

## Changing the Way We Work

February 3, 2023: COVID Vaccinations and digital supports

Panelists: Dr. Allison McGeer, Dr. Fareen Karachiwalla, Dr. Allison McGeer  
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Co-Moderator: Dr. Tara Kiran

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*Curated answers from CoP guest, panelists and co-hosts to in-session questions posed by participants, based on current guidance and information available at the time.*

### Vaccines and Boosters

- **Will Ontario update booster guidance to align with NACI?**

Actively being looked at and ON will likely update its guidance soon-ish perhaps next month-6 weeks or so I'd think.

- **Totally unrelated to this session, but curious if anyone has any intel on when we can expect NACI to update pneumococcal vaccine recommendations so we have guidance on when to offer PCV20 (Prevnar 20).**

As far as I know NACI is starting to work on non covid related topics and this is on the list, actively being talked about.

- **I remember that the original 'primary' series was three doses, not 2. Can you comment on this? I read the 'booster' dose as different from the bivalent dose.**

For immunocompetent people, the primary series is usually 2 doses (except if you're 6 mo-5 years and using pfizer then it's 3 doses). The booster dose is anything after a primary series and now as of this respiratory season, we have bivalents available, so regardless of how many prior boosters, NACI is saying anyone high risk (5-64 with risk factors or 65+) is recommended to get a bivalent booster this resp season.

- **Does vaccinating a nursing mom provide passive immunity to infant?**

From Dr. McGeer:

Vaccinating pregnant women works. No evidence for breastfeeding and the protection from breast feeding not established.

- **Is the bivalent evidence also present for kids/teens?**

I have not seen any. Uptake is very low, so hard to get data.

- **Can you comment on a report announced today that the Quebec ministry of health has stated that anyone who has had Covid does not need and should not get a Covid immunization. Only those who have never been vaccinated should get the shot?**

I haven't read the details, but I think what they are saying is that there is now good evidence that the combination of covid and vaccination is significantly more protective than vaccination alone (Jeff Kwong's ICES data, for instance is good evidence of this). So, if you haven't had COVID, you need the bivalent vaccine. If you have had COVID, getting the bivalent vaccine is less important (still increases your protection, but less important).

- **Many low risk health care workers had a booster at a 3 month interval but are now 6 months out. Does that mean we need another now?**

If someone is six months out now it means that they haven't had a bivalent booster - for older HCWs and those with risk factors, yes, they should get that now. For younger HCWs it is a may, not a requirement. First people will be 6 months post bivalent booster in mid March, and we'll need to make a decision then based on what happens with COVID between now and then.

- **For patients who received AZ x 2 doses, do they need to restart their primary series or just focus on mRNA booster doses?**

If they've gotten their AZ primary series then they would focus on their mRNA boosters as the AZ would be valid as a primary series.

- **Update us please on MOH and Public Health views towards requiring up to date COVID immunization for children/teens in school.**

In Ontario, we have the Immunization of School Pupils Act (ISPA) that requires some vaccinations for school attendance. I think with covid vaccine not being super established yet by way of pattern and seasonality this would be challenging to incorporate (e.g. include just primary series? how many boosters?). Also the risk/benefit profile is different in kids and teens compared to teens/kids that are high risk and older adults for example.

- **Are there any advantages still to mixing vaccines, particularly Novavax when used as a booster?**

NACI still has a preferential recommendation for mRNA vaccines. Those are largely interchangeable (except in the little kiddies 6 months to <5 years).

- **7 year old, over 1 yr ago Pfizer x 2, 5M ago Covid infection, going for vacation in Mexico in 3 weeks. Boost him earlier?**

Probably depends on risk factors. If this is a healthy 7 year old they are likely to have decent hybrid protection with a recent infection, so kind of depends on what level of risk they're willing to tolerate. Waiting a bit will also provide a better boosting response, but I suppose they could opt to have another dose if they're very worried or 7 y o is otherwise at higher risk.

- **What is the difference between Pfizer and Moderna bivalent vaccines?**

Right now in Canada, Pfizer's bivalent is a BA4/5 and Moderna is a BA1. But they are equivalent in terms of effectiveness it is looking like.

- **To Dr McGeer; why large vaccination centres do not have new bivalent Moderna, but still BA.1? Vaccinating person even does not know, which one is she injecting and assuring, that they have all vaccines up to date.**

Right now in Ontario we have the moderna BA1. The BA4/5 was recently approved however and likely will have this product soon also in ON perhaps in a month or so (but products are equivalent and the BA1 and BA4/5 have similar vaccine efficacy and NACI has no preferential recommendation).

- **Is Moderna bivalent better than Pfizer bivalent since XBB is evolved from BA2?**

Seems the bivalents given cross protection etc. are all pretty equivalent in terms of vaccine effectiveness, whether they are BA1 or BA4/5.

- **How long to wait after a COVID infection before a bivalent booster is given?**

The ideal is 6 months. If a person is high risk in ON, we allow for a minimum of three months.

- **You mentioned that vaccination is recommended for 5 plus, but eligible for 6m to 5 years. Can you comment on why not recommended for the 5 and under population?**

The NACI statement on this is probably the best resource. They make recommendations for the whole population, so looking at evidence of effectiveness in this age group but also burden of disease (e.g severity of infection for example for those 6 mo-<5 years). But this isn't an individual level recommendation and we also know risk of vaccines is very low so on an individual basis, of course, many would opt to vaccinate their 6 mo-<5 year kids.

- **The public buy-in into boosters seems low, with folks skeptical around the duration of protection. Are there really \*new\* vaccines in development? Or mainly iterations of mRNA vaccines?**

There is a lot of work on mucosal vaccines happening, and lots of work going on new platforms. It will be slower and less obvious now that speed is less important, though.

- **If an elderly patient had a bivalent dose 5-6 months ago, should they have another bivalent vaccine dose?**

They are eligible after 3 months; 6 months is optimal spacing; Dr. Fareen discussed factors to consider when counselling.

- **The COVID-19 vaccine and bivalent booster are now part of US routine childhood immunization recommendations by CDC,AAP,ACIP. Is this being discussed and desired in Canada?**

This would be decided on province by province (or territory). ON is one of the provinces that does have a law requiring certain immunizations for school attendance. It isn't all routine vaccines but a subset. My thinking on this (my own opinion) is including covid into this may be challenging given the risk of lower risk of severe disease in kids and also as the covid vaccine program continues to evolve (we don't yet know how often you may need a dose etc. yet).

- **Slightly off topic- but can Bexsero and twinrix be co-administered with flu or COVID vaccines, or with each other?**

Yes. They're all okay to be co administered as far as I know, and all non live vaccines.

## Variants

- **Any updates on how effective we think the bivalent vaccines are for XBB.1.5?**

Almost certainly: not perfect, but much better than nothing.

Immune evasion is a stepwise process and XBB.1.5 is a little further away but not so far as to reduce effectiveness much.

- **Dr. McGeer Can you please you comment on molnupiravir driving the appearance of new variants?**

Expert opinion on this is variable. To me, the risk of new variants is most dependent on the total number of new infections, and potentially persistent infections in immunocompromised persons. I don't think that use of molnupiravir significantly increases risk, but there are others who disagree.

- **There is risk of h5n1 skipping from birds to mink to human please comment.**

The mink farm outbreak is of concern because of H5N1 being transmitted among mink, which is the first time it has been transmitted among mammals. To my knowledge, there is no evidence of transmission mink to humans in that outbreak.

### Masking and Isolation

- **What is current recommendation with pt testing positive with covid? This strain is more transmissible- how long etc.? Masking?**

Isolation guidance is dependent on whether the individual is immunocompromised or in a highest risk setting. For those who are not, isolation is required for 24 hrs after symptoms improve (48 hrs for GI symptoms) and no fever. For 10 days, masking is recommended, along with avoidance of highest risk settings/visiting immunocompromised individuals.

Table 1 on page 12 outlines this well:

[https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact\\_mngmt/management\\_cases\\_contacts.pdf](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/management_cases_contacts.pdf)

- **I work with the Indigenous population. My question is, when a clinician providing care to a high risk population gets COVID, when can they return to clinic and start seeing pts in person if they continue to test positive three weeks out but are asymptomatic? (they have had 3 vaccine doses).**

Isolation guidance is dependent on whether the individual is immunocompromised or in a highest risk setting. For those who are not, isolation is required for 24 hrs after symptoms improve (48 hrs for GI symptoms) and no fever. For 10 days, masking is

recommended, along with avoidance of highest risk settings/visiting immunocompromised individuals.

There is no requirement for a negative test for RTW.

See note on pg 9 and Table 1 on page 12:

[https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact\\_mngmt/management\\_cases\\_contacts.pdf](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/management_cases_contacts.pdf)

- **Many patients are attending my clinic without masks and in fact question us on our policy (and we are providing our masks to them). What is the current recommendation for outpatient family doctors' offices?**

It's reasonable to have your own masking policy in your clinic to keep your most vulnerable patients safe but it can be quite challenging when patients don't want to mask.

Here is OCFP guidance on masking in community practice that can be helpful:

<https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/clinical-care-office-readiness/ocfp-masking-policies.pdf>

- **Can we stop wearing & asking patients to masks in our family practice, community clinics?**

to me the answer is ""not quite yet"" - health care offices often concentrate high risk patients, so I think additional caution is still warranted. But I'm hoping for April.

### Administrative Burden

- **Dr. Alarakhia: What does CMPA say about use of bots etc.**

The bots have to go through privacy and security assessment and they only do things that clinicians are comfortable with.

- **Is the CPSO on board with these new innovations?**

Do they "get" the impact that documentation / working with EMRs and meeting CPSO expectations has had on physician burnout. The CPSO has put forward advice on some digital technologies.

- **Why EMR EHR not subject to Medical Devices approval legislation for pt safety & usability?**

There is specific criteria for Medical Devices and anything that meet that needs to go through that process.

- **Dr. Alarakhia: it is one click to do e-fax referrals. Why change if I don't have any issues. E-referrals just seems like it is creating another area to check messages/updated etc increase admin burden.**

We have found eReferral to be 30% more efficient for primary care, you always have the right form, communication back and forth is quick, and patients are automatically notified.

- **Dr. Alarakhia: if there was so much pushback about virtual care not being sufficient (which I feel it can be a good fit and safe in many circumstances), then how is an e-consult e-mail consultation ok? It puts liability on the family doctor.**

You have the option of doing eConsult if you are comfortable with them. It does allow primary care to support the patient within the patients' medical home model.

## Paxlovid

- **Is Paxlovid not indicated in Pregnant women?**

The product monograph says "PAXLOVID should not be used in pregnant women unless the potential benefits outweigh the potential risks to the fetus". Some studies from end of last year seem to indicate relative safety in pregnancy however I think still being actively studied.

- **Can you comment on how to manage a recurrence of Covid symptoms after treatment with Paxlovid? Do these patients need longer treatment with Paxlovid?**

There is probably nothing wrong with a second 5 days, but it is probably not needed. (There is a RCT coming, but it will be a while). What we do know is that serious complications (eg. hospitalization) very low risk with recurrence of symptoms, so longer treatment is rarely essential. We don't know yet if it helps reduce duration or severity of symptoms or not.

- **Dr. Karachiwalla: When can we expect the communication in writing re: Paxlovid prescribing in advance? Many people are having trouble accessing it while we wait for this.**

Working on this currently so very soon. And we will share out.

## Other

- **Dr. McGeer can you comment on the study showing and increased risk 25-55% increase for auto-immune conditions like Hashimotos Hypothyroidism & MS etc in the 15 months following COVID infection. This study was done in the pre-vaccine period.**

It is an interesting signal that deserves investigation. To me the provisos with it are: (i) people who got COVID-19 early on are very different from the general population (e.g. poor, racialized, new immigrants, and potentially other undetected things). So it may not be surprising that they have a somewhat different risk of autoimmune diseases. The risk detected is small, and (as the authors comment) needs validation in other systems.

- **Influenza in tropics is NOT seasonal- so risk is possible Covid will not be ever seasonal in N America?**

It is possible, yes. There is a lot we don't know yet.

- **What percentage of hospitalized patients with Covid are unvaccinated or just had 2 doses? Same re deaths?**

Most hospitalized patients have had at least three doses and many have had 4 - but that is because the great majority of older adults have had 3 or 4 doses. The individual risk is much higher for unvaccinated persons (<5% of older adults).

- **I still believe I had Covid in 2019, late October. Is there any evidence now that it was in Toronto at that time?**

No, there was no COVID in late October 2019.

- **Is there ongoing work being done to stop sending COVID vaccine information on HRM? I would LOVE this to stop as it's significantly increasing my workload.**

OntarioMD had put out a poll and, based on results, has continued with HRM notifications for now:

Here's an excerpt from the email that Dr. Chandrasena sent out on January 23:

"I want to thank everyone who answered last month's poll about whether you still want to receive COVID-19 vaccination reports via Health Report Manager (HRM®). The results are in, and it's a close call: 49% said 'Yes,' while 51% said 'No.' The results



are too close to make a definitive decision either way. For now, you will continue to receive COVaxON reports via HRM”.

These results indicate the different needs of clinicians and that some still find these reports valuable. As you know, OMD is leading the HRM Task Force (see below) and we're assessing the reports sent through HRM from hospitals. During this assessment, we will revisit these vaccination reports.

We know that family physicians are facing very high administrative workloads and the OCFP will continue to advocate for ways in which we can reduce this.

- **If you can comment on Polio outbreaks in USA, if you have time.**

Routine vaccinations took a bit of a hit during the pandemic. More so in slightly older kids (those >12 months, and particularly the 4-6 year old doses it looks like). We also know for pathogens like measles for example, even small changes in coverage can be risky for such a transmissible bug like Measles. But yes, Polio has been seen in NY. There's surveillance ongoing. Main message is to continue all the great vaccine catch up efforts that have been happening in primary care and public health, it is really important so we don't see things like polio and perhaps more likely measles.

- **Using which metrics will the WHO declare the covid emergency OVER?**

There are no rules for declaring PHEICs over. WHO believes that there is a substantial amount of work that needs to be done to decide on what we need in the way of on-going surveillance systems, and that there is a need to keep governments and public health folk focused on COVID-19. I agree with them, but it is also true that for most individual folk, the view looks different.

*These additional questions were answered live during the session. To view responses, please refer to the session recording.*

- Dr. Kiran/Dr. Karachiwalla: Were you able to clarify if family doctors can put Paxlovid on hold in advance of a COVID infection for high risk patients to fill. Is there a resource in writing we can show to pharmacists & family doctors?
- Could you comment on the Cochrane study from October/22 showing that masks including N95 were not helpful in preventing covid or ILI's in the community and probably not in health care settings as well.
- What is the current recommendation for vaccination post-covid and post last vaccine? Any guidelines for boosting the bivalent vaccine?
- Is it expected that a second bivalent dose will be recommended, to higher risk groups?
- Dr. Karachiwalla: what would be the risk of mandating masks in healthcare clinics/facilities? As a person with high risk conditions, I have trouble accessing care as well as working as the clinic does not wear masks and nor do some physicians.
- When will next #6 booster be available in Ontario-is it currently available at 6 months after #5?

- As an older physician, I keep seeing mixed messages re further boosters after 5 doses. Any comment.
- Dr. McGeer did you say the risk of stroke with PZ bivalent is higher if you had the HD flu shot at the same time?
- How often should seniors/high risk people get vaccinated i.e. at what intervals
- All forms and referrals add to our workload but the worst referral system in my opinion is the one through hospital for sick children...takes me and admin staff hours for one referral. Is there any way to advocate for us to change this system?
- Can we please solve the problem of multiple (up to 5 extra) radiology reports which are all the same for the same patient?
- Have you looked at the increasing use of separate websites for referrals? E.g. to refer to Sick Kids or to Ontario Bariatric you need a username and password. And these change every 3 mos! How can we do this?
- How does virtual assist help communities who deal with population who do not have access to phone and internet?
- More and more referrals are downloading their administrative tasks on family doctors with referral portals that are not populated with EMR information- I spent 20 minutes doing a mental health referral via a portal. How do we stop this/make it compatible with the EMR?
- Virtual assistants make me sad but make sense. Still feels that harder to reach people, homeless, poor rural with lousy internet will not be reached. Comments?
- Is there possibility that eHealth can also look at tools to support physicians working in LTC homes as the EHR in that setting is lagging behind the systems in primary care and hospitals
- Who will pay for all these? I can't afford any more cost
- Are the typed notes like the older preprinted notes consultants used to use or are the new notes listening and then making new typed notes for us?
- How to get the bots?
- Is the dictation bot already available in Telus?