Changing the Way We Work

January 7, 2022: Managing COVID-19 in the Community

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

CASE AND CONTACT MANAGEMENT

- **For those of us that work both in a community primary care office AND have hospital privileges, if we test positive for COVID, how long should we be isolating for? Of course, understanding we need to wait 10 days to go back to the hospital, but how would this apply to our community practice?**

  The 5 vs 10 days difference is based on the risk to the patient population being seen. So the 10 days are to return to hospital, LTCH or other high risk setting due to the concern for severe disease. In returning to clinic, 5 days would be reasonable but certainly consideration for the risk of patients that will be coming in and deferring anyone who is potentially high risk until 10 days would be recommended.

- **Please comment on isolation rules for healthcare workers who have household members with COVID?**

  Check with your hospital for its guidelines. However, for your clinic, 5 days [of isolation] with masking for 10 days is okay. (Note: Clinic is not considered a “highest risk setting,” according to the Ministry of Health (MOH) guidance.)

- **Please comment re: staff and HCWs in our family practice returning to work 5 days after onset of URI symptoms/confirmed or presumed COVID – concerns re ongoing infectiousness and exposing co-workers and patients (many of whom are vulnerable).**

  [Response from Dr. David Kaplan, with reference to his experience/clinic] Staff will need to wear a mask ALL the time for the full ten days. We are rapid testing our staff on day 5 before return. I currently have three staff members off … same situation. You could decide (like some hospitals) to extend to 10 days but that is up to the employer.

- **Please, can someone speak to the issue of triple-ply med/sx mask vs. KN95 vs. non-fitted N95? Why are we providing teachers with non fitted N95 – would not be a snug med/sx mask be equally/more effective? Also, can someone please comment on the fact that apparently teachers can still work in the classroom (when they return to in-person learning), even if unvaccinated?**

  Dr. Peter Juni and Dr. Allison McGeer explained this last week. A non-fitted N95 is better than a surgical mask. [Recording of Dec. 29 CoP session: https://youtu.be/tzSGtCJSCbo]

  TDSB has a mandatory vaccine requirement [for staff] – https://toronto.ctvnews.ca/100-permanent-teachers-staff-at-tdsb-placed-on-unpaid-leave-after-not-disclosing-COVID-19-vaccination-status-
1.5651913. In York Region, though, there is no mandatory requirement - [https://www2.yrdsb.ca/about-us/COVID-19/vaccination-disclosure](https://www2.yrdsb.ca/about-us/COVID-19/vaccination-disclosure)

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### TESTS AND TESTING

- Every day in my practice this past week, I have at least 6 extended family members with simultaneous COVID symptoms for every positive rapid test in the family .... which translates into at least 30 COVID cases per day that are not being “counted”. Can you please speak to the best practices with respect to when/how to use COVID tests and what a negative test really means?

I would refer to the provincial guidelines on who to test – [https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/managemnt_cases_contacts_Omicron.pdf](https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/managemnt_cases_contacts_Omicron.pdf). The recommendations focus on symptomatic individuals at the highest risk for severe disease and who may benefit from specific treatment, but also include workers (such as HCWs or education staff) in certain high-risk settings.

- One of the COVID tests showed that gene S is not detected, and this might be related to Omicron or Alpha? Does this mean that negative PCR is not accurate for Omicron?

This is actually the opposite of the case. Omicron not having the S-gene means that the S-gene dropout is a very effective screen that is being used to identify Omicron without having to perform whole genome sequencing.

- If PCR positive, how long will the test stay positive? Had a patient who was PCR positive, self isolated for 10 days and had another PCR test booked on day 12, did it, PCR positive. Next day got her booster COVID vaccine.

PCR tests are extremely sensitive, and they have been shown to remain positive in some individuals even 3 months after initial infection has resolved. They pick up even small bits of non-viable DNA. For this reason, we primarily rely on time-based clearance to determine ending isolation and infectivity.

- Is PCR testing recommended before initiating budesonide for COVID-suspected patients?

No, PCR testing is not recommended.

- Where can we get RAT for our clinic?

You can order here - hopefully they will have stock to ship in a couple of weeks. [https://ehealthontario.on.ca/en/health-care-professionals/ppe-intake?a=ppe-intake](https://ehealthontario.on.ca/en/health-care-professionals/ppe-intake?a=ppe-intake)

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### COVID-19 TREATMENTS | CARE IN THE COMMUNITY

- Please outline any new guidelines for COVID@home with oximeters with Omicron.


- Do we get order oximeters from the same link as the PPE order link?

No – different link [https://survey.alchemer.com/s3/6240240/O2-Saturation-Monitor-Survey](https://survey.alchemer.com/s3/6240240/O2-Saturation-Monitor-Survey). Instructions are wrapped up in patient information sheet, and also available (as well as multiple
translations) on Ontario Health COVID@Home site and on the HFAM pathway (in the monitoring section there is a section on accessing and using pulse oxs).

- **What is the timeline for people crashing with dyspnea?**

In patients who required hospitalization, the median time from symptom onset to dyspnea was 5 days. In patient who developed ARDS the median time to onset was 3 days after development of dyspnea (around 8 days after symptom onset). This is under risk table on HFAM but is obviously based on Delta data but in v small no of patients so far in primary care setting the initial timing seems similar.

- **Do we add Ventolin to budesonide? Turbuhaler difficult to use for some patients too.**

No evidence for Ventolin with COVID-19.

- **Is Dexamethasone out?**

The Recovery Trial showed increased risk of death for patients not requiring supplemental oxygen. BUT it is an important treatment for patients who do need O2 in hospital.

- **What about patient with COPD/asthma who is unable to get test to confirm COVID or not? Is it okay to give prednisone, since evidence to not use oral steroid for mild disease due to COVID?**

The evidence (Recovery Trial) showed that dexamethasone increased the risk of death for patients who did not require supplemental oxygen BUT the study did not look at any subgroups of people with underlying lung disease- I would recommend treating COPD as usual.

- **The criteria for deciding to prescribe Sotrivumab are clear. Could you please comment on whether criteria to prescribe budesonide or fluvoxamine is different? Do you also reserve these only to the under vaccinated?**

We are recommending fluvoxamine and budesonide for symptomatic patients with moderate to high risk of disease progression (both vaccinated and un-vaccinated patients). We would not recommend for low risk (under age 60, under age 50 if indigenous, under age 50 with risk factors). [NOTE: January 8, 2022, updated guidelines from Ontario COVID-19 Science Table on Recommended Drugs and Biologics in Adult Patients with COVID-19: https://covid19-sciencetable.ca/sciencebrief/clinical-practice-guideline-summary-recommended-drugs-and-biologics-in-adult-patients-with-covid-19-version-7-0/]

- **Are household contacts who are caregivers of those getting active cancer treatment eligible for monoclonal antibodies if they are positive also?**

We are not recommending Sotrovimab for prophylaxis at this time.

- **How do you access Monoclonal Antibody infusions in patients who would qualify based on their risk status?**

[An individual would be tested in the Emergency Department if they meet criteria for testing set by MOH (Dec. 31, 2021: https://news.ontario.ca/en/backgrounder/1001387/updated-eligibility-for-per-testing-and-case-and-contact-management-guidance-in-ontario) You fax the referral to the clinic the patient goes up for a one-off infusion. Key thing is they need a + test (RAT is acceptable). There is a link on HFAM side menu to the monoclonal clinic which has the referral form and a patient info form. [See “How to Refer” on this page: https://hfam.ca/clinical-pathways-and-evidence/covid/hamilton-monoclonal-antibody-pilot/]
Is there any reason fluvoxamine was listed before budesonide in the new updated Ontario Science Table recommendations?

The evidence for fluvoxamine is (slightly) stronger. Also, budesonide will likely be more useful for patients with respiratory symptoms whereas fluvoxamine would be for all symptomatic high-risk patients.

Could you comment on the use of SSRIs in COVID for patients who are already taking an SSRI other than fluvoxamine? What is the evidence to support use of other SSRIs in COVID management?

I would focus starting them on budesonide. No evidence that this is a class effect with SSRI - as per [panelist Dr.] Ullanda Niel.

VACCINES | VACCINATION

What do we do with individuals who present for vaccine booster who have any symptoms of COVID?

Individuals who currently have symptoms of COVID should not be vaccinated. It should be deferred until they are asymptomatic and out of isolation, preferably to 4-8 weeks after infection has resolved.

When is the appropriate timing on vaccine boosters after someone has contracted and recovered from COVID?

Some have suggested a delay given natural immunity post infection but on the other hand we don’t know how much immunity is gained after infection. [A period of 4-8 weeks after infection has cleared is preferred for booster.]

When do we recommend boosters if no proven positive test?

Boosters are currently recommended for individuals 18+ at least 3 months (84 days) after they have completed their primary vaccine series.

Can you please update us on boosters for 12+ given the recent approval in the U.S.?

NACI is deliberating on recommendations around boosters for 12–17-year old’s next week. So we hope to have more direction shortly.

Pregnant lady who had 3rd dose of vaccine early in pregnancy. Should she get a 4th dose of vaccine later in this pregnancy?

At this time, no. Fourth doses are currently only recommended for seniors living in congregate settings or for patients who are moderately to severely immunocompromised.

Please update us about menstrual irregularity after vaccination.
Has been observed (with vaccination and also with COVID infection I would note) no impact on fertility. Good FAQ via SOGC here: https://sogc.org/common/Uploaded%20files/COVID%20Information/FAQ_Myth-Fact_17Sept2021.pdf

- Does vaccinated mean 3 doses in this algorithm?

   Fully vaccinated means 2 or more doses with most recent dose within last 6 months.

- I have heard some guidelines mention needing a negative test to come off isolation after 5 days. Is this true? What about those who remain positive for weeks after they are well?

   [Hospital policies may vary re symptomatic/positive individuals avoiding work for 10-days. For highest risk settings, incl. hospitals and LTC, can return to work when symptoms improving for 24 hours (48 for gastrointestinal) and after having two consecutive negative RATS at least 24 hours apart (e.g., day 6 and 7) – see page 8-9 of MOH case management guidance: https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/management_cases_contacts_omicron.pdf]

   - Patients coming back from trips who tested positive who did their ‘isolation’ in Aruba, DR, Mexico. But don’t have proof of positive testing. They will test positive for 90 days we know that, but they want a note for Public Health because they will test positive and don’t want to isolate again OR they want to travel again within the 90 days. How do we deal with this? Do they need to isolate again? I have no positive test from their trip.

Without proof of a PCR test or a photo of a dated RAPID test, we can’t give them a letter for travel.

OTHER

- Are the hospitalization numbers of “cases” relevant? Do we need to know “patients in hospital with COVID” rather than “because of COVID”? Is an increase a crisis?

   Some patients in hospital “with COVID” are chronic disease exacerbations because of COVID. They don’t need O2 for COVID but CHF exacerbation, DKA, etc. Some however are incidental... 16-year-old girl with appendicitis who is incidentally COVID+.

   - Are patients with HIV at greater risk for morbidity/mortality from COVID if fully vaccinated?

      If they have advanced or untreated HIV, they are at higher risk.

      - Is incidence of long COVID less with Omicron?

         We don’t yet know. Long COVID by definition is symptoms that persistent longer than we have been dealing with, with this new variant. We will need to monitor this.

         - Should we still be encouraging our seniors to get flu shots at this time of Omicron? I understand that flu rates are low.

Yes! Although uncommon, cases of co-infection with influenza and COVID-19 have occurred and is more severe than either alone. Protection from influenza is still important, particularly in seniors, and having the additional vaccine in no way compromises the protection provided form the COVID vaccine.
These additional questions were answered live during the session. To view responses, please refer to the session recording.

- A question came up at the hospital today. We are having a big influx of COVID positive mothers in our L&D. Many are not aware they are positive until we swab them on admission. The question we have is how long do they and more importantly the babies need to stay isolated. We are swabbing these babies at 24 hours post delivery. Almost all of the babies are negative, but they are continuing to be exposed to the positive mother and perhaps other positive household members. Are the babies isolated for 5 days from the date the mother has a positive swab/symptom or does the baby and family need to stay isolated for 10 days. This has implications for the baby being seen at 2-3 days of age for their first newborn exam.

- How do we deal with requests for notes for travel notes for immunizations etc.?

- Do we have numbers of triple vaccinated people in ICU?

- Re: Rapid testing. I don't understand Dr. Moore's comments about doing 2 tests 24 hours apart to confirm patients are no longer infectious...I have employers demanding letters from physician AFTER patients have fulfilled their self isolation, certifying they are no longer infectious. Surely, we shouldn't be using RTA for those purposes, and surely, we shouldn't have to write such letters?

- How long after COVID illness need to wait for COVID booster?

- How long after a bout of COVID should a child 5-11 wait for a second shot?

- Should throat also be swabbed on RAT and if so, in what order?"

- After seeing a patient in person (not for assessment of COVID) in case they are an asymptomatic carrier, how long should I wait before removing my mask when I’m alone in my room? I have only one exam room.

- If I see a symptomatic patient who may have COVID, how long before I can remove my mask in my room?

- If I need to see someone in person, how long should I wait before using my room between patients? I do wipe down all surfaces that may have come in contact with any patient, with viricidal wipes.

- Clarification regarding household COVID infection: once the first person has completed 5-day isolation (and symptoms improved for at least 24h), if others become positive after, does the first person have to extend their isolation? There was a note in a recent OCP email that they had spoken to PHO that the first person doesn't need to extend their isolation but can't find any official documentation on this.

- Do you have any advice for the multiple requests that I am getting for “travel notes”- patients that have “recovered” from COVID- but require a note because their PCR will still likely be positive?

- Do those with known COVID infection previously need to self-isolate with their household members if household gets COVID symptoms?

- Please comment on dose of fluvoxamine. Dose and how long to titrate? Any concerns about qt interval?

- Any guidelines coming for use of Monoclonal Antibody Rx - i.e., priority setting for this scarce resource...?

- Please elaborate on the clinical indications for using fluvoxamine. In what kind of patient would it be most useful?

- Can you please explain more about Monoclonal Infusion?