

## Changing the Way We Work

Sept 15, 2023: Preparing for the fall

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*Curated answers from CoP guests, panelists and co-hosts to in-session questions posed by participants, based on current guidance and information available at the time. For more information and to listen to questions that were answered live, please [review the session recording](#).*

### COVID-19 Vaccines

**When will the new XBB Booster be available?**

For primary care, it will be available either the first or second week of October for patients at the highest risk of severe illness, and hopefully for the general population after October 30.

**Can patients at high-risk for severe illness get the vaccine sooner than six months from last vaccine or infection?**

**Previously it was said that the fall vaccine would not protect against new strains. So, I got my patients vaccinated in June. They are at higher risk of severe illness. Could they get vaccinated after three to four months instead to have better protection?**

**If a patient has COVID-19 now, is it still recommended to wait six months for the new vaccine?**

Although six months is aligned with **NACI's** recommendations, a shorter interval (three to six months) may be used to support fall program implementation. Using shorter intervals (i.e., three to six months) following previous vaccination or infection has not been shown to pose a safety risk, though evidence shows that the antibody response is higher with longer intervals between infection and vaccination and with longer intervals between vaccination doses.

## Co-Administering Vaccines

**Many community family practices don't offer the COVID-19 vaccine, but routinely offer the flu vaccine. Is it OK to get the flu vaccine a few days or weeks between the COVID-19 vaccine? Or should we be encouraging patients to get both vaccines at same time at a pharmacy? Will family physicians receive separate notifications that a patient received each vaccine?**

**For those of us doing parking lot mass flu clinics, can we do COVID-19 vaccinations at same time? Are we still obliged to use the COVaxON?**

There is no need to wait between vaccines as they can be co-administered. Family doctors should be receiving notification of any vaccines that are administered in a pharmacy. It is important that we have this information as family physicians, even though it ultimately adds to the administrative burden.

Yes, you need to use COVaxON.

## COVID-19 Vaccine Dosage

**If someone has not received any doses of the COVID-19 vaccine, can they receive the bivalent vaccine or the new XBB vaccine? If so, how many doses will they need?**

**Note:** to align with NACI, the Ministry of Health is moving away from using the terms 'primary series' and 'booster dose(s)' and are now referring to vaccination status as 'previously vaccinated' (i.e., having completed their primary series and are eligible for a booster dose) and 'not previously vaccinated' (i.e., require initiation of a primary series).

**Staying Up to Date:** Individuals six months and older are considered up-to-date with their COVID-19 vaccines if they have received a fall 2023 COVID-19 dose.

The Ministry of Health has just released new [guidance on the XBB Vaccine](#) (September 22, 2023).

See chart below:

Age Range	COVID-19 Vaccination History	Presentation	Vial Cap Colour	Label Colour	Dose(s)	Dose Volume
12 years of age or older	Not previously vaccinated OR previously vaccinated	0.10 mg/mL	Royal Blue	Coral Blue	1 dose: 50 mcg	0.5 mL
5 to 11 years of age	Not previously vaccinated OR previously vaccinated	0.10 mg/mL	Royal Blue	Coral Blue	1 dose: 25 mcg	0.25 mL
6 months to 4 years of age	Not previously vaccinated	0.10 mg/mL	Royal Blue	Coral Blue	2 doses: 25 mcg, Minimum interval: 28 days Recommended interval: 56 days	0.25 mL
	Previously vaccinated; 1 or more previous doses	0.10 mg/mL	Royal Blue	Coral Blue	1 dose: 25 mcg	0.25 mL

**COVID-19 Antivirals**

**Can the Ministry of Health point to a document that says a family doctor can prescribe Paxlovid, with no criteria, and a pharmacist must fill it?**

At this time, a positive COVID-19 test results (either PCR or RAT) is still required for dispensation of Paxlovid, which can be provided by a physical test, picture of a result or verbal confirmation of a positive result from the patient.

**Another question on COVID-19 antivirals that was answered during the session:**

**Is Paxlovid really safe and appropriate (effective) to be prescribed universally? Will the Ministry of Health consider dropping the eligibility criteria for Paxlovid altogether?**




**NEW: Ontario Health has just released new recommendations on the use of COVID-19 Antivirals:**

- **Access to antiviral treatments for COVID-19 in the community (September 15, 2023).**
- **Ontario Health Recommendations for Outpatient Use of Intravenous Remdesivir (Veklury) in Adults (September 15, 2023).**

## COVID-19 Testing

**Now that the province no longer provides rapid antigen tests (RATs) and COVID-19 testing is significantly limited, how are we to confirm a patient is positive for COVID-19 before prescribing therapeutics such as Paxlovid?**

Patients can use the [provincial screening tool](#) to access COVID-19 testing. This tool will tell them if they are eligible for PCR testing and provide them with the nearest location to access testing. It will also information on eligibility for accessing antivirals through a pharmacy.

 **NEW:** In a [September 18, 2023 memo](#) to health-care providers, the Ministry Of Health stated that, in order to support ongoing access to COVID-19 testing through the fall/winter respiratory season, the ministry is inviting health-care providers to order and provide rapid antigen tests (RATs) to their patients. Keeping RATs on hand to distribute to patients can help to make testing and subsequent treatment more accessible in your community during the upcoming respiratory season. **A positive result from a RAT is satisfactory to confirm eligibility to receive COVID-19 therapeutics (e.g., from a pharmacy).**

The ordering pathway for health care providers who intend to distribute RATs to employees and patients will continue to be through the [PPE Supply Portal](#). For assistance in creating an account or accessing an existing account, or for any questions about orders and shipment, please contact [sco.supplies@ontario.ca](mailto:sco.supplies@ontario.ca).

### Other questions about RATs that were answered during the session:

- I'm hearing that RATs are not sensitive to the new variants when testing for COVID-19. Can you comment on this?
- Many people only have expired RATs at home, but how accurate are they? Where can people get new kits for home use?
- Can you please comment that repeated RATs 48 hours apart greatly increases sensitivity?

## Respiratory Syncytial Virus (RSV)

### Is RSV vaccine available free in Ontario to those over age 60+?

It will only be publicly funded for those 60 and older residing in long-term care homes, Elder Care Lodges, and in some retirement homes. It will be available privately for those 60+ not in congregate settings. It is also currently available in pharmacies through private purchase and requires a prescription from a physician or nurse practitioner.

**Note:** It is recommended to wait at least two weeks between administration of the RSV vaccine and other vaccines.

For infants, Pavilizumab remains available through the **Respiratory Syncytial Virus Prophylaxis for High-Risk Infants Program**

**Other questions about RSV vaccination that were answered during the session:**

- Is there a plan for seniors who cannot easily get to a clinic for vaccines?
- Why is RSV not covered for everyone over 60 from an equity point of view? Many marginalized and low-income people don't have private insurance.
- How will we get the RSV vaccine to the and frail elderly who are living at home?
- In the absence of NACI guidance for the RSV vaccine, and the CDC suggesting shared decision-making, and the price of the vaccine being approx. \$300, are there any tools to help patients decide if it is worth getting the RSV vaccine?

### Increasing the Scope of Pharmacists

**Please work towards not allowing pharmacists to prescribe flu treatment without any examination or differential diagnosis concerns. Also, they should not be advertising on billboards about their ability to prescribe. It is very unfair to family doctors.**

**Pharmacists may be allowed to prescribe flu treatments for children. I'm concerned about inappropriate prescription as they have a financial interest. We have less than two weeks to share our concerns. Please comment.**

You may have already seen our **OCFP submission** where we've outlined the concerns that we are hearing from members (see the table towards the end of the document).

Please also don't hesitate to reach out to us if you have specific thoughts you'd like to share: [ocfp@ocfp.on.ca](mailto:ocfp@ocfp.on.ca).

**The following additional questions and comments were answered live during the session. To view responses, please refer to the session recording.**

### COVID-19:

- How accurate is the data representing the prevalence of cases if people are no longer required to report, and most tests are done at home via RATs?
- Is there no concern with this new Moderna vaccine for youth in terms of increased risk of myocarditis/pericarditis? Will the public know about those risks?
- Where is the the evidence that this new COVID-19 vaccine will reduce transmission?
- Compared to the BA5 booster, what percentage efficacy is the new XBB booster?
- Should the rollout of the new COVID-19 vaccine focus on the five most at-risk populations (i.e., those who are pregnant, over 65, immunocompromised, have a chronic illness and/or live in a congregate setting) as opposed to young healthy people? It seems the latter aren't that interested based on previous data anyway.
- Will there be vaccination clinics opening up again?

### Long COVID:

- Why is the strategy not to get COVID-19 vaccination every four months given that COVID-19 has potential to cause Long COVID in anyone and it has oncogenic gene potential. Is it a cost effectiveness issue?
- Does hybrid immunity prevent transmission and Long COVID? Why is this being emphasized as the goal now when there is a lot of research warning about the percentage of the infected who are at risk of Long Covid, regardless of severity of initial infection?
- Will we transition to focus on the impacts of Long COVID and the long-term vascular risks, rather than primarily on severity of acute illness and acute hospitalization? I feel that the public is not well educated or aware of this risk. This affects the individual risk assessment that the public is expected to do.
- Where are the warnings about Long COVID? People are at risk even if their initial symptoms are mild.

### Masking, Preventing Spread and Public Communications:

- There are many people in the public who are under the impression that the COVID-19 pandemic has been long over and we no longer need to be concerned with taking precautions when feeling unwell. What is Ministry of Health doing to help the public understand the risks are still present and real?
- What are the plans for a public information campaign to remind people of the importance of vaccinations/indoor behaviour? It has been way too quiet.
- Please work on your public communication of current COVID-19 risks especially for risk of long COVID. Most people have no idea about the current trends and possible long-term risks, and it is your responsibility to communicate the risks to everyone. There is a lot of vaccine resistance, so your message must include a multi-pronged approach including well-fitting masks and clean air.
- Do we anticipate a return to universal masking this fall, and would this message come from the Ministry of Health?
- What is the plan to address the huge gap between the "strong recommendation" to wear tight-fitting, well-constructed masks in crowded indoor public spaces such as schools and the very low uptake of this recommendation? Any plan to try to address pervasive anti-mask misinformation and sentiments?
- What are current recommendations isolation time for people who are positive for COVID-19? Should people still self-isolate if they are negative for COVID-19?
- Can we please address that children in schools are not able to access many of the tools we have. "I am here" attendance is promoted more than stay home when sick. CO<sub>2</sub> monitoring shows poor ventilation in schools. HEPA filters are not in classrooms or not switched on. Children are not wearing masks, there is a low vaccine uptake in this age group and they are not eligible for Paxlovid.
- Why is the Ontario government removing the air purifiers from schools, when clearly COVID-19 is not over, and RSV and influenza are still real threats?
- Any plans to roll out COVID-19 vaccines in schools?
- Where is the clean air for indoor spaces especially schools/daycares/workplaces? Where is indoor masking for the increasing cases?

**Vaccine Access, Pharmacy:**

- Please describe the responsibilities of regional public health units (PHUs) for the administration of immunizations in retail pharmacies. If regional PHUs do not have any responsibility, then who is responsible for quality assurance (e.g., cold chain and adherence to best immunization practice) and for equitable distribution of vaccine products to all immunizers, including family practice?
- Why do pharmacies get these vaccines before primary care?
- Is there any work being done to create a central vaccine registry? How do we keep track of vaccines given in pharmacies (i.e., RSV)?

**Other Questions:**

- When can we expect the Ministry of Health to make a decision about public funding of Prevnar 20, especially since it now has the pediatric indication?
- Will you re-open cold and flu clinics? I have no schedule capacity for appointments to accommodate these types of additional demands.