

Changing the Way We Work

March 22, 2024: Infectious Disease Updates and Management of Menopause

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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.

Measles Vaccinations

For health care workers who were born between 1970-1996, and do not have a record of their childhood immunizations, but have documentation that they received one dose of the MMR booster as an adult, can this be considered to be fully immunized?

I'd suggest serology here or another dose of a measles-containing vaccine.

For any adult, regardless of if they are planning to travel or not, if they have not had two documented doses of the MMR vaccine, and asks for a booster, can we give them?

If a patient does not have documentation of any previous doses of MMR, they are eligible to receive at least one dose publicly funded. It would be like starting them on the catch-up schedule.

For health-care workers who were born before 1970 and have no history of measles, should they receive a of MMR vaccine or test their titers?

If you previously had titers that confirmed immunity, then there would be no reason to repeat them. That would indicate that you previously had measles and have life-long protection.

How long is a patient at risk after receiving the MMR vaccination?

MMR vaccine is used as post-exposure prophylaxis with excellent effect. As with many other vaccines, the immune response is robust after one to two weeks.

My 68-year-old patient who had measles in childhood said that they read an article that still recommended a measles booster. Is this true?

No, anyone with a history of confirmed infection does not need to receive measles boosters per the Canadian Immunization Guide: <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-12-measles-vaccine.html#vsp>

Is MMR a live vaccine? Should I stay away from my grandchild who has just had it? I am immunocompromised.

No issues with this as there very little shedding. More information can be found here: <http://www.bccdc.ca/resource-gallery/Documents/Guidelines%2>

A booster of the MMR vaccine is only recommended for those born prior to 1970 only if they are planning to travel. However, eventually measles will be everywhere, so should we not vaccinate them regardless of travel plans?

The publicly funded vaccine schedule allows for one dose for those age 26 and over based on clinical discretion for people who only received one prior dose.

If a patient doesn't know their vaccination or infection history, should we provide them with the vaccine or test for immunity?

Testing immunity is not optimal given it is a resource burden. If there are concerns, then providing them with dose of vaccine if indicated/safe would be more reasonable.

Do seniors who definitely had measles as children now require an MMR vaccine if travelling, and if so, why? I have heard that it is being recommended.

They do not. Anyone who has had a confirmed measles infection is considered to have lifelong immunity. There are some rare situations, such as post stem-cell transplant, where vaccination would be recommended.

Is MMR safe for people on immune suppressants post autologous stem cell transplant? I'm thinking of people with multiple myeloma in particular.

Yes - based on schedule post-transplant – see [Cancer Care Ontario's site](#).

Measles Serology

If you suspect a patient has measles, why would you then send to a busy lab for bloodwork? Doesn't that just increase the risk of exposure?

This wasn't covered, but you can contact private labs who may have protocols. Similarly, a lab may schedule an appointment at the end of the day or clear out a room in order to keep others safe.

Can you clarify the swab needed to test for measles by colour? the red viral one, or a urine PCR test?

The red viral one.

Specimen collection info is here: <https://www.publichealthontario.ca/en/Laboratory-Services/Test-Information-Index/Measles-Diagnostic-PCR>

Is it safe to send patients with potential measles to a lab for testing?

Please call the lab in advance to sort this out. This can be done at the end of the day, or other arrangements can be made.

With how contagious measles is, should we be sending people to a regular lab for serology?

Calling the lab in advance will help the clinicians at the lab plan for how to bring a patient in safely (e.g., at the end of day).

Vaccinating Children Against Measles

If you immunize a baby with the MMR before they are one years old, in what interval do they receive the usual 12 month shot?

As noted - one month minimum.

Why is it so important that children don't get infected with measles?

Children are at high risk for severe outcomes from measles.

This is from the CDC:

One out of every 1,000 measles cases will develop acute encephalitis, which often results in permanent brain damage.

One to three of every 1,000 children who become infected with measles will die from respiratory and neurologic complications.

Here is a link to the document:

<https://www.cdc.gov/measles/hcp/index.html>

For children under age four that have received one dose of MMR vaccine at 18 months, but are not old enough to get a booster, do we recommend they get the second dose before they turn four?

I would recommend that you still follow schedule, but as noted there is ongoing discussion if dosing schedule needs to be changed.

Vaccinating Patients with MMR Prior to Travel

What should we tell patients in their 60's and 70's asking if they need a measles-containing vaccine before traveling? They are unsure if they have been vaccinated.

As noted, provide them with a single dose of vaccine.

Those Who Cannot Receive a Live Vaccine (e.g., MMR)

Can patients on biologics receive the live MMR vaccine?

Generally, no. Each situation is unique, but biologic response modifiers are considered immunosuppressive.

For patients who cannot receive live vaccines, if they are exposed to measles, they receive IMIg?

If they are pregnant or immunocompromised, then they should receive IVIG within six days of exposure, or IMIG if they weigh less than 30 kg.

What is recommendation for transplant patients that cannot have live vaccines?

Contracting Measles Post Vaccination

Do people who contract measles after being vaccinated have same level of infectivity for spreading the infection?

Individuals who have been vaccinated and still contract measles are much less likely to spread it to others. They generally have more mild illness and significantly lower viral loads.

Many transplant patients are screened for MMR status beforehand as part of transplant workup, so it's a good idea to double check. In high-risk immunocompromised patients - some may be eligible for IVIG post exposure.

Menopause

What bloodwork should be done to know when it is time to take someone off birth control pill?

I would put a patient on a progestin-only pill, wait six weeks and then do follicle stimulating hormone (FSH) blood test and repeat it 12 weeks. If both results are greater than 40, than they can come off birth control as they are in menopause.

Is topical /vaginal estrogen safe for patients with breast cancer that are taking Letrozole?

Vaginal estrogen is safe for breast cancer survivors if they are not on Aromatase inhibitors. It is always helpful to decide together with the patient's oncologist.

Can you speak to the role exercise and foods play with respect to elevated cortisol levels in menopause? Is there any evidence going on HRT will help with weight loss?

HRT doesn't help weight per se. If started early, it can delay the redistribution of fat that occurs as estrogen levels drop. However, I can't comment on cortisol.

Respiratory Syncytial Virus (RSV)

When is the best time for high-risk patients to receive the RSV vaccine?

The evidence so far seems to show that protection lasts beyond two years, but we are still monitoring the vaccine effectiveness. The best timing is still closer to the respiratory season.

Is there an RSV vaccine available that is safe for pregnant women?

The RSV vaccine has been authorized for use in pregnant individuals (specifically Abrysvo, not Arexvy). However, there is not a supply of Abrysvo in Canada yet.

Should we be recommending RSV vaccine to elderly patients at risk now, or wait until next fall?

There is 2-year data suggesting that this is a longer acting vaccine. RSV circulates minimally during the summer, so it may be of less benefit. If you have a very compliant patient, then consider in the fall. If you're not going to see someone again or at a high risk of loss to follow up, consider now given there is longer acting data.

COVID-19

Are there any research papers on the long-term effects of multiple COVID-19 infections?

Those that have had COVID-19 multiple times had to be hospitalized due to complications less (even in high-risk populations like those who have received a transplant). There are also studies suggesting a higher risk of cardiac issues, although there are some selection biases here. Other data suggests that the risk for developing Long Covid is lower. At the end of the day every respiratory virus with reinfection does carry risk of complications (similar with influenza and RSV).

Is the current attitude toward COVID-19 that it will become a seasonal illness?

The hospitalized profile is lower, but that being said it still carries risks in immunocompromised patients and LTC patients, which are improved with vaccination/therapeutics. I don't think it's enough to say it's like a seasonal illness considering current burdens, but it's hard to predict future.

Is there a potential for a spring or summer COVID-19 wave? are the JN subvariants concerning?

There are some variations of JN1 that are emerging globally. We are still not sure of the clinical outcome/epidemiologic concern with these, but for now most of what is being detected in the province since the winter was JN1.

How are physicians/patients who have high risk medical conditions/disabilities considered when making hospital or community policies regarding masking or having healthcare workers return back to work even COVID-19 positive?

With the end of the global emergency situation, COVID-19, policies dictating infection prevention and control are no longer set by the Ministry of Health. They have returned as a responsibility of health care settings themselves. Ultimately, decisions around masking and return-to-work are up to the hospital or community setting to set themselves. I can't speak to the policy in every setting, but it has been recommended generally that masking in patient areas remains, particularly during the respiratory season.

Rapid Antigen Tests

Are COVID-19 rapid antigen tests (RATs) still available for the public?

Free RATs are still available and can be ordered by any health care provider or pharmacist via Ontario's [PPE Supply Portal](#). To do so, you must also register with the Provincial Antigen Screening Program if you have not already (<https://covid-19.ontario.ca/check-your-eligibility-provincial-antigen-screening-program>)

How long can RATs be used after its expiry date? Are they still available for the public?

This is the extension of expiry dates for the BTNX kits:
<https://www.ontariohealth.ca/sites/ontariohealth/files/2022-10/BTNXexpiryextensions.pdf>

After this point it's unclear if efficacy is still appropriate to diagnose infection.

Personal Protective Equipment

Should we don an N95 mask/gown/gloves when seeing a patient with suspected Mpox, measles or COVID-19?

Droplet spread is still very uncommon with Mpox and it is predominantly spread through contact. Asking the patient to mask significantly reduces droplet spread as well. Masking and wearing gloves/hand hygiene is what is really needed.

Will there be a review of recommended PPE, when caring for patients with Mpox?

N95s are better for preventing any kind of droplet or aerosol spread. However, realistically for Mpox, it is predominantly spread through contact or from droplets. If your patient is also wearing a mask then the risk of transmission is minimal.

Paxlovid

Should we still be prescribing Paxlovid?

Yes, certainly for patients who are immunocompromised or for older adults.

Prevnar 20

NACI is now recommending Prevnar 20 in the pediatric population (instead of Prevnar 13). When can we expect to hear about a funding decision from the province?

Likely early this summer.

High-Risk Exposure to Measles

How do you get access to IVIg as an outpatient for measles after post-exposure prophylaxis?

It's not easy to get in the community. This may be an indication to get in the hospital or the emergency department. You may need to liaise with them beforehand, as they will likely need to prepare before the patient arrives (i.e., have an airborne room available).

What about health-care workers who received two doses of the MMR vaccine, but still test as non-immune on serology?

There are a small number of people who are non-responders. They should ideally not be caring for patients with confirmed measles and should ensure that they are using airborne precautions if they may be exposed. They should also be quickly identified for IVIg if exposed.

Mpox

Will there be any recommendations for Imvamune boosters for eligible individuals?

This was just reviewed by PHO. At this time, for anyone who has received two doses there is no indication that additional booster doses are necessary. But this is being followed since use of Imvamune for Mpox is a newer indication (its originally a smallpox vaccine).

Why was Mpox renamed?

To reduce stigma to individuals who suffered from the disease.

Meningitis

Can you please address the meningitis outbreaks that we are currently seeing in university student?

There has been an outbreak of meningococcal bacterium occurring (three cases) in Kingston. This is the serotype that is not contained within the multivalent meningitis vaccine but is contained within the MenB vaccine which is not publicly funded.

Electronic Immunization Portal

Is the province doing any work to create a universal electronic immunization portal (eg like COVAXON) to address the current challenge of fragmented vaccine records? What are the barriers to getting this done?

Yes! This is being worked on. That's a whole talk on the work to create an immunization repository and the barriers to this, but it is progressing. There needs to be a legislative framework in place to allow the data to be kept and ensure it is

kept safely, funding and creation of the IT infrastructure, and of course getting it connected to EMRs. It's a lengthy process, unfortunately.

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

- Are there any research papers on the long-term effects of multiple COVID-19 infections?
- Can you comment on the CBC article that claims the companies making the MMR vaccines say we will have a vaccine shortage. If so, who should we prioritize for immunization? Kids? Those traveling? Health-care workers?
- For people born before 1970, one MMR vaccine is being recommended where there is no prior documentation of immunity. Does it matter when that documentation took place (e.g., evidence of immunity 20 years ago)?
- Are there any discussions happening that will allow pharmacists to administer the MMR vaccine?
- Are there any concerns around the MMR vaccine supply?
- Any discussion of whether the second dose of the MMR vaccine will be moved up earlier in pediatrics?
- Are there any risks of giving a third dose to high-risk patients (e.g., health-care workers) who last got the series decades ago?
- We hear that your answer is those born before 1970 probably do not need a measles booster, but precisely what should we advise our receptionists to say to patients who call and want a booster before they travel?
- If a perimenopausal patient is on hormone therapy, how do you test to see if she is menopausal and can then stop hormone therapy?
- How do you ensure you have enough progestin protection for a given dose of estrogen?
- Is there a section of the tool that speaks to the duration of menopausal symptoms and how to wean off HRT?
- I see some menopausal women who are on compounded estrogen cream from the naturopath. Are there any benefits to these formulations?