Ontario College of Family Physicians

COVID-19 Vaccines FAQs for Family Physicians

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Evidence is emerging and the environment is evolving around COVID-19 and the vaccines. To help inform the work of our members, the OCFP has compiled this list of frequently asked questions and answers about vaccines.

Q. How can my practice participate in primary care vaccination pilot?

Of the 6 Public Health Units involved in the primary care "pilot", a small number of clinics have already been designated and contacted to be involved in this first stage - this is to distribute the initial 29,500 doses of the AZ vaccine. The OCFP is advocating strongly for a central role for family doctors in the vaccine rollout including access to the vaccine for all interested family physician offices. With vaccine supply increasing, it is imperative that more vaccines are available in a wide variety of ways including in family practices across Ontario so more people can get vaccinated as quickly and equitably as possible.

Q. What is the evidence to support extension of the interval between vaccine doses to four months?

Given limited real-world data, in recommending the extended interval NACI says it looked at evidence from studies on efficacy and effectiveness of the vaccines in preventing outcomes such as infection, symptomatic disease, hospitalizations and death from COVID-19 and that "short-term sustained protection is consistent with immunological principles and vaccine science". The objective in giving up a short-interval second dose is to allow additional people to be vaccinated and potentially save a life or avoid hospitalization.

Q. How long should a patient wait after and before another vaccine before getting the COVID-19 vaccine?

A waiting period after or before getting another type of vaccine is recommended so that any side effects from one vaccine are not confused with side effects of another. The recommendation is to wait 14 days after receiving another vaccine, and 28 days before giving another vaccine.

Q. What is the best timing for the COVID-19 vaccine around routine allergy shots or immunization of allergen immunotherapy?

Allergy shots are not vaccines. There is no definitive guideline but most allergists advise to avoid the shots on the same day, and the American Academy of Allergy, Asthma and Immunology recommends a 48-hour interval between shots, so that immediate or delayed reactions to either injection can be monitored.

Q. How long after having had COVID-19 can one get the vaccine?

Patients who are acutely ill should not get the vaccine. The current recommendation is that "people with current infection should wait until they have recovered from the acute illness and are eligible to discontinue isolation."

Q. Should a patient who had COVID-19 previously still receive the full course of the two-dose vaccine (versus a single only)?

For now, those who have previously had COVID should get a full course of the vaccine. It is still uncertain how long antibodies last.

Q. Is it okay to give Prolia closely before or following the vaccine?

There is no need to delay or alter Prolia timing in relation to the COVID-19 vaccine. Here is information from the U.K.'s Royal Osteoporosis Society. (There are no Canadian guidelines on this yet.)

Q. Does the vaccine stop transmission of the virus? | Can vaccinated people get together with others who are vaccinated?

Although the vaccine will protect you, at this time it hasn't been proven that getting vaccinated will stop you from carrying the virus and possibly infecting others. In addition, recent research on one population – organ transplant recipients – shows significantly blunted immune response to the first dose of mRNA vaccine, so they may remain at higher early risk for COVID-19 despite being vaccinated. Given the current evidence, after vaccination one should continue to follow all public health measures, including physical distancing, wearing a mask and hand hygiene. Socializing with people in other households is still discouraged for now.

Q. How long does the protection conferred by the vaccine(s) last?

Because the vaccines are relatively new, we don't know for sure how long the vaccines are protective and whether/when a booster may be needed. Information is being collected now in real time and research is ongoing to determine how long immunogenicity lasts.

Q. Is the dosing interval for vaccination for family doctors and/or other healthcare workers the same as for the general public, ie, up to 16 weeks or four months?

Yes, there is currently no difference in immunization schedule for healthcare workers and others – the second dose may be given up to 16 weeks after the first for two-dose mRNA vaccines.

Q. Can a patient who received the AstraZeneca vaccine now receive the Pfizer-BioNTech or Moderna as the second dose?

The safety and efficacy of interchanging vaccines are not currently known. NACI recommends that "the vaccine series be completed with the same vaccine product." If the previously received dose is not known or not available, a similar type of vaccine could complete the series. It is not recommended that vaccines of different types (e.g., mRNA vaccine and viral vector vaccine) be used in the same series.

Q. What is the latest on vaccines for kids?

Children under the age of 18 (Moderna and AstraZeneca) and under the age of 16 (Pfizer-BioNTech) were not part of the original clinical trials. The Pfizer-BioNTech vaccine may be offered to individuals 12 to 15 years of age who are at very high risk of severe outcomes of COVID-19 (e.g., due to a pre-existing medical condition known to be associated with increased risk of hospitalization or mortality) AND/OR are at increased risk of exposure (e.g., due to living in a congregate care facility). Currently, Moderna is conducting trials in children age six months to 11 years, and Pfizer in children 12 to 15 years old; Johnson & Johnson has said it also plans to test in children.

Q. What is the latest on vaccines for pregnant women?

Pregnant women were not part of the clinical trials for the vaccines. The Society of Obstetricians and Gynaecologists of Canada has stated the vaccine should be offered to pregnant women: "the documented risk of not getting the COVID-19 vaccine outweighs the theorized and undescribed risk of being vaccinated during pregnancy or while breastfeeding". Pregnancy is among the "at risk" health conditions listed for priority vaccination in the latest vaccine rollout plan.

Q. How do I handle patient requests for letters proving high-risk conditions that are listed for priority vaccination?

Currently proof of pre-existing illness is not required at time of vaccination.

Q. Our practice is receiving calls asking for clearance of vaccine for patients who are receiving or booked for vaccine at pharmacies. Who is responsible for clearance?

Consent or written documentation from a doctor or health care provider is not required in the great majority of cases. Some patients must verbally attest they have talked with a provider (such as when receiving CAR T-cell therapy), and those with severe allergy to a previous dose or component of the vaccine must have documentation of counselling from an allergist and a vaccination plan. See the OCFP's information on vaccinating in special populations.

Q. Does an individual require a valid health card to receive the vaccine?

Not having OHIP coverage or a health card should not be a barrier to receiving the vaccine. See this INFOBulletin, which includes temporary billing codes, issued early in the pandemic and states: "... if an individual does not have a valid health card **please do not turn them away.** "