

Changing the Way We Work

November 11, 2022: **Managing Respiratory Illnesses in Kids**

Panelists: Dr. Tasha Stoltz, Dr. Joan Chan, Dr. Susy Hota

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

Moderator: Dr. Tara Kiran

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

FLU | ILI | RSV

- **Is there a recommendation for timing of influenza vaccination after infection?**

Guidance suggests timing depends on severity of symptoms: Those with a severe acute illness with or without fever should wait until the symptoms subside before being immunized.

Individuals with symptoms of acute illness should be recommended to complete the COVID-19 Self-Assessment Tool (available at: COVID-19.ontario.ca/self-assessment). If the individual screens negative using the Self-Assessment Tool, influenza immunization may be provided.

- **What was the recommended dose for dex [dexamethasone] for croup?**

0.6 mg/kg

- **Can dexamethasone be repeated?**

I assume this question is about croup? We often do in cases of moderate-severe croup, but no clear evidence on this, or the interval of the second dose. Probably not necessary for mild croup.

- **In infants positive for COVID who have bronchiolitis is there no role for single dose of dexamethasone?**

The current practice is to only use dexamethasone in children with COVID who are hospitalized due to COVID.

- **What do you think about using IV dexamethasone orally?**

This is what is usually done.



- **What advice do you have for young children we might see in the community with probable RSV and mild signs of distress? If they are not sick enough for ER treatment- no treatment at home and just present to ER if they worsen?**

Yes - if no indication for admission, then supportive care at home, with close follow up. Keeping in mind symptoms peak at day 4-5 with RSV.

- **If a patient gets either a COVID or a flu vaccine one day (and forgets or does not want to get both on the same day), do they need to wait two weeks before getting the next vaccine?**

You can get them the same day or within a couple of days - no problem, just the recommendation Tara mentioned for those <5 where 14 days is suggested not for safety reasons but to monitor for adverse events.

- **Is naproxen in syrup form as effective as ibuprofen for treating fever in children?**

There is actually no data for use of naproxen to reduce fever in kids - hence why we use Advil + Tylenol.

- **With rising cases of ILI, it is useful to screen patients by phone first, to determine how urgent they are. But our telephone billing codes are being reduced Dec. 1st. Is there any chance that this could be delayed until after the winter? Most FP are seeing almost all of their patients in person, while our specialist colleagues may not have seen their patients in person for years (cardiologists, nephrologists, resp and so forth), if at all.**

I haven't heard that there will be a change in the implementation date. I hear you on the volume of patients we are seeing in person and the ++ demand for ILI.

- **Any preferred cough syrup for kids?**

No evidence across studies for any benefit of cough syrup for kids. Try honey and warm water for those > 1year old. It is hard to watch your kids cough, so reassurance and anticipatory guidance is helpful.

- **Is there actual harm for kids under 6 (i.e. a 4 or 5 year old) to take children's cough syrup?**

Yes - its also a Choosing Wisely point. I'll link here: <https://choosingwiselycanada.org/wp-content/uploads/2017/02/Paeditrics.pdf> (#5). There used to be a CPS statement on this as well that summarized the evidence but there was concern for over sedation and overuse.

- **When the fever is >5 days, and there is a strong suspicion for viral/resp source, and no symptoms of Kawasaki or other SBI, ruled out pneumonia/otitis/UTI, what is the ongoing management f/u suggestion for these children that still have persistent fever, reassess q48 hours rechecking hydration/symptoms etc.?**

I think that is very reasonable and safe care!



- **I feel we are undertreating kids because they can not talk and express their suffering. What is your opinion about Sinusitis and postnasal drip causing prolonged cough.**

So there are strict clinical diagnostic criteria for bacterial sinusitis in children. I'll link here: <https://publications.aap.org/pediatrics/article/132/1/e262/31288/Clinical-Practice-Guideline-for-the-Diagnosis-and?autologincheck=redirected?nfToken=00000000-0000-0000-0000-000000000000>. Treatment would be antibiotics if you are concerned for bacterial infection and not intranasal steroids. The other piece is that young children (less than school aged) don't have aerated sinuses (ie frontal sinuses don't develop until about 7-8 years) and so sinusitis just isn't something we see until adolescence-ish.

- **What about influenza in children, at risk?**

Supportive care is mainstay of treatment. Tamiflu is not approved in <1 year olds, and can be considered in 1-5 yo with mild illness and no risk factors (ie not requiring hospitalization). We will typically use in >1 year olds who are having severe influenza (i.e. requiring hospitalization). Best use if used <48 hours. There is a good resource from the CPS that I will include, which includes risk factors for severe disease and a Tamiflu use algorithm.

<https://cps.ca/en/documents/position/antiviral-drugs-for-influenza>

- **Given influenza cases and shortage of Tamiflu. How can a physician exposed to Influenza or infected with it get access to Tamiflu? It's hard to be off work for long.**

I wouldn't recommend post-exposure prophylaxis for influenza (or prolonged prophylaxis during influenza season) routinely, even during bad seasons. Moderate at best effect balanced against side effects and risk of encouraging resistance does not weigh in favor. I would suggest masking, hand hygiene and vaccination for prevention.

- **More pharyngitis question – I see patients coming back from ER with single dose steroid for acute sore throat (viral/strep not proven). Is this helpful? Standard of care?**

I'm seeing this too, there are a few metanalysis, including it helps with pain relief at 24 hours but importantly no difference in days missed from school or work. Good BMJ 2017 meta-analysis summarize here in an AAFP link:

<https://www.aafp.org/pubs/afp/issues/2018/0215/od1.html>

- **I wonder why the home management hand out recommends calling your family MD if you can not access antipyretics? This will generate extra calls.**

One of the reasons is that unfortunately these patients are going to the emergency department because they can't get access to Advil or Tylenol, so best that we help to fill in this education/support. Emailing/communicating via clinic website on this issue - if available - may be something to do preventively on this issue.

- **Our nurse was told not to give high dose flu shot at same time as Shingrix in seniors. Why?**

I'm not sure! I'll have to look into this to see if there's a specific recommendation that I have missed - currently not aware of a requirement to space these 2. But the general thought is to space out vaccines that can wait if at all possible. Co-administration of COVID and influenza vaccine is being emphasized because uptake of both is urgently needed.

COVID-19 incl. VACCINES AND TREATMENTS

- **After COVID, how long should we wait for vaccine booster –3 m or 6 m?**

Depends, 3 months if higher risk otherwise 6 months. See infographic on this ministry guidance https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_vaccine_administration.pdf

- **Can Public Health do a blitz to all people who have ever had a COVID vaccine, to remind them to get a booster, as I hear from patients, no matter how many times I ask them to get a booster, when they get an email from PH or their pharmacy, they are more likely to get it done?**

I agree we need that ongoing patient communication on COVID vaccination - I know that PH/Chief Med Office/MOH are doing public messaging. I haven't heard about direct messages to patients. I have to hope this rise in respiratory illness will drive more to get flu/COVID vax.

- **Is there a recommended interval to wait to get the seasonal flu shot after someone has had a COVID infection?**

They should wait until no longer infectious (10 days from symptom onset/ positive test is ideal). Otherwise, no need to wait longer to get flu shot after COVID infection.

- **Is there any guidance on Paxlovid rebound and how to manage it? I am only aware of the CDC May 2022 statement. I have seen a few cases that I have reported to Health Canada.**

Generally, rebound results in mild symptoms and re-treatment is not recommended. However, in severely immunocompromised, could consider. But patients should be counseled to self-isolate again with rebound.

- **I have noticed increased number of patients having COVID insisting to have Paxlovid from walk-in doctor who has no recent blood work nor renal function. I personally do not feel safe to prescribe Paxlovid via phone without recent renal function. What would you do?**

Good question - I suspect there re many different approaches here and definitely harder when this isn't a patient who you know. But I agree, getting a renal function is preferred.



- **I see differing guidelines re Paxlovid qualifying criteria specifically for pts over age 70. Ontario MD suggests Paxlovid for all over age 70. Ontario science table differs for those fully vaccinated suggesting only Paxlovid for those with three or more risk factors. Is there a standard province wide algorithm?**

The difference is between expert body guidance (based upon scientific review) and what translates into policy (what the government decides to use as eligibility criteria for public funding of treatment). It's unfortunate that they do not always align perfectly. The clinical guidelines are the best to follow but recognize that it may not go through if outside of what the province covers!

- **Should we still be pushing for Evusheld if it's less effective against new subvariants or perhaps wait for next generation monoclonals?**

Sorry – didn't get to mention this but a significant concern with BQ.1/1.1 is potential to lose all monoclonal antibody effectiveness due to mutations in the subvariant.

[Health Canada – EVUSHELD Risk of Prophylaxis/Treatment Failure due to Antiviral Resistance: <https://recalls-rappels.canada.ca/en/alert-recall/evusheld-tixagevimab-and-cilgavimab-injection-risk-prophylaxis-or-treatment-failure>]

- **Can you speak to Novavax? When can we get some in primary care?**

Patients can access Novavax via public health clinics/channels.

[Operational contacts for Public Health Units, for Novavax access: <https://www.ontariofamilyphysicians.ca/education-practice-supports/clinical-tools-resources/public-health-units-oct-2022.pdf>]

OTHER

- **What is the time frame to complete a form?**

I usually quote patients 2 weeks for a form AND in these times with scarce resources there may be times where that can't be met. IMO forms can't be the priority over seeing sick kids. Practically speaking, trying to tackle one form at a time, push through it and get it out of your inbox, can make a big difference. I'm actually giving a talk on time management/managing paperwork at FMF on Saturday if you want more tools about managing paperwork

[For more information, see the CPSO policy on Third Party Medical Records, under "Timely" subheading: <https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Third-Party-Medical-Reports>]



- **Can you explain the dichotomy of wearing a mask: explain to parents how we have been told that the current season is more severe because children were not exposed to mild viral illnesses and so although the severe illness does seem to be prevented there are also not getting the mild viral illnesses of childhood. It is very confusing to explain to parents.**

It's a good point and can be difficult to explain to parents. It can be helpful to review that we mask to reduce the risk of infection for others, especially for those who are immunocompromised or high risk. Universal masking may be a somewhat short-term strategy to help to manage the current surge and strain we are seeing in the health care system.

- **Can you speak to OCFP's potential role in advocacy around mask mandates? Power in our professional organizations speaking up**

Thanks for raising this. It is a very challenging issue. We have been speaking publicly about the importance of masking to help manage this surge in respiratory infections.

Our latest news release on this is here:

<https://www.ontariofamilyphysicians.ca/news-features/family-medicine-news/~276-Family-doctors-continue-to-experience-surge-in-children-with-respiratory-illness>

- **How to best manage the huge imbalance between patient demand (respiratory illness) and provider supply of appointments?**

The call volumes have been incredibly high recently. The OCFP has pulled together a number of resources to support you in your practice including resources to provide to patients to help them to manage their symptoms at home when appropriate.

Here is a link to the most recent resources:

<https://www.ontariofamilyphysicians.ca/news-features/family-medicine-news/~275-Resources-for-respiratory-illness-in-children-and-adults>

- **COMMENT: During the 1999 Influenza epidemic I was seeing 60 patients a day and realized I could not continue this pace indefinitely. From that point on, I dedicated a block of time each day to see ill people. And when my partner was off due to a glioblastoma, I saw patients every 10 minutes during pre-booked times: 4 of mine & 2 of his each hour & Same Day in the afternoon. This plan allowed me to work for 40 years.**

Thank-you for your many years of service, incredible dedication.



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

- What is a reasonable time to monitor fever with minimal symptoms
- Is there a max dose for dex?
- What is the deciding factor to use Dex vs. Prednisone for asthma exacerbation in kids?
- Please explain how it is ok to use po steroids but not steroids by inhaler for exacerbation of asthma considering the increased risk of side effects with oral med.
- No inhalers for post-viral cough?
- Any evidence for intranasal steroids in kids for post viral cough?
- Any thoughts of use of Atrovent for post viral cough?
- I have seen an herbal called Helixia prospan for cough for children. Is this safe or effective at all?
- I have found the cost for tylenol/advil from compounding pharmacies is very high which is making it inaccessible for many families - is there any advocacy happening for this?
- Any tips for avoiding/treating post-tussive emesis in a patient with prolonged cough?
- What is in Prospan Helixia? [Medicinal Ingredient: 7 mg/mL extract of dried ivy leaves (*Hedera helix* L). Extraction ratio of 5-7.5:1 (7 mg extract is equivalent to 35-52.5 mg dried ivy leaves). Non-Medicinal Ingredients: Purified water, sorbitol*, flavour, xanthan gum, potassium sorbate, citric acid.]
- For Dr Hota: How good a match is this year's flu shot to actual circulating influenza
- And there seems to be ++ conjunctivitis -- is this all viral also? Many patients presenting requesting topical antibiotics (esp since OTC polysporin not available to get from pharmacy) -- Just wait also or indication for topical fucithalamic?
- Can anyone comment on 'non-strep bacterial pharyngitis'? I had a patient with bad sore throat, strep neg x 2, didn't look like an abscess - went to ER and actually saw ENT (r/o abscess) who (per pt*) told pt to tell her family doc that they're seeing lots of 'bacterial non strep pharyngitis' and rx'd clavulin.
- My understanding that an egg allergy is not a contra indication to the Flu vaccine. I have patients who tell me that they were told by their former respirologist, years ago, not to take it? Could you clarify?
- Can you please comment on evidence for fourth dose in teenagers? Risk of myocarditis?
- Who should we decide to treat with tamiflu given all the other viruses out there that cause same sx?