

COVID-19
Community of
Practice for Ontario
Family Physicians

March 4, 2022

Dr. Allison McGeer
Dr. Kate Miller
Dr. David Kaplan



***From pandemic to endemic?
What's next with COVID***



Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians



From pandemic to endemic? What's next with COVID

Moderator: Dr. Tara Kiran

Fidani Chair, Improvement and Innovation

Department of Family and Community Medicine, University of Toronto

Panelists:

- Dr. Allison McGeer, Toronto, ON
- Dr. Kate Miller, Guelph, ON
- Dr. David Kaplan, Toronto, ON

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

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

Land Acknowledgement

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

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

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

LEAPS of care framework

The LEAPS of care framework is a counselling approach that is centered around values of co-operation and collective input. This framework can help physicians address COVID-19 vaccine distrust with Black patients who are experiencing hesitancy in an open and empathetic way that respects patients' values and perspectives.

By considering the broader context and influence of distrust in the health-care system and anti-Black racism, the framework can allow for building therapeutic alliances and trust by acknowledging patients' lived experiences of racism in health care. This approach can also be modified for other groups and individuals experiencing hesitancy around COVID-19 vaccines.

The framework guides you to:

1. Listen actively to your patient and learn more about their specific vaccine concerns, fears and experiences with racism in the health-care system.
2. Engage and empower your patient by respecting their perspectives and values, including their right to choose not to get vaccinated.
3. Ask about and acknowledge your patient's fears and concerns as well as their health-care experiences that have been impacted by historical and present-day racism.
4. Paraphrase vaccine information and provide your patient with resources once a relationship and common understanding are established.
5. Support your patient's future engagement in health care and share available community resources that can spark your patient to connect with community partners, which can help them, their family and others in the community to access the vaccine in a more flexible, culturally-safe community setting.

<https://www.oma.org/member/practice-professional-support/patient-care/vaccines/vaccine-hesitancy/black-patients-experiencing-vaccine-distrust/> (includes 3 short videos demonstrating LEAPS in action)

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.dfcem.utoronto.ca/covid-19-community-practice/past-sessions>



Dr. Allison McGeer – Panelist

Infectious Disease Specialist, Mount Sinai Hospital



Dr. Kate Miller – Panelist

Twitter: @DrKateJMiller

Family Physician, Guelph Family Health Team



Dr. David Kaplan – Panelist

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, President-Elect, Ontario College of Family Physicians

Speaker Disclosure

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

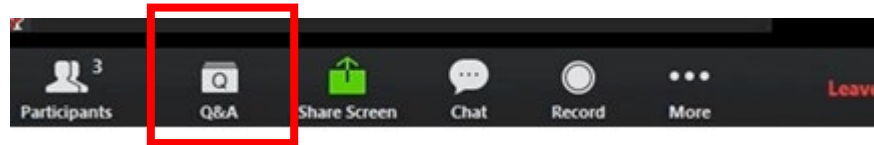
Speaker Disclosure

- 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

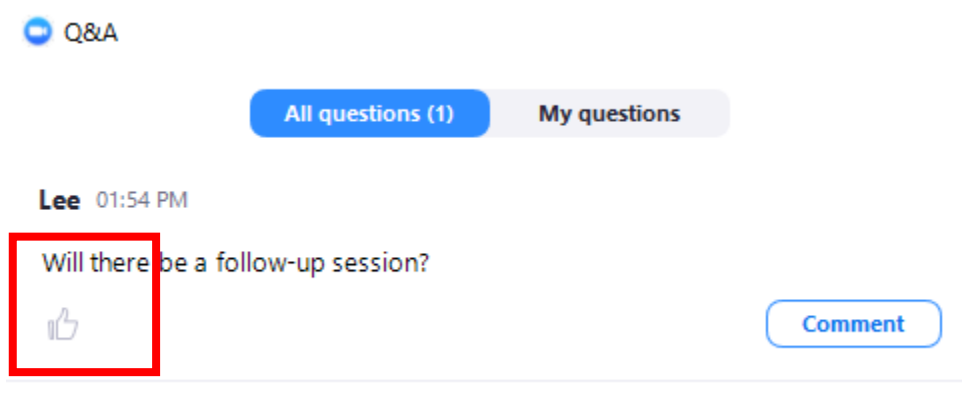
- Faculty Name: **Dr. Tara Kiran**
- Relationships with financial sponsors:
 - Grants/Research Support: St. Michael's Hospital, University of Toronto, Health Quality Ontario, Canadian Institute for Health Research, Ontario Ministry of Health, Gilead Sciences Inc (re: Hepatitis C), Staples Canada (re: 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

How to Participate

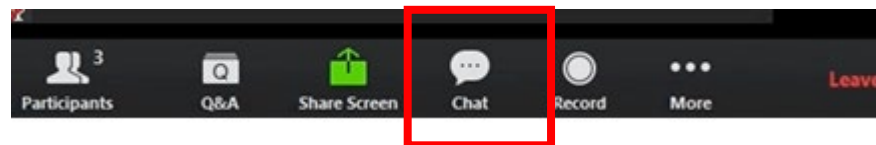
- All questions should be asked using the Q&A function at the bottom of your screen.



- 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.



What we will cover today

- What does the future hold?
- Vaccination news:
 - The made-in-Canada vaccine
 - 4th doses
 - Latest evidence on vaccination in teens and kids
- Therapeutics guidance
- COVID clinical assessment centres, primary care priorities, what you need to support you



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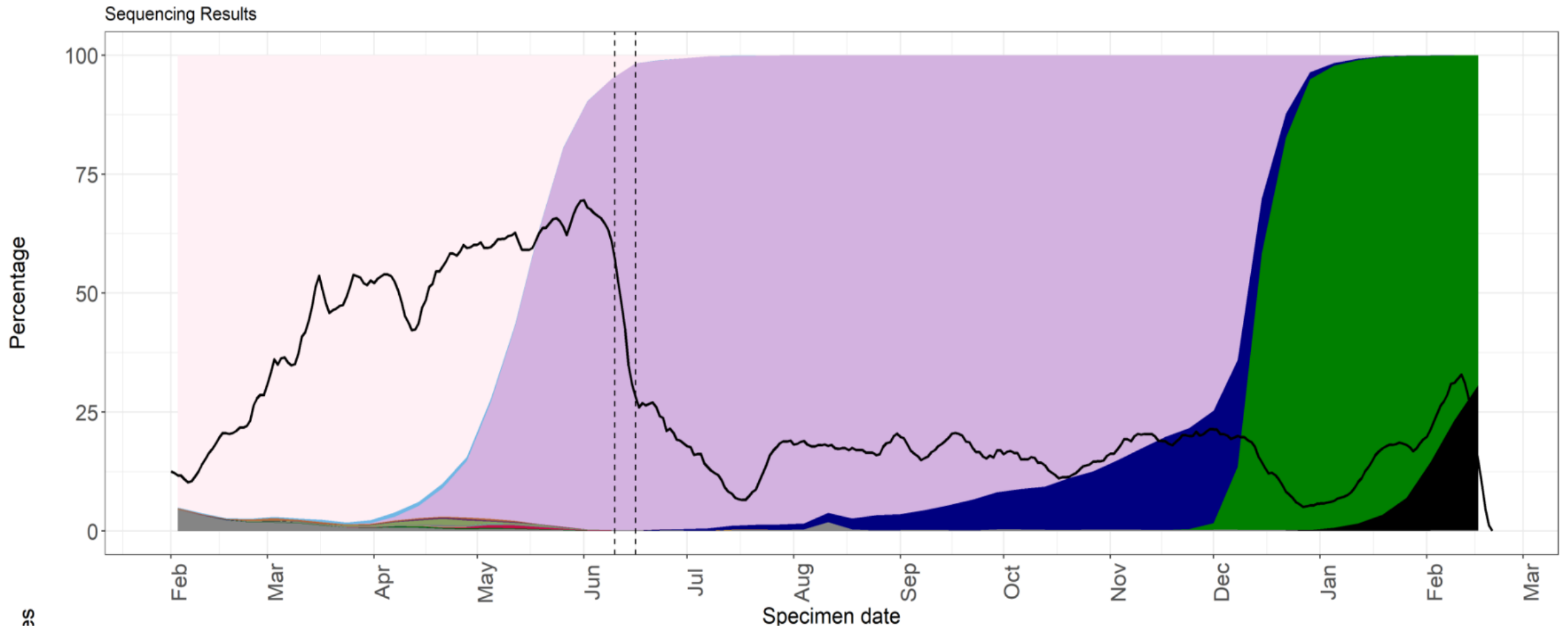
Dr. Mekalai Kumanan – Co-Host

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What happens next?

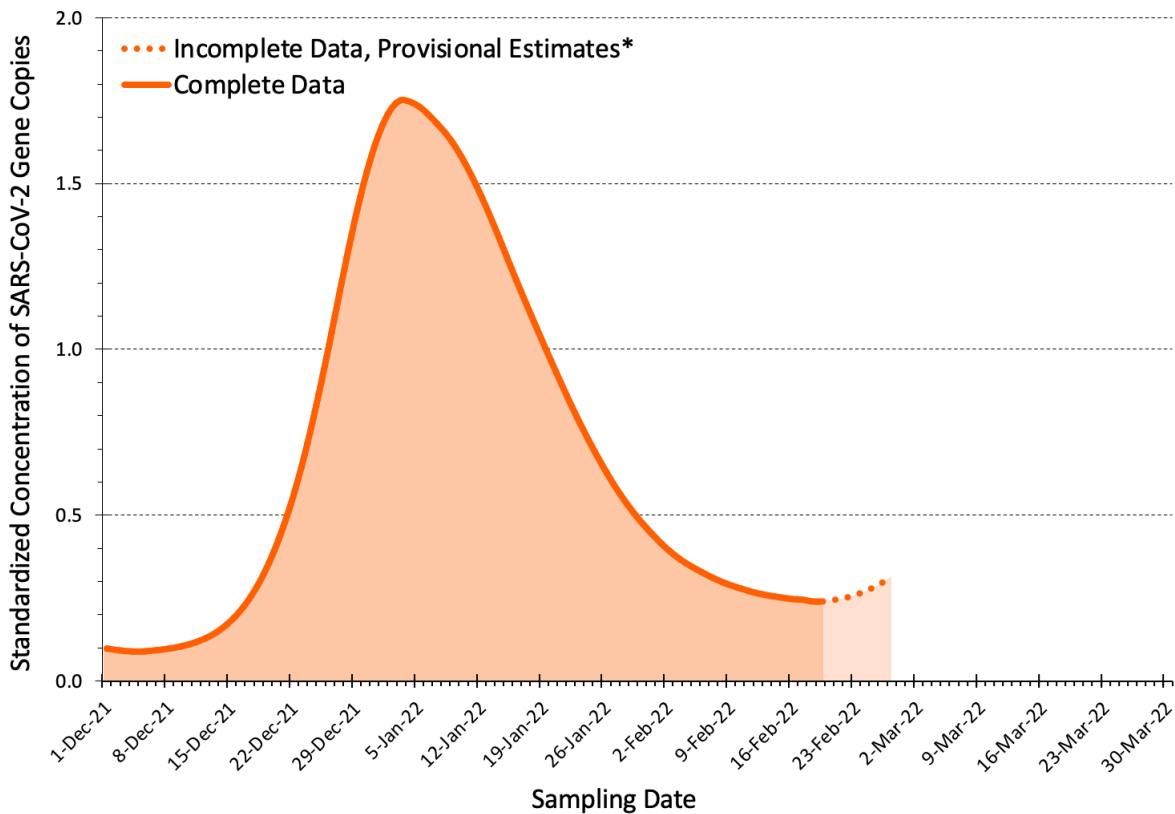
Short term issue I: Emergence of BA.2



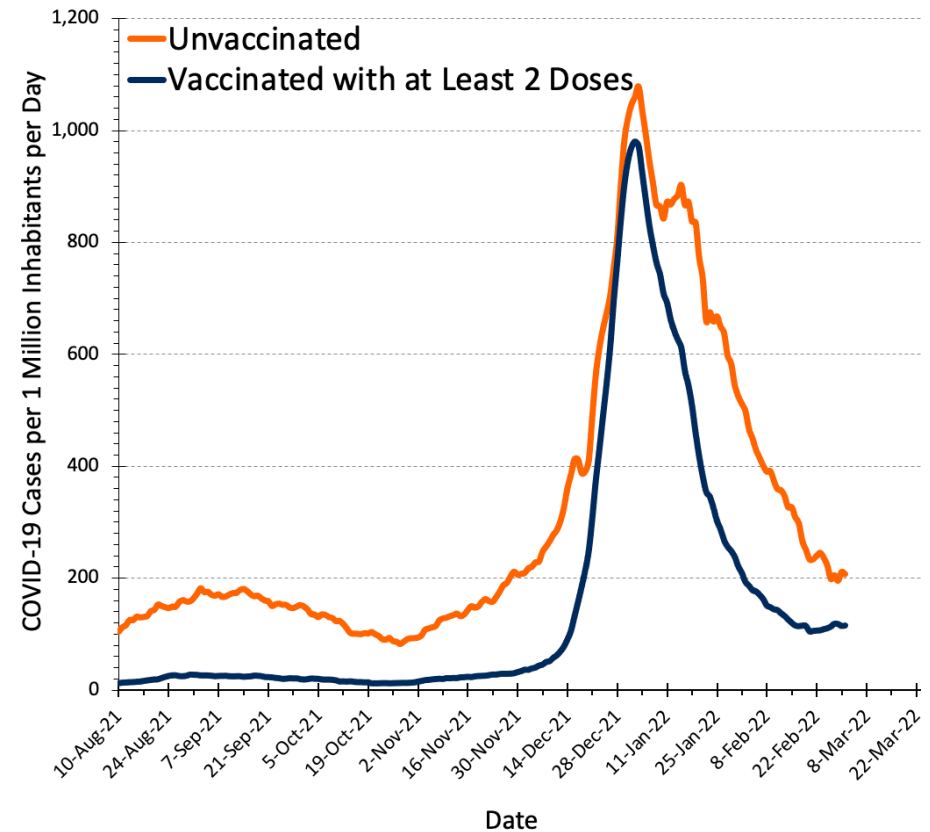
Short-term issue II: Re-opening

New cases up - by 10 over last week
Test positivity up - by 0.2%

Province-Wide COVID-19 Wastewater Signal



COVID-19 Cases



Category	Scenario
Best case <i>Seasonal coronavirus</i>	<ul style="list-style-type: none"> • No (or maybe one) new variant. • Durable vaccine immunity (current or new vaccines). • Effective antivirals
Most likely (?) <i>Influenza-like</i>	<ul style="list-style-type: none"> • On-going emergence of variants; disease/waves seasonal • Need for annual vaccines • Activity level variable; bad years/seasons may stress healthcare system
Pessimistic <i>Influenza Plus</i>	<ul style="list-style-type: none"> • Not seasonal, emergence of variants unpredictable • Some variants with significantly greater severity • Rapidly emerging antiviral resistance
Worst case	<ul style="list-style-type: none"> • Recurrent pandemics by re-introduction from animal source or recombination of viruses • Change in tissue tropism – new syndrome(s) • Antigenic escape/Antibody dependent enhancement

<https://www.statnews.com/2022/02/16/coronaviruses-are-clever-evolutionary-scenarios-for-the-future-of-sars-cov-2/>

<https://www.gov.uk/government/publications/academics-viral-evolution-scenarios-10-february-2022>

Medicago (Covifenz)

- Plant based virus like particles
- Full length pre-fusion spike protein (Wuhan)
 - Incorporated into bacteria, which then infect plants
 - Plants produce viral like particles in large quantity
- Vaccine is adjuvanted with GSK's ASO3
- Non-live, no genetic material

- Stored at 2-8C
- 10 dose vials supplied as 2 vials (one vaccine, one adjuvant)



What about fourth doses?

- Ontario LTC residents
 - Dramatic increases in neutralizing antibody post 4th dose
 - Vaccine efficacy, 4th dose compared to 3rd dose:
 - **Any infection: 47% (41-56)**
 - **Symptomatic infection: 63% (49-74)**
 - **Severe infection: 49% (18-69)**
- Among adults 60+ years of age in Israel (all Pfizer)
 - Vaccine efficacy, 4th dose compared to 3rd dose
 - **Any infection: 50% (47-50)**
 - **Hospitalization or death: 77% (58-87)**
- Among health care workers in Israel (RCT of Moderna/Pfizer/placebo)
 - Vaccine efficacy, 4th dose compared to 3rd dose
 - **Any infection 11% (-43-44)**
 - **Symptomatic infection 31% (-18-60%)**

Bar-on et al. medrxiv : <https://doi.org/10.1101/2022.02.01.22270232>;

Buchan & Kwong presentation to NACI, Feb 28 (work done as AHRQ for OIAC)

Yegev-Rochay <https://www.medrxiv.org/content/10.1101/2022.02.15.22270948v1.full.pdf>

Vaccine updates - teens



OH – eligible at 3 months

NACI – recommended be offered to high-risk teens at 6 months

ICES data shows preserved VE over 180 days

MMRW data – VE against ER/UC visit during Omicron in 16-17 yo

- -3% if greater than 6 months from primary series
- 34% if within 6 months
- 81% if boosted

Vaccine updates 5-11

medRxiv

THE PREPRINT SERVER FOR HEALTH SCIENCES



BMJ Yale

Effectiveness of the BNT162b2 vaccine among children 5-11 and 12-17 years in New York after the Emergence of the Omicron Variant

Vajeera Dorabawila, Dina Hoefler, Ursula E. Bauer, Mary T. Bassett, Emily Lutterloh, Eli S. Rosenberg

doi: <https://doi.org/10.1101/2022.02.25.22271454>

502 children, dec 13 –Jan 30

Decreased VE for infection – 68% to 11%

Decreased VE for hospitalization – 100% to 48%

Newly vaccinated VE for infection – 65% to 12 %

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

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Morbidity and Mortality Weekly Report (*MMWR*)

CDC

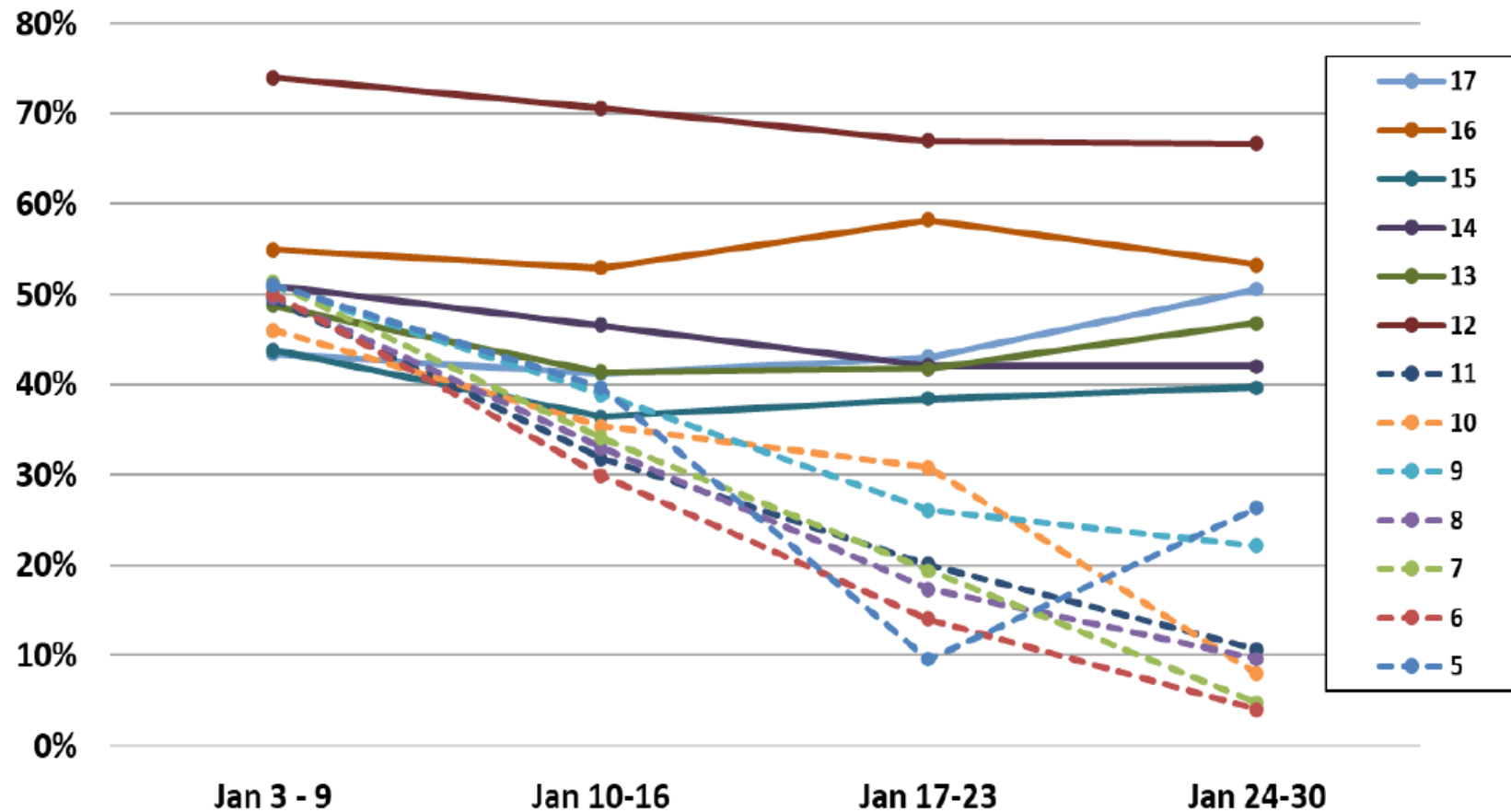
Effectiveness of COVID-19 Pfizer-BioNTech BNT162b2 mRNA Vaccination in Preventing COVID-19–Associated Emergency Department and Urgent Care Encounters and Hospitalizations Among Nonimmunocompromised Children and Adolescents Aged 5–17 Years — VISION Network, 10 States, April 2021–January 2022

>9000 children, April - January

VE for ER/UC visits – 48%

VE for hospitalization – 74% (CI includes zero)

Vaccine efficacy in children and adolescents NY State, by age and week in January



VE against hospitalization

12-17y: 85% (63-95) to
73% (53,87)

5-11y: 100% (-189-100) to
48% (-12-75%)

Vaccine update under 5s



- Pfizer press release in Dec, 2 doses of 3 mcg “insufficiently robust” for age 2-5, 3 dose data available in March?
- Moderna studying two doses of 25 mcg in this population, expected to be available in March

Therapeutics Guidance Feb 23

- Change in recommendation for paxlovid (strong from conditional)
- Change re: remdesivir (supply related, still impractical)
- Change re: pregnancy no longer contraindication for paxlovid
- New risk framework – higher risk (>5% risk of hospitalization)
 - unvaccinated vs 1-2 dose vs boosted
 - Captures risk groups under age 50
 - Pregnancy considered as a risk

Risk of COVID-19 Hospitalization

Analysis from logistic regression on confirmed cases and hospitalizations Dec 14 – Jan 4.

# of at-risk conditions	Age group	Female				Male			
		0 Doses	1 Dose	2 Doses	3 Doses	0 Doses	1 Dose	2 Doses	3 Doses
0 at-risk conditions	<20	0.3%	0.1%	0.1%	0.0%	0.4%	0.2%	0.1%	0.0%
	20-39	1.5%	0.5%	0.4%	0.2%	1.8%	0.7%	0.4%	0.2%
	40-49	1.9%	0.7%	0.4%	0.2%	2.3%	0.8%	0.5%	0.3%
	50-59	2.7%	1.0%	0.6%	0.3%	3.2%	1.2%	0.8%	0.4%
	60-69	2.9%	1.1%	0.7%	0.3%	3.6%	1.3%	0.8%	0.4%
	70-79	5.2%	1.8%	1.2%	0.6%	6.3%	2.2%	1.5%	0.7%
	80+	9.5%	3.3%	2.2%	1.1%	11.8%	4.0%	2.7%	1.3%
1-2 at-risk conditions	<20	0.9%	0.3%	0.2%	0.1%	1.2%	0.4%	0.3%	0.1%
	20-39	4.5%	1.7%	1.1%	0.5%	4.7%	1.8%	1.1%	0.6%
	40-49	5.2%	1.9%	1.2%	0.6%	5.9%	2.2%	1.3%	0.7%
	50-59	6.8%	2.6%	1.6%	0.8%	8.3%	3.2%	1.9%	1.0%
	60-69	7.5%	3.0%	1.8%	0.9%	9.5%	3.6%	2.2%	1.1%
	70-79	13.9%	5.4%	3.3%	1.6%	17.2%	6.9%	4.2%	2.0%
	80+	26.2%	9.7%	6.2%	2.9%	33.9%	13.1%	8.1%	3.9%
3+ at-risk conditions	<20	5.5%	1.8%	1.3%	0.5%	7.3%	1.8%	1.4%	1.4%
	20-39	23.0%	10.6%	5.1%	2.9%	25.2%	11.0%	6.6%	3.6%
	40-49	26.2%	10.6%	5.8%	3.6%	35.6%	8.3%	6.5%	4.0%
	50-59	36.0%	13.2%	7.7%	4.3%	37.0%	12.3%	8.9%	5.1%
	60-69	33.2%	14.8%	7.6%	3.9%	40.3%	16.2%	9.4%	5.0%
	70-79	50.1%	23.2%	12.8%	5.9%	59.6%	26.6%	15.9%	7.5%
	80+	71.9%	31.8%	20.7%	9.4%	83.7%	43.8%	26.3%	12.7%

Model estimates* of the proportion of cases that would result in hospitalization by demographic group and vaccine status

Hospitalization risk for younger people with two or more doses approaches zero

Even with 3 doses, substantial risk observed for those over 80+ (over 10%) when multiple risk conditions present

*Point estimates expected to change as more data becomes available. Differences between same-colored cells may not be statistically significant.

AGE (years)	NUMBER OF VACCINE DOSES		
	0 doses	1 or 2 doses	3 doses
<20 ¹	Higher risk if ≥3 risk factors ¹	Standard risk ¹	Standard risk ¹
20 to 39	Higher risk if ≥3 risk factors	Higher risk if ≥3 risk factors	Standard risk
40 to 69	Higher risk if ≥1 risk factors	Higher risk if ≥3 risk factors	Standard risk
≥70	Higher risk	Higher risk if ≥1 risk factors	Higher risk if ≥3 risk factors
Immunocompromised ² individuals of any age	Higher risk: Therapeutics should always be recommended for immunocompromised individuals not expected to mount an adequate immune response to COVID-19 vaccination or SARS-CoV-2 infection due to their underlying immune status, regardless of age or vaccine status. ^{1,2}		
Pregnancy	Higher risk ³	Standard risk	Standard risk

Risks:

- Obesity (BMI ≥30 kg/m²)
- Diabetes
- Heart disease, hypertension, congestive heart failure
- Chronic respiratory disease, including cystic fibrosis
- Cerebral palsy • Intellectual disability
- Sickle cell disease
- Moderate or severe kidney disease (eGFR <60)
- Moderate or severe liver disease (e.g., Child Pugh Class B or C cirrhosis)
- Active cancer

What about Standard Risk?

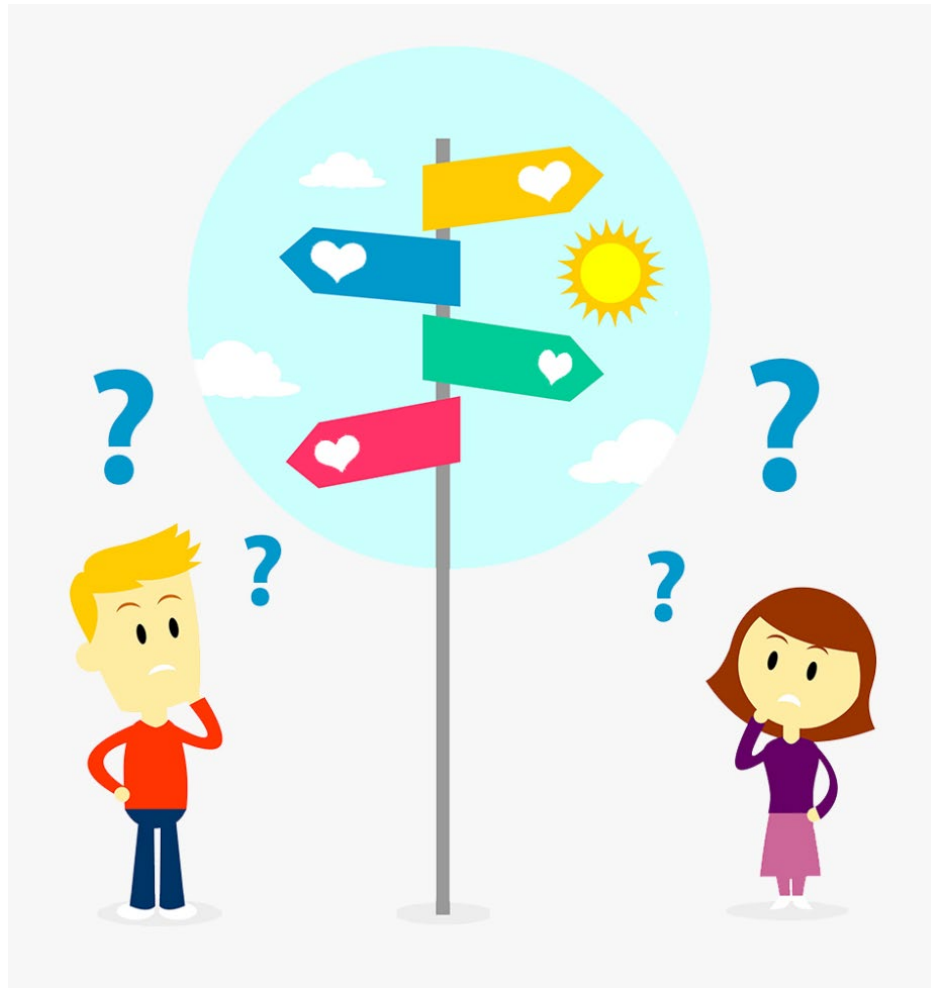
- **Reassurance and information for self-monitoring of symptoms** (including self-monitoring of oxygen saturation) **are recommended** for these patients.
- ▲ **Fluvoxamine** 50 mg PO daily titrated up to 100 mg PO twice daily for a total of 15 days **may be considered** for these patients if the recommendation statement for higher risk mildly ill patients.
- ▲ **Budesonide** 800 mcg inhaled twice daily for 14 days **may be considered** for these patients. See budesonide recommendation statement.
- The following therapies are **not recommended** for these patients: **sotrovimab**, **nirmatrelvir/ritonavir (Paxlovid)**, and **remdesivir**.

Eligibility for COVID treatment (FEB 23, 2022)

This form will provide you with guidance as to whether your patient (or you) are eligible for government approved COVID treatments such as Monoclonal antibody therapy (intravenous) or Nirmatrelvir/ritonavir (Paxlovid -oral pills). (It is based on the Ontario Covid-19 Drugs and Biologics Clinical Practice Guidelines Working Group: Therapeutic Management of Adult Patients with Covid-19 - updated Feb 23, 2022)

<https://doi.org/10.47326/ocsat.cpg.2022.10.0> - Please note: This may not be comprehensive and may not be applicable to every patient situation - please use your own clinical judgement. Based on the document, there are priority populations that should be considered for access to Covid-19 drugs and therapeutics. (Google form by Mississauga Medical Arts, reviewed by Dr. Sohal Goyal)

<https://docs.google.com/forms/d/e/1FAIpQLScTuqtO5eW5JtZ2KzmFGONloyhm5tg6vylHG-EJGvkzUVCoEg/viewform>



- Know your local landscape
- Have an office protocol/script for staff
- Can you be proactive with communication
- Don't worry if you're over referring

ConfusedAboutCOVID.ca

CONFUSED ABOUT COVID? FAMILY DOCTORS ANSWER YOUR QUESTIONS.

If I get COVID, is there a medication I can take?

Most people who become infected with COVID can recover at home without any treatment. To find out how to care for yourself at home or when you need to call your doctor, visit: rebrand.ly/When-To-Call

People who are sick enough to go to hospital will be given medications there to reduce their symptoms and help them recover. Medications are also now available to people outside of hospitals to help prevent them from getting seriously ill.

Who can get these medications?

Medications to treat COVID are for people who are at higher risk of getting seriously ill from COVID. That's because the research on these medications was generally done on people who were at higher risk of serious illness. The medications are also in short supply.

If you have COVID, please call your family doctor right away to discuss potential treatment if one of the following applies to you:



01 You have an immune system that is weakened by a health condition or medications. That includes, for example, people with:

- » Ongoing cancer treatments
- » Previous organ or stem-cell transplants
- » Genetic disorders that result in a very weak immune system
- » Advanced or untreated HIV
- » Immune systems weakened by medications such as methotrexate, biologic drugs (these often end in 'mab,' 'mib' or 'nib) or high-dose steroids (Prednisone 20mg or higher)

02 You are over 60

03 You are over 50 and you belong to one of the following groups:

- » You are Indigenous OR
- » You have had 0 or 1 dose of a COVID vaccine OR
- » Your last dose of a COVID vaccine was more than 6 months ago OR
- » You have diabetes, obesity, serious kidney problems, intellectual disability, cerebral palsy or sickle cell disease or some other chronic illness

CONFUSED ABOUT COVID? FAMILY DOCTORS ANSWER YOUR QUESTIONS.

Recommendations for treatment will depend on how the evidence changes over time and also on availability of treatments. Your family doctor is working hard to stay up to date and can help guide you.

If you do not have a family doctor, go to one of Ontario's COVID Clinical Assessment Centres. To find one near you, visit: <https://covid-19.ontario.ca/assessment-centre-locations>

Do not wait for your symptoms to become severe. The medications only work if you take them within 5 to 7 days of your positive test or first symptoms of COVID.

What medications are available?

Right now, people with COVID may be able to access five different prescription medicines that have been proven to reduce their risk of being admitted to hospital because of COVID. **All these medications should be given within 5 to 7 days of your symptoms starting.**

Some of the medications are recommended for only a small group of people in hospitals or nursing homes who are given the drugs through an IV (intravenous) tube. Others can be easily used at home when prescribed by your family doctor. Some of these medications have been around a long time while others have been developed recently.

There are two common medications that your family doctor might prescribe if you have COVID and are at high risk of serious illness:



Budesonide is a puffer that you take twice a day for 10 to 14 days. It works by decreasing inflammation in your lungs and is often used by people who have asthma. Budesonide is only proven to help if given within 7 days of when people start to have trouble breathing. We think it can reduce how long COVID symptoms such as cough or shortness of breath will last.



Fluvoxamine is a pill that you take for 10 to 14 days. The drug has been around for a long time and is typically used to treat depression. Now it has been shown to have a positive effect on the immune systems of people with COVID. When started within 7 days of COVID symptoms, Fluvoxamine may help some people decrease their risk of needing to go to hospital. It must be prescribed carefully because it can interact badly with commonly used medicines.

CONFUSED ABOUT COVID? FAMILY DOCTORS ANSWER YOUR QUESTIONS.

There are three medications that you can only get if you are referred to a program for people who are at highest risk of becoming severely ill from COVID, those with very weak immune systems.



Sotrovimab is an antibody given through an infusion (IV) one time. The medication helps boost your body's ability to fight the COVID. It must be provided within 7 days of COVID symptoms starting. The use of Sotrovimab is very limited worldwide.



Remdesivir is also a medication given by IV. It is an antiviral medication that helps prevent the virus from reproducing in your body. It is given 3 times, on 3 days in a row. It is also used for people in hospital with COVID. Because of the difficulties giving this medication and because of a very short supply, it is prioritized for patients admitted to hospital.



Nirmatrelvir / ritonavir (Paxlovid) is a new pill that mixes two medications including one that directly attacks the COVID virus. It is for people at high risk of becoming seriously sick stay out of hospital. It is taken twice a day for 5 days and must be started within 5 days of a person showing symptoms of COVID. Paxlovid can interfere with commonly used drugs. Because of this, a pharmacist familiar with COVID will often need to be involved to decide if it is safe for you to take it. Only a few doses of this medication are available in Canada today.

Are there any other medications that are recommended to treat COVID?

There are no other drugs or vitamins recommended to treat COVID in people outside of hospital. For example, the best research studies show that Azithromycin, Ivermectin and Hydrochloroquine are not helpful in treating or preventing COVID and may cause side effects. There is also good evidence that Vitamin D, Interferon and Colchicine are not helpful in treating or preventing COVID.

More information on medications used to treat COVID can be found in this guide, written for clinicians:
<https://covid19-sciencetable.ca/sciencebrief/clinical-practice-guide/summary-recommended-drugs-and-biologics-in-adult-patients-with-covid-19-version-9-0/>

CanCOVID Speaker Series



If you couldn't attend our Speakers Series event on 'Managing mild-moderate COVID-19 disease in patients: evidence-based guidance in BC and Ontario,' the recording is now available on our website.

Original air date:

Tuesday, February 22, 2022, 3:00 – 3:30pm EST

Speakers:

- **Dr. Jolanta Piszczek**, Pharm D, MSc, Chair, BC COVID Therapeutics Committee, Affiliation: BC Ministry of Health, University of British Columbia
- **Dr. Andrew Morris**, MD SM, Co-Chair, Drugs & Biologics Clinical Practice Guidelines Working Group, Ontario COVID-19 Scientific Advisory Table, Professor, Infectious Diseases, Sinai Health, University Health Network, University of Toronto

Event Description:

Please join us as Drs. Andrew Morris and Jolanta Piszczek discuss the evidence that informs the management of mild to moderate COVID-19 and the challenges of applying it into practice in the wave of Omicron. They will also compare the approaches taken by the British Columbia COVID Therapeutics Committee and the Ontario Science Advisory Table.

You can watch the event recording here:

<https://bit.ly/CanCOVIDFeb22Event2022>.



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Clinical Practice Guidelines
Working Group, Ontario
COVID-19 Scientific
Advisory Table, Professor,
Infectious Diseases, Sinai
Health, University Health
Network, University of
Toronto

CanCOVID Speaker Series

*Managing Mild-Moderate COVID-19 Disease in Patients:
Evidence-Based Guidance in BC and Ontario*

February 22, 2022, 3:00 - 3:30pm EST

Please join us as Drs. Andrew Morris and Jolanta Piszczek discuss the evidence that informs the management of mild to moderate COVID-19 and the challenges of applying it into practice in the wave of Omicron. They will also compare the approaches taken by the British Columbia COVID Therapeutics Committee and the Ontario Science Advisory Table.



Clinical Assessment Centres & Primary Care Priorities

DR. DAVID KAPLAN, VICE-PRESIDENT QUALITY, ONTARIO HEALTH

COVID-19 Clinical Assessment Centres

Inputs/referral sources

- Primary and community care
- Telehealth
- COVID-19 assessment centres (testing-only sites)
- Emergency department
- Self-referral (e.g., self-assessment tool)

Target Population for COVID-19 Clinical Assessment Centres:

- For people with suspected or confirmed COVID-19 who have worsening symptoms/pattern of symptoms or who need help monitoring their health
- See [CEP](#) for further guidance
- People with severe symptoms are directed to call 911 or go directly to an emergency department

Services provided at CACs

Clinical assessment, appropriate testing, and diagnosis

Disposition planning options:

- Home with self-monitoring, if applicable
- Home with remote care monitoring, if available in their region
- Direct to emergency department for further investigation
- Direct to in-patient COVID-19 unit, where possible
- Direct to or provide outpatient therapeutics, where available

Discharge/handover

Hand over to primary care* and home and community care

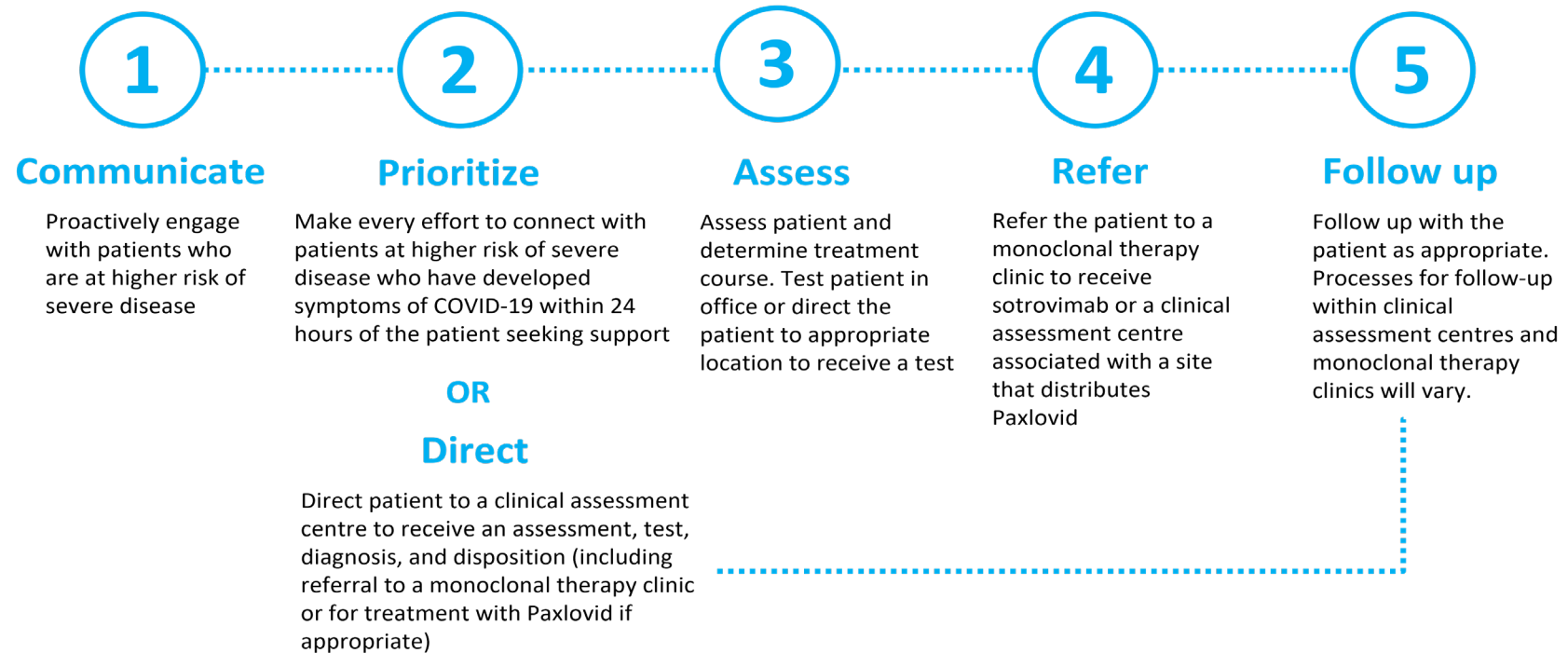
*For those without access to primary care provider, information provided about their follow-up options (e.g., Telehealth, nearest walk-in clinic, any other relevant supports)

Eligibility for COVID-19 therapeutics:

- The risk of disease and therapeutic recommendations are outlined by the clinical practice guidelines from the COVID-19 Science Advisory Table ([Version 10](#))
- People who are at a higher risk of severe disease may be eligible for COVID-19 therapeutics, thus need to be assessed by an appropriate health care professional as soon as possible, ideally within 24 hours

Pathways for Primary Care

Local pathways may appropriately vary based on availability of services and pre-existing referral patterns



Tool: [Script to support staff in identifying patients who may be eligible for outpatient treatment](#)

A script to support staff in identifying patients who may be eligible for outpatient treatment is available. Patients flagged as potentially eligible should either be seen by their primary care provider within 24 hours or directed to a COVID-19 clinical assessment centre.

Primary Care Priorities

- Continue to focus on urgent and emergent care to avoid unnecessary emergency department visits
- Resume or continue preventative care (e.g. cancer screening)
- Undertake early identification and referral of patients who would benefit from COVID-19 therapeutics
- Continue to support vaccinations and remote monitoring of patients with COVID

Competing demands and opportunities in primary care

Christina Korownyk MD CCFP James McCormack PharmD Michael R. Kolber MD CCFP MSc
Scott Garrison MD CCFP PhD G. Michael Allan MD CCFP

Table 1. Common conditions and preventive interventions across primary care

ACUTE SYMPTOMS	LONG-TERM SYMPTOMATIC CONDITIONS	CVD (PRIMARY PREVENTION)	CANCER SCREENING (CANCER-SPECIFIC MORTALITY)	SOCIAL SCREENING OR HEALTH PROMOTION
Headache ¹⁵ : ASA or sumatriptan, NNT = 5 to 9 to be pain free at 2 hours	Depression ¹⁶ : antidepressants, NNT = 7 to 9 for response in 6 weeks	Statin ¹⁷⁻²⁰ : NNT = 55 to 77 over 5 years (any CVD)	Mammogram ^{21,22} : NNS = 377 to 2000 over 10 years	Alcohol screening ²³ : No evidence of benefit in heaviest drinkers
Knee osteoarthritis ²⁴ : intra-articular steroid, NNT = 3 to 5 for global improvement over 4 weeks	Chronic neuropathic pain ^{25,26} : duloxetine or gabapentin, NNT = 6 to 8 at 3 months for reduction of ≥ 50%	Metformin in diabetes ²⁷ : NNT = 29 over 5 years (myocardial infarction)	Fecal immunochemical testing ²⁸ : NNS = 1200 over 10 years (assumed similar to fecal occult blood testing)	Counseling on increased physical activity (single interventions) ²⁹⁻³¹ : insufficient evidence of benefit
Gout ³² : colchicine, NNT = 5 for ≥ 50% symptom free at 24 hours	Headache ^{33,34} : tricyclic antidepressant or β-blocker, NNT = 4 to 8 over 6 months for reduction of 50%	ASA ³⁵ : NNT = 346 to 427 over 5 years (any CVD)	Prostate-specific antigen ³⁶⁻³⁸ : NNS = 441 to 1410 over 10 years	Family violence screening ³⁹ : increased awareness but insufficient evidence for improved outcomes
Benign positional vertigo ⁴⁰ : Epley maneuver, NNT = 3 for symptom resolution	Constipation (chronic) ⁴¹ : polyethylene glycol, NNT = 2 to 3 for resolution over 6 months	Hypertension (≥ 160 mm Hg) ^{42,43} : treated, NNT = about 20 over 5 years (any CVD)	Cervical cancer ^{44,45} : NNS unknown (but 1 in 500 women die of cervical cancer when screened every 3 years compared with 1 in 100*)	Screening for obesity ^{46,47} : no evidence of improved outcomes (about 3 kg of weight loss with behavioural programs at 1 y; no evidence of improved patient outcomes)

Table 2. Comparison of benefit of interventions across primary care

CATEGORY	ACUTE SYMPTOMS	LONG-TERM SYMPTOMATIC CONDITIONS	CVD (PRIMARY PREVENTION)	CANCER SCREENING (CANCER-SPECIFIC MORTALITY)	SOCIAL SCREENING OR HEALTH PROMOTION
Estimated benefit	NNT = about 5	NNT = about 7	NNT = about 40 over 5 years	NNS = about 1000 over 10 years	NNS = ∞
Encounters with benefit per year	176* to 720 [†]	143 [‡] to 617 [§]	3.25 to 12 [¶]	0.13 [#] to 0.36 ^{**}	0
Encounters with benefit over 30 years	5280 to 21 600	4290 to 18 540	98 to 360	4 to 11	0

PPE | IPAC

For direct care for patients with suspected/confirmed COVID-19:

- ✓ fit-tested, seal-checked N95 respirator (or equivalent)*
- ✓ isolation gown, gloves and eye protection (goggles, face shield or safety glasses with side protection).

Cleaning based on patient-screen status

For patients who **screen negative**:

- ✓ **standard cleaning** processes (i.e., as would normally be done pre-pandemic for IPAC)

For patients who **screen positive**:

- ✓ **disinfect patient-contact surfaces** (i.e., areas within 2 metres of the patient) as soon as possible
- ✓ **clean and disinfect treatment areas**, incl. all horizontal surfaces and any equipment used on the patient (e.g., exam table, thermometer, BP cuff) before another patient is brought into the treatment area or used on another patient

- * *Information for Family Doctors about N95s* (OCFP): <https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/covid-and-n95s.pdf>
- *Interim IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19* (PHO): <https://www.publichealthontario.ca/-/media/documents/ncov/updated-ipac-measures-covid-19.pdf?la=en>
- *COVID-19 Guidance: Primary Care Providers in a Community Setting* – pg. 9 (MOH): https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_primary_care_guidance.pdf

Recovery Plan

The OCFP will support the following action items:

- **Identifying tools/resources** needed to ease your transition to endemic phase
- **Advocating** to help address the backlog in primary care and provide you with more time for care
- **Working with partners** to implement the plan

Recovery Plan - Poll

Which TWO items would help you the most as you adapt your office for pandemic recovery.

- Easier IPAC protocols
- Simpler active screening requirement
- Managing symptomatic patients
- Clear processes to access treatment for eligible patients with COVID
- Guidance on the management of long COVID
- Resources on balancing in-person vs. virtual appointments
- Additional resources to help alleviate your workload and backlog
- Public advocacy to help manage patient expectations

Patient Resources: Mental Health and Addictions

► CRISIS SUPPORT (24/7)

- Call 911 or go to the nearest hospital if you are in need of urgent service
- **ConnexOntario** – helplines for drug and alcohol, mental health and gambling problems: connexontario.ca/en-ca/our-services
- **Crisis Text Line** – support for young people in crisis: crisistextline.ca | Text HOME to 686868
- **Seniors Safety Line** – for seniors who have experienced any type of abuse or neglect: 1-866-299-1011 | eapon.ca
- **Kids Help Phone** – for people younger than 20 years: kidshelpphone.ca | 1-800-668-6868
- **Gerstein Crisis Centre (Toronto)** – for adults 16 and older dealing with mental health and/or substance use issues: gersteincentre.org | 416-929-5200
- **Hope for Wellness** – mental health counselling and crisis intervention for all Indigenous people: hopeforwellness.ca | 1-855-242-3310
- **Good2Talk** – helpline for Ontario postsecondary students: 1-866-925-5454 | Text GOOD2TALKON to 686868 | good2talk.ca
- **Assaulted Women's Helpline** – support for women in Ontario who have experienced any form of abuse: awhl.org | 1-866-863-0511 | Text #SAFE (#7233)

► FREE ONE-ON-ONE COUNSELLING

- **Wellness Together Canada** – 24/7 counselling supported by the Canadian government: ca.portal.gc.ca
- **Beacon Digital** – internet-based Cognitive Behavioural Therapy for Ontario residents: info.mindbeacon.com
- **Abiliti CBT** – Cognitive Behavioural Therapy for Ontario residents, run by Morneau Shepell: ontario.abilitict.com/home
- **BounceBack** – videos, telephone coaching and workbooks for ages 15 and older: bouncebackontario.ca

► PEER-TO-PEER SUPPORTS

- **Talk4healing** – culturally grounded, confidential helpline for Indigenous women: talk4healing.com | 1-855-554-HEAL (4325)
- **Ontario Caregiver Helpline** – information and support for caregivers in Ontario: 1-833-416-2273 | Live chat available at ontariocaregiver.ca
- **LGBTQ YouthLine** – peer support for queer, trans, two-spirit youth (29 years and under) in Ontario: Text 647-694-4275 | Chat online at youthline.ca

Patient Resources: Mental Health and Addictions

► GENERAL INFORMATION

- **Government of Ontario summary of resources** – ontario.ca/page/covid-19-support-peoplesection-4
- **Take Care 19** – community-sourced mental health supports for coping through COVID-19: takecare19.com
- **Anxiety Canada** – coping with COVID anxiety: anxietycanada.com/covid-19
- **CAMH** – mental health and COVID-19: camh.ca/en/health-info/mental-health-and-covid-19
- **Canadian Mental Health Association Ontario** – collated mental health, addictions and COVID-19 resources: ontario.cmha.ca/wp-content/uploads/2020/11/Resources-for-crisis-Ressources-en-cas-de-crise-FINAL.pdf
- **Children's Mental Health Ontario Centres** – agencies providing treatment and support to children and youth, and their families (no OHIP card/referral required): cmbp.org/findhelp

► ADDICTION AND RECOVERY SUPPORT

- **Overdose Prevention Line** – a confidential number to call if you are alone and using drugs: 1-888-853-8542
- **Alcoholics Anonymous** – online intergroup: aa-intergroup.org/directory.php
- **Narcotics Anonymous** – na.org/meetingsearch
- **Canada Drug Rehab Addiction Services Directory** – directory of alcohol, drug rehab and other addiction-related services: 1-888-245-6887 | canadadrugrehab.ca

► APPS FOR MINDFULNESS

- **Mindshift** – build skills for managing anxiety and depression: anxietycanada.com/resources/mindshift-cbt
- **My Life: Stop. Breathe. Think.** – recommends brief mindfulness activities: my.life
- **Insight Timer** – database of guided meditations: insighttimer.com
- **Headspace** – guided meditations and exercises on mindfulness: headspace.com (5)

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

eConsult

<http://www.otnhub.ca/>



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**:

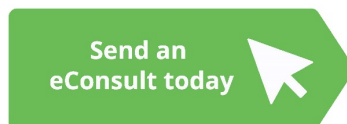
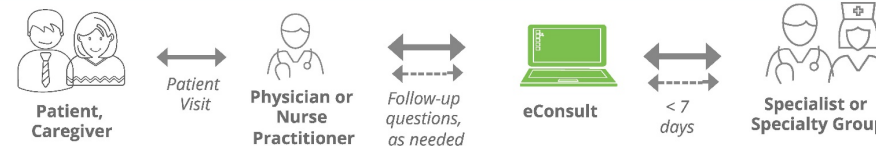
- COVID-19 Infectious Diseases
- COVID-19 Vaccine - Public Health
- COVID-19 Vaccine - Allergy/Immunology
- COVID-19 and Respiriology
- COVID-19 and Autoimmune Disorders
- COVID-19 and Pregnancy
- Post-COVID Condition – Chronic Fatigue Syndrome, Environmental Health Group
- Post-COVID Condition – Internal 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



- 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.

5 – 11 First Dose Coverage

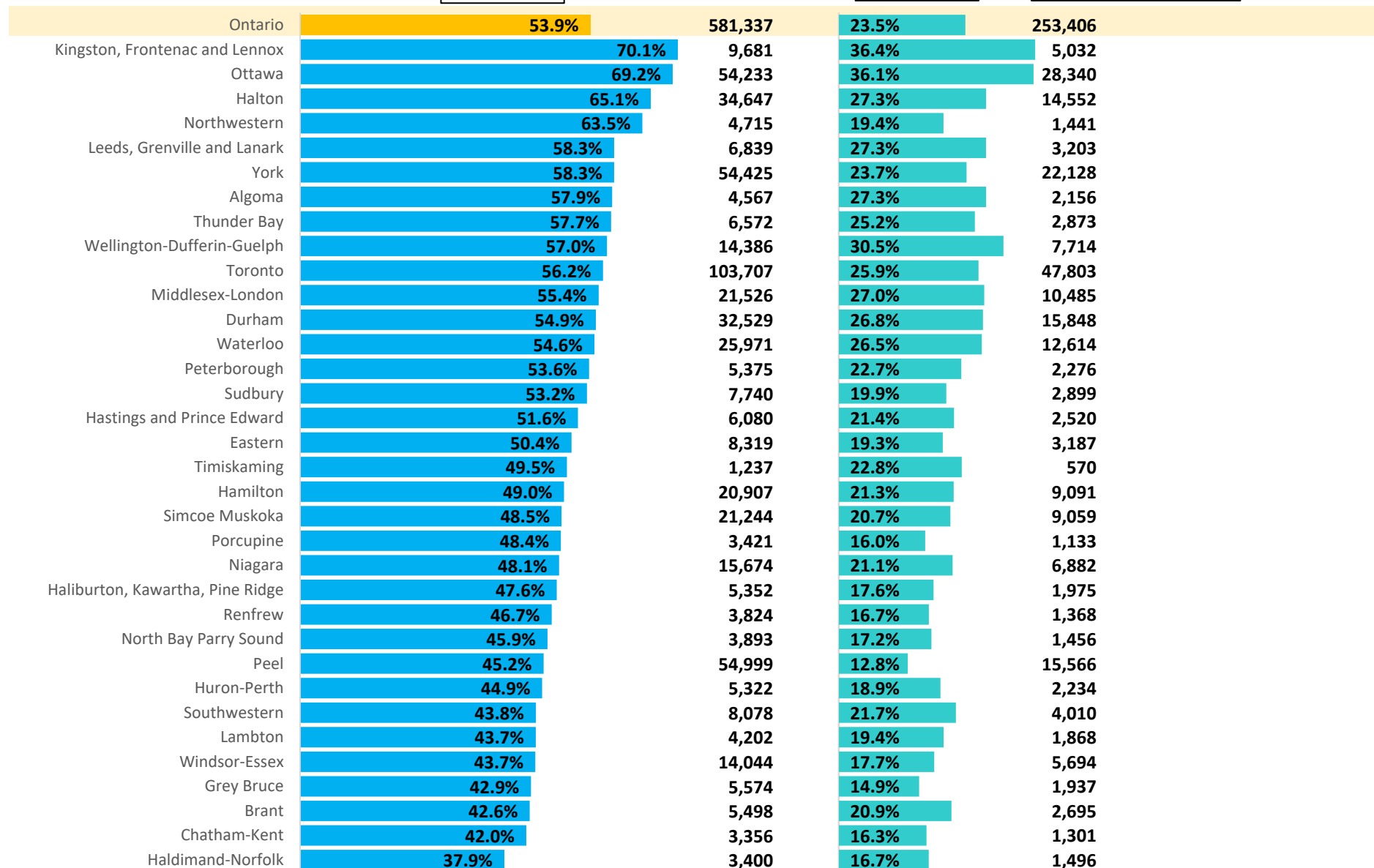
As of February 13th, 2022

Min: 37.9%
Max: 70.1%

Number with 1st dose

Min: 12.8%
Max: 36.4%

Number with 2nd dose



■ First Dose Coverage

■ Second Dose Coverage

Key Insights

- Overall, 1st doses ranged from **37.9%** to **70.1%** with a provincial average of **53.9%**

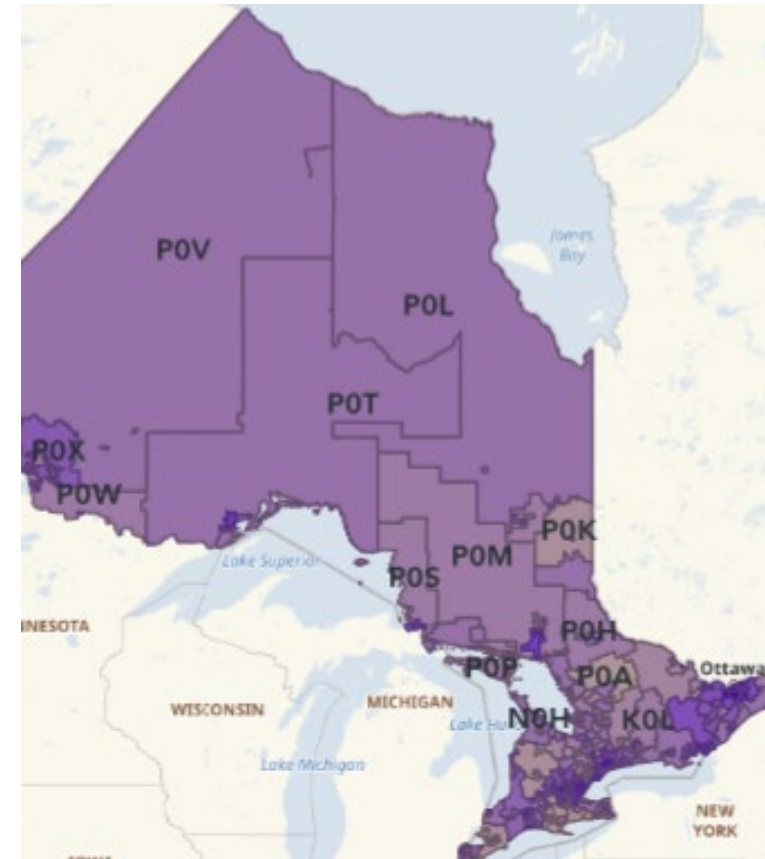
Data Source(s): SAS VA Tool, COVax analytical file, extracted daily at 8:00 pm, CPAD, MOH. Note: analytical file has been processed for data quality checks and results may differ from the COVax live data system. Population Estimates 2020, Statistics Canada, CCM Cases Data, OLIS Testing File, CCSO ICU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

FSA-level data on 5-11 1st dose coverage

As of February 15th, 2022

Bottom 30 of the 514 FSAs in the Province

Region	FSA	PHU	5 - 11 Coverage	Population	# Left to be vaccinated
Toronto	M5B	Toronto	34.7%	432	282
West	L8L	Hamilton	34.6%	2,671	1,746
Central	L4X	Peel	34.5%	1,714	1,123
Toronto	M6A	Toronto	34.1%	1,977	1,302
West	N7T	Lambton	34.0%	1,684	1,111
Toronto	M4Y	Toronto	33.8%	1,185	784
Toronto	M4H	Toronto	33.8%	2,819	1,867
Toronto	M6L	Toronto	33.7%	1,717	1,138
North	POA	North Bay Parry Sound	33.7%	971	644
West	N0J	Southwestern	33.4%	3,386	2,256
East	K6H	Eastern	33.2%	2,660	1,776
Toronto	M3J	Toronto	33.2%	2,020	1,349
West	N2G	Waterloo	33.2%	1,033	690
Toronto	M3N	Toronto	32.4%	4,350	2,939
Toronto	M9R	Toronto	32.3%	3,035	2,056
Toronto	M6M	Toronto	31.9%	3,695	2,515
West	N8Y	Windsor-Essex	31.9%	1,553	1,058
West	L8N	Hamilton	30.9%	932	644
Toronto	M9V	Toronto	30.8%	4,970	3,438
West	N8X	Windsor-Essex	30.8%	1,240	858
West	N9B	Windsor-Essex	30.8%	1,722	1,192
Central	L4T	Peel	30.6%	3,742	2,596
Toronto	M9N	Toronto	29.6%	2,255	1,587
West	N8T	Windsor-Essex	29.5%	1,521	1,072
West	N6B	Middlesex-London	29.5%	610	430
West	N9C	Windsor-Essex	27.8%	1,054	761
West	N8H	Windsor-Essex	27.5%	2,279	1,653
West	N1A	Haldimand-Norfolk	26.5%	1,066	783
West	N9A	Windsor-Essex	26.2%	2,092	1,543
West	N5H	Southwestern	24.4%	1,652	1,249



- Bottom 30 FSAs coverage range from **24.4%** to **34.7%**
- Most of these FSAs are in Toronto (**10/30**) and Windsor-Essex (**7/30**)
- **12/30** of these FSAs have been identified as high priority communities

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

PHU Booster Dose Coverage by Eligible Age Group

As of February 13th, 2022

Min: 79.1%
Med: 89.1%
Max: 91.9%

Min: 65.7%
Med: 75.3%
Max: 83.1%

Min: 39.8%
Med: 49.6%
Max: 61.2%

Number left to vaccinate

PHU	70+ Coverage	Population	50-69 Coverage	Population	18-49 Coverage	Population
Ontario	87.1%	228,648	73.8%	904,647	50.1%	2,640,741
Lambton	91.9%	1,649	74.5%	8,241	47.5%	19,408
Huron-Perth	91.7%	1,968	78.8%	7,778	51.3%	19,743
Kingston, Frontenac and Lennox	91.4%	2,701	83.1%	9,024	61.2%	28,018
Wellington-Dufferin-Guelph	91.2%	3,228	76.2%	17,424	52.6%	51,761
Leeds, Grenville and Lanark	91.2%	2,908	79.3%	11,386	53.6%	24,186
Haldimand-Norfolk	91.2%	1,595	70.5%	9,167	39.5%	19,115
Southwestern	90.9%	2,695	75.1%	12,785	45.5%	34,991
Grey Bruce	90.5%	2,758	77.9%	10,086	52.6%	21,159
Ottawa	90.4%	11,315	80.8%	46,760	58.2%	168,962
Hastings and Prince Edward	90.0%	2,877	77.7%	10,330	52.0%	21,502
Haliburton, Kawartha, Pine Ridge	90.0%	3,700	75.9%	13,347	47.8%	25,013
Algoma	89.9%	2,051	77.0%	7,289	51.8%	15,635
Thunder Bay	89.9%	2,193	75.7%	9,625	50.1%	25,583
Peterborough	89.7%	2,585	78.2%	8,128	54.2%	20,280
Middlesex-London	89.5%	6,467	75.9%	27,634	49.1%	100,225
Chatham-Kent	89.2%	1,821	73.5%	7,325	45.2%	15,774
Renfrew	89.1%	1,835	74.6%	7,150	49.1%	14,405
Waterloo	89.0%	6,713	75.9%	30,461	53.0%	112,225
Eastern	89.0%	3,498	75.0%	14,585	47.1%	32,839
Sudbury	88.9%	3,229	75.5%	12,961	48.3%	33,199
North Bay Parry Sound	88.8%	2,370	75.8%	8,596	49.9%	17,297
Niagara	88.3%	8,738	72.6%	33,208	46.7%	78,939
Brant	88.3%	2,288	73.1%	9,685	45.0%	27,573
Simcoe Muskoka	88.2%	9,715	74.6%	38,431	46.5%	101,138
Halton	88.2%	8,156	76.3%	32,898	54.0%	102,479
Timiskaming	88.2%	633	76.3%	2,093	49.3%	4,540
Porcupine	87.3%	1,329	72.7%	5,874	42.5%	14,796
Durham	87.1%	9,714	73.6%	44,448	49.2%	132,096
Windsor-Essex	86.6%	7,220	72.3%	28,175	44.2%	80,517
Northwestern	86.5%	1,272	75.1%	5,087	50.9%	14,043
Hamilton	86.4%	9,566	73.1%	35,885	50.0%	101,948
York	85.0%	19,677	73.1%	77,785	53.9%	196,220
Toronto	83.9%	51,223	71.6%	185,055	52.4%	583,905
Peel	79.1%	28,961	65.7%	115,941	39.8%	381,227

■ 70+ Coverage

■ 50-69 Coverage

■ 18-49 Coverage

Key Insights




- Provincially, **87%** of those 70+ who are eligible for their booster have been vaccinated
- Of those who are 50-69 and eligible, **74%** have received their booster dose
- Of those who are 18-49 and eligible, **50%** have received their booster dose

Note: Eligibility is determined as of February 13th, 2022 and includes individuals who received their 2nd dose at least 84 days prior.

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

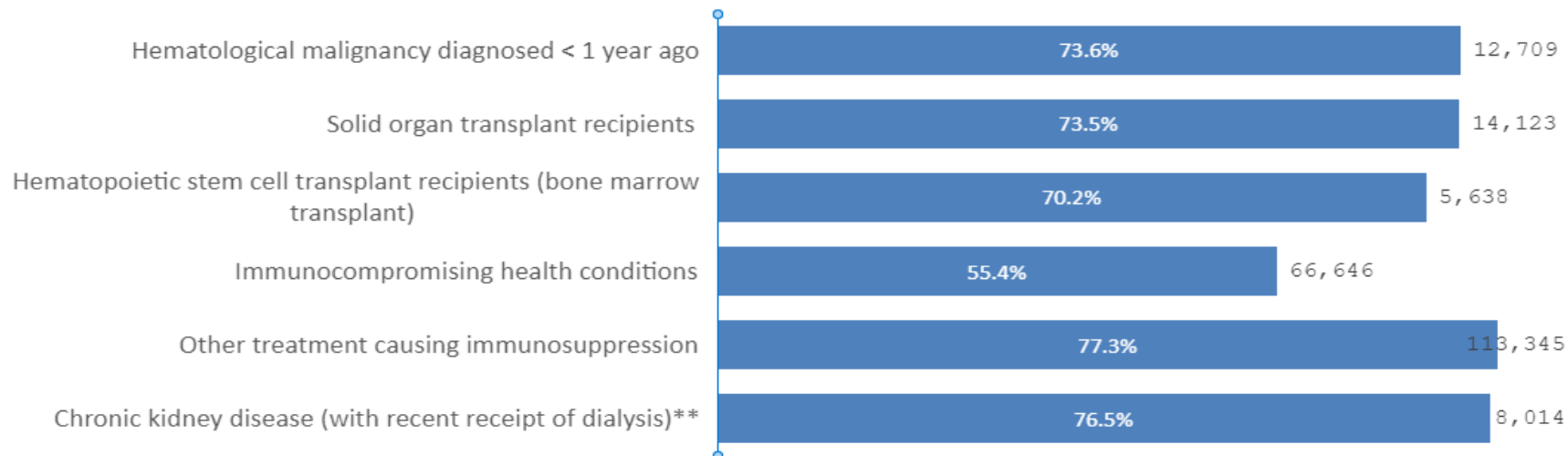
Progress on Third Doses: People who are severely immunocompromised

As of February 6, 2022

			
Percent coverage	91.0%	89.1%	68.5%
Number of people	292,975	286,812	220,475
Percentage point increase since Dec. 16	0.1%	0.2%	1.2%
Number of doses administered since Dec. 16	1,905	2,223	5,083

Key Insights

- **More than 68%** of people 5+ identified as immunocompromised have received a third dose as of February 6th, 2022.
- This was **an increase of 1%** since February 4, 2022.
- **Only one classification of severe immunocompromised people remains below 70% coverage** for third doses: Immunocompromising health conditions (55.4%). There are nearly 67K people with immunocompromising health conditions remaining who are eligible for a third dose

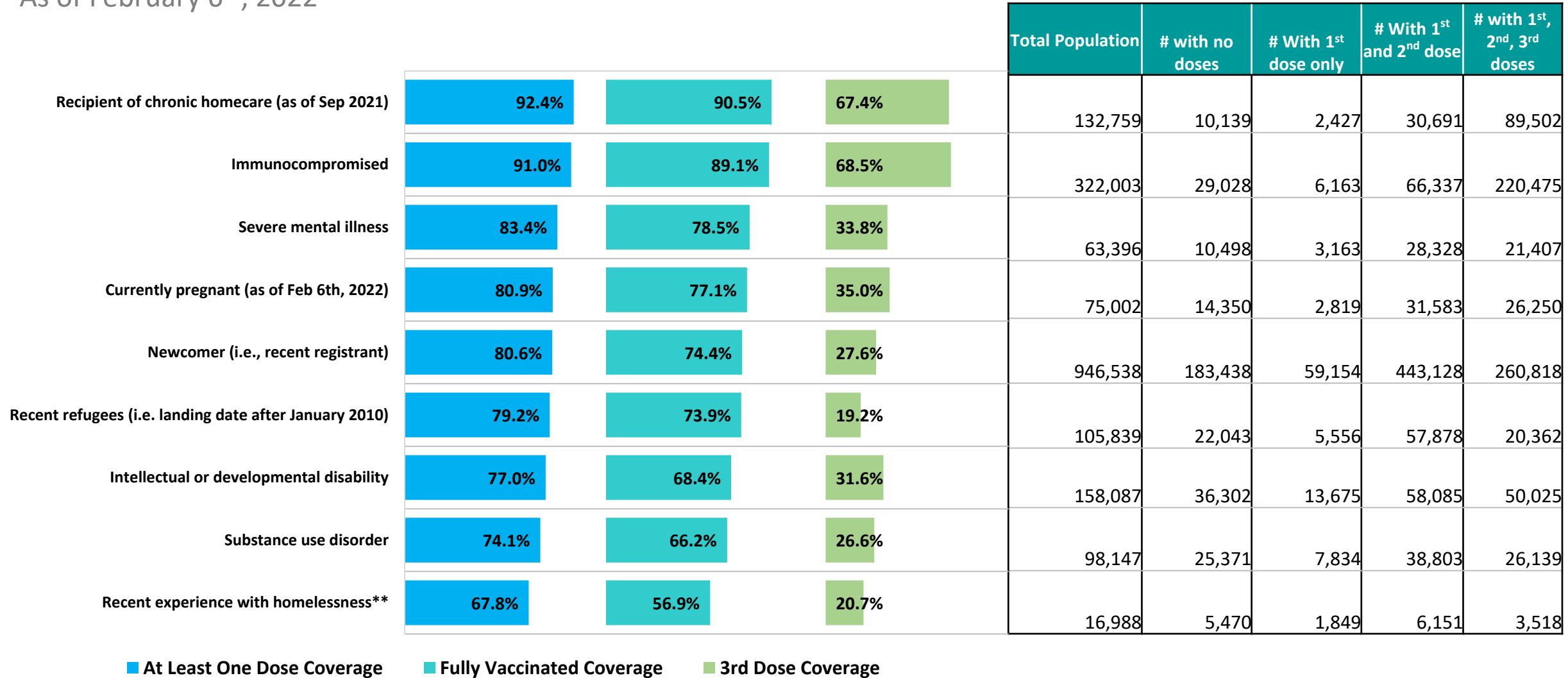


*This data should be considered directionally correct and not complete. Population sizes are based on ICES algorithms and may over-estimate some groups and under-estimate other groups.

** The dialysis measure does not include people receiving peritoneal or home hemodialysis treatment.

Provincial Overview: Priority Populations

As of February 6th, 2022



Note;
 Immunocompromised population includes individuals under the categories of: *Solid Organ Transplant, Hematological Malignancy, Hematopoietic Stem Cell Transplant, Chronic Kidney Disease (with recent receipt of dialysis), Other treatment causing immunosuppression, Other immunocompromising health conditions*

Data Sources:

1. Chung H, Fung K, Ishiguro L, Paterson M, et al. Characteristics of COVID-19 diagnostic test recipients, Applied Health Research Questions (AHRQ) # 2021.0950.080.000. Toronto: Institute for Clinical Evaluative Sciences; 2020.

Vaccine support for the Black community



Our doctors are ready to talk with you and answer your questions about the COVID-19 vaccine.

On this page: [How we can help](#) | [Book a VaxFacts appointment – general service](#) | [Black communities dedicated service](#) | [How to get your vaccine](#)

For members of Black communities

Scarborough Health Network's VaxFacts Clinic, in collaboration with the Black Physicians' Association of Ontario (BPAO), is pleased to offer a separate stream for Black communities to access culturally-safe vaccine information. This VaxFacts service is meant for members of Black communities to have a safe space to discuss vaccines with a trusted healthcare provider who is also from the Black community.

- + Request a phone consultation with a Black Physician at the VaxFacts Clinic
- + Learn more about BPAO and COVID's impact on Black communities



Scarborough Health Network's VaxFacts Clinic has collaborated with the Black Physicians' Association of Ontario to provide phone counselling to members within the Black community looking to discuss their questions or concerns about the COVID-19 vaccine. The Black community has been disproportionately impacted by the COVID-19 pandemic and some community members may experience vaccine distrust due to historical and ongoing anti-Black racism.

https://www.shn.ca/vaxfacts/?utm_source=sfmc&utm_medium=email&utm_campaign=OMA+News+February+25+2022&utm_term=https%3a%2f%2fwww.shn.ca%2fvaxfacts%2f%23blackphysicians&utm_id=209105&sfmc_id=7572180#blackphysicians

Questions?

Webinar recording and curated Q&A will be posted soon

<https://www.dfcu.utoronto.ca/covid-19-community-practice/past-sessions>

Our next Community of Practice: **Friday, March 25, 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.

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