

COVID-19  
Community of  
Practice for Ontario  
Family Physicians

December 17, 2021

Dr. Peter Juni  
Dr. Sacha Bhatia  
Dr. Shane Teper  
Dr. Allison McGeer



***Changing the Way We Work***  
**The latest on Omicron and what it means  
for you and your practice**



# The latest on Omicron and what it means for you and your practice

Moderator: Dr. Tara Kiran

Fidani Chair, Improvement and Innovation

Department of Family and Community Medicine, University of Toronto

Panelists:

- Dr. Peter Juni, Toronto, ON
- Dr. Sacha Bhatia, Toronto, ON
- Dr. Shane Teper, Brampton, ON
- Dr. Allison McGeer, Toronto, ON

This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 1 Mainpro+ credits.

The COVID-19 Community of Practice for Ontario Family Physician includes a series of planned webinars. Each session is worth 1 Mainpro+ credits, for up to a total of 26 credits.

# Land Acknowledgement

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

The OCFP and DFCM recognize that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respect that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.

# 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



**Call Auntie 437-703-8703 if you need support to sign up!**

<https://www.tkarontovaccines.com/>

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.

<https://www.therecord.com/ts/news/gta/2021/11/04/theyre-going-to-be-exposed-low-vaccination-rates-in-toronto-indigenous-communities-raise-fears-for-winter.html>

# Changing the way we work

## *A community of practice for family physicians during COVID-19*

At the conclusion of this series participants will be able to:

- Identify the current best practices for delivery of primary care within the context of COVID-19 and how to incorporate into practice.
- Describe point-of-care resources and tools available to guide decision making and plan of care.
- Connect with a community of family physicians to identify practical solutions for their primary care practice under current conditions.

### **Disclosure of Financial Support**

This CPD program has received in-kind support from the Ontario College of Family Physicians and the Department of Family and Community Medicine, University of Toronto in the form of logistical and promotional support.

### **Potential for conflict(s) of interest:**

N/A

### **Mitigating Potential Bias**

- The Scientific Planning Committee has full control over the choice of topics/speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by a three-member national/scientific planning committee.

*Planning Committee:* Dr. Tara Kiran, Patricia O'Brien (DCFM), Susan Taylor (OCFP) and Mina Viscardi-Johnson (OCFP), Liz Muggah (OCFP)

### **Previous webinars & related resources:**

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



## **Dr. Peter Juni – Panelist**

Director of the Applied Health Research Centre (AHRC), St. Michael's Hospital, and Scientific Director of Ontario COVID-19 Science Advisory Table



## **Dr. Sacha Bhatia – Panelist**

**Twitter:** @sacha\_bhatia

Executive, Population Health and Value-Based Health Systems, Ontario Health



## **Dr. Shane Teper – Panelist**

Family Physician, Queen Square Family Health Team



## **Dr. Allison McGeer – Panelist**

Infectious Disease Specialist, Mount Sinai Hospital



## **Dr. David Kaplan – Co-Host**

**Twitter: @davidkaplanmd**

Family Physician, North York Family Health Team and Vice President, Quality, Ontario Health



## **Dr. Liz Muggah – Co-Host**

**Twitter: @OCFP\_President**

OCFP President, Family Physician, Bruyère Family Health Team

# Speaker Disclosure

- Faculty Name: **Dr. Peter Juni**
- Relationships with financial sponsors:
  - Grants/Research Support: Appili Therapeutics
  - Speakers Bureau/Honoraria: Amgen, Fresenius, Ava
  - Others: Appili Therapeutics, Abbott Vascular, Terumo
  
- Faculty Name: **Dr. Sacha Bhatia**
- Relationships with financial sponsors: N/A
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: N/A
  - Others: N/A
  
- Faculty Name: **Dr. Shane Teper**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: William Osler Health System, Ontario College of Family Physicians, GSK
  - Others: N/A



# Speaker Disclosure

- Faculty Name: **Dr. Allison McGeer**
- Relationships with financial sponsors: Novavax, Medicago, Sanofi-Pasteur, GSK, Merck
  - Grants/Research Support: Sanofi-Pasteur, Pfizer
  - Speakers Bureau/Honoraria: Moderna, Pfizer, AstraZeneca, Novavax, Medicago, Sanofi-Pasteur, GSK, Merck
  - Others: N/A
  
- Faculty Name: **Dr. David Kaplan**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Others: Ontario Health (employee)
  
- Faculty Name: **Dr. Liz Muggah**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Others: N/A

# Speaker Disclosure

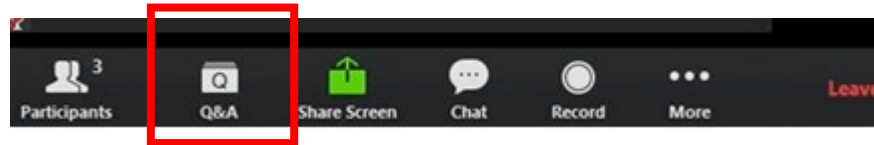
- Faculty Name: **Dr. Tara Kiran**
- Relationships with financial sponsors:
  - Grants/Research Support: St. Michael's Hospital, University of Toronto, Health Quality Ontario, Canadian Institute for Health Research, Toronto Central LHIN, Toronto Central Regional Cancer Program, Gilead Sciences Inc, Staples Canada
  - 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)?

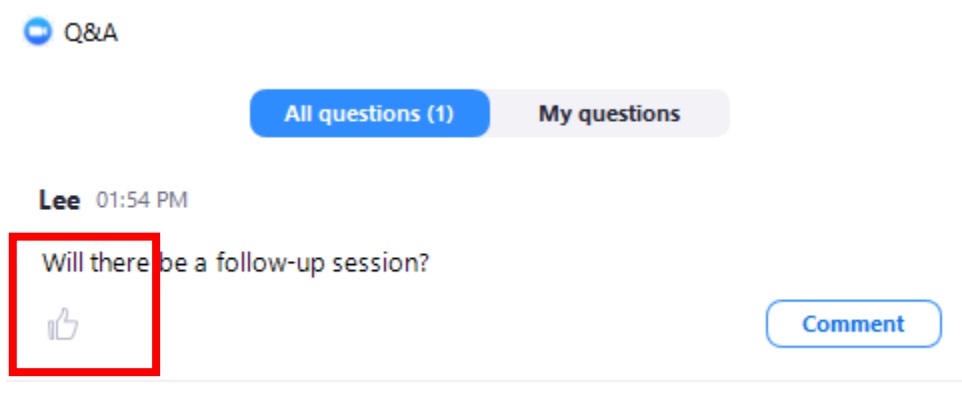


# How to Participate

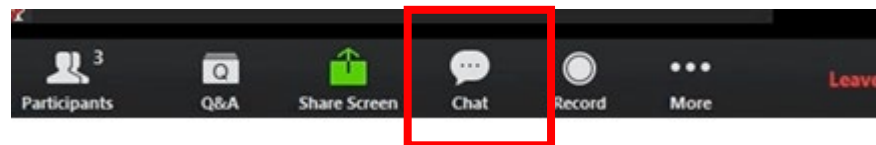
- All questions should be asked using the Q&A function at the bottom of your screen.



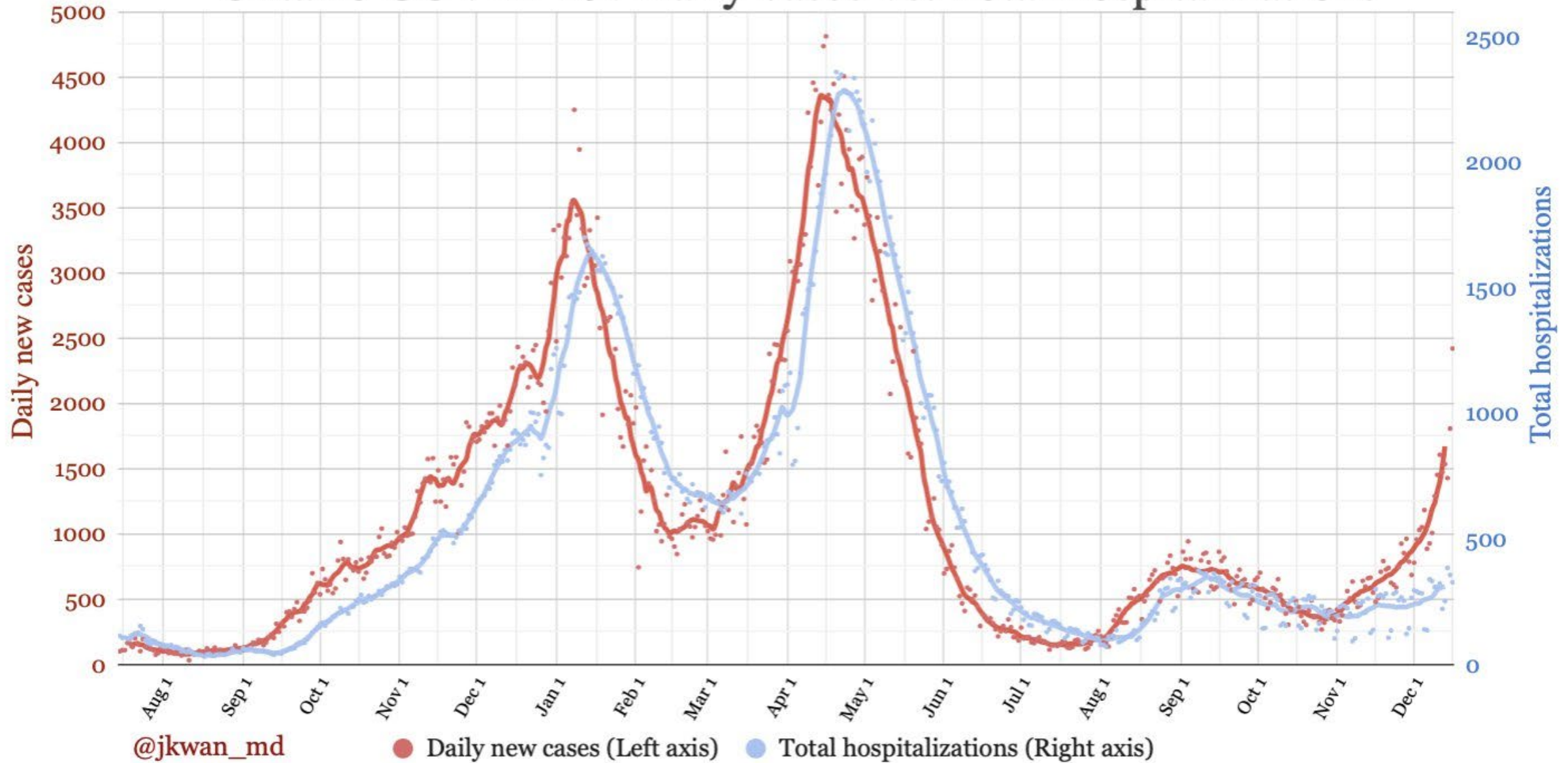
- Press the thumbs up button to upvote another guests questions. Upvote a question if you want to ask a similar question or want to see a guest's question go to the top and catch the panels attention.



- Please use the chat box for networking purposes only.



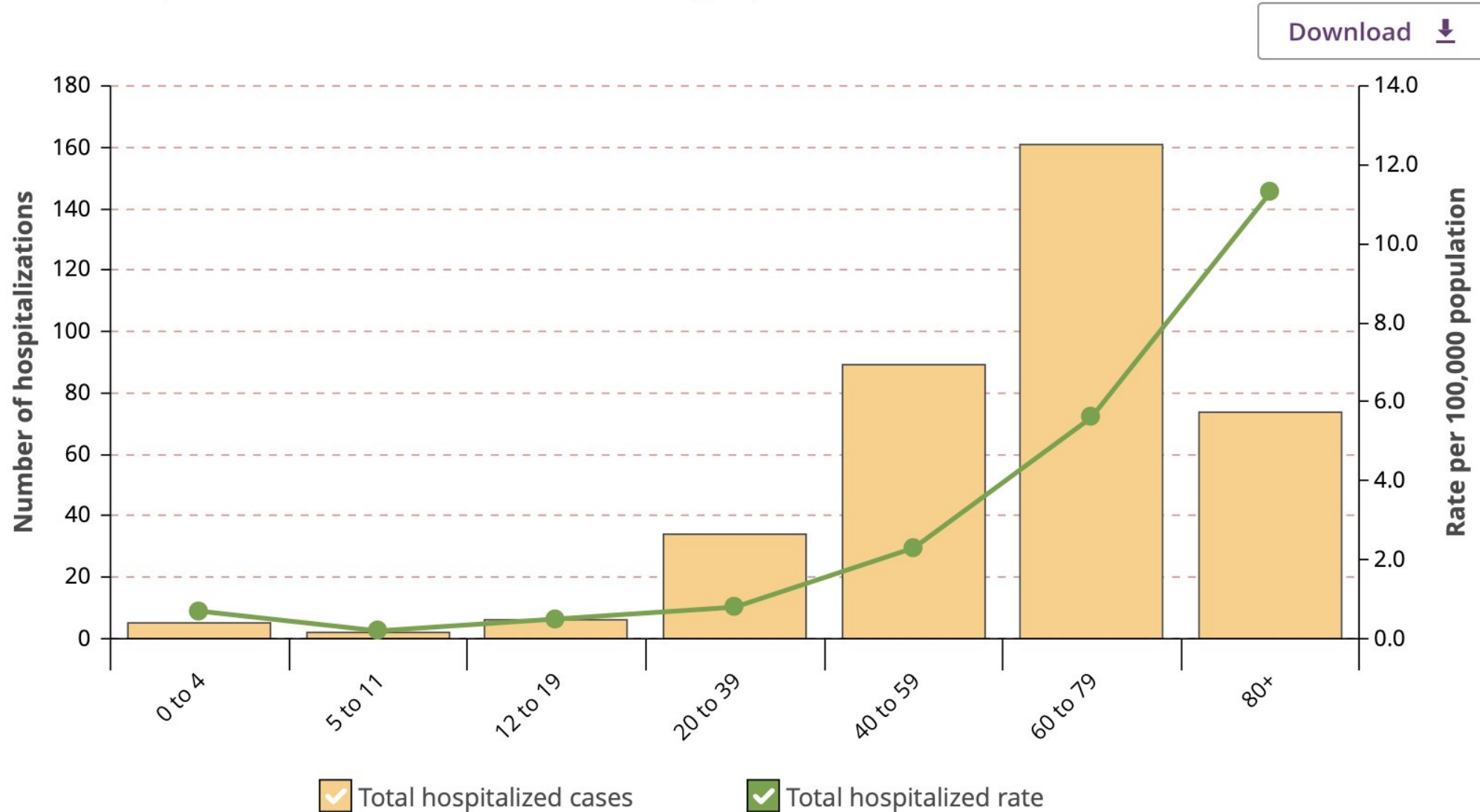
# Ontario COVID-19: Daily cases vs. Total hospitalizations



# Counts and rates of hospitalizations among recent COVID-19 cases by age group in Ontario

Last updated December 15, 2021 at 1:00 pm

The bars below show data from recent cases reported within the past 14 days with a three day lag from the time of data extraction. Hospitalizations include ICU cases but not emergency room visits.





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# Primary Care – Omicron Variant Response

**DR. SACHA BHATIA**

**POPULATION HEALTH AND VALUE BASED HEALTH SYSTEMS  
EXECUTIVE, ONTARIO HEALTH**





# Key Messages

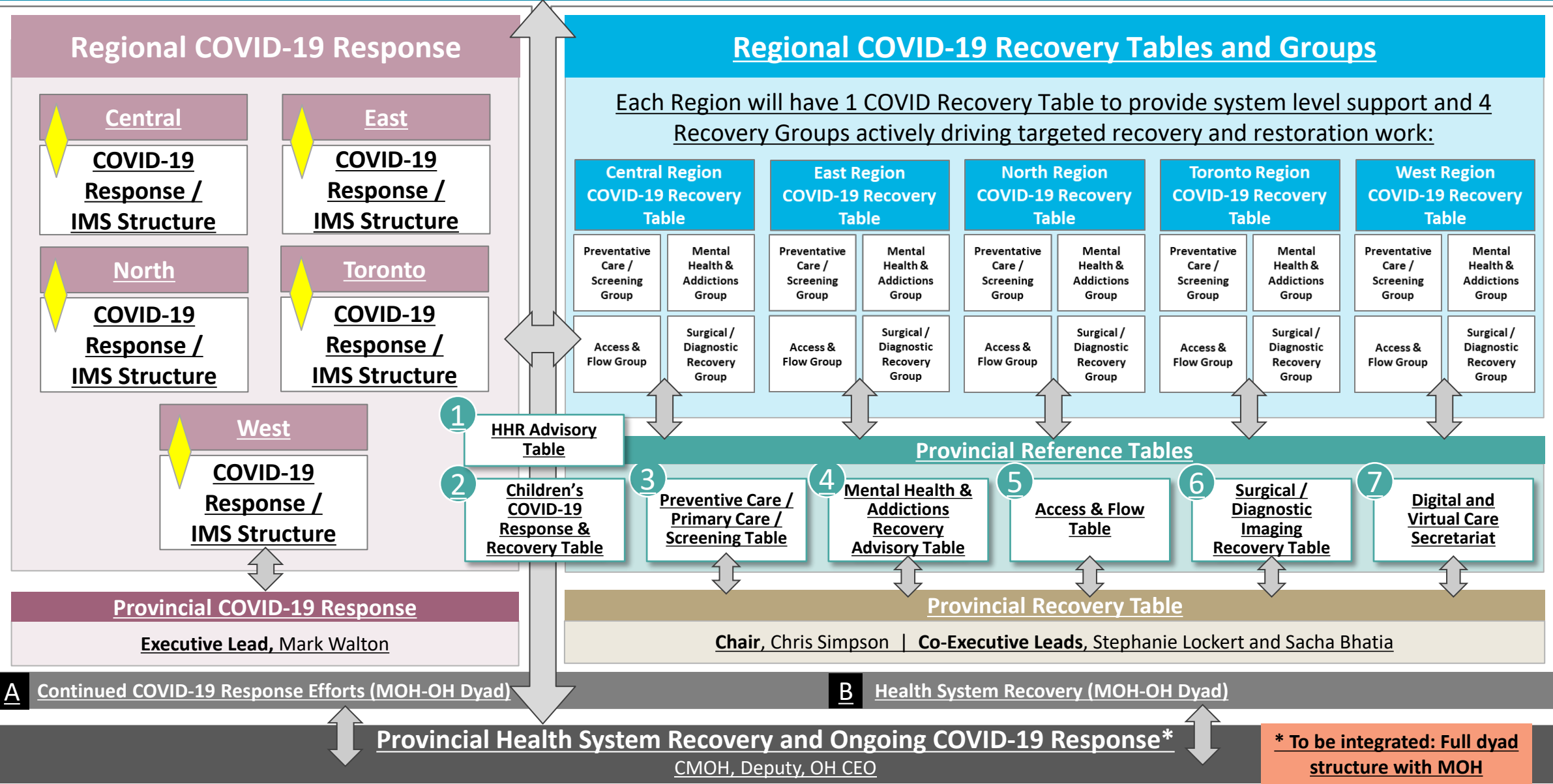
- Primary care sector has been a key partner in Ontario's COVID response, including vaccination efforts and we deeply appreciate your efforts
- Given the rise of Omicron variant, the request is that primary care providers and teams, where possible, prioritize work to assist in the administration of vaccines such as:
  - Maintain essential and critical clinical services
  - Defer non-essential clinical services and use this time and staff to support the immunization effort for the next two weeks
  - Reach out to your local hospital, public health unit, etc to review how you can support the vaccine strategy.

# Overview of Ontario Health Response and Recovery Structures

*Ready to activate*



Ontario patients, long-term care residents, community clients, caregivers, volunteers, and diverse communities including Indigenous, Francophone, Black community, and persons with disabilities



# Provincial Pandemic Stockpiles – Primary Care

- The PPE and Testing Pandemic Stockpiles were established to provide health care providers with access to PPE and testing supplies at no cost and over and above what could be fulfilled by regular supply chains
- Product Scope:
  - **PPE:** disinfectant wipes, surgical masks, hand sanitizer, gloves, gowns, eye protection (face shields and goggles), and N95 Masks
    - Note: The 3M domestically produced N95 1870+ Respirator is the model of choice and recommended. Orders for other models will be based on availability and provided only on an emergency basis.
  - **Rapid Antigen Tests**
  - **SWAB kits**
- PPE and testing supplies are requested via an online platform and are distributed through provincial warehouses

<https://ehealthontario.on.ca/en/health-care-professionals/digital-health-services>

The screenshot shows a yellow header with the text "Coronavirus (COVID-19) Personal Protective Equipment, Swab Kit, and Rapid Test Requests". Below the header are two white panels, each with a person icon wearing a mask. The left panel is titled "Critical Personal Protective Equipment (PPE), Swab Kit, and Rapid Tests: Intake Form" and lists "Personal Protective Equipment (PPE) for ALL Ontario Regions" and "Swab and Rapid Tests for Toronto, Central, North and East Regions Only". The right panel is titled "Swab Kit, and Rapid Tests with WEST LHIN(s)" and lists "Erie St. Clair LHIN", "Hamilton Niagara Haldimand Brant (HNHB) LHIN", "South West LHIN", and "Waterloo Wellington LHIN". Both panels have a blue "Make a Request" button at the bottom.

# New IPAC Guidance

- **Healthcare workers (HCWs) are at risk of infection from both occupational and community exposures.** Therefore, protection of HCWs from COVID-19 requires both the application of the hierarchy of controls for infection prevention and control (IPAC) in healthcare settings and public health measures aimed at reducing COVID-19 transmission in the community setting, particularly vaccination.
- Enhancing vaccine effectiveness with a **third dose** will provide increased protection for HCWs from COVID-19 due to the Omicron (B.1.1.529) variant and reduce infection from exposures in both the community and healthcare setting.
- Given the undetermined impact of the Omicron (B.1.1.529) variant, the **interim recommended PPE** when providing direct care for patients with suspected or confirmed COVID-19 includes a fit-tested, seal-checked N95 respirator (or equivalent or greater protection), eye protection, gown, and gloves. **Other appropriate PPE** includes a well-fitted surgical/procedure (medical) mask, or non-fit tested respirator, eye protection, gown and gloves for direct care of patients with suspect or confirmed COVID-19.
- Fit tested N95 respirators (or equivalent or greater protection) should be used when aerosol-generating medical procedures (AGMPs) are performed or anticipated to be performed on patients with suspect or confirmed COVID-19.

# Updated guidance for case and contact management for Omicron

- "The overall goal in Ontario currently is mitigation of further transmission of Omicron by managing individuals with the highest-risk of transmission (i.e. household contacts, congregate living contacts and school contacts, etc) as well as by mitigating outbreaks and transmission to vulnerable individuals in high-risk settings."
- "PHUs are responsible for follow up of high-risk contacts in the case's high-risk setting"
- High-risk settings include: hospitals and healthcare settings (but NOT primary care offices), congregate living settings, schools, child care centres/camps
- "Household members of cases will be asked to self-isolate, regardless of vaccination status"

# What can you do?

## 1. Keep you, your staff, and your patients safe

- 3<sup>rd</sup> doses for you, your staff, your households
- Reduce contacts in and out of the office (e.g. virtual meetings, stricter lunch policies/breaks, limit gatherings etc)
- Ensure proper ventilation, PPE; consider rapid tests to screen staff
- Be more judicious with which patients are seen in-person

## 2. Continue to provide primary care, prioritizing what is essential


- Prioritize urgent, emergent, and new issues
- If your region needs help, defer preventive care & other non-essential work

## 3. Support COVID-19 vaccination, particularly for those most vulnerable

- Contact booster-eligible patients who may have difficulty navigating system
- Support regional vaccination efforts
- Vaccinate in-office if you can
- Support public health messaging

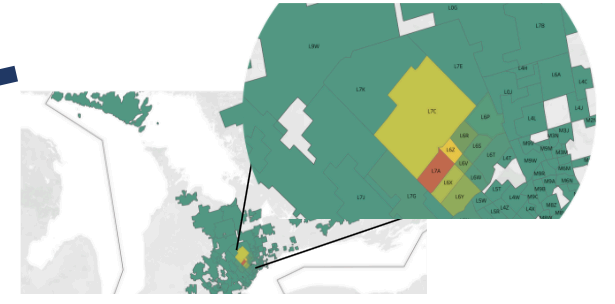
**9500+**  
clients tested

**10000+**  
tests administered




**150+** \*FSA's have accessed services  
(\*FSA = Forward Sortation Area: First three characters of postal code)

**45+** span across Peel Region & GTA




**2000+**  
follow-ups conducted by  
interdisciplinary team members  
(NPs, RNs, RPNs, RDs, OTs)





**520+**  
uninsured patients with a  
follow-up call

**150+** of those clients  
were COVID positive and  
uninsured




**20+** Primary Care  
Physicians support  
the COVID Response  
Centre

**1/3** of them being non affiliated  
community physicians



**8300+**  
vaccinations  
administered



Dr. Shane Tepper

# COVID-19 vaccine boosters

Beginning **Monday, December 20th** all individuals **age 18+** are eligible to receive a third dose of the COVID-19 vaccine. The eligibility for boosters has been shortened to **3 months (or 84 days)** from a second vaccine dose.

<https://news.ontario.ca/en/release/1001352/all-ontarians-18-eligible-for-covid-19-booster-appointments-at-three-month-interval>



# COVID-19 vaccine third dose

**At least approximately 2 months (56 days) after second dose\*\*:**

- **Active treatment for solid tumour or hematologic malignancies** (completed treatment within 3 months)
- **Solid-organ transplant and taking immunosuppressive therapy**
- **Chimeric antigen receptor (CAR)-T-cell therapy or hematopoietic stem cell transplant** (within 2 years of transplantation or taking immunosuppression therapy)
- **Moderate to severe primary immunodeficiency** (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- **Stage 3 or advanced untreated HIV infection; acquired immunodeficiency syndrome**
- **Active treatment immunosuppressive therapies** (anti-B cell therapies (monoclonal antibodies targeting CD19, CD20 and CD22), high-dose systemic corticosteroids (refer to the CIG for suggested definition of high dose steroids), alkylating agents, antimetabolites, or tumor-necrosis factor (TNF) inhibitors and other biologic agents that are significantly immunosuppressive)
- **Receiving dialysis (hemodialysis or peritoneal dialysis)** (effective Dec. 2, 2021)

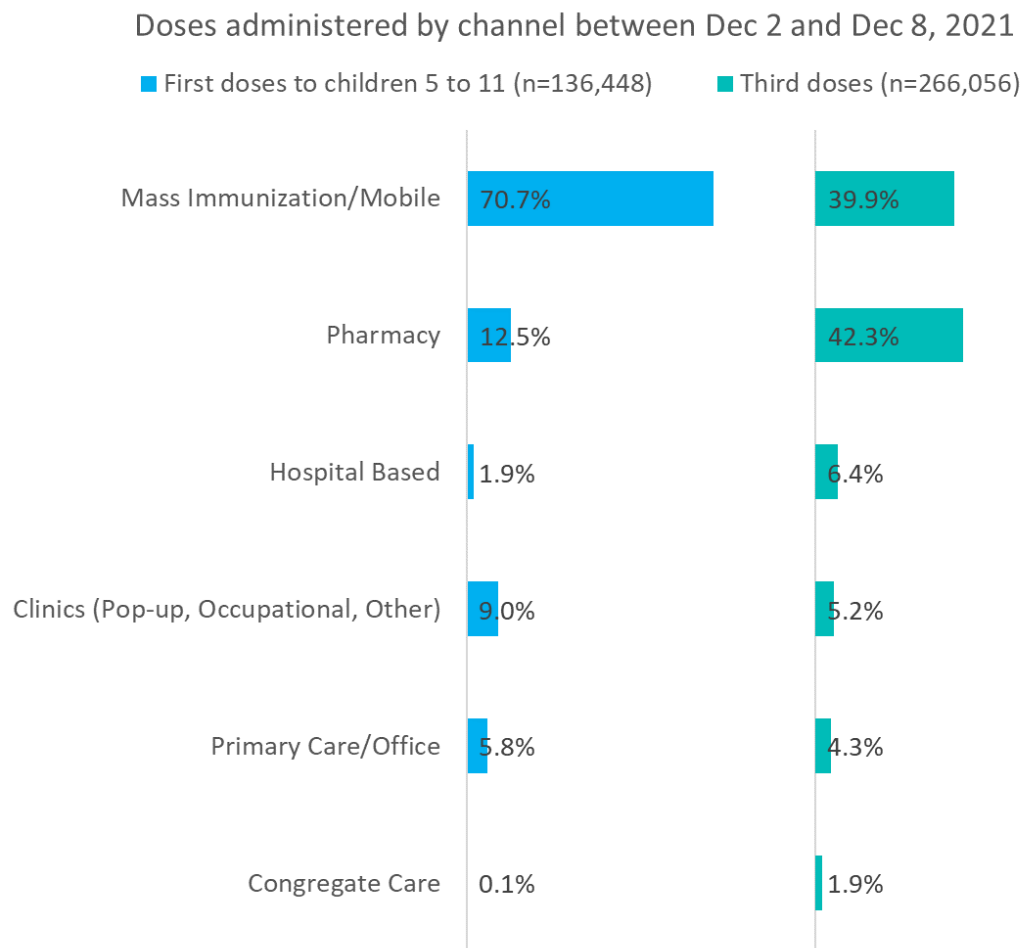
MOH Guidance – [COVID-19 Vaccine Third Dose Recommendations](#) (December 14, 2021)

- See page 6 for more on immunocompromising conditions, page 8 for list of immunosuppressant medications
- Ontario recommended interval between last dose of third dose is at least two months. Exact timing should be decided by treating provider to optimize the immune response and minimize delays in management of the underlying condition. See Guidance page 5-6.

# Utilization by channel delivery | Third doses and children aged 5 to 11

As of December 8, 2021

Analysis by channel was conducted to understand utilization of different vaccine delivery channels for children aged 5 to 11 and third doses.



## Key Insights

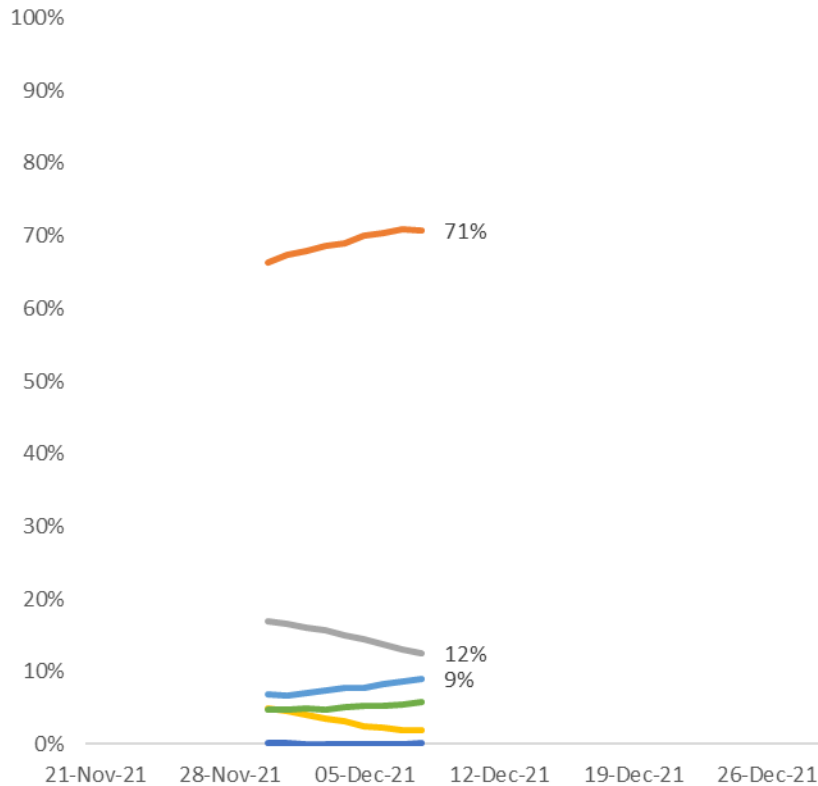
- For **children aged 5 to 11**, nearly **71%** of first doses have been administered at mass immunization and mobile clinics during the past 7-days. Pharmacies have administered less than 13% of pediatric first doses. Hospitals, primary care offices and other clinics types together have administered around 15% of doses.
- For third doses, **pharmacies now have administered the highest proportion of third doses (42%)** administered. Mass/mobile clinics administered 40% of doses.
- The proportion of third doses administered in hospital clinics has reduced over the past month and now represents less than 7%.

# Trends in utilization by channel delivery| Third doses and children aged 5 to 11

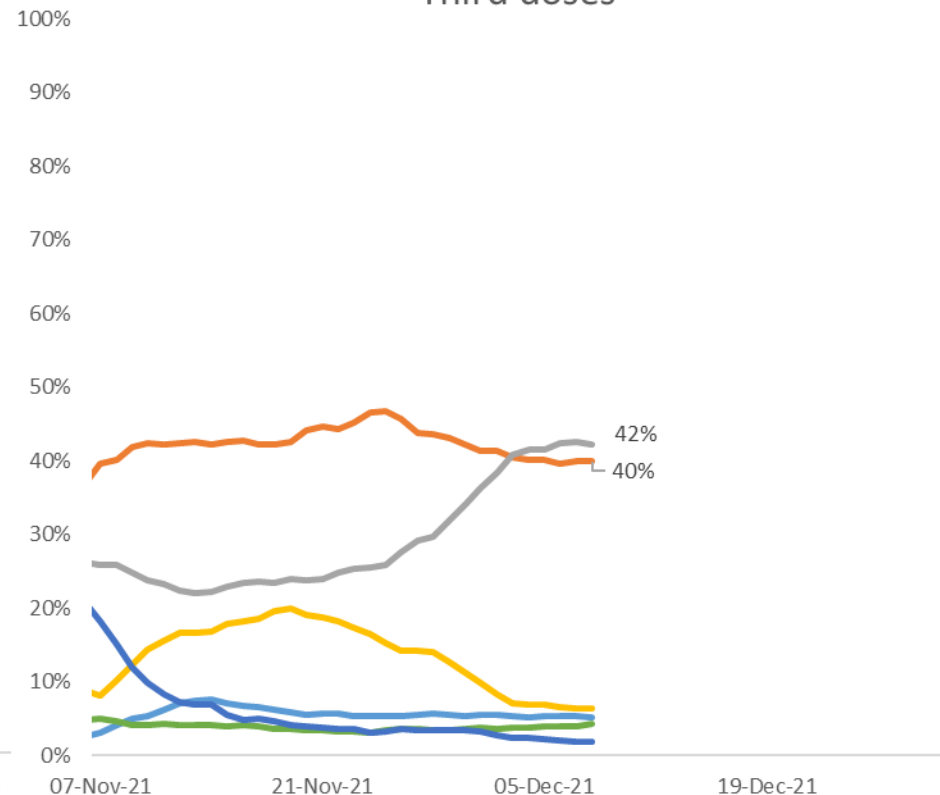
As of December 8, 2021

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Trend in dose administration by channel  
(7-day average)  
First doses for children 5 to 11



Trend in dose administration by channel  
(7-day average)  
Third doses



## Key Insights

### Third Doses

- Over the past 2 weeks, **pharmacy has increased** its share of third doses administered and now administers the largest proportion.
- Hospital based clinics have significantly reduced** the proportion of third doses over the past month

### Children 5 to 11

- Mass immunization clinics** continue to administer the **largest share of doses (71%)**. Over the course of the first 2 weeks, it has increased from one third to 7 out of 10 doses administered.
- Pharmacies' share of doses (13%) has decreased over the first 2 weeks..

# The Cold Standard

## Managing Respiratory Tract Infections

	CAN BE MANAGED VIRTUALLY OR IN PERSON (Use Viral Prescription)	SHOULD BE ASSESSED IN PERSON (To assess the need for immediate or delayed antibiotics, whether or not antibiotics are prescribed*)
<b>SUSPECTED OR CONFIRMED COVID-19</b>	<ul style="list-style-type: none"> <li>Fever</li> <li>Respiratory symptoms</li> <li>No shortness of breath</li> </ul>	<ul style="list-style-type: none"> <li>Shortness of breath or hypoxia (if monitoring available)</li> <li>Concerns of dehydration</li> <li>Suspicion of secondary bacterial infection</li> <li>Any <b>red flags**</b></li> </ul>
<b>EAR PAIN</b> (In children over 6 months of age)	<ul style="list-style-type: none"> <li>Symptoms &lt;48 hours</li> <li>Fever &lt;39°C</li> <li>Pain controlled with oral pain medication</li> <li>Otherwise feels well</li> </ul>	<ul style="list-style-type: none"> <li>Symptoms &gt;48 hours despite adequate pain medications</li> <li>Fever ≥39°C</li> <li>Feels unwell</li> </ul>
<b>SORE THROAT</b>	<ul style="list-style-type: none"> <li>Mild symptoms &lt;48 hours</li> <li>Low suspicion for bacterial pharyngitis, e.g.:                             <ul style="list-style-type: none"> <li>Over 15 or less than 3 years of age</li> <li>No fever</li> <li>Presence of cough or runny nose</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Persistent or worsening symptoms &gt;48 hours, OR</li> <li>High suspicion of bacterial pharyngitis, e.g.:                             <ul style="list-style-type: none"> <li>Severe pain</li> <li>No cough or runny nose</li> <li>Fever without alternate cause</li> </ul> </li> </ul>
<b>SINUS CONGESTION</b>	<ul style="list-style-type: none"> <li>Mild symptoms &lt;7 days</li> <li>No <b>red flags***</b></li> </ul>	<ul style="list-style-type: none"> <li>Presence of <b>red flags***</b></li> </ul>
<b>COPD EXACERBATION</b>	<ul style="list-style-type: none"> <li>Patient able to do their activities of daily living</li> <li>Patient known to provider and reliable for virtual follow-up</li> </ul>	<ul style="list-style-type: none"> <li>Patient is too short of breath to do their activities of daily living</li> </ul>
<b>SUSPECTED PNEUMONIA</b>	<ul style="list-style-type: none"> <li>Assess in person</li> </ul>	<ul style="list-style-type: none"> <li>Assess in person</li> </ul>
<b>INFLUENZA-LIKE ILLNESS, BRONCHITIS, COMMON COLD, ASTHMA</b>	<ul style="list-style-type: none"> <li>High fever controllable with antipyretic</li> <li>Cough</li> <li>Congestion</li> <li>Body aches</li> <li>Mild GI symptoms</li> </ul>	<ul style="list-style-type: none"> <li>Concerns of dehydration</li> <li>Suspicion of secondary bacterial infection</li> <li>Any <b>red flags**</b></li> </ul>

### \*See table on role of antibiotics

### \*\*Red flags for patient with viral infection:

- For children, may include fast breathing or trouble breathing, bluish lips or face, ribs pulling in with each breath, chest pain, child refuses to walk, signs of dehydration, history of seizure, any fever in child <12 weeks of age.
- In adults, may include difficulty breathing or shortness of breath, acute chest pain or abdominal pain, dizziness, confusion, signs of dehydration.

### \*\*\*Red flags for patient with sinusitis:

- Altered mental status, headache, systemic toxicity, swelling of the orbit, change in visual acuity, neurologic deficits.

## Points to Remember: The Role of Antibiotics

Syndrome	Specific Situations Where Antibiotics Are Recommended	Recommended Antibiotic Duration
<b>UPPER RESPIRATORY TRACT INFECTION (COMMON COLD)</b>	<ul style="list-style-type: none"> <li>Not indicated</li> </ul>	<ul style="list-style-type: none"> <li>Antibiotics never indicated</li> </ul>
<b>BRONCHITIS/ ASTHMA</b>	<ul style="list-style-type: none"> <li>Not indicated</li> </ul>	<ul style="list-style-type: none"> <li>Antibiotics never indicated</li> </ul>
<b>OTITIS MEDIA*</b>	<ul style="list-style-type: none"> <li>Perforated tympanic membrane with purulent discharge or a bulging tympanic membrane with either:                             <ul style="list-style-type: none"> <li>Fever ≥ 39°C OR</li> <li>Moderately or severely ill OR</li> <li>Symptoms lasting &gt; 48 hours</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><b>Age 6 months to 2 years:</b> 10 days</li> <li><b>Age greater than 2 years:</b> 5 days</li> </ul>
<b>PHARYNGITIS</b>	<ul style="list-style-type: none"> <li>Centor score is ≥ 2 AND throat swab culture (or rapid antigen test if available) confirms presence of Group A <i>Streptococcus</i></li> <li>Don't perform throat swabs at all for patients with Centor score ≤ 1 OR if there are accompanying symptoms of a viral infection such as rhinorrhea, oral ulcers or hoarseness (since a positive swab in that circumstance would only represent colonization).</li> </ul>	<ul style="list-style-type: none"> <li>10 days</li> </ul>
<b>SINUSITIS</b>	<ul style="list-style-type: none"> <li>Patient has at least 2 of the below <b>PODS</b> symptoms, one of those being <b>O</b> or <b>D AND</b>:                             <ul style="list-style-type: none"> <li>Symptoms lasting greater than 7-10 days OR</li> <li>The symptoms are severe OR</li> <li>There is no response after a 72-hour trial with nasal corticosteroids</li> </ul> </li> <li><b>P</b> = Facial Pain/pressure/fullness</li> <li><b>O</b> = Nasal Obstruction</li> <li><b>D</b> = Purulent nasal or postnasal Discharge</li> <li><b>S</b> = Hyposmia/anosmia (Smell)</li> </ul>	<ul style="list-style-type: none"> <li>5 days</li> </ul>
<b>PNEUMONIA</b>	<ul style="list-style-type: none"> <li>If the patient has compatible symptoms AND radiographic confirmation of pneumonia</li> <li>Chest x-ray should not be performed routinely unless there are abnormal vital signs and/or physical exam findings</li> </ul>	<ul style="list-style-type: none"> <li>5 days</li> </ul>
<b>ACUTE EXACERBATION OF COPD</b>	<ul style="list-style-type: none"> <li>Increase in sputum purulence with either increase in sputum volume and/or increased dyspnea</li> </ul>	<ul style="list-style-type: none"> <li>5 days</li> </ul>

\*In patients with childhood immunizations.

These recommendations are for outpatient/ambulatory patients (not hospitalized or unwell).  
These recommendations only apply to individuals 6 months of age or older (excludes neonates and young infants).

# Ontario MD Resources

- **COVaxON Training for Primary Care Practices** – Free weekly training sessions by OntarioMD (OMD) for physicians and practice staff on how to onboard and use the provincial COVaxON vaccination management system – [sign up for a live training session](#) and access Ministry Job Aids and other documentation
- **Planning a COVID-19 Vaccination Clinic?** – Check out [OMD's toolkits](#) for identifying eligible patients, performing a mass upload to COVaxON, queries for EMR data extraction and more!
- **Reconciling COVID-19 Vaccine Data** – Resources for Accuro<sup>®</sup> EMR, P&P CIS, TELUS PS Suite, WELL OSCAR Pro and YES EMR users on [how to reconcile COVID-19 vaccination data](#) in these EMRs.



# FMS 2022

## FAMILY MEDICINE SUMMIT

**Knowledge for the Now**

**Livestream days: January 28 & 29, 2022**  
+ dozens of on-demand sessions

Registration now open!

<http://www.ocfpsummit.ca>

# 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, January 14, 2021**

Contact us: [ocfpcme@ocfp.on.ca](mailto: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.**