Changing the Way We Work

October 31, 2025: Infectious Disease & New Aneurysm Screening Program
Panelists: Dr. Daniel Warshafsky, Dr. Varun Kapila
Moderator: Dr. Ali Damji

For babies who got beyfortus last year, do they need another dose this year?

If they are high risk then they should, but this is a very small population. The full list of who is high risk can be found here on page 2. If they are not high risk then they do not need Beyfortus the next year.

Can parents get beyfortus at public health clinics for babies that didn't get it. We do not have it to give babies born from April to Oct.

It depends on the public health unit. Some have worked with local primary care teams to be the main provider for unattached patients, but some PHUs are doing administration. Supply is also readily available so if you have the ability to immunize, please contact your local PHU for supply, the same way as you would order any other vaccines.

Which gives the best immune response if the flu shot or covid booster are given at same time or separately in a 90-year-old?

We don't see a differential in immune response whether they are co-administered or given separately. Your immune system responds to hundreds or thousands of antigens every day through normal exposures in life. Adding 1 or 2 more through immunization makes no difference to the ability to respond. I recommend giving them at the same time, because we have very good evidence it increases overall uptake.

How often should RSV vaccine be given in the elderly generally and in those with underlying pulmonary conditions, COPD, bronchiectasis etc.?

Older adults and those with high risk conditions were looked at closely in both the trials and real world data. At this time, the same protection holds up that we have at least 4 years of protection that we are confident in right now. Remains to be seen when boosters will be recommended.

Do we have evidence that Covid therapies are still effective for current COVID strains? Do they still reduce risk of serious/complicated illness?

We do still have evidence of the benefit for high-risk individuals that it is reducing the risk of serious illness. It's harder to see for low-risk individuals just because those outcomes are already so rare, which is why its only recommended for

those who are high risk. Ontario Health summarized the evidence wonderfully here and they have a great algorithm to use here as well.

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

- When to stop RSV vaccination this season?
- With COVID-19 cases so low, how strongly is the recommendation that health professionals less than 50 years be vaccinated? I am thinking of younger doctors in their 20s and 30s who will be in practice for decades…. It is challenging thinking of the need for yearly Covid shots in these young health professionals!
- Dr Warshafsky, you mentioned data out to 4 to 5 years for the RSV vaccines. Since the vaccines have only been out for 2 years, which data are you referring to?
- For patients who don't want to have the flu shot and covid shot at the same time, which should they get first?
- How do we get RSV vaccination to homebound elderly patients?
- for babes born early April who did get immunization in hospital is a second dose recommended?
- How to address parents' concerns re safety of Beyfortus in newborns?
- When will the province's HPV vaccine program change to align with NACI's recommendation- ie 1 dose for 9-20 yrs, 2 doses for 21 plus.
- I'm curious why the RSV funded vaccines are not also available through pharmacies? There are so many vaccines currently being pushed that I think that the more places patients can get it the better
- When will the province get rid of COVAXON? This may make it easier for Covid vaccines to be offered by family doctors.
- Can housebound pts receive RSV from Home Care nursing?
- if someone was ill with a covid like illness recently but never tested should they still get a covid shot now?
- What tests are equivalent to ultrasound for AAA screening - so patient would not need screening ultrasound?? CT abdo? General abdo ultrasound?
- What if someone had an abdo ultrasound at age 63? Still screen at 65?
- If an abdominal us is done or another reason eg. renal stone is this considered a screen
- If they have had an ultrasound or CT abdomen in the past when to do this screening? Eg. 5 years ago, 10 years ago etc.
- if they have had an abdominal ultrasound over age 65 that has identified the aorta is that satisfactory for screening
- How about patients who had an abdominal ultrasound that reported Aorta normal? And how long after the abdominal ultrasound if normal?

- Do they need a req from their family doctor? Or like mammogram, they can just go?
- if a patient had a AAA screen at age 50, it is recommended that a repeat US be done at age 65?
- If patient has had an abdominal u/s in last 1-5? Years ago for another reason do they still need to go?
- Do patients who may already had an abdominal ultrasound for another reason in this age group, still need a dedicated AAA scan?
- Will there be a central referral program (like pos FIT) to send through if we do find significant AAA requiring referral to vascular, or should we continue to refer directly locally?
- In the past, I was told that all men over 65 should be screened. But for women, they need to be over 65 plus one risk factor such as smoking to be eligible for screening. Your recommendation has made life simpler for everybody, but is it based on convenience or based on solid evidence?
- Is the ultrasound only limited to patients who receive the invitation letter? If a patient 65-80 requests the ultrasound now, are they eligible in phase one?
- Some people have had abdominal uss done in the past, how is the notification system working so that such people are not also included when letters are sent
- Is this a one-time US?
- What happens to patient now 79 or 80? Will they miss out?
- Can we see an example of the letter that has been sent please?
- Can you comment on what the measures are for quality assurance? Some u/s providers are clearly better than others in terms of reports and details and even accuracy.
- What is the best wording on the req for screening to ensure that we get an AAA screen and not a full abdo u/s?
- so, what do we do with the results?
- "How about screening individuals at high risk? eg family history
- Still start at age 50?"
- My concern is the recommendations after the 1st AAA screen - aorta is not normal but does not need surgery but ongoing annual surveillance
- We will need very specific guidelines on the reports regarding follow-up - You say it is a one-time only screen. But if it is greater than ?? what is the recommended repeat ultrasound
- The Canadian Society for Vascular Surgery position seems to indicate women should only be screened for AAA if there is smoking or CVD history. Should we be sticking to this with the new screening program or should it be offered to all women 65-80 regardless of other risks?

- What do we do with abnormal results, eg detection of AAAs 3-4cm diam? will results/report provide guidance regarding closer monitoring and/or referral to vascular surgery
- What do we with comments about atherosclerotic aorta?
- If the results are abnormal will the radiologist also be advising on follow up screening interval just like they do with thyroid nodules etc.?