

COVID-19
Community of
Practice for Ontario
Family Physicians

November 5, 2021

Dr. Upton Allen
Ms. Sophia Ikura
Dr. Liz Muggah
Dr. Tara Kiran



Changing the Way We Work **COVID-19 vaccination in children**



Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians



COVID-19 vaccination in children

Moderator: Dr. Tara Kiran

Fidani Chair, Improvement and Innovation

Department of Family and Community Medicine, University of Toronto

Panelists:

- Dr. Upton Allen, Toronto, ON
- Ms. Sophia Ikura, Toronto, ON
- Dr. Liz Muggah, Ottawa, 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.

Low vaccination rates in Toronto Indigenous communities raise fears for winter



By **Maria Sarrouh** Staff Reporter
Thu., Nov. 4, 2021 | 7 min. read

Article was updated 3 hrs ago



Only about 55 per cent of Indigenous people over age 15 in Toronto have been fully vaccinated against COVID-19, leaving about 32,000 people without protection.

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

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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.dfcem.utoronto.ca/covid-19-community-practice/past-sessions>



Dr. Upton Allen - Panelist

Division Head for Infectious Disease, The Hospital for Sick Children



Ms. Sophia Ikura – Panelist

Twitter: @SophiaIkura

Founder and Executive Director, Health Common Solutions Lab



Dr. Liz Muggah – Co-Host

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Speaker Disclosure

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- Relationships with financial sponsors:
 - Grants/Research Support: CIHR, University of Toronto, COVID-19 Immunity Task Force, Public Health Agency of Canada, NSERC
 - Speakers Bureau/Honoraria: N/A
 - Others: N/A

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 - Speakers Bureau/Honoraria: WellFort Community Health Services, Canadian College of Health Leaders – GTA Chapter, Canadian College of Medical Genetics, Canadian Association of Genetic Counsellors; Health Common Solutions Lab
 - Others: N/A

Speaker Disclosure

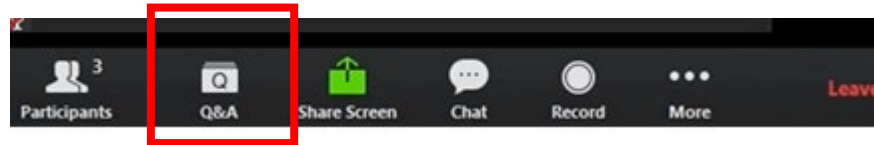
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 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: N/A
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- Relationships with financial sponsors:
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 - Speakers Bureau/Honoraria: 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
 - Others: n/a

Where are we from (outside the GTA)?

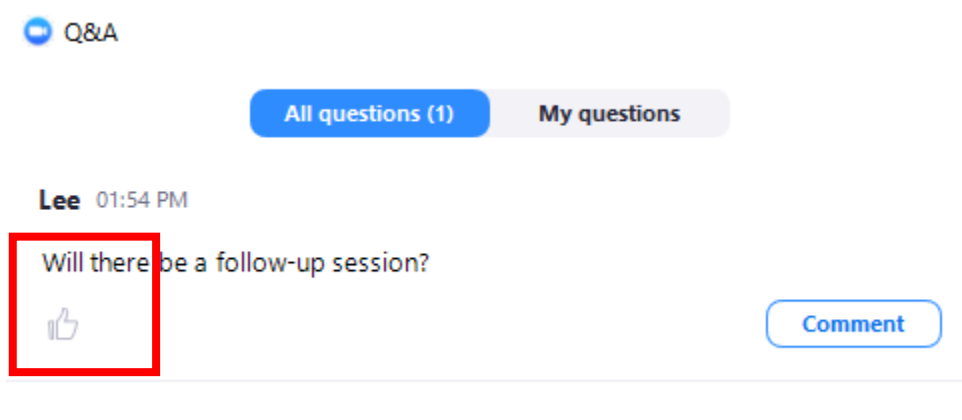


How to Participate

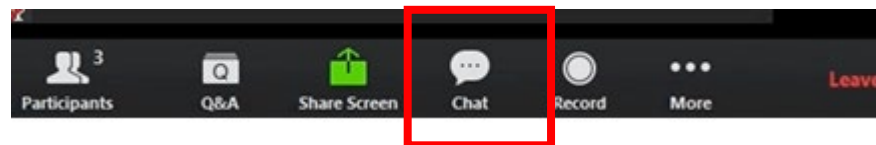
- All questions should be asked using the Q&A function at the bottom of your screen.



- 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.

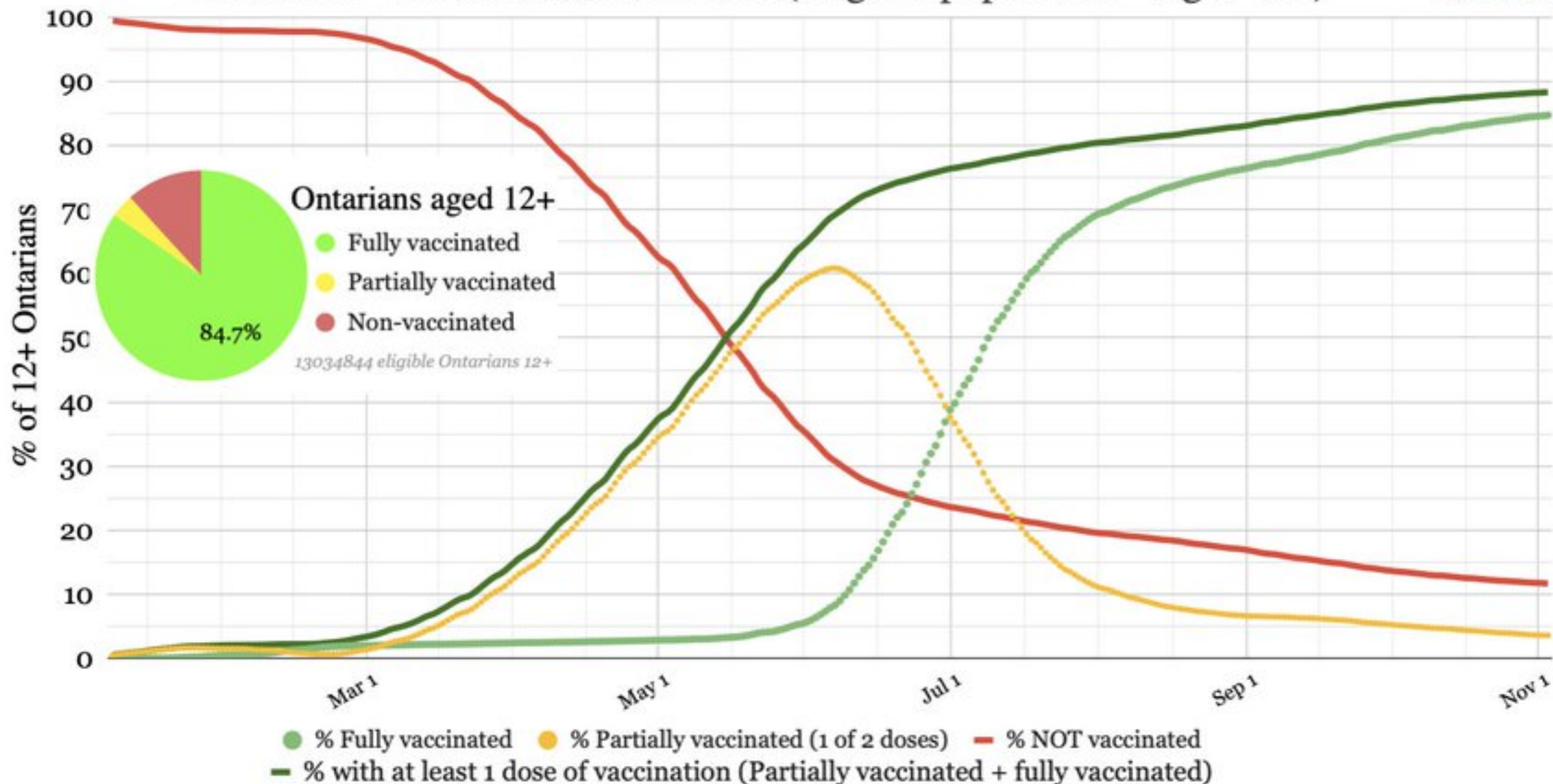


- Please use the chat box for networking purposes only.

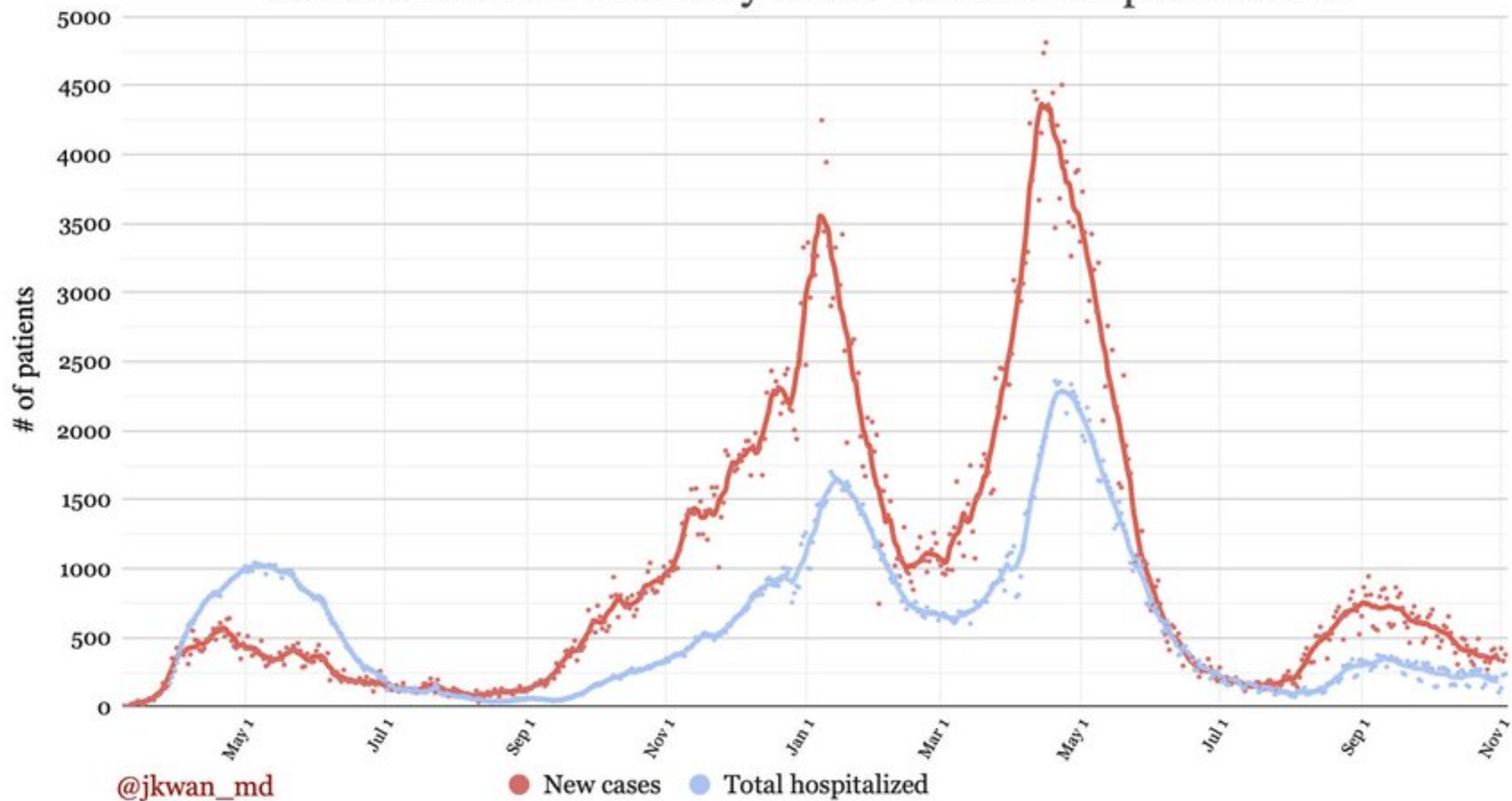


COVID-19 Vaccinations in Ontario (Eligible population - Ages 12+)

@jkwan_md



Ontario COVID-19: Daily cases vs. Total hospitalizations





Rochelle Walensky, MD, MPH  @CDCDirector · Nov 2



Today, I endorsed ACIP's recommendation that children 5-11 yrs old should be vaccinated against [#COVID19](#) w/ Pfizer-BioNTech pediatric vaccine. This expands vaccine recommendations to over 28M kids in US & now allows providers to begin vaccinating them. bit.ly/childvaccine

 **CDC**  @CDCgov · Nov 2

CDC accepted the Advisory Committee on Immunization Practices' (ACIP) recommendation that children ages 5–11 be vaccinated against [#COVID19](#).

The COVID-19 vaccine authorized for this group is over 90% effective at preventing COVID-19.

More: bit.ly/childvaccine

 767

 1.4K

 4.3K



Nearly 70 per cent of Ontario parents of kids 5 to 11 planning to get them vaccinated, poll says



By **Megan Ogilvie** Health Reporter
Fri., Oct. 29, 2021 | 6 min. read

Responses to the question “Do you intend to get your child/children vaccinated once a COVID-19 vaccine is approved and made available for children 5-11 years old?”

● Yes ● Maybe/unsure ● No



Poll conducted Oct. 21-Oct. 25, 2021, by Forum Research with the results based on an online survey of 1,006 parents in Ontario with at least one child aged 5-11. Total sample considered accurate +/- 3 percentage points, 19 times out of 20.

SOURCE: FORUM RESEARCH

STAR GRAPHIC

<https://www.thestar.com/news/gta/2021/10/29/nearly-70-per-cent-of-ontario-parents-of-kids-5-to-11-planning-to-get-them-vaccinated-poll-says.html>

Why will parents get their children vaccinated?

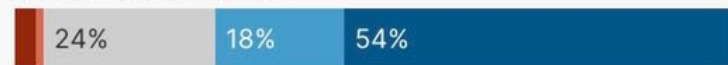
Reasons given by respondents who intend on getting their 5-11-year-old child/children vaccinated.

● Strongly disagree ● Somewhat disagree
● Neither agree nor disagree ● Somewhat agree ● Strongly agree

To protect my child/children from COVID-19



To help protect my younger child/children not yet eligible for the COVID vaccine



To help protect other vulnerable people in my household/family



To prevent my child/children from missing in-person school



To feel more comfortable taking my child/children to public places, such as restaurants, malls and arts/sporting venues



Some totals may not add up to 100 because of rounding.

Why will some parents get their kids vaccinated?

- Protect their child from COVID-19
- Protect other family/household members—including younger kids and vulnerable adults
- Prevent their child from missing in-person school
- More comfort in taking child to public places

Why won't some parents get their children vaccinated?

Reasons given by respondents who do not intend on getting their 5-11-year-old child/children vaccinated.

● Strongly disagree ● Somewhat disagree
● Neither agree nor disagree ● Somewhat agree ● Strongly agree

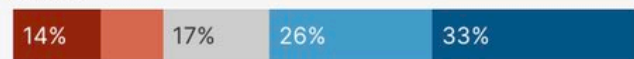
Lack of research/Vaccine is still new



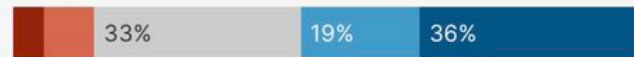
Side effects on children



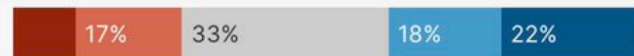
The rest of the family is already vaccinated against COVID



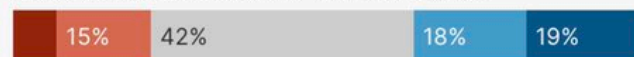
Risk of myocarditis



Children don't experience severe symptoms from COVID



Children may receive longer immunity if they get infected with COVID rather than the vaccine



I don't want to make the decision on behalf of my children



I don't trust vaccines



I don't believe in vaccines



Why won't some parents get their kids vaccinated?

- Lack of research
- Side effects, myocarditis, (fertility)
- The rest of the family is already vaccinated
- Kids don't experience severe symptoms from COVID
- Kids will get longer immunity if they get infected rather than with the vaccine
- Not wanting to make the decision on behalf of their kids



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Division Head for Infectious Disease, The Hospital for Sick Children



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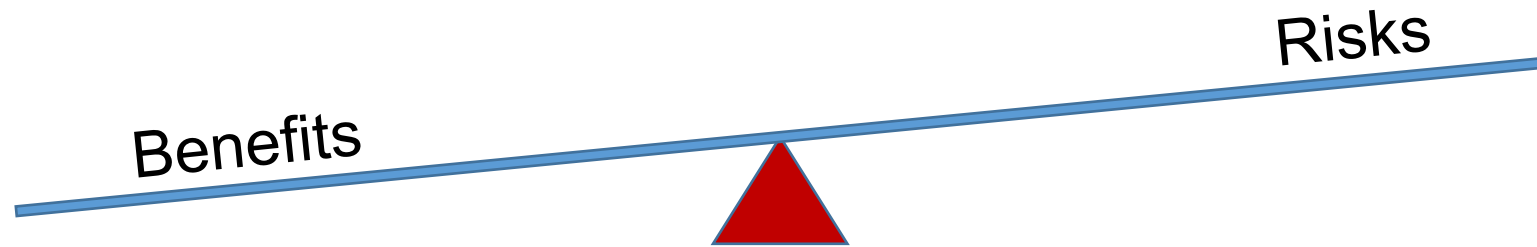
Founder and Executive Director, Health Common Solutions Lab



Dr. Liz Muggah – Co-Host

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OCFP President, Family Physician, Bruyère Family Health Team



COVID-19 Vaccinations for Children 5-11 Years of Age

COVID-19 Vaccine Benefits vs Risks

Impact on Individual Illness Prevention

- Acute illness
- MIS-C
- Long Covid

Impact on Disease Transmission

- Schools
- Home
- Community

VS

Pericarditis
Myocarditis
Other

Vaccine Efficacy/Effectiveness

- Neutralizing titers non-inferior to titers elicited by two doses of 30 μg in young adults 16 to 25 years of age in earlier efficacy study.
- Neutralizing titers at 1 month after dose 2 against Delta variant comparable to those against original SARS-CoV-2 wild-type strain.
- Vaccine efficacy against laboratory-confirmed symptomatic COVID-19 occurring at least 7 days after dose 2 in participants without evidence of prior SARS-CoV-2 infection was 90.7% (95% CI: 67.7%, 98.3%).

Vaccine Efficacy

First COVID-19 occurrence from 7 days after Dose 2 in children 5 through 11 years of age without evidence of prior SARS-CoV-2 infection*			
	Pfizer-BioNTech COVID-19 Vaccine[‡] 10 mcg/dose N^a=1305 Cases n1^b Surveillance Time^c (n2^d)	Placebo N^a=663 Cases n1^b Surveillance Time^c (n2^d)	Vaccine Efficacy % (95% CI)
Children 5 through 11 years of age	3 0.322 (1273)	16 0.159 (637)	90.7 (67.7, 98.3)

Demographics Characteristics – Participants Without Evidence of Infection Prior to 7 Days After Dose 2 – Phase 2/3 – 5 Through 11 Years of Age – Evaluable Efficacy Population

	Vaccine	Placebo
	N (%)	N (%)
Male	679 (52)	343 (51.7)
Female	626 (48)	320 (48.3)

	Pfizer-BioNTech COVID-19 Vaccine* 10 mcg/Dose (N ^a =1305) n ^b (%)	Placebo (N ^a =663) n ^b (%)
Age at Vaccination		
Mean (SD)	8.2 (1.93)	8.1 (1.98)
Median	8.0	8.0
Min, max	(5, 11)	(5, 11)
Race		
White	1018 (78.0)	514 (77.5)
Black or African American	76 (5.8)	48 (7.2)
American Indian or Alaska Native	<1.0%	<1.0%
Asian	86 (6.6)	46 (6.9)
Native Hawaiian or other Pacific Islander	<1.0%	<1.0%
Other ^c	110 (8.4)	52 (7.8)
Ethnicity		
Hispanic or Latino	243 (18.6)	130 (19.6)
Not Hispanic or Latino	1059 (81.1)	533 (80.4)
Not reported	<1.0%	<1.0%
Comorbidities^d		
Yes	262 (20.1)	133 (20.1)
No	1043 (79.9)	530 (79.9)

Vaccine Safety

- Safety was studied in approximately **3,100** children 5 - 11 years of age who received the vaccine and no serious side effects have been detected to date.
- Ongoing monitoring.

FDA Release. October 29, 2021

Figure 2. Participants Reporting Local Reactions, by Maximum Severity, Within 7 Days After Each Dose – Phase 1 – 5 to <12 Years of Age – Safety Population

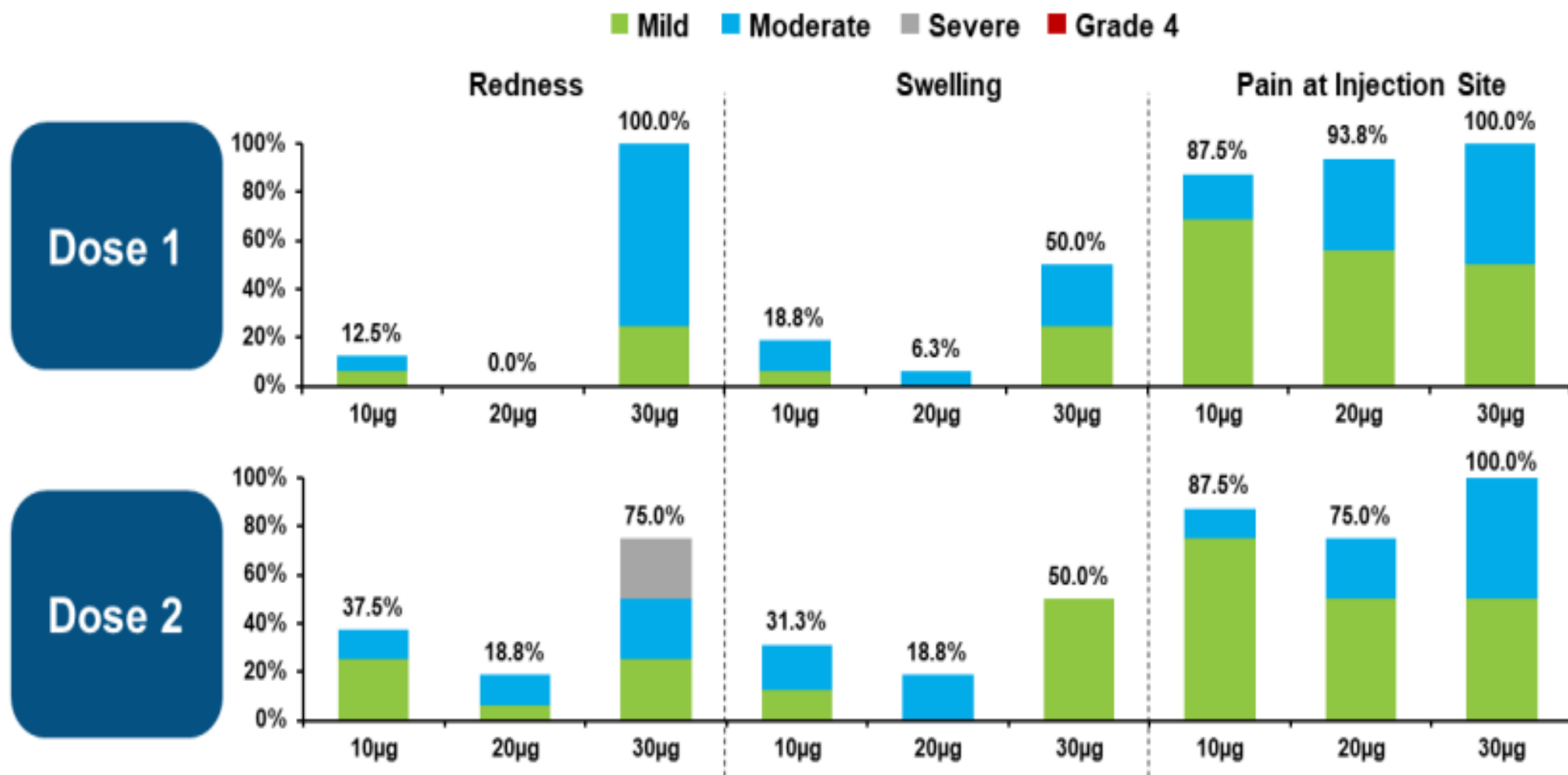
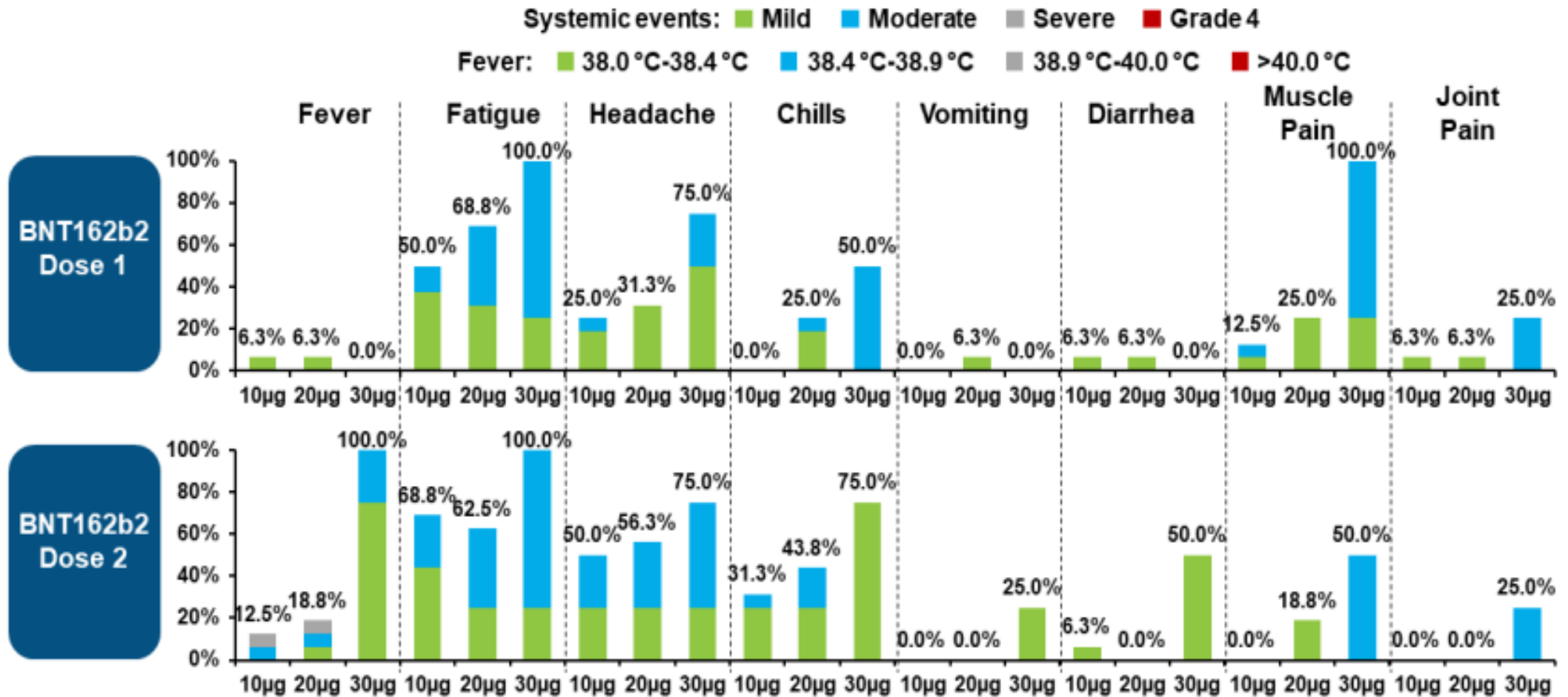
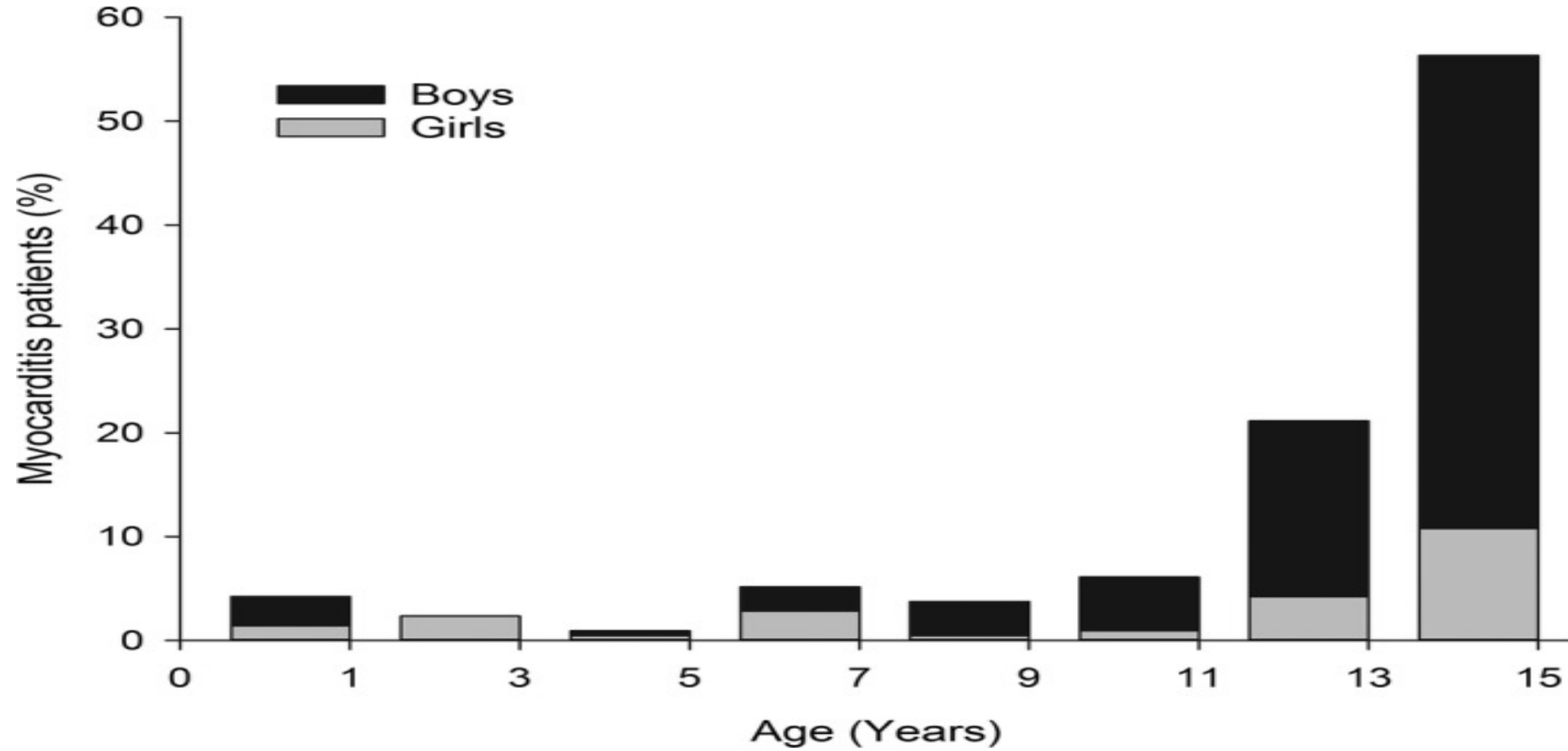


Figure 3. Participants Reporting Systemic Events, by Maximum Severity, Within 7 Days After Each Dose – Phase 1 – 5 to <12 Years of Age – Safety Population



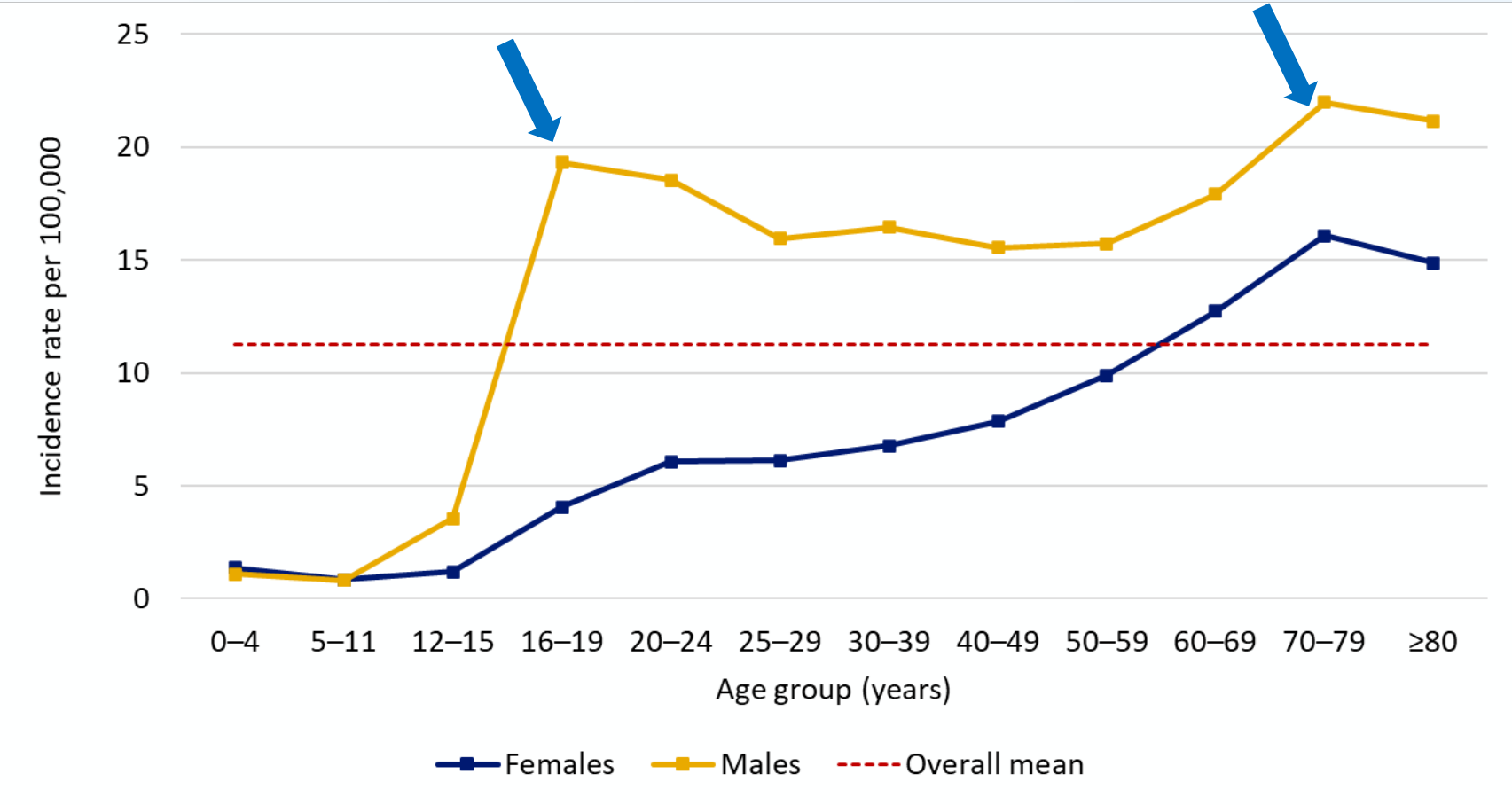
Childhood Myocarditis – Pre-COVID-19

Finland 2004-2014



<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5721735/>

Mean Rates of Myocarditis/Pericarditis, 2015–2019

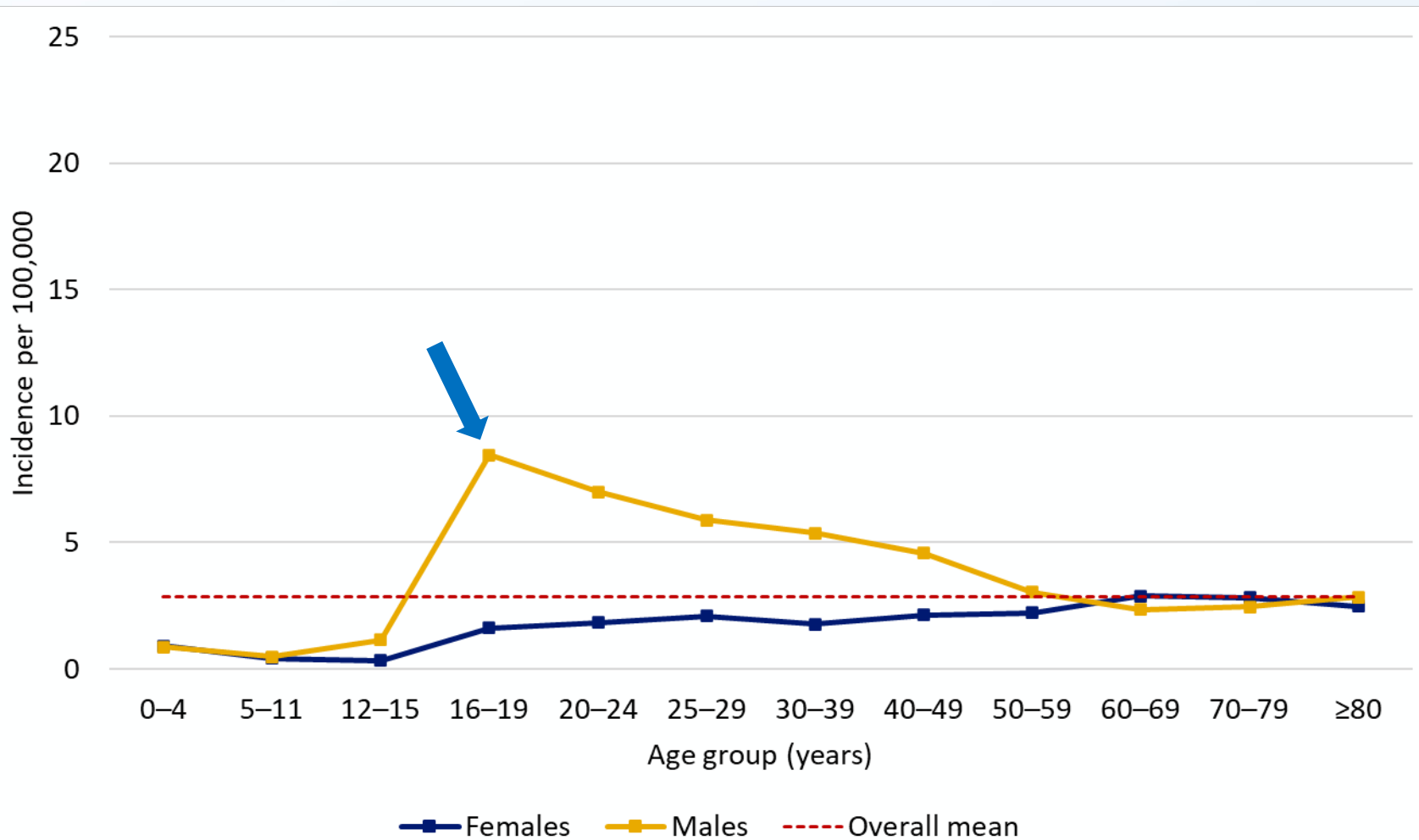


Sharifa Nasreen and
Jeff Kwong

NACI Vaccine Safety
Working Group
Meeting

October 25, 2021

Mean Rates of Myocarditis, 2015–2019

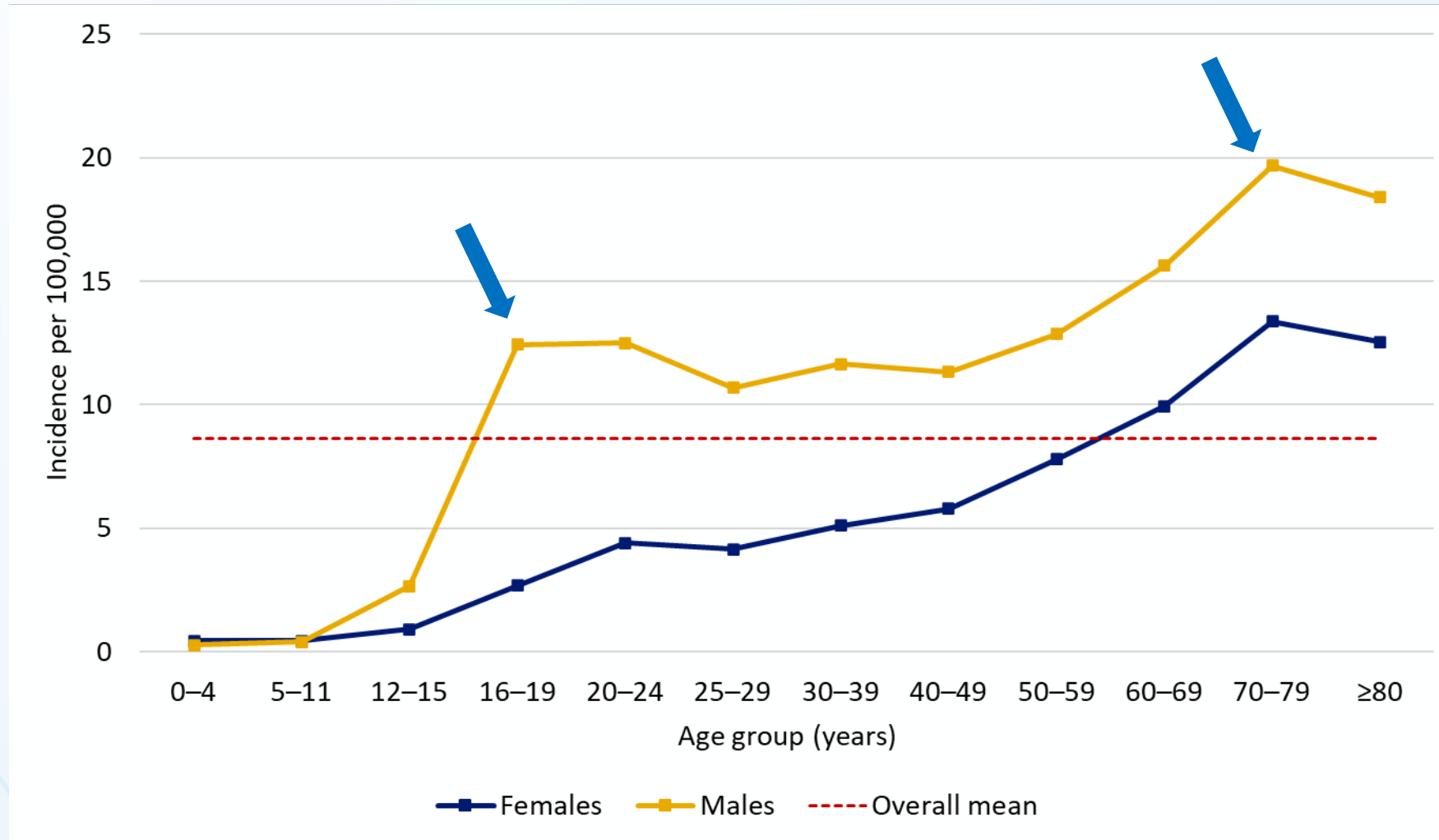


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NACI Vaccine Safety
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October 25, 2021

Mean Rates of Pericarditis, 2015–2019



Sharifa Nasreen and
Jeff Kwong

NACI Vaccine Safety
Working Group
Meeting

October 25, 2021

Pericarditis/Myocarditis

- Myocarditis/pericarditis higher following the second dose of mRNA vaccine than after the first dose.
- Highest reporting rate of myocarditis/pericarditis in males aged 18-24 years following second dose; in this age group, rate following Pfizer-BioNTech vaccine as second dose was 43.4 per million doses and was 283.4 per million following the Moderna vaccine as second dose.
- Possibly related to dose of mRNA vaccine

Pericarditis/Myocarditis

- USA and Israeli safety surveillance databases suggest that incidence rates of post-vaccination myocarditis peak in individuals (primarily males) 16 to 19 yrs of age and declines in those 12-15 yrs of age.
- Dose for children 5 to < 12 years of age is 1/3 of the dose given to older vaccinees (10 µg vs. 30 µg).
- Reasonable to predict that post-vaccine myocarditis rates are likely to be even lower in 5 to < 12 years of age than those observed in adolescents 12 to 15 years of age.



Enabling equitable uptake of the COVID-19 vaccine for children

What we heard from parents and how to support them

Acknowledgements



Thank you to our partners and those who supported parent participant recruitment

Many parents expressed concerns about vaccinating their children against COVID-19. Despite getting the vaccine themselves, some remain concerned about long term side effects particularly for their children; at the same time they fear the risk of stigmatization for opting out of vaccination.

Strategies are needed to directly respond to the questions and concerns of parents in marginalized communities, and ensure equitable and appropriate access.

The purpose of this rapid engagement with parents* was to:

- Share the voices and stories of parents from communities hardest hit by COVID-19
- Listen to and understand parents' questions, concerns, motivations, and attitudes related to vaccines for children
- Identify what is needed to support informed decision making for vaccination in children
- Identify enablers and barriers to equitable access to children's vaccination in the community

*Includes all caregivers of children aged 5-11

Themes We Heard From Parents



Parents have not moved on

It is important to recognize the ongoing challenges parents face as critical context for informing the approach



Informational needs

Parents want proof that vaccinations are making a difference and assurances around side effects



Trusted relationships

Teachers, schools and healthcare providers are trusted channels and the best way to reach parents and build confidence

The Ontario Science Table has [reviewed evidence and shared recommended strategies](#) for increasing vaccine uptake for children. Narratives shared in this report shed light on specific personal challenges faced by communities hit hardest by COVID-19 that should be considered when planning the design and roll out of these tactics and having conversations with parents.

The voices we heard from

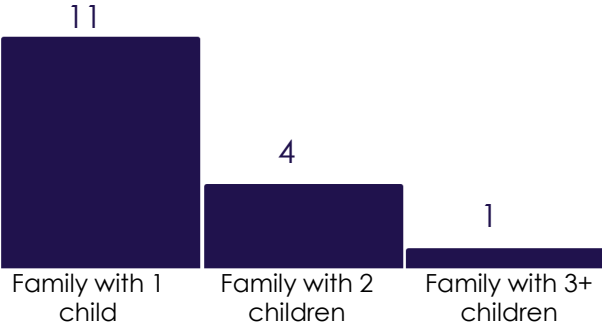
21 community members between the ages of 28-44 (94% female, 6% male) from multiple neighbourhoods across the [High Priority Communities](#) shared their perspectives with us.

- 16 participants provided voluntary socio-demographic information including the following self-identified ethnicities:
 - Hispanic, African, Black, Caribbean, Arab, Karen (Myanmar/Burma), Middle Eastern, Lebanese, Indian, South Indian

Approximately **40 Community Ambassadors** from the High Priority Communities Strategy in Ontario also informed this work through a group discussion on vaccines in children

While the intention of this engagement was to capture the voices of marginalized groups we did have some gaps (Indigenous parents and children, and parents and children with physical and intellectual disabilities)

Number of children aged 5-11 per parent



Community members represented postal codes from Peel, Toronto, and York region



I. PARENTS HAVE *NOT* MOVED ON

Parents' experiences during the pandemic are influencing their decision making



YET ANOTHER ASK OF US

For parents in the hardest hit communities - the unequal impact is the context for this vaccine roll out. ***The ask to get kids vaccinated comes at a time when many are tired and frustrated.***

- “When the schools opened, as a single mom, I didn’t have an option. It’s compulsory - I need to send my child to school if we need to work or go to school.”
- “I have 2 kids, and both have to stay home if one has to stay home, and they have stay home with no online, being bored, and saying it’s not fair because they want to go to class... Can you feel the frustration in my voice. It’s crazy, 15 days each, staying home in an apartment, and trying to explain it - you can’t do anything.
- “We got vaccinated for our children to keep them safe. It’s not about us. We, adults, can handle pain and fever but it's harder for children, even with less symptoms but you don't like to see them sick.”



UNDER PRESSURE OF MANDATES

Vaccine mandates for those who do not want to be vaccinated create **pressure that borders on coercion**

Parents fear the impact of mandates on their children

- “To really be able to have life resume is the *gun to the head*. There is discomfort around the vaccine vs the risk of not being able to be travel and participate in life.”
- “Even if it is not the mandate, there will be a stigma that divides ...The idea that there will be spaces that my kids can’t be part of makes me very uncomfortable.”
- “For indoor activities - you cannot do this to kids. You cannot differentiate them - that’s no good and that’s too much pressure on kids.”

Until data becomes available on vaccination across neighborhoods specifically for marginalized communities, vaccine mandates create a serious risk of disproportionately impacting children who are most in need of extra curricular opportunities - those who have been most impacted by the pandemic overall

VACCINE IS NOT A PANACEA

While it is one tool to keep kids safe, **the vaccine does not eliminate the risks families face every day**, especially those at increased risk of getting sick

Parents don't feel that the government has done everything necessary to ensure the safety of children at school. They are likely to bring this perspective to any policies related to vaccine mandates for children

- “I have concerns with the capacity of the classes, we are in a pandemic, why are we increasing the capacity of classes, putting grade 4s with grade 5s? It's not healthy, even without the pandemic”
- “The vaccination status of teachers and students is unknown and you mix so it feels like a lost cause.”



MISTRUST IN INSTITUTIONS

Tactics, shifting messaging and broader policy related to vaccine mandates, class sizes etc. **are reinforcing baseline mistrust in marginalized communities**

- “[I’m] beyond hurt about losing nurses because of the COVID mandate. If they are being told they have to do this to keep a roof over their head, where are their civil liberties.”
- “...that did not help with the trust factor with the government. They set up clinics where the kids go to buy food. It makes me very concerned and doesn’t build trust with me.”
- “...government and healthcare told us kids had more immunity than adults. Now they are saying kids have to take it even they have the strong immunity!?”

INTERNATIONAL EXPERIENCES

For many parents who immigrated to Canada, ***there is a positive perception of the Canadian Health system.*** Invoking this mindset can be an asset

- “Canada is a very developed country. We have a good education system vs my country ...they will make sure it is safe or else they will not give it to the children.”
- “I am from India - the kids are on the street, they are beggars, and are asking for food and money and still they are safe. They are eating stale food. What is their immunity? How do they survive when they can't even afford the mask?”
- “Public health zoom meetings helped me trust the government. They showed AZ not being given in Canada and the concern for the people [compared to other countries].”





Key Takeaways

Parents are under pressure from many directions

- There remain communities, families and children who have been differentially impacted by the pandemic, specifically low income and racialized communities. This is the context that “primes” the conversation for many of the parents we spoke to
- Parents who have questions or concerns about the vaccine feel coerced by the mandates and public messaging and this is eroding trust - **running the risk of entrenching a “no”**
- Many do not trust the motivations behind the public health messaging for vaccines for children under 12
- Wholistically support parents with more than vaccine information
 - ◆ Support schools and children’s programming with **policies that ensure inclusion of unvaccinated children, maintain their safety, and leave the door open for vaccination**



II. INFORMATIONAL NEEDS

Provide factual, accessible, clear information to answer parents questions about COVID, vaccines, and safety measures now and in the future



SHOW US PROOF

Parents **want validation that getting vaccinated themselves had an impact** and that it is the right choice for their children

- “You poked something in my body and we trusted you, show me that it is working inside.”
- “For kids, I need the proof of success. How long did you trial this vaccine? Where are the results? Who did you try it on? And where are the results for the the adults - they took it and still the corona virus is moving in the country... Show us we are immune now. Show us that it works.”
- “They were not honest from the beginning... If they gave us proof that this is safe for everyone then we would do this. We are not against the vaccine because we are crazy or we just want to object.”

WHAT ABOUT OUR FUTURE?

Uncertainty about side effects and additional protocols that will be required to keep children safe make parents feel uncomfortable

- “There are so many variants now and what am I going to do - everyday take him for vaccination?”
- “After 1-2 months, [my husband] still gets headaches and he has high blood pressure. It’s scary. It’s a coincidence and I can’t blame the vaccine but I still don’t know for sure... my son is scared about the side effects. He wants to know if he has to check his blood pressure but he wants to go to school”
- “Can anyone tell me that it won't affect them in 30 or 40 years?”
- “We need a guarantee from someone important, from the government that they will take responsibility if anything happens.”





Key Takeaways

Ideas for supporting parents

- In the context of an “emerging picture” parents see themselves as capable of making an informed choice if they have the right information
 - Transparently and neutrally relay scientific advice and updated guidance in real time
 - Normalize changes in advice as a part of the process so that they are not seen as inconsistencies or mistakes
 - Convey information about the benefits and risks of the vaccine vs. COVID for children in a balanced way
- Provide data showcasing the local impact of participating in vaccination and celebrate the progress of increasing community safety
- Be transparent about the rationale behind new phases of safety protocols and vaccination rolls out. Offer detailed information about the factors being considered (public health, economic recovery, vulnerable populations, pediatric consent laws)



III. TRUSTED RELATIONSHIPS

Empower those who have existing trusted relationships with parents and children to provide information and reassurance



TEACHERS

Teachers were the most commonly mentioned trusted source of information for parents but some may need training to support children and parents

- “... Three people should make the decision to get a vaccine. The Child-parent-doctor. The kid needs to get the education from their teachers. Then parents should encourage. Then they should not be scared at the doctors office. It shouldn't be a surprise. The role of the schools is education. It should be a part of life. All kids should understand how vaccines work.”
- “In the class, the teacher talks to them and the children understand what is a vaccine. ...Their job is to provide information and education”
- “...this isn't like pizza distribution so if schools are involved they should have training because it's a high risk for children.”



SCHOOLS

School administrators can engage with parents and children about vaccines in ways that can inspire or harm parents' confidence in health and safety policies

- “The school has started giving oral nasal kits every 2 week and that makes us safe. Our area doesn't have too many cases of corona.”
- “In my child's school there was a covid case, they dismiss that grade of kids. So, as a parent I'm not so panicked but I also don't have material to fight with this. I still don't know what I have to give him, if he gets affected. I didn't get a list of instructions - vit C, water etc.”
- “You don't know if the teachers are vaccinated or not.... They are not helping us. My daughter is in KG1. Why are teachers letting kids hug and holding hands, and not enforcing social distancing?”



HEALTHCARE PROVIDERS

Healthcare providers are **seen as credible sources of information that play important and distinct roles in supporting families to get vaccinated** - trusted advisor, information giver, vaccine administrator

- “Three people should make the decision to get a vaccine. The child, parent, and doctor...”
- “I want to be there for my kids vaccine. The family doctor only. Allowing booking appointments is needed - we cannot wait in line. Then we will go to the family doctor and they will see if it is ok for the child to take it.”
- “...but he knows how to give the injection. It’s important that the vaccine is given by a medical professional.”



Key Takeaways

Trusted Relationships

- **Leveraging the role of educators** is an important opportunity to increase touch points with trusted sources.
- **Family physicians could be an excellent resource to schools and teachers offering information about vaccines, building on the trust they have established through years of caring for children in the community.** Involve them in broader local education strategies to skill up teachers and schools so that they might address children's fears and potential sensory challenges
- Provide **teachers with training and resources to empower the students** they serve, particularly those with barriers to receiving information. This includes information on needle phobia, side effects, and anxiety
- **Give parents accessible information on safety and wrap-around supports.** Community ambassadors could help to share information in the community

LOGISTICS & TIPS

Additional information gather about where, when and how

Logistics

Access, information and Support

Create convenient access that leverages trusted relationships

- Use convenient locations that are in **close proximity, familiar, and have previously supported families during the pandemic** (most commonly cited were community centres, doctors offices, schools etc.)
- **Provide schools and teachers with training and information about vaccines** so they can answer questions from children and their families as trusted voices
- Parents cited family physicians as a trusted source that they would go to, **opening the door for easy access to conversations and questions would be welcomed by parents**

Tips

How to have productive conversations

Recruit their sense of agency and their individual motivations

- Providing information in neutral way and then shifting to motivational interviewing strategies will help people explore their own reasons for choosing to have their children vaccinated
- Common approaches such as: using the “all in this together” positioning, challenging or interrogating assumptions or attempting to sway in the conversation; **are more likely to increase resistance and entrench an individual's beliefs**

Motivational interviewing approach (Adapted from [NYT Article](#)):

- **Be curious** and establish a friendly tone in the conversation
- **Acknowledge that there is a lot of conflicting information** out there and that **people start out with different levels of trust** in governments, pharma and institutions
- Decide that the goal is to **open** the conversation and create a space where parent’s can explore their beliefs without challenging their identities. Assume that the first conversation may not be the last

Contact us

For questions or feedback
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[a](#)



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Kids Health First – Parents and Caregivers

Home

Parents Youth Providers



COVID-19 Vaccines for Ontario Youth

Let's get kids back to being kids

Sele

<https://kidshealthfirst.ca/pages/parents-and-caregivers>



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.



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





SickKids_TheHospital ✓

@SickKidsNews



Do you have questions about your child getting the [#COVID19Vaccine](#)? We've launched a COVID-19 Vaccine Consult Service to help answer those questions.

Make an appointment to speak to a SickKids clinician through a confidential phone consult: [sickkids.ca/vaccineconsult](https://www.sickkids.ca/vaccineconsult)



Talk to a knowledgeable SickKids clinician to get your questions answered about the COVID-19 vaccine for children and youth.

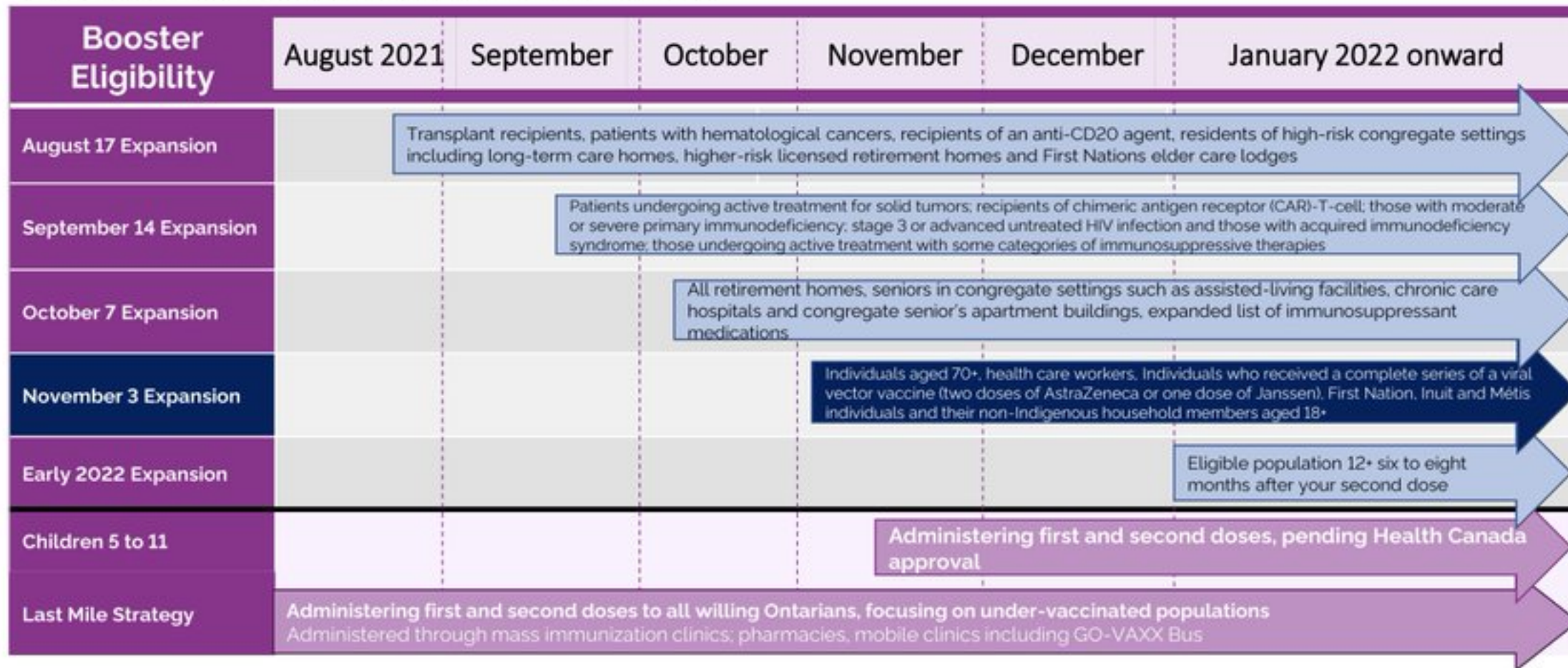
Visit www.sickkids.ca/vaccineconsult to book a confidential phone appointment.



<https://www.sickkids.ca/en/care-services/support-services/covid-19-vaccine-consult/>

Overview of Booster Dose Eligibility

While the COVID-19 vaccine is highly effective, early evidence of waning immunity over time means the province is planning to gradually expand to all Ontarians over time. Like Ontario's COVID-19 vaccination rollout for first and second doses, expansion of eligibility for booster doses will be based on **age and risk**, with an interval of **six to eight months** from the second dose



Sequencing is expected to be based on the interval from the date of second dose, which naturally replicates the priorities from the first and second dose roll-out, including special populations like essential workers, older adults (e.g. 50-69), at-risk populations, and hot spot communities. Throughout the booster rollout, the government will continue to evaluate timing as the situation and evidence evolves.

Who is eligible for a 3rd dose in Ontario?

- **Residents over the age of 70 (Born in 1951 or earlier)**
- **Health-care workers, and designated essential caregivers in congregate settings**
- **Individuals who received a complete series of a viral vector vaccine i.e. two doses of AstraZeneca or one dose of Janssen**
- **First Nation, Inuit, and Metis adults and their non-Indigenous household members**
- Seniors in congregate settings.
- Those undergoing active treatment for solid tumors
- Those who are in receipt of chimeric antigen receptor (CAR)-T-cell
- Those with moderate or severe primary immunodeficiency
- Stage 3 or advanced untreated HIV infection and those with acquired immunodeficiency syndrome
- Those undergoing active treatment with the following categories of immunosuppressive therapies: anti-B cell therapies (monoclonal antibodies targeting CD19, CD20 and CD22), high-dose systemic corticosteroids, alkylating agents, antimetabolites, or tumor-necrosis factor (TNF) inhibitors and other biologic agents that are significantly immunosuppressive

https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_vaccine_third_dose_recommendations.pdf

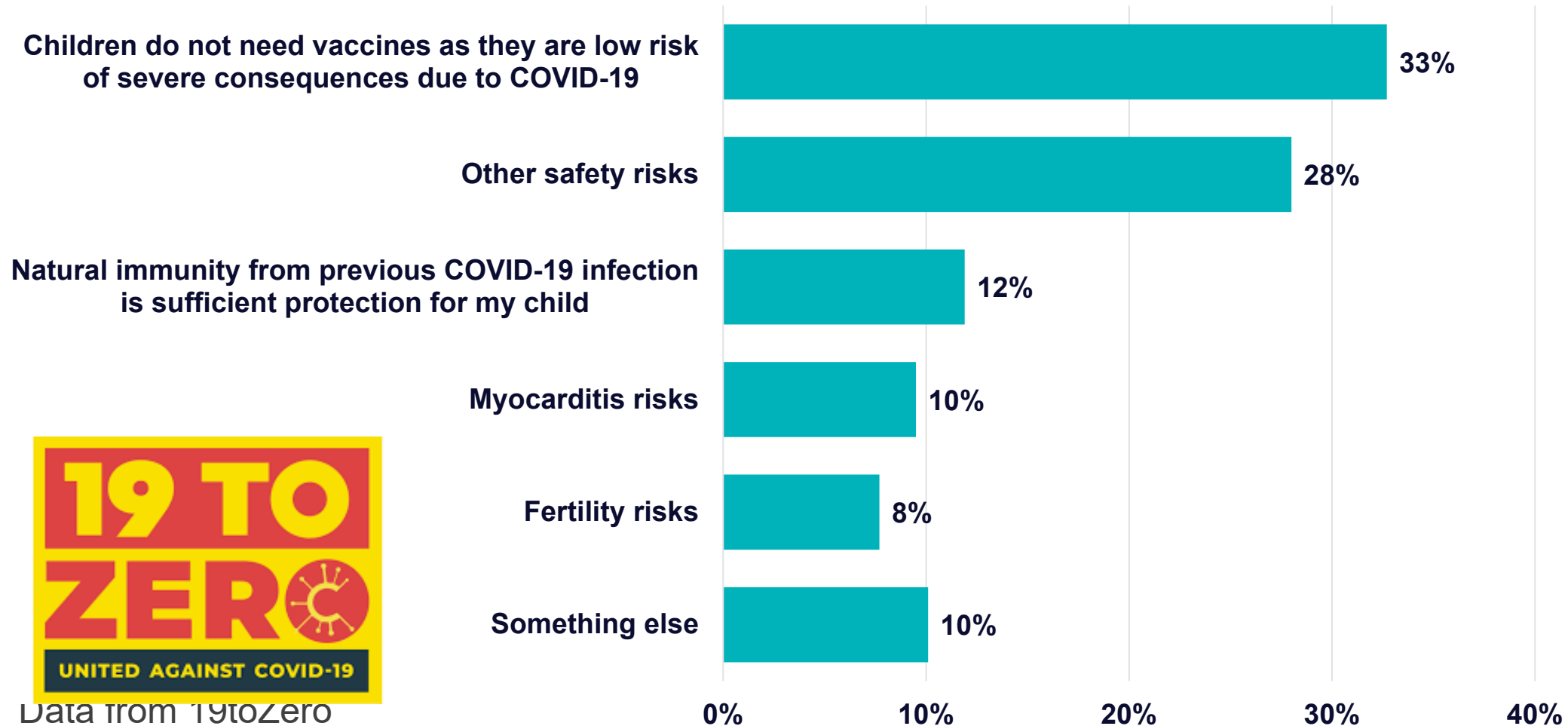
Parents and vaccinating children

- **65.3%** of respondents indicated that they are ready to vaccinate their children ages 4-11
- **15.8%** of respondents were unsure
- **18.9%** do not intend to have their children vaccinated



Parents and vaccinating children

Of those unwilling to vaccinate their children, the following reasons were selected:



Data from 19toZero

Practising Well: Your Community of Practice

Upcoming sessions focused on physician wellness:

Are you experiencing burnout and want to learn techniques to incorporate balance into your practice? Add the next two Practising Well CoP calls to your calendar:

November 10, 2021 (8:00 to 9:00am) – Getting Off the Path to Burnout

Dr. Marcia Kostenuik

https://us02web.zoom.us/webinar/register/WN_e1zH607PTH6ozekq1KhJZQ



Ontario College of
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**Practising
Well**
Teaching.
Learning.
Connecting.



Family & Community Medicine
UNIVERSITY OF TORONTO

Questions?

Webinar recording and curated Q&A will be posted soon

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

Our next Community of Practice: **Friday, November 19, 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.