

Family Physician Questions about COVID-19 Vaccines

December 18, 2020

The following Q&A was developed based on the discussion in the December 11, 2020 [COVID-19 Community of Practice for Ontario Family Physicians](#), with the UofT Department of Community and Family Medicine and the OCFP, and subsequent published materials. Sign up for our next CoP session on January 8 [here](#), once again focused on COVID-19 vaccination in Ontario.

In addition to the OCFP's [COVID-19 vaccine page](#), please visit the COVID-19 vaccine-related pages from the [CEP](#), [PHAC](#) and the [Ontario government](#) for regular updates.

Efficacy and Safety of the Pfizer-BioNTech COVID-19 Vaccine

1. What is the vaccine efficacy?

Seven days after the second dose, 95% efficacy was observed. We do not yet know about long-term vaccine performance. The approved Canadian product monograph is available [here](#), and further clinical trial information [here](#).

2. Any details on vaccine safety and efficacy in children?

The clinical trials did not include children under 16 so we do not have safety or efficacy data in this population. Currently the vaccine is not recommended for children under the age of 16.

3. Has anyone been studying the efficacy of this vaccine in the elderly?

Efficacy in those aged 65 years and older was studied in the trials and was similar to younger age groups. Note that participants with pre-existing unstable chronic disease, defined as disease requiring significant change in therapy or hospitalization for worsening disease during the 6 weeks before enrolment, were excluded. The approved Canadian product monograph can be viewed [here](#).

4. Should people with allergies or a history of anaphylaxis not take the vaccine?

As per the [Ontario Ministry of Health guidelines](#) the vaccine is contraindicated for anyone with a proven immediate or anaphylactic allergy to any of the vaccine ingredients. Precautions should be taken with anyone who has had a serious allergic reaction to another vaccine, drug or food; these individuals should talk to their health professional beforehand.

5. Who should not take this vaccine?

For more information on who should not get the Pfizer-BioNTech COVID-19 vaccine, see Table 1 on pages 3-4 of this [MOH fact sheet](#).

The vaccine is **not recommended routinely for specific populations** excluded from clinical trials, such as the ones listed below. The vaccine may be considered with informed consent on benefits and risks (note: see current [NACI recommendations](#) which may change as more evidence becomes available):

- Immunocompromised individuals
- Pregnant or breastfeeding
- Children under the age of 16.

6. Is the vaccine safe for the cancer and cancer survivor patient? How long after chemotherapy can they receive the vaccine if it is considered safe? And how about safety in multiple sclerosis or other neurological illness?

As per Q5, there are no definitive answers at this point for the vaccine's use in cancer patients and anyone with a compromised immune system because those populations were largely excluded from the vaccine trials.

7. For persons who have recovered from COVID-19, can we advise them to delay vaccination?

It is uncertain how long immunity will last after infection with COVID-19. Those who have recovered from COVID-19 should still get the vaccine. Acutely ill individuals, as a precautionary measure, should not be vaccinated.

8. Are there any recommendations for patients who are travelling or returning in terms of vaccination timing? Would they need a COVID-19 test prior to vaccinating?

There are no known specific recommendations yet on travel. The NACI statement says there is no need to test for COVID-19 before (or after) vaccinating. One should follow the standard procedures upon returning to Canada (i.e., 14 days of quarantine). One potential concern if someone travels out of the country after getting the vaccine is that they may experience a side effect and may need to access healthcare services at their destination.

Distribution

9. How will the vaccine be distributed across the province?

For more information on the phased rollout, see this MOH resource on [COVID-19 Vaccine Availability and Rollout](#).

There are three planned phases of the distribution:



Vaccine distribution – continued

- Phase 1: priority populations in Grey-Lockdown and Red-Control regions
- Phase 2: expanded access for priority populations (more vaccination sites)
- Phase 3: all eligible Ontarians; vaccines widely available across the province.

Key populations that will be the first to receive the COVID-19 vaccine:

- Residents, employees and staff, and essential caregivers of congregate living settings that provide care for seniors
- Healthcare workers (including all those who work in healthcare settings and those in direct contact with patients)
- Adults in First Nations, Métis, and Inuit populations where infection can have disproportionate consequences, including living in remote or isolated areas
- Adult recipients of chronic home health care.

10. Has there been any prioritization of healthcare workers, not just doctors, other than those in long-term care homes and in-patient hospital care?

Phase 1 will include **all** healthcare workers who work in healthcare settings whose work involves direct contact with patients in Grey-Lockdown and Red-Control zone. Phase 2 will include all healthcare workers not included in the initial rollout.

See the current MOH vaccine distribution implementation plan [here](#).

11. Do you know if healthcare providers need to sign up or identify themselves if they work in long-term care?

We don't have the specifics on this – all these logistics are being worked out. This process should become clearer in the upcoming weeks as processes are tested in the initial sites.

12. How did they decide where to rollout the vaccines? Why wasn't Peel a priority given this region has the highest positivity rate?

Ottawa and Toronto were chosen as two very initial pilot sites, and additional doses will be distributed to 17 more hospital sites over the next two weeks.

See the December 18 MOH news release [here](#).

General Questions

13. Can you explain a bit more about mRNA vaccines?

mRNA (messenger RNA) teaches our cells how to make a protein that will trigger an immune response – it is not a live vaccine and cannot cause infection in the host. mRNA vaccines also cannot alter a person's DNA. More information is available [here](#) and also in this [PHO fact sheet](#).

14. Outside of the difference of vaccine handling, given both are mRNA vaccines, what difference is there between Moderna and the Pfizer vaccine?

See this [Public Health Ontario resource](#) on mRNA vaccine with a table comparing vaccine candidates Moderna and Pfizer.

15. Is there any patient information about the vaccine, including handouts on vaccine hesitancy?

The CEP has [information for patients](#), including on vaccine safety and adverse events. The OMA also has a vaccine hesitancy toolkit on its [COVID-19 vaccine resource page](#) (OMA sign-in required).

Your local public health units may also have patient-facing information that could be more regionally specific. See here for [Ottawa](#) and [Toronto](#).