

Changing the Way We Work

January 19, 2024: COVID-19 Updates and
Managing Respiratory Illness in Kids

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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.

COVID-19 Vaccinations

After vaccination, how long do you have adequate/peak immunity against infection?

After approximately two weeks, patients achieve a high degree of protection from infection, which lasts generally about 90 days before returning to baseline.

Is there much point in continuing to get COVID-19 vaccines?

For high-risk patients, it makes sense to continue vaccinating against COVID-19, even if there is a mismatch. We are inevitably going to be playing catch up with the strains, and the best we can do is use the available vaccine.

Should frontline healthcare workers continue to receive the COVID-19 vaccine in the fall?

Yes, I think it makes sense for healthcare workers to continue to get boosted for COVID-19, perhaps timing the vaccination with anticipated peaks of COVID-19, such as in the fall.

Can 70-year-old patient with dementia and his caregiver receive a COVID-19 vaccine every four months?

Yes, patients can be vaccinated at intervals of less than six months if they are at high risk for poor outcomes. NACI indicates that there are no adverse outcomes from this approach.

COVID-19 Data

How accurate are the numbers of COVID-19 infections given the rate of testing and reporting?

We are certainly underestimating the COVID-19 numbers since many patients are mildly symptomatic or asymptomatic. Furthermore, many patients are not getting tested at all. Therefore, any estimation of mortality is an overestimation, especially in the low-risk population.

Antibiotics

Is there a maximum dose for amoxicillin 90 mg/kg/day that should be given to treat infections?

Best practice is to always consult your resource of choice before writing a prescription, as the suggested maximum dose of amoxicillin varies depending on what illness it is being used to treat.

Pneumonia in Children

Can paediatric patients have pneumonia with normal chest x-ray (CRX)? Is a CRX needed for all pneumonia diagnoses in paediatric patients?

A bacterial pneumonia will have CXR findings, so in an ideal world with good x-ray access, the answer would be yes.

For children with pneumonia with changes on the chest x-ray, should we repeat the x-ray to ensure changes have resolved? If so, how long after the initial infection?

No, a repeat chest x-ray is not necessary in children who are improving clinically.

How would you diagnose a secondary bacterial pneumonia in a bronchiolitis without a chest x-ray?

Usually there's a history of acute "worsening", so rumbling viral symptoms for a few days and then more significant high fevers around the clock, worsening cough, appearing sicker. This is sometimes what will prompt me to worry that there has been a secondary bacterial pneumonia and do a chest x-ray.

Long COVID

How common is it to have Long COVID after an Omicron infection?

Estimate is about four to five per cent, but it may be lower now.

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00941-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00941-2/fulltext)

Are there any Long COVID clinics?

I know of only one such clinic, it's at Toronto Western Hospital.

Can you comment on the association of new/emerging variants and the development (and severity) of Long COVID?

With each new subvariant, we have less understanding on the likelihood of post COVID syndromes. Vaccinations, prior infection and antivirals also modify the risk, making it hard to estimate the impact of the new variants. Data suggests that patients are less likely to develop Long COVID if infected with the omicron variant compared to pre-omicron strains:

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00941-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00941-2/fulltext)

Respiratory Syncytial Virus (RSV) Vaccines

Since RSV season has essentially ended, moving forward should we recommend vaccination next fall rather than now to maximize the duration of protection?

We only have the trial data so far, which looks like Arexvy provides pretty robust protection for two years after vaccination, with minimal waning. The use of Arexvy this season globally is going to provide us with a lot more evidence to help us determine what is really the optimal schedule and timing for administration. Following the data, we have and what we know, the best timing is still probably in the early fall, prior to the start of the RSV season. But for individuals still getting it now, we can be confident from the trials that they will still have good protection for the 2024-2025 season.

Is the RSV vaccine for pregnant women available to be prescribed in Canada? Is it in stock in pharmacies?

It's unfortunately not available in Canada yet given the very recent authorization and we don't have confirmation from the manufacturer about when it will be available. Since the current RSV season has essentially ended, it's likely not going to become available until the fall. Thankfully, we will have NACI guidance on use of this product likely in late March or early April, so well ahead of the next season.

Will we need to receive the RSV vaccine every year?

The initial trials for Arexvy showed good protection for two years after initial vaccination (84 per cent overall in first year and only dropped to 77 per cent by second year). Given that, we are very hopeful that it will not need to be a yearly immunization. This season that just passed is the first time it's been used in the real world and the data we get from this will be impactful in determining the frequency of RSV vaccinations. So probably not every year but we will be learning more very soon.

Can you comment on RSV vaccination for pregnant patients for prevention of RSV in newborns?

This randomized controlled trial suggests that RSV vaccine prevents preterm births and lower respiratory tract infections:

<https://pubmed.ncbi.nlm.nih.gov/37018474/>

Pertussis

Is it possible that with post viral coughs that we are missing cases of pertussis? What would be the most significant presenting symptom that would direct you to swab for pertussis?

For children, pertussis has a very specific type of cough (there's lots of YouTube videos that provide a helpful refresher) called post-tussive emesis. Young children can also present with apneas.

Paxlovid

Sixty per cent of my patients get sick/COVID-19 when they travel. When can expect to have the ability to dispense Paxlovid to high-risk patients ahead of travel in case they contract COVID-19?

I completely agree with everything you have written and would also very much like Paxlovid to be dispensed just based on a prescription and without a positive COVID-19 test. Nova Scotia has already made this change for travel specifically. Unfortunately, the delay in making this possible in Ontario is because the dispensing criteria for pharmacists and Paxlovid is proscribed in regulation (i.e., its not just a pharmacy policy or guidance). Making regulatory changes is a lengthy process. It is currently being worked on, but its hard to say when the change will finally go through.

Could you comment of rebound COVID-19 after Paxlovid?

The CDC just had a great study published in December that talked about rebound (virologic and symptomatic) after receiving Paxlovid and without having received Paxlovid, as well as looking at outcomes. The key findings are: no hospitalizations or deaths were reported among outpatients who experienced rebound COVID-19, because COVID-19 signs and symptoms were mild, no statistically significant difference in rebound rates was identified among persons receiving treatment and those not receiving treatment, about one in five people will have rebound COVID-19 and the potential for rebound COVID-19 should not deter clinician from prescribing antiviral treatment.

The study can be found here: <https://www.cdc.gov/mmwr/volumes/72/wr/pdfs/mm7251a1-H.pdf>

Advocacy

It would be helpful for family doctors to have a template letter for dentists who ask for form completion/questions. Is this something you can work on?

Great idea! I've seen many family physicians using these in their practices. I'll take this one away and think we can pull together a sample template letter.

Funding Prevnar 20

When will the Ministry of Health fund Prevnar 20?

I'm not sure if this is in regard to Prevnar 20 for adults or kids (or both!). For kids, the NACI statement has yet to be published and we are waiting for that to come. The procurement for adult and paediatric products will all be done together so that will start the process. Hard to say when it will be finished, but I'm hopeful we can have it for this fall.

Best Practices for COVID-19 Infections

For staff who have tested positive for COVID-19, how long should they stay off work?

Our approach has been to stay off of work until 24 hours after fever resolution, as long as the other upper respiratory tract infection symptoms are clearly improving.

Tdap Vaccinations

Can you give the Tdap vaccine to patients over 65?

Yes, it should be given every 10 years due to tetanus boosting.

Risk of Future Illness from COVID-19 Infection(s)

Is there an increased risk of autoimmune diseases and oncogene due to COVID-19 in the future?

We have no way of knowing at this stage what the future impacts will be. We have limited analogous situations with other viruses, aside from post-viral syndromes associated measles. Therefore, we should continue to do our best to reduce infections.

Treatment of Cough in Children

Is there a specific amount of honey that is recommended for children with a cough? I usually suggest one teaspoon twice a day, but is there a suggested standard?

A teaspoon amount of honey diluted in warm water is usually what I recommended, and they can drink this throughout the day and top it up as needed.

Asthma Exacerbation

Should we recommend inhaled corticosteroids (ICS) rather than oral steroids for asthma exacerbations?

The issue with this approach is that ICS can take three to four weeks to kick in, versus oral steroids, which will begin to work in 4 four to six hours. So, if a child with asthma presents with an acute exacerbation, they really should get oral steroids.

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

- As parents are we just resigned to being infected with COVID-19 twice per year? Will we still be in good health 20 years from now after all these infections for our children?
- How reliable are the rapid COVID-19 test kits in detecting COVID-19 infection? Particularly with so many new variants?
- Should we still be recommending that pregnant women receive the COVID-19 vaccine?
- Can you please provide guidance on group A strep? When should we be testing children with sore throats.
- More concerning than sick notes are the extensive forms requested by insurance companies. Is it being addressed?
- For children with an upper respiratory tract infection, is it OK to give them a puffer if their cough is keeping them up at night?
- Any thoughts or comments at recent WHO press conference with warning from Dr. Maria Van Kerkhove of the potential dangers of repeat COVID-19 reinfections?
- If a patient has pneumonia and is positive for strep throat, would you prescribe 10 days of Amoxil?
- In the past treating RSV with steroids was said to reduce the risk of developing asthma by 30 per cent. What is the current thinking?
- I'm getting more requests for Tdap from grandparents as they have a close family member who's pregnant and want protection against pertussis. Many pharmacies are not stocking this on prescription. Are we seeing a rise in pertussis in infants in Ontario that would justify this change in practice?
- Occasionally, antibiotics are prescribed for clinically suspected pneumonia, but then the chest x-ray turns out to be normal. Should the antibiotics be stopped in these cases?
- Some of my patients are using Helixia for cough. Do you have any information about the efficacy and safety for use in children?
- Why is Paxlovid only available via the publicly funded program? Are there plans for Pfizer to supply Paxlovid directly to pharmacies, so patients can bill their insurance or pay out of pocket?
- I would love to know more about dexamethasone. A resident told me it's now the preferred treatment (over prednisone) for COPD exacerbations. Dr. Stolz mentioned it's sometimes preferred for asthma exacerbations too. What are the pros and cons of dexamethasone? Any contraindications or different side effects from prednisone?