

**CME – Public Health Updates for Halton Physicians: Focus on COVID-19 Vaccination - Q&A**  
February 17, 2021

1. **Q:** We had a discussion at a family practice office regarding immunizing for Shingrix for patients over the age of 65. Do we proceed with caution for Shingrix if they are likely getting the COVID vaccine in March?

**A:** The recommendation is to delay the COVID vaccine for 14 days if the patient has received another vaccine. If there is a vaccine the patient is required to receive, it is recommended they receive it.

2. **Q:** When can we expect the elderly population to receive this vaccine? Will this be done through the family physicians or public health?

**A:** At this point, we are hoping to begin immunizing those over the age of 80 in March. As soon as we have more concrete information, we will get it out to our physician group. These clinics will be public health led clinics. Halton currently only has access to the Pfizer vaccine which has limitations with transporting and handling.

3. **Q:** Patients are worried they will be missed or not notified when the vaccine becomes available to them and are wanting to receive their vaccine at their family doctors office. How do we know that public health will reach out to this 80 plus population?

**A:** Unfortunately this group will likely not be able to receive the vaccine at their physician's office due to limitations with the Pfizer vaccine. We are currently working on a communication strategy to reach this group. Once we have this information available, your office can communicate the details of the clinic to your patients within this population age group.

4. **Q:** There is some information about not using Acetaminophen or Ibuprofen as it may cause lower immune response. What is the official guidance on using either of these post vaccine?

**A:** [NACI recommends](#) that prophylactic oral analgesics or antipyretics (e.g., acetaminophen or ibuprofen) not be routinely used before or at the time of vaccination, but their use is not a contraindication to vaccination. Oral analgesics or antipyretics may be used for the management of adverse events (e.g., pain or fever, respectively), if they occur after vaccination. Analgesics and antipyretics were used in clinical trials of COVID-19 vaccine for the management of pain and/or fever after vaccination.

5. **Q:** We have a number of patients on biologics for autoimmune conditions. Are they able to receive the COVID vaccine?

**A:** People with autoimmune disorders and immunosuppression were excluded from the COVID-19 vaccine trials, so there is limited evidence to guide decision making. The latest guidance from the Ministry for Special populations is available [here](#). In the presentation, there is a list on slide 13 of disease modifying agents. It is recommended that these patients have a discussion with their family physician or specialist about receiving vaccine and whether there should be any modifications to

*Content is up-to-date and accurate as of February 17, 2021.*

their treatment. For patients not on these agents, a consultation is not necessary prior to vaccination, but patients may seek their physician's advice. There is no evidence to suggest that patients' may have a worsening of their disease due to COVID-19 vaccine, but due to their condition, the vaccine may not be as effective. This guidance may change as more is learned about the vaccine.

6. **Q:** How are we to convince our patients that the vaccine is effective if they are still required to follow public health recommendations and guidelines?  
**A:** At this time we do not have a good amount of data on how long the vaccine provides protection for. Although there is some protection with the vaccine, until enough people are immunized in the community, we have to continue to provide the protection through other means.
7. **Q:** We are aware that there is low number of children that can get COVID and if they do, they are not as likely to get sick. There are however some children that would be at risk of becoming very ill. Are any children being immunized?  
**A:** Currently vaccine is not authorized below 16 (Pfizer) and below 18 (Moderna). Trials are underway for the younger age group and we hope to see changes to NACI recommendations regarding the children that have a chronic illness, i.e. children with cystic fibrosis that caught COVID.
8. **Q:** What is the plan for seniors in multi-generational homes?  
**A:** The 80 plus group in multi-generational homes will be able to get immunized but not their household.  
Within our mobile clinics, we began with targeting those in long-term care and retirement homes. After that, our plan is to move to congregate settings serving seniors and some buildings that house many seniors.
9. **Q:** What happens if a patient lives in another city but their family physician is located in Halton?  
**A:** People should be receiving their vaccine in the city they reside in. There is an exception to healthcare workers who could receive the vaccine in the city they work. This could change once we have a more centralized registration and booking system.
10. **Q:** Will the 80 plus population be required to book their appointments on line or can they call in to book their appointment? What is the process for their second dose, will they be called?  
**A:** The provincial booking system may not be available for launch when we're ready to start immunizing other priority populations, so we are working on a plan for booking appointments. This will be the same process for their second dose. We are exploring the option of having a written piece of paper for confirmation of their vaccine. Primary care physicians will be key to ensuring their patients know how to navigate the process.
11. **Q:** Patients that tested positive for COVID, can they be immunized?  
**A:** Yes, people who previously tested positive for COVID-19 can receive vaccine. We do not know how long immunity from natural infection lasts, so they are recommended to get vaccinated. Individuals should be well on the day of their vaccination (afebrile, symptoms at baseline). For

people attending a community clinic, they must have completed their period of isolation before attending the clinic.

12. **Q:** Seniors receiving PSW work, are they going to have priority over other seniors or will this be done by age group?

**A:** They will go in parallel. We are working with our LHIN partners through community care to assist with these individuals. If transportation is challenging, we may have to wait till we have a transportable vaccine.

13. **Q:** Is there commonality on what is being done between other public health units and is there some flexibility?

**A:** Yes there may be differences. There are many factors to consider, i.e. the type of vaccine available (Peel and Hamilton have access to both Pfizer and Moderna). There are different opportunities as far as methods of distribution.

There is also a difference in who is being immunized. In Halton, we were ahead of some other public health units as we used our paramedics team in mobile clinics.

Also to consider is the differences in disease pattern.

We are still getting some provincial direction as far as the 3 phase plan but there may be some variation.

**Q:** If we have people that have been vaccinated, do they still have to keep distance from each other? For example if the whole family has been immunized.

**A:** It is difficult to give individual level recommendations. We still don't know the full effects of the vaccine. This will all depend on which jurisdiction they are from, what is open, how many people are able to gather in one space and how much the disease has spread.

Hopefully we can get to where we were last summer but for now, individuals should continue practicing public health measures.

14. **Q:** When rolling out to the 80 plus population - instead of having one centralized location perhaps clinics can be arranged by neighborhood. The worry is for this group going into a mass immunization clinic and getting confused.

**A:** We have done a lot of work to find locations suitable for clinics and many logistics factors involved including vaccine transportation. It takes a lot of effort to put these types of clinics together including staffing of over 600 people. We are making every attempt to make this process as smooth as possible for the senior community.

15. **Q:** Who will be vaccinated after the 80 plus population?

**A:** We are waiting on further direction from the province. The hope is that it will remain age based as it is much easier to communicate and validate someone's eligibility.

We will not be distinguishing between their chronic conditions.

16. **Q:** Why is the vaccine supply different across the health regions?

**A:** With the Moderna vaccine, there seemed to be some sense of urgency around areas much larger hit with COVID than Halton. Although we were told we were getting Moderna, it was reallocated to other regions.

We are grateful we have vaccine. The Province has promised us it will be a much more population based allocation.

It took some time to get the final go ahead from Pfizer to allow for transportation outside of the main distribution point. For a couple weeks we were not able to transport out of that site.