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

February 9, 2024: **Long COVID and Lipid Guidelines**
Panelists: Dr. Kieran Quinn and Dr. Michael Kolber
Moderator: Dr.Tara Kiran and 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.

Long COVID

Is there any evidence for or against the use of Ivermectin for persistent symptoms?

COVIDOUT trial secondary analysis reported no benefit.

Here is a summary of the findings:

"Neither ivermectin nor fluvoxamine had a significant effect on the incidence of long COVID. The cumulative incidence of long COVID by day 300 was 7·7% (95% CI 5·0–10·4) in participants who received ivermectin and 8·1% (5·3–10·9) in those who received matched placebo (HR 0·95, 95% CI 0·57–1·59); the HR remained consistent across subgroups."

https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(23)00299-2/fulltext

Can you speak about the role of healing the microbiome/mitochondria in treating Long COVID, especially in treating fatigue?

There is lots of exciting research from my colleagues trying to better understand the role of dysbiosis in the gut microbiome. Unfortunately, we just aren't there yet when it comes to treatments that can modify or address potential mechanisms.

Is it true that being infected with COVID-19 increases the risk of developing future autoimmune diseases by 45-60 per cent?

There are several studies identifying associations of COVID-19 with the development of autoimmune (and other chronic health) conditions.

Our study suggests that many of the post acute consequences of COVID-19 may be related to the severity of infectious illness necessitating hospitalization rather than being direct consequences of infection with SARS-CoV-2.

https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2806192

When public health talks about COVID-19 infections, it seems that they are willing for the population to get repeated infections, without considerable concern for the risk of developing Long COVID. Why do you think that is?

This article raises and discusses the same issue:
https://www.bmj.com/content/383/bmj.p2972

It is unclear to me why this isn't more on the front burner to support public health efforts, but I hope it will be in years to come.

What about using the De Paul University post exertional malaise questionnaire? It has been somewhat validated.

We are using this in RECLAIM as well. There is a shorter version available as well.

Is it clear that Long COVID is substantially different from other similar syndromes that can present after a viral infection? Is there something unique about COVID-19?

We continue to learn about COVID-19 everyday. There much more investments in research that helps us understand Long COVID, and comparatively less for other post infectious syndromes. Hard to know if these share similar pathophysiology or are distinct.

Respiratory Syncytial Virus (RSV)

Can you please speak to the new RSV vaccine for babies?

Just to clarify, the new product Nirsevimab is not a vaccine, it is a monoclonal antibody, so we would consider it a passive immunizing agent. It was authorized by Health Canada last year but unfortunately, no supply was available. It is going to be available this fall in Canada and, for Ontario, will replace Synagis in our high-risk infant program for RSV. NACI is going to be providing guidance on the use of Nirsevimab and the recently authorized maternal RSV vaccine in a statement early this spring and that statement will guide how broad the use will be. The Canadian Agency for Drugs and Technologies in Health (CADTH) put out a statement last year recommending it for pre-term infants so likely it will be at least all pre-term infants (plus the existing high-risk groups). Otherwise, it is hard to say how broad the recommendation will be.

When is the RSV season expected to end? Should immunocompromised adults still get Arexvy or wait for the fall?

The current RSV season is essentially over with percent positivity now below 2 per cent in most parts of the province. The provincial RSV advisory group will likely announce the official end of the high-risk infant program any day now. For older adults, there certainly is no harm in continuing to get the vaccine now as the studies suggest that protection lasts up to two years, but its not urgent at this time to get a dose of the vaccine.

COVID-19 Vaccines

Are we still supposed to advise patients to wait at least three months after infection to receive the next dose of the COVID-19 vaccine?

I would discuss their risk of adverse outcomes related to COVID-19 infection in combination with circulating prevalence of COVID-19 in order make this decision. This past fall, I encouraged individuals at elevated risk to get the XBB.1.5 vaccine before three months had elapsed given that community prevalence of COVID-19 was on the rise.

I have had several patients develop polymyalgia rheumatica within months of having a COVID-19 infection or receiving immunization. Any correlation?

I have not seen any data identifying this association.

Paxlovid

Is there any update on prescribing Paxlovid to patients in advance of travel?

At this point, we are unlikely to see change to the regulations for prescribing Paxlovid in advance until there is clarity on coverage. The federal supply of Paxlovid expires in the spring and provinces will have to either purchase their own or use other methods to cover it (such as the Ontario Drug Benefit (ODB), for example). Any prescribing restrictions will likely lapse for the non-covered population (if any) as it will be private purchase and it remains to be seen if ODB coverage will extend to travel (it usually does not).

Advocacy

How can we apply to receive a portion of the newly announced $110 million funding?

The expression of interest for this funding came out and closed last year. I am hopeful that we will continue to see investments in primary care, and we will continue to provide relevant updates.

How will the $110 million funding announcement from the Ontario government help me to reduce the amount forms I have to fill out? Also, it's compensation that's the biggest issue affecting burnout, not that our patients can't get team-based care.

This funding announcement was for team-based care and will help to reduce the inequity in access to team support for both patients and family physicians.

The OCFP is advocating to government and working with other stakeholders to simply and reduce the time that we spend on forms. We know that the admin work, including forms, really does contribute to burnout. We have and will continue to advocate for improved compensation that is reflective of the work that we do.

Resources

Can you show the Cardiovascular Decision Aid?

PEER Simplified Cardiovascular Decision Aid Here you are: **https://decisionaid.ca/cvd/**

Will a video recording of this session be available?

Yes! You can view this session and all the other past sessions here:

https://dfcm.utoronto.ca/past-covid-19-community-practice-sessions

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

- In an article published in the Lancet, metformin was shown to reduce Long COVID by 41 per cent. Can it be given in addition to or instead of Paxlovid? At what dose and duration should it be prescribed?
- How well is the current COVID-19 vaccine working? I've had four or five patients test positive for COVID-19 four to eight weeks after receiving the vaccination.
- I have heard that Long COVID clinics are closing down, is this true? Shouldn't we be opening more? There is no capacity in family medicine for this.
- I have heard that COVID-19 has oncogenic genes. Can we expect in 10-20 years that prior COVID-19 infections will cause cancer?
- Is Long COVID less prevalent in patients who are up to date with their COVID-19 vaccines vs non-vaccinated patients or patients who received their last vaccine over a year ago?
- What is the putative cellular/biochemical etiology of Long COVID? I have read that COVID-19 can cause lasting damage to body systems, including the neurologic, cardiovascular and respiratory systems. Is Long COVID causing this damage?
- Have you seen patients present with symptoms of Long COVID after receiving the vaccine? I have at least two patients who seem to have this. Is this being studied?
- What percentage of those with disabling Long COVID have a pre-existing mental health diagnosis?
- I have had some patients that developed severe shingles within one to two weeks of receiving the COVID-19 vaccine. Is there any correlation?
- Does vaccination itself and how many doses a patient has received influence possibility of developing Long COVID?
- What is a reasonable physiological explanation for post-exertional malaise? Is it affecting mitochondrial functioning?
- In patients with Long COVID, will exercise cause lasting harm if the patient pushes themselves?
- If you're not checking LDLs, how do you know what dose of statin to use?
- How will I know what dose of statin to use if we don't test for the effect on lipids?
- I was reading that the lowest LDL is best, even under two. So, if someone is on the max dose of statins, how would they know if they should take PCSK9 to further lower their LDL?
- Should liver enzymes be checked two months after starting statins?
- Regarding the messaging: Patients are going to be confused when they get one message from their cardiologist and another from their family physician.

- Not treating lipids to target applies to both primary and secondary prevention or just to primary?
- Which risk assessment tool is best?
- If a patient has developed myalgias on a statin, should you check creatine kinase levels?
- Could you provide a link or suggestion for a handout for patients for the Mediterranean diet?