

Changing the Way We Work

February 18, 2022: The Omicron Aftermath: Post-acute COVID and Physician Wellness

Panelists: Dr. Liz Muggah, Dr. Ruchi Murthy, Dr. Ashley Verduyn
Moderator: Dr. Tara Kiran

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

POST-COVID CONDITION (LONG COVID)

- **Are there updates long COVID treatment guidelines for primary care?**

There is a new OH guide for primary care for post-COVID condition.
https://www.ontariohealth.ca/sites/ontariohealth/files/2021-12/PostCovidConditionsClinicalGuidance_EN.pdf

- **Are there some patients who are more symptomatic with post-COVID condition than what they were when they actually had COVID-19?**

I would say yes – some with very mild symptoms related to the virus experience debilitating fatigue, POTs etc. for prolonged periods of time.

- **How to know who to investigate further and refer to specialists with post-COVID condition? I was told the same thing about not investigating further, and in the end, pt. had a neurologic condition that when Tx made a significant difference.**

Yes, it's tricky – if there are red flag symptoms, or you're concerned there may be another explanation for their symptoms, then you should refer. It's certainly not wrong to refer if you're concerned.

- **Do vaccines prevent long COVID? i.e., do we see long COVID in vaccinated patients that had mild illness?**

Vaccines reduce your risk of getting COVID so yes, definitely reduces risk of post-COVID condition. Also, there is a signal in the literature that the higher number of COVID symptoms, the greater risk factor for post-COVID condition – so if less symptoms of acute infection, less risk of post-COVID condition.

- **More long COVID with Delta vs Omicron?**

Not sure yet but CANCOV prospective study ongoing and hopefully will provide some answers.
[UPDATE: CANCOV prospective study – <https://cancov.net/>]

- **Is there a link or further info on UHN trial for long COVID? What's the full name of the doctor?**

Dr. Angela Cheung. Here is the link to the study <https://cancov.net/>. You can also email reclaim@uhn.ca – her new RCT for post-COVID condition is called RECLAIM.

- **What's the wait time for these [Outpatient rehab programs for long COVID] programs?**

Patients with severe impacts on functional abilities are prioritized but otherwise, wait can be long – months.

- **Will insurance companies and ODSP and WSIB recognize COVID diagnosis if no PCR proof of infection?**

They should but [Dr. Ashley Verduyn] has confirmed that it can, unfortunately, require a lot of advocacy to the insurance company.

- **Is post COVID recognized by WSIB and other insurance providers at this point? And would this diagnosis be viewed for ODSP and CRA tax credits?**

Yes, it should be but can require advocacy – CDC approved an ICD code for post-COVID condition, *CD-10 code U09.9 Post COVID-19 condition, unspecified*, was approved for implementation effective October 1, 2021.

- **Role of inhalers in breathlessness symptoms?**

Using an inhaled corticosteroid is not unreasonable as Budesonide indicated for COVID.

- **Is there any new evidence about long-term complications or COVID, now that we are two years into the pandemic, that we can share with patients in order to promote vaccination in the hesitant?**

I think this is a good strategy to try. [panelist Dr. Ashley Verduyn] mentioned the stats on long-COVID at the start of her talk – I hope that is good material for the vaccination discussion for those who are still hesitant.

TESTING

- **I have patients who contracted COVID in Florida. They are concerned about coming home in April as they are told their antigen test will always be positive. Suggestions?**

There is a fair bit of variation on how long people stay positive on a home RAT test, seems to be around 6-10 days on average (may be longer though).

- **Patient asking for clearance to avoid PCR testing as they had COVID – rapid antigen only positive: what can we do judicially?**

[Answered by Dr. Liz Muggah] I wrote about this in my last OCFP President's Message so you can check that out, including a template for a letter. Good guidance from CMPA on writing these notes. To note, writing these notes are non-insured services: https://www.cmpa-acpm.ca/en/covid19/testing-and-screening?utm_source=21Jan22EN-F&utm_medium=Email&utm_campaign=Ebulletin%22%20%5C%20%22providing-note-when-i-did-not-perform-test

[OCFP President's Message, Feb. 4, 2022 – <https://www.ontariofamilyphysicians.ca/news-features/family-medicine-news/~240-Guidance-for-COVID-19-therapeutics-travel-notes-and-more>]

- **I know PCR can remain positive for weeks. What about RAT? Can a person go back to work if feeling better now 7 days post onset and RAT still positive?**

There is wide variation in how long, but typically 6-10 days (longer if unvaccinated, for example). If the patient qualifies for the 5-day isolation period (fully vaccinated, under the age of 12, not immunocompromised), then symptoms need to be improving for 24 hrs (48 if GI symptoms) and the patient should be fever-free prior to ending self-isolation:
https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/management_cases_contacts_omicron.pdf

VACCINES | BOOSTERS

- **How and when can we get Novavax for our patients? Any plan to make it available for adolescents or children?**

Good question, we don't yet know, most likely through the same route with PHU taking the lead. [UPDATE: Novavax is expected to be in provincial inventory in late March.]

- **Should a person who got the booster but developed COVID (PCR +) 5 days later get another booster?**

No, they don't need another booster.

- **Do immunocompromised adolescents aged 12-17 need to wait 6 months from their third dose for a fourth booster dose or can it be given sooner?**

Youth ages 12 to 17 with underlying medical condition that puts them at high risk for severe illness due to COVID-19 are eligible for booster at least 3 months (84 days) after the completion of a primary COVID-19 vaccine series. (Feb. 7, 2022). For those in this age group without underlying issues, the interval is 6 months.

[UPDATE: MOH COVID-19 Third Dose Recommendations (Feb. 17, 2022):

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

- **Some patients noticed amenorrhea or irregular periods after the COVID vaccine. Is there reported similar problem?**

Yes, the vaccine may cause temporary menstrual irregularity but there is no evidence for impact on fertility or permanent changes. Good FAQ from SOGC here:

https://sogc.org/common/Uploaded%20files/Covid%20Information/FAQ_Myth-Fact_17Sept2021.pdf

- **Are there any links between COVID shots and miscarriages?**

To date there is no evidence for negative impacts on pregnancy or fertility, good summary here from SOGC as we do know and the safety of the vaccine:

https://sogc.org/common/Uploaded%20files/Covid%20Information/FAQ_Myth-Fact_17Sept2021.pdf

- **Who is now eligible for 4th dose?**

LTC/RH and some immunocompromised (i.e.: transplant recipients, active chemotherapy). See here <https://covid-19.ontario.ca/getting-covid-19-vaccine>

[UPDATE/MORE DETAILS: page 13, MOH Third Dose Recommendations (Feb. 17, 2022) https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/vaccine/COVID-19_vaccine_third_dose_recommendations.pdf]

- **When will we be offering 4th dose after 4 months for non-immune compromised? If first two were AZ, will they be a priority?**

This is not yet clear.

- **Any data on breastfeeding?**

Yes, there has been research on breastfeeding and the safety of vaccinating. You can start by taking a look here in this Nov. 2021 SOGC statement:

https://sogc.org/common/Uploaded%20files/Latest%20News/SOGC_Statement_COVID-19_Vaccination_in_Pregnancy.pdf

- **Is there a resource already available, such as handout or talking points to encourage patients to get their boosters, that show some of this data for efficacy and Omicron?**

Here is a good one that we put together with OCFP/UofT DFCM, available in lots of languages on the [confusedaboutcovid.ca](https://dfcm.utoronto.ca/sites/default/files/assets/files/Q10_Third_Dose_EN_1.pdf) website

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TREATMENTS | TRAVEL

- **Do we know if the eligibility criteria for Paxlovid will be widened? So far, the province has only given out a very low number of doses to people.**

For now, re: Paxlovid, our understanding is that there will be no broad supply to family docs until September. So, the expansion would be based on demand-supply issues.

- **Are we allowed to write COVID recovery letters for patients calling us from outside of Canada specifically?**

I'd use caution – CMPA does not provide medico-legal assistance for care provided to patients outside of Canada.

[UPDATE: CMPA advises that members should contact CMPA to speak with a physician advisor about specific situations.]

These additional questions were answered live during the session. To view responses, please refer to the [session recording](#).

- Any update on the BA.2 variant? Any cause for concern?

- NACI has recommended boosters for only at risk 12-17 years. Ontario today opens to all 12-17 years. How should we advise our patients especially seeing that the vaccine including boosters seem much less effective against omicron?
- One of my patients requests low dose steroids for long COVID. How do you suggest I respond please? Thanks.
- Another question about variants- concern re any other variants?
- How to access Novavax for patients who want it over mRNA?
- Is there science behind the six-month booster for teens? The CDC recommended five months.
- Like to know a little more about Novavax. Also how important is the booster doses for the 12- to 17-year-olds any good evidence?
- Had a patient who went to a “complementary medicine” physician, with 12 months of long covid (fatigue, vertigo, headache, some visual blurring in one eye) seeing every possible specialist. He gave her 25mg of Cortef od for two months and in 2 weeks symptoms completely resolved. Three months later still all well. Any evidence?
- Are all these long Covid symptoms regardless of vaccine status?
- Can post covid affect those with asymptomatic infection, including children?
- Is post covid recognized by WSIB and other insurance providers at this point? And would this diagnosis be viewed for ODSP and CRA tax credits?
- I’ve heard anecdotally that getting the vaccine sometimes contributes to resolution of post COVID symptoms is there any evidence about this?
- Do we know if immunocompromised are at higher risk of post covid conditions?
- I have patients who want to be put on disability due to long covid. What is the family Doctor's role in this regard?
- Given individual benefit against severe covid disease is low in healthy 12–17-year-olds (given baseline risk is low), What % uptake of boosters for healthy 12–17-year-olds is needed to have an impact on transmission to protect more vulnerable patients in our communities?
- Are there specialized clinics where we can send patients suffering from long COVID?
- There has, for decades, been a literature around Medically Unexplained Symptoms (MUS) who have very similar presentations to long COVID and treatment similarly focuses on rehab and self management (goal setting, energy conservation etc...). What is the evidence that this is a unique clinical syndrome caused by COVID as opposed to generic Medically Unexplained Symptoms? Regardless, this syndrome is quintessentially a Family Medicine challenge requiring all our skills to assist patients through.
- What studies are going on for these patients and where are they running and what meds if any are they studying?
- I have a Pt. who developed these post covid symptoms after Pfizer 2nd shot. How she can be treated?
- Should we get a 4th dose since after 4 months effectiveness is not great, and we are certainly at higher risk?