

Changing the Way We Work

December 6, 2024: Best of 2024
Winter Virus Season & Menopause Revisited
Panelists: Dr. Janine McCready, Dr. Sue Goldstein
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.

If we do not treat *Mycoplasma pneumoniae* because the patient is getting better, how long are they contagious for, and what is the risk to those around them?

They are most infectious at the beginning of illness (within the first 10 days of symptoms and 2-8 days before the onset of symptoms). They may be contagious longer, but their household and other close contacts will likely have already had significant exposure by the time the diagnosis is made or by the time they are improving. Therefore, I would not initiate antibiotics for the purpose of decreasing transmission if the patient is already getting better.

I had a patient with a worsening cough and positive swab for *Mycoplasma*, but the chest x-ray was normal. How common is this?

The majority will be abnormal. Ten to 18 per cent of those in studies are normal. Another possibility is they had *Mycoplasma* recently and recovered on their own and now they have a viral infection, but their swab is still positive from previous infection. I would use clinical symptoms to help guide the decision on whether to prescribe antibiotics.

Is there any info on the flu in the Congo? There have been 1,000 deaths due to this flu outbreak. Is this bird flu?

The cause is still unknown at this point, but WHO is on site investigating. Symptoms are fever, headaches, coughing, difficulty breathing. Sounds like a respiratory virus and hopefully we will know more soon.

Do you know of any long COVID clinics we can refer patients to?

The Rehab Care Alliance has a site where they list the largest currently active specifically Post-COVID outpatient rehab programs here: [https://rehabcareontario.ca/47/COVID-19 Outpatient Rehabilitation Programs/](https://rehabcareontario.ca/47/COVID-19-Outpatient-Rehabilitation-Programs/). There are also some other clinics that see patients with post-infectious or other chronic conditions (such as CFS, fibromyalgia) where they may also accept patient with post-COVID condition.

For hormone replacement therapy, what do I write on the prescription pad (i.e., dose and duration) and what would I communicate to the patient (i.e., risks/side effects? Can you make it simple for us please?

Estradot 50 mcg patch 2/week and progesterone 100 mg PO QHS continuous regimen. There is a link to a counselling tool on www.mq6.ca. It tells you what to say to the patient and you can print it out and provide it as a handout.

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

- There are high rates of *Mycoplasma pneumoniae* (walking pneumonia) in Ontario, 2024, especially in those age 5-17.
- 16.3 per cent of a subset of 135 specimens had mutations that suggest resistance to macrolide antibiotics. What antibiotic regimen (exact dose/duration for adults) should we use?"
- Is there a plan for making better COVID-19 vaccines? Specifically, one that is more durable than the ever-changing spike protein.
- What's the latest on the cumulative effects of repeated COVID-19 infections?
- Is there a reason why the rates of *Mycoplasma pneumoniae* are so high this season?
- A 9 months old baby had bronchopneumonia shown on a chest x-ray in August 2024. No consolidation. I treated it with antibiotics. Was it viral pneumonia?
- How to differentiate between viral and bacterial pneumonia so I can use antibiotics judiciously?
- Can you give prescription recommendations for pneumonia in kids? Is it still reasonable to start with Amoxil 90 mg/kg/day divided three times a day? Or should we be starting something else given higher rates of *Mycoplasma*?
- If a patient had a previous reaction to Azithromycin /clarithromycin, what is the next best option for a prescription to treat *Mycoplasma pneumoniae*?
- I have typically not ordered a follow-up chest x-ray in otherwise healthy kids/teens, but now many imaging reports are recommending repeat imaging. Can you please comment on this?
- What adult antibiotic regimen do you use for the average patient community acquired pneumonia?
- If we suspect *M. pneumoniae*, should we just order a chest x-ray, or do a PCR test as well? Would the PCR test be a nasal swab?
- How quickly after symptoms develop do we need to treat pertussis for antibiotics to be effective? Do antibiotics work if started after two weeks of symptoms?
- Any idea of when Veozah will be available in Canada for our patients who cannot take HRT/not interested in hormonal therapy for vasomotor symptoms?
- If someone is on Amoxil for community-acquired pneumonia and not improving and we add a macrolide for coverage of *mycoplasma*, do we continue with Amoxil or stop it?
- Is Amoxicillin the first line treatment for adults with pneumonia?

- Can you please comment on the decision to start hormone replacement therapy (HRT) vs an oral contraceptive pill in a perimenopausal patient who is still having regular cycles. Patients are more informed and often come in asking for HRT and I always find this challenging.
- Please give suggestions for managing perimenopause. Especially for women who are feeling menopausal but still menstruating intermittently.
- Are any of the hormones covered under the Ontario Drug Benefit?
- If someone had their final menstrual period at 45, but is presenting with persistent vasomotor symptoms at 55, is it possible to consider starting menopausal hormone therapy if there are no contraindications?
- I'm currently getting inundated with questions about peri/pre-menopause, especially from women in their early/mid 40s. Apparently it is driven by social media trends pushing menopausal hormone therapy for this group. What is your approach to this?
- Can you please repeat or elaborate on your point around conjugated equine estrogen and dementia risk?
- What tools are available to assess breast cancer risk before starting hormone replacement therapy?
- Is hormone replacement therapy also indicated for all non-vasomotor symptoms of menopause such as fatigue/ weight gain/ insomnia/ arthralgias?
- A 57-year patient started hormone replacement therapy five months ago and has had some spotting. I advised if it persisted over six months to do an ultrasound. The results showed that the lining is 7 mm, and a biopsy was suggested by the radiologist. Is this a normal lining thickness for patients on hormone replacement therapy and can I wait for the biopsy?
- What low dose combined oral contraceptives do you recommend?
- When during the 12–14-day course of cyclic progestogen should someone expect a bleed? If they don't have bleeding or only mild spotting, do you need to extend the course?
- Can Tibolone be used after 60 or 10 years after their final period?
- Can we prescribe Prometrium after age 60 for insomnia and hot flashes?
- A patient who is early their early 50s with quite a lot of menopausal symptoms. There is a history of breast cancer in the family and she herself is a carrier. Is hormone replacement therapy safe?
- Is there a duration for use of vaginal estrogen? Can it be used indefinitely?
- What is the best treatment for the 70+ population who has been told they should not be on menopausal hormone therapy?
- Can you comment on when to use progesterone alone?
- What do we use to treat kids who end up with Mycoplasma resistance to Azithromycin? The guidelines suggest using doxycycline for patients over eight. What about for younger children?
- What's the benefit of using oral forms of progesterone over TD form? Is a TD form preferable, if possible?