COVID-19 vaccination in children age 5 to 11 years: part 2
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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 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 panel’s attention.

• Please use the chat box for networking purposes only.
Hands, face, space v covid-19
Effectiveness of public health measures

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
- 72 Met inclusion criteria
- 35 Evaluated individual measures
- 8 Included in meta-analysis
- 37 Excluded from analysis
- 27 Excluded from analysis
  Owing to heterogeneity of studies (effects synthesised descriptively)

Risk of bias
- 0 Low
- 6 Medium
- 2 Serious

Outcomes
Random effects model results

<table>
<thead>
<tr>
<th>Measure</th>
<th>Relative risk</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handwashing</td>
<td>0.1</td>
<td>0.5</td>
</tr>
<tr>
<td>Mask wearing</td>
<td>0.5</td>
<td>1</td>
</tr>
<tr>
<td>Physical distancing</td>
<td>2</td>
<td>5</td>
</tr>
</tbody>
</table>


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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:

|----------------------------------------------|---------------------------------------------------------------------------------|-------------------------------|
| - **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. | - 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. | - 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

- Hospital Occupancy Among Unvaccinated Individuals
- Hospital Occupancy Among Fully Vaccinated Individuals

COVID-19 Patients in ICU

- ICU Occupancy Among Unvaccinated Individuals
- ICU Occupancy Among Fully Vaccinated Individuals

https://covid19-science.table.ca/ontario-dashboard/#riskbyvaccinationstatus
## 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:

<table>
<thead>
<tr>
<th></th>
<th>Adult/adolescent formulation</th>
<th>Pediatric formulation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>12 years of age and over</td>
<td>5 (birth year of 2016) to less than 12 years</td>
</tr>
<tr>
<td><strong>Color</strong></td>
<td>Purple</td>
<td>Orange</td>
</tr>
<tr>
<td><strong>Diluent</strong></td>
<td>1.8 ml</td>
<td>1.3 ml</td>
</tr>
<tr>
<td><strong>Dose</strong></td>
<td>0.3 ml (30 micrograms)</td>
<td>0.2 ml (10 micrograms)</td>
</tr>
<tr>
<td><strong>Doses per vial</strong></td>
<td>6</td>
<td>10</td>
</tr>
</tbody>
</table>
| **Potential allergens**| Polyethylene glycol (PEG)    | • Polyethylene glycol (PEG)  
|                        |                              | • Tromethamine (Tris)     |
| **Post-dilution time** | 6 hours                      | • 12 hours            |
| Can be at room         |                              |                       |
| temperature            |                              |                       |
| **Ancillary supplies** | Low dead volume needle/syringe | Low dead volume needle/syringe |
| **Storage**            | • Ultra-frozen until expires  | • Ultra-frozen until expires  
|                        | • Frozen for 2 weeks         | • Refrigerator for 10 weeks*  
|                        | • Refrigerator for 31 days   | • Room temperature: 24 hours; no more than 12 hours post-puncture (post-dilution)  
|                        | • Room temperature 8 hours:  |                       |
|                        | 2 hours pre-puncture, 6 hours |                       |
|                        | post-puncture (post-dilution) |                       |
| **Transport**          | • Ultra-frozen or frozen     | • Ultra-frozen        
|                        | • If thawed, 12 hour maximum| • If thawed, no limit TBD* |

Source: Public Health Agency of Canada (PHAC)
5-11 Implementation Package

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
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
Building Confidence and Addressing Hesitancy

• Normalize

• Acknowledge

• Address specific concerns
  • Kids don’t really need it
  • Is it safe?
  • Needles hurt
CHALLENGE # 1

The “He’s not going to die, so he doesn’t need it” argument
CHALLENGE # 2

Fears about safety and long term effects

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

Covid-19 mRNA Vaccines for Children

What vaccine will children aged 5 to 11 years get?
Health Canada is first reviewing the Pfizer BioNTech (also known as Comirnaty®) Covid-19 mRNA vaccine for approval for children aged 5 to 11.

Will children aged 5 to 11 get the same dose as teens and adults?
No. The Pfizer vaccine for children uses a lower dose. The vaccine used for teens and adults has 30 micrograms of mRNA. The vaccine for children has 10 micrograms. Smaller vaccine doses are often used for children. They work well because children have stronger immune responses than adults.

Should children who weigh more, or who are nearly 12, get bigger doses?
No. Children who weigh more or who are nearly 12 do not need bigger doses. Vaccine doses are not based on weight.

How many vaccine doses will children receive?
In the Pfizer trials, 2 vaccine doses were given 21 days apart. In adults, doses spaced 8 weeks apart seem to give stronger, longer lasting protection.

What is in the Pfizer Covid-19 vaccine?
The Pfizer vaccine contains mRNA. mRNA instructs your cells to make the Covid-19 spike protein. A lipid (fat) envelope protects the mRNA while it is getting into cells. The sugars and salts are slightly different in the children’s vaccine, so it can be stored in the fridge longer. The vaccine does not contain any Covid-19 virus. It cannot cause a Covid-19 infection.

Is mRNA technology safe?
Yes. Scientists have been studying mRNA since the 1990s. Scientists around the world worked together to develop mRNA Covid-19 vaccines. mRNA Covid-19 vaccines were tested in clinical trials. Trial results were reviewed by regulatory bodies before the vaccines could be used. Strong vaccine safety systems monitor for rare vaccine side effects. As of October 2021, more than 1.4 billion doses of Pfizer Covid-19 vaccines have been safely delivered around the world.

Do mRNA Covid-19 vaccines work for children aged 5 to 11?
Yes. In vaccine trials, children had a strong immune system response to the Pfizer vaccine. Children who got 2 doses of the Pfizer Covid-19 vaccine had a 95% lower chance of getting sick with Covid-19. The Pfizer vaccine protects children from getting sick with the Delta variant.

What are the common side effects of mRNA Covid-19 vaccines in children?
Common side effects are a sore or red arm, tiredness, chills, and muscle/joint pain. Many children in the trials had mild side effects after getting the Pfizer vaccine. Side effects go away after a few days.

What are the serious side effects of mRNA Covid-19 vaccines in children?
No new serious side effects were seen in the Pfizer vaccine trials for children. Serious side effects, like anaphylaxis (severe allergy), after mRNA Covid-19 vaccines are rare. For every 1 million people given to people aged 12 and older, there are 2 to 8 cases of anaphylaxis (0.0002% - 0.0008%). Children with allergies to foods, drugs, insect stings, or other vaccines can safely get mRNA Covid-19 vaccines.

Inflammation of the heart (myocarditis) and of the sac around the heart (pericarditis) can happen rarely after Covid-19 vaccines. These conditions are more likely for young males after dose 2. They are usually mild and are treated with rest and anti-inflammatory medicines. These conditions happen far more often after a Covid-19 infection. For more, visit: https://waterloo.ca/pharmacy/sites/ca.pharmacy/ files/uploads/files/myocarditis_and_pericarditis_after_covid_19_vaccines.pdf

What are the long-term side effects of mRNA Covid-19 vaccines in children?
Long-term side effects are not expected from mRNA Covid-19 vaccines. Vaccine side effects tend to happen in the first 6 weeks. mRNA Covid-19 vaccines have been studied in humans since 2013 with no known long-term effects. The mRNA in the Covid-19 vaccine is broken down by the body in 2 to 3 days. The spike protein may stay in the body for up to 2 to 3 weeks. There have been reports of short-term menstrual cycle changes, but vaccines do not impact fertility, genes (DNA), or hormone levels.

How can I support a child who is anxious about vaccines?
Numbing skin patches or creams from a pharmacy can help children who are worried about pain. The CARD (Comfort, Ask, Relax, and Distact) system may also help: https://www.aboutthehealth.com/card. Guardians can talk with their healthcare team to make a vaccine plan for children with more complex needs. For more tools, visit: https://raringforkkids.cps.ca/uploads/handout_images/painreduction_kids_andteens.pdf and https://www.youthmymycsclub.ca/health/5-tips-doctors-have-to-tell-you.

How can I support a child with a disability or specific needs?
Some children need support to access Covid-19 vaccines. Guardians and children can speak with their healthcare team to make a plan (e.g., a longer appointment or a quiet space), as needed.

What are the risks of Covid-19 infection in children?
Covid-19 infection can cause serious illness and death in any child. Covid-19 can cause myocarditis/pericarditis. Multisystem Inflammatory Syndrome (MIS-C) is most common in children aged 5 to 11. We are still learning about Long Covid. In early studies, 1 to 4 out of every 100 children with a Covid-19 infection had lasting symptoms (1% to 4%). Symptoms include tiredness, headache, sore throat, and loss of smell. Children can get Long Covid even after a mild illness.

What are the benefits of Covid-19 vaccination for children?
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.

Plan for Children (Ages 5-11)

- 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

### 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.

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1. **Coverage numbers provided are directional; 60% coverage is based on total population of 1.1M.**
2. **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.
COVID-19 Vaccine Planning in Primary Care (5-11 yr ed.)

Dr Joan Chan, Guelph FHT
Nov 11, 2021
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 will it 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!


Joanchan86@gmail.com
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.aboutkidshealth.ca/card

5-11 Implementation Package

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.
5-11 Implementation Package

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

Source: Public Health Agency of Canada (PHAC)
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

Provide a **Laminated Vaccine Checklist**
- Clients can check off the steps using dry erase markers

**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

**Administer the vaccine** in a small, dimly lit room away from the main activity
Vaccine effectiveness against COVID-19 associated hospitalization in immunocompromised adults

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

Embi et al., MMWR, Nov 2, 2021
Benefits of a third dose

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

Chadeau-Hyam et al; [https://spiral.imperial.ac.uk/handle/10044/1/92501](https://spiral.imperial.ac.uk/handle/10044/1/92501)
Barda et al. [https://www.thelancet.com/action/showPdf?pii=S0140-6736%2821%2902249-2](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](#)
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).

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=IwAR2xxnAlDTrLY5i4KRn4ogf21wiVi1J-ZozPzNbyMWKGFLJzsH6bg7-6Q9k
About kids’ health

COVID-19 vaccines

By SickKids staff

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? 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

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

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

* Updated November 11, 2021
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 rollout 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

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.