

Changing the Way We Work

April 4, 2025: Infectious Disease, Penicillin Allergy (De)labelling & Newcomer Care Resources

Panelists: Dr. Daniel Warshafsky, Dr. Mariam Hanna, Dr. Vanessa Redditt, Dr. Doug Gruner

Moderator: Dr. Eleanor Colledge

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

If someone has not received a COVID-19 or flu vaccine this season, should they still?

At this point in time for individuals in the general population it is probably too late to see benefit. There will be a spring high-risk COVID program starting imminently and those individuals should certainly still get their COVID doses then. For flu I would only be considering it for immunocompromised individuals or those who are traveling to the southern hemisphere where it is flu season.

Which adults, by year of birth, should be getting an MMR booster (on the assumption that they only received one dose in childhood and are not naturally immune). I have read those born in years 1970-1976 should be getting a booster, but that information is very difficult to find in written format. Would that apply provincewide?

In Ontario (and Canada as a whole) individuals born before 1970 are considered to be immune to measles based on circulation prior to our immunization programs being very high. Individuals born between 1970 and 1999 were publicly funded for a single dose of MMR. However, if they are higher risk (traveling to high-risk areas, HCWs, post-secondary students, or other based on your clinical discretion) then a second dose would be publicly funded as well. The protection from a single dose is very high, in the 85-95 per cent range, so outside of the high-risk areas in Ontario that second dose for adults is not recommended.

The risk is unimmunized children!

To be clear, a family history of anaphylaxis to penicillin does not warrant a referral for penicillin allergy testing?

No, a family history of anaphylaxis to penicillin does not warrant a referral for penicillin allergy testing.

How 'late' can an allergic reaction to penicillin occur? I know there are 'delayed' reactions.- can this occur more than 48 hours?

Within 14 days of receiving penicillin.

Is there a 3 month wait for OHIP coverage for refugees arriving with permanent residency?

Government-Assisted Refugees and Privately Sponsored Refugees receive OHIP coverage within days of arrival. There is no three-month wait.

Are there resources to help check newcomers' immunization records? Especially when the records are incomplete or not in English.

We often liaise with public health to help sort out the immunization status especially if there is no documentation. In general, if there are no records we recommend catch up series.

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

- Local pharmacies do not know if they are waiting for a new COVID-19 vaccine or are to continue administering the vaccine from last fall to high-risk patients.
- Are you recommending COVID-19 vaccines for high-risk individuals this spring?
- Can you please address the changes to COVID-19 therapeutics?
- Is there any information available about a spring COVID-19 vaccine campaign?
- Is Canada's antibiotic prescribing a drop in the bucket compared to other countries that have antibiotics sold over the counter?
- How can we prevent unnecessary antibiotics prescriptions from walk-in clinics and virtual clinics?
- In context of antimicrobial resistance (AMR), I'm wondering what your thoughts are on the widespread uptake of doxy PEP and how we can limit AMR risk while not gatekeeping from those who need it.
- Are skin testing and oral challenge covered by OHIP?

- Should babies aged 6-12 months be immunized against measles if travelling with family to crowded areas?
- What criteria would an adult with a history of penicillin allergy need to meet to go directly to oral challenge vs skin testing first?
- What are your thoughts about using the PEN-FAST risk calculator and doing in-office challenges in family practice offices for low-risk individuals?
- For treatment of gonorrhea, the treatment guidelines still say to not give a cephalosporin to people with a penicillin allergy. Does this require a change given what you just said about cross-reactivity?
- Should a 6-month baby travelling to Europe get the MMR vaccine early?
- The Blue Cross program owes me thousands of dollars. The Ottawa IFS program was great. In Brampton I do not see any refugees because Blue Cross refuses 80% of bills. Has it improved payments? As it was started a decade ago?
- For adults with no records, what series do you do? Do you do all the childhood immunizations?
- Would you recommend a two-step TST or is one test enough?
- There are comments/questions in the chat regarding interpretation. Can you please comment on this?
- Regarding HPV vaccination, is there an initiative in place to provide immunization for newcomers, considering many may not meet the age eligibility criteria upon arrival?
- What about coverage for HPV testing?