COVID-19 Community of Practice for Ontario Family Physicians

April 5, 2024

Dr. Gerald Evans
Dr. Daniel Warshafsky
Dr. Sid Feldman

Infectious Disease and Updates to Osteoporosis Canada Guidelines
Infectious Disease and Updates to Osteoporosis Canada Guidelines

Moderator:

• Dr. Eleanor Colledge, CPD Program Director, University of Toronto and Family Physician, South East Toronto Family Health Team, Toronto, ON

Panelists:

• Dr. Gerald Evans, Kingston, ON
• Dr. Daniel Warshafsky, Toronto, ON
• Dr. Sid Feldman, Toronto, ON

Host:

• Dr. Mekalai Kumanan, Cambridge, ON

The COVID-19 Community of Practice for Ontario Family Physicians is a one-credit-per-hour Group Learning program that has been certified for up to a total of 32 credits.
Land Acknowledgement

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

The OCFP and DFCM recognizes 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 respects 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.
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.

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.

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

Planning Committee: Dr. Mekalai Kumanan (OCFP), Dr. Ali Damji (DFCM), Dr. Eleanor Colledge (DFCM), Dr. Harry O’Halloran, Julia Galbraith (OCFP), Pavethra Yogeswaran (OCFP), Marisa Schwartz (DFCM), Erin Plenert (DFCM)

Previous webinars & related resources:
https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions
Dr. Gerald Evans – Panelist
Infectious Disease Specialist and Chair of the Division of Infectious Diseases, Queen’s University

Dr. Sid Feldman – Panelist
Chief, Department of Family and Community Medicine, Baycrest Health Sciences; Associate Professor, Family and Community Medicine, University of Toronto
Dr. Mekalai Kumanan – Host
Twitter: @MKumananMD
President, Ontario College of Family Physicians
Family Physician, Two Rivers Family Health Team
Deputy Chief of Family Medicine, Cambridge, ON

Dr. Daniel Warshafsky – Panelist
Associate Chief Medical Officer of Health at the Office of the Chief Medical Officer of Health
Speaker Disclosure

• Faculty Name: **Dr. Gerald Evans**
  • Relationships with financial sponsors:
    • Grants/Research Support: N/A
    • Speakers Bureau/Honoraria: Moderna Australia
    • Membership on advisory boards: Ontario COVID-19 Science Advisory Table (NFP)
    • Others: N/A

• Faculty Name: **Dr. Sid Feldman**
  • Relationships with financial sponsors:
    • Grants/Research Support: CIHR, Canadian Foundation for Healthcare Improvement, UofT Academic Health Sciences Innovation Funds
    • Speakers Bureau/Honoraria: Ontario College of Family Physicians, Ontario Osteoporosis Strategy
    • Membership on advisory boards: Osteoporosis Canada
    • Others: UofT DFCM & Baycrest Health Sciences (salary support), Baycrest Global Solutions (consulting)

• Faculty Name: **Dr. Daniel Warshafsky**
  • Relationships with financial sponsors:
    • Grants/Research Support: N/A
    • Speakers Bureau/Honoraria: N/A
    • Others: N/A
Speaker Disclosure

• Faculty Name: Dr. Mekalai Kumanan
  • Relationships with financial sponsors:
    • Grants/Research Support: N/A
    • Speakers Bureau/Honoraria: Ontario College of Family Physicians
    • Others: Deputy Chief of Family Medicine, Cambridge Memorial Hospital

• Faculty Name: Dr. Eleanor Colledge
  • Relationships with financial sponsors:
    • Grants/Research Support: N/A
    • Speakers Bureau/Honoraria: Ontario College of Family Physicians
    • Others: N/A
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 panels attention.

• Please use the chat box for networking purposes only.
**Dr. Gerald Evans – Panelist**
Infectious Disease Specialist and Chair of the Division of Infectious Diseases, Queen’s University

**Dr. Sid Feldman – Panelist**
Chief, Department of Family and Community Medicine, Baycrest Health Sciences; Associate Professor, Family and Community Medicine, University of Toronto
Ontario COVID-19 14-Day Moving Average of Test Positivity
Sep 2023 – present

Ontario
SARS-CoV-2 RNA in Ontario Wastewater – March 28, 2024
Current Status of Ontario Markers of COVID-19
Community Activity – April 5, 2024

- Outbreak numbers
- Test positivity
- Wastewater detection
Magnitude and durability of nAb titers following SARS-CoV-2 infection, vaccination, and both

Source: N Lasrado, DH Barouch J Infect Dis 2023  https://doi.org/10.1093/infdis/jiad353
VE of XBB Monovalent Vaccines – Sept 2023 to Feb 2024 from VISION Network

<table>
<thead>
<tr>
<th>COVID-19 vaccination dosage pattern</th>
<th>Total</th>
<th>Positive SARS-CoV-2 test result, no. (%)</th>
<th>Median interval since last dose, days (IQR)</th>
<th>Unadjusted VE, %* (95% CI)</th>
<th>Adjusted VE, %† (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No updated dose§ (Ref)</td>
<td>11,990</td>
<td>1,197 (10)</td>
<td>587 (381–766)</td>
<td>Ref</td>
<td>Ref</td>
</tr>
<tr>
<td>Received updated dose</td>
<td>2,596</td>
<td>195 (8)</td>
<td>56 (32–81)</td>
<td>27 (14–37)</td>
<td>36 (25–46)</td>
</tr>
<tr>
<td>7–59 days earlier</td>
<td>1,381</td>
<td>100 (7)</td>
<td>34 (21–46)</td>
<td>30 (13–43)</td>
<td>38 (23–50)</td>
</tr>
<tr>
<td>60–119 days earlier</td>
<td>1,215</td>
<td>95 (8)</td>
<td>83 (71–98)</td>
<td>24 (5–38)</td>
<td>34 (16–47)</td>
</tr>
</tbody>
</table>

**Abbreviations:** Ref = referent group; VE = vaccine effectiveness; VISION = Virtual SARS-CoV-2, Influenza, and Other respiratory viruses Network.

* VE was calculated as \((1 - \text{odds ratio}) \times 100\)%, with odds ratios calculated using logistic regression.

† The odds ratio was adjusted for age, sex, race and ethnicity, geographic region, and calendar time (days since January 1, 2021).

§ The “no updated dose” group included all eligible persons who did not receive an updated COVID-19 vaccine dose, regardless of number of previous (i.e., original monovalent and bivalent) doses (if any) received.

Source: R Link-Gelles et al MMWR 2024 73(12): 271-6
Effect of COVID Vaccines on Post-COVID Cardiac and Thromboembolic Complications

- Compared 10.17 million vaccinated and 10.39 million unvaccinated individuals from UK, Spain, & Estonia

Source: N Mercadé-Besora et al Heart Epub ahead of print: doi:10.1136/ heartjnl-2023-323483
Ontario COVID-19 XBB Vaccine Guidance – March 21, 2024

• Individuals 6 months to 4 years
  • If at high-risk severe illness, with additional dose at 8 weeks, if mod-severe IC
  • If unvaccinated, “may” receive vaccine to complete a series

• Individuals 5 years and older
  • If unvaccinated, “should” receive one dose of XBB vaccine
  • If mod-severe IC, should receive an additional dose

• As per NACI (January 12, 2024)
  • Those at increased risk of severe illness may receive an additional dose in Spring 2024
    • Adults 65 years of age and older
    • Adult residents of LTC and other congregate living settings for seniors
    • Individuals > 6 months of age who are moderately to severely immunocompromised
    • Individuals > 55 years of age who identify as First Nations, Inuit, or Metis and their non-Indigenous household members who are 55 years and older

• All other individuals are NOT currently recommended to receive a COVID-19 vaccine dose in Spring 2024
Syphilis – What’s old is new again...
Figure 4c. Infectious syphilis rates per 100,000 population by public health unit: Ontario, 2021
Syphilis in Ontario – 2021-22

Figure 1. Infectious syphilis cases and rates per 100,000 population by year and gender*: Ontario, 2012-2021

Figure 2. Confirmed cases and rate per 100,000 population (≤2 years) of early congenital syphilis compared to the rate (per 100,000 population) of infectious syphilis among females 15-44 years of age: Ontario, 2013-2022

Infectious

Congenital
Syphilis Testing in Ontario

- **CMIA** = Chemiluminescent Microparticle ImmunoAssay
  - A qualitative immunoassay that detects treponemal antibodies (IgG and IgM)

- **RPR** = VDRL

- **TPPA**
  - Specific syphilis confirmatory test

*For infants ≤18 months, TPPA testing is completed regardless of RPR result.*
Clinical Clues to the Stages of Syphilis

**Infectious**
- **Primary** – Chancre
  - Not always painless
  - Look in non-genital regions
- **Secondary** – Rashes & alopecia
  - If an RPR ≥ 1:32, it’s secondary syphilis
- **Early latent**
  - Usually asymptomatic
  - <1 year from initial infection

**“Non-infectious”**
- **Late latent syphilis**
  - Asymptomatic
  - >1 year from initial infection
- **Tertiary**
  - Late benign/gummatous syphilis
  - Neurologic
  - Cardiovascular
Measles

This resource provides the most up-to-date information on prevention and management of suspected cases in your practice.

Resources to support your practice

https://ontariofamilyphysicians.ca/supports-for-family-doctors/
Resources to support your practice

Writing Sick Notes

To help educate employers on changing their policies, the OCFP has created this resource for use in your EMRs and clinic workflows for sick notes.

https://ontariofamilyphysicians.ca/supports-for-family-doctors/


*New*

EMR-Integrate Sick note form for TELUS PS suites, OSCAR Pro and Accuro QHR
Clinical practice guideline for management of osteoporosis and fracture prevention in Canada: 2023 update

Sid Feldman MD CCFP (COE) FCFP
Associate Professor and Head, Division of Care of the Elderly,
Department of Family and Community Medicine, Temerty Faculty of Medicine, University of Toronto
sfeldman@baycrest.org
Clinical practice guideline for management of osteoporosis and fracture prevention in Canada: 2023 update

Suzanne N. Morin MD MSc, Sidney Feldman MD, Larry Funnell, Lora Giangregorio PhD, Sandra Kim MD, Heather McDonald-Blumer MD, Nancy Santesso PhD, Rowena Ridout MD, Wendy Ward PhD, Maureen C. Ashe PhD, Zahra Bardai MD, Joan Bartley, Neil Binkley MD, Steven Burrell MD, Debra Butt MD, Suzanne M. Cadarette PhD, Angela M. Cheung MD PhD, Phil Chilibeck PhD, Sheila Dunn MD, Jamie Falk PharmD, Heather Frame MD, William Gittings PhD, Kaleen Hayes PhD, Carol Holmes MD, George Ioannidis PhD, Susan B. Jaglal PhD, Robert Josse MD, Aliya A. Khan MD, Virginia McIntyre, Lynn Nash MD, Ahmed Negm MD PhD, Alexandra Papaioannou MD MSc, Matteo Ponzano PhD, Isabel B. Rodrigues PhD, Lehana Thabane PhD, Christine A. Thomas MBA, Lianne Tile MD, John D. Wark MBBS PhD; for the Osteoporosis Canada 2023 Guideline Update Group
WHO
• Family physicians*
• Patient partners*
• Osteoporosis, exercise, and nutrition expert clinicians and researchers
• Pharmacists
• GRADE methodologist (McMaster University and World Health Organization)

WHAT
• Separate conflict of interest management committee
• Working groups in fracture risk assessment, nutrition, exercise, and pharmacotherapy
• Unrestricted funding from OC for methodologist and librarians for literature searches, otherwise voluntary, unpaid participation

*At least one on each working group and on steering committee
Family physicians additional consensus process
Scope and focus:

• Intended to assist Canadian primary health care professionals in screening community-dwelling postmenopausal females and males, aged 50 years and older, for the presence of risk factors for osteoporosis (OP) and fractures

• Provide interventions to optimize skeletal health and fracture prevention

• The focus of the guideline recommendations for treatment is on people with primary (not secondary) osteoporosis
# GRADE: Interpreting the Recommendations

<table>
<thead>
<tr>
<th>Implications</th>
<th>Strong Recommendation “we recommend”…</th>
<th>Conditional Recommendation “we suggest”…</th>
</tr>
</thead>
<tbody>
<tr>
<td>for patients/residents</td>
<td>Most individuals in this situation would want the recommended course of action, and only a small proportion would not.</td>
<td>The majority of individuals in this situation would want the suggested course of action, but many would not.</td>
</tr>
<tr>
<td>for clinicians</td>
<td>Most individuals should receive the intervention.</td>
<td>Clinicians recognize that different choices will be appropriate for each individual and that clinicians must help each individual arrive at a management decision consistent with his/her values and preferences.</td>
</tr>
</tbody>
</table>
OSTEOPOROSIS and RELATED FRACTURES in Canada

- In 2016-2017, **2.3M** Canadians aged 40+ were living with diagnosed osteoporosis
- **MALES** are less likely to receive any intervention

PRIMARY COMPLICATIONS

- In 2016-2017, there were **150 hip fractures** per **100,000** Canadians ages 40+
- More than **1 in 5 Canadians** with a hip fracture died of any cause the following year

Sex differences:

- **FEMALES** were **2X more likely** to fracture their hip compared to males
- **MALES** were **1.6X more likely** to die of any cause within a year of a fracture compared to females
Risk assessment
Risk assessment

1. Identify risk factors:
   - Previous fracture after age 40
   - Glucocorticoids (> 3 months in last year, prednisone equivalent >5 mg daily)
   - **Falls** ≥2 in the last year
   - Parent fractured hip
   - BMI <20
   - Current smoking
   - EtOH ≥3 drinks/day
   - Secondary osteoporosis
Risk of subsequent fracture after prior fracture

2. Look for clinical signs of possible vertebral fracture
Height loss:

- Increased risk of vertebral fracture
  - Historical height loss (> 6 cm)$^{1,2}$
  - Measured height loss (> 2 cm)$^{3-5}$

- Significant height loss should be investigated by a lateral thoracic and lumbar spine X-ray that includes T4-L4

- 2/3 of vertebral fractures are asymptomatic

3. Selective use of BMD:

- Age 50-64 yr with previous fracture or ≥2 risk factors
- Age 65-69 yr with 1 risk factor
- Age 70 yr with no risk factors

4. BMD then → FRAX

5. Categorize:
   - Do not recommend pharmacotherapy
   - Suggest pharmacotherapy
   - Recommend pharmacotherapy

Note: Previous hip, spine*, or ≥2 fracture events → Recommend pharmacotherapy

* Consider vertebral imaging
CTFPHC Screening for primary prevention of fragility fractures

- Only females ≥ 65 years of age
- Risk assessment first with FRAX without BMD (falls not included in FRAX)
- BMD if interested in treatment
- 2nd FRAX with BMD
- Recommend no screening for males

OC CPG for management of osteoporosis and fracture prevention in Canada: 2023 update

- Females and males age ≥ 50 with clinical risk factors, all at age 70
- Risk assessment first (clinical), including falls
- BMD based on risk (~10% threshold)
- Single FRAX with BMD
- Screening and treatment for males (lower GRADE level)
- Exercise, nutrition and pharmacotherapy recommendations
Management: Nutrition

**CALCIUM**

For people who meet the recommended dietary allowance for calcium with a variety of calcium-rich foods, we suggest no supplementation to prevent fractures.

**VITAMIN D**

We suggest following Health Canada’s recommendation of vitamin D for bone health.
Management: Exercise

• Recommend:
  • Balance and functional training ≥ twice weekly to reduce risk of falls

• Suggest:
  • Progressive resistance training
  • Other activities encouraged
  • May need to be modified in people at high risk of fracture
  • When available, seek advice from exercise professionals

• Sorry, walking is great, but doesn’t reduce risk of falls

Lora Giangregorio, U. Waterloo
What’s in your toolbox?

Identify a variety resources in your community that you can refer people to.

- Osteoporosis Canada Too Fit To Fracture handouts and videos: [https://osteoporosis.ca/exercise-recommendations/](https://osteoporosis.ca/exercise-recommendations/)
- BoneFit™: [https://bonefit.ca/bonefit-map-locator/](https://bonefit.ca/bonefit-map-locator/)
- Find a CSEP Certified Exercise Physiologist (CEP): [https://csep.ca/membership-overview/directory/](https://csep.ca/membership-overview/directory/)
- Otago Exercise Program for fall prevention (people at risk of falls): [https://www.physio-pedia.com/Otago_Exercise_Programme](https://www.physio-pedia.com/Otago_Exercise_Programme)
- Falls prevention exercise programs in community
- Tai Chi for fall prevention
Approach to Pharmacotherapy

Seperate strength of recommendations for males and females based on certainty of evidence since males under-represented in clinical trials.
Approach to Pharmacotherapy

Recent severe VF or ≥2 VF and T < -2.5:
• Anabolic therapy

Recent fracture:
• fracture occurring within the past 2 yr

Severe vertebral fracture:
• vertebral body height loss of > 40%

The choice of anabolic therapy may depend on affordability and feasibility of injection schedule.

Conditional recommendation
High-certainty evidence (females)
Moderate-certainty evidence (males)

Separate strength of recommendations for males and females based on certainty of evidence since males under-represented in clinical trials
Approach to Pharmacotherapy

- Bisphosphonates first line for most individuals
  - 3-6 years
  - longer duration with history of hip, vertebral, or multiple nonvertebral fractures or ongoing risk factors for accelerated bone loss or fractures
  - Stop after 3-6 years of therapy and then reassess 3 years later (earlier reassessment may be appropriate for some individuals)

Separate strength of recommendations for males and females based on certainty of evidence since males under-represented in clinical trials

Suzanne N. Morin et al. CMAJ 2023;195:E1333-E1348
Approach to Pharmacotherapy

Contraindication or substantial intolerance or barriers to bisphosphonates and commitment to long-term therapy:

- **Denosumab**
  - Long-term uninterrupted therapy
  - When stopping denosumab, transition to alternative therapy

- The injection schedule should **not be delayed by more than 1 mo** because of the risk of rapid bone loss and vertebral fractures.
- Duration of therapy may be assessed **after 6-10 yr** and may be dependent on previous bisphosphonate therapy and individualized risk for atypical femoral fracture and osteonecrosis of the jaw.

**Conditional recommendation**
- High-certainty evidence (females)
- Moderate-certainty evidence (males)

Separate strength of recommendations for males and females based on certainty of evidence since males under-represented in clinical trials

Suzanne N. Morin et al. CMAJ 2023;195:E1333-E1348
• ↑ AFF with longer duration

• ↑ ONJ with longer duration

• Anti-fracture efficacy plateau ~3-6 yrs

• Benefit to risk ratio wanes with longer duration

• **Concept of drug holiday**: supported by extension trials

Black et al, NEJM 2020
Eiken et al, OI 2017
Black et al, JBMR 2012
Fink et al, Ann Intern Med 2019

**Long-term Safety and Efficacy: Bisphosphonates**

![Graph showing AFFs according to cumulative bisphosphonate exposure](image)

- Incidence rate per 10,000 person-years
- Y-axis: 0 to 15
- X-axis: Years of bisphosphonate use
- Data points:
  - <0.25 (AFF=4)
  - 0.25 to <3 (AFF=35)
  - 3 to <5 (AFF=50)
  - 5 to <8 (AFF=93)
  - ≥8 (AFF=95)

![Graph showing AFFs according to time since bisphosphonate discontinuation](image)

- Incidence rate per 10,000 person-years
- Y-axis: 0 to 7
- X-axis: Months since discontinuation of bisphosphonate
- Data points:
  - Not yet used
  - ≤3
  - >3 to 15
  - >15 to 48
  - >48

Black et al, NEJM 2020
Long-term Safety and Efficacy: **Denosumab**

- Risks of AFF and ONJ relatively stable over 10 years
- BMD and anti-fracture benefits do not wane at 10 yrs
  - FREEDOM extension trial
- Benefit to risk ratio is favorable at 10 yrs
- However, unknown beyond 10 yrs
- No skeletal retention → **no drug holiday**
- If stopping, *need transition to another agent* (partial protection)

Bone et al, Lancet Diabetes Endocrinol, 2017
Fink et al, Ann Intern Med 2019
Reassessment: Interval of bone density testing?

BMD may be repeated at shorter intervals if secondary causes, new fracture or new clinical risk factors associated with rapid bone loss.

Conditional recommendation
Very low-certainty evidence
Summary

- Falls: BAD
- Fractures: REALLY BAD
- Build bone early (Family Docs Rock!)
- Assess risk: CTFPHC or OC CPG 2023 (similarities and differences)
- Low risk: focus on fall prevention, strength and balance
- Treat high risk especially recent hip or spine fracture (like stroke)
- Bisphosphonates: can take a break (haha, Dad joke)
- Denosumab: no break, don’t stop, needs transition or risk incr. VF
- Males: Weaker evidence (not no evidence) and worse fracture outcomes—shared decision making
Green Office Toolkit

• Worked with partners across Canada to developed this toolkit inspired by the original released in 2018.

• Designed to simplify and inspire the ‘greening’ of your health care practices and your office or building.

• Find practical, easy to implement, evidence-based and affordable ideas to make eco-friendly office improvements.

https://www.peachhealthontario.com/_files/ugd/f36758_2e3a34a5d5bf46fadb4cc975f0ad9205b.pdf
Who can participate?

• Adults who tested positive for COVID with symptoms starting within the last 5 days and
• aged 18-49 years with one or more chronic condition(s) OR aged 50+ years regardless of health status

Why participate?

• Close monitoring
• Personalized care
• Contribution to medical research
• Participate online or by phone call

Compensation: Healthcare providers - $40 for referring potentially eligible participants
Patients - up to $120 while in the study

1-888-888-3308  CanTreatCOVID.org  info@CanTreatCOVID.org
OCFP supports for Mental Health, Addictions and Chronic Pain

Mental health, addictions and chronic pain are challenging conditions. Find information to support the care you give patients – in a way that also considers your wellbeing.

Community of Practice
Join upcoming sessions:

- Managing alcohol use (April 17)
- Emerging therapeutics amidst fat-shaming (May 22)
- Gender affirming care (June 26)

Peer Connect Mentorship
Join a series of small group learning sessions designed for family physicians to celebrate their successes and address the obstacles they encounter in their practice. The deadline to register for a small group is Friday, April 12, 2024.
## RECENT SESSIONS

<table>
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<tr>
<th>Date</th>
<th>Title</th>
<th>Presenters</th>
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</thead>
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<tr>
<td>December 15</td>
<td><strong>Winter virus season and Changes to breast cancer screening in Ontario</strong></td>
<td>Dr. Allison McGeer, Dr. Jonathan Isenberg, Dr. Anna M. Chiarelli, Maggie Keresteci</td>
</tr>
<tr>
<td>January 19</td>
<td><strong>COVID-19 Updates and Managing Respiratory Illness in Kids</strong></td>
<td>Dr. Alon Vaisman, Dr. Tasha Stoltz</td>
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<tr>
<td>February 9</td>
<td><strong>Long COVID and Lipid Guidelines</strong></td>
<td>Dr. Kieran Quinn, Dr. Michael Kolber</td>
</tr>
<tr>
<td>February 23</td>
<td><strong>COVID-19 and Measles Updates, and Supporting Primary Care</strong></td>
<td>Dr. Megan Devlin, Dr. Elizabeth Muggah</td>
</tr>
<tr>
<td>March 22</td>
<td><strong>Infectious Disease Updates and Management of Menopause</strong></td>
<td>Dr. Zain Chagla, Dr. Susan Goldstein, Dr. Daniel Warshafsky</td>
</tr>
</tbody>
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Accessing Previous Sessions and Self Learning

Previous webinars & related resources
https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions

Self-learning program

The COVID-19 Community of Practice sessions, including recordings, tools, and resources are available as self-learning modules.

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 60 credits.

To participate in this self-learning:
- Select the dates/sessions you wish to participate in. You are welcome to complete as many sessions as you wish.
- Watch the video recording of the live session.
- Review the session tools and resources.
- Complete the self-learning post-session activity. When you click the button below, it will take you to the post-session activity page.

Complete self-learning activity →

Past sessions

Each item below includes session details, the webinar recording link, and linked resources.

- Winter Wellness Season and Changes in Breast Cancer Screening in Ontario (Dec 15, 2022)
- COVID-19 Updates and the New Ontario Structural PSYCHtherapy Program (Nov 17, 2022)
- Respiratory and Flu Season: Counselling Kids and Balancing Workload (Oct 27, 2022)
- Update on COVID-19: Influenza and RSF vaccines (Oct 6, 2022)
- Preparing for the Fall (Sept 15, 2022)
- COVID Updates and Addressing Physician Burnout (July 26, 2022)
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: April 26, 2024

Contact us: ocfpcme@ocfp.on.ca

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

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