

Changing the Way We Work

June 24, 2022: What's new with COVID-19 and Monkeypox

Panelists: Dr. Allison McGeer and Dr. Darrell Tan
Co-host: Dr. David Kaplan | 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.

MONKEYPOX

- **If you take multiple specimens, should you place each in a separate specimen bag?**

All monkeypox specimens in one bag; specimens for other conditions in another but mark as query monkeypox patient.

- **Do you mean that the transportation/packing in our office needs special training or the company that actually picks up our labs?**

[Requirements/instructions for preparing to transport specimens are available on PHO's Monkeypox webpage: <https://www.publichealthontario.ca/en/Laboratory-Services/Test-Information-Index/Monkeypox-Virus>. **Approval for testing and notification of specimen submission is not required.** Contact PHO Customer Service (416-235-6556/1-877-604-4567) or the on-call Duty Officer (416-605-3113) after hours if you wish to consult prior to sample collection and shipment.”]

- **At what stage of the disease is monkeypox contagious and for how long?**

From onset of symptoms until all lesions have re-epithelialized.

- **How can we know who got the smallpox vaccine? Is it by age or country of origin?**

Globally it ended in early 1980s; in Canada just before this; look for smallpox scar on arm (but distinguish it from BCG).

- **Would you recommend immunizing Gay/MSM patient in LTC?**

If they meet current criteria, yes. Otherwise, no.

- **How can we acquire monkeypox vaccine for our patients from public health? How long has this vaccine been available, what is it called, who makes it, how is it stored and administered?**

Licensed in Canada since 2013; contact your local PHU; requires refrigeration.

[Ontario Ministry of Health: Monkeypox Vaccine (Imvamune) Guidance for Healthcare Providers

https://www.health.gov.on.ca/en/pro/programs/emb/docs/Monkeypox_Imvamune_Guidance_HCP.pdf]



- **Are the cases co-infected with HIV?**

Many are but the data is still young.

- **Have there been any reports in kids in Canada?**

No.

- **I thought the recommendation is to test suspected patients only in a -ve pressure room. Are those places that you recommended have -ve pressure room?**

This has been relaxed; private room with cleaning between patients and PPE use ok.

[PHO monkeypox test information: <https://www.publichealthontario.ca/en/Laboratory-Services/Test-Information-Index/Monkeypox-Virus>

Contact PHO Customer Service (416-235-6556/1-877-604-4567) or the on-call Duty Officer (416-605-3113) after hours if you wish to consult prior to sample collection and shipment.]

- **Do the lesions leave scars?**

This is variable.

- **What prevention does a childhood smallpox provide against monkey pox?**

We do not know yet.

- **Can we have only oral lesions looking like herpes?**

Yes, but typically it is more than just this.

- **Should those over the age of 50 (i.e. who received smallpox as a child) with risk factors be referred for Imvamune?**

Yes, having had previous smallpox vaccine is NOT a contraindication to Imvamune.

COVID-19

- **I have read that the new COVID vaccine targeted against Omicron may not be effective against strains BA4/5. Is this accurate?**

It should be effective against new strain.

- **Same symptoms as original Omicron for the subsets?**

As far as we know, yes.

- **How effective are the store-bought masks given Omicron?**

As long as they are medical masks, they are fine for source control.

- **Although those of us under 60 are less likely to be hospitalized, is it not worth a second booster in order to prevent milder illness given the backlog in medical care that is across the system related to in part healthcare workers needing to take time off?**

From the authors in the Clalit study in Israel re under 60 healthcare workers: "Furthermore, we observed low vaccine efficacy against infections in health care workers, as well as relatively high viral loads suggesting that those who were infected were infectious. Thus, a fourth vaccination of healthy young health care workers may have only marginal benefits."



[NACI is recommending 4th doses for the fall – summary of NACI guidance on 4th doses/boosters, June 29, 2022: <https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/naci-summary-june-29-2022.pdf>]

- **Are there plans to offer healthcare providers < 60 yrs old the 4th dose anytime soon?**

[Not specific of healthcare workers, NACI is recommending 4th doses for the fall – summary of NACI guidance on 4th doses/boosters, June 29, 2022:

<https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/national-advisory-committee-on-immunization-naci/naci-summary-june-29-2022.pdf>]

- **Is there any more information about how long to wait for the 4th dose after having COVID for people over 60?**

No new information. Recommendation is at least 3 months.

[Individuals over age 60 may receive a second booster as soon as 3 months after first booster.

“The 5-month interval is recommended as it is likely to result in a better immune response, higher vaccine effectiveness and longer duration of protection”: See page 15 of the Ministry’s Third Dose Recommendations See COVID-19 Booster Recommendations:

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

- **When will Ontario roll out COVID vaccines for kids under age 5?**

Health Canada review is supposed to be complete sometime in July.

- **I had a few cases of return of COVID 19 symptoms with persistent RAT positive 3 days after finishing the Paxlovid course, and lasting another approx. 5-7 days. What would be the explanation for that? Do we need to change the timing for Paxlovid treatment?**

We do not have a good explanation, but we do know that this "rebound" usually is not severe and does not need therapy. So, recommendations are not changing.

- **Please comment on adverse events with Paxlovid.**

Most of them are GI related and associated with ritonavir. But in the studies, only 1 to 2% of people discontinue the medication due to adverse events.

[More info in this summary from the COVID-19 Science Advisory Table on “What Prescribers and Pharmacists Need to Know” about Paxlovid: <https://covid19-sciencetable.ca/sciencebrief/nirmatrelvir-ritonavir-paxlovid-what-prescribers-and-pharmacists-need-to-know-3-0/>]

- **For treatment of long COVID, any use of anticoagulation e.g., aspirin or NOAC?**

I haven't seen anything about this. [Some evidence on long COVID available on the OCFP long COVID resource page: <https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/long-covid>]



Check out the recording at this link:

<https://zoom.us/rec/share/LHhFtOYwYHPrRHJoPDFhI5LzbFvwSviAX5D47u9PcGYEata9rBXnRlAWpCbNuXsDN.OMBZB6FgePoDHFsa>

It includes the Mayo Clinic's Long COVID-19 Treatment Model from Dr. Greg Vanichkachorn. He explains the importance of providing psychosocial support to patients living with post COVID-19 conditions. He also points out the importance of sleep and how smell training helps recover the sense of smell.

- **Is there any indication that the need for documentation in COVaxON will be discontinued? As we prepare for the fall and likely another COVID booster the vaccine seems to be becoming more routine. I don't see the benefit/need for COVaxON at this point. It has been a major barrier to the delivery of the vaccine in primary care in our area.**

No signals that the requirement for use of COVaxON will end. [We understand there is work underway to integrate EMR and COVaxON documentation and eliminate the duplication of efforts; although this facility will not be ready for the fall.]

- **What is the effectiveness of Evusheld in those who are immunocompromised?**

Not as much data as one would like but it appears to have the same effectiveness in immunocompromised as others, which is about 70%.

- **Can you describe why it does not matter after 10 days if your RAT is positive? Why would the RAT remain positive?**

RAT can remain positive because there is residual dead virus, and PCR detects RNA, whether or not the virus is alive.

- **There was a paper recently studying the effects of repeat COVID infections and cumulative severity. Can you please comment?**

The paper is still not peer reviewed. There are some methodological issues (people are less likely to get tested if they already had COVID), and only 10% were women. The study showed a signal in unvaccinated and non-boosted (3rd dose) patients in the VA. I would think it is good evidence to convince people to get boosted.

- **Hospitals in our area have gone to passive screening at entry – should we still be doing active screening at our offices?**

[Active screening continues to be recommended in acute care settings and may be applied in primary care – PHO technical briefing, April 2022: https://www.publichealthontario.ca/-/media/Documents/nCoV/ipac/technical-brief-ipac-measures-transmission-risks.pdf?sc_lang=en

- OCFP screening tool: <https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/clinical-care-office-readiness/covid-screening-tool.pdf>
- OCFP summary of IPAC and PPE: <https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources/clinical-care-office-readiness/ipac-summary.pdf>]



- **Day 10 is enough for isolation after COVID even if they are still congested nasally?**
Yes. [See patient information, “What happens after getting COVID?” in the *Confused About COVID* series from UofT DFCM and OCFP: <https://rebrand.ly/COVID-Whats-Next>”

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

- With the new variants, is contagiousness after having COVID any different? Is 10 days enough if a pt who had COVID to avoid seeing an immunosuppressed family member
- Would healthy kids ages 12-19, with 2 doses of COVID vaccine, followed by mild COVID illness, benefit from third dose?
- Recently many of my pts have viral illness w loss of sense of taste and smell and negative multiple RATs. Does Ba4 and 5 evade detection by current RATs?
- Is the CFCP doing anything to fight back against the ridiculous statement from the CPSO saying that we must see patients even if they refuse to wear a mask? I am less concerned about me or my staff getting really sick, but one infected person could take out our whole office which services over 10,000 patients
- Dawn Bowdish was on the radio this morning saying that being within 3 months of a dose reduces your duration of non-severe symptomatic illness (i.e., a couple of days vs several days of being sick). Is there compelling evidence on this when most studies don't assess duration of non-severe illness?
- Is there any indication that the need for documentation in COVAX will be discontinued? As we prepare for the fall and likely another COVID booster the vaccine seems to be becoming more routine. I don't see the benefit/need for COVAX at this point. It has been a major barrier to the delivery of the vaccine in primary care in our area.
- What type of uptake should we expect from kids under 5 to get the COVID vaccine? Given hospitalization rates in this age group has been low, do we think parents will be enthusiastic?
- Can you please comment on the variety of recommendations about isolation for primary care? I thought it was 5 days and 24 hrs of no symptoms, but the MOH website says 10 days unless you have a negative RAT. Seems silly that I can go grocery shopping w/out a mask after 5 days but can't see patients with an N95 on and a face shield.
- Can you comment on the risks of serious illness, hospitalization and death in the under 5 population?
- Do the risks of COVID really warrant recommending the pediatric vaccine given the low VE?
- Healthy 60 plus year olds with 3 doses of COVID and Omicron in Feb/March/April- should they be boosted now or wait for the fall for the possible new vaccine?
- Should healthy 60-70 year olds wait for the hybrid vaccine to get their 4th booster?
- What prevention does a childhood smallpox provide against monkey pox?



- How high is the confidence that MPX is not contagious until symptom onset? If this is the case, it will be helpful to control transmission compared to viruses with contagiousness in the pre-symptomatic phase.
- For the mouth and perianal pics, I would have swabbed those for HSV. Will Monkeypox automatically be tested if we indicate MSM on an HSV swab?
- Any idea what the plan is for ongoing release of Imvamune and Tpoxx supply by government?
- In ON have there been any cases in the non-LGBTQ2 population?
- I thought smallpox vaccine provided some protection. I heard 85%. Would that not provide some protection against sever disease? Was this patient immunocompromised?
- Is testing available in primary care office? Is it safe? What if we don't have a negative pressure room?
- Do you mean we should refer people to ID to be swabbed there?
- Any data on safety and efficacy of Imvamune?
- Does smallpox vaccine as a child provide long term protection again monkeypox?
- Can HIV positive pts with CD 4 count under 100 have Imvamune?
- If an MSM patient is interested in Imvamune for monkeypox and also got the smallpox vaccine previously, would they still be eligible for/recommended to get Imvamune?
- If you had smallpox vaccine years ago, do you have immunity?
- Can u comment on monkeypox treatment
- How long does it take for the vaccine to work? How long is it effective for?