

COVID-19
Community of
Practice for Ontario
Family Physicians

Oct 18, 2024

Dr. Allison McGeer
Dr. Daniel Warshafsky
Dr. Jonathan Isenberg
Dr. Samantha Fienberg



Infectious Disease & OBSP Updates



Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians



Infectious Disease & OBSP Updates

Moderator:

- Dr. Eleanor Colledge, CPD Program Director, University of Toronto and Family Physician, South East Toronto Family Health Team, Toronto, ON

Panelists:

- Dr. Allison McGeer, Toronto, ON
- Dr. Daniel Warshafsky, Toronto, ON
- Dr. Jonathan Isenberg, Toronto, ON
- Dr. Samantha Fienberg, Toronto, ON

Host:

- Dr. Jobin Varughese, Brampton, ON

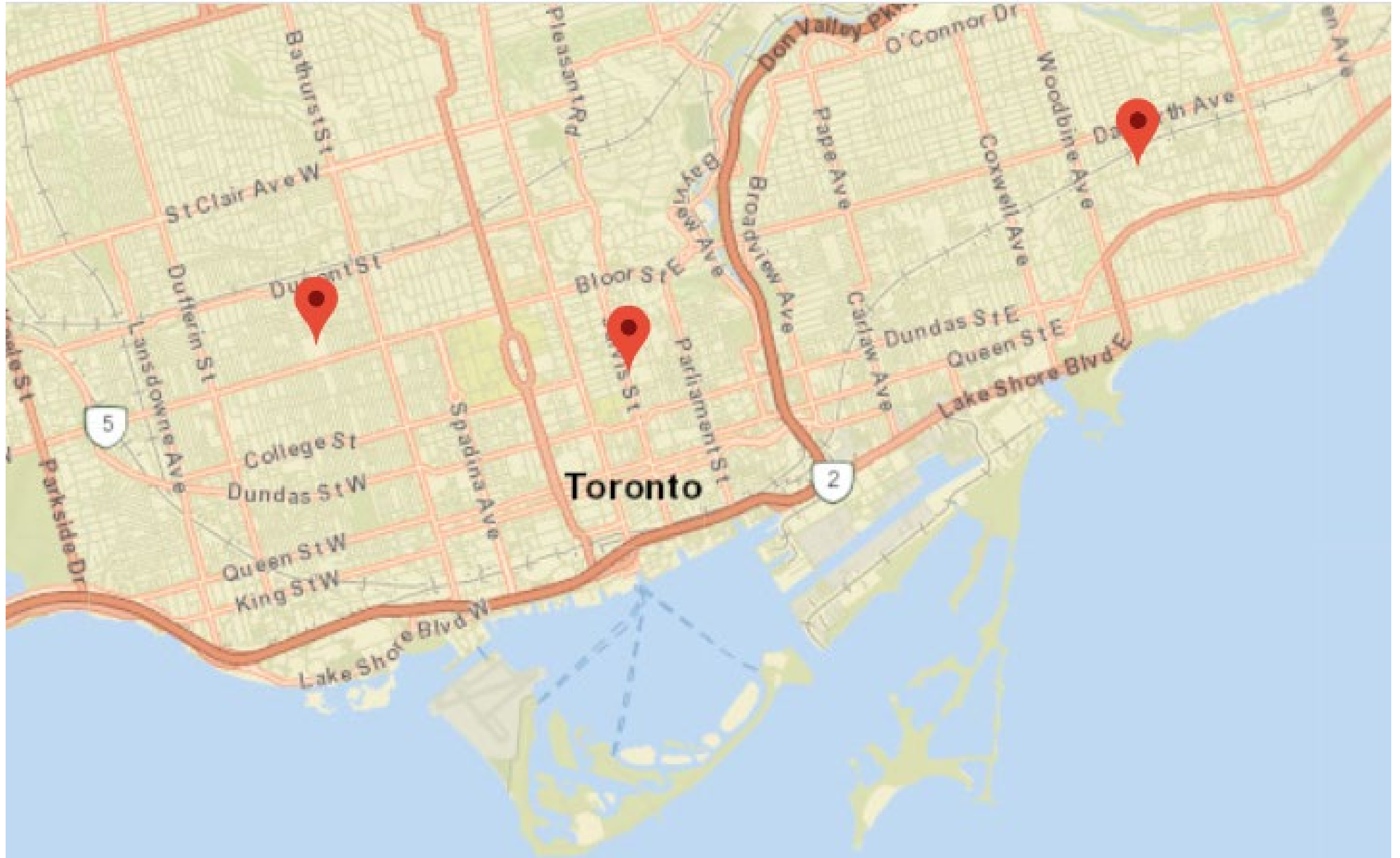
The COVID-19 Community of Practice for Ontario Family Physicians is a one-credit-per-hour Group Learning program that has been certified for up to a total of 32 credits.

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 recognizes 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 respects 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.



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. Jobin Varughese (OCFP), Dr. Ali Damji (DFCM), Dr. Eleanor Colledge (DFCM), Dr. Harry O'Halloran, Julia Galbraith (OCFP), Pavethra Yogeswaran (OCFP), Marisa Schwartz (DFCM)

Previous webinars & related resources:

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



Dr. Allison McGeer – Panelist

Infectious Disease Specialist, Mount Sinai Hospital



Dr. Daniel Warshafsky – Panelist

Associate Chief Medical Officer of Health at the Office of the Chief Medical Officer of Health



Dr. Jonathan Isenberg – Panelist

Provincial Primary Care Lead, Cancer Screening, Ontario Health



Dr. Samantha Fienberg – Panelist

Clinical Lead for the Ontario Breast Screening Program and Breast Imaging Lead and Staff Radiologist at Lakeridge Health

Speaker Disclosure

- Faculty Name: **Dr. Allison McGeer**
- Relationships with financial sponsors:
 - Grants/Research Support: Pfizer, SanofiPasteur, CIHR, CITF, PSI, PHAC, CIRN, Appili Therapeutics
 - Speakers Bureau/Honoraria: Moderna, Pfizer, AstraZeneca, Novavax, SanofiPasteur, GSK, Merck, Roche, Seqirus
 - Others: N/A
- Faculty Name: **Dr. Daniel Warshafsky**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: N/A
 - Others: N/A
- Faculty Name: **Dr. Jonathan Isenberg**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: N/A
 - Membership on advisory boards: N/A
 - Others: N/A
- Faculty Name: **Dr. Samantha Fienberg**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: N/A
 - Membership on advisory boards: N/A
 - Others: N/A

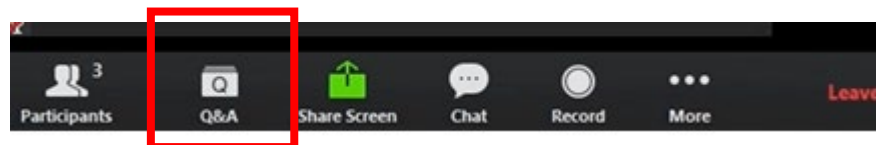
Speaker Disclosure

- Faculty Name: **Dr. Jobin Varughese**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: Toronto Metropolitan University, School of Medicine (Interim Assistant Dean of Primary Care Education), William Osler Health System (Associate Vice President of Academics)

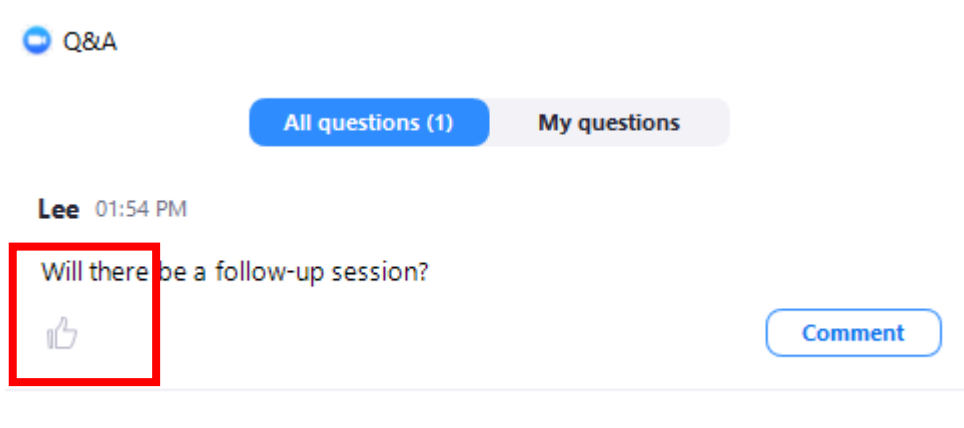
- Faculty Name: **Dr. Eleanor Colledge**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: The Foundation for Medical Practice Education (McMaster University)

How to Participate

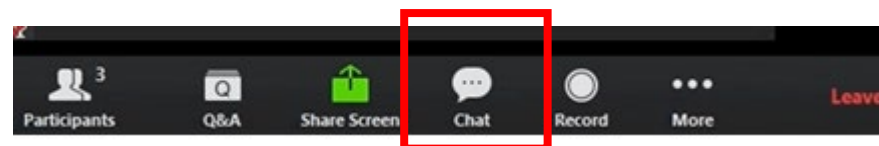
- All questions should be asked using the Q&A function at the bottom of your screen.



- Press the thumbs up button to upvote another guest's questions. Upvote a question if you want to ask a similar question or want to see a guest's question go to the top and catch the panels attention.



- Please use the chat box for networking purposes only.





Dr. Allison McGeer – Panelist

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Surveillance in Australia, 2024

2093 patients admitted with severe acute respiratory illness to a sentinel intensive care unit:

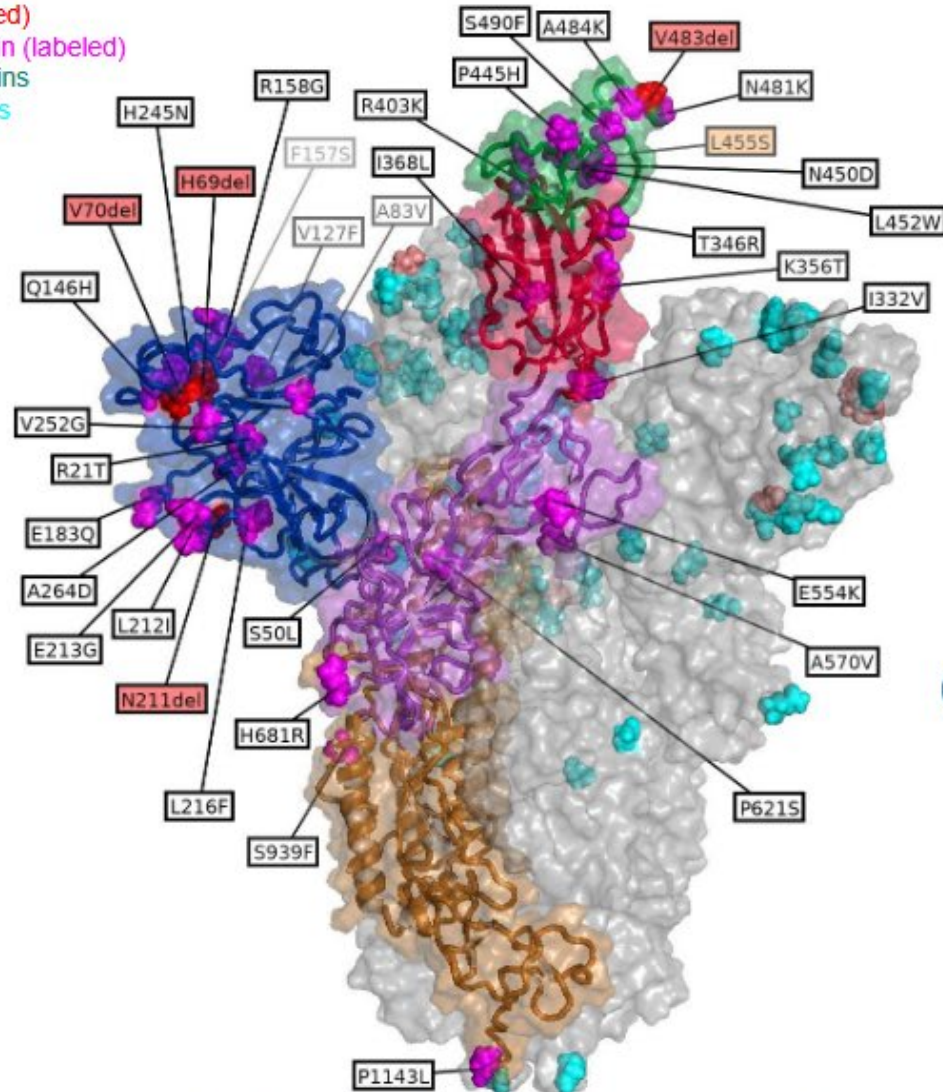
- 43.3% (906) patients with SARS-CoV-2
- 26.2% (549) patients with influenza
- 11.5% (241) patients with RSV
- 21.0% (439) patients with another respiratory pathogen (e.g. parainfluenza, rhinovirus)

SARS-CoV-2 Spike protein structure – differences between XBB.1.5, JN.1 and KP.2/KP.3

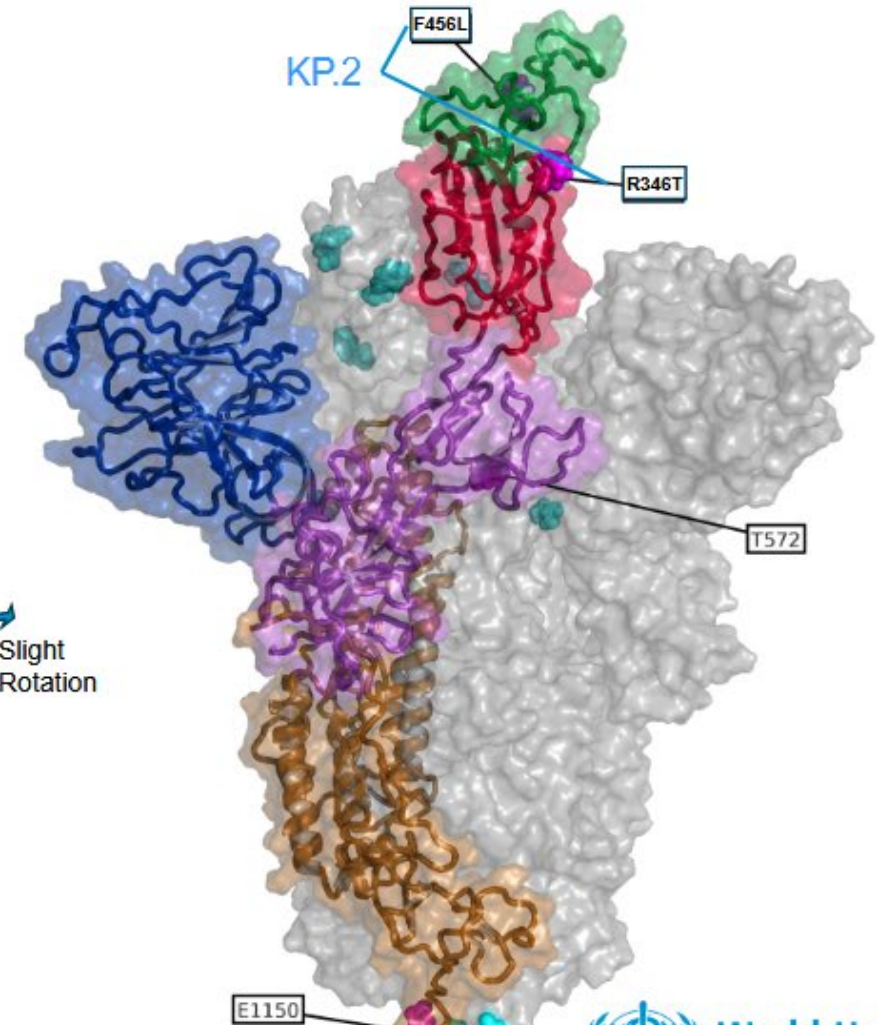
Red sphere – deletions in one chain (labeled)
 Magenta sphere – substitutions in one chain (labeled)
 Raspberry sphere – deletions in rest 2 chains
 Cyan sphere – substitutions in rest 2 chains

Blue – NTD
 Red – RBD
 Green – RBM
 Purple – S1
 Gold – FCS
 Brown – S2

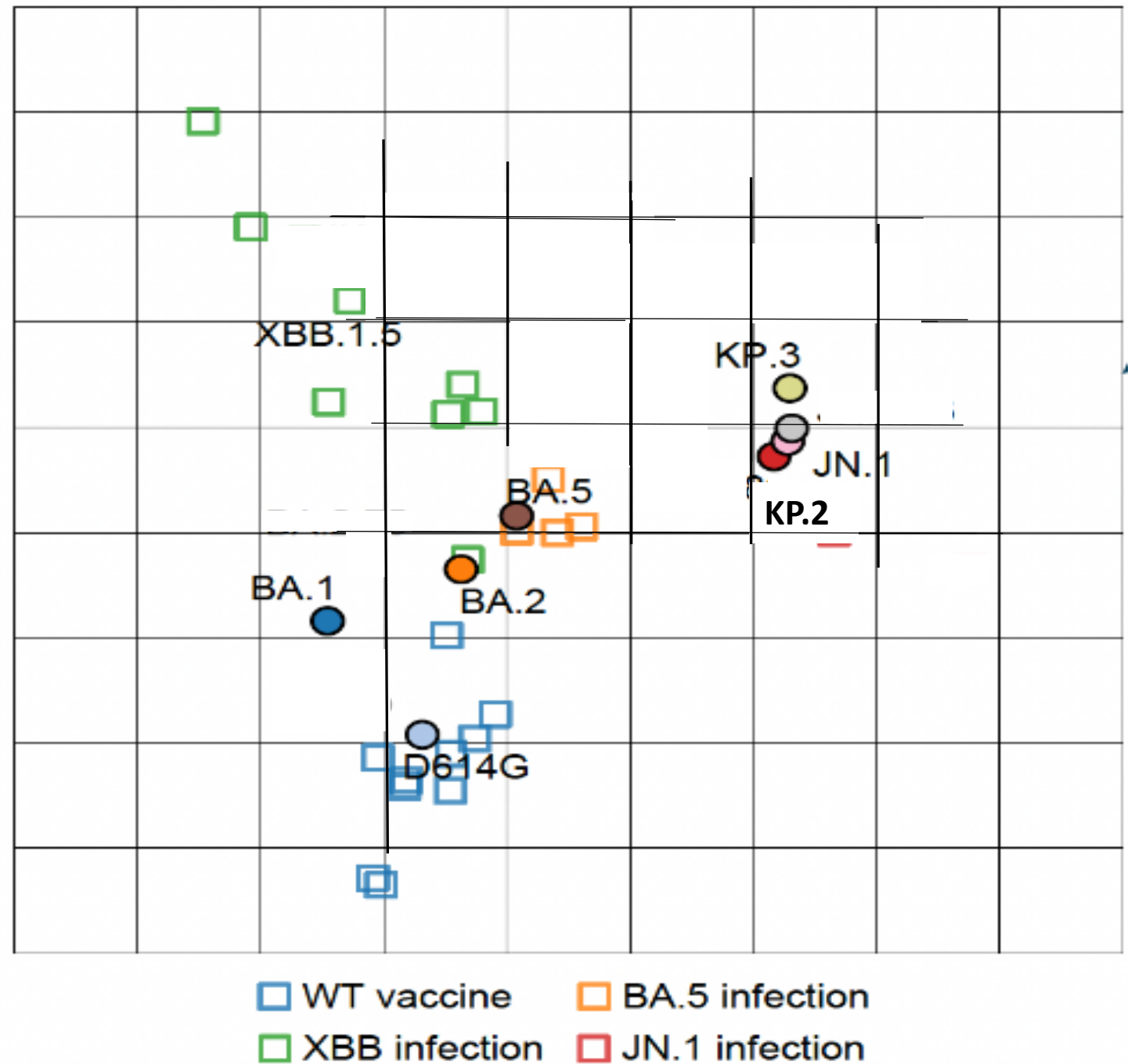
XBB.1.5 compared to JN.1



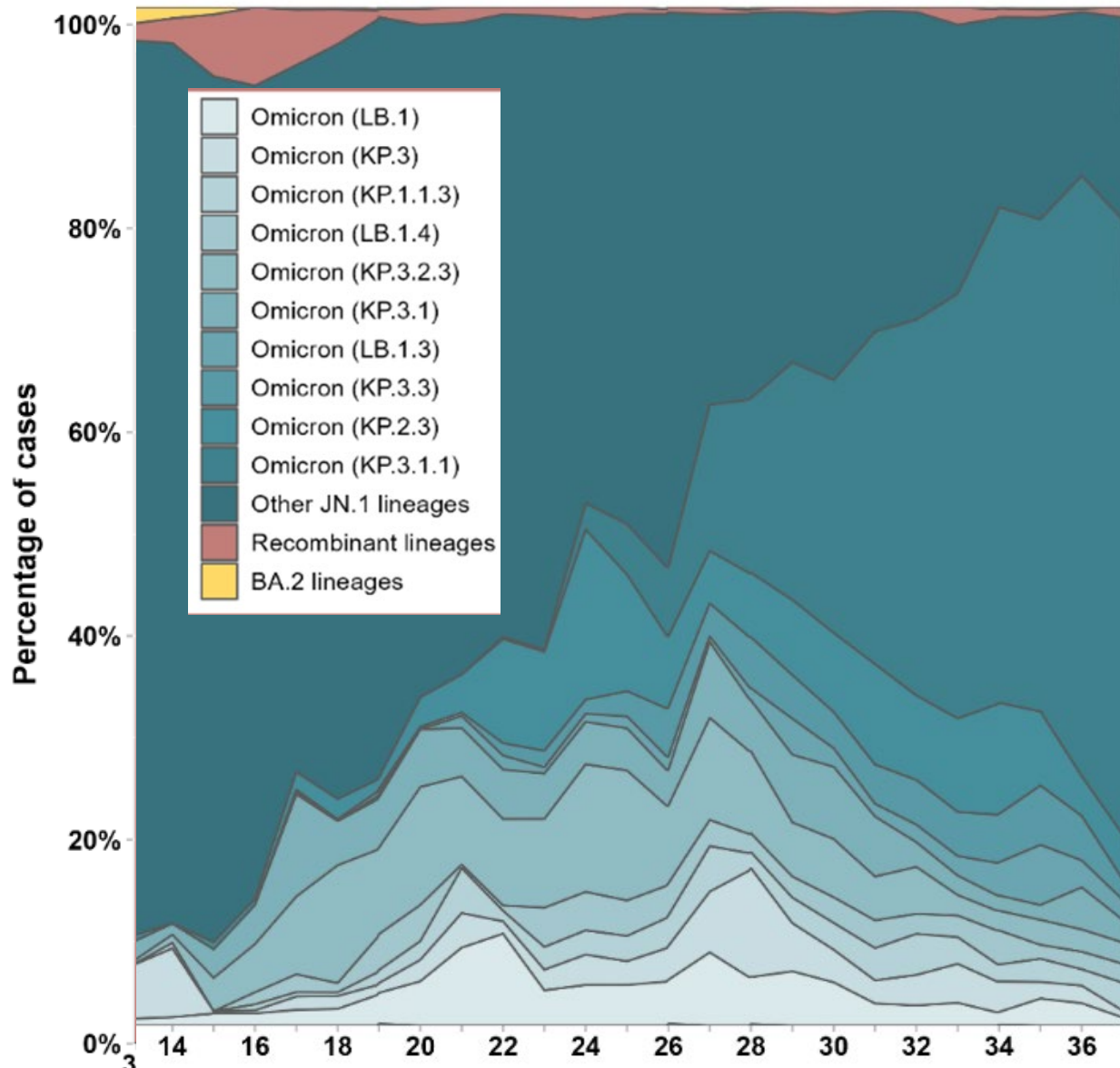
JN.1 compared to some progeny



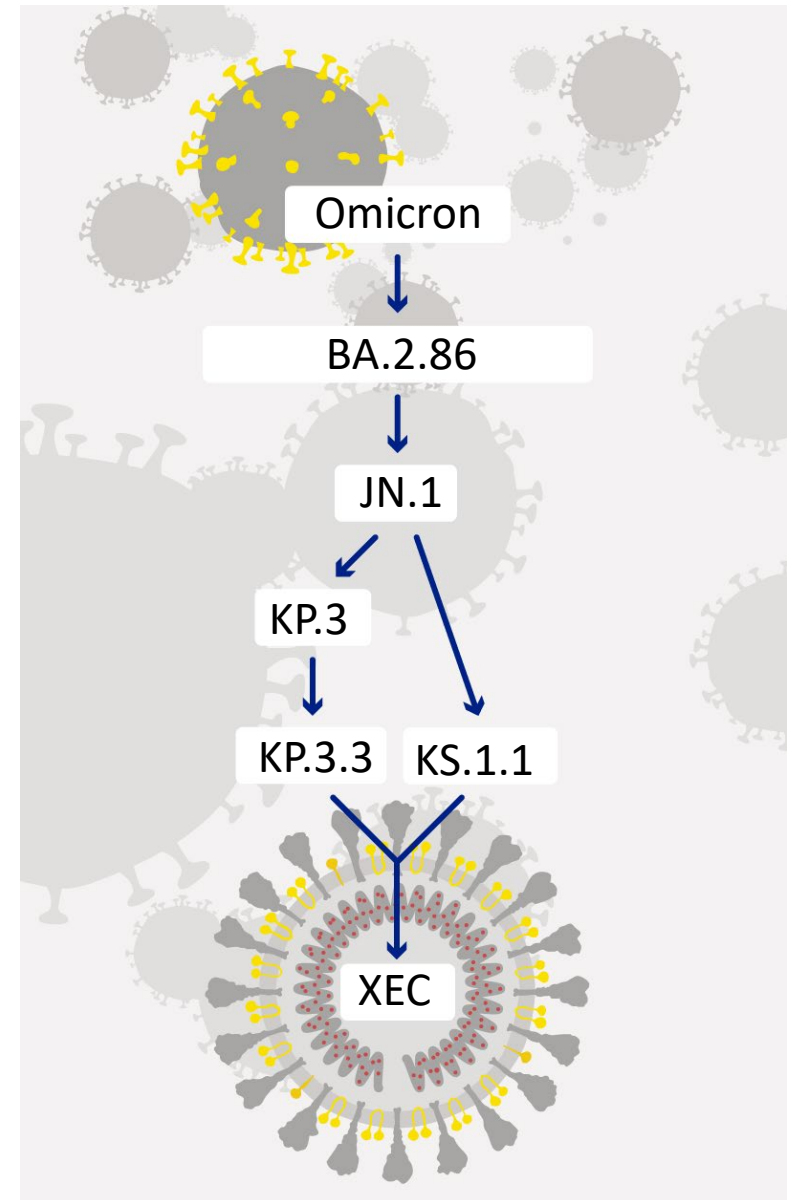
Antigenic map: SARS-CoV-2 variants over time

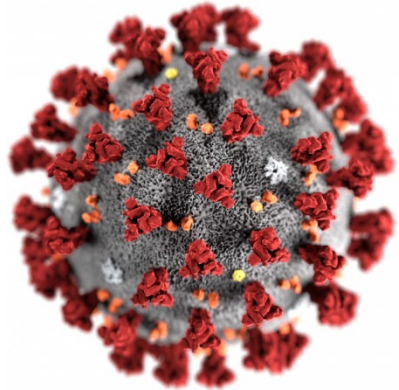


Ontario variants: Mar to Sep 2024



XEC





SARS-CoV-2 (COVID-19)

2021

New recommendations this fall

- The minimum time from a previous vaccine dose to this fall's vaccine dose is 3 months
 - To permit everyone to get a dose of the new vaccine this fall
- Your history of COVID-19 does not affect when you should get vaccinated
 - Now same as practice for influenza and other vaccines
- The COVID-19 vaccine can be given at the same time, or at any time before or after any other vaccine

Influenza vaccine effectiveness

South America, 2024 season

Population	Overall vaccine effectiveness against hospitalization
Children	39% (26 to 50.)
Persons aged 15-64 with comorbidities	58% (19 to 78)
Older adults	28% (5 to 45)

COVID-19 and Influenza vaccines together

- At 2 and 4 months, infants get 3 needles
- The most important reason why older adults got one of influenza or COVID-19 vaccination but not the other was:
 - “I didn’t get around to it”
- Many older adults have had concomitant vaccines

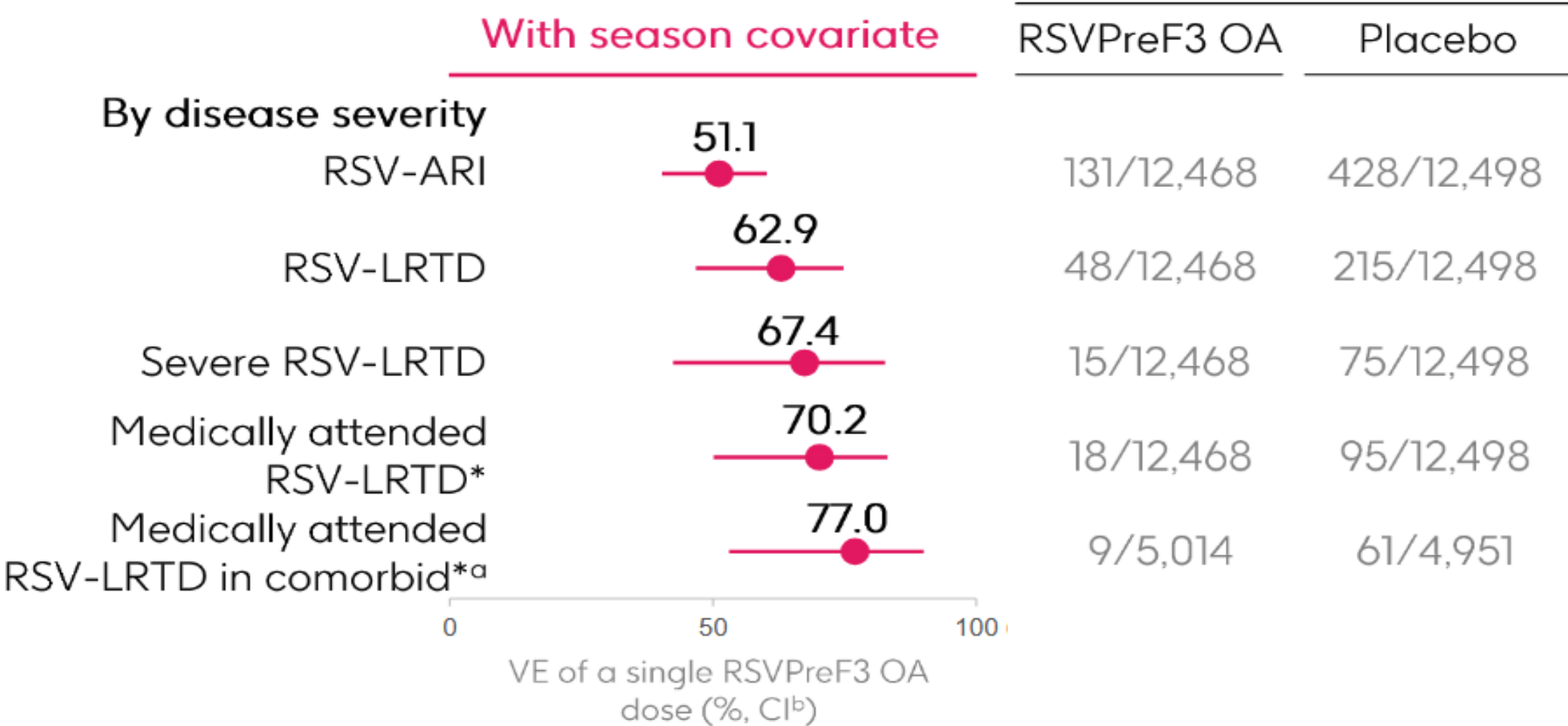
Cumulative Raw (Actual)* RSV Vaccinations Administered Alone or On the Same Day with Influenza and/or COVID Vaccinations, in Retail Pharmacies and Physicians' Medical Offices Combined, Adults 60 years and older, August 2023 – December 2023

- Of the ~7 million doses of RSV administered through end of December, 52% were administered alone and 48% with either flu or COVID vaccination or all three vaccine on the same day.

Vaccination(s) received	Number (%) of persons receiving vaccinations
RSV only (without flu and/or COVID)	3,635,795 (52.0%)
RSV and flu	1,557,403 (22.3%)
RSV and COVID	852,591 (12.2%)
RSV, flu, and COVID	943,676 (13.5%)
Total	6,989,465

*Raw estimates are based on actual sample of pharmacies and medical offices and thus will be different than projected estimates presented elsewhere. IQVIA was unable to provide projected estimates due to complexity of analysis.

Efficacy of GSK RSV vaccine (Arexvy®) Over 3 seasons



GSK poster at Chest meeting: <https://assets.gskstatic.com/corporate/Congress/2024/CHEST/DV-010326.pdf>

Respiratory Season

October 18, 2024

Ministry of Health and the Office of the Chief Medical Officer of Health

2024-25 Universal Influenza Immunization Program (UIIP) and COVID-19 vaccine program launch



Influenza Vaccine

Eligibility

All individuals 6 months of age and older who live, work, or attend school in Ontario

Product Mix

Vaccine Name	Manufacturer	Format	Age Indication
Flucelvax Quad	Seqirus	PFS	≥ 6 months
FluLaval Tetra	GSK	MDV	≥ 6 months
Fluzone Quadrivalent	Sanofi	MDV/PFS	≥ 6 months
Fluzone High-Dose Quadrivalent	Sanofi	PFS	≥ 65 years
Fluad	Seqirus	PFS	≥ 65 years

Distribution

When	Distribution Initiated To
End of September to early October	<ul style="list-style-type: none">Hospitals and Long-Term Care Homes
Early- to mid-October	<ul style="list-style-type: none">Retirement homes and other settings with high priority populationsPhysicians, pharmacies, and all other providers/organizations

Eligibility

All individuals aged 6 months and older in Ontario, regardless of citizenship or immigration status, even if they do not have an Ontario health card.

Product Mix

Vaccine Name	Manufacturer	Format	Age Indication
Moderna (Spikevax)	Moderna Biopharma Canada Corporation	MDV	≥ 6 months
Pfizer (Comirnaty)	BioNTech Manufacturing GmbH	MDV	≥ 12 years

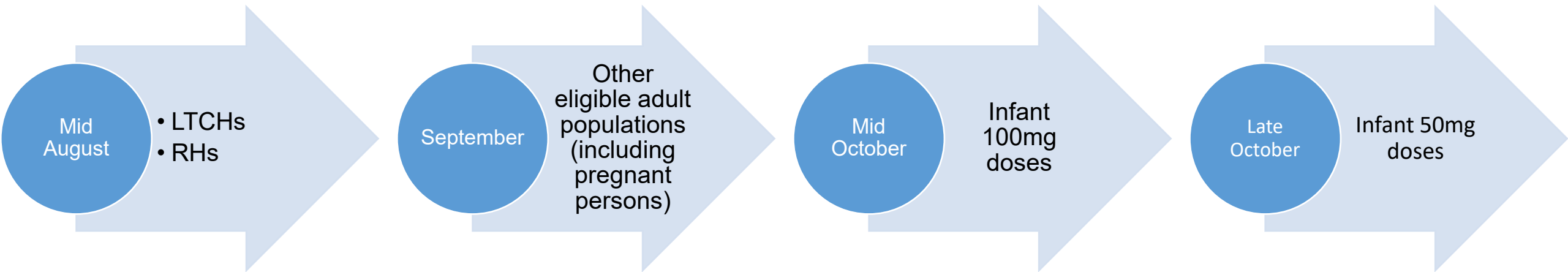
Distribution

When	Distribution Initiated To
End of September to early October	<ul style="list-style-type: none">Hospitals and Long-Term Care HomesPharmacies with high priority populations
Early- to mid-October	<ul style="list-style-type: none">Retirement homes and other settings with high priority populationsPhysicians and all other providers/organizations

Pharmacy Locator (COVID-19)

- Locator has been updated with all participating pharmacies.
- Last update was October 7 (prior to this, some towns/cities may not have had locations listed)

2024-25 RSV older adult and infant immunization timelines



High-risk older adult RSV vaccine program

Ontario will continue the high-risk older adult RSV vaccine program that was introduced in 2023 with expanded eligibility in 2024–25. The vaccine is indicated for adults aged 60 years and older.

Current eligibility

Ontario's publicly funded RSV prevention program is targeted for high-risk individuals and settings. The program includes individuals who are aged 60 years and older and who are also:

- residents of long-term care homes, Elder Care Lodges, or retirement homes
- patients in hospital receiving alternate level of care (ALC) including similar settings (for example, complex continuing care, hospital transitional programs)
- patients receiving hemodialysis or peritoneal dialysis
- recipients of solid organ or hematopoietic stem cell transplants
- individuals experiencing homelessness
- individuals who identify as First Nations, Inuit, or Métis

Infant RSV Prevention Program: 2024-25 Season

	Beyfortus™	Abrysvo™
Manufacturer	Sanofi	Pfizer
Product Type	Monoclonal Antibody	Stabilized subunit vaccine
Eligibility	<ul style="list-style-type: none"> Born in 2024 before current RSV season Born during the 2024/25 RSV season Children up to 24 months of age who remain vulnerable from severe RSV disease (see Table 1) 	Pregnant individuals from 32 to 36 weeks gestational age Delivering during RSV season
Dosing	<ul style="list-style-type: none"> Infants born in 2024 before the current RSV season starts (up to 12 months of age) Infants born during the current RSV season <ul style="list-style-type: none"> < 5kg: 50 mg in 0.5 mL ≥ 5 kg: 100 mg in 1.0 mL Children over 12 months and up to 24 months of age and at continued high-risk from severe RSV disease <ul style="list-style-type: none"> 200 mg (two - 1 mL injections of 100mg/mL) 	1 dose: 0.5 mL (120 mcg) Requires reconstitution
Route	Intramuscular	Intramuscular
Timing (tentative)	October through to end of March	September through to end of March

Beyfortus Stability Information

This chart will be included in the next stability chart release later this fall.

Temperature range	Time in temperature range	Suitability
$<-5^{\circ}\text{C}$	Any duration of exposure	Not suitable for use
$\geq-5^{\circ}$ to $<0^{\circ}\text{C}$	≤ 8 hours	Suitable for use
$\geq 0^{\circ}$ to $<2^{\circ}\text{C}$	Any duration of exposure	Suitable for use
$\geq 2^{\circ}$ to $\leq 8^{\circ}\text{C}$	Any duration of exposure	Suitable for use
$>8^{\circ}$ to $\leq 25^{\circ}\text{C}$	≤ 8 hours	Suitable for Use
$>25^{\circ}\text{C}$ to $\leq 40^{\circ}\text{C}$	≤ 4 hours	Suitable for Use
$>40^{\circ}\text{C}$	Any duration of exposure	Not suitable for use

Ontario Breast Screening Program (OBSP)

40 to 49 expansion overview

October 18, 2024



**Ontario
Health**

Screening people ages 40 to 49 in the OBSP

- The OBSP is a province-wide organized breast cancer screening program, launched in 1990
- Aims to reduce breast cancer deaths through regular screening
- Screens two different groups of people in Ontario for breast cancer: those at average risk and those at high risk
- On **October 8, 2024**, people ages 40 to 49 were included in the screening population

Average risk OBSP (as of October 8, 2024)

	Average Risk	Increased Risk
Screening age	Ages 40 to 74	Ages 40 to 74
Modality	Mammogram	Mammogram
Interval	Two years	Annual (ongoing) recall: <ul style="list-style-type: none"> • High-risk pathology lesions • Family history
		One-year (temporary) recall: <ul style="list-style-type: none"> • Extremely dense breasts/chest (BI-RADS* D) • Radiologist recommendation

Note: “average risk” screening throughout this presentation, includes both average and increased risk screening

Evidence for expansion

- Females ages 40 to 49 who received screening mammography in Ontario outside the OBSP were more likely to be diagnosed at an earlier stage
- There are inequities in mammography screening participation in Ontario females ages 40 to 49. Those with no mammogram had a higher percentage of people:
 - In the most materially deprived communities
 - In the lowest income neighbourhoods
 - In the most ethnically concentrated communities

*The binary-only sex statistics reported in this section reflect how the data are recorded in the data source and are not inclusive of all gender diversity. As a result, the data may incorrectly classify people whose gender identity differs from their sex assigned at birth.

Reference: Ontario Health. (2023). Internal analysis.

Evidence: Benefits and harms

*These numbers will be updated to reflect Canadian data when the final Canadian Task Force on Preventive Health Care modelling is updated and released.

Median lifetime benefits and harms of screening strategies with digital mammography for a cohort of 1,000 40-year-old female persons compared with no screening¹

	Mortality Reduction (%)	Deaths averted (/1000)	False positives (n)	Overdiagnosed cases (n)
50-74 (every 2 years)	24.3*	6.9	1,021	10
40-74 (every 2 years)	28.4	8.4	1,540	12
Comparison of screening starting at age 40 vs 50	4% more reduction in mortality	1-2 more deaths prevented over a lifetime	519 more false positives	2 more cases overdiagnosed

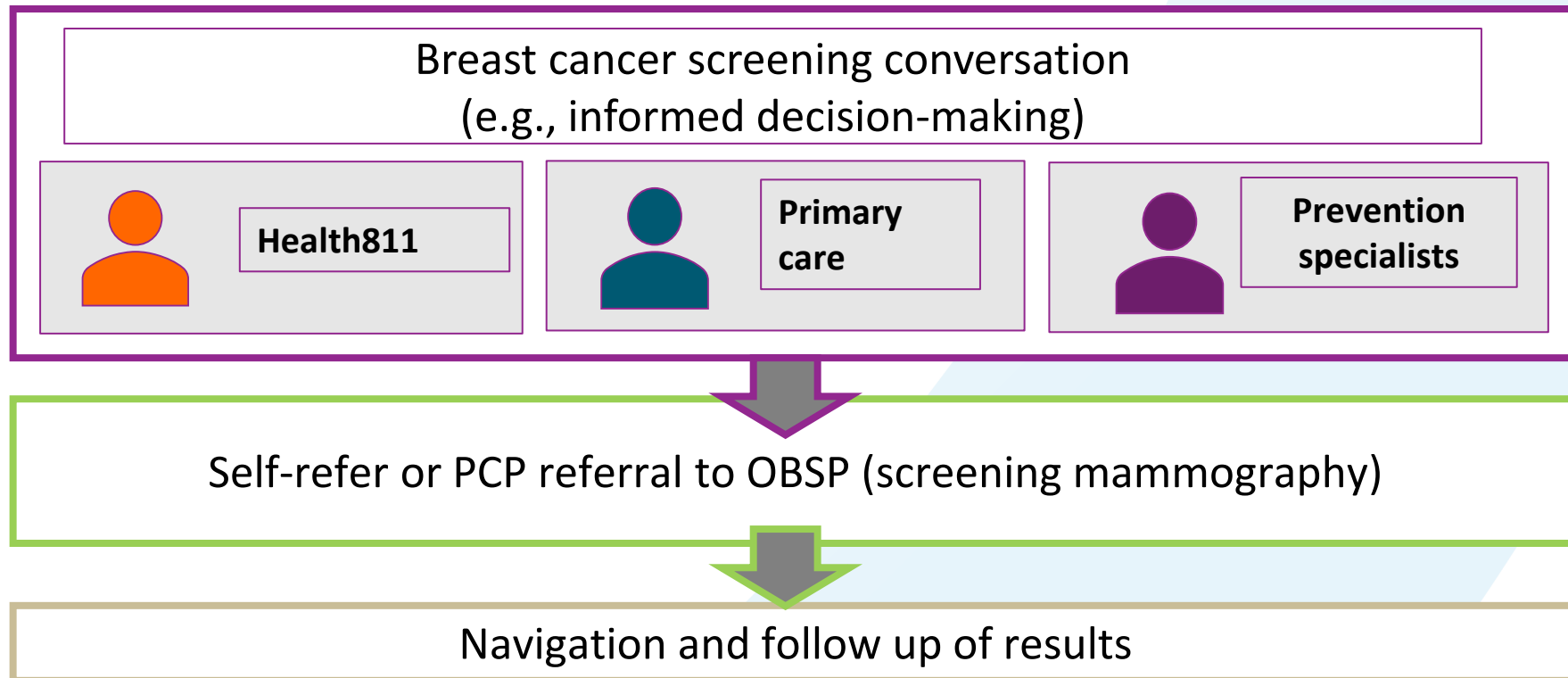
When comparing starting screening at 40 to starting screening at 50:

- there may be a small reduction in breast cancer deaths and mortality;
- there are more false-positives when starting screening at age 40; and
- there may be a small increase in overdiagnosis (finding a cancer that would have never caused harm if left untreated).

¹Trentham-Dietz A, Chapman CH, Jayasekera J, et al. Collaborative Modeling to Compare Different Breast Cancer Screening Strategies: A Decision Analysis for the US Preventive Services Task Force. JAMA. Published online April 30, 2024. doi:10.1001/jama.2023.24766

OBSP 40 to 49: Breast cancer screening conversations

People ages 40 to 49 can access breast cancer screening conversations through 3 avenues – Primary Care, Health811 (by calling and speaking to a trained navigator) and Prevention Specialists.



Provider resource: Conversation guide

- Setting the stage for decision-making
- Risk of breast cancer in 40s vs 50s
- Breast cancer risk assessment tool
- Race, ethnicity and Indigeneity
- Discussing values and preferences
- Potential benefits and potential harms of breast cancer screening
- Starting screening at age 40 vs 50
- Counseling people who are pregnant and lactating
- Next steps if someone chooses to screen or not screen



Helping people ages 40 to 49 decide whether to screen for breast cancer

Why breast cancer screening conversations are important

The Ontario Breast Screening Program (OBSP) encourages people ages 40 to 49 to make an informed decision about whether breast cancer screening is right for them based on their personal risk for breast cancer, the potential benefits and potential harms of breast cancer screening, and what matters most to them in taking care of their health. Having conversations about breast cancer screening is important because generally people ages 40 to 49 have a lower chance of getting breast cancer compared to people ages 50 to 74, and the balance of potential benefits to potential harms of regular breast cancer screening may be different for people ages 40 to 49 than for people ages 50 to 74.

Eligibility for the OBSP

Women, Two-Spirit people, trans people and nonbinary people ages 40 to 49 are eligible for breast cancer screening in the OBSP if they:

- have no new breast cancer symptoms
- have no personal history of breast cancer
- have not had a mastectomy
- have not had a screening mammogram within the last 11 months
- if transfeminine, have used feminizing hormones for at least 5 years in a row.

There is also a program for people who are at high risk of getting breast cancer based on whether they have certain genes, their family or personal health history, or if they have previously had radiation therapy to the chest. If you would like to learn more about the high risk screening program you can visit the program website at cancercareontario.ca/obsp or call the Ontario Health Contact Centre at 1-866-662-9233.

Setting the stage for decision-making

Make sure the person you are counselling understands that their choice is between **getting screened now** or **not getting screened right now**.

Reassure them that:

- they can take as much time as they need to decide.
- if they choose not to screen, they can change their mind and start screening at any time between age 40 to 74.
 - Note: Eligible people will receive an invitation letter to start screening when they turn 50.

Resources for screening people ages 40 to 49

Primary Care resources

- [Provider conversation guide](#) to support informed decision-making discussions about breast cancer screening
- Frequently Asked Questions
- Ontario Health (Cancer Care Ontario) [website](#) updates

Public resources

- Public fact sheet on breast cancer screening
- [My CancerIQ](#) for assessing individualized risk for breast cancer
- [Website](#) with information about OBSP locations and mammogram wait times
- Appointment booking line: 1-800-668-9304
- Ontario Health (Cancer Care Ontario) [website](#) updates

Next steps

- The OBSP will be working on other elements of expansion including recall correspondence, promotional materials (including development of culturally tailored materials), and further strategies to build capacity for screening and breast assessments
- If you have any questions, please feel free to reach out to cancerinfo@ontariohealth.ca

UPCOMING!

Antimicrobial Stewardship in Primary Care Audit and Feedback to Improve Antibiotic Prescribing



November 14, 2024
12:00 p.m. to 1:00 p.m.

FREE

Register Now!



NEW!

Osteoporosis and Fracture Prevention Workshop



Scan to learn more

December 4, 2024

1 p.m. – 4 p.m.

REGISTRATION TO OPEN SOON

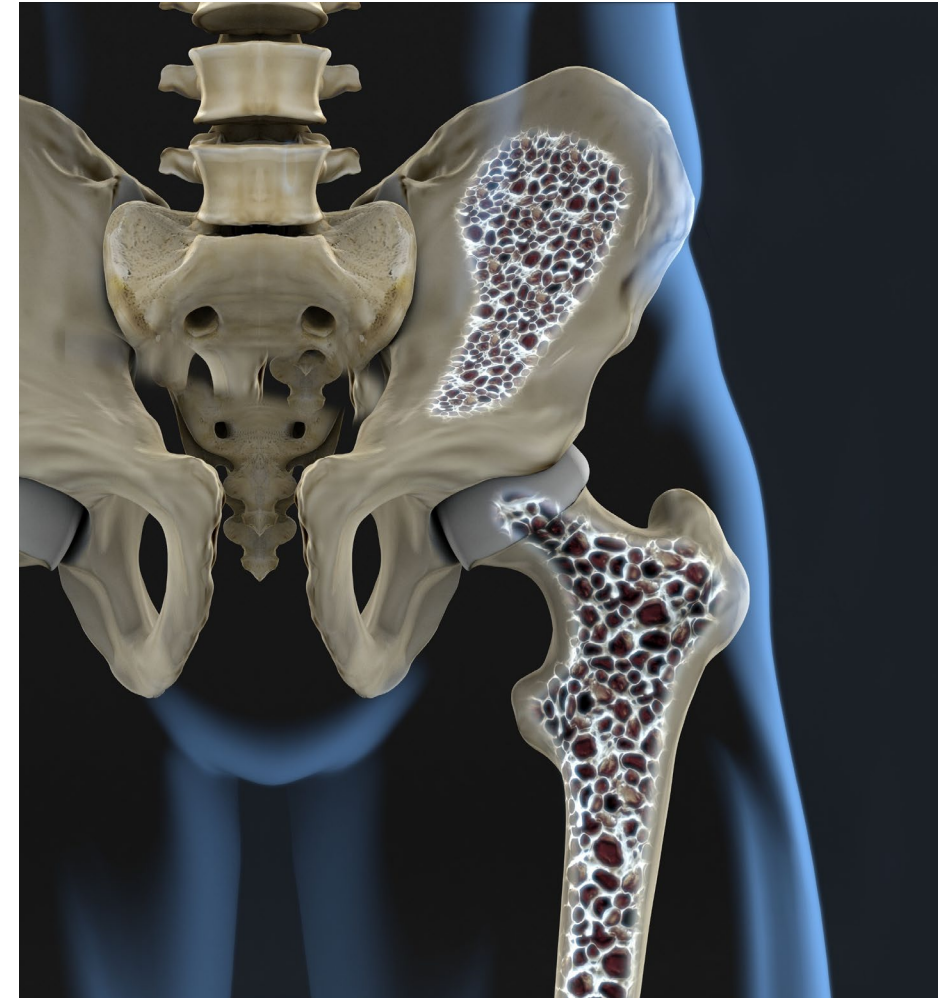
\$195 + HST

This is a three-credit-per-hour Mainpro+ certified program

Ontario College of
Family Physicians



ONTARIO
Osteoporosis
Strategy



OCFP supports for Mental Health, Addictions and Chronic Pain

Mental health, addictions and chronic pain are challenging conditions. Find information to support the care you give patients – in a way that also considers your wellbeing.

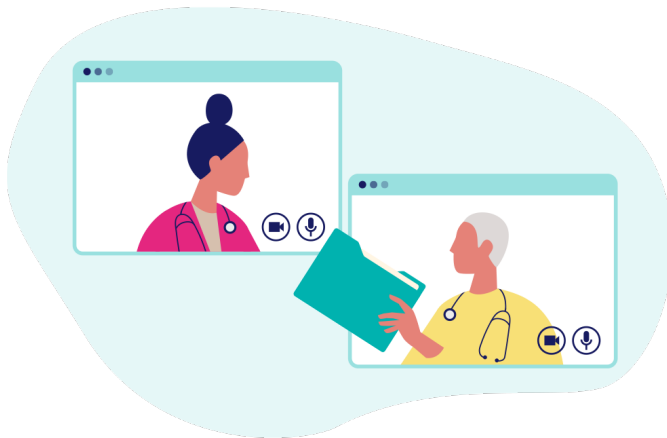


Community of Practice

Join upcoming sessions:

[Integrating AI and technology into family medicine](#)
(October 23rd)

[Approaches to caring for children's mental health](#)
(November 27th)



Peer Connect Mentorship

Receive tailored support to skillfully respond to mental health issues, address substance use disorders, and chronic pain challenges in your practice.

Join

Peers for Joy in Work: Ontario Family physicians supporting each other

Sign up to reclaim **YOUR** joy at work!

You will:

- Learn skills in fostering joy in work
- Receive 1:1 peer support in joy in work through three 30-min peer support sessions from a matched fellow family physician
- OMA wants to support you in finding joy in work:
 1. Receive financial compensation (\$150)
 2. CPD credits (4.5 Mainpro+ credits for completing all three sessions)



Spots are limited, register by October 25, 2024!



RECENT SESSIONS

June 7	Infectious Disease and Management of Obesity	Dr. Daniel Warshafsky Dr. Neil Naik
June 21	Infectious Disease Updates, Managing Alcohol Use & Practical Tips for a Restful Summer	Dr. Daniel Warshafsky Dr. Jennifer Wyman Dr. Joan Chan
July 26	Infectious Disease: Circulating Seasonal Illnesses & Important Vaccine Updates	Dr. Daniel Warshafsky Dr. Zain Chagla
September 6	Preparing for Fall & Practice Management	Dr. Daniel Warshafsky Dr. Darrell Tan Dr. Chase McMurren
September 20	Managing Respiratory Illness in Kids & COPD	Dr. Ronald Grossman Dr. Tasha Stoltz

Previous webinars & related resources:

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

UPCOMING SESSIONS

November 15, 2024	December 6, 2024	January 17, 2025
February 7, 2025	February 21, 2025	March 21, 2025
April 4, 2025	May 2, 2025	May 23, 2025

SAVE THE DATE

Registration link will be emailed to you closer to the date

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: Nov 15, 2024

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.