

## Changing the Way We Work: COVID-19 Community of Practice for Ontario Family Physicians

### The COVID-19 Vaccine: Newly approved vaccine, public health collaboration, and more – March 12, 2021

*A record of **in-session questions** posed by participants and answered by guests, panelists and co-hosts during the CoP sessions, based on guidance and information available at the time. As marked, notes added for clarification of evolving issues.*

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- **Why did we receive AstraZeneca vaccine with such a short expiry date?**

It came from the World Health Organization (WHO) COVAX supply.

- **Is there any concern with giving another vaccine close to the COVID vaccine?**

You need to wait minimum 14 days [after a vaccine before receiving the COVID vaccine and further wait 28 days after receiving the COVID vaccine to get another vaccine.]

- **For the AstraZeneca vaccine, will we also wait the 4 months before getting the second dose?**

Up to 4 months, if more vaccine is available, patients will be invited sooner.

- **Can our patients receive AstraZeneca vaccine now and Pfizer later once we have enough supply?**

It is unclear. The best COVID vaccine is the one you can get.

- **AstraZeneca should be advised to 60-64 years old now, I presume regardless of any complex co-morbid illness?**

Correct. This has been confirmed by the medical officers of health in the Public health units running the “pilots” with AstraZeneca. Open to anyone.

- **Many community physicians in the GTA have yet to be vaccinated due to backlogs or crashed websites (e.g., at Humber River Hospital). Could you comment?**

All physicians who have not been vaccinated, should register at [vaccineto.ca](https://vaccineto.ca).

- **Can Prolia be given in the same week as Covid vaccine?**

Yes, there is no need to delay or alter Prolia timing. Good info here from the UK (no Canadian guidelines on this as of yet): <https://theros.org.uk/healthcare-professionals/covid-19-hub/denosumab-prolia-treatment-and-the-covid-19-pandemic/>.

- **Only one dose for those who have had COVID?**

Those who have previously had COVID should still get a full course of the vaccine.

- **What is the issue with the AstraZeneca and Johnson & Johnson vaccine and abortion raised by the Catholic bishop in Quebec?**

Great question, the CBC article is great. <https://www.cbc.ca/news/politics/catholic-bishops-astra-zeneca-vaccine-1.5945928> “Bishops dial back advice to Canadian Catholics about choosing alternatives to AstraZeneca vaccine” “... all COVID-19 vaccines that are medically approved by the relevant health authorities may be licitly received by Catholics. "Catholics are invited to be vaccinated, both in keeping with the dictates of their conscience and in contributing to the common good by promoting the health and safety of others," reads the clarification.”

- **Patients under 80 getting vaccines at Humber River and asking for letters supporting their "high risk" conditions. Any advice on handling this.**

Proof of pre-existing illness is not required; this was clarified by the ministry.

<https://www.theglobeandmail.com/canada/article-ontario-lifting-covid-19-stay-at-home-order-in-toronto-peel-and-north/>

[NOTE: If you can't access this article, please see this one instead: <https://toronto.ctvnews.ca/proof-of-pre-existing-illness-not-required-for-covid-19-shot-ontario-health-minister-says-1.5338536>]

- **Can you comment about consent for vaccines? Some sources have said that verbal consent for low-risk individuals is acceptable and others have said that a written consent form should be used. As we prepared our family practices to receive vaccine this is a consideration for us.**

Written consent is not required. Certain populations will need to give verbal attestation that they have had a discussion with their provider (i.e.: certain autoimmune like stem cell therapy/car-t cell) [https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19\\_Documentation\\_of\\_Attestation.pdf](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_Documentation_of_Attestation.pdf) [NOTE: At this time, the MOH appears to have removed this document. We are leaving the link here in the event it is reactivated.]

For those who have severe allergies to past dose or components of vaccine a “vaccination plan” and written documentation is needed from an allergist [https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19\\_Vaccination\\_Allergy\\_Form.pdf](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_Vaccination_Allergy_Form.pdf). You can use econsult to help with this decision making re: allergies. See our special populations document here: <https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/covid-19-vaccines/covid-vax-special-populations.pdf>

- **A 62-year-old woman, history of thrombosis 20 years ago when found to have high anticardiolipin antibody. With recent concern about thromboembolic events following AstraZeneca, should she wait for more info on this to get her vaccine?**

Thrombosis Canada strongly recommends the administration of the COVID-19 vaccines, including in people who have had a previous blood clot, in people with a family member who has had a blood clot, and in people who are receiving a blood thinning treatment. Here is the release from Thrombosis Canada on this from yesterday: <https://thrombosiscanada.ca/thrombosis-canada-statement-on-astrazeneca-covid-19-vaccine-and-thrombosis/>

[NOTE: On March 18, 2021, Thrombosis Canada issued an [updated statement on the AstraZeneca vaccine and blood clots](#). This is an area of emerging evidence.]

- **Why when other HCP are now being offered covid vaccine, are optometrists being told they don't qualify? They are as up close and personal as most of us (more than many of us) and as close as ophthalmologists, who do qualify?**

They are in the next phase of health care workers. This was decided based on a scientific table and approved by the Cabinet. [NOTE: Here is the [MOH guidance on prioritizing HCWs for the vaccine](#).]

- **Can you comment on documentation? Will we be required to document vaccine delivery and consent in both COVax and our EMRs?**

You will need to document in COVax. Hopefully, in April CovaxON will send an EMR message via Health Report Manager (HRM) [when patient is vaccinated.]

- **Can a COVID vaccine be given to a person who has had Guillain Barre?**

Yes you can give the covid vaccine in those with a history of GBS, please see further information here in our special populations document: <https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/covid-19-vaccines/covid-vax-special-populations.pdf>

- **What is happening about home care vaccinations? Do we have an actual timeline?**

Anyone receiving home care, will be getting it via homecare (roll out is dependent on the LHIN).

- **Many patients over the age of 60 years are hesitant to be vaccinated with the AstraZeneca vaccine, in view of the side effects, the only 62% effectiveness, concern that the age of 60-64 recommendations for use cannot be that cut and dry. Any comments.**

We are inviting our patients today with the following message – “In the research studies of the approved COVID-19 vaccines in Canada, all the vaccines prevented severe disease, hospitalization and death from COVID-19.”

[NOTE: Evidence on this topic is emerging. On March 22, AstraZeneca released interim results of its U.S. study of the vaccine on older people, as outlined in this [media report](#).]



- **We are receiving a lot of calls at my practice asking for clearance of vaccine for patients receiving or booked for vaccine via pharmacies. Are pharmacies not supposed to do this before administration of vaccines?**

Patients don't need any pre-consent or written documents from a physician. they will need to provide verbal attestation that they have talked with a provider in certain situations (i.e., car-t cell therapy) (see our OCFP special populations document). Also, those with severe allergy to past dose/component of the vaccine will need to have written documentation of counselling from an allergist. <https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/covid-19-vaccines/covid-vax-special-populations.pdf>

- **Dr. Bogoch has said publicly that we should wait 4 weeks after Shingrix to give the Covid vaccine. Do you know where this came from as the Shingrix is not a live vaccine?**

Four weeks after you get the covid vaccine you get Shingrix. [NOTE: A waiting period after or before getting another type of vaccine is generally recommended so that any side effects from one vaccine are not confused with side effects of another.]

- **Patient who has had COVID infection, when should they be vaccinated?**

[It has been suggested that] Because reinfection after recovery of COVID-19 is rare in first 3 months, some may choose to defer for that long, however no contraindication to getting vaccinated sooner. You should not be vaccinated if you are acutely unwell. [NOTE: There is no clear guidance on this. Generally, as long as you are not unwell and have recovered from the illness and meet the criteria for discontinuing isolation you can get vaccinated.]

- **What is timeline for vaccine for otherwise health 60–64-year old's who don't take AstraZeneca?**

It is unclear. it will depend on vaccine shipments and it will be at the government's discretion as to who will get mRNA vaccines. the best vaccine is the one that you can get. They all protect against severe disease and death. Very hard endpoints.

- **With some vaccines (e.g., Shingrix) if one goes one month beyond the maximum period recommended by the manufacturer for that 2nd dose, we lower efficacy by 20%. I presume our decision to delay 2nd dose is based on politics/availability and NOT on fact? Do we know if we compromise efficacy by extending the interval to 4 months? A better immune response is NOT always the case with vaccines.**

From the data we have now we have shown that efficacy from a single dose of the current vaccines lasts at least 4 months. We also have additional data showing that a second dose after 12 weeks provides a higher efficacy overall for the currently available vaccines.

- **How are paper based family doctors going to get involved in vaccine rollout?**

I would think that you can still use COVAX and your paper-based system together if you are vaccinating in your office.

- **How long will protection last after vaccination?** Good question and we don't yet know that information is being collected now in real time. Trials in Moderna suggested 4 months with titres declining over time. Check out this NEJM FAQ on COVID vaccines including duration of immunity <https://www.nejm.org/covid-vaccine/faq>



- **I had a senior turned away from her appointment due to (stable) Grave's disease. They told her that was an autoimmune disease, so she was denied vaccine.**

That is out of step with the guidance. There are very few contraindications to the vaccine related to autoimmune conditions where more discussion is needed are: receiving stem cell therapy, CAR-T therapy, chemotherapy, immune checkpoint inhibitors, monoclonal antibodies (e.g., rituximab) and other targeted agents (e.g., CD4/6 inhibitors, PARP inhibitors). OCFP Special populations document has the full summary: <https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/covid-19-vaccines/covid-vax-special-populations.pdf>

- **Can Patients who have received AstraZeneca now receive Pfizer or Moderna too later, when available? How long should they wait?**

It is unclear. Clearly, patients who are vaccinated are vaccinated. We would use the next mRNA vaccine at this time for another Ontarian. [NOTE: More detail below, in third question/answer following this one.]

- **How long after having had COVID can one get the vaccine?**

You can be vaccinated as soon as you are no longer in isolation. [NOTE: More details in the following question/answer.]

- **What should I say to patient with documented COVID19 infection a few months ago considering vaccination: How long time should pass since the infection before the needle; should he have antibodies level checked? will he have different response/ side effects after immunization?**

They can be vaccinated as soon as they are no longer in isolation for acute infection. Protection from COVID following infection lasts usually up to 3 months, although with VOCs cases of reinfection happen much sooner. If they are a priority, they should get the vaccine as soon as possible.

- **Do I understand that you said if a person gets AstraZeneca that they may be offered an mRNA vaccine down the road as well? Patients are concerned that they are "stuck" with one of the newer versions and won't get the better one.**

They may be offered an mRNA vaccine later as a second dose. We are still waiting for the trials to be finalized around interchangeability and mixed dosing schedules but are hopeful they will show it works better.

- **People who have been vaccinated can they still transmit the virus if exposed to the virus?**

Just released yesterday was a new study from Israel showing that the Pfizer vaccine was 94% in preventing asymptomatic infection. So, we are still learning but it seems they likely work well at preventing asymptomatic transmission in addition to symptomatic infection.

- **Should cortisone injections also be held until 4 weeks post covid vaccine due to theoretical (albeit probably low) risk of some immunosuppression post Cortisone injection?**

I haven't heard anything about delaying these injections. I know that the Canadian Rheumatological Association has some guidance on these topics. [NOTE: Here is a link to the CRA COVID-19 guidance: <https://rheum.ca/covid19/>]



- **Is the Mantoux test affected re timing of vaccine?**

Below is from NACI - <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci.html>

There is a theoretical risk that mRNA or viral vector vaccines may temporarily affect cell-mediated immunity, resulting in false-negative TST or IGRA test results. If tuberculin skin testing or an IGRA test is required, it should be administered and read before immunization or delayed for at least 4 weeks after vaccination. Vaccination with COVID-19 vaccines may take place at any time after all steps of tuberculin skin testing have been completed.

In cases where an opportunity to perform the TST or IGRA test might be missed, the testing should not be delayed since these are theoretical considerations. However, re-testing (at least 4 weeks post immunization) of individuals with negative results for whom there is high suspicion of TB infection may be prudent in order to avoid missing cases due to potentially false-negative results.

- **Will the pharmacists be required to inform the family doctor that the dose has been given? How are we to keep track for our patients?**

The COVAX system requires that you put in the primary care provider and the plan is that there will be a “push” notification of which patients of yours have been vaccinated.

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*These additional questions were answered live during the session. To view responses, please refer to the [session recording](#).*

- Why have there been no details of the launch March 15 of online vaccine booking system and where will this info be?
- Why wait 4 months for AstraZeneca vaccine when we know that its efficacy is lower than Pfizer/ Moderna?
- I cannot understand why we as family physicians have been sidelined by MOH. Why have pharmacies been prioritized? People are lining up for 90 minutes without distancing at pharmacies to get vaccines! Also, if only a few family physicians get to vaccinate their patients how is that ethical and fair to rest of our patients who are at risk?
- Any updates on use of COVID vaccines in kids and pregnancy?
- Please also address the new issues around possible VTE risks with AstraZeneca
- What is the efficacy of vaccines after 1 dose- now that we are delaying the second dose?
- With longer intervals between 2 doses, can we give other vaccines if needed within that interval? What time intervals do we need to preserve? (e.g., Shingrix, tetanus, Prevnar)
- What's up with the AstraZeneca vaccine in Europe? Why have so many countries just stopped using it?
- I had thought for the very elderly we were NOT making them wait 4 months, but two 93-year-old patients were given their shot yesterday and told next shot would be in 4 months.
- When will family physicians be onboarded for the COVaxON platform?