

## Changing the Way We Work

October 18, 2024: Infectious Disease & OBSP Updates

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*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.*

### **Which is a better influenza vaccine? Quadrivalent or adjuvanted tri-valent?**

For high-risk individuals, NACI recommends any of the enhanced flu products, so either high dose or adjuvanted. There is no data currently that demonstrates superiority of either product for that group. Standard dose quadrivalent can still be used but is not preferred. Given that the B/Yamagata strain has not been detected since 2020, the additional strain in the quadrivalent vaccine to protect against this strain is not seeming to be necessary.

**I understand that I am supposed to be able to access Beyfortus through my PHU, but I am having challenges. I haven't heard from my PHU when I am getting a supply. Is there any information available on that, or a way to find out?**

PHUs just got supply either late last week or early this week. So, getting it out to primary care should be starting next week. It will depend on each PHU how quickly that can happen. Unfortunately, the only way to know is to continue to follow up with the PHU but, the 100 mg doses should start getting out to primary care next week.

**Can a physician prescribe Paxlovid to be dispensed without a positive test to be taken if that patient tests positive?**

Yes! The prescription can be kept on file at the pharmacy, or with the patient on paper, and then picked up and dispensed once an infection is confirmed.

**Is a yearly mammogram recommended for all patients between 40-49?**

It is every two years for most people, and one year for people who have certain risk factors (i.e., family history of breast or ovarian cancer, extremely dense breasts).

More details on recall recommendation can be found here:

<https://www.cancercareontario.ca/en/guidelines-advice/cancer-continuum/screening/breast-screening-recommendations->

[summary#:~:text=The%20Ontario%20Breast%20Screening%20Program%20\(OBS P\)%20recommends%20that%20women%2C,ultrasound%20if%20breast%20MRI%20is](#)

### **Does OBSP inform patients of their results?**

The OBSP informs people who have normal results by sending them a letter in the mail. For abnormal results, the site will facilitate booking follow ups, either by notifying the primary care provider, or in some cases, the site will support booking the additional tests.

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

- I have noticed recall for extra views and ultrasound is extremely high in those between 40 and 49 and are having their first mammogram. Is this being tracked? It seems like this age group as a high recall rate. How does this age group compare to those ages 50 to 75?
- Why is the automated breast ultrasound not covered by OHIP in addition to mammogram for people with dense breasts? It is covered in BC and many other locations. Are we behind the times like we were with FIT testing?
- Is there a risk of radiation exposure from mammograms? Why not provide everyone with yearly mammograms, or even yearly mammograms for those with density type C?
- Now that Paxlovid is only available through private pay for those under 65, can we prescribe it in advance of travel or to have it on hand?
- When will Beyfortus be available?
- When will Novavax be available?
- Will public health units be offering COVID-19 vaccines for adults and children?
- What is the effectiveness of Paxlovid in healthy seniors? Should we recommend it?
- Should everyone regardless of age or risk factors get a COVID-19 booster?
- As a family physician (who participates in large flu shot clinics that are well attended), we'd love to give COVID-19 vaccines at the same time, but the admin burden (COVaxON) prevents that. Hopefully this system can change to make it easier for us to do this work for our patients.
- For private pay patients (over 60) asking for the RSV vaccine, should we order Arexvy or Abrysvo?
- If the general population can't test for COVID-19 now, how can we diagnose a potential long-COVID like illness if we can't prove they had COVID-19?
- Is there a reason Shopper's Drug Mart (SDM) is preferentially receiving COVID-19 vaccines? I have been trying to get the vaccine for my high-risk

husband and our pharmacy was told they would not get it until SDM has received all of theirs.

- How do we arrange for our housebound patients living at home to get their COVID-19 vaccines?
- For patients with category D breasts, why are they being screened with an annual mammogram when the better diagnostic tool is tomosynthesis or an MRI?
- How can I get breast ultrasound for a non-high-risk patient with high-density breasts? OBSP will not allow it and will only do ultrasounds on high-risk patients as determined by genetic clinics.
- I've seen patients under 40 with breast cancer and no risk factors. What is the initial diagnostic modality in patients under 40 and if negative, what is follow up screening/ diagnostic modality?
- Does Cancer Care Ontario mandate that if a patient has a core biopsy that they should be booked with a breast surgeon to discuss results? I recently had a patient who had a mammogram done at a large teaching hospital who needed a core biopsy and was not booked to discuss the results with a surgeon. This seems to be a significant oversight. I reviewed the results with her, but there are patients without a family physician who could miss proper follow up if this isn't part of the routine post biopsy care.