

On a regular basis, this FAQ document about the COVID-19 vaccine and its availability will be updated. Questions have been chosen using multiple sources (e.g., Government of Canada, Toronto Public Health, Ontario College of Pharmacists, Ontario College of Family Physicians, St. Michael’s Family Health Team, etc.) and also from patient questions. Content will be added and updated so please check back regularly.

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COVID-19 Vaccines authorized for use by Health Canada:

- Pfizer-BioNTech (Comirnaty)
- Moderna (SpikeVax)
- Astra Zeneca (Vaxzevria)
- Janssen/Johnson & Johnson

1. Who can get vaccinated and how to book an appointment?

Visit the provincial website for regularly updated information.

<https://covid-19.ontario.ca/getting-covid-19-vaccine>

How to book your primary series of COVID-19 vaccine:

- Book an appointment at one of the mass immunization clinics through the [provincial booking system](#) or by calling 1-833-943-3900 (TTY 1-866-797-0007).
- Visit a [participating pharmacy](#) – please note each pharmacy may carry a different vaccine (Pfizer, Moderna or AstraZeneca); use the filters provided to determine which vaccine the pharmacies near you are carrying
- [CAMH](#)
- See [City of Toronto's site for 5-11 year old COVID-19 Vaccination Clinics](#)

2. Do I need a third dose of the COVID vaccine?

The Ministry of Health is closely monitoring the prevalence of the Delta and Omicron variants of concern globally and within Ontario, specifically with respect to the level of transmissibility and disease severity. In response to the changing risk posed by the Omicron variant, increasing accessibility of COVID-19 third doses may provide increased protection across the population.

To date, a primary series of the COVID-19 vaccines has been shown to maintain high vaccine effectiveness with no evidence of waning against serious illness, hospitalization, and death from COVID-19 in most populations. Despite some evidence of increasing risk of breakthrough infection over time, those vaccinated against COVID-19 with a two-dose series continue to demonstrate significantly lower odds of infection compared to unvaccinated individuals and, when infections occur, symptoms tend to be milder in vaccinated cases. However, evidence is emerging that vaccine effectiveness against infection and COVID-19 disease decreases with time, and effectiveness of the COVID-19 vaccines against the Omicron variant is uncertain. Therefore, for certain populations, an additional dose may be needed to obtain more durable protection. Real world data suggests that a third dose provides good short-term vaccine effectiveness and has a safety profile similar to the second dose of the vaccine.

Check the [provincial website](#) for eligibility for third doses (under booster section). See the following Ministry of Health documents for additional information pertaining to third dose recommendations in specific populations:

[COVID-19 Vaccine Third Dose Recommendations](#)

[COVID-19 Vaccination Recommendations for Special Populations](#)

3. Which vaccine should I receive for my first, second and third dose, and when?

By Age Groups	First Dose	Second Dose	Third Dose
Children (ages 5 to 11)	Pediatric Pfizer	Pediatric Pfizer	No recommendation at this time
Youth (ages 12 to 17)	Pfizer	Pfizer	No recommendation at this time
Adults (ages 18 to 24)	Pfizer*	Pfizer or Moderna**	Pfizer or Moderna; See “Third Dose Eligibility” below
Adults (ages 25 and up)	Pfizer or Moderna	Pfizer or Moderna	

- You can safely switch between Moderna and Pfizer if the vaccine you received for your first dose is not available. Both vaccines for your second dose are safe and provide strong protection against COVID-19 including the Delta variant.
 - *A preferential recommendation has been issued for the use of Pfizer COVID-19 vaccine for individuals aged 18-24 years old due to an [observed increase in Ontario of the very rare heart condition called pericarditis/myocarditis](#) following vaccination with Moderna. For more information see Question 4.
 - **Individuals aged 18-24 years old who received Moderna for their first dose can safely take Pfizer for their second dose, or can continue to take Moderna for their second dose with informed consent.
- Pfizer or Moderna is recommended for the third dose regardless of the vaccine received for the first and second doses.
- AstraZeneca is currently only available as a second dose for those that received it for their first dose, or those with contraindications to Pfizer or Moderna (mRNA) vaccines.
 - For those who received AstraZeneca for their first dose, NACI recommends Pfizer or Moderna (mRNA) vaccines as their second dose based on evidence of potentially better immune response as well as mitigating potential risk of rare adverse events associated with the AstraZeneca (viral vector) vaccine.

First dose	When can I receive my second dose?	When can I receive my third dose if eligible?
AstraZeneca	8 to 12 weeks after	At least 3 months (84 days) after second dose
Moderna or Pfizer	3-8 weeks after (for all age groups 5 years and up)	<u>OR</u> At least 2 months (56 days) after second dose for moderately to severely immunocompromised individuals

Third Dose Eligibility

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Reviewed By: Exec. Dir./Lead Physician

- Individuals born in 2003 or earlier (18 years of age or older) who received a second dose at least three-months (84 days) ago, may now receive their booster dose at select pharmacies, hospitals, mobile clinics or participating primary care offices offering COVID-19 vaccines.
 - Those who have already booked their appointment at an interval of six months (168 days) can call the Provincial Vaccine Contact Centre at 1-833-943-3900 or through Ontario's booking portal to re-book for an earlier date at the three-month (84 days) interval.
- Moderately to Severely Immunocompromised Individuals include:
 - People undergoing active treatment for solid tumors and hematologic malignancies
 - Recipients of a solid-organ transplant and taking immunosuppressive therapy
 - Recipients of chimeric antigen receptor (CAR)-T-cell or hematopoietic stem cell transplant (within two years of transplantation or taking immunosuppression therapy)
 - People with moderate or severe primary immunodeficiency (e.g. DiGeorge syndrome, Wiskott-Aldrich syndrome)
 - People who have Stage 3 or advanced untreated HIV infection and people with acquired immunodeficiency syndrome
 - People undergoing active treatment with the following categories of immunosuppressive therapies: high-dose systemic corticosteroids, alkylating agents, antimetabolites, tumor-necrosis (TNF) blockers, and anti-B cell therapies (monoclonal antibodies targeting CD19, CD20 and CD22. A list of these medications can be found under **Table 1. List of Immunosuppressant Medications for Third Doses in the [COVID-19 Vaccine Third Dose Recommendations](#)** document

Individuals who are moderately to severely immunocompromised due to medications listed in **Table 1 of the COVID-19 Vaccine Recommendations for Third Doses** or those taking other medications identified by their health care providers as significantly immunosuppressive may provide proof of prescription/medication in order to receive their third dose instead of a third dose referral form or letter

- Do not bring the medications to the clinic but instead bring proof of the prescription (e.g., pharmacy medication record) as some medications may be toxic/hazardous to others and require special handling.
- If you do not have a pharmacy medication record, call your pharmacy to request one.

4. What should I know about the very rare adverse events reported for COVID-19 vaccines?

Myocarditis and/or Pericarditis

The risk of heart complications such as myocarditis is much greater following COVID-19 infection compared to vaccination. Cases of myocarditis and/or pericarditis related to vaccines occur more often in adolescents and adults under 30 years of age, in males, and after a second dose of an mRNA vaccine. Most cases occur within seven days of vaccination. Vaccine safety surveillance data in Canada also suggest relatively higher rates of myocarditis and/or pericarditis reported after Moderna vaccination compared to Pfizer. For males aged 18-24 years old, the reporting rate

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for second dose Moderna was 263.2 per million doses compared to 37.4 per million doses in this group with second dose Pfizer. As a result, [Ontario Recommends the use of Pfizer-BioNTech COVID-19 Vaccine for Individuals Aged 18-24 Years Old](#). The available data indicate that most of the affected individuals, even if hospitalized, experience relatively mild illness, respond well to treatment with the help of anti-inflammatory medication, and recover quickly. NACI, in considering the rare risks and known benefits of COVID-19 vaccines, continues to recommend vaccination with either Moderna or Pfizer (mRNA) vaccines for people 12 years of age and over, given the proven benefits of the vaccines in preventing severe illness and death.

For children aged 5 to 11, the number of participants in the clinical trial was not large enough to detect rare or very rare adverse events that may occur at a frequency less often than 1 in 1,000 people. No serious safety concerns and no cases of myocarditis and/or pericarditis related to the vaccine were reported. As a precaution, children who experience myocarditis and/or pericarditis after a first dose of the vaccine should wait to get a second dose until more information is available. Children who have a history of myocarditis unrelated to COVID-19 vaccination should speak with their doctor. It is advised to seek medical attention for children if they develop symptoms including chest pain, shortness of breath, or palpitations after they receive a COVID-19 vaccine. For more information, visit the [Canadian Paediatric Society](#).

Vaccine-induced thrombotic thrombocytopenia (VITT)

VITT involves increased risk of blood clots and low blood platelets. The risk of VITT is associated with viral vector vaccines (AstraZeneca, Janssen). Internationally, the rate of this adverse event is still to be confirmed but has been most commonly estimated to be between 1/26,000 and 1/100,000 people vaccinated with AstraZeneca vaccine. The rate of VITT in Canada after a first dose has been estimated to be approximately 1 per 55,000 doses given. There is no known risk of blood clots or VITT with Moderna or Pfizer.

References:

<https://www.canada.ca/en/public-health/news/2021/10/statement-from-the-council-of-chief-medical-officers-of-health-ccmoh-update-on-covid-19-vaccines-and-the-risk-of-myocarditis-and-pericarditis.html>

<https://www.publichealthontario.ca/-/media/documents/ncov/vaccines/2021/06/covid-19-mrna-vaccines-myocarditis-pericarditis.pdf?la=en>

https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_vaccine_info_AZ_2nd_dose.pdf

5. What is a vaccine passport, how can I prove I have both doses?

A vaccine passport, or more commonly known as an immunization record, is documentation that you have received both doses of the COVID-19 vaccine.

After you are vaccinated, you can log in to the [provincial portal](#) to download or print an enhanced vaccine certificate, which is an easier and more convenient way to provide your proof of vaccination.

Each enhanced vaccine certificate contains a SMART® Health Card QR code that businesses can easily scan at the door. No app is required.

For those who live in Toronto and received a first or second dose outside Ontario, please document your vaccine in the [Toronto Public Health's online Portal](#).

6. What are valid medical exemptions from the COVID-19 vaccines?

There are only two valid medical exemptions to receiving the COVID-19 vaccines:

1. Severe allergic reaction or anaphylaxis to a component of a COVID-19 vaccine
 - Qualifies for medical exemption only if:
 - Allergy was documented and evaluated by an allergist/immunologist; AND
 - Discussion with allergist/immunologist has occurred on potential options for immunization with the same or alternative COVID-19 vaccine; AND
 - Allergist/immunologist has determined that the individual is unable to receive any COVID-19 vaccine
2. If an individual suffered myocarditis or pericarditis after the first dose of a vaccine.
 - Individuals with a diagnosed episode of myocarditis and/or pericarditis after receipt of their first dose of an mRNA COVID-19 vaccine should defer their second dose in the vaccination series until more information and guidance is available.
 - Qualifies for medical exemption only if:
 - myocarditis/pericarditis was diagnosed after medical evaluation (e.g. ER physician, relevant specialist).
 - In situations where there is uncertainty regarding myocarditis/pericarditis diagnosis, discussion should occur with a relevant specialist on potential options for (re)immunization with the same or alternative COVID-19 vaccine, including a risk-benefit analysis for the individual. The individual qualifies for a medical exemption if the specialist has determined that the individual is unable to receive any COVID-19 vaccine

7. Will Taddle Creek Family Health Team (TCFHT) be providing the COVID-19 vaccine?

TC FHT is not providing the COVID-19 vaccine in our individual physician offices. **We may** be hosting clinics in conjunction with UHN Mobile Clinics in our administrative office at 790 Bay St., suite 306 during the month of Jan 2022. We will send a Pomelo message (patient **portal**) if this is to occur.

8. I have allergies, is it safe for me to get the vaccine?

Over 57 million COVID-19 vaccines have been administered in Canada as of October 21st, 2021. Serious adverse events and anaphylaxis are very rare with the COVID-19 vaccines, occurring in only 0.009% of doses given. Unless you have a history of allergic reaction to components of the vaccine, or to the first dose of the vaccine, Health Canada recommends vaccination.

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When you receive a vaccination, it is always advised to wait at least 15 minutes after receiving a vaccine, since an allergic reaction or anaphylaxis is possible. For those with a history of allergies, even to food, pets or other non-medical causes, waiting 30 minutes after receiving a vaccine is recommended.

By clicking the vaccine name below you can review the vaccine ingredients in non-medical terms and [learn more about polyethylene glycol](#).

[Pfizer-BioNTech](#)

[Moderna](#)

[AstraZeneca](#)

[Janssen/Johnson & Johnson](#)

[Reference:](#)

Centre for Effective Practice: <https://tools.cep.health/tool/covid-19-vaccines/#allergicreaction>

9. Can I receive other vaccines at the same time as the COVID-19 vaccine?

It is recommended that COVID-19 vaccine for children aged 5 to 11 should not be given at the same time with other vaccines (live or inactivated). At this time, NACI recommends that children receive the pediatric Pfizer vaccine at least 14 days before or after another vaccine. This is a precaution to help to determine if a side effect that may arise is due to the COVID-19 vaccine or another vaccine. There may be circumstances when a dose of a COVID-19 vaccine and another vaccine need to be given at the same time – a healthcare provider can help with this decision.

As a precaution in individuals 12 years of age and older, it was previously recommended that COVID-19 vaccines be given at least 28 days before and 14 days after other vaccines. After reviewing the evolving evidence on COVID-19 vaccine NACI and Toronto Public Health now recommends that: [COVID-19 vaccines may be given at the same time as, or any time before or after, other vaccines, including live, non-live, adjuvanted or unadjuvanted vaccines](#). This would include the flu shot.

Reference: <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines/summary-updates-september-28-2021.html>

10. Can I take medication for pain after receiving the COVID-19 vaccine injection?

Side effects such as shoulder pain or fever are generally mild and should only last a few days. Applying a cool damp cloth where the vaccine was given may help with soreness.

If needed, you may use over-the-counter medicine such as ibuprofen, acetaminophen, acetylsalicylic acid (ASA), or antihistamines for any pain and discomfort you may experience [after](#) receiving the COVID-19 vaccine, and you have no other medical reasons that prevent you from

taking these medications. It is not recommended to take these medications before vaccination for the purpose of trying to prevent side effects.

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

While there is not a mandatory waiting period between having COVID-19 disease and being immunized, it is recommended that people wait until they are feeling better, with no symptoms of a new illness (such as recent fever or cough).

Additionally, symptomatic and asymptomatic individuals who have been advised to self-isolate due to suspected or confirmed COVID-19 infection or due to close contact with a COVID-19 case should not attend a vaccine clinic and should wait to get their vaccine until their isolation period is over.

Children with previous COVID-19 infection may be offered two doses of the pediatric Pfizer vaccine once symptoms of acute illness have resolved and the child is no longer considered infectious.

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

For now, those who have previously had COVID should get a full course of the vaccine. It is still uncertain how long protection or immunity against the COVID-19 virus will last in these individuals.

13. Does the vaccine stop transmission of the virus? Can vaccinated people gather 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.

[The Public Health Agency of Canada](#) has provided guidance on what being vaccinated against Covid-19 means for you. You still need to follow [Toronto Public Health advice for](#) public settings (workplaces, public transit) which include physical distancing, wearing a mask and hand hygiene.

Please note that you are partially protected 14 days after the first dose of the COVID-19 vaccine and you are considered fully vaccinated 14 days after your second dose of the COVID-19 vaccine.

14. 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.

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15. 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”.

While there have been no safety issues with pregnancy or breastfeeding with any COVID-19 vaccine, NACI preferentially recommends receiving an mRNA vaccine as there is more real-world evidence supporting its use in this population.

While pregnant individuals are at a greater risk of severe illness, and there is growing evidence to support the safe use of COVID -19 vaccines in pregnant and breastfeeding individuals, the Ministry of Health has prepared [this decision-making tool](#) to help those individuals make an informed decision.

16. Are you hesitant to get vaccinated?

We understand that the decision to get vaccinated can be confusing with all of the information out there.

If you would like to speak to someone about COVID-19 vaccines, make an appointment with a Taddle Creek physician, nurse practitioner, pharmacist or nurse. If you would like to have a more in depth, judgement-free discussion with expert doctors about COVID-19 vaccines, we suggest making an appointment with the [Scarborough Health Network – VaxFacts](#). They are ready to talk, listen and help you get the most accurate information. The Hospital for Sick Children offers a similar service for children and their families <https://www.sickkids.ca/en/care-services/support-services/covid-19-vaccine-consult/>.

In summary, the vaccines are safe and effective. We will continue to monitor the vaccine rollout and provide you with the most relevant science-based information as soon as it is available to us.

Please remember, our healthcare professionals and offices remain accessible to you by phone or in person visits (if deemed necessary). Thank you all for what you have done to keep yourselves, your loved ones, and your communities safe.