Changing the Way We Work

October 28, 2022: **Managing Influenza-like Illness this Fall**

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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 | RSV

- **When to get flu shot after clinical influenza?**

Guidances 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, including minor symptoms such as sore throat, 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.

- **Will coming infections be multiple infections? Patient getting influenza, RSV, COVID at the same time? Plus CAP pneumonia? Should we give everyone the new PREVNAR 20?**

In most cases people, only get one virus at a time. And post-viral CAP or concurrent CAP is uncommon; and yes, if eligible for pneumococcal vaccines, would give it to them.

- **I vaccinated twin preemies many years ago for rsv, SickKids provided our office with the vaccine**

Interesting - maybe a trial? I only know of the drug called palivizumab which is available to prevent severe RSV illness in certain infants and children at highest risk.

[Ministry of Health Respiratory Syncytial Virus Prophylaxis for High-Risk Infants Program 2022/23 RSV season: https://www.health.gov.on.ca/en/pro/programs/drugs/funded_drug/fund_respiratory.aspx]

- **Why aren't we vaccinating kids for RSV?**

There isn't yet an RSV vaccine. There is an RSV prophylaxis for high-risk infants. https://www.health.gov.on.ca/en/pro/programs/drugs/funded_drug/fund_respiratory.aspx

- **Has typing been done on influenza that is circulating to see if there is a good match to the vaccine this year?**

Not yet, we won't know until later in the year.

CLINIC READINESS | IN-PERSON CARE

- **I would love to hear strategies that other clinics are using to manage volumes in their after-hours clinics these days.**

It is very challenging right now. We are triaging patients before booking in during the day when possible and trying to provide as much education to patients about managing symptoms at home when appropriate. Our [OCFP] reference has some helpful links for patients:

https://www.ontariofamilyphysicians.ca/tools-resources/COVID-19-resources/clinical-care-office-readiness/COVID-screening-tool.pdf

- **How is the supply of masks in community practices? I'm asking thinking of HS trainees in rotations. Is there sufficient capacity now?**

We have had no issues. costs are less (thankfully) compared to the early days of the pandemic.

- **What is the rationale for gowning for all 'screen positive' patients, particularly if we are wearing scrubs?**

Dr. McGeer [past panelist, ID doctor Dr. Allison McGeer] has commented at previous sessions that gowns are probably less useful compared to eye protection and masking, but still part of the PPE recommendations for screen-positive patients.

[Guidance on IPAC for community practices (OCFP): https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/clinical-care-office-readiness/ipac-summary.pdf]

COVID-19 TESTING | TREATMENTS

- **Now that RAT tests are no longer being funded, how do we assess a patient with URI symptoms for Paxlovid treatment if they can't self test? We have no tests in our clinic.**

Patients who are high risk for whom you are considering Paxlovid can access PCR testing. [Resources:

- Ontario guidance on testing and treatment: https://www.ontario.ca/page/covid-19-testing-and-treatment#section-5
- Provincial pandemic stockpile for PPE, swab kits, rapid tests: https://ehealthontario.on.ca/en/health-care-professionals/ppe-intake]

- **I have some high-risk patients who are travelling and they are asking for a script of Paxlovid in case they contract COVID while away. How to manage this? | The reason why patients want Paxlovid for travel is precisely because they want to start Paxlovid within the 5-day window.**

You can't get a Paxlovid prescription in advance, it is only available if you test positive and are within 5 days of the test/symptoms and in the eligible group. Evusheld is available for prevention in the very high-risk groups. [Related links:

- Ontario's testing and treatment information – https://www.ontario.ca/page/covid-19-testing-and-treatment: *If you do not have symptoms but are at higher risk of severe COVID-19, talk to your primary care provider about getting pre-assessed for treatment in case you get sick with COVID-19.*
- From Health Canada: EVUSHELD (tixagevimab and cilgavimab for injection) - Risk of Prophylaxis or Treatment Failure due to Antiviral Resistance: https://recalls-rappels.canada.ca/en/alert-recall/evusheld-tixagevimab-and-cilgavimab-injection-risk-prophylaxis-or-treatment-failure
- Evusheld information: https://www.ontariohealth.ca/sites/ontariohealth/files/2022-05/Information%20for%20health%20care%20providers%20-%20Evusheld.pdf]

- **This [eligibility criteria] is different from the Science Table guidelines – which do we follow? https://www.ontariohealth.ca/sites/ontariohealth/files/2022-04/Paxlovid-PatientFactSheet.pdf**

I view these criteria as people who are eligible and where it could be considered. It is not necessarily recommended for everyone who meets MoH criteria – that's where the SAT guidance comes in.

[Related links:

- Ontario Science Advisory Table – Paxlovid: What Prescribers and Pharmacists Need to Know: https://covid19-sciencetable.ca/sciencebrief/nirmatrelvir-ritonavir-paxlovid-what-prescribers-and-pharmacists-need-to-know-3-0/
- Ontario guidance – https://www.ontario.ca/page/covid-19-testing-and-treatment: *A health care provider may determine treatment is right for you even if you do not belong to one of the groups above based on your individual circumstances.*
- Ontario Health, on accessing Paxlovid: https://www.ontariohealth.ca/sites/ontariohealth/files/2022-04/Guidance%20for%20health%20care%20providers%20-%20Access%20to%20Paxlovid%20-%20EN.pdf]

- **Both Paxlovid and remdesivir are not available for eGFR<30?**

Yes, not recommended, but agree we should consider higher risk for these patients for more severe disease. it might be worth connecting with the nephrologist or the local CAC to consider treatment options.

[More info for primary care providers on Paxlovid/remdesivir from Ontario Health: *"remdesivir may also be available for people at higher risk of serious illness due to COVID-19 who cannot take Paxlovid or as an alternative to Paxlovid, based on clinical assessment*: https://www.ontariohealth.ca/sites/ontariohealth/files/2022-04/Guidance%20for%20health%20care%20providers%20-%20Access%20to%20Paxlovid%20-%20EN.pdf]

- **We've had 3 RAT + people test negative on PCR this week. This is new for us. Two were from the same box of RAT. Their employers required a second PCR- also negative. One suggestion was that people are using expired or near-expiry RATs. Any thoughts?**

Interesting thought and probably good to look for expiry date. I think the combined oral/nasal method is the best way to increase sensitivity.

[Instruction for oral/nasal method for collecting a sample using RAT, from Ontario Health: https://www.ontariohealth.ca/sites/ontariohealth/files/2022-02/COVID-19RapidAntigenTests-HowtoCollectaSample.pdf]

- **After a COVID infection, if the RAT test remains positive for several days, does it mean the patient is infectious? When can we safely say they are not infectious anymore if symptom-free, but RAT remains positive?**

The RAT can be used to assess infectivity between days 5-10. After day 10, risk of transmission is quite low unless the person is immunocompromised.

- **Given the RAT is not as sensitive, would it not make sense to just treat symptomatic people who are at risk even without a positive test?**

Patients require a positive test for Paxlovid treatment and can access PCR testing if high risk – so if you suspect COVID, then best to access PCR testing for the patient. [Related links:

- Clinical assessment centres: https://www.ontario.ca/page/COVID-19-testing-and-treatment
- COVID-19 anti-viral treatment screener: https://www.ontario.ca/covid-treatment-screener]

- **How do you get a PCR test these days?**

If your patient may qualify for Paxlovid or other treatment, they qualify for a PCR test. There are good online sites for patients to self assess their eligibility. They can get the test at CAC/testing sites. [Related links:

- Clinical assessment centres: https://www.ontario.ca/page/COVID-19-testing-and-treatment
- COVID-19 anti-viral treatment screener: https://www.ontario.ca/covid-treatment-screener]

BOOSTER VACCINE DOSES

- **Is the bivalent vaccine recommended for patients with significant long COVID symptoms (auto-immune diseases triggered by COVID infection)?**

Bivalent is recommended for all patients at this point age 12+. Not sure if that answers your question

- **Can someone get COVID boosters every 3 months now?**

If they meet those criteria then yes, they can.

- **There is a perception that the newer COVID variants cause less intense symptoms, and this seems to contribute to public hesitation on getting the next booster dose. Is there any truth to this?**

The difference is that the vaccines and hybrid immunity results in COVID being milder in many people. But in immunocompromised people, we still see severe disease, and we are still seeing many frail adults admitted with COVID with various symptoms or with exacerbation of chronic diseases.

- **Did I hear correctly, that after a COVID infection, wait 6 months [for booster] if low risk?**

Yes, that is correct.

- **Do we anticipate second bivalent doses 3 months after the first one?**

Yes, 3 months if you are in one of those higher risk groups, otherwise 6 months.

- **Is this chart the same for infection? i.e., health care workers get booster 3 months after having COVID?**

Yes, it is recommended that healthcare workers get their booster at 3 months. See page 14:

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

CHILDREN'S VACCINATION

- **NACI guidelines for the 6mo-4y age group remains "may", as opposed to "should". That has influenced my counseling for this age group – should it not? Should we be encouraging vaccination for this group more strongly than NACI?**

Based on the fact that hospitalizations are higher for COVID in under 5s who are unvaccinated and we know the vaccine is safe, I would encourage parents to vaccinate their kids.

- **The uptake of COVID vaccines in kids has been very poor despite our communication efforts. Overall risk of severe cases in kids has been low. What do you think it will take to change parents' minds?**

Great question, so many reasons for hesitancy. I've been using the SickKids vaccine consult service more than ever because many really need that long conversation. Advice from each of us as the FP is helpful and parents trust that (though it can take a few visits), more public messaging to kids. maybe the rising strain on the hospitals will also drive change.

[SickKids Vaccine Consult Service: https://www.sickkids.ca/en/care-services/support-services/covid-19-vaccine-consult/]

OTHER

- **Are BQ1.1 and XBBB.1 Omicron variants?**

Yes, BQ.1.1 and XBB.1 are Omicron variants

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

- Please comment on the two bivalent vaccines available and which one we should be recommending?
- For older pt, which bivalent vaccine is preferred?
- How good are the RAT's at picking up omicron?
- Comment on single dose dexamethasone for RSV
- How to best prescribe in walk-in clinic setting?"
- Could you comment on side effect profile of the new bivalent COVID vaccines. I am getting reports from patients that they are quite sick
- With fever/headache etc for a few days (more severe and longer than previous vaccines)"
- Can we not ask the chief medical officer of health to mandate masks indoors again? It certainly looks like the health care system is in crisis
- Are the recommendations for Paxlovid still the same? Still monitor for up to day 4-5, and if improving, likely no benefit?
- Please speak to new if any guidelines re Paxlovid usage since this was last updated by the now disbanded science table a couple of months ago and as it was just said that 2-3 vaccines more than 6 months ago may no longer be sufficient?
- Would you recommend doing RATs in the office to r/o COVID and then treat with Tamiflu for high-risk patients? That could result in a lot of extra clinic time
- If a high-risk patient has only very mild respiratory symptoms e.g. no fever, no SOB, fully alert, just a bit of sore throat, but RAT + for COVID 19, would you give him Paxlovid?
- I understand that Moderna bivalent gives more robust immunity for our 65+, as such is preferred for this age group over Pfizer bivalent. Can you confirm this?
- What are current recommendations re: health care workers return to work after Testing +ve for COVID?

- How long should COVID positive health care worker (and staff in office) be isolated from work?
- How effective is Tamiflu in the outpatient setting? Does it really prevent hospitalization? Do we have this data? Because data on symptom improvement isn't that impressive.
- What is the current data on myocarditis post COVID vaccination especially in teens/young adults?