COVID-19 Community of Practice for Ontario Family Physicians

Oct 7, 2022

Dr. Nicole Blackman
Dr. Allison McGeer
Dr. Daniel Warshafsky
Dr. Liz Muggah

Flu Shots, COVID Boosters and Catch-up Immunizations

Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of Family Physicians

Flu Shots, COVID Boosters and Catch-up Immunizations

Moderator: Dr. Tara Kiran

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

Panelists:

- Dr. Nicole Blackman, Toronto
- Dr. Allison McGeer, Toronto
- Dr. Daniel Warshafsky, Toronto
- Dr. Liz Muggah, Ottawa

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.

Thunder Bay

Significant number of Indigenous people in Kenora, Ont., experienced racism in past year, new study says

Data fills gaps in urban Indigenous health information, offers recommendations on a way forward

Logan Turner · CBC News · Posted: Sep 27, 2022 6:00 AM ET | Last Updated: September 27

- Poverty rates were almost five times higher among Indigenous adults than the general Kenora population
- One-third of Indigenous adults do not have a regular place to go for health advice or when they are sick
- About 40 per cent of Indigenous adults reported they had been treated unfairly by a health care professional because of their Indigenous identity
- 14 per cent reported avoiding health or social services due to discrimination
- Almost one in three Indigenous adults reporting racism said it affected their overall health and well-being

https://www.cbc.ca/news/canada/thunder-bay/our-health-counts-kenora-1.6595965

Changing the way we work

A community of practice for family physicians during COVID-19

At the conclusion of this series participants will be able to:

- Identify the current best practices for delivery of primary care within the context of COVID-19 and how to incorporate into practice.
- Describe point-of-care resources and tools available to guide decision making and plan of care.
- Connect with a community of family physicians to identify practical solutions for their primary care practice under current conditions.

Disclosure of Financial Support

This CPD program has received in-kind support from the Ontario College of Family Physicians and the Department of Family and Community Medicine, University of Toronto in the form of logistical and promotional support.

Potential for conflict(s) of interest:
N/A

Mitigating Potential Bias

- The Scientific Planning Committee has full control over the choice of topics/speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by a three-member national/scientific planning committee.

Planning Committee: Dr. Tara Kiran (DFCM), Dr. Elizabeth Muggah (OCFP); Kimberly Moran (OCFP) and Mina Viscardi-Johnson (OCFP)

Previous webinars & related resources:

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


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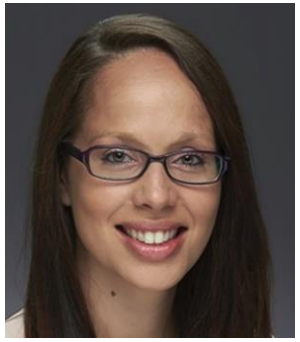

Dr. Nicole Blackman– Panelist

Provincial Director, Indigenous Primary Health Care Council

Dr. Allison McGeer – Panelist

Infectious Disease Specialist, Mount Sinai Hospital

Dr. Daniel Warshafsky – Panelist

Associate Chief Medical Officer of Health

Dr. Liz Muggah – Panelist

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

Dr. David Kaplan – Co-Host

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Family Physician, North York Family Health Team

Vice President, Quality, Ontario Health

Dr. Mekalai Kumanan– Co-Host

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President, Ontario College of Family Physicians

Family Physician, Two Rivers Family Health Team

Chief of Family Medicine, Cambridge, ON

Speaker Disclosure

- Faculty Name: **Dr. Nicole Blackman**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Indigenous Primary Health Care Council
  - Others: N/A

- 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

Speaker Disclosure

- Faculty Name: **Dr. Daniel Warshafsky**
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  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: N/A
  - Others: N/A

- Faculty Name: **Dr. Liz Muggah**
- Relationships with financial sponsors:
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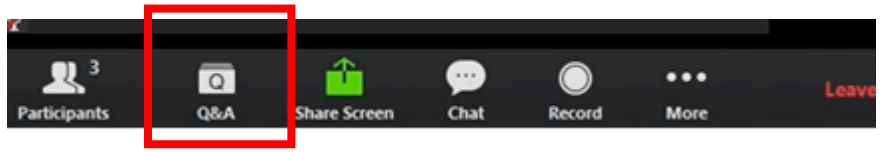
  - Speakers Bureau/Honoraria: N/A
  - Others: Ontario Health

Speaker Disclosure

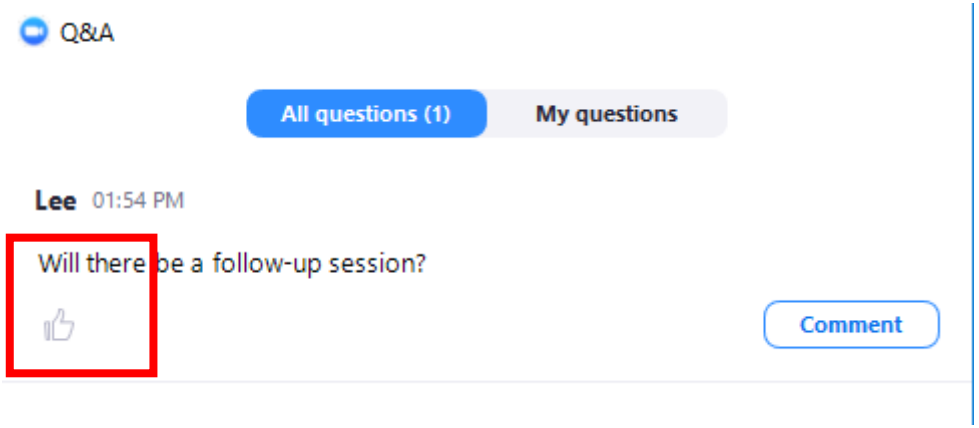
- Faculty Name: **Dr. David Kaplan**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Others: Ontario Health (employee)
- Faculty Name: **Dr. Mekalai Kumanan**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: ECHO Chronic Pain and Rheumatology Advisory Board, Ontario College of Family Physicians
  - Others: N/A
- Faculty Name: **Dr. Tara Kiran**
- Relationships with financial sponsors:
  - Grants/Research Support: St. Michael's Hospital, University of Toronto, Health Quality Ontario, Canadian Institute for Health Research, Ontario Ministry of Health, Gilead Sciences Inc (re: Hepatitis C), Staples Canada (re: Patient Engagement)
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians, Ontario Medical Association, Doctors of BC, Nova Scotia Health Authority, Osgoode Hall Law School, Centre for Quality Improvement and Patient Safety, Vancouver Physician Staff Association, University of Ottawa, Ontario Health, Canadian Medical Association

How to Participate

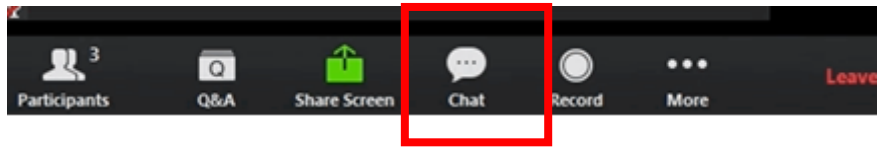
- All questions should be asked using the Q&A function at the bottom of your screen.



- 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.

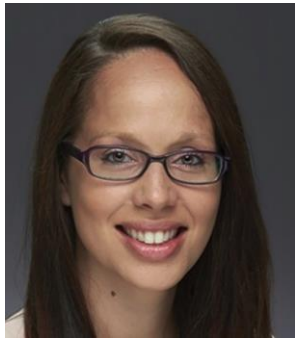


- Please use the chat box for networking purposes only.



Today's Outline

- Strategies to support vaccine uptake among Indigenous people
- COVID cases, new variants, bivalent vaccine and fall boosters
- Flu shots
- Routine vaccines (infant, child and youth)



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INDIGENOUS PRIMARY HEALTH CARE COUNCIL

IPHCC: Strategies and Supports to Increase Vaccine Uptake

Created For: COVID-19 CoP Session

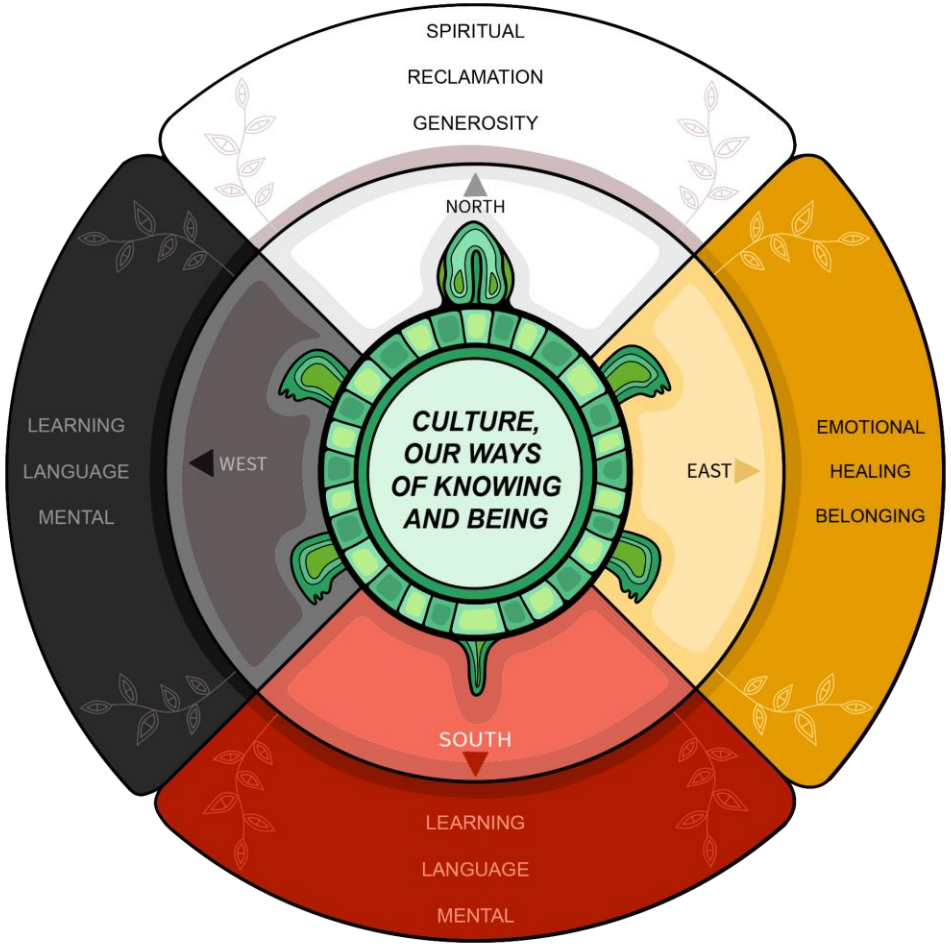
Last Updated: October 07th, 2022

ROOT CAUSES OF MEDICAL MISTRUST

- Smallpox blankets
- Medical testing in residential schools
- Nutritional studies in residential schools
- Medical testing in Indian hospitals
- Forced sterilization of Indigenous women
- Birth Alerts
- Body bags sent to reserves with H1N1
- Stories of Brian Sinclair, Joyce Echaquan, Michelle Labrecque, and many more
- Personal experiences of discrimination when accessing health services

Indigenous Health in Indigenous Hands

- Explore integrated care that is inclusive of the Model of Wholistic Health and Wellbeing
- Understand the value and necessity of Traditional Healing when supporting Indigenous clients
- Support the concept of Culture-as-Healing
- Develop referral processes with local Indigenous Primary Health Care Organizations (AHACs, Indigenous CHCs, Indigenous Interprofessional Primary Care Teams, Indigenous FHTs, Indigenous NP-Led Clinics)

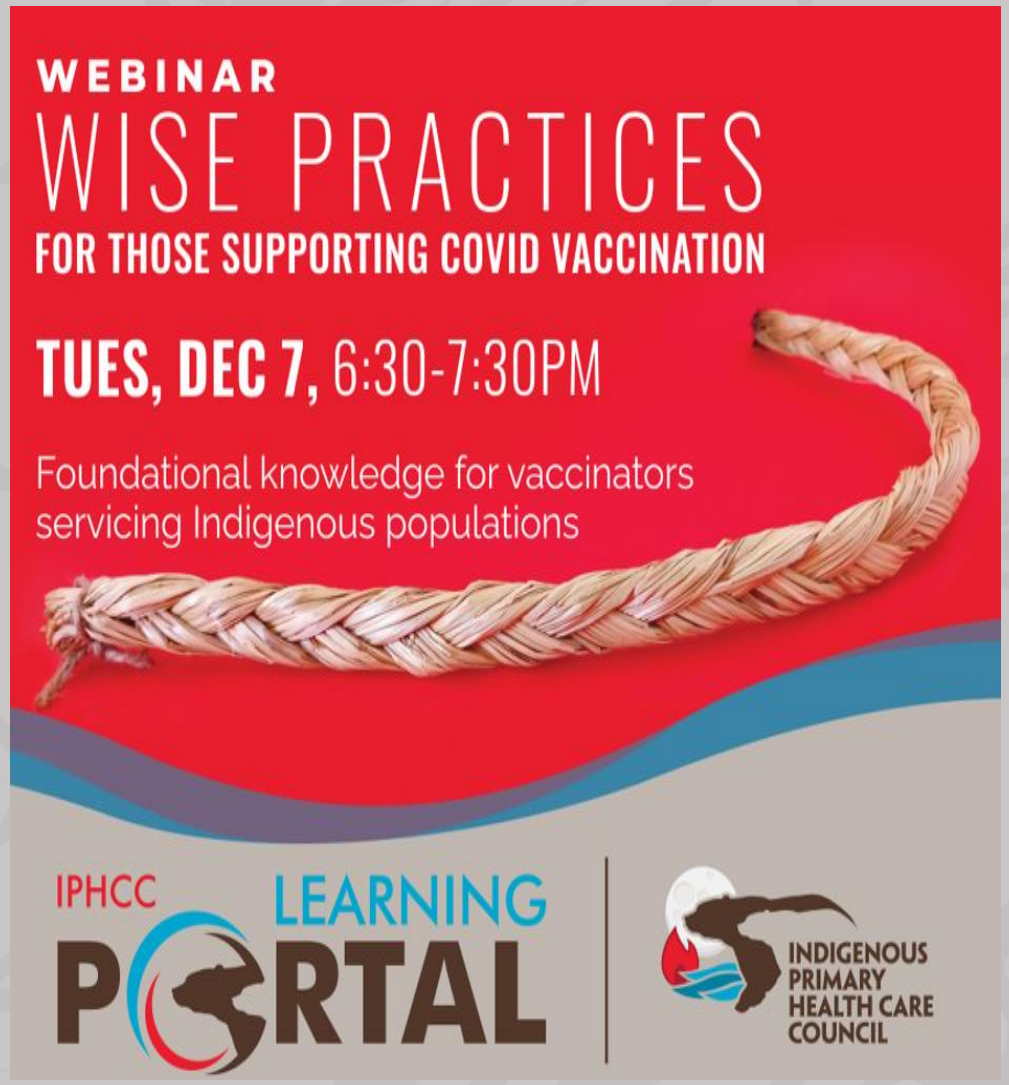


Course Link

Strategies to Support Indigenous Participation in Ontario's COVID-19 Response

Wise Practices Webinar

- The IPHCC presented a Wise Practices for Vaccinators Webinar on March 23rd as well as December 7, 2021, in collaboration with the Ontario Medical Association (OMA)
- **Purpose:** to provide health care providers with the foundational knowledge to support vaccine administration among the Indigenous population.
- Wise Practices Webinar Dec 7, 2021 Recording Link



Wise Practices for COVID Vaccinators

Strengthen Knowledge

- Keep learning about Indigenous communities and colonization.
- Learn more about why many Indigenous people may be hesitant to self-identify and be vaccinated.
- Be aware that some Indigenous-led clinics may smudge as a supportive practice.
- Build your understanding of cultural safety and what it looks like within the context of COVID and vaccine hesitancy.

Wise Practices for COVID Vaccinators

Scrutinize Power

- Recognize that power differentials exist. View patients as partners to build trust.
- Consider body language (e.g., your stance when providing vaccinations).
- Take time to genuinely address concerns about vaccinations.
- Speak up when you see or hear something problematic.

Wise Practices for COVID Vaccinators

Unsettle Privilege

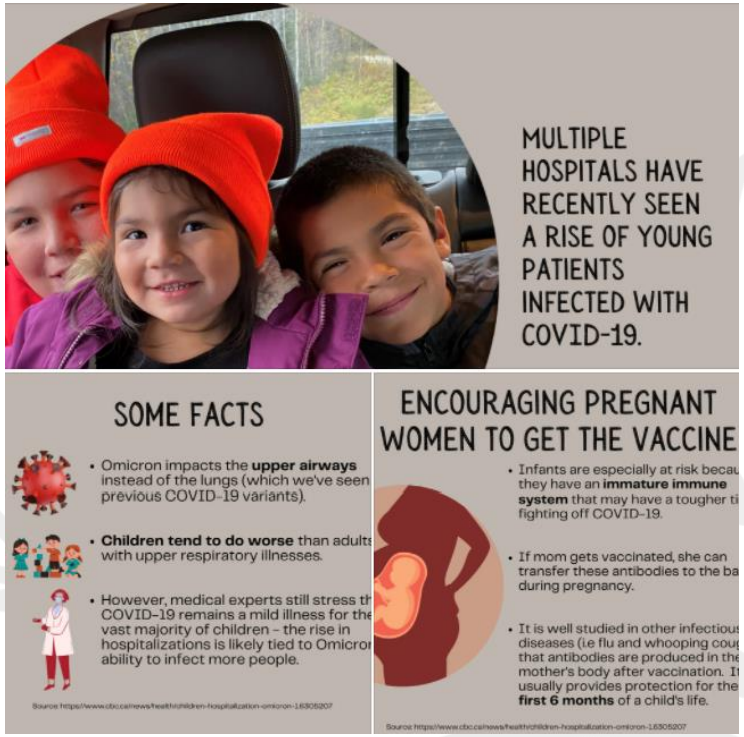
- Be reflexive about your own position and intersecting identities.
- Explore your own biases and assumptions.
- Respect other ways of knowing and approaches to health/healing.
- Advance cultural safety within your practice whenever/wherever possible.

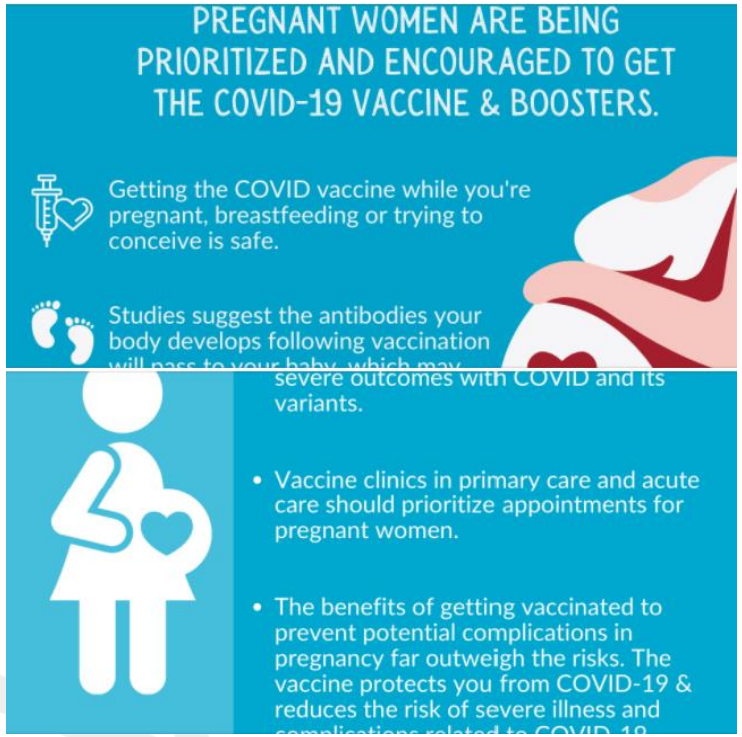
Key Takeaways

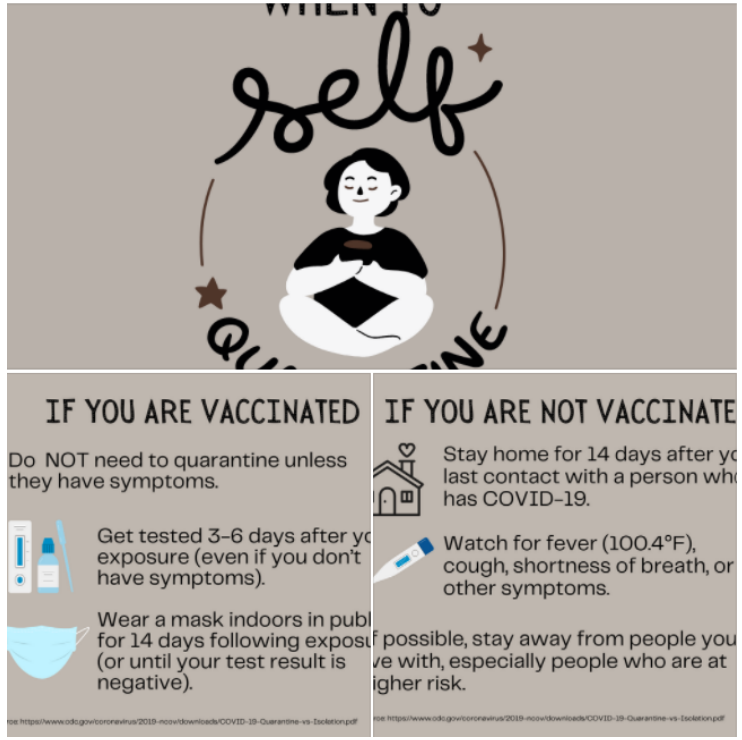
- It is critical to understand the colonial history of this land and the ways in which the health care system was involved.
- Power dynamics exist within the health system. As a COVID vaccinator, it is important to be mindful of these dynamics to ensure that you are building trust with your client and creating a safe vaccination experience.
- There are many considerations and wise practices for both HCPs and organizations to support the provision of culturally safe vaccine experiences for Indigenous people.

Social Media Campaigns

- Purpose: to provide up-to-date and timely information on COVID-19; and increase awareness on prioritization of Indigenous peoples for the COVID-19 vaccine and cultural considerations for vaccine administration.
- The team ensured the facts and statistics included were up-to-date and evidence-based.







Example Fact Sheets

Video Projects in Development

- Myth vs. Fact videos with IPHCC member site's health care providers (HCPs)
- Mobile Health Units (COVID-19 vaccination, Primary Care, etc.)
- Sharing COVID-19 vaccination decision-making journeys with youth, elders, parents for their children, vaccination during pregnancy, etc.
- Building vaccine confidence: "I chose to get my booster dose of the COVID-19 vaccine because..."
- IPHCC Member site Clinic tour (Anishnawbe Mushkiki and Mino M'shki-ki)
- COVID-19 and food security

INDIGENOUS PRIMARY HEALTH CARE COUNCIL

ANISHINAABE MINO'AYAWIIN – PEOPLE IN GOOD HEALTH

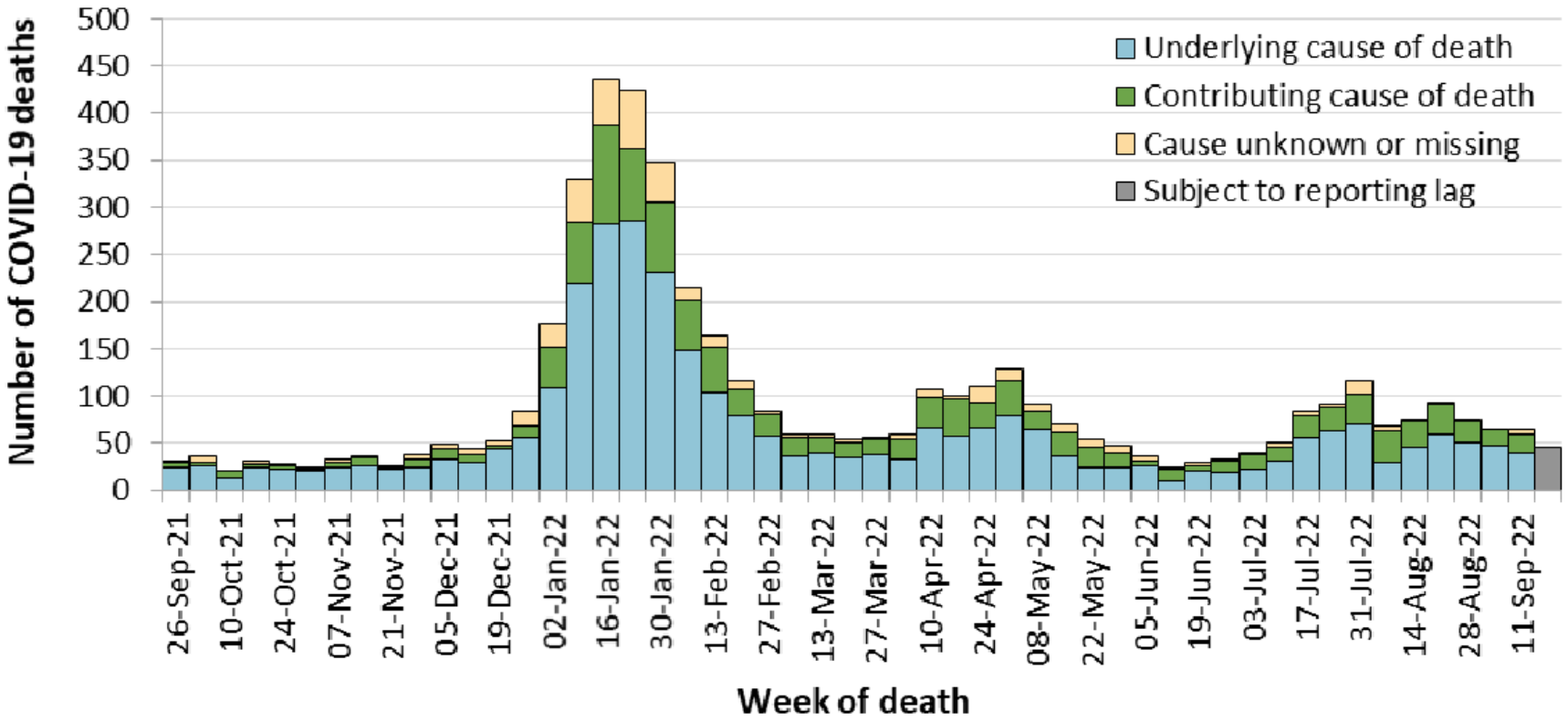
The Anishinaabe Mino'Ayaawin – People in Good Health is IPHCC's Approach to Indigenous Cultural Safety. IPHCC recognizes that cultural competency is not limited to simply acquiring knowledge about a culture. The IPHCC's cultural safety approach accounts for the social and historical contexts, as well as structural and interpersonal power imbalances that shape one's health experiences. The Anishinaabe Mino'Ayaawin is an approach that integrates cultural awareness, sensitivity, competency, humility, and safety.

Anti-Indigenous racism has profound negative impacts on the health and wellness of Indigenous communities in Ontario and across Canada. To support equitable care for First Nations, Inuit and Métis people, the IPHCC aims to educate the broader health care system through transformative, decolonizing, Indigenous-informed coordinated approaches and strategies.

Meegwetch
Miigwech
Maarsii
Nakurmiik
Nia:wen!

Ontario COVID activity status (to Sep 22nd)

Figure 4a. Confirmed COVID-19 deaths, by cause and week of death



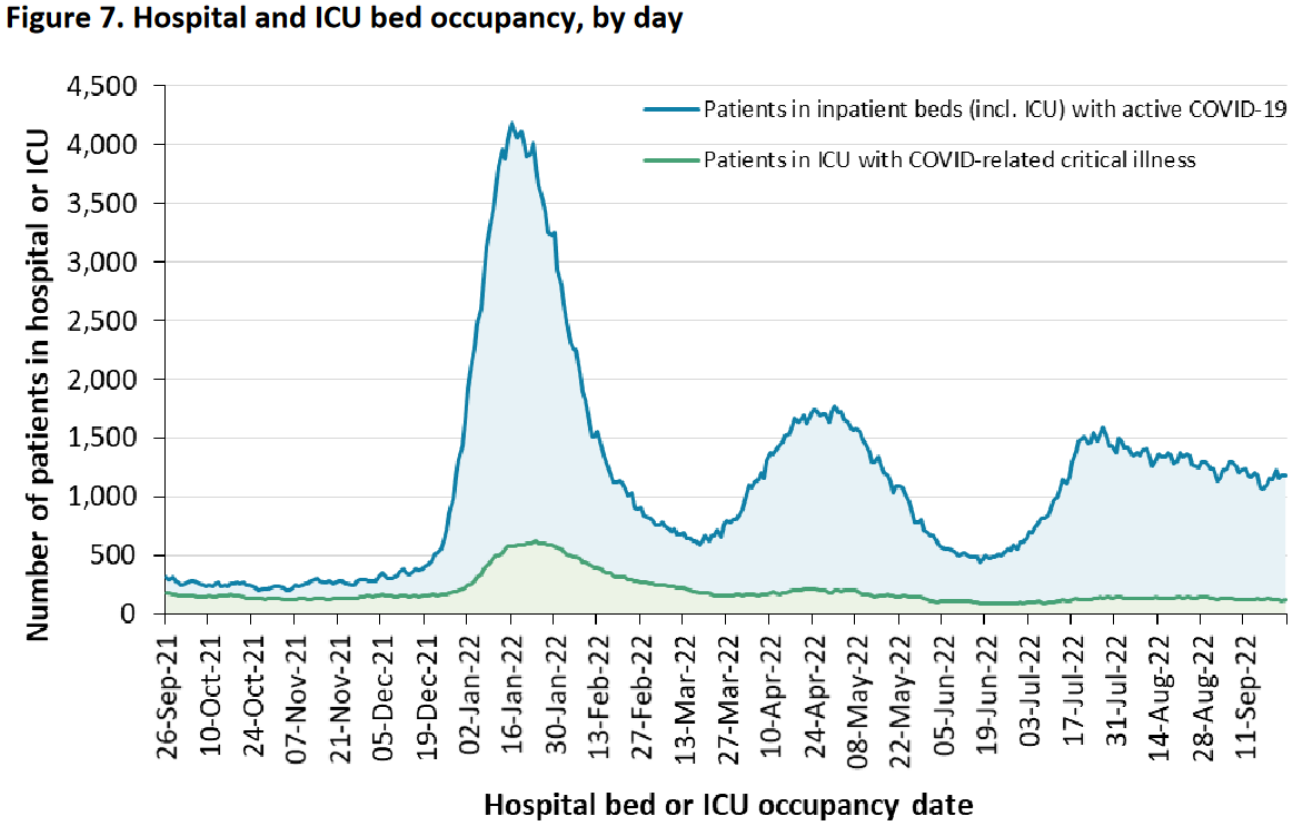
50 deaths/week
= 2600 /year

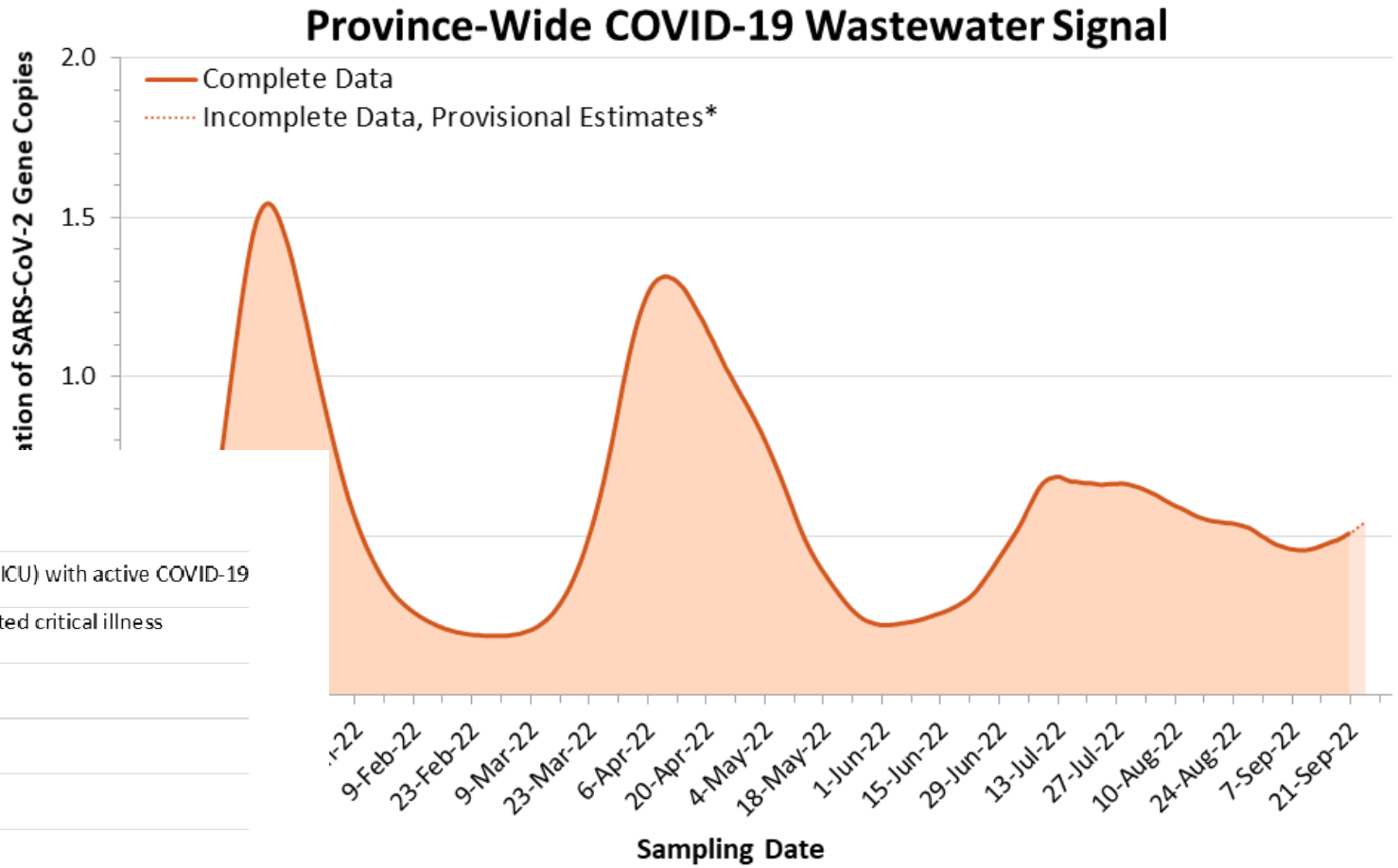
About 2x annual deaths from influenza

7th leading cause of death

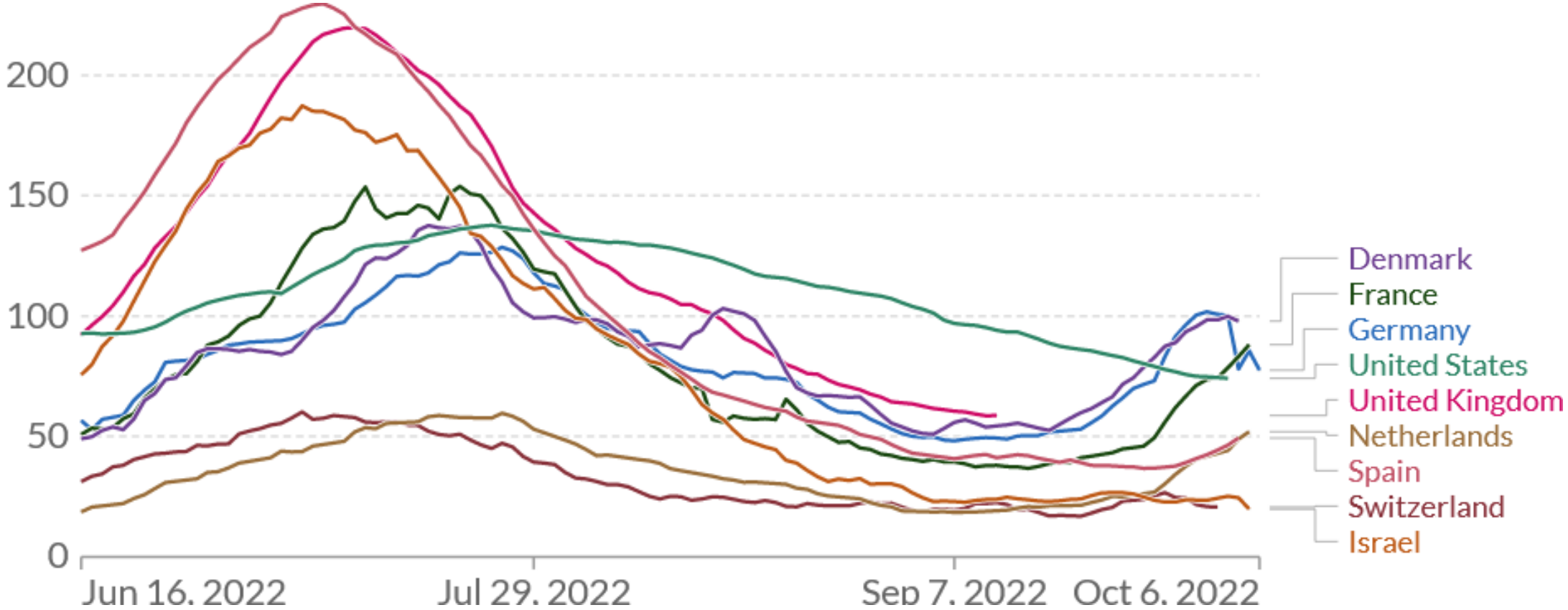
https://www.publichealthontario.ca/-/media/Documents/nCoV/epi/covid-19-weekly-epi-summary-report.pdf?sc_lang=en

Will this rate change?





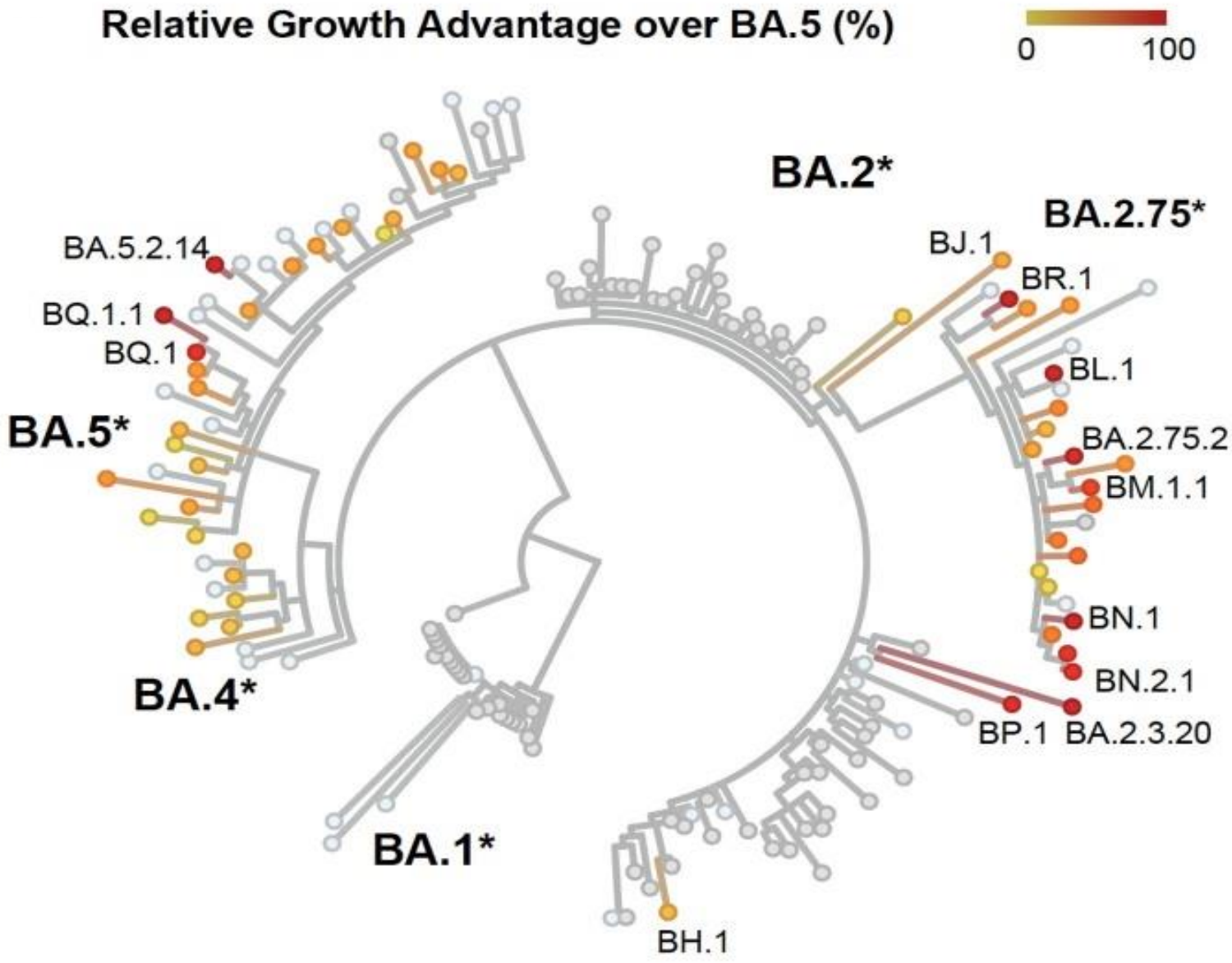
Rates of COVID-19 hospitalization per million population (Our World in Data)

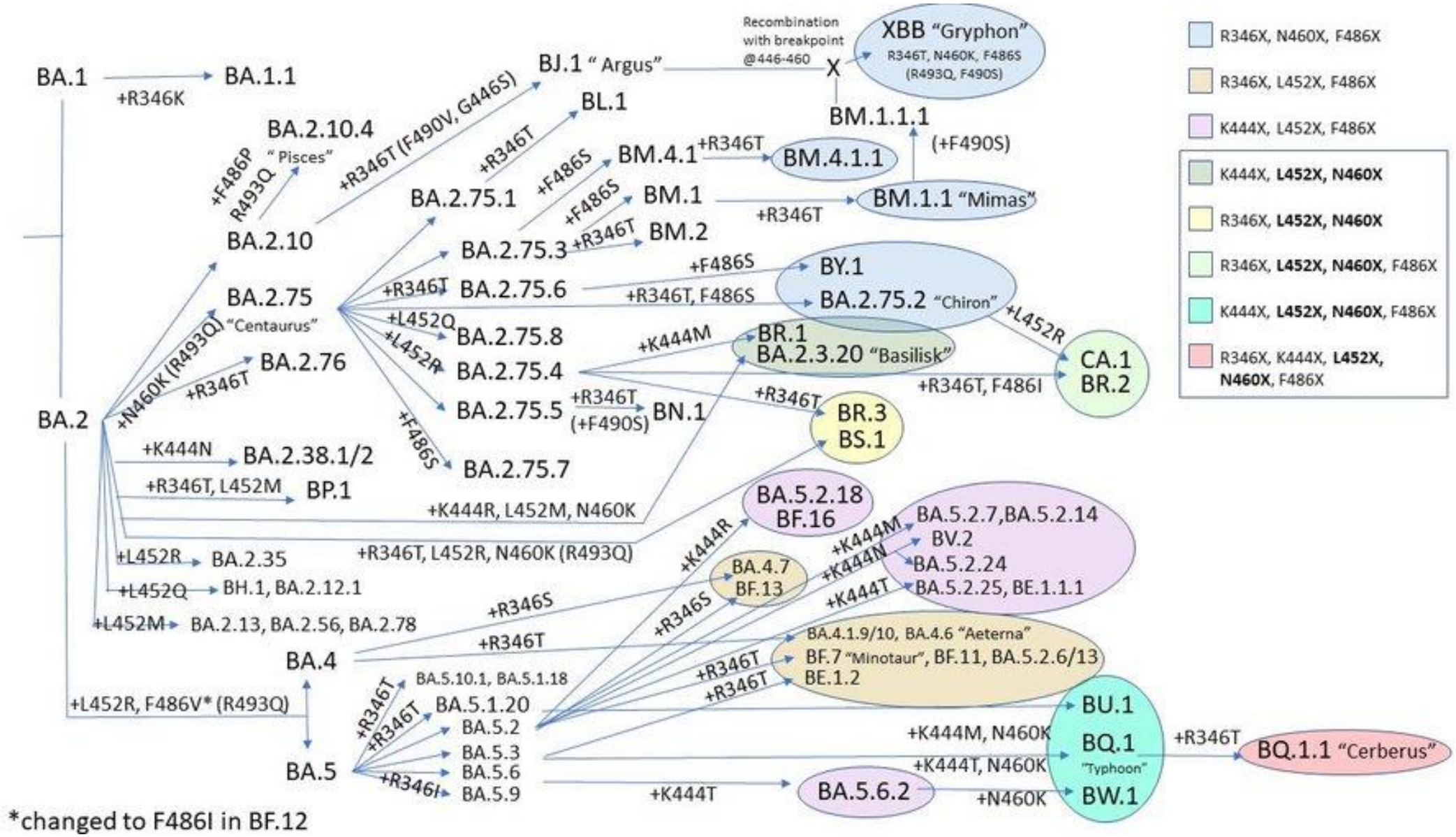


https://ourworldindata.org/grapher/weekly-hospital-admissions-covid-per-million?time=2022-05-26..latest&country=GBR~USA~ISR~DEU~FRA~ESP~NLD~DNK~CHE

New Variants

- Many Omicron “descendants”
- Mostly BA.2.75 and BA.5





*changed to F486I in BF.12

NACI recommendations healthy children and adolescents

Age group	May or Should	Vaccine	Minimal Interval	First Booster
6 – 59 mos	May	Moderna 25ug x 2	8 wks	No
5 – 11 years	Should	Pfizer 10ug x 2 preferred (Moderna 25ug x 2 alt)	8 wks	May ≥6 months (?3 in fall) Pfizer 10ug preferred
12-17 years	Should	Pfizer 30ug x 2 preferred	8 wks	May* ≥6 months unless high activity Pfizer 30ug preferred

*Should for those adolescents in congregate living situations, or in racialized or marginalized populations at higher risk

NACI recommendations fall boosters

Age group	Booster recommended?	Which vaccine?	Interval (previous vaccine or infection)
6 – 59 mos	No		
5 – 11 years	May	Pfizer 10ug original	6 mos or 3 mos*
12-17 years healthy	May	Pfizer 30ug original	6 mos or 3 mos*
12-17 years at risk†	Should	Pfizer 30ug original preferred; either Moderna acceptable	6 mos or 3 mos*
18-64 yrs low risk	May	Moderna bivalent preferred Either original acceptable	6 mos or 3 mos*
18-64 at risk ≥65 yrs all	Should	Moderna bivalent preferred; Either original acceptable	6 mos or 3 mos*

†Immunocompromised, medically fragile, CF, DM, trisomy 21, cancer, chronic heart, liver, lung, kidney disease, neurologic or neurodevelopmental disorder, pregnant, obese, substance use, congregate living, racialized or marginalized populations at higher risk

*a shorter interval of at least 3 months may be warranted in the context of heightened epidemiologic risk, as well as operational considerations for the efficient deployment of the program

Why get a booster dose this fall?

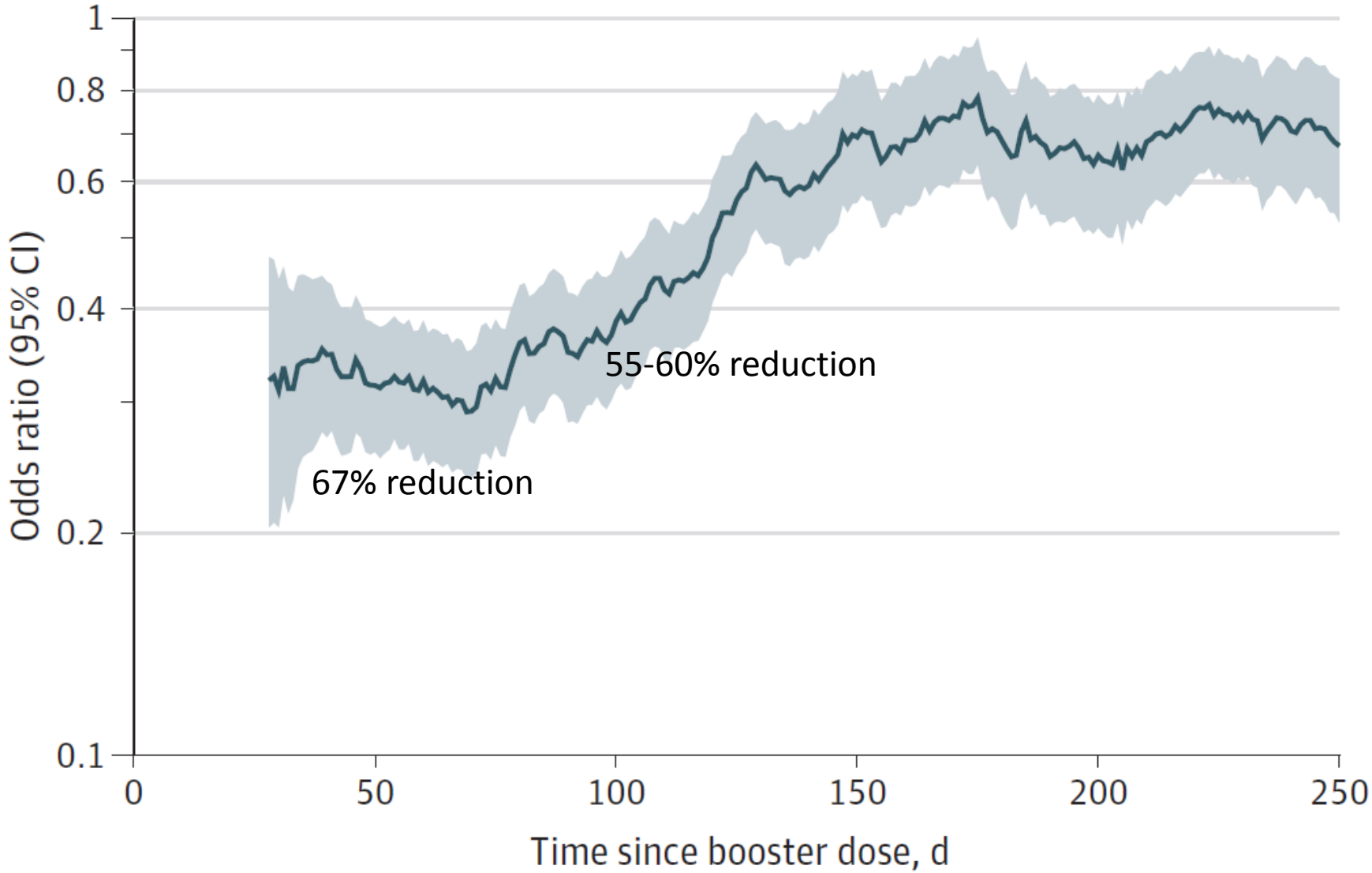
- It reduces your risk of
  - Death
  - Hospitalization
  - Illness
  - Post-COVID condition
- It reduces the chances that you will give COVID-19 to vulnerable persons
- It will help the healthcare system provide care for everyone, and catch up on the prevention and management of illness

Vaccination in pregnancy

Outcome	Vaccinated during pregnancy	Vaccinated 2nd or 3rd Trimester
NICU admission	0.88 (0.80-0.97)	Not assessed
Intrauterine fetal death	0.73 (0.57-0.94)	Not assessed
Pre-term birth	0.89 (0.76-1.04)	0.88 (0.63-0.90)
Small for gestational age	0.99 (0.94-1.04)	0.94 (0.88-1.0)

Watanabe A,. JAMA Pediatr. 2022 Oct 3. pii: 2796976. doi: 10.1001/jamapediatrics.2022.3456

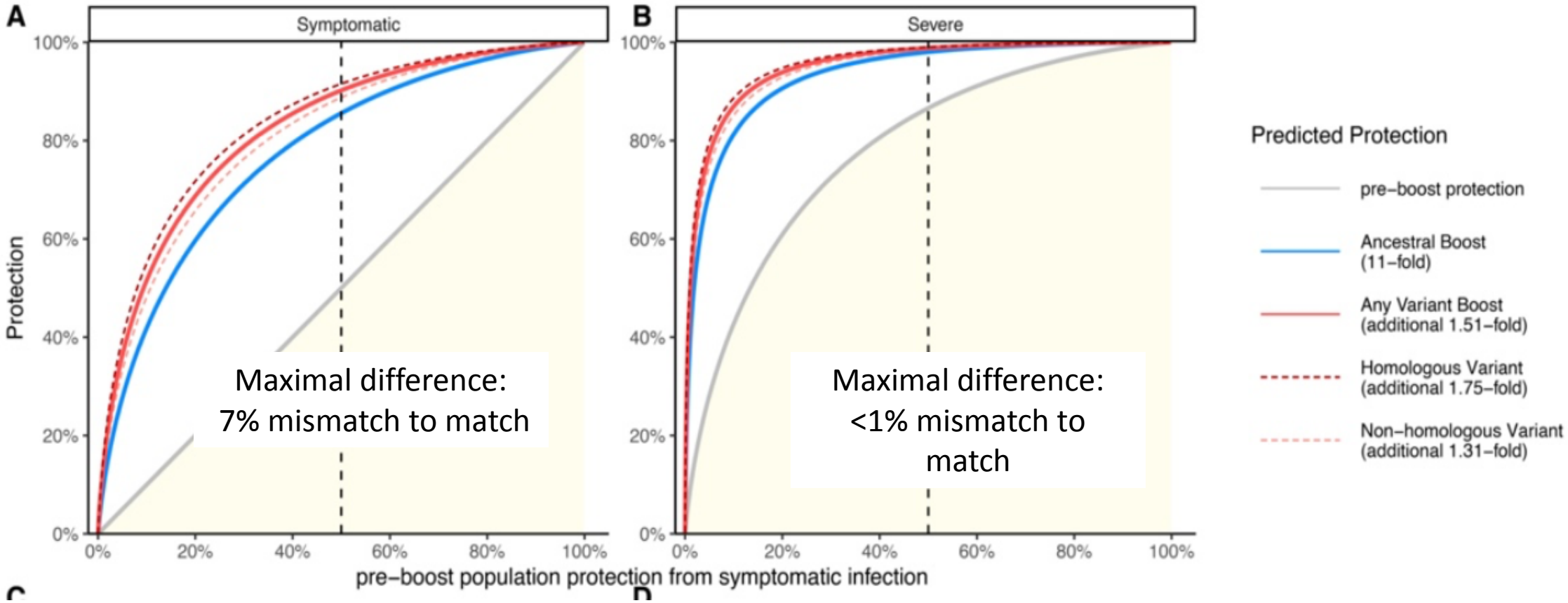
Odds of Hospitalization for COVID-19 After 3 vs 2 Doses of mRNA COVID-19 Vaccine by Time Since Booster Dose



Ridgway JAMA Sep 23

doi:10.1001/jama.2022.17811

Difference in protection by different boosters



New Variants

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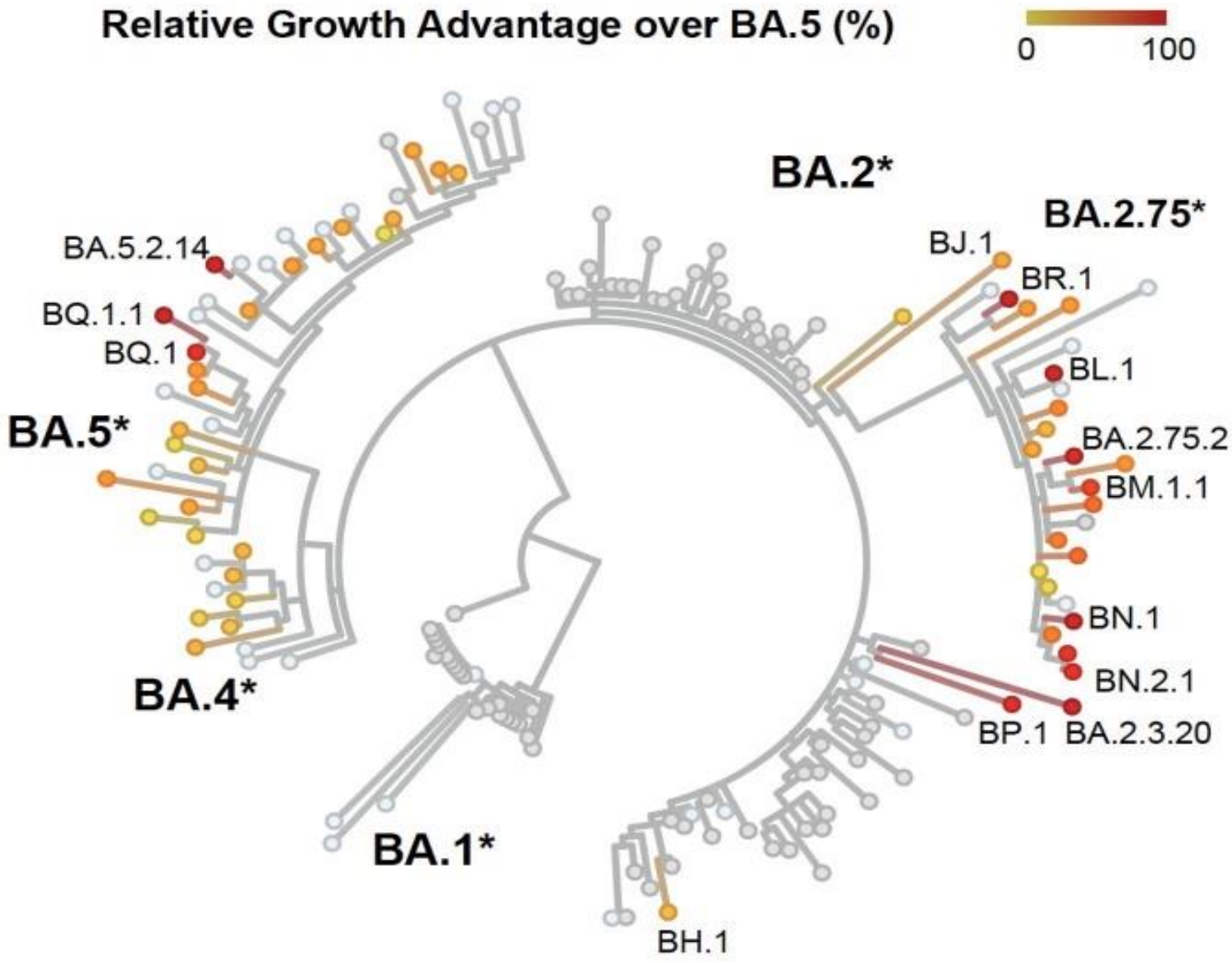
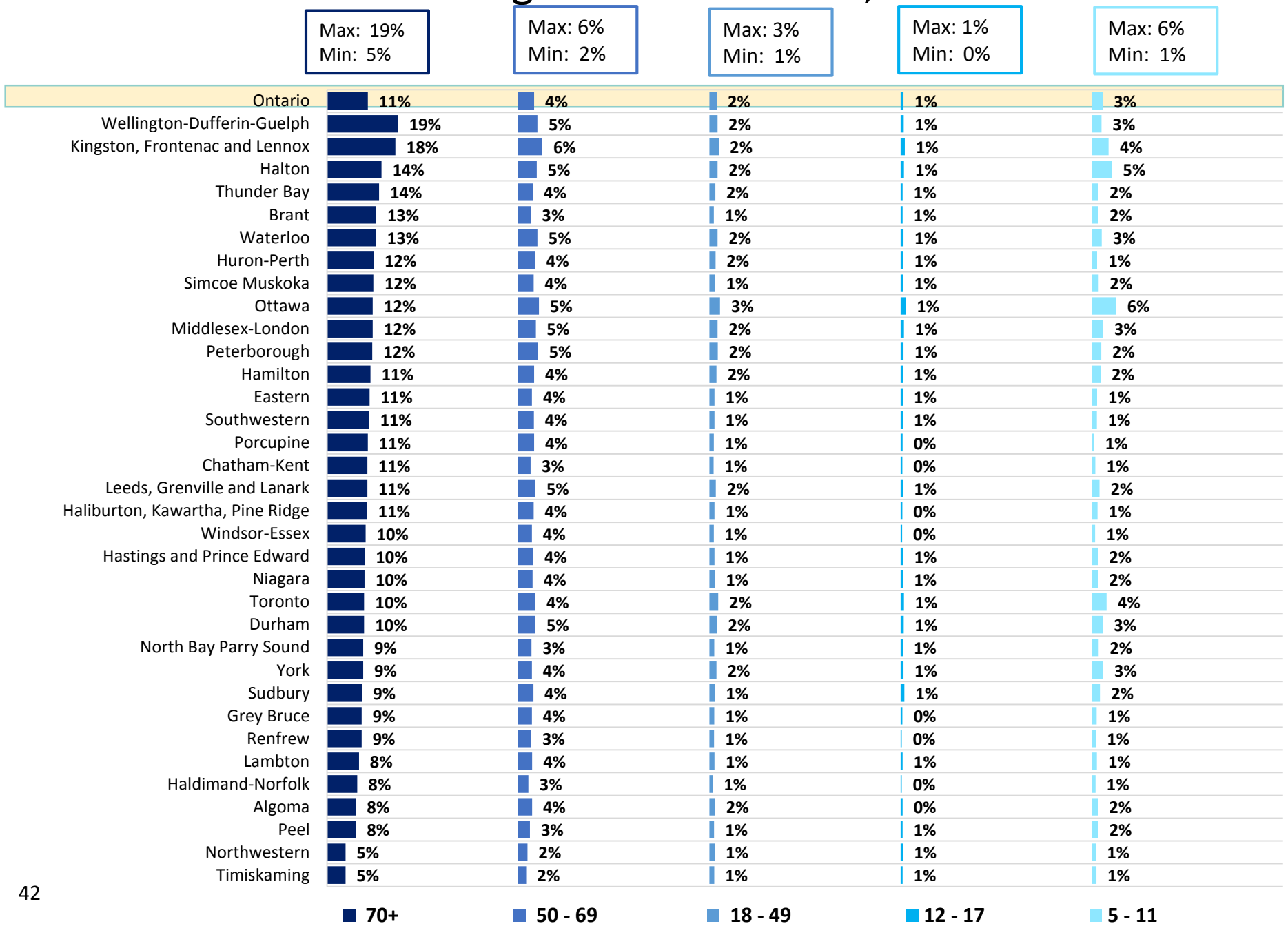


COVID-19 Vaccination

5+ Fall Booster Coverage as of October 2, 2022



Key Insights

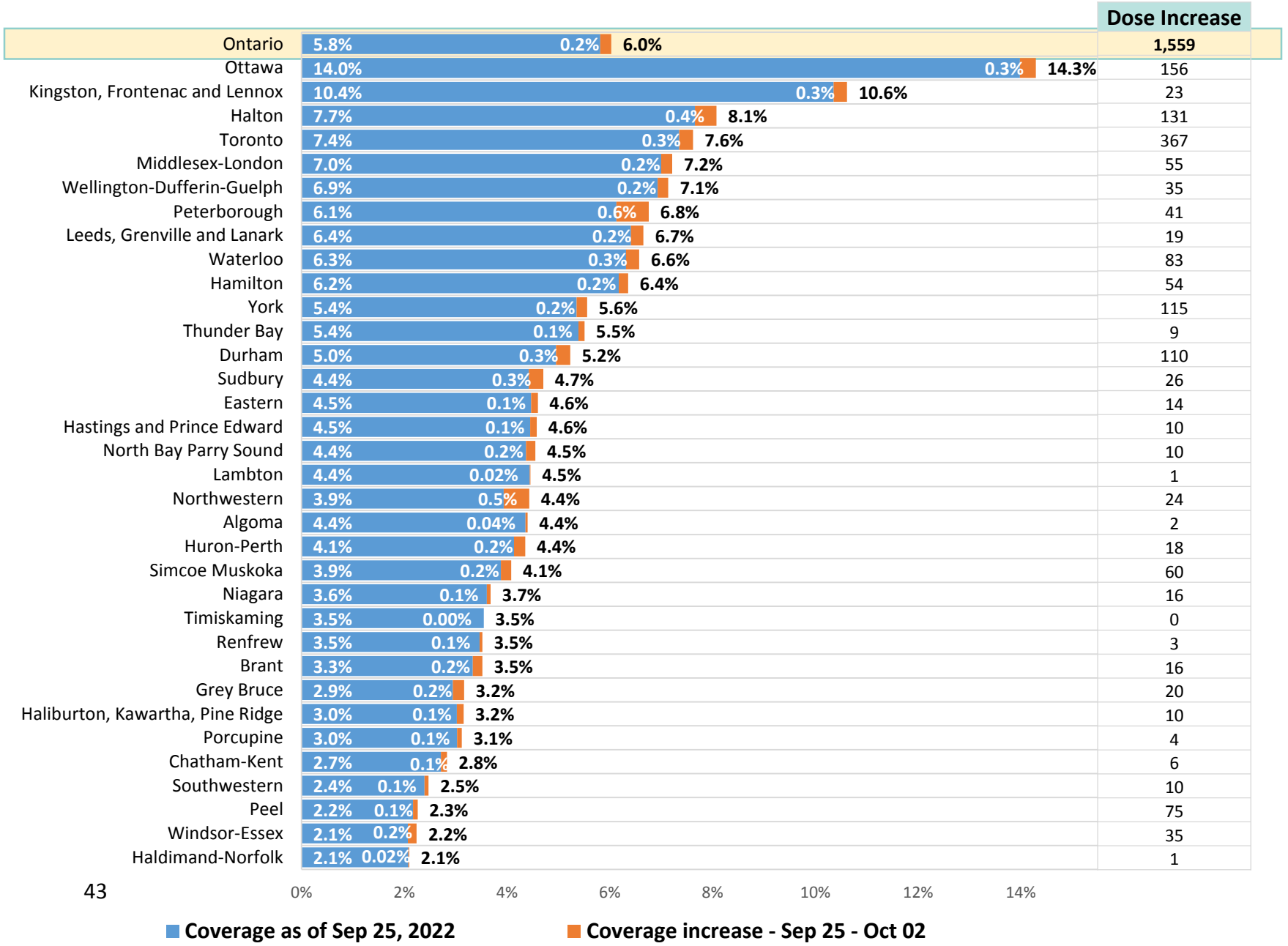
- Fall booster coverage for **5+** in Ontario is 3.6% and coverage by age is:
  - 70+: **11%**
  - 50-69: **4%**
  - 18-49: **2%**
  - 12-17: **1%**
  - 5-11: **3%**
- Fall booster coverage for 70+ across PHUs ranges from **5%** to **19%**
- PHUs have been organized in descending order based on 70+ coverage rates

Vaccinated with Fall Booster: Completed primary series and received a booster on or after September 1, 2022

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

Ontario

Children 0-4 Years: First Dose Coverage Growth Sept 25-Oct 2, 2022



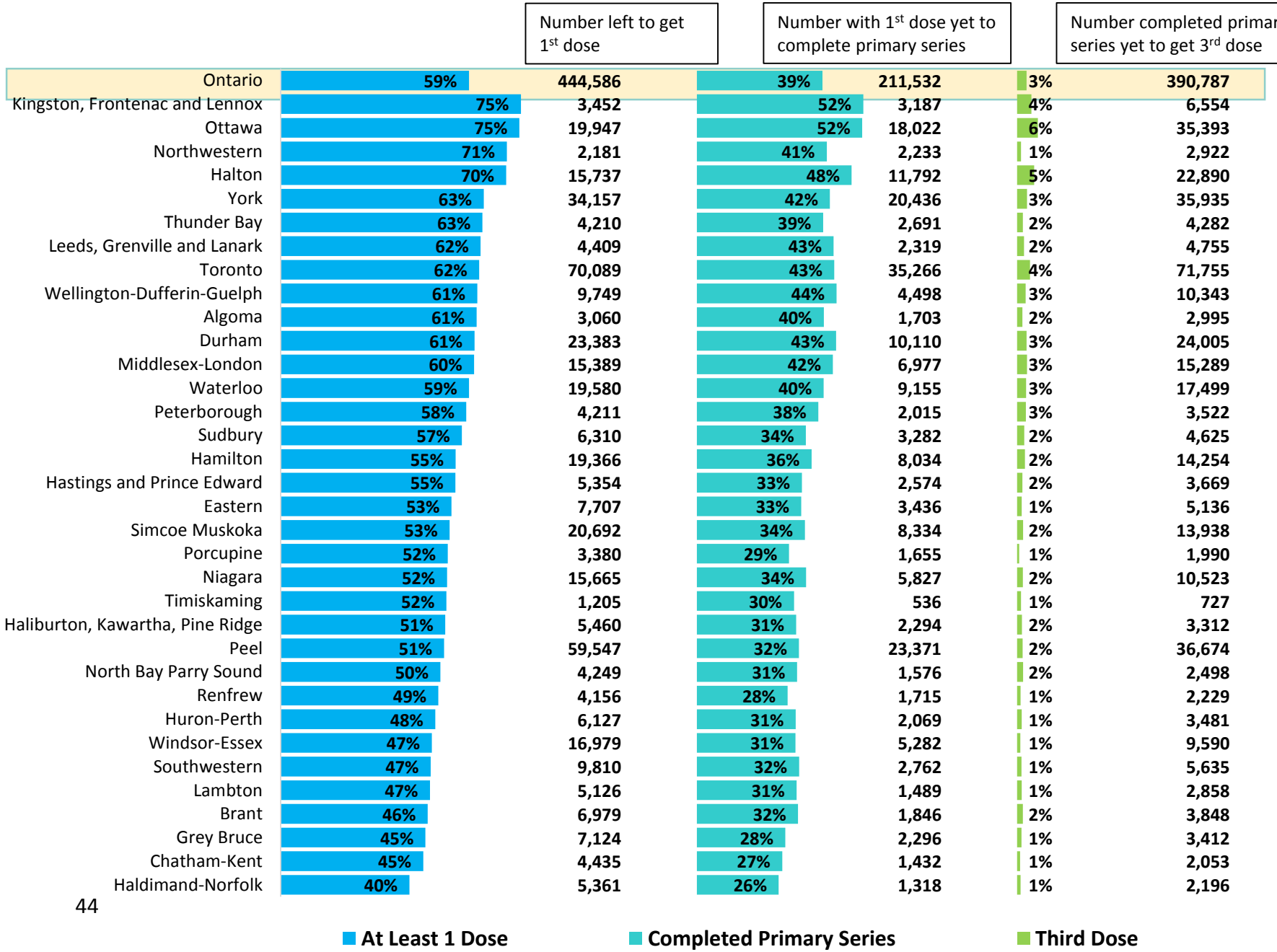
Key Insights

- Coverage for children 0-4 years in Ontario increased by **0.2%** between Sept 25 –Oct 2
  - Coverage increase for PHUs ranges between **0%** to **0.6%**
- **Top 5** PHUs in coverage growth:
  - ***Peterborough, Northwestern, Halton, Ottawa, Sudbury***
- **Bottom 5** PHUs in coverage growth:
  - ***Timiskaming, Haldimand-Norfolk, Lambton, Algoma, Renfrew***
- PHUs are arranged by 0-4 1st dose coverage as of Oct 2 from highest to lowest

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

Ontario

Children 5-11 Years: Coverage as of October 2, 2022



Key Insights

- Provincial coverage for children 5-11:
  - At least 1 dose: **59%**
  - Completed primary series: **39%**
  - Third dose: **3%**
- About **211K** children 5-11 with a 1st dose are yet to get a 2nd dose
- PHUs are arranged by 5-11 "at least 1 dose coverage" as of Oct 2 from highest to lowest

Completed primary series – includes individuals who have received:
* one dose of a single-dose vaccine series (e.g., Janssen), where the vaccine is Health Canada approved, or
* both doses of a two-dose vaccine series, where at lease on the products are Health Canada approved. This includes individuals who received two doses of the same vaccine, or individuals who had mixed doses (for example, one AstraZeneca and one Pfizer), or
* three doses of any vaccine product, whether the vaccine(s) are Health Canada approved or not,

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

Moderna Spikevax Bivalent Booster

- Offered only as booster; any number of previous boosters
- Adults 18 years and older; moderately to severely immunocompromised 12 to 17 years old
- Recommended interval from last dose – 6 months; minimum interval – 3 months
- High-risk groups recommended to receive as soon as eligible following 3-month interval:
  - aged 70 and over
  - residents of LTC, retirement homes, Elder Care Lodges and individuals in other congregate settings that provide assisted-living and health services
  - First Nation, Inuit and Métis individuals and their non-Indigenous household members aged 18+
  - moderately to severely immunocompromised individuals aged 12 and over
  - pregnant individuals 18 years and older
  - healthcare workers 18 years and older

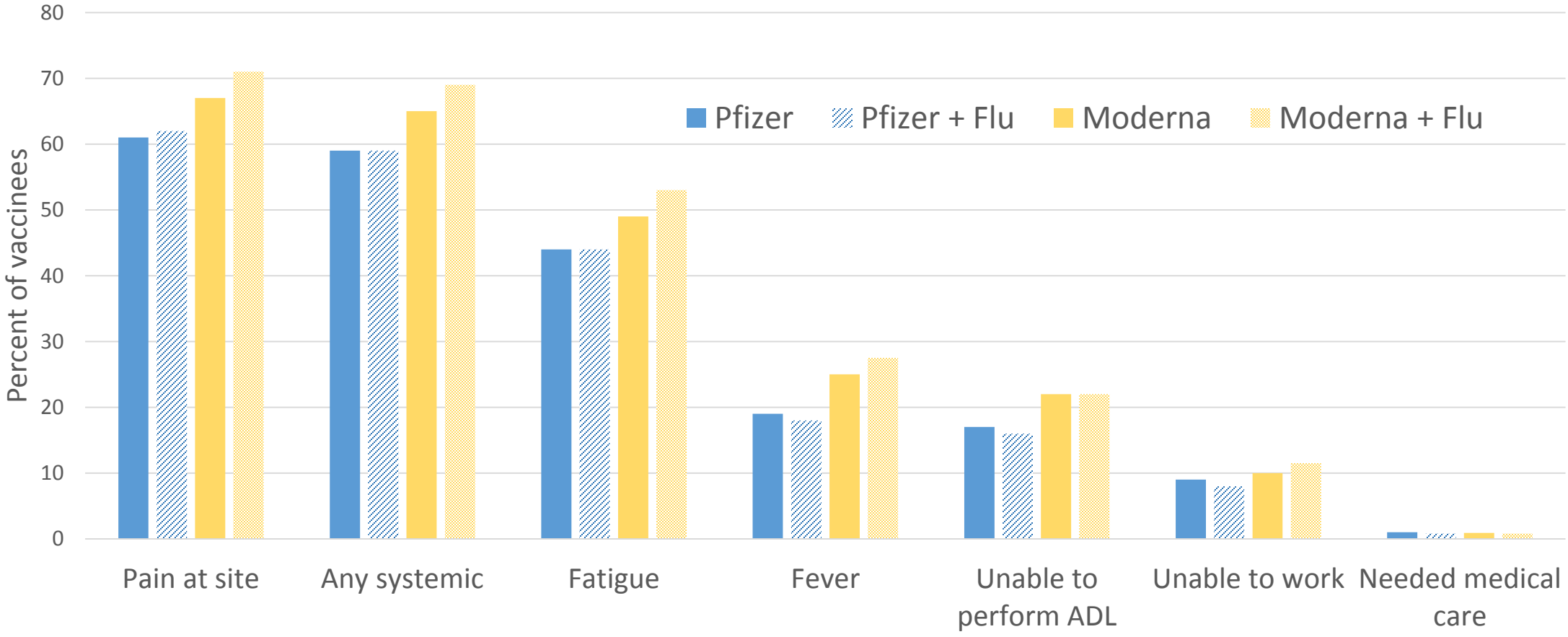
OCFP bivalent vaccine Q&As for family physicians (Oct. 6, 2022):
https://www.ontariofamilyphysicians.ca/news-features/president-s-messages/COVID-bivalent-vaccine-qas-2022-10.pdf

MOH COVID-19 Vaccine Guidance (Sept. 26, 2022): https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_vaccine_administration.pdf

MOH COVID-19 Vaccines webpage:
https://www.ontario.ca/page/covid-19-vaccines#Bivalent-vaccines

Universal Influenza Immunization Program (UIIP)

Separate vs. concomitant mRNA COVID and influenza vaccines (open label; V-safe)



Hauser JAMA Network Open. 2022;5(7):e2222241. doi:10.1001/jamanetworkopen.2022.22241

Summary:
“Enhanced” vs. standard dose (SD) influenza vaccines

- Limited RCT data: single high quality RCT for IIV3-HD vs. IIV3-SD
- Most observational data from US, administrative databases, using diagnostic codes
- Very limited data comparing different enhanced vaccines

- **Data consistently suggests enhanced vaccines are better than SD**
  - **Most evidence for IIV-HD; less for IIV-adj; least for RIV**

- *IIV-HD and IIV-adj associated with more arm pain than RIV and SD differences in systemic symptoms not consistent*
- *Cost effectiveness very sensitive to vaccine prices, relative VE and mismatch/herd immunity assumptions*

https://www.cdc.gov/vaccines/acip/recs/grade/influenza-older-adults.html

UIIP 2022-23: Product Mix

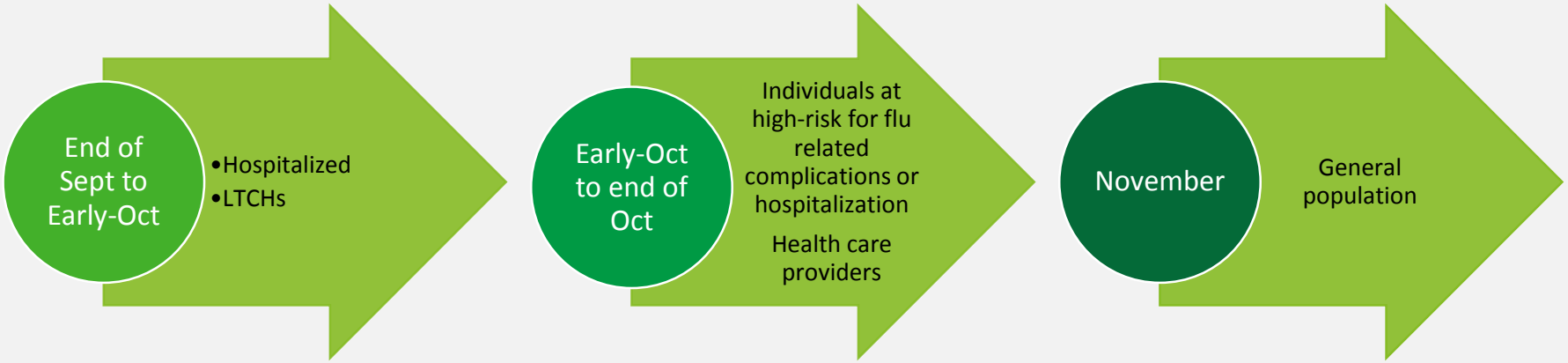
- Publicly funded vaccines available for the 2022-23 influenza season:

Vaccine Name	Manufacturer	Format	Age Indication
FluLaval Tetra	GSK	MDV	≥6 months
Fluzone Quadrivalent	Sanofi	MDV/PFS	≥6 months
Afluria Tetra*	Seqirus	MDV/PFS	≥5 years
Fluzone High-Dose Quadrivalent	Sanofi	PFS	≥65 years
Fluad	Seqirus	PFS	≥65 years

*Available at pharmacies only

UIIP 2021-22: High-Risk Roll-Out

- Implementation of a high-risk program roll-out during the initial distribution of flu vaccine.
  - Aligns with the COVID ethical approach to vaccine distribution roll-out
  - Early doses of flu vaccine were prioritized for high-risk individuals
    - Those at risk of severe health outcomes including seniors, those with medical conditions (e.g., diabetes) and those in congregate care settings. See Appendix A.
- Allows supplies to be available in the province for general population launch / large increase in demand.



Appendix A: UIIP 2021-22 High-Risk Criteria

Individuals at high risk of influenza-related complications or who are more likely to require hospitalization:

- All pregnant women
- People who are residents of nursing homes or other chronic care facilities
- People ≥ 65 years of age
- All children 6 months to 4 years of age
- Indigenous peoples
- Adults or children 6 months of age and over with chronic health conditions as follows:
  - Cardiac or pulmonary disorders
  - Diabetes mellitus or other metabolic disease
  - Cancer
  - Conditions or medication which compromise the immune system (due to underlying disease, therapy or both)
  - Renal disease
  - Anemia or hemoglobinopathy
  - Neurologic or neurodevelopment conditions
  - Morbid obesity (body mass index of ≥ 40)
  - Children and adolescents (6 months to 18 years) undergoing treatment with acetylsalicylic acid for long periods

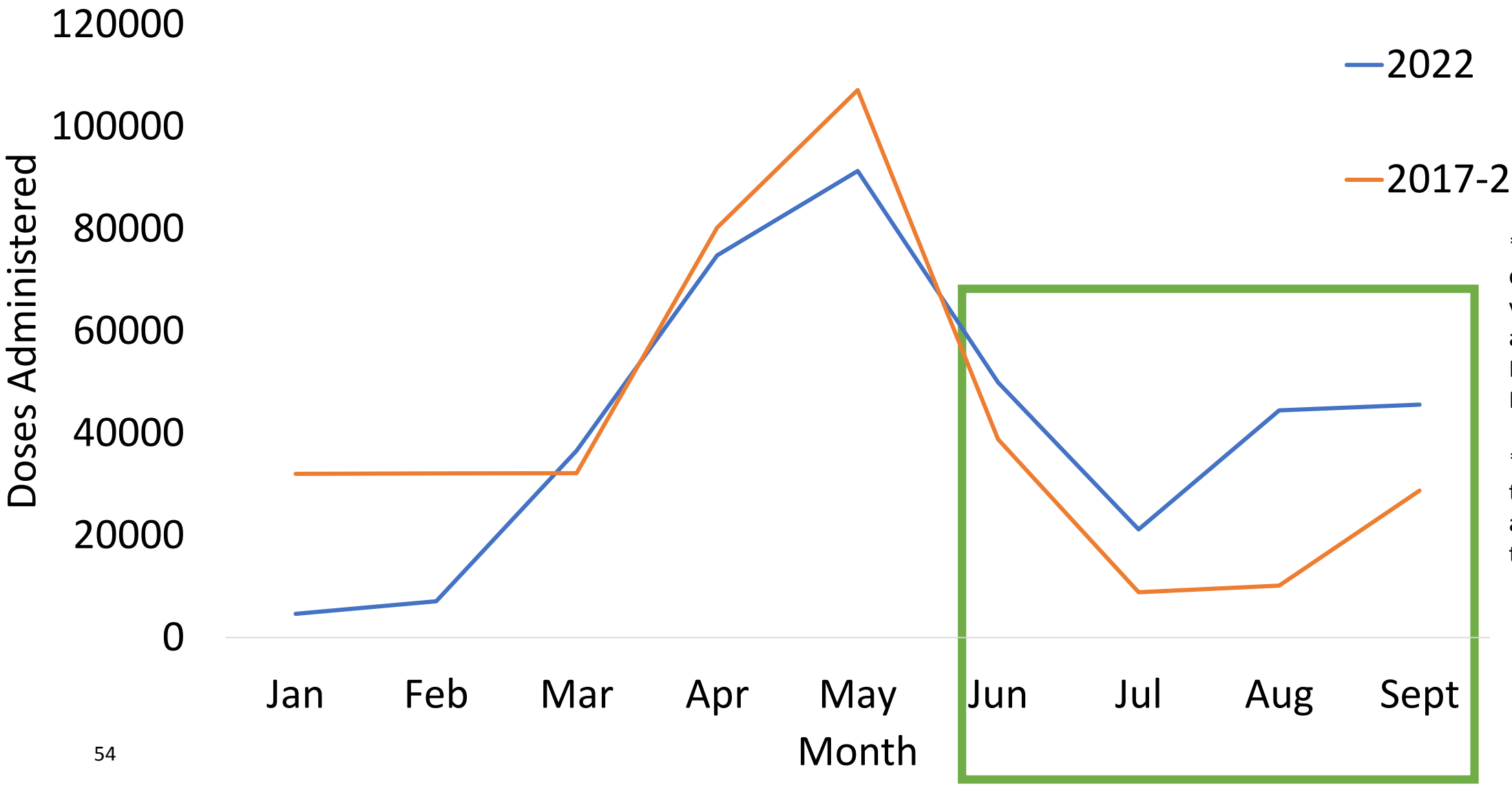
UIIP 2022-23: Update

- Flu vaccine started to be received in Ontario from manufacturers after mid-September.
- Distribution from the central Ontario warehouse to Public Health occurred at the end of September and pharmacy distributors occurring as of October 6, 2022 for distribution to pharmacies beginning October 11, 2022.
- Priority distribution to hospitals and LTCHs (residents and healthcare workers) followed by distribution to retirement homes, congregate care settings and other vulnerable populations.
- Distribution commenced to primary care provider offices / facilities and pharmacies in early October.
- Over 1,575 primary care premises have received publicly funded flu vaccine as of October 5, 2022.

School-Based Immunizations

Historical Vaccination of Hep B, HPV, and Men, from Jan – September

Data Source: Panorama, Jan 2017 – Sept 2022



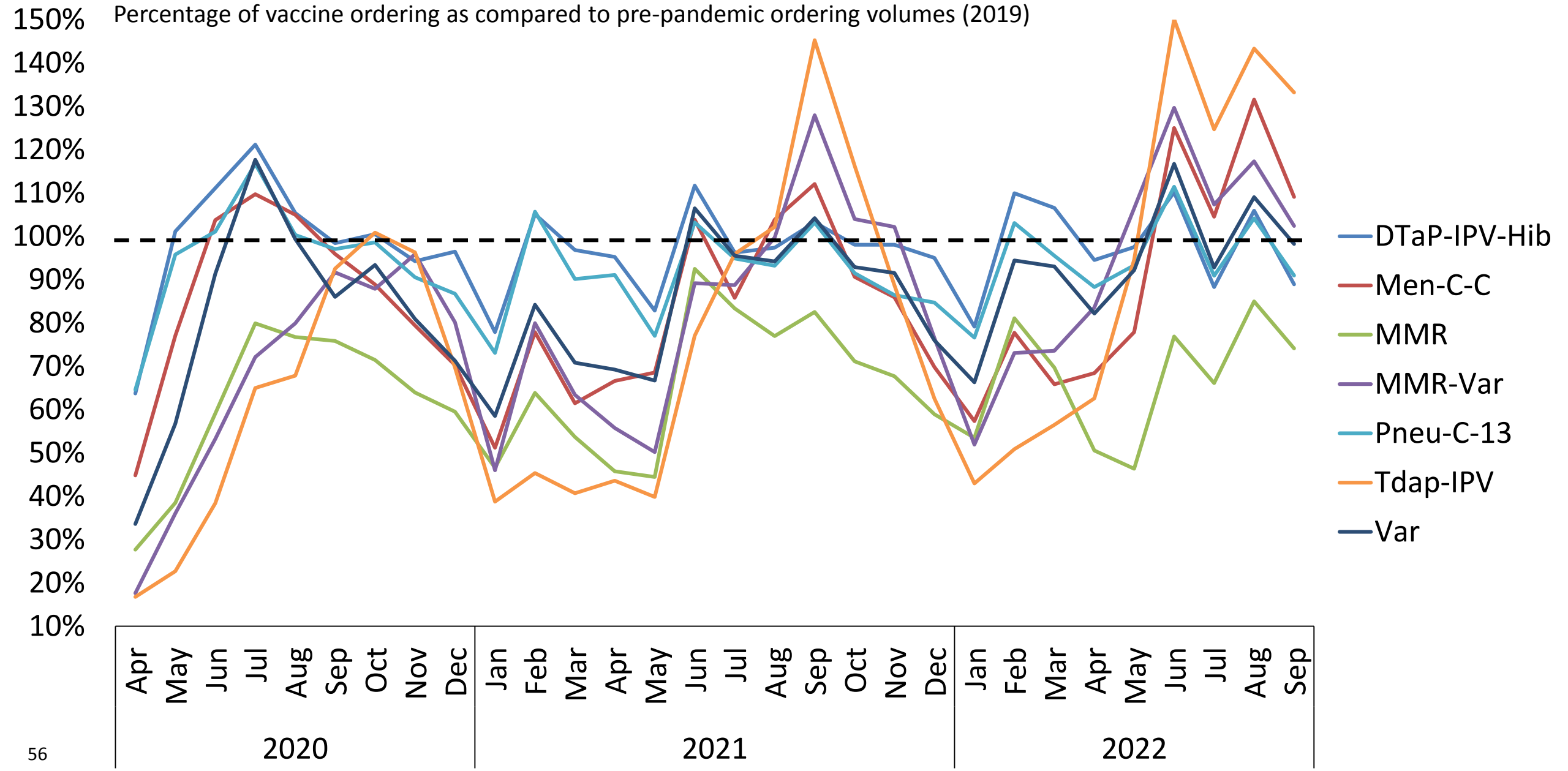
*Doses are a combination of all vaccines administered for Hep B, HPV, and Men-C-ACYW

*2017-2019 is taken as a month average over those years

Routine Childhood Immunizations

Under-5 Publicly Funded Vaccine Ordering

Data Source: Panorama, Jan 2019 – Sept 2022



COVID-19 Vaccines for Children and Youth

1st Dose – Primary Series	2nd Dose – Primary Series	3rd Dose – Primary Series	Booster Dose
6 MONTHS–4 YEARS **Up to Date:** After completion of primary series, since a booster is not recommended for this age group at this time			
Pfizer-BioNTech (3 mcg)	Pfizer-BioNTech (3 mcg) 2 months (56 days) after 1st dose	Pfizer-BioNTech (3 mcg) 2 months (56 days) after 2nd dose	No booster dose is recommended for this age group.
Moderna (25 mcg)	Moderna (25 mcg) 2 months (56 days) after 1st dose	Moderna (25 mcg) 2 months (56 days) after 2nd dose ***ONLY FOR IMMUNOCOMPROMISED**	
5-11 YEARS **Up to Date:** Immediately after the most recent booster dose recommended			
Pfizer-BioNTech (10 mcg)	Pfizer-BioNTech (10 mcg) 2 months (56 days) after 1st dose	Pfizer-BioNTech (10 mcg) 2 months (56 days) after 2nd dose ***ONLY FOR IMMUNOCOMPROMISED**	Pfizer-BioNTech (10 mcg) 6 months after last dose
12-17 YEARS **Up to date:** Immediately after the most recent booster dose recommended			
Pfizer-BioNTech (30 mcg)	Pfizer-BioNTech (30 mcg) 2 months (56 days) after 1st dose	Pfizer-BioNTech (30 mcg) 2 months (56 days) after 2nd dose ***ONLY FOR IMMUNOCOMPROMISED**	Pfizer-BioNTech (30 mcg) 6 months after last dose Pfizer Bivalent ****HC approval pending** Bivalent Moderna (50 mcg) 6 months after last dose ***ONLY FOR IMMUNOCOMPROMISED**

Ontario

COVID-19 Vaccines for 18+

1st Dose – Primary Series	2nd Dose – Primary Series	3rd Dose – Primary Series	Booster Dose	
18 YEARS and OLDER **Up to date:** Immediately after the most recent booster dose recommended				
Pfizer-BioNTech (30 mcg) ***PREFERRED VACCINE FOR AGES 18-29**	Pfizer-BioNTech (30 mcg) 2 months (56 days) after 1st dose ***PREFERRED VACCINE FOR AGES 18-29**	Pfizer-BioNTech (30 mcg) 2 months (56 days) after 2nd dose ***ONLY FOR IMMUNOCOMPROMISED**	Bivalent Moderna (50 mcg) 6 months after last dose	Pfizer Bivalent **HC approval pending
Moderna (100mcg)	Moderna (100mcg) 2 months (56 days) after 1st dose	Moderna (100mcg) 2 months (56 days) after 2nd dose ***ONLY FOR IMMUNOCOMPROMISED**		
Novovax may be offered to individuals in the authorized age group (18 years and older) without contraindications to the vaccine who are not able or willing to receive an mRNA COVID-19 vaccine. Janssen may be offered to individuals who are 18 years and older without contraindications to the vaccine, only when all other authorized COVID-19 vaccines are contraindicated.				

URI – Poll

Q1. Are you seeing patients with respiratory symptoms in person?

- ❑ Yes
- ❑ No
- ❑ No, but I plan to this Fall/Winter

Q2. What are the barriers to seeing these patients in person? (select all that apply)

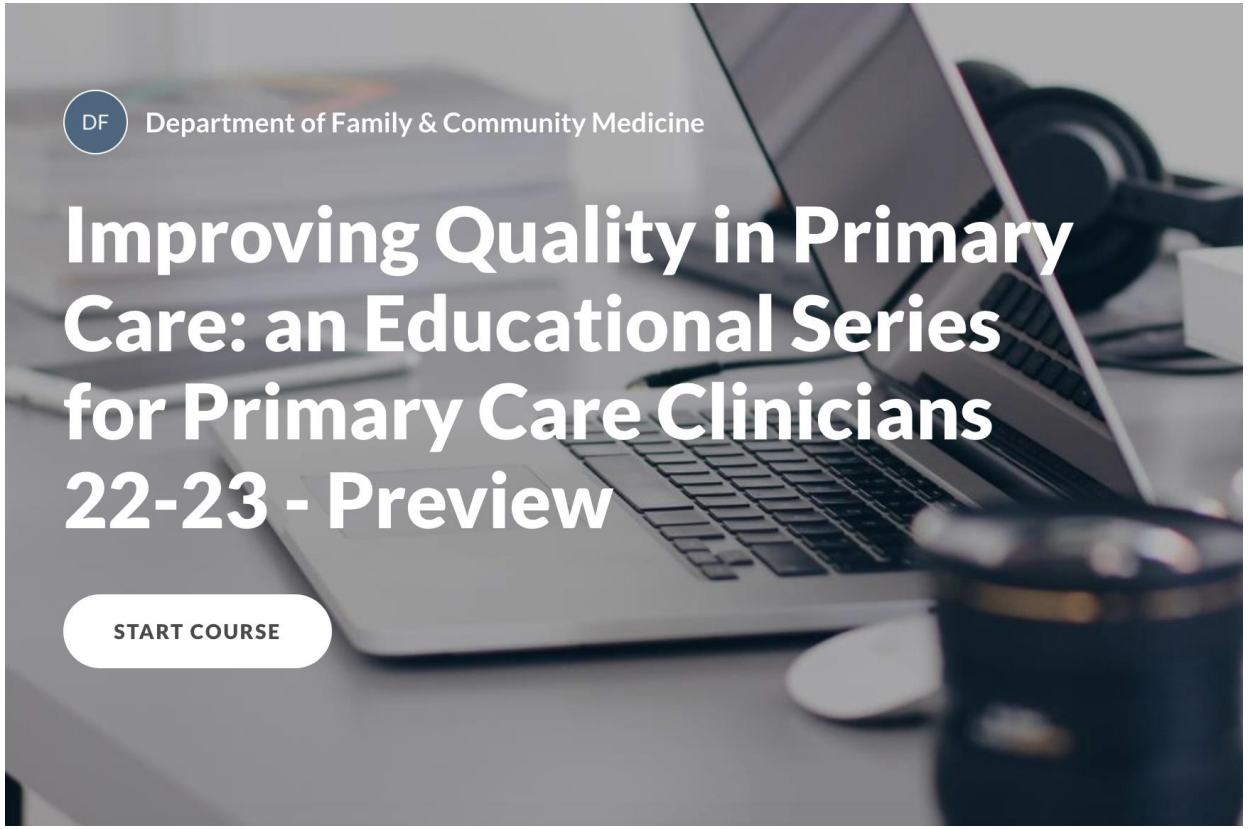
- ❑ IPAC/PPE constraints/questions
- ❑ Not enough space to keep patients safely distanced
- ❑ Worries about my own health
- ❑ No need to see in person because my patients can access a COVID assessment centre

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

https://www.ourcare.ca/

Thank you!

Mina Viscardi Johnson

Adrienne Spencer

June Yee

Kim Moran

Brian Da Silva

Olivia Neale

Marisa Schwartz

Erin Plenart

David Kaplan

Elizabeth Muggah

Past team members:
Trish O’Brien, Kirsten Eldridge, Leanne Clark, Susan Taylor, Jennifer Young, Leslie Greenberg

Questions?

Webinar recording and curated Q&A will be posted soon
https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions

Our next Community of Practice: October 28, 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.

Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of Family Physicians
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