

COVID-19  
Community of  
Practice for Ontario  
Family Physicians

November 19, 2021

Dr. Kate Miller  
Dr. Joan Chan  
Dr. Allison McGeer



***Changing the Way We Work***  
**COVID-19 vaccination in children age 5 to  
11 years: part 2**



Family & Community Medicine  
UNIVERSITY OF TORONTO

Ontario College of  
Family Physicians



# COVID-19 vaccination in children age 5 to 11 years: part 2

Moderator: Dr. Tara Kiran

Fidani Chair, Improvement and Innovation

Department of Family and Community Medicine, University of Toronto

Panelists:

- Dr. Kate Miller, Guelph, ON
- Dr. Joan Chan, Guelph, ON
- Dr. Allison McGeer, Toronto, ON

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

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

# Land Acknowledgement

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

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

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

# COVID-19 vaccine boosters

**At least 6 months (168 days) after second dose:**

- **Healthcare workers:** regulated health professional, staff member, contract worker, student/trainee, registered volunteer, designated essential caregiver working in-person in facility (incl. non-direct patient care), patient service/care outside the organization.

*(Healthcare workers: Reduced post-vaccination observation period of at least 5 minutes up to 15 minutes if vaccinated in healthcare setting and no previous issues)*

- **Elderly in congregate settings:** long-term care, retirement homes, Elder care lodges, assisted-living facilities, chronic care hospitals, seniors' apartment buildings, other older adults in congregate settings
- **Adults age 70+ in the community**
- **First Nations, Inuit and Métis adults** and their non-Indigenous household members
- **AstraZeneca/COVIDSHIELD** (2 doses) or Janssen COVID-19 vaccine (1 dose)

\*\*\*\*\*

NACI: [Interim guidance on booster COVID-19 vaccine doses in Canada](#)



# Changing the way we work

## *A community of practice for family physicians during COVID-19*

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

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

### **Disclosure of Financial Support**

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

### **Potential for conflict(s) of interest:**

N/A

### **Mitigating Potential Bias**

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

*Planning Committee:* Dr. Tara Kiran, Patricia O'Brien (DCFM), Susan Taylor (OCFP) and Mina Viscardi-Johnson (OCFP), Liz Muggah (OCFP)

### **Previous webinars & related resources:**

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



## **Dr. Kate Miller – Panelist**

**Twitter: @DrKateJMiller**

Family Physician, Guelph Family Health Team



## **Dr. Joan Chan – Panelist**

Family Physician, Guelph Family Health Team



## **Dr. Allison McGeer – Panelist**

Infectious Disease Specialist, Mount Sinai Hospital



## **Dr. David Kaplan – Co-Host**

**Twitter: @davidkaplanmd**

Family Physician, North York Family Health Team and Chief, Clinical Quality, Ontario Health - Quality



## **Dr. Liz Muggah – Co-Host**

**Twitter: @OCFP\_President**

OCFP President, Family Physician, Bruyère Family Health Team

# Speaker Disclosure

- Faculty Name: **Dr. Kate Miller**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Others: N/A
- Faculty Name: **Dr. Joan Chan**
- Relationships with financial sponsors:
  - Grants/Research Support: Guelph Family Health Team (Board Chair)
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - 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. 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. Liz Muggah**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: 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, Toronto Central LHIN, Toronto Central Regional Cancer Program, Gilead Sciences Inc.
  - 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
  - Others: Vancouver Physician Staff Association, University of Ottawa

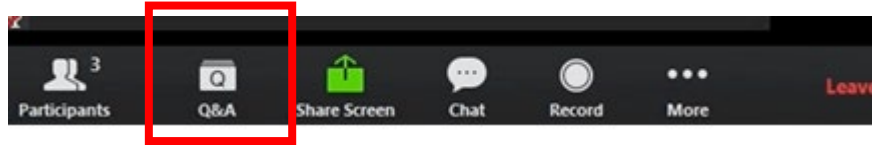
# Where are we from (outside the GTA)?



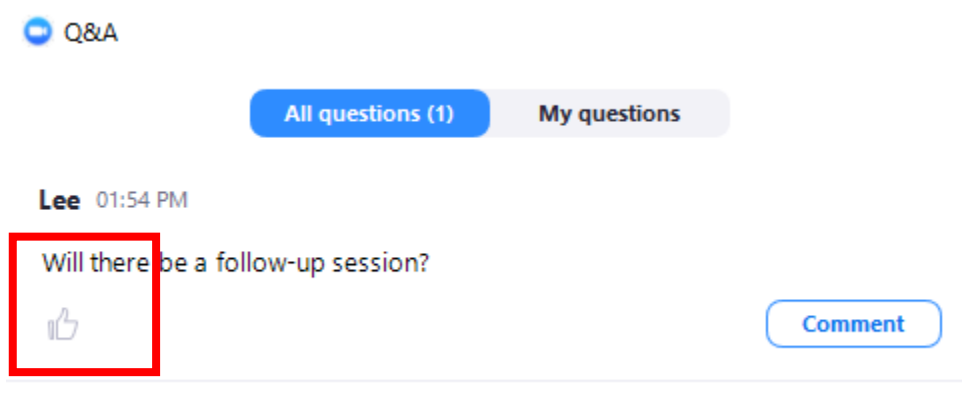


# How to Participate

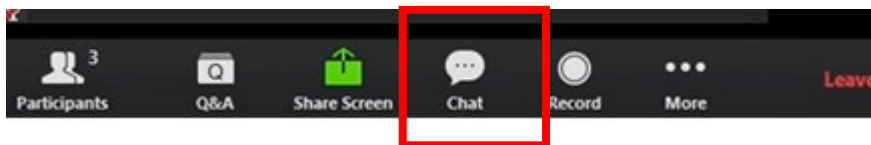
- All questions should be asked using the Q&A function at the bottom of your screen.



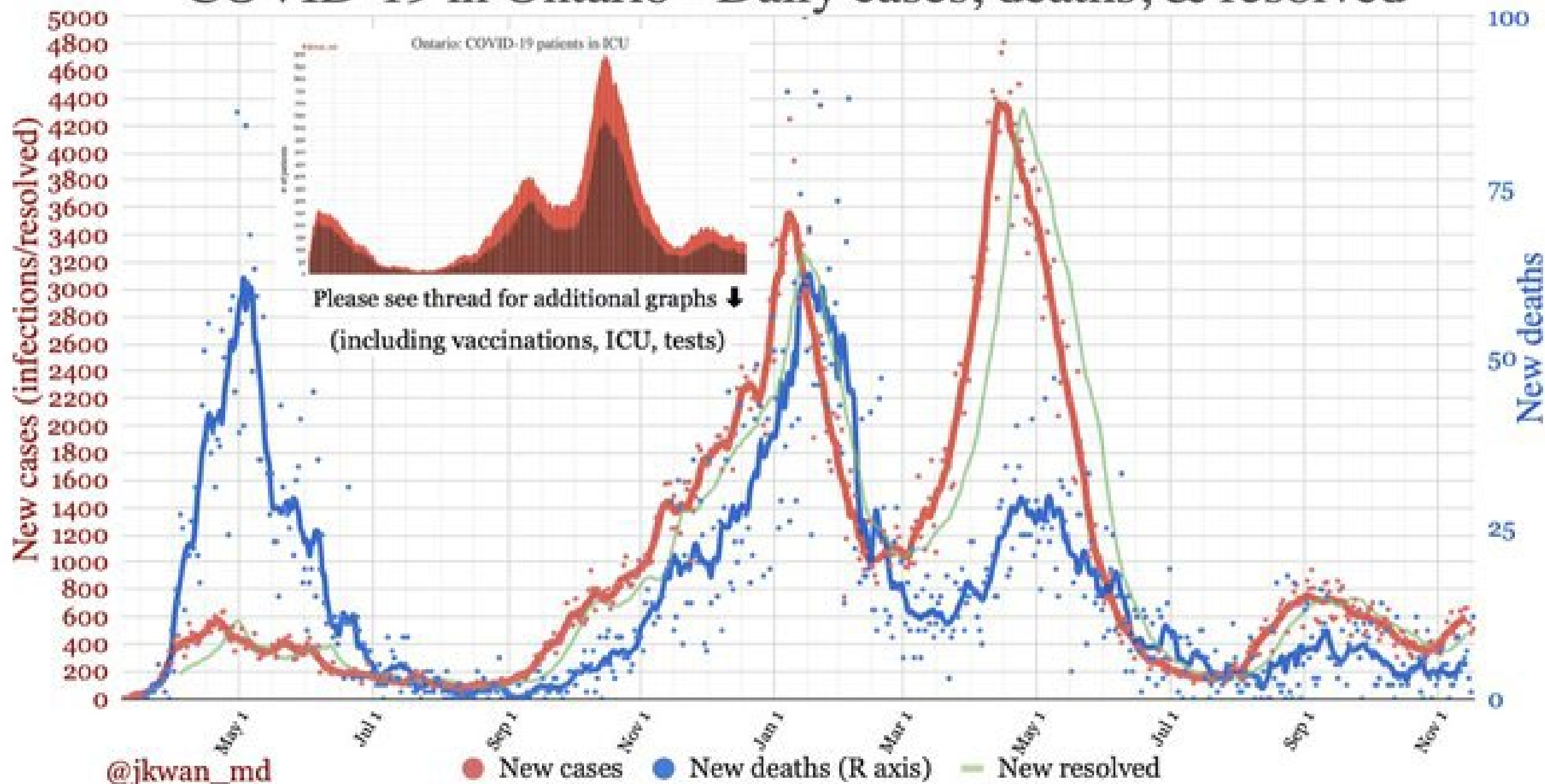
- Press the thumbs up button to upvote another guests questions. Upvote a question if you want to ask a similar question or want to see a guest's question go to the top and catch the panels attention.



- Please use the chat box for networking purposes only.



# COVID-19 in Ontario - Daily cases, deaths, & resolved





### Summary



Several public health measures, including handwashing, mask wearing, and physical distancing, were associated with a reduction in incidence of covid-19

### Study design



Systematic review and meta-analysis

Risk of bias

- 0 Low
- 6 Medium
- 2 Serious

72 Met inclusion criteria

37 Excluded from analysis

Assessed multiple measures as a "package of interventions"

35 Evaluated individual measures

27 Excluded from analysis

Owing to heterogeneity of studies (effects synthesised descriptively)

8 Included in meta-analysis



### Outcomes

Random effects model results

Handwashing

Mask wearing

Physical distancing



# Testing Approach for Winter

- The winter months will see Ontarians spending more time indoors and the potential for increased close contact, with a rise in cases expected.
- In response, Ontario is building on its comprehensive testing strategy to provide quick, convenient access to evidence-based testing when and where it is needed.
- **In the coming weeks, the province will be implementing the following strategies to expand access to testing for Ontarians by providing more locations, convenient options and rapid results:**

## Expanded Access to Testing Through Pharmacies

- **Starting November 18**, expanding access to the number of pharmacies offering PCR testing to all eligible individuals according to provincial guidance, including those with symptoms. Pharmacies can opt-in to offer in-store as well as self-collection options. The number of participating pharmacies could increase to up to 1,300 pharmacies across the province over the coming weeks.

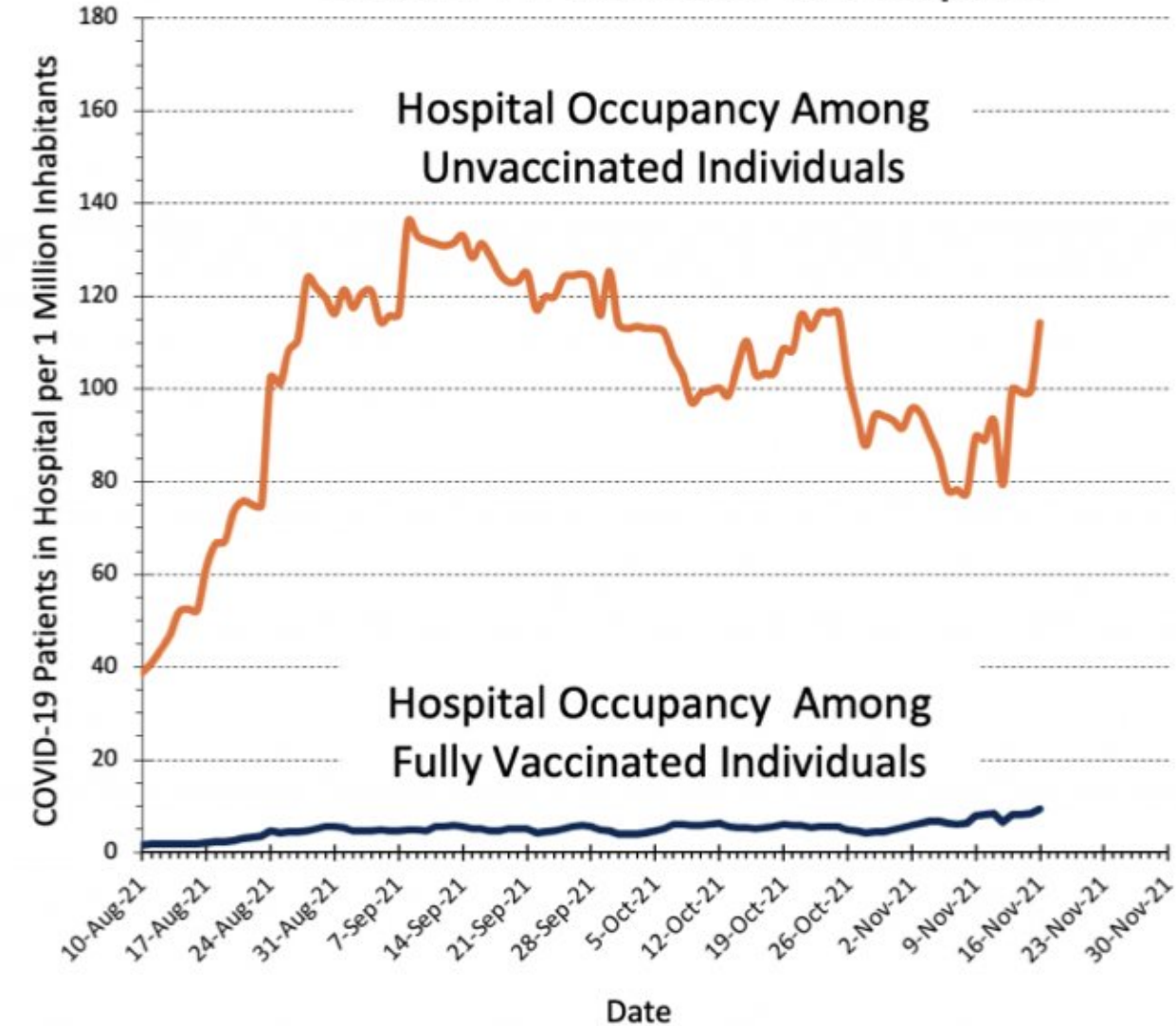
## Access to Low Barrier Testing Options for Elementary and Secondary School Students

- As of **mid-November**, provincially-scaling deployment of PCR self-collection kits to students who are symptomatic or who are asymptomatic close contacts of a confirmed case of COVID-19, to make it easier for students and families to access testing when needed.
- As of **mid-December**, providing rapid antigen tests to students when leaving for winter break, to allow for asymptomatic screening as they return to school in January.

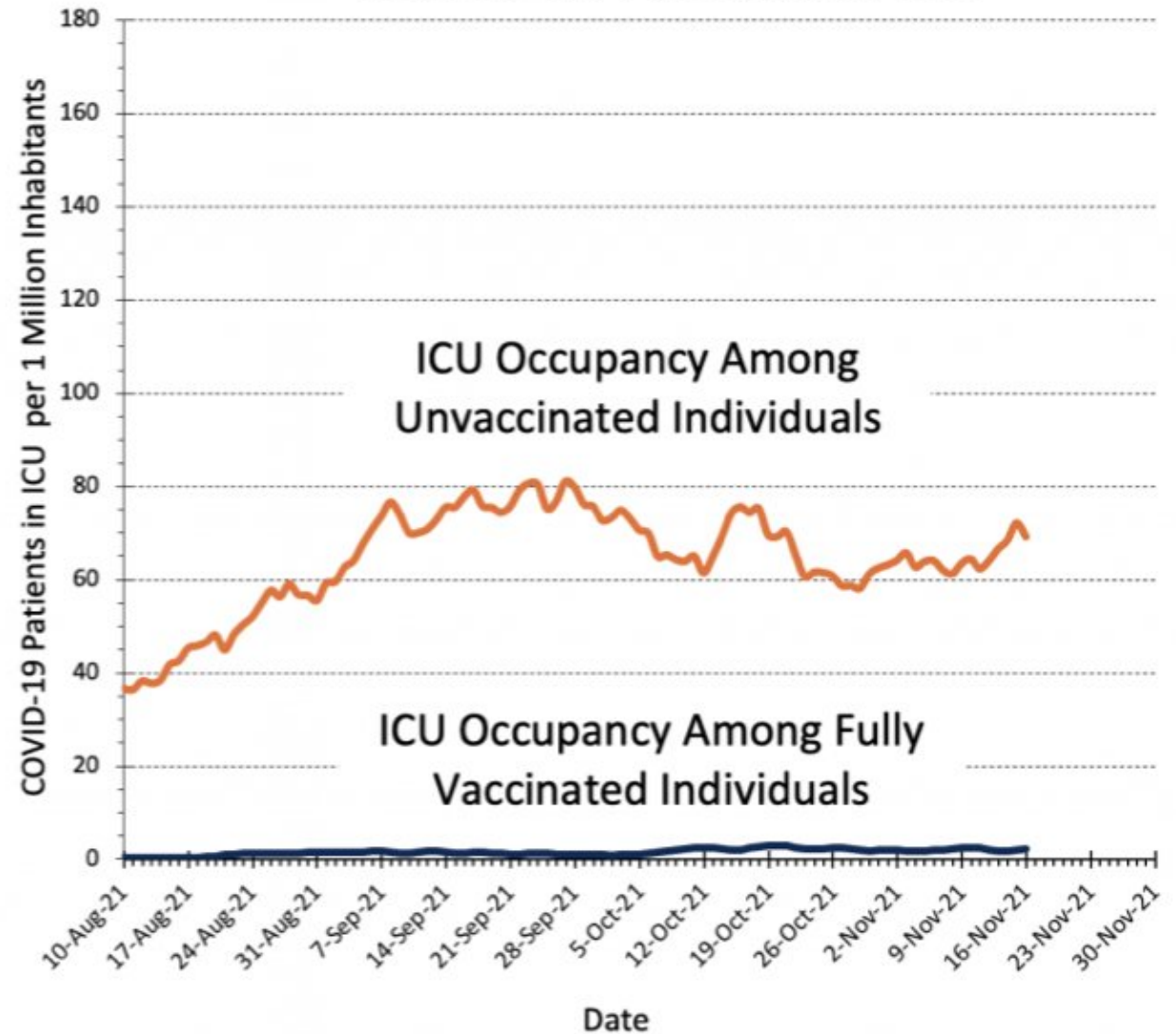
## Holiday Mobile Testing Blitz

- From **mid-December to early January**, launching a proactive holiday testing "blitz" with pop-up testing for asymptomatic people in higher traffic public settings.

## COVID-19 Patients in Hospital



## COVID-19 Patients in ICU



# Pediatric Vaccine Clinical Information

The following provides a comparison of the Pfizer-BioNTech Comirnaty adult/adolescent COVID-19 vaccine formulation and pediatric COVID-19 vaccine formulation:

	Adult/adolescent formulation	Pediatric formulation
<b>Age</b>	12 years of age and over	5 (birth year of 2016) to less than 12 years
<b>Color</b>	Purple	Orange
<b>Diluent</b>	1.8 ml	1.3 ml
<b>Dose</b>	0.3 ml (30 micrograms)	0.2 ml (10 micrograms)
<b>Doses per vial</b>	6	10
<b>Potential allergens</b>	Polyethylene glycol (PEG)	<ul style="list-style-type: none"> <li>• Polyethylene glycol (PEG)</li> <li>• Tromethamine (Tris)</li> </ul>
<b>Post-dilution time</b> Can be at room temperature	6 hours	<ul style="list-style-type: none"> <li>• 12 hours</li> </ul>
<b>Ancillary supplies</b>	Low dead volume needle/syringe	Low dead volume needle/syringe
<b>Storage</b>	<ul style="list-style-type: none"> <li>• Ultra-frozen until expires</li> <li>• Frozen for 2 weeks</li> <li>• Refrigerator for 31 days</li> <li>• Room temperature 8 hours: 2 hours pre-puncture; 6 hours post-puncture (post-dilution)</li> </ul>	<ul style="list-style-type: none"> <li>• Ultra-frozen until expires</li> <li>• Refrigerator for 10 weeks*</li> <li>• Room temperature: 24 hours; no more than 12 hours post-puncture (post-dilution)</li> </ul>
<b>Transport</b>	<ul style="list-style-type: none"> <li>• Ultra-frozen or frozen</li> <li>• If thawed, 12 hour maximum</li> </ul>	<ul style="list-style-type: none"> <li>• Ultra-frozen</li> <li>• If thawed, no limit TBD*</li> </ul>



# Updates for 5-11 Age Cohort

**Eligibility:**

- Will be based on year of birth rather than date of birth
- When we enter 2022, we are still waiting on advice from OIAC on those born 2017 – however, all 2016s are eligible.

*Awaiting NACI confirmation:*

**Interval:**

- Using an 8-week interval between first and second dose



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Infectious Disease Specialist, Mount Sinai Hospital

# Building Confidence and Addressing Hesitancy

- Normalize
- Acknowledge
- Address specific concerns
  - Kids don't really need it
  - Is it safe?
  - Needles hurt



## ‘There’s Almost No Incentive at All to Give Him the Vaccine.’

Oct. 25, 2021

### CHALLENGE # 1

The “He’s not going to die, so he doesn’t need it” argument



Saeed Salem/EyeEm, via Getty Images



 ABC News

Doubts on safety,  
efficacy in children  
underlie parents'  
vaccine hesitancy: POLL

## CHALLENGE # 2

Fears about safety and  
long term effects

# Resources for parents and caregivers

- **Max the Vax** <http://www.oacas.org/what-we-do/communications-and-public-engagement/maxthevax/>
- **Sick Kids vaccine information phone line**  
<https://www.sickkids.ca/en/care-services/support-services/covid-19-vaccine-consult/>
- **Focussed Covid Communication/University of Waterloo School of Pharmacy**  
<https://uwaterloo.ca/pharmacy/health-resources/covid-19-health-resources>

**MAX THE  
VAX**







# CHALLENGE # 3 – NEEDLE FEAR AND PAIN

- **CARD system – Comfort, Ask, Relax, Distract**  
<https://www.aboutkidshealth.ca/card>
- **Immunize Canada**  
<https://immunize.ca/pain-management-children>
- **Pediatric Pain, Health and Communication lab at U of G**  
<https://pphc.uoguelph.ca/current-opportunities/>





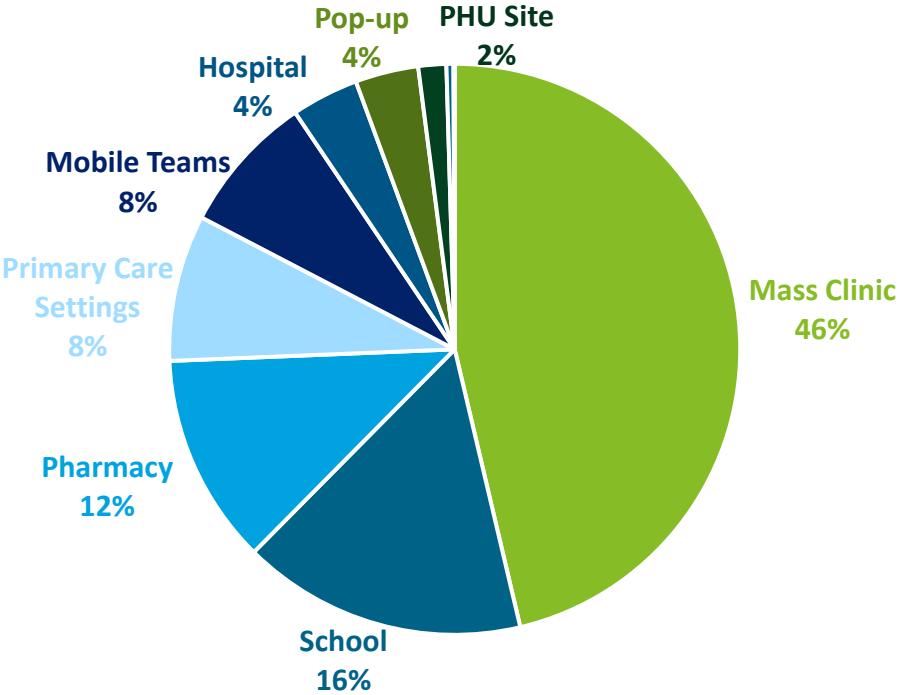
# Plan for Children (Ages 5-11)

Overall, PHUs indicated a high level of readiness to administer children’s doses, and are planning to administer 659K doses by the end of December, with 60% coverage of the total population

Planned Capacity – Nov to Dec  
**+659K doses**  
**60% Coverage of Total Population**



Percentage of Provincial Doses by Channel <sup>2</sup>  
(Children 5-11)



## Key Insights

- **First dose coverage** for 5-11 is estimated to be at **60% by December**
- **14 PHUs** indicated they plan to establish **school-based clinics** and the **other 20 PHUs** have been encouraged to establish at least one
- Some PHUs are choosing to set up additional **mass clinics at school facilities** during non-instructional hours
- Tactics include ensuring sites are **child and family friendly** (e.g., decorations, music, etc.), engaging **community partners** to educate and encourage, and **training staff** to work with children

<sup>1</sup> Coverage numbers provided are directional; 60% coverage is based on total population of 1.1M  
<sup>2</sup> Channels representing <1% of children’s doses were excluded (Independent Administration, LTC/RH, Other)  
**Note:** Durham and Lambton provided revised capacity estimates after the deadline; data has not been included in this report.

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# COVID-19 Vaccine Planning in Primary Care (5-11 yr ed.)

— Dr Joan Chan, Guelph FHT —  
Nov 11, 2021

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# Current Plan for 5-11 yr old vaccination in Guelph

- Mini-mass clinics at one location
- Location rented and run by WDG Public Health including managing the appointment booking and check-in/check-out
- Guelph FHT nurses & Guelph physicians are immunizing
  - Physicians claim H codes
- 8 immunizers working at a time
  - afternoon shift 12:45-16:45 and evening shift 16:30-20:30
- Immunize 1 pt q 10 min at first but aim to ramp up (350 first day, 400-450 following days)
- Monday - Thursday x 3 weeks (total 13 days) = approx 5750 immunized
- Estimated 12,000 kids in this age group in Guelph
- LOOT BAGS

# Framework for Vaccine Planning

- Big math vs small math
  - 400,000 boosters over next 4ish months; 12,000 5-11 yr olds, 7500 < 6m - 4 yr olds
  - 1 vial of Pfizer = 6 doses adult, 10 doses children
  - 1 vial of Moderna = 14 doses #1 or 2, 28 doses booster
- **What is your underlying WHY for planning and doing this extra thing on top of all the fabulous, complex, high value primary care you already provide?**
  - This is how I do my part to move us all beyond the pandemic
  - It feels worse to watch from the sidelines
  - I know how to do this and can contribute my knowledge and skills to this
  - I am creating something amazing with my community



# It is not the same as the flu shot (you already know why you're not offering it ad-hoc in your offices)

- Needs 15 min at room temp (Pfizer & Moderna) before drawing up/reconstituting
- Tight timelines before wastage (Pfizer 6h, Moderna 24h)
- COVAX Entry
- \*Hopefully changing from 15 min to 5 min post-vaccine wait soon
- Patients/families have lots of thoughts and feelings about it (understandably so!)

# Bare Bones Vaccine Components

- Patient booking (incl deciding on your capacity - how many vials per day?)
  - Online Booking, Walk In with future booking, Phone systems
- Admin - Verify patient + appointment
  - Kiosks, Card swipers
- Clinical - Counselling, Needle in Arm, Aftercare
- Documenter in COVAX
  - In the moment vs after the fact
- COVID screening
  - Passive vs active
- Vaccine receipts
  - Optional!
- Payment
  - G593 (\$13.00) + Q593 (\$5.60) (1 pt/5 min = \$223/hr, same x 2 pts/5 min = \$446/hr)
- **Doable if combine easy adult 3rd dose boosters with less-easy kids**
  - Start small, scale up only as you are able - how can this be a simple, fun, important task you do 1-2x/month in collaboration with your colleagues?



## NERVOUS ABOUT GETTING NEEDLES?

Use the CARD system to have a more positive vaccination experience.

### COMFORT

Find ways to be comfortable.



### ASK

Ask questions to be prepared.



### RELAX

Keep yourself calm.



### DISTRACT

Shift your attention to something else.



**The CARD system (Comfort, Ask, Relax, Distract)** provides groups of strategies that can be used to make your vaccination experience a more positive one. Learn how you can play your cards and use the different strategies to reduce the pain, stress and worries associated with vaccinations.

**Choose what CARDS you want to play. There's no wrong move. Look on the back for ideas.**

## HERE ARE SOME IDEAS TO GET YOU STARTED:

### COMFORT

Have a snack before and after.

Wear a top that lets your upper arm be reached easily.

Bring an item that gives you comfort.

Relax your arm so that it is loose or jiggly.

Squeeze your knees together if you feel faint or dizzy.

### ASK

What will happen?

What it will feel like?

Can I bring a friend or family member?

Can I have privacy?

Can I use a numbing cream to dull the pain? \*

Can I lie down?

\*You may need to purchase and apply the numbing cream 20 to 60 minutes prior to your appointment.

### RELAX

Take slow deep breaths into your belly, breathing in through your nose and out through your mouth.

Do some positive self-talk (tell yourself you can handle this).

Have someone with you to support you.

Have privacy.

### DISTRACT

Talk to someone.

Play a game or watch a video on your phone.

Read a book or magazine.

Listen to music.

Allow yourself to daydream about fun things.

## WHAT STRATEGIES DO YOU WANT TO USE?

# Loot Bags Baby!



# You are not alone!

[https://guelph-wellington-  
primary-care-education-  
series.mailchimpsites.com/](https://guelph-wellington-primary-care-education-series.mailchimpsites.com/)

Joanchan86@gmail.com

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# Videos for Further Training/Learning

Dr Anna Taddio: Reduce the Pain of Vaccination in Children -AboutKidsHealth

<https://www.youtube.com/watch?v=TGGDLhmqH8I&list=PLjJtOP3StluUPbAkWgm5V17TdXBGA1uzH&index=1>

<https://phm.utoronto.ca/helpinkids/resources1.html>

Needle Pain and Phobia. How to avoid fear of needles and vaccines by Dr. Andrea Furlan -SKIP (Solutions for Kids in Pain)

<https://www.youtube.com/watch?v=1XoGUTbFOtI>

School Vaccinations – The CARD™ System: Play your power CARD

Dr Anna Taddio -AboutKidsHealth

<https://www.youtube.com/watch?v=c41HvgEKQSk>

School Vaccinations – Improving the vaccination experience at school

Dr Anna Taddio -AboutKidsHealth

<https://www.youtube.com/watch?v=FXj6ELi4BVg>

# Website Resources

<https://cpb-ca-c1.wpmucdn.com/sites.uoguelph.ca/dist/e/265/files/2021/04/Childrens-Fear-Scale-English.pdf>

<https://pphc.uoguelph.ca/needle-fear-resources/>  
<http://phm.utoronto.ca/helpinkids/resources1.html>

<https://infoaboutkids.org/blog/nervous-about-needles/>

<https://immunize.ca/sites/default/files/resources/parents/canada-ad-feature-needles-dont-have-to-hurt.pdf>

<https://www.cheo.on.ca/en/resources-and-support/resources/P5018E.pdf>

[https://www.caringforkids.cps.ca/uploads/handout\\_images/painreduction\\_kidsandteens\\_e.pdf](https://www.caringforkids.cps.ca/uploads/handout_images/painreduction_kidsandteens_e.pdf)

<https://www.aboutkidshealth.ca/card>

<https://www.canada.ca/content/dam/phac-aspc/documents/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2021-47/issue-1-january-2021/ccdrv47i01a12-eng.pdf>



# Consent for 5-11 Age Cohort

**There is no minimum age to consent to treatment in Ontario.** Rather, Ontario uses a **capacity-based consent model**. A person is capable of consenting to treatment if they can understand the information that is relevant to making the decision and are able to appreciate the consequences of the decision.

The consent process for the 5-11 age cohort follow the same process used for the COVID-19 vaccination program to date. **However, the 5-11 age cohort will not have the same capacity to consent for themselves as older cohorts and will require parental consent before receiving the vaccine in most cases.**

Where a child is found by a health practitioner to be incapable of consenting to receive the COVID-19 vaccine, **a proxy decision-maker, such as a parent or legal guardian, may consent on their behalf.**

**Consent to receive the COVID-19 vaccine should be collected directly in COVax, using proxy-based consent if needed.** The MOH [youth paper consent](#) form will be updated to include individuals aged 5-11 following Health Canada authorization and can be used if COVax is not available.

**Where a proxy decision-maker provides consent for the COVID-19 vaccine** to be provided to an individual, **that decision-maker may also consent to the collection, use and disclosure of personal health information** related to the individual where the collection, use and disclosure is a necessary part of the treatment.

The MOH youth [vaccine information sheet](#) will be updated to include information on the pediatric Pfizer vaccine, and should be provided to child, or if the child is incapable of consenting, to their substitute decision maker for the informed consent process.

Public Health Units can use their discretion, in collaboration with school board partners to determine whether formal consent processes are required for in-school vaccination clinics.

Note: The consent form link will be updated upon HC approval

# Clinic Planning and Site Readiness

## Site Planning Considerations

- ✓ Vaccinating children aged 5-11 may require more time to get them comfortable, talk through any questions, and administer the vaccine. Plan longer appointments and account for lower throughput as a result.
- ✓ Ensure additional space for vaccinating this age cohort, as parents and siblings will likely stay with children aged 5-11 as they are vaccinated. Consider allowing other family members to be vaccinated within a single appointment.
- ✓ Do your best to maintain a friendly and comfortable demeanor and find ways to distract hesitant or anxious children from the actual act of receiving a needle, such as asking questions or singing songs.
- ✓ Consider sensory friendly clinics if there is local demand.
- ✓ Younger children may also find it harder to wait in line for long periods of time. Consider having resources like games, books or other distractions available to prevent children from getting angsty.
- ✓ Clearly communicate through promotional materials and booking systems that patients should arrive shortly before their appointment times to prevent crowding and longer waits than necessary.
- ✓ Consider a dry run of the clinic's flow with staff to identify any possible optimization opportunities.
- ✓ All considerations within the clinic geared for children should be handled with strict IPAC measures. All resources provided should be disinfected and cleaned.

## Supporting Sources

- All relevant [MOH information and planning resources](#)
- [Public Health Playbook for the COVID-19 Vaccination Program](#) (see Toolkit)
- [COVID-19 Checklist V3.0](#) - outlines a clinic operation planning checklist to support your planning
- [User Guide for HHR Matching Portal](#) for recruitment of HHR
- [AEFI and Anaphylaxis Reporting Forms](#)
- Resources and accommodations such as sectioned off rooms and distraction toys for the children are
- [admissible through the public health](#) unit COVID-19 extraordinary cost reimbursement process.

## Clinic & Site Planning Considerations

### Considerations: COVID-19 clinics for children

When planning consider:

- Clinic size and noise level
- More privacy to not see vaccinations of others
- Short wait times

Immunization rate:

- May be slower if takes more time to answer parents' questions and make children feel ready to be vaccinated
- Parents likely already vaccinated so have some familiarity
- Vaccinating siblings together may speed the rate up

### Considerations: COVID-19 school-based clinics

- Scheduling for each school
- Liaison and coordination with the school
- Appropriate locations in the school and flow of the clinic
- Information sheets and consent forms, including in multiple languages
- Communications with the parents to address questions and concerns
- Number of staff and volunteers based on anticipated number of children to vaccinate
- Transportation to and from the schools for equipment and vaccines
- Getting students to and from each class
- Identifying each student
- Contacting parents as needed

#### TO DO:

**In the clinics, try to keep it light:**

- ✓ Costumed characters
- ✓ Jugglers
- ✓ Magicians
- ✓ Non-latex balloons



**At the tables:**

- ✓ Distracting objects or toys for kids to hold or play with
- ✓ Consider ease of cleaning
- ✓ Picture books
- ✓ Find the object
- ✓ Stickers

#### AVOID:

- x Congregation of groups of children in the waiting area
- x Music – makes it hard to hear and need to talk louder
- x Food – need to take off masks (unless it is wrapped to go)



Source: Public Health Agency of Canada (PHAC)

5-11 Congregate Care Settings


Best Practices for Vaccine Clinics for Children with Special Needs

Grandview Kids (Children's Treatment Centre) has shared the following tips and best practices for making the vaccine setting more comfortable and accommodating for children with special needs:

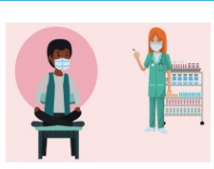
Provide a **story for the child to read ahead of time**

- Good for older kids

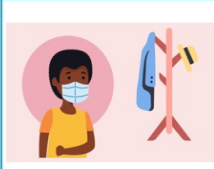
Getting a COVID-19 Vaccine



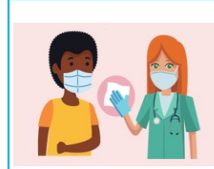
Getting a COVID-19 Vaccine




Sit down




Take off jacket/Roll up sleeve




Clean arm with wipe



Get the vaccine



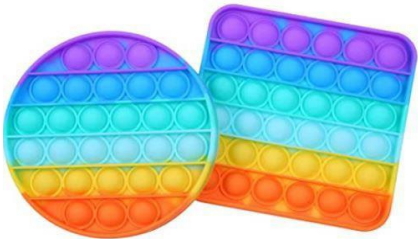
Put on Band-Aid/Cotton ball



All done!

Provide a **Poppers Toy** as a **distraction**

- Easily wipeable



Provide **virtual reality goggles** as a **distraction**

- Grandview is looking into this for younger kids including exploring the cleaning requirements



Provide a **Laminated Vaccine Checklist**

- Clients can check off the steps using dry erase markers

**Administer the vaccine** in a **small, dimly lit room** away from the main activity



# Vaccine effectiveness against COVID-19 associated hospitalization in immunocompromised adults

Condition	Vaccine	Vaccine efficacy (95% CL)
Solid organ malignancy	Moderna	85 (76-91)
	Pfizer	72 (62-80)
Hematologic malignancy	Moderna	85 (72-94)
	Pfizer	62 (42-75)
Rheumatologic/inflammatory disorder	Moderna	78 (65-86)
	Pfizer	78 (65-86)
Other immune condition/Immunodeficiency	Moderna	81 (71-87)
	Pfizer	64 (50-74)
Organ or stem cell transplant	Moderna	70 (46-83)
	Pfizer	45 (13-66)

## Benefits of a third dose

Study	VE against any infection 3 v. 2 doses
REACT (UK; pre-print)	62% (45-74%)
Israel 1 (Bar-On, NEJM)	88% (87-90%)
Israel 2 (Barda, Lancet)	82% (79-84%)

Chadeau-Hyam et al; <https://spiral.imperial.ac.uk/handle/10044/1/92501>

Bar-on et al. <https://www.nejm.org/doi/full/10.1056/NEJMoa2114255>

Barda et al. <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2902249-2>



# COVID-19 vaccine boosters

## At least 6 months (168 days) after second dose:

- **Healthcare workers:** regulated health professional, staff member, contract worker, student/trainee, registered volunteer, designated essential caregiver working in-person in facility (incl. non-direct patient care), patient service/care outside the organization.

*(Healthcare workers: Reduced post-vaccination observation period of at least 5 minutes up to 15 minutes if vaccinated in healthcare setting and no previous issues)*

- **Elderly in congregate settings:** long-term care, retirement homes, Elder care lodges, assisted-living facilities, chronic care hospitals, seniors' apartment buildings, other older adults in congregate settings
- **Adults age 70+** in the community
- **First Nations, Inuit and Métis adults** and their non-Indigenous household members
- **AstraZeneca/COVIDSHIELD** (2 doses) or Janssen COVID-19 vaccine (1 dose)

\*\*\*\*\*

NACI: [Interim guidance on booster COVID-19 vaccine doses in Canada](#)

# Post-vaccination observation

A reduced post-vaccination observation period of at least 5 minutes up to 15 minutes may be considered for the administration of booster doses of COVID-19 vaccine to healthcare workers who are being vaccinated in healthcare settings, if past experience with the two previous COVID-19 vaccine doses was uneventful and other relevant [conditions](#) are met, as outlined in the NACI 2020-2021 influenza vaccine advice (as appropriate to the healthcare setting).

[https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19\\_vaccine\\_third\\_dose\\_recommendations.pdf](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_vaccine_third_dose_recommendations.pdf)

# COVID-19 vaccine third dose

- **Active treatment for solid tumour or hematologic malignancies** (completed treatment within 3 months)
- **Solid-organ transplant and taking immunosuppressive therapy**
- **Chimeric antigen receptor (CAR)-T-cell therapy or hematopoietic stem cell transplant** (within 2 years of transplantation or taking immunosuppression therapy)
- **Moderate to severe primary immunodeficiency** (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- **Stage 3 or advanced untreated HIV infection; acquired immunodeficiency syndrome**
- **Active treatment immunosuppressive therapies** (anti-B cell therapies (monoclonal antibodies targeting CD19, CD20 and CD22), high-dose systemic corticosteroids (refer to the CIG for suggested definition of high dose steroids), alkylating agents, antimetabolites, or tumor-necrosis factor (TNF) inhibitors and other biologic agents that are significantly immunosuppressive)

\*\*\*\*\*

MOH Guidance – [COVID-19 Vaccine Third Dose Recommendations](#):

- See page 4 for more on immunocompromising conditions, page 6-7 for list of immunosuppressant medications
- Ontario recommended interval between last dose and third dose is at least two months (56 days). Exact timing should be decided by treating provider to optimize the immune response and minimize delays in management of the underlying condition. See Guidance page 5-6.

# COVID-19 vaccine boosters/third dose

## Also notable

- **Either Moderna or Pfizer as third dose** regardless of previous two doses
- **Moderna dosage:** full dose (100 mcg) for age 70+ residents of long-term care homes, retirement homes or seniors in other congregate living settings and eligible immunocompromised; *half dose* (50 mcg) if younger than 70.
- **Pfizer dosage:** full dose (30 mcg)
- Expected rollout to general population starting in January 2022 (boosters won't be mandatory, i.e., people with two doses considered fully vaccinated)

# UNICEF #GiveAVax



**Donate Now to Deliver COVID-19 Vaccines**

<https://secure.unicef.ca/page/86234/donate/1?locale=en-US&fbclid=IwAR2xxnAIDTrLY5i4KRn4ogf21wiVi1J-ZozPzNbyMWKGFIJzsH6bg7-6Q9k>



# About kids' health

Visit the COVID-19 learning hub for resources to support your family

EnglishFrançais中文(简体)中文(繁體)PortuguêsEspañolاردوதமிழ்المرييةਪੰਜਾਬੀ

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English



## COVID-19 vaccines

By SickKids staff

 [Listen](#)  [Download PDF](#)  [Print](#)

Learn which COVID-19 vaccines are available in Canada, and find information about vaccine development, vaccine safety and effectiveness, and information about vaccination and children and youth.

### Key points

- Vaccines against COVID-19 have been shown to be safe and effective against the disease.
- As of October 2021, four COVID-19 vaccines are approved for use by Health Canada.
- Most vaccines can only be given to adults, except for the Pfizer vaccine, which is approved for people aged 12 years of age and older.
- Currently studies are underway looking at the safety of the vaccines and how well they work in children under 12 years of age.
- Parents who are vaccinated against COVID-19 may help protect their children and others against the disease.



### COVID-19 vaccines approved for use in Canada

<https://www.aboutkidshealth.ca/article?contentid=3937&language=english>



# Want to know more about the COVID-19 vaccine?

Our doctors are ready to talk with you and answer your questions.

Book a one-to-one phone conversation with one of our doctors so that you can make an informed decision:

 **shn.ca/VaxFacts**

 **416-438-2911 ext. 5738**



# New Canadian study helping Family Physicians and NPs address COVID-19 vaccine hesitancy among their patients

- ▶ Using **evidence-based communications strategies**, tailored messages are developed in response to patient feedback on reasons for hesitating and sociodemographic factors
- ▶ Messages and surveys are distributed using [CPIN](#), an automated patient outreach and data collection system that collects patient feedback and enables family physicians/NPs to communicate with patients via email or text messages

**We are seeking family physicians and NPs to participate in this study!**

For more information, please contact the study team at [info@cpin-rcip.com](mailto:info@cpin-rcip.com)



**CPIN-RCIP**  
Canadian  
Primary Care  
Information  
Network

# COVID-19 Vaccination in Canada: an educational series for primary care professionals

**NEW:** Vaccination in Children Age 5-11 Module

**COVID-19 VACCINATION MODULES:  
A FREE EDUCATIONAL SERIES FOR  
PRIMARY CARE PROFESSIONALS**



Family & Community Medicine  
UNIVERSITY OF TORONTO

Ontario College of  
Family Physicians  
*Leaders for a healthy Ontario*



<https://www.dfcm.utoronto.ca/covid19-vaccination-modules>

\* Updated November 11, 2021

***Registration coming soon!***

**Getting Kids Back to Being Kids: COVID-19 Vaccinations -  
Children 5-11**

Friday November 26, 2021  
8:00-9:15 am

The session will begin with Dr Kieran Moore and Dr Daniel Warshafsky sharing current information regarding the safety and efficacy of the vaccines, and the roll-out plans. They will be followed by a panel of professionals who will provide an overview of implementation through a variety of lenses.



# 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: **Friday, December 3, 2021**

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

Visit: <https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources>

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

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

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