

Changing the Way We Work

November 21, 2025: Infectious Disease & Migraines
Panelists: Dr. Zain Chagla, Dr. Danny Adel Monsou
Moderator: Dr. Eleanor Colledge

Is there a booster for RSV? How long is the efficacy?

There is no booster and efficacy is at least 3 years efficacy (likely longer just as long measured by the studies)

Please clarify what the primary outcomes were in the 2 RSV studies? How did they actually measure efficacy?

References below:

- Kaiser was test negative design using a relative vaccine efficacy (risk reduction) <https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaf496/8293665>
- The Dan RSV study was relative vaccine effectiveness comparing outcomes <https://www.nejm.org/doi/abs/10.1056/NEJMoa2509810>

When vaccines other than covid (flu, RSV, Prevnar 20, etc) are administered by pharmacy, we family docs do not receive any record of that. Can this communication be mandated to be improved?

It's being worked on in a number of ways. Communication to pharmacy has been that they must share the administration with a patient's primary care provider. But we know that it's still very hit and miss. The long-term answer is the work being done on an immunization information system for the province, which is in the works but still a few years away. When that is in place it will be automatic.

Will RSV vaccine coverage be expanded by OHIP to the other high-risk groups (ie. those with cardiopulmonary risk factors)?

NACI will be reviewing again and we will see if their recommendations advise broadening the eligibility for younger ages. Currently, NACI is only recommending it specifically for residents of congregate living settings, and those over 75, especially with those chronic illnesses. <https://www.canada.ca/en/public->

[health/services/publications/vaccines-immunization/national-advisory-committee-immunization-summary-statement-prevention-rsv-disease-older-adults.html#rsv](https://www.ontariocollegeoffamilyphysicians.ca/health/services/publications/vaccines-immunization/national-advisory-committee-immunization-summary-statement-prevention-rsv-disease-older-adults.html#rsv)

Can the RSV vaccine be given under age 50 in select cases? I was asked to administer it to a 25-year-old who had received stem cell transplant

The publicly funded program is limited to individuals 60 and older, and the products are only Health Canada authorized for those 50 and older (Arexvy) or 60 and older (Abrysvo) or pregnant individuals (for infant protection, not their own protection). Administration to anyone under 50 would be off label and private pay. Administering it would be an individual clinical decision made jointly with your patient. There are no safety concerns with administering it, though we don't have direct effectiveness data for this population.

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

- I thought Arexvy and Abrysvo is indicated over 18 for at risk patients now (new indication).
- Is there evidence that Abrysvo has better efficacy after the first-year vs Arexvy?
- What about pharmacy participation in the RSV public program? What are the obstacles preventing participation?
- I used to use the CDC site for travel vaccine recommendations, but given political climate, do you recommend any other comprehensive sites useful for primary care?
- Does the influenza vaccine not match the circulating strain this season?
- Still confused about children and covid vaccines?
- Is there still a 2 week interval between administering RSV vaccine and other vaccines?
- Despite encouragement, virtually none of my pregnant patients are in favour of getting covid vaccine during pregnancy. There doesn't seem to be a public/media encouragement of this, so I feel like a lonely voice. Help us understand.
- Should all adults with asthma be encouraged to get Covid vaccines?
- Should older healthcare workers otherwise healthy get the RSV vaccine
- My long Covid patients are reluctant to get Covid vaccine. What is the best response?
- What is the official primary series interval for COVID vaccines?
- Re: RSV - is it a one time vaccine? or yearly?
- Do we repeat RSV vaccine in adults after 2 years
- So does a natural infection with COVID protect kids from future infection???
- Should we give new Pneumonia 21 vaccine instead Prevnar 20 in the at risk group
- Please comment on Prevnar 21 as opposed to Prevnar 20

- Have you been seeing an increase in any neurological type symptoms post Covid vaccination? (Example, paresthesias in lower extremities, restless leg type symptoms, neuropathy?)
- Can you please comment on the safety of combined oral contraceptive medications for patients with classic migraines?
- Can you please comment on safety of hormone replacement therapy for patients with migraine with aura?
- Are there any new recommendations for ocular migraines such as investigations or treatments? I have several post menopausal women who have had these in the past and still get them every few months in menopause, and although they are typical symptoms with duration of twenty minutes and no headache, they are worried about stroke risk.
- Dr. Monsour: Why use a gepant rather than triptan?
- There are so many supplements for migraine. co10, b2, etc. how do patients realistically take this many pills for migraine prevention? what is the best strategy for this?
- How do you dose candesartan for episodic migraines?
- Is it appropriate for family physicians to prescribe newer migraine immunotherapy medications or should that be managed by specialists. Access to neurology is challenging
- If someone is on a gepant for prevention and still had significant symptoms, what kind of combination treatments would you recommend.
- Can Gepants be used in kids/teens?
- Any role for Tylenol with caffeine?
- What about vitamin prophylaxis Dr Monsour: Ubiquinol 200mg/day, Vit D 4000 IU/day, B2 200mg BID, Mg Glycinate 600mg per day or as bowels tolerate?
- What is the role of diet modification in migraine therapy?
- Wonderful to hear from Dr. Monsour. Please comment on suppressing hormonal shifts in patient with hormonal components to their migraines, which is most of them.