Preparing for the fall
Preparing for the fall

Moderator:

• Dr. Tara Kiran, Fidani Chair of Improvement and Innovation, University of Toronto and Family Physician, St. Michael’s Academic FHT, Toronto, ON

Panelists:

• Dr. Kieran Michael Moore, Toronto, ON
• Dr. Daniel Warshafsky, Toronto, ON

Host:

• Dr. Mekalai Kumanan, Cambridge, ON

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

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

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

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.
How Indigenous communities can establish food security in a changing climate

One of the many effects of climate change is that it is leading to food insecurity in Indigenous communities across Canada.

Dawn Morrison is the founder and curator of research and relationships for the Working Group on Indigenous Food Sovereignty in B.C. (Laura Lynch/CBC)

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 (DFCM), Dr. Mekalai Kumanan (OCFP); Dr. Ali Damji (DFCM), Dr. Liz Muggah (OH), Kimberly Moran (OCFP), Mina Viscardi-Johnson (OCFP), Julia Galbraith (OCFP), Pavethra Yogeswaran (OCFP), Marisa Schwartz (DFCM), Erin Plenert (DFCM)

Previous webinars & related resources:
https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions
**Dr. Kieran Michael Moore—Panelist**
Chief Medical Officer of Health and Assistant Deputy Minister, Ontario Ministry of Health, Office of Chief Medical Officer of Health, Public Health Division

**Dr. Daniel Warshafsky—Panelist**
Associate Chief Medical Officer of Health at the Office of the Chief Medical Officer of Health

**Dr. Mekalai Kumanan—Host**
Twitter: @MKumananMD
President, Ontario College of Family Physicians
Family Physician, Two Rivers Family Health Team
Chief of Family Medicine, Cambridge, ON
Speaker Disclosure

- Faculty Name: **Dr. Kieran Michael Moore**
  - Relationships with financial sponsors:
    - Grants/Research Support: CIHR Canadian Lyme Disease Research Network
    - Speakers Bureau/Honoraria: Ontario College of Family Physicians, Pfizer Lyme Disease Advisory Board
    - Others: N/A

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

• Faculty Name: **Dr. Tara Kiran**
• Relationships with financial sponsors:
  • Speakers Bureau/Honoraria: St. Michael’s Hospital, University of Toronto, Health Quality Ontario (HQO), Canadian Institutes for Health Research (CIHR), Ontario College of Family Physicians (OCFP), Ontario Medical Association (OMA), 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, Canadian Medical Association, McMaster University, Queen’s University, North American Primary Care Research Group.
  • Grants/Research Support: Canadian Institute for Health Research, Ministry of Health and Long-Term Care, St. Michael’s Hospital Foundation, St. Michael’s Hospital Medical Services Association, Women’s College Hospital Academic and Medical Services Group Innovation Fund, University of Toronto, Health Quality Ontario, Ontario Ministry of Health, Gilead Sciences Inc., Staples Canada, Max Bell Foundation.
How to Participate

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

• Press the thumbs up button to upvote another guest’s questions. Upvote a question if you want to ask a similar question or want to see a guest’s question go to the top and catch the panel’s attention.

• Please use the chat box for networking purposes only.
Dr. Kieran Michael Moore—Panelist
Chief Medical Officer of Health and Assistant Deputy Minister, Ontario Ministry of Health, Office of Chief Medical Officer of Health, Public Health Division

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Associate Chief Medical Officer of Health at the Office of the Chief Medical Officer of Health

Dr. Mekalai Kumanan—Host
Twitter: @MKumananMD
President, Ontario College of Family Physicians
Family Physician, Two Rivers Family Health Team
Chief of Family Medicine, Cambridge, ON
Respiratory Season Epidemiology
### Summary of key respiratory metrics: September 11

<table>
<thead>
<tr>
<th>VWA = versus week ago</th>
<th>COVID-19</th>
<th>Influenza A / B</th>
<th>RSV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed cases / positive tests*</td>
<td>1571</td>
<td>+0.2% VWA</td>
<td>20 / 6</td>
</tr>
<tr>
<td>% positivity</td>
<td>12.3%</td>
<td>+0.5pts VWA</td>
<td>0.4% / 0.1%</td>
</tr>
<tr>
<td>Wastewater increase</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weekly confirmed hospital outbreaks</td>
<td>16</td>
<td>-6 VWA / -27% VWA</td>
<td>0</td>
</tr>
<tr>
<td>Weekly confirmed long-term care outbreaks</td>
<td>24</td>
<td>-4 VWA / -14% VWA</td>
<td>0</td>
</tr>
<tr>
<td>New hospital admissions</td>
<td>Total</td>
<td>317</td>
<td>-1% VWA</td>
</tr>
<tr>
<td>(last 7-day total)</td>
<td>60+</td>
<td>268</td>
<td>+3% VWA</td>
</tr>
<tr>
<td>0-17</td>
<td>11</td>
<td>-15% VWA</td>
<td></td>
</tr>
<tr>
<td>Confirmed cases in hospital</td>
<td>Total</td>
<td>562</td>
<td>+4% VWA</td>
</tr>
<tr>
<td>(weekly average)</td>
<td>65+</td>
<td>60+: 468</td>
<td>+6% VWA</td>
</tr>
<tr>
<td>0-17</td>
<td>8</td>
<td>+32% VWA</td>
<td>1</td>
</tr>
<tr>
<td>Patients in ICU</td>
<td>Total</td>
<td>31</td>
<td>+55% VWA</td>
</tr>
<tr>
<td>(as of day measured)</td>
<td>65+</td>
<td>To come</td>
<td></td>
</tr>
<tr>
<td>0-17</td>
<td>1</td>
<td>n/c VWA</td>
<td></td>
</tr>
</tbody>
</table>

* COVID-19 cases are based on information extracted from Public Health Case and Contact Management solution by PHO for all PHUs. * Influenza is based on information reported in iPHIS. RSV shows positive lab tests sourced from PHAC Centre for Immunization and Respiratory Infectious Disease Tables as specific case counts are not available. Case counts are subject to varying degrees of underreporting and may be an underestimate of true number of individuals with the disease. Trended data should be interpreted with caution. See appendix for all other sources.
Viral Burden Indicators Expanded

**COVID-19: % Positivity (to Sep 2)**

- % positivity 2021/22
- % positivity 2022/23
- % positivity 2023/24

**Influenza A+B: % Positivity (to Sep 2)**

- A % positivity 2021/22
- A % positivity 2022/23
- A % positivity 2023/24
- B % positivity 2021/22
- B % positivity 2022/23
- B % positivity 2023/24

**RSV: % Positivity (to Sep 2)**

- % positivity 2021/22
- % positivity 2022/23
- % positivity 2023/24

**COVID-19 Wastewater Signal in Ontario (to Sep 1)**

**COVID-19 hospitalizations in Ontario (to Sep 2)**

**Weekly Confirmed Hospital COVID-19 Outbreaks (to Sep 2)**

- 2021/22
- 2022/23
- 2023/24

**Weekly Confirmed LTC COVID-19 Outbreaks (to Sep 2)**

- 2021/22
- 2022/23
- 2023/24
Health System Impacts Indicators:
ACES ED respiratory-related complaints volume data (to Sep 6 12:00am)

7-Day Moving Average - Pandemic (2020+)
vs. Pre-Pandemic Historical (2015-2019)* for:

Ontario Health Region
All

Date Range
1/1/2023
0/6/2023

Source: ACES

*Not all hospitals have historic data from 2015.
Figure 1. Percentage of COVID-19 cases by the most prevalent lineages and week, representative surveillance, Ontario, August 28, 2022 to August 26, 2023.
BA.2.86 mutations on Wuhan-Hu-1 spike (shown as colored spheres on a protomer)

RBD mutations relative to Wuhan-Hu-1

<table>
<thead>
<tr>
<th></th>
<th>I</th>
<th>G</th>
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<th>K</th>
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<tr>
<td>XBB.1.5</td>
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<td>XBB.1.16</td>
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<td>XBB.2.3.2</td>
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<td>EG.5.1</td>
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<tr>
<td>FL.1.5.1</td>
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</tbody>
</table>

Legend:
- **RBD**: Region of Interest
- **NTD**: N-terminal Domain
- **Others**: Other regions
Ensuring that foundational IPAC practices are in place:

- Hand hygiene
  - Staff perform HH as indicated; ABHR not expired; ABHR at point of care
- Environmental cleaning
  - Process in place for cleaning after each patient interaction; ensuring staff trained in how to clean and how to use the product (contact time, application)
- Screening for ARIs (acute respiratory illness) and other communicable diseases
  - Process for screening patients (active and/or passive); process to manage symptomatic patients
- Performing a point of care risk assessment (PCRA)
  - Staff knowledgeable about performing a PCRA; access to appropriate PPE; adherence to donning and doffing sequencing and technique
### Additional Precautions

**Infection Prevention and Control for Clinical Office Practice | April 2015**

<table>
<thead>
<tr>
<th>CONTACT PRECAUTIONS</th>
<th>DROPLET PRECAUTIONS</th>
<th>AIRBORNE PRECAUTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>For patients with:</strong></td>
<td><strong>For patients with:</strong></td>
<td><strong>For patients with:</strong></td>
</tr>
<tr>
<td>- Antibiotic-resistant organisms (e.g., MRSA infection)</td>
<td>- Pertussis</td>
<td>- Pulmonary tuberculosis</td>
</tr>
<tr>
<td>- Acute vomiting and/or diarrhea</td>
<td>- Mumps</td>
<td>- Measles</td>
</tr>
<tr>
<td>- Uncontained drainage</td>
<td>- Rubella</td>
<td>- Chickenpox</td>
</tr>
<tr>
<td>- Conjunctivitis</td>
<td>- Meningitis, etiology unknown and meningococcal</td>
<td></td>
</tr>
<tr>
<td><strong>Patient Identification and Management</strong></td>
<td><strong>Patient Identification and Management</strong></td>
<td><strong>Patient Identification and Management</strong></td>
</tr>
<tr>
<td>- Identify at triage</td>
<td>- Identify at triage</td>
<td>- Identify at triage</td>
</tr>
<tr>
<td>- Separate symptomatic patients from other patients in waiting room or triage into a single room</td>
<td>- Surgical mask for patient</td>
<td>- Surgical mask for patient</td>
</tr>
<tr>
<td></td>
<td>- Triage into single room</td>
<td>- Triage into single room with door (closed) – open window in room, if applicable</td>
</tr>
<tr>
<td></td>
<td>- Respiratory etiquette</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Post alert at entrance to room, if available</td>
<td>- Place alert at entrance to room, if available</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HCW Response</strong></td>
<td><strong>HCW Response</strong></td>
<td><strong>HCW Response</strong></td>
</tr>
<tr>
<td>- Hand hygiene</td>
<td>- Hand hygiene</td>
<td>- Hand hygiene</td>
</tr>
<tr>
<td>- Gloves for any contact</td>
<td>- Surgical face mask and eye protection for any contact</td>
<td>- N95 respirator if patient has suspected or confirmed pulmonary tuberculosis</td>
</tr>
<tr>
<td>- Gown, if soiling is likely</td>
<td>- Clean and disinfect equipment and surfaces that the patient contacted with a low-level disinfectant after patient leaves</td>
<td>- Respirator not required for chickenpox/measles if HCW is immune. Only immune staff to provide care</td>
</tr>
<tr>
<td></td>
<td>- Clean and disinfect equipment and surfaces that the patient contacted with a low-level disinfectant after patient leaves</td>
<td></td>
</tr>
</tbody>
</table>

*Figure 22: Examples of Additional Precautions (based on mode of transmission)*
IPAC Resources

Public Health Ontario

• IPAC Landing page for resources
• On-line learning modules (IPAC Core Competencies)
• PPE signage / videos for technique and sequencing
• IPAC Best Practices for Clinical Office Practice
• IPAC checklist for Clinical Office Practice
• Risk algorithm for guide PPE Use
• IPAC@oahpp.ca

Your local PHU
Vaccination
2023–24 COVID-19 Vaccination and Universal Influenza Immunization Program (UIIP)

As soon as vaccine is available, starting towards the end of September, the initial doses will be prioritized for:

• Hospitalized individuals and hospital staff,
• Long-Term Care Home and Elder Care Lodge residents, staff, and caregivers

Vaccines will continue to be distributed, as they become available, to participating retirement homes, other congregate living settings, pharmacies, primary care providers and other providers for the immunization of:

• Individuals at high-risk for influenza/COVID-19 related complications or hospitalization:
  • Residents and staff of congregate living settings (e.g., chronic care facilities, retirement homes)
  • Pregnant individuals
  • People ≥ 65 years of age
  • All children 6 months to 4 years of age (based on influenza risk)
  • Individuals who are from a First Nation, Inuit or Métis community, and/or who self-identify as First Nation, Inuit, or Métis, and their household members
  • Individuals 6 months of age and older with underlying health conditions per NACI (Influenza & COVID-19)
  • Members of racialized and other equity deserving communities
2023-24 Launch: High-Risk Roll-Out

End of Sep to early-Oct
- Hospitals
- LTCHs
- Staff & caregivers

As soon as vaccine is available
Individuals at high-risk for flu/COVID related complications or hospitalization* and health care workers/first responders

October 30, 2023
General Population

*Individuals at high-risk for flu/COVID related complications or hospitalization.
## Moderna XBB.1.5 Monovalent Vaccine

| Age Range              | COVID-19 Vaccination History | Presenta\n|tion | 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, 4 weeks apart | 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 |
**NAb Profile**

- 50μg mRNA-1273.815, robust nAb titers (~8-11 fold rise over pre-boost) were seen against XBB.1.5, XBB.1.16, XBB.2.3.2, EG.5.1, FL.1.5.1, BA.2.86, 2wks post boost.
- Titers against all the currently circulating variants tested were similar.
- 50μg mRNA-1273.815 still gave a moderate increase in NAb titer against D614G & BA.4/BA.5.

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Subset analysis, n=20
- n=10 with no prior infection, n=10 with prior infection

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Chalkias S, et al. Safety and Immunogenicity of XBB.1.5-Containing mRNA Vaccine.
[https://www.medrxiv.org/content/10.1101/2023.08.22.23293434v2.full.pdf](https://www.medrxiv.org/content/10.1101/2023.08.22.23293434v2.full.pdf)
## 2023-24 UIIP Product Mix

<table>
<thead>
<tr>
<th>Vaccine Name</th>
<th>Manufacturer</th>
<th>Format</th>
<th>Dose</th>
<th>Dose Volume</th>
<th>Age Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>FluLaval Tetra</td>
<td>GSK</td>
<td>MDV</td>
<td>15 mcg each strain</td>
<td>0.5 mL</td>
<td>≥ 6 months</td>
</tr>
<tr>
<td>Fluzone Quadrivalent</td>
<td>Sanofi</td>
<td>MDV/PFS</td>
<td>15 mcg each strain</td>
<td>0.5 mL</td>
<td>≥ 6 months</td>
</tr>
<tr>
<td>Fluzone High-Dose Quadrivalent</td>
<td>Sanofi</td>
<td>PFS</td>
<td>60 mcg each strain</td>
<td>0.7 mL</td>
<td>≥ 65 years</td>
</tr>
<tr>
<td>Fluad</td>
<td>Seqirus</td>
<td>PFS</td>
<td>15 mcg each strain</td>
<td>0.5 mL</td>
<td>≥ 65 years</td>
</tr>
</tbody>
</table>

MDV - Multi-dose vial
PFS - Pre-filled syringe
<table>
<thead>
<tr>
<th>Influenza type/Target group</th>
<th>Influenza test-positive case-patients*</th>
<th>Influenza test-negative control patients</th>
<th>Vaccine effectiveness†</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total 1880</td>
<td>Total 526</td>
<td>Unadjusted % (95% CI)</td>
</tr>
<tr>
<td>Influenza A and B</td>
<td>Total 900</td>
<td>Total 138</td>
<td>53.3 (42.4 to 62.4)</td>
</tr>
<tr>
<td>Older adults</td>
<td>583</td>
<td>526</td>
<td>50.8 (34.1 to 63.3)</td>
</tr>
<tr>
<td>Children</td>
<td>1,048</td>
<td>286</td>
<td>74.0 (57.3 to 85.0)</td>
</tr>
<tr>
<td>Persons with preexisting conditions</td>
<td>249</td>
<td>64 (25.7)</td>
<td>42.7 (0.3 to 67.8)</td>
</tr>
<tr>
<td>Influenza A/H1N1</td>
<td>Total 668</td>
<td>Total 102</td>
<td>53.6 (41.2 to 63.6)</td>
</tr>
<tr>
<td>Older adults</td>
<td>583</td>
<td>176</td>
<td>54.0 (36.6 to 66.8)</td>
</tr>
<tr>
<td>Children</td>
<td>1,048</td>
<td>286</td>
<td>75.8 (52.9 to 88.9)</td>
</tr>
<tr>
<td>Persons with preexisting conditions</td>
<td>249</td>
<td>64 (25.7)</td>
<td>38.9 (−7.6 to 66.1)</td>
</tr>
</tbody>
</table>

RSV

- Ontario is also rolling out the first publicly funded RSV vaccination program for those 60 years and older residing in long-term care homes, Elder Care Lodges, and in some retirement homes.

- New changes will also allow pharmacists to soon be able to administer the world’s first RSV vaccine, Arexvy, to patients 60 years and older on the private market.

- For infants Pavilizumab remains available through the Respiratory Syncytial Virus Prophylaxis for High-Risk Infants Program.
<table>
<thead>
<tr>
<th>Characteristic</th>
<th>RSVpreF3-AS01E (GSK)/Arexvy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Canada Authorization</td>
<td>Authorized for use as of August 4, 2023</td>
</tr>
<tr>
<td>Approved/anticipated indication(s)</td>
<td>Adults ≥ 60 years</td>
</tr>
<tr>
<td>Antigen Component</td>
<td>Pre-fusion RSV F glycoprotein</td>
</tr>
<tr>
<td>Adjuvant</td>
<td>AS01E</td>
</tr>
<tr>
<td>Preservatives</td>
<td>None</td>
</tr>
<tr>
<td>Packaging</td>
<td>Single dose or 10-pack of single dose kits</td>
</tr>
<tr>
<td>Preparation</td>
<td>Lyophilized antigen component reconstituted with liquid adjuvant component</td>
</tr>
<tr>
<td>Dosage</td>
<td>0.5 mL volume (120 mcg dose): 120 mcg RSVpreF3</td>
</tr>
<tr>
<td>Route of Administration</td>
<td>Intramuscular injection</td>
</tr>
<tr>
<td>Storage and handling</td>
<td>Antigen and adjuvant components should be refrigerated (2 – 8°C) in original container, protected from light</td>
</tr>
<tr>
<td>Shelf life</td>
<td>Reconstituted product may be refrigerated or stored at room temperature and used within 4 hours. Any unused product should be discarded.</td>
</tr>
</tbody>
</table>

Overview of Antiviral Treatment

- Two medications available for outpatients/patients in the community – oral nirmatrelvir/ritonavir (Paxlovid™) and intravenous (IV) remdesivir (Veklury™)

- Should be strongly considered for individuals who have COVID-19 symptoms (not requiring hospitalization) and a positive SARS-CoV-2 test (based on positive PCR, rapid molecular, or rapid antigen test result), and are high risk of severe outcomes.

- Patients present within 5 to 7 days of symptom onset (depending on the treatment).

- Individuals at high risk include:
  - 60 years of age or older
  - Adults who are immunocompromised regardless of age/prior infections/vaccine status
  - Adults with one or more underlying medical conditions (such as diabetes, heart or lung disease), or
  - Adults who are unvaccinated or under-vaccinated (e.g.,
    - not receiving a full primary series of the COVID-19 vaccine or
    - having received a full primary series but no COVID-19 vaccine or infection in past 6 months)

*Consult NACI for the latest COVID-19 recommendations to determine if...*
**Nirmatrelvir and ritonavir (Paxlovid™) – oral treatment**

**Recommendation from Ontario Health**

- Paxlovid is the preferred first-line treatment for high-risk outpatients with mild to moderate symptoms and a positive COVID-19 test, who are within five (5) days of symptom onset.

**Requires careful risk assessment and collaboration with pharmacist and/or specialist (e.g., transplant, oncology) to assess for contraindications and manage drug interactions.**

**How to access**

- Can be dispensed at most community pharmacies. No cost to patients and no health card required.

- MD/NP prescriptions can be logged with pharmacy in advance (consult with pharmacist).

- Pharmacists can also prescribe Paxlovid (since December 2022).

**Evidence**

- At least 18 studies published since HR-EPIC trial support effectiveness of Paxlovid in reducing hospitalization/death across varied high-risk patient groups, including vaccinated individuals. An Ontario study conducted April-August
Remdesivir (Veklury™) – parenteral/intravenous treatment

Recommendation from Ontario Health

- **Alternative to Paxlovid** for high-risk patients with positive test within seven (7) days of symptom onset

- Recommended for patients who cannot take Paxlovid due to a contraindication (medical contraindication or a drug interaction that cannot be safely managed) or > 5 days after symptom onset.

How to access

- Via Home and Community Care Support Services (HCCSS)

- Delivered at community nursing clinics (or at patient’s home in exceptional circumstances).

- MD/NPs can prescribe by sending referral and treatment forms to local HCCSS branch.

- Additional outpatient pathways may be available through hospitals in some regions.

Evidence
Important reminders for patient selection

- Consider social determinants of health: Individuals who are at a higher risk of poor outcomes from COVID-19 based on social determinants of health should be considered priority populations for access to antivirals. Individuals at high risk include Indigenous people, Black people and other members of racialized communities, individuals with intellectual, developmental, or cognitive disability, and people who use substances, live with mental health conditions, or are underhoused.

- Solid organ transplant patients should have their transplant team involved in a decision to initiate antivirals.

- Eligibility ultimately is based on the prescriber’s clinical discretion. Prescribers must determine whether adopting suggested information is clinically appropriate for individual patients through a risk-benefit assessment. There are limitations to the current evidence.
Resources for primary care providers

- Ontario Health’s COVID-19 Therapeutics Interim Working Group released recommendations on Paxlovid in December 2022.

- Ontario Health’s new Infectious Diseases Advisory Committee has developed clinical recommendations on the outpatient use of intravenous remdesivir in adults. Ontario Health will be releasing guidance on outpatient use of remdesivir IV treatment (to be released in September) including advice on how to identify high risk patients.
  - Intended update/replace previous clinical guidance prepared by the Ontario Science Table.

- Resources for health care providers, including detailed information and forms on accessing Remdesivir, available on Ontario Health’s website: https://www.ontariohealth.ca/providing-health-care/clinical-resources-education/covid-19/treatment
Antiviral Medications for Seasonal Influenza

- An updated version of Antiviral Medications for Seasonal Influenza: Public Health Considerations is planned for release in mid-September.

- AMMI recommends early empiric antiviral treatment for seasonal influenza based on an individual’s clinical presentation and their risk factors for developing complications.

- Specifically, when influenza is circulating in the community, AMMI recommends influenza antivirals be used to treat adults and children with influenza-like illness (ILI) who:
  - Are at higher risk of complications of influenza; OR
  - Have severe, complicated, or progressive illness; OR
  - Are hospitalized

- Antiviral medications work best if administered within 48 hours of symptom onset. Therefore, when influenza is circulating in the community, antiviral treatment should be started as soon as possible without waiting for laboratory-confirmation of influenza.
Testing
COVID-19 Testing: Fall Preparedness Current Status

- **Molecular Testing:**
  - Publicly-funded PCR testing: Available to eligible individuals across Ontario at participating community labs and pharmacies, and at remaining clinical assessment centres.
    - 504 pharmacies currently offer testing
    - 30 assessment centres have been extended through end of FY23-24
    - Individuals can use a PCR testing locator tool to find their nearest testing location.
  - Rapid Molecular Testing: There are currently 134 active ID NOW sites offering testing. A total of 86 sites are in the North region offering access to molecular testing in areas without easy access to lab-based testing.

- **Rapid Antigen Testing:**
  - Public Access: As of July 1, 2023, Public Health Units (PHUs) were invited to order RATs to distribute to their local communities.
  - Patient Distribution: In September, healthcare providers (including physicians, pharmacists, and other healthcare providers e.g. allied health professionals, including physiotherapists, etc.) will be invited to order RATs to distribute to their patients.
    - For those already enrolled in PASP, RATs for patient distribution can be ordered through existing channels (PPE Supply Portal).
    - If not yet enrolled in PASP, healthcare providers must first enroll in PASP via the Ontario Together Portal, and then they can proceed with ordering RATs via the PPE Supply Portal to distribute to patients and/or employees.
Supporting Family Doctors Through Respiratory Illness Season

Fall 2023
Supporting Family Doctors Through Respiratory Illness Season

Working with partners, OCFP has created tools and resources for family doctors and patients including:

- A checklist for your clinic to prepare for managing surge and IPAC;
- Information and updates you need on vaccines and antivirals;
- A screening tool for respiratory illness for your front office to ensure timely access to antivirals for high-risk patients;
- Patient education focusing on prevention, care that can be provided at home, and understanding risk;
- For the general public, we have tipsheets on knowing when and where to seek care.

*Respiratory Illness Season*

As your practice prepares for the 2023-2024 respiratory illness season, we’ve put together the information you need to help you safely provide care in your community.

*Information is current as of September 15, 2023*

Below is a checklist with a list of resources for family physicians and their patients that highlights the information found in each document.

[Download Checklist]

| Physician-Patient Discussions | + |
| Preventing the Spread of Respiratory Viruses in Patient Care Areas of Your Clinic | + |
| COVID-19 testing and antiviral treatments for COVID-19 and influenza | + |
| Vaccines Update | + |
| IPAC Recommendations | + |
Supporting Family Doctors Through Respiratory Illness Season

• Family doctors told us that you need more education and information to share with patients.
• We have compiled information that can be shared with patients, including:
  • Staying up to date on vaccines.
  • The need to plan ahead for those who are high-risk.
  • Managing respiratory illnesses at home.
Where To Find Resources

- Today’s President’s Message
- Website
- Social Media
- News Media

Respiratory Illness Season Tools and Resources

This respiratory illness season, the OCFP is sharing tools and resources to help family doctors and patients.

Respiratory Illness Tools and Resources
Find current information on vaccines, IPAC reminders, planning for high-risk groups to access antivirals, and patient education on caring for illness at home.

Tools and Resources for Family Doctors

Screening Tool
This tool will help you screen patients for respiratory symptoms to ensure high-risk patients have timely access to antiviral treatments.

Screening for Symptoms of Respiratory Illness

Patient Education
Share these tips and resources on vaccines, antivirals and when and where to seek care.

Tools for Patients
• Canada-wide study evaluating effectiveness of COVID-19 medications
• By primary care providers, for primary care providers
• Eligible: Adults with a positive COVID test, aged 50+ years or 18-49 years with one or more chronic condition(s)
• Compensation provided
• To refer your patients (patients may self-refer):
  o Self-screening form: https://cantreatcovid.org/
  o Phone: 1-888-888-3308 (Monday - Friday, 8 am to 6 pm ET)
  o Email: info@CanTreatCOVID.org
  o Website: CanTreatCOVID.org/contact
• More information:
  o FAQs: https://www.dfcm.utoronto.ca/sites/default/files/inline-files/CanTreatCOVID%20Study%20Info%20FAQ.pdf
Wondering if you should get boosted this Fall?

What if I recently had Covid?
Is the booster Omicron-specific?
What about boosters for my kids?

Our doctors are here to answer your vaccine questions.

I can help. Let’s talk.

Our VaxFacts Clinic will connect you with qualified doctors who understand that you may have questions or are looking for more information about COVID-19 vaccines. They are ready to talk, listen and help you get the facts.

Schedule a one-to-one phone conversation.
BOOK ONLINE
shn.ca/VaxFacts

Questions about your health?
Speak with an expert physician!

Our trusted doctors are here to listen and answer your questions about:

VACCINES
Including COVID-19, RSV, flu, immunizations

CANCER SCREENING
For colon, breast and cervical

PREVENTATIVE HEALTH COUNSELLING
For topics such as infectious diseases, health risk factors, and community resources

Schedule a one-to-one phone conversation.
BOOK ONLINE:
shn.ca/VaxFacts
Call For Abstracts
Now Open!

We welcome abstracts on a broad spectrum of health topics relevant to family medicine.

Learn more & submit a proposal: https://www.ontariofamilyphysicians.ca/FMS2024

Questions? Contact us at fms@ocfp.on.ca

Submission deadline: September 22, 2023
REGISTRATION NOW OPEN!

Live - stream days on January 26 & 27, 2024

- Learn and earn credits through a dynamic, virtual experience
- Hear from thought-provoking speakers
- Connect and network with your community
- Save with early bird pricing

Learn more about keynotes and register today: http://www.ocfpsummit.ca

Contact us at fms@ocfp.on.ca
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: October 6, 2023

Contact us: ocfpcme@ocfp.on.ca

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

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

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