

Changing the Way We Work

April 14, 2023: COVID updates and tips from the Charting Coach

Panelists: Dr. Sarah Smith & Dr. Janine McCready

Co-hosts: Dr. Mekalai Kumanan & Dr. Liz Muggah

Moderator: Dr. Tara Kiran

Curated answers from CoP guest, panelists and co-hosts to in-session questions posed by participants, based on current guidance and information available at the time.

Paxlovid & Remdesivir

It is often difficult accessing busy pharmacists. How can I access one with experience with paxlovid?

Agree, this is definitely a challenge. If you do not have a pharmacy in your area you can trust would also consider referral to the CanTREAT COVID study.

Is there any role for a prolonged course of Paxlovid?

No, if specific concern re: a patient would contact local ID but no situations I can think of.

Is there evidence of a decreased risk of Long COVID for those who take Paxlovid?

One recent study - showed reduction in post-covid condition in higher risk individuals

<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2802878>

Please address closing of flu clinics and how to treat people who cannot take Paxlovid and are immunocompromised?

per Janine's comments there are still some hospitals that can be accessed for covid treatments other than Paxlovid for immunocompromised.

Would an unvaccinated person under 65 yrs be a candidate for Paxlovid?

yes, you are eligible if: 60 years of age or older; OR 18 years of age or older and immunocompromised; OR 18–59 years of age and is at higher risk of severe

COVID-19. There are some good online resources to see what is considered immunocompromised and higher risk for severe disease. You can check out this OH tool <https://www.ontariohealth.ca/sites/ontariohealth/files/2022-04/Guidance%20for%20health%20care%20providers%20-%20Access%20to%20Paxlovid%20-%20EN.pdf>

Is Remdesivir still highly effective against current variants?

Yes, from available data it still is thankfully.

IPAC & Isolation

Should we still be asking all patients to wear masks in the office?

Based on the October Public Health IPAC guidance, there is no mask mandate for community-based offices, but masking is recommended. Please see the OCFP IPAC summary here:

<https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/clinical-care-office-readiness/ipac-summary.pdf>

So no more isolation for COVID-19 positive for five days regardless of symptoms?

Depends on the risk status of the individual. You can see this outlined on pages 12-14 here. For those who are not high risk, isolation may end when symptoms have been improving for 24 hrs (48 for GI sx) and no fever:

https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/management_cases_contacts.pdf.

How can we still be emphasizing symptoms when we know there is asymptomatic spread?

Great point, unfortunately at this point with limited testing symptoms are all we have. If people have a known exposure to COVID would also advise them to avoid high risk individuals and ideally wear a mask for 7-10 days. Especially if working in healthcare or with vulnerable individuals.

Link to masking guidance?

Here's the OCFP summary of the Oct 2022 IPAC guidance from Public Health Ontario:

<https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/clinical-care-office-readiness/ipac-summary.pdf>

Please comment on when health care worker with COVID can return to work, and significance of persistent RAT +

Most institutions Occupational Health has moved to return to work when symptoms improved >24 hrs, afebrile and no new symptoms and wear a well fitted N95 x 10 days from symptoms start. Essentially work self-isolation so no unmasked time with others for 10 days. The person may certainly be still contagious so if possible ideal to reduce direct in person patient interactions (especially prolonged interactions) and especially any higher risk individuals.

Vaccines & Boosters

What about boosters in immunocompromised children?

Currently NACI's recommendation is one booster since fall 2022.

Should we still be recommending vaccination for children under 12 who have never been vaccinated at this point?

For children 5+ recommendation from NACI is should be vaccinated so if COVID infection >6 months ago I would recommend vaccination for this age group. Benefit of the vaccine greater than risk.

Could you please remind me about vaccine guidelines for those adults who are COVID-19 naive and have never had a covid vaccine. Where do they start if they are interested in getting vaccinated?

I would encourage vaccination. They can use the MOH site to look for a location close to them to access the vaccine:

<https://www.ontario.ca/book-vaccine/>

Should patients with CKD, DM, HF, COPD, receive the spring COVID-19 booster 6 months after their last dose?

If over 60 years old and these comorbidities Yes, would offer them a spring booster. If younger would depend on the depend on individual – ie. well controlled DM 50 year old, would not need to get a dose, vs 50 year old with heart failure with frequent exacerbations or other comorbidities then reasonable to get a booster.

What is your recommendation on booster for those travelling abroad? Let's say age 60 and healthy.

If they haven't had a booster since Sept 2022 then would recommend. If had a booster last after Sept 2022 then not recommended if <65 but if they are very keen to get then not unreasonable for them to get as vaccine safe.

Strength of recommendation for spring booster?

NACI's recommendation for spring boosters is "may be offered" vs primary series and other boosters is "should." Based on some evidence but limited.

Healthy children with primary series but last booster before sept '22- what is strength of recommendation?

NACI's recommendation is "may be offered" vs. the primary series is "should be offered." I would recommend if no recent COVID infection but less high priority than catching up on other vaccines at this point for kids.

Still need to space booster 2/52 from childhood vaccines?

No need to wait two weeks for the COVID vaccine before or after childhood vaccines. See page 4 of the summary of NACI guidance here:

<https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/naci-summary-december-9-2022.pdf>

Do you recommend if you 50 have had 3 vaccines do you recommend blood work to see if you had COVID-19 to decide if you should get a bivalent?

There isn't good evidence to use blood testing for assessment - serology continues to be for only some special groups (ie; kids with multisystem inflammatory syndrome). this is because serology isn't a reliable indicator of immunity. go ahead and give the bivalent.

Should pregnant women get a spring booster if they do not fall into one of the high-risk groups?

Yes, pregnant women are within the high-risk groups identified for a spring booster (if not vaccinated/had COVID-19 within the last 6 months).

Can those under 60 get a booster if desired if have risks of exposure but no comorbidities?

Yes, I believe they can and won't be turned away but not recommended by NACI at this point.

Can pregnant patients get a bivalent booster a month before they deliver? is there protection for the newborn if they do this?

Yes, it is safe to give at any time during pregnancy and breastfeeding. antibody production start as early as a few days after vaccination in the pregnant person and then a week or two after that crossing the placenta per the research.

Long COVID

Risk of Long COVID at this patient if fully vaccinated and resuming activities? Still a concern?

It is still a possibility and we are still understanding the risk of Long COVID. Refer to the prior session on Long COVID...may be more helpful.

These additional questions were answered live during the session. To view responses, please refer to the session recording.

- What is the evidence behind the 6th booster for people >65 years old?
- Please speak to new variants and symptoms of conjunctivitis in children and post viral exanthem.
- Will there ever be a time when we can stop wearing masks to see patients in our offices
- Please speak to long Covid risks with newer variants
- Do you know when masking might be not required in healthcare settings including physicians' offices?
- Please comment about the new variant outbreak in India. Thank you.
- What is defined as under vaccinated? WHO only recommends boosters for high risk.
- When will hcp be eligible for a spring/ 6th dose booster?
- When will hospitals and our offices drop mandatory masking for patients and staff?
- Will health care workers be expected to get covid 19 booster vaccines in the spring?
- Can you review what is 'up to date' with covid vaccine at this point?
- Can you comment on Covid rebound after Paxlovid? Is that a "con" when considering giving it?
- Can you please confirm immunocompromised should wait 6 (not 3 months) for their booster
- Do we have evidence that there is benefit of vaccinating 5-18 year olds who had 2 doses and a covid infection that boosting them has benefit? What the risk of not getting boosted? If they get covid the infection is usually mild and the vaccine doesn't protect against infection that well after 2 months?
- Where do high risk patients access remdesivir?
- Do we have to require patients to wear mask in clinic visits?
- Advice for seniors over 80 re: going to events / family celebrations etc. now that involve indoor eating / difficulty masking at this point in pandemic.