the presenting complaint and care required, including whether a physical examination is required in order to meet the standard of care;

• the patient’s existing health status and specific health-care needs;

• the patient’s specific circumstances and preferences (e.g., financial hardship, mobility limitations, distance required to travel to an in-person appointment, ability to take time off from work, or any language and/or communication barriers); and

• the technology available to the patient and their ability to effectively utilize the technology.

Where clinically appropriate and available, physicians must prioritize patient preference for in-person or virtual care.

Is it appropriate to use a 'virtual-first' approach in all instances?

A blanket virtual-first approach (i.e., triaging every patient with an initial virtual appointment) is not recommended in the absence of direction from the government (e.g., in relation to pandemics/public health measures)....

Can I exclusively provide virtual care to patients?

.... The standard of care is often difficult to meet in a completely virtual environment. For example, an exclusively virtual comprehensive primary care practice would not be able to meet the standard of care..... A fully virtual practice might be possible in some limited circumstances (e.g., radiology, psychotherapy, etc.).
Masking

OCFP recommends continued masking in community practices

• Set policies for staff and patients

• Take precautions to minimize risk if patient refuses to wear a mask

• No tolerance for verbal abuse or threats of physical abuse – take appropriate steps to defer or delay non-emergent care

Masking resources

**OCFP**

- **Masking in community practices – tips and resources:**

- **Masking poster for clinics:**

- **Summary IPAC/PPE guidelines:**

**OMA (log in to access)**

- **Adaptable template for staff masking policy:**
Poll Questions

Are you seeing patients with COVID symptoms or influenza-like illness in person?
- Yes
- No

If no, why not?
- Assessment Centre is available and it’s more prudent to send symptomatic patients there
- Don’t have access to appropriate PPE
- Unclear about IPAC guidance
- Have small office/limited space so can’t isolate symptomatic patients as needed for IPAC
- Am myself immunocompromised or otherwise vulnerable
- *If others, feel free to add in the chatbox*
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: **August 19, 2022**

*Contact us:*  [ocfpcme@ocfp.on.ca](mailto:ocfpcme@ocfp.on.ca)

*Visit:*  [https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources](https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources)

The COVID-19 Community of Practice for Ontario Family Physicians is a one-credit-per-hour Group Learning program that has been certified for up to a total of 32 credits.

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