

Changing the Way We Work

December 2, 2022: The latest on COVID, Influenza and Respiratory Viruses

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

Influenza & RSV – Testing and Treatment

- **How well is the flu vaccine matching to the circulating strains?**

It was from one study; from Chile I believe (the only study so far) it was about 40-50%.

- **Do we have adequate Tamiflu?**

I've understood that yes, we think we do with the stockpile and the current supplies in pharmacy.

- **Duration of contagion with influenza?**

Probably about 5 days, but most risk in first 3 days.

- **Given how comfortable people are with COVID-19 RATs now, why are we not offering influenza RATs to the community, or at least to primary care? So we can figure out who might benefit from Tamiflu.**

RATS for flu do not work as well as RATS for COVID-19, which is why we do not use them.

- **If someone has already tested positive for influenza is there still a role for that individual to receive the vaccine this season?**

We still can't be sure if there is going to be Influenza B activity at the end of the season, so if it was me, I'd still get vaccinated. But the size of risk is greatly reduced, so I wouldn't argue with someone who didn't want this year's vaccine.

- **If the flow slide for treatment identifies folks not getting better after 3-4 days, are we starting after 48 hours because we are assuming that their immune system is not kicking in?**

Yes - there is reasonably good observational evidence that treating people when they are hospitalized with flu is beneficial - this is usually at day 4-7. So it is ok to start oseltamivir after 48 hours in high risk patients who are not getting better.

- **Are we seeing both COVID-19 and influenza? Time period to start Tamiflu? 72 hours?**

Yes, we are seeing both. The guidance recommends initiating antiviral medications within 48 hours where possible. Antiviral medications work best if administered within 48 hours of symptom onset. Therefore, when influenza is circulating in the community, antiviral treatment should be started as soon as possible without waiting for laboratory-confirmation of influenza.

Note: antiviral treatment should still be initiated beyond the 48-hour window in severely ill individuals (such as hospitalized patients), and for those with progressive, severe, or complicated illness or risk factors for complications of influenza.

COVID-19 Testing & Treatment

- **What is the 'end game' for COVID-19 - as in, when can we start to treat it like every other respiratory virus and stop testing health care workers, keeping them off work when infected?**

If we do not get a new variant, then probably after this winter season. Looking at what is going on now, COVID-19 has dropped from 10x flu to 3x flu - next year should be 1-1.5x flu, and hopefully the year after significantly less than flu.

- **Which bivalent of the COVID-19 vaccine are you recommending at this time?**

Either ok with me, no preference.

- **How do you access Evusheld?**

Evusheld can be accessed through select hospital-based clinics as well as through some pharmacies (I am not sure how widely this is available in the community). More info here:

<https://www.ontariohealth.ca/sites/ontariohealth/files/2022-05/Memo-AccessEvusheld.pdf>

- **I thought health care workers were eligible for bivalent boosters at 3 months. I've been told no by OPH nurses?**

Health care workers do qualify for a booster at three months as a priority group. The following flow chart and reference are helpful:

<https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/covid-19-vaccines/when-you-should-get-a-booster-dose-flowchart.pdf>

<https://dfcm.utoronto.ca/sites/default/files/assets/files/q10-fall-2022-boosteren.pdf>

- **What percentage of all viral illness is now COVID-19 illness?**

It varied by age, up to 75% of adults tested (so not the general population as only limited groups eligible for testing) but much less in kids.

- **What are the current guidelines for PCR testing for COVID-19? Any recommendations for the Clinical Assessment centers being set up by OH/OHTs?**

PCR COVID-19 testing guidance has stayed the same as far as I know. No change in the guidance for PCR testing for flu (the multiplex) - so not now for ambulatory use, only for kids in ED, hospitalized adults, congregate settings.

- **Why can't we prescribe Paxlovid in advance for high-risk patients and have them keep it on file at a pharmacy in case positive. If they turn positive over a weekend or X-mas-their doctor may be unavailable. 2: When will pharmacists be able to prescribe Paxlovid?**

Prescribing rules set by government mean you cannot prescribe in advance or "just in case." We do not know when/if pharmacists will be able to prescribe Paxlovid.

- **Can we expect any update to Paxlovid eligibility criteria? Who oversees therapeutic guidance on this since the Science Table folded?**

Yes, there is work being done on this, stay tuned, should be later in December.

- **The newest Moderna ba5 bivalent just released early November. Is it more effective than the current bivalent Moderna Ba1?**

You get a slightly higher antibody concentration against BA.5 - not clear it will translate to significantly improved protection against illness. Supposed to be available in Canada sometime in January.

- **Thank you Elizabeth re: the oral/nasal RAT test. So does this apply to kids too - should we ask parents to do the oral and nasal testing?**

Yes.

- **Should we ask patients to do both oral and nasal testing for the rapid COVID-19 test to get better result?**

Yes, better sensitivity if you use that method; just make sure they have not recently had anything to drink/eat (at least 30 minutes).

Tools & Resources

- **Would you wait for a negative COVID-19 PCR test before starting Tamiflu for ILI, or would RATs be acceptable?**

It's not recommended to wait for testing if someone is presenting with ILI and qualifies for Tamiflu. See page 2 here:

<https://www.publichealthontario.ca/-/media/Documents/A/2022/antiviral-medications-seasonal-influenza-2022-23.pdf?rev=c253cd2289df4141a2107e79c4e01795&la=fr>

- **How are you handling the increasing irritability of patients who have to wait for their routine care or specialist care?**

This is really challenging and does seem to require ongoing education to help our patients understand the backlog in the system. The OCFP has a memo that was included in our last President's Message that can be used to communicate to patients directly about the strain in the system: <https://www.ontariofamilyphysicians.ca/news-features/news/~275-Resources-for-respiratory-illness-in-children-and-adults>

Many physicians are using e-consult to try to get answers to questions where appropriate.

- **Is there a source you can provide that gives up-to-date appropriate COVID-19 screening questions to ask patients before they present to our office?**

Yes! Screening questions can be found here:

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

- **If we don't know that it isn't COVID-19 how can we counsel less than 10 days?**

Yes, the isolation guidance changed and is typically shorter for those who are not immunocompromised, hospitalized or in a highest risk setting. For otherwise healthy patients, isolation is required until symptoms have been improving for 24 hours (48 hours for GI symptoms) and no fever. See Table 1 on page 12 onwards, below:

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

Other

- **How does one do a safe pharyngeal exam: cover nose with mask open mouth?**

I just wear my recommended PPE and then do the exam like I would normally! You're safe to do this exam.

- **Why is there no mask mandate in Ontario since it appears the health care system is in crisis now? One of the original goals of all the public health interventions early in the pandemic in 2020 was to prevent crisis?**

I think because the government and public health leaders think that people will not follow them.

- **Would like to talk at a session about ventilation in our offices. Is it possible to have an engineer or other relevant expert speak?**

Thanks for this suggestion - we will take this away.

- **In a LTC setting, for a symptomatic resident, should both RAT and influenza testing be ordered at the same time given the current situation? Should we add RSV testing as well?**

The residents should get the multiplex testing which has a lot of viruses including RSV/influenza. From PHO testing guide: FLUVID, detecting Influenza A, Influenza B, Respiratory syncytial virus (RSV) A/B and SARS-CoV-2 (COVID-19).

- **Re: Masks, we were told in the beginning, that a COVID-19 virus is 1 micron in diameter and the surgical masks filter particles 3 microns or more. How does this protect against shedding? In addition, how large are the other viruses going around now?**

The way mask filters work, filtration efficacy is 'U' shaped. Most penetrating particles are about 5 microns in diameter; smaller and larger particles are filtered more effectively.

- **We are still COVID-screening our patients, primarily by email, but find most patients don't bother completing the questionnaires, so then we have to phone them before they come to their office appointment. Very time-consuming and frustrating. We are also still spacing apart appointments to prevent crowding in our small waiting room, which is difficult given the demand for appointments.**

1) Given that we have PPE, should we still actively COVID-screen patients now?

2) Should we continue to limit patients in our waiting room?

You are actually not just COVID-19 but COVID-19 and flu screening patients and that is definitely protective to you and patients. So yes, difficult as it is, you should keep screening and limiting patients - maybe until end of March.

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

- What virtual video platform are people using now that government stopped the K codes December 1, 2022?
- How sensitive are the rapid COVID-19 tests in light of the new variants? Frustrated parents (understandably) present at walk-in clinics waving a negative rapid test demanding their child to be seen immediately (when they have a FHO/FHT physician who they cannot access).
- What percent effectiveness are surgical vs Fit Tested N95 Mask at protecting the wearer please? How are the surgical adequate?
- How long do you think people with the current non-COVID-19 viruses are infectious to others?
- Based on this data, does it make sense to offer Paxlovid to those 60+ who test positive with no other risk factors?
- For a patient who cannot access PCR testing in a timely manner, and you think would benefit from treatment, can both Paxlovid and Oseltamavir be started concurrently?