

Changing the Way We Work

January 17, 2025: Infectious Disease & Gender Affirming Care

Panelists: Dr. Daniel Warshafsky, Dr. Tehmina Ahmad

Moderator: Dr. Ali Damji

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.

Any updates on the avian flu?

Currently, it is still very low risk to the general population. Globally we have seen increased positivity in both domesticated and wild avians, as well as the cases in domestic cattle (predominantly in the US). This has led to a global increase in cases this year, with the vast majority having clearly identified contact with infected animals. Jurisdictions are all preparing in case we see increased spread, with purchasing of vaccine and antivirals, but currently it's just preparation and close monitoring of the situation.

How do we know that we have much less COVID-19 cases this year without wastewater testing? Hospitalizations won't catch mild cases.

Good question! We do still have wastewater testing in some sites across the province/country, but the wastewater tracks very closely with our per cent positivity, ED visits, and hospitalizations that we follow daily. Knowing the exact number of mild cases doesn't change anything in terms of guidance or recommendations for the season and with the data available we can very confidently track the overall trends and severity.

Would you recommend Beyfortus to a one-to- two-year-old that is otherwise healthy, if parents are willing to pay?

Honestly, no. The risk from RSV drops significantly as children age. The highest risk is children under three months and children over 1 year are very low risk unless they have high risk medical conditions (cardiac or pulmonary primarily). Beyfortus is also not available on the private market in Canada.

Any hope of coverage of RSV vaccine for HCPs in near future?

NACI does not recommend RSV vaccine outside of high-risk populations, namely individuals over 75, immunocompromised, or with other high risk medical conditions. They do not recommend it for HCPs who are not otherwise high-risk.

What wipes can we use in-office to kill HPV?

One place you can look for advice is the Pathogen Safety Data Sheets from Health Canada - <https://www.canada.ca/en/public-health/services/laboratory-biosafety-biosecurity/pathogen-safety-data-sheets-risk-assessment.html>. These are designed as occupational health advice, but they give information on susceptibility to disinfectants. For HPV it notes - SUSCEPTIBILITY TO DISINFECTANTS: Exposure to 90 per cent ethanol for at least 1 minute, 2% glutaraldehyde, 30% Savlon, and/or 1% sodium hypochlorite can disinfect the pathogen.

you can also look at kill times on product websites. The hydrogen peroxide wipes are also generally very effective against things like norovirus while you can look for things like Oxivir TB that has very broad coverage.

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

- Any new research on the long-term effects of multiple bouts of COVID-19 infection?
- Since Arexvy only provides protection for two seasons, is it still worthwhile to provide the vaccine this season (especially for those paying out of pocket)?
- What are your predictions for the coming year for worldwide COVID-19 cases?
- Does data show that the RSV vaccine provides protection for two years? Or will it be a yearly vaccine for the high-risk population?
- I always recommend COVID-19 booster to each patient, but repetitively they there has been pushback questioning the need. Perhaps Public Health can have more advertising at critical times and when new vaccines become available.
- How effective is this season's influenza vaccine?
- Public Health has run out of Arexvy for high-risk people. When will it be in stock again? Is there a big difference in efficacy between Arexvy and Abrysvo?
- Will you start to provide the RSV vaccine for a wider range of older adults from an equity point of view? Lower-income patients can't afford it, but many would get the vaccine if they could.
- When does RSV season start and end? Will babies born outside the season receive the RSV vaccine?
- Any data on what Paxlovid/remdesivir utilization has been? Particularly since the funding change for Paxlovid.
- Some patients request Tamiflu, but benefits are limited especially if they are not immunocompromised. What is your approach to using it empirically in the outpatient situation without a swab?

- Any comments on early findings of trials of hypertonic saline nasal irrigation and gargling vs. standard care on healthy adults within 48 hours of having an upper respiratory infection?
- What is the DSM-V for gender dysphoria? For insurance requests from insurance companies?
- How long is the wait list to see a specialist in Toronto for gender affirming care?
- Where can patients receive puberty blocking treatment? Sick Kids won't take them until they're already going through puberty and community pediatric endocrinologists declines the referrals.
- For transgender patients, can you comment on cancer screenings and bone density guidelines? What age should they get mammograms? PSA screening? Pap? BMD screening? Any guidance?
- At what age should transgender men get mammograms?
- Is there data on giving hormones to trans women? Is there an increase in breast cancer?
- Are you saying you frequently interchange testosterone enanthate and cypionate?
- Can we be medicolegally liable if transgender patients regret medically transitioning? Especially if some of the changes are not reversible?
- When should we consider the use of progesterone in trans women?