



COVID-19 Update for Primary Care

TOWN HALL

Hear the latest on:

- Isolation protocols for patients, healthcare workers
- Occupational Health - symptomatic staff and families?
- Vaccination for staff/patients, including boosters
- PPE/Infection prevention and control
- And more!

Thursday, January 13, 2022
7:00-8:30 PM

Register in advance:
<https://tinyurl.com/bdfzcbzt>



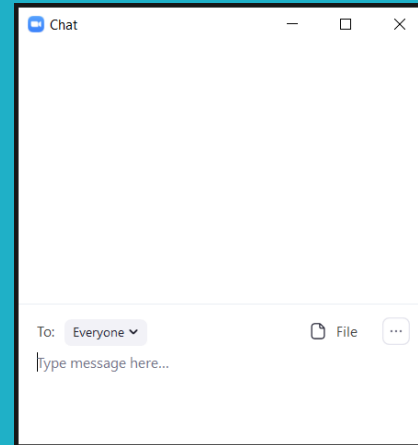
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QR CODE:

Technical Overview

- Please remain on mute during the presentations.
- If you have any comments or questions please use the CHAT BOX.
- There will be opportunities for Q&A after the presentation and during
- This event is being recorded and will be posted on the LMPCA website.

Welcome and thank you for joining us!

Please let us know who you
are by introducing yourself in
the CHAT BOX!





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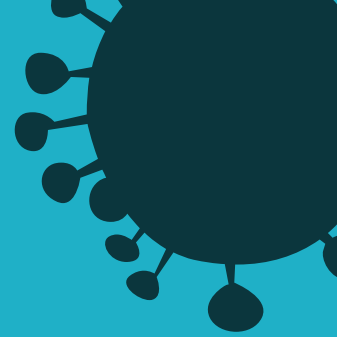
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Welcome

Nour Al Farawi, NP

LONDON MIDDLESEX PRIMARY CARE ALLIANCE

MEET OUR EXECUTIVE COUNCIL 2021-2022



Nour Al Farawi, NP



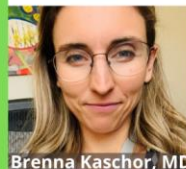
Julie Clarke, MD



Cathy Faulds, MD



Jessica
Hunter-Orange, MD



Brenna Kaschor, MD



Ken Lee, MD



Scott McKay, MD



Vineet Nair, MD



Dan Pepe, MD



Gord Schacter, MD



Phil Vandewalle, MD



Stephen Wetmore, MD

Administration Support

Janet Dang
Transformation Lead



Drina Silva
Communications Lead



IPAC AND PPE USE



Ministry of Health

Office of Chief Medical Officer of
Health, Public Health
Box 12,
Toronto, ON M7A 1N3

Tel.: 416 212-3831
Fax: 416 325-8412

Ministère de la Santé

Bureau du médecin hygiéniste en
chef, santé publique
Boîte à lettres 12
Toronto, ON M7A 1N3

Date: January 4, 2022

MEMORANDUM

TO: Medical Officers of Health and Associate Medical Officers of Health
Hospital CEOs
Provincial Pregnancy Stakeholders (Provincial Council for Maternal and
Child Health, Society of Obstetricians and Gynaecologists of Canada,
Association of Ontario Midwives, College of Midwives, Better Outcomes and
Registry Network)
Sarah Hobbs, Alliance for Healthier Communities
Kavita Mehta, Association of Family Health Teams of Ontario
Caroline Lidstone-Jones, Indigenous Primary Health Care Council
Katie Hogue, Nurse Practitioner-Led Clinic Association
Kim Moran, Ontario College of Family Physicians
Allie Kinnaird, Section of General and Family Practice-OMA
Allan O'Dette, Ontario Medical Association
Dr. Jim Wright, Ontario Medical Association
Justin Bates, Ontario Pharmacists Association
Sandra Hanna, Neighbourhood Pharmacy Association of Canada

RE: *Prioritization of booster vaccines in pregnancy*

As the Omicron variant is spreading rapidly in Ontario, we have accelerated the roll out of booster doses of COVID-19 vaccine to adults aged 18 years and older who are now eligible to receive their booster three months after their primary series.

Pregnant women are recommended to receive COVID-19 vaccine and are also recommended to receive a booster dose. Pregnant women in Ontario are also eligible to receive their booster dose at three months after their last dose. We know that vaccine uptake among pregnant women is not as high as in other populations, despite their risk for severe illness if infected with COVID-19.

We are asking clinicians caring for pregnant women to **strongly encourage** their patients to get vaccinated, including their booster dose to prevent risk of severe outcomes with Omicron.

.../2

-2-

We are also asking vaccine clinics in primary care and acute care to prioritize appointments for pregnant women to facilitate their timely receipt of their booster vaccine due to the current epidemiology in the province.

Additional information and resources on [COVID-19 vaccines in pregnancy](#) is available on the Government of Ontario website.

As always, thank you for your ongoing support to keep Ontarians safe.

Sincerely,



Kieran Michael Moore, MD, CCFP(EM), FCFP, MPH, DTM&H, FRCPC, FCAHS
Chief Medical Officer of Health



Table 2: Rationale and Options for Vaccine Type and Dose offered for COVID-19 Vaccine Booster Doses in Certain Populations

Population	Vaccine type (and dose) for booster doses which may be preferred	Rationale or additional considerations
<ul style="list-style-type: none"> 18 to 29 year olds 	Pfizer-BioNTech (30 mcg).	Lower reported rates of myocarditis/pericarditis following vaccination with Pfizer-BioNTech (30 mcg) compared to Moderna (100 mcg) (based on second dose data).
<ul style="list-style-type: none"> ≥70 year olds Residents of long-term care homes, retirement homes or seniors in other congregate settings Moderately to severely immunocompromised adults (for 3rd dose as part of the primary series) 	<p>Either Moderna or Pfizer-BioNTech (30mcg) may be considered.</p> <p>If Moderna vaccine is being used as the booster product, a 100 mcg dose may be preferred, based on clinical discretion.</p>	Moderna (100 mcg) induces somewhat higher antibody levels compared to Pfizer-BioNTech (30 mcg). Protection (against infection and severe disease) from a primary series with Moderna (100 mcg) may be more durable than Pfizer (30mcg). These populations may have less robust immune function (elderly) or a diminished immune response to the vaccine (some immunocompromised individuals). It is possible that Moderna (100 mcg) may induce a better immune response than Moderna (50 mcg).

Population	Vaccine type (and dose) for booster doses which may be preferred	Rationale or additional considerations
<ul style="list-style-type: none"> For all other populations in whom booster doses are recommended that have not been specified above. 	Either Moderna (50 mcg) or Pfizer-BioNTech (30 mcg) are suitable products as a booster dose.	Authorized as booster doses by Health Canada

https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_vaccine_third_dose_recommendations.pdf

Western OHT's free N95 Mask Fit Testing Clinics

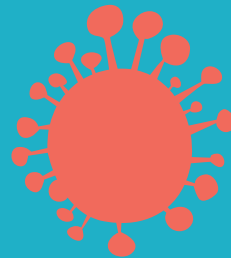


The Western Ontario Health Team is hosting free N95 mask fit testing clinics. These are available to any healthcare provider who is currently providing direct, in-person service. These clinics will be testing participants with the most readily available masks.

Where: Thames Valley Family Health Team support office, 6-1385 North Routledge Park in London. Parking is free.

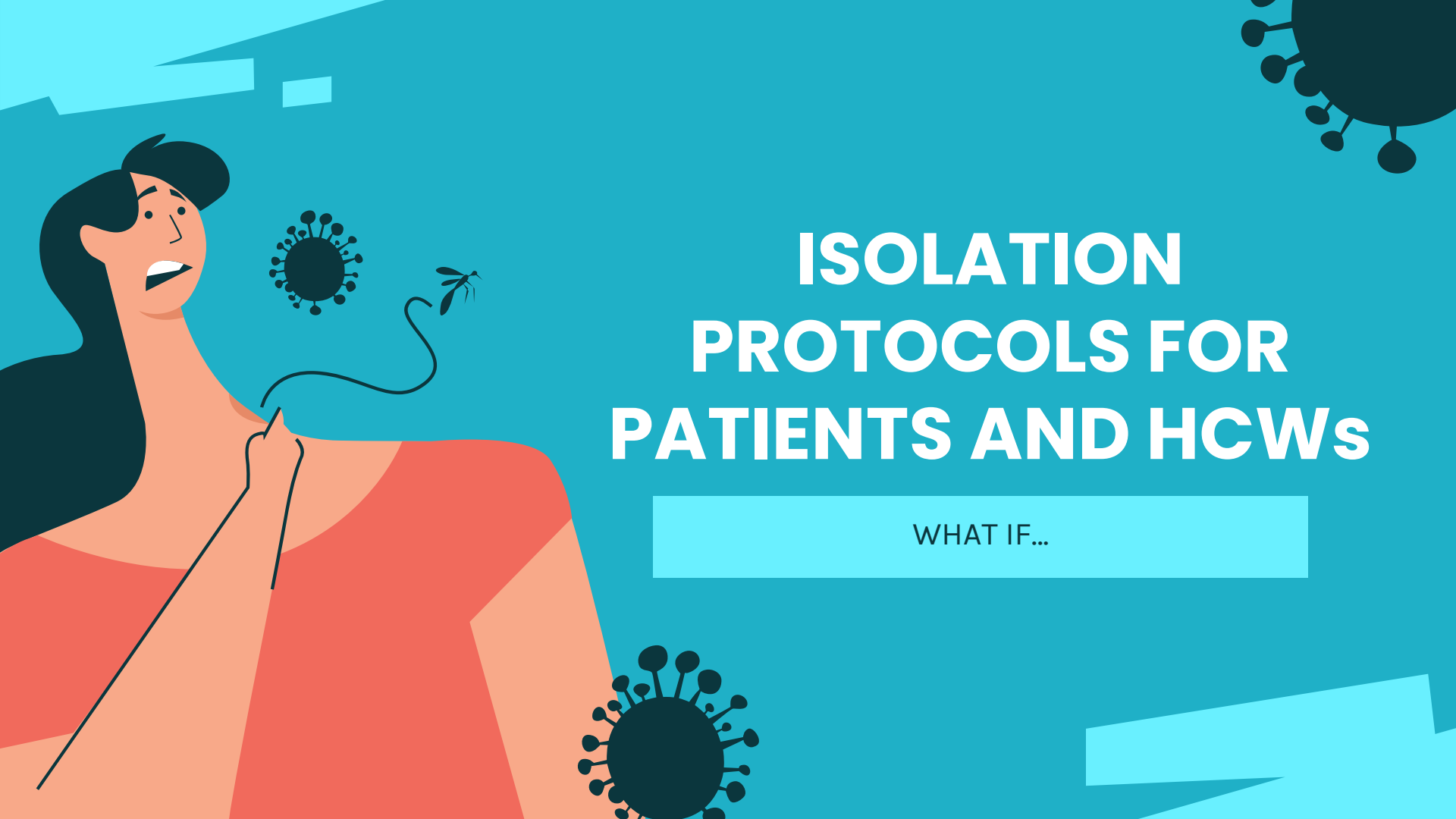
When: January 19, 20, 26, 27, February 2, 3; each of those days from 2:00 PM – 8:30 PM

How to book: Contact Lauren Watterton at lauren.watterton@lhsc.on.ca or by phone at 226-236-4722, with your name, email/phone number, role & organization, and preferred date and time range.



VACCINATION





ISOLATION PROTOCOLS FOR PATIENTS AND HCWs

WHAT IF...



You know 10 years from now there is going to be a standardized test with a math problem that says “ If Matt was exposed to Covid on Tuesday and had no symptoms four days later and he got it from Susie who caught it at a party three days before Matt and tested positive five days later, how likely is Matt’s little brother going to test positive on an antigen test if he tests two days after Matt tests positive?”



SCENARIO 1:

Dr. J is fully vaccinated and runs a family practice and is asymptomatic but her 4 year old daughter has developed a runny nose and low grade fever. Does Dr. J have to isolate? If so, when can she return to work?



Do you have symptoms of COVID-19?

If you are feeling unwell, take the [COVID-19 Self-Assessment](#) to determine if you have symptoms of COVID-19 and need to [self-isolate](#). If you have symptoms, assume that you are positive for COVID-19 and follow the following self-isolation requirements which apply to you.

Do you live or work in a high-risk setting?

If you live or work in a [high-risk setting](#), please review additional information [here](#).

If you are fully vaccinated or a child under the age of 12:

Self-isolate for 5 days after the start of your symptoms.

You can stop self-isolating after the five days **ONLY** if you have no fever and your symptoms have been improving for at least 24 hours and you follow all public health measures, e.g. masking, physical distancing.

Everyone you live with must self-isolate at the same time as you, regardless of their vaccination status.

Inform your [close contacts](#) that they have been exposed to COVID-19 and should follow the requirements for close contacts.

If you are unvaccinated, partially vaccinated, or immunocompromised:

Self-isolate for 10 days after the start of your symptoms.

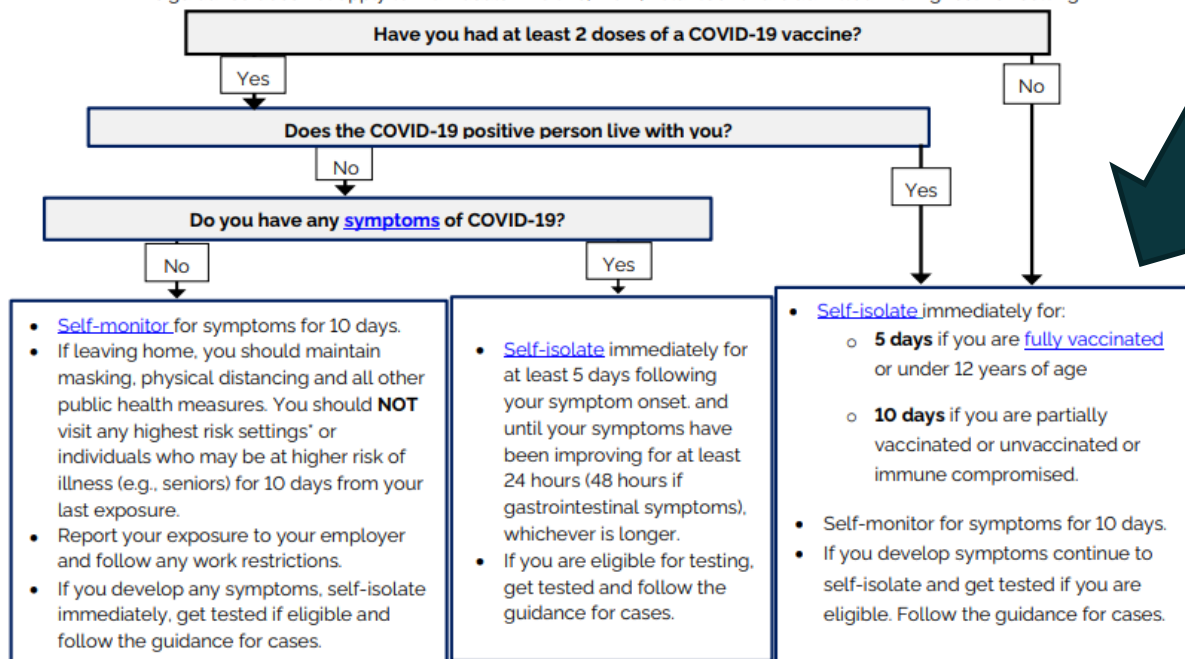
You can stop self-isolating after 10 days **ONLY** if you have no fever and your symptoms have been improving for at least 24 hours and you follow all public health measures, e.g. masking, physical distancing.

Everyone you live with must self-isolate at the same time as you, regardless of their vaccination status.

Inform your close contacts that they have been exposed to COVID-19 and should follow the requirements for close contacts.

You've been exposed to someone who has tested positive for COVID-19 on PCR, rapid molecular, or rapid antigen test. Now what?

This guidance does not apply to individuals who live, work, volunteer or are admitted in a highest risk setting*

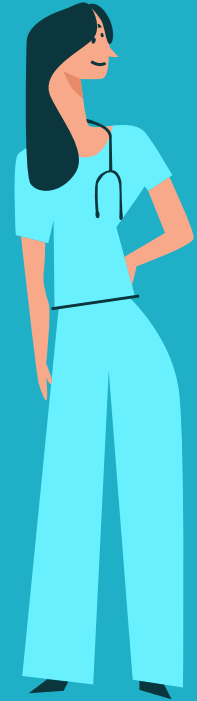


*Highest risk settings include hospitals, Long-Term Care, retirement homes, health care workers providing care to immunocompromised, congregate living settings

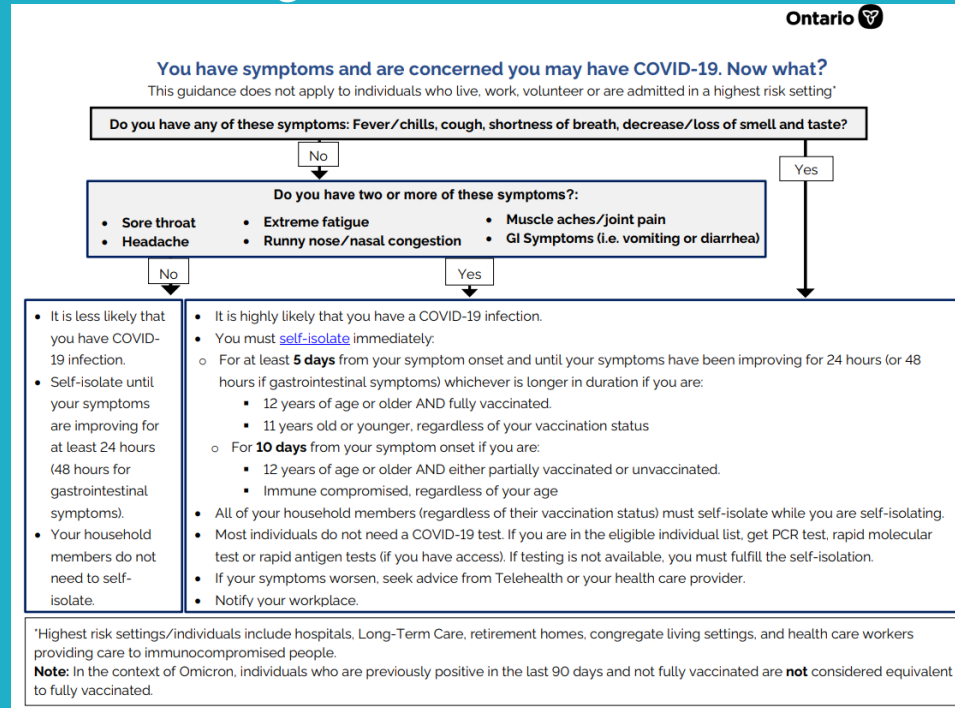
Note: In the context of Omicron, individuals who are previously positive in the last 90 days and not fully vaccinated are **not** considered equivalent to fully vaccinated.

SCENARIO 1 CONTINUED:

- ❑ ...WHAT IF Dr. J develops symptoms 3 days into her isolation? Does she need to restart her isolation? If so for how long?
- ❑ ... WHAT IF 1 week later Dr. J's partner develops COVID/or has symptoms - Does Dr. J need to isolate again?
- ❑ ...WHAT IF Dr. J's daughter did not have a fever, but only had a runny nose and was otherwise well, do Dr. J or her daughter need to isolate?



- ❑ ...WHAT IF Dr. J develops symptoms 3 days into her isolation? Does she need to restart her isolation? If so for how long? - **DR SUMMERS SAYS....YES RESTART**
- ❑ ... WHAT IF 1 week later Dr. J's partner develops COVID/or has symptoms - Does Dr. J need to isolate again? - **LETS DISCUSS**
- ❑ ...WHAT IF Dr. J's daughter did not have a fever, but only had a runny nose and was otherwise well, do Dr. J or her daughter need to isolate?



EX IF HCP HAD
SORE THROAT

SCENARIO 2:

Joe is a medical office assistant in a family practice and is fully vaccinated. He has started to experience symptoms. He goes home to start his isolation period of 5 days. Do the rest of the staff at the clinic need to also isolate?



Are you a close contact of someone with COVID-19?

If someone informs you that they have COVID-19, either because they have symptoms or because they tested positive, and that you are a [close contact](#) and you don't live with the person who had COVID-19, follow the requirements which apply to you.

If you are fully vaccinated and are otherwise healthy, or are a child under the age of 12:	If you are unvaccinated, partially vaccinated, or immunocompromised:
Self-monitor for symptoms for 10 days after your last exposure to the person who has COVID-19	Self-isolate for 10 days after your last exposure to the person who has COVID-19, regardless of whether you have symptoms.
Wear a mask, practice physical distancing, and follow all other public health measures.	
Do not visit any high-risk settings or people who may be at higher risk of illness (e.g. seniors, individuals who are immunocompromised) for 10 days after your last exposure to the person who has COVID-19. If you work, live, volunteer, or have been admitted in a high-risk setting, notify them of the exposure.	

Definitions

Close Contact

A close contact is someone with whom you were within two metres' distance for at least 15 minutes, or multiple shorter lengths of time, without personal protective equipment within the 48 hours before your symptoms started or you had your positive test, whichever came first.

Do not need to isolate, however consider if you fit the definition of close contact.

Scenario 3:

Your patient Nancy is booked for an in person appointment. Her partner tested positive for COVID 7 days prior and they have been self isolating. Nancy's husband still has symptoms but no fever and is feeling better the last day or so. Nancy is fully vaccinated and did not develop any symptoms. Is Nancy eligible to leave self-isolation at this time? SCREEN NEG IN OFFICE OR POS?



- ...What if Nancy was not vaccinated?
-Immunocompromised?
-What if her partner's symptoms have not improved by day 5, does she still need to self isolate?

- Your patient Nancy is booked for an in person appointment. Her partner tested positive for COVID 7 days prior and they have been self isolating. Nancy's husband still has symptoms but no fever and is feeling better the last day or so. Nancy is fully vaccinated and did not develop any symptoms. Is Nancy eligible to leave self-isolation at this time? **YES**
- ...What if Nancy was not vaccinated? **10 DAYS**
-Immunocompromised? **10 DAYS**
-What if her partner's symptoms have not improved by day 5, does she still need to self isolate? **YES**

If you are fully vaccinated or a child under the age of 12:	If you are unvaccinated, partially vaccinated, or immunocompromised:
Self-isolate for 5 days after the start of your symptoms.	Self-isolate for 10 days after the start of your symptoms.
You can stop self-isolating after the five days ONLY if you have <u>no fever</u> and your symptoms have been <u>improving</u> for at least 24 hours and you follow all public health measures, e.g. masking, physical distancing.	You can stop self-isolating after 10 days ONLY if you have no fever and your symptoms have been improving for at least 24 hours and you follow all public health measures, e.g. masking, physical distancing.
Everyone you live with must self-isolate at the same time as you, regardless of their vaccination status.	Everyone you live with must self-isolate at the same time as you, regardless of their vaccination status.
Inform your <u>close contacts</u> that they have been exposed to COVID-19 and should follow the requirements for close contacts.	Inform your close contacts that they have been exposed to COVID-19 and should follow the requirements for close contacts.

<https://www.healthunit.com/self-isolation#symptoms>

If you live with someone who is showing symptoms of COVID-19 or who tested positive for the virus

You must isolate yourself for the same length of time as the positive case, regardless of your vaccination status.

<https://covid-19.ontario.ca/exposed>

SCENARIO 4:

John is a vaccinated primary care provider and his wife Suzy tests positive for COVID. Her isolation period is 10 days (unvaccinated, or immunocompromised), is John's isolation period 10 days like Suzy or is it 5?

If you have symptoms of COVID-19

If you have symptoms of COVID-19, assume that you may have the virus and may be contagious.

Symptoms include:

- fever or chills
- cough
- shortness of breath
- decreased or loss of taste or smell
- two or more of:
 - runny nose or nasal congestion
 - headache
 - extreme fatigue
 - sore throat
 - muscle aches or joint pain
 - gastrointestinal symptoms (such as vomiting or diarrhea)

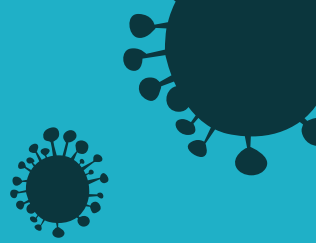
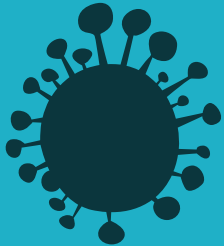
If you have symptoms, you and anyone you live with must isolate for five days if you are fully vaccinated and otherwise healthy, or are under 12 years of age.

You can end isolation after five days **only** if your symptoms have improved for at least 24 hours, and all public health and safety measures, such as masking and physical distancing, are followed. If your symptoms are not in the list above, stay home until you feel better for at least 24 hours (or 48 hours if the symptoms affect the digestive system).

If you are not fully vaccinated or are immunocompromised, you and anyone you live with must isolate for 10 days.



TESTING AND ASSESSMENT CENTRES



RAPID ANTIGEN TESTING



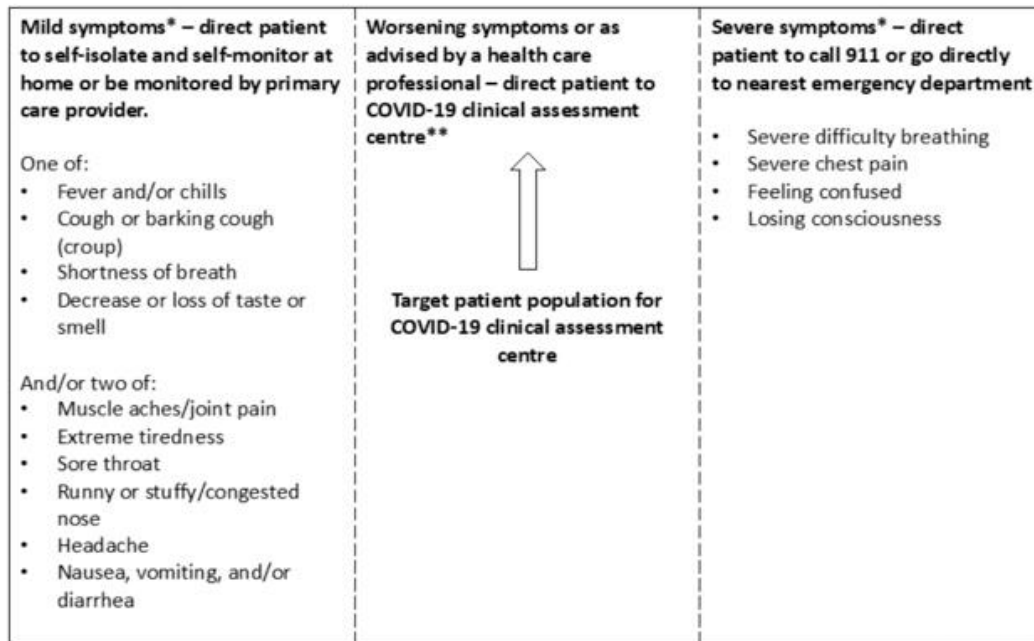
ASSESSMENT CENTRE UPDATES

(Dr. Gord Schacter)

COVID-19 clinical assessment centres (CACs)

Target population are those with known or suspected COVID-19 with worsening symptoms or advised by a health care professional that they require an assessment and diagnosis for their symptoms.

This is because their symptoms cannot be safely self-monitored at home, but they are also not experiencing severe symptoms that would require emergency care.



*The lists of mild and severe symptoms and direction for patients are consistent with [Ontario's COVID-19 self-assessment tool](#) (version 5.5).

**Where COVID-19 clinical assessment centres are available

COVID-19 clinical assessment centres

Each COVID-19 clinical assessment centre should include these four elements in their processes.

Element	Description
1. Patient identification	<ul style="list-style-type: none">• The COVID-19 clinical assessment centres are intended for patients with known or suspected COVID-19 with worsening symptoms or advised by a health care professional that they require an assessment and diagnosis for their symptoms. This is because their symptoms cannot be safely self-monitored at home, but they are also not experiencing severe symptoms that would require emergency care.
2. Assessment and appropriate testing	<ul style="list-style-type: none">• Patients are assessed by an appropriate health professional (e.g., physician, nurse practitioner, registered nurse, registered practical nurse, paramedic). The assessment may include oxygen saturation, vital signs, and identifying relevant risk factors/comorbidities.• Patients may be tested using a rapid test, if appropriate, and following the provincial testing guidance.
3. Diagnosis	<ul style="list-style-type: none">• Patients are diagnosed by an appropriate health professional (e.g., physician or nurse practitioner).• The patient's disposition is determined by the assessment and diagnosis.
4. Disposition planning	<ul style="list-style-type: none">• Disposition planning will require clinical expertise and judgement. Depending on the patient's condition and risk of clinical deterioration, disposition options may include:<ul style="list-style-type: none">• Home with self-monitoring (Who can be managed at home?)• Home with remote care monitoring, as available in your region (e.g., programs offered through home and community care, programs offered through primary care providers such as COVID@Home Monitoring for Primary Care)• Direct to emergency department for further investigation• Where possible, direct to inpatient COVID-19 unit (Who should be hospitalized?)• When/where available, direct to outpatient therapeutics



UPDATES ON HOSPITAL CAPACITY

**(Dr. Scott McKay &
Dr. Stephen Wetmore)**

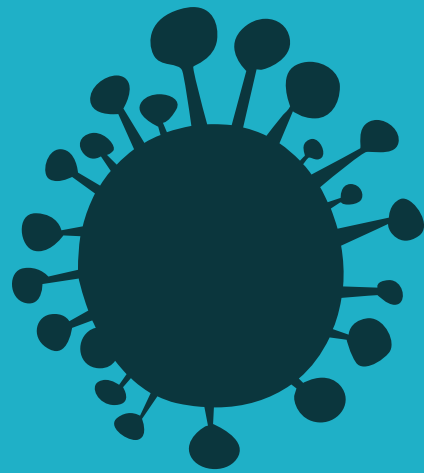


TREATMENT OF COVID IN PRIMARY CARE

Case Discussions

1. 28 y.o. F asthmatic, COVID+
 - chest tightness/cough
2. 85 y.o. F COVID+ RAT
 - feeling worse 10 days later
 - what if felt this way day 4
3. 66 y.o M COVID sy's x 3 days, test pending, multiple comorbidities
 - cough w green sputum, nasal congestion, sore throat

OTHER – O2 sat access, SW HCC remote monitoring, Fluvoxamine, phone monitoring, treating those who haven't received a test



The background is a solid blue color. In the top-left corner, there are several white geometric shapes: a large triangle, a rectangle, and a smaller square. In the bottom-right corner, there is a white rectangular shape. The word "QUESTIONS?" is centered in the middle of the slide in a white, bold, sans-serif font.

QUESTIONS?

**Sign up to the LMPCA
Newsletter:**

**[https://lp.constantcontact
pages.com/su/JZqPFSO/N
ewSubs](https://lp.constantcontactpages.com/su/JZqPFSO/NewSubs)**