

Changing the Way We Work

December 15, 2023: Winter virus season and changes to breast cancer screening in Ontario

**Panelists: Dr. Allison McGeer, Dr. Jonathan Isenberg,
Dr. Anna M. Chiarelli, Ms. Maggie Keresteci**
Moderator: Dr. Tara Kiran, Dr. Eleanor Colledge

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

Paxlovid

Any thoughts on whether Paxlovid is useful for high-risk elderly patients who received their XBB vaccine, but became infected with COVID-19 a few weeks later? What would factor into this decision?

I would not recommend Paxlovid in this situation except in an immunocompromised patient, or perhaps for a resident of long-term care.

Does Paxlovid help prevent Long COVID?

The jury is still out. I believe that is possible to some degree, but not certain, and the effect size is not large.

Are there any updates in terms of prescribing/dispensing Paxlovid to high-risk patients in advance of travel?

We know this continues to be a challenge, especially for our high-risk patients. The OCFP has been advocating in order to ensure timely access to Paxlovid. As you know, you can provide a prescription for Paxlovid to pharmacy in advance, and the pharmacy can dispense if the patient reports a positive test. We are hoping to see further movement on this to improve access and will keep everyone updated.

Rapid Antigen Tests (RATs)

In the Michelle Science et al. RAT study, were they swabbing nose only or nose, cheek and throat?

As Dr. McGeer outlined in her presentation, swabbing the throat/back of tongue in addition to the nose is recommended as it does significantly improve the sensitivity of a RAT. Please refer to her slides for the exact percent increase.

How long do people continue to test positive for on a RAT? Can they test positive for weeks? If so, are they still contagious?

Most people test positive for five to eight days. If you are not immunosuppressed and did not take Paxlovid (and have rebound), you are not infectious after day 10, even if you test positive.

The RATs that were previously given out for free are now bordering on expiry. Are there any more being distributed? It is great to recommend them, but if patients are expected to buy them, that won't happen.

RATs are still being distributed by public health units and some pharmacies and you can order them for your clinic. More info is here: <https://www.ontariofamilyphysicians.ca/new-and-emerging/resource-of-the-day/respiratory-illness-season-tools-and-resources/respiratory-for-doctors/>

Ontario Breast Screening Program (OBSP)

Self breast exams not typically recommended for people in their 30's as people may detect benign findings leading to unnecessary investigations, but with earlier onset breast cancer, would you recommend all women in their 30's do monthly self breast exams?

There is no good evidence that breast exams are effective. I would recommend breast awareness, and if patient notices any changes they should let their health care practitioner know.

Regarding offering mammograms in Ontario to all women starting at age 40, is there data to show the impact on our scarce healthcare resources? What will the overall wait time for mammograms look like and will wait times for other diagnostic tests increase?

Wait times differ by sites within a specific region. Ontario Health will be developing a centralized wait time reporting tool so the public can see wait times before booking appointments.

Why are automated breast ultrasounds (ABUS) not covered by OHIP? It is funded in BC and Alberta.

With respect to ABUS, it is a type of supplemental screening. We are currently awaiting final recommendations from the Ontario Health Technology Advisory Committee on supplemental screening for people with dense breasts. However, the OBSP standard of care is annual screening for people with dense breasts, which has shown improved cancer detection.

Pneumococcal Vaccines

For seniors who previously received Prevnar 13 (PCV13) and Pneumovax 23 (PPSV23), would you also vaccinate them with Prevnar 20 (PCV20) and if so, when?

Current NACI recommendations are to provide PCV20 vaccine five years after the PPSV dose.

Here is a link to a review by Public Health Ontario: https://www.publichealthontario.ca/-/media/Documents/O/2023/oia-recommendations-new-health-canada-authorized-pneumococcal.pdf?rev=f9072853a88c44c0bfa5730d6c27ae5f&sc_lang=en#:~:text=NACI%20provided%20a%20strong%20recommendation,were%20also%20noted%20by%20OIA%20C%3A&text=Serotype%20coverage%20is%2015%2D20,benefits%20of%20a%20conjugate%20vaccine.

Does someone need Pneumovax 23 (PPSV23) if they received Prevnar 20 (PCV20)?

No, there are four additional serotypes in PPSV23 (PCV20 has 6A, which PPSV23 doesn't have), but they are sufficiently uncommon, that there is really limited benefit from getting PPSV23 after PCV20, and it is not recommended.

If an adult received Prevnar 13 (PCV13) in the past, should they also get Prevnar 20 (PCV20)?

Yes, NACI recommends that patients receive PCV20, one year (or later) after PCV13. The increase in protection from the seven additional serotypes is significant and worth having.

PCR Tests

Should family doctors be ordering a PCR test on symptomatic patients as a matter of practice now to confirm which virus the patient has?

Unfortunately, not, because you don't get a result back quickly enough to matter for the particular patient. While we may want to know what virus a particular patient has, if knowing is not going to change practice, then we are spending money in the system without improving things.

Advocacy

Is it possible for there to be advocacy around sick notes?

The OCFP has continued to advocate for elimination of the need for sick notes and have seen progress in other provinces (e.g., in Nova Scotia), but not in Ontario yet. We will continue to push for this change and will keep you updated with any progress.

Public Health

As a family physician, when I swab a patient to have viruses cultured and send to the lab from the community, public health refuses to process my testing. Why is public health cancelling my testing at their discretion?

I can't speak to the public health refusal, but you could consider becoming part of the Sentinel Practitioner Surveillance Network where you do viral swabbing in patients with acute respiratory illness or influenza-like illness and get access to the results:

<https://www.publichealthontario.ca/en/health-topics/immunization/spsn>

CPSO Advice

Does the CPSO advice apply to radiology departments? Certain radiology departments send a prefilled letter back asking our office requesting that we contact the patient to provide them with their appointment details.

I don't believe this is the case, as when we refer to radiology, it's considered a diagnostic test rather than a consult. We hope to gain further clarity on this and will add updates to our resources when available.

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

- At our clinic they are advising staff who are still testing positive on a RAT, but no longer have symptoms to come back to work, if they wear an N95 mask. Is this safe for patients and other staff/doctors to work with them? Would you feel comfortable working with them?
- How long do people usually test positive on a RAT for? Can it be weeks and are they still contagious if they are testing positive?
- I am providing yearly mammograms to all patients, even to those without dense breasts. Isn't this better early detection? Is the every 2-year recommendation more to do with funding/cost effectiveness?
- With rebound rapid test positivity taking Paxlovid, is one still contagious if testing positive day 18 of illness, for example?
- The ABUS can help to detect breast cancer in dense breasts—is it a good test? Are we missing detection by not doing this in addition to yearly mammograms?
- is there much literature on patients who have had multiple COVID-19 infections? What are the long-term effects?
- Where can children under two get a COVID-19 vaccines?
- I have read all the guidance of preventing COVID-19 transmission in community practice (OMA, OCFP, CEP) but do you recommend at this point that we introduce mandatory masking for staff and patients in our primary care practice?
- Can a patient test positive for COVID-19 after receiving the XBB vaccine?
- If someone had COVID-19 this fall, should they still get the COVID-19 vaccine this fall? If not, when should they receive the vaccine?
- Can you please clarify when/if we should be offering bilateral screening for women with denser breasts?
- When will OBSP build an online booking central intake to support women to book at their location and time of choice, with transparent wait times visible?
- At what age should patients no longer receive mammograms?
- Could you please comment on MRI use for ambiguous mammograms in dense breasts?
- Given that women 40-50 are more likely to have dense breasts, will these women likely need annual mammograms plus ultrasounds?
- As most women 40-49 are still premenopausal, should the timing of mammogram be addressed? Those who are premenstrual may have more discomfort with the procedure. Does the timing of mammogram in the menstrual cycle affect the quality of the test or the results?