COVID-19 Community of Practice for Ontario Family Physicians

February 4, 2021

Dr. Rosemarie Lall
Dr. Edward Etchells
Dr. Zain Chagla

Responding to the Omicron surge – Part 2

Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of Family Physicians

Responding to the Omicron surge – Part 2

Moderator: Dr. Tara Kiran

Fidani Chair, Improvement and Innovation
Department of Family and Community Medicine, University of Toronto

Panelists:

- Dr. Rosemarie Lall, Toronto, ON
- Dr. Edward Etchelles, Toronto, ON
- Dr. Zain Chagla, Hamilton, 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.

CONTRIBUTORS | OPINION

We are Black and Indigenous front line workers. Our own parents died of COVID-19 in Canada's inequitable health system

We are used to the stories of community members being unable to access medical care when they need it, they write.

By **Dr. Suzanne Shoush** Contributor
Cheryllee Bourgeois Contributor
Tue., Jan. 18, 2022 | 5 min. read

https://www.thestar.com/opinion/contributors/2022/01/18/we-are-black-and-indigenous-front-line-workers-our-own-parents-died-of-covid-19-in-canadas-inequitable-health-system.html?rf

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.

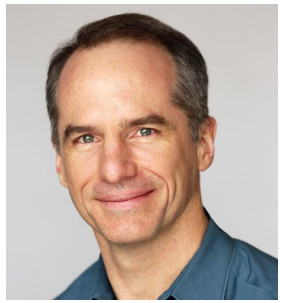
Planning Committee: Dr. Tara Kiran, Patricia O'Brien (DCFM), Susan Taylor (OCFP) and Mina Viscardi-Johnson (OCFP), Liz Muggah (OCFP)

Previous webinars & related resources:

https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions

Dr. Rosemarie Lall– Panelist

Family Physician, Platinum Medical FHO Lead



Dr. Edward Etchells– Panelist

General Internist, Women's College Hospital

Dr. Zain Chagla– Panelist

Infectious Disease Physician, St. Joseph's Healthcare Hamilton

Dr. David Kaplan – Co-Host

Twitter: @davidkaplanmd

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

Dr. Mekalai Kumanan– Co-Host

Twitter: @MKumananMD

Family Physician, Two Rivers Family Health Team, Chief of Family Medicine, Cambridge Memorial Hospital, President-Elect, Ontario College of Family Physicians

Speaker Disclosure

- Faculty Name: **Dr. Rosemarie Lall**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Others: Scarborough Health Network

- Faculty Name: **Dr. Edward Etchells**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Others: N/A

- Faculty Name: **Dr. Zain Chagla**
- Relationships with financial sponsors:
  - Grants/Research Support: Merck, Gilead
  - Speakers Bureau/Honoraria: GSK, Roche, Merck, Ontario College of Family Physicians
  - Others: N/A

Speaker Disclosure

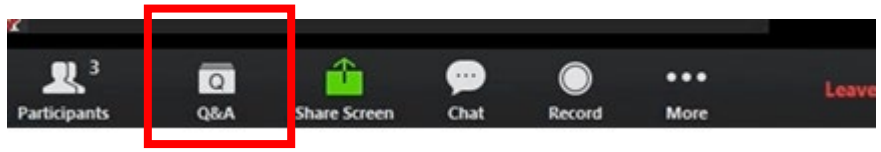
- Faculty Name: **Dr. David Kaplan**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Others: Ontario Health (employee)

- Faculty Name: **Dr. Mekalai Kumanan**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: ECHO Chronic Pain and Rheumatology Advisory Board, Ontario College of Family Physicians
  - Others: N/A

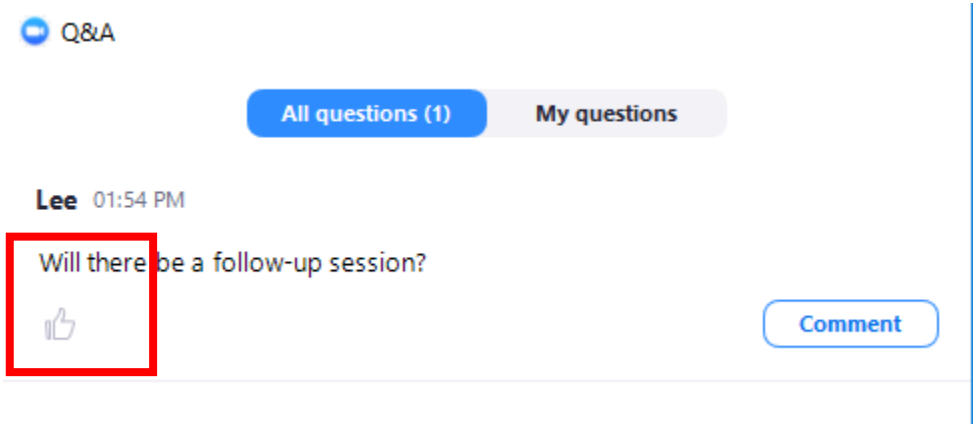
- Faculty Name: **Dr. Tara Kiran**
- Relationships with financial sponsors:
  - Grants/Research Support: St. Michael's Hospital, University of Toronto, Health Quality Ontario, Canadian Institute for Health Research, Ontario Ministry of Health, Gilead Sciences Inc (re: Hepatitis C), Staples Canada (re: Patient Engagement)
  - 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, Ontario Health

How to Participate

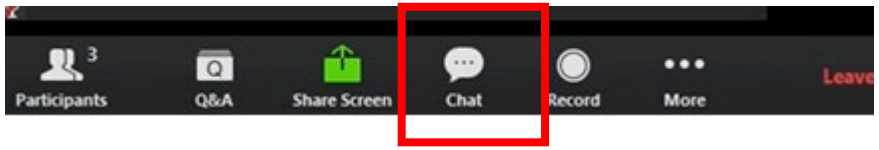
- All questions should be asked using the Q&A function at the bottom of your screen.



- 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.

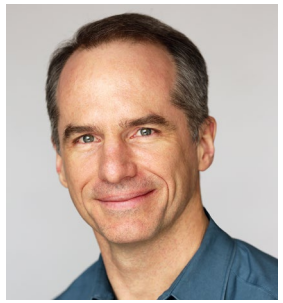


What we will cover today

- View from the front lines
- Outpatient management of mild COVID
- Resources to support outpatient management of COVID
- Omicron Update
- Q&A!

Dr. Rosemarie Lall– Panelist

Family Physician, Platinum Medical FHO Lead



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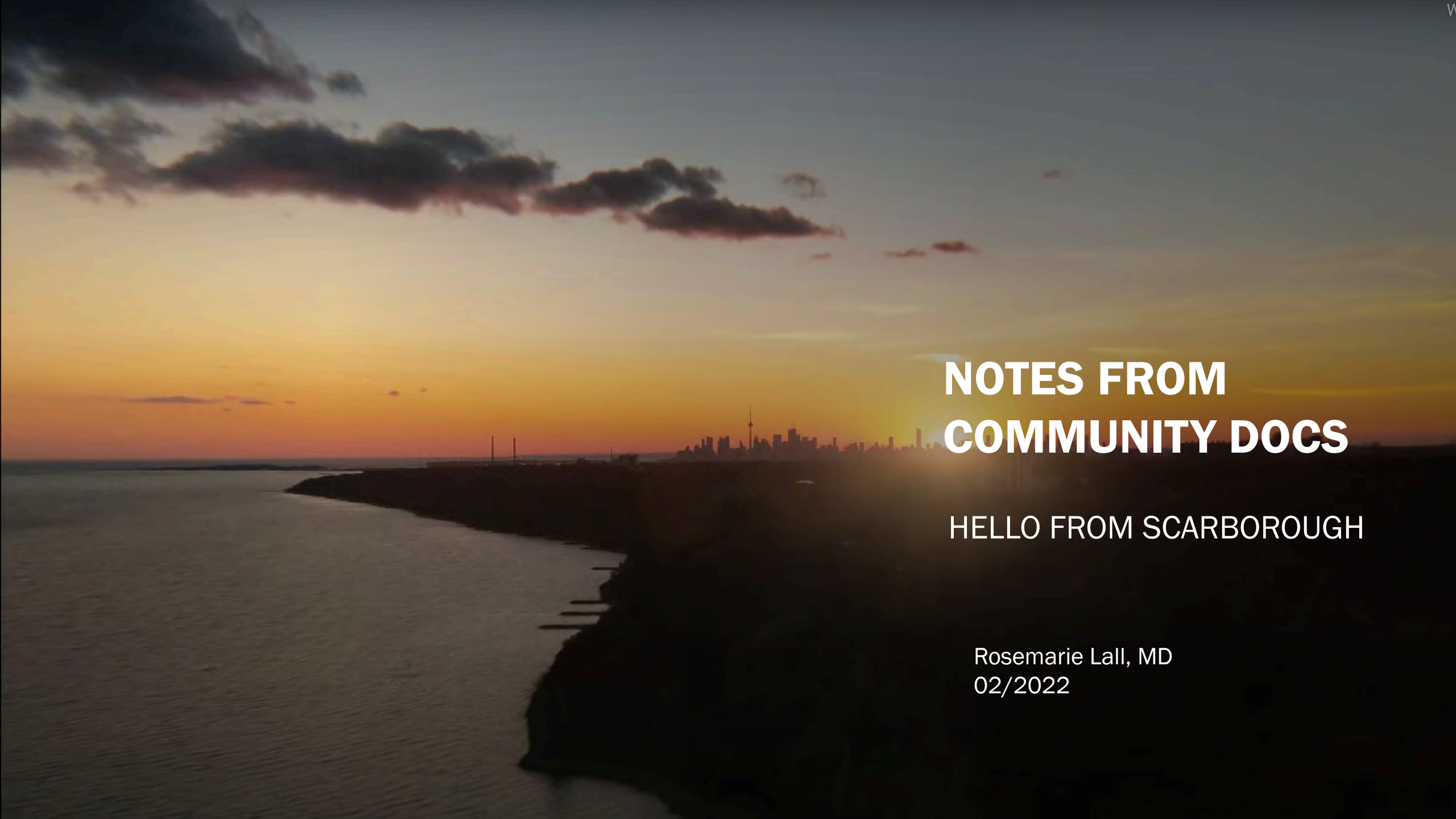


NOTES FROM COMMUNITY DOCS

HELLO FROM SCARBOROUGH

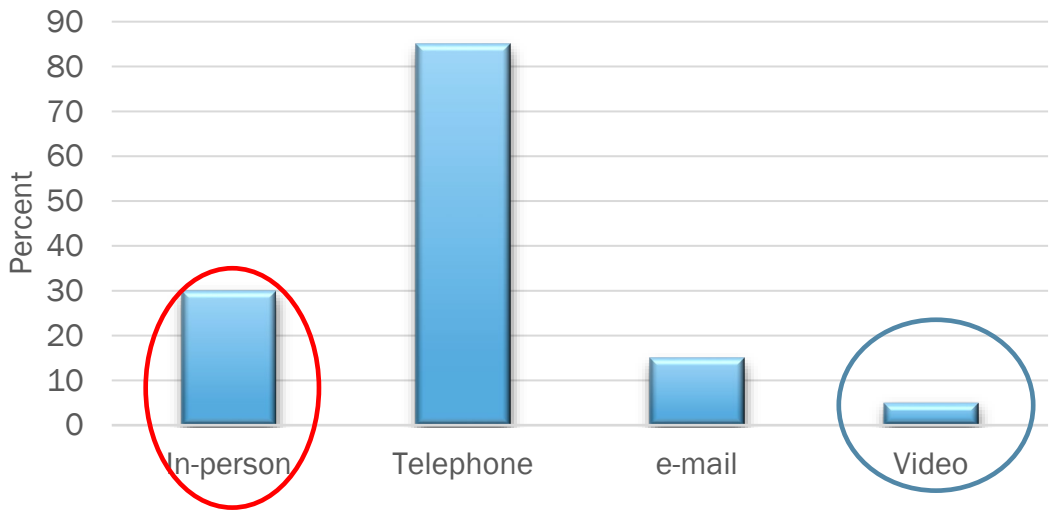
Rosemarie Lall, MD
02/2022

IN-PERSON : VIRTUAL

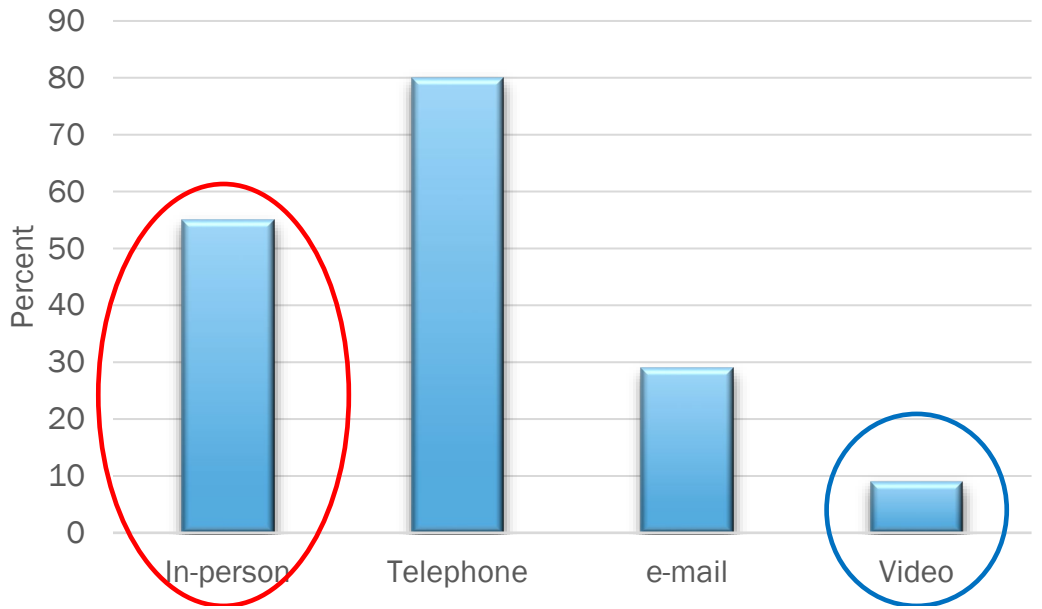
- 100% only virtual
- 100% in-person visits
- Most offices range: **25-50%** for in-person appointments vs virtual

MORE IN-PERSON VISITS IN 2021

2020



2021



REASONS FOR MORE IN-PERSON APPOINTMENTS

BECAUSE

- PPEs readily available
- Effective Vaccines
- Knowing more about SARScov-2

BUT

- In Dec-Jan, Omicron dampened enthusiasm for in-person appointments

PATIENT EXPECTATIONS HAVE CHANGED

Telephone visits are easy

Do not want to come into the office

Patients are booking appointments more often

Email medicine

Some doctors are resorting to in-person appointments to discourage unnecessary “visits”

Only want in person

TYPES OF IN-PERSON APPOINTMENTS

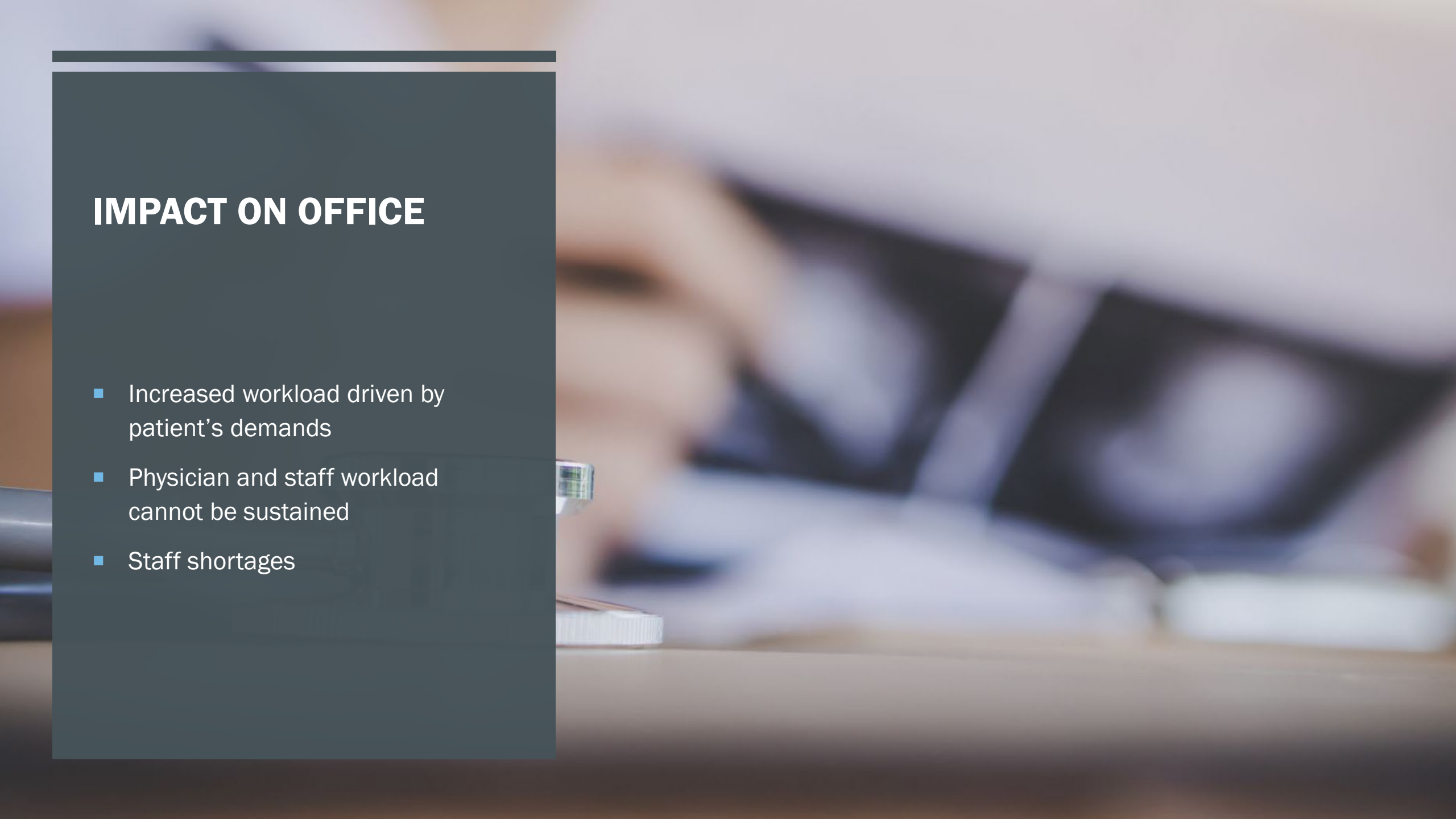
- Babies
- Pregnant women
- Sick Children
- Ear exams
- PAP test
- Immunizations
- Injections
- What cannot be dealt with on the phone

Role of phone triaging

Role of email for rashes

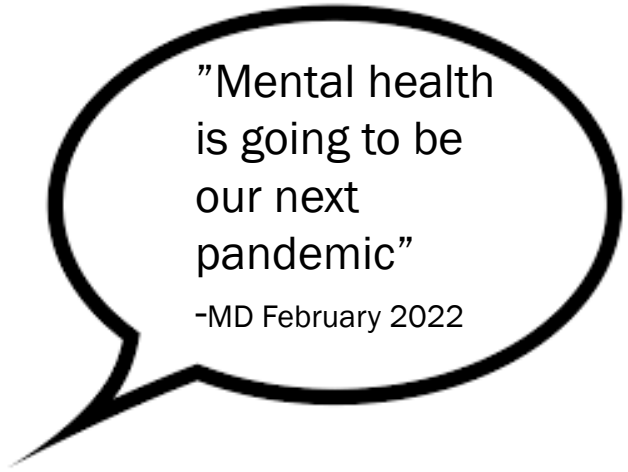
IMPACT ON OFFICE

- Increased workload driven by patient's demands
- Physician and staff workload cannot be sustained
- Staff shortages



HOW ARE WE DOING:

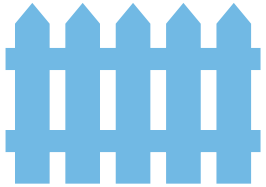
- Burnout
- HRM issues
- Outside use
- Lowered preventative care
- Access to Mental health, specialists



USE OF ILI (INFLUENZA-LIKE-ILLNESS) CLINICS

Surprisingly, there are physicians who don’t make use of these clinics

Some are very happy to use them and are very grateful



Personally, our clinic is on the fence. Issues with access.

PAXLOVID & MONOCLONAL AB CLINICS

EARLY DAYS.

"Have successfully ref high risk pt. for sotrovimab at SHN site. Very impressed, prompt response, he received infusion same day. Got HRM report same morning of the referral!"
-MD January 2022

"...the system is ridiculous because you can only refer them there with a positive PCR test but no one (except health care workers) can have a PCR test"
-MD January 2022

COVID Management
The 6C method

At the end of this session you will:

- Know the 6C method for management of mild COVID

edward.etchells@wchospital.ca

WCHH
WOMEN'S COLLEGE HOSPITAL
Healthcare REVOLUTIONIZED

Medicine
UNIVERSITY OF TORONTO

Case

- Your 59-year-old patient calls because of fever sore throat cough, reduced appetite, mild diarrhea for 2 days. No dyspnea.

- Her home COVID Rapid Antigen Test is positive

- Medications/Health History
  - Etanercept every 4 weeks for rheumatoid arthritis
  - Empagliflozin 10 mg po daily for T2DM
  - Venlafaxine SR 75 mg po daily for depression
  - Apixaban 5 mg po BID for atrial fibrillation; TIA 4w ago
  - Amlodipine 10 mg daily for hypertension

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6C

1. **C**onsider alternative diagnoses
2. **C**omorbidity management
3. **C**OVID severity assessment
4. **C**OVID risk assessment
5. **C**OVID specific treatment
6. **C**all patient tomorrow

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6C

✓ **C**onsider alternative diagnoses

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COVID Severity Assessment

- **Mild**
  - **oxygen sats 94% or more**
  - **no shortness of breath or short of breath after walking 2 blocks or 1 flight of stairs**

- Moderate
  - oxygen saturation 90-93%
  - short of breath on minimal exertion (within home, on the flat)

- Severe
  - oxygen saturation less than 90%
  - short of breath at rest

6C

- ✓ **C**onsider alternative diagnoses
- ✓ **C**omorbidity management
- ✓ **C**OVID severity assessment

4. **C**OVID risk assessment to identify highest risk (Tier 1-2)
5. **C**OVID specific treatment
6. **C**all patient tomorrow

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Highest Risk (Tier 1 and 2)

- **Immunocompromised**
- Age 60 or more, unvaccinated (0-1 vaccines)
- Age 50 or more, unvaccinated (0-1 vaccines)
  - First Nations, Metis or Inuit
- Age 50 or more, unvaccinated (0-1 vaccines)
  - plus ANY Ontario Science Table risk factor*

*Diabetes, Obesity (BMI 30 or more),Dialysis or eGFR < 15,Active cancer treatment (systemic therapy), Solid organ or stem cell transplant recipient, Sickle cell disease, Intellectual disability, Cerebral palsy

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6C

- ✓ **C**onsider alternative diagnoses
- ✓ **C**omorbidity management
- ✓ **C**OVID severity assessment
- ✓ **C**OVID risk assessment to identify highest risk (Tier 1-2)

5. **C**OVID specific treatment
6. **C**all patient tomorrow

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COVID Specific Therapy

- Tier 1-2 ONLY
  - Sotrovimab
  - Nirmatrelvir-ritonavir

- All Tiers
  - Fluvoxamine
  - Budesonide inhaler

Nirmatrelvir Ritonavir

1. Confirmed COVID
   - ✓ PCR or health care administered RAT
2. Within 5 days of symptom onset
   - ✓ Symptom onset = day 1 (so start drug by day 6)
3. Identify **absolute contraindications**
   - ☹ eGFR less than 30
   - ☹ Pregnant
   - ☹ Childs Pugh class C cirrhosis (ascites, jaundice, edema)
   - ☹ Untreated uncontrolled HIV infection

4. Then get some advice eg from your CCAC

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CCAC

- We will review the 6Cs
  - Get RAT or a PCR if needed
  - Get eGFR if needed
- Then about 30 minutes of thinking about…

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Nirmatrelvir Ritonavir Drug Drug Interactions

- CYP3A4 inducers within last 29 days 

  - Antiseizure drugs, prostate cancer drugs, rifampin
  - **St John's Wort**

- CYP3A4 substrates with long half lives 

  - antiarrhythmics, antipsychotics, pulmonary hypertension drugs

- PHARMACY CONSULT
  - Many CYP3A4 substrates with shorter half lives
  - Impossible to remember
  - https://www.covid19-druginteractions.org/

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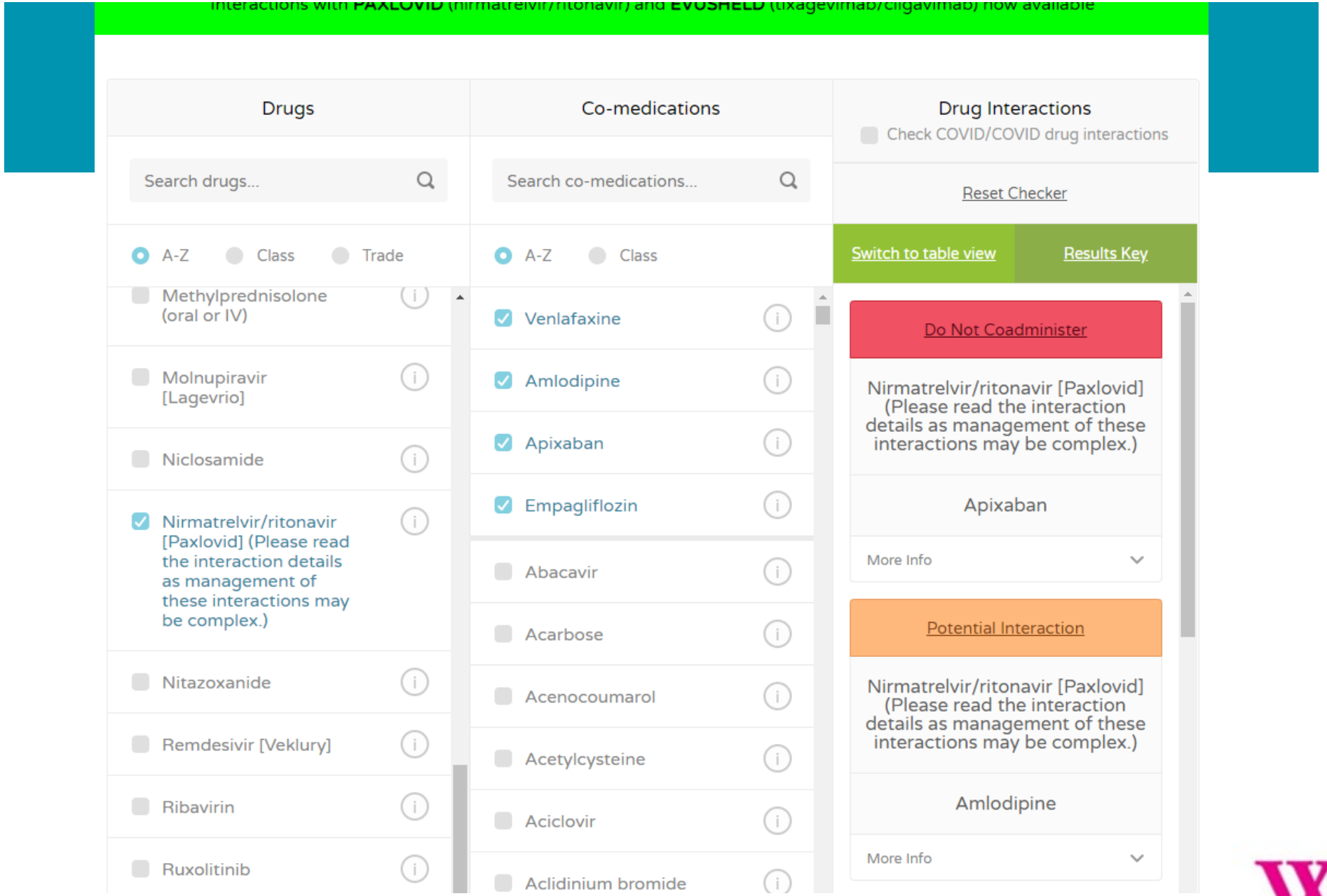

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Back to Our Patient

- ✓ CYP3A4 inducers within last 29 days
- ✓ CYP3A4 substrates with long half lives
- ☹ CYP3A4 substrates with shorter half lives
  - Etanercept every 4 weeks for rheumatoid arthritis
  - Empagliflozin 10 mg po daily for T2DM
  - Venlafaxine SR 75 mg po daily for depression
  - ☹ **Amlodipine 10 mg daily for hypertension**
  - ☹ **Apixaban 5 mg po BID for atrial fibrillation**

☹ **Decision – NO**

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COVID Specific Therapy: Sotrovimab

- ✓ Positive PCR or RAT administered by health professional
- ✓ Within 7 days of symptom onset
- ✓ Essentially no contraindications
  - Allergy to non-medicinal ingredients include L-histidine, L-histidine monohydrochloride, L-methionine, polysorbate 80, sucrose

- She is interested
- We call Infectious disease for approval, get the referral paperwork ready and call her the next morning

- PCR is now positive but…

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Back to Our Patient The Next Morning

- She has already started to improve
  - No fever
  - Better energy
  - Better appetite
  - Just an annoying cough

- We decide NOT to proceed with sotrovimab

- TIP: a great way to predict disease progression is to phone the patient the next morning!

COVID Specific Therapy: Others

- Fluvoxamine
  - Inhibits cytokine response – makes sense if fevers aches chills lethargy
  - MANY drug drug and drug disease interactions
    - Caffeine!
    - Other SSRI/SNRI like venlafaxine
    - https://www.covid19-druginteractions.org/

- Budesonide inhaled
  - Anti-inflammatory and antiviral – makes sense if cough, wheeze, dyspnea
  - 800 mcg inhaled BID for 14 days

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No Budesonide!

- fluticasone propionate - 500 mcg inhaler - 1 inh BID for 10d
- mometasone furoate - 400 mcg inhaler - 1 inh BID for 10d
- fluticasone furoate DPI - 200 mcg inhaler - 1 inh once daily for 10d
- Budesonide-formoterol 200 turbohaler 2 puffs BID- makes sense if wheezing and no angina/arrhythmias
  - Emphasize rinse and spit after use!
- https://www.lung.ca/lung-health/get-help/how-use-your-inhaler/turbuhaler%C2%AE (French video also available)

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Case Conclusion

- Budesonide 800 mcg inhaled BID for 14 days
- Improved next day. Normal appetite and bowel movements
- Advised to
  - restart empagliflozin for type 2 diabetes mellitus
  - Restart etanercept for rheumatoid arthritis after 1 week
  - Call if cough persists after 14 days

6C

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- ✓ **C**omorbidity management
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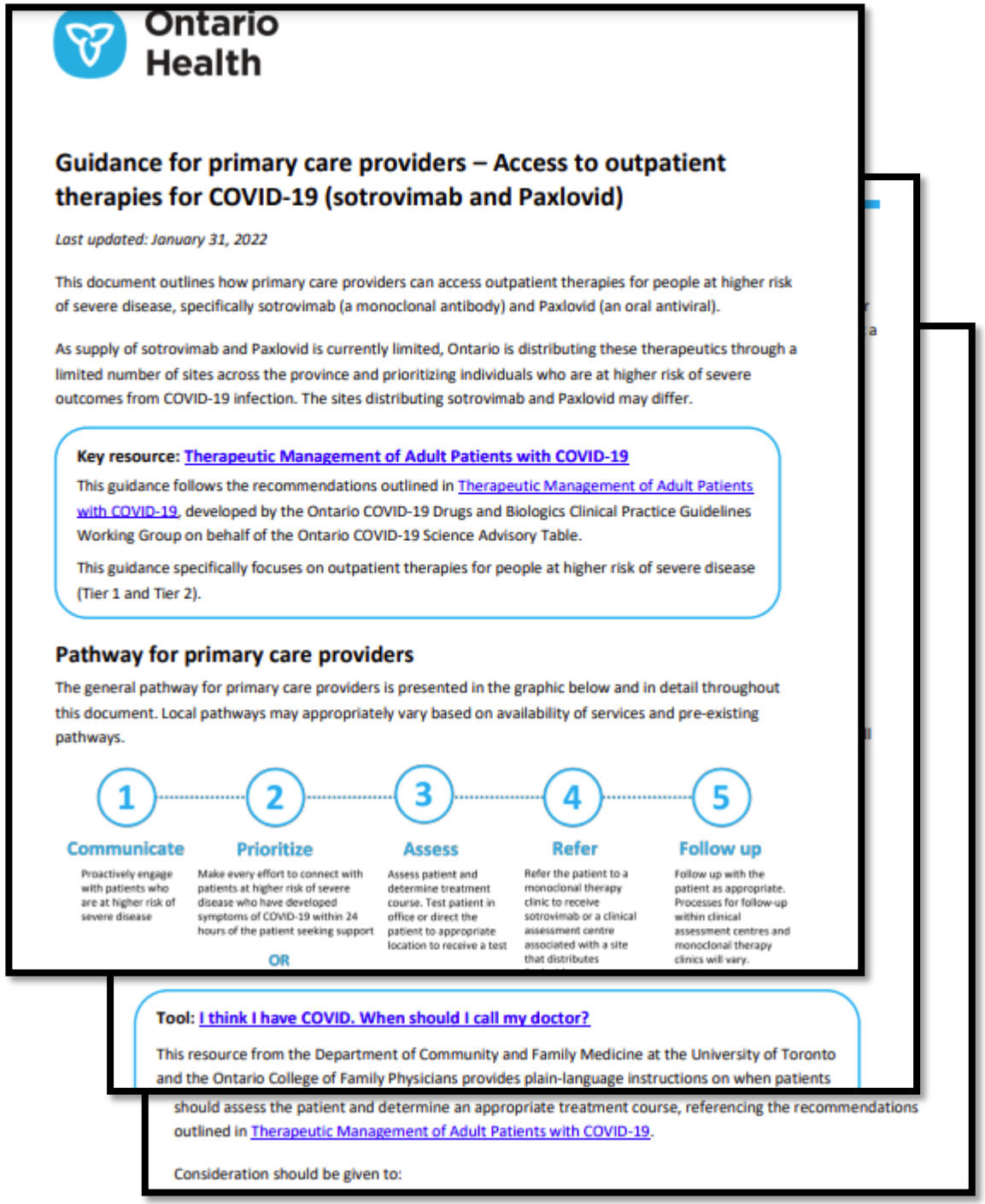

Ontario Health

Guidance for primary care providers – Access to outpatient therapies for COVID-19 (sotrovimab and Paxlovid)

Last updated: January 31, 2022

This document outlines how primary care providers can access outpatient therapies for people at higher risk of severe disease, specifically sotrovimab (a monoclonal antibody) and Paxlovid (an oral antiviral).

As supply of sotrovimab and Paxlovid is currently limited, Ontario is distributing these therapeutics through a limited number of sites across the province and prioritizing individuals who are at higher risk of severe outcomes from COVID-19 infection. The sites distributing sotrovimab and Paxlovid may differ.

Key resource: Therapeutic Management of Adult Patients with COVID-19

This guidance follows the recommendations outlined in Therapeutic Management of Adult Patients with COVID-19, developed by the Ontario COVID-19 Drugs and Biologics Clinical Practice Guidelines Working Group on behalf of the Ontario COVID-19 Science Advisory Table.

This guidance specifically focuses on outpatient therapies for people at higher risk of severe disease (Tier 1 and Tier 2).

Pathway for primary care providers

The general pathway for primary care providers is presented in the graphic below and in detail throughout this document. Local pathways may appropriately vary based on availability of services and pre-existing pathways.

1 Communicate
Proactively engage with patients who are at higher risk of severe disease

2 Prioritize
Make every effort to connect with patients at higher risk of severe disease who have developed symptoms of COVID-19 within 24 hours of the patient seeking support

OR

3 Assess
Assess patient and determine treatment course. Test patient in office or direct the patient to appropriate location to receive a test

4 Refer
Refer the patient to a monoclonal therapy clinic to receive sotrovimab or a clinical assessment centre associated with a site that distributes

5 Follow up
Follow up with the patient as appropriate. Processes for follow-up within clinical assessment centres and monoclonal therapy clinics will vary.

Tool: I think I have COVID. When should I call my doctor?

This resource from the Department of Community and Family Medicine at the University of Toronto and the Ontario College of Family Physicians provides plain-language instructions on when patients

should assess the patient and determine an appropriate treatment course, referencing the recommendations outlined in Therapeutic Management of Adult Patients with COVID-19.

Consideration should be given to:

Guidance for primary care providers – Access to outpatient therapies for COVID-19 (sotrovimab and Paxlovid)

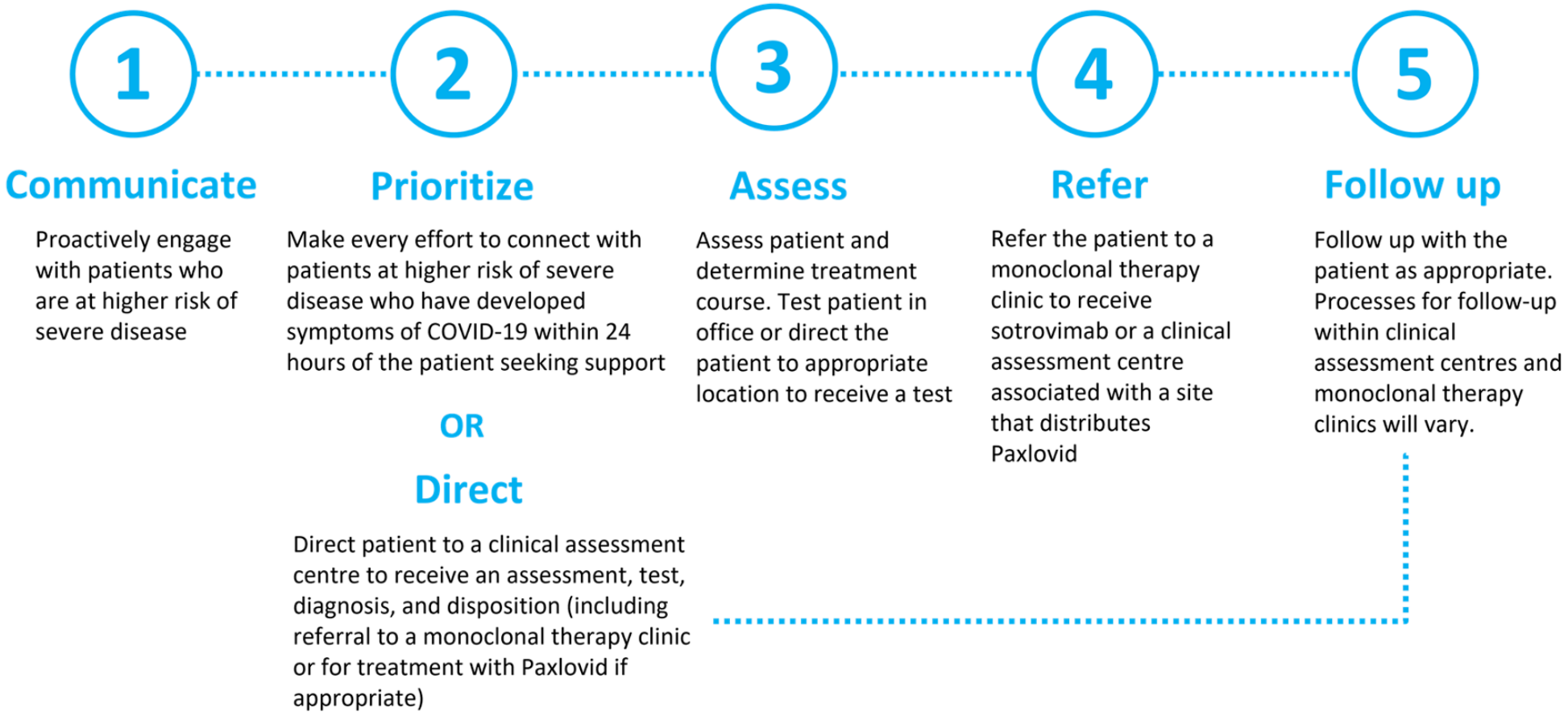
Updated: January 31, 2022

* outlines how primary care providers can access outpatient therapies for people at higher risk of severe disease, specifically sotrovimab (a monoclonal antibody) and Paxlovid (an oral antiviral).

*As supply of sotrovimab and Paxlovid is currently limited, Ontario is distributing these therapeutics through a limited number of sites across the province and prioritizing individuals who are at higher risk of severe outcomes from COVID-19 infection.

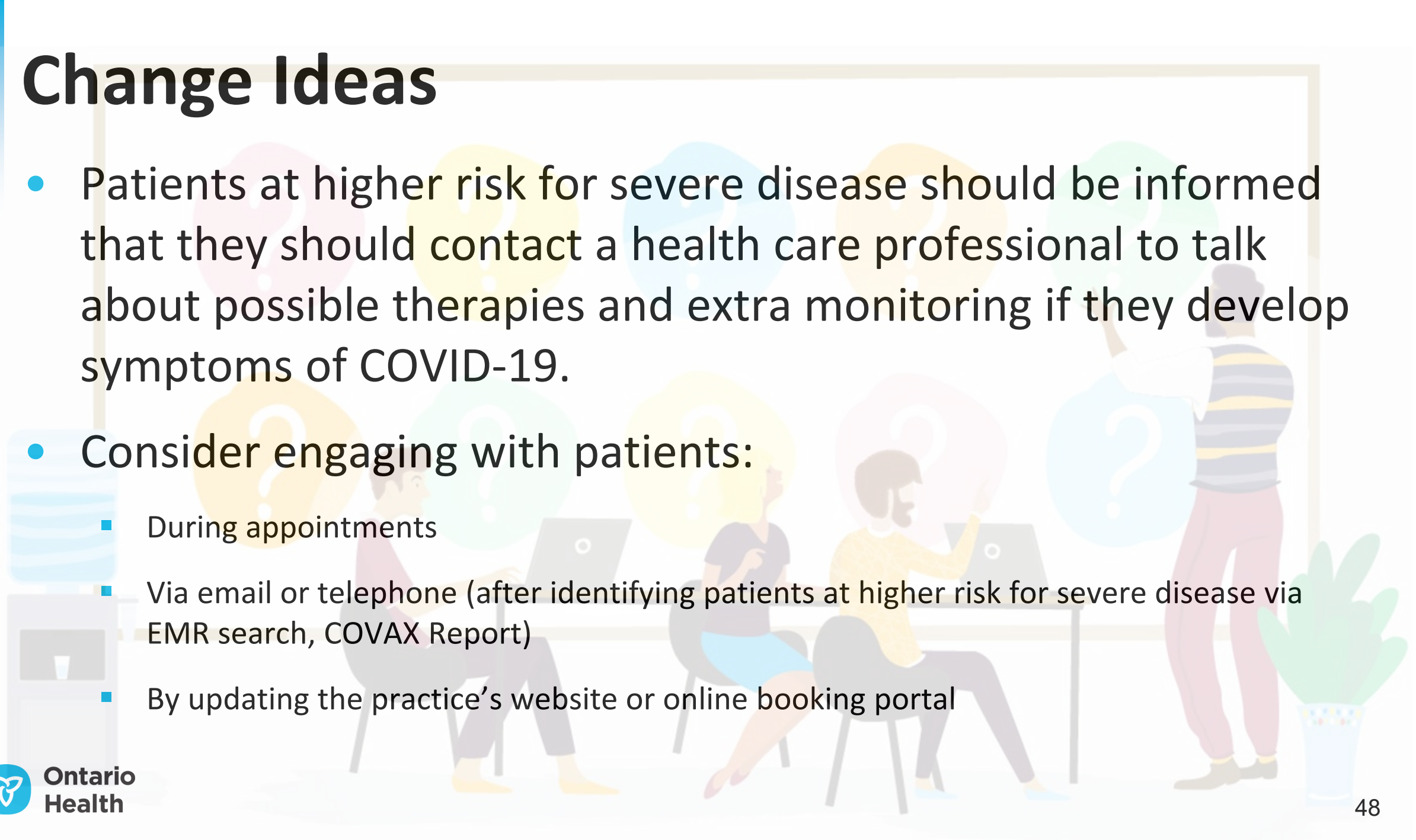
PDF: https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/guidance-pc-access-outpatient-therapies-2022-01-31.pdf
Also available at CEP website
https://tools.cep.health/tool/covid-19/#outpatientpathway

Pathway for family physicians and NPs



Change Ideas

- Patients at higher risk for severe disease should be informed that they should contact a health care professional to talk about possible therapies and extra monitoring if they develop symptoms of COVID-19.
- Consider engaging with patients:
  - During appointments
  - Via email or telephone (after identifying patients at higher risk for severe disease via EMR search, COVAX Report)
  - By updating the practice's website or online booking portal



Ontario Health

"I think I have COVID. When should I call my doctor?"

Most people with COVID can manage at home. You should:

- ✓ Rest.
- ✓ Drink plenty of fluids.
- ✓ For fever, headaches, and muscle aches: use over-the-counter pain and fever medications. Acetaminophen (Tylenol) is the best choice if you can take it.

- ✓ For a cough: try a teaspoon of honey (except if you have diabetes or if it is for a child under 12 months) or turn on a humidifier.
- ✓ For a sore throat: try lozenges or gargle with warm salt water.
- ✓ For mild discomfort when breathing: keep the room cool, open the window, try relaxation exercises and shifting your position.

If you have COVID, you must self-isolate. If you need care, you should not hesitate to call your doctor. Find out more about self-isolation at https://bit.ly/3q4Eyxb.

Call your doctor for an appointment if:

01 You have a medical condition that needs attention.

COVID can worsen medical problems such as diabetes, asthma, heart disease, lung disease, high blood pressure or other long-term conditions. If you get COVID and have one of those health problems, your treatment might have to change. Call your doctor if you are unsure about how to manage these conditions while you have COVID.

If pregnant, your risk of more serious illness from COVID increases. Call your doctor for advice and follow-up.

CONFUSED ABOUT COVID? FAMILY DOCTORS ANSWER YOUR QUESTIONS.

02 You are over a certain age and/or have health problems. You may need treatment or extra monitoring for COVID.

Some people* are more likely than others to get seriously ill from COVID. If you are one of them, you should call your doctor to talk about possible treatments and extra monitoring. New treatments for COVID can reduce your risk of serious illness if taken within the first week of your symptoms starting.

* You should call your doctor if:

- ✓ Your health condition/s or medications weaken your immune system. That includes, for example, people with:
  - » Ongoing cancer treatments
  - » Previous organ or stem-cell transplants
  - » Rare genetic disorders like DiGeorge Syndrome that attack your immune system
  - » Advanced or untreated HIV
  - » Medications that weaken the immune system, including antimetabolites like methotrexate, biologic drugs that often end in 'mab', or high-dose steroids (Prednisone 20mg or higher)
- ✓ You are over 60
- ✓ You are over 50 and if you belong to one of the following groups:
  - » You are indigenous OR
  - » You have had less than 2 doses of a COVID vaccine OR
  - » Your last dose of a COVID vaccine was more than 6 months ago OR
  - » You have diabetes, obesity, serious kidney problems, intellectual disability, cerebral palsy or sickle cell disease.

Script for Staff

Script for primary care practice staff to help identify patients eligible for outpatient therapy for COVID-19

Last updated: January 31, 2022

Purpose: The purpose of this script is to assist primary care providers and their front-desk staff (PC staff) to identify patients with symptoms of COVID-19 or who have tested positive for COVID-19 who may be eligible for outpatient therapies. The outpatient therapies may include sotrovimab (a monoclonal antibody) or Paxlovid (an oral antiviral). Both of these medications must be administered within a short window of time after symptoms begin (7 days for sotrovimab; 5 days for Paxlovid); therefore, it is important that these patients can see a health care professional as quickly as possible.

SAMPLE SCRIPT BELOW

Tool: Script to support staff in identifying patients who may be eligible for outpatient treatment

A script to support staff in identifying patients who may be eligible for outpatient treatment is available at the link above. Patients flagged as potentially eligible will either be seen by their primary care provider within 24 hours or directed to a COVID-19 clinical assessment centre.

A detailed list of high-risk factors for severe illness due to COVID-19 can be found here: https://tools.cep.health/tool/covid-19/#covid-19-clinical-assessment-centres-cacs-information-for-primary-care-providers

Ontario Health

COVID-19 mAb Treatment Sites

COVID-19 Monoclonal Antibody (mAb) EUA Treatment Referral

Regional Sites (Please select one, walk-in not accepted):

- ❑ Health Sciences North – COVID Assessment Centre, 2050 Regent St, Sudbury, **Fax: 705-523-4464**
- ❑ Humber River Hospital – Finch RCC, COVID Assessment Centre, 2111 Finch Ave W, North York, **Email:** CACfinch@hrh.ca
- ❑ The Ottawa Hospital – Civic Campus, 1052 Carling Ave, Ottawa, **Fax: 613-739-6751**
- ❑ Scarborough Health Network – Centenary Hospital, 2867 Ellesmere Rd, Scarborough, **Fax: 416-281-7384**
- ❑ St. Joseph's Healthcare Hamilton – ED Entrance, 50 Charlton Ave East, Hamilton, **Fax: 905-522-4469**
- ❑ Thunder Bay Regional Health Sciences Centre – 984 Oliver Rd, Suite 101, Thunder Bay, **Fax: 807-623-6631,** Tele: 807-935-8101
- ❑ Windsor Regional Hospital – 1030 Ouellette Ave, Windsor, **Email:** WRHmAbclinic@wrh.on.ca

Ontario Health

COVID-19 mAb Treatment Sites

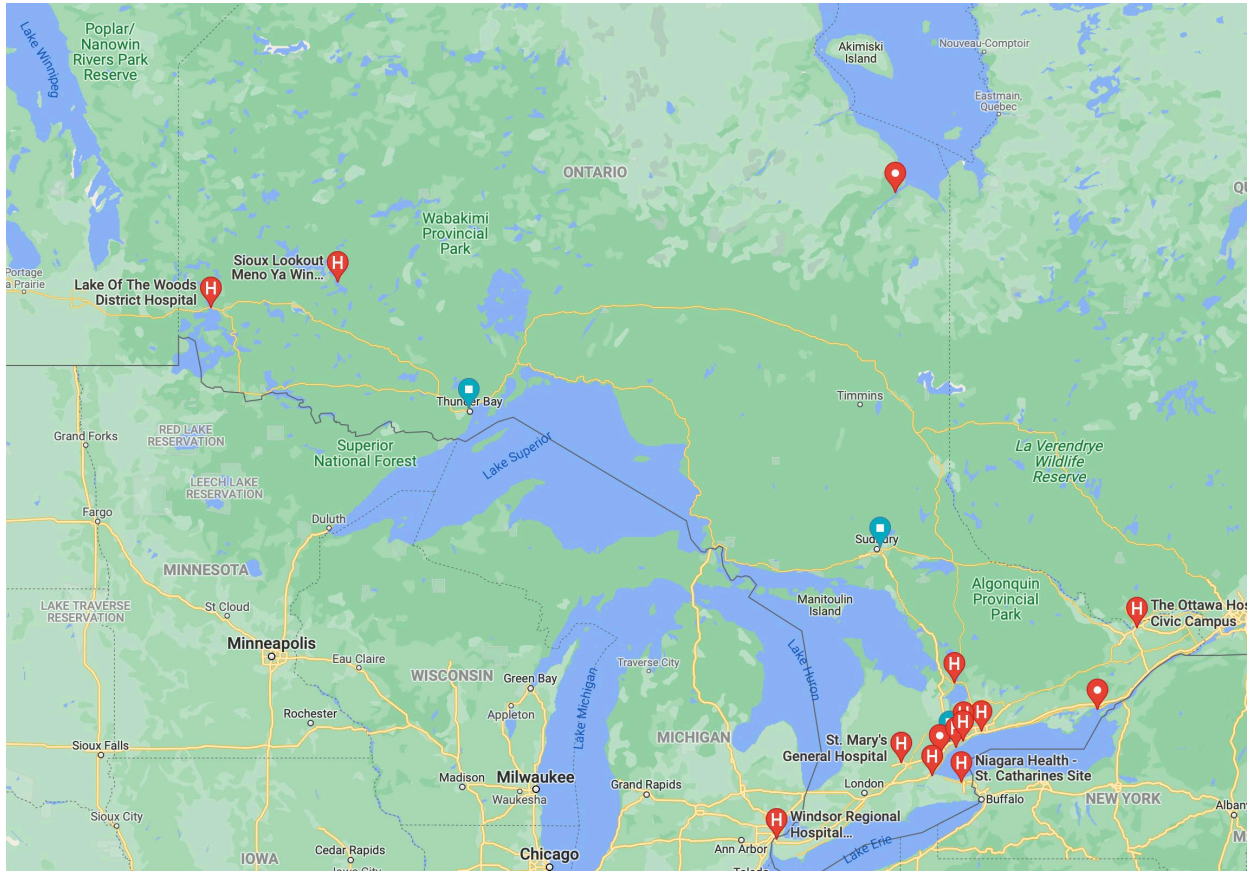
A note for primary care providers in the Ontario Health North region – Sotrovimab

The Ontario Health North region uses a distribution model involving local hospitals to administer sotrovimab for patients who cannot travel to the two monoclonal therapy clinics in the North.

Primary care providers in the North region may:

- Direct the patient to book an appointment at a clinical assessment centre if there is one in your community. The clinical assessment centre will assess the patient, test according to the preferred order outlined above, and refer the patient to the monoclonal therapy clinic if appropriate and available; or
- If there is no clinical assessment centre in your community, contact an assessment centre to arrange for patient testing and reach out to your local hospital to access treatment.

COVID-19 Paxlovid Access Sites



Paxlovid Sites

Kingston Assessment Centre
Lake of Woods Hospital
Lakeridge Health
Markham Stouffville Hospital
Meno Ya Win Health Centre
Mississauga Medical Arts - COVID, Cold and Flu Care Clinic
Niagara Health - St. Catharine's Site Clinical Assessment Centre – COVID-19 Clinic
The Ottawa Hospital
Orillia Soldiers Memorial Hospital
St. Mary's General Hospital
St. Joseph's Healthcare Hamilton
Scarborough Health Network Cold/Flu/COVID-19 Clinic – located at SHN General Hospital
Weeneebayko Area Health Authority
Windsor Regional Hospital - Ouellette Campus
Women's College Hospital (in partnership with University Health Network)

A note for primary care providers in the Ontario Health North region – Paxlovid

There may be patients in the North region who are not within traveling distance to a clinical assessment centre. Providers caring for these patients may contact their local assessment centre to arrange for patient testing and referral for Paxlovid.

Ontario Health

List of sites distributing Paxlovid

COVID-19 Clinical Assessment Centres (CACs): Information for Primary Care Providers

UPDATED List of Clinical Assessment Centres

The Ministry of Health's COVID-19 testing locations and clinical assessment centres webpage contains contact information for all Assessment Centres (ACs) and Clinical Assessment Centres (CACs) in the province. To find CACs, check off the "Provides clinical assessments" box under Services Available on the left side of the page.

https://tools.cep.health/tool/covid-19/#listCAC

COVID-19 Monoclonal Antibody (mAb) EUA Treatment Referral

Regional Sites (Please select one, walk-in not accepted):

- ☐ Health Sciences North – COVID Assessment Centre, 2050 Regent St, Sudbury, **Fax: 705-523-4464**
- ☐ Humber River Hospital – Finch RCC, COVID Assessment Centre, 2111 Finch Ave W, North York, **Email:** CACfinch@hrh.ca
- ☐ The Ottawa Hospital – Civic Campus, 1052 Carling Ave, Ottawa, **Fax: 613-739-6751**
- ☐ Scarborough Health Network – Centenary Hospital, 2867 Ellesmere Rd, Scarborough, **Fax: 416-281-7384**
- ☐ St. Joseph's Healthcare Hamilton – ED Entrance, 50 Charlton Ave East, Hamilton, **Fax: 905-522-4469**
- ☐ Thunder Bay Regional Health Sciences Centre – 984 Oliver Rd, Suite 101, Thunder Bay, **Fax: 807-623-6631,** Tele: 807-935-8101
- ☐ Windsor Regional Hospital – 1030 Ouellette Ave, Windsor, **Email:** WRHmAbclinic@wrh.on.ca

Patient Information

Name:_____ **Date of birth:** _____

Allergies: _____

Address:_____ **City/Prov:**_____ / _____

Postal:_____ **Phone:**_____ **HCN:** _____

NOTE: For patients with mild COVID-19 with confirmed COVID-19. These products are available for use under an interim authorization (Interim Order) by Health Canada to prevent progression of mild to moderate COVID-19 in adults and pediatric patients (12 years of age and older weighing at least 40 kg) who are at high risk for progression to severe COVID-19, including hospitalization or death.

In order to qualify for therapy, patients need to a) Be symptomatic b) Be within 7 days of symptom onset c) Meet 1 criteria under vaccinated or unvaccinated d) Be willing to travel to the clinic to receive therapy e) Expected survival > 1 year from all causes

Criteria for Use (all fields must be completed to be eligible for treatment)

- ☐ **Date of symptom onset:**_____ Treatment must be given within 7 days of symptom onset.
- ☐ **Symptoms:** _____
- ☐ **Date of positive COVID-19 test:** _____
- ☐ **Does this person have a history of prior COVID-19 within the past 90 days?**
- ☐ **Has this person received at least two doses of vaccine?**
  - ☐ Yes (2 or more doses) – do they meet any of the following criteria?
    - ☐ Hematologic Malignancy or Bone Marrow Transplant (Please specify:_____)
    - ☐ Solid Organ Transplant (Please specify:_____)
    - ☐ Significant immunosuppression (Please indicate type: high-dose corticosteroids > 2 weeks, alkylating agents, antimetabolites, cancer chemotherapy, TNF inhibitors, anti-CD20 agents and other immunosuppressive biologic agents)
    - ☐ Primary immunodeficiency (Please specify:_____)
    - ☐ Advanced or untreated HIV
  - ☐ No (0 or 1 doses) – do they meet any of the following criteria?
    - ☐ Age >= 60
    - ☐ Age >= 50 AND at least one of the following:
      - ☐ Indigenous (First Nations, Inuit, or Métis)
      - ☐ Obesity (BMI >= 30)
      - ☐ Diabetes Mellitus
      - ☐ Chronic Kidney Disease (GFR < 15 or dialysis)
      - ☐ Immunosuppressed as above (Please Specify:_____)
      - ☐ Sickle Cell Disease
      - ☐ Intellectual disability
      - ☐ Cerebral Palsy
      - ☐ Other severe risk factor (Please Specify:_____)

Referral Attestation (Must be checked to be eligible for treatment)

☐ I affirm that my patient meets above criteria for use

Clinician Name (print):_____ Direct Contact Number (not office line): _____

Clinician Signature:_____ Date/Time:_____ / _____ College #: _____

COVID-19 Monoclonal Antibody (mAb) EUA Treatment Referral Form

Available in fillable PDF on OCFP website

https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/referral-form-covid19-mab-2022-01-11.pdf

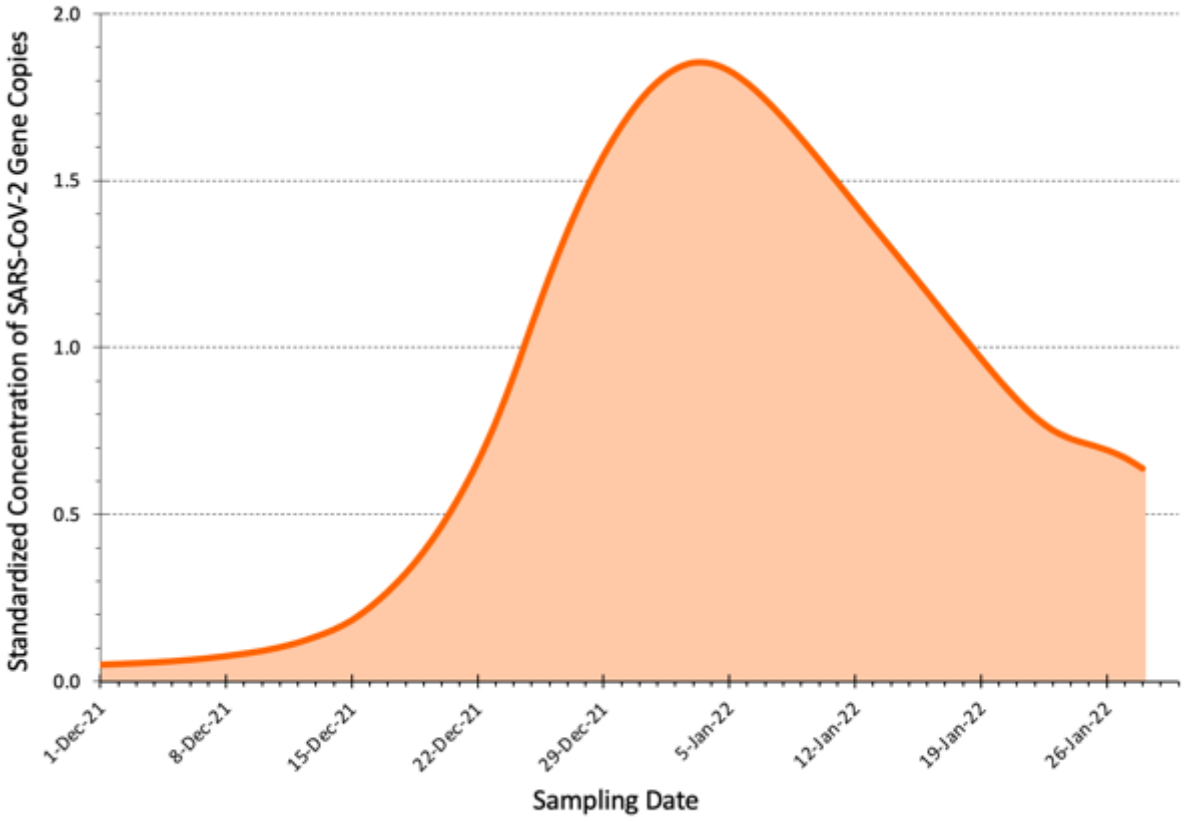
Omicron updates

Zain Chagla

SJHH/McMaster University

chaglaz@mcmaster.ca

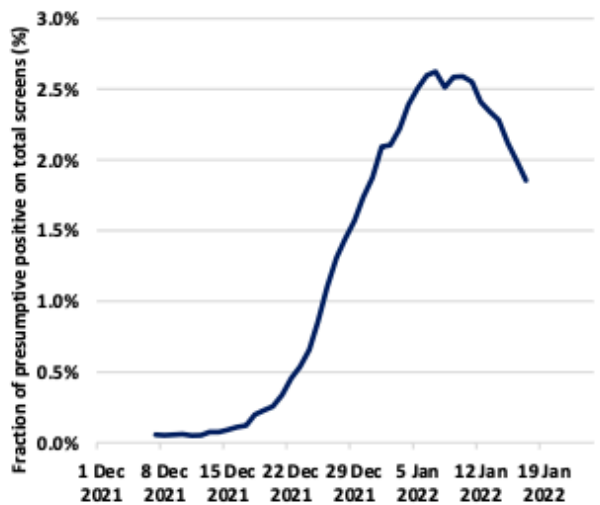
Epidemiology update



- Wastewater analysis may be best measure of community prevalence
- Delays in reporting ~ 1 week lag
- Peak of cases ~ January 11
- ? Slowed decline
- Credible interval of cases since Dec 1 – 1.5 million – 4 million
  - Would represent 10-30% of Ontario's population

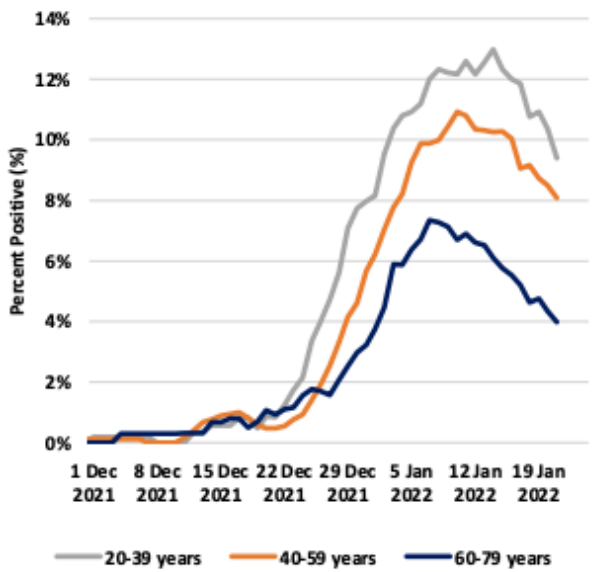
Workplace screening

(Workplace rapid screening program across Canada, twice per week, Ontario data shown)



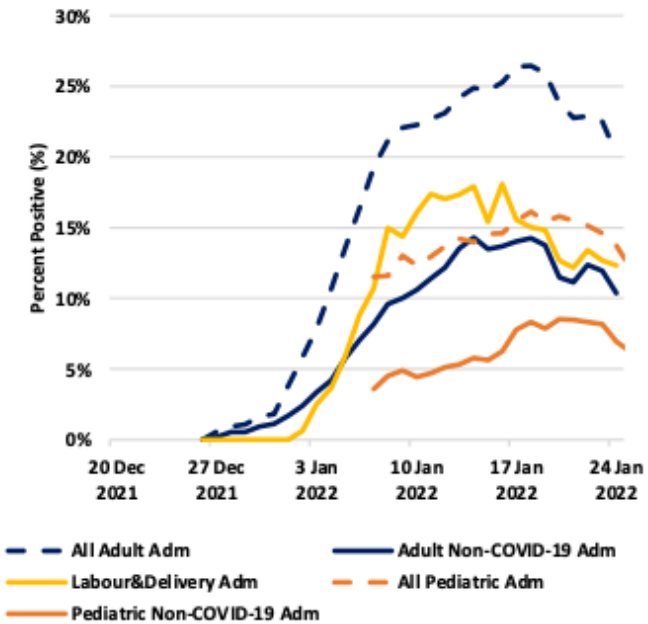
Repeat Testers

(Individuals with 40+ tests since pandemic start, 20-79 years of age, excluding LTC residents)

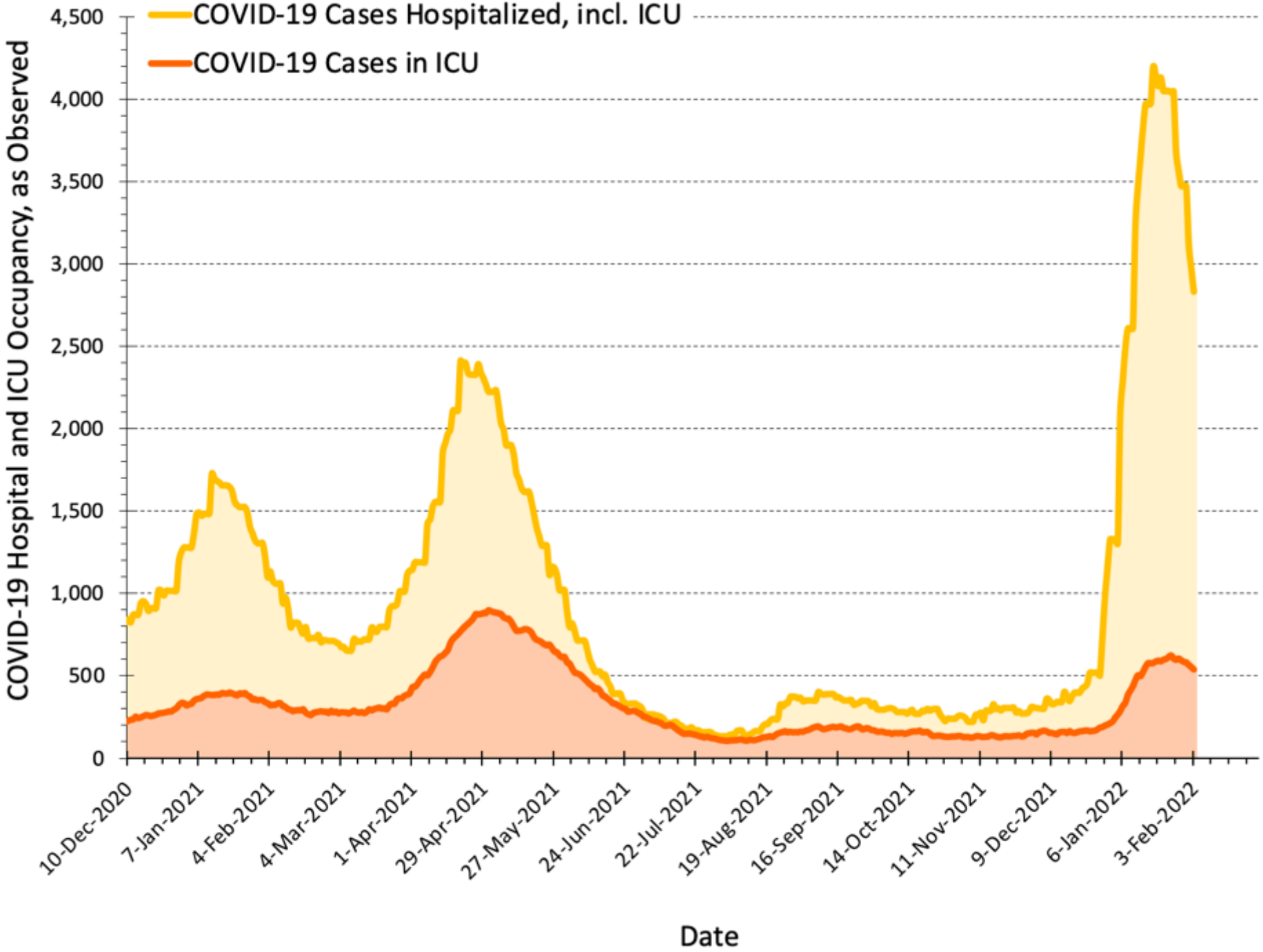


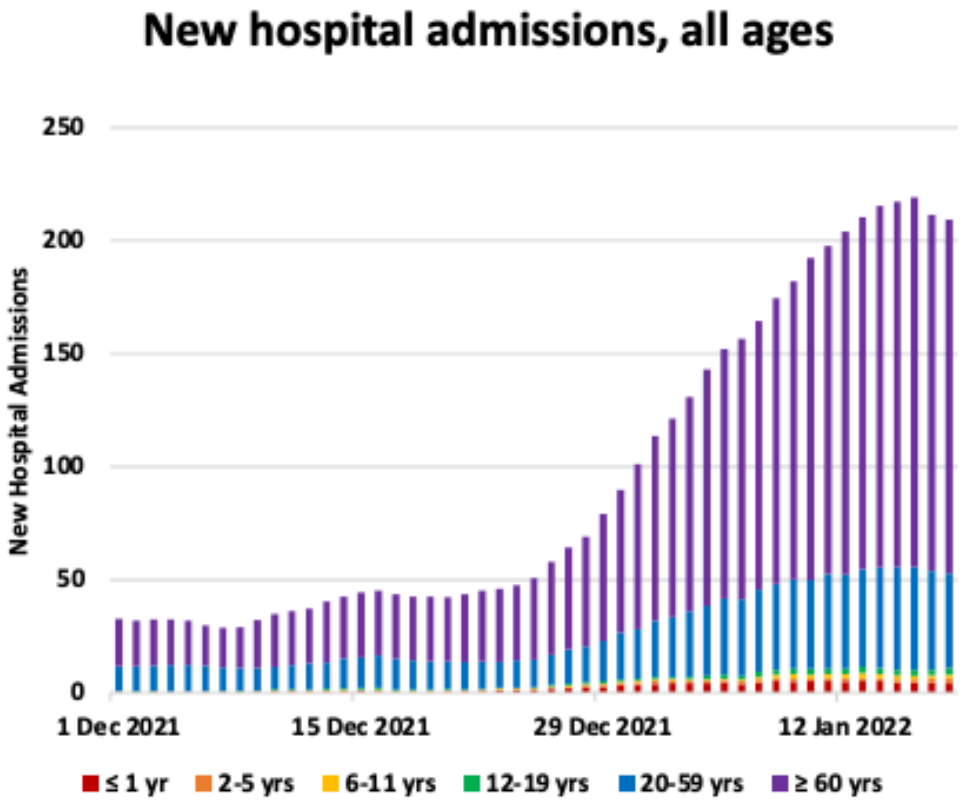
Hospital Admission Screening

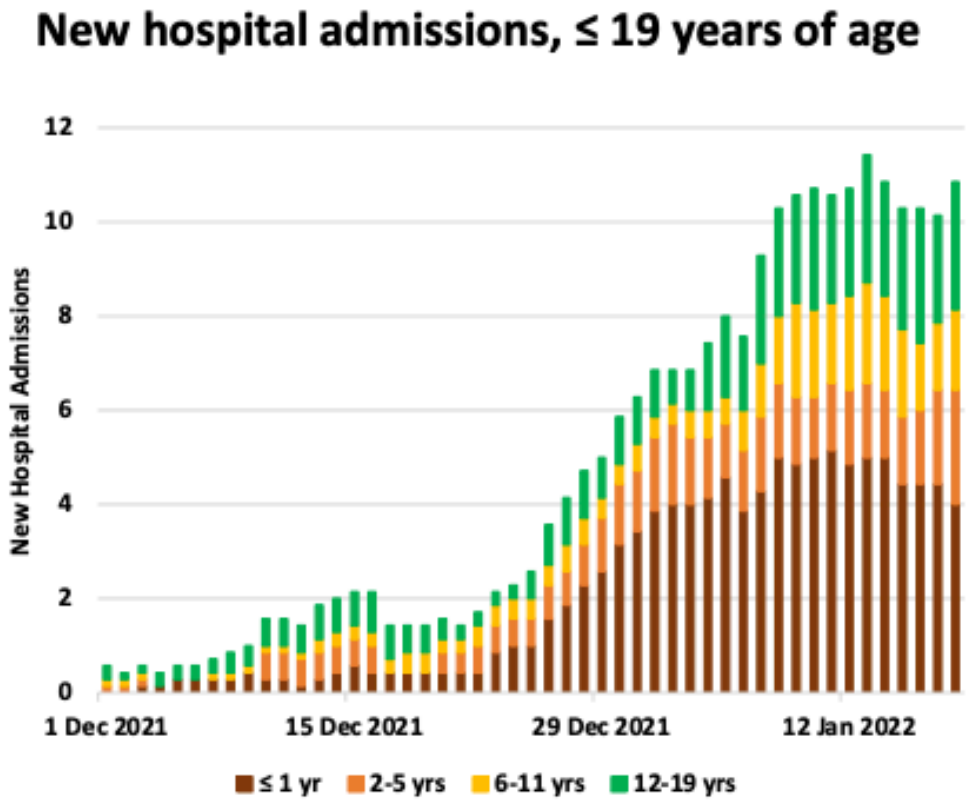
(Selected Ontario hospitals, 4 for adult admissions, 5 for pediatric admissions)



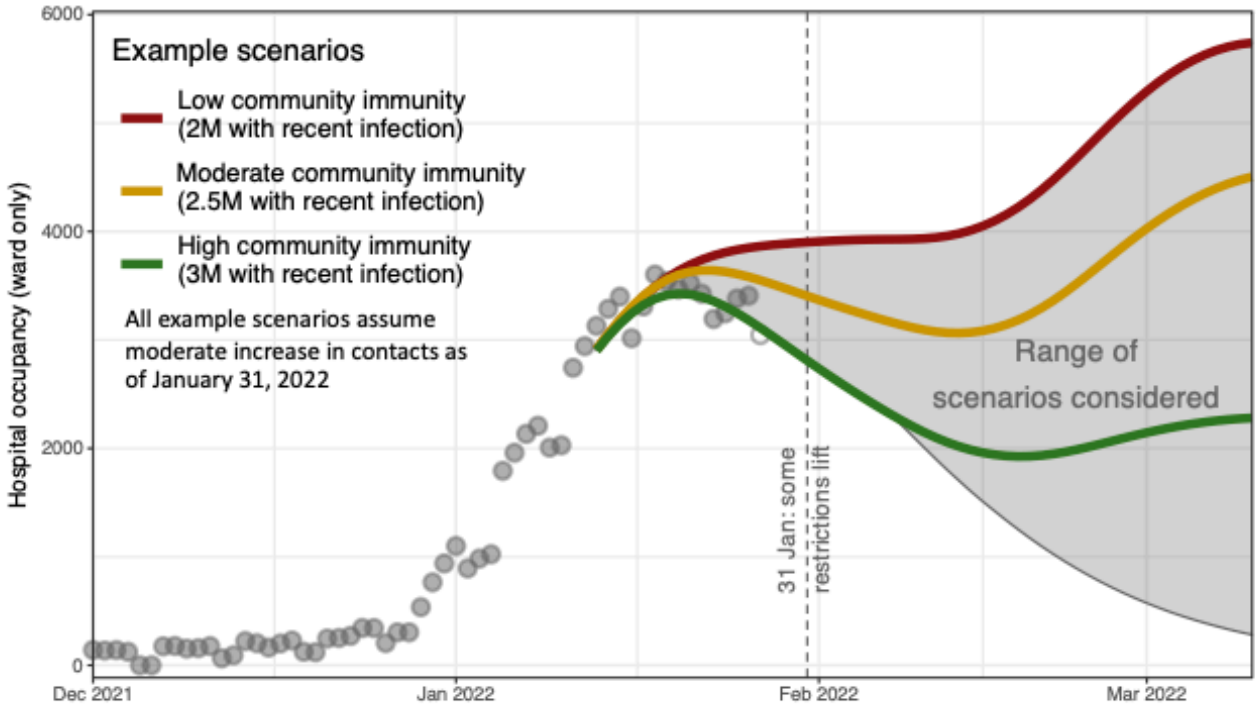
Declines seen in other serially tested group (Workplace, Repeat testers, Hospital admission screening)


COVID-19 Cases Hospitalized, incl. ICU
COVID-19 Cases in ICU
COVID-19 Hospital and ICU Occupancy, as Observed
4,500
4,000
3,500
3,000
2,500
2,000
1,500
1,000
500
0
10-Dec-2020
7-Jan-2021
4-Feb-2021
4-Mar-2021
1-Apr-2021
29-Apr-2021
27-May-2021
24-Jun-2021
22-Jul-2021
19-Aug-2021
16-Sep-2021
14-Oct-2021
11-Nov-2021
9-Dec-2021
6-Jan-2022
3-Feb-2022
Date



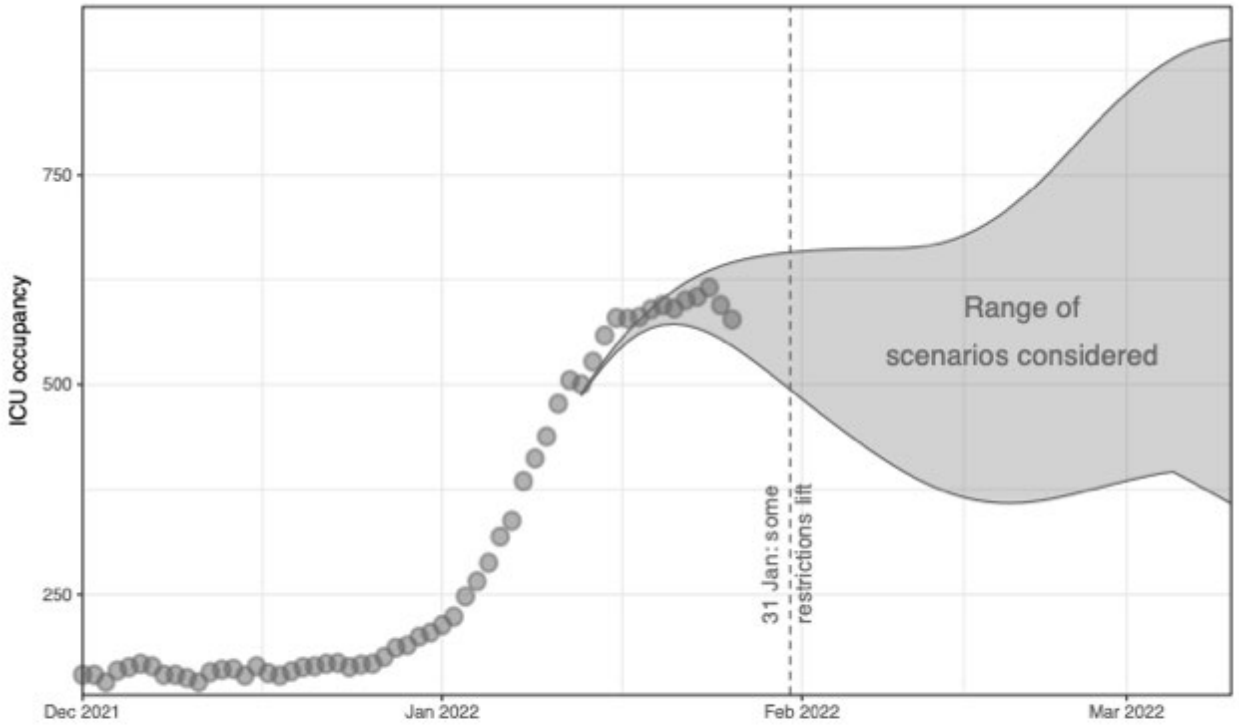


- Hospitals increased across all groups, some paedatric hospitalizations (higher than other points in the pandemic)



Projections informed by modeling from McMasterU, WesternU
Data (hospitalisations): covid-19.ontario.ca

1



Projections informed by modeling from WesternU
Data (hospitalisations): covid-19.ontario.ca

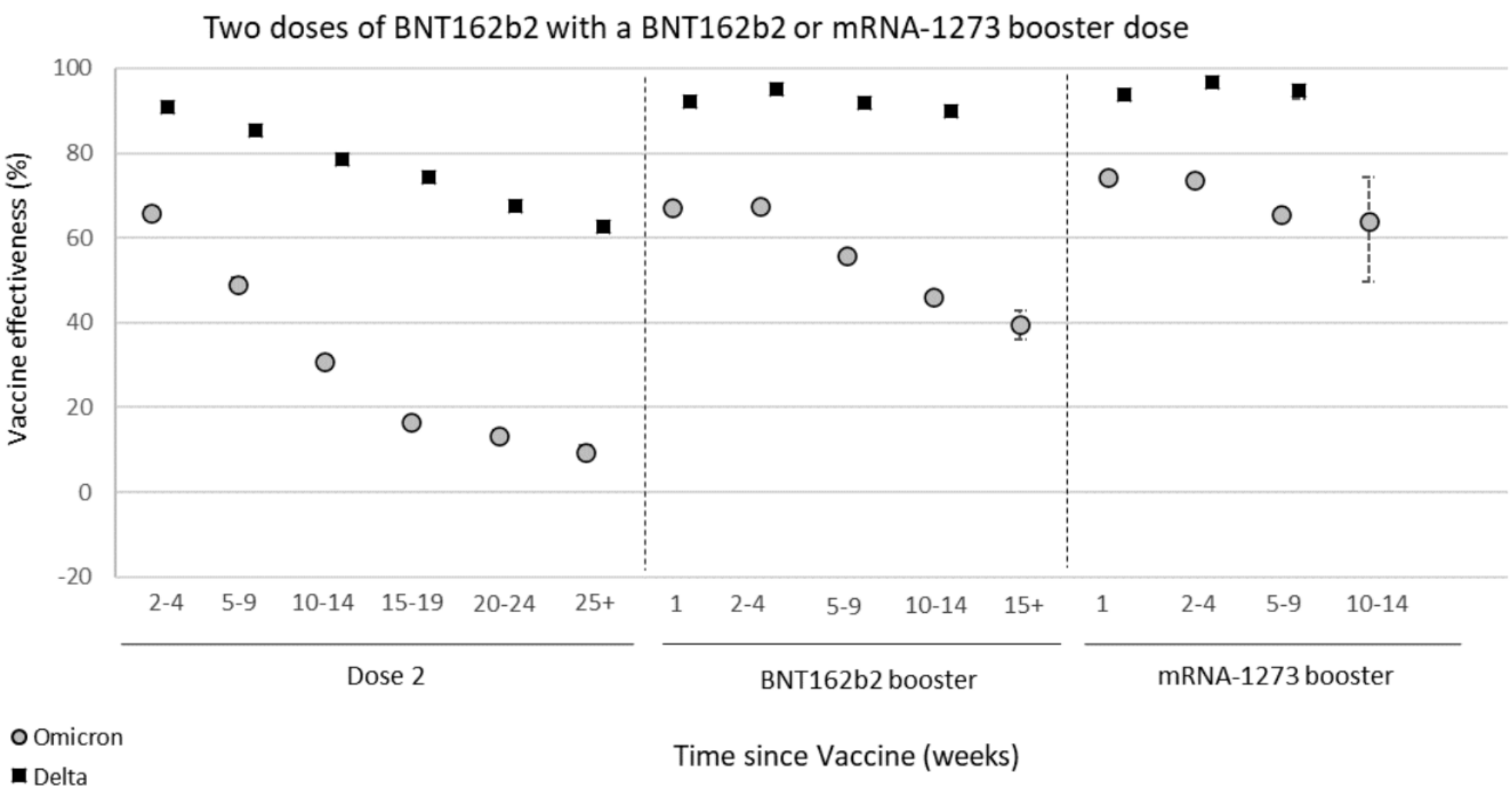
11

- Modelling is difficult – range of scenarios based on susceptible population (2 vs 3 million infected), ICU capacity will remain challenged

Vaccine update

Study	2 dose efficacy	3 dose efficacy
Tseng et al (USA) mRNA	34% at 3 mo 0% at 9 mo	63% at 1 mo 39% at 2 mo
Lyngse et al (Denmark)	55% to 0% by 6 mo (Pfizer) 36% to 0% 5 mo Moderna	54.6% at 1 mo
Andrew et al (United Kingdom)	Essentially 0% AZ 88% to 34% Pfizer at 25 weeks	Pfizer 2-10 weeks – 75.5%
Buchan et al (Ontario)	36% at 2 mo (mRNA) 0% at 6-8 mo (mRNA)	Pfizer 60% 1-8 weeks Moderna 65% 1-8 weeks
Sheikh et al (Scotland)	58% at 1 mo (AZ/Pfizer) 0% at 20 weeks (AZ/Pfizer)	mRNA – 56% at 2-8 weeks

b)



- Clear time based waning of efficacy against infection

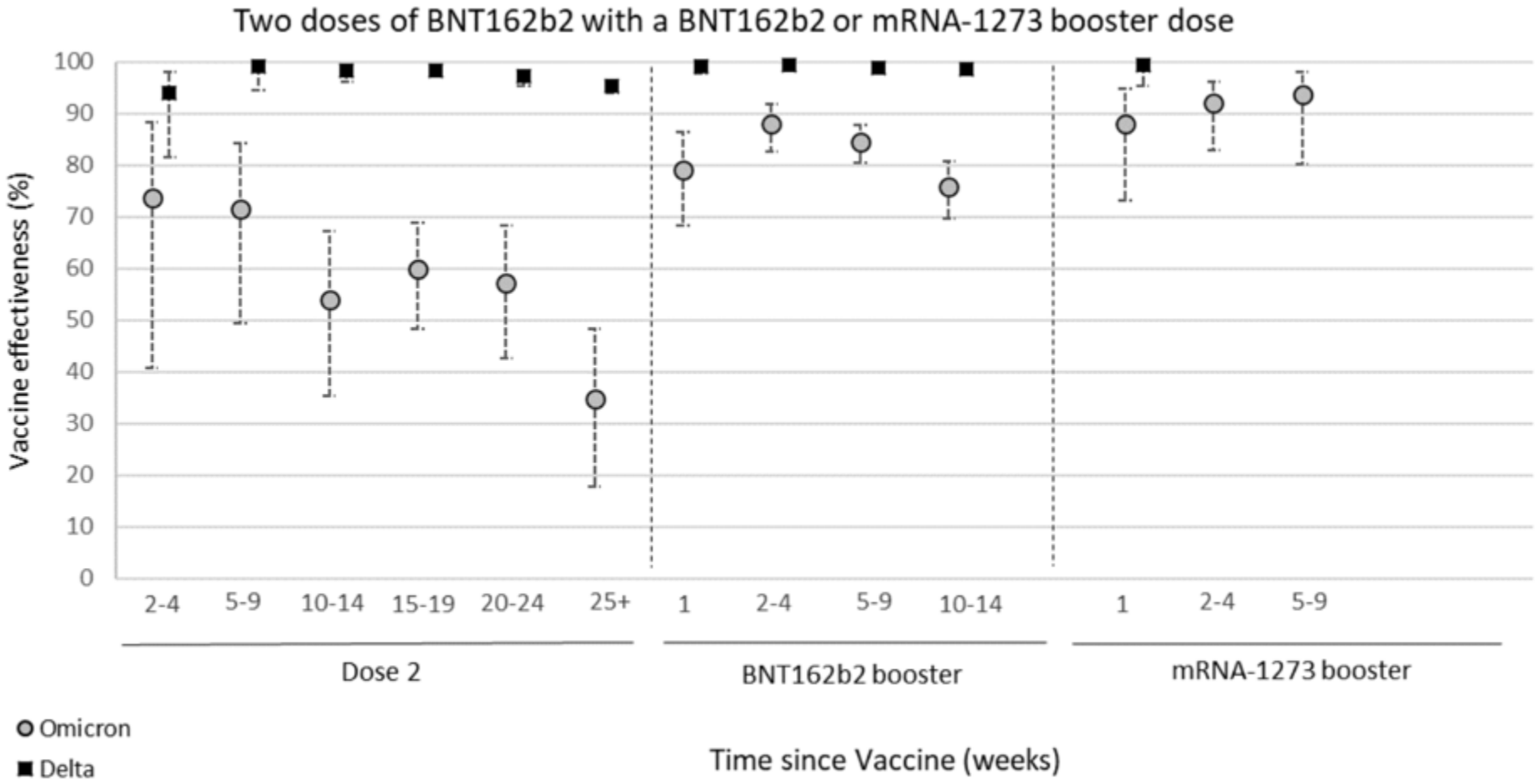
Table 3. Incidence of Omicron infections in the SIREN cohort between 1 December 2021 and 4 January 2022 by vaccination and prior infection status on 30 November 2021 (n=18,464)

Status	Number of participants	Number of days of follow up	Number of infections	Crude incidence rate (per 10,000 person days)	Vaccine effectiveness (%) (100 x1-IRR)	95% CI
No previous infection and vaccine status on 30 November 2021						
Unvaccinated	87	1,935	21	108.5	Ref	Ref
Vaccinated 2 dose	1,156	24,801	182	73.4	32%	-6%-57%
Vaccinated 3 dose	9,841	225,126	937	41.6	62%	41%-75%
Prior infection and vaccine status on 30 November 2021						
Unvaccinated	255	5,750	35	60.9	44%	4%-67%
Vaccinated 2 dose	1,333	28,255	123	43.5	60%	36%-75%
Vaccinated 3 dose	5,386	121,762	377	31.0	71%	56%-82%

Notes: IRR Incidence Rate Ratios. IRR are not adjusted.

- Prior infection may act like a booster – need to consider this in third dose vaccine for those with prior COVID-19 (including recent)

b)



- Protection still remains against death / hospitalization

Dose	Interval after dose	OR v symptomatic disease	HR vs mortality	VE vs mortality
2	25+ weeks	0.93 (0.9-0.96)	0.45 (0.19-1.03)	59% (4-82)
3	2+ weeks	0.41 (0.39-0.42)	0.12 (0.06-0.24)	95% (90-98)

Figure 6. Rate of COVID-19 hospitalizations (including intensive care unit admissions) per 100,000 person days by vaccination status and age group in the previous 30 days: Ontario

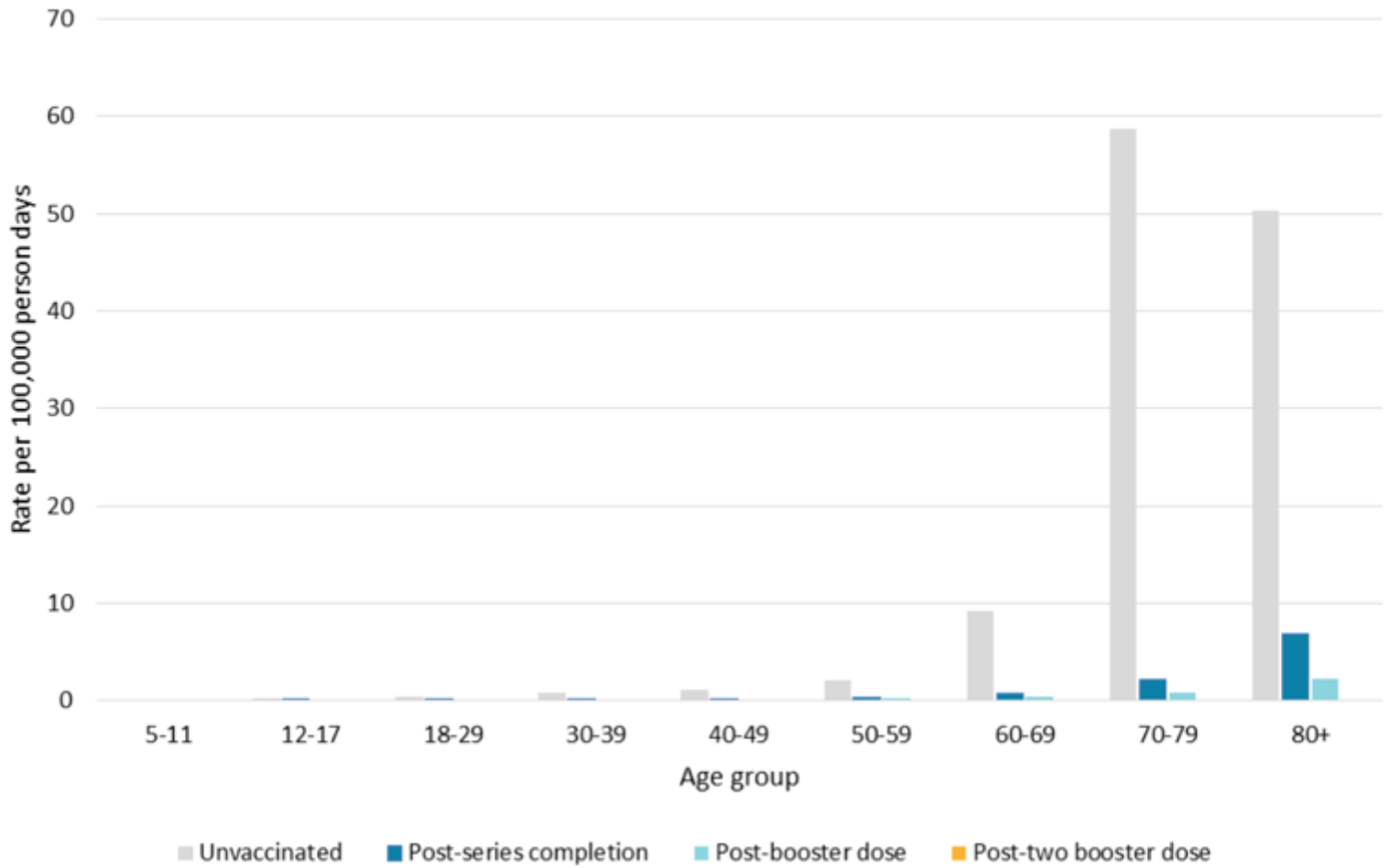


Table 4a. Fatal confirmed cases of COVID-19 by vaccination status: Ontario, December 14, 2020 to January 16, 2022

Age (years)	Fatal cases post-series initiation: Number	Fatal cases post-series completion: Number	Fatal cases post-booster dose: Number	Fatal cases post-two booster doses: Number	Fatal unvaccinated cases: Number
5-11	0	0	0	0	2
12-17	0	0	0	0	2
18-29	0	0	0	0	30
30-39	1	3	0	0	67
40-49	5	10	0	0	145
50-59	9	14	1	0	400
60-69	46	55	8	0	781
70-79	66	113	27	0	1,217
80+	235	262	97	0	2,493

Notes:

1. Individuals with unknown age are excluded.
2. Age groups are informed by vaccine product recommendations (i.e. no vaccine currently authorized or recommended in individuals <5 years of age) and vaccine program eligibility.

- Biggest benefits to third doses in Elderly / Immune compromised. Still Remain high risk unvaccinated in this age group

Fourth doses

- Preliminary Israel data – 4th doses 4 mo out from booster dose in 400000 adults 60 and older who got 4 doses as compared to 600000 who got 3 doses
  - 2x less likely to be infected
  - 3x less likely to be severe (<94% O2 or dyspnea)

Summary

- Unstable modelling due to lack of known cases - future really depends on what population is still susceptible
- ICU pressures will likely remain for some time
- Vaccine efficacy against infection has been significantly affected by omicron
  - 3 doses better than 2 – still some time based waning
  - 2 + prior infection may be as good as 3
- Still need to encourage +++ vaccination amongst highest risk groups (50+ / comorbidities)
- Fourth doses to high risk elderly may be of help in certain populations

Confused about COVID?

Family doctors answer your questions.

- How do I know if I have COVID?
- When should I call my doctor?
- Do I need a COVID PCR test?
- When should I use a Rapid Antigen Test?
- What do I do if I have been in close contact with someone who has COVID?
- How do I keep safe during Omicron?

Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of Family Physicians

NEW

- My child has COVID. What should I know?
- I'm pregnant. How should I keep safe? What should I do if I get COVID?
- What happens after I get COVID? What do I need to know?
- Do I really need a third dose?
- If I get COVID, is there a medication I can take?
- What type of mask should I be wearing?

Now in *French, Korean, Traditional and Simplified Chinese*

ConfusedAboutCOVID.ca

My child has COVID. What should I know?

Caring for your child

Most children do not get seriously sick with COVID. Most children can be cared for safely at home.

If your child has ongoing health issues, they may be at higher risk of getting very sick from COVID and you should talk to someone on your health team.

How to care for your child:

- Let them get plenty of rest
- Make sure they get enough fluids, including water, soups, sports drinks or even popsicles. Breastmilk/formula is enough for young babies who drink only that
- Treat fever or pain with over-the-counter medicine. Acetaminophen (Tylenol/ Tempra) is the best choice if your child can take it
- Treat a stuffed-up nose with saline drops or sprays or the steam from a shower
- Treat a cough with a humidifier or the steam from a shower. If the cough sounds like a bark, cool outside air may help. If your child is at least 1-year old, you can also give them 1-2 teaspoons of honey in the evening

When should I seek help for my child?

For most children, COVID causes mild illness. However, some children may get more sick and need medical care. Children's health can get worse quickly, so keep a close eye on them and speak to your doctor if you have any concerns.

Call your doctor if your child:

- ✓ Has a fever that has lasted more than 4 days
- ✓ Is unusually irritable and won't stop fussing, even after treating their fever
- ✓ Has a fever that went away for 1 day or longer (without fever medicine) and then came back
- ✓ Has special needs that make caring for them more difficult
- ✓ Develops a new fever together with other symptoms like dizziness, extreme low energy, difficulty breathing, severe tummy pain, diarrhea, vomiting, red eyes or body rash a few days or weeks AFTER they recover from COVID. These symptoms could signal a rare complication of COVID

Call 911 or go to the emergency department if:

- ✓ You are worried that your child is seriously ill
- ✓ Your child is younger than 3 months and has a fever
- ✓ Your child has a weakened immune system because of a medical condition or treatment and has a fever
- ✓ Your child is working hard to breathe. For example, if they are breathing very fast, or if you see sucking in between the ribs with each breath, their stomach moving deeply in and out or if there is a blue colour to their lips or tongue
- ✓ Your child is at risk of dehydration from vomiting or constant diarrhea or if they aren't drinking enough fluids
- ✓ Your child is dehydrated. For example, they have a dry mouth, sunken eyes or they are crying without tears or peeing much less than usual

CONFUSED ABOUT COVID? FAMILY DOCTORS ANSWER YOUR QUESTIONS.

"I'm pregnant. How can I keep safe? What should I do if I get COVID?"

How do I take care of myself and my baby if I have COVID?

Most pregnant people who have COVID will be able to recover at home:

- ✓ Rest and drink plenty of fluids
- ✓ Use Acetaminophen (Tylenol) to treat fever, headaches or muscle aches. Acetaminophen is safe to use in pregnancy and will not harm your baby
- ✓ If you are in your 3rd trimester (more than 6-months pregnant), pay close attention to how often your baby moves. Watch for signs of early labour

Call and ask to speak to your family doctor or pregnancy care provider urgently if you:

- ✓ Feel light-headed and dehydrated (for example, if ongoing vomiting or diarrhea make you extremely thirsty and/or you are producing less urine than usual)
- ✓ Feel so tired you are finding it hard to care for yourself
- ✓ Have difficulty breathing when you are just doing your usual activities
- ✓ Start to recover then get worse again
- ✓ Cannot access food or other essential supports while self-isolating
- ✓ Are struggling with your mental well-being
- ✓ Notice your baby has stopped moving, if you start to have labour pains or if your water breaks

Call 911, or go immediately to your nearest hospital, if you:

- ✓ Are short of breath while resting or if you are finding it harder and harder to breathe
- ✓ Have chest pain
- ✓ Notice from your at-home pulse-oximeter that your oxygen level dropped 3% over 24 hours, or is below 93% at any time
- ✓ Have labour pains that are severe or close together or notice bleeding from your vagina

For more information on self-isolation during COVID visit: rebrand.ly/Feeling-Unwell

For more information on notifying close contacts visit rebrand.ly/COVID-Close-Contact

Provincial Council for Maternal and Child Health
building a brighter future

Updated October 25, 2021 (Version 4)

This resource reflects the information available as of the date of issue. It is not intended to provide or take the place of medical advice, diagnosis or treatment. Talk to your healthcare provider if you have any questions about this resource.

I am pregnant or breastfeeding. Should I get the COVID-19 Vaccine?

Getting the COVID-19 vaccine as soon as possible is the safest choice.

Studies of hundreds of thousands of pregnant people who have received COVID-19 vaccines show it is safe and helps prevent COVID-19 and protect against severe illness. The information below will help you make an informed choice about whether to get the COVID-19 vaccine.

YOUR OPTIONS

Get a COVID-19 vaccine as soon as possible	Wait until your pregnancy and/or breastfeeding is complete

What are the risks related to COVID-19 in pregnancy?

COVID-19 infection is dangerous. It is more dangerous in pregnancy.

- Most pregnant people with COVID-19 will have mild symptoms and make a full recovery; however, 20-30% of pregnant people will develop moderate to severe COVID illness requiring hospitalization.
- If you are COVID positive and pregnant, your risk of hospitalization, intensive care unit admission and the need for life support is much greater than if you are COVID positive and not pregnant.
- Many people will have ongoing medical complications even after the COVID pneumonia has resolved.
- If you have any type of COVID infection in pregnancy, there is an impact on pregnancy outcomes: your risk of stillbirth, preterm birth, high blood pressure, caesarean delivery and low birth weight are significantly increased with a COVID infection in pregnancy.
- COVID infection in pregnancy increases your risk of medical complications and death.

What are the **benefits** of getting the COVID-19 vaccine?

The COVID-19 vaccines are highly effective in preventing infection and reducing spread.

- The mRNA COVID vaccines are effective at reducing the risk of getting a COVID infection caused by any of the variants of the virus (e.g., Delta variant) in both pregnant and non-pregnant people.
  - Vaccination decreases the chance of having a symptomatic COVID infection, the severity of the COVID illness and the chance of being hospitalized because of COVID.
  - Vaccination decreases the spread of the virus within your family and in your community.

The mRNA COVID vaccines are safe in pregnancy.

- Several studies with large numbers of pregnant people have shown that vaccination immediately before and/or during pregnancy has no impact on pregnancy outcomes (i.e., no change in the rate of miscarriage, preterm birth, stillbirth, growth restriction, high blood pressure during pregnancy, medical complications of pregnancy or death).

https://www.pcmch.on.ca/covid-19vaccine/

Do I really need to get a third dose?

Research from around the world now very clearly shows how important it is for adults to get three doses of a COVID vaccine.

Three doses are better than two doses at:

- ✓ Protecting you from getting COVID
- ✓ Stopping you from spreading COVID
- ✓ Protecting you from getting so sick from COVID that you have to go to hospital

Two doses of a COVID vaccine do not work as well as 3 doses against Omicron, the new COVID variant.

The protection from 2 doses of a COVID vaccine starts to decrease at around 3 months. Many vaccines, including some childhood immunizations, require 3 or more doses.

In Ontario, anyone over the age of 18 can get their 3rd COVID vaccine 3 months (84 days) after their 2nd dose.

Does it matter whether I get Moderna or Pfizer?

Moderna and Pfizer COVID vaccines are both safe and effective 3rd-dose vaccines.

They are both mRNA vaccines, with nearly identical ingredients that work in the same way. The main difference is that Moderna's vaccine delivers a higher dose of mRNA than Pfizer.

Mixing and matching Moderna and Pfizer is not a problem. If your 1st or 2nd vaccine was Pfizer, your third vaccine can be Moderna. If you had Moderna for your 1st or 2nd COVID shot, Pfizer is fine for your 3rd vaccine. Three doses of the same vaccine also works. Any combination of these vaccines is safe and effective.

CONFUSED ABOUT COVID? FAMILY DOCTORS ANSWER YOUR QUESTIONS.

If you are an adult under 30, you will receive the Pfizer vaccine. This is a precaution against developing a rare side effect called myocarditis which occurs most often in young men. The risk is very low with both vaccines but since fewer cases have been reported with the Pfizer vaccine, Ontario is giving only Pfizer to young adults.

For more information about receiving Moderna and Pfizer for your 3rd dose, see: https://t.co/llcBh595uR

Do I still need a third dose if I already had COVID?

It is important to get your 3rd shot even after getting COVID.

Research has shown that anyone who has had COVID and and receives a vaccine has stronger and longer-lasting protection than someone who had COVID but did not get vaccinated.

It is safe to get your 3rd vaccine dose once you have recovered from COVID and no longer have symptoms. Your protection will last even longer if you wait at least one month after recovery to get your 3rd shot.

What if I'm pregnant?

Getting a 3rd dose is especially important if you are pregnant. Being infected with COVID when you are pregnant can cause serious problems for parent and baby. A 3rd dose can prevent those complications and reduce the risk of your newborn getting COVID.

Who needs a fourth dose?

People with a very weak immune system need more vaccine doses to get the same amount of protection as other people. These people are now eligible for a 4th COVID vaccine 3 months (84 days) after their 3rd dose. This includes people who:

- ✓ Receive dialysis
- ✓ Are currently receiving chemotherapy
- ✓ Previously had organ or stem-cell transplants
- ✓ Have a rare genetic disorder like DiGeorge Syndrome that impairs their immune system
- ✓ Have advanced or untreated HIV
- ✓ Take medications that severely weaken the immune system. Examples include antimetabolites like methotrexate, biologic drugs that often end in 'mab', 'mib', or 'nib' and high-dose steroids (Prednisone 20mg daily or higher)

What happens after getting COVID? What do I need to know?

If you have COVID, it's nothing to be embarrassed about and you are not alone.

The new Omicron variant spreads easily between people. In the next few weeks, many more of us will become infected with COVID.

For more information on how you know you have COVID and what to do, visit: rebrand.ly/Feeling-Unwell.

When will I feel better?

Most people who have had 2 or more vaccine doses will recover from COVID in a few days. Remember that it is still important to self-isolate long enough to prevent infecting others, even if you feel better. To learn how long to self-isolate, see rebrand.ly/Feeling-Unwell.

For a few people, symptoms may continue for several weeks. These might include:

- ✓ Cough
- ✓ Chest discomfort
- ✓ Feeling tired
- ✓ Headache
- ✓ Loss of taste or smell
- ✓ Feeling breathless
- ✓ Depression or anxiety
- ✓ Digestive issues

Call your doctor if your symptoms do not improve steadily or if they last longer than a month and make returning to your regular activities difficult. Your doctor may want to examine you or order some tests.

These longer-lasting symptoms can be frustrating, but the good news is that they usually get better with time.

This resource from the United Kingdom offers good advice on recovering from COVID and managing longer-lasting symptoms: https://www.hackneycitizen.co.uk/wp-content/uploads/Post-COVID-19-information-pack-5.pdf

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Can I get COVID again? Can I spread it to others?

Getting COVID temporarily protects you from getting it again. For most people this protection lasts 3 months, but it could be less for some people and more for others — it is impossible to predict exactly.

If you had COVID, you can get it again — and spread it to other people.

Even after you have recovered, it is still important to follow public health advice. Continue to wear a tight-fitting mask, keep at least 2 meters apart from others, limit your contacts, wash your hands often and avoid places with poor ventilation.

Do I need to test to make sure my infection is over?

Some workplaces or schools may require you to do a RAT (Rapid Antigen Test) if you are returning within 10 days of your symptoms starting.

Ten days after your symptoms started (or you took a test that came back positive), you will no longer be able to spread COVID to another person. **After 10 days, you do not need a Rapid Antigen Test (RAT) to confirm your infection is over.**

If your self-isolation is only 5 days, it is important that you continue to avoid people who are at high risk of serious illness from COVID until 10 days after your symptoms started.

PCR tests should not be used to confirm your infection is over. The PCR test is very sensitive. Even after recovering, you can test positive for several weeks.

You do not need a doctor's note to return to work or school.

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: **Friday, February 18, 2022**

Contact us: *ocfpcme@ocfp.on.ca*

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

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.

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

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