

COVID-19
Community of
Practice for Ontario
Family Physicians

Nov 11, 2022

Dr. Tasha Stoltz
Dr. Joan Chan
Dr. Susy Hota



Managing Respiratory Illnesses in Kids



Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians



Managing Respiratory Illnesses in Kids

Moderator: Dr. Tara Kiran

Fidani Chair, Improvement and Innovation

Department of Family and Community Medicine, University of Toronto

Panelists:

- Dr. Tasha Stoltz, Kitchener, ON
- Dr. Joan Chan, Guelph, ON
- Dr. Susy Hota, Toronto, ON

Co-hosts:

- Dr. Mekalai Kumanan, OCFP President
- Dr. Liz Muggah, Senior Clinical Advisor, Primary Care, Ontario Health

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.

Land Acknowledgement

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

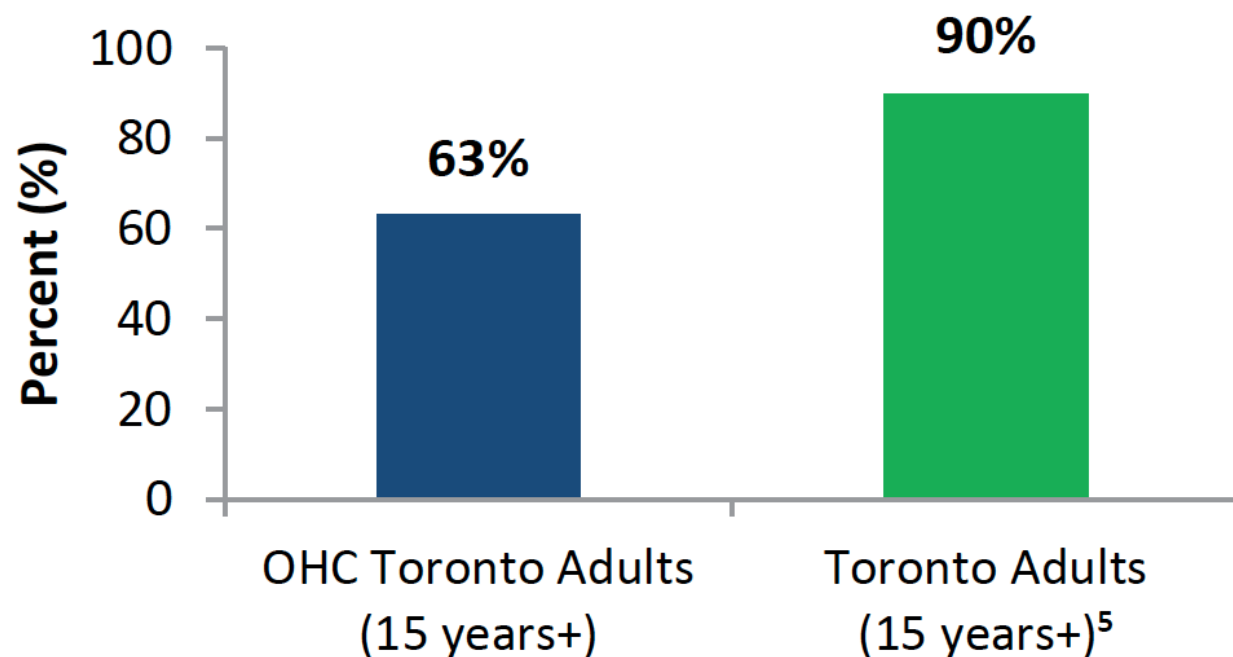
The OCFP and DFCM recognize that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respect that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

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.

Our Health Counts Toronto

An inclusive community-driven health survey for Indigenous peoples in Toronto

63% of Indigenous adults in Toronto have a regular family doctor or nurse practitioner. In comparison, **90% of adults** in Toronto have a regular medical doctor.⁵



<http://www.wellivinghouse.com/what-we-do/projects/our-health-counts-toronto/>

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. Mekalai Kumanan (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. Tasha Stoltz – Panelist

Pediatrician, Kitchener, ON



Dr. Joan Chan – Panelist

Family Physician, Guelph Family Health Team



Dr. Susy Hota – Panelist

Infectious Disease Specialist, University Health Network



Dr. Liz Muggah – Co-Host

Senior Clinical Advisor, Primary Care, Ontario Health
Family Physician, Bruyère Family Health Team



Dr. Mekali Kumanan– Co-Host

Twitter: @MKumananMD

President, Ontario College of Family Physicians
Family Physician, Two Rivers Family Health Team
Chief of Family Medicine, Cambridge, ON

Speaker Disclosure

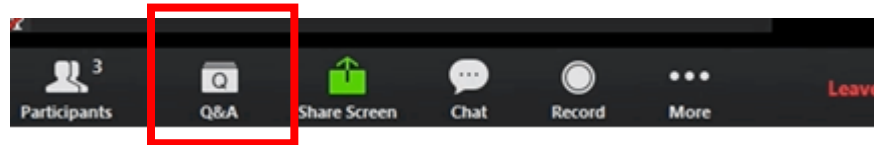
- Faculty Name: **Dr. Tasha Stoltz**
- Relationships with financial sponsors: McMaster University (Regional Education Lead – Undergraduate Pediatrics)
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: N/A
- Faculty Name: **Dr. Joan Chan**
- Relationships with financial sponsors:
 - Grants/Research Support: Guelph Family Health Team (board Chair), Guelph General Hospital (board member), EHealth Centre for Excellence (board member)
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: N/A
- Faculty Name: **Dr. Susy Hota**
- Relationships with financial sponsors:
 - Grants/Research Support: Finch Therapeutics Group
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: Ontario Health

Speaker Disclosure

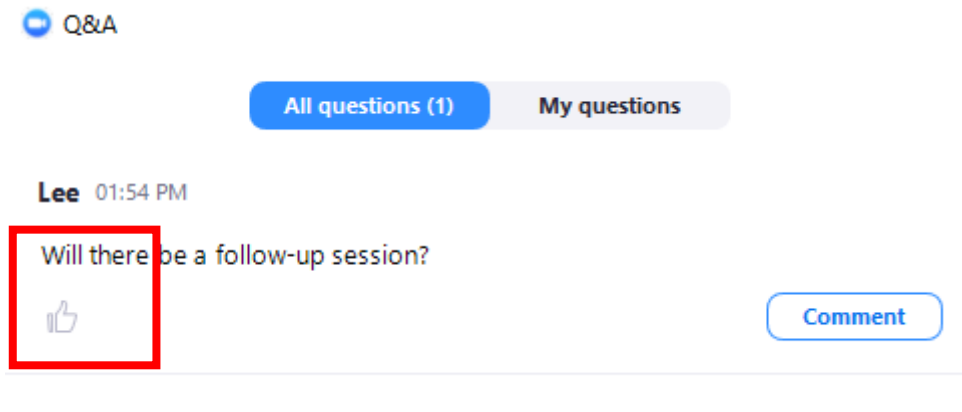
- Faculty Name: **Dr. Mekalai Kumanan**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: ECHO Chronic Pain and Rheumatology Advisory Board, Ontario College of Family Physicians
 - Others: N/A
- Faculty Name: **Dr. Liz Muggah**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: N/A
 - Others: Ontario Health
- 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

How to Participate

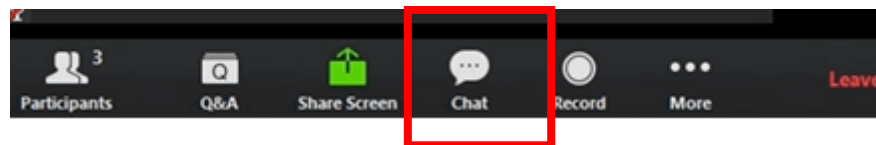
- All questions should be asked using the Q&A function at the bottom of your screen.



- 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.



Today's Outline

- Managing pediatric respiratory illness
- COVID updates



Dr. Tasha Stoltz – Panelist

Pediatrician, Kitchener, ON



Dr. Joan Chan – Panelist

Family Physician, Guelph Family Health Team

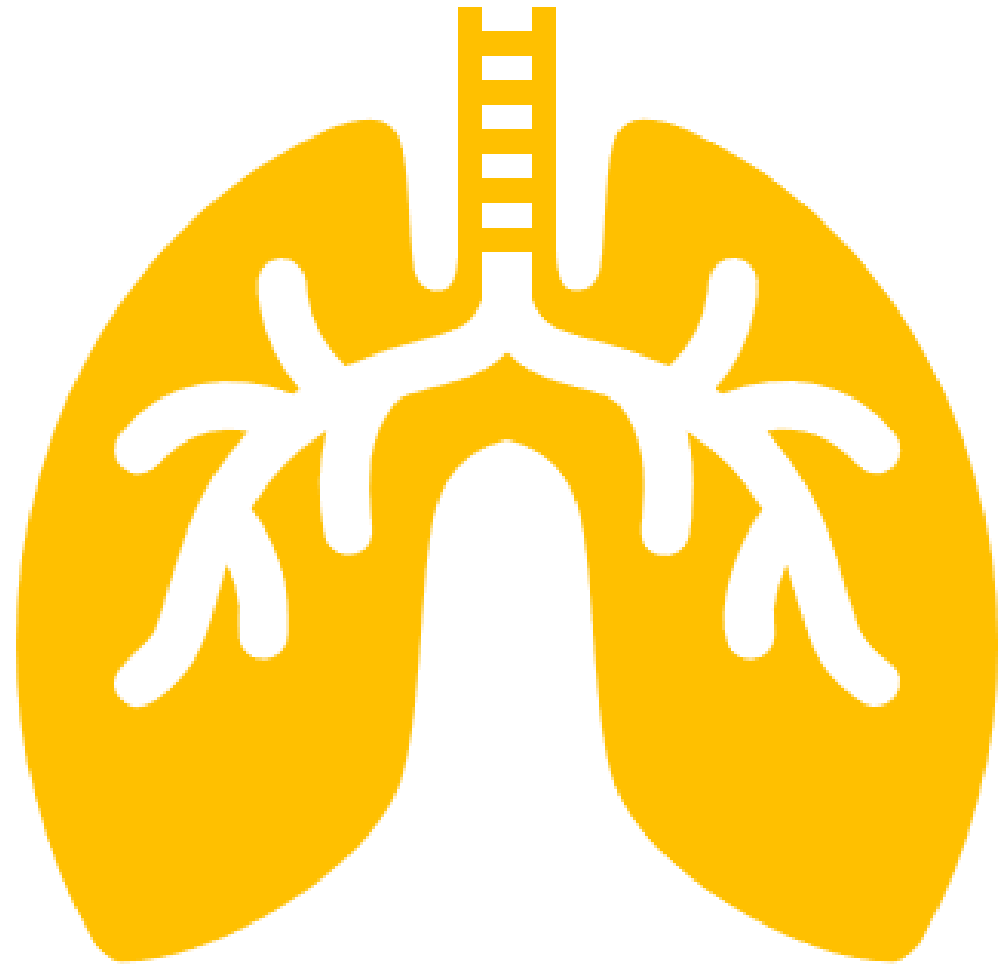


Dr. Susy Hota – Panelist

Infectious Disease Specialist, University Health Network

Respiratory Illnesses in Children

Tasha Stoltz, MD FRCPC





Objectives

- Review pathophysiology of common pediatric respiratory infections
 - URTI
 - Croup
 - Bronchiolitis
 - Pneumonia
 - Asthma
- Discuss approach to diagnosis and evidence-based treatment strategies



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Health

Triple the usual number of kids are coming to Ontario ERs with respiratory illnesses. Here's why

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Hospital admissions of children also running far above seasonal norms

 [Mike Crawley](#) · CBC News · Posted: Nov 03, 2022 4:00 AM ET | Last Updated: November 3

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
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CANADA

Ontario ICUs asked to take teens to ease children's hospital surge

The Ontario Critical Care COVID-19 Command Centre sent a note urging that critical patients over 14 be treated in adult units.

 By [Megan Ogilvie](#) Health Reporter
Wed., Nov. 2, 2022 2 min. read
Article was updated 4 days ago

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CHEO sees 'unprecedented' ER demand as COVID, RSV cases surge

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Some surgeries requiring the ICU have been cancelled, hospital says

[Nicole Williams](#) · CBC News · Posted: Oct 26, 2022 4:05 PM ET | Last Updated: October 26

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The Worst Pediatric-Care Crisis in Decades

An early, massive wave of RSV, flu, and other viral infections is slamming kids and overcrowding emergency departments.

By Katherine J. Wu

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Pressures continue at Hamilton Health Sciences McMaster Children's Hospital

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Health

Triple the usual number of kids are coming to Ontario ERs with respiratory illnesses. Here's why

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“This is our 2020.

This is as bad as it gets.”

- Chris Carroll, quoted in The Atlantic

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CHEO sees 'unprecedented' ER demand as COVID, RSV cases surge

Some surgeries requiring the ICU have been cancelled, hospital says

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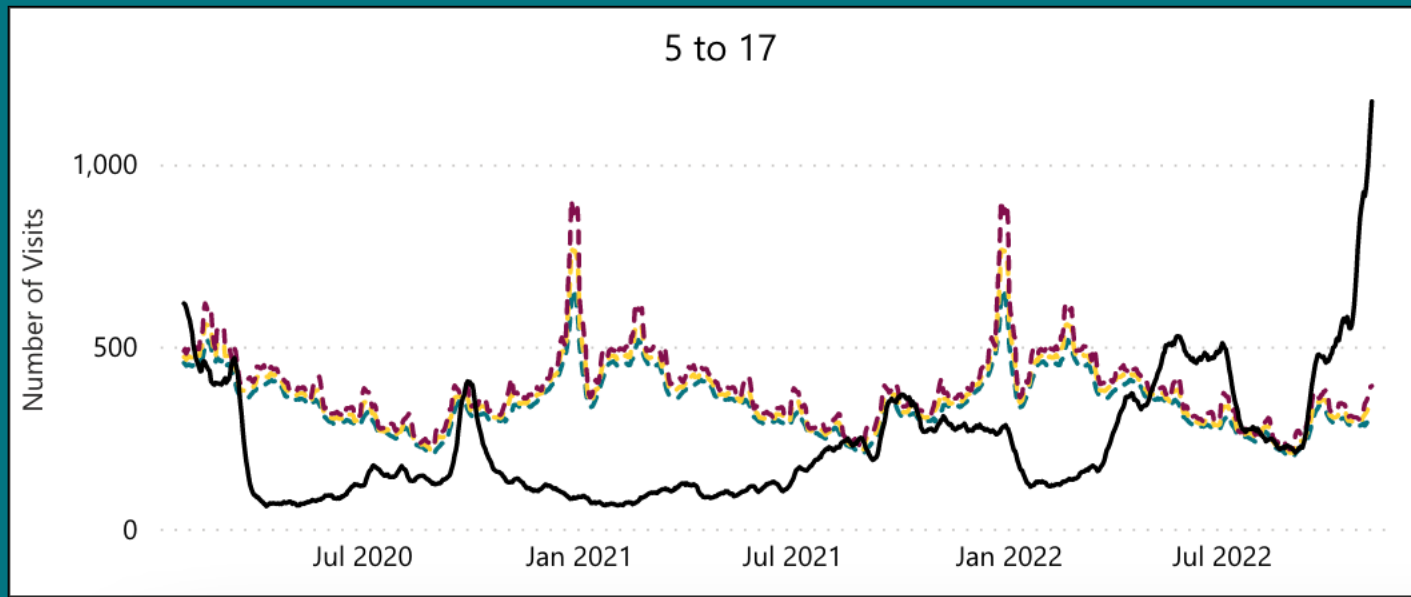
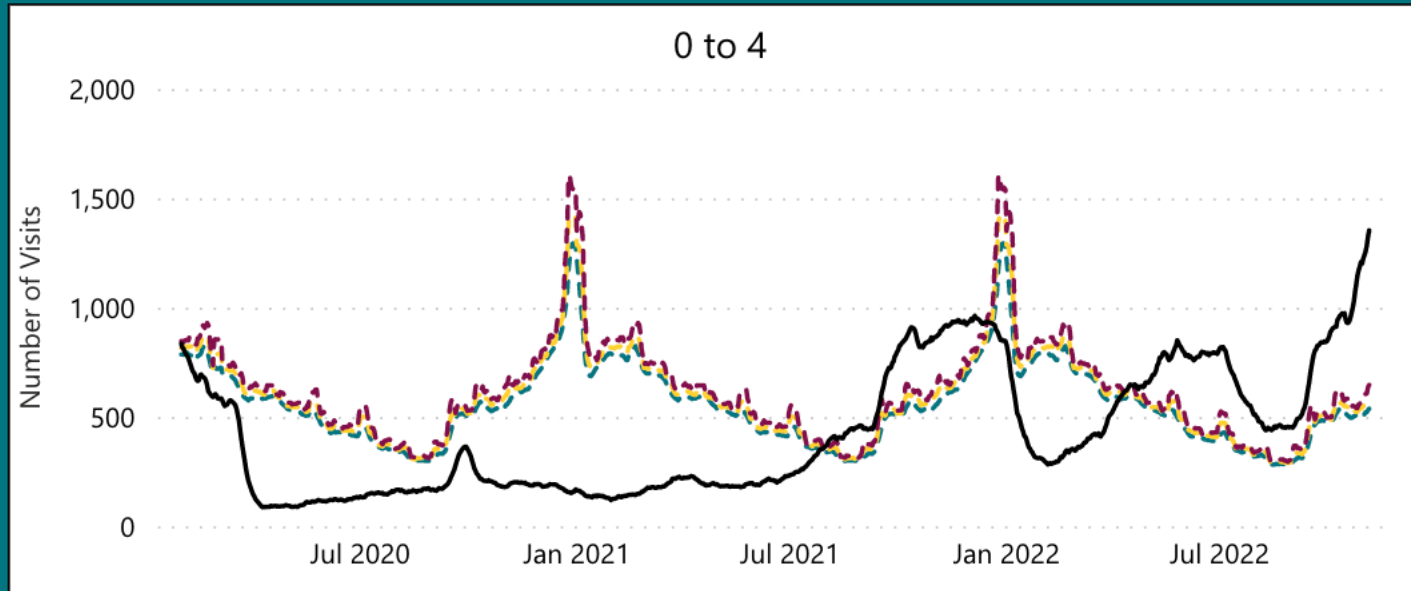
An early, massive wave of RSV, flu, and other viral infections is slamming kids and overcrowding emergency departments.

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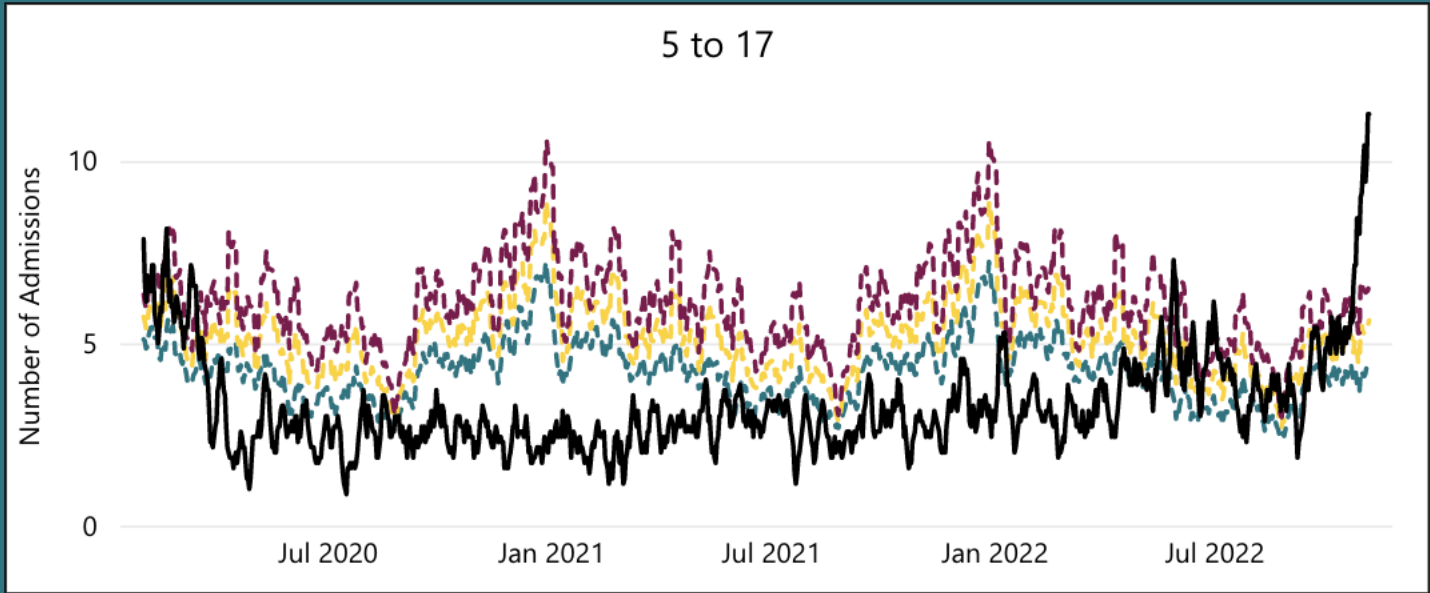
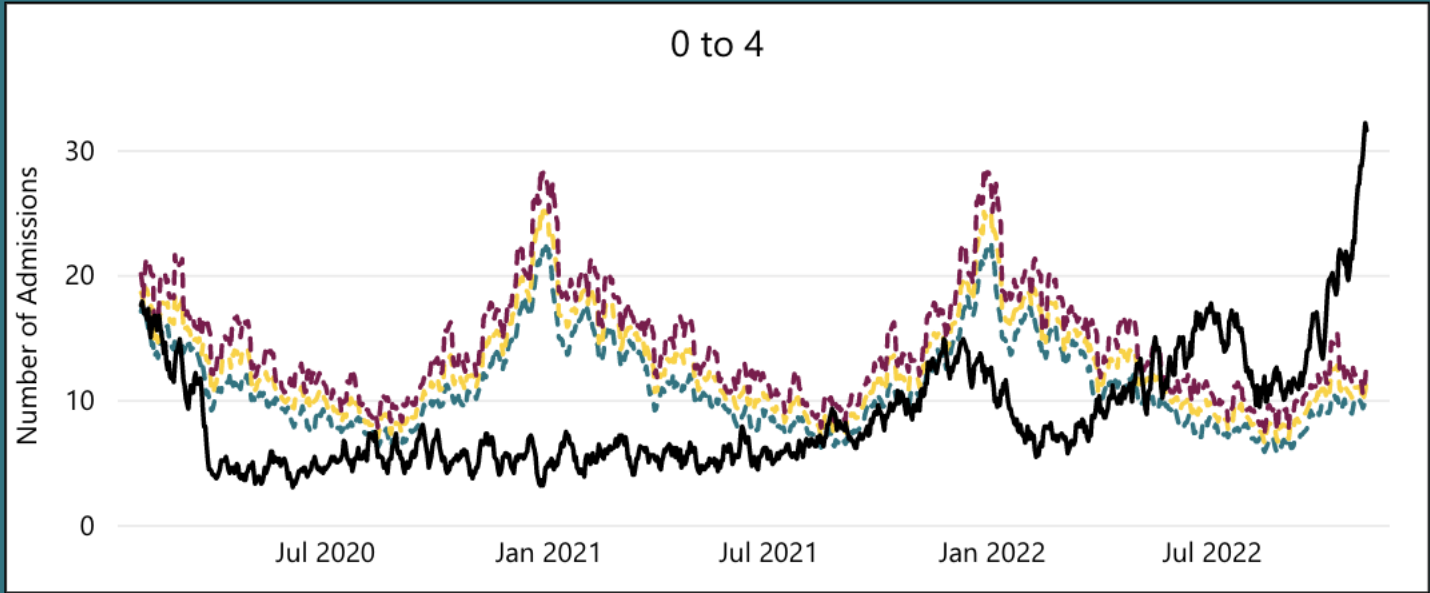
OCTOBER 28, 2022 • MEDIA ROOM

Pressures continue at Hamilton
Health Sciences McMaster
Children's Hospital

Viral Respiratory Mapper - ACES ED Visits

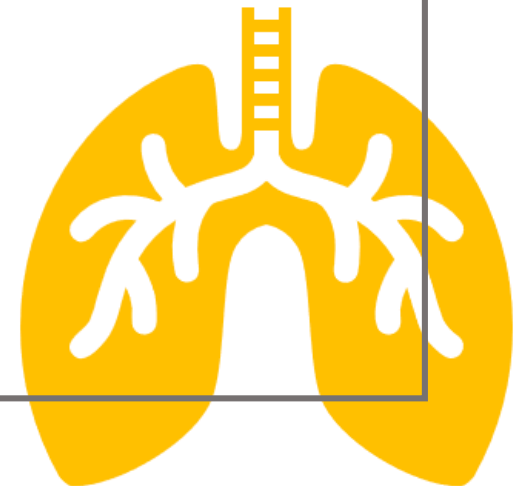


Viral Respiratory Mapper - ACES Admissions



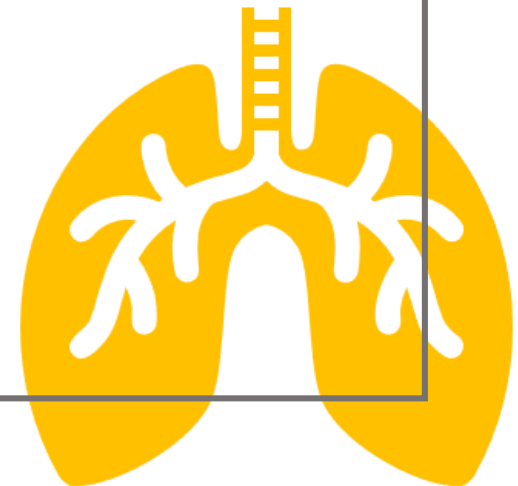
Overview

- Sneezy, snuffy nose → Upper respiratory tract infection
- Barky cough, inspiratory stridor → Croup
- Low-grade fever, cough, wheeze, crackles → Bronchiolitis
- High-grade fever, cough, crackles → Bacterial pneumonia
- Recurrent wheeze → Asthma



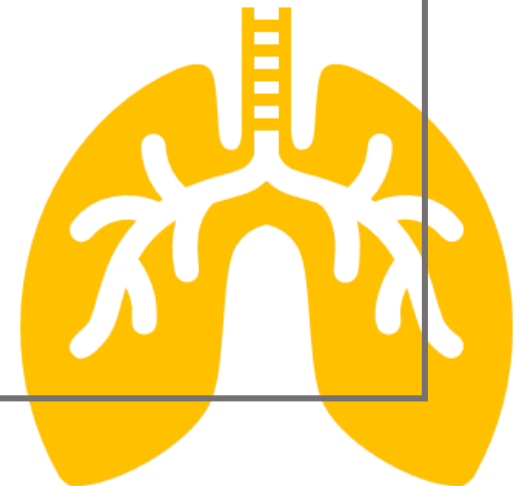
Upper respiratory tract infections

- Sneezing, stuffy/runny nose, headache, sore throat, cough may be present
- Always viral in cause
- Diagnosis is clinical
 - NPS not necessary
- Treatment is supportive
 - No role for PO/inhaled/intranasal steroids or antibiotics



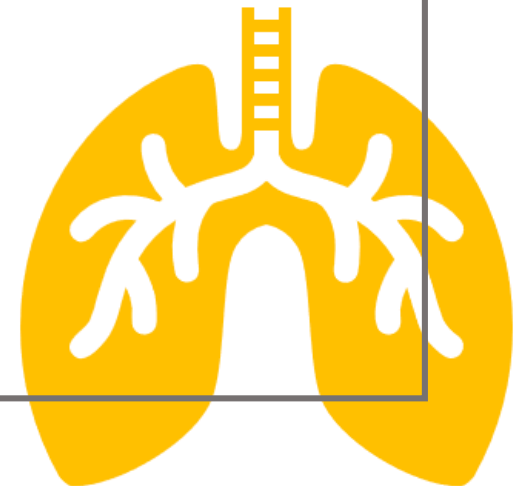
Croup

- Acute-onset upper airway obstruction secondary to viral infection
- 6 months-3 years of age
- Barky cough +/- stridor
- Rule out: bacterial tracheitis, epiglottitis, retropharyngeal abscess, anaphylaxis, foreign body aspiration
 - Toxic-appearing, drooling, dysphagia is NOT croup



Croup

- Diagnosis is clinical
 - CXR/lateral neck XR are NOT necessary for diagnosis
- Treatment:
 - PO dexamethasone 0.6 mg/kg x 1
 - NO antibiotics
- To ED if:
 - Stridor or WOB at rest, biphasic stridor
 - Hypoxia or cyanosis
 - Drooling or dysphagia
 - Lethargy or distress



Bronchiolitis

- Viral LRTI in children <2 years
- Can be caused by any virus, including RSV
- Fever, cough and rhinorrhea, wheeze, crackles +/- respiratory distress
- Rule out: asthma, pneumonia, foreign body aspiration

Table 4

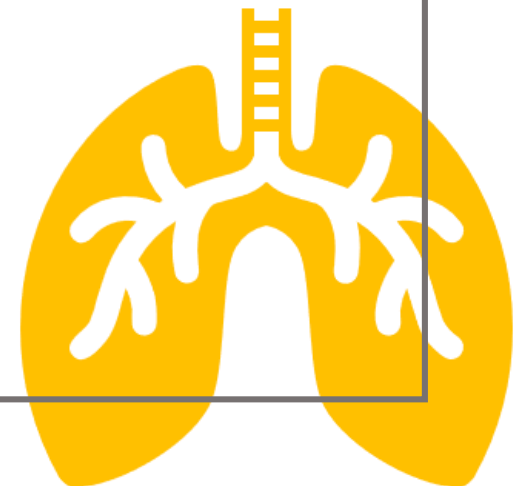
Groups at higher risk for severe disease

Infants born prematurely (<35 weeks' gestation)

<3 months of age at presentation

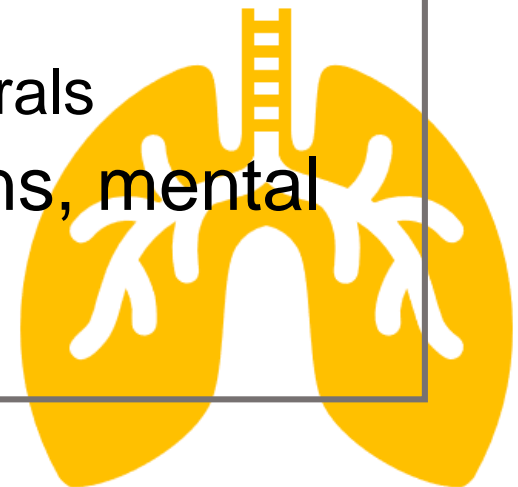
Hemodynamically significant cardiopulmonary disease

Immunodeficiency



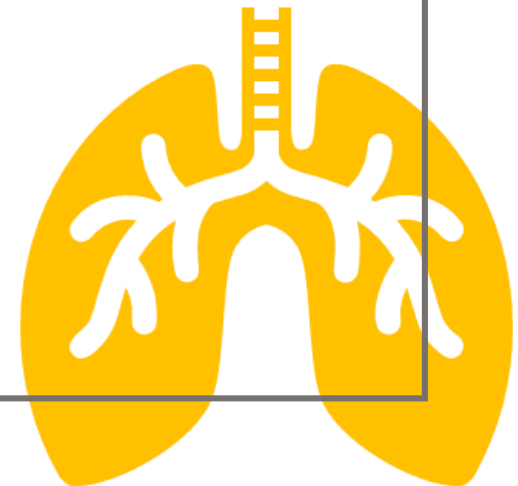
Bronchiolitis

- Diagnosis is clinical
 - X-rays not necessary for diagnosis, usually non-specific – only if severe or alternate diagnosis suspected
 - Labs not necessary
 - NPS not necessary
- Treatment:
 - Supportive – hydration, nasal suctioning?
 - No evidence for use of Ventolin, steroids, antibiotics, antivirals
- To ED if any concerns about RR, WOB, O2 saturations, mental status, apneas, or hydration concerns



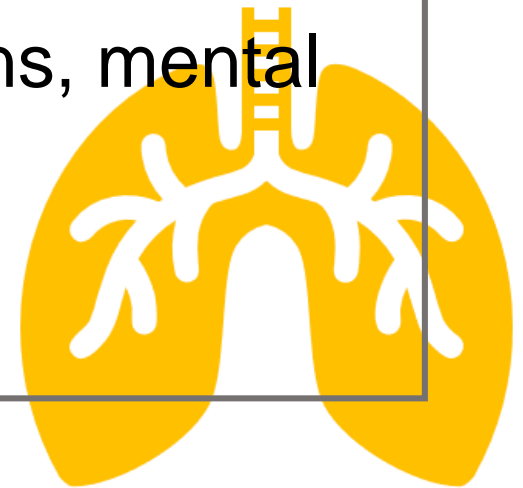
Bacterial Pneumonia

- Fever, cough, appears 'sicker', +/- respiratory distress
- Focal crackles (not wheeze!) on examination
- Diagnosis:
 - CXR – focal lobar consolidation or worse (parapneumonic effusion, empyema, abscess, etc)
 - Atypical pathogens can have bilateral infiltrates
 - NPS, labs not indicated for outpatients



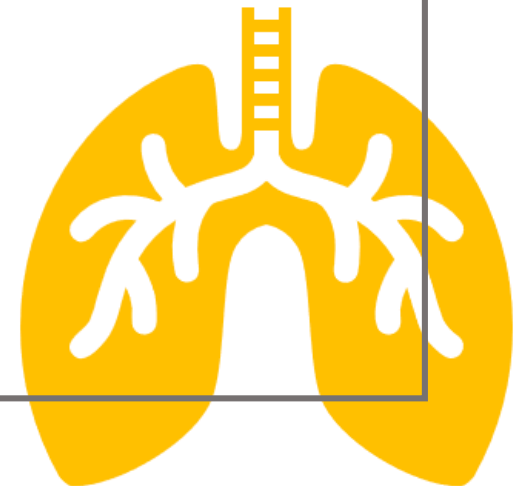
Bacterial Pneumonia

- Treatment:
 - Uncomplicated: Amoxicillin 90 mg/kg/day divided TID x 5 days
 - Atypicals – treatment with macrolides is controversial
- Improvement usually within 48 hours of antibiotics
- Repeat CXR after illness is not necessary if clinical improvement
- To ED if any concerns about RR, WOB, O2 saturations, mental status, apneas, or hydration concerns



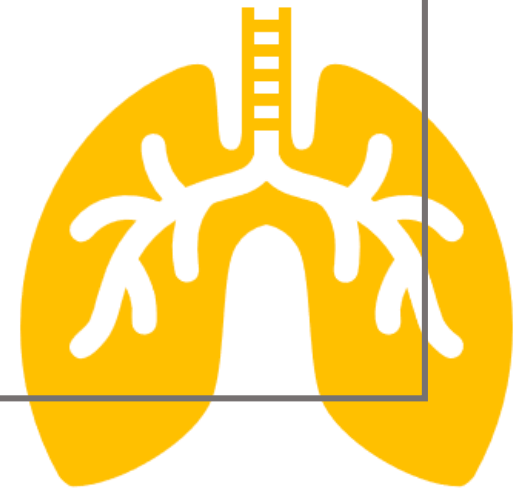
Asthma

- Recurrent wheeze that is responsive to bronchodilator treatment
- Typically personal or family history of atopy
- Common triggers: infection, physical activity, allergens, cold air, pollution, poor compliance
- Asthma guidelines:
 - [Diagnosis and management of asthma in preschoolers](#)
 - [Diagnosis and management of asthma in preschoolers, children and adults](#)
 - [Managing an acute asthma exacerbation in children](#)
 - [ICS for asthma therapy in children](#)



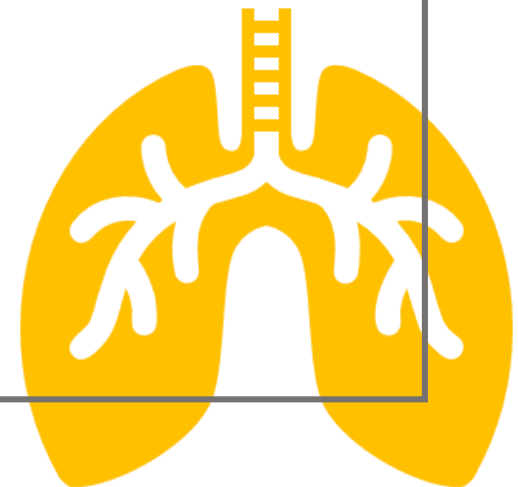
Asthma - Exacerbation

- Diagnosis is clinical – no CXR required
- Ventolin 2-4 puffs q4h PRN (or ICS-LABA for teens) – use regularly q4h during an exacerbation
- Oral corticosteroids
 - PO dexamethasone 0.3-0.6 mg/kg x 1-2 days
 - PO prednisolone 1 mg/kg x 3-5 days
- No evidence for:
 - Increasing ICS dose during illness
 - Short-term, intermittent use of ICS



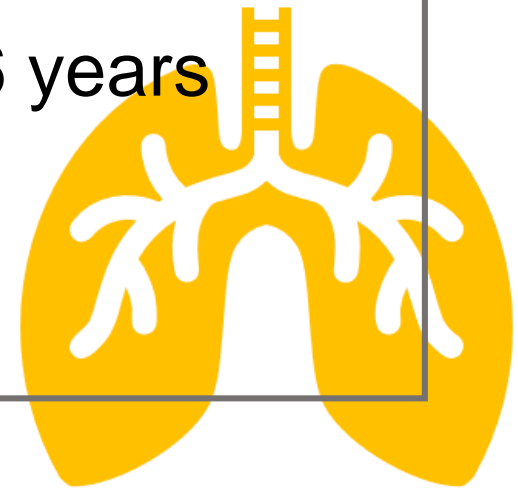
Asthma – Controller Therapy

- Trigger avoidance and manage comorbidities
- Written asthma action plan
- Aerochambers!
- ICS use:
 - Ensure compliance
 - Need to use 4-6 weeks for any effect
 - Review side effects



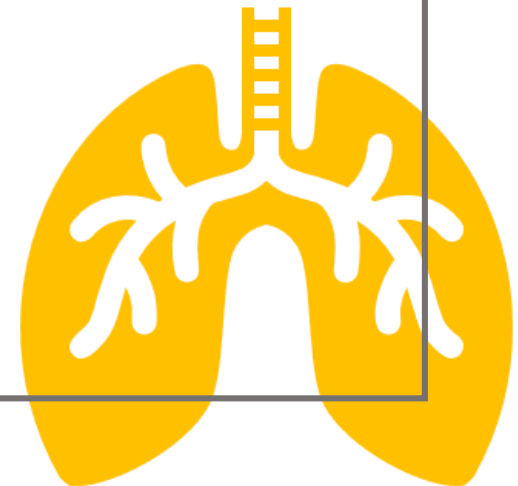
Post-Viral Cough

- Manage expectations
- Cough can last 4-6 weeks post-viral infection
- No investigations required unless associated with other features or >6 weeks in duration in otherwise healthy children
- Avoid exacerbating factors (eg smoke, allergens)
- Avoid OTC cough suppressants, especially in kids <6 years
- Honey can be used >1 year of age
- Humidifiers



Other quick tips

- Hydration:
 - Half-strength apple juice and preferred fluids vs electrolyte maintenance solution
 - Frequent small amounts
 - “No pee in 12 hours”
- Anti-pyretics:
 - No prescription required
 - Ensure dosing is appropriate for weight (and not just age)
 - Educate about fever being a ‘normal’ response





Conclusions

The diagnosis is in the history...

- Viral URTI: Supportive treatment
- Croup: PO dexamethasone
- Bronchiolitis: Supportive treatment
- Bacterial pneumonia: Antibiotics
- Asthma: Ventolin +/- ICS (depending on severity) with PO steroids if acute exacerbation
- Cough: Supportive treatment



Creating space for the kids

3 questions to guide your planning

**Reminder: prioritizing kids
with infections is what we do**

**How can I care for myself and
my staff?**

**What do I want to de-prioritize
in order to make room for the
kids?**

**How can I empower my
patients to care for
themselves and their families?**

**Everything you offer has
amazing value**

**You get to decide how to do this
in a way that feels sustainable
for you and your team**

WHAT TO DO IF YOUR CHILD HAS A FEVER OR VIRAL ILLNESS?

November 2, 2022

Viruses and other illnesses are running rampant this fall.

Things are even harder because there seems to be a shortage of almost all the things you might use to treat your child at home.

Here are some tips for getting through the winter and fall



Prevention is worth a pound of cure

Taking a temperature and managing a fever

Medications to treat a fever & viral illnesses

How much can I give? What about the shortage?

When should my child see a doctor?

<https://norfolkfamilymedical.ca/updates/f/what-to-do-if-your-child-has-a-fever-or-viral-illness>

Family Doctor Tips on Caring for Children with Respiratory Symptoms

Most respiratory illness in children, including colds, influenza, RSV (respiratory syncytial virus) and COVID-19 can be managed at home without the need for prescription medications. However, in some cases, it is important to seek medical care.

Below, family doctors share tips on how to decide when to seek care for a respiratory illness and how to support your child at home.

Call your family doctor if your child:

- Has a fever lasting 72 hours or longer.
- Has a fever that went away for a day or longer (without fever medication) and then came back.
- Is unusually irritable and won't stop fussing, even after treating their fever.
- Has an earache lasting more than 48 hours.
- Is not eating or drinking. Note that it's normal to eat and drink less when sick. Liquids are more important than food.
- Has special needs that make caring for them more difficult.

As a parent or guardian, you know your child best. If you feel your child needs to be seen by a family doctor, please reach out for help.



Helping your child at home

- **Fever:** Treat fever or pain with over-the-counter medicines such as acetaminophen or ibuprofen if your child can take it — and if it is available.



Call your family doctor or pharmacist for advice if you are having difficulty accessing over-the-counter medicines. Information from the Canadian Pediatric Society outlines **how to take a child's temperature** and what to do if they have a fever. Here is a video on **managing fever in a child** from the U.K.'s National Health Service.

- **Red eyes and discharge:** These symptoms almost always go away on their own, without antibiotic drops or other medication. Warm compresses and artificial tears can help reduce discomfort.
- **Stuffy and runny nose:** Try saline rinsing sprays, a humidifier or a nasal aspirator.
- **Earache:** If you notice your child tugging on their ear, they may have an earache. Get assessed if your child's earache lasts more than 48-72 hours, if there is discharge from the ear or they have had more than 2-3 ear infections in the last year.
- **Cough:** Treat a cough with a humidifier or the steam from a shower. If the cough sounds like a bark, cool outside air may help. If your child is at least one year old, you can give them 1-2 teaspoons of honey in the evening.
- **Fluids:** Make sure your child gets enough fluids, including water, soups, sports drinks or even popsicles. Breastmilk/formula is enough for young babies who do not drink other fluids.

Call 911 or go to the emergency department when:

- You are worried that your child is seriously ill.
- Your infant, younger than three months old, has a fever.
- Your child is struggling to breathe or is breathing faster than normal.
- You are concerned that your child is at risk of dehydration or is dehydrated.

These are only some examples of when to seek emergency care. Children's Hospital of Eastern Ontario (CHEO) has more information to **help decide if your child needs emergency care**.

For more information specific to COVID-19 and children, including rare complications, see **My Child Has COVID. What Should I Know?** in the **Confused About COVID** series.

Tips to stay healthy and prevent illness

- Wear a mask (and have your child wear a mask) when in crowded, public indoor spaces.
- Wash your hands often and well; use hand sanitizer when washing is not possible.
- Cough and sneeze into your elbow instead of your hands.
- Stay home and keep your child home when they are sick, especially in the first couple of days when most infectious.
- Get the flu shot and keep COVID-19 doses up to date.



The OCFP thanks Dr. Kate Miller and Norfolk Family Medical for the blog post which inspired this information.

CONFUSED ABOUT COVID? FAMILY DOCTORS ANSWER YOUR QUESTIONS.

Caring for your child

Most children with COVID have a mild initial illness. Most children can be cared for safely at home.

If your child has ongoing health issues, they may be at higher risk of getting very sick from COVID and you should talk to someone on your health team.

How to care for your child:

- » Let them get plenty of rest
- » Make sure they get enough fluids, including water, soups, sports drinks or even popsicles. Breastmilk/formula is enough for young babies who drink only that
- » Treat fever or pain with over-the-counter medicine. Acetaminophen (Tylenol/ Tempra) is the best choice if your child can take it
- » Treat a stuffed-up nose with saline drops or sprays or the steam from a shower
- » Treat a cough with a humidifier or the steam from a shower. If the cough sounds like a bark, cool outside air may help. If your child is at least 1-year old, you can also give them 1-2 teaspoons of honey in the evening

<https://rebrand.ly/Child-has-COVID>

When should I seek help for my child?

Call your doctor if your child:

- ✓ Has a fever that has lasted more than 4 days
- ✓ Is unusually irritable and won't stop fussing, even after treating their fever
- ✓ Has a fever that went away for 1 day or longer (without fever medicine) and then came back
- ✓ Has special needs that make caring for them more difficult
- ✓ Develops a new fever together with other symptoms like dizziness, extreme low energy, difficulty breathing, severe tummy pain, diarrhea, vomiting, red eyes or body rash a few days or weeks AFTER they recover from COVID. These symptoms could signal a rare complication of COVID

Call 911 or go to the emergency department if:

- ✓ You are worried that your child is seriously ill
- ✓ Your child is younger than 3 months and has a fever
- ✓ Your child has a weakened immune system because of a medical condition or treatment and has a fever
- ✓ Your child is working hard to breathe. For example, if they are breathing very fast, or if you see sucking in between the ribs with each breath, their stomach moving deeply in and out or if there is a blue colour to their lips or tongue
- ✓ Your child is at risk of dehydration from vomiting or constant diarrhea or if they aren't drinking enough fluids
- ✓ Your child is dehydrated. For example, they have a dry mouth, sunken eyes or they are crying without tears or peeing much less than usual

Remember: While COVID continues to be common in Ontario, there are things you can do to protect yourself and others.

- ✓ Get all vaccine doses that are recommended for you.
- ✓ If you feel sick, stay home.
- ✓ Wear a well-fitted mask in indoor public spaces.
- ✓ Gather outdoors whenever possible.
- ✓ Breathe clean air: open windows, keep the furnace fan "on", and use air filters.

Managing patients with respiratory symptoms in office

RESOURCES: *Updated November 10, 2022*

- **OCFP patient [memo](#)** explaining when to seek care, reminding them to wear a mask in your office and asking them for their understanding as we manage high volumes
- **Fall update to patients – script** (incl. flu vaccination and COVID vaccines)
<https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/clinical-care-office-readiness/fall-update-to-patients.pdf>
- **IPAC Summary for Community Practices** – updated
<https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/clinical-care-office-readiness/ipac-summary.pdf>
- **Managing patients with respiratory symptoms in office** – overview
<https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/clinical-care-office-readiness/covid-screening-tool.pdf>
- **My child has COVID. What should I do?** – updated (*Confused About COVID* series)
<https://rebrand.ly/Child-has-COVID>
- **Frequently asked IPAC/PPE questions**
<https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/clinical-care-office-readiness/top-10-ipac-ppe-questions.pdf>



Update on COVID-19 and Respiratory Viruses

Susy S. Hota MD MSc FRCPC

Medical Director, Infection Prevention and Control

University Health Network

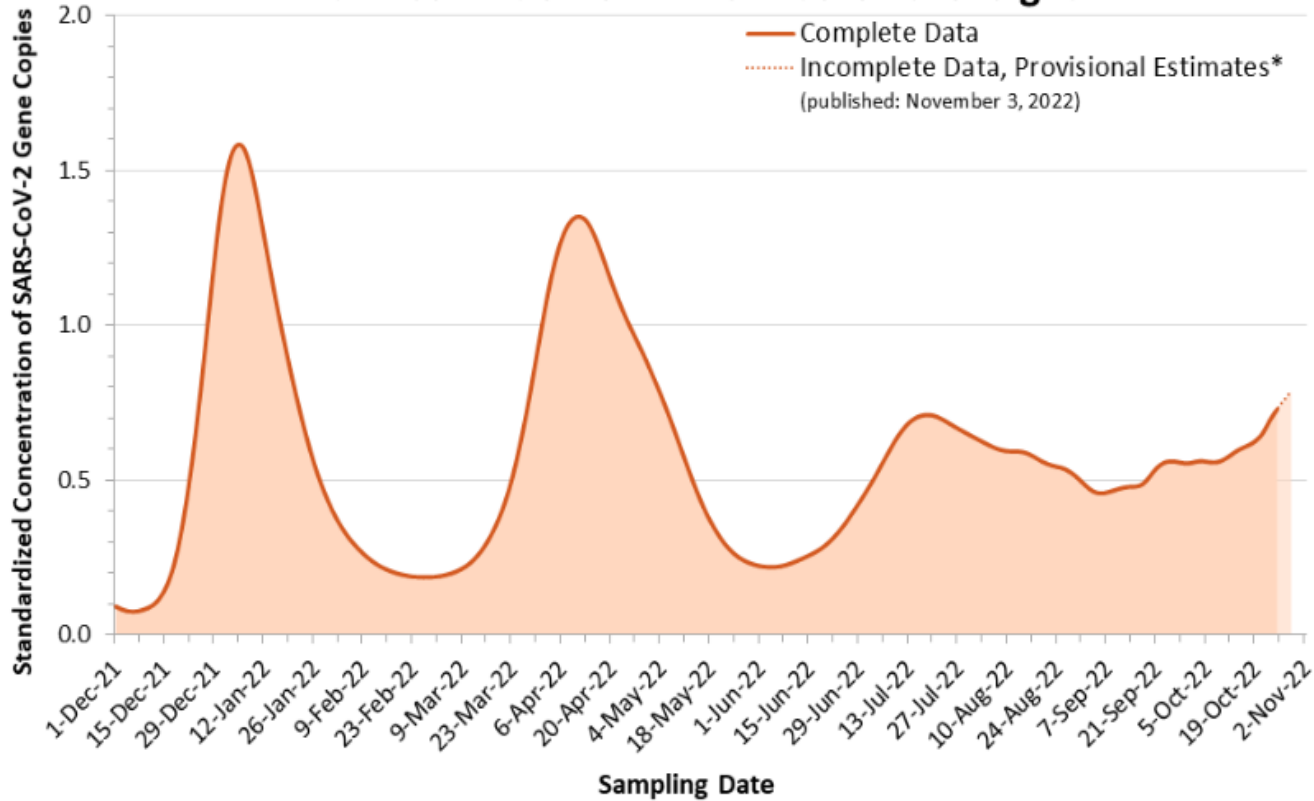
Associate Professor, Division of Infectious Diseases

University of Toronto

COVID-19 Epidemiology

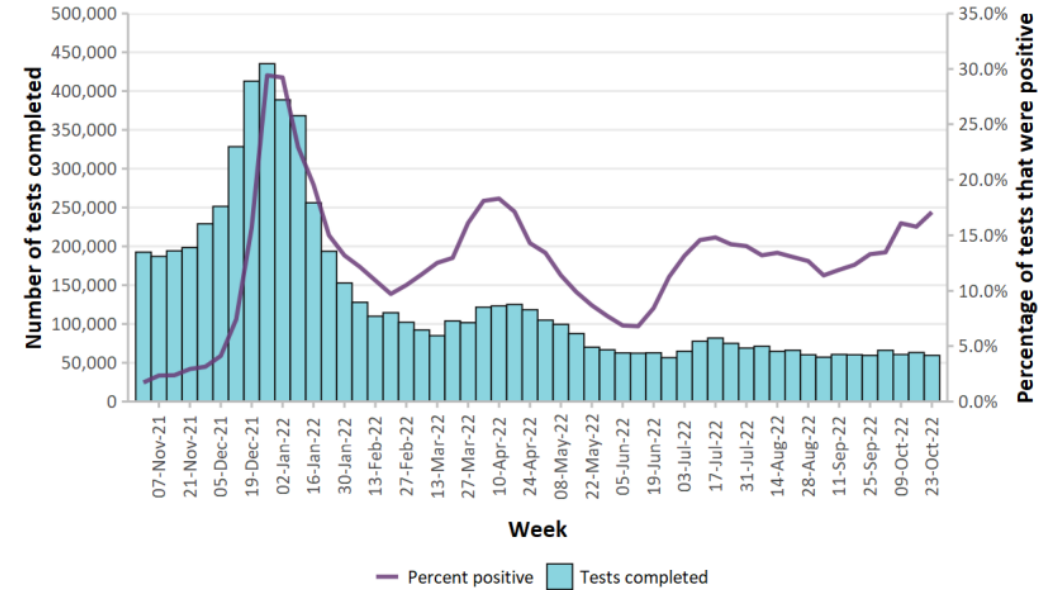
Cases of COVID-19 are increasing, mostly in older age groups (80+ years old)

Province-Wide COVID-19 Wastewater Signal



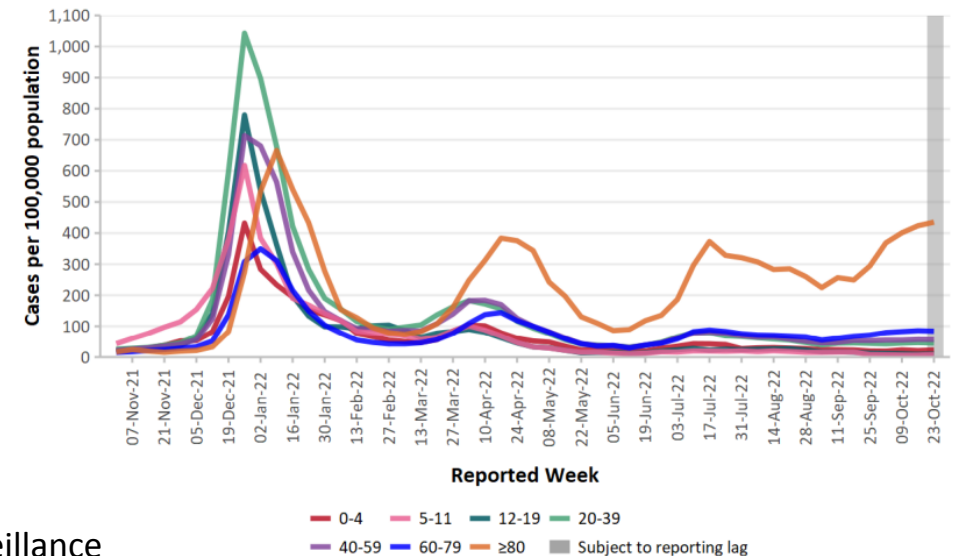
<https://www.publichealthontario.ca/en/data-and-analysis/infectious-disease/covid-19-data-surveillance>

Figure 2. Weekly COVID-19 tests completed and percent positivity



Data Source: The Provincial COVID-19 Diagnostics Network, data reported by member microbiology laboratories.

Figure 1b. Confirmed cases of COVID-19 (per 100,000 population), by age group and report week



COVID-19 Hospitalizations

Hospitalizations remain high, mostly driven by older patients with COVID-19

Figure 3a. Confirmed COVID-19 cases that were admitted to hospital, by hospital admission week

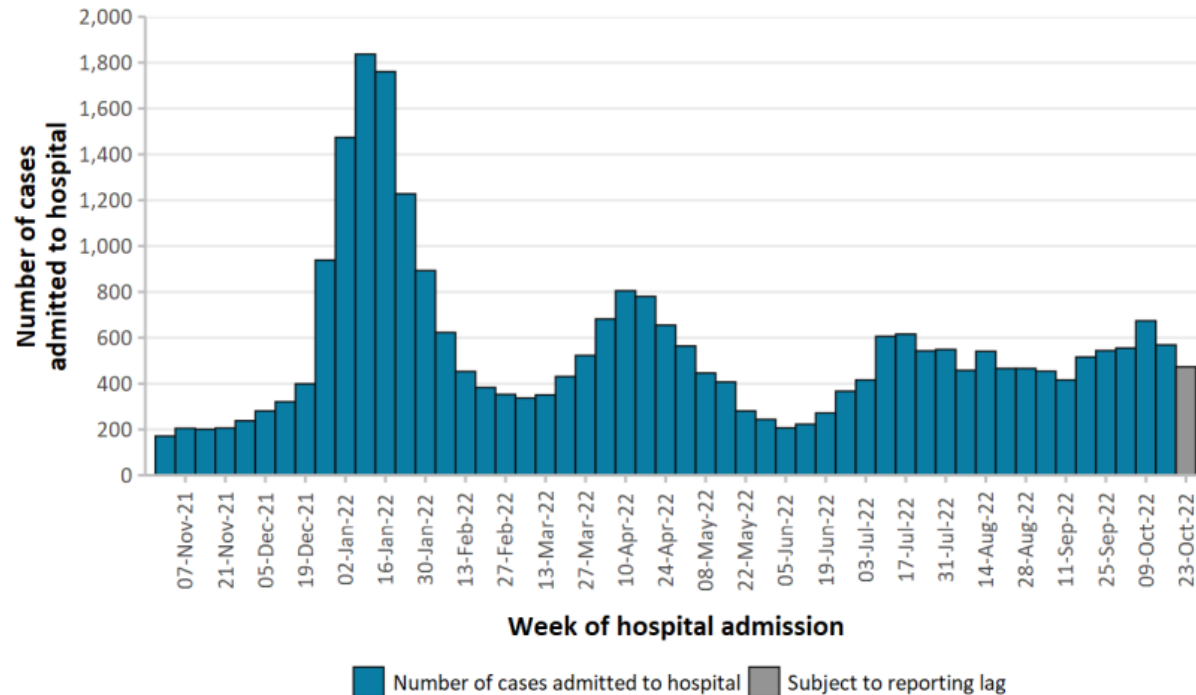


Figure 7. Hospital and ICU bed occupancy, by day

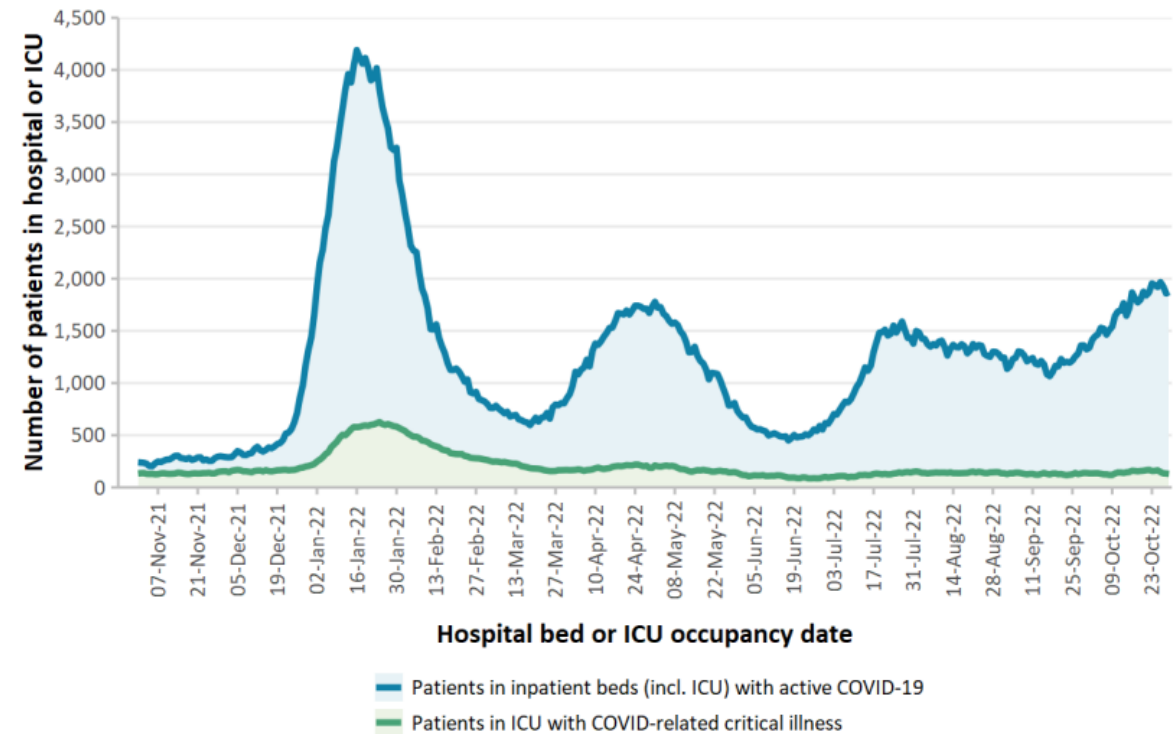
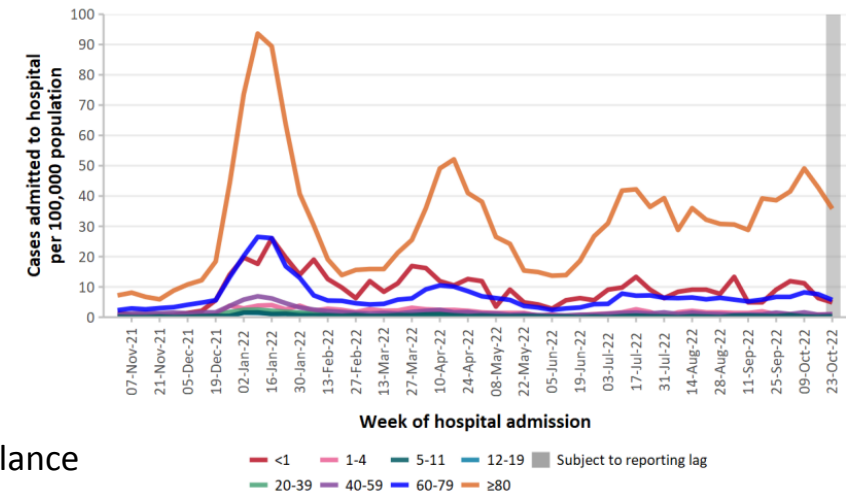
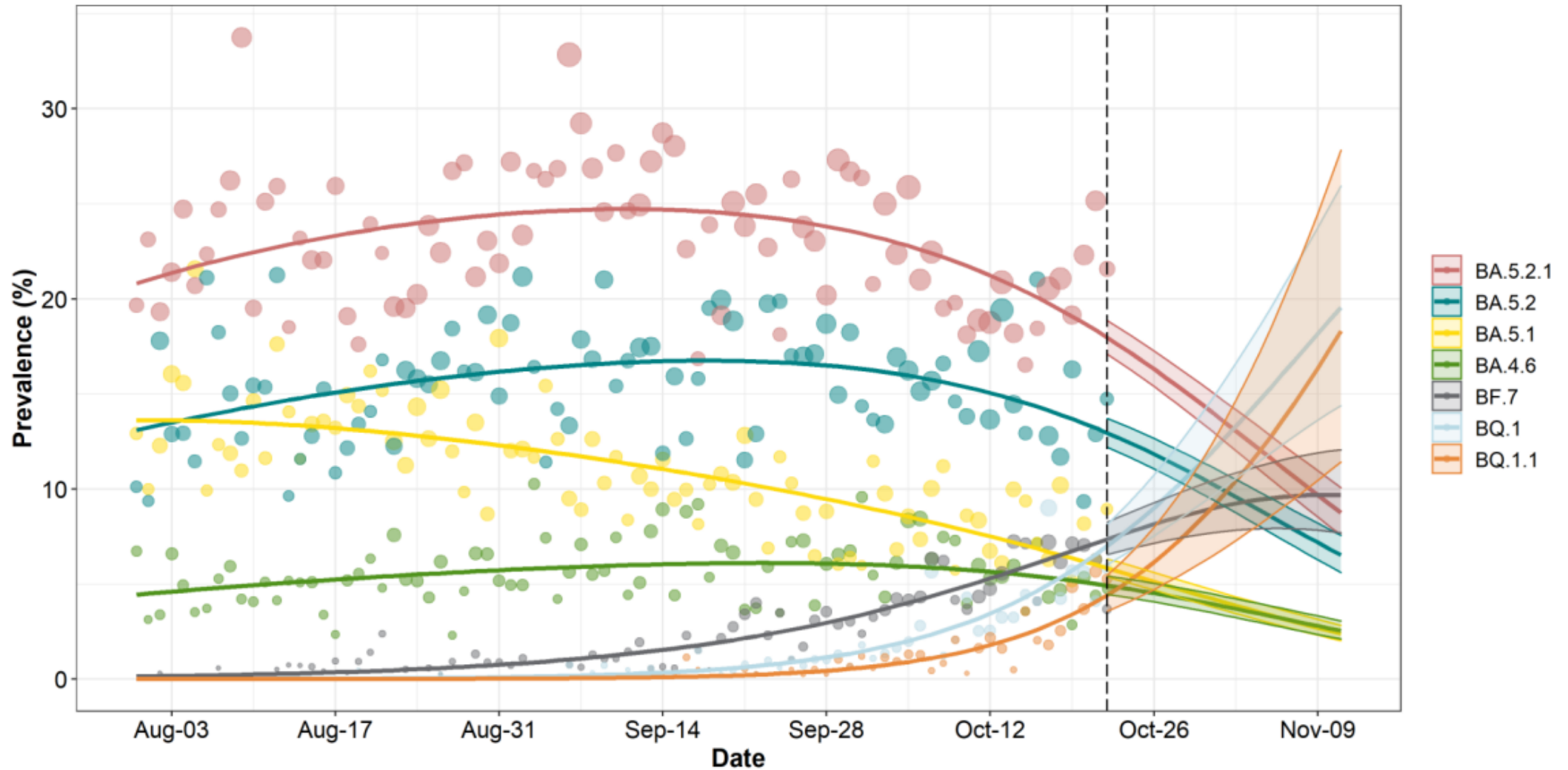


Figure 3b. Confirmed COVID-19 cases that were admitted to hospital (per 100,000 population), by age group and hospital admission date



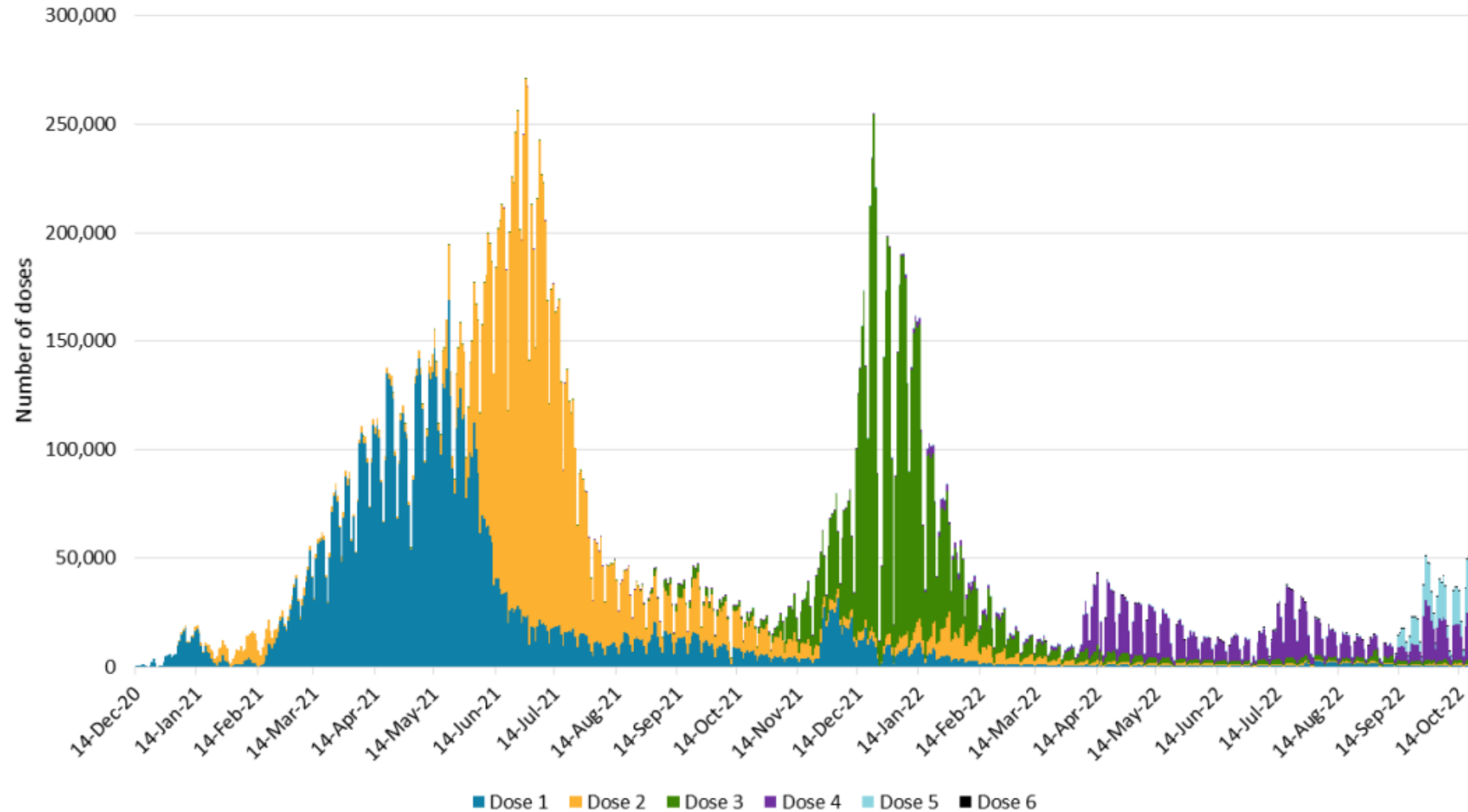
SARS-CoV-2 Genomic Surveillance - ON

Figure 2. Estimated daily prevalence (%) by Pango lineage, using Nowcast model, Ontario, July 31 to November 12, 2022



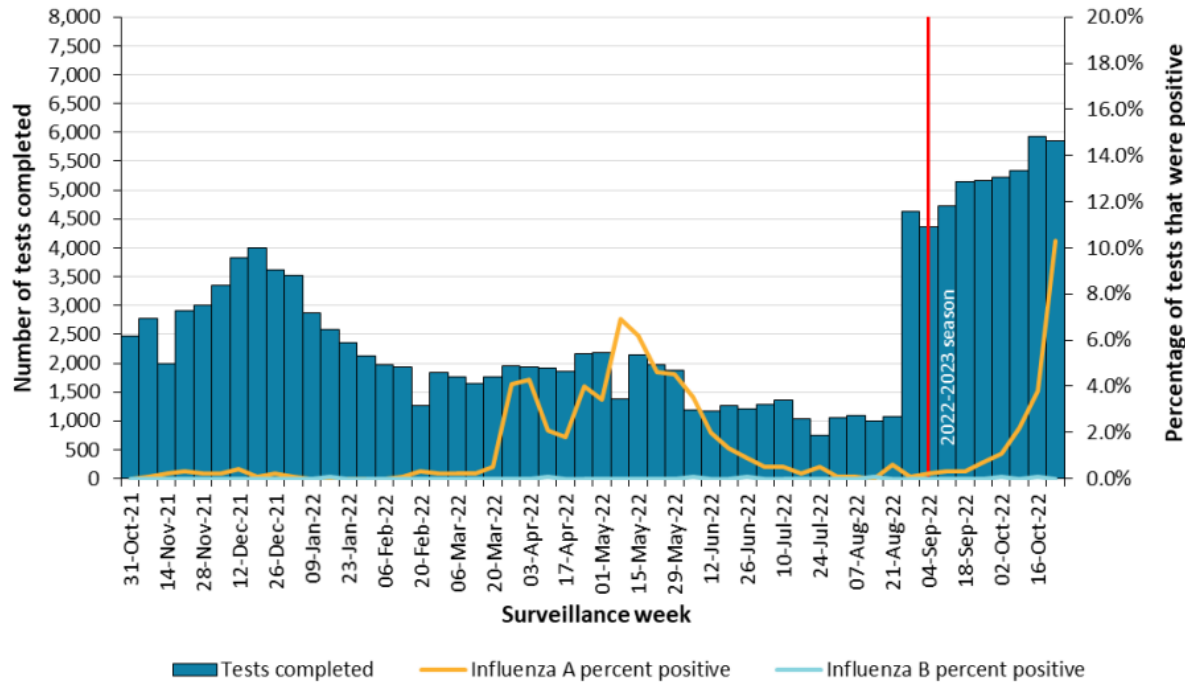
COVID-19 Vaccine Uptake

Figure 1. Number of COVID-19 vaccine doses by dose number and date of dose administration: Ontario



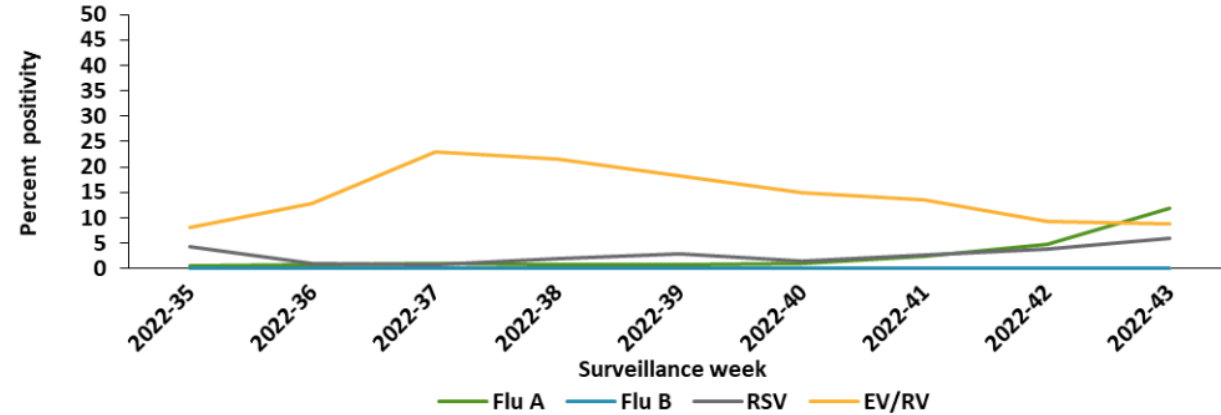
Respiratory Viruses

Figure 2. Number of influenza tests performed and percent positive by surveillance week



Data Source: Public Health Agency of Canada, Centre for Immunization and Respiratory Infectious Diseases

Figure 3a. Percent positivity by select seasonal respiratory viruses and week, PHO, current season (August 28, 2022 to October 29, 2022)



Influenza has rapidly risen and surpassed epidemic proportions (11.8% positivity)
 RSV is also at high prevalence (5.9% positivity)
 Enterovirus/Rhinovirus is decreasing

Influenza Vaccine – What's new

- Available to general public since November 1, 2022
- Recommended for everyone > 6 months age (especially high risk)
- Recommendations for 2 new vaccines included in NACI statement
 - Flucelvax (quadrivalent mammalian cell culture inactivated vaccine) – ages 2+
 - Supemtek (quadrivalent recombinant vaccine) – ages 18+
- Influenza vaccine may be co-administered with COVID-19 vaccines for those older than 12 years
- Uptake and vaccine effectiveness data not yet available

COVID-19 Bivalent Vaccines (Boosters)

- 3 now available in Canada
 - Moderna original/BA.1 bivalent
 - Pfizer original/BA.4/5 bivalent
 - Moderna original/BA.4/5 bivalent (NEWLY AUTHORIZED NOVEMBER 3)
- Considered “equivalent” by NACI – all provide a broader immune response than original booster (monovalent)
 - Data on immunogenicity and safety for Moderna BA.4/5 bivalent vaccine derived from clinical trials studying Moderna BA.1 bivalent vaccine, including exploratory analysis on neutralizing antibody titres against BA.5
- Moderna vaccines have more antigen than Pfizer (full implications unclear) – similar safety profiles among 2 Moderna bivalents



Coming in the Future? RSV Vaccine

- Pfizer's bivalent RSV Vaccine candidate (Top Line results)
 - Phase 3 Global Maternal Immunization Trial (MATISSE)
 - 81.8% efficacy against severe, medically-attended LRTI in infants from birth to 90 days life, with 69.4% efficacy through 6 months of life
 - On pre-planned interim analysis
 - 7 400 pregnant women randomized 1:1 to intervention vs placebo in 2nd/3rd trimester
 - Intervention: single dose 120 ug Pfizer's RSVpreF
 - Infants followed for at least 1 year, 50% have reached 2 years follow up
 - No safety concerns
 - Involved 18 countries since June 2020
 - Planning to submit to regulatory authorities soon

2021–2022 AMMI Canada guidance on the use of antiviral drugs for influenza in the COVID-19 pandemic setting in Canada

Fred Y Aoki MD¹, Jesse Papenburg MD^{2,3}, Samira Mubareka MD⁴, Upton D Allen MBBS^{5,6,7}, Todd F Hatchette MD⁸, Gerald A Evans MD⁹

- Empiric oseltamivir is recommended for symptomatic children or adults at risk for severe/complicated influenza, regardless of time from symptom onset
- Children aged 1-5 years are at higher risk but treatment is optional
- Little evidence to support higher dose oseltamivir in adults (i.e. 150 mg vs 75 mg)
- Very little resistance to neuroaminidase inhibitors in Canada

Printable Signs

To reduce the spread of
infection and protect our
vulnerable patients



**wear your mask at all times
during your visit, including
in exam rooms.**



**Aggressive behaviour or any
form of verbal or physical
abuse towards staff or others in
this office will not be tolerated.**

We are seeing a high number of
patients and working hard to meet
the needs of all.

**Please be patient as we work to
provide the care you need.**

IPAC Guidance for Community Practices



Masking is not required but continues to be recommended in community-based practices.

- Encourage patients and visitors to wear a mask – [printable posters developed by OMA](#) (log in to access)
- You may establish your own masking policy for all staff, patients and other visitors to wear a mask when in the office.
 - [OMA adaptable policy template](#) (log in to access)

More information on next page regarding masks as part of PPE.

For patients with respiratory symptoms, including symptoms of COVID, and any accompanying caregiver

Provide a medical mask or a non-fit tested N95 respirator.

If a patient – with or without respiratory symptoms – refuses or is unable to wear a mask

Take measures to protect other patients and staff – based on patient’s health, may include scheduling at the end of day or another dedicated time or considering a virtual visit. See CPSO’s [COVID-19 FAQs for Physicians](#).

Resource: Printable [clinic sign](#) reminds patients that abusive behaviour is unacceptable

Document outlines measures for infection prevention and control against COVID-19 and respiratory viruses, including **screening, masking, PPE, physical distancing, cleaning, and ventilation.**

OMA Tools

Influenza Quick Reference Guide

Information on which of the six publicly funded vaccine products to administer based on the patient's age.

- <https://www.oma.org/uploadedfiles/oma/media/member/oma-influenza-quick-reference-guide.pdf/>



Ontario 2022-2023 Influenza Quick Reference Guide

Publicly funded vaccines for the 2022-2023 season

Below are the age-specific vaccine products publicly funded in Ontario for the 2022-2023 season.

Age Group	QIV*	QIV*	QIV*	QIV-HD**	TIV-adj***
	FluLaval Tetra, GSK (egg-based) 0.5mL dose	Fluzone® Quadrivalent, Sanofi Pasteur (egg-based) 0.5mL dose	Afluria® Tetra, Seqirus (egg-based) 0.5mL dose	Fluzone® High-Dose Quadrivalent, Sanofi Pasteur (egg-based) 0.7mL dose	Fluad®, Seqirus (egg-based) 0.5mL dose
65 years and older	✓	✓	✓	✓ Preferred	✓ Preferred
5 to 64 years	✓	✓	✓		
6 months to 4 years	✓	✓			

Other flu vaccines that are not publicly funded for the 2022-2023 season, including FluMist® (intranasal spray), Flucevax® (cell-based vaccine) and Supemtek™ (recombinant protein vaccine) may be purchased by patients at a pharmacy.

COVID-19 Vaccine Reference Tool

Reference tool on COVID-19 vaccines to help physicians determine the right vaccine dose and interval for patients based on age and immune status.

- <https://www.oma.org/uploadedfiles/oma/media/member/membermappedpdfs/practice-professional-support/coronavirus/oma-covid-19-vaccine-reference-tool.pdf/>



COVID-19 Vaccine Reference Tool

This content is reflective of Ontario's guidance on COVID-19 vaccination

General population under 18 years

Primary Series

Eligible groups	Vaccine Product	Number of doses	Dosage	Interval
Ages 6 months – 4 years	Pfizer	3	Maroon Cap: 0.2mL (3mcg mRNA)	Between Dose 1 and 2: Reco: 2 months/56 days Min. 21 days Between Dose 2 and 3: Reco: 2 months/56 days Min. 2 months/56 days
	Moderna	2	Royal Blue Cap: 0.25mL (25mcg mRNA)	Reco: 2 months/56 days Min. 28 days
Age 5 years	★ Pfizer	2	Orange Cap: 0.2mL (10mcg mRNA)	Reco: 2 months/56 days Min. 28 days
	Moderna		Royal Blue Cap: 0.25mL (25mcg mRNA)	
Ages 6 – 11 years	★ Pfizer	2	Orange Cap: 0.2mL (10mcg mRNA)	Reco: 2 months/56 days Min. 28 days
	Moderna		Red Cap: 0.25mL (50mcg mRNA) Royal Blue Cap: 0.5mL (50mcg mRNA)	
Ages 12 – 17 years	★ Pfizer	2	Purple or Grey Cap: 0.3mL (30mcg mRNA)	Reco: 2 months/56 days Min. 28 days
	Moderna		Red Cap: 0.5mL (100mcg mRNA)	

- Pfizer and Moderna vaccine products are authorized for different pediatric age groups:
 - Pfizer (3mcg): 6 months – 4 years
 - Moderna (25 mcg): 6 months – 5 years
 - Pfizer (10mcg): 5 – 11 years
 - Moderna (50 mcg): 6 – 11 years

- Preferential recommendation:
 - There is no preferred vaccine product for children aged 6 months to 4 years.
 - Pfizer is preferred over Moderna in individuals ages 5-17 years because of an observed increase in reports of myocarditis/pericarditis with the Moderna vaccine among adolescents and young adults.

Reco = recommended interval Min = minimum interval ★ = preferential recommendation

OMA Tools

Personal Protective Equipment

Visual of government recommendations for PPE use in the community practice setting during the COVID-19 pandemic.

- <https://www.oma.org/uploadedfiles/oma/media/member/membermappedpdfs/practice-professional-support/patient-care/oma-guidance-ppe-community-practices-poster.pdf/>

OMA Ontario Medical Association

What Personal Protective Equipment to Use in your Community Practice

COVID-19 Recommendations for Health Care Workers and Staff

In all patient care areas	Caring for or within 2m of patients who screen negative for COVID-19	Caring for or within 2m of patients who screen positive for COVID-19	Performing an aerosol-generating procedure
In non-patient care areas within 2m of others*		Screening patients without a plexiglass barrier	
<ul style="list-style-type: none"> • surgical / procedure mask 	<ul style="list-style-type: none"> • surgical / procedure mask • eye protection is recommended during periods of high transmission and otherwise based on Routine Practices** • gloves in select instances when giving vaccines*** 	<ul style="list-style-type: none"> • N95 respirator (alternatives to a fit-tested, seal-checked N95 are a non-fit tested N95 or respirator or a well-fitting surgical mask) • eye protection • gloves • gown 	<ul style="list-style-type: none"> • N95 respirator (fit-tested, seal-checked) • eye protection • gloves • gown • airborne infection isolation room or room with a closed door
		<p>EYE PROTECTION OPTIONS</p>	

* In periods of low transmission risk, masking of health-care workers for source control in non-clinical areas may be optional. Low transmission risk occurs when hospitalizations and ICU admissions are low and stable and community transmission is low.
** High transmission risk occurs when hospitalizations and ICU admissions are high and/or on an upward trajectory and community transmission is high and increasing.
*** Gloves should be considered when administering vaccines as per the Canadian Immunization Guide. In most cases gloves do not need to be worn except when the skin on the vaccine provider's hands is not intact, administering intranasal or oral vaccines due to the increased likelihood of coming into contact with a patient's mucous membranes and body fluids, and/or administering Bacille Calmette-Guérin (BCG) vaccine.

Public Health Ontario, Interim Infection Prevention and Control Measures based on COVID-19 Transmission Risks in Health Care Settings
Public Health Ontario, Interim IPC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspected or Confirmed COVID-19
Public Health Ontario, Frequently Asked Questions for Interim IPC Measures based on COVID-19 Transmission Risks in Health Care Settings
v5 27-Jun-22

oma.org

Testing in Office

An overview guide on providing PCR testing in community-based practices, including office preparation, test collection, submission, results and billing.

- <https://www.oma.org/uploadedfiles/oma/media/member/membermappedpdfs/practice-professional-support/coronavirus/offering-lab-based-pcr-testing-for-covid-19.pdf/>

OMA Ontario Medical Association

Offering lab-based PCR testing for COVID-19 in your office

A guide for community-based practices

Lab-based polymerase chain reaction (PCR) tests are the gold standard used to diagnose or rule out COVID-19. These are the same type of tests that are offered in assessment centres; the specimen is collected in your office and then sent to a lab to run the test.

Providing lab-based PCR tests in your practice is optional. If you do not have capacity to test in your office, refer the patient to a local [testing site](#) or the Emergency Department, as appropriate based on your clinical assessment.

Who to test

Groups eligible for publicly funded PCR tests are outlined in the Ministry of Health's [COVID-19 Provincial Testing Guidance](#).

They include:

- Select symptomatic patients, including patients 70+, patients 60+ with less than three doses of COVID-19 vaccine, immunocompromised patients, and patients 18+ with less than three doses of vaccine and at least one risk factor (e.g. obesity, diabetes, etc.)
- Individuals being admitted or transferred to or from a hospital or congregate living setting

Did you know?

Rapid molecular tests can be used to diagnose COVID-19 within 30 minutes. These tests can only be used in select scenarios and require additional administrative work to report the results.

Rapid antigen tests can also now be used to diagnose COVID-19. A positive result on a rapid antigen test is considered a confirmed case of COVID-19. However, a single negative result cannot be used to rule out COVID-19.

Preparing to test

Specimen collection supplies

Specimens can be collected using several different types of kits: nasopharyngeal, deep nasal/nasolabial or saliva. For information on the different types of specimen collection kits, please refer to Public Health Ontario's (PHO's) [COVID-19 PCR Collection Kits](#) page.

Free swab kits are available to [order online from eHealth Ontario](#). Indicate the type of swab kits that you would like to order and include your contact information, desired quantity, and expected delivery date. If you have any questions during the ordering process, contact covid19testing@ontariohealth.ca.

Personal Protective Equipment (PPE) and isolation requirements

To test someone with suspected COVID-19, Droplet/Contact precautions are required, including hand hygiene prior to donning and after doffing PPE.

PPE required to collect a specimen

- N95 respirator*
- eye protection (face shield, goggles, or mask with visor)
- gloves
- gown

* If a fit-tested, seal-checked N95 respirator is not available, you can use a non-fit tested N95 respirator, or a well-fitting surgical mask.

OMA Ontario Medical Association | Offering lab-based PCR testing for COVID-19 in your office | v5 4-May-22

oma.org

Do I need a fall 2022 COVID booster dose?

Why are booster doses important?

For people 5 years and older, 2 COVID vaccine doses give important protection. But this protection drops over time and 2 doses do not protect as well against new variants. COVID booster doses build back and strengthen protection against the virus. Staying up-to-date with vaccines is important while COVID continues to spread at high levels in our communities.

At this time, experts in Ontario recommend booster doses for everyone 5 and older.

Staying up-to-date with vaccines works with other measures to give you the best protection from:

- ✓ Getting COVID
- ✓ Spreading COVID
- ✓ Getting so sick from COVID that you have to go to hospital
- ✓ Dying from COVID

Getting boosters is common. For example, people get 4 vaccines for polio in the first 18 months of life and a tetanus vaccine booster is recommended every ten years.

Who should get a fall 2022 COVID booster dose?

A first booster dose is recommended for children 5-to-11 who have not had one yet.

A fall 2022 booster dose is recommended for everyone 12 and older, no matter how many booster doses they have had.

What vaccines are recommended as booster doses?

For children 5 to 11 years, the Pfizer (Comirnaty™) 10 mcg monovalent mRNA vaccine is recommended as a booster dose.

For youth 12 to 17 years old, the Pfizer bivalent mRNA vaccine is recommended.

Adults 18 years and older can get either the Pfizer bivalent vaccine or the Moderna (Spikevax™) bivalent vaccine.

The Novavax (Nuvoxavid™) protein subunit vaccine can be given as a booster dose to adults who may not receive mRNA vaccines.

What are bivalent vaccines?

Bivalent vaccines target the original strain of the COVID virus and Omicron sub-variants. The Pfizer bivalent vaccine targets the original COVID virus and the B.A.4/B.A.5 Omicron sub-variants. It is approved by Health Canada as a booster for people 12 and older. The Moderna bivalent vaccine targets the original COVID virus and the B.A.1 Omicron sub-variant. It is approved by Health Canada for people 18 and older.

Is one bivalent vaccine better than another?

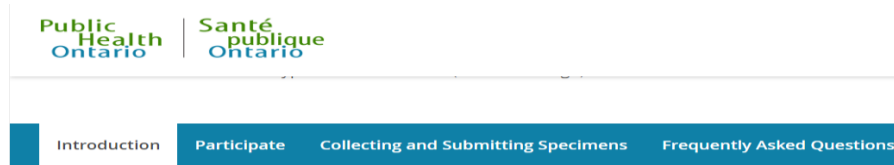
We don't know whether one bivalent vaccine will give better protection. The Pfizer and Moderna bivalent vaccines both give better protection against the recently circulating Omicron variants.

If you are 18 years or older, it's recommended that you get the first bivalent vaccine available to you.

The Pfizer bivalent vaccine is recommended for people aged 12 to 17. Those in this age group who are at high risk could also consider the Moderna bivalent vaccine.

Sentinel Practitioner Surveillance Network (SPSN)

Influenza Vaccine Effectiveness Program



Background

The goal of SPSN is to evaluate how well the influenza vaccine works each year. The SPSN relies on a network of primary care practitioners in each participating province to collect and submit respiratory specimens for testing and analysis. Ontario has been part of the SPSN since 2008.

How it Works

Participation in the program is voluntary. Sentinels (primary care practitioners including family physicians and nurses in the extended class/nurse practitioners) can sign up annually to be a part of the SPSN. Over the period of the program, sentinels are required to submit one to two specimens per week of patients presenting with influenza-like symptoms. Along with the specimen, sentinels complete a short questionnaire on the test requisition to provide a brief influenza immunization history of the patient. Specimens are sent to PHO's laboratory where they are tested for influenza as part of the program. Test results, with the immunization history, are used for surveillance, as well as to estimate vaccine effectiveness.

Information generated by the SPSN is used to help inform Canada's and Ontario's vaccine policies, as well as assist the World Health Organization (WHO) in their vaccine strain selection process.

<https://www.publichealthontario.ca/en/health-topics/immunization/spsn?tab=1>

Additional resources

Provincial Stockpile: PPE is still available to order from the provincial stockpile:

<https://ehealthontario.on.ca/en/health-care-professionals/ppe-intake?a=ppe-intake>

COVID-19 PCR Collection Kits

<https://www.publichealthontario.ca/en/laboratory-services/covid-19-pcr-collection-kits>

Respiratory Viruses (including influenza): Requisitions and Kit Ordering

<https://www.publichealthontario.ca/en/Laboratory-Services/Test-Information-Index/Virus-Respiratory>

Does your child or youth need emergency care?

<https://www.cheo.on.ca/en/clinics-services-programs/emergency-care.aspx>

Ontario College of
Family Physicians





Join the COVID-19 Community of Practice Planning Committee

Looking for members of this community to participate in the planning of these sessions who:

- represent different practice models
- practice in different regions within Ontario



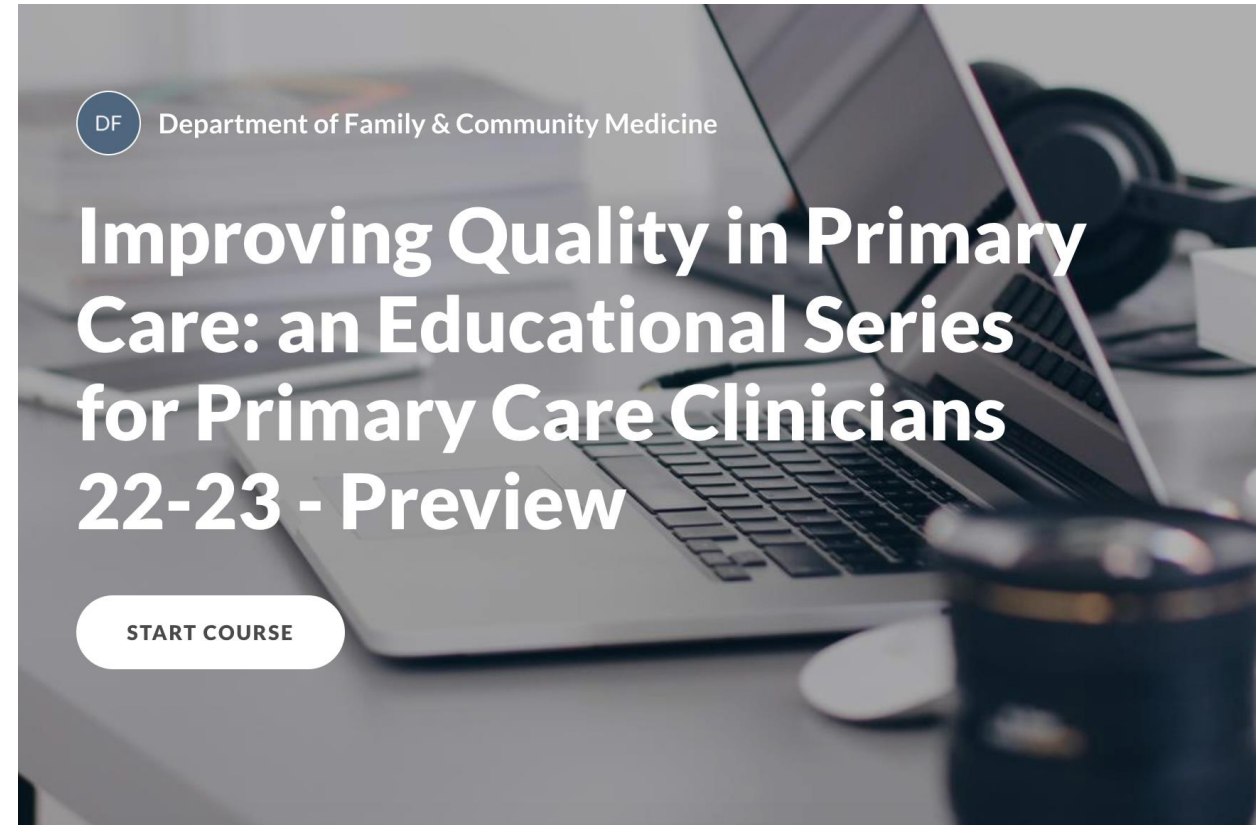
ocfpcme@ocfp.on.ca



Call for reviewers:

- **General review of the curriculum** – You will be provided with a survey link to complete after reviewing the modules. This will take approximately 30 minutes and there will be no reimbursement for your time.
- **MainPro review** – You will be provided with a survey link to complete and you will be asked to track how much time it took you to move through each module. This will take approximately 5-7 hours and you will receive a small honorarium (\$150) for your time.

If interested please contact Erin Plenert at erin.plenert@utoronto.ca



<https://dfcm.utoronto.ca/primary-care-clinician-educational-series>



[Registration is now open](#)

FMS 2023 will be fully virtual, including two live-streamed days – **January 27 and January 28, 2023**

The upcoming conference theme, Family Medicine: Today, tomorrow and in the future, will focus on a range of important topics from culturally inclusive care to the anticipated impacts of an ageing family physician workforce.

Join us to:

- Hear from **thought leaders** and **clinical experts** on the topics that matter most
- Maximize your learning opportunities with the **flexibility** to **join live or learn later**, with conference content **available until July 31, 2023**.
- Learn together with your colleagues in a variety of formats, including **keynotes, talks** and **panel discussions**.
- Earn up to **40** Mainpro+ credits.

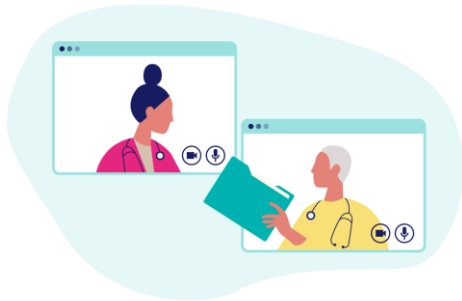
Treating **mental health, substance use disorders and chronic pain** in an integrated way has become more demanding and complex - now more than ever.

Practising Well is here to help!



Join upcoming **Community of Practice** sessions

- November 23, 2022 – Neuropathic pain
- December 14, 2022 – Addressing overwhelm: Self compassion & setting boundaries
- January 18, 2022 – Physician disability
- February 22, 2022 – Mental health and trauma
- March 22, 2022 – Complexity in medicine



Participate in 1:1 or small group learning through **Peer Connect**

- Share your experience with mental health, substance use disorders and/or chronic pain with your colleagues as a **Peer Guide**.
- Earn free Mainpro+ credits, build on your existing skills and achieve your learning goals in collaborative space as a **Peer Learner**.



Continue your learning journey using the **Information Exchange**

- Access **clinical tools and resources** to help you in your practice.
- Find **other learning opportunities** through OCFP and other organizations.

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: December 2, 2022

Contact us: ocfpcme@ocfp.on.ca

Visit: <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.