COVID-19
Community of Practice for
Ontario Family Physicians

Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians

Changing the Way We Work

Sept 26, 2025: Infectious Disease & Liver Disease
Panelists: Dr. Daniel Warshafsky, Dr. Hemant Shah
Moderator: Dr. Eleanor Colledge

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

Can OHIP covered Beyfortus be given at public health units? Or only a family physician's office?

Beyfortus is publicly funded through primary care, hospitals, public health units, or other physician/NP providers. Hopefully soon through community midwifery as well.

If a pregnant woman received abrysvo last year (didn't want to do RSV vaccines for her yet to be born infant) and is now in a new pregnancy (delivered Nov last year and is due during RSV season this year) does the same logic apply that she doesn't need it now or does she need a new RSV vaccine for this pregnancy?

For infants, RSV vaccine for the parent does not provide protection for multiple pregnancies. They would need another RSV vaccine during pregnancy or Beyfortus for the infant.

What's your opinion on the recent evidence that Azelastine may be helpful to prevent URTI?

It looks promising! The studies I've seen are all still small, but it seems like there may be a benefit and the results have been someone consistent. I wouldn't be recommending it yet but hopefully we continue to see the evidence grow to the point that we can. It would be great to have more options!

How do we get access to PCR testing ? We have only been able to do PCR testing in the past using the PHO research protocol?

PCR testing can still be done in physician's offices. Details are on the PHO test information site here - https://www.publichealthontario.ca/en/Laboratory-Services/Test-Information-Index/Covid-19. But you have to clearly indicate that the patient is high risk (i.e., eligible for treatment) and symptomatic, otherwise the test will be declined.

In liver disease, what opioid pain medicines are safest/max doses?

Probably any are fine as long as you start with a very low dose in patients with cirrhosis, and titrate very slowly. Generally people tend to prefer hydromorphone because of dosing flexibility.

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

- Are healthcare workers now able to get the COVID Vaccine? Aren't they considered high risk regardless of medical conditions. Can you please answer live and write your answer so I can show the pharmacist. Thanks!
- Are pharmacists still able to prescribe Paxlovid (covered by OHIP) with a positive COVID RAT?
- How to decide between Arexxvy vs Abrysvo for adults (non-pregnant)?
- Do the legacy vaccines that we all got in 2021/2 still offer any protection against covid now? Or, because they were directed against spike proteins now not circulating, are they useless?
- When will OHIP covered beyfortus for infants born in summer 2025 start?
- Are COVID cases lower now because people who wanted/needed their summer (6-month booster) vaccine could not get it when vaccines were unexpectedly pulled?
- Can you recap dates vaccines are available for general public?
- In an otherwise healthy healthcare worker, what timing do you recommend the Covid booster be given to get the best coverage through the upcoming respiratory season?
- Tell us more about how to choose between the two flu vaccines for seniors? How to choose one over the other? What are advantages & disadvantages of each?
- Where can kids under age 2 get covid vaccine?
- Can primary care order RSV for 75+ population? Or can we send prescriptions to the pharmacy for administration there?
- What's the current thinking about the timing for COVID vaccination after a COVID infection?
- When fatty liver is reported on ultrasound, sometimes the report includes a grade like mild, moderate, or severe, and sometimes it doesn't. Does the grade of steatosis on ultrasound change how we should manage the patient, or is management more about assessing fibrosis risk?
- How do you work up mild high ALP?
- Why do patients have to pay for AST ordering?
- Can you comment on whether there is any significance with the concomitant splenomegaly commonly reported on US in patients with fatty liver (with normal liver enzymes). Does this have any prognostic significance
- What is the evidence for the use of GLP-1 agonists in patients with MASLD? Should we consider this as an indicator if a patient has BMI > 27 + MASLD?
- What about FIB4 testing that can be done at Life labs for a fee $20
- Why do pts have to pay for AST testing if ordered by family doctor?
- When you say exclude hemochromatosis, you meant do trans sat?
- When you say MASH is MAS with inflammation - what do you do to know if they have inflammation?
- How do we manage our Asian patients whose ferritin counts can be up to 1.5-2x higher in the absence of liver disease? There doesn't seem to be much guidance around this
- Is FIB 4 test covered under OHIP
- How do you differentiate steatosis from steatohepatitis?

- What about mounjaro (tirzepatide) vs semaglutide for fatty liver treatment?
- semaglutide vs tirzepatide in benefit?
- Any benefit from statin?
- Can you please comment on use of coffee and vitamin E in managing fatty liver? I have heard some recommendations about these. If so, how much and what is evidence
- Why are NSAIDS not used in patients with liver disease?